



EDISON  
HOME HEALTH CARE

946 McDonald Avenue • Brooklyn NY 11218 • T: 718-972-2929 • F: 718-972-2323 • info@edisonhhc.com • www.edisonhhc.com

**Edison Home Health Care  
CDPAP Program**

**WELCOME PACKAGE FOR THE CONSUMER**

946 McDonald Avenue

Brooklyn NY 11218

Tel: 718-705-5800

Fax Number: 718-682-0055

Email: [CDPAP@edisonhhc.com](mailto:CDPAP@edisonhhc.com)

[Edisonhhc.com](http://Edisonhhc.com)



## **TABLE OF CONTENTS**

<b>Welcome Letter</b>	<b>Pages 3-5</b>
<b>Responsibilities</b>	<b>Page 6</b>
<b>Definitions</b>	<b>Pages 7-9</b>
<b>Enrollment Process</b>	<b>Page 10</b>
<b>General Work Rules</b>	<b>Page 11</b>
<b>Recruitment &amp; Advertising</b>	<b>Pages 12-13</b>
<b>Screening Applicants</b>	<b>Page 14</b>
<b>Conducting the Interview</b>	<b>Pages 15-17</b>
<b>Training your Personal Assistant</b>	<b>Page 18</b>
<b>Conflict Resolution &amp; Termination</b>	<b>Page 19</b>
<b>Personal Safety</b>	<b>Pages 20-21</b>
<b>Consumer Rights</b>	<b>Page 22</b>
<b>CDPAP Time Sheet</b>	<b>Page 23</b>
<b>Division of Responsibilities</b>	<b>Page 24</b>
<b>Acknowledgement of Receipt of Privacy Practices</b>	<b>Page 25</b>
<b>CDPAP Consumer Acknowledgement Form</b>	<b>Page 26</b>



946 McDonald Avenue • Brooklyn, NY 11218 • T. 718.972.2929 • F. 718.972.2121 • info@edisonhhc.com • www.edisonhhc.com

## **EDISON HOME HEALTH CARE "CDPAP"**

### **WELCOME LETTER**

Welcome to EDISON HOME HEALTH CARE, Consumer Directed Personal Assistance Program (CDPAP). The Consumer Directed Personal Assistance Program is a Medicaid funded home care program in New York State. The program allows people with disabilities and/or personal care needs to have more control over their personal assistance services.

EDISON HOME HEALTH CARE "CDPAP", enables individuals who are independent and non-independent, self- directing home care service consumers to directly affect their quality and continuity of home care services. The self-directed consumer is responsible for the recruiting, interviewing, hiring, training, scheduling, supervising and terminating Personal Assistant (s) of their choice.

EDISON HOME HEALTH CARE is readily available to assist you in becoming a consumer of the CDPAP. On the following pages enclosed in this packet, we provide literature describing some of the key components of our unique program. If you would like to know more about the program or receive a free consultation, please call our office at 718-705-5800.

We are located at 946 McDonald Avenue, Brooklyn NY 11218. The office is open Monday to Friday from 9:00 AM to 5:00 PM.



94n McDonald Avenue • Brooklyn, NY 11218 • T: 718 972 2929 • F: 718 972 2323 • info@edisonhhc.com • www.edisonhhc.com

**EDISON HOME HEALTH CARE “CDPAP” IS OFTEN THE SOLUTIONS WHEN THE NEEDS ARE:**

- Alternative to traditional Home Health Care Services
- Consumer Independence
- Assistance with Health Care Resources

EDISON HOME HEALTH CARE “CDPAP” is a self-directed approach to meeting the needs for home care services.

Office: (718) 705-5800

Fax: (718) 682-0055

**Gregg Salzman  
Administrator**



## **What is EDISON HOME HEALTH CARE “CDPAP”?**

EDISON HOME HEALTH CARE “CDPAP” is a Consumer Directed Personal Assistance Program, a viable alternative to conventional home care services, promotes consumer independence. The program enables self-directed consumers and/or advocates to recruit, interview, hire, train, schedule, supervise and dismiss Personal Assistant (s) of their choice. Self-directed consumers and/or advocates assess needs, determine how and by whom these needs should be met, and monitor the quality of services received. Individuals independently make all decisions and manage services directly.

## **Who is eligible to participate in CDPAP?**

To participate in the Consumer Directed Personal Assistance Program, the consumer must be”

- Eligible for Medicaid
- Self-Directing or has an advocate willing to make decisions about the services being provided.
- Eligible for long-term home care, certified home health agency services, AIDS home care or personal care services.

## **What are the benefits of CDPAP?**

The program enables independence and consumer empowerment by gaining more control over their personal care needs. A Consumer can:

- Independently or with the assistance of an advocate, recruit, interview, train, schedule, supervise and dismiss the Personal Assistant (s) or their choice.
- Hire as many Personal Assistants as many be deemed necessary to satisfy the consumer’s needs and as authorized by the Service Provider.
- Develop a direct working relationship with the Personal Assistant.

## **What are the consumer responsibilities?**

Consumers must sign an agreement to fulfill the following responsibilities:

- Manage the services of the Personal Assistant employed.
- Notify the Service Coordinator of any changes in status, including, but not limited to, the consumer’s address, telephone number and hospitalization.
- Notify the Service Coordinator of any changes of each Personal Assistant (s) name, address, phone number, employment status, and hours worked.
- Develop an emergency backup system in the event substitute employees are needed to replace permanent employees.
- Process in a timely manner the required paperwork such as time sheets, health assessment, vacation and time off requests and other required employment documentation.
- Schedule visits with a registered nurse once every six (6) months for the required nursing assessment.
- Sign a contractual agreement with the Program to fulfill these responsibilities.



**EDISON**  
HOME HEALTH CARE

96-70 Corporate Avenue • Rosklyn, NY 11378 • T 718 972 2929 • F 718 972 2323 • info@edisonhh.com • www.edisonhh.com

### **What are the responsibilities of EDISON HOME HEALTH CARE “CDPAP”?**

- Process the payroll for each Personal Assistant, payroll will be processed on a weekly basis provided that Community has received the weekly signed time sheets.
- Coordinate all matters that relate to the employment forms for each Personal Assistant.
- Act as the employer of record.
- Maintain a confidential personnel file on all hired Personal Assistants.
- Advise and encourage the consumers to provide equal employment opportunities to all prospective employees regardless of their race, creed, color national origin, sex, disability, marital status, orientation or sexual preference.
- Monitor the completion of annual employee medical forms and all required medical documentation.
- Monitor the completion of the required nursing assessment forms and the consumer agreement outlining obligations and responsibilities.
- Engage in on-going monitoring activities, which include periodic contact with the consumer and review of the sic (6) month nursing assessment.
- Provide appropriate notification pertaining to any intention to transfer or terminate the consumer from the Program.
- Sign a contractual agreement with the consumer to fulfill these program responsibilities.



## DEFINITIONS

**Consumer:** Medicaid recipient who a social services district or MLTC has determined to participate in the consumer directed personal assistance program.

**Consumer Directed Personal Assistance:** Provision of some or total assistance with personal care services, home health aide services and skilled nursing tasks by a consumer directed personal assistance under the instruction, supervision and direction of a consumer or the designated representative.

**Consumer Directed Personal Assistant:** An adult who provides consumer directed personal assistance to a consumer under the consumer's instruction, supervision and direction or under the instruction, supervision, and direction of the consumer's designated representative. A consumer's spouse, parent, or designated representative may not be the consumer designated personal assistant for that consumer; however a consumer directed personal assistant may include any other adult relative of the consumer who does not reside with the consumer or any other adult relative who resides with the consumer because of the amount of care the consumer requires makes such relative's presence necessary.

**Continuous Personal Services:** Provision of uninterrupted care by more than one consumer directed personal assistant, for more than 16 hours per day for a patient who, because of the patient's medical condition and disabilities, requires total assistance with toileting, walking, transferring or feeding at times that cannot be predicted.

**Designated Representative:** Adult to whom a self-directing consumer has delegated authority to instruct, supervise and direct the consumer directed personal assistant and to perform the consumer's responsibilities. With respect to the non-self-directing consumer, a "designated representative means the consumer's parent, legal guardian or, subject to the MLTC approval, a responsible adult surrogate who is willing and able to perform such responsibilities on the consumer's behalf. The designated representative may not be the consumer directed personal assistant or a fiscal intermediary employee, representative or affiliated person.

**Fiscal Intermediary:** Entity that has a contract with an MLTC to provide wage and benefit processing for consumer directed personal assistant and other Fiscal Intermediary. Responsibilities specified in sub-division "i"505.28 of Title 18 of the NYCRR.

**Home Health Aide Services:** Services within the scope of practice of a home health aide pursuant to Article 36 of the Public Health Law including simple health care tasks, personal hygiene services, housekeeping tasks essential to the consumer's health and other related supportive services. Such services may include, but are not necessarily limited to, the following: preparation of meals in accordance with modified diets or complex modified diets; administration of medications; provision of special skin care; use of medical equipment, supplies and devices; change of dressing to stable surface wounds; performance of a maintenance exercise program; and care of an ostomy after the ostomy has achieved its normal function.



**Levels of Care:**

- I. **Level I:** Limited to the performance of nutritional and environmental support functions.
  - a. Making/changing beds
  - b. Dusting and vacuuming the rooms which the patient uses
  - c. Light cleaning of the kitchen, bedroom and bathroom
  - d. Dishwashing
  - e. Listing needed supplies
  - f. Shopping for the patient if no other arrangement are possible
  - g. Patients' laundering, including necessary ironing and mending
  - h. Payment of bills and other essential errands
  - i. Preparing meals and other simple modified diets
- II. **Level II:** The performance of nutritional and environmental support functions
  - a. Bathing of the patient in the bed, tub or shower
  - b. Dressing
  - c. Grooming
    - i. Including care of the hair
    - ii. Shaving
    - iii. Ordinary care of nails, teeth and mouth
  - d. Toileting
    - i. Assisting on and off the bedpan, commode or toilet
  - e. Walking within and outside the home beyond that provided by durable medical equipment
  - f. Transferring from bed to chair/wheelchair
  - g. Preparing meals in accordance with modified diets, including low sugar, low fat, low salt and low residue
  - h. Feeding
  - i. Administration of medication by the patient, including prompting the patient as to time, identifying the medication to the patient, bringing the medication and any necessary supplies or equipment to the patient, opening the container for the patient, positioning the patient for medication and administration, disposing of used supplies and material and storing medication properly.
  - j. Providing routine skin care
  - k. Using medical supplies and equipment such as walkers and wheelchairs
  - l. Changing simple dressings

**Live in 24-hour personal care services:** The provision of care by one person for a patient who, because of the patient's medical condition and disabilities, requires some or total assistance with one or more personal care functions during the day and night and whose need for assistance during the night is infrequent or can be predicted.

**Personal Care Services:** Consists of nutritional and environmental support functions, personal care functions or both such functions. Means some or total assistance with personal hygiene,





160-160 Central Avenue • Brooklyn, NY 11210 • T 718-922-2929 • F 718-922-2323 • info@edisonhc.com • www.edisonhc.com

dressings and feeding and nutritional and environmental support functions. Such services must be essential to the maintenance of the patient's health and safety in his or her own home, ordered by the Attending Physician; based on an assessment of the patient's needs and of the appropriateness and cost-effectiveness of services provided by a qualified person in accordance with a plan of care; and supervised by a professional nurse.

**Self-Directing Consumer:** A consumer who is capable of making choices regarding the consumer's activities of daily living and the type, quality and management of his or her consumer directed personal assistance; understands the impact of these choices; and assumes responsibility for the results of these choices.

**Skilled Nursing Tasks:** Those skilled nursing tasks that are within the scope of practice of a registered professional nurse or a licensed practical nurse and that a consumer directed personal assistant may perform.

**Some Assistance:** A specific personal care service, home health aide service or skilled nursing task is performed or completed by the consumer with the help from another individual.

**Stable Medical Condition:** A condition that is not expected to exhibit sudden deterioration or improvement and does not require frequent medical or nursing evaluation or judgement to determine changes in the consumer's plan of care.

**Total Assistance:** A specific personal care service, home health aide service or skilled nursing task is performed or completed for the consumer.



516 McEwenet Ave., e • West Nyack, NY 10994 • T 718-922-2929 • F 718-922-2323 • info@edisonhc.com • www.edisonhc.com

## **ENROLLMENT PROCESS**

To enroll in the Consumer Directed Personal Assistance Program, you must complete the enclosed application forms for both the Consumer and for the Personal Assistant.

In order to begin the process, please keep the following suggestions in mind:

Keep a copy of all required documents that explain regulations, rules and responsibilities and provide information about the Program.

Complete the following forms:

Consumer Application

CDPAP Agreement

Payroll Distribution Agreement

CDPAP Back-Up Agreement

Time and Attendance Procedures

Driving Waiver

Notice of Privacy Practices

**The Personal Assistant needs to make an appointment to bring into the office the following forms of documentation:**

Application

Original Documents showing employment eligibility (I-9 and W-4)

Current Physical no more than 6 months old

Current PPD no more than one year if negative. If positive, needs proof of Chest X-ray and PPD form given to office

Proof of immunity to Rubella and Rubeola titers, or proof of 2 MMR shots

Two verifiable references

If you need any assistance, please call our office at 718-705-5800



### GENERAL WORK RULES

Consumers should encourage a safe and pleasant work atmosphere. This can happen when everyone cooperates and commits to appropriate standards of behavior.

The following is a list of behaviors that the consumer may consider unacceptable. Any employee found engaging in these behaviors may be subject to disciplinary actions including reprimand, warning or dismissal:

1. Failure to be at work at the regular starting time
2. Willfully damaging, destroying, or stealing property belonging to the consumer
3. Engaging in disorderly conduct
4. Refusing or failing to carry out instructions of the consumer or their representative
5. Leaving your consumer unattended without permission
6. Ignoring work duties as dictated by consumer Plan of Care
7. Intentionally giving any false or misleading information to obtain employment
8. Using threatening or abusive language
9. Falsifying any record
10. Willfully or habitually violating safety or health regulations
11. Failing to wear clothing conforming to the standards set by the consumer
12. Possessing firearms, weapons. Alcohol or drugs on consumer property



946 McDonald Avenue • Brooklyn, NY 11218 • T. 718.972.2929 • F. 718.972.2123 • info@edisonhbc.com • www.edisonhbc.com

## RECRUITMENT AND ADVERTISING

In recruiting a personal assistant, it is essential to determine what qualifies or training level you desire in a personal assistant and find someone who is able and willing to perform the job.

There are many methods of advertising and recruitment that a person can utilize when looking for a good, dependable personal assistant. Below are some suggestions for finding prospective employees:

### **1. NEWSPAPER ADVERTISEMENTS**

Neighborhood newspapers are cheaper than major citywide papers and are good to target potential assistants who live closer to your home.

### **2. LOCAL NEWSLETTERS**

Sometimes disability and other community organizations will run short ads.

### **3. COLLEGES AND UNIVERSITIES**

Colleges can be an excellent source for finding personal assistants. Many students are looking for extra income to help them through college. It is often possible to find students who are interested in majors in the area of health and human services who need work experience in their chosen field. To advertise a position, contact the career placement office or the student housing office on campus.

### **4. WORD OF MOUTH**

Don't forget to ask family, friends and neighbors if they or someone they know would be interested in being employed as your personal assistant... The only restrictions to hiring family members are that they **cannot** be your spouse or parent.

### **5. BULLETIN BOARDS IN HIGH TRAFFIC AREAS**

Hang flyers on bulletin boards in high traffic areas, such as: Grocery stores, banks, apartment buildings, restaurants, community centers, churches, temples, Laundromats, day care centers.



**EDISON**  
HOME HEALTH CARE

440 McClelland Avenue • Brooklyn, NY 11214 • T: 718.972.2424 • F: 718.972.2121 • info@edisonhhc.com • www.edisonhhc.com

### **CONTENTS OF AN ADVERTISEMENT**

The more complete the information, the more you can be sure that the prospective employees that contact you are truly interested, and potentially qualified for the job. It is a good idea to include:

1. Job title and a short description of the job
2. Days and hours of service
3. Compensation and benefits offered
4. Must be at least 18 years of age
5. Must supply proof of citizenship or ability to work in US

#### **Optional, but helpful information you may include:**

1. Age group of consumer: Pediatric, Senior Citizen
2. Location (Town)
3. Is driving necessary
4. Smoker or non-smoker preferred

The following is a sample advertisement that can be a guide for your own publication:

**Personal Assistant-** Needed to assist with personal care, shopping and light housekeeping. Part-Time, 4 days a week. Flexible schedule. Driver's license preferred. Ideal for college student. Prime location near school.



946 McDonald Avenue • Brooklyn, NY 11218 • T 718 972 2929 • F 718 972 2323 • info@edisonhfc.com • www.edisonhfc.com

## SCREENING APPLICANTS

### **The Initial Telephone Contact**

1. Give a brief description of the duties of the position, amount of hours the job requires, and the amount and method of payment (Payment through payroll vendor).
2. If the job includes bowel/bladder care, medications, use of medical equipment.
3. If the applicant is interested, ask applicable questions and record the answers:
  - A. Will you give me your name, address and phone number?
  - B. What days/hours are you available to work? Do you have any restraints on your schedule that I need to consider? Are there days you definitely cannot work?
  - C. Have you ever assisted or worked for a disabled or chronically ill person before? (If yes) tell me a little about the kinds of duties you performed.
  - D. Do you have reliable transportation?
  - E. Do you smoke?
  - F. Are you allergic to pets?
  - G. Are there personal hygiene tasks you object to performing?
  - H. Do you have medical restrictions that will prevent you from lifting, transferring, and positioning?
  - I. Do you cook and would you mind doing housework?
  - J. Do you object to me doing a criminal background check?
4. Tell the person you will call back to make an appointment for an interview (if you are interested in a face-to face interview). Ask them to bring Identification appropriate for filling out an I-9 form from and W-4 form.
5. You may consider meeting at a “neutral” location outside the home for personal safety.
6. Even if the person is unsuitable for the job, always thank them for their interest. You may want to file their name and phone number to use in the future.



## **CONDUCTING THE INTERVIEW**

### **The Personal Interview**

Call all those applicants that appeared to be good prospects and schedule each for a face-to face interview. Allow plenty of time between each interview. About one hour for each interview is usually good. The interview is important because this is the time when you let the applicant know about the job in detail and gather information about the person you may hire as an assistant.

When the prospective assistant arrives there are a few suggestions that can make the interview successful. Some things may need to be repeated from the telephone contact for clarifications purposes:

1. Help the person feel as comfortable as possible, and get to know each other a little.
2. Tell the person about your needs or that of your family member.
3. Ask the applicant to fill out your application. Applications are useful because they are a good way to keep up with the prospective assistants that you have interviewed. They also simplify record keeping and are an easy way to have quick reference to the information you will need to make a final decision. It will give you good background information to form your questions.
4. Give him/her a copy of your job description to read, if you have one and explain the duties and responsibilities of the job thoroughly. Ask if they can easily and safely perform the functions of the job. (I.e. lifting, transferring, positions, use of medical assistive devices) as checked on application form.
5. Ask them to tell you about themselves. Be sure to question about past work history, reasons for leaving other employment, any past experience with personal assistance and why they are interested in this position. Ask about their career goals and why they are pursuing this type of work.
6. Describe the work schedule, pay method, benefits and your method of evaluating an assistant. Review Holiday Coverage.
7. Give the applicant an opportunity to ask you questions.
8. Tell the applicant you will call as soon as you make a decision. (Be sure to call the applicant even if you decide not to hire them)



465 St. David Avenue • Box 269, 76112 • T: 714 972 2121 • F: 714 972 2121 • info@edisonhmc.com • www.edisonhmc.com

### **Sample Questions**

The following are a few questions you may choose to ask during the personal interview to help choose your assistant;

1. How far do you live from here? (Turnover seems to be higher among workers who commute long distances, especially in bad weather).
2. Have you had any experience giving personal care?
3. Do you smoke or drink?
4. Do you object if other people smoke or drink when you are present?
5. How would you handle multiple tasks at the same time and ensure that all are performed?
6. Are you comfortable performing personal care duties such as bathing and toileting?
7. What do you think will be the best and worst part of the job?
8. What are your strong and weak qualities?
9. Why are you interested in being a personal assistant?
10. Give me an example of how you have handled disagreements with your past employers.
11. Have you ever been convicted of or are you presently being charged or under indictment for a crime? (If answer is YES-ask for details).
12. Do you object to obtaining a criminal history check?





### CHECKING REFERENCES

If you are hiring a friend or relative known to you, you may choose not to check references. Before you make a decision about hiring a stranger as an assistant, check each person's references. Call former employers if possible as listed on your application. Look carefully at how long they were employed at each place. Ask former employers if the applicant worked there and the dates worked. You may ask any and all questions you like, but the previous employer is not legally required to provide you the information. If work references are not available, check personal references.

### HIRING

Once you narrow down your choices to the individual (s) you wish to hire, call them and offer them the position. Set up a time when you give them more details about the job, review the job requirements, arrange a time and day for them to start, and have them fill out a Contract Agreement if you desire to formalize the arrangement. You can hire the personal assistant on a trial basis (for example, three months probationary) then review continued employment based on your assessment of job performance.

### BACK-UP ASSISTANTS

Back-up or substitute assistants are persons you can call in the event that your regular assistant cannot work. Substitutes can be used when your attendant is on vacation, is ill, or quits without notice. It is highly suggested to keep a list of four or five back-up assistants to guarantee you get help when you need it. It is a good idea to advertise, screen and file applicants at the start of care on the program for back-up positions.

You can find substitutes in several ways. Whichever method you choose, it helps to have a phone list of substitutes within reach in time of an emergency fill-in.

1. Perhaps the best method is to recruit and hire back-ups just as you would your "regular" assistant (s). Keep names and numbers of applicants as back-ups.
2. Friends, neighbors and certain family members can be on stand-by for emergency situations.
3. Requesting that your assistant find his/her own replacement when unable to work could be helpful as well.
4. Hiring two assistants on a split schedule has worked for many individuals. (I.E. one for weekdays, one for weekends and shared holidays)



**EDISON**  
HOME HEALTH CARE

1600A Stewart Avenue • Brewster, NY 11914 • T: 716/972-2521 • F: 716/972-2523 • info@edisonhcc.com • www.edisonhcc.com

## **TRAINING YOUR PERSONAL ASSISTANT**

The following is a list of suggestions that will help you in training your personal assistant:

1. Explain the nature of your disability or illness in as much detail as possible
2. Conduct training sessions with your new assistant every day, covering one topic a day
3. Review previously covered sessions regularly to ensure the assistant understands what you taught
4. At the beginning of each training session, present a brief overview of what you will teach
5. At the end of the session review what was taught in the session
6. Be sure to emphasize safety precautions and what to do in the case of an emergency
7. Explain the proper use of any life support, systems in detail
8. Fully describe all procedures, such as transferring in a step by step method
9. Explain and limit use of technical words, ask for feedback to guarantee you are communicating effectively with your assistant. It may be helpful to have prewritten instructions to hand out to your assistants
10. Try to have a family member, former assistant or a friend demonstrate proper methods of performing procedures as you train your new assistant. Return demonstrations by your new assistant is an excellent way to judge understanding of procedures and any mistakes can be quickly corrected.



## **CONFLICT RESOLUTION AND TERMINATION**

As with any employment situation there are bound to be some areas of conflict at times between **YOU** as the **EMPLOYER**, and **YOUR** personal assistant as the **Employee**. Sometimes conflict is due to poor job performance. Perhaps the training the assistant received did not answer all their questions about procedures and techniques that you would like to, or must have done. If you suspect this might be the case, re-train your employee on the aspects of the job that are causing them difficulty. Many times this “refresher course” will solve what seem to be serious problems.

Punctuality is a frequent problem for some assistants. If a pattern begins, confront your assistant. Convey the importance of their timeliness to your life. Get them to agree to a timeframe. If they violate that timeframe, let him/her go.

There are other times when an assistant and the employer simply just do not get along due to personality differences. Perhaps the person you thought would be a perfect assistant turns out just the opposite. Before you give up completely on the relationship here are a few suggestions to try to solve the problem.

1. Keep the lines of communication open. When conflict arises, it's easy to shut down. Keep talking, and try to find out the true reasons behind the conflict. The problem will not go away just by ignoring it.
2. Look to your written contract for resolution. A written contract helps prevent or clear up disagreements about duties. Salary, time off and benefits. This is another good reason to have a complete, clearly written contract between you and the employee.
3. Bring in a third party to help settle the conflict. A friend, neighbor, clergy person who is objective can often find a resolution that both parties can live with.
4. In genuine differences of opinion, look for compromise.

If all else fails, then you must take the responsibility of terminating your employee. The exact method you use is up to you. A face-to-face exit interview or per phone call. You need to discover your comfort level in this situation. Make arrangements for employee to receive their final paycheck. A simple statement of “I won't need your services any more” is sufficient. It is your choice as to whether or not you give the traditional two-week notice. Analyze what went wrong to avoid a similar situation in the future. It is recommended that you arrange a backup prior to terminating your employees.



### PERSONAL SAFETY

1. You have the right to receive personal assistance without being taken advantage of sexually, mentally, physically or financially. You have the right to terminate exploitive or abusive relationships. If you feel that a behavior an assistant is displaying toward you is inappropriate, talk to someone you can trust about the situation. It can help to get a second opinion of the situation and how to handle it.
2. Remember that criminals often enter through unlocked doors and windows. Keep your doors locked-especially at night. If it is a friend at the door, he or she won't mind waiting for you or your assistant to open the door.
3. If you suspect someone is trying to get into your home, call 911. Even if you're not sure, it is best to call. If it is an assistant or someone you know, but they are acting suspiciously, call the police.
4. Most sexual abuse happens with someone known to the person. Remember you have the right to say NO to any unwanted touch, whether it is a personal assistant, a romantic partner or family member.
5. If you receive an unwanted sexual touch from a personal assistant, be aware that it is a violation of professional ethics, your rights and the law. Report it as soon as you can to the police. For support, call your local rape crisis center and/or a personal counselor. Trust your instincts. If you feel unsafe, terminate the relationship with your personal assistant.
6. Have friends, neighbors, family handle things that you do not feel comfortable delegating to your assistant (i.e. assistance with financial matters) let your assistant know through casual conversation that your family and neighbors are watching out for your well-being.
7. In cases of child or elderly abuse call the police immediately. Call your local Hot Line Abuse # found in your area phone book. Call your vendor agency for further assistance.



### **TIPS FOR PROTECTING PROPERTY AND PERSONAL SAFETY**

1. Make an inventory. Give a copy of your inventory to your family or friend or insurance agent. If you have a loss, it will help establish proof of value for filing any claims.
2. Everything should have a place known to you and should be kept in that place
3. Make it evident that you are aware of your surroundings, what you have and where those items belong through casual conversation.
4. Keep an inventory of your consumables, also. Keeping a mental inventory can help to control purchasing.
5. Discuss phone use with your assistant at time of hire. Detail phone use while working and responsibilities for long distance bills. Check your bill for charges that are not recognized as yours. Make phone use part of your employment contract in order to avoid conflict.
6. Use extreme caution when allowing your employee to use your ATM, card, credit card or access to bank accounts. You as the employer do this at your own risk. When terminating an assistant, change your PIN numbers. Ask your assistant for receipts for any purchases and regularly count your change.
7. Use caution when giving your assistant use of your car. It is your responsibility to check with your auto insurance carrier for specifics on liability
8. Upon termination of your employee make sure you get all keys back. If not, you may wish to change the locks on the doors to your house.



**EDISON**  
HOME HEALTH CARE

545 McDonald Avenue • Brooklyn, NY 11216 • T: 718 972 2400 • F: 718 972 2403 • info@edisonhlc.com • www.edisonhlc.com

**PRIVACY AND SECURITY - YOU HAVE THE RIGHT TO:**

**PRIVACY AND SECURITY** - to respect your property, personal privacy and security during home care visits. You have a right to unlimited contact with visitors and others and to communicate privately with these persons;

**CONFIDENTIALITY** - to confidentiality of written, verbal and electronic information including your medical records, information about your health, social and financial circumstances or about what takes place in your home;

**HEALTH INFORMATION** - to access, request changes to and receive an accounting of disclosures regarding your own health information as permitted by law;

**RELEASE OF INFORMATION** - to request us to release information written about you only as required by law or your written authorization.

**Our Notice of Privacy Practices describes your rights in detail.**

**FINANCIAL INFORMATION: YOU HAVE THE RIGHT TO:**

**INSURANCE INFORMATION** - to be informed of the extent to which payment may be expected from Medicare, Medicaid or any other payer known to us before any care is delivered;

**KNOW OF CHARGES NOT COVERED** - to be informed verbally and in writing at the time of admission, the approximate maximum dollar amount, if any, of care or services to be borne by the patient;

**RECEIVE INFORMATION WITHIN 30 DAYS** - to receive this information verbally and in writing, before care is initiated and within 30 calendar days of the date the home care provider becomes aware of any changes in charges; and

**HAVE ACCESS TO ALL BILLS** - to have access, upon request to all bills for services you have received regardless of whether the bills are paid out of pocket or another party.

**QUALITY OF CARE - YOU HAVE THE RIGHT TO:**

**PAIN MANAGEMENT** - to education about you and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments;

**BE ADMITTED ONLY IF WE CAN PROVIDE THE CARE YOU NEED** - A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available; or admit you, but only after explaining our limitations and the lack of a suitable alternative; and

**RECEIVE EMERGENCY INSTRUCTIONS** - to be told what to do in case of an emergency.



**CDPAP WEEKLY TIME SHEET**

946 McDonald Avenue, Brooklyn NY 11218

Tel: 718-972-2929 Fax 718-682-0055

Email: \_\_\_\_\_

Patient's Name: (PRINT): \_\_\_\_\_

Employee Name: (PRINT): \_\_\_\_\_ Week Ending: \_\_\_\_\_

DAY	DATE	START	END	LIVE IN	TOTAL	CONSUMER SIGNATURE
SATURDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
SUNDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
MONDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
TUESDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
WEDNESDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
THURSDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
FRIDAY		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM			
TOTAL DAYS WORKED				TOTAL HOURS WORKED		

**Employee Acknowledgement**

I Hereby Certify that the hour shown above represents my total hours worked for the week and properly certified by the client or an authorized representative.

Employee Signature: \_\_\_\_\_

**Please note:** The deadline for timesheets is Monday by 12pm, anything submitted later will be paid the following week.



EDISON  
HOME HEALTH CARE

986 McDonald Avenue • Brooklyn, NY 11218 • T. 218.972.2929 • F. 218.972.2323 • info@edisonhhc.com • www.edisonhhc.com

**CONSUMER DIRECTED PERSONAL ASSISTANT PROGRAM**

**CONSUMER ACKNOWLEDGEMENT FORM**

I have completed the required training time provided by *Edison Home Health Care*. I understand the responsibilities of all involved parties and agree to abide by them.

I have received training in the following areas:

- Assessing my needs
- Recruitment and Hiring
- Contents of an Advertisement
- Screening Applicants
- Conducting an Interview
- Checking References
- Hiring
- Back-up Assistants
- Conflict Resolution
- Personal and Property Safety
- Training my Personal Assistant
- I acknowledge that I will meet with and interview my employee's according to guidelines provided through my training program. I understand that I am responsible for completed the requested paperwork.

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Consumer Representative

\_\_\_\_\_  
The program Representative Signature

\_\_\_\_\_  
Date





EDISON  
HOME HEALTH CARE

### RESPONSIBILITIES OF THE CONSUMER

1. Manage the plan of care authorized by the MCO, including recruiting and hiring a sufficient number of CDPAs to provide authorized services as set forth in the plan of care authorized by the MCO; training, supervising and scheduling each CDPA; terminating the CDPA's employment with the consumer; and assuring that each CDPA completely and safely performs the personal care services, home health aide services and skilled nursing tasks included on the consumer's MCO approved plan of care.
2. Notify the MCO within 5 business days of any changes in the consumer's medical condition or social circumstances including but not limited to, any hospitalization of the consumer or change in the consumer's address or telephone number.
3. Timely notify the FI of any changes in the employment status of each CDPA.
4. Attest to the accuracy of each time record for each CDPA.
5. Transmit the CDPA's time records to the FI according to the FI's policies and procedures.
6. Timely distribute each CDPA's paycheck, if needed.
7. Arrange and schedule substitute coverage when a CDPA IS temporarily unavailable for any reason.
8. Acknowledge and agree that: (1) any person who receives, directly or indirectly, an overpayment from the Medicaid program is obligated to report and return the overpayment, within sixty days of the identification of the over payment. Failure to do so may expose the person to liability under the False Claims Act, including whistleblower actions, treble damage and penalties; and (2) that the Office of the Medicaid Inspector General or MCO may suspend payments to the FI and CDPA, if applicable, pending an investigation of a credible allegation of fraud against the FI or CDPA, as applicable, unless the state determines there is good cause not to suspend such payments; and
9. Comply with applicable labor laws and provide equal employment opportunities to CDPAs in accordance with applicable laws.
10. Notify the FI and/or MCO of any disclosure of information that the MCO has taken reasonable measures to maintain as confidential and which derives independent economic value from not being generally known or readily ascertainable by the public (Proprietary information).

Proprietary information includes the compensation arrangements between the MCO and the FI and the amount the FI pays the CDPA and any other information relating to the MCO's business that is not public information.

11. The Consumer agrees not to hire as the Personal Assistant: a) The Consumers Designated Representative or Power of Attorney, b) anyone living at the same address as the Consumer, c) the Consumer's spouse, and, d) if the Consumer is a child under the age of 21, the Consumer's parent.

12. Any arrangements regarding transportation of the Consumer, as a duty of the Personal Assistant, shall be an agreement made strictly between the Consumer and the Personal Assistant. It is understood that Edison Home Health Care neither condones nor discourages this activity and accepts no liability in the event of any accident or injury. (It is advised that the Consumer verifies that the Personal Assistant is a licensed driver in the State of New York and has at least the minimum medical and liability coverage on his/her vehicle and its occupants, as required by the laws of the State of New York.)

Consumer Name \_\_\_\_\_

Consumer Signature \_\_\_\_\_

Date \_\_\_\_\_

