



Department of
Job and Family Services

Home Care Attendants (HCAs)

Module II: A supplement to “My Care
- My Choice, A Manual of Consumer
Choice and Responsibility”

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Determining if the HCA Service Is Right for You

Welcome to the Ohio Home Care Attendant (HCA) Service! It is important to understand everything involved with directing your own care before making a decision. You must understand your needs and abilities, and be able to demonstrate you are capable of directing an HCA. Share your insight and desire to direct your own care with your licensed health care professional and case manager, while also asking for their assistance and support in making your plans work.

Please see **Appendix A** on page 28, which explains the various roles involved with the HCA service and their relationship to each other.

At the Outset

When determining if you can manage and direct your own care and if the HCA service is right for you, carefully answer the following questions:

- Do I understand the home HCA rule and what the rule means for me?
- Do I need nursing services?
- Am I currently using non-agency providers and directing my own care?
- Am I interested in directing my own care or do I have someone who is willing to act as my authorized representative to direct my care?
- Can I effectively manage my HCA?
- And, do I really want to manage other people?

If you have made the choice to direct your own care, the following pages will serve as a guide in terms of issues for you to consider or address, as well as give you practical tips.

Know Your Responsibilities

Choosing to direct your care offers you the opportunity to have more choice, control and flexibility over HCA services. However, such choice brings responsibilities that you must understand and to which you must adhere. You must understand and meet the responsibilities and requirements noted in the Ohio Administrative Code rules, which apply to the HCA service: (1) Consumer Choice and Control, and (2) HCA service. Both rules are found in **Appendix B**, page 30.

The rules include a variety of reporting requirements, your responsibility for training your HCA and monitoring his or her performance, and communicating **any** change in health care status to your case manager and licensed health care providers. Inability or refusal to meet the requirements described in the rules could mean that you are unable to use the HCA service.

Know Your Disability

You, better than anyone, know the effect your disease or disability has on your body, mind and spirit. It is important that you are realistic about your needs and understand the supports you need. Give as much information about your disability and your needs as you can to those who will help in your day-to-day care. Provide information on your disability, along with detailed information on the functions you can do best and the functions with which you require assistance.

Know Your Risks

Directing your own care means you are ready to accept the responsibility of making choices, good or bad, and also being held accountable for your choices, even if there are negative outcomes. When you accept this role, you assume a certain level of risk, even more so when working with health maintenance activities.

Some of the risks you may choose to take could have consequences. *For example, you acquire a urinary tract infection (UTI) because your HCA did not follow the sterile techniques on which he or she was trained or you did not train him or her properly.*

You must do everything possible to identify and minimize risk.

Steps to Accessing Home Care Attendant Services

The decision to have the HCA service should not be made lightly. You should consider all the benefits and challenges of using the service before deciding if it is right for you. If, having done so, you are sure you want to proceed, there are a series of steps you and the potential HCA must take.

1. Your first step is to talk to your case management agency (CareStar) case manager about the HCA services to learn about it and whether you are a likely candidate for using the service.
2. Read this manual carefully from beginning to end either alone or with a support person (family member, friend, a Center for Independent Living staff, advocate, case manager, etc.). Ask your case manager to help find someone to support you in reading the manual if you need assistance.
3. Talk with whoever comprises your team, including your primary care physician, to determine if the people on your team support your use of HCA services. If your primary care physician is not your authorizing health care professional, talk to him or her, to determine if he or she supports your use of the HCA service.
4. Once you have read this manual and if your team and authorizing health care professional supports you, your next step is to identify a potential HCA provider or providers. You can do this by:

- a. Considering providers and or informal support people currently providing services to you and decide if you would like one of them to be your HCA.
 - b. Recruiting your own HCA by using techniques provided in this manual.
 - c. Asking your case manager for assistance in finding an HCA.
5. Once you have identified a provider (s), what is your next step? If the provider you have identified is a current Ohio Department of Job and Family Services (ODJFS) waiver provider (s) ask your case manager to confirm whether he or she is in good standing to become an HCA. If that person is not in good standing with ODJFS, you must make another choice.
6. Once you have identified your provider, you must train your provider to be your HCA. Your authorizing health care professional must sign also sign HCA Authorization Form “ODJFS 02389” or “ODJFS 02390,” as appropriate. . Separate HCA Authorization Forms are required for each HCA.
7. The next step is for your identified HCA to submit provider application forms (JFS 2380 and JFS 2390) to ODJFS, complete a Bureau of Criminal Identification and Investigation (BCII) check and provide any other required documentation to ODJFS. Complete application requirements are found in OAC Rule 5101 3-46-04.1 (E). The rule begins on page 35.
8. Next, ODJFS will review the application. Once ODJFS has either approved or denied the application, it will notify your case manager and your case manager will notify you of the decision. ODJFS will also notify the provider by mail.
9. If ODJFS approves the provider, CareStar will add him or her to your All Services Plan (ASP) and he or she can begin providing HCA services to you. If ODJFS denies the provider’s application, you must begin the provider selection process again.

History and Background of Home Care Attendant Services

Pursuant to the passage of Am. Sub. HB 1 (SFY 10-11 budget), RC 5111.88 and 5111.881-5111.8811 permit ODJFS to seek an **amendment** to the Ohio Home Care and Transitions Carve-Out waivers to add a new **consumer-driven home care attendant (HCA) service**. The HCA service permits unlicensed individuals (nonagency providers) to assist a consumer enrolled on one of those waivers with self-administration of medications and the performance of certain nursing tasks that must otherwise be performed by a licensed health care professional. In addition, the attendant can provide personal care aide services as part of the service.

Upon authorization by a licensed physician or a registered nurse, a home care attendant can assist a consumer with the self-administration of oral/topical medications (including schedule II through V drugs), subcutaneous injections of routine doses of insulin, programming of a pump to deliver routine doses of insulin, and medications administered via G and J tubes using pre-programmed pumps. It **does not** include IV insertion, removal or discontinuation, intramuscular injections, IV medication administration, insertion or initiation of infusion therapies and central line dressing changes.

The HCAS statute (See **Appendix B**, page 30) establishes the requirements an HCA must meet to provide services, as well as requirements the HCA must follow when providing the service.

The statute is the product of three years' work by the ODJFS Consumer-Directed Care Workgroup. Members include Ohio Home Care Waiver consumers and caregivers, representatives from the Ohio Olmstead Task Force, consumer advocates from independent living centers, home health providers, the Ohio Council for Home Care and Hospice, the Ohio Home Care Organization, the Ohio Nurses' Association and the Ohio Board of Nursing.

The HCA is required to meet with the consumer and a Registered Nurse (RN) at least every 90 days to monitor the consumer's health and welfare and to answer questions. The RN will be a consultant to the consumer and the providers of HCA services.

The reimbursement rate for the HCA service will be less than the reimbursement a nurse currently receives for waiver nursing and Private Duty Nursing services, but greater than the rate for personal care aide services also available through the waivers.

Finding and Recruiting Your HCA

Once you have made a decision to seek an HCA and you have identified your needs, it is time to start looking. There are various methods to advertise for an HCA. Some options are free, but others are not.

Talk to friends or acquaintances in similar situations to learn the advertising methods that have worked well for them. What works in one area of your community may not be available or work well in another. If you do not have friends or acquaintances that can advise you, call the Center for Independent Living in your area or a local disability-related support group. They can put you in touch with people who would be glad to share their experiences and point you in the right direction.

- **Colleges and universities** can be good sources. Students often need money and want to gain work experience. Many colleges provide employment services. Contact the career center about listing an ad.
- **Friends, family, neighbors, current workers, faith communities and area businesses** may be good "word-of-mouth" resources. Let personal contacts know you are looking for a worker, but make it clear *you* will do the screening and hiring.
- **Agencies** that help people find jobs may be good resources. This might include public and private job service centers and vocational rehabilitation offices. Ask them if they have a place where you can post an ad.
- **Medical facilities, such as hospitals and clinics** may be good sources. Some of the staff may be interested in finding extra part-time work. Ask the personnel department.
- **Private employment agencies** are an option but proceed carefully. These agencies will likely charge you or the worker a fee for a successful hire. If you do use an employment agency, you will have to sign a contract for their services. Make sure you read and understand any documents the agency gives you before you sign an agreement.
- **Local electronic and hard copy publications** can be a less costly resource. Many community groups have newsletters in which you may post ads. Local newspapers are usually less expensive than citywide newspapers and your ad will reach people in your own area. Call a publication and ask to speak to someone in the classified department. Be sure to place your ad in the "Help Wanted" section. You will be charged by the word or line, so make your ads brief but complete. Get the best price. Some consumers say this is the best way to find workers in large, urban areas.
- **Use bulletin boards** to hang posters or index cards in high traffic areas. This approach seems to work well in small towns where people tend to know each other. High traffic areas might include supermarkets, drug stores, banks, Laundromats, places of worship and community centers.

Remember, recruiting is an **on-going** activity. As long as you are directing your own supports, you will need to recruit workers, especially as back-ups. HCAs will not be with you forever so stay on top of your recruiting skills and activities. Be ready to recruit on short notice. Do not

forget about people you found acceptable but did not hire at first. They might make good back-up workers. They might some day become your regular workers.

Please see **Appendix C**, “Advertising for an HCA” on page 49 for more information.

Choosing the Right HCA for Your Needs

The Hiring Process

Now that you have found several candidates who sound wonderful, what do you do? At this point, you have the option of scheduling a face-to-face interview or conducting an initial phone interview. In either case, have a list of questions ready.

You should prepare a basic description of duties you can read over the phone or provide in the meeting. Write descriptions of your care needs in easily understood words. When describing job duties, use action verbs such as bathes, cleans, lifts, transfers, etc. Be realistic about the qualifications you need in your providers. If they need to be able to lift 80 pounds in order to transfer you safely, do not accept anyone who cannot.

A Word or Two about Language

There are two schools of thought about words to use when referring to the position we call Home Care Attendants.

According to one approach, you should keep it simple. Individuals involved with disability issues will know what an HCA is, but others reading the ad may think you are looking for a secretary. By including additional descriptive pieces of information, you may screen out people who are inappropriate for the job.

The other way of thinking holds that you get what you ask for. You may want to hire an HCA so you can live a more independent, active life. If, however, you advertise for a home health aide or a caregiver, you may find your job applicants are more prepared to take care of you as a patient than to work with you in a supervisory role.

The words you choose are up to you. For example, one person learned a lesson about choosing words carefully when she advertised a job opening for “Service Coordinator” (which was the actual job title) rather than a social worker” (which is what she was looking for). She had egg on her face when she received countless resumes and phone calls from auto mechanics that had experience in service stations!

Using Phone Interviews to Pre-Screen

Phone interviews are wonderful tools because they allow you to pre-screen people and save lots of time. A percentage of your callers will have a problem with some part of the job (the hours are too long, too short, too early, too late; the pay is too low; they do or do not want taxes withheld, etc.) Some people think if you have a disability, the state will pay for any amount of support you need, at any rate of pay you set!

If you explain to them that the state determines provider rates, or that you need to get up at 6:00 a.m. so you can get to work by 9:00 a.m., they may be more flexible. On the other hand, they may hang up on you! If that is the case, count your blessings, because you would not want to work with them anyway.

Whatever you do, do not let the caller talk you into any changes that are unsafe or do not meet your needs.

During the screening process, eliminate people who are not appropriate or who do not meet your needs. You can screen potential workers either by phone or in person. As you talk with the people who sound like good candidates, schedule an interview.

Whichever way you prefer, keep in mind that you do not have to interview or take an application from everyone. “Is this someone who sounds like he or she can work with me?” and “Is this someone I would get along with?” Screening will save time and effort for you and everyone else.

Face-to-Face Interviews

The face-to-face interview is an opportunity for you and your potential HCA to get to know each other. Take time to plan your interview, which means planning the questions you will ask. Interviews should be face-to-face meetings. Remember, the interview is the time when you and the applicant see if the situation will work for both of you.

Before you do your first interview, decide where and how it will happen. If you do not want strangers coming into your home, consider doing the interview in a public place, such as a restaurant or at the offices of an organization, if the organization agrees. If you hold an interview at your home, have a friend or family member there, too. Be sure to hold the interview when and where you are least likely to be interrupted.

Ask the person you will be interviewing to bring a picture ID to the interview, such as a driver's license or passport. Give all applicants clear directions to your meeting site and mention anything else you want them to bring, such as references and proof of insurance. Be sure to keep each applicant's name and phone number in case you need to change the time or place.

Plan your interview questions. Use questions that will reveal abilities, skills and character. Once you have an idea of the questions you want to ask, write them down on paper (or save them in a computer), if possible. Sample interview questions can be found in **Appendix D** on page 53.

When you start the interview, try to put the person at ease. You are more likely to get a true sense of the person if she or he is comfortable. Start with general questions such as, "What did you like about your last job?"

Then, move to more sensitive questions later in the interview like, "What do you see will be your biggest challenge working with a person who has disabilities?" or "What will be your biggest challenge working with an individual who needs personal care?" There are many ways to interview. The process involves giving and receiving information on both sides.

During the Interview

- Describe your routine and needs requirements in detail
- Ask work-related, open-ended questions (questions that require more than a yes or no answer)
- Tell the person what you expect in a worker
- Tell the person about the work schedule
- Ask about transportation
- Provide the person with a copy of the job description and HCA guidelines/rules
- Explain your disability or medical condition as well as you can
- Be up-front and clear, especially about duties that might make a person uncomfortable
- Notice not only what the person says, but also how he or she says it
- Give the person plenty of chances to ask questions, and give honest answers.

Generally, you should interview more than one candidate for your HCA. Choosing an HCA is an important decision, and you want to have as many options as possible. Keep notes on your thoughts and feelings about the people and their answers to your questions. This helps you avoid confusion about details. Use these notes to help you compare the good and bad points of the people you have interviewed. Give yourself time to think about who is most likely to meet your needs.

However, there are ways to check whether certain factors will have an impact on the job. For example, if you think that religion may be an issue, you can say something about your own outlook, such as, “My faith is very important to me. I have lots of religious music DVDs that I play all the time, and I like to discuss scripture. Will that make you uncomfortable?” If the person is uncomfortable with this, she or he will most likely self-select out of the job or you may like the person enough not to play the music when he or she is working.

Thoughts and Suggestions to Consider

- Be careful not to stereotype people. Young people do not necessarily change jobs frequently! Not all newlyweds rush to start a family! Older persons are not all close-minded! People from other cultures do not automatically consider a disability to be a pitiable, shameful condition! Get the idea?
- Do not be afraid to ask for examples of how applicants would handle or have handled situations you believe are important: “What would you do if you dropped me during a transfer?” “Give me an example of how you handle problem situations.”
- If transfers are involved, consider having applicants transfer you during the interview. Be sure to have another person present in case their transfer skills are not what they should be!
- If either you or the applicant has doubts, or if your needs for assistance are complex, consider having the applicant observe your routines before you offer them employment.

- If you are nervous or unsure of your interviewing skills, ask a friend or family member to sit in on the interview with you.
- This is a good time to show potential providers where they would work.
- If part of the job is driving, consider having applicants take you for a spin around the block. Can they drive a stick shift, a big van, or long distances if the job requires it?
- While it is annoying, do not be discouraged if people do not show up for face-to-face interviews. You can expect about half not to appear. This gives you an important indicator of what they would be like as a provider.

After the Interview: Check References

During the interview, get **work** references. Afterward, check them!

It does not matter that the person gave the best interview. It does not matter that you liked him or her and think you would get along great. It does not matter that you already know the person through friends, work or school. You should not make a decision without obtaining input from others who have known the applicant longer or in a different capacity.

Who are good references? The best references are usually those people who have used your applicant as a paid or unpaid worker. They know about the person's work performance and habits. If your applicant has no prior experience as a direct support worker, then other good reference sources are previous employers, teachers and former co-workers. Avoid using family members or friends as references. They will not know about the applicant's work habits and they are likely to tell you only good things.

Please note: Some companies will ask for a written release before giving a reference. Others may have a policy not to give out any information other than the dates of employment. This is not a reflection on the applicant.

If applicants have not worked for a while, ask them whether they have done any babysitting, taken any classes or served on any committees. If parents are willing to trust this person with their child, that is a good recommendation. Likewise, a professor or committee chair can tell you whether someone had good attendance and completed tasks properly and on time.

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

When checking references, briefly verify what applicants told you about their dates of employment and job title. Determine whether their job performance was satisfactory. If an applicant no longer works for a particular employer, ask about eligibility to rehire. Ask questions that will tell you specifically what you need to know. For example:

- What can you tell me about his or her attendance?
- Can you describe his or her job performance?
- The ability to follow directions is important to me. What can you tell me about his or her ability to listen and follow directions?
- How responsible is he or she? Give me an example.
- Give an example of his or her ability to handle tense or emergency situations.
- How did he or she get along with others?
- Give me an example of how he or she handled constructive criticism.
- Did you trust him or her?
- Would you consider rehiring him or her?

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

You cannot know why a reference gives you little information or if the lack of information means something negative. Successful reference checking is mainly a question of balancing the information you obtain and is simply one way to get information you can use to decide about hiring someone.

Next Steps When You Find Someone You Want as Your HCA

Once you have found someone who meets your specific requirements to be your HCA and you believe is a good match for you, the selected person must initiate the *Medicaid waiver provider application* process to obtain his or her provider number, which will authorize him or her to provide services to you.

The HCA must meet the requirements of chapter 5101:3-45 of the Ohio Administrative Code as well as chapter 5101:3-46 if providing services to an Ohio Home Care Waiver consumer and chapter 5101:3-50 if providing services to a Transitions Carve-Out consumer.

Please caution your prospective HCA that he or she will not receive payment (be reimbursed) until he or she has received a Medicaid provider number and is authorized on your *All Services Plan* as your provider. This process may take 60 to 90 days, or longer, if the HCA applicant makes errors on his or application form or does not follow through with all requirements.

Here is the process your HCA applicant will follow:

1. The applicant's first step is to visit www.ohiohcp.org, the website that contains provider enrollment information, as well as the application, and information about a background check with the Bureau of Criminal Identification and Investigation (BCII). All providers must pass a background check. A sample application form and a checklist are provided to help the HCA avoid mistakes and obtain timely approval of his or her application. *It is important that the applicant follows all steps accurately, or his or her application will be*

returned for correction or completion. This will delay timely approval of the applicant's application.

2. The applicant will be notified by mail when his or her Medicaid provider agreement has been approved and will be given a provider number at that time to use for reimbursement.
3. Once the applicant has received his or her provider number, you should contact your case manager so he or she can add the HCA to your All Services Plan. The case manager will give the HCA an "effective date" for which he or she is added to the All Services Plan. *Your HCA cannot be paid for any services delivered before that date.*

Make sure that you and your new HCA discuss the approved hours with the case manager and that each of you receive copies of the All Services Plan with your new HCA authorized to provide services.

Training Your Home Care Attendant

Waiver rules require proof of training upon hire as well as on-going training on a yearly basis to maintain skills. It may be that the HCA has received formal home health aide or State Tested Nurses Aide (STNA) training or that you trained them to meet your specific needs. Either of these will satisfy the requirements of the Ohio Department of Job and Family Services' waiver programs (Ohio Home Care and Transitions DD).

However, what if there is a change in your circumstances or your HCA has forgotten a particular skill? What if your HCA gets lax in your care and creates shortcuts or eliminates important steps? At this point, you may want to make additional training opportunities available to your HCA.

Training can be conducted in a variety of ways. Sometimes you can do it yourself or family members or other HCAs can do it. If one HCA is highly skilled in a particular area, why not capitalize on that strength and ask him or her to train your other HCAs? Community service agencies, Area Offices on Aging, hospital-based caregiver workshops, Centers for Independent Living and the Internet are also sources for training information.

Resources will vary from community to community. If there is a lack of training resources in your area, consider working with others using HCA to develop training workshops.

At first, it may seem awkward to train someone to assist you, but it will eventually become automatic. Training will be easier if you understand what you need and how you want to have it done. You probably have more experience in training others than you realize.

You may have instructed your parents or family members in how to help meet your needs. Remember when you were away from home, maybe at camp or in the hospital, and had to explain to strangers how to work with you?

Practical Steps/Hints for Training and Orientation

Everyone has a unique teaching style. Some prefer to work alone with their new HCA. Others find it easier to have the new employee watch another person, such as a family member or another HCA, working with them. Remember that people learn at different rates and learn with different styles. Some learn well by verbal instruction, others are hands-on learners.

Discuss learning styles with your HCAs, so they can tell you the best way to teach them new skills. You may find that a combination of both styles works best. Encourage your HCA to ask a question when something is not clear.

Schedule a time to formally orient and train your new HCA. This gives you the opportunity to discuss your expectations and clearly explain job duties. For the sake of your own sanity, try not to have too many people start during the same week.

Even if your new HCA has experience, your situation is unique and different. Talk with your HCA regarding the nuances of your situation.

Set a tone during orientation and training that you are the supervisor.

If you are unsure of your training skills, or you need new skills with which you are not familiar, training may be available through waiver support staff or other community agencies.

Conducting the Training

It is helpful to start training a new HCA when there are no time constraints. Expect new HCAs to be nervous and for every task to take longer than usual. Be patient while they are learning your routines, likes, and dislikes. Encourage questions and reassure them when they forget or make mistakes. Sometimes a written checklist is helpful for them.

Training an HCA can be mentally and physically exhausting. It can also be a lot of fun as you get to know the new person in your life. You will notice vast improvements from one day to the next as you develop your working relationship.

If you notice your HCA has a problem learning a particular task, skill, or sequence of tasks, try breaking it down into smaller steps. Once they have mastered one step, you can begin adding others. Have patience and keep your sense of humor!

Once you talk about or show a new skill, have the HCA do a “return demonstration” to show you that he or she truly understands and can perform the task.

If hands-on training is done on you, make sure you are safe. If you are unsure of the HCA’s skill level, consider having another person present. For example, you do not want the HCA to drop you or injure himself because he did not use good body mechanics while you are teaching him a new transfer technique. Having another person present during the training can help prevent such mishaps.

Managing Your Home Care Attendant

Always remember, as the user of the Home Care Attendant (HCA) service, you are the supervisor and your HCA is the employee. Keeping these roles in mind will help you to manage your HCA effectively.

Personal Boundaries and Staff Relationships

The nature of HCA care work can blur the line between supervisor and provider. The HCA will be involved with many of the private and sensitive aspects of your life. The HCA, in some instances, is more familiar with the intimacies of your life than some of your family members or closest friends are.

The simple supervisor/HCA relationship may not adequately describe the relationship you have with your HCA. The longer an HCA works for you, the more likely it is that a friendship will develop. Blurring the boundary lines may become an issue when a difference of opinion occurs about how a task should be done. The bottom line is that you, as a supervisor must be able to maintain the role of supervisor, even if you develop a friendship with your HCA.

Before the relationship starts, give some thought to balancing the relationship between supervisor and friend. Establishing a balanced relationship is a process that takes time. It is much easier to proceed from a business relationship to a friendship than it is to proceed from a friendship to a business relationship.

For example, if you allow a new HCA to use your computer, it may be difficult to tell him or her later that you have changed your mind. On the other hand, if you begin the relationship by not allowing your HCA to use your personal items, you can always relax the rules later.

Another example, with more potentially serious consequences, is to allow an HCA to come to work late, leave early, or not complete tasks the way you want them because of the HCA's personal issues. As a supervisor, will you have trouble correcting unsatisfactory behaviors if the HCA is a good friend? If you do not correct them, what is the impact on your health and safety?

During the orientation period with any new HCA, you could discuss the boundaries, rights and responsibilities for both you and the HCAs. Some examples of this would include the following:

- Should your HCA knock on your door before entering or just walk in when she arrives for work?
- Can your HCA put his lunch in your refrigerator?
- Can she use your phone? Can she take personal calls on a cell phone while working for you?
- How much notice should the HCA give you if he cannot come to work?

Thinking about boundary issues and planning how to deal with them will head off future problems. As a supervisor, you should also be aware of how your interactions with your HCA may be perceived. Any behavior that could be perceived as harassment or abuse could create legal problems for you.

This information was adapted and modified from "Pathways: A Self Manager's guide to Personnel Management," Independent Living Resource Centre, Winnipeg, MB, Canada.

Plan for Backup Assistance

Despite best-laid plans, there will be times when your HCA will not be able to work. It may be due to an emergency, a sick child or a planned vacation. It is imperative that you have a backup plan in place, as your care, health and safety cannot be compromised due to lack of preparedness on your part.

- Hire more than one regular employee, so as they may be able to fill in if the other worker has an emergency. For example, hire one person for weekdays and another for weekends, with the understanding that they may be called for back up.
- Keep an updated list of people you liked but could not hire as regular workers. Check with them from time to time to see if they are still able to work for you as backups.
- As authorized by your case manager, waiver nursing, private duty nursing or home health nursing may be used as backup to provide assistance with self-administration of medication or performance of nursing tasks. Personal care aide services may be used as backup for personal care aide tasks; or you may want to use informal caregivers. If you use an informal caregiver as your backup, you may want to require a background check.
- Ask family, friends or neighbors if they would fill in when you have an emergency. Let them know whether you can pay them when they help. Make sure you have informed your CareStar case manager of your backup workers. Your backup HCAs should be fully trained in how to support you as well as how to handle any emergencies that may arise.
- Be prepared to be flexible. It may be that backup HCAs are able to help but may not be available at the exact hours of your regular HCA.
- When your HCA plans time off, ask him or her to give you as much notice as possible. You may even develop a contract that states that HCAs must give two weeks notice of planned time off.

Planning for Medical Emergencies

As you train your HCAs, make sure they know what to do in case of medical emergencies. After all, if you have a medical emergency, you may not be able to direct your providers. Here are some tips related to medical emergencies:

- Discuss both routine emergencies, such as cuts and burns requiring first aid, and other emergencies specifically related to your disability or medical condition.
- Obtain a waterproof container (such as a large plastic zip bag or sealable plastic box) that will hold copies of your important information. Place this marked container in an area

easily accessible to your providers as well as emergency personnel. In this container have copies of the following:

- Emergency procedures
- Emergency contact information
- Medical insurance information
- Advanced health directives
- Current lists of all medications you take (including over-the-counter)
- Lists of any known allergies and drug interactions.
- List of contacts to notify in case of an emergency.
- If you have life support or medical equipment, make sure the HCAs know how and when to use it and what to do if the equipment fails.

Planning for Weather Emergencies

As you train your HCAs, make sure you cover what to do in weather emergencies. Here are some tips related to weather emergencies:

- **Create a waterproof disaster preparedness kit** that includes:
 - Emergency contact information
 - List of emergency evacuation routes and shelter locations, along with locations evacuees could turn to for medical care or emergency supplies of medication if necessary
 - List of all medications (including generic names and dosages) and supplies to take in case of emergency evacuation (be sure to take a minimum of five-day supply if evacuation is necessary)
 - Copies of your medical records, Medicaid and Medicare insurance cards, and lists of any medical problems you have and how they are being treated.
 - Flashlight
 - Batteries
 - Battery-operated radio
 - A two-day supply of bottled water for drinking and cleaning purposes
 - A two-day supply of nonperishable food such as juices, soups and protein bars
 - Can opener
 - Candles
 - Matches or lighter
 - Re-sealable plastic bags
 - Blanket
 - Miniature first aid kit (including latex gloves, bandages and rubbing alcohol)
 - Hand sanitizer
 - Whistle
 - Change of clothes
 - If you have service animals, be sure to have a four-day food supply, medications, food and water bowls, collars, leashes, and legal papers including a list of their shots.

- **Locate the clearly marked disaster preparedness kit** in an easily accessible location (preferably by an exit), and check or update it regularly (possibly each time you check your smoke detectors)
- **Know where and how to activate back-up power for equipment.** In case of power loss, instruct your HCA to call the local fire department and power company to notify them that you are a priority because of your medical needs (such as ventilation or oxygen supplies)
- **Know where and how to turn off gas supply** to the house in case of line rupture.

Supervising 101

Supervising your HCA is unlike working with any other type of employee because traditional supervisor-employee relationships do not involve such close personal contact. As stated earlier, sometimes roles can get confused as friendships develop. At times, you may need to remind the HCA that you make the decisions in the relationship. It is important that you stay in control. You should be able to prioritize and problem-solve issues if it becomes necessary to do so.

Supervising does not mean dictating. It means working with your HCA to help her or him do the job to the best of her or his ability. Respect and good communication between you and your HCA is critical.

- Make sure your HCAs understand what is expected of them.
- Make sure you have the resources/supplies for them to do their job (see below).
- Respect them as individuals and for the role they play in your life.
- Let them know how valuable they are to you.
- Praise them when they are doing well.
- Be fair and honest in your dealings with them.
- If you need to discipline, address the issue calmly and as soon after the occurrence as possible. Listen to your HCA's side. Resolve the issue, document it, and then let it go.
- Monitor their performance of tasks on a regular basis. Share the results with the HCA.

Be open to suggestions. Let your HCAs play a role in solving problems that may arise. They may come up with creative solutions you never considered! Good communication is vital. Make sure you are communicating what you mean to communicate so you do not send mixed messages.

Your Responsibility for Resources and Supplies

Clean non-sterile exam gloves and plastic disposal aprons are considered personal protective equipment and it is required that you, as the director of your care, supply these items for the HCAs. These supplies can be purchased at a pharmacy and are not typically covered by government funds.

You must also purchase your own personal care items such as bar soap, shampoo, toothpaste, etc.

You need a physician's order for any medical supplies. They are usually reimbursable with government funds. You need to time the replenishing or reordering of your supplies so you are never without. Also, have a plan for how your medical supplies will be obtained such as via delivery truck, mail or a designated person to pick up items.

Communication

Communication is more than just talking to another person. It involves the exchange of ideas, information, thoughts, opinions, and expectations, and is done in many ways: verbally, nonverbally, in writing, or through signs. Communication is an important and powerful skill, and it is the basis of any type of relationship – including your relationship with your home care attendants. Many times when a problem arises in a relationship, it involves a miscommunication, or lack of communication.

Good communication is a two-part process and is not as easy as it sounds. It is important to use understandable language that is not condescending. It is also important that the message you send be received correctly. Some words have different meanings depending on how they are used. Differences in age, ethnic background, where you grew up etc. may influence a person's understanding of a particular word or phrase. It may mean something to them that is different from your intent.

Do not assume someone knows exactly what you are thinking of when you ask for a big glass of water, or your favorite blue blouse or a small slice of pie. If you are not clear enough in your request, you may get just a taste of pie when you were looking forward to more than that!

A good communicator actively listens before answering. You cannot listen if you are talking or thinking about what you are going to say. Communication involves being open and honest from the beginning of your relationship with your worker. Nevertheless, remember that while it involves your personal life, your relationship with your HCA is based on business, and you must treat it as such. This means that your HCA does not need to know all of your personal business or issues, nor should you know his or hers. You are your HCA's supervisor. He or she is there to do a job for you.

Effective communication also means being non-judgmental. This means accepting and respecting people for who they are. You and your HCA are different people, and you should not judge or make assumptions about each other based on those differences. Most importantly, you must treat your HCA with respect, and likewise, he or she must treat you with respect. Your relationship is a two-way street – you are both giving and receiving.

Note: Be aware of cultural differences between you and your workers. You and your worker may have different backgrounds. Behaviors and communication styles that are acceptable in one culture may not be acceptable in another. If a behavior seems strange or different to you, do not assume your worker is doing something wrong. It may just be a cultural difference. Try to explore such differences with your HCA.

Assertiveness vs. Aggression

"The basic difference between being assertive and being aggressive is how our words and behavior affect the rights and well being of others." -- Sharon Anthony Bower

The Power of Assertive Communication

Assertiveness is a behavior or skill that helps you to communicate, clearly and with confidence, your feelings, needs, wants and thoughts, while acknowledging the needs of others. It means you are able to state your opinions without feeling self-conscious, as well as being able to express your emotions openly.

Being assertive will enable you to make clear to others how you wish to proceed in all aspects of your life. At the same time, you will value others, respecting their right to an opinion as well.

Does an issue need to be resolved? Before confronting someone, why not write down what you are going to say? Be polite, concise and include the following elements:

- The nature of the problem
- How it affects you
- How you feel about it
- What you want to change.

Be prepared to negotiate, if necessary, to bring resolution. Using tact and making the effort to see the other point of view will place you in a position of strength. Be prepared to offer a compromise if that fits in with what you are aiming to achieve. Assertiveness does not mean digging your heels in for the sake of it!

The Ineffectiveness of Aggressive or Abusive Communication

Aggression is an approach used to make you feel better by forcing your point of view across on the other person, hurting their self-thoughts and making them resent you.

The underlying factor in the dynamic of abuse can be viewed as the abuser's low regard for him or herself. As the abuser may fear not being "good enough" and/or meeting other's expectations, the abuser may attempt to place the other person in the position to feel or believe similar things about him or her self.

Verbal abuse is a pattern of behavior that can seriously interfere with one's positive emotional development and over time, can lead to significant detriment to one's self-esteem, emotional well-being and physical state.

How You Can Help Your HCAs Follow the Program Rules

Monitoring HCAs

ODJFS monitors providers to ensure that they comply with the State of Ohio rules for the program. This includes requiring non-agency (independent) providers to:

- Participate in an **annual structural review** conducted by the Ohio Home Care Waiver case management agency, CareStar.
- Complete a background check **every year** with the Bureau of Criminal Identification and Investigation (BCII). ODJFS notifies providers 60 days in advance of their background check completion date, and urges them to begin the process right away to allow BCII time to process the results by the providers' due date. If an HCA does not follow through with the background check, he or she will be disenrolled as a Medicaid-reimbursed provider. If a disqualifying offense is found on the HCA's background check, he or she will be disenrolled.

Incident Investigation and Reporting

ODJFS performs incident investigation and reporting activities to ensure that consumers are protected and safe from harm. The activities include:

- Looking into consumer **incidents** (situations that may cause harm or potential harm to the consumer) and provider **occurrences** (rule violations that cause the HCA to be non-compliant with services) to ensure the consumer is healthy and safe and to prevent incidents and occurrences from happening again.
- Looking for patterns to see if consumers or providers could benefit from education in a particular area.
- Ensuring the consumer has the needed services to be safe and healthy.
- Ensuring providers know how to keep consumers safe and do not cause them harm.

Help Your HCAs Follow Program Rules

You or your HCA should contact your case manager if:

- **Your All Services Plan changes.** When you need to change the All Services Plan, it could change the amount of services for which the HCA is authorized. Make sure you or your HCA call your case manager to get the plan changed.
- **Your condition changes.** If you must go to the emergency room or stay in the hospital, you or the HCA should let the case manager know. You may need more services or supports, and your case manager will help adjust your All Services Plan.

- **If something happens to you.** You or your HCA must report any changes in your situation to the case manager within 24 hours. If someone harms you, if you have an accident, or if you lose voluntary supports because someone is ill, the case manager needs to know that. The goal is to keep you safe and healthy, and to do that, a change in plans may be needed. After a change is reported, your case manager will talk to you and others involved in the change.

Helping Your HCAs Understand the Lingo

Many terms are specific to the Ohio Home Care Waiver program. Knowing them will help you to help your HCA understand them. Here are some of the most common:

- **Structural Review.** The Ohio Home Care program rules require the case management agency (CareStar) to contact your providers every year to review their records. Some providers may qualify for a review every other year if they meet special criteria indicating they meet the outstanding compliance measures. CareStar will contact your HCA by phone to schedule a structural review meeting time. The meeting should not disrupt your provider's care for you and should be conducted in a place that will maintain your confidentiality. The review is to ensure that your HCA follows the Ohio Home Care Program rules.
- If a problem is found during an HCA's structural review, the CareStar will note it on a **Findings Report**. The HCA will be required to submit a **Plan of Correction** to CareStar to explain how he or she has corrected the problem.
- **Cease-and-Desist Letter.** If your HCA does not follow the Ohio Home Care Program rules, CareStar may send her or him a **Cease-and-Desist letter**. The Cease-and-Desist letter will tell the HCA that he or she did not comply with a rule.
- If your HCA receives a Cease-and-Desist Letter, he or she must submit a **Plan of Correction** to CareStar. If your HCA does not respond, CareStar will forward the Cease-and-Desist Letter to the Ohio Department of Job and Family Services (ODJFS), which will send your HCA a **Notice of Operational Deficiency**.
- **Notice of Operational Deficiency.** If your HCA failed to comply with multiple rules or did not respond to the Cease-and-Desist letter, ODJFS may send him or her a letter advising him or her of the rules he or she violated and requiring a Plan of Correction. If your HCA fails to comply at this point, he or she may lose his or her provider number. If that happens to your HCA, she will no longer be allowed to provide Medicaid-reimbursed services to you.
- **Plans of Correction.** If your HCA receives either a Cease-and-Desist letter or a Notice of Operational Deficiency, he or she must submit, in writing, a plan detailing how he or she has corrected the action or problems for which he or she was cited.
- **Proposed Adjudication Order.** If your HCA fails to comply with the rules and requests for a Plan of Correction, ODJFS will send her or him a Proposed Adjudication Order, which gives

notice for his or her right to have a provider hearing. Your HCA has 30 days to request a hearing in writing.

- **Adjudication Order.** If your HCA fails to request a hearing within 30 days, or has a hearing, and the hearing officer rules against your HCA, his or her Medicaid number will be terminated and he or she will be disenrolled from the program. The HCA will no longer be able to provide Medicaid-reimbursed services to you or to anybody else.

Appendix A – Home Care Attendant (HCA) Roles

The following table explains the various roles involved with the HCA service, and their roles with each other.

	Consumer	Authorized Represent- ative	Authorizing Health Care Professional	Home Care Attendant Provider	Consulting RN
Definition	<ul style="list-style-type: none"> ▪ Mentally alert ▪ Chooses HCA services over nursing services ▪ Chooses a HCA service provider ▪ Participates in implementation of the service and directs his or her care. 	Parent, custodian, or guardian of a minor or individual selected by an adult who acts on behalf of the consumer to: <ul style="list-style-type: none"> ▪ Chooses HCA services over nursing services ▪ Chooses the HCA provider and ▪ Participates in the implementation of HCA services and directs consumer's care. 	Physician or RN who authorizes a HCA to assist a consumer with self-administration of medication, nursing tasks or both.	Unlicensed individuals (non-agency providers) who, with training and oversight by the consumer/authorized rep, can assist consumer with: <ul style="list-style-type: none"> ▪ Self administration of medications ▪ Performance of certain skilled tasks that would otherwise be completed by a nurse ▪ Personal care tasks. 	RN who serves as a resource to the HCA and consumer to answer questions about care needs, medications, and other issues. The RN consultant is acquired by the HCA.
Role		Must be present and awake during HCA service delivery.	<ul style="list-style-type: none"> ▪ Attests consumer and/or authorized representative is capable of choosing service, provider, and participating in the 	Provides services to the consumer as authorized by Authorizing Health Care Professional and as directed by the consumer/authorized	Participates in a face-to-face visit with the consumer and HCA every 90 days.

			implementation of the service ■ Attests HCA provider is able to perform the HCA tasks	representative.	
Can serve as Authorized Representative?			No	No	No
Can serve as Authorizing Health Care Professional	No	No		No	Yes
Can serve as HCA provider?	No	No	No		No
Can serve as Consulting RN?	No	No	Yes	No	

Appendix B – Ohio Administrative Code Rules

5101:3-45-03: ODJFS-administered waiver program: consumer choice and control

Consumers enrolled on an Ohio department of job and family services- (ODJFS) administered waiver in accordance with rule 5101:3-46-02, 5101:3-47-02 or 5101:3-50-02 of the Administrative Code, and/or their authorized representatives, have choice and control over the arrangement and provision of home and community-based waiver services. Consumers also have choice over the selection and control over the direction of approved waiver service providers.

(A) An ODJFS-administered waiver service provider is categorized as either an “agency provider” or a “non-agency provider.”

(1) An “agency provider” means a medicare-certified home health agency, an otherwise-accredited agency as defined in rule 5101:3-45-01 of the Administrative Code or other approved ODJFS-administered waiver service provider.

(2) A “non-agency provider” means an RN, an LPN at the direction of an RN, or a non-agency personal care aide service provider.

(B) A consumer may choose to receive waiver services as follows:

(1) Exclusively from agency providers;

(2) Exclusively from non-agency providers; or

(3) From a combination of agency and non-agency providers.

(C) The case management agency (CMA) shall assure that consumers and/or their authorized representatives have the authority to choose ODJFS-administered waiver service providers as outlined in paragraph (B) of this rule.

(D) If a consumer and/or authorized representative chooses to receive waiver services from an agency provider, the consumer and/or authorized representative shall comply with the requirements set forth in paragraphs (D)(1) to (D)(15) of this rule.

(1) Participate in the development of the all services plan and all plans of care.

(2) Decide whether anyone besides the case manager will participate in the face-to-face development of the all services plan and all plans of care.

(3) Authorize the CMA to exchange information for development of the all services plan with all of the consumer’s service providers.

(4) Participate in the development and maintenance of service back-up plans that meet the needs of the consumer.

(5) Communicate to the service provider assigned and employed by the agency provider, and the agency provider management staff, personal preferences about the duties, tasks and procedures to be performed.

(6) Work with the CMA and the agency provider to identify and secure additional service provider orientation and training within the agency/caregiver scope of practice in order to meet the consumer's specific needs.

(7) Agree that the service provider assigned and employed by the agency provider must adhere to all relevant ODJFS-administered waiver program requirements, medicaid rules and regulations, and the agency provider's policies and procedures.

(8) Report to the case manager and the agency provider, in accordance with rule 5101:3-12-29 of the Administrative Code, incidents that may impact the health and welfare of the consumer.

(9) Communicate to the case manager any significant changes, as defined in rule 5101:3-45-01 of the Administrative Code, that may affect the provision of services, or result in a need for more or fewer hours of service.

(10) Provide verification that services have been furnished to the consumer, or approve provider timesheets only after services have been furnished. The consumer and/or authorized representative shall never approve blank timesheets, or timesheets that have been completed before services have been furnished.

(11) Participate in the recruitment, selection and dismissal of the agency provider and service provider assigned and employed by the agency provider.

(12) Notify the agency provider if the consumer is going to miss a scheduled visit.

(13) Notify the agency provider if the service provider assigned and employed by the agency provider misses a scheduled visit.

(14) Notify the case manager when any change in agency provider and/or service provider assigned and employed by the agency provider is necessary. Notification shall include the end date of the former agency provider and/or service provider, and the start date of the new provider.

(15) Participate in the monitoring of the performance of the agency provider, and the service provider assigned and employed by the agency provider.

(E) If a consumer and/or authorized representative chooses to receive waiver services from a non-agency provider, the consumer and/or authorized representative shall comply with the requirements set forth in paragraphs (E)(1) to (E)(18) of this rule.

- (1) Participate in the development of the all services plan and all plans of care.
- (2) Decide whether anyone besides the case manager will participate in the face-to-face development of the all services plan and all plans of care.
- (3) Authorize the CMA to exchange information for development of the all services plan with all of the consumer's service providers.
- (4) Participate in the development and maintenance of service back-up plans that meet the needs of the consumer.
- (5) Communicate to each non-agency provider personal preferences about the duties, tasks and procedures to be performed.
- (6) Work with the CMA and non-agency provider to identify and secure additional orientation and training within the non-agency provider's scope of practice, in order to meet the consumer's specific needs.
- (7) Agree that the non-agency provider must adhere to all relevant ODJFS-administered waiver program requirements and medicaid rules and regulations.
- (8) Report to the case manager, in accordance with rule 5101:3-12-29 of the Administrative Code, incidents that may impact the health and welfare of the consumer.
- (9) Communicate to the case manager any significant changes, as defined in rule 5101:3-45-01 of the Administrative Code, that may affect the provision of services, or result in a need for more or fewer hours of service.
- (10) Approve non-agency provider timesheets only after services have been furnished to the consumer. The consumer and/or authorized representative shall never approve blank timesheets, or timesheets that have been completed before services have been furnished to the consumer.
- (11) Participate in the recruitment, selection and dismissal of the non-agency provider.
- (12) Notify the non-agency provider if the consumer is going to miss a scheduled visit.
- (13) Notify the CMA if the non-agency provider misses a scheduled visit.
- (14) Notify the case manager when any change in non-agency provider is necessary. Notification shall include the end date of the former non-agency provider and the start date of the new provider.
- (15) Designate a location in the consumer's home in which the consumer, and the non-agency provider can safely store a copy of the consumer's clinical record in a manner that protects the confidentiality of this record, and for the purpose of contributing to the continuity of the consumer's care.

(16) Participate in the monitoring of the performance of the non-agency provider.

(17) Agree that each non-agency provider must complete an annual structural review in accordance with rule 5101:3-12-30 of the Administrative Code.

(18) Make the consumer's clinical record identified in paragraph (E)(15) of this rule available upon request by ODJFS or the CMA.

(F) If the consumer and/or authorized representative chooses to receive ODJFS-administered waiver services from a combination of agency and non-agency providers, the consumer and/or authorized representative must agree to participate in all activities set forth in paragraphs (D) and (E) of this rule.

(G) The CMA shall comply with all of the requirements set forth in paragraphs (G)(1) to (G)(8) of this rule.

(1) Assure the health and welfare of the consumer while acknowledging the consumer's right to make informed decisions and accept the resulting consequences that may impact the consumer's life.

(2) Upon the consumer's enrollment in an ODJFS-administered waiver, provide the consumer and/or authorized representative with the administrative rules, the consumer's rights and responsibilities, and other waiver-related information and materials, using communication mechanisms that are most effective for the consumer and/or authorized representative. The case manager shall review these materials with the consumer and/or authorized representative and assist him or her to understand his or her specific responsibilities.

(3) Work with the consumer and/or authorized representative to do the following:

(a) Select and direct approved waiver service providers;

(b) Develop the all services plan;

(c) Exchange information with all of the consumer's service providers for development of the all services plan;

(d) Develop and maintain service back-up plans that meet the needs of the consumer;

(e) Identify and secure additional provider orientation and training that is within the provider's scope of practice and meets the consumer's needs; and

(f) Upon request, identify and secure agency and/or non-agency providers when the consumer and/or authorized representative notifies the case manager that a change is necessary.

(4) Report to ODJFS, and when appropriate investigate, incidents that may impact the health and welfare of the consumer, in accordance with rule 5101:3-12-29 of the Administrative Code.

(5) Address significant changes, as defined in rule 5101:3-45-01 of the Administrative Code, experienced by the consumer that may affect the provision of services or result in a need for more or fewer hours of service.

(6) Act as a facilitator to assist in resolving conflicts between the consumer and/or authorized representative, and the provider(s).

(7) Document, in writing, that the consumer and/or authorized representative:

(a) Understands the consumer's specific needs;

(b) Possesses the skills necessary to meet the requirements set forth in paragraph (D), (E) or (F) of this rule, as appropriate;

(c) Demonstrates an understanding of his or her responsibilities pursuant to paragraph (G)(2) of this rule; and

(d) Identifies the method by which the consumer and/or authorized representative will verify that services have been furnished as identified on the all services plan.

(8) Communicate with the consumer and/or authorized representative in a manner that protects the consumer's right to confidentiality.

(H) If the CMA determines that the consumer and/or authorized representative cannot meet the requirements set forth in paragraph (E) of this rule, and/or the health and welfare of the consumer receiving services from a non-agency provider cannot be assured, then the CMA may require the consumer receive services from only agency providers. The consumer will be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.

Note: The rule below pertains to the Ohio Home Care Waiver. A similar rule exists for the Transitions Carve-Out Waiver (Rule 5101:50-04-1).

5101:3-46-04.1: Ohio home care waiver program: home care attendant services

The requirements set forth in this rule begin when the Ohio department of job and family services (ODJFS) receives approval from the centers of medicare and medicaid services (CMS) of an amendment adding home care attendant services to the Ohio home care waiver, or on the effective date of this rule, whichever is later.

(A) The following definitions are applicable to this rule:

(1) "Adult" means an individual at least eighteen years of age.

(2) "Authorized representative" means the following:

(a) In the case of a consumer who is a minor, the consumer's parent, custodian, or guardian. The authorized representative shall be present and awake during the delivery of home care attendant services.

(b) In the case of a consumer who is an adult, an individual selected by the consumer to act on the consumer's behalf for the purposes regarding home care attendant services. The authorized representative shall be present and awake during the delivery of home care attendant services.

(3) "Authorizing health care professional" means a health care professional who, pursuant to section 5111.887 of the Revised Code, authorizes a home care attendant to assist a consumer with self-administration of medication, nursing tasks, or both. The consumer, authorized representative, legally responsible family member, legal guardian, and foster caregiver are prohibited from being the authorizing health care professional.

(4) "Consumer" means an individual to whom all of the following apply:

(a) The individual is enrolled in the Ohio home care waiver.

(b) The individual has a medically determinable physical impairment to which both of the following apply:

(i) It is expected to last for a continuous period of not less than twelve months.

(ii) It causes the individual to require assistance with activities of daily living, self-care, and mobility, including either assistance with self-administration of medication or the performance of nursing tasks, or both.

(c) In the case of an individual who is an adult, the individual is mentally alert and is, or has an authorized representative who is, capable of freely choosing home care attendant service

providers in accordance with rule 5101:3-45-03 of the Administrative Code, and selecting, directing the actions of, and dismissing a home care attendant.

(i) In accordance with section 5111.8810 of the Revised Code, a consumer who is an adult may select an authorized representative by submitting a written notice of the consumer's selection to the director of ODJFS. The notice shall specifically identify the individual the consumer selects as authorized representative and may limit what the authorized representative may do on the consumer's behalf regarding home care attendant services.

(ii) A consumer may not select the consumer's home care attendant to be the consumer's authorized representative.

(d) In the case of an individual who is a minor, the individual has an authorized representative who is capable of freely choosing home care attendant service provides in accordance with rule 5101:3-45-03 of the Administrative Code, and selecting, directing the actions of, and dismissing a home care attendant.

(5) "Controlled substance" has the same meaning as in section 3719.01 of the Revised Code.

(6) "Custodian" has the same meaning as in section 2151.011 of the Revised Code.

(7) "Gastrostomy tube" means a percutaneously inserted catheter that terminates in the stomach.

(8) "Group setting" means a situation in which a home care attendant service provider furnishes home care attendant services in accordance with this rule, and as authorized by ODJFS, to two or three individuals who reside at the same address.

(9) "Guardian" has the same meaning as in section 2111.01 of the Revised Code.

(10) "Health care professional" means a physician or registered nurse who holds a current, valid, unrestricted license.

(11) "Home care attendant" means an individual holding a valid medicaid provider agreement in accordance with section 5111.881 of the Revised Code and paragraph (E)(2) of this rule that authorizes the individual to provide home care attendant services to a consumer.

(12) "Jejunostomy tube" means a percutaneously inserted catheter that terminates in the jejunum.

(13) "Medication" means a drug as defined in section 4729.01 of the Revised Code.
5101:3-46-04.1 2

(14) "Minor" means an individual under eighteen years of age.

(15) "Nursing tasks" means skilled tasks that would otherwise be performed by a registered nurse (RN), or a licensed practical nurse (LPN) at the direction of an RN.

(16) "Oral medication" means any medication that can be administered through the mouth, or through a gastrostomy tube or jejunostomy tube if through a pre-programmed pump or through a syringe. Oral medication may include medication administered through a metered dose inhaler.

(17) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(18) "Practice of nursing as a registered nurse," "practice of nursing as a licensed practical nurse (LPN)," and "registered nurse (RN)" have the same meanings as in section 4723.01 of the Revised Code. "Registered nurse" includes an advanced practice nurse as defined in section 4723.01 of the Revised Code.

(19) "Schedule II," "schedule III," "schedule IV," and "schedule V" have the same meaning as in section 3719.01 of the Revised Code.

(20) "Topical medication" means any medication that is applied to the outer skin, including transdermal medications and eye, ear, and nose drops. Topical medication may also include vaginal or rectal suppositories.

(B) Home care attendant services are services provided to a consumer enrolled on the Ohio home care waiver by an unlicensed non-agency provider in accordance with this rule. Home care attendant services include, but are not limited to, tasks that would otherwise be performed by an RN or an LPN at the direction of an RN.

Home care attendant services include:

(1) Assistance with self-administration of medications as set forth in paragraph (C) of this rule.

(2) Assistance with the performance of nursing tasks as set forth in paragraph (D) of this rule.

(3) Personal care aide tasks as described in paragraph (B)(1) of rule 5101:3-46-04 of the Administrative Code when performed during a home care attendant service visit. Personal care aide tasks are not reimbursable separately as personal care aide services when they are performed during a home care attendant service visit.

(C) Assistance with self-administration of medication.

(1) A home care attendant shall assist a consumer with the self-administration of only the following medication:

(a) Oral medications;

(b) Topical medications;

(c) Subcutaneous injections only for routine doses of insulin;

- (d) Programming of a pump only used to deliver a routine dose of insulin;
- (e) Medication administered via stable, labeled gastrostomy or jejunostomy tubes using pre-programmed pumps; and
- (f) Doses of schedule II, schedule III, schedule IV, and schedule V drugs only when administered orally or topically.

(2) Medication shall be maintained in its original container and the attached label shall match the dosage and means of administration set forth on the JFS 2389 "Home Care Attendant Medication Authorization Form" (7/10). The label on the container shall display all of the following:

- (a) The consumer's full name in print;
- (b) A dispensing date within the prior twelve months; and
- (c) The exact dosage and means of administration.

(3) Schedule II, schedule III, schedule IV, and schedule V drugs shall meet all of the following additional requirements:

- (a) The medication(s) has a warning label on the bottle.
- (b) The home care attendant shall count the medication(s) in the consumer's or authorized representative's presence and record the count on a log located in the consumer's clinical record.
- (c) The medication(s) is recounted by the home care attendant in the consumer's or authorized representative's presence at least monthly, and the count is reconciled on a log located in the consumer's clinical record. The home care attendant shall notify the authorizing health care professional, in writing, within twenty-four hours if:

- (i) The medication(s) is missing; and
 - (ii) The count of medication(s) cannot be reconciled.
- 5101:3-46-04.1 4

(d) The medication(s) is stored separately from all other medications, and is secured and locked at all times when not being administered to the consumer in order to prevent access by unauthorized individuals.

(D) Assistance with the performance of nursing tasks.

(1) A home care attendant may provide assistance with the performance of nursing tasks that are not expressly excluded in accordance with paragraph (D)(2) of this rule.

(2) A home care attendant shall not assist a consumer with the performance of any of the following nursing tasks:

(a) Intravenous (IV) insertion, removal, or discontinuation;

(b) Intramuscular injections;

(c) IV medication administration;

(d) Subcutaneous injections, except for routine doses of insulin pursuant to paragraph (C)(1)(c) of this rule;

(e) Programming of a pump used to deliver medications (including but not limited to epidural, subcutaneous, and IV), except for routine doses of insulin pursuant to paragraph (C)(1)(d) of this rule;

(f) Insertion or initiation of infusion therapies; and

(g) Central line dressing changes.

(3) Performance of nursing tasks shall be summarized and submitted on the JFS 02390 "Home Care Attendant Skilled Task Authorization Form" (7/10).

(E) In order to provide services and to submit a claim for reimbursement, home care attendant service providers must meet all of the following requirements:

(1) Be at least eighteen years of age.

(2) Be a non-agency provider who holds a current, valid agreement as a home care attendant service provider in accordance with sections 5111.01, 5111.02, and 5111.8810 of the Revised Code and this rule, and complies with all rules set forth in Chapters 5101:3-45 and 5101:3-46 of the Administrative Code.

(3) Request reimbursement for the provision of home care attendant services in accordance with rule 5101:3-46-06.1 of the Administrative Code.

(4) Not be the consumer's authorized representative.

(5) Not be the consumer's legally responsible family member as that term is defined in rule 5101:3-45-01 of the Administrative Code.

(6) Not be the consumer's legal guardian or foster caregiver.

(7) Not be the consumer's authorizing health care professional.

(8) Be identified as the provider, and have specified on the consumer's all services plan that is prior-approved by ODJFS or its designee, the number of hours for which the provider is authorized to furnish home care attendant services to the consumer.

(9) Have a valid social security number, and one of the following forms of identification:

(a) Alien identification;

(b) State of Ohio identification;

(c) A valid driver's license; or

(d) Other government-issued photo identification.

(10) Be able to read, write, and understand English at a level that enables the provider to comply with all requirements set forth in the administrative rules governing the Ohio home care waiver.

(11) Be able to effectively communicate with the consumer.

(12) Enter into a medicaid provider agreement with ODJFS to provide home care attendant services to consumers enrolled on the Ohio home care waiver. In order for ODJFS to approve an individual's application to become a home care attendant, the individual shall do all of the following:

(a) Comply with the medicaid provider requirements set forth in division 5101:3 of the Administrative Code.

(b) Comply with the ODJFS-administered waiver service provider requirements set forth in Chapters 5101:3-45 and 5101:3-46 of the Administrative Code.

(c) Agree to comply with the requirements set forth in sections 5111.88 to 5111.8810 of the Revised Code and all requirements set forth in this rule.

(d) Provide ODJFS with evidence to its satisfaction of all of the following:

(i) The home care attendant submits the JFS 02389 "Home Care Attendant Medication Authorization Form" (7/10) and/or JFS 02390 "Home Care Attendant Skilled Task Authorization Form" (7/10) as prescribed by paragraph (F)(2) of this rule.

(ii) The home care attendant either meets the personnel qualifications specified in 42 C.F.R. 484.4 (as in effect on the effective date of this rule) for home health aides, or has successfully completed at least one of the following:

(a) A competency evaluation program, or training and competency evaluation program approved or conducted by the Ohio department of health under section 3721.31 of the Revised Code; or (b) A training program approved by ODJFS that includes training in at least all of the following and

provides training equivalent to a training and competency evaluation program specified in paragraph (E)(12)(d)(ii)(a) of this rule, or meets the requirements of 42 C.F.R. 484.36(a) (as in effect on the effective date of this rule):

(i) Basic home safety;

(ii) Universal precautions for the prevention of disease transmission, including hand-washing, and proper disposal of bodily waste and medical instruments that are sharp or may produce sharp pieces if broken;

(iii) Consumer-specific personal care aide services; and

(iv) The labeling, counting and storage requirements for schedule II, schedule III, schedule IV, and schedule V medications.

(iii) Prior to beginning home care attendant services, the home care attendant received training and instruction about how to deliver the specific home care attendant services authorized by the consumer's authorizing health care professional. The training shall be consumer-specific and may be provided by the consumer's authorizing health care professional, and/or the consumer or the authorized representative in cooperation with the consumer's licensed health care professional as indicated on the JFS 02389 "Home Care Attendant Medication Authorization Form" (7/10) and/or JFS 02390 "Home Care Attendant Skilled Task Authorization Form" (7/10), as appropriate.

(iv) Upon request of the consumer or the consumer's authorizing health care professional, the home care attendant has performed a successful return demonstration of the home care attendant service to be provided.

(v) The home care attendant has obtained a certificate of completion of a course in first aid that:

(a) Is not provided solely through the internet;

(b) Includes hands-on training provided by a certified first aid instructor; and

(c) Requires the individual to perform a successful return demonstration of what was learned in the course.

(vi) The home care attendant has received education from the authorizing health care professional about health and welfare considerations appropriate for an individual or group setting.

(13) Provide home care attendant services for one individual, unless authorized to provide services in a group setting in accordance with paragraph (E)(14) of this rule.

(14) The home care attendant may provide services to two or three consumers in a group setting on a case-by-case basis. Authorization is subject to approval based on a clinical review

conducted by ODJFS in consultation with the consumer, authorized representative, authorizing health care professional, case manager, and multidisciplinary team. The clinical review will address the consumers' needs and desires, the skill level and training needs of the home care attendant, and the ability to assure the consumers' health and welfare.

(15) The home care attendant shall secure the services of an RN, in agreement with the consumer or authorized representative, and participate in a face-to-face visit every ninety days with the consumer, authorized representative, and the RN for the purpose of monitoring the consumer's health and welfare. During the face-to-face visit, the RN shall serve as a resource for the purpose of answering any questions the home care attendant, consumer, and/or authorized representative have about consumer care needs, medications, and other issues.

(a) The first visit between the home care attendant and the RN shall occur upon the initiation of home care attendant services. The case manager shall also be present at the first visit.

(b) The home care attendant and the RN shall document the activities of the visit in the consumer's clinical record.

(c) The home care attendant shall discuss the results of the face-to-face visit with the case manager and the consumer and/or authorized representative.

(16) Completes at least twelve hours of in-service continuing education regarding home care attendant services annually. Evidence of completion must be submitted to ODJFS no later than the annual anniversary of the issuance of the home care attendant's initial medicaid provider agreement. Continuing education topics include, but are not limited to, consumer health and welfare, cardiopulmonary resuscitation (CPR), patient rights, emergency preparedness, communication skills, aging sensitivity, developmental stages, nutrition, transfer techniques, disease-specific trainings. and mental health issues.

(F) A home care attendant shall not provide home care attendant services until:

(1) The consumer and/or authorized representative chooses to receive home care attendant services from a non-agency provider and complies with the requirements set forth in rule 5101:3-45-03 of the Administrative Code.

(2) ODJFS receives a JFS 2389 "Home Care Attendant Medication Authorization Form" (7/10) and/or a JFS 02390 "Home Care Attendant Skilled Task Authorization Form" (7/10), as appropriate, that contains all of the following:

(a) Written consent from the consumer or the authorized representative allowing the home care attendant to provide home care attendant services, and assuming responsibility for directing the home care attendant. When an authorized representative is directing the home care attendant, the authorized representative shall be present and awake during the delivery of home care attendant services.

(b) Written consent from the consumer's authorizing health care professional attesting that the consumer or the authorized representative has demonstrated the ability to direct the home care attendant. The written consent shall also indicate that the home care attendant has demonstrated the ability to furnish the consumer-specific home care attendant service to the consumer. The consent shall include all of the following:

(i) The consumer's name and address;

(ii) A description of the specific nursing task or self-administration of medication that the home care attendant will assist the consumer with, including, in the case of assistance with self-administration of medication, the name, dosage, and route of administration of the medication;

(iii) The times or intervals when the home care attendant is to assist the consumer with the self-administration of each dosage of the medication or with the performance of nursing tasks;

(iv) The dates on which the home care attendant is to begin and cease providing assistance;

(v) A list of severe adverse reactions that the home care attendant must report to the consumer's health care professional should the consumer experience one or more reactions;

(vi) At least one telephone number at which the home care attendant can reach the consumer's health care professional in an emergency for consultation after contacting emergency personnel;

(vii) At least one fax number at which the home care attendant can reach the consumer's authorizing health care professional when the home care attendant observes that scheduled medication(s) is missing or cannot be reconciled; and

(viii) Instructions the home care attendant must follow when assisting the consumer with the performance of a nursing task or the self-administration of medications, including, but not limited to, instructions for maintaining sterile conditions and for the storage of task-related equipment and supplies.

(G) Upon initiation of services, the consumer and/or authorized representative and case manager shall participate in the development and maintenance of a written back-up plan. The authorizing health care professional and/or the home care attendant may also participate in the development and maintenance of the back-up plan.

(1) The back-up plan shall meet the needs of the consumer in the event:

(a) The regularly scheduled home care attendant cannot or does not meet his or her obligation to provide services to the consumer; or

(b) The consumer and/or authorized representative is not able to direct home care attendant services.

(2) As authorized by the case manager,

(a) Waiver nursing as set forth in rule 5101:3-46-04 of the Administrative Code, and/or private duty nursing or home health nursing as set forth in Chapter 5101:3-12 of the Administrative Code, may be used as back-up to provide assistance with self-administration of medications and the performance of nursing tasks;

(b) Personal care aide services as set forth in rule 5101:3-46-04 of the Administrative Code may be used as back-up for personal care aide tasks; and

(c) Back-up may include informal caregivers.

(H) All home care attendants must maintain a clinical record for each consumer served in a manner that protects the consumer's privacy and the confidentiality of these records. Home care attendants must maintain the clinical records at their place of business, and maintain a copy in the consumer's residence. For the purposes of this rule, the place of business must be a location other than the consumer's residence.

The clinical record must contain the information listed in paragraphs (H)(1) to (H)(12) of this rule.

(1) Consumer identifying information including, but not limited to, name, address, age, date of birth, sex, race, marital status, significant phone numbers, and health identification numbers.

(2) Consumer medical history.

(3) Name of, and contact information for all of the consumer's licensed health care professionals.

(4) A copy of the initial and all subsequent all services plans.

(5) Documentation of all drug and food interactions, allergies, and dietary restrictions.

(6) A copy of any advance directives including, but not limited to, a "do not resuscitate order" ("DNR") or a "medical power of attorney" if they exist.

(7) The JFS 2389 "Home Care Attendant Medication Authorization Form" (7/10) and/or a JFS 02390 "Home Care Attendant Skilled Task Authorization Form"(7/10), as appropriate.

(8) Documentation of home care attendant services performed or not performed, arrival and departure times, and the dated signature of the provider, and consumer or authorized representative, verifying the service delivery upon its completion. Nothing shall prohibit the collection and maintenance of documentation through technology-based systems. The consumer's or authorized representative's signature of choice shall be documented on the all services plan, and shall include, but not be limited to, any of the following: a handwritten signature, initials, a stamp or mark, or an electronic signature.

(9) A copy of the log detailing the count and reconciliation of schedule II, schedule III, schedule IV, and schedule V drugs for which assistance with self-administration is provided.

(10) Progress notes signed and dated by the home care attendant, documenting all communications with the case manager, licensed health care professionals including the authorizing health care professional, and other members of the multidisciplinary team, and documenting any unusual events occurring during the visit, and the general condition of the consumer.

(11) Documentation of the face-to-face visits occurring every ninety days between the home care attendant, consumer, authorized representative, and RN, and any resulting activities, in accordance with paragraph (E)(15) of this rule.

(12) A discharge summary, signed and dated by the departing home care attendant at the point the home care attendant is no longer going to provide services to the consumer, or when the consumer no longer wants or needs home care attendant services. The summary should include documentation regarding progress made toward achievement of goals as specified on the all services plan.

(I) If ODJFS or its designee determines that the consumer and/or authorized representative cannot meet the requirements of this rule, or the health and welfare of the consumer receiving home care attendant services cannot be assured, then ODJFS or its designee may prohibit the consumer from receiving home care attendant services. The consumer shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.

(J) A home care attendant who provides home care attendant services to a consumer in accordance with the limitations set forth in this rule, including activities in accordance with the authorizing health care professional's authorization, shall not be considered to be engaging in the practice of nursing as an RN or an LPN in violation of section 4723.03 of the Revised Code.

(1) The consumer who is receiving home care attendant services, the authorized representative, or a provider shall report to ODJFS all instances in which a home care attendant appears to have:

(a) Provided nursing services, other than assistance with self-administration of medication or the performance of nursing tasks as authorized in this rule; or

(b) Provided services not in accordance with the authorizing health care professional's authorization.

(2) ODJFS may initiate an investigation based on the report, and shall report its findings to the Ohio board of nursing.

Appendix C – Advertising for an HCA

Placing Ads

When developing ads, focus more on the actual tasks to be performed than on the job title. For example: “Adult w/ disability needs assistance w/ bathing, dressing, eating etc. Early morning, Shaker Heights area. 555-5555.”

Here are some tips:

- Disclosing your phone number increases your risk of receiving unwanted phone calls. Disclosing your address carries the risk of attracting unwanted visitors, vandals, or burglars. So, for safety reasons, you may want to consider using a phone number of a friend or family member where messages can be left for you. You could also use a post office box or e-mail address. Most newspapers will assign a box number to you if you place an ad with them.
- If people have difficulty hearing or understanding your speech, consider faxing your ad, rather than phoning it in.
- Newspaper want ads are usually alphabetized. Try starting your ad with a word or phrase that begins with the letter “A”, such as “Aide Wanted” or “Attendant Wanted”. This way your ad is one of the first to be listed.
- If you run an ad in the General Announcements section and get little response, try putting it in another section, such as Medical, Social Services, or Domestic Help. There are no hard-and-fast rules about which section is most effective. It all depends on the type of person you are looking for and the area you live in.
- Advertisement formats will vary according to where the ad is being placed. Remember the size and length of an ad may determine the cost of placement.

Advertising Formats and Examples

1. Newspaper

- The best days to advertise are usually Saturday and Sunday.
- A boldface heading catches attention.
- In addition to placing an ad, check the “Work Wanted” section for potential providers.

Example of a newspaper ad:

Young male with physical disability needs part-time assistance for personal care and household management. Must have valid driver's license and be capable of heavy lifting. \$8 per hour. Leave message at 777-7777.

2. *Posted Ads*

Example of a larger posted ad

******HELP WANTED******

PERSONAL CARE PROVIDER

Young male who uses a wheelchair needs 4 hours of assistance daily with personal care, meal preparation, and housekeeping.

HOURS: 6:00 a.m. - 8:00 a.m and 8:00 p.m. - 10:00 p.m.

DAYS: Monday to Friday

If interested, please leave message at 777-7777

Or

Example of a larger posted ad

(With more detailed information because no phone number is given)

******HELP WANTED******

PERSONAL CARE PROVIDER

To assist a person who has a physical disability, with personal care and household management.

QUALIFICATIONS:

Ability to maintain confidentiality

Ability to take direction from employer and to accept responsibility in a flexible manner

Ability to maintain good communication and cooperation with supervisor and co-workers

Willing to perform personal care and household tasks

Knowledge of and experience with personal care procedures and willingness to learn new procedures

Dependable, reliable, and punctual

A full job description is available on request.

RESUME TO: Your contact information

After posting an ad, be ready to respond to people who contact you. Have the job description or basic checklist of duties nearby or easily accessible. Have it memorized, if necessary. You may be able to arrange with a friend or organization to take applications and handle questions for you. However you decide to handle recruiting, respond quickly to people who have contacted you about the job. Good workers will not wait around long.

Example of a 3 x 5" index card ad

Looking for Some Extra Cash?
Part-Time Job Opening
Personal Care Provider
Female student with a disability requires assistance
with personal care, typing, and meal preparation.
Saturday 8:00 A.M. - 1:00 P.M.
Sunday 2:00 P.M. - 10:00 P.M.
Leave Message at 777-7777

Do not forget electronic bulletin boards, such as Craig's List and computerized databases. Two and four-year colleges have them. There is usually no cost, and your listing will be there until you cancel it or the database is updated.

Word of Mouth

Word of mouth is a wonderful way to find help. Talk to your friends, relatives, current and past providers, members of your house of worship, and others. Describe what you are looking for. Sometimes it helps to be specific about the type of person who may be able to meet your needs. You can ask your network of people whether they know of others, such as parents at home with school-age kids, who would like to earn extra money during the day while their children are in school.

Other Resources

Some high schools and colleges offer credit for work experience. Depending on your educational background, it might even be possible to make your provider position into an internship, in which you would be the supervisor. It does not hurt to check.

Social service agencies and Centers for Independent Living may be sources of names as well. They often permit ads to be run in their newsletters. Some people have also found success with church bulletins, college newspapers and provider lists, such as CareStar's list of independent providers.

A Word about Helpful Community Connections and Natural Supports

The communities we live in are filled with support designed to help everyone who lives there regardless if they have a disability or not. A trusted teller at the bank (for example, if you have trouble reading or handling money), a reliable taxi service (especially if you do not drive), a helpful neighbor, church parish nurses, good paramedic services, maid services, good friends, and flexible community recreation programs are all examples of services that are already in place.

They do not have to be contracted, case-managed, or sometimes even reimbursed. However, natural supports are critical to people with disabilities who seek to live full lives in their communities. Keep the names and phone numbers of helpful people and services such as these in a handy reference file.

We mention informal supports in this manual because they are often the solution when a paid provider can provide some but not all of what you need. If a potential provider can do everything but drive, some existing transportation service may hold the answer. If you really like your providers, trust them, find them easy to work with, but know that they cannot cook at all, community cooking classes might be an option to find someone who can provide cooking services. When you can find coverage for every day but Sunday, a combination of church volunteers and family members may fill the gap.

Appendix D - Interviewing Basics

Preparation

The face-to-face interview gives you the opportunity to learn as much as you can about the person who is applying for the job. It also gives the applicant information about the job requirements so that both of you can make a good decision. This works best if you are prepared.

Be Safe

- Hold the interview in a location that is safe for you.
- Your local Center for Independent Living, apartment building, or community library may have rooms available for you to conduct interviews if you do not want to use your home.
- The case manager can be present for an interview, or you can invite a friend to sit in. In addition to providing extra security, having a second person is recommended since she or he may notice things at the interview that you do not.

Setting the Tone of the Interview

- First impressions are important. Convey a sense that you are a capable individual able to direct your own care.
- If you have a friend or case manager present, make sure it is clear that you are the interviewer.
- Think about the location of the interview. A living room is a better choice than the bedroom, which can convey dependency.
- Wear clothes that convey confidence. Don't wear sleepwear.
- Sit facing the applicant so that you can observe eye contact and body language.
- Eliminate distractions. Turn the TV and radio off. Make sure pets and children will not interrupt.

What If You Are Nervous?

- Recognize that it is natural to feel nervous when interviewing.
- The prospective provider is also probably nervous.
- Breathing deeply is the quickest way to relieve anxiety.
- Being prepared for the interview will also lower your anxiety level.

Be Prepared. Before the Interview, Make Sure You Have:

- A blank application form
- A job description
- A checklist (if you are using one) of duties for the shift(s) you are hiring
- Information about your disability
- Information about special equipment you use

- A way to record your impressions (write them yourself, have a tape recorder, invite a friend to act as recorder, etc.)
- A list of the interview questions you will ask (See below for suggested interview questions.)

Planning the Interview Questions

- Decide ahead of time what questions you will ask, and write them out.
- Frame your interview questions to give you the information you need. (You want someone who is trustworthy, reliable and responsible. Ask questions that will give you that information.)
- Use the same list of questions for each applicant so you can compare their responses more easily.
- Don't ask illegal questions. See the chart below.

The following are some questions that could be used:

Suggested Interview Questions	Information You Are Seeking
Do you have questions about anything in the job description?	Applicant's understanding of the job
Tell me about yourself and your experience, particularly with people with disabilities.	Experience, training, skills, attitude, opinions about disability
Why are you interested in this type of work?	Attitude, compatibility
What is your impression of people with disabilities?	Answers involving independence, choice, responsibility, right to live one's own life
What qualities do you believe you could offer in working for me?	Realistic appraisal of his/her qualities
Tell me how you have used that quality (named in the last question) in the past or give me an example of why you believe you have that skill.	Give you specific information about qualities and traits named. Allows you to evaluate how realistic his/her self-appraisal is.
How do you feel about taking direction from me?	Willingness to take direction
What kind of situations do you find stressful and how do you deal with stress?	Ability to handle stress
What is your understanding of confidentiality?	Understands your right to privacy
Situational Question: The food for the evening's dinner appears spoiled when you take it out of the refrigerator. What do you do?	Problem-solving abilities, ability to recognize an unhealthy situation, importance of taking direction from consumer
Situational Question: On Sunday I get a	Problem-solving abilities, importance of

flat tire on my wheelchair. Wheelchair service is not open on Sunday. What would you suggest to overcome this problem?	taking direction from consumer
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Some questions are illegal. Sometimes consumers/supervisors ask illegal questions when they are simply trying to be friendly or make conversation.

Illegal Interview Topics	You Cannot Ask	You Can Ask
Ethnic origin or background	Where are your parents from?	-----
Color/race	What is your racial background?	-----
Nationality or national Origin	Where are you from?	-----
Religion	Where do you go to church?	This job involves work on Sunday mornings. Are you able to do that?
Age	How old are you?	Are you over 18?
Sex	What is your sexual orientation?	-----
Disability	Do you have a disability? Do you have a pre-existing health condition?	Transferring me in an out of a wheelchair is an essential function of this job. Is there any reason you could not perform that task?
Political belief	What political party do you belong to?	-----
Family or marital status	Are you married? Do you have children? Do you have childcare?	This job involves weekend, evening, and holiday work. Is that something you are able to do?
Source of income	Do you have any other income?	-----