

In Home Care Provider Policies & Procedures Handbook



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This handbook was developed based on consumer employer, case manager, and service provider input. It is evolving and should never replace the actual instructions given by the consumer employer. This manual contains general guidelines and instructions that may be helpful as training tools for new or current employees.

This manual provides information about some of WQHCC's policies, procedures, and expectations when performing chore, personal care, transportation, or other in-home services for consumers (employers). It should not be considered comprehensive, but rather, a general overview of topics that may be useful for care providers.

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RIGHTS OF THE CONSUMER EMPLOYER

As an In Home Care Provider, it is critical that you are familiar with the rights of the people for whom you will provide services. Employer rights include (*but are not limited to*):

- Interviewing, hiring, and firing their care providers (or designating a trusted family member, friend, etc. to perform these tasks)
- Being treated with consideration, respect, dignity, and individuality
- Being informed of all changes in services and service providers before they occur
- Being involved in care and service planning and having preferences understood and accommodated to the extent possible
- Receiving services in a competent and caring manner
- Having personal information kept confidential
- Being supported to register complaints about the agency when services or service providers violate consumer rights
- Refusing medical care
- Being aware of what information is being written about them or shared with others



ROLES AND RESPONSIBILITIES OF CARE PROVIDERS

As an In Home Care Provider, you may provide one or more of the following services:

- Personal care (including ambulation and exercise associated with outings and community activities).
- Household (or “home chore”) assistance including meal prep, home maintenance, bed making, laundry, house cleaning/organizing.
- Monitoring the consumer’s safety while engaging in daily activities.
- Assisting with transportation (running errands, going to doctor’s appointments, and getting to and from other activities).

Here are some suggestions that successful care providers have followed:

- Be on time (for any interviews and subsequent shifts).
- Follow through with the agreed-upon work schedule. Your employer is counting on you to be there! When you don’t show up, or give short notice, you put your employer and other workers in a compromising position.
- Cooperate with the case manager/support broker, and other people involved in the consumers’ care plan. Work together on behalf of the consumer.
- Uphold consumer confidentiality. Care providers **MUST NOT** share information about the consumer with others, including family member and friends. WQHCC’s Confidentiality Policy can be found in this manual, in the Appendix.
- Do not bring family members, including small children or friends, to the consumer’s home during scheduled work hours without your employer’s permission. Scheduled working hours may include going to lunch, running errands, or taking community trips.
- Personal shopping or errand-running while accompanying a consumer on a shopping trip is not permitted with authorization from your employer.
- Do not make phone calls from your employer’s home. Do not use your cell phone during a work shift without the permission of your employer.
- Always maintain a professional work attitude and be courteous when you are in the consumer’s home. Do not yell at, argue with, or criticize consumers at any time.
- Do not accept gifts, loans, or money from consumers. This could be seen as misappropriation (theft) by your employer’s friends, family members, or other concerned parties.
- Any verbal, physical, or sexual abuse/misconduct will be reported to legal authorities, and result in your removal from the WQHCC registry. If you suspect abuse or neglect of a consumer, you must report this. For more information, see “Reporting Abuse and Neglect” in the Appendix.
- Though the work you do may take place in someone’s home or in the community, it is a job and the same expectations for professionalism apply.



BILLING AND PAYMENT INFORMATION

Most of the answers to your questions regarding recording and submitting hours will depend on who you are working for, and who assists that consumer with his/her funding and plan of care. Contact WQHCC at 608/630-8402 if you have questions related to timesheets and reimbursement.

FREQUENTLY ASKED QUESTIONS

Q: Who is my employer?

A: The consumer, the person you provide care to.

Q: Where do I get timesheets, and who do I submit them to?

A: *WQHCC does not provide or receive caregiver timesheets.* Timesheets can be obtained from and submitted to the case management agency that works with your employer (some examples are Community Living Alliance, Dane County Long Term Support Unit, South Madison Coalition for the Elderly, Family Support & Resource Center, Tellurian). For employers who have a support broker, and use Fiscal Assistance's Employer Agent Program, timesheets can be obtained directly from Fiscal Assistance, and submitted to Fiscal Assistance for reimbursement. If you or your employer(s) are unsure, check with WQHCC.

Q: When are timesheets due?

A: It depends where you are sending them. For most agencies, the due date is the 3rd of every month. For some agencies/companies, there are two due dates per month. Again, if you or your employer(s) have questions, please contact the case manager or WQHCC.

Q: When will I be paid after submitting a timesheet?

A: Most employees in the long-term care system are paid once per month. If your timesheet was submitted to case management agency on time, and your payroll paperwork is complete, you will receive a check (or direct deposit, if you chose that option). For employees who work in the children's system, or those who within the Employer Agent program, funds are distributed twice per month. If you need a schedule of due dates/pay dates, contact your employer's case management agency or Fiscal Assistance.

Q: Where will my checks come from? Whose money is it?

A: WQHCC contracts with Fiscal Assistance of Dane County for payroll services. You are paid with your employer's state funding. You will receive a check (or check stub if you elected direct deposit) from FA. Their contact information is:

Fiscal Assistance of Dane County, Inc.

124 West Holum Street

DeForest, WI 53532.

Website: www.fiscalassistance.org. Phone: 608/846-7058

Q: What is the wage rate?

A: This depends on who you work for, as well. Dane County has set the minimum wage for in home care providers at \$10.61/hr. Depending on your employer's specific funding and plan of care, and your relationship to your employer (for example, if you are a family member) this wage rate may fluctuate. If you or your employer do not know the wage rate, please call your employer's case manager, support broker, or WQHCC.

Q: I was given information about a union. Am I in a union, and do I have to pay union dues?

A: All care providers who work through WQHCC are covered by a Collective Bargaining Agreement (CBA) with Service Employees International Union Healthcare (SEIU) Local 150 – WI. The CBA agreement went into effect in March 2009. (A copy of this agreement can be found on our website: www.wqhcc.org or you can request an additional hard copy from WQHCC.) You may choose to opt-out of union membership, but all recognized workers must pay fair-share dues. Union dues (and fair share dues) apply to care providers who work more than four (4) hours per month or more than 16 hours in any four-month period. Dues are 2% or \$14.00 per month, whichever is greater. The amount of dues you might pay cannot exceed \$44.65 per month. If you have questions, or would like to discuss your involvement with SEIU, please call your representative, Royce Austin at (414) 455-3840.



OTHER RECORD KEEPING

ACCIDENTS & EMERGENCIES

If an accident or emergency occurs while you are working, please follow the plan your employer has in place for such a situation. There may be a specific form that your employer uses for keeping a record of incidents/accidents/emergencies. Contacting the employer's primary support person or people, the employer's case manager or support broker, and WQHCC are all important. Care providers should report any noticeable changes in a consumer's health or behavior, as well. If there is no plan for accidents, emergencies, or changes in condition, please contact WQHCC or your employer's case manager/support broker. ***If there is ever an immediate health crisis or emergency, call 9-1-1.***

REPORTING ABUSE & NEGLECT

As an in home care provider, you are legally mandated to report any suspected abuse, neglect, or misappropriation. This report can be made anonymously. The phone numbers you may need can be found in the Appendix. ***NEVER ignore a situation that you feel may be unsafe or harmful!***

TRAINING VERIFICATION FORM (TVF)

A copy of this form is mailed to all new care providers with their registration letter. This form is proof that you and your employer agree that you are trained to perform the job duties. This form goes in each care provider's file. If you work with more than one consumer, each employer's job description will be different and it's important for you to understand what is required and expected of you. *WQHCC requires all care providers to get this form completed (signed by you and your employer) for each employer you work for. Send completed TVFs to WQHCC.* If you have questions, please call us. Additional copies may be requested from WQHCC at any time. They are also available on our website: www.wqhcc.org in the Resource Center, and copy can be found in the Appendix.



INFORMATION ABOUT POPULATIONS SERVED BY WQHCC

This section provides information about some of the medical, physical, and mental challenges consumers in our registry may have. Each consumer's situation is unique, and it is important for care providers to understand that consumers will have different and varying health concerns. They need services and support that meet their needs and preferences.

Remember:

- Speak of the person first, then the disability.
- Don't label people as part of a disability group- don't say "the disabled"; say "people with disabilities."
- Don't patronize a person with a disability; don't give them excessive praise or attention simply because they have a disability. Do not treat them like a child. Treat them normally.
- Let the person do or speak for him/herself as much as possible. Choice and independence are important.
- Focus on abilities, not limitations.

HEALTH-RELATED TERMS

To understand how various disabilities affect people it helps to know a few basic terms. Disabilities are usually grouped into a few categories:

- **Physical** – Loss of specific body functions, loss of limb or traumatic brain injuries.
- **Sensory** – Hearing impairments or vision impairments
- **Developmental/Mental** – Retardation and learning disabilities
- **Emotional** – Mental illness and emotional disorders

Beyond these groupings, there are common terms used to describe disabilities.

- **Acquired** – Can occur to anyone at any time, usually due to an injury or disease.
- **Congenital** – A condition that is present at birth.
- **Contagious**- Contracted from another person.
- **Degenerative**- A progressively disabling condition to one's body or system.
- **Genetic Disorder**- A disorder that's present though not always identified at birth.
- **Impairment**- Something that prevents a physical function.
- **Prenatal**- Present before birth, affecting baby's development.
- **Voluntary Muscles**- Muscles non-disabled person can control at will, without thinking, such as turning head, lifting arm, etc.

USING TERMS APPROPRIATELY

Blind- loss of vision for ordinary life purposes. This can imply complete lack of vision or small bit of eyesight, sometimes referred to as “legally blind.” “Visually impaired” is another term, which can mean complete or partial loss of sight. Other terms are “low vision.”

Deaf/Deafness- A profound loss of hearing. Some prefer to use the term “hearing impaired.” Can imply complete lack of hearing any sounds- profound hearing loss- to mild, or some hearing.

Developmental Disability – A mental and/or physical disability that appears before age of 22 and may continue indefinitely. The term includes people with many different specific disabilities. These include: mental retardation, cerebral palsy, autism, epilepsy (and other seizure disorders), sensory impaired, congenital disabilities, and traumatic accidents or conditions cause by disease such as polio or muscular dystrophy.

Disability- A functional limitation that affects a person’s ability to do certain tasks or life skills. Can refer to physical, sensory or mental condition.

Handicap – No longer an accepted description of a disability. Should *not* be use in place of disability when describing a condition. Can be used when citing law. Describes a barrier or condition imposed by society, the environment or one’s own self.

Head Injury- A condition leading to temporary or long-term interruption in brain function.

Learning Disability- A permanent condition affecting the way someone with average or above average intelligence takes in, remembers, and expresses information.

Mental Disability- Four categories are listed under this heading: psychiatric, retardation, learning disability and physical head trauma.

Non-disabled- A person without disabilities.

Seizure- An involuntary muscular contraction, brief impairment or loss of consciousness resulting from a neurological (brain) condition. The word “convulsion” is only appropriate for seizures involving contraction of the whole body.

Spastic- A muscle with sudden abnormal or involuntary movements

Special – Used to describe different or uncommon as in “special needs”

Speech disorder – A condition that affects the way a person talks. Usually describes someone with a limited or difficult speech pattern.

COMMON DISABILITIES AND HEALTH ISSUES

Here are brief descriptions of some of the most common diseases and disabilities you may encounter as a care provider. *This is not a comprehensive list. If you would like more specific information about a disability or health issue, please contact WQHCC at 608/630-8402.*

AIDS/HIV

AIDS (Acquired Immune Deficiency Syndrome) is a virus that attacks the body's immune system, leaving the body unprotected against invasive diseases such as cancer and other infections that would not normally develop in someone healthy. The virus is found in the body's fluids.

Transmission is most common through intimate sexual contacts (intercourse, anal sex, and oral sex), sharing hypodermic needles and contaminated blood. There is no vaccine for preventing AIDS. Consumers with AIDs may experience fatigue, weight loss, diarrhea, skin disorders and upper respiratory illnesses.

Alzheimer's Disease

Alzheimer's is the fourth highest cause of death among adults over the age of 75. It is considered a form of dementia and is a progressive disease that affects the brain. There are seven stages and the severity of the disease increases at each stage. Stages one through five are the most common; by stages six or seven the individual will likely need to have extensive care.

In the early stages, an employer may complain of being forgetful. He or she may forget to pay bills or have trouble remembering people's names. As the disease gets worse, the person may begin to have trouble expressing him/herself and start to withdraw. S/he may need help choosing clothes; driving isn't safe and serious memory lapses will occur. The person may become suspicious of their surroundings, and possibly angry. In the final stages, the person may not be able to take care of him/herself. Forgetting how to walk and talk is not unusual.

When working with consumers who have Alzheimer's:

- Be patient during conversation. Allow them to finish their sentences, don't interrupt or finish sentences for them.
- Don't rush them; allow them to walk at their own pace.
- Encourage exercises, which strengthen muscles and helps sleeping.
- Put their belongings in the same place. Changes confuse them.
- Stick with a routine.

Arthritis

Arthritis is the country's number-one cause of disability and affects one in seven Americans, including nearly 50 percent of all people age 65 and over- twice as many women as men. It isn't one disease but a broad family of more than one hundred different diseases. Arthritis is an inflammation of the joints- usually the small joints of the hands and the larger joints of the hips, knees and spine. Arthritis occurs when the cartilage that creates the smooth surface of the joints thins and disappears. Arthritis usually causes the most problems and pain in the morning hours. Consumers who are most active and use joints will have the best chance of preventing muscle weakness and other muscle deformities. In most cases arthritis is a chronic condition, lasting for life. Some common forms of arthritis are:

Osteoarthritis: A degenerative joint disease in which the cartilage covering the ends of bones in joints deteriorates, causing permanent stiffness in fingers, knees, feet, hips and back.

Rheumatoid arthritis: A flaw in the body's immune system causes painful inflammation in joint linings, limiting movement in hands, wrists, feet, ankles, shoulders and elbows.

Fibromyalgia: Affects the muscles and their attachments to the bones, causing widespread pain and tenderness.

Gout: Needlelike chemical crystals form in the joints, causing severe pain and swelling in the big toes, knees and wrists.

COPD

COPD, or Chronic Obstructive Pulmonary Disease, is the blanket name for various diseases in the lungs, including emphysema. COPD causes permanent damage to the lungs, making it difficult to breathe normally. As a result, people experience shortness of breath and tiredness. The disease stresses the heart and can lead to death. Use of an oxygen tank may be necessary.

Cancer

Cancer is an uncontrolled growth of cells that impairs or attacks the body's various systems. There are many different types of cancer. Some cancers can be controlled; others are much harder to manage and are untreatable. Various therapies include radiation and chemotherapy.

Cerebral Palsy

Cerebral Palsy is a disability that occurs before birth, during birth, or before the fifth birthday. The brain damage that occurs affects cognitive functions, hearing, vision, and speech and/or muscle control. The loss of muscle control can involve uncontrolled muscle spasms and interfere with normal movement and speech. It can also make it hard to understand a person's speech. People with cerebral palsy have normal intelligence. It is *not* a contagious disease, and there is no cure.

Dementia

People with dementia often experience the loss of intellectual abilities to the extent that it interferes with normal activities of daily living. It is usually characterized by problems with cognitive ability, personality changes, memory, decreased ability to reason and think, and rapid, unexplained changes in judgment and mood. Dementia usually occurs gradually, over a period of months or years, and is the result of some type of damage to the brain.

When working with people with dementia, keep in mind that arguing or trying to make them change their mind is inappropriate and could confuse or agitate the person. Remember the following:

- Be patient when have a discussion with the consumer. Allow them to finish their sentences, don't interrupt or finish their sentences for them.
- Don't rush them; allow them to walk at their own pace.
- Encourage exercise, which strengthens muscles and helps sleeping.
- Put their belongings in the same place. Change confuses them.
- Stick with a routine.

Diabetes

Diabetes occurs when the food we eat is not used completely by the body. As a result, the body is not producing enough insulin, which helps glucose enter the cells to be used as energy. Consequently, glucose passes through the kidneys and enters the urine- excess glucose can be harmful to the nervous system, heart, eyes, and kidneys. Two of the most common forms of diabetes are insulin-dependent, juvenile onset diabetes and non-insulin dependent diabetes mellitus (NIDDM), which is much more common in older adults.

Diabetic Retinopathy

Diabetic Retinopathy affects people with a long history of diabetes. The disorder is associated with broken blood vessels in the retina, leaving scar tissue that causes blurred or clouded vision. The damage that is done is permanent.

Edema

Edema is the excessive accumulation of fluid throughout the body. It commonly occurs in the arms, face, and legs. Employers with edema in the legs may present with swollen feet and ankles, and pitting or indentations in the skin may occur when pressed. Special stockings (TED hose) may be needed to improve circulation.

Epilepsy/Seizure Disorder

Epilepsy is a condition that involves repeated seizures. The seizures are caused by malfunctions in a person's brain. It may or may not result in losing consciousness. Consumers with epilepsy can experience cognitive problems, short-term memory loss, short attention span, and other sensory disturbances. Epilepsy does not affect intelligence, is *not* a mental illness and is *not* contagious.

