

**APPENDIX B:
CASE STUDY SUPPORTING MATERIALS**

- I. Direct Service Worker Duties and Tasks in Residential Settings from Kentucky Real Choice

- II. Model Employer Agreement from North Carolina Real Choice

I. Direct Service Worker Duties and Tasks in Residential Settings

Duties		Tasks			
A	Assure Safe Environment	A-1 Develop Safety Plans	A-2 Practice Fire, Weather, and Disaster Drills	A-3 Maintain Safety Equipment	A-4 Safe Use of Appliances
		A-5 Perform Drug and Alcohol Checks	A-6 Perform Bed and Room Checks	A-7 Use Cleaning Supplies Safely	A-8 Keep Sharp/Dangerous Objects Locked
		A-9 Maintain Handicap Accessibility	A-10 Perform Appropriate Lifting Techniques/Transferring	A-11 Educate Participate Concerning Electrical Safety	A-12 Maintain Proper Disposal of Sharps and Bio-Hazards
		A-13 Maintain Water, Refrigerator /Freezer Temps	A-14 Insure Food Safety	A-15 Teach 911 Procedure	A-16 Address/Resolve Personal Issues e.g. Abuse
B	Promote Independent Living	B-1 Assist with Decision Making e.g. Meals, Clothing, Activities	B-2 Identify Client's Potential for Independence	B-3 Model Personal Hygiene Skills	B-4 Provide Coaching and Cueing for Participant
		B-5 Develop Weekly Schedules	B-6 Assist with Shopping	B-7 Identify Appropriate Dress	B-8 Manage/Budget Money Effectively
		B-9 Schedule Appointment Independently	B-10 Plan Activity/Leisure Time	B-11 Utilize Public Transportation	B-12 Establish Participant Goals/Schedule/Activity
C	Assist with Daily Living Activities	C-1 Complete AM Routine e.g. Bathing, Toileting	C-2 Facilitate Self Medication	C-3 Plan and Prepare Nutritional Meals	C-4 Check Day Planner
		C-5 Practice/Complete Cooking, Cleaning, Laundry Skills	C-6 Identify & Assist w/ Feeding of Clients via Appropriate Methods	C-7 Utilize Feeding Tools	C-8 Assist with Therapies e.g. OT, PT, Speech
		C-9 Clean Wheelchairs			

Duties		← Tasks →			
D	Maintain Communication	D-1 Communicate with Residents	D-2 Communicate with Staff and Other Health Care Workers	D-3 Promote Conflict Resolution	D-4 Coordinate with Outside Agency
		D-5 Communicate with Family/Guardian	D-6 Communicate and Report to Guardian e.g. incidents, money management, appt.	D-7 Teach How to Communicate with other Participants	D-8 Participate in Staff Meetings
		D-9 Promote Support Group Meetings	D-10 Utilize Alternative Methods of Communicating e.g. sign language		
E	Promote/Provide Educational Awareness	E-1 Educate Participants e.g. Sexuality, Strangers, Relationships	E-2 Educate Community RE: Residents Disabilities & Abilities	E-3 Educate Resident's Families	E-4 Educate Staff
		E-5 Advocate for Participants	E-6 Teach Job Skills	E-7 Teach Organizational Skills	E-8 Direct Incentive Programs
		E-9 Instruct How to Understand and Manage Illness/Disabilities	E-10 Establish A Support System		
F	Maintain Professional Ethics	F-1 Maintain Confidentiality	F-2 Maintain Professional Values and Boundaries	F-3 Promote Participant's Rights	F-4 Practice Role Modeling
		F-5 Practice within Legal Boundaries			
G	Maintain Records	G-1 Maintain Participant Records	G-2 Record Incidents	G-3 Record Weekly Weight and Vitals	G-4 Record Medical Appointments
		G-5 Record Household Maintenance	G-6 Record Medications	G-7 Complete Structure Day Forms	G-8 Maintain Financial Records
H	Continue Professional Development	H-1 Attend Orientation and Training	H-2 Train Staff Concerning Disabilities and Illness Served	H-3 Attend On-Going Educational Programs	H-4 Attend Monthly Seminars
		H-5 Maintain Certification e.g. CPR, First Aid, CPI	H-6 Keep Current with Articles/Journals	H-7 Keep Current with Legal Procedures	

Duties

Tasks



I	Assist/Provide Transportation	I-1 Properly Secure Passengers in vehicles with appropriate restraints	I-2 Identify and Schedule Proper Transportation Methods	I-3 Coordinate Facilities Transportation	I-4 Maintain adequate license and insurance on company/self vehicles
		I-5 Properly Transfer Participants e.g. bed to chair, chair to van	I-6 Maintain Staff/Client Ratio According to legal requirements and client need	I-7 Maintain Vehicle Checklist	I-8 Maintain Vehicle
J	Coordinate Outside Services	J-1 Contact and Arrange Appointments e.g.: PT, OT, Doctor, Labs	J-2 Determine Means of Transportation	J-3 Assist with Prep for end of life arrangements e.g.: life support choices, burial	J-4 Assist with Securing Volunteer Positions
		J-5 Report Neglect or Abuse			
K	Perform Administrative Tasks	K-1 Collect Daily Census Sheets	K-2 File Paperwork	K-3 Order and Collect Supplies and Meds	K-4 Perform Staff Schedules
		K-5 Create Computer Documents	K-6 Oversee Budgets	K-7 Complete Time Sheets	K-8 Complete Purchase Order Forms
		K-9 Record Transportation, Mileage, Driver Log	K-10 Perform "P.R." Activities		

II. MODEL EMPLOYMENT AGREEMENT

This binding contract is intended to help clarify employer and employee rights and responsibilities for everyone's protection. Clear roles and expectations, as well as good communication, are essential. Starred (*) items must be addressed.

	*EMPLOYER	*EMPLOYEE
NAME		
ADDRESS		
PHONE #		
SOCIAL SECURITY #	N/A	
OTHER (Specify)		

	*EMPLOYER EMERGENCY CONTACT	*EMPLOYEE EMERGENCY CONTACT
NAME		
ADDRESS		
PHONE #		

EMPLOYER AGREES TO:

- *1. Pay wages of _____ per hour for hours worked/approved.
 Pay overtime of _____ for _____ .
 Pay in-kind arrangement of _____ .

- *2. Pay employment taxes in keeping with labor laws and based upon total wages.
 - A. FICA (Social Security) taxes [See Handbook]
 - B. FUTA (Federal Unemployment) taxes “
 - C. SUTA (State Unemployment) taxes “
 - D. Workers Compensation “

Initials of Employer _____
 Initials of Employee _____

*3. Deduct and submit employee's Federal and State income taxes based on employee's completed W-4 form.

4. Provide benefits checked (✓) below when possible, as agreed with employee:

Benefits Chart

<input type="checkbox"/> Health insurance as follows:	<input type="checkbox"/> Paid time off as follows:	<input type="checkbox"/> Salary increases as follows:	<input type="checkbox"/> Other benefits as follows:
a) Paid totally by employer _____ or b) Paid totally by employee _____ or c) Paid partially by employer and employee _____. Amount each pays; employer _____ employee _____ Name of insurance company: _____			

*5. Issue payment on schedule to the employee after receiving and approving time sheet. [See Handbook]

- () once a week
- () once every two weeks
- () once a month
- () other _____

*6. Provide a job description with list of tasks (based on the plan of care) to the employee with this Agreement; review the tasks and update, as necessary, with employee.

*7. Provide on the job training to employee on infection control, specific care methods and preferences within one week of employment (or as scheduled: _____), along with review of the Handbook.

8. Provide additional paid training (in or out of the home), if specified here:

*9. Report any injuries received on the job by the employee to:
 his/her emergency contact person _____
 to appropriate authorities _____

Initials of Employer _____
 Initials of Employee _____

- *10. Provide checked () equipment to employee, as needed, for mutual protection and safety (refer to Handbook for OSHA requirements):
- () gloves
 - () masks
 - () needle stick protector/container
 - () hazardous waste disposal container
 - () other (e.g., back brace) _____
11. Performance Review (verbal or written) [See Handbook.]
- A. Correct or update employee performance on specific tasks as need occurs.
 - B. Review employee's performance with employee on a regular basis:
 - 1) At end of established trial period: _____ (date) _____
 - 2) At regular intervals thereafter _____ (such as quarterly, twice a year, once a year).
12. Review methods for handling problems with employee; identify 3rd party contact person _____. [See Handbook.]

[Use Handbook for discussion of notice re: dismissal, coverage of wages when employer does not need service for a limited period of time, etc.]

EMPLOYEE AGREES TO:

- *1. Receive wages for hours worked and approved. (Training will be considered hours worked.)
- *2. Complete correctly, sign, and submit time sheet to employer on schedule. (Incorrect or late time sheets may result in delay of payment.)
- *3. Satisfactorily complete required training.
- *4. Perform tasks as scheduled and in the manner preferred by employer.
- *5. Refuse to perform any tasks requested by employer (or others) that potentially will cause injury to employer or employee or that are illegal. Report requests to appropriate authority _____.
- *6. Time off:
 - A. Notify employer of unplanned time off as soon as possible.
 - B. Give notice of planned time off from regular schedule to employer _____

Initials of Employer _____
Initials of Employee _____

days before needed.

- *7. Report any emergency situation immediately to emergency contact person for the employer. Report to appropriate authority (Case Manager? Other?).
- *8. Review grievance procedure in employee handbook with employer for mutual understanding.
- *9. Notify employer of changes in personal status (such as name, marital status, address, etc.) needed for revising the W-4 or other reporting as soon as they occur.
- 10. Give ____ days notice to employer regarding termination of employment, unless personal emergency.
- 11. Maintain any certification/licensure required by employer, such as:
 - A. driver's license ____
 - B. CPR ____
 - C. other (specify) _____

SIGNATURES

Signatures below and initials on each page signify that each party has read and understood this contract and agrees to comply with all items specified.

Employer signature

Date

Employee signature

Date

Cc: Case Manager _____
Funding source _____
Fiscal intermediary _____
Other: _____

Initials of Employer _____
Initials of Employee _____