



ANNUAL DCW REVIEW

DCW Name: _____ Member Name: _____

Coordinator Name: _____ Date of Review: _____

Hire Date: _____

1. Will any DCW requirements expire within the next 90 days?

☐ Yes ☐ No CPR – if yes, expiration date: _____

☐ Yes ☐ No First Aid – if yes, expiration date: _____

☐ Yes ☐ No Auto Insurance – if yes, expiration date: _____

☐ Yes ☐ No Fingerprint Card – if yes, do HireRight background check. Expiration date: _____

2. Online verifications.

a. Fingerprint Card – AZ Dept. of Public Safety website check completed on: _____ (if applicable, not required if HireRight background check on file)

b. AZ Adult Protective Services Registry website check completed on: _____. Was the above-named DCW listed in the Registry? ☐ Yes ☐ No

3. Continuing Education - will DCW have completed at least 6 hours by anniversary? ☐ Yes ☐ No

4. DCW address/phone number changes? ☐ Yes ☐ No If yes, changes: _____

5. Do you have any concerns as an employee? _____

6. Please state all tasks that you are currently performing for your member. _____

7. Has this DCW successfully demonstrated the above-mentioned tasks? ☐ Yes ☐ No

8. What further supports can Consumer Direct Care Network supply (i.e. trainings)? Are you successfully using Sandata or an EVV system? _____

9. Are you looking for more hours? ☐ Yes ☐ No

If yes, what is your availability (Day and Times) _____

10. Support Coordinator Observations

a. Competency of DCW and interaction between member and employee: _____

b. Quality of care: _____

DCW Signature

Date

Support Coordinator Signature

00734

Date





ANNUAL TRAINING AND CONTINUING EDUCATION

DCW Name: _____

Total Credits: _____

Required Annual Background Check
Criminal History Self Disclosure Affidavit. Date completed _____

Required Annual Training								
Topic	Cr.	Date	Score		Topic	Cr.	Date	Score
Abuse & Neglect	1				Blood Borne Pathogens	0.5		
Fall Risk Factors (SEAGO)	0.5				Fraud Prevention	0.5		

Training Options for Continuing Education Credits								
Topic	Cr.	Date	Score		Topic	Cr.	Date	Score
Advance Directives	1				Hospice	1		
Alzheimers	1				Hypertension	1		
Arthritis	1				Incontinence	1		
Bathing Tips	1				Kidney Disease	1		
Behav. Health (5 Mods)	5				Maint. Professional Dist.	1		
Bill of Rights (Patient)	1				Medication Admin.	1		
Cancer	1				Mentally Ill Clients	1		
Caregiver Stress	1				Multiple Sclerosis	1		
Combative Clients	1				Obesity	1		
Common Presc. Diets	1				Ostomies	1		
COPD	1				Pain Management	1		
COVID-19	1				Parkinson's	1		
Cultural Diversity	1				Peripheral Neuropathy	1		
Cystic Fibrosis	1				Personal Wellness	1		
Dementia	1				Prev. Pressure Sores	1		
Depression	1				Range of Motion	1		
Diabetes	1				Report/Documenting	1		
Dressing & Grooming	1				Safe Transfers	1		
Eye Disorders	1				Seizures	1		
Feeding Clients	1				Stroke (CVA'S)	1		
Food Prep & Safety	1				Time Management	1		
Hearing Disorders	1				Traumatic Brain Injury	1		
Heart Attack								

DCW Training Completed This Year? (6 credits)	☐ Yes ☐ No	☐ SEAGO
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Completion Date: _____ Support Coordinator Signature: _____



I, _____, agree to and acknowledge the following:
(Employee Print Name)

1. Caregiver Handbook

I have received a copy of the Consumer Direct Care Network Arizona (CDCN) Caregiver Handbook. It provides employment guidelines on CDCN's policies, procedures, and programs. The Handbook is not a contract for employment.

I agree to read and understand the information in the Handbook. It is my responsibility to follow all the policies and procedures in the Handbook. I can ask CDCN if I have questions. CDCN can revise or update policies, procedures or any information in the Handbook at any time.

2. Service Model

If hired under a co-employment service model, the Member is my Managing Employer. They select, schedule, manage and dismiss caregivers. CDCN is my legal Employer of Record. CDCN provides administrative and payroll services to the Member. CDCN can also terminate my employment without the Member's permission.

If hired under an agency-based service model, CDCN is both my Managing Employer and Employer of Record. CDCN is solely responsible to select, schedule, manage and dismiss Direct Care Workers (DCWs).

3. I will submit to CDCN:

- A copy of First Aid/CPR Training Certificate (CDCN offers First Aid/CPR at a split cost with me). Online training is not accepted.
- Verification of current automobile liability insurance in order to complete certain personal care tasks. I agree to maintain insurance and provide updated insurance to CDCN. If there is no driving to perform any tasks, I will complete a No Driving form.
- Notice of changes to my name, address or telephone number within 10 days of the change. Pending criminal charges occurring after my hire date must also be disclosed within 10 days.

4. Training

I will complete the initial DCW training in order to be eligible to start work. I will also complete six hours of continuing education per year. No one will assist me or complete the trainings on my behalf. Misrepresentation as to who completed the training constitutes Medicaid Fraud and may result in termination of my employment.

CDCN has a library of training modules to choose from. A CDCN Service Coordinator will work with me to identify appropriate trainings. The Member can also decide on individualized training for me to take based on their care needs. For example, if the Member has diabetes, they may have me complete the diabetes training module.

The Member will orient me to their home services and talk about their needs and preferences. The Service Coordinator will also orient me to the Member's needs.



5. Payment *(Employee, please initial each item below to indicate agreement and understanding).*

- _____ I have received a CDCN payroll calendar.
- _____ I will be paid at an hourly rate for approved services I provide to the Member. Hourly rates are identified in a wage memo.
- _____ I must submit time for each shift worked through an approved Electronic Visit Verification method. The Member/PR must approve each shift worked. **All corrections and approvals must be done within 10 days of the date of service or my pay may be affected.**
- _____ Portal-to-portal (Agency Based Traditional program only) and daily respite care (12-24 hours of continuous respite care), are paid at an hourly rate equal to the current minimum hourly wage in Arizona or in the municipality where services are provided, whichever is greater.
- _____ I will earn paid sick time. I will accrue one hour of paid sick time for every 30 hours worked and may accrue or use up to 40 hours of earned paid sick time per year. Paid sick time may be used for myself or a family member for the following reasons:
- Medical care or mental or physical illness, injury, or health condition.
 - A public health emergency.
 - Absence due to domestic violence, sexual violence, abuse, or stalking.
- Sick time used and received is shown on my pay stubs. For more information I can contact CDCN.
- _____ CDCN is not responsible to pay me if:
- The Member becomes ineligible for Medicaid.
 - The Member/Personal Representative (PR) allows me to:
 - Work overtime (more than 40 hours per week) without prior written notice from CDCN.
 - Perform unapproved tasks or work more hours than are approved.
 - Hours worked are when the Member is in the hospital or not in the home.
- _____ Anytime there is an alleged misrepresentation on time submitted, CDCN has the right to withhold payment until the matter is resolved.

6. Automatic (Direct) Deposit

CDCN wants all employees to be paid in a timely and consistent manner. There are two direct deposit pay options. I can specify a bank account for the direct deposit or choose a pay card. Pay stubs (summary of pay) and W-2s are sent by first class mail to my address on file or electronically.

7. Effective Date

Employment can start once I complete the CDCN Employee Enrollment Packet and it is approved by CDCN. I must also pass the DCW exam. CDCN will contact and notify me when I can begin work.

8. My DCW responsibilities include, but are not limited to:

- Provide attendant care, personal care, housekeeping and/or respite services.



- Program compliance (follow all policy and procedures).
- Accurate documentation and record keeping (includes reporting of work no-shows).
- Confidentiality.
- Report Member hospitalization and/or emergency room visit to CDCN.
- Report work-place injuries immediately to the CDCN Risk Manager on the 24-hour Injury Hotline (877-532-8542).
- Status change notification.
- Report to appropriate authorities if concerned about abuse, neglect or exploitation.
- Keep current with background check, First Aid, CPR, and completing six (6) hours of continuing education. If my background check, First Aid or CPR expires or I do not complete continuing education, I know my employment will be suspended. I will not be paid for any work time while suspended. This means I cannot work until I submit documentation to CDCN that my training has been renewed or updated.
- Awareness of additional services in the home. I also understand other non-medical in-home services may not be provided at the same time, such as Attendant Care and Respite.
- Do not transport the Member as part of job duties.
- Do not administer medications as part of job duties.

9. Reportable Offenses

I understand I am required to immediately report to CDCN if:

- A law enforcement entity charges me with any crime listed in Arizona Revised Statute 41-1758.03 B or C. These offenses are listed on the Arizona Department of Economic Security Criminal History Self Disclosure Affidavit, which I am required to complete annually.
- Adult Protective Services alleges I have abused, neglected or exploited a vulnerable adult.

10. Non-Emergent Care

Services provided under this program are not meant to be emergency or acute medical services. I understand any potential risky health situations need to be reported to the Member's doctor and/or to local emergency services, such as 911, as appropriate.

11. Relationship Disclosure

I am not the Member's legal guardian, Personal Representative, or parent (if the Member is under 18 years old). I will inform CDCN if I live in the Member's home. I will also inform CDCN of my family relationship to the Member. This is a state requirement.

Employee Signature

Date

Member/PR/CDCN Signature

Date

CRIMINAL HISTORY SELF DISCLOSURE AFFIDAVIT

Your fingerprints will be submitted to the Arizona Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) for a criminal history check. Your self-disclosure on this affidavit and the information provided by your criminal history check will be used, as authorized by Public Law and Arizona Revised Statutes, to help us determine your fitness to have unsupervised access to vulnerable persons. **Your failure to disclose true and accurate information on this affidavit will be sufficient grounds to end your employment or to deny, suspend, or revoke your license and may be referred to the State Attorney General's Office for prosecution.**

Be sure that you go over all six (6) pages of the self-disclosure affidavit.

You have the right to obtain a copy of any background check report and challenge the accuracy or completeness of information contained in the report. If you challenge the information, you also have a right to prompt determination as to the validity of your challenge. To obtain a copy of your background check report, contact the DPS Records Unit, ACJIS Division at (602) 223-2222.

Name (First, Middle, Last): _____ Date of Birth (MM/DD/YY): _____

Address (No., Street, Apt. No.): _____

City: _____ State: _____ ZIP Code: _____

Check one of the following and provide information as directed:

- ☐ I have not been convicted of nor am I under pending indictment for any crimes.
- ☐ I have been convicted of or I am under pending indictment for the following crime(s) (Provide dates, location/ jurisdiction, circumstances and outcome. Attach additional pages as needed):

ALSO – Check one of the following:

- ☐ I am not subject to registration as a sex offender in Arizona or in any other jurisdiction.
- ☐ I am subject to registration as a sex offender in Arizona or in any other jurisdiction. (If you are subject to registration as a sex offender in this state or any other jurisdiction, DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the decision.)

I certify that I understand this affidavit. My self-disclosure is true, accurate, and complete to the best of my knowledge.

Signature: _____ Date: _____

Notary Public

State of Arizona, County of _____

Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, 20____

Commission Expiration date: _____ Notary Public's Signature: _____



Non-Appealable Offenses

Are you awaiting trial for or have you ever been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes in this state or a similar crime in another jurisdiction? Mark "Yes" or "No" as applicable.

If you are subject to registration as a sex offender in this state or any other jurisdiction, or awaiting trial on or been convicted of committing, attempting to commit, soliciting or facilitating, or conspiring to commit one or more of the crimes in this section DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the decision.

Expunged convictions from any court other than juvenile court must be identified.

	YES	NO
1. Sexual abuse of vulnerable adult	☐	☐
2. Incest	☐	☐
3. Homicide, including first or second-degree murder, manslaughter and negligent homicide	☐	☐
4. Sexual assault	☐	☐
5. Sexual exploitation of a minor or vulnerable adult	☐	☐
6. Commercial sexual exploitation of a minor or vulnerable adult	☐	☐
7. Child prostitution as prescribed in A.R.S. § 13-3212	☐	☐
8. Child abuse	☐	☐
9. Felony child neglect	☐	☐
10. Sexual conduct with a minor	☐	☐
11. Molestation of a child or vulnerable adult	☐	☐
12. Dangerous crime against children as defined in A.R.S. § 13-705	☐	☐
13. Exploitation of minors involving drug offenses	☐	☐
14. Taking a child for the purposes of prostitution as defined in A.R.S. § 13-3206	☐	☐
15. Neglect or abuse of a vulnerable adult	☐	☐
16. Sex trafficking	☐	☐
17. Sexual abuse	☐	☐
18. Production, publication, sale, possession and presentation of obscene items as prescribed in A.R.S. § 13-3502	☐	☐
19. Furnishing harmful items to minors as prescribed in A.R.S. § 13-3506	☐	☐
20. Furnishing harmful items to minors by internet activity as prescribed in A.R.S. § 13-3506.01	☐	☐
21. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in A.R.S. § 13-3512	☐	☐
22. Luring a minor for sexual exploitation	☐	☐
23. Enticement of persons for purposes of prostitution	☐	☐
24. Procurement by false pretenses of persons for purposes of prostitution	☐	☐
25. Procuring or placing persons in a house of prostitution	☐	☐
26. Receiving earnings of a prostitute	☐	☐
27. Causing one's spouse to become a prostitute	☐	☐
28. Detention of persons in a house of prostitution for debt	☐	☐
29. Keeping or residing in a house of prostitution or employment in prostitution	☐	☐
30. Pandering	☐	☐
31. Trafficking of persons for forced labor or services as defined in A.R.S. § 13-1308	☐	☐



	YES	NO
32. Transporting persons for the purpose of prostitution, polygamy and concubinage	☐	☐
33. Portraying adult as a minor as prescribed in A.R.S. § 13-3555	☐	☐
34. Admitting minors to public displays of sexual conduct as prescribed in A.R.S. § 13-3558	☐	☐
35. Any felony offense involving contributing to the delinquency of a minor	☐	☐
36. Unlawful sale or purchase of children	☐	☐
37. Child bigamy	☐	☐
38. Any felony offense involving domestic violence as defined in A.R.S. § 13-3601, except for a felony offense only involving criminal damage in an amount more than \$250, but less than \$1000 if the offense was committed before June 29, 2009	☐	☐
39. Felony indecent exposure	☐	☐
40. Felony public sexual indecency	☐	☐
41. Felony driving under the influence, driving under the extreme influence or aggravated driving under the influence if committed within 5 years of the date you apply for a Level 1 Clearance Card	☐	☐
42. Terrorism	☐	☐
43. Any offense involving a violent crime as defined in A.R.S. § 13-901.03	☐	☐

Appealable 5 Years After Conviction

The following **felony** offenses are non-appealable if committed within 5 years of the date you apply for a Level 1 Fingerprint Clearance Card. If you have been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of the crimes in this section *within 5 years* of applying for a Level 1 Fingerprint Clearance Card, DPS will deny you a Level 1 Fingerprint Clearance Card and you **WILL NOT** be eligible to appeal the denial.

If the conviction was *more than 5 years* before you apply for a Level 1 Fingerprint Clearance Card, DPS will deny you a Level 1 Fingerprint Clearance Card, but you will be eligible to appeal the denial to the Arizona Board of Fingerprinting.

Mark “Within 5 Years,” “Over 5 Years” or “No” as applicable.

	WITHIN 5 YEARS	OVER 5 YEARS	NO
1. Endangerment	☐	☐	☐
2. Threatening or intimidating	☐	☐	☐
3. Assault	☐	☐	☐
4. Aggravated assault	☐	☐	☐
5. Unlawfully administering intoxicating liquors, narcotic drugs or dangerous drugs	☐	☐	☐
6. Dangerous or deadly assault by prisoner or juvenile	☐	☐	☐
7. Prisoners who commit assault with intent to incite to riot or participate in riot	☐	☐	☐
8. Assault by vicious animals	☐	☐	☐
9. Drive by shooting	☐	☐	☐
10. Assaults on public safety employees or volunteers and state hospital employees	☐	☐	☐
11. Discharging a firearm at a structure	☐	☐	☐
12. Prisoner assault with bodily fluids	☐	☐	☐
13. Aiming a laser pointer at a peace officer	☐	☐	☐
14. Possession and sale of peyote	☐	☐	☐
15. Possession and sale of a vapor-releasing substance containing a toxic substance	☐	☐	☐



	WITHIN 5 YEARS	OVER 5 YEARS	NO
16. Selling or giving nitrous oxide to underage persons	☐	☐	☐
17. Sale of regulated chemicals	☐	☐	☐
18. Sale of precursor chemicals	☐	☐	☐
19. Production or transportation of marijuana	☐	☐	☐
20. Possession, use or sale of marijuana, dangerous drugs or narcotic drugs	☐	☐	☐
21. Possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs	☐	☐	☐
22. Administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs	☐	☐	☐
23. Manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15	☐	☐	☐
24. Involving or using minors in drug offenses	☐	☐	☐
25. Possession, use, sale or transfer of marijuana, peyote, prescription drugs, dangerous drugs, or narcotic drugs or manufacture of dangerous drugs in a drug-free school zone	☐	☐	☐
26. Possession, manufacture, delivery and advertisement of drug paraphernalia	☐	☐	☐
27. Use of wire communication or electronic communication in drug-related transactions	☐	☐	☐
28. Using a building for sale or manufacture of dangerous or narcotic drugs	☐	☐	☐
29. Manufacture or distribution of prescription-only drug	☐	☐	☐
30. Manufacture, distribution, possession or possession with intent to use imitation controlled substances, imitation prescription-only drugs or imitation over-the-counter drugs	☐	☐	☐
31. Manufacture of certain substances and drugs by certain means	☐	☐	☐

Appealable Offenses

Are you awaiting trial for or have you ever been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes in this state or a similar crime in another jurisdiction? Mark "Yes" or "No" as applicable.

If you are awaiting trial on or been convicted of committing, attempting to commit, soliciting or facilitating or conspiring to commit one or more of these crimes, DPS will deny you a Level 1 Fingerprint Clearance Card, but you will be eligible to appeal the decision to the Arizona Board of Fingerprinting.

	YES	NO
1. Theft	☐	☐
2. Theft by extortion	☐	☐
3. Shoplifting	☐	☐
4. Forgery	☐	☐
5. Criminal possession of a forgery device	☐	☐
6. Obtaining a signature by deception	☐	☐
7. Criminal impersonation	☐	☐
8. Theft of a credit card or obtaining a credit card by fraudulent means	☐	☐
9. Receipt of anything of value obtained by fraudulent use of a credit card	☐	☐
10. Forgery of a credit card	☐	☐



	YES	NO
11. Fraudulent use of a credit card	☐	☐
12. Possession of any machinery, plate or other contrivance or incomplete credit card	☐	☐
13. False statements as to financial condition or identity to obtain a credit card	☐	☐
14. Fraud by persons authorized to provide goods or services	☐	☐
15. Credit card transaction record theft	☐	☐
16. Misconduct involving weapons	☐	☐
17. Misconduct involving explosives	☐	☐
18. Depositing explosives	☐	☐
19. Misconduct involving simulated explosives	☐	☐
20. Concealed weapon violation	☐	☐
21. Misdemeanor indecent exposure	☐	☐
22. Misdemeanor public sexual indecency	☐	☐
23. Aggravated criminal damage	☐	☐
24. Adding poison or other harmful substance to food, drink or medicine	☐	☐
25. A criminal offense involving criminal trespass under Title 13, Chapter 15	☐	☐
26. A criminal offense involving criminal burglary under Title 13, Chapter 15	☐	☐
27. A criminal offense involving organized crime or fraud as prescribed in Title 13, Chapter 23, except terrorism	☐	☐
28. Misdemeanor offenses involving child neglect	☐	☐
29. Misdemeanor offenses involving contributing to the delinquency of a minor	☐	☐
30. Misdemeanor offenses involving domestic violence as defined in A.R.S. § 13-3601	☐	☐
31. Felony offenses involving domestic violence if the offense only involved criminal damage in the amount of \$250 but less than \$1000 and the offense was committed before June 29, 2009	☐	☐
32. Arson	☐	☐
33. Criminal damage	☐	☐
34. Misappropriation of charter school monies as prescribed in A.R.S. § 13-1818	☐	☐
35. Taking identity of another person or entity	☐	☐
36. Aggravated taking identity of another person or entity	☐	☐
37. Trafficking in the identity of another person or entity	☐	☐
38. Cruelty to animals	☐	☐
39. Prostitution as described in A.R.S. § 13-3214	☐	☐
40. Sale or distribution of material harmful to minors through vending machines as prescribed in A.R.S. § 13-3513	☐	☐
41. Welfare fraud	☐	☐
42. Kidnapping	☐	☐
43. Robbery, aggravated robbery or armed robbery	☐	☐
44. Misdemeanor endangerment	☐	☐
45. Misdemeanor threatening or intimidating	☐	☐
46. Misdemeanor assault	☐	☐
47. Misdemeanor aggravated assault	☐	☐
48. Misdemeanor unlawfully administering intoxicating liquor, narcotic drugs or dangerous drugs	☐	☐



	YES	NO
49. Misdemeanor dangerous or deadly assault by prisoner or juvenile	☐	☐
50. Misdemeanor prisoners who commit assault with intent to incite riot or participate in riot	☐	☐
51. Misdemeanor assault by vicious animals	☐	☐
52. Misdemeanor drive-by shooting	☐	☐
53. Misdemeanor assaults on public safety employees or volunteers and state hospital employees	☐	☐
54. Misdemeanor discharging a firearm at a structure	☐	☐
55. Misdemeanor prisoner assault with bodily fluids	☐	☐
56. Misdemeanor aiming a laser pointer at a peace officer	☐	☐
57. Misdemeanor possession and sale of peyote	☐	☐
58. Misdemeanor possession and sale of a vapor-releasing substance containing a toxic substance	☐	☐
59. Misdemeanor selling or giving nitrous oxide to underage persons	☐	☐
60. Misdemeanor sale of regulated chemicals	☐	☐
61. Misdemeanor sale of precursor chemicals	☐	☐
62. Misdemeanor production or transportation of marijuana	☐	☐
63. Misdemeanor possession, use or sale of marijuana, dangerous drugs or narcotic drugs	☐	☐
64. Misdemeanor possession, use, administration, acquisition, sale, manufacture or transportation of prescription-only drugs	☐	☐
65. Misdemeanor administration, acquisition, manufacture or transportation of dangerous drugs or narcotic drugs	☐	☐
66. Misdemeanor manufacturing methamphetamine under circumstances that cause physical injury to a minor under the age of 15	☐	☐
67. Misdemeanor involving or using minors in drug offenses	☐	☐
68. Misdemeanor possession, use, sale or transfer of marijuana, peyote, prescription drugs, dangerous drugs, or narcotic drugs or manufacture of dangerous drugs in a drug-free school zone	☐	☐
69. Misdemeanor possession, manufacture, delivery and advertisement of drug paraphernalia	☐	☐
70. Misdemeanor use of wire communication or electronic communication in drug-related transactions	☐	☐
71. Misdemeanor using a building for sale or manufacture of dangerous or narcotic drugs	☐	☐
72. Misdemeanor manufacture or distribution of prescription-only drug	☐	☐
73. Misdemeanor manufacture, distribution, or possession with intent to use imitation controlled substances, imitation prescription-only drugs or imitation over-the-counter drugs	☐	☐
74. Misdemeanor manufacture of certain substances and drugs by certain means	☐	☐



As a healthcare provider, you're surrounded by germs daily. This puts you at risk of becoming infected. It also means that you could spread infections among your clients, or even to your loved ones. These germs are known as Bloodborne Pathogens. The most common and serious bloodborne pathogens are the **Hepatitis B Virus (HBV)**, **Hepatitis C Virus (HCV)**, and **Human Immunodeficiency Virus (HIV, the virus that causes AIDS)**. Workers exposed to these, and other bloodborne pathogens, are at risk for serious or life-threatening illness.

Transmission can occur when someone comes in contact with infected human blood or other body fluids. This may include contact with open cuts or sores, nicks and skin abrasions, a mucus membrane, or an accidental puncture from an infected needle or broken glass.

Prevent Germ Spread

Protect yourself and others by observing **Universal Precautions**. This means you treat **ALL** clients/consumers as if they were infected with a bloodborne pathogen. Components of Universal Precautions include:



1. Wearing **Personal Protective Equipment (PPE)** if you may be exposed to blood or other body fluids. This includes disposable gloves.
2. Washing your hands frequently and thoroughly, including before and after glove use.
3. Properly disposing of used PPE, sharps, and other waste material:
 - a. Dispose of sharps in a leak-proof, puncture-proof, marked container as soon as you are done with it. **NEVER** throw a sharp into the trash.
 - b. Dispose of contaminated waste in red or labeled bags.
 - c. **NEVER** reuse disposable gloves.
 - d. Contaminated broken glass should not be picked up with hands, but swept or brushed into a dustpan before disposal.
4. Decontaminate blood or body fluid spills with a 10% household bleach solution.

The Company's **Exposure Control Plan** outlines what you should do if you come in contact with a consumer's blood or body fluid. Some guidelines to follow are:



1. Wash the exposed area well with soap and water.
2. Get medical care immediately. Time can be crucial in preventing infection.
3. Report the exposure to the Company's 24/7 **Injury Hotline** at **877-532-8542** as soon as possible after the exposure.
4. In some cases (like HIV contact) you may want to be tested. It is not required but may tell you if you are infected. The Company's Exposure Control Plan discusses testing.



(Score _____)

TEST YOURSELF

True or False

1. You only need to wash your hands when you leave work. T F
2. You should only apply Universal Precautions to people with a disease. T F
3. Disposable gloves can be reused if washed before you remove them. T F
4. You can use bleach to disinfect blood drops on a tile floor. T F
5. Exposure to infection should be reported to the Injury Hotline once you have a diagnosis of infection. T F
6. Hepatitis C is only transmitted through the air. T F
7. If you are exposed to an infection, you can wait until symptoms appear before getting medical attention. T F
8. You are responsible for purchasing any PPE that you use in the course of providing personal care services. T F
9. Used needles can go in the trash. T F
10. Proper disposal of used PPE, sharps and other waste supplies can reduce the spread of BBP. T F

Employee's Name: **Please Print**

Employee Signature

Date

Consumer's Name: **Please Print**

Consumer/Representative Signature

Date

03123



TEST YOURSELF

True or False

Score _____

1. If a member is out of town, it is considered fraud for his worker to submit a work shift for payment as if services were provided like normal – even if the member says it's okay. T F
2. If a member is hospitalized for a few days and her worker stops by to visit, brings her mail and magazines, stops by her house and feeds her dog and waters plants, it is okay for the worker to submit a work shift for payment. T F
3. It is considered Medicaid Fraud for a member to give their worker their online credentials or password to allow the worker to adjust work shifts or do visit maintenance. T F
4. Fraud is easy to detect and it is easy to prosecute those who commit fraud. T F
5. If a member is approved only for meal preparation for 1 hour a day, it is okay for a worker to cook for ½ hour and vacuum for another ½ hour in order to get in the correct amount of time. T F
6. Medicaid Fraud is a serious offense that can result in prosecution, loss of job, loss of Medicaid benefits, fines, and jail time. T F
7. Reporting Medicaid Fraud is mandatory. You must report Medicaid Fraud to Consumer Direct, the state, or the Federal Medicaid Fraud unit. T F
8. With Electronic Visit Verification (EVV), the member must confirm and approve each work shift when their worker is clocking out. T F
9. It is okay for a worker to encourage a member to request additional services so they can work more hours and increase their pay. T F
10. The first time you commit fraud, Consumer Direct will not report your actions to the state or federal government. T F

ACW/DCW Name

ACW/DCW Signature

Date

Member Name

Member/Representative Signature

Date

Coordinator Name

Coordinator Signature

Date



Abuse is the treatment of a person or animal with cruelty or violence. Abuse, neglect, and exploitation are common themes in the home health care field. The five types of abuse are:

1. Abuse – Purposely causing physical, mental, or verbal harm.
2. Sexual Abuse or Assault – Sexual contact with any person not able to give consent. This could be by force or through threatening behavior.
3. Neglect – Failing to provide a person with food, water, clothing, shelter, or medical attention.
4. Financial Exploitation – Using a person's money or belongings when it has not been approved. Forgery (signing someone else's name) and stealing are two examples of this. Forcing someone to sign something over to you is another example.
5. Emotional Abuse – Mental abuse such as name-calling, insults, threats, giving someone the silent treatment, and bullying.

As the Direct Care Worker, you are the one who regularly has contact with the at risk adults whom we serve. Many victims are related to their abuser. They are afraid to speak up out of fear that the abuse will get worse. They may also feel embarrassed about their situation. Many victims are also dependent on their abuser for money. They don't want to risk being left with nothing.

You will want to learn to recognize and understand the signs of abuse. Some common signs of physical abuse are bruises, broken bones, cuts, or other injuries in different stages of healing. Physical signs are easy to observe. You will want to pay close attention to your member's behavior as well. This is done in order to spot emotional abuse or neglect. The most common form of abuse is self-neglect. This is when the member is at risk because they cannot care for themselves. One warning sign to look for is loss of interest in an activity that used to be enjoyed and now is not. Another would be if your member becomes angry and wants to be alone and this is not normal behavior for them. If you ever have any concerns, you should report them to your supervisor right away. You should also contact the authorities.

It is important to know that there are community resources available to you. Adult Protective Services has a toll free, confidential hotline. This hotline is where you can report abuse, neglect, and exploitation. The phone number is 1-877-SOS-ADULT (877-767-2385). All reports are private. Each report will be looked into by an Adult Protective Services Specialist. This person will work with law enforcement to make sure that the member is safe. It is okay to report possible abuse, even if you do not have proof. It is not your job to investigate the abuse. It is your job to report it. We will all work together to make sure that each member we serve is safe in their home.





PREVENTING ABUSE, NEGLECT AND EXPLOITATION

TEST YOURSELF

True or False

Score _____

1. Calling someone names is an example of emotional abuse. T F
2. If you notice a bruise on your client's back, it is probably nothing to worry about. T F
3. Self-Neglect is the most common form of abuse. T F
4. You will rarely encounter abuse, neglect, or exploitation in the home health care industry. T F
5. Withholding food until your member takes a bath is not abuse. T F
6. APS has a toll free number where you can report your concerns anonymously. T F
7. If you suspect that your client is being abused, you should conduct your own investigation before reporting it to the authorities. T F
8. Forcing your client to make you a co-signer on their bank account is an example of financial exploitation. T F
9. Most victims are related to their abuser. T F
10. It is not necessary to report your concerns to your supervisor. T F

DCW Name (please print)

DCW Signature

Date

Coordinator Name (please print)

Coordinator Signature

Date

