



POLICIES AND PROCEDURES (revised 8/6/20)

Dear Direct Care Professionals: Please place your initial on the blank after each section to indicate that you have read and fully understand the section.

- 1) **ALL POSITIONS WITH FOCUS ARE SAFETY SENSITIVE: WHILE YOU ARE ON THE CLOCK, YOU ARE RESPONSIBLE TO ENSURE THE HEALTH AND SAFETY OF OUR MEMBERS.**
- 2) Do not clock in before you get to the location that your member is at. Always clock out before leaving your member's location.
- 3) You **MUST** complete your timesheets **DAILY** to avoid making mistakes, on times and dates, that would lead to incorrect billing. Handing in wrong dates and times worked is considered Medicaid Fraud and you will be terminated for this.
- 4) You should be working your schedule **unless** otherwise approved by your Direct Care Supervisor. You should not be clocking in early or out late. **FOR EXAMPLE, IF YOUR SHIFT IS 8:00 AM – 4:00 PM, YOU SHOULD CLOCK IN AT 8:00 AND OUT AT 4:00. OUR SERVICES ARE TO BE PROVIDED IN 15-MINUTE INCREMENTS, WITHOUT OVERAGE. THEREFORE, YOU MUST CLOCK OUT ON THE ASSIGNED SCHEDULE TO THE MINUTE. ALL RELEVANT SHIFT INFORMATION SHOULD BE DOCUMENTED IN PARTICIPANT'S DAILY LOG SHEETS PRIOR TO THE END OF YOUR SHIFT.**
- 5) You cannot be on the clock/working with your Member if they are in the hospital, receiving therapy, or receiving any type of home health/personal care service. This is considered double billing by Medicaid. If you are asked to by a parent/guardian, you should have that parent/guardian contact our office for clarification. You cannot help your Member look for a job. If they want to find a job, they must contact the office and request assistance to apply for Supportive Employment. If they are accepted for Supportive Employment, a Certified Job Coach will assist them to establish community employment.
- 6) You are required to stay with the same Member/schedule for at least 6 months before requesting a change of member/schedule, unless your Supervisor decides otherwise.
- 7) As soon as you are notified by the office that you are in the system, it is your responsibility to make sure you are clocking in and out in **NOVA**. **YOU MUST HAVE YOUR GPS LOCATOR ON WHEN CLOCKING IN AND OUT IN THE APP.** You should be using the NOVA app at all times (unless it is down) or the NOVA call number **as a temporary method**. If you are having trouble clocking, you must immediately get with our office for help. **IF YOU HAND IN TIME ON PAYROLL MONDAY THAT HAS NOT BEEN ENTERED INTO THE SYSTEM, AFTER YOU HAVE BEEN SET UP IN NOVA, YOU WILL HAVE TO WAIT AN ADDITIONAL TWO WEEKS TO RECEIVE PAYMENT FOR THAT TIME.**
- 8) To ensure that you are paid correctly, you should always make sure you are using the correct Member Code number. Some Members may have more than one code if they have different pay rates. Always check your time sheets against your clocks in the system. If you have a day in the system and forget to write a note, that time will be deleted from the system since we cannot bill without a note. Also, notes must be signed by Member or Guardian.
- 9) If a supervisor needs you to do shared staffing, it is not optional. It is mandatory to clock into shared staffing at that time. Shared staffing will be at a different rate.
- 10) We are here to serve our Members. We are not their boss or parent. **We never discipline or punish them. Time-outs, taking the Members personal items, or taking away planned/scheduled**



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activities are all considered punishment and cannot be done. We are here to encourage them to be as independent and successful in the community as possible. Please remember that we use the following methods to encourage positive behaviors: Positive Behavior Plans, pre-teaching, positive reinforcement, etc. We motivate through offering our clients choice, encouraging them, and always using verbal praise along with tangible rewards. Always be mindful of your tone and your choice of words with our Members.

- 11) You are not to be on your cellphone unless it is an emergency, or you work the overnight shift and your Member is asleep and all tasks have been completed. This includes talking, texting, social media, games, etc. Violators will be written up.
- 12) If your Member has 24/7 staff, and does not live with their family, you **must not** leave them before your relief staff/personal care arrives. If your relief staff does not show up, please call the on-call phone. If you leave your Member alone without permission from a supervisor, you will be terminated and reported to Adult Protective Services.
- 13) **PLEASE SAVE THE EMERGENCY ON-CALL NUMBER TO YOUR PHONE (870) 680-0013. THE ON-CALL PHONE IS FOR EMERGENCIES AND CALL-INS ONLY. YOU SHOULD NOT CALL OR TEXT THE ON CALL PHONE BETWEEN THE HOURS OF 11 PM AND 6 AM, UNLESS IT IS AN EXTREME EMERGENCY. CALLING IN FOR YOUR SHIFT IS NOT AN EXTREME EMERGENCY AND SHOULD BE DONE BEFORE 11 PM AND/OR AFTER 6 AM. ANY OFFICE BUSINESS SHOULD BE DIRECTED TO THE OFFICE DURING NORMAL OFFICE HOURS. ANY QUESTIONS CONCERNING YOUR CHECK, PERSONNEL PAPERWORK, SCHEDULE, ECT. SHOULD BE DIRECTED TO YOUR SUPERVISOR OR HR DURING OFFICE HOURS. YOU WILL BE WRITTEN UP FOR MISUSE OF THIS POLICY.**
- 14) You are expected to keep your Member in close proximity, always, so you can properly monitor their actions and behaviors and ensure their health and safety. You are never to leave them alone or with anyone else during your scheduled clocked-in shift. This includes leaving them in your vehicle unsupervised. **YOU MUST HAVE YOUR MEMBER WITH YOU AND BE WORKING ON GOALS FROM THE TIME YOU CLOCK IN TO THE TIME YOU CLOCK OUT AND THESE SAME TIMES SHOULD BE REFLECTED ON YOUR TIMESHEET. THIS IS HOW WE ENSURE ACCURATE BILLING. WE (US AS A PROVIDER AND YOU AS THE EMPLOYEE) ARE ACCOUNTABLE FOR ACCURACY AND HONESTY. FAILURE TO COMPLY WITH THIS IS MEDICAID FRAUD AND WILL RESULT IN YOUR IMMEDIATE TERMINATION AND YOU WILL BE TURNED OVER TO THE MEDICAID FRAUD INVESTIGATION AUTHORITY.**
- 15) **Bathroom visits:** Always have the Member use a designated family restroom, in public, when available. If they must use a multi-stall restroom and you are the same sex of your Member, you must go in the restroom with them and stand outside the stall “to keep watch”. If you are the opposite sex, you need to ensure the restroom is empty before allowing your Member to enter a multi-stall restroom and then ask any visitors to please wait until your Member comes out before entering the restroom. Staff should try to use the restroom before/after going out into the community.
- 16) You are not to take your Member to your home, your friend’s home, or your family’s home without prior permission from your supervisor. The Member’s plan of care (goals/activities) is to be worked on in their home or community (public) setting. You are not to have friends or family with you while working with our Member either at their home or out in public without supervisor approval.



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- 17) Any Focus Inc. staff/employee (including parents/family) that assists with medication must complete medications logs. **MEDICATIONS LOGS FOR THE PREVIOUS MONTH, MUST BE TURNED IN TO YOUR DIRECT CARE SUPERVISOR WHEN THE MONTH'S LOG IS COMPLETE.**
- 18) In accordance with DDS guidelines, you are never allowed to sleep on the job (even when your Member is asleep). If you work the night shift, you should check on your Member at least every hour and work on house upkeep e.g. clean fridge, baseboards, etc.
- 19) **Focus Inc. is your employer**, not the Member or parent/guardian. All questions, concerns or issues should be addressed through our office first. Failure to do this may lead to your termination. You cannot run errands (of any type) for YOURSELF or for your Member's parent/guardian, unless your Member is with you and the errand pertains to their specific goals/needs.
- 20) Overtime or Holidays (the ones listed in your handbook) are not to be worked, even if they are days in your regular schedule, without **prior authorization from your Direct Care Supervisor**. If you work a holiday that has not been approved in the plan, you **will be paid at regular pay and written up. YOU MAY REQUEST PERSONAL TIME TO MAKE UP YOUR REGULAR HOURS IF THERE ARE NO APPROVED HOLIDAYS, BUT YOU CANNOT MAKE UP THOSE HOURS BY WORKING A DIFFERENT DAY.** If you go out of town with your Member on a trip (Special Olympics, DDS Conference, etc.) you would need to leave earlier on the other days worked in the week to eliminate excessive over-time.
- 21) If you work fill-in hours for a different Member, your pay-rate will be the pay-rate that has been approved for that Member. If you are asked by a supervisor to fill-in, you are responsible for asking what the rate will be.
- 22) If you are sick, please give as much notice as possible to allow us time to locate fill-in coverage. **Call-ins should always go to the on-call phone or house manager. You must have text or voice acknowledgement from on-call supervisor (or house manager) when calling in or be subject to a write-up.** Excessive absences and tardiness are addressed in the handbook and policy will be enforced. If requesting time off, please fill out a request-off form located at the front desk of our office. All requested time off is not guaranteed. We must be able find fill-in coverage before approving. You should give **adequate notice** (as sited in handbook) when requesting personal time for a fill-in to be arranged.
- 23) **All incidents/accidents (involving your Member) should be reported immediately** to your Direct Care Supervisor or on-call phone to include any medication error, any hospital/ER visit or car accident (whether you are at fault or not). In addition to calling your supervisor, an in-house incident report must be filled out and turned in within 24 hours (or Monday morning if on the weekend). When you need copies please contact your DCS.
- 24) YOU SHOULD NOTIFY YOUR AUTO INSURANCE AND TELL THEM THAT YOU USE YOUR VEHICLE FOR WORK.
- 25) **All employee accidents of any type or severity should be reported immediately to Amy Dunning at (870) 284-4417.** Unless an injury renders you either physically or mentally unable to do so or is made known to Focus immediately after it occurs, you will report the injury to Focus, in writing, on a prescribed form. The Company will not be responsible for disability, medical or other benefits prior to the receipt of an employee's report of injury. Failure to comply may result in discipline, up to and including termination.
- 26) You cannot take your Member out of Arkansas without prior approval from your Direct Care Supervisor. Services can only be provided in some bordering areas.



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- 27) Your job is to promote independence and normalization. You are to support the Member to be as independent as possible in all areas of life. **Please be very purposeful in treating your Member as an equal and with respect and dignity always.**
- 28) If you are interested in picking up extra hours (without going over 40) text the on-call number for available shifts and fill-ins. ***IF YOU AGREE TO WORK A FILL-IN SHIFT, AND DO NOT SHOW UP FOR ANY REASON, YOU WILL BE WRITTEN UP.**
- 29) As a reminder, **timesheets are due on payroll Mondays by 9am, even if it is a holiday and our office is closed, UNLESS otherwise instructed due to special circumstances.** On certain holidays you may be requested by letter or text to turn it in earlier. If they are not received by this time your paycheck will be delayed. I would suggest that you make copies if possible. If your sheets are lost, for any reason, you will have to reproduce them before you are paid.
- 30) **You cannot have your Member with you while working another job. You cannot receive a check from another job for hours that you are receiving payment from a Medicaid provider. You will be immediately terminated for this.**
- 31) **YOU MUST ACQUIRE A SIGNED PERMISSION SLIP FROM THE PARENT/GUARDIAN FOR RISKY ACTIVITIES SUCH AS: SWIMMING, ATV/MOTORCYCLES, THEME PARK RIDES, BOATING, HORSEBACK RIDING, ETC. IF THE MEMBER IS THEIR OWN GUARDAIN YOU MUST HAVE PERMISSION FROM YOUR SUPERVISOR FOR SUCH ACTIVITIES. YOU MUST TURN IN A SIGNED PERMISSION SLIP FOR EACH DATE THAT YOU TAKE YOUR CLIENT TO ONE OF THE ABOVE ACTIVITIES.**

If you have any questions about the above items, please contact your Direct Care Supervisor. We do appreciate all your hard work and welcome any suggestions on how we can assist you to best serve our Members. Please sign this form, in acknowledgement of receipt, for your file. You have received an extra copy of this form for your future reference.

Direct Care Professional

Date