

Transcript for Corporate Compliance Training

Consumer: Sandra

Susan: Could you talk to me a little bit about what happens when a consumer, such as yourself is hospitalized. Can the aide work for her?

Sandra: Unfortunately, no—unless you are willing to pay out of pocket because that would be considered duplication of services. I mean because you are in the hospital, they are caring for you; they're changing the sheets; they're assisting you. You can't your aide there with the insurance company paying for both. No, that won't be possible. However, if you do have to go to the hospital and say you transport yourself.

Susan: Let's talk a little bit about employer responsibility on this program, and one of the big ones that is always a tough one for us is making sure the CDPAs are in compliance with the DOH requirement that is the physicals and TB tests. What do you understand the consumer responsibility to be on that?

Sandra: That is the consumer's responsibility. That's what CDPAS is about. You're not just responsible for the hiring. Both you and the PA will get a reminder, but it is your responsibility as a consumer that all your employees are in compliance or they will not be able to work.

Susan: And what about the consumer's responsibility about making sure that the hours are worked by your aids?

Sandra: It's my responsibility to make sure that she (the PA) fulfills the responsibilities of her job and that she's working the hours that she's assigned—no more, no less, and that she clocks in. She has to clock in and clock out. As soon as she's on the job, she better be clocked in, and when she leaves the job, she has to make sure she's clocked out. That's my job to oversee that it's done.

Susan: On this program, I'm sure you're aware a lot of family members can work, and I think a lot of our family members have a difficulty defining "Medicaid time" versus "Family Time", and if they're working for eight hours, they might be hanging around after the eight hours and forget to call out. That's an area where we have to really be careful to define.

Sandra: Yes.

Susan: A little more about the consumer and CDPA responsibility about the way the CDPA gets paid is by calling in with a PIN number. What do you know about your PAs PIN numbers?

Sandra: I shouldn't (small laugh). As a consumer, my job is to make sure they have their PIN numbers. If they don't have the PIN number, they can't work. So if they have their PIN numbers, they have to keep it to themselves. It's like a Social Security Number. You don't pass it around. You don't share it with another PA. You don't give it to a family member and think, "Ooo, my family member can work that day I won't be able to make it in." It doesn't work that way. Your PIN number is your way of clocking in, and that's how you get paid. And that's the way they (LICIL) knows you're on the job. To be honest with you, if something ever happened on a PA's shift, they better be there because if it's not them they're going to be held responsible for it

because they're to one that clocked in. It doesn't make sense, they have to keep it to themselves.

Susan: What do you do in the case of an emergency if the aid has to leave? Do you have an emergency plan?

Sandra: Yes, I do. I mean that pretty much had to be established before I was ready to start being a consumer. I had to have something in place. I actually currently have a family member that's registered. She's in Florida, but that family member will be notified if an aid's going on vacation. I will call her and let her know, and she will come and fill-in for the days that the aid is unable to be there. If there is a last minute emergency, I do have a friend that can quickly help out until my sister get into town and I am currently looking for a second back-up. I usually have three, but that's how it's usually done. I have aids that were working for me at one time that are willing to be back-up because their schedules have changed so they're also my back-ups. So I can also call on them to see if they have availability in an emergency situation. Yes, so it's been able to be established quite well. I haven't had any issues in the past even when we've had slight emergencies occur.

Susan: Could we also talk a little bit about the agreement that you sign with your aid as to what their duties are, and how you set that up?

Sandra: Yes. Well it all starts with the Department of Health Assessment. I mean the Department of Social Services Assessment of my needs, and I use it as a jumping off point. The MLTC (Medicaid Long Term Care) reviews that as well so they go by that. I take that and from that with CDPAP, I can add what my other personal needs are within that complex structure that they've laid out, and I'm going over that with my aides and specifically describe the duties of the job. What's involved in each

one of the tasks; what the limits of their jobs are, and what I will not ask them to do. They are very aware that I am aware of the limits of the limits and boundaries, and they are basically working with me, for me—not family—they don't have to take care of the entire house. There is some light cleaning involved, and I mean light cleaning. They are not working for everyone else. The same thing goes with cooking with me—not for the entire household. It's clearly defined and the duties are clearly defined, and they are very aware of what they are walking into. There is none of that ambiguity in their job duties. It's made for a very nice easygoing relationship.

Susan: The last thing we wanted to discuss is the Call in System. LICIL has had one for quite a few years, as you know, as of January 1, it will be a Federal requirement. Can you talk about how that works for the aides, and also let me know if feel that is an invasion for you.

Sandra: Well I've got to be honest with you, it's actually worked out quite well. Initially I probably thought gee, I have to make sure they're clocking in before, it was a time slip. But, honestly it works out quite well. They're fully aware what the state requires, and they know what their job is clocking in because they want to get paid. They know the minute they step in that's what they're doing. So they are clocking in right away. Clocking out, on the other hand is sometimes the other aid has already arrived, and they're chatting and one hasn't clocked out yet, but that's where I step in and say, "Remember, you've got to clock out now." It has made things a lot easier. I find it easier for me. I mean some aides might not like it, but it actually works out really well. It's less confusion; I don't have to worry about time slips as much unless they've missed or they ran out to catch a bus and they forgot to clock out. Then I'm required by law that I submit a timesheet so they know they've left at this time. This way then

their hours are consistent, and the MLTC is aware of what they've worked. Otherwise, I do not find it an invasion at this point. It's working well for us.

Susan: Thank you, Sandra.