

Self-Directed Care

Orientation Handbook

Policies & Procedures Training

And

Management Resources

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- **The Managing Employer should insert this Handbook into a 3-ring binder and keep for future use and reference.**
- **They should have each DSW hired, read the handbook, and validate completion on the last page of the handbook.**

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HCBS Program Definitions and Responsibilities (ppm 1. [04-12])

Self-Directed Services are based on the belief that the person with the disability should be empowered to make decisions about the services they receive and the individuals who provide them, including having choice and control over the type of support services they receive and the *who, what, when* and *where of service delivery*.

Self-Directed Services emphasize that it is the individual-as opposed to medical and social work professionals-who know best about his/her needs and how to address them.

HCBS: Home and Community Based Services are designed to meet the needs of individuals who would be institutionalized without these services.

Direct Support Services: are one or more persons assisting another person who has a disability with tasks that the disabled Participants would typically do for themselves in the absence of a disability. Such services may include assisting with activities of daily living (ADLs), independent activities of daily living (IADLs), health maintenance activities (HM), or support services (SS). The Direct Support Worker (DSW) may also accompany or provide transportation to accomplish any of the tasks listed above.

Participant: Disabled individual who is receiving assistance.

Managing Employer: Person who has chosen to be responsible for self-direction, with the authority to supervise the Direct Service Worker (DSW). This person may be the Participant or a Surrogate chosen by the Participant.

Direct Service Worker (DSW): Person who is providing the Direct Support Services for the disabled Participant.

MR/ DD: Developmentally disabled

FE: Frail/Elderly

PD: Physically disabled

TBI: Traumatic Brain Injury

TA: Technology Assisted

FE: Frail/Elderly

CDDO (Community Developmental Disability Organization): State appointed organization that provides services, and/or arranges for services and supports to be provided for persons who are intellectually or developmentally disabled. The CDDO is the central point of application for MR/DD Participants.

Case Manager/ Targeted Case Mgr (TCM): Individual that works with the Participant to determine their *Plan of care*, and assists them in finding agencies to provide the services necessary, and to provide Information and Assistance (I&A)

Financial Management Service (FMS [AWC]) A Financial Management Service assists self-directing Participants by getting tools in place to empower them to have control over the decisions of hiring, training, scheduling and managing the Direct Service Worker (DSW). The FMS [AWC] supplies payroll services that include but are not limited to background checks, paying wages, taxes, unemployment, workman's compensation, and information and assistance (I&A) to help them be a successful employer.

Plan of Care (POC)/ Person-Centered Support Plan (PCSP)/ Attendant Care Work Sheet (ACW)/ Customer Service Worksheet (CSW)/ MR10: Documentation that outlines direct care needs; and daily, weekly or monthly hours; and lists the support agencies who will be providing the service. It is also the prior authorization for service delivery.

Program Definitions Continued

Activities of Daily Living (ADL): Bathing, Grooming, Toileting, Transferring, Feeding, Mobility, Accompanying to obtain necessary medical services.

Instrumental Activities of Daily Living (IADL): Shopping, Housecleaning, Meal Prep Laundry, Life management.

Community Support Services (SS): Socialization, Recreation, Behavior Modification or Re-direction, Transportation, Advocacy.

Health/ Medical Maintenance Activities (HM): Monitoring Vital Signs, Ostomy Care, Catheter Care, Enteral Nutrition, Medication Administration Assistance, Wound Care, Range of Motion.

State Quality Management Specialist (QMS): State quality assurance staff responsible for ensuring that services are delivered with-in State Policy, to ensure the health and safety of the Medicaid Participant.

Vulnerable Adult Act: Any adult person that receives Direct Support Services are considered a Vulnerable Adult, due to their increased risk of vulnerability to abuse, neglect and exploitation.

Maltreatment of Minors: Any person under the age of 18 are considered a minor and requires a parent or guardians to make informed decisions for them. Minors are a protected classification under law.

Mandated Reporters: Any persons who are employed to provide direct support services to the participant is required by law to report violations of the Vulnerable Adult Act or Maltreatment of Minors. Anyone found to have violated a participant's rights or have withheld information related to a violation of a participant's rights may be punished by fines and prosecution.

Financial Management Service (FMS) and Participant/ Managing Employer Agreement: Agreement that clearly identifies the responsibilities of the Participant/Managing Employer and the FMS Provider.

Financial Management Service (FMS) and Direct Service Worker (DSW) Agreement: Agreement by DSW to FMS concerning adherence to policies and procedures.

Participant/ Managing Employer and Direct Service Worker (DSW): Agreement by Participant/Managing Employer DSW concerning adherence to policies and procedures.

Orientation: Introductory program to guide a person into adjustment to a new system, or employment.

Other Acronyms

- **KDADS:** Kansas Department for Aging & Disability Services.
- **KHPA:** Kansas Health Care Policy
- **KDHE-DHCF:** Kansas Department of Health and Environment Division of Health Care Finance.
- **KDOA:** Kansas Department on Aging
- **KMAP:** Kansas Medical Assistance Program
- **I & A:** Information and Assistance

FMS Responsibilities: (ppm 1.0 [7/2011])

- ❖ Comply with the provisions of KSA 39-7,100 [Home and community based service program] and KSA 65-201 [Individuals in need of in-home care; definitions].
- ❖ Maintain all required records and documentation, to include a file for each self-directing individual as per State of Kansas regulations, policies and procedures and in accordance with Medicaid provider requirements. All files will be maintained in a confidential, HIPAA compliant manner.
- ❖ Verify qualifications of DSW workers
- ❖ Obtain authorization to conduct criminal background checks, in accordance with applicable waiver requirements.
- ❖ Verify citizen and legal status of potential DSW workers
- ❖ Process DSW worker referrals in a manner that is efficient and does not discourage the Managing Employer from choosing to refer their own DSW worker.
- ❖ Collect and process all human resource forms required for employment of a DSW worker.
- ❖ Assist the Managing Employer with determining the correct DSW workers wage, as determined by the State of Kansas.
- ❖ Collect and process timesheets of DSW.
- ❖ Audit timesheets submitted for payment, and ensure they meet Kansas Medicaid documentation requirements, and hours are within limit of the Participants Plan of Care.
- ❖ Compute, withhold, file, and deposit federal taxes of DSW workers.
- ❖ Compute and pay Workers Compensation as contractually and statutorily required.
- ❖ Approve and pay DSW worker wages in compliance with federal and state labor laws, and within limits of the Participants Plan of Care.
- ❖ Perform all end-of-year federal, state and local wage and tax requirements.
- ❖ Report mandatory reportable incidents that take place during the provision of service.
- ❖ Have policies and procedures in place for reporting of fraud and or abuse, neglect or exploitation by a DSW, to the appropriate authority and informs the Participant and/or Surrogate that if the DSW continues to work for the Participant they will no longer be able to serve as the FMS provider for them.
- ❖ The FMS will assist only to the extent the Managing employer chooses, without any excessive restrictions or barriers.
- ❖ Carry Professional Liability Insurance and General Liability insurance on Payroll Plus of Kansas, Inc.
- ❖ Ensure that the Participant and/or their Surrogate
 - Maintains control and oversight of their DSW
 - Is made aware of the requirements/responsibilities of the Managing Employer to the FMS
 - Is made aware of requirements/responsibilities of Managing Employer to the DSW in a format that is understandable.
- ❖ Ensure that the DSW is aware of the benefits/services available to them, and the responsibilities of the Managing Employer and the FMS Provider.
- ❖ Maintain a listing of DSW(s) that desire additional employment.
- ❖ Develop, implement and maintain an internal quality assurance program that monitors for: Participant/Surrogate satisfaction, Direct Support Worker satisfaction, Correct timesheet submission, and Correct payroll distribution
- ❖ Develop, implement and test an adequate backup plan that assures records are preserved, and fiscal functions are replicated in case of a natural disaster/or state of emergency.
- ❖ Maintain evidence of certifications, agreements and affiliations as required by waiver or policy.
- ❖ Collect Monthly Obligations.
- ❖ Administer one-time payments to qualified vendors listed on the Plan of Care.
- ❖ Provide Information and Assistance [I&A]: I &A is a service that is available to provide information, including independent resources, and assets in the development of options to ensure that Managing Employers understand the responsibilities involved with directing their services. Practical skills training is offered to enable the Managing Employer to independently direct and manage waiver services. The extent of the assistance furnished will be determined by the needs of the Managing Employer.
 - Assist Managing Employer by getting tools and resources in place to empower the Managing Employer to have control over the decisions of hiring, training, scheduling, and managing their own DSW staff.
 - Provide Managing Employer Orientation and DSW worker Orientation Trainings
 - Defining goals, needs and resources, identifying and accessing services, supports and resources as they pertain to self-directed activities
 - Practical self-direction management skills training (e.g. hiring, managing and terminating workers, problem solving, and conflict resolution)
 - Recognizing and reporting critical events (e.g. fraudulent activities; abuse, etc)
 - Grievance and appeals processes;
 - Risks and responsibilities of self-direction
 - Individual rights
 - Importance of ensuring DSW(s) health and safety during the course of their duties to reduce potential injuries and potential workers comp claims. This may include participation in training of DSW(s)
 - Developing DSW evaluation, reassessment and review schedules.

Participant/ Managing Employer Rights & Responsibilities: (ppm 1.0 [7/2011])

When using a FMS service, a Participant/ Managing Employer has the right/ responsibility to:

- **Choose and direct the services in the Participant's Plan of Care (POC), without excessive restrictions or barriers.**
- **To access and participate in the development of all plans that identify needed individual services and supports.**
- **To participate in the planning, startup, delivery and administration of providers' services.**

DSW workers are the employee of the Participant or their Surrogate (Managing Employer) and Payroll Plus of Kansas (FMS). As the Managing employer, you are responsible to hire, train, manage and terminate DSW workers. Below is a list of responsibilities:

1. The Managing Employer should determine and identify who will be the Self-Directing Managing Employer for the purpose of direction of DSW service delivery, and determine who will have signature rights.
2. The Managing Employer will enter into a FMS service agreement with Payroll Plus as their FMS Payroll Agent, and fill out the enrollment packet
3. The Managing Employer should participate in Managing Employer Orientation by reading their handbook, viewing DVD orientation, or requesting a face-to-face orientation. By doing so, they should have an understanding of their responsibilities as the Managing Employer; they should seek additional Managing Employer Trainings from Payroll Plus if needed.
4. The Managing Employer should construct an emergency worker back-up plan in case a substitute DSW is needed on short notice or as a back-up (Short-Term Replacement Worker)
5. The Managing Employer should construct a disaster plan, and post emergency information and phone numbers in a location that is easily accessible to all who reside, or work in the home
6. The Managing Employer should inform Payroll Plus if dissatisfied with their FMS service.
7. The Managing Employer should Inform Payroll Plus and their Case Manager of any Participant changes (ie: address, phone, hospitalization, within 3 days.)
8. The Managing Employer should participate in required quality assurance visits with Case Managers, and State Quality Assurance Staff, QMS, or other appropriate and authorized reviewers/auditors.
9. The Managing Employer should manage the DSW workers. Management items would include:
 - a. Recruit, interview, check personal references and choose a DSW that is capable of meeting the needs of the Participant, as outlined in their Plan of Care, and refer DSW for hire to Payroll Plus by assisting them with filling out their DSW hire packet.
 - b. Participate in the DSW orientation, and have a clear understanding of DSW policies.
 - c. Develop in-house, written service delivery policies concerning terms and conditions of work if desired, and obtain signature of DSW. Send copy to FMS.
 - d. Enter into an Employment Service Agreement with the Direct Support Worker that clearly identifies the responsibilities of all parties.
 - e. Inform the DSW of their rate of pay as set by Kansas Medicaid, and make sure that the DSW workers understand rates-of-pay are subject to change by Kansas Medicaid.
 - f. Determine the tasks performed by the DSW and where and when they are to be performed in accordance with the approved and authorized POC/PSCP/ACW/GSW and/or others as identified.
 - g. Train the DSW or participate in the training of the DSW. These trainings should include Participant needs training to sufficiently meet the needs of the Participant, and the DSW Orientation Training. (Note: Free online training by the College of Direct Supports is available if interested – you may contact Payroll Plus for enrollment in the College of Direct Supports)
 - h. Determine schedules of DSW(s) and supervise day-to-day activities of the DSW.
 - i. Make sure DSW(s) are regularly evaluated to ensure the Participant outcomes are being met.
 - j. Work to maintain an accident free work place for DSW workers, and report any work related incidents to Payroll Plus. They should also encourage DSW workers to receive safety trainings
 - k. Inform Payroll Plus of any changes in status of DSW workers (ie: address, phone, withholding)
 - l. Insure that DSW workers personal information remains private, and DSW paperwork is secure.
 - m. Insure that DSW workers enter the tasks and time on their timesheet as the work is being performed, work performed was delivered according to the POC; and approve by signing the timesheet.
 - n. Assure submission of DSW timesheets and all other required documents to the FMS provider for processing and payment in accordance with established FMS, State, and Federal requirements. The timesheets will be reflective of actual hours worked in accordance with an approved POC. (Payroll Plus is not responsible for hours or tasks un-authorized by Kansas Medicaid.
 - o. Assure all appropriate service documentation is recorded as required by the State of Kansas HCBS Waiver program policies, procedures, or by Medicaid Provider Agreements.
 - p. Terminate DSW workers (The Managing employer should contact Payroll Plus to inform that they intend to terminate a DSW worker, prior to terminating the DSW worker, they should also follow up by sending, within 3 working days, a detailed termination sheet to Payroll Plus when a DSW(s) employment is voluntarily or involuntarily terminated –(Termination sheet can be found in Appendix B). They should also inform their Case Manager within 3 working days.

Policies and Procedures (ppm 3.0 [7/ 2011])

This is an abbreviated set of policies and procedures taken from Payroll Plus Corporate Policies and Procedures manual. The Policies and Procedures here-in are those that apply to Self-Directed Direct Support Services for the Managing Employer (Participant or Surrogate) and Direct Service Worker (DSW). To obtain a complete Policy or Procedure the Managing Employer or DSW may contact the Payroll Plus Main office.

Participant Client Obligation Collection (ppm 3.10)

Payroll Plus will be responsible to collect Client Obligation's that have been designated to the Participant.

A Client Obligation is similar to a co-pay: an amount that must be paid by the Participant before Medicaid will pay the remainder of service. Client Obligation should always be paid prior to any provision of service (This means – prior to any worker working for the given month).

- IF you, as the Participant have **not** been assessed a Client Obligation by SRS, you can disregard this policy.
- IF you have been assessed a Monthly Obligation by SRS, you should request a copy of the full Client Obligation/Spend-down Collection Policy and Procedure.

Managing Employer drafted Policies and Procedures (ppm 3.12)

Managing Employers are encouraged to draft additional Policies and Procedures, in doing so they are exercising their right to determine the terms and conditions of work. For example if the worker does shows up late for work, this will cause a potential safety risk to the Participant with which they care for. The self-directing Participant, by self-directing is assuming responsibility for that risk. Therefore, they should draft in-house policies to prevent the occurrence of those risks. Examples of policies the Managing Employer might consider are:

- Policy concerning DSW being sick and criteria for return to work. (Dr. note, advance notice if possible, mask when returning.)
- Policy concerning a DSW bringing a child to work with them.
- Policy concerning smoking in the home, on the property, or around the participant.
- Policy concerning amount of notice given if requesting time off.
- Policy concerning meals for the DSW during work hours.
- Conditions for dismissal of a DSW
- Policy concerning late arrival for shift.

There should be no other outside agreement between the Managing Employer and the DSW that Payroll Plus is not aware of which may affect the business relationship. Any outside agreements should be signed by the Mg Employer and DSW and submitted to Payroll Plus for review, and file in the DSW's personnel file.

Payroll Plus will require edit of the policy if it discriminates against a protected class, or if it does not comply Kansas and Federal requirements

Rights of a Self-Directing Participant. (ppm 3.13)

Payroll Plus of Kansas and DSW workers will uphold the principles of self-direction. Self-direction supports an individual with a disability (or a Surrogate for them) to be in charge of and responsible for the direct support service they receive.

When using a FMS service, a Participant/ Managing Employer has the right to:

- Have authority, control and direct the services in the Participant's Plan of Care (POC), that authority shall not be diminished by their co-employer relationship with Payroll Plus Kansas, nor shall it be diminished by their Direct Service Worker.
- To access and participate in the development of all plans that identify need of individual services and supports.
- To participate in the planning, startup, delivery and administration of providers' services.

Principles used when developing this Policy and Procedure:

- **Choice:** Self-Directing Participants should be able to actively and meaningfully make decisions in all aspects of life including the services they receive, who provides supports, where to live and whom, where to work, recreation and leisure activities, vacations, planning individualized day activities, and having support provided at home.
- **Control:** Self-Directing Participants should be able to have control over their life including relationships, budgets, and how money is spent, supports and services they receive, and medical issues and planning.
- **Stability:** Self-Directing Participants should be able to feel secure that all changes in their lives are made only with their input and permission.
- **Safety:** Self-Directing Participants should be safe at home, work, school, and in their neighborhood, as well as in all other aspects of their lives. They should be free from physical or psychological abuse or neglect, and from financial exploitation. They should receive services that ensure health and safety without overprotection or restriction.
- **Individuality:** Self-Directing Participants should be known for their individuality and be called by their name, and be treated with dignity and respect. Being respected by having privacy of their mail, files, and history and be able to choose to be alone at times.
- **Relationships:** Self-Directing Participants should be able to have relationships with friends they choose.
- **Freedom:** Self-Directing Participants should have the freedom to have the life they want and to negotiate risk. They have the same rights afforded to all citizens. They want to exercise the freedom of choice to associate with people they choose, to move from place to place, and to use complaint and appeal processes. Participants should be free from inappropriate use of physical or chemical restraint, medication, or isolation as punishment, for the convenience of a provider, except when physical restraint is in furtherance of the health and safety of self.
- **Success:** Self-Directing Participants should have freedom from poverty and have a chance to be successful in the life they choose. Living independently with sufficient support to be successful and having expanded opportunities for employment with support provided as needed.
- **Contributing to the Community:** Self-Directing Participants should be full citizens of the community, voting, working for pay or volunteering, participating in leisure and recreation activities, belonging to a religious community, owning or renting one's own home, living among family and friends and not being segregated. Individuals want to be recognized for their abilities and gifts and to have dignity and status.
- **Accountability:** Self-Directing Participants should have a support team who provide the services and supports they need when they need them and make sure that they don't lose needed supports that they already have.
- **Mentoring:** Self-Directing Participants should receive mentoring as wanted or needed to do things on their own.
- **Community Integration:** Self-Directing Participants should be able to use community resources without feeling left out because of a disability.
- **Access to Records:** Self-Directing Participants should have access to their records, including information about how your funding is accessed and utilized, and what services were billed for on your behalf.

Harassment (ppm 3.14)

All Payroll Plus employees, Participants (or Participant family members), Surrogates, and DSW's are to be treated with respect and dignity. Harassment in any form, in the work environment, will not be tolerated.

Harassment Reporting: Anyone who feels that they are subject to harassment, are responsible to immediately notify Payroll Plus, and file a grievance report utilizing the Grievance Procedures.

Harassment Disciplinary Action: Payroll Plus Staff or DSW's found to have violated the Harassment Policy shall be subject to appropriate corrective action, including possible immediate termination. Participants, Participant family members or Surrogates who have violated the Harassment Policy shall be subject to possible immediate termination of service and/or civil charges.

DSW Employee Screening (ppm 3.15)

Payroll Plus will screen and monitor DSW workers for compliance with HCBS screening procedures. Below is a list of records checks that will be performed when required. If not required by HCBS screening procedures, the checks may be performed, if requested by the Managing Employer. (Note: Managing Employer is responsible for checking personal or employment)

- National Criminal Databank check
- KDHE records check
- Child Abuse Registry Check
- Adult Abuse Registry Check
- MVR registry check
- High School Diploma or Equivalence
- Review of documents to verify DSW workers eligibility to work in the United States
- Kansas Bureau of Investigation

If the Participant/Managing Employer decides to hire a DSW with a known criminal history that the FMS believes may put the Participant in danger, the FMS will inform the Participant's Case Manager, and terminate relationship with the Participant/Managing Employer if they insist on hiring the DSW.

DSW Hiring (ppm 3.16)

The Managing Employer (Participant or Surrogate) is responsible for recruiting their own DSW applicants and deciding who they want to refer to Payroll Plus to hire. When choosing someone for hire the Managing Employer must adhere to Payroll Plus hiring procedures.

Equal Employment Opportunity: The Managing Employer must provide equal employment opportunities to all individuals without regard to race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, or any other characteristic protected by law.

Immigration Law Compliance: The Managing Employer must only hire citizens of the U.S., or non-citizens who are authorized to work in the U.S.

At Will Employment: The Managing Employer may not offer tenured or guaranteed employment to any DSW. All employment with Payroll Plus and the Managing Employer must be "at will" and can be ended by any of the parties, at any time, without reason.

Eligibility Requirements: The Managing Employer should review their waiver Policies for DSW eligibility requirements before offering a job, to validate that the DSW applicant meets those requirements.

DSW Hiring – Continued

Policies and Procedures Handbook Orientation: All DSW's hired by the Managing Employer, are required to read the Handbook of policies and procedures prior to their first shift. They should also receive household orientation, task training orientation and scheduling orientation from the Managing Employer. If the DSW has questions about job responsibilities, paperwork, or the company policies and procedures they need to ask the Managing Employer or contact Payroll Plus.

Employee Hire Packet: Any DSW hired by the Managing Employer must accurately and completely fill out and sign the required hire paperwork, and agreements with copies of supporting documentation. DSW workers must fill out a complete hire packet for each Participant for which they provide Direct Service.

Incomplete Paperwork: No wages will be paid to any DSW who has not turned in ALL original hire paperwork, and supporting documentation.

Background checks: Payroll Plus will be running background checks on all DSW workers as required by Kansas Medicaid Waiver Regulations. Background results will be shared with the Managing Employer. DSW employment may be contingent upon receiving the results of these checks in accordance to all applicable laws and acts. These checks will be utilized so that employment and qualifications criteria can be validated or determined. Criminal Background checks may be updated or processed at any time, for any reason.

If the Participant/Managing Employer insists on hiring a DSW with a known history that the FMS believes may put the Participant in danger, the FMS will inform the Participant's Case Manager, and terminate relationship with the Participant/Managing Employer.

DSW Job Duties and Scheduling (ppm 3.17)

Direct Support Workers may perform many tasks, and various schedules for the Participant but they must be indicated by the Plan of Care and in compliance with Waiver Policies.

Possible Tasks:

- Activities of Daily Living (ADL): Bathing, Grooming, Toileting, Transferring, Feeding, Mobility, Accompanying to obtain necessary medical services.
- Instrumental Activities of Daily Living (IADL): Shopping, Housecleaning, Meal Prep Laundry, Life management.
- Community Support Services (SS): Socialization, Recreation, Behavior Modification or Re-direction, Transportation, Advocacy.
- Health/Medical Maintenance Activities (HM): Monitoring Vital Signs, Ostomy Care, Catheter Care, Enteral Nutrition, Medication Administration Assistance, Wound Care, Range of Motion.

Review POC: The Managing Employer should review their Plan of Care carefully with their Case Manager, and review their Waiver regulations carefully to ensure what tasks and schedules are reimbursable as wages to their DSW worker.

Flexibility: The DSW worker should understand that the needs of the Participant may vary; therefore the DSS will need to be flexible with scheduling as well as with duties they are willing to perform.

Compliance: All tasks provided and hours worked must be included in the approved Plan of Care. Services provided that are not included in the Plan of Care will not be paid. If they are inadvertently paid and later denied by Medicaid, those hours will be recouped from future pay utilizing the Collection of Ineligible DSW Wage Policy.

Scheduling: DSW workers are expected to arrive at their job as scheduled by the Managing Employer. DSW workers are expected to give the Managing Employer advance notice of absence or necessary changes in schedule. Failure to do so may result in termination.

1 to 1 service: Direct Support Services are a 1:1 service. The Participant must be assisted by only one DSW, and the DSW must not be responsible for the care of more than one Participant at any given time.

Updated 04/2012

DSW Direct Support Training (ppm 3.18)

The Managing Employer is responsible to ensure that the DSW is trained to sufficiently meet the needs of the Participant. The training the DSW receives, at a minimum should include:

- Direct Task Training. No DSW should provide tasks for the Participant which they have not been trained to provide.
- DSW orientation that a minimum should include reading their handbook, task training orientation, workplace orientation, and scheduling orientation.
- The Managing Employer should consider trainings offered in the community.
- The Managing Employer should consider having the DSW enroll in the college of direct supports for on-line direct care trainings.

To ensure that the DSW has been trained to meet the needs of the Participant and that they have received orientation, Payroll Plus will require that the Managing Employer and DSW fill out and sign a Task Training Checklist and Agreement. If over time, new tasks are required from the DSW, the parties should amend or re-do their task training checklist and agreement.

Transportation (ppm 3.19)

The costs associated with transportation to and from the Participants place of residence and other service sites or places in the community is not reimbursed under Direct Support Services. Payroll Plus is only authorized to pay for Direct Service to the Participant.

- If the Participant will need the DSW to provide their own vehicle during service provision, the Participant and DSW should negotiate an agreement concerning how that will occur.
- If the Participant will need the DSW to drive for them. Proof of insurance on the vehicle utilized will have to be sent to Payroll Plus.

DSW Wage & Hour (ppm 3.20)

DSW workers will not be paid overtime rates. DSW workers are subject to the Fair Labor Standards Act Section 13(a)(15) under companionship services (Part 552.6) This section provides for a minimum wage and overtime exemption, for services provided to individuals who are not able to care for themselves because of age or infirmity.

No DSW who works more than 40 hours/week may spend more than 20% of their work time performing tasks that would be considered housekeeping. Any DSW worker who works more than 40 hours/week for Payroll Plus (All Participants combined), who believes they are spending more than 20% of their work-time performing tasks that would be considered housekeeping, must notify their Managing Employer and Payroll Plus immediately.

If a Managing Employer is notified by a DSW worker that they are working more than 40 hours/week for Payroll Plus, and performing more than 20% of their time on household task, the Managing Employer must work with the DSW to re-schedule or re-re-arrange the schedule so that the DSW is not.

Vacation, Sick or Holiday leave is not provided for DSW workers.

Payroll Processing (ppm 3.21)

Payroll Plus will process payroll, withholding taxes, billings, and reporting as required by law, and Kansas Medicaid Policy

Pay-Period: Payroll Plus uses a semi-monthly pay-period. (1st through the 15th) and (16th through the last day of the month.)

Pay-day:

- Payday is on or before the 7rd and the 22th. (If accurate/complete timesheet received and AuthentiCare Edited)
- Accurate and complete timesheets must be received by 1pm on the day of pay-day, or pay may be delayed until the following workday.
- If inaccurate or incomplete timesheets are received, pay may not go out until we receive accurate/complete timesheets.
- If timesheets are received, but the DSW has not responded to a request for forms or paperwork required for continued employment, pay may be delayed until receipt of outstanding forms or paperwork.
- If pay-day falls on Saturday, Sunday or a nationally recognized holiday, payroll will not be processed and mailed until the following workday.

Rate of Pay and Bonus Reserve: Kansas Medicaid has determined a recommended Base Rate of Pay for all PSA workers. Kansas Medicaid has utilized that Base Rate of Pay and calculated what they believe the overhead costs associated with wages are (Workers Comp, Unemployment, and Payroll Taxes) They then add together the costs (Wages and Overhead Costs) to determine the amount they will be reimbursing Payroll Plus for each hour worked. Payroll Plus will be paying each direct support worker the Medicaid recommended base rate, but will then send the Managing Employer a Utilization Report bi-annually that shows them that Amount Payroll Plus has billed Medicaid, Gross Wages paid to workers, and the exact overhead on those wages. It will further indicate if there were any excess revenues over the expenses. That excess will be at the Managing Employers discretion to pay to their workers in the form of a bonus, with the following policies:

- Bonuses will only be paid to current workers.
- Bonuses will only be paid to a worker who has worked at a minimum one pay-period.
- Bonus money will not be carried forward from one 6 month look back period to the next look-back period.
- No advance on Bonus will be issued.
- The Managing Employer and/or Medicaid Participant may NOT financially benefit from the bonus reserve money.
- Any bonus money not claimed will be sent back to the state within 6 months of the end of the look-back period.

Direct Deposit: The Managing Employer may delegate how all DSW receive payment for wages (Direct Deposit or Mail by Check) If the Managing Employer does not delegate their wishes, the DSW may choose. Direct deposit checks take one full bank day (24 hrs) to reach the DSWs workers bank. (Saturday, Sunday and National Holidays are not considered Bank Days.)

Timesheet Documentation (ppm 3.22)

Logging Time:

- **AuthentiCare:** All workers are mandated by Medicaid to use AuthentiCare for clock-in and out.
 - Upon receipt of hire paperwork each new hire will be given a workerID and directions for clocking-in and out.
 - When a worker clocks in or out they should log the time that AuthentiCare gives them at the end of the call on a timesheet so that they have the hours written down somewhere for future use and reference in case there is a discrepancy.
- **Edit of AuthentiCare:** If for any reason AuthentiCare is incorrect (i.e. DSW forgot to clock in or out, DSW forgot to clock in or out till late, DSW wasn't able to clock in or out because the Authorized phone was not available, etc)
 - Only the Managing Employer may request a correction to AuthentiCare,
 - The request may be made by logging into our web site at www.payrollplusofkansas.com and filling out and submitting an exception report (by clicking on the link that corresponds the shift that is incorrect), by telephone if the pay-period has not ended yet, or by sending a paper exception report with the timesheet at the end of the pay-period.
 - If exception reports come to Payroll Plus at the end of the pay-period, workers pay will likely be delayed pending correction to the shift in AuthentiCare. Other workers who do not have errors will be processed first.
- **Submission of timesheet to request payment of wages.** To ensure that there is no error in AuthentiCare and that we are paying the correct number of hours to workers, Payment for hours worked will not be automatically paid without a submission of timesheet requesting payment.
 - **A handwritten timesheet/ log-sheet** may be submitted via mail, e-mail or fax. Payroll Plus will compare the hours on the timesheet with the hour in AuthentiCare. If there is no discrepancy with AuthentiCare, Payroll Plus will accept it as request for Payment. If it does not match AuthentiCare, Payroll Plus will return the timesheet and request an exception report for edit of AuthentiCare.
 - **Online timesheet.** If the DSW or Managing Employer logs into our web-site at www.payrollplusofkansas.com, they review the hours for the pay-period that AuthentiCare is showing, if they find it to be accurate, they may print, and both sign the timesheet and submit via mail, fax or e-mail to Payroll Plus for request for payment of wages

Timesheets (handwritten or electronic) will not be accepted until all hours have been worked for the pay-period. DSW workers and Managing Employers are encouraged to submit timesheets as soon as possible after the end of the pay-period.

Contested Hours:The Managing Employer nor the DSW should sign a timesheet if they believe the timesheet reflects inaccurate time or tasks. If they cannot arrive at the accurate hours, they should contact Payroll Plus to mediate. Payroll Plus will work with them to determine the hours that are not contested, and pay for those hours. Then all parties should utilize Grievance Procedures to arrive at the accurate hours for the time in question. Payroll Plus will not pay for any hours where there is disagreement. It is a good practice for the Managing Employer and the DSW to review the timesheet at the end of each daily to ensure accuracy and not wait until the end of the pay-period to review, when they may not remember as well.

Lost or Stolen Paychecks (ppm 3.23)

If the DSWs paycheck gets lost or stolen they must report it to Payroll Plus and file a written report. The report should indicate the pay-period, issue date, check number and amount of the check. The report should include a signed agreement from the DSW, that if the check is found they will VOID the check and mail it to the office of Payroll Plus. They should also agree that if the check is cashed, the final liability for the cost of the check will not fall on Payroll Plus, but rather on the DSW. Any lost or stolen payroll check will result in a \$40.00 stop payment and re-issue fee, this fee will be withheld from the DSW's replacement check.

Collection of Ineligible DSW Wage (ppm 3.24)

Payroll Plus reserves the right to collect (take-back) wages of and DSW due to ineligibility, erroneous payment or overpayment. Wages may be collected for the following reasons:

- Hours or Tasks were performed and wages inadvertently paid that were in excess or outside of the scope of tasks called for in the Plan of Care.
- Direct Support Services were performed and wages were paid for hours not allowed by Medicaid Policy.
- Direct Support Services were performed and wages were paid for hours when the Participant was considered Medicaid ineligible.
- Hours were determined to have been erroneous.
- Hours were determined to have been fraudulent.
- Payroll error or over-payment (regardless of who is at fault for the error)

Collection Methods and Terms: Payroll Plus will notify the Managing Employer of the ineligible service hours or over-payment, and the process for collection:

- First method of collection is to withhold the overpayment from the DSWs next pay-check.
- If the next payroll is insufficient to cover the ineligible hours or over-payment, Payroll Plus will continue to withhold from future paychecks.
- If the DSW wishes to split the recoupment over a few pay-periods, this can be negotiated by contacting Payroll Plus. Payroll Plus will not authorize a re-payment schedule that exceeds 6 months.
- If the DSW's employment is interrupted or discontinued, and invoice will be mailed to them with repayment instructions.
- Any non-repayment of over 60 days past due may accrue interest charges (the maximum allowed by law) and may result in civil lawsuit and reporting to a collection agency.

Payroll Withholding, Depositing, Filing, Reporting (ppm 3.25)

Taxes: Payroll Plus will compute, withhold, file and deposit federal, state and local employment taxes for the direct support worker.

Unemployment Insurance: Compute and pay unemployment insurance as contractually & statutorily required.

Workers Compensation Insurance: Compute and pay workers compensation insurance as contractually and statutorily required.

- No DSW worker will have their employment terminated because of a garnishment, lien, levy or financial judgment against them.

Payroll Withholding, Depositing, Filing, Reporting – Continued

Garnishments/ Levies:

- Payroll Plus of Kansas, Inc. complies with any and all court orders, the Consumer Credit Protection Act, and any other applicable laws.
- When Payroll Plus receives a court order, we notify the employee immediately, begin withholding the specified portion of the employee's wages, and give the employee information on how she/he can protest the garnishment in court.
- Payroll Plus will be withholding fees for garnishment as allowed by garnishment law.

Advances

- Payroll Plus will not make loans to DSW workers in lieu of wages.
- Payroll Plus will make advance payments only with a corresponding completed timesheet for hours worked before the end of the pay-period. There will be a \$5.00 fee withheld if two checks must be issued for a single pay-period .

DSW Evaluations (ppm 3.26)

All DSW performance should be evaluated periodically by the Managing Employer. Evaluations should be in writing and recommend any necessary improvement. A copy of written evaluations should be sent to Payroll Plus for the DSWs employee file.

DSW Conduct & Disciplinary Actions (ppm 3.27)

Inappropriate conduct by an employee should be dealt with through disciplinary actions which may include a verbal warning, written warning, or termination. The Managing Employer should contact Payroll Plus to inform them of their intentions prior to any disciplinary action. Any disciplinary action requiring a written warning should be signed by the Managing Employer and Payroll Plus of Kansas.

DSW Resignation (ppm 3.28)

DSWs resigning from their position are asked to give a minimum two week notice to the Managing Employer. The Managing Employer should send Payroll Plus a detailed Termination form.

Termination Policy and Procedures. (ppm 3.29)

Payroll Plus does not offer tenured or guaranteed employment. Employment with Payroll Plus is "at will" and can be ended by any of the parties at any time, with or without reason but neither party may breach contracts.

Termination of DSW by Participant or Managing Employer

- The Managing Employer should contact Payroll Plus before terminating a particular DSW worker.
- The Managing Employer should give Payroll Plus of Kansas the reason for the termination, the date they intend to terminate, and the date and time of the DSW workers last shift.
- Payroll Plus may ask a few questions concerning the issues that lead to the termination to make sure there is no remedy that could be sought for the grievance, but will not refuse to allow the Managing Employer to terminate the worker.
- The Managing Employer should follow up by sending a detailed termination form to Payroll Plus.
- If the Managing Employer wishes to terminate the DSW but is unwilling to perform the act of termination, they will follow this same procedure as outlined above but when sending the Terminations sheet they should request the FMS to perform the act of termination, within the timeframe desired. Payroll Plus will comply with the wishes of the Managing Employer upon receipt, but will then discuss with the Managing Employer the possible need review Termination Trainings offered by Payroll Plus.

Termination Policy & Procedures – Continued

DSW desire for continuation of employment with FMS: If employment ends with a particular Participant, it is the responsibility of the DSW to contact Payroll Plus within 3 days, if they are interested in continuing to provide Direct Support Services through this FMS. Failure to do so will indicate that they are no longer interested in providing Direct Support Services through this FMS, however Payroll Plus does not guarantee continued employment.

Termination of A DSW by the Employer-of-Record Payroll Plus of KS

Payroll Plus reserves the right to request the Managing Employer to terminate employment of a DSW worker if the worker fails to follow policies, procedures, waiver regulations, or is involved in misconduct or criminal conduct. If the Managing Employer refuses to terminate the DSW worker, Payroll Plus reserves the right to discontinue services for the Participant. Payroll Plus will give the Managing Employer thirty-day notice.

Policies, Procedures, and Waiver Regulations are included in the DSW handbook

Misconduct includes:

- Falsifying or omitting important information on employment application.
- Mistreatment of Participant (verbal, physical, emotional, sexual, or financial/property)
- Failure to work scheduled hour, including “No Call-No Show.”
- Continued tardiness or inexcusable absences.
- Stealing of property
- Abuse, damage, or destruction of consumer property.
- Fighting or provoking a fight while on duty.
- Abusive or threatening language with Payroll Plus staff, co-workers, Participant or Participant Surrogate.
- Possession, consumption or being under the influence of alcohol or illegal substances when reporting to work or while working.
- Insubordination
- Gross negligence, including any situation, which did or may have endangered the health of a Participant.
- Unsafe practices.
- Immoral conduct, dishonesty, stealing, outside criminal activities.
- Falsifying a timesheet.

Termination of Service from Payroll Plus to Participant

Payroll Plus of Kansas may refuse to continue in a co-employer relationship if they believe the Participant, the Participant’s Surrogate is engaged in any of the following:

- Falsifying documentation
- Managing Employer non-adherence to Medicaid Regulations.
- Managing Employer engaging in management activities at are not ethical, or against the law.
- Managing Employer non-adherence to Policies and Procedures
- Suspected Abuse, Neglect or Exploitation of a Participant by their Surrogate
- Threatening or abuse language or action against Payroll Plus staff
- Refusal to terminate a DSW worker who refuses to follow Policies, Procedures, Waiver Regulations, or inappropriate or criminal conduct.
- Non-Payment of Monthly Obligation balances.

Privacy Practices (Participant Health Information) (ppm 3.30)

Notice of Privacy Practices: Payroll Plus of Kansas, Inc. will notify Participants and/or their Surrogates concerning how medical information, may be used and disclosed and how they can get access to that information. The government laws describe “Protected Health Information” as any health information that identifies the Participant or for which there is a reasonable basis to believe the information can be used to identify. We will explain how we will safeguard all information we have about them. (Notice of Privacy Practices – are included with the Participant enrollment packet.

Physical security measures: Payroll Plus of Kansas will keep Participant files in cabinets that lock, and in data and network systems that are password secured.

DSW responsibilities: Payroll Plus operates with a strict Participant, Participant Family & Company Data Privacy Policy to protect the rights of our Participants. By accepting employment the DSW has obligated themselves to refrain from discussing any medical or personal information (seen or heard, directly or indirectly) regarding the Participant, as it is completely confidential and not to be discussed openly outside of the work place for any reason, unless expressly authorized in writing to do so. The DSW is further obligated to refrain from discussing any personal information about the person’s the Participant lives with. Payroll Plus company information including business practices, customer lists, policies and procedures should not be discussed with any person outside of the company. Any DSW that violates this Privacy Policy is subject to appropriate corrective action, which may include termination, and may involve the employee in legal proceedings.

Privacy Practices (DSW worker information) (ppm 3.31)

Payroll Plus of Kansas, Inc. will protect past and present employee information from disclosure to third parties.

There are certain business related exceptions and they are:

- County, state or federal agencies with legal authority to obtain.
- Inquiries from third parties with a signed authorization from the employee to release the information, except in situations where limited verbal verifications are acceptable.
- Third parties of which Payroll Plus of Kansas has contractual agreements for HCBS Medicaid services. (i.e.: Managing Employer, Kansas Medicaid Quality Assurance teams, Kansas department of SRS, CDDO (if applicable), Case Manager of Participant, KHPA, CMS, Auditing firms)

Verifications of Employment: Prospective employers, financial institutions, and residential property managers routinely contact Payroll Plus of Kansas requesting information on a former or current employee’s work history and salary. All such requests of this type shall be completed on a confidential basis. Verifications of employment requests and information will be provided only when it is accompanied by an employee’s signed authorization to release information. The form will be returned directly to the requesting party and filed in the employee’s personal record.

Physical security measures: Payroll Plus of Kansas will keep employee files in cabinets that lock, and in data and network systems that are password secured.

Workplace Safety (ppm 3.32)

To ensure the safety and productivity of the Participant and DSW worker, it is important that all parties follow good workplace safety Procedures including but not limited to:

- **Maintaining a illegal-drug free workplace**
- **Using good Universal Precautions for blood born pathogens**
- **Following good safety guidelines**
- **Using proper lifting techniques**
- **Developing and practicing emergency procedures**

Maintaining an illegal-drug free workplace: If the Managing Employer or Payroll Agent have any reasonable cause to believe that any DSW has manufactured, distributed, dispensed, has possession of, and/or is using illegal drugs/alcohol during working hours (including rest or lunch breaks); the DSW may be required to submit to a drug-screening test and the DSW shall allow the results to be furnished to the Managing Employer. If the results of the test warrant disciplinary action or termination, the DSW shall be afforded due process via the Grievance Procedure.

Universal Precautions: Universal precautions are practices that help protect against many infectious diseases, such as AIDS or Hepatitis B. Universal precautions can help people avoid contact with blood and certain other bodily fluids. Universal precautions must be followed with all people one comes in contact with, since one cannot be sure who is infected.

Universal precautions should be taken with:

- | | |
|------------------|---|
| • Blood | • Sweat |
| • Urine | • Tears |
| • Feces | • Vaginal secretions or discharge |
| • Saliva | • Semen |
| • Sputum | • Breast milk |
| • Wound drainage | • Anything wet that comes out of the body |

DO'S AND DON'TS OF UNIVERSAL PRECAUTIONS

1. Wear gloves when coming in contact with body fluids, blood, and when handling contaminated articles such as lab specimens, dressings, and linens.
2. Wear masks, gowns, and/or goggles in addition to gloves, to protect you during procedures that may involve splashing of blood and/or contaminated body fluids.
3. Wash your hands with soap, running water, and rubbing prior to contact, immediately following contact, and after removing gloves. Wash hands immediately after contact with blood or any body fluids.
4. Place used disposable syringes, needles, and sharp items into a puncture resistant container.
5. Do not disregard an accidental needle stick or other exposure such as a splash to the eyes or mouth. Cleanse the site thoroughly with soap and water and contact your doctor immediately.
6. Clean all blood and body fluid spills promptly. Use detergent and water followed by a disinfecting solution of one part household bleach to nine parts water.
7. Dispose of articles (used gloves, dressings, bandages, etc.) contaminated with blood or body fluids into a plastic bag. Close the bag tightly, place into a second plastic bag, and discard into a plastic-lined trash can.
8. Treat all linens and clothing soiled with blood or body fluids as infectious. Wear gloves and a gown (if possible) when removing soiled linens or clothing. Place the soiled articles into a plastic bag and later wash the articles in hot water (160° F) with detergent for 25 minutes.

Work Safety - Continued

HAND WASHING

The single most important universal precaution is hand washing. It is the best way to prevent the spread of germs which cause infections. Hand washing helps to prevent infection from the DSW worker to the Participant and from the Participant to the DSW Worker.

WHEN TO WASH YOUR HANDS:

- Immediately if contaminated with blood or other bodily fluids
- Before and after touching wounds or waste
- Before and after physical contact with the Participant
- After using the bathroom
- After handling soiled items such as linens, clothing, and garbage
- Before and after meals and meal preparation
- After sneezing or coughing into your hand(s)
- After taking off gloves (if gloves are used)

What to avoid when washing hands:

- DON'T use a standing basin of water to rinse hands
- DON'T use a common hand towel. Always use disposable towels
- DON'T use sponges or non-disposable cleansing cloths unless you launder them on a regular basis.

Policy 32c: Lifting Technique/ Proper Body Mechanics

Using proper body mechanics means using lifting and moving techniques that will reduce stress and strain on your body. Proper body mechanics are necessary when transferring a person from one place to another.

PRINCIPLES OF BODY MECHANICS

- Not using correct body mechanics puts the safety of the Participant and the DSW worker at risk.
- Body leverage - Using leg and arm muscles is important, but so is applying body leverage. Use the body as a unit of "one".
- Remove throw rugs or other obstacles.
- When assisting in the transfer of a Participant do not allow the Participant to wrap his/her arms around your neck, as this can cause a neck injury.
- When assisting in the transfer of a person do not grab, pull or lift by the person's arm joints (elbows, shoulders, wrists) as this can cause a joint injury.
- Use a gait belt secured around the Participant's waist to assist him/her.
- Explain each step of the transfer to the Participant and allow the participant to complete it slowly.
- If a person is unable to stand, you should use a mechanical lift for transfers.

TECHNIQUES FOR PROPER BODY MECHANICS

- Plan the job before starting.
- Never try to lift beyond your strength – get help.
- Maintain a broad base of support. Keep feet apart, one foot slightly ahead of the other.
- Keep the back straight, with knees and hips flexed; keep your heels on the floor.
- Get a firm grip (fingers under the load whenever possible) with your body as close to the load as possible.
- Use the large muscles of the legs to lift – not the small muscles of the back.
- Never bend from the waist; instead bend the knees.
- Keep your head up and your back slightly arched while lifting.
- Lift smoothly, letting your shifting weight do the lifting; if possible, avoid jerking.
- Shift your weight backward slightly and bend your knees to set the object or person down.

Work Safety - Continued

Following Safety Guidelines

1. Good safety precautions can help prevent falls, fires, and other emergencies. Keep appliances in good repair, and practice personal safety.
 - a. Check your work area to determine if a problem or hazard may exist.
 - b. Since your activity may endanger other DSWs, the public or your Participant take all steps necessary to safeguard them.
2. Each DSW should acquaint themselves with emergency procedures and anticipate what they will do in an emergency.
3. All unsafe or defective equipment, hazardous conditions, or unsafe practices and behavior of other workers should be reported to your Managing Employer.
4. DSW(s) should not engaged in horseplay or roughhousing.
5. DSWs should not work if known or reasonably believed to be under the influence of intoxicating liquor or drugs.
6. All Injuries or Incidents of DSWs or Participants shall immediately be reported to the Managing Employer as well as Payroll Plus via an Incident/Accident report, as soon as possible prior to the end of the shift. Failure to promptly report any work injury or illness may result in disciplinary action. (Incident/Accident report in Appendix B)
7. A DSW should wear personal protective equipment, such as safety glasses, mask, gloves or, or other equipment deemed necessary for their protection when performing any job where such personal protective equipment is necessary.
8. Good housekeeping practices should be observed at all times in a workplace. Do not leave tools, scrap, or other materials where they can pose a hazard to one's self or others.
9. Recognize that your safety is ultimately your own responsibility and "common sense" is many times your best protection against injury. If something does not look safe, or if you are doing something that does not seem safe, chances are it probably is not safe. Rather than continuing and "taking your chances", let someone know.
10. Recognize that safety is a "two way street". You, in the course of your day-to-day activities, may see things which are not readily apparent to your Managing Employer or other personnel. Your suggestions and input in these matters is not only appreciated, they are vital to the ongoing success of your safety efforts.
11. Safety tips for community activities
 - a. Before leaving home, know how to change a tire and take emergency supplies with you. Always use reliable transportation that is well-fueled.
 - b. Take a cell phone with you.
 - c. Have accurate directions to your destination.
 - d. Park the car in a well lit, heavily traveled area of the street. Lock your car and lock your personal items in the trunk.
 - e. Note exits when you enter a building or residence. Try to always have a save way out for yourself and the Participant.
 - f. Remain cautious when approaching pets within the home/community setting.

Work Safety - Continued

Developing and Practicing Emergency Plans: Managing Employers and DSW workers should work together to develop Emergency Plans.

- ❖ Know the risks of the Participant you are serving and promote emergency skills.
 - Examples might be:
 - Identify what emergency skills the Participant has.
 - Identify challenging behaviors that might crop up in an emergency situation and know how you might deal with those behaviors.
 - Identify medical needs you or the Participant has.
- ❖ Know the likely emergencies
 - Examples might be:
 - Medical
 - Weather
 - Fire
 - Drowning
 - Terrorism
- ❖ Have necessary supplies available
 - Examples might be:
 - Always have a phone list of emergency numbers available
 - Medical protective equipment (gloves/masks)
 - Disaster supply kit
 - Flash light
 - First aid kit
 - Battery powered radio
- ❖ Have a plan for all of your likely emergencies

Examples might be:

 - Always have some form of communication device for seeking help.
 - Know how to protect yourself from blood born pathogens
 - Take first aid courses
 - Know where to go in case of weather related emergencies.
 - Know how to turn off, gas, electricity and water in the home.
 - Check fire alarms and fire extinguishers regularly
 - Have a fire evacuation plan in place with at least 2 escapes per room, and practice it periodically.

Grievance Policies (ppm 3.33)

Payroll Plus has adopted an internal grievance procedure provided for prompt and equitable resolution of complaints of:

- **Any Complaint against Payroll Plus as the FMS**
- **Self-Directing Participant/ Managing Employer concerning their DSW**
- **DSW Concerning the Self-Directing Participant/ Managing Employer**

Any complaint concerning Payroll Plus of Kansas.

1. Grievance procedure that shall provide a means of resolving disputes that may arise between DSW(s), Participant or Surrogates concerning the service of Payroll Plus of Kansas.
 - a) Payroll Plus of Kansas will send out a survey annually to all Participants and/or their Surrogates. This survey encourages Participants and or their DSW(s) to give us feedback concerning the service provided.
 - b) Payroll Plus of Kansas will not retaliate against persons who complain or utilize grievance procedures.
 - c) DSW(s) and Participants or their Surrogates are encouraged to contact us any time to express an informal problem or grievance. Every reasonable attempt will be made to work with the grievant to remedy the problem.
 - If the grievance is associated with a discrepancy of hours submitted vs. hour paid, and investigation proves an under-payment to the DSW, an adjustment check will be issued expeditiously.
 - If the grievance is associated with a discrepancy of hours submitted vs. hours paid, and investigation proves an over-payment to the DSW, an adjustment will be made to the DSW's next pay-check to correct.
 - d) A grievance form is located in the all DSW and Participant Handbooks. This form may be used to submit a formal grievance to Payroll Plus of Kansas. The grievant should indicate their complaint as well as a requested remedy.
 - e) Payroll Plus will promptly investigate the problem and will respond back to the grievant within 10 calendar days to let them know that they have received the complaint, investigated. An investigation and determined remedy may take up to 30 calendar days.
 - f) If unable to resolve the grievance to the satisfaction of all parties, Payroll Plus will refer unresolved disputes to the appropriate Quality Assurance Member for recommendation, mediation or decision.

Any complaint from Participant concerning their DSW.

1. If the Self-Directing Participant is dissatisfied with the DSW's work, attitude, punctuality, etc. the Participant or their Surrogate *should*:
 - a. Calmly discuss the offense with DSW in a non-accusing manner and provide the DSW with the opportunity to discuss or share their point of view. If the is not resolved and by this step, proceed with a written disciplinary action report. The report should include:
 - List specific examples of misconduct
 - Notification to DSW of expectations
 - Give the timeframe for correction
 - Send a copy of the disciplinary documentation to Payroll Plus.
 - b. Contact Payroll Plus Prior to Termination (See Termination Procedures)

Grievance Policy Continued

Any complaint from Participant concerning their DSW.

2. If the Self-Directing Participant is un-willing or unable to discipline or discharge the DSW they should:
 - a. Send Payroll Plus a grievance report concerning the DSW. The complaint should state the problem or action and the sought remedy.
 - b. Payroll Plus will contact the Self-Directing Participant or their Surrogate to verify understanding of the complaint.
 - c. Payroll Plus will contact the DSW to discuss the grievance with the DSW (preferably this meeting would be with the DSW, the Self-Directing Participant or their Surrogate, and a representative of Payroll Plus.) The DSW will be given the opportunity to explain what happened and an opportunity to identify all witnesses.
 - d. Then Payroll Plus will work with the Self-Directing Participant and their Surrogate to document the nature of the misconduct, including date and time of the offence, a description of the events surrounding the incident, the rules and policies violated by the DSW, and duration and nature of discipline.
 - e. All parties, (DSW, Self-Directing Participant or Surrogate, and the representative of Payroll Plus will sign the documentation.)
 - f. The Self-Directing Participant or their Surrogate may discharge the DSW if they deem appropriate.
 - g. If the DSW is discharged, a Termination Form should be filled out by the Self-Directing Participant or their Surrogate. (See Termination Procedures)
 - h. Payroll Plus may discharge a DSW worker for fraudulent or illegal activity, or if they fear for the health and well being of the Participant. (See Termination Procedures)

Any complaint from DSW concerning their self-directing Participant or their Surrogate.

1. If the DSW has a complaint concerning their employment with the Participant or their Surrogate they should:
 - a) Review Policies in their handbook concerning the rights of the self-directing Participant to determine the terms and conditions of work and tasks to be performed.
 - b) Have an informal meeting with the Participant or their Surrogate to calmly and respectfully express their complaint, stating the problem and the remedy or relief sought. Meaningfully work with the Participant or their Surrogate to discuss other options to remedy the problem.
 - c) If no remedy can be obtained the DSW and Participant may request mediation by sending a grievance form to Payroll Plus. A representative of Payroll Plus will mediate to help the two parties come to a mutually acceptable solution. The primary responsibility for resolving the dispute rests with the parties, not Payroll Plus as the mediator. A written agreement resulting from the successful resolution of a grievance is binding on both parties.
 - d) A DSW filing a grievance shall do so no later than 111 calendar days after the last incident for which the DSW is filing the grievance.
 - e) Neither party to the grievance can be represented by attorneys or other persons during the mediation procedure.
 - f) Payroll Plus will not be a party to illegal discrimination of a DSW. If the DSW is alleging illegal discrimination, and an internal investigation substantiates that claim. A remedy must be obtained and agreed to through the mediation process.
 - g) If no agreement can be found through mediation, the DSW may opt to discontinue employment.

Abuse, Neglect or Exploitation [ANE] (ppm 3.34)

Payroll Plus, or any employee of Payroll Plus will immediately report all incidents of suspected abuse, neglect exploitation or fiduciary abuse directly to the appropriate reporting agency responsible for investigating such incidents, including the Participant's Case Manager, Regional CDDO, and Regional Quality Assurance Field representative, and Child Protective Service.

1. Definitions used in the policy:

- a) **Suspected** is defined as a required reporter determining it is possible an incident of abuse, neglect, or exploitation has occurred. The reporter does not have to be sure the incident being reported is abuse, neglect or exploitation. They are not required to confirm the incident prior to reporting.
- b) **Abuse** means any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to an adult, including the intentional infliction of physical or mental injury; any sexual act with an adult does not consent or when the other person knows or should know that the adult is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship; unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm an adult; unreasonable use of a physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician's orders or as a substitute for treatment, except where such conduct or physical restraint is in furtherance of the health and safety of the adult; a threat or menacing conduct directed toward an adult that results or might reasonably be expected to result in fear or emotional or mental distress to an adult; fiduciary abuse; or omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.
- c) **Neglect** is defined as the failure or omission by one's self, caretaker or another person to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness. Special Note: If an individual is harmed by another individual receiving service, a friend, or a relative while receiving services from the provider, the incident is to be investigated as neglect when it is reasonable to expect the incident could have been avoided by the person/provider responsible for providing their care, services, supervision, etc.
- d) **Exploitation** is defined as misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation or false pretense by a caretaker or another person.
- e) **Adult** is defined as an individual 18 years of age or older alleged to be unable to protect their own interest and who is harmed or threatened with harm through action or inaction by either another individual or through their own action or inaction when such a person is receiving services through a provider of community services and affiliates thereof operated or funded by the Department of Social and Rehabilitation Services or the Department of Aging or a residential facility licensed pursuant to K.S.A. 712-331207b and amendments thereto.
- f) **Fiduciary abuse** is defined as a situation in which any person who is the caretaker of, or who stands in a position of trust to, an adult, takes, secretes, or appropriates their money or property, to any use of purpose not in the due and lawful execution of such person's trust.

Abuse, Neglect or Exploitation [ANE] - Continued

Payroll Plus will participate in and fully cooperate with all investigations and plans of action.

All FMS staff and DSW's who provide Direct Support Services to a Participant are considered Mandated Reporters. Mandated Reporters are obligated by law to report suspected abuse, neglect, exploitation or fiduciary abuse.

Steps to use when Reporting ANE:

1) Identify signs of ANE

- You should be able to articulate signs that gave rise to suspicion

2) Speak to the victim in a respectful, private environment.

- Speak to the victim calmly and gently even if it means you have to pause or wait to have the conversation at a later time.
- Do not raise your voice
- Use open ended questions.
- Listen well – silence is good.
- Make sure the victim knows that you don't blame them.

3) Identify situations

- Before reporting make sure you are able to articulate specific information that was given to you by the victim. (What/Where/How/Who/When/Why)

4) Identify who to notify

- All suspicions of ANE should be reported to one or more of the following.
 - Managing Employer
 - FMS Payroll Agent via an Incident/Accident report
 - Case Manager
- If you believe a crime was committed, serious abuse has occurred, the neglect or abuse caused shock, serious injury, severe bleeding, death, or if you have a "lost person."
 - Call the Police 911
- Always use "common sense" to help you judge who else in the below list you should report to.
 - Quality Assurance Manager at the CDDO (If MRDD waiver)
 - Regional Quality assurance manager (If PD or TA waiver)
 - Kansas Protection Report Center **1-800-922-5330** (Telephone lines are staffed 24 hours a day including holidays)
 - Family members of the Victim
 - Primary Care Physician

5) Always follow-up

- To make sure action was taken
 - To insure that the Participant won't be harmed further
 - To insure that you did all you could do
 - To know the outcome so that you can share that information with the victim

Work Related Injuries and Accidents (ppm 3.35)

All Payroll Plus employees are covered under the company worker's compensation insurance policy.

Reporting Injuries & Accidents: Payroll Plus requires that all DSW's report any job related accident or injury to their Managing Employer, and Payroll Plus of Kansas immediately. DSW's are required to:

- Submit a detailed written First Report of Injury within 24 hours of the accident and/or injury, when possible prior to a doctor visit.
- Payroll Plus will send you additional paperwork to fill out concerning the accident and/or injury. You must promptly fill out this paperwork and return it to Payroll Plus.
- You should seek medical attention at your local medical center. [Do not go to a Chiropractor, or a specialist without specific permission from Payroll Plus or their Workers Compensation Carrier]
- Instruct the Medical professional that this is a work related injury and give them Payroll Plus' contact information.
- Obtain a work status note at each doctor appointment and provide those notes to Payroll Plus, and your Managing Employer immediately after each visit.
- Keep Payroll Plus and your Managing Employer informed of your work status.
- Follow the doctor's treatment plan
- Stay within your medical restrictions at all times, including during personal time.
- Notify Payroll Plus and your Managing Employer as soon as you have been released to return to work.

Failure to Report: Failure to report an injury, could result in difficulty with the claim. Fraud, exaggeration of prolonging a claim, or claiming benefits to which you are not entitled is unlawful and subject to punishment by law.

Critical Incidents or Death (ppm 3.36)

Payroll Plus and DSW's will immediately report all know critical incidents or the Participant death directly to the appropriate agencies.

Reportable incidents may include: Hospitalization, Injuries requiring physician treatment, behavior incidents resulting in harm to self or others, incidents requiring police involvement, or any other unusual incidents. Payroll Plus will report the incident to the Participant's Case Manager, CDDO (if applicable).

Follow-up by Payroll Plus: Payroll Plus of Kansas, will phone or fax the Participants Case Manager, and CDDO (if MRDD) to report the death of a Participant, along with any known information related to the death event or circumstances surrounding the death.

Orientation and I & A (ppm 3.37)

I & A is a service that is available to provide information, including independent resources, and assets in the development of options to ensure that Managing Employers understand the responsibilities involved with directing their services. Practical skills training is offered to enable the Managing Employer to independently direct and manage waiver services. The extent of the assistance furnished will be determined by the needs of the Managing Employer.

Managing Employer Orientation: Payroll Plus will provide each Managing Employer an Orientation Handbook. The Managing Employers will be required to read the handbook. If unable to read the handbook, an alternate orientation can be requested and delivered to the Managing Employer (DVD presentation, or face to face.)

DSW Orientation: Payroll Plus will provide each DSW an Orientation Handbook. Each DSW will be required to read the handbook. If the DSW is unable to read the handbook, an alternate orientation can be requested and delivered to the DSW (DVD presentation or face-to-face)

Other Managing Employer Information and Assistance I & A: Upon request, Payroll Plus will provide resources to train Participants or their Surrogate to be a more effective Employer. The resources will include the following:

- Recruiting
- Interview Prep/Hiring Practices
- Conducting an Interview
- Selecting a DSW Worker for Hire
- Checking References
- Offering a Job
- Referring DSW workers to FMS for hire
- Wage Rate Determination
- Developing Staff Schedules
- Developing Emergency Back-Up Plans (Staffing)
- Developing Personal Policy & Procedures
- Supervision of DSW Staff
- Progress Notes and Evaluation
- Reporting Work Related Injuries
- Reporting Updates to DSW Information
- Employment Terminations
- Staff Training Development
- Staff Training Tools
- Staff Training
 - Participant Rights Training
 - Abuse, Neglect and Exploitation Training
 - Universal Precautions
 - General Safety Tips
 - Grievance Policy
 - Incident Accident Reporting
 - Emergency Preparedness
 - Privacy Practices
 - Proper Body Mechanics
 - College of Direct Supports Information
- Emergency Disaster Preparedness Planning

Orientation & I&A Continued

Other DSW training assistance: In addition to the DSW orientation, Payroll Plus is enrolled with the College of Direct Supports as an administrator and will assist the Managing Employer with training by assisting the DSW worker with enrollment and course selection.

Timely Response: Payroll Plus will provide a timely response to all calls from Participants and their Surrogates, or DSW employees.

Web Site: We have made a web-site available to assist our Client Participants, their Surrogates and DSW workers. www.payrollplusofkansas.com

The web-site includes the following:

- Payroll Plus Mission Statement
- Who We Are
- Service and Definitions
- Resources
- Handbook Copies
- Enrollment Forms
- Hire Packets
- Area where a DSW worker can fill out an application to indicate that they are interested in DSW work. (List made available to Client Participants)
- Area where Managing Employer can advertise that they are seeking a DSW worker. (Advertisement available to all who view our site)
- Waiver Regulations
- Training Resources
- Brochure
- Contact Information
- Blank Timesheets

False Claims Act and Whistle Blower Policy & Procedure (ppm 3.38)

Policy 38: Payroll Plus of Kansas, Inc. is committed to prompt, complete and accurate billing of all services provided to individuals. Payroll Plus and its employees, contractors and agents shall not make or submit any false or misleading entries on any claim forms (paper or electronic). No employee, contractor or agent shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager that results in the submission of a false or misleading entry on claims, forms or documentation of services that result in the submission of a false claim.

- Payroll Plus will disseminate this policy and procedure to all its employees, contractors, and agents.
- Payroll Plus will perform all billing activities in a manner consistent with the regulations and requirements of third party payors, including Medicaid.
- Payroll Plus will conduct regular auditing and monitoring procedures as part of its efforts to assure compliance with applicable regulations
- Any employee, contractor or agent who has any reason to believe that anyone is engaging in false billing practices or false documentation of services is expected to report the violation to Payroll Plus Corporate Compliance Officer (CCO)
- Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.
- Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.

Payroll Plus is committed to detecting and preventing fraud, waste and abuse in federal and state healthcare programs in accordance with the False Claims Act. This policy applies to all employees and all contractors and agents.

Payroll Plus will provide means by which individuals can readily register complaints or express concerns regarding Payroll Plus Accounting, Internal Controls, Auditing matters, and any illegal, fraudulent or unethical behavior of employees, managers (including Managing Employers), Officers, and Directors of this agency. Reports may include, but are not limited to: waste, fraud, misconduct, abuse, unethical practices, and violations of local, state, or federal laws.

The False Claims Act, 31 U.S.C. 3729 et seq., is a federal law designated to prevent and detect fraud, waste and abuse in federal health care programs, including Medicaid and Medicare. Under the False Claims Act, anyone who "knowingly" submits false claims to the government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of \$5,500 to \$11,000 for each false claim submitted.

The definition of "knowingly" includes a person who:

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in the claim; and
- Acts in reckless disregard of the truth or falsity of the information in a claim.

False Claims suits can be brought against individuals and entities. The False Claims Act does not require proof of a specific intent to defraud the government. Providers can be prosecuted for a wide variety of conducts that lead to the submission of a false claim. Some examples include:

- Knowingly making false statements
- Falsifying records
- Submitting claims for services never performed or items never furnished.
- Double-billing for items or services
- Using false records or statements to avoid paying the government.

False Claims Act and Whistle Blower Policy & Procedure- Cont.

Whistle Blower Provisions

In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act contains a whistle blower provision.

The Government, or an individual citizen acting on behalf of the Government, can bring actions under the False Claims Act. An individual citizen, referred to as a whistle blower or "Relator," who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the U.S. government. If the lawsuit is successful, and provided certain legal requirements are met, the Whistle blower may receive an award ranging from 15% - 30% of the amount recovered. The False Claims Act, prohibit discrimination by Payroll Plus of Kansas, against any employee for taking lawful actions under the False Claim Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in False Claims actions is entitled to relief. Such relief may include reinstatement, double back pay, and compensation for any special damages.

Definitions:

- **Abuse:** is an activity that goes against sound business, monetary or medical practices.
- **Complaint:** means any adverse information provided to Payroll Plus of Kansas, whether in the form of a concern, or demand for remedial action, or a report of a suspected violation of law or Payroll Plus Policy, that relates to the agency's accounting, internal accounting controls, auditing matters, waste, fraud, misconduct or abuse.
- **Confidential:** means authorized for access by only those persons who have a need to know. A need to know normally arises from an obligation to investigate or to take remedial or disciplinary action.
- **Corporate Compliance Officer (CCO):** is the agency's Director of Information and Compliance.
- **Fraud:** is the intentional use of false statements to cheat another person or company out of something of value. It includes any act that constitutes fraud under state and federal law. Misappropriation and other fiscal irregularities include, but are not limited to:
 - Any dishonest or fraudulent act
 - Forgery or alteration of any document or account belonging to the agency or agency or agency clients.
 - Forgery or alteration of a check, bank draft, or other financial document
 - Misappropriation of funds, supplies, equipment, or other assets of the agency or agency clients
 - Impropriety in handling or reporting of money or financial transactions.
 - Disclosing confidential and/or proprietary information to outside parties
 - Accepting or seeking anything of material value from contractors, vendors, or persons providing goods or services to the agency.
 - Destruction, removal or inappropriate use of records, furniture, fixtures, and equipment.
- **Misconduct:** is behavior that is not in accordance with accepted professional or moral standards. Examples include:
 - Incompetence
 - Dishonest management practices
 - Delivering care to consumers while under the influence of alcohol or illegal drugs.
 - Acting immorally or unprofessional towards staff/co-workers.
 - Asking/pressuring staff to engage in unethical activity
- **Suspicious Activity:** is any activity that you think is fraudulent, wasteful, or abusive. Examples include:
 - Altering consumer case files or medical records
 - Submitting for payment non-covered services as if they were covered
 - Submitting for payment services that were not provided
 - Submitting for payment more than one payer for the same service
- **Waste:** is any unnecessary cost that results from poor or inefficient practices.

False Claims Act and Whistle Blower Policy & Procedure (Cont.)

Confidential Reporting

Payroll Plus of Kansas, has established procedures for receipt, retention and appropriate treatment of complaints for confidentially addressing submissions by employees or non-employees concerning questionable matters. As a matter of sound corporate governance, these procedures are designed to provide a readily understood, prompt and effective means of addressing such complains or concerns.

A. Submission and Receipt of Complaints

Anyone is free to bring complaints to the Corporate Office. Any complaints so received shall be handled and documented, with a copy of the documentation submitted to the CCO.

B. Retention of Records

Records pertaining to a complaint are the property of Payroll Plus of Kansas, Inc. and shall be retained:

1. In compliance with applicable laws and Payroll Plus of Kansas documentation retention policies;
2. Subject to safeguards that ensure the confidentiality and, when applicable, the anonymity of the complainant;
3. In such manner as to maximize their usefulness to Payroll Plus of Kansas, overall compliance or governance programs.

C. Treatment of Complaints

1. All complaints shall be treated as confidential.
2. Any face-to-face oral complaints shall be documented immediately in writing, in the presence of the complainant.
3. Complaints received by the CCO shall be analyzed and screened to identify matters that clearly do not fall within the intent of this policy (i.e. complaints not directly related to auditing, finance, fraud, ethics, abuse, or legal matters). Complaints that fall within the intent of this policy shall be reviewed and investigated. Matters outside the scope of this policy may be directed to the appropriate outside agency for handling.
4. The CCO, or designee shall draft a written report (paper or electronic).
5. The assessment, investigation, and evaluation of complaints shall be conducted by or at the direction of the CCO, in cooperation with the Senior Directors of departments as appropriate. The agency may engage independent advisors including legal counsel or auditors for the purpose of investigating or remediating any complaint.
6. Following Investigation and evaluation of a complaint, the CCO in cooperation with Management, and/or Board of Directors, disciplinary or remedial action shall be determined. Any action taken to resolve a complaint will be included in the CCO's report.
7. The CCO will regard the making of any deliberately false or malicious allegations by an employee as a serious offense which may result in disciplinary action up to, and including, termination for cause.
8. Treatment of complaints shall include taking reasonable and necessary steps to prevent further similar violations.
9. An effort to retaliate against any person making a complaint in good faith is strictly prohibited and shall be reported immediately to the CCO. Any allegations regarding such retaliation will be investigated and dealt with in accordance with this policy. The penalty for such action is termination.

False Claims Act and Whistle Blower Policy & Procedure (Cont.)

D. Investigation Procedure

1. Complaints will be documented in the internal Grievance Database
2. The CCO will review the complaint data and determine the course of action.
3. Whistle blower allegations are docketed for investigation
4. Other types of complaints may be handled administratively (does not fall under policy categories for example: maybe it should go to the Safety administrator)
5. In the event that the CCO is out of the office, a member of the agency will be designated to take the report.
6. Investigation procedures will be followed:
 - a. Determine the complaints allegations
 - b. Corroborate the allegations through witnesses and other evidence
 - c. Determine the respondent's answer to the allegations and defenses
 - d. Corroborate the respondent's response
 - e. When conducting interviews with potential witnesses (other than officials representing the respondent), the investigator will ask if the witness request confidentiality, and document their responses.
 - f. All contacts and contact attempts made in the course of the investigation will be documented.
 - g. The Investigator should interview all company officials who have known direct involvement in the case and attempt to identify other persons (witnesses) who may have knowledge of the situation. Witnesses should be interviewed individually.
 - h. If respondent opts to retain legal counsel, Payroll Plus will turn over investigation to agency's legal council.
 - i. Investigations will generally be scheduled in chronological order of the date filed.
Exceptions: Complaints identifying immediate threats to health and safety of agency employees, consumers, business associates, contractors, or volunteers.
7. Final Report
 - a. The Investigator will include in the report to the Board the results of the investigation. The Board has the right to return the final report for further investigation or follow-up.
 - b. If waste, fraud, misconduct or abuse is substantiated by the investigation, the appropriate management staff will confer to determine what actions may be taken, including but not limited to:
 - Demand of restitution (missing money/equipment)
 - Termination
 - Pursuit of criminal charges.

E. Zero Tolerance

1. This policy and procedures applies to any fraud or suspected fraud involving employees, officers or directors, Board members, vendors, consultants, funding sources, consumers, surrogates of consumers, or any other party with a business relationship with Payroll Plus of Kansas, Inc. Any investigative activity required will be conducted without regard to the suspected wrongdoer's length of service, position/title, or relationship with the agency.
2. Fraudulent behavior and/or missing funds due to carelessness of staff will not be tolerated. Disciplinary action and restitution will be matched to the severity of the loss. After appropriate internal investigation, some incidents may be referred to law enforcement or possible criminal action.
3. Retaliation in any form, against any employee who files a complaint, will absolutely not be tolerated. The penalty is termination.

False Claims Act and Whistle Blower Policy & Procedure (Cont.)

F. Publication of Policy

1. Publication of this policy to employee shall occur by:
 - a. Mail to all current employees at inception.
 - b. Mail to all Mg Employers for insertion into their Policies and Procedures Manual upon inception.
 - c. Inclusion of a copy of this policy in Policies and Procedures Manual (Client/DSW abbreviated manual)
 - d. Inclusion of a copy of this policy in Corporate Policies and Procedures Manual (complete)
 - e. A copy of this policy shall be included on Payroll Plus web page.

G. Penalties

Disciplinary actions for violation of this policy by an employee shall be handled jointly by Human Resources and the Corporate Compliance Officer. Violation of the policy provisions for confidentiality may constitute grounds for dismissal from employment with Payroll Plus of Kansas. The employee would be solely responsible for any civil or criminal penalties brought forth as a result of legal actions by the person whose anonymity was violated.

Payroll Plus Policy Changes

Payroll Plus reserves the right to modify, supplement, revoke and/or substitute any policy and/or procedure state herein.

Changes to Policies Notice: The Managing Employer will be made aware through first class mail of any changes to Policies and Procedures contained in the Handbook. With the notice they will be required to sign with the DSW to indicate receipt and adherence to the new or changed policy, and mail back to Payroll Plus for the master file. Failure to return required paperwork prior to pay-day may delay wage payment to the DSW pending receipt.

Payroll Plus of Kansas PD Waiver Policies

PD (Physically Disabled Waiver)

- Personal Services (PA) are a 1:1 service. The client must be present when services are provided, and be assisted by only one DSW at any given time. A DSW cannot work for two clients at the same time and date.
- Personal Services (PA) means assisting another person who has a disability with tasks that the person with the disability would typically do for themselves in the absence of a disability. Such services may include assisting clients in accomplishing any activity of daily living (ADL's) or instrumental activity of daily living (IADL) associated with normal rhythms of the day.
 - Examples of normal rhythms of the day include combinations of ADLs and IADLs:
 - Assistance getting ready for work
 - Assistance cleaning the house
 - Assistance shopping
 - Assistance getting ready for bed
 - ADLs include:
 - Bathing
 - Grooming
 - Toileting
 - Transferring
 - Feeding
 - Mobility
 - Accompanying to obtain necessary medical services
 - IADLs include:
 - Shopping
 - Housekeeping
 - Meal Preparation
 - Laundry
 - Life Management
- The Managing Employer must provide written certification that sufficient training to meet the Participant's needs has been provided.
- Documentation must be created at the time of the visit. Creating documentation after that time is not acceptable.
- Documentation must be complete, clearly written and self-explanatory or reimbursement may be subject to recoupment.
- Signature options are provided in recognition that a client's limitations may make assistance necessary in carrying out this function. A designated signatory can be anyone who is aware services were provided.
- In circumstances where the DSW is also the Managing Employer, the Managing Employer must assign another person to be a designated signatory. The individual providing the service may not sign the timesheet on behalf of the Participant.
- Client's who refuse to sign accurate time sheets without a legitimate reason should be advised that the DSWs time may not be paid or that money may be taken back.
- Timesheets not reflecting accurate times and services must not be signed by Participants, Managing Employer, or DSW(s).
- Employees must be at least 18 years of age.
- The Spouse of a Participant may not be paid support.
- The Managing Employer must keep Payroll Plus informed of any changes in the Plan of Care, Monthly Obligation, Medicaid Eligibility, or Admittance into hospital or other Institution.

- PD-PA service hours may not coincide with other DSW hours or with any hours provided by the following:
 - ICF/MR or IMD facility
 - HCBS Day, Residential, or Night Support
 - Skilled Nursing service
 - Emergency Vehicle
 - Hospital or any other Institution that is billing Medicaid, Medicare or Primary Insurance.
- Services may be provided on the same day a Participant is hospitalized or Nursing Facility when:
 - Prior to time of admission
 - Following the time of discharge
- Personal Services (PA) services are limited to 10 hours per 24 hour period unless specifically authorized by the Plan of Care.
- A Medicaid client is eligible only for the number of hours per day or per week as defined in his or her plan of care. Although for billing purposes a plan of care is authorized on a monthly basis, the total of approved hours for a client cannot exceed either the daily approved number of hours or weekly approved number of hours.

SLEEP CYCLE SUPPORT:

- This service provides non-nursing physical assistance and/or nonphysical assistance during the client's normal sleeping hours in the clients place of residence. This assistance includes:
 - Physical assistance or nonphysical assistance with toileting, transferring, and mobility
 - Prompting and reminding of medications
- The provider will sleep and awaken as indentified on the client's Attendant Care Worksheet and must provide the client with a mechanism to gain his or her attention or awaken him or her at anytime. The provider must be ready to call a physician, hospital, or other medical personnel should an emergency arise.
- Period of service must be at least 6 hours in length and cannot exceed a 12-hour period of time.
- Spouses or parents of minor children cannot be paid to provide this service unless the client has met the criteria of K.A.R. 30-5-307, the Family Reimbursement restriction.
- Providers must submit a report to the targeted case manager within the first business day following any emergency response provided to the client.
- No more than one Sleep Cycle Support attendant can be paid for services at any given time of the day. And attendants can only be paid for one client per sleep cycle.
- Health maintenance activities such as monitoring vital signs, supervision and/or training of nursing procedures, ostomy care, catheter care, enteral nutrition, medication administration/assistance, wound care, and range of motion can be provided in accordance with K.S. A. 65-6201 (b)(2)(A).

Handbook Orientation completion log

Date DSW read Orientation Handbook	Name of DSW	Initials of DSW	Initials of Mg Employer

Management Forms

- **Application For Interview**
- **Evaluation Notice**
- **Disciplinary Action Notice**
- **Termination Notice**
- **K4**
- **W4**
- **Direct Deposit Form**
- **Blank Timesheet**
- **Grievance Form**
- **Participant Incident, Accident Report**
- **Direct Deposit Form**
- **Task Training Checklist and Agreement**
- **Timesheet example**
- **Exceptions Report**

Other Management forms that may be obtained upon request:

- **Form for Reporting Lost or Stolen Check**
- **Advertisement worksheet**
- **Interview Questions Worksheet**
- **Interview Information Worksheet**
- **Interview Notes**
- **Interview Checklist**
- **Calling Former Employers Worksheet**
- **Work Related Injury (Employee Accident Report)**
- **Work Related Injury (Supervisor's Accident Report)**
- **Work Related Injury (Witness Statement)**

Application for Interview for: _____ (Participant Name)

(Please answer all questions- please print in ink)

To Applicant: I deeply appreciate your interest and assure you that I am sincerely interested in your qualifications. A clear understanding of your background and work history will aid me in placing you in the position.

Name: _____
(First) (Middle) (Last)

Social Security # _____ Telephone # _____

Present Address _____
(Number) (Street) (City, State, Zip Code)

Do you have a valid Drivers License? Yes _____ No _____

Drivers License No. _____ State _____

Date Available _____ Number of hours available _____

Are you known by another name? Yes _____ No _____

If yes, by what name? _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

Are you: Under 16 years of age? Yes _____ No _____

Special training skills? _____

May your present employer be contacted for reference? Yes _____ No _____

Employment History

List each job, starting with your most recent (include Military Service). If you attach a resume, please complete the information not included on your resume.

Employer		Dates From To		Work Performed
Address		Starting Pay	Last Pay	
City, State	Phone	Job Title		
Supervisor	Reason for leaving			

Employer		Dates From To		Work Performed
Address		Starting Pay	Last Pay	
City, State	Phone	Job Title		
Supervisor	Reason for leaving			

Employer		Dates From To		Work Performed
Address		Starting Pay	Last Pay	
City, State	Phone	Job Title		
Supervisor	Reason for leaving			

References

Give the name of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted

I certify that the information contained in this application for interview is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal.

I authorize investigation of all statements contained herein. I also authorize the references above to give you all information concerning my previous employment and any pertinent information, personal or otherwise, they may have. Except as may be noted in regard to my current employer, I authorize other sources to provide you all information concerning my background. I release all parties from liability for any damage that may result from furnishing same to you.

In consideration for employment if hired I agree to conform to the rules and regulations of my employer, FMS agency, and H.B. 2012. I acknowledge that those rules may be changed, interpreted, withdrawn or added at any time without prior notice to me. I acknowledge that my employment status is that of an employee-at-will and may be terminated at any time.

I understand that if I am hired no policy or rule, written or oral changes my status as an employee-at-will.

Signature of
Applicant _____

Date _____



DSW Worker Evaluation Notice

PARTICIPANT NAME: _____

MANAGING EMPLOYER NAME: _____
(if other than Participant)

DSW INFORMATION	
Name	Date
Review Period	to

RATINGS					
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Attendance/ Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Communication/ Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
Overall Rating <i>(average the rating numbers above)</i>					

EVALUATION
ADDITIONAL COMMENTS
GOALS <i>(as agreed upon by employee and manager)</i>

VERIFICATION OF REVIEW	
<i>By signing this form, you confirm that you have discussed this review in detail with your Managing Employer. Signing this form does not necessarily indicate that you agree with this evaluation.</i>	
DSW Signature	Date
Managing Employer Signature	Date

Employee Discipline Form

PSA Name: _____ Managing Employer Name: _____

Today's Date: _____ Incident Date: _____

Incident Time: _____ Incident Location: _____

Description of the incident that occurred:

Witnesses to the incident (if applicable):

Names of those in attendance at current disciplinary action meeting:

Corrective or disciplinary action to be taken:

Verbal Written Probation Suspension Other (explain below)

If on probation, period begins _____ and ends _____.

Consequences for failure to improve performance or correct behavior:

Prior discussions or warnings on this subject, whether oral or written:

Employee Signature: _____ Date: _____

Managing Employer Signature: _____ Date: _____

Payroll Plus of Kansas, Inc. Termination Form

Please note:

Mail form to 8505 DD Rd, Montezuma, KS 67867 or
fax to 620-846-2340.

DSW Employee Name (Last, First, Middle):

Date of Separation:

REHIRE ELIGIBILITY

Yes No

Managing Employer Name (Last, First, Middle):

Phone #

resignation

involuntary termination.

AUTHORIZING SIGNATURE (Mg Employer)

Date

Separation code:

reason codes below _____

***SEPARATION REASON CODES**

- | | | |
|-----------------------------|--------------------------|--|
| 01 - Involuntary/Discipline | 06 - No Show | 11 - Dissatisfied w/ Working Conditions |
| 02 - Voluntary Resignation | 07 - Domestic Obligation | 12 - Leave of Absence Expiration |
| 03 - Program Termination | 08 - Dissatisfied w/Pay | 13 - Failed Probation |
| 04 - Death | 09 - Relocation | 14 - Visa Expiration |
| 05 - Retired | 10 - Returned to School | 15 - Law violation making employee ineligible. |

Other Comments:

K-4

(9/07)

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

The following instructions will assist you in completing the worksheet and K-4 form below. After you have completed the K-4 form, detach it and give it to your employer. For assistance with this form, call KDOR (Kansas Department of Revenue) at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much *Kansas* income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding: To qualify for exempt status you must, 1) Verify with KDOR that last year you had the right to a refund of all STATE income tax withheld because you

had no tax liability; 2) Verify with KDOR that this year you will receive a full refund of all STATE income tax withheld because you will have no tax liability.

Notes: Your status of "Single" or "Joint" may differ from your status claimed on your Federal Form W-4. Claiming more than the proper amount may result in taxes owed when filing your state income tax.

Basic Instructions: If you are not exempt, complete the **Personal Allowances Worksheet** below. The allowances claimed on this form should not exceed that claimed under "Exemptions" on your Kansas income tax return. To avoid owing taxes when you file, follow the suggested allowance rate selection on line A below. This form must be

filed with your employer; otherwise, your employer must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

Head of household: Generally, you may claim head of household filing status on your tax return only if you are **unmarried and pay more than 50% of the cost of keeping up a home for yourself and for your dependent(s)**.

Nonwage income: If you have a large amount of nonwage Kansas source income, such as interest or dividends, consider making estimated tax payment using form K-40ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax when filing your state income tax return.

Personal Allowance Worksheet (Keep for your records)

A Allowance Rate:

If you are a single filer mark "Single"

If you are married and your spouse has income mark "Single"

If you are married and your spouse does not work mark "Joint"



Single

Joint

- B** Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld) **B** _____
- C** Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld) **C** _____
- D** Enter "1" if you will file head of household on your tax return (see conditions under "Head of household" above) **D** _____
- E** Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4. **E** _____
- F** Enter "1" if you have at least \$1,500 of child or dependant care expenses for which you plan to claim a credit and your household income is below \$50,000 **F** _____
- G** Add lines **B** through **F** and enter the total here **G** _____

▼ Cut here and give this K-4 form to your employer. (Keep the top portion for your records.)

K-4

(9/07)

Kansas Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemptions from withholding is subject to review by KDOR. Your employer may be required to send a copy of this form to KDOR.

1 Print your first name and middle initial	Last Name	2 Social Security Number
Mailing Address	3 Allowance Rate Mark the allowance rate selected in line A above. <input type="checkbox"/> Single <input type="checkbox"/> Joint	
City or Town, State, and ZIP Code		
4 Total number of allowances you are claiming (from line G above).....	4	
5 Enter any additional amount you want withheld from each paycheck (this is optional)	5	\$
6 I claim exemption from withholding. You must meet the conditions explained in the "Exemption from withholding" instructions above. If you meet those conditions, write "Exempt" on this line. Note: KDOR will receive your federal W-2 forms for all years claimed Exempt.	6	
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief it is true, correct, and complete.		
SIGN HERE ►		DATE
7 Employer's name and address		8 EIN (Employer Identification Number)

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }	H	<u> </u>

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2011
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Pay-Period

(Range of dates)

From: (/ /)

Through: (/ /)

PD HCBS Services

CIRCLE ONLY ONE SERVICE

Personal Service

Night Support

DSW Name _____

Participant Name _____

Day of Week:																	
Year 20 _____	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day
Month & Day: _____	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Time in																	
Time out																	
Time in																	
Time out																	
Time in																	
Time out																	

"X" those tasks that were provided each given day. The tasks provided should be within the scope of the Plan of Care, PCSP and MR10

Daily Living/Personal Needs																	
Hygiene/Grooming/Dressing																	
Toileting/Diapering																	
Transfer/Mobility																	
Meal Prep/Eating																	
Shopping																	
Housekeeping																	
Health & Med. Monitoring																	
Life Management																	
Transportation																	
Reporting/Documenting																	
Exercise/PT																	
DSW Initials																	
Total hrs/day																	

* If any of the above documented hours were not worked as documented, even if by agreement between the Managing Employer and the DSW, it would be considered Fraud and Exploitation as defined by the State of Kansas.

* Timesheets should be kept at the place of employment. Hours must be documented as they occur not at the end of the pay-period.

* Errors should have a single line through them, initialed by Managing Employer and DSW, and legibly corrected

Other Comments: _____

_____ (cont on back)

Office Use Only	

By signing, the **DSWS** indicates that they have worked the above logged dates and times for the Participant:

_____ Date _____

DSW

By signing, the **Managing Employer** acknowledges that the DSW has worked the above logged dates and times & that the Participant was not in a hospital, or any other facility any of the above dates and times:

_____ Date _____

Managing Employer

**Payroll Plus of Kansas, Inc.
Formal Grievance Form**

Contact Information:

Name (Please Print)

Home Address

City, State, Zip

Title

Name of Consumer (If Grievance comes from Employee)

Reason for Grievance:

Sexual Harassment /
Discrimination

Appeal of Reprimands

Appeal of Disciplinary
Actions

Arbitrary, Capricious, or
Oppressive Treatment
pertaining to application of
benefits, terms and conditions
of employment.

Other

Details of Grievance

Detail the alleged incident / action (include dates):

Witness if any

Who is the grievance against?

Name

Title

Name

Title

Description of Grievance: (attach additional information if necessary)

What action has been taken?

Requested action to be taken?

I, the undersigned, do hereby authorize the designated FMS to conduct inquiries or investigation procedures as needed with respect to the investigation/resolution of this grievance. I understand that information regarding my grievance may be shared with applicable Care-team leaders in order to acquire sufficient information with respect to the investigation as well as any follow-up activities that may be required in relation to the FMS response to my grievance. I also authorize the FMS to use whatever information that may be obtained with respect to this grievance in any legal or formal grievance proceedings that may involve the issues contained herein. I affirm that I have read the above grievance and that it is true to the best of my knowledge, information, and belief.

Signature

Date

FMS Action Officer or Designee

Date



Payroll Plus
8505 DD Rd



Montezuma, KS 67867

E-mail: rtkoehn@ucom.net

Fax: (620)-846-2340

Ph: (620) 846-2658

ACCIDENT/INCIDENT FORM

This document is for reporting accidents or incidents that may or may not result in injuries.

1. ACCIDENT / INCIDENT REPORT

Incident Date: _____ Time: _____

Incident Location: _____

Report written by: _____

Incident description:

Witnesses names and phone numbers:

Describe any injuries. (Fill in Part 2 below. An individual report is required for each injured person):

2. Injured Personnel

Name of person involved _____

Participant _____ DSW _____ Other _____

Contact phone # of person injured: _____

Did this accident occur as a direct result of this person's employment? Yes _____ No _____

[B.a]

DIRECT DEPOSIT
AUTHORIZATION FORM

I (we) hereby authorize Payroll Plus, hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Date	Name (print)	Financial institution name
Employee SS#	Dept	Financial Institution Address

Signature

CHECK ONE

I am not currently participating in the Direct Deposit Program

ADD – Deposit my pay to the account shown.*

I am currently participating in the Direct Deposit Program

CHANGE – Change my financial institution and/or account number.*

CANCEL - Stop my participation in the program.

Due to the time required for COMPANY and bank processing, allow one or two pay periods for Processing. You will receive a regular paycheck until the change can be processed.

IMPORTANT!!!! CHECK TYPE OF A ACCOUNT: CHECKING SAVINGS

**TAPE YOUR VOIDED
CHECK HERE**

PD Waiver Direct Service Worker (DSW) Task Training Checklist & Agreement

The Direct Service Worker (DSW) will receive training from the Self-Directing Managing Employer specific to the PD Waiver recipient for whom care is provided. The DSW will provide care under the direction of the Managing Employer and is expected to demonstrate knowledge and proficiency in the tasks indicated below.

Name of PD waiver Participant: _____ Medicaid ID: _____

Name of Managing Employer (if other than Participant) _____

	ADLs		Other Health Maintenance Tasks
<input type="checkbox"/> Yes <input type="checkbox"/> No	Bathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Oral Hygiene	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hair Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shaving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Prosthetic and Orthotic Device on/remove	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Toileting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Transferring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	IADLs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Walking/Mobility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wheel Chair Maneuvering	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Eating	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Meal Planning/Cleanup	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Diet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Housekeeping/Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Money Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Transportation will be provided List PSA's:			Handbook of Policies & Procedures Orientation
Does DSW have a current Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	Policies & Procedures Orientation
List DSW's Drivers License #: _____			
List DSW's DL Expiration Date: _____			
Does vehicle have current Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			

My signature confirms that I, _____ (print name) have been trained by the Self-Directing Managing Employer to perform the delegated tasks identified in the DSW Training Checklist and that I am able to perform these tasks.

Date: _____

Direct Service Worker (DSW) Signature

My signature confirms that I, _____ (print name) the Self-Directing Managing Employer have the authority to delegate and train the DSW in the tasks identified in the above training checklist. The DSW may perform the specified tasks while providing care under my authority.

Date: _____

Self-Directing Managing Employer (Participant or Surrogate)

The Self-Directing Legally Responsible Person's delegation of tasks to be provided by the DSW is limited to the term services are provided for the specific participant in which he/she is trained to provide. Legally Responsible Person(s) understand by delegating tasks to DSW that he/she assumes all responsibility for the action or inaction of the DSW to which authorization of tasks are given.

Note: Additional DSW Training may be obtained (FREE) from www.collegeofdirectsupport.com Contact us if you want more information concerning that DSW FREE training.

Payroll Plus [Phone: 620-846-2658 or 1-888-527-2658, Fax: 620-846-2340]

PSA Name: **Person Providing Care's Name**

Participant Name: **Person Receiving Care's Name**

Pay-Period
(Range of dates)
From (01 / 16 / 2009)
Through (01 / 31 / 2009)
[1-15th] or [16th-EndOfMonth]

PD HCBS Services
CIRCLE ONLY ONE SERVICE
Personal Service Night Support

Year 20 09	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day
	01 / 16	01 / 17	01 / 18	01 / 19	01 / 20	01 / 21	01 / 22	01 / 23	01 / 24	01 / 25	01 / 26	01 / 27	01 / 28	01 / 29	01 / 30	01 / 31
Time in	8 am		10 am			12 n			7 am			6am				
Time out	12 n		12 n			3 pm			5 pm			11 am				
Subtotal																
Time in	1 pm															
Time out	3 pm															
Subtotal																

Note: All time entries must have an a.m. or p.m behind them, or must be military time.

----- "X" those services that were provided for each given day. The services provided should be a fair reflection of the services called for in the Plan of care -----

Daily living/Personal needs	X		X			X			X			X				
Attendant care																
Medication assistance																
Accessing medical care																
Supervision	X		X			X			X			X				
Behavior condition & needs	X		X			X			X			X				
Extension of therapy service																
Ambulation & Exercise																
Household services																
Maintenance (related to client)																
Transportation	X															
Community activities	X															
Hospital/Respite Hours																

Note: Only Tasks Approved by the PCSP should be performed or X(ed). See Regulations concerning Household services if Participant lives with a Spouse or Parent.

PSA Initials	TK		TK			TK			TK			TK	← (Note Initials of PSA)			
Total Hours for day:	7		2			3			10			5				

- ❖ PSA(s) are paid for hours of services that were provided to the Participant. If any of the above documented hours were not worked as documented by the PSA, even if by agreement between the Participant/Responsible person and the PSA, it would be considered Fraud and Exploitation as defined by the State of Kansas.
- ❖ Timesheets must be kept at the place of employment. Hours must be documented as they occur, not at the end of the pay-period.
- ❖ Errors should have a single line through them, initialed by PSA and Responsible person and legibly corrected.

Other Comments:
Space Provided for "Other" important comments or considerations.
(cont. on back)

Office Use Only	

By signing, the PSA indicates that he or she has worked the above logged dates & times for the Participant: Signature of Person Providing Care Date: **2-1-9**

By signing, Participant/Responsible person acknowledges that the PSA has worked the above logged dates and times & attests That the Participant was not in a hospital, day program, school, work or other facility any of the above dates: Signature of Designated Responsible Person Date: **2-1-9**
This person may be the Participant of someone designated