INVOLVEMENT OF PERSONS SUPPORTED IN HIRING DECISIONS OF DIRECT SUPPORT STAFF

I. PURPOSE

To provide guidelines for involving persons supported in hiring decisions for Direct Support Professionals.

II. SCOPE

These guidelines apply to all persons providing support for persons supported and to staff involved in hiring Direct Support Professionals.

III. PROCEDURES

A. The prospective new employee will be interviewed and screened by the Coordinator of Human Resources and all pertinent background inquiries will be completed at that time..

B. The new employee will be interviewed by the Program Manager for the open position. The Program Manager will provide the prospective DSP with pertinent information about the person(s) supported concerning quality of life, activities, work, behaviors, needs and expectations.

C. The prospective DSP will have an informal interview and spend time with the person(s) supported. This interview time may also include meeting with the person's family and current staff, if applicable.

D. The Program Manager will get feedback from the person(s) supported and anyone else involved in the selection of the new Team Member.

1. If the new employee appears to be a good fit for a particular location, the Program Manager will contact him/her to begin training at that location.

2. If the new employee was not selected as a good fit for a particular location, he/she will be re-evaluated for another position.

INJURIES ON THE JOB

I. PURPOSE

To provide a safe working environment for all employees.

II. SCOPE

These guidelines apply to all staff within the agency.

III. PROCEDURES

Despite our commitment to providing a safe working environment for all employees, incidents which result in an employee job-related injury may occur. When an employee is injured, the agency strives to provide the medical treatment necessary to enable the employee to return to the job. The following shall be followed when an injury occurs on the job:

A. Report the injury to your supervisor immediately, even if it seems insignificant at the time.

B. If medical treatment is required, select one of the authorized physicians on the Tennessee Department of Labor and Workforce Development (Form C-42) and sign the Agreement Between Employer/Employee Choice of Physician. .

C. After hours or in an emergency a visit to the ER may be necessary. In that case selecting a physician is not required unless further treatment is necessitated.

D. Complete an employee First Report of Injury Form with your supervisor or Human Resources Coordinator as soon as possible, but within 24 hours.

E. A drug test is required for any injury requiring medical assistance.

F. When treatment from a specialist is required, adhere to the following:

1. Seek approval from the agency by contacting the Human Resources Coordinator.

2. Referral by one of the authorized physicians as described in section B above is necessary.
3. Selection of a specialist must be made based upon a panel provided by the workers compensation insurance carrier.

G. Failure to follow these procedures can result in the employee being responsible for his or her own medical bills.

H. Success in reducing the number of injuries and the costs associated with these injuries is beneficial to the agency and all employees.

ON THE JOB TRAINING

I. PURPOSE

To provide guidelines for the orientation and training of an employee to a job site, and to the specific needs of the person(s) supported.

II. SCOPE

These guidelines apply to all agency employees who provide direct support to persons supported.

III. PROCEDURES

The Program Manager and/or Staffing Coordinator is responsible for initiating training at the job site, and ensuring that the training is completed. An Employee Checklist will be used as a guide in this training process.

A. REVIEW OF THE INDIVIDUAL SUPPORT PLAN (ISP)

1. The Program Manager and/or Staffing Coordinator will assign a mentor/trainer to work with the employee.
2. The employee will read and discuss the Individual Support Plan (ISP) with the Program Manager or assigned trainer.
3. The Program Manger and/or Staffing Coordinator will arrange for the employee to observe/assist the trainer with the person supported during a shift.

B. TRAINING SPECIFIC TO THE NEEDS OF THE INDIVIDUAL

After the review of the ISP and observation, the employee must be trained on the specific needs of individual supported. This training must take place before an employee can work alone with the individual.

1. The Program Manager, Staffing Coordinator, or assigned trainer will review the Training Specific to the Individual with the employee. The specific training plan is developed for every person supported to orient employees and provide information they need in order to successfully support the person. Some of the training is competency based and may require a demonstration of a particular skill, such as, lifting, transferring etc.
2. The employee and trainer must document the completed training by signing and dating the form, Training Specific to the Needs of the Individual If the electronic form is used in PHS, then both the employee and trainer will sign electronically
3. A record of the completed raining Specific to the Needs of the Individual form will be maintained in PHS. If completed electronically, the record is automatically saved. If completed on paper, the signed form is uploaded into PHS.

C. FIRE SAFETY AND EVACUATION TRAINING

This training is required in every home to prepare for emergency situations.

1. Training must occur in the home or location in where support is being provided.
2. The Mock Fire Drill Competency Checklist must be completed and submitted to the Training Coordinator at the Administrative Office. This may be completed on paper or electronically using PHS.

D. USE OF AN AGENCY VEHICLE TRAINING

Understanding of procedures for operating a specific vehicle is required and safe driving techniques must be demonstrated.

1. The Vehicle Operations Checklist must be completed and submitted to the Training Coordinator at the Administrative Office.
2. Employees using vans with Wheelchair Lifts and Tie-Downs must demonstrate correct techniques for lifting and securing Wheelchairs. The Wheelchair Lift and Tie-Down Checklist must be completed and submitted to the Training Coordinator at the Administrative Office.

E. EMPLOYEE CHECKLIST

An Employee Checklist will be used to assist with orientation and training of employees.

1. The employee and trainer will initial and date each item reviewed on the checklist.
2. The Program Manager will sign the completed checklist and send it to the Training Coordinator at the Administration Office.
3. The checklist will be filed in the employee's training record.

PAGERS AND CELLULAR PHONES

I. PURPOSE

To guide agency staff in procedures for utilization of pagers, cellular phones distributed or contracted for reimbursement by the agency.

II. SCOPE

These guidelines apply to all agency staff, including those who have been issued pagers and cellular phones or have contracted cellular phones and to staff who may need to communicate by using these devices.

III. PROCEDURES

A. Each team will be issued or have a contracted cellular phone for communication purposes.

1. A staff member should leave a telephone message and need not page when an answer is not needed immediately:
   a. Such as questions about leave time, overtime, times for appointments the following week, leave a message at the office of the Program Manager and your call will be returned.
   b. Cellular phones should be used for after-hour emergencies and when the staff member cannot be reached by office phone during regular business hours.

2. The Program Manager will ordinarily carry the cellular phone.

3. Unless out of town, using personal leave, or another Program Manager has been designated by the team to receive calls, Program Managers are expected to be available by cellular phone.

4. A staff member should call (texts are not acceptable) a Program Manager when:
   a. You are unable to come to work (requires 4 hour notice).
   b. You will be tardy (past 15 minutes).
   c. 911 has been called to the job site for *any* reason.
   d. You need to leave work for an immediate emergency.
   e. The person relieving you has not shown up by 15 minutes after the hour.
   f. Too many people show up for a shift.
   g. The person supported has eloped (run away or is lost).
   h. A person supported in the home has to go to the ER/hospital *and/or* coverage is needed for the home/hospital (hospital sitter).

i. A medication administration error has occurred. (Does not include documentation errors).
j. There is a question about the medical well-being of a person supported.
k. There is a behavioral emergency.
l. For any question during regular business hours (8am-5pm) and the personnel manager cannot be reached by phone.
m. Use of the on call phone is after 4pm and on weekends.

B. The agency will establish an emergency cellular phone number which will be available twenty-four hours per day, seven days per week.

1. The staff member receiving the agency emergency pager call or cellular phone call will:
   a. Return the call immediately;
   b. Provide needed support or access other resources which can provide support;
   c. Have information available including work and home numbers of all agency staff, other pager numbers, cellular phone numbers, and other support/emergency resources.

2. The agency emergency cellular phone should be called when:
   a. A crisis or emergency situation exists and support is needed;
   b. A person supported dies, either expected or unexpected;
   c. A person supported receives a serious injury;
   d. A person supported elopes or is missing;
   e. A person supported goes to an emergency room (for medical or psychiatric treatment);
   f. A person supported is hospitalized (for medical or psychiatric treatment);
   g. A person supported is involved in a serious incident that results in outside intervention, including:
      i. An emergency crisis team, or
      ii. The police.
   h. An emergency 911 call is made for any reason.
   i. An actual medication error occurs.

C. Agency staff issued pagers, cellular phones, or using contracted cellular phones should be accessible at all times and should take proper care of the equipment, including:

1. Changing batteries whenever a "low cell" message is received
2. Keeping the emergency cellular phone or contracted cellular phone charged.
3. Requesting maintenance whenever the agency owned device malfunctions.
4. Agency staff are responsible for any service or repairs on their own cellular phone.
5. Reporting when calls are not being received.

D. Because there are many different reasons for someone to be paged or called, please note the following codes will be used:

1. If the paged message has no extension, call at your earliest convenience. The message is not an emergency. If you are at a location where there is not a phone nearby or you are in the middle of an activity that would be difficult to interrupt, call when you leave that location or complete the activity.

2. If the number is followed by a 911 extension, there is an emergency in progress. Call immediately.

Note: Agency policy dictates no talking on cellular phones while driving.
Texting while driving is prohibited by State law.

PAID SHIFTS FOR EXEMPT EMPLOYEES

I. PURPOSE

To provide guidance for compensating Exempt Employees for additional hours worked in place of Direct Support Professionals or LPNs.

II. SCOPE

These guidelines apply to all Exempt Employees who are eligible for compensation for additional work when replacing Direct Support Professionals or LPNs.

III. PROCEDURES

For the Exempt Employee to receive additional compensation, the following conditions must apply:

A. Eligible Shifts

- 2nd Shift (5pm -11pm)
- 3rd Shift (11pm -8am)
- Sleep Overnight (5pm – 8am)
- Weekends
- Holidays (when on Personal Leave)

B. Payment Schedule:

- $14.00/hour
- $20.00/hour (only when RN fills an LPN position).
- Sleep Overnight Shift: $125.00 (≈16 hour total)
- Sleep Overnight and 16 hour shift: $200.00 (≈24 hour total)

C. Tracking Time

1. Exempt Employee will clock in and out under location job PIN.
2. Payroll Coordinator will calculate pay based on the payment schedule.

D. Training

1. Exempt Employees will be required to complete the same State and Agency Mandated Training as all Direct Support Professionals.
2. Exempt Employees will not be paid to attend training classes.

E. Approval

1. Payment for extra work by a Program Manager on his/her assigned team will be reviewed and approved by the Director of Team Operations.

2. Payment for extra work by an Exempt Employee will be reviewed and approved by the Program Manager and the employee's supervisor.

F. Conditions

1. In order to receive extra pay the Exempt Employee must work a scheduled shift and be replacing a Non-Exempt Employee.
2. An Exempt Employee shall not work a shift which will interfere with his/her regular duties. If an Exempt Employee works a shift which overlaps his/her regular duties, he/she shall not receive additional pay until the normal work time and duties are complete.
3. If an Exempt Employee works hours of shifts on an official Agency holiday, he/she will be paid at 1½ the rate of pay listed in III.B above.

PAY INCENTIVES FOR CHALLENGING ASSIGNMENTS

I. PURPOSE

To provide guidance for pay incentives to staff who support persons supported who present increased challenges such as in the case of difficult behavior, extra medical attention and changes in social structure.

II. SCOPE

These guidelines apply to all staff who are assigned to full time positions within homes for which pay incentives have been approved.

III. PROCEDURES

A. An employee may receive additional pay incentives under the following circumstances:

1. When a home/person supported is considered to be unstable requiring more intensive training and support due to a crisis situation (short or long term), or
2. The person supported represents a potential danger to others, including staff.
3. Approved by the Executive Director

B. Limitations

1. Incentive pay of fifty cents ($.50) per hour will be added to the employee's regular pay upon approval.
2. The incentive will only apply to employees while working in a home approved for pay incentives.

TIMEKEEPING OPERATIONS

I. PURPOSE

To ensure that all employees are compensated for hours they work and that all staffing requirements are met to ensure the highest quality of support for persons supported.

II. SCOPE

These guidelines apply to all Agency employees.

III. PROCEDURES

1. Each employee will be assigned an employee PIN to enter when calling to clock in/out.

2. In addition, each job location will have an assigned job PIN that employees will enter when calling to clock in/out.

3. Employees are responsible for clocking in/out each work day from their assigned work location. Calls will only be accepted from valid telephone numbers per Caller-ID report. Clocking in/out from an invalid telephone number will delay time processing until the employee can verify where they were, and why they clocked in/out from an unauthorized telephone number.

4. Employees have a fifteen-minute window to clock in/out. Example: If you are scheduled to start your shift at 3:00 p.m., you can clock in between 2:53 p.m. and 3:07 p.m. If you clock in before 2:53, your time will be recorded as 2:45 p.m. After 3:07 records as 3:15. All time clocked in outside the appropriate window will record an inappropriate time.

5. Employees who forget to clock in/out are responsible for contacting their supervisor.

6. Employees who fail to either clock in or out will be paid only for scheduled shift hours, no overtime. Any necessary adjustments will be made on the next available pay period.

7. Employees who provide Personal Assistance and complete daily notes should assure that the beginning and ending time for the notes directly correspond with their clock in and clock out times. The Program Manager

will reconcile any differences. If not readily resolved, the beginning and ending time of the notes will be considered as the correct time.

8. Administrative staff who work Direct Care should clock in/out under the job pin of the corresponding work location.

9. Supervisors will review employee records daily using MYMITC to assure correct clock in/out times. Supervisors will be given a weekly print out of employees who clock in/out in order to verify hours and notify Payroll of any necessary adjustments. Each Monday before the pay date the supervisor will verify that employees' hours are correct and that all necessary adjustments were made.

10. Personal leave time must be approved prior to use in order to be paid.

11. Employees who wish to use personal leave time during the pay period must submit a written request specifying the hours to Payroll as per policy. Personal leave can only be used to make up scheduled hours and cannot exceed 40 hours per week. (Example: If you are scheduled to work 32 hours per week you can only use personal leave up to 32 hours per week.)

12. Employees should review their own clock in/out records regularly using MYMITC. Employees receive a copy of their recorded hours along with each pay stub and should review these hours immediately. If corrections or changes are needed, employees must submit a request for changes to their supervisor for approval prior to submitting it to Payroll. Supervisors will submit a written correction to Payroll. Only requests submitted to Payroll within the following pay period will be compensated.

TRAVEL REIMBURSEMENT FOR USE OF PERSONAL VEHICLE

I. PURPOSE

To provide guidelines for travel reimbursement.

II. SCOPE

These guidelines apply to agency staff members who use their personal vehicles for agency purposes..

III. PROCEDURES

A. Travel will be reimbursed in accordance with a person's ISP.

B. Travel reimbursement forms must be submitted by the 5th day of each month. Only one code can be used per form.

C. Travel reimbursement will be based on a daily rate for travel.

D. Travel reimbursement form is to be turned into the supervisor indicating the days of travel and the purpose of the travel. The supervisor reviews the travel, has the right to question travel and to deny reimbursement. If more than one Personal Assistance employee provides transportation in the same day, the supervisor will calculate the amount to be paid to each Personal Assistant or to apportion the reimbursement among Personal Assistants. Forms are then turned into Accounts Payable by the 10th of each month.

E. Documentation of vehicle insurance must be kept up to date. Proof of vehicle insurance must accompany each travel claim.

F. Vehicle inspections must be kept up to date. The vehicle inspection is required two times per year.

G. All travel must be turned in monthly.

H. Employees using their vehicle for Personal Assistance will be reimbursed per the current daily rate.

I. Employees using their vehicle for CB Day, Supported Employment, and other agency business, will be reimbursed per mile at the current rate up to the established monthly cap.

J. If a request for reimbursement is turned in late and the funds have already been allocated elsewhere, the employee will not be reimbursed for the month.

K. Adhere to human resource policies 4-9: Use of Personal Vehicles to Transport Service Recipients & policy 7-21: Use of Agency Vehicle