



TRI-MED HOME CARE SERVICES, INC.

49 Piermont Avenue, Hewlett, NY 11557

Phone: (516) 218-2700

Fax: (516) 569-0722

Personal Assistant Name: _____ **Date:** _____

Consumer's Name: _____ **New: Yes No**

Consumer's Address _____

Consumer's County: Suffolk, Nassau, Brooklyn, Queens, Manhattan, Bronx or Staten Island

Office Use Only

- ☐ Application
- ☐ W-4 Form
- ☐ Guide to the CDPAP acknowledgement
- ☐ Health Insurance waiver
- ☐ DOL Acknowledgement of wage rate/payday
- ☐ Transportation Waiver
- ☐ Insurance Card exp. Date _____
- ☐ Live-in agreement
- ☐ I-9 Form
- ☐ Drivers license / US Passport or other: _____
- ☐ Social Security Card (original ID only)
- ☐ Health Assessment
- ☐ PPD Mantoux date: _____
 - ☐ Chest x-ray (if needed)
- ☐ Physical (within the past year)
- ☐ Rubella Titre
- ☐ Rubeola or
- ☐ MMR 1st: _____ 2nd date : _____
- ☐ Hepatitis B Acceptance / Declination Form
- ☐ Picture Taken, Badge sent out: _____
- ☐ K checks

OFFICE USE ONLY

- ☐ PA Application Complete Date: _____
- ☐ Notified _____



TRI-MED

CONSUMER DIRECTED PERSONAL ATTENDANT PROGRAM

AVAILABLE HOURS

Last Name

First Name

S.S #

Street Address

City/Town

State

Zip

Home Phone

Cell Phone

EDUCATION

High School Name

City/Town

College

☐ Days ☐ Nights

☐ Live-In

Mon _____

Tues _____

Wed _____

Thurs _____

Fri _____

Sat _____

Sun _____

PROFESSIONAL TRAINING

Name of School	City & State	Date of Entrance	Graduate Yes/NO	Cert/Degree

SKILLS CHECKLIST (please circle any that apply):

Home Care

Special Diets

Kosher Cooking

Household Maintenance

Laundry

Bed Bath

<input type="checkbox"/> Denture Care	<input type="checkbox"/> Non-Sterile Dressing	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Range of Motion	<input type="checkbox"/> Vital Sign	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Transfer Techniques	<input type="checkbox"/> Urine Testing	<input type="checkbox"/> Patient Teaching
<input type="checkbox"/> Hoyer Lift	<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Foyer Lift	<input type="checkbox"/> Child Care	_____
<input type="checkbox"/> Ostomy Care	_____	_____

TRANSPORTATION Convenient Transportation to Assignment

Bus/Train/Car? Yes No Routes: _____

Valid Licenses? Yes No

*Do you give permission for a criminal screen to be conducted by the consumer? Yes No

*I have received the Personal Assistant guide to the Consumer Directed Personal Assistance Program.

☐ Yes ☐ No

SIGNATURE: _____ PRINT NAME: _____ DATE: _____



The Consumer Directed Personal Assistance Program (CDPAP) is an alternative to traditional home care. The CDPAP is Medicaid program that enables self-directing individuals or their designated representative, to assume the responsibilities of their own care. The consumer and/or designated representative are responsible for recruiting, interviewing, hiring, training, supervising, scheduling and termination.

What is my role as a Personal Assistant?

As a Personal Assistant you are hired by the consumer and/or designated representative to assist the consumer with their individual needs to live safely in their home within the approved hours authorized by Managed Long Term Care Vendors. By accepting this position, you are agreeing to accept training and supervision at the direction of the consumer or their designated representative. You are responsible to complete the full application and submit the documents needed to work on the CDPAP. You may not submit a time slip or clock in until your application forms are completed and submitted for approval. This approval must be given by Tri-Med

As a Personal Assistant, the Department of Health requires that you pass and submit a physical within the past year, provide proof of immunizations, a PPD or Chest x-ray (if you have a history of a positive PPD), and complete a health assessment. All forms are in the Personal Assistant application. It is your responsibility to keep your compliance up to date yearly.

As a Personal Assistant you may not work on the consumer directed program while the consumer is hospitalized. These hours will not be paid to you by Tri-Med Home Care Services, Inc. and will not be billed to NYS Medicaid/Managed Care.

What is the role of Tri-Med?

As the Fiscal Intermediary Tri-Med will keep a record which consists of the Personal Assistant's original application forms, annual health assessments and the information needed for payroll processing and benefit administration. We act as an employer of record for insurance, unemployment and worker compensation benefits for each Personal Assistant.

Who is my employer?

As a Personal Assistant you are employed by the consumer or their designated representative.

Safety

In the case of accidents that result in injury, regardless of how insignificant the injury may appear, Personal Assistants should immediately notify your consumer or designated representative and Tri-Med. Such reports are necessary to comply with OSHA regulations and workers compensation benefits laws.

Live-In

All Personal Assistants who work on a live in case are to be present in the consumer's home for 24 hours each working day. During each live in day, Personal Assistants are to perform tasks in accordance with the verbal and written care plan. Personal Assistants may not work in excess of 13 hours in any day. During each 24 hour day, Personal Assistants are to take eleven hours for personal time which will include hours of sleep, meal breaks and other personal time, remaining on premises at all such times.

Transporting the client

You must provide Tri-Med with your current unexpired driver's license and insurance card in order to be authorized to transport your consumer in your car or your consumer's car.

Corporate compliance

Purpose

To ensure Tri-Med complies with applicable federal and state laws and regulations and to make a sincere effort to prevent, detect and correct any fraud, abuse or waste in connection with federally funded health care programs and private health plans.

Policy

It is the policy of Tri-Med to be in compliance with all federal and state rules, laws and regulations. This includes compliance with all reimbursement rules as required by Medicare, Medicaid, and relevant third party payers. It also includes compliance with relevant federal and state abuse laws including but not limited to the Deficit Reduction Act of 2005 and the Federal and NYS False Claims Act. Compliance issues relating to accurate and truthful documentation, honest and lawful dealing with others and prohibitions against receiving or giving remuneration in turn for referrals are also included. As part of this compliance program, all Personal Assistants are urged to raise any concerns about the accuracy or propriety of any documentation or billing practice or any other compliance issue without concern for retaliation. Such issues may be raised to the Tri-Med Compliance Officer 516-218-2700. All concerns will be reviewed and appropriate action will be taken.

Deficit Reduction Act Of 2005

Tri-Med takes fraud and abuse very seriously. It is our policy to provide information to all employees, contractors and agents about the federal and state false claims acts remedies available under these acts and how employees and others can use them, and about whistleblower protections available to anyone who claims a violation of federal or state false claims acts. We also will advise our employees, contractors and agents of the steps the agency has in place to detect health care fraud and abuse.

This act is designed to improve federal and state oversight and enforcement actions against fraud and abuse in the Medicaid program. It requires any entity receiving more than 5 million dollars in Medicaid funds per year must instruct their workforce on the following issues:

- The Federal False Claims Act
- The Federal Program Fraud Civil Remedies Act
- State laws pertaining to civil or criminal penalties for false claims and statements
- Role of such laws in preventing and detecting fraud, waste and abuse
- Whistleblower protections under such laws
- Policies and procedures of Tri-Med (provider) for preventing and detecting fraud, waste and abuse

Federal False Claims Act

The False Claims Act is a law that prohibits a person or entity from knowingly presenting or causing to be presented a false or fraudulent claim for payment or approval to the Federal Government and from "knowingly" making, using or causing to be made a false record or statement to get a false or fraudulent claim paid or approved by the Federal Government. These prohibitions extend to claims submitted to federal healthcare programs, such as Medicare and Medicaid. A person or entity found guilty of violation can be obligated to civil penalty up to 11,000 plus three times the amount of actual damages. A person or entity can also find themselves excluded from the Medicaid programs if found in violation.

How do I get paid?

Federal and state laws require Tri-Med to keep accurate records of time worked in order to calculate Personal Assistant pay and benefits. Time worked is all the time actually spent on the job performing assigned duties within the authorized time. You are not permitted to work anywhere else at the same time you are working for your consumer.

All Personal Assistants are required to submit all paperwork to the office weekly by noon on Tuesdays. Paperwork received after 12 noon will be considered late and processed the following week. The payroll cycle is from Sunday 12:00am to Saturday 11:59pm. All paperwork must be signed by the consumer/designated representative and Personal Assistant at the end of each day. Dates, times, signatures and patient information must be filled out correctly. We will not be able to process incomplete paperwork.

Tri-Med uses HHA Exchange system to monitor the clock-in and clock-out when working with their consumer. Please make sure to ask for your pin number and instructions on how to use this System. It is prohibited to allow anyone else to use your pin number. Personal Assistants must clock in and out for each shift that is worked. Failure to use the call in system properly will cause a delay in your pay due to the additional processing time needed for timesheets.



Personal Assistant Benefit overview

Compensation and Benefits

Rate of Pay

Your rate of pay varies depending on the contract the consumer is being serviced under and county, state and federal wage laws.

Compensated days off

Personal Assistants who qualify for compensated days off will receive 12 days per calendar year. These days are accrued at the rate of one day per month based on average hours worked to a maximum of eight hours. This benefit will be paid out to you on a monthly basis.

Compensated days off will not be counted as hours worked for purposes of determining whether overtime premium pay is due to the Personal Assistant.

Health Benefits

Full time personal assistants may enroll in health benefits on the 1st of the month after 90 days of 40 hour a week. If you choose not to enroll after hire you may qualify during open enrollment or if you have a qualifying event. It is your responsibility to fill out the enrollment papers and submit them to Human Resources @ TriMedhomecare.com

Tri-Med pays administrative costs associated with all benefits programs and any Personal Assistant contributions are deducted in installments from Personal Assistant's bi-weekly pay.



THE PERSONAL ASSISTANT'S GUIDE TO THE CONSUMER DIRECTED PERSONAL
ASSISTANCE PROGRAM

ACKNOWLEDGMENT OF RECEIPT

I have received the Personal Assistant's guide and I have chosen to participate in the CDPAP as a Personal Assistant. I understand that Tri-Med is the fiscal intermediary and I am hired, supervised, scheduled and trained by the consumer and/or designated representative.

Print Name: _____

Signature: _____ Date: _____



Personal Assistant Transportation

(sign one)

I will provide Tri-Med with my driver's license and insurance card in order to transport my patient in my car and/or the patient's car.

personal assistant signature

Date

OR

I will not be transporting my patient in my car and/or my patient's car.

personal assistant signature

Date



Agreement between Tri-Med and Personal Assistant Live-In

1. All personal assistants (PA's) assigned to live-in cases are to be present in the consumer home for 24 hours each working day.
2. During each live in day, based on a 13 hour day, PA's are to perform tasks in accordance with the verbal or written care plan. PA's may not work in excess of 13 hours in any day and no more than 5 live in days per week.
3. During each 24 hour day, PA's are to take eleven hours for personal time which will include hours of sleep, meal breaks and other personal time, remaining on premises at all such times.
 - ♥ 8 hours of sleep time
 - ♥ 2 hour meal breaks
 - ♥ 1 hour of personal time – reading, watching television, etc.
4. If any PA finds it impossible to take the specified breaks from work duties because such times are constantly interrupted by the needs of the patient, she/he must call the administrator and Tri-Med.

I understand and will abide by the agency's rules stated in this agreement regarding time worked on live-in cases

Signature _____

Print Name _____

Date _____



HEPATITIS B VACCINE DECLINATION (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name (Printed) _____

Signature _____ Date _____