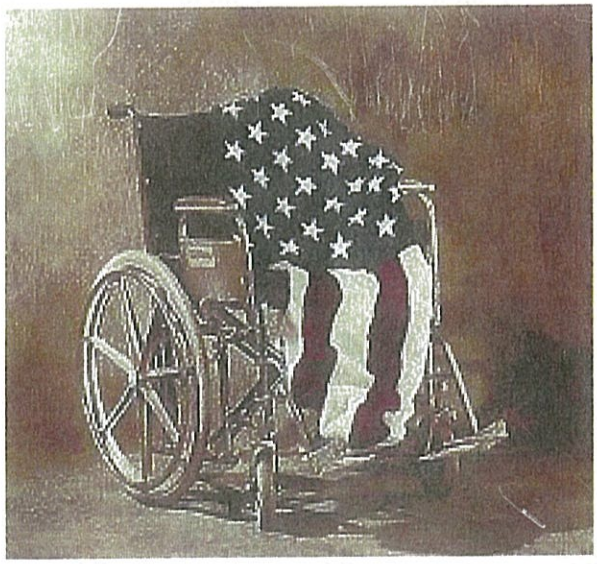
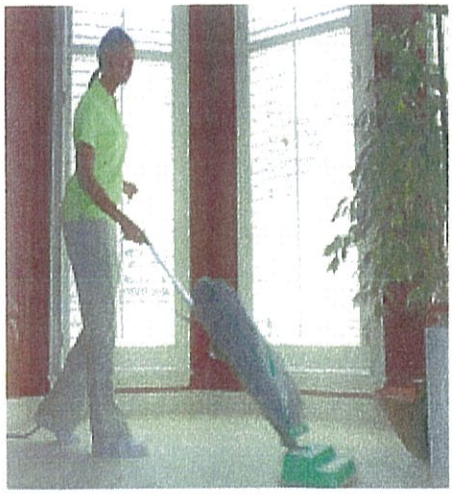
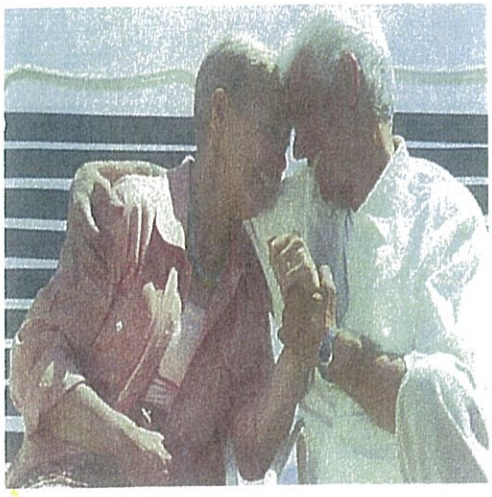


Veteran's Directed Home & Community Based Services



Employee Handbook

(revised October 2016)



CDS in Texas - 2019 Payroll Schedule

If Friday is a holiday, payday will be on a Thursday

NOTE: Payroll is processed bi-weekly (every other week). Timesheet due dates and paydays have changed. Timesheets are due every other Monday. Payday will now be every other Friday

PAY PERIOD	PAYROLL START	END	DUE	PAY DATE
1	12/16/2018	12/29/2018	12/31/2018	01/11/2019
2	12/30/2018	01/12/2019	01/14/2019	01/25/2019
3	01/13/2019	01/26/2019	01/28/2019	02/08/2019
4	01/27/2019	02/09/2019	02/11/2019	02/22/2019
5	02/10/2019	02/23/2019	02/25/2019	03/08/2019
6	02/24/2019	03/09/2018	03/11/2019	03/22/2019
7	03/10/2019	03/23/2019	03/25/2019	04/05/2019
8	03/24/2019	04/06/2019	04/08/2019	04/19/2019
9	04/07/2019	04/20/2019	04/22/2019	05/03/2019
10	04/21/2019	05/04/2019	05/06/2019	05/17/2019
11	05/05/2019	05/18/2019	05/20/2019	05/31/2019
12	05/19/2019	06/01/2019	06/03/2019	06/14/2019
13	06/02/2019	06/15/2019	06/17/2019	06/28/2019
14	06/16/2019	06/29/2019	07/01/2019	07/12/2019
15	06/30/2019	07/13/2019	07/15/2019	07/26/2019
16	07/14/2019	07/27/2019	07/29/2019	08/09/2019
17	07/28/2019	08/10/2019	08/12/2019	08/23/2019
18	08/11/2019	08/24/2019	08/26/2019	09/06/2019
19	08/25/2019	09/07/2019	09/09/2019	09/20/2019
20	09/08/2019	09/21/2019	09/23/2019	10/04/2019
21	09/22/2019	10/05/2019	10/07/2019	10/18/2019
22	10/06/2019	10/19/2019	10/21/2019	11/01/2019
23	10/20/2019	11/02/2019	11/04/2019	11/15/2019
24	11/03/2019	11/16/2019	11/18/2019	11/29/2019
25	11/17/2019	11/30/2019	12/02/2019	12/13/2019
26	12/01/2019	12/14/2019	12/16/2019	12/27/2019
1	12/15/2019	12/28/2019	12/30/2019	01/10/2020

All timesheets are due by 5 PM on Monday, EVEN IF IT IS A HOLIDAY

EMPLOYEES SHOULD NOT TRY TO CASH THEIR CHECKS EARLY. Our bank receives a list of approved checks on payday. Any checks cashed prior to that date will be returned.

PLEASE USE THE FAX NUMBERS OR EMAIL BELOW TO SEND ALL VETERAN TIMESHEETS

Veteran Fax Numbers
877-726-5896 210-733-3119
Email Address
VD@cdsintexas.com

Alternate numbers: If above numbers are not working: 866 301 1182 or 866 462 6671 or 877 812 3789

For all Veteran related questions or inquiries, please contact Luis Ochoa

210-798-3779 Ext. 1624
lochoa@cdsintexas.com

Bi-Weekly

*You may email timesheets to VD@cdsintexas.com or fax number to 1-877-726-5838

CDS in Texas

Employer Name:

Employee Name:

Veteran - Directed Home - Employee Time Sheet

**USE 24 HOUR TIME: 8:00 A.M OR 20:00 FOR 8:00 P.M.

Service Type	Service Date	Day	Time In	Time Out	Time In	Time Out	Total Hours	Daily Mileage
		Sunday						
		Monday						
		Tuesday						
		Wednesday						
		Thursday						
		Friday						
		Saturday						
		Sunday						
		Monday						
		Tuesday						
		Wednesday						
		Thursday						
		Friday						
		Saturday						
							Total Hours	Total Mileage

Service Types

PC - Personal Care Services
HM - Homemaker Services
RS - Respite Care Services
ES - Escort Services
VA - Vacation Time
SK - Sick Time
HD - Holiday Pay

Comments

Employer and Employee here by certify that the work hours listed above are accurate, that the services provided are in accordance with the current tasks authorized I understand that falsification of this time sheet is considered fraud, and may result in dismissal from the program and criminal prosecution.

Employee Signature **Date**

Employer Signature **Date**

Timesheet Tasks

Acceptable | Unacceptable | Notified Employer

FMSA Comments

Bi-Weekly

*You may email timesheets to VD@cdsintexas.com or fax number to 1-877-726-5896

CDS in Texas

Employer Name:

Employee Name:

Veteran - Directed Home - Service Notes (Required)

Service Date	Written/Narrative Summary of Services Provided

Where do your notes fall in Quality —- Poor Fair Good Or Excellent?

Example of a POOR QUALITY NOTE: (Note the lack of comment about the health of the veteran, detail about what was done, and whether a bath was given — it is indicated in the assessment this veteran must be bathed by the caregiver as the veteran is unable to do it on their own , this note would have problems during an audit. Jane worker only uses her initials when she should sign her name after each note)

2-1-2017: Flashcards,TC, Music signed JW
2-2-2017:Light cleaning, music, sat outside signed JW

Example of a FAIR QUALITY NOTE: (Note that while the worker is clear about tasks worked, there must a task sheet on file so the auditor can understand what the worker did for the client. Still absent is comment about the health of the veteran, detail about what was done, and any changes in the veterans activity or cognition that was noted or not seen—-Plus she did sign her name on the not

2/1/2017: Completed Task One,Task two, three and four Jane Worker
2/2/2017: Completed Task One, Task three, and Task five. Jane Worker

Example of a **GOOD NOTE:** (This note has facts about the service provided, there, a small insight in to the health , mentation of the Veteran Client is noted. Passes in all areas. Signed with the worker's name.)

2/1/2017: I woke up the veteran this morning when I came in at 8pm, fixed him breakfast, gave him his medications and check vital sign-no issues. I provided cather care and a bath for the veteran. Range of Motion Exercises were done, Fixed lunch, cleaned out refrigerator and sanitized it. Took out the trash. I made sure that Mr. Veteran's dinner was prepared and ready for him to eat later in the evening. Mr Veteran was sitting up and quite jovial during my work in the home. Judy Worker

Example of an BETTER NOTE: (This note uses tasks lists on file but also gives data important for the physician /family to know, it also include good insight into issues of the veterans health and menation, signed with the worker's name)

2017: Signed in 0800am . I woke the veteran up and assisted him with his bed bath, dressing himself and prepared and served breakfast. He ate about 50% of the food served.Homemaking Task services one, two, and three were completed.Prepared and served lunch, the client ate all of the meal prepared. I took his vitals T:98.6F, BP 120/89. He was jovial but a bit confused when we did a socialization activity of the Match Game, He had a good bowel movement and did not soil him self all day.Mrs veteran returned from work and was briefed about the veteran. Signed out 4 pm. Judy Worker

Where do your notes fall in Quality —- Poor Fair Good Or Excellent?

Example of an ECELLENT QUALITY NOTE:

2017: Signed in 0800am. I woke the veteran up and assisted him with his bed bath, I checked him for red spots or new injuries, there were none. I prepared and served a breakfast of cream of wheat, a soft boiled egg, and toast with apple butter. He ate about 50% of the food served. I completed all of the Homemaking Task services one, two, and three. Mr. Veteran watched his favorite television show, the Price is Right. I served him a mid-morning snack of apple sauce and chees cubes (he ate 100% of the snack). Mr. Veteran and I did chair exercises to give him some aerobic exercise. I then prepared his favorite lunch of stew and cornbread muffin with apple pie for dessert. He ate 100% of his lunch. As per doctor's instructions I took his vitals T:98.6F, BP 120/89. I then gave him his mid day medications. Throughout the day Mr. Veteran was jovial but a bit confused. This was very noticeable when we did a socialization activity of the Match Game, he usually does well with this activity but today he has problems understanding the instructions so we stopped the activity and did a reminiscent activity looking at the family photo album. Mid-afternoon just after his snack of apple crumb cake, He had a good bowel movement. He was very proud of the fact that he did not soil him self all day. At about 3:30pm Mrs veteran returned from work and was briefed about the veteran's day and given his vital signs to report to his physician.. Signed out 4 pm. Judy Worker

As you look at each of these notes you can see what were their strengths and weaknesses as discussed earlier in the article. These are actually real notes taken from the pages of our time sheets. As you can see there is a great variety in how notes are being done. Please assure that your worker's notes will meet the standard of a VA Record audit.

1. Does your note adequately describe your worker's activities and services to the VDHCBS Veteran?
2. Does it show that your whom you paying for caregiver services is providing the services the case Mix assessment says you as the Veteran should expect to be provided?
3. Is your worker providing the monitoring required for your condition and noting it in the chart notes for future reference when visiting your primary care physician?
4. Does your worker note the veterans day –to day changes in mentation, health, and capabilities showing that they understand their veterans needs and conditions.
5. Is your veteran's worker signing their note to take ownership of the services provided and keep other people from changing their notes.

So , where do your notes fall in Quality Assurance — Poor Fair Good Or Excellent?

Training the Worker on: Abuse, Neglect, and Exploitation

In the State of Texas the mission To protect older adults and people with disabilities from abuse, neglect and exploitation (ANE) falls to the Department of Family and Protective Services Adult Protective Services. This Department's vision is the Protecting with purpose, passion and persistence older adults and people with disabilities

Core Values:

- We champion the SAFETY and DIGNITY of vulnerable adults
- We conduct ourselves with INTEGRITY
- We demonstrate RESPECT for all persons
- We COLLABORATE to improve outcomes

How Is APS Organized in Texas?

Department of Family and Protective Services Adult Protective Services has two divisions:

- In-Home Investigations
- Provider Investigations

As authorized by Senate Bill 1880 and CDS, Effective 9/1/15, allegations of ANE committed against individuals using the CDS option (VD-HCBS/ VD-Respite) will be investigated by the APS Provider Investigations program. In doing their investigations, APS will request employer records, seek • Written statements, must follow an Investigation timeframe, and file an • Investigation report provided at case conclusion

What is Abuse?

It is important for employers and employees in the VD-HCBS and VD-Respite program understand that abuse may be physical abuse, sexual abuse, sexual exploitation, or verbal/emotional abuse

Physical abuse

- act or failure to act performed knowingly, recklessly, or intentionally, including incitement to act;
- act of inappropriate or excessive force or corporal punishment; or
- use of chemical or bodily restraints not in compliance with federal and state laws and regulations

Sexual abuse

- unwanted hugging, kissing, stroking, fondling, indecent exposure, etc. with sexual intent

Sexual exploitation

- a pattern of sexual abuse

Verbal/emotional abuse

- curse, vilify, or degrade; or
- threaten with physical or emotional harm

What is Neglect?

Neglect is defines as a negligent act or omission by any individual responsible for providing, which caused or may have caused physical or emotional injury or death or which placed a person at risk of physical or emotional injury or death

What is Exploitation?

Exploitation is defines as the illegal or improper act or process of using a person or the resources of a person for monetary or personal benefit, profit, or gain

Preventing Abuse, Neglect, and Exploitation

You can protect yourself by—
- Checking references
- Paying attention to background checks
- Keeping track of money, valuables, and medications
- Being careful with checks and credit cards
- Being careful with the use of your car
- Being careful with house and car keys
- Not loaning money to service providers
- Not giving benefits to service providers that are not budgeted

This information can also be found in your VD-HCBS /VD-Respite Employer Participant Guidebook and in the VDHCBS / VD-Respite Employee Handbook provided at your initial orientation starting in FY 2017. If you were oriented prior to that time please place this information in your guide or handbook for future reference.

How can a Designated Representative or Employee Recognize ANE

Physical Signs
- Injury that has not been cared for properly
- Injury that is inconsistent with explanation for its cause
- Pain from touching
- Cuts, puncture wounds, burns, bruises, welts
- Dehydration or malnutrition without illness-related cause
- Poor coloration
- Sunken eyes or cheeks
- Inappropriate administration of medication
- Soiled clothing or bedding
- Frequent use of hospital or health care/doctor-shopping
- Lack of necessities such as food, water, or utilities

- Lack of personal effects, pleasant living environment, personal items
- Forced isolation

Behavioral Signs
- Fear
- Anxiety, agitation
- Anger
- Isolation, withdrawal
- Depression
- Non-responsiveness, resignation, ambivalence
- Contradictory statements, implausible stories
- Hesitation to talk openly
- Confusion or disorientation

Signs by Caregiver
- Prevents contact with friends or family
- Anger, indifference, aggressive behavior
- History of substance abuse, mental illness, criminal behavior, or family violence
- Lack of affection
- Flirtation or coyness as possible indicator of inappropriate sexual relationship
- Conflicting accounts of incidents
- Withholds affection
- Talks of caregiving as a burden

Signs of Financial Abuse
- Frequent expensive gifts from individual to caregiver
- Missing personal belongings, papers, credit cards
- Numerous unpaid bills
- A recent will when individual seems incapable of writing will
- Caregiver's name added to bank account
- Individual unaware of own monthly income
- Individual signs on loan
- Frequent checks made out to "cash"
- Unusual activity in bank account
- Irregularities on tax return
- Individual unaware of reason for appointment with banker or attorney
- Caregiver's refusal to spend money on individual
- Signatures on checks or legal documents that do not resemble individual's signature

How to Report ANE

Two options:
1. Call 1-800-252-5400
2. Report online at www.txabusehotline.org

How to Report Complaints

Two options:
1. Call 1-800-458-9858
2. Email CRSComplaints@dads.state.tx.us

What Happens After ANE is reported to DFPS?

1. The allegation of ANE is assigned to an APS Provider investigator.
2. The investigator notifies the VDHCBS /VD-Respite employer and service coordinator/case manager of the allegation.
3. The investigator conducts the investigation.
4. The investigator provides an investigation report to the VDHCBS/ VD-Respite employer and service coordinator/case manager.

Why Does APS Notify?

1. Protection of the alleged victim
2. Preservation of evidence

What Happens in an Investigation?

- The investigator collects documentary evidence such as service plans, timesheets and training records.
- The investigator collects testimonial evidence through interviews resulting in written statements.
- The investigator observes the environment where the alleged incident took place.
- The investigator analyzes evidence to reach a finding of whether the ANE occurred.
- The investigator issues an investigation report.

What is Included in an Investigation Report?

- Summary of Evidence
- Findings
- Concerns & Recommendations

What does the Case Manager/Service Coordinator do with the Report?

- Notifies VAMC of the allegation
  - FMS included if requested by employer and if FMS agrees
- Holds service planning team meeting with VDHCBS / VD-Respite Employer / Designated Representative
- If requested by Employer / Designated Representative, second service planning team meeting is held after investigation is complete

VDHCBS / VD-Respite Employer or Designated Representative Responsibilities

As a VDHCBS / VD-Respite Employer or Designated Representative it is your responsibility to:

- ensure protection of the individual receiving services in the event of a DFPS investigation of ANE against a VDHCBS / VD-Respite, family member, staff, or FMS representative
  - implement the veteran's backup plan

- preserve evidence
  - timesheets
  - Training documentation
- train each of your service providers on abuse, neglect, and exploitation (ANE);
- inform each service provider of the Employee Misconduct Registry (EMR);
- document ANE training on Form 1732; and
- document EMR notification on Form 1732-EMR.

Notification of Investigatory Findings

- VDHCBS / VD-Respite Employer / Designated Representative must use the final investigation report received from APS to complete the Notification of Investigatory Findings and send to the FMS for release to the alleged perpetrator.
- The VDHCBS / VD-Respite employee must provide the Notification of Investigatory Findings to the FMSA within three business days of receipt of the final investigation report. That form will be provided by the FMS or its local representative.

This article was adapted from Consumer Directed Services Employer Webinar: Abuse, Neglect, and Exploitation presented September 25, 2015 by Michael Roberts, Department of Family and Protective Services, Adult Protective Services and Elizabeth Jones, Department of Aging and Disability Services, Center for Policy and Innovation. Webinar recording is available on the web at: https://www.dads.state.tx.us/providers/CDS/webinars/sept2015/index.html

Training your worker: Health Insurance Portability and Accountability Act (HIPAA) and Privacy Laws

The Health Insurance Portability and Accountability Act (HIPAA) privacy rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the privacy rule is balanced so that it permits the disclosure of personal health information (PHI) needed for patient care and other important purposes. Texas state laws and legislation strengthen the protection to include an individual's sensitive personal information (SPI).

The Veterans Directed Programs is a Veterans Administration covered entity, so HCBS/VD-Respite employers or designated representative, AAACT staff, and VDHCBS/VD-Respite care providers/employees are mandated to follow the HIPAA and privacy laws, as well as state legislation. Legislation requires that a covered entity:

- Ensures the security and safeguard of protected health information (PHI) and sensitive personal information (SPI).
- Provides HIPAA and privacy training to employees, contract employees and volunteers.
- Requires an employee, contract employee, volunteer or manager to report a potential violation incident to the covered entity's management or Privacy Office.
- Requires the covered entity to assess the validity of an incident, and provide notification if required.
- Reports HIPAA violations and findings to the federal secretary of Health and Human Services (HHS), as required.

What is an Incident?

An incident is an event, which may result or appear to have resulted, in accidental or deliberate unauthorized access, loss, disclosure, modification, disruption, or destruction of confidential information. An incident may result in the possession of unauthorized knowledge, the wrongful disclosure of information, embarrassment to the agency, the unauthorized alteration or destruction of information or systems, or violation of federal or state laws or regulations or agency business requirements.

Contracting with Veterans Administration

As part of its contract with the Central Texas Veterans Health Care System a provider or agency may receive or create sensitive personal information, as Section 521.002 of the Business and Commerce Code defines that phrase. The provider or agency must use appropriate safeguards to protect this sensitive personal information from unauthorized acquisition. These safeguards must

include maintaining the sensitive personal information in a form that is unusable, unreadable, or indecipherable to unauthorized persons.

The provider or agency may consult the "Guidance to Render Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals", issued by the U.S. Department of Health and Human Services, to determine ways to meet this standard.

The Area Agency on Aging of Central Texas (AAACT) when using email that includes sensitive HIPPA information, meets this criteria by using an encrypted email program.

Reporting Incidents

The VDHCBS / VD-Respite Employer or Designated Representative must notify the Area Agency on Aging of Central Texas (AAACT) of any unauthorized acquisition of sensitive personal information related to its contract with the Central Texas Veterans Health Care System, including any breach of system security, as section 521.053 of the Business and Commerce Code defines that phrase.

The Area Agency on Aging of Central Texas (AAACT) utilizes TXDADS Form 0400, Privacy Incident Report to report and track incidents. The AAACT must submit Form 0400, Privacy Incident Report, to the Central Texas Veterans Health Care System Privacy Office as soon as possible but no later than 10 business days after discovering the unauthorized acquisition. The VDHCBS / VD-Respite Employer or Designated Representative or Area Agency on Aging of Central Texas (AAACT) must include on the form the identity of each individual whose sensitive personal information has been or is reasonably believed to have been involved in the unauthorized acquisition.

Additional information regarding HIPAA is available at the U.S. Department of Health and Human Services, Office of Civil Rights website.

Contact Us

If you have questions regarding Form 0400, Privacy Incident Report, contact AAACT External Management Program Manager, at 1-800-7169 extension 2354..

TEXAS Department of Aging and Disability Services

Form 0400
October 2016

Privacy Incident Report
(Provide as much information as known)

Important: DADS staff must submit this form within three business days of the discovery of the incident.

DADS contract providers, license holders, business associates and other entities must submit this form within 10 business days of the discovery of the incident.

Reporter Information

Name	Email Address	Area Code and Telephone Number	Area Code and Fax Number
	email@abc.com	(xxx) xxx-xxxx	(xxx) xxx-xxxx

Agency/Facility Information

Type of Covered Entity

☐ DADS ☐ Business Associate ☐ Contract Provider ☐ Licensure Holder ☐ Other (Please Identify):

Name

DADS Contract Number (if applicable)

Physical Business Address (Street, City, State, ZIP Code)
Street City State Zip

DADS Facility Number (if applicable)

Business Mailing Address (if different from physical address)
Street City State Zip

Entry for Services Provided (if applicable)
- None -

Incident Information

Type of Disclosure

☐ Protected Health Information (PHI) ☐ Sensitive Personal Information (SPI) ☐ Personally Identifiable Information (PII)

Date of Incident (if known)	Date of Discovery	Date of Report	No. of Individuals Involved
[10/13/2016]	[10/13/2016]	[10/13/2016]	

Name of Staff Involved (Enter Unknown for First or Last Name if it is not known)
First Name Last Name

DADS Employee ID Number (if applicable)

Brief Description Of Incident

Potential Compromised Data Information (check all that apply)

☐ Name	☐ Residence Address	☐ Mailing Address	☐ Email Address
☐ Date of Birth	☐ Social Security Number	☐ Drivers License Number	☐ Government ID Number
☐ Telephone Number	☐ Medicaid or CHIP Number	☐ Financial Account Number	☐ Credit/Debit Card Number

☐ Health Information (includes but not limited to: diagnosis, payment, billing and medication information)

☐ Data elements unknown (still under investigation, unresolved) ☐ Other (specify):

Steps Taken to Mitigate the Disclosure (what steps have been done to prevent incident from happening again)

Notification Completed

Notification Provided to All Affected Individuals and/or Guardians or Legally Authorized Representatives (LARs) ☐ Yes ☐ No

Type(s) of Notification Provided (verbal, written and/or media)

Available	Chosen
Verbal	
Written	
Media	

Date Notification Completed [ ] [10/13/2016]

Submit

Training Your Personal Care Attendant in Socialization Skills

As a Veteran or the Veteran's designated Representative you are required in the VD-HCBS program to provide training to your worker in how to do their job. One of the major tasks of a Personal Care Attendant is to help the Veteran to develop or maintain social connections to others within the home and in the community.

It is important that each Veteran has people to care about and people who care about him/her. Being involved in community groups and activities provides many opportunities for important social connections.

Personal Care Attendants need to be aware of the importance of social contact in the life of the Veteran and his/her family caregivers. Whenever possible, interaction with family members, other veterans, and friends should be encouraged. Such interaction can contribute to physical as well as mental health.

Encourage socialization

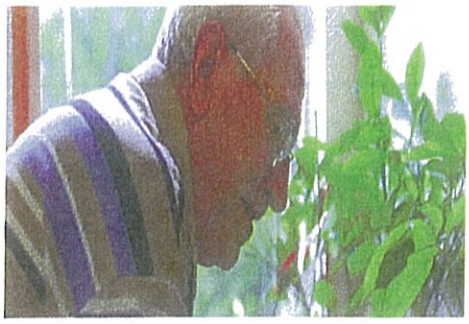
For some Veterans, adjusting to life with a new or deteriorating disability can be very difficult, particularly when having limited contact with family members and former friends is difficult. It is not easy to deal with major changes in one's life or to deal with new found isolation.

Those with dementia often have lost major parts of their lives, and have forgotten spouses or other family members even though they are living with them; as if living with kind strangers.

In creating activities for Veterans, simple tools are available on the internet that can be used to develop activities. First, ask the Veteran or his/her family members to make an "I Can" list, which details the veteran's physical, cognitive, communication and socializing abilities. In addition to these categories, include lifelong abilities such as singing, card playing, work habits, playing an instrument, sewing, cooking, etc.

Here's a brief list of things the personal care attendant may want to include in each category:

- Physical: being able to walk, clap, fold, cut, write, color and dance
- Cognitive: sorting, matching, rhyming, reading, recalling and spelling
- Communication: waving, expressing thoughts, smiling, writing, talking, conversing and greeting
- Socialization: responding to others, participating as an observer, and gesturing.



Here are some things that a personal care attendant can do to encourage Veterans to socialize with others:

- Re-introduce family members by the use of photos and discussing family events. This is called memory recall and stimulates the veteran to regain memories that he has forgotten.

- Promote activities in the Veteran's home. Constantly encourage and remind the veteran and family members to participate together in activities. Find and provide activities that the veteran enjoys. Talk with the Veteran's family and friends to find out more about his/her interests and hobbies.

- Honor the Veteran's rights to choose activities.

Encourage participation in the community:

In their role as a Personal Care Attendant, the worker provides socialization and escort services to community activities. This refers to services received from other service systems, such as VAMC, MH (mental health) outpatient programs and substance abuse (drug and alcohol) services. The personal care attendant helps residents to get to and from these programs.

Besides taking part in community-based programs that offer formal services, Veterans can be engaged in the community in many other ways. Some examples include:

- Going to church, mosque or synagogue.
- Attending the local senior center or visiting a local museum.
- Visiting a beauty salon or barber shop.
- Going to a VFW or other Veteran gathering.
- Going to the movies.
- Going shopping.

If the veteran is fully home-bound, the personal care attendant may organize visits (with the Veteran's permission) by his church group or pastor, including special holiday activities like caroling by church or school groups during Christmas for example.

In conclusion, it is important that the veteran be provided active socialization activities and mental challenges to maintain or slow cognitive impairments. In doing so the Veteran will have the opportunity to remain in his home and with his family for many years through the personal care attendant's socialization activities under the VDHCBS Program.

Socialization Activities for the Cognitively Impaired

Stimulating Veterans who have cognitive impairment can be fun and rewarding. There are lots of creative ways you can keep the Veteran's minds active to help fill up the empty hours with invigorating activities.

Here's a brief list of things you may want to include in each category, but use your imagination to add even more:

- **Physical:** being able to walk, clap, fold, cut, write, color and dance
- **Cognitive:** sorting, matching, rhyming, reading, recalling and spelling
- **Communication:** waving, expressing thoughts, smiling, writing, talking, conversing and greeting
- **Socialization:** responding to others, participating as an observer, and gesturing

Here are some of the most favorite and successful activities used by caregivers.

1. Ball Roll

The object is to roll a colorful ball across the table to each other. Get a long table and have the dementia seniors sit around it. When one person's name is called, have her roll the ball to someone else.

This helps dementia seniors with coordination, focus and gives them a fun way to interact with each other. If a dementia senior is having trouble playing, ask other seniors to help him by keeping the ball rolling. This gives the more capable seniors some responsibility and a sense of accomplishment.

2. Bargain Hunter's Shop and Snip

Give the seniors scissors and newspaper sales ads. Ask them to search for a list of items such as cars, clothes, T.V.'s, etc. Have them cut out each item and place in their own box. The person who finds the most items on the list wins.

This game is excellent because it encourages dementia patients to share their clippings and to help each other as they go down the list. Afterwards, the snipped items can be used for art activities such as the creation of a montage.

3. Memory Game

Encourage the senior to talk about a memory. As the conversation dwindles, keep the thread going by saying "That's interesting. I want to hear more."

This helps the senior exercise his memory by bringing up recollections that are pleasant and interesting to him.

4. Sorting

Seniors can sort things such as playing cards by suits, checkers, and puzzle pieces by color and coins.

This game provides hours of activity and you're only limited by your creativity. It is also an easy way for

visitors such as teens and young people to work and interact with the seniors.

5. Children's Games

Card games such as Old Maid and Crazy Eight's are easy and fun for dementia seniors who can still concentrate on a child's level. You can also bring in games like Candyland and Chutes and Ladders.

6. Animals

Studies are showing seniors love animals and animal visitation programs are growing in popularity across the county. Dogs have always been popular but what about a quiet soft animal like a rabbit? Seniors interact well with an animal and pet therapy helps with loneliness.

A Discussion about Light Housekeeping: What does it mean?

Due to the request for more information about the specific duties of a worker responsible for light housekeeping in the Veterans Directed Home and Community Services Program I am providing the information as defined by the State of Texas.

Light Housekeeping - Homemaking services will include, but are not limited to, laundry of the Veteran, sweeping and mopping floors, dusting, changing linens, cleaning the bathroom (Toilet, tubs/showers, sinks & floors), cleaning the kitchen (loading/ unloading dishwasher, hand washing dishes, washing off countertops, sinks, floors, and stovetops as needed), and taking out the daily garbage. Homemaking services may also include the preparation of meals, home management, and/or escort services.

Homemaker services are provided as part of the standard personal care job description in your participant manual.

Chore Cleaning - Labor-intensive jobs fall under the VDHCBS definition of Chore Cleaning. The activities of Chore Cleaning are designed to make a client's home more habitable and/or to correct hazards that are detrimental to a client's health and safety.

Heavy chore activities include: scrubbing a bathroom or floor to remove heavy layers of dirt or scum, washing walls, shampooing carpets, moving furniture to vacuum, defrosting freezers, cleaning ovens, cleaning attics and basements to remove fire and health hazards. These activities are not included in the definition of light housekeeping but fall under the definition of Chore Cleaning. Perhaps it is easiest to understand Chore Cleaning if one thinks of the heavy duty cleaning one does in the spring and fall.

In the VDHCBS, Chore Cleaning is normally performed by a professional Cleaning Service of your choice on a one time basis each year if needed and must be specifically budgeted to be paid for by the VD-HCBS program funds.

The Responsible Employer

It is the responsibility of the Veteran to supply all necessary tools and cleaning supplies for the Homemaker to be able to accomplish the tasks. Here is a standard list of supplies you may have available for your worker:

Broom
Vacuum (if you have carpet)
Mop
Mop Bucket
Static Duster with extendable arm
Dust cloths
Wash cloths
Toilet Brush
Brillo type pads
Dish washing Brush

Dishwashing liquid
Dishwasher detergent
Antibacterial All Purpose Spray (example: Mr. Clean)
Laundry Detergent
Bleach or bleach substitute
Fabric Softener
Windex Type Cleaner
Fabreze Fabric Spray
Lysol type Disinfectant Spray
Toilet Bowl Cleaner
Floor soap (Murphy Oil Soap is safe for wood floors)

I have provided on the next page a copy of a weekly chore list for light housekeeping.

ROOM	CHORES	DONE
Kitchen		
	Hand-wash Dishes or Load Dishwasher	
	Wipe out Microwave	
	Wipe out & Clean out Refrigerator (weekly)	
	Clean Range and Stovetop of spills	
	Clean & sanitize countertops & backsplashes	
	Clean & Sanitize table and chairs	
	Sweep Floor	
	Mop Floor	
	Wipe off baseboards (weekly)	
	Clean/dust appliances/canisters(as needed)	
Living Room		
	Organize clutter (newspapers, magazines, etc.)	
	Light Dusting of nic-nacs,blinds, furniture	
	Dust Ceiling fans (weekly)	
	Sweep/vacuum floors	
	Mop floors	
	Fabreze furniture	
	Wipe off baseboards (weekly)	
Bedroom		
	Organize clutter, pick up clothes	
	Wash linen (weekly or as needed)	
	Change bed linen (weekly or as needed)	
	Make bed	
	Light dust of furniture, blinds	
	Fabreze bedroom furniture	
	Wipe off baseboards (weekly)	
	Empty Trash	
Bathroom		
	Organize clutter and put away toiletries	
	Clean & sanitize tub/shower	
	Clean and sanitize vanity and sinks	
	Windex Mirror	
	Clean and sanitize toilet	
	Wash towels and bathmat (as needed)	
	Sweep and mop floor	
	Empty Trash	
Laundry		
	Wipe off top of washer and dryer	
	Sweep beside the washer and dryer	
	Wash and fold Veteran's clothing	
	Put away Veteran's clothing in drawers/closets	
	Place washed towels/linen in the linen closet	
	Put away laundry soap, beach, and softner	
	Throw away all trash and empty boxes	
Outside		
	Sweep the front steps	
	Sweep the Patio	
	Wash Patio chairs (weekly)	
	Remove trash/hazards from steps & patio	
	Water patio Plants daily (optional)	

Training Your Employee: Home Infection Control

VDHCBS Homemaker and Personal Care attendants keep the house clean, or providing hands-on care of the VDHCBS Veteran employer. As with all healthcare workers, getting sick is always a concern. In a recent report, 76% of Americans worried about becoming sick if they had to take care of a person who has influenza.

Many of the Veterans enrolled in the VDHCBS have compromised immune systems due to their many health issues or disabilities. This handout presents information about the three levels of infection control that individuals, families, and communities of care can use during an influenza season or other illness.

Wash Your Hands with water and soap for 15 seconds

Level 1

As a VDHCBS Homemaker or Personal Care provider, you will want to take care of yourself for your Veteran employee and your family members by assuring that you do not pick up infections when outside the home. To care for yourself in the Community, you should:

- Wash your hands before doing any of the outside chores
- Cover a cough or a sneeze with tissue
- Do not touch your face, nose, or mouth while you are doing chores
- Use waterless hand cleaner until you are back home and can wash your hands with soap and water.
- Avoid contact with people who you know to have an infectious condition like influenza.

Level 2

If you are a homemaker who does chores in the house for a healthy veteran, who has someone in the house who is ill, you will still be expected to do your job which may include food preparation, taking care of healthy veteran,. and housework, you should not enter the sick room as you are not caring for the sick family member. In this situation, you should:

- Wash your hands before and after cooking, cleaning, and doing laundry

- Wear disposable or exam gloves when handling dirty laundry that has any body fluids like phlegm, mucus, vomit, or diarrhea

- Wash clothes on warm cycle with regular detergent. Dry on warm cycle

- Wash dishes in warm, soapy water or in a dishwasher on regular cycle

Leave supplies outside the sickroom door or in a place where the caregiver for the family member can easily pick items up. **Do not enter sick room**

Level 3

If you are a **homemaker or personal care attendant who is involved in daily monitoring and care of the sick person**, go in and out of the sick room, but do not do other needed chores, you should:

- Wash your hands before entering the sick room and after you leave the sick room
- Wear an apron, mask (or N95 respirator) and disposable or exam gloves if you are taking care of a sick person with a cough
- Have the sick person cover his or her face with a tissue when coughing
- Have the sick person wash his or her hands after using a tissue
- Do not do other family chores like cooking or cleaning

Stay healthy.

If you become sick with fever, coughing, or muscle aches, you should stop taking care of sick people in the home. You should notify your employer immediately so the employer cab place the emergency care plan into action to assure the Veteran Employer continues homemaker/Personal Care Attendant services while you recover your health.

Tips on How to Minimize the Spread of Germs and Infection

Germs and bacteria are everywhere. If you looked on your body, clothes, and everyday household items and appliances with a microscope, it would scare you stiff.
If you make a few simple lifestyle changes you can greatly reduce the spread of germs and bacteria within your own family and in the home of your employer. Many of them may seem common sense, but many of them we don't think about at all when we SHOULD.

Cover a cough or sneeze with tissue

Your Body

Daily bathing is essential. Don't just assume that as long as you're not stinking, that you don't need to bathe. Take showers NOT BATHS. As warm and soothing as a bath is, you are literally laying in your own filth. If you truly desire a bath, take a shower first to get your body clean. That will minimize the muck that will be left in the water during a bath. A clean body promotes infection control.

Your Clothes

Wear clean and dry clothes. A clean body means nothing if your clothes are ridden with bacteria and germs. Clean and fresh clothes promote infection control.

The Home

Bathroom and Kitchen surfaces are the source for many illnesses in the home. The bathroom for obvious reasons and the kitchen simply because that is where you are preparing food for consumption. Use bleach based toilet, bathroom and kitchen cleaners. Bleach KILLS bacteria! Get rid of any wood cutting boards , you can scrub them but they will still have bacteria embedded in them. A synthetic vinyl or plastic one is easier to clean and it will not just LOOK clean, it will BE clean.

Household Surfaces

I'm sure you clean your kitchen table, coffee table and night stands but what about your computer keyboard, door knobs, the toilet flush handle, the television remote, or the microwave control panel? These are commonly touched things in your house. Some of them are touched more than others or are touched by far more different people than others but they all contain germs and some of then you've likely SELDOM or NEVER cleaned before. Clean those surfaces with a bleach based cleaner and/or spray them with Lysol. Lysol kills bacteria too and promotes infection control.

Wash Your Hands!!!

Wash your hands! Wash your hands! Wash your hands! I can't say it enough. The number one cause of the spread of bacteria and other germs is lack of frequent and/or proper hand-washing. How long should I wash my hands? A good exercise in determining the proper time element is to sing a verse of the song "Twinkle, Twinkle, Little Star". In the health-care profession, workers are trained to wash their hands before and after assisting each patient. It is said that if a busy CNA or nurse's hands and finger tips should look pruned like they just got out of the pool or washed the dishes. Good and frequent handwashing promotes infection control.

As a homemaker or personal care attendant if you follow these simple rules and you can make a considerable impact on your family's health and and that of your employer by helping to reduce the spread of germs and bacteria.

Additional Infection Prevention and Control Information

The **U.S. Department of Health & Human Services** provides the following recommendation for infection control measures in the home:

- "All persons in the household should carefully follow recommendations for hand hygiene (i.e., hand-washing with soap and water or use of an alcohol-based hand rub) after contact with an sick patient or the environment in which care is provided.

- Although no studies have assessed the use of masks at home to decrease the spread of infection, use of surgical or procedure masks by the patient and/or caregiver during interactions may be of benefit. The wearing of gloves by workers may lower the cross contamination of the sick individual with those who work for them or live with them in the home.

- Soiled dishes and eating utensils should be washed either in a dishwasher or by hand with warm water and soap. Separation of eating utensils for use by a sick patient is not necessary."

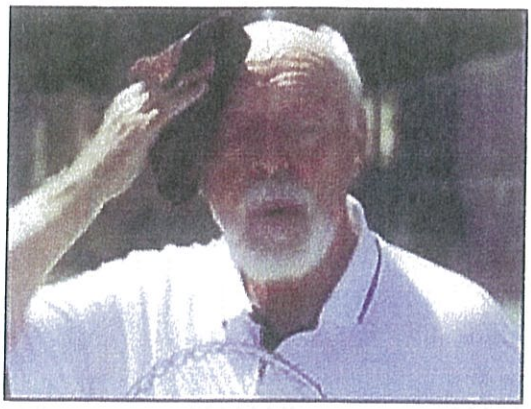
- "Laundry can be washed in a standard washing machine with warm or cold water and detergent, it is not necessary to separate soiled linen and laundry used by an ill patient from other household laundry. Care should be used when handling soiled laundry (i.e., avoid "hugging" the laundry) to avoid contamination. Hand hygiene should be performed after handling soiled laundry.

- Kleenex Tissues used by the ill patient should be placed in a bag and disposed with other household waste. Consider placing a bag for this purpose at the bedside.

- Normal cleaning of environmental surfaces in the home should be followed.

Resources:

Centers for Disease Control. "Guidelines for Control of Infection in Home Care Settings." 5 May 2008.



Heat Stress in the Elderly and the Disabled

Elderly people (that is, people aged 65 years and older) and the physically disabled are more prone to heat stress than other people for several reasons:

1. Elderly people do not adjust as well as young people to sudden changes in temperature.
2. If disabled, they are more likely to have a chronic medical condition that changes normal body responses to heat. They are more likely to take prescription medicines that impair the body's ability to regulate its temperature or that inhibit perspiration.

Heat Stroke

Heat stroke is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the body loses its ability to sweat, and it is unable to cool down. Body temperatures rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

Signs and Symptoms of Heat Stroke

Warning signs vary but may include the following:

- An extremely high body temperature (above 103°F)
- Red, hot, and dry skin (no sweating)
- Rapid, strong pulse
- Throbbing headache
- Dizziness
- Nausea

Heat Exhaustion

Heat exhaustion is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids.

Signs and Symptoms of Heat Exhaustion

Warning signs vary but may include the following:

- Heavy sweating

- Paleness
- Muscle Cramps
- Tiredness
- Weakness
- Dizziness
- Headache
- Nausea or vomiting
- Fainting
- Skin: may be cool and moist
- Pulse rate: fast and weak
- Breathing: fast and shallow

What You Can Do to Protect Yourself

You can follow these prevention tips to protect yourself from heat-related stress:

1. Drink cool, nonalcoholic beverages. (If your doctor generally limits the amount of fluid you drink or has you on water pills, ask him how much you should drink when the weather is hot. Also, avoid extremely cold liquids because they can cause cramps.)
2. Rest.
3. Take a cool shower, bath, or sponge bath.
4. If possible, seek an air-conditioned environment. (If you don't have air conditioning, consider visiting an air-conditioned shopping mall or public library to cool off.)
5. Wear lightweight clothing.
6. If possible, remain indoors in the heat of the day.
7. Do not engage in strenuous activities.

What You Can Do to Help Protect Elderly Relatives and Neighbors

If you have elderly relatives or neighbors, you can help them protect themselves from heat-related stress:

1. Visit older adults at risk at least twice a day and watch them for signs of heat exhaustion or heat stroke.
2. Encourage them to increase their fluid intake by drinking cool, nonalcoholic beverages regardless of their activity level. Warning: If their doctor generally limits the amount of fluid they drink or they are on water pills, they will need to ask their doctor how much they should drink while the weather is hot.
3. Take them to air-conditioned locations if they have transportation problems.

What You Can Do for Someone With Heat Stress

If you see any signs of severe heat stress, you may be dealing with a life-threatening emergency. Have someone call for immediate medical assistance while you begin cooling the affected person. Do the following:

1. Get the person to a shady area.
2. Cool the person rapidly, using whatever methods you can. For example, immerse the person in a tub of cool water; place the person in a cool shower; spray the person with cool water from a garden hose; sponge the person with cool water; or if the humidity is low, wrap the person in a cool, wet sheet and fan him or her

vigorously.
3. Monitor body temperature and continue cooling efforts until the body temperature drops to 101°–102°F
4. If emergency medical personnel are delayed, call the hospital emergency room for further instructions.
5. Do not give the person alcohol to drink.
6. Get medical assistance as soon as possible.

Health Tips for Beating the Heat

Hot and humid weather can be more than just uncomfortable; it can pose a threat to people's health.

To avoid heat-related illness on hot days:

1. Drink plenty of water or fruit and vegetable juices. Seniors should have plenty of water intake like 4-8 glasses a day even though they do not feel thirsty. It is recommended also to minimize their intake of alcohol and caffeinated drinks, grab a glass of water or any sports drink instead. Also, eating fresh fruits and vegetables can help hydrate the body as well as keeping the body healthy. In order to know that there is proper hydration, the urine must already be in clear color.
2. Limit your time outdoors, especially in the afternoon when the day is hottest.
3. Be careful about exercising or doing a lot of activities when it is hot. Stay out of the sun, take frequent breaks, drink water or juice often, and watch for signs of heat exhaustion or heat stroke.
4. Dress for the weather. Loose-fitting, light-colored cotton clothes are cooler than dark colors or some synthetics.
5. This is a time for ice cream — Give everyone, even the seniors, a cool treat like ice creams, popsicles, and any other frozen refreshing treats to keep everyone cool during the hot season
6. Drinking a drink with ice will help to keep the you cool in the heat.

If you live in a home without fans or air conditioning:

1. open windows to allow air flow
2. keep shades, blinds or curtains drawn in the hottest part of the day or when the windows are in direct sunlight.
3. Try to spend at least part of the day in an air conditioned place like a shopping mall, a senior citizen center, a store, the library, a friend's house, or the movies.
4. Cool showers can help, too.
5. Do not use a fan when the air temperature in the room is above 95 degrees -- it will blow hot air, which can add to heat stress.
6.

If you live alone or are alone during the day arrange for friends or family to visit or call several times a day to assure that you are doing well and able to handle the heat. Do not be afraid to ask for help or support from others.

Preventing Falls in the Elderly

by K.R. Tremblay Jr., and C.E. Barber[1] (12/05)

Quick Facts...

- The risk of falling increases with age and is greater for women than for men.
- Two-thirds of those who experience a fall will fall again within six months.
- A decrease in bone density contributes to falls and resultant injuries.
- Failure to exercise regularly results in poor muscle tone, decreased strength, and loss of bone mass and flexibility.
- At least one-third of all falls in the elderly involve environmental hazards in the home.

Causes and Prevention

The causes of falls are known as risk factors. Although no single risk factor causes all falls, the greater the number of risk factors to which an individual is exposed, the greater the probability of a fall and the more likely the results of the fall will threaten the person's independence.

Many of these risk factors are preventable. As obvious as it may sound, a lack of knowledge about risk factors and how to prevent them contributes to many falls. Some people believe that falls are a normal part of aging, and as such are not preventable. Lack of knowledge leads to lack of preventive action, resulting in falls.

Discussed below are five key risk factors of falls among older adults. Preventive measures for each factor are briefly listed. No attempt is made to provide a comprehensive description of preventive measures. Refer to the references listed at the end of this fact sheet for more detailed information.

Factor #1: Osteoporosis

Osteoporosis is a condition wherein bones become more porous, less resistant to stress, and more prone to fractures. Caused by hormonal changes, calcium and vitamin D deficiency, and a decrease in physical activity, osteoporosis is a chief cause of fractures in older adults, especially among women.

What is debatable is whether brittle bones break after a fall, or break when stressed and in turn cause a fall. In either event, a decrease in bone density contributes to falls and resultant injuries.

Prevention Tips

- Eat or drink sufficient calcium. Postmenopausal women need 1,500 mg of calcium daily. Calcium-rich foods include milk, yogurt, cheese, fish and shellfish, selected vegetables such as broccoli, soybeans, collards and turnip greens, tofu and almonds.

- Get sufficient vitamin D in order to enhance the absorption of calcium into the bloodstream. Vitamin D is formed naturally in the body after exposure to sunlight, but some older adults may need a supplement.
- Regularly do weight-bearing exercises.

Factor #2: Lack of Physical Activity

Failure to exercise regularly results in poor muscle tone, decreased strength, and loss of bone mass and flexibility. All contribute to falls and the severity of injury due to falls.

Prevention Tips

- Engage regularly (e.g., every other day for about 15 minutes daily) in exercise designed to increase muscle and bone strength, and to improve balance and flexibility. Many people enjoy walking and swimming.
- Undertake daily activities in a safe manner, such as reaching and bending properly, taking time to recover balance when rising from a chair or bed, learning the proper way to fall, and learning how to recover after a fall.
- Wear proper fitting, supportive shoes with low heels or rubber soles.

Factor #3: Impaired Vision

Age-related vision diseases can increase the risk of falling. Cataracts and glaucoma alter older people's depth perception, visual acuity, peripheral vision and susceptibility to glare. These limitations hinder their ability to safely negotiate their environment, whether it be in their own home or in a shopping mall. Young people use visual cues to perceive an imminent fall and take corrective action. Older adults with visual impairments do not have this advantage to the same extent.

Prevention Tips

- Have regular checkups by an ophthalmologist to discern the extent of age-related eye diseases such as cataracts and glaucoma.
- Use color and contrast to define balance-aiding objects in the home (e.g., grab bars and handrails).
- Add contrasting color strips to first and last steps to identify change of level.
- Clean eye glasses often to improve visibility.

Factor #4: Medications

Sedatives, anti-depressants, and anti-psychotic drugs can contribute to falls by reducing mental alertness, worsening balance and gait, and causing drops in systolic blood pressure while standing. Additionally, people taking multiple medications are at greater risk of falling.

Prevention Tips

- Know the common side effects of all medications taken.
- Talk with your physician or pharmacist about ways to reduce your chances of falling by using the lowest effective dosage, regularly assessing the need for continued medication, and the need for walking aids while taking medications that affect balance.

- Remove all out-of-date medications and those no longer in use.
- Have a physician or pharmacist conduct a "brown bag" medicine review of all current medications.
- Limit intake of alcohol as it may interact with medications.

Factor #5: Environmental Hazards

At least one-third of all falls in the elderly involve environmental hazards in the home. The most common hazard for falls is tripping over objects on the floor. Other factors include poor lighting, loose rugs, lack of grab bars or poorly located/mounted grab bars, and unsturdy furniture.

Prevention Tips

It is useful to conduct a walk-through of your home to identify possible problems that may lead to falling. A home visit by an interior designer or occupational therapist might also be useful in that they are trained to identify risk factors and recommend appropriate actions.

Outdoors

- Repair cracks and abrupt edges of sidewalks and driveways.
- Install handrails on stairs and steps.
- Remove high doorway thresholds Trim shrubbery along the pathway to the home.
- Keep walk areas clear of clutter, rocks and tools.
- Keep walk areas clear of snow and ice.
- Install adequate lighting by doorways and along walkways leading to doors.

All Living Spaces

- Use a change in color to denote changes in surface types or levels.
- Secure rugs with nonskid tape as well as carpet edges.
- Avoid throw rugs.
- Remove oversized furniture and objects.
- Have at least one phone extension in each level of the home and post. emergency numbers at each phone.
- Add electrical outlets.
- Reduce clutter.
- Check lighting for adequate illumination and glare control.
- Maintain nightlights or motion-sensitive lighting throughout home.
- Use contrast in paint, furniture and carpet colors.
- Install electronic emergency response system if needed.

Bathrooms

- Install grab bars on walls around the tub and beside the toilet, strong enough to hold your weight.
- Add nonskid mats or appliqués to bathtubs.
- Mount liquid soap dispenser on the bathtub-wall.
- Install a portable, hand-held shower head.
- Add a padded bath or shower seat.
- Install a raised toilet seat if needed.
- Use nonskid mats or carpet on floor surfaces that may get wet.

Kitchen

- Keep commonly used items within easy reach.
- Use a sturdy step stool when you need something from a high shelf.
- Make sure appliance cords are out of the way.
- Avoid using floor polish or wax in order to reduce slick surfaces.

Living, Dining and Family Rooms

- Keep electrical and telephone cords out of the way.
- Arrange furniture so that you can easily move around it (especially low coffee tables).
- Make sure chairs and couches are easy to get in and out of.
- Remove caster wheels from furniture.
- Use television remote control and cordless phone.

Bedroom

- Put in a bedside light with a switch that is easy to turn on and off (or a touch lamp).
- Have a nightlight.
- Locate telephone within reach of bed.
- Adjust height of bed to make it easy to get in and out of.
- Have a firm chair, with arms, to sit and dress.

Stairways, Hallways and Pathways

- Keep free of clutter
- Make sure carpet is secured and get rid of throw rugs.
- Install tightly fastened hand rails running the entire length and along both sides of stairs.
- Handrails should be 34 inches high and have a diameter of about 1.5 inches.
- Apply brightly colored tape to the face of the steps to make them more visible.
- Optimal stair dimensions are 7.2 inch riser heights with either an 11 or 12 inch tread width.
- Have adequate lighting in stairways, hallways and pathways, with light switches placed at each end.

Essential Features of a Physical Exam from Your Doctor:

- Vital Signs
- Mental Status Testing
- Cardiac
- Musculoskeletal
- Neurologic
- Proprioception
- Vision
- Hearing
- Gait and balance testing

Statistics

- The risk of falling increases with age and is greater for women than men.

- Annually, falls are reported by one-third of all people 65 and older.
- Two-thirds of those who fall will fall again within six months.
- Falls are the leading cause of death from injury among people 65 or over.
- Approximately 9,500 deaths in older Americans are associated with falls each year. The elderly account for seventy-five percent of deaths from falls.
- More than half of all fatal falls involve people 75 or over, only 4 percent of the total population.
- Among people 65 to 69, one out of every 200 falls results in a hip fracture, and among those 85 or over, one fall in 10 results in a hip fracture.
- One-fourth of those who fracture a hip die within six months of the injury.
- The most profound effect of falling is the loss of independent functioning. Twenty-five percent of those who fracture a hip require life-long nursing care. About 50 percent of the elderly who sustain a fall-related injury will be discharged to a nursing home rather than return home.
- Most falls do not result in serious injury. However, there is often a psychological impact. Approximately 25 percent of community-dwelling people 75 or over unnecessarily restrict their activities because of fear of falling.
- The majority of the lifetime cost of injury for people 65 or over can be attributed to falls.

Web Sites

- Administration on Aging: www.aoa.dhhs.gov
- Aging Network Services: www.agingnets.com
- American Academy of Family Physicians: www.aafp.org
- American Association of Retired Persons: www.aarp.org
- Andrus Gerontology Center: www.usc.edu/dept/gero
- Elderweb: www.elderweb.com
- Home Modification Resource Center: www.homemods.org
- Mayo Clinic: www.mayoclinic.com
- National Council on Aging: www.ncoa.org
- National Institute on Aging: www.nih.gov/nia
- National Osteoporosis Foundation: www.nof.org
- National Safety Council: www.nsc.org
- Senior Alternatives: www.senioralternatives.org
- Senior Friendly: www.senioralternatives.org
- U.S. Consumer Product Safety Commission: www.cpsc.gov

References

Aid Association for Lutherans. (1998). *Home sweet home: How to help older adults live independently*. Appleton, WI: Aid Association for Lutherans.

American Association for Retired Persons. (1998). *Home safe home: How to prevent falls in the home*. Washington, DC: American Association for Retired Persons.

Covington, G.A., & Hannah, B. (1997). *Access by design*. New York: Van Nostrand Reinhold.

Fuller, G. (2000). Falls in the elderly. *American Family Physician*, 61, 2159-2168.

Leibrock, C. (2000). *Design details for health*. New York: John Wiley and Sons.

National Institute on Aging. (1992). *Preventing falls and fractures*. Washington, DC: National Institute on Aging.

Sadovsky, R. (Ed.). (1999). *Conditions of aging*. Baltimore: Williams and Wilkins.

Steinweg, K. (1997). The changing approach to falls in the elderly. *American Family Physician*, 56, 1815-1822.

Steinweg, K. (1997). Decreasing your risks of falls. *American Family Physician*, 56, 1823.

Studenski, S., & Rigler, S. (1996). Clinical overview of instability in the elderly. *Clinical Geriatrics Medicine*, 12, 679-688.

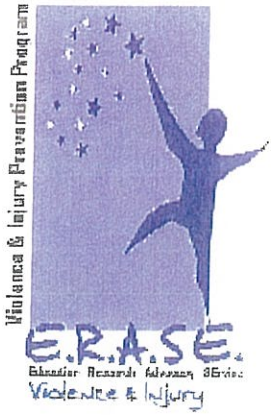
Tideiksaar, R (1997). *Falling in old age: Prevention and management*. New York: Springer.

Tremblay, K., & Kreul-Froseth, S. (2003). *Safe housing for the elderly*. Fort Collins: Colorado State University Extension.

U. S. Consumer Product Safety Commission. (1998). *Home safety checklist for older consumers*. Washington, DC: U. S. Consumer Product Safety Commission.

[1] K.R. Tremblay Jr., Colorado State University Extension housing specialist and professor, design and merchandising; C.E. Barber, former Colorado State University professor, human development and family studies. 5/96. Reviewed 12/05.

Elderly Fall Prevention



According to the CDC, one out of every three adults 65 years or older falls each year. A primary consequence of falling is fracture, which may lead to significant changes on an older person's quality of life, everyday functioning & independence. Falls in the elderly can also have a larger impact on health care services and our larger society. In an effort to help prevent falls & raise an awareness of safety in everyday activities, the **Saint Francis Hospital & Medical Center Violence & Injury Prevention Program** has compiled this simple list of things **ANYONE** can do to prevent falls in and out of their home.

Factors that lead to falls:	**Why could this be a problem?**	**Steps for safety improvement:**
Exercise and/or Physical Exercise Program	Lack of exercise effects strength, balance and coordination	Maintain a regular exercise program (ALWAYS consult your physician prior to starting a new exercise regimen) Physical Therapy and/or exercise can aide those who are at risk of falling with fall prevention programs. These programs can improve function, reduce risk of falls/injuries, and improve one's quality of life and increase longevity. Proper posture and balance exercise can improve balance, stretching and strengthening exercise can prevent muscle weakness and protect the joints Appropriate exercise increases the blood circulation and helps to keep the body warm by generating more heat
Modify living areas so they are safer	Simple changes in and around your home could have a HUGE impact on decreasing your likelihood of falling	Remove tripping hazards Use non-slip mats in the bathtub and on shower floors Have grab bars put in next to the toilet

		and in the tub or shower Have handrails put in on both sides of all stairs Anchor rugs, non-skid rubber mats Remove clutter, exposed wire, or cord Keep halls and stairways well lit Use nightlights in bathrooms and bedrooms Maintain adequate lighting throughout your home Select suitable bed height to ensure that the feet can reach the floor when sitting When lifting things, use a proper technique: trying not to stoop- bend knees & keep back straight Do not stand on foldable stool to get objects from height When storing objects, those that are frequently used should be put on the middle shelf for easy transfer Heavy and light objects which are rarely used should be put on the lower and upper shelves respectively
Vision Check 	Poor vision can increase the risk of falling.	Have an eye doctor check your vision each year.
Review Medications with your physician or pharmacist	The use of four or more prescribed medications has been found to be a risk factor for falls. In addition, some medications could	Ask your doctor to review all of their medicines in order to reduce side effects and interactions Avoid medications that increase fall risk: Medications causing sedation;

	possibly interact with each other or could have side effects that could increase the risk of falling	Medications causing hypotension or dizziness When reviewing your medications with your physician or pharmacist, remember to include over the counter medications as well as herbal medicines.
Use appropriate Walking Aides, clothing & footwear 	Making safer choices about your walking aides and clothing choices demonstrates smart sense in preventing situations that could cause falls	Wear flat, rubber soled, non-slip shoes Use cane, or walker if needed Consider a hip protection device Use walking aids correctly and seek professional advice if in doubt Wear pants of suitable length Avoid wearing slippers or sandals when going out Avoid wearing open-toed shoes
Outdoor risks and Changes in weather 	The unexpected changes in the environment are a large source of falls	Put on warm clothing with hat, mittens and scarf during cold winter Food can help in keeping warm. Choose hot food with high calories i.e. biscuits and noodles Keep the house warm. Heaters must be used with care to ensure safety, and adequate ventilation must be maintained Keep the house cool and well-ventilated during summer. Drink adequate water (8 cups a day) and avoid prolonged exposure under the sun to prevent heatstroke

Fire, burn or scalding prevention	Decreased mobility can sometimes cause fires or burns	Ensure that your smoke alarms have fresh batteries (recommendation is to have the batteries changed 2x a year) The handle of saucepan and mouth of kettle should be turned inwards during cooking to avoid being toppled over by accident Beware of scalding by steam when cooking without the lid of saucepan Always uses gloves or towel as heat insulator when holding something hot Avoid carrying containers which are full of hot liquid Use whistling kettle which will give you a signal as a reminder when the water is boiled Before going out, make sure that all gas taps and the unused electrical appliances are switched off

Remember, falls can affect seniors in many ways. Regardless of age, ANYONE can take any of the above steps to improve safety and prevent falls.

Good Body Mechanics

The phrase "good Body Mechanics" refers to the way of moving or lifting weight that minimizes the risk of injury to the patient or the care giver. Using good mechanics during lifting or transferring is essential to prevent injuries to yourself or the older or disabled person you being assisted.

Before attempting to assist an older or disabled adult, you should be familiar with these rules of good posture and movement:

1. Never bend or twist at the waist
2. Always use the large muscles of the upper legs when lifting, and remember to bend
3. at the knees.
4. Keep the load or weight closer to you for better control
5. Point one foot in the direction you will be going to prevent twisting
6. Always use a gait belt when transferring (Ask your consultant where to get one if you need it)
7. Use both hands when lifting
8. Always stand with your feet shoulder width apart for better balance.

Whenever moving and older or disabled person always think **safety first**. If the individual is too heavy to move alone, get help.

A **Gait Belt** is a durable fabric belt used to transfer patients that may be too weak to stand for long periods. They are safe, reliable methods for transferring patents from any surface such as a bed, chair or toilet.

How to use a Gait Belt:
Step 1 Hold up the belt to ensure the buckle isn't turned inward. Wrap the belt around the patient's waist.

Step 2 Be sure the belt is low enough and well below the breasts for females.

Step 3 Secure the belt by threading it through the teeth, and pulling the excess through the last metal opening. It may be necessary to tuck the slack of the belt into the pants, depending on the length.

Step 4 Run a finger through the belt to check its tightness. No more than a few fingers should fit between the belt and the waist to maintain a good grip.

Always use good body mechanics when transferring an individual with a gait belt. Bend your knees, and try not to twist your back to avoid injury.

VDHCBS Sexual Harassment Training

What is Sexual Harassment?

Sexual harassment at work occurs whenever unwelcome conduct on the basis of gender affects a person's job, It is defined by the Equal Employment Opportunity Commission (EEOC) as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

1. submission to the conduct is made either explicitly or implicitly a term or condition of an individual's employment, or
2. submission to or rejection of the conduct by an individual is used as a ,basis for employment decisions affecting such individual, or
3. the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

The U.S. Supreme Court has simplified matters somewhat by explaining that there are two basic types of unlawful sexual harassment:

The first type involves harassment that results in a tangible employment action. An example would be a employer tells an employee that he or she must be sexually cooperative with the employee or the employee will be fired, and who then indeed does fire the subordinate for not submitting. The imposition of this crude "put out or get out" bargain is often referred to as quid pro quo ("this for that"). This kind of unlawful sexual harassment can be committed only by someone who can make or effectively influence employment actions (such as firing, demotion, and denial of promotion) that will affect the victimized employee.

A second type of unlawful sexual harassment is referred to as hostile environment. Unlike a quid pro quo, which only an employer can impose, a hostile environment can result from the gender-based unwelcome conduct of employers, supervisors, co-workers, customers, vendors, or anyone else with whom the victimized employee Interacts .on the job. The behaviors that have contributed to a hostile environment have included:

- unfulfilled threats to impose a sexual quid pro quo.
- discussing sexual activities;
- telling off-color jokes;
- unnecessary touching;
- commenting on physical attributes;
- displaying sexually suggestive pictures;
- using demeaning or inappropriate terms, such as "Babe";
- using indecent gestures;
- sabotaging the victim's work;
- engaging in hostile physical conduct;
- granting job favors to those who participate in consensual sexual activity;
- using crude and offensive language

These behaviors can create liability only if they are based on the affected employee's gender and are severe or pervasive, as explained in the next section. Nonetheless, even If unwelcome conduct falls short of a legal violation, employers have moral and organizational reasons as well as legal incentives to address and correct that conduct at its earliest stages.

When Does an Environment Become Sexually Hostile?

To create a sexually hostile environment, unwelcome conduct based on gender must meet two additional requirements: (1) it must be subjectively abusive to the person(s) affected, and (2) it must be objectively severe or pervasive enough to create a work environment, that a reasonable person would find abusive.

To determine whether behavior is severe or pervasive enough to create a hostile environment, the finder of fact (a court or jury) considers these factors:

- The frequency of the unwelcome discriminatory conduct;
- The severity of the conduct
- Whether the conduct was physically threatening or humiliating, or a mere offensive utterance;
- Whether the conduct unreasonably interfered with work performance;
- The effect on the employee's psychological well-being; and
- Whether the harasser was a superior in the organization.
-

Each factor is relevant – no single factor is required to establish that there is a hostile environment. Relatively trivial, isolated incidents generally do not create a hostile work environment. For example, one work environment found no legal violation where a woman's supervisor, over the course of a few months, had asked her out on dates, called her a "dumb blonde," placed his hand on her shoulder, placed "I love you" signs in her work area, and attempted to kiss her. (Weiss s. Coca Cola Bottling Co.)

Hostile environment sexual harassment also was not found where women were asked for a couple of dates by co-workers, subjected to three offensive incidents over 18 months, or subjected to only occasional teasing or isolated crude jokes or sexual remarks. Sexual harassment was found, on the other hand, where women were touched in a sexually offensive manner while in confined workspace, subjected to a long pattern of ridicule and abuse on the basis of gender, or forced to endure repeated unwelcome sexual advances.

These examples simply illustrate how severe or pervasive gender-based conduct must be to be legally actionable (and how blurred the line between lawful and unlawful conduct sometimes is). Given this uncertainty, prudent employers will address incidents of unwelcome gender-based conduct long before they approach the level of severity or pervasiveness that would create a hostile environment as legal matter.

Is it Really Sexual Harassment?

Hostile environment cases are often difficult to recognize. The particular facts of each situation determine whether offensive conduct has "crossed the line" from simply boorish

or childish behavior to unlawful gender discrimination. Some courts state that men and women, as a general rule have different levels of sensitivity -- conduct that does not offend most reasonable men might offend most reasonable women. In one study, two-thirds of the men surveyed said they would be flattered by a sexual approach in the workplace, while 15 percent would be insulted. The figures were reversed for the women responding. Differing levels of sensitivity have led some courts to adopt a "reasonable woman" standard for judging cases of sexual harassment. Under the standard, if a reasonable woman would fell harassed, harassment may have occurred even if a reasonable man might not see it that way.

Because the legal boundaries are so poorly marked, the best course of action would be to avoid all sexually charged conduct in the workplace. You should be aware that your conduct might be offensive to a co-worker and govern your behavior accordingly. If you're not absolutely sure that behavior is sexual harassment, ask yourself these questions:

- Is this verbal or physical behavior of a sexual nature?
- Is this conduct offensive to persons who witness it?
- Is this behavior being initiated by only one of the parties who has power over the other?
- Does the employee have to tolerate that type of conduct in order to keep his or her job?
- Does the conduct make the employee's job unpleasant?

If the answer to these questions is "yes," put a stop to the conduct.

Inappropriate Sexual Behavior from the Cognitively Impaired Veteran

Healthcare workers often find themselves confronted by inappropriate sexual behavior from cognitively impaired patients. The cognitively impaired veteran may not be aware of the inappropriateness of their behavior. As an employee of a veteran, who may be cognitively impaired, you should follow these steps in an attempt to stop the unwanted behavior:

Do

- Tell the offender specifically what you find offensive
- Tell the offender that his or her behavior is bothering you
- Say specifically what you want or don't want to happen, such as "please call me by my name not Honey," or "please don't tell that kind of joke in front of me." "Please do not talk about you and your wife's sexual activity to me "

Don't

- Blame yourself for someone else's behavior, unless it truly is inoffensive
- Choose to ignore the behavior, unless it is truly inoffensive
- Try to handle any severe or recurring harassment problem by yourself -- get help.

Report

- Report the behavior to the Responsible Party for the Veteran to make them aware of the behavior.
- Submit an incident report in writing to the AAACT / VDHCBS Consultant, who will file the incident in the case file of the veteran and present the incident report to the CTVHCS Community Care Division to determine if the program will be able to continue for the Veteran in view of inappropriate behavior.
- If criminal contact or assault occurs report the assault immediately to local legal authorities for appropriate legal action.

Professional Boundaries for Caregivers

Type of Boundary Crossing	Staying In-bounds
Sharing Personal Information: It may be tempting to talk to your client about your personal life or problems. Doing so may cause the client to see you as a friend instead of seeing you as a health care professional. As a result, the client may take on your worries as well as their own.	◦ Use caution when talking to a client about your personal life ◦ Do not share information because you need to talk, or to help you feel better ◦ Remember that your relationship with your client must be therapeutic, not social
Not Seeing Behavior as Symptomatic: Sometimes caregivers react emotionally to the actions of a client and forget that those actions are caused by a disorder or disease (symptomatic). Personal emotional responses can cause a caregiver to lose sight of her role or miss important information from a client. In a worst case, it can lead to abuse or neglect of a client.	◦ Be aware that a client's behavior is the result of a disease or disorder ◦ Know the client's care plan! ◦ If you are about to respond emotionally or reflexively to the negative behavior of a client, step back and re-approach the client later ◦ Note that the client may think their action is the best way to solve a problem or fill a need ◦ Ask yourself if there is a way to problem solve and help the client communicate or react differently
Nicknames/Endearments: Calling a client 'sweetie' or 'honey' may be comforting to that client, or it might suggest a more personal interest than you intend. It might also point out that you favor one client over another. Some clients may find the use of nicknames or endearments offensive.	◦ Avoid using terms like honey and sweetie ◦ Ask your client how they would like to be addressed. Some may allow you to use their first name. Others might prefer a more formal approach: Mr., Mrs., Ms, or Miss ◦ Remember that the way you address a client indicates your level of professionalism

Touch: Touch is a powerful tool. It can be healing and comforting or it can be confusing, hurtful, or simply unwelcome. Touch should be used sparingly and thoughtfully.	◦ Use touch only when it will serve a good purpose for the client ◦ Ask your client if he/she is comfortable with your touch ◦ Be aware that a client may react differently to touch than you intend ◦ When using touch, be sure it is serving the client's needs and not your own
Unprofessional Demeanor: Demeanor includes appearance, tone and volume of voice, speech patterns, body language, etc. Your professional demeanor affects how others perceive you. Personal and professional demeanor may be different.	◦ Clients may be frightened or confused by loud voices or fast talk ◦ Good personal hygiene is a top priority due to close proximity to clients ◦ Professional attire sends the message that you are serious about your job ◦ Off-color jokes, racial slurs, profanity are never appropriate ◦ Body language and facial expressions speak volumes to clients
Gifts/Tips/Favors: Giving or receiving gifts, or doing special favors, can blur the line between a personal relationship and a professional one. Accepting a gift from a client might be taken as fraud or theft by another person or family member.	◦ Follow your facility's policy on gifts ◦ Practice saying no graciously to a resident who offers a gift that is outside your facility's boundaries ◦ It's ok to tell clients that you are not allowed to accept gifts, tips ◦ To protect yourself, report offers of unusual or large gifts to your supervisor
Over-involvement: Signs may include spending inappropriate amounts of time with a particular client, visiting the client when off duty, trading assignments to be with the client, thinking that you are the only caregiver who can meet the client's needs. Under-involvement is the opposite of over-involvement and may include disinterest and neglect.	◦ Focus on the needs of those in your care, rather than personalities ◦ Don't confuse the needs of the client with your own needs ◦ Maintain a helpful relationship, treating each client with the same quality of care and attention, regardless of your emotional reaction to the client ◦ Ask yourself: Are you becoming overly involved with the client's personal life? If so, discuss your feelings with your supervisor

Romantic or Sexual Relationships: A caregiver is never permitted to have a romantic or sexual relationship with a client. In most cases, sexual contact with a client is a crime in Wisconsin.	◦ While it may be normal to be attracted to someone in your care, know that it is never appropriate to act on that attraction ◦ Do not tell sexually oriented jokes or stories. It may send the wrong message to your client ◦ Discourage flirting or suggestive behavior by your client ◦ If you feel that you are becoming attracted to someone in your care, seek help from your supervisor or other trusted professional right away
Secrets: Secrets between you and a client are different than client confidentiality. Confidential information is shared with a few others members of a team providing care to a resident. Personal secrets compromise role boundaries and can result in abuse or neglect of a client.	◦ Do not keep personal or health-related secrets with a client ◦ Remember that your role is to accurately report any changes in your client's condition

Veteran's Directed Home & Community Based Services – AAACT

Your VDHCBS Options Counselors are:

Thomas Wilson, LMSW/ Jessica Keys BS-Psy

The Veterans Directed Home and Community Based Services Program and the Veterans Directed Respite Program is administered by the AAACT under a joint program funded by the Department of Veterans Affairs and the Administration on Community Living. If you have questions pertaining to the rules and guidelines of the program or need to orient new employees please contact your Veterans Options Counselor noted below

Please Contact Your VDHCBS Options Counselors Options Counselor at the following numbers for Assistance

Phone Number:
Thomas Wilson, LMSW (254) 770-2359
Jessica Keys BS-Psy (254) 770-2239
Toll Free Number: 1-800-447-7169
Ext 2359/ 2239
Fax Number: (254)770-2398
Email: thomas.wilson@ ctcog.org Jessica.keys@ ctcog.org

Mailing Address:
AAACT (VD-HCBS)
P.O. Box 729
Belton TX 76513

CDS in Texas

INFORMATION FOR EMPLOYEES

CDS in Texas serves participants in the consumer directed services delivery model also known as self-direction. We have prepared some frequently asked questions and answers to help you understand your role, the veteran's role as your employer, and how we fit in.

FREQUENTLY ASKED QUESTIONS	
What is consumer direction?	Consumer direction, also known as self-direction, allows the veteran to become the employer of record. It is also called the Veteran Directed Home and Community Based Services Program (VD-HCBS)
Who is CDS in Texas?	We are known as a financial management services agency. We will conduct background checks for your employer and process your timesheets, withhold taxes, and prepare your W-2 at year end.
Who do I work for?	You work for the veteran. You do **not** work for CDS in Texas. Questions regarding hours, pay, timesheets, duties, etc. should be directed to your employer.
How do I apply?	Your employer has all the application forms, or you can download them from our website www.cdsintexas.com. Follow the directions carefully and then fax or email the completed forms to 877- 726-5896. You can also scan and email the application to VD@cdsintexas.com
What comes next?	Once we have the application packet, we do background checks and notify your potential employer of the results. Your employer will decide whether to hire you. If hired, your employer will give you a start date and train you on what services are needed
How do I record my time worked?	Your employer will provide you with a timesheet. Record your time daily. Be sure to sign and date the timesheet.
How do I get paid?	The application packet has forms for direct deposit to a bank account or pre-paid card, or you can select our paycard. When your payroll is processed, you will receive an email notification.
When do I get paid?	Your employer has the payroll schedule. You will be paid every other week on a Friday. If Friday is a holiday, you will be paid on Thursday.
What if my pay is not in my account on payday?	Check with your employer to see if there is a fax or email confirmation. If there is not, re-send and call our office to let us know about the late timesheet. If there is confirmation of receipt, you or your employer should call our office. We should be able to locate the missing timesheet, and we will process as quickly as possible.
How do I get my payroll records	When we enroll you as an employee, you will receive an email registration notice that will tell you how to login to our self-serve web-based payroll system.
What taxes are withheld from my pay?	CDS in Texas will withhold all federal taxes. You will receive email notification when your payroll is processed and will be able to see what taxes have been withheld.
Will I get a W-2?	Your W-2 will be released by January 31.
What else do I need to know?	If the consumer is in the hospital or other facility or loses eligibility, you cannot work.
What if I'm working for two individuals?	You must complete two applications, and if you provide services during the same hours, you cannot be paid twice for hours worked simultaneously
Does CDS in Texas have a website?	Yes. Visit us at www.cdsintexas.com. Follow us on Facebook.

Other important things to know	◦ You certify your timesheets as true and correct. Record your hours each day and do not sign timesheets until your last shift for that payroll period has been worked. Never sign blank timesheets. Incorrect timesheets may be viewed as fraud.
	◦ Any over or under payment of payroll will be corrected as soon as possible but no later than the next payroll.
	◦ Everyone has a responsibility to report abuse, neglect or exploitation (1-800-252-5400).
	◦ Work with your employer until you fully understand what is expected of you and you understand how your employer wants all tasks completed.
	◦ Make sure you understand how your employer wants to be notified if you cannot work a scheduled shift. This is an individual, not an agency, so you should give them time to arrange for back up.
Is there anything else I need to do?	***YES !!*** If any of your information changes -- your name, your address, your banking information, your telephone number, your email address -- use the payroll status change form which is part of this packet and fax or email it to us.

How do I contact CDS in Texas?	Call your Service Advisor, Luis Ochoa . You can reachhim at 210-798-3779 or 877-675-7339, ext. 1624, or email lochoa@cdsintexas.com or VD@cdsintexas.com. Our website is www.cdsintexas.com. Follow us on Facebook at http://www.facebook.com/CDSinTexas. Hours are from 8:00a.m. to 5:00 p.m. Monday - Friday.
Other important things to know.	◦ You certify your timesheets as true and correct. Never sign blank timesheets. Submitting incorrect timesheets may be considered fraud.
	◦ Any over or under payment of payroll will be corrected as soon as possible but no later than the next payroll.
	◦ Everyone has a responsibility to report abuse, neglect or exploitation (1-800-252-5400).
	◦ Work with your employees until they fully understand what you expect from them.
	◦ Make sure your employees know how to notify you if they cannot work a scheduled shift.
Is there anything else I need to do?	***YES !!*** If any of your information changes -- your name, your address, your banking information, your telephone number, your email address -- use the Change of Information form which is on our webiste, or call to have a copy sent to you.

YOUR CDS Service Advisor is Luis Ochoa email him at lochoa@cdsintexas.com

Call him at 210-798-3779 ext 1624

Texas Workforce Commission

ATTENTION EMPLOYEES

Your employer reports your wages to the Texas Workforce Commission. If you become unemployed, you may be eligible for unemployment benefit payments. File online at www.texasworkforce.org or call 1-800-939-6631.

The Texas Payday Law, Title II, Chapter 61, Texas Labor Code, requires Texas employers to pay their employees who are exempt from the overtime pay provisions of the Fair Labor Standards Act of 1938 at least once per month. All other employees must be paid at least as often as semi-monthly and each pay period must consist as nearly as possible of an equal number of days.

Scheduled paydays: (You must indicate date or dates of the month for employees paid monthly or semi-monthly, and day of the week for employees paid weekly or at other times.)

MONTHLY_____ .SEMI-MONTHLY_____ WEEKLY_____

OTHER_____

For more information write or contact the Texas Workforce Commission at Austin, Texas 78778, or contact your nearest Commission office. Commission offices are located in major cities throughout the state.

TO EMPLOYERS: The law required that this notice or its equivalent be posted (in full view) at your place of business. Additional posters are available, free of charge, by logging on to Unemployment Tax Services http://www.texasworkforce.org/uts and selecting the Account Info tab or by fax at 512-936-3205.

CDS in Texas

THINGS YOU NEED TO KNOW

Payroll: Payroll is processed every other week, and we are providing you with a payroll schedule for the balance of 2017 and for 2018. We are also providing you with new timesheets. You can copy these timesheets, or you can go to our website (www.cdsintexas.com) and download a fillable timesheet. You submit your timesheets by fax or scan and email them. Please do not embed pictures within the email. The scanned timesheets should be sent as an attachment. Again, see our website for free or inexpensive scanning apps for your smart phone. When payroll is processed, you will receive an email notification, as will your employee.

Fax timesheets to: 877-726-5896 email to: VD@cdsintexas.com

Transition to a new payroll schedule: We will be processing your employees' September 16-30 payroll. PALCO will pay September 1-15. To transition your employees to our payroll schedule, we will process September 16 – 23 and pay those hours on October 6. We will hold the hours of September 24 – 30. You will start a new timesheet on October 1 and end it on Saturday, October 7. That timesheet is due in our offices on October 9. We will pay September 24 – October 7 payroll on October 20.

New Employees: If you need to hire a new employee, you can check our website (www.cdsintexas.com) for an application package, or call or email our office to request one be mailed or emailed to you.

We will clear your employee to work within two business days after receiving your information. If you don't hear from us within that timeframe, please call or email, as it may mean that we did not get your fax, or your email was accidentally skipped. Included in this information is an Information sheet for your current employees. Please provide them with a copy.

Employee changes: Whenever your employee has a change in status – name change, address change, pay rate change, etc. – please use the Payroll Status Change form which is a part of this packet.

Your Budget: You are already aware that you must stick to your budget. If you have questions about hours, or funds available for goods and services, please feel free to call. We will update balances available after every payroll and whenever checks are written to vendors.

Reimbursement requests: Please use the Reimbursement Request form which is a part of this packet. Reimbursements are processed once a week.

Questions?? Call or email Cassie Barnette who is your Service Advisor. You can reach her at 866 675 7339, ext. 1624, or email her at cbarnette@cdsintexas.com.

Fill in as appropriate

CDS in Texas

PAYROLL CHANGE / WAGES & BENEFITS / OTHER CHANGES	EFFECTIVE DATE (req'd)

Employee name: _____ Hire Date: _____

Last 4 digits of Social Security # _____

REASON FOR CHANGE (Please check one or more pertinent boxes)

ADDRESS CHANGE	☐	RESIGNATION	☐	PROGRAM: (Circle all that apply)	
NAME CHANGE	☐	RETIREMENT	☐		
NEW HIRE	☐	DISCHARGE	☐	CBA	CLASS DBMD
PAY INCREASE - PAS	☐	LAYOFF	☐	HCS	MDCP PCS
PAY INCREASE - RESPITE	☐	OTHER	☐	PHC	STARPLUS
PAY DECREASE	☐			Other:	_____

REQUIRED ON ALL DISCHARGES:

LAST DAY WORKED: _____

REASON FOR DISCHARGE: _____

ELIGIBLE FOR REHIRE? YES ☐ NO ☐

ADDITIONAL COMMENTS:

_____

NEW ADDRESS & PHONE NUMBER CHANGE	
Street:	
City, State Zip:	
Primary Telephone	Secondary Telephone:

	EMPLOYEE NAME/ POSITION OR PAY CHANGE	
CHANGE	From	To
NAME CHANGE:		
PAY - PAS		
PAY - RESPITE		
PAY - Other: _____		

Client Name: _____

Employer Signature: _____ _____

(OR DESIGNATED REPRESENTATIVE) DATE

AGE REQUIREMENTS.

Persons under 18 years of age may not be employed in the Veterans Directed Home and Community Based Services as an employee per Veteran's Administration policy.

APPLICATION FOR EMPLOYMENT.

Each applicant for employment is required to submit an application and other pertinent information regarding training and experience. Each applicant must have a criminal and registry background check done prior to working. The applicant must grant permission for a Criminal Conviction History and Registry Check utilizing TXDADS Form 1725.

CONVICTIONS BARRING EMPLOYMENT.

An applicant may not be employed in the Veteran's Directed Home and Community Based Services Program if the person has been convicted of an offense listed here:

(1) an offense under Chapter 19, Penal Code (criminal homicide);
(2) an offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
(3) an offense under Section 21.11, Penal Code (indecency with a child);
(4) an offense under Section 22.011, Penal Code (sexual assault);
(5) an offense under Section 22.02, Penal Code (aggravated assault);
(6) an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
(7) an offense under Section 22.041, Penal Code (abandoning or endangering child);
(8) an offense under Section 22.08, Penal Code (aiding suicide);
(9) an offense under Section 25.031, Penal Code (agreement to abduct from custody);
10) an offense under Section 25.08, Penal Code (sale or purchase of a child);
(11) an offense under Section 28.02, Penal Code (arson);
(12) an offense under Section 29.02, Penal Code (robbery);
(13) an offense under Section 29.03, Penal Code (aggravated robbery); or
(14) a conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under Subdivisions (1)-(13).

A person may not be employed in a position the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date the person is convicted of:

(1) an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
(2) an offense under Section 30.02, Penal Code (burglary);
(3) an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
(4) an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or a felony; or