

**MyCare Family Community Supports  
Residential I DSP - Job Description**

**Employee Name:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Purpose**

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- To assist individuals in performing the functions of daily meaningful routines in the community with as much independence as possible.
- Under general supervision, to guide individuals to be self-directed by teaching decision making skills and encouraging independence as defined in each person's Plan of Care.
- Provides assistance in a manner that supports the personal dignity of the participants.
- To support training in the activities of daily living; self-advocacy; adaptive and social skills; and vocational skills.

**Responsibilities**

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- 1) Shall provide services that promote adaptive skill development; assist with activities of daily living including; bathing, dressing, toileting, transferring, or maintaining continence; promote community inclusion; promote adult education supports; promote social and leisure development; provide protective oversight or supervision; provide transportation; provide personal assistance.
- 2) Shall provide all medical or healthcare services that are integral to meeting the participant's daily needs.
- 3) Shall communicate to MyCare Family Community Supports immediately in the event you are no longer able to support the needs of the participant.
- 4) Shall provide transportation, which is not otherwise available under the Medicaid program, to access community services, activities, and appointments.
- 5) Shall administer medication following agency protocols.
- 6) Participate as a member of the participant's person-centered team if requested by the participant.
- 7) Daily documentation on the Residential In/Out log that includes; beginning and ending times of service; date of service; location of service (not specific address); and name, title signature and signature date of the individual attesting to the attendance.
- 8) A detailed monthly summary note which shall include; the month and year for the time period the note covers; evidence of progress toward the participant's outcome or outcomes; identification of barriers to achievement of outcome or outcomes; projected plan to achieve the next step in achievement of outcome or outcomes; provide information including; but not limited, to daily events/involvement in the community, concerns, patterns, trends and unusual occurrences during the month that had an impact on the participant's quality of life; your signature and title and the date the note was written.
- 9) Will hold the health, safety, and welfare of the participant in the highest regard.
- 10) Shall follow state mandated guidelines for incident reporting.

- 11) Attend and complete all required continued education and/or training classes as required by agency policy.
- 12) Shall maintain appropriate appearance and professionalism at all times.

**Qualifications and Requirements**

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- Possess the minimum of a high school degree or GED and are at least 18 years of age; or are 21 years of age.
- Be able to communicate effectively with the participant and the participant's family.
- Be able to demonstrate competence and knowledge on topics required to safely support a participant as described in their person-centered plan of care.
- Have a clear criminal background check and subject to random criminal background checks annually.
- Have a clear CAN Registry and subject to random CAN Registry checks annually.
- Have a clear Caregiver Misconduct check.
- Have a negative drug screen and subject to random drug screenings annually.
- Possess a negative TB skin test or chest x-ray upon hire and maintain a negative TB skin test/chest x-ray/TB Assessment thereafter.
- Possess and maintain current CPR and First Aid Training.
- Complete and pass all required trainings as assigned on College of Direct Support, state mandated Medication Administration training and Crisis Prevention and Intervention training.
- Complete all required training by MyCare Family Community Supports to obtain and maintain employment.
- Be willing to meet any additional requirements to meet the needs of the participant.

I have read and understand my responsibilities as a Residential I Direct Support Professional to the individual and to MyCare Family Community Supports; as well as the agreement of both parties.

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DSP Printed Name

\_\_\_\_\_

DSP Signature/Title

\_\_\_\_\_

Date

\_\_\_\_\_

MyCare DSP Supervisor Printed Name

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MyCare DSP Supervisor Signature/Title

\_\_\_\_\_

Date