

**MyCare Family Community Supports
Personal Assistance DSP - Job Description**

Employee Name: _____

Immediate Supervisor: _____

Effective Date: _____

Purpose

- 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

- 1) Enable a participant to accomplish tasks that the participant normally would do for himself or herself if the participant did not have a disability.
- 2) Shall communicate to MFCS immediately in the event you are no longer able to support the needs of the participant.
- 3) Shall provide hands on assistance to perform tasks for participants.
- 4) Shall remind, observe, guide, or train a participant in activities of daily living.
- 5) Shall remind, observe, guide, or train a participant in independent activities of daily living.
- 6) Shall assist a participant in managing the participant's medical care including; making medical appointments and accompanying the participant to medical appointments.
- 7) Shall provide transportation, which is not otherwise available under the Medicaid program, to access community services, activities, and appointments.
- 8) Shall provide services in a participant's home or in the community as appropriate to the participant's need.
- 9) Shall administer medications following agency protocols.
- 10) Participate as a member of the participant's person-centered team if requested by the participant.
- 11) Shall document each contact with participant, which shall include; a full description of service provided; evidence of training or service to support outcomes designated in the participant's Plan of Care as appropriate, the date of service, the location of service, the beginning and ending time of the service, your signature and title and the date the entry was made.
- 12) Will hold the health, safety, and welfare of the participant in the highest regard.
- 13) Shall follow state mandated guidelines for incident reporting.

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

Qualifications and Requirements

- 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 Personal Assistance Direct Support Professional to the individual and to MyCare Family Community Supports; as well as the agreement of both parties.

 DSP Printed Name

 DSP Signature/Title

 Date

 MyCare DSP Supervisor Printed Name

 MyCare DSP Supervisor Signature/Title

 Date