DNA CHORE SERVICE EMPLOYEE HANDBOOK

For Caregivers Participating in the Michigan Home Help Program.

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1. Introduction & Welcome

Welcome to **DNA Chore Service LLC**. Our mission is to deliver high-quality, non-medical in-home care to vulnerable adults across Michigan. As an agency caregiver, you fulfill personal care services funded through the Medicaid Michigan Home Help Program.

1. Employment At-Will

Employment with **DNA Chore Service LLC** is strictly at-will. Either the agency or the employee can terminate the employment relationship at any time, with or without cause or advance notice. This handbook is a guide for daily standards and does not constitute a legally binding employment contract.

2. Compensation & Benefits Policy

To maintain competitive agency rates and comply with standard Medicaid program structures, the agency operates under a specific benefits and payment model.

2.1 No Paid Time Off (PTO)

- **Unpaid Leave Only:** The agency does not offer paid vacation, paid sick leave, or any other form of Paid Time Off (PTO) to

caregivers.

- **Time Off Requests:** All requested days off, holiday absences, or sick days are entirely unpaid.
- **Advance Notice:** You must submit unpaid time-off requests at least 14 days in advance to allow time for client coverage scheduling.

2.2 Payment Schedule & Method

- **Direct Deposit:** All employee compensation is paid exclusively via electronic Direct Deposit into your verified bank account.
- **Net-30 Terms:** Due to the processing timeline of Medicaid reimbursement cycles through MDHHS, the agency operates on a **Net-30** payment schedule.
- **Processing Time:** Approved hours worked and submitted during a calendar month will be paid exactly 30 days after the close of that service month.

3. Program Eligibility & Compliance Requirements

To provide services through the Home Help Program, all agency caregivers must maintain continuous compliance with state-mandated qualifications.

- **CHAMPS Registration:** You must register and maintain an active account profile inside the Michigan Community Health Automated Medicaid Processing System (CHAMPS).
- **Criminal Background Screenings:** Caregivers must clear initial and ongoing criminal history background checks.
- **Mandatory Disqualifications:** Caregivers are legally barred from providing services to a spouse, or to a minor child if the caregiver is the child's legal parent or guardian.

4. Authorized Personal Care Services

You may only perform tasks explicitly authorized in the client's individual MDHHS care assessment plan. Unapproved work will not be compensated.

4.1 Activities of Daily Living (ADLs)

- **Eating:** Providing hands-on feeding assistance.
- **Toileting:** Administering bowel or bladder care, including catheter and colostomy bag maintenance.
- **Bathing & Grooming:** Assisting with overall hygiene, skincare, and dressing.
- **Mobility:** Executing range of motion exercises and transfers.

4.2 Instrumental Activities of Daily Living (IADLs)

- **Housekeeping:** Maintaining clean, safe living

spaces directly used by the client.

- **Meal Preparation:** Cooking nutritious meals according to client dietary restrictions.
- **Shopping:** Purchasing required groceries, household essentials, or medical prescriptions. **Note:** Caregivers must travel independently to perform shopping tasks.
- **Laundry:** Washing and organizing the client's essential clothing and linens.

5. Transportation Restrictions

Due to insurance limitations and strict MDHHS program boundaries, transportation rules are absolute.

5.1 No Transporting Clients

- **Strict Prohibition:** Caregivers are completely prohibited from transporting clients in any vehicle at any time.
- **Vehicle Types:** This ban applies to employee-owned vehicles, client-owned vehicles, and agency vehicles.
- **No Exceptions:** You may not drive a client to medical appointments, shopping trips, social outings, or errands.
- **Alternative Solutions:** If a client requires transportation, you must help them arrange public transit, specialized medical transit, or family rides.

- **Liability Warning:** Violating this policy results in immediate termination and leaves the caregiver personally liable for any vehicular accidents or injuries.

6. Dress Code & Personal Protective Equipment (PPE)

Professional presentation and biological safety protect both you and our clients.

6.1 Professional Dress Code

- **Attire:** Caregivers must wear clean, professional scrubs or neat, plain clothing (casual pants and solid-colored shirts).
- **Prohibited Items:** Denim jeans with rips, short-shorts, sweatpants, or shirts with offensive graphics are prohibited.
- **Footwear:** Closed-toe shoes with non-slip soles must be worn at all times during a shift. No sandals, flip-flops, or heels are allowed.
- **Hygiene:** Maintain a high standard of personal hygiene, keeping nails short and

clean to prevent skin scratching during client transfers.

6.2 Personal Protective Equipment (PPE)

- **Mandatory Use:** Caregivers must wear appropriate PPE, including disposable gloves, when performing ADLs involving bodily fluids, toileting, or wound care.
- **Hand Hygiene:** Wash hands thoroughly with soap and water for at least 20 seconds before and immediately after applying or removing PPE.
- **Disposal:** All used PPE must be discarded safely in appropriate trash containers inside the client's residence immediately following the task.

7. Incident Reporting Policy

Protecting the health, safety, and liability of both the client and the caregiver requires transparent, immediate communication.

7.1 What Constitutes an Incident?

An incident is any unusual or unplanned event occurring during a shift that compromises safety or standard operations. This includes:

- Client falls, slips, cuts, or physical injuries. Caregiver workplace injuries or needle sticks.
- Medication errors or refusal of essential medications.
- Property damage inside the client's home.
- Sudden client medical emergencies requiring emergency services (911).
- Instances of client behavioral outbursts, threats, or aggression.

7.2 Required Steps for Reporting

1. **Immediate Medical Action:** In a life-threatening situation, immediately call 911. Administer basic first aid only if qualified. **Supervisor Notification:** Call the agency supervisor immediately after stabilizing the situation (no later than **2 hours** after the event).
2. **Written Form Submission:** Complete the official **Incident Report Form** (found below) and submit it to the agency office via email, fax, or in person within **24 hours** of the incident.
3. **Mandatory Abuse Reporting:** If the incident involves suspected abuse, neglect, or financial exploitation by a third party, you must also call Michigan Adult Protective Services (APS) immediately.

8. Timekeeping, Billing, & EVV Compliance

Accurate reporting is a strict regulatory requirement for federal and state Medicaid programs.

8.1 Electronic Visit Verification (EVV)

Caregivers must log shift schedules using the state-approved Electronic Visit Verification (EVV) system.

- **Clocking In/Out:** Log entries precisely when arriving at and leaving the client's residence.
- **Exemptions:** Caregivers living with their clients full-time must secure a verified, signed MDHHS Live-In Caregiver EVV Exemption Form to report hours manually.

8.2 Time Sheets & Fraud Prevention

- **Accurate Reporting:** Only log hours actually

worked performing authorized services.

- **No Overlapping Shifts:** You cannot claim billing hours for multiple clients simultaneously.
- **Fraud Warning:** Intentionally misrepresenting hours worked, tasks finished, or signatures constitutes Medicaid fraud, resulting in instant termination and immediate referral to the MDHHS Office of Inspector General (OIG).

9. Professional Conduct & Workplace Standards

Caregivers represent our agency and must adhere to strict ethical and professional guidelines.

- **Client Confidentiality:** Never disclose financial, medical, or personal client information to unapproved individuals, strictly adhering to HIPAA privacy laws.
- **Professional Boundaries:** Do not borrow cash, solicit gifts, use client vehicles, or invite unauthorized guests into a client's home.
- **Attendance Policy:** Give supervisors a minimum notice of 2 hours if you will be late or absent, ensuring substitute care coverage can be arranged.

10. Progressive Disciplinary Policy

Except in cases of gross misconduct, the agency follows a progressive four-step system to address performance or policy issues.

- **Step 1: Verbal Warning:** A documented verbal conversation detailing the performance or compliance issue and expectation for improvement.
- **Step 2: Written Warning:** A formal written document placed in the employee's personnel file outlining the recurring issue.
- **Step 3: Suspension:** A temporary, unpaid removal from caregiving duties pending a final performance review.
- **Step 4: Termination:** Separation of employment.
- **Immediate Termination Warning:** The agency reserves the right to bypass progressive steps and immediately terminate

employment for severe violations, including but not limited to: Medicaid fraud, client abandonment, client transportation violations, abuse/neglect, failure to submit a mandatory incident report, or failure to clear background checks.

11. Employee Acknowledgment

I acknowledge receiving the **DNA Chore Service LLC** Employee Handbook.

I specifically understand and agree to the following terms:

1. **No Paid Time Off (PTO)** policy.
2. **Strict ban on client transportation**.
3. **Net-30 Direct Deposit payment schedule**.
4. Mandatory adherence to **Incident Reporting, Dress Code, and PPE guidelines**.
5. I agree to review and comply with all listed policies, alongside the core regulations governing the MDHHS Home Help Program.

Employee Signature:_____

Date: _____

Printed Name: _____

APPENDIX A: OFFICIAL INCIDENT REPORT FORM

Instructions: Complete this form within 24 hours of any incident. Submit the finalized copy directly to management.

1. GENERAL INFORMATION

- Caregiver Name:_____
- Client Name:_____
- Date of Incident: _____
- Time of Incident: _____ AM/PM
- Location of Incident (e.g., Living Room, Kitchen): _____

2. TYPE OF INCIDENT (Check all that apply)

[ ] Client Fall / Slip

[ ] Client Physical Injury

[ ] Caregiver Workplace Injury

[ ] Property Damage

[ ] Emergency Medical Services / 911 Called

[ ] Behavioral Outburst / Aggression

[ ] Medication Refusal / Error

[ ] Other (Specify):_____

_____.

3. INCIDENT DESCRIPTION

Provide a factual, step-by-step description of what happened. Do not speculate; state only the observable facts. _____

_____

_____

_____

_____.

4. ACTIONS TAKEN & INJURIES SUSTAINED

Describe any visible injuries. Detail the immediate actions you took (e.g., applied ice, called supervisor, called 911). _____

_____

_____

_____

_____.

5. WITNESSES (If applicable)

- Witness Name(s) & Contact Info: _____

  _____

  _____.

6. SIGNATURES

- Caregiver Signature: _____
- Date: _____

- Supervisor Signature: _____
- Date: _____

NOTES

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