



Employee Manual

Community First Services and Supports (CFSS) – Agency Model

Your Journey Home Care Solutions, LLC



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1. Welcome Letter

Welcome to Your Journey Home Care Solutions! We are thrilled to have you as part of our team. You play a vital role in helping individuals live more independently in their homes and communities. This manual will guide you through your role as a CFSS caregiver. Please read carefully and keep it handy for reference.

2. About Us

Mission: is to provide compassionate, personalized, and exceptional care that empowers individuals to live independently and with dignity in the comfort of their own homes.

Vision: We envision a community where individuals can thrive in their homes with the confidence that comes from receiving high-quality care tailored to their needs.

- **Core Values:** Compassion, Integrity, Autonomy, Respect, Reliability.
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3. What is CFSS?

Community First Services and Supports (CFSS) is a Minnesota Medicaid program that provides personal assistance and support for people who need help with **Activities of Daily Living (ADLs)** and **Instrumental Activities of Daily Living (IADLs)**.

- ✓ Clients choose **agency model** (us as the employer)
 - ✓ You are employed by our agency, not the client.
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4. Employment Policies

- **At-Will Employment**
 - **Equal Opportunity Employer**
 - **Background Study Requirement**
 - **Orientation Completion Before First Shift**
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5. Roles & Responsibilities

As a CFSS worker, you are expected to:

- Assist with **ADLs** like bathing, grooming, dressing, eating, mobility.
 - Help with **IADLs** such as cooking, shopping, housekeeping.
 - Follow the client's **Service Delivery Plan (SDP)**.
 - Respect client rights and independence.
 - Communicate any changes in client health or safety.
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6. Training Requirements

All CFSS employees must:

- Complete **required DHS CFSS training and test** before hire.
 - [Link to training site or printed test instructions]

- Participate in ongoing training as required by the state or agency.
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7. Documentation & Timesheets

- Timesheets must be **accurate and submitted weekly**.
 - Report **clock-in/clock-out times**, tasks performed.
 - Never **falsify documentation** – this is fraud.
 - Use approved methods: electronic system or paper forms.
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8. Professional Conduct

- Dress appropriately and maintain hygiene.
 - No personal phone use while working.
 - No gifts or borrowing from clients.
 - Maintain a professional attitude at all times.
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9. Confidentiality & HIPAA

- Never share a client's private information.
 - Keep records secure.
 - Discuss client matters only with authorized staff.
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10. Emergency Protocols

In case of:

- **Medical Emergency:** Call 911 immediately, then notify the agency.
 - **Unsafe Living Conditions:** Report to agency supervisor.
 - **Abuse or Neglect:** Mandatory reporting required by law.
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11. Client Interaction Guidelines

- Let the client lead their care where possible.
- Respect cultural, spiritual, and personal values.
- Never discipline or argue with clients.

12. Injury Reporting & Workplace Safety

- Report any on-the-job injury **immediately**.
- Use proper body mechanics.
- Do not perform tasks outside your scope.

13. Pay Periods & Payment

- Paid **bi-weekly** via direct deposit or check.
- Pay is based on hours worked and documented on approved timesheets.
- Overtime requires **pre-approval**.

14. Attendance & Time Off

- Notify us **24+ hours in advance** for time off (except in emergencies).
- Repeated call-outs without valid reasons may lead to termination.
- Find coverage only with agency approval.

15. Separation of Employment

- Final pay will be issued per state law.
- Return any agency property.
- Exit interviews may be conducted.

16. Acknowledgment Form *(To be signed)*

I acknowledge that I have received and read the Your Journey Home Care Solutions Employee Manual. I understand the policies and agree to follow them.

Employee Name: _____

Signature: _____

Date: _____