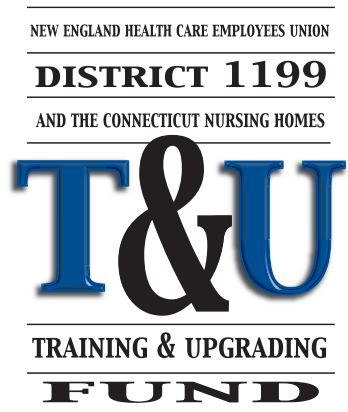


# Personal Care Attendant New Hire Orientation

## PCA HANDOUTS

1199 Training & Upgrading Fund



This program has been developed through funding provided by the  
Connecticut PCA Training and Orientation Fund

# PCA New Hire Orientation HANDOUTS

## Table of Contents

<b>Module 1: Understanding Independent Living Principles</b>	
Defining the Direct Care Workforce.....	4
Defining the Direct Care Workforce Training Requirements .....	5
People First Language .....	6
Three Styles of Support.....	7
Support Types for DDS.....	9
Support Types for DSS .....	10
Self-Determination.....	12
Evolution of Services .....	13
Personal Care Attendant’s Responsibilities .....	14
<b>Module 2: Operational Procedures of the CT PCA Program</b>	
How a Consumer-Employer Qualifies for Service.....	16
Workers’ Compensation .....	17
Completing a Timesheet .....	18
Timesheet Instructions (Allied) .....	19
Timesheet DDS (Allied) .....	21
Sample Timesheet DDS (Allied) .....	22
Sample Timesheet DSS (Allied) .....	23
Timesheet Instructions Allied.....	24
Timesheet (Sunset).....	25
Timesheet Sample (Sunset) .....	26
Timesheet Instructions (Sunset).....	27
Role of Fiscal Intermediary .....	28
Resolving Disputes Scenarios .....	29
Connecticut Department of Labor – Wage Form .....	30
<b>Module 3: Recognizing and Reporting Fraud, Abuse, and Neglect</b>	
Understanding Medicaid Fraud .....	34
How to Report CT Medicaid Fraud .....	34
Recognizing Fraud Role Play .....	35
Reporting Fraud Is Easy, Safe and Secure .....	36
Form for Reporting Fraud – DSS .....	37
Reporting Abuse and Neglect .....	38
<b>Module 4: Workers’ Rights</b>	
Worker Rights Scenarios.....	40
<b>Resource List .....</b>	<b>41</b>
<b>Glossary of Key Terms &amp; Acronyms .....</b>	<b>42</b>

**Module 1:  
Understanding  
Independent Living  
Principles**

## Defining the Direct Care Workforce

In the **CT PCA Program(s)** the PCA is employed by the consumer-employer, the person with the disability, or an authorized representative. The consumer-employer or authorized representative has the right to hire the PCA, determine schedules, train the PCA, define job tasks, supervise and evaluate the PCA's performance, and may ultimately fire the PCA. The PCA works for the person with the disability (consumer-employer). Ask the PCA to turn to page 4 of their handbook to review Table 1

**\*PCAs are not an employee of the State of Connecticut or the Fiscal Intermediary.**

**Table 1. Defining the Direct Care Workforce**

<b>Type of Worker</b>	<b>Who Is the Worker Employed by?</b>	<b>Who is the Supervisor?</b>	<b>Training</b>
Personal Care Attendant (this will have been defined earlier)	The Consumer-employer or Authorized Representative/ Guardian (if applicable)	The Consumer-employer or Authorized Representative/ Guardian (if applicable)	Training requirements vary depending on the program
Home Care Worker	Agency	Registered Nurse	75 hours training through the state approved training program, 10 hour orientation and completion of state Homemaker/HHA competency evaluation. Annually 12 hours per year ongoing; can be done with licensed agency staff
Certified Nurse Aide	Facility	Registered Nurse	100 hours of training; 24 hours of clinical experience, 16 hours of training in: resident rights, safety procedures, disease prevention, emergency procedures, communication & interpersonal skills
Direct Support Professional	Provider Agency	Direct Care Management Staff	Mandatory training varies by role. Provided by provider agency;
Direct Support Professional	Family		completion of College of Direct Support trainings

# Defining the Direct Care Workforce – Training Requirements

## Universal 3 hour orientation session, within 90 days of being hired.

Training will vary depending on the waiver your consumer-employer is under, but all PCAs are required to complete a 3 hour orientation session.

## Required trainings for Department of Social Services Waiver

**Which include the following programs:** Personal Care Attendant Waiver, ABI Waiver, Connecticut Home Care Program for Elders (CHCPE), Community First Choice & Katie Beckett Waiver

### The limited training requirements are:

- Currently this orientation, but there are some post-secondary schools that offer Personal Care Attendant Certification. The state of Connecticut does not require a certification at this time.
- PCAs working for consumer-employer on the Acquired Brain Injury Waiver (ABI 1 & ABI 2), must take training in brain injuries before they can work for someone on these waivers. Trainings are 2.5 hours long, and offered at various times and locations, by Allied Community Resources. Training calendars are available on Allied's website.

## Required trainings for Department of Developmental Services

**Which include the following programs:** Personal Support, Individual Home Support, Adult Companion and Respite.

### The limited training requirements are:

- Read and sign a document prior to beginning work covering: Confidentiality, Abuse and Neglect, False Claims (fraud), Human Rights, Incident Reporting, and Individual Planning and Documentation.
- Completion of College of Direct Support Online Training within 90 days after being employed
- Completion of a Medication Training if the consumer-employer requires the staff to administer medication. Staff who do not need to administer medication do not need this training.
- Training as defined by the needs of the consumer-employer/person being supported

# People First Language

People First language isn't about being "politically correct." It is, instead, about good manners and respect (and it was begun by individuals who said "We are not our disabilities!"). We have the power to create a new paradigm of disability. In doing so, we'll change the lives of children and adults who have disability diagnoses-and we'll also change ourselves and our world.

In both the consumer-employer opt-out and group settings, ask the PCAs to read three of the examples from the list below and comment on them.

*Isn't it time to make a change? If not now, when?  
If not you, Who? People First language is right.  
Just do it-NOW!*

<b>Examples of People First Language</b>	
<b>Say:</b>	<b>Instead of:</b>
<i>People with disabilities</i>	<i>The handicapped or disabled</i>
<i>He has a cognitive disability (diagnosis)</i>	<i>He's mentally retarded</i>
<i>She has autism (or a diagnosis of)</i>	<i>She's autistic</i>
<i>He has Downs syndrome (or a diagnosis of)</i>	<i>He's Downs; a Downs person</i>
<i>She has a learning disability (diagnosis)</i>	<i>She's learning disabled</i>
<i>He has a physical disability (diagnosis)</i>	<i>He's a quadriplegic. He is crippled</i>
<i>She's of short/small stature</i>	<i>She's a dwarf/midget</i>
<i>He has a mental health diagnosis</i>	<i>He's emotionally disturbed/mentally ill</i>
<i>She uses a wheelchair/mobility chair</i>	<i>She is confined to a wheelchair/is wheelchair bound</i>
<i>He receives special education services</i>	<i>He's in special ed</i>
<i>She had developmental delays</i>	<i>She's developmentally delayed</i>
<i>Children without disabilities</i>	<i>Normal or healthy children</i>
<i>Communicates with her eyes/device/etc.</i>	<i>Is non-verbal</i>
<i>Customer</i>	<i>Client/consumer-employer/recipient, etc</i>
<i>Consumer-employer</i>	<i>Person being supported</i>
<i>Brain Injury</i>	<i>Brain damaged</i>
<i>Accessible parking, hotel room, etc.</i>	<i>Handicapped parking, hotel room...</i>
<i>She needs.....she uses.....</i>	<i>She had problems, special needs</i>

# Three Styles of Support

## Three types of Support

As a person hired directly by the individual you support, you will be spending considerable time with them assisting, teaching and guiding to help them be as independent as possible and to have the quality of life that they desire. Your role is a very powerful one. You're interactions with the person you support can impact them in numerous ways. How you interact, how you speak to the person, the example you set, will impact how the person is able to move through their lives, how they are perceived by others and how they are able to live the life they value. It is important that you pay attention to how you interact with the person you support to assure you are respectful and encouraging. The examples below show 3 kinds of ways that a support staff may interact with the person they support. Which one will you be?

### The SLACKER

- Takes the easiest route to problem resolution
- Doesn't take the time to listen or discuss options
- Disregards the person's choices or opinions – "They don't really matter."
- Interjects with "it's their choice" as a means of avoiding responsibility or attachment.
- Leaves the person hanging
- Passes difficult situations on to others to deal with
- Doesn't recognize the person as a human being
- Often over-talks the person in conversations
- Doesn't participate in the person's life-just there to get through the day.
- Say, "it's his right, she is free to do this." Or "no problem"

### The SMOTHERER

- Responds as "mother hen" to situations
- Manipulates
- Treats the person as a dependent child-not as an equal
- Likes to "do for" the person
- Projects personal opinions, ethics and values
- Claims to have the person's best interests in mind.
- Overrides the persons choices or desires
- Uses a possible bad outcome as a treat or manipulation
- Problem solves without the persons input.
- Uses the "royal we," as in "we need to"
- Treats the interaction with the person as a crusade.
- Gets a glorified sense of self-fulfillment from their work with the person
- Knows what's best "she should..." "He needs to..." "Get him to" "have her"
- Guilt trips- "Tell her everyone around her will be really upset if she does that"
- Suggests lying as a solution – "Tell him he would rather make it another time because he has plans"
- Relates to the question of ability "If they are capable", "if she is able"

## The ALLY

- Elicits information-asks what the person doesn't like
- Asks what it is that interests them about a particular activity
- Asks what motivates them –what excites them or makes them feel good
- Asks what they would like to learn
- Shares information- what might be safe or unhealthy and why-discusses what can be done about it.
- Suggests better alternatives.
- Works with the person to get information, teaches them how to do it.
- Asks how others (including family) might perceive things (ratty clothes, stinky body)
- Encourages choice-doesn't tell someone what to do or what not to do
- Discusses risks and consequences
- Supports new experiences, encourages dreaming
- Helps the person cope with mistakes made, facilitates taking the next step
- Makes new experiences exciting not scary
- Supports difficult situations
- Helps with problem solving & decision making –teaches the process
- Helps the person set goals or plans-turns dreams into possibilities
- Assists the person toward taking steps toward goals
- Considers the family/support members in the positive
- Models/roles plays assertive behavior
- Finds a balance between the persons independence versus family involvement
- Honors the person privacy/personal preferences
- Actively participates in the person's life
- Supports disagreeable choices (other than health and safety issues)

## ISSUES OF HEALTH AND SAFETY

One of the primary responsibilities of direct support staff is assuring the health and the safety of the people they support. Although self-determination includes the opportunities to take risks, it does not include the option for direct care staff to allow obvious threats to health and safety under the guise of self-determination. When immediate health and safety situations arise, the best response for staff to take may not be the ally role.

When health and safety are threatened, staff may have to be more assertive about expressing their concerns, (“I have some concerns we need to talk about”), staff may be more directive about finding a solution to health and safety concerns (“We need to figure out another way for this to happen”), or staff may use the names/status of other professionals to back up their position (“Your doctor said you need to do this”).

Issues of health and safety are seldom clear-cut. An Ally who wonders if an individual has considered potential harm would ask and help develop contingency plans if needed. It is part of assisting with informed decision-making and problem solving.



# Support Type for DDS

## **Personal Support**

Assistance necessary to meet the individual's day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. This service may not be used in place of eligible Medicaid State Plan Home HealthCare services. Provision of services is limited to the person's own or family home and/or in their community

## **Individual Home Supports**

Assist with the acquisition, improvement and /or retention of skills and provide necessary support to achieve personal outcomes that enhance an individual's ability to live in their community as specified in their Individual Plan. This service is specifically designed to result in learned outcomes, but can also include elements of personal support that occur naturally during the course of the day. Examples of the type of support that may occur in these settings include:

- Provision of instruction and training in one or more need areas to enhance the individual's ability to access and use the community
- Implement strategies to address behavioral, medical or other needs identified in the Individual Plan;
- Implement all therapeutic recommendations including Speech, O.T., P.T., and assist in following special diets and other therapeutic routines
- Mobility training or Travel training
- Training or practice in basic consumer skills such as shopping or banking
- Assisting the individual with all personal care activities.

## **Adult Companion**

Assistance necessary to meet the individual's day-to-day activity and daily living needs and to reasonably assure adequate support at home and in the community to carry out personal outcomes. Cueing and supervision of activities is included. Examples include:

Providing companionship and social interactions

Assistance to or supervising the individual with such tasks as light housekeeping, meal preparation, laundry or shopping, though these activities are not performed as discrete services or for more than 20% of time worked.

## **Respite**

Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. This service may be self-directed.

Service Settings Consumer's home, home of Qualified Respite Provider, DDS operated Respite Centers, Private Certified Respite Homes, community locations, approved respite facilities.

Examples Weekend stay at certified respite provider's home, four hours of in-home respite relief for parents, Saturday group respite at a community center, and attendance at approved respite/camp facilities.

## Support Type for DSS

### **Acquired Brain Injury (ABI) Waiver**

A Medicaid Waiver program that employs the principles of person-centered planning to provide a range of non-medical, home and community based services, to maintain adults who have an acquired brain injury (not a developmental or degenerative disorder), in the community. Without these services, the adult would otherwise require placement in one of four types of institutional settings. Adults must be age 18-64 to apply, must be able to participate in the development of a service plan in partnership with a Department social worker, or have a Conservator to do so, must meet all technical, procedural and financial requirements of the Medicaid program, or the Medicaid for Employed Disabled program. An adult deemed eligible for the ABI Waiver, is eligible for all Medicaid covered services. Application is made by contacting the Department's regional offices, and returning a completed ABI Waiver Request Form.

### **Personal Care Assistant (PCA) Waiver**

A Medicaid Waiver program that provides personal care assistance services included in a care plan to maintain adults with chronic, severe, and permanent disabilities, in the community. Without these services, the adult would otherwise require institutionalization. The care plan is developed by a Department social worker in partnership with the adult. Adults must be age 18-64 to apply, must have significant need for hands on assistance with at least two activities of daily living (eating, bathing, dressing, transferring, toileting), must lack family and community supports to meet the need, and must meet all technical, procedural and financial requirements of the Medicaid program, or the Medicaid for Employed Disabled program. Eligible adults must be able to direct their own care and supervise private household employees, or have a Conservator to do so. An adult deemed eligible for the PCA Waiver, is eligible for all Medicaid covered services. Application is made by contacting the Department's regional offices, and returning a completed PCA Waiver Request Form.

### **Connecticut Home Care Program for Elders (CHCPE)**

The CT Home Care Program for Elders (CHCPE), including who is eligible for the program, what services are available, how to apply for services, and how to contact the program.

To be eligible, applicants must be 65 years of age or older, be a Connecticut resident, be at risk of nursing home placement and meet the program's financial eligibility criteria. To be at risk of nursing home placement means that the applicant needs assistance with critical needs such as bathing, dressing, eating, taking medications, toileting. The CHCPE helps eligible clients continue living at home instead of going to a nursing home. Each applicant's needs are reviewed to determine if the applicant may remain at home with the help of home care services. For more information on eligibility criteria, please see the link below.

## **Community First Choice**

Community First Choice (CFC) is a new program in Connecticut offered to active Medicaid members as part of the Affordable Care Act. This program allows individuals to receive supports and services in their home. These services can include—but are not limited to—help preparing meals and doing household chores, and assistance with activities of daily living (bathing, dressing, transferring, etc.). Educational services will be available to help you increase your independence, and learn how to manage your in-home staff.

## **Katie Beckett Waiver Program**

A program which offers full Medicaid eligibility, case management, and home health services primarily to children with disabilities who would normally only qualify for Medicaid in an institution. This is a model waiver and enrollment is capped at 200. Current enrollment: 200

# Self-Determination

## Self-Determination Means:

**People with disabilities have the right to control their lives and have authority over the resources that support them. People with disabilities have the:**

- **Freedom** to decide how to live their lives;
- **Authority** over their resources and supports;
- **Support** they need to live full lives; and
- **Responsibility** for their decisions and actions

# Evolution of Services

Prior to **1970**, most people with intellectual disabilities lived in institutional settings

**1972:** First Center for Independent Living  
Established: Berkley, CA

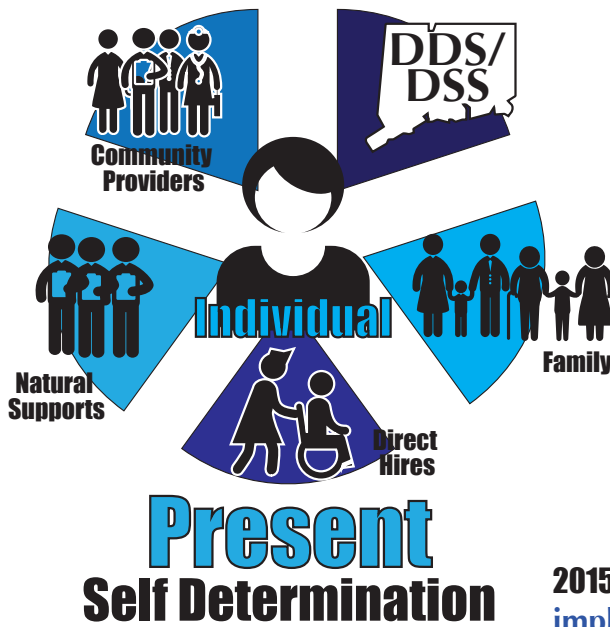


**1980:** Shifted to community based services

**1986:** First Center of Independent Living in CT

**1990:** Americans with Disabilities Act

**1996:** PCA Waiver Established



**2015:** Community First Choice implemented

# Personal Care Attendant's Responsibilities

PCAs assist the consumer-employer with ADLs, IADLs as well as additional needs based on person's individual care plan so that the consumer-employer can continue to live independently at home, work, and participate in other life events. PCAs must be able to understand and carry out directions given by the consumer-employer or authorized representative (if there is one). PCAs must understand that often times, their responsibilities are determined based on the individual's needs, especially for consumer-employers with intellectual disabilities, their responsibilities may vary based due to their specific needs. **Good communication is critical!** PCAs must receive training from the consumer-employer or authorized representative in all PCA activities. Most commonly, these activities include:

## Activities of Daily Living (ADLs)

- Bathing and grooming
- Dressing and undressing
- Eating
- Toileting and continence
- Transferring and mobility
- Transfers – physically assisting the person in and out of bed, a chair, or a wheelchair (includes lifting)
- Mobility – physically assisting the person to ambulate or move their wheelchair from one point to another

## Supporting Individuals with Intellectual Disabilities

- Enhancement of skills necessary to complete any ADLs, IADLs and well as any health related task.
- Cognitive Support – daily assistance to prevent harm due to intellectual disability
- Behavioral Support – requires daily assistance to prevent harm
- Medication Support – require assistance for administration of physician order daily, supports beyond set up
- Community inclusion
- Personal Support – assistance necessary to meet the individual's day-to-day activities.
- Assistance with the acquisition, improvement and /or retention of skills
- Companionship and social interactions

## Instrumental Activities of Daily Living (IADLs) Note: DDS considers these all ADLs.

- Shopping
- Laundry
- Housework
- Transportation; such as to/from a medical appointment
- Preparing food and clean up

**Gray Areas:** There may be times when the consumer-employer asks the PCA to do additional tasks that will enable the consumer-employer to live independently within the community. The PCA should consider refusing to do additional tasks if:

- The task poses a significant health or safety risk for the PCA
- The task might be illegal
- PCA is asked to do something that may be considered fraudulent (see Module 3)
- The PCA is asked to provide supports for someone other than the consumer-employer.

**Remember, in all situations, PCAs should always:**

- Listen carefully and communicate clearly
- Be respectful
- Act professionally
- If they do not know how to do something, they should ask for instructions/training

**Module 2:  
Operational Procedures  
of the  
CT PCA Program**

# Understanding how a consumer-employer qualifies for services

## The Department of Developmental Services

1. Must be eligible for DDS services
2. Consumer-employer is evaluated for services based on his/her level of need by a case manager who determines their level of funds
3. Consumer-employer must become eligible for Medicaid waiver services by wanting to live in the community
4. Identifies the supports that will best meet the individual needs
5. Budget funds, if available, allocated to the services

## The Department of Social Services

1. Must be eligible for DSS services
2. Must be eligible for state's Medicaid program (HUSKY Health)
3. Must have income within 150% of federal income level
4. Must need assistance medically. Must need hands on assistance for at least three activities of daily living or requires supervision



## Workers' Compensation Insurance:

**Workers' Compensation Insurance:** Legally any consumer-employer who has a PCA who works 26 hours or more per week is required by law to carry a Workers' Compensation policy. If a consumer-employer has a PCA who works less than 26 hours per week they have the option to purchase Workers' Compensation using his/her budget, but, it is not required by law. (Workers' Compensation Insurance is an option consumer-employers may purchase if they choose, using some of the funding provided for their care, but they are not required to do so.)

# Completing a Timesheet

**It is important to remember to use the correct service code to bill the Federal government. PCAs are hired to provide one or more services to the people they support; IHS, IDS, Adult Companion, Respite, or Personal Support. (Note: *There is a new time sheet for CFC*).** Please remember that your signature certifies to the consumer-employer and the State that the information on the timesheet is true and accurate.

- Timesheets must show actual hours worked and the activities that helped the consumer-employer achieve their goal(s); e.g., if the PCA worked from 9 am to 1 pm, then the timesheet must say 9 am to 1 pm
- Blank timesheets should not be signed ahead of time
- Make sure timesheets are submitted to the fiscal department biweekly. No later than 5:00pm Monday for those submitting to Allied fiscal department, for those using Sunset fiscal department make sure timesheets are submitted by 12:00pm Monday.
- White-out or cross-out on a timesheet will not be accepted
- Make sure that you are submitting the right timesheet for the right pay period, timesheets that are sent in prior to the end date will not be processed
- Make sure all signatures are on the timesheet
- PCAs cannot be paid during the time that their consumer-employer is admitted to a hospital or a nursing home. Hours claimed while an consumer-employer is admitted to a hospital or a nursing home will be rejected and may be subject to investigation by the DSS Medicaid Fraud Unit. A PCA may be paid for hours worked on the day their consumer-employer is admitted to the hospital, prior to being admitted. Likewise, a PCA may be paid for hours worked on the day their consumer-employer is discharged from a hospital or a nursing home, after their consumer-employer is discharged.
- PCAs cannot be paid for any days on which either the PCA or the consumer-employer is incarcerated
- PCAs are never paid to be “on call”
- Timesheets must be submitted by the consumer-employer, or authorized representative (not the PCA)
- The consumer-employer must not endorse, deposit, or cash the PCA paycheck
- PCAs sign their timesheets under penalty of perjury that they have provided HUSKY Health (CT Medicaid) PCA services to the consumer-employer and that the information is correct. This means if the information on the timesheet is not true, the PCA and/or the consumer-employer can be investigated and prosecuted for fraud.
- Timesheets must be for work done directly with the individual being supported
- For additional information on reporting fraud see:  
<http://www.ct.gov/dss/cwp/view.asp?a=2353&Q=421878>



## Financial Management Services

PO Box 479 East Windsor, CT 06088-0479  
Phone: 860-627-9500 Fax: 860-627-0230  
Toll Free Phone: 877-722-8833  
[www.acrfi.org](http://www.acrfi.org)

*"Creating Opportunities for People"*

### **\*\*\*\*\*IMPORTANT BULLETIN\*\*\*\*\***

Dear Participant:

In an effort to protect you the consumer, your employee's timesheets must be signed and filled out accurately and completely. If you fail to adhere to the following requirements, your employee's paycheck may be delayed. The following is a list of items that will result in processing delays:

- All timesheets must be received by our office **no later** than 5:00PM Monday on the week that paychecks are due to be issued. If timesheets are not received by this deadline, then the issuance of paychecks will be delayed.
- All timesheets **must be** signed by you (or the employer or legal representative such as a conservator) and your employee. Timesheets without the appropriate signatures will not be processed. If somebody other than the employer, employee or designated alternate signer (someone we have on file such as a conservator) signs the timesheet, it will delay processing.
- All timesheets must be dated with the date they are signed. Timesheets without a date after the signature for both the employer and employee will not be processed.
- The timesheet must be signed and dated after the services are performed. If a timesheet is received and the date signed is before the dates of service, the dates after the signature date will not be processed.
- If you sign your name using a stamp, initials or an "X", then the timesheet must be witnessed by a 3<sup>rd</sup> party: who is someone other than the person being paid on the timesheet. If the timesheet is not witnessed, it cannot be paid and will delay processing.
- Generally, white-out or cross-outs on a timesheet will not be accepted. **The only exception to this rule is if you are making a change to the hours on the timesheet. If you make a change to the hours only, both the employer and employee must initial after this change to verify acceptance.**

- Be sure to list the dates of service that were worked for each appropriate day of the week. Also, the week-ending date needs to be written at the top of the timesheet on the appropriate line. Timesheets with missing or incorrect dates could result in a processing delay.
- Service Codes need to be entered on the timesheet in the column marked “Service” (e.g., PCA). Missing or incorrect codes could result in a processing delay.
- Be sure to fill out the Progress Notes (DDS Programs) section or the Employee Daily Activity Checklist section (DSS Programs) of the timesheet. Failure to fill these sections out will result in a delay of your timesheet.

If you have any questions, please contact our office at 860-627-9500 or toll-free at 1-877-722-8833 between the hours of 8AM-5PM Monday through Friday.

Sincerely,

Allied Community Resources

**DDS Timesheet – ACR Fiscal Intermediary Services**

FAX to: (860) 627-0230 or toll-free 866-598-2227  
MAIL to: P.O.Box 509, East Windsor, CT 06088-0509

**Part I: Employee Information**

Employee FIRST Name									
Employee LAST Name									
Employee Number:					Pay Period Ending Date				

**Part II: Employer Information**

Employer FIRST Name									
Employer LAST Name									
Employer Number:					DDS Number:				

Goal 1	
Goal 2	
Goal 3	
Goal 4	

<b>Service Code Key</b>	Ind. Home Support: IHS
Respite: Flat Rate (24hr): RES	Adult Companion: COMP
Respite Hourly RES2	Independent Broker: INDB
Individual Day Support: IND	Personal Support: PER

**Part III: Timesheet**     **YOU ARE REQUIRED TO COMPLETE THIS TIME SHEET AND YOU MUST OBTAIN YOUR EMPLOYER'S SIGNATURE BELOW**

Day	Date Mo/Day	GOAL #	Service Code	Time In	Time Out	Time In	Time Out	Total
Sat								
Sun								
Mon								
Tues								
Wed								
Thur								
Fri								

<b>PROGRESS NOTES:</b> <i>Must be related to the outcomes (goals) documented on the date(s) of service above.</i>

**By signing below, I certify that I provided the services to the consumer for the times recorded on this timesheet.**

_____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
Employee Signature	Date					

**I certify that the consumer has received the hours of service recorded on this timesheet.**

_____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
Employer Signature	Date					

<b>Please check and FAX Change Form if applicable</b>
Address Change _____
Telephone # Change _____

# DDS SAMPLE TIMESHEET

DDS Timesheet-ACR Financial Management Services  
 Fax to: 860-627-0330 or Toll-Free 866-598-2227  
 Mail to: PO Box 509 East Windsor, CT 06038-0509

Employee should enter

- first name
- last name
- last 4-digits of SSN
- last day of pay period (this should be the last Saturday on this sheet)

Employer should enter

- first name
- last name
- CR number
- DDS number

**Part 1: Employee Information**

Employee FIRST Name  
 FIRST NAME

Employee LAST Name  
 LAST NAME

Employee Number: LAST 4 OF SSN  
 Pay Period Ending Date: 02/07/2015

**Part 2: Employer Information**

Employer FIRST Name  
 FIRST NAME

Employer LAST Name  
 LAST NAME

Employer Number: CR 1234  
 DDS Number: 12345

Service Individualized Home Support: IHS Individual Day Support: IND Adult Companion: COMP  
 Code Key Independent Broker: INDB Personal Support: PS Respite: Flat Rate (24hr): RES  
 Supported Employment Individual SEI Respite Hourly: RES2 Individual Goods and services Supervisor IGS

**Part III: Timesheet YOU MUST OBTAIN YOUR EMPLOYER'S SIGNATURE BELOW**

Week 1	Date Mo/Day	Service Code	Time IN	Time OUT	Time IN	Time OUT	Total Hrs
Sunday							
Monday	1/26	PS	0700	0500			10
Tuesday							
Wednesday	1/28	PS	0900	0100			4
Thursday							
Friday	1/30	PS	1000	0100	0900	1000	4
Saturday Ends Midnight	1/31	PS	1200	0400			4
<b>Week 2</b>							
Sunday	2/1	PS	0900	1200			3
Monday	2/2	PS	0900	1200			3
Tuesday	2/3	PS	0900	1200			3
Wednesday							
Thursday	2/5	PS	0900	1200			3
Friday	2/6	PS	0900	1200			3
Saturday Ends Midnight							

Employee should enter

- Date
- Service Code
- Time in with AM/PM
- Time out with AM/PM

Enter the total hours worked for each day

Employee must record progress notes for services provided

Bi-weekly IP Outcome progress note: What did you do for the hours you worked?  
 Progress Notes: Enter comments below-REQUIRED!

RECORD A DESCRIPTION OF SERVICES PROVIDED IN THIS SECTION HERE.

The employee signs and dates when they have completed their portion of the timesheet

I certify that I provided the services to the consumer for the times recorded on this timesheet.

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

I certify that the consumer has received the hours of service recorded on this timesheet.

Employer Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Please check and FAX change form, if applicable

Address Change \_\_\_\_\_

Telephone # Change \_\_\_\_\_

The employer signs and dates when they completed and verified that the information listed on the timesheet is correct

Check here if you have an address or phone number change; we will send you a form to make the change!

# DSS SAMPLE TIMESHEET

Enter the week ending date - this should be the Saturday of the current week on this timesheet

Darken the circle for the appropriate program

**State of Connecticut-Department of Social Services  
Timesheet/Activity Check List**

FAX to: 800-827-5688  
MAIL to: P.O. Box 479  
East Windsor, CT 06088-0479

W-993 (Rev.04-15)  
Pay Period Ending Date: 01 / 31 / 2015

Select One:  ABI  CHCPE  MFP CHCPE  MFP CFC  
 ABI II  CHCPD  MFP PCA  MFP ABI  
 PCA  CFC  MFP ABI II

**Part I: Employee Information**

Employee First Name: FIRST NAME

Employee Last Name: LAST NAME

Last Four Digits of SSN: 4 5 6 7

**Part II: Participant/Employer Information**

Print First Name of Participant - Employer: FIRST NAME

Last Name of Participant - Employer: LAST NAME

Telephone Number: ( 0 1 2 ) 3 4 5 - 6 7 8 9

Employer should enter

- first name
- last name
- phone number

Employee should enter

- first name
- last name
- last 4-digits of SSN

**Part III: Timesheet**

Day	Date Mo/Day	Service	Time In	Time Out	Time In	Time Out	Total Hours for Day
Sun	01 / 25	PCA	09:00 AM	02:00 PM			05.00
Mon	01 / 26	PCA	07:00 AM	11:00 AM			04.00
Tues	01 / 27						
Wed	01 / 28						
Thur	01 / 29	PCA	08:00 AM	10:00 AM	04:00 AM	07:00 AM	05.00
Fri	01 / 30						
Sat	01 / 31	PCA	03:00 AM	05:00 AM			02.00

Service Key: Companion-COM Personal Care Asst.-PCA Respite-RES Homemaker-HM Overights-ON Per Diem-PD Independent Living Skills Trainer-ILS

Enter the total hours worked for each day

Employee should enter

- Date
- Service Code
- Time in with AM/PM
- Time out with AM/PM

**Part IV: Employee Daily Activity Check List**

	SU	M	T	W	TH	F	S		SU	M	T	W	TH	F	S
Bathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Mobility assistance inside & outside	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Dressing/Undressing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Laundry	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light Housework	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Errands (shopping, banking, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Meal Preparation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toileting and/or Bladder & Bowel Routine	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Taking Medicine	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grooming/Hygiene	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Accompany Medical Transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfers (not included in any other activity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Exercise Regimen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Personal Business (bill paying, written & phone communications, etc.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Employee must darken activity circles provided during shift and record notes

Please describe in this section what services you provided if they are not listed above.

I certify that the information supplied above regarding hours worked and activities performed is accurate. I also certify that my employer was not an inpatient in a hospital, nursing facility, or other medical or non-medical institutional setting during this time period.

I certify that this timesheet/activity check list was completed in full BEFORE I signed it and that the above information regarding hours worked and activities performed is accurate. I also certify that I was not an inpatient in a hospital, nursing facility, or other medical or non-medical institutional setting during this time period.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The employee/provider signs and dates when they have completed their portion of the timesheet

The employer signs and dates when they completed and verified that the information listed on the timesheet is correct

## TIMESHEET INSTRUCTIONS

- ⇒ Enclosed is a revised timesheet which conforms to DDS's waiver requirements. Failure to follow these procedures will result in payroll delays or *timesheets being returned*. ***Please carefully read the items below. All fields of the timesheet must be completed.***
- ⇒ Every employee ***must complete a timesheet*** indicating specific days and hours worked. Please make sure all dates are filled in. All time should be rounded to the nearest ¼ of an hour (nearest 15 minutes) and ***recorded with start and stop times***. Recorded times should be written on the correct days of the week. Always include ams/pms and use black ink.
- Every employee and employer (or employer representative) ***must sign the timesheet*** to verify the hours worked. Names must be printed on top of timesheet. *Unsigned timesheets cannot be processed and will be returned*. Please take caution in filling out your timesheet to make sure the dates and times are accurate. Falsifying hours constitutes Medicaid fraud. Should you realize any errors, you must promptly submit a corrected timesheet clearly identifying the correction.
  - You ***must record the service type in the upper right hand*** corner of the timesheet using the key below: (the service *provided must be in the approved budget and your employee must be setup for the service type*). One type of service only per timesheet (respite can be combined but should specify daily or hourly).

***PERS – personal support***

***IHS – individualized home support***

***RESPD – daily respite***

***INDGSS – individual goods and services***

***FICS – independent broker services***

***AC – adult companion***

***IND – individualized day support***

***RESPH – hourly respite***

***TRIP – per trip transportation***

***STFD – state funded (non-waiver)***

- The hours and services provided must be properly authorized in and not exceed the approved budget.
- ***Each employee must complete a progress note for each pay period (refer to DDS fact sheet). The notes document how the services provided relate to the consumer's individual plan.***
- Please retain all original timesheets on file if you fax (or mail the originals and retain copies). The toll-free fax number is 1-866-380-0149
- *Please make sure all information is legible and written clearly.*
- *For assistance in Spanish, please call Jessica or Melissa at 1-800-887-0647 option 4.*
- If you need **any additional forms**, please email or call us at 1-800-887-0647 option 4. We can email you soft copies.



**BIWEEKLY EMPLOYEE TIMESHEET (see reverse for instructions)**

<b>EMPLOYEE NAME</b>		<b>PHONE #</b>		<b>SERVICE CODE (See back)</b>											
<b>CONSUMER NAME</b>				<b>PHONE #</b>				<b>PAY PERIOD DATES</b>							
	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	
<b>Date</b>															
<b>Time In</b>															
<b>Time Out</b>															
<b>Subtotal</b>															<b>Total Hours Below</b>
<b>Time In</b>															
<b>Time Out</b>															
<b>Subtotal</b>															
<b>Total Hours</b>															

**Bi-weekly IP Outcome progress note: What did you do for the hours you worked? Enter comments below (required):**

--	--

<p><b>MAIL TO:</b> Carol Agria, Sunset Shores FI Services          67 Bridgeport Ave.          Milford, CT 06460-3931</p>	<p><b>FAX :</b> Local : 203-882-1339      Toll Free : 1-866-380-0149          Email PDF file to: payroll@sunsetshoresfi.com</p>
<p>By Signing below, I certify that I have provided services to the consumer during the time reported on this timesheet.</p>	
<p>EMPLOYEE SIGNATURE _____ Date _____</p>	<p>By Signing below, I certify the consumer has received the supports as reported on this timesheet.</p> <p>EMPLOYER SIGNATURE _____ Date _____</p>

**BIWEEKLY EMPLOYEE TIMESHEET (see reverse for instructions)**

EMPLOYEE NAME <b>Alice Jones</b>		PHONE # <b>860-555-1111</b>		SERVICE CODE (See back) <b>PER5</b>				
CONSUMER NAME <b>John Doe</b>		PHONE # <b>860-555-2222</b>		PAY PERIOD DATES <b>9/21/09 - 10/4/09</b>				
Date	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total Hours Below
9/21					9/25			
Time In	10 am				10 am			
Time Out	12 am				12 am			
Subtotal	2				2			
Time In	4 pm				4 pm			
Time Out	8 pm				8 pm			
Subtotal	4				4			
Total Hours	6				4			20

\* Please indicate AM or PM for each time entered.  
 Bi-weekly IP Outcome progress note: What did you do for the hours you worked? Enter comments below (required):

Please note: Activity should be specific to consumers individual plan - progress note  
 Showed relate service to the plan.  
 SAMPLE: I supported John to go into the community for the following events:  
 9/21 and 9/25 - shopping, 9/25 - square dancing and 10/2 - town hall meeting.

MAIL TO: Carol Agria, Sunset Shores FI Services  
 67 Bridgeport Ave.  
 Milford, CT 06460-3931

FAX: Local: 203-882-1339 Toll Free: 1-866-390-0149  
 Email PDF file to: DAYROLL@sunsetshoresfi.com

By Signing below, I certify that I have provided services to the consumer during the time reported on this timesheet.

By Signing below, I certify the consumer has received the supports as reported on this timesheet.

EMPLOYEE SIGNATURE: *Alice Jones* Date: *10/2/09*  
 EMPLOYER SIGNATURE: *Steve Doe* Date: *10/4/09*

Employee signs and dates after services are completed.  
 Employer/sponsoring person signs and dates after services are completed.

To Support Staff: Your employer under self-directed services is using Sunset Shores FI Services to process his/her payroll. To Employers: please review with your staff.

**Please help us be successful in processing payroll. Please ensure the following:**

- For new employees: Prior to starting-that you have completed the new "Revised One-Step Employment Application Packet" with your employer, and the packet has been submitted and processed by us.
- Timesheets are **legible, signed by both the employer or employer representative and employee, and are complete with dates and times (in and out) for each individual date worked** and **added correctly**. Please use black pen only. **Always** use am or pm as appropriate when recording times in and out.
- Please do not use timesheets that have been copied multiple times as they become unclear. Times/hours should **never** be copied; dates should never be whited-out and written over. Actual times worked should be recorded for each day worked as they are worked.
- Hours have been recorded and submitted according to the bi-weekly pay schedule. Hours must never be submitted in advance of being worked. Timesheets should not be "pre-dated" or signed in advanced of when you work. Never sign blank timesheets or pre-sign blank timesheets.
- The correct **Service Code** is written in on each timesheet-see back of timesheet for service codes. Services must be authorized in the budget/plan. See your employer with any questions regarding your service code.
- Only **one Service Code is on each timesheet**. Please use separate timesheets for each service code. We must code service units by service types for each date the service was provided (these are getting billed out for Medicaid reimbursement).
- **Employee and Consumer name and phone numbers and/or fax numbers** are clearly available on each timesheet. Our toll-free fax is 1-866-380-0149.
- **Many employers will submit the payroll to us. We have different employers with various preferences. Check with your employer.**
- At least **one Progress note** is written in the center box labeled "Biweekly IP Outcome Progress note..." See your employer/employer rep with any questions regarding the outcomes in the Individual Plan (IP).
- When faxing-always include a cover sheet and **indicate the number of pages you are faxing, a contact number** and be sure the paper is faced correctly in your fax machine. We do receive blank sheets of paper faxed (timesheets are upside down) with no identifying header information as to the origin of the fax.
- Please remember that the **pay date is actually Friday** as per the two week pay schedule (*if your timesheets are submitted timely*).
- Employees are responsible for **making sure that paycheck funds are available**. You should not write checks against an account in anticipation of funds being deposited, but rather confirm first that the funds are available.
- Please make sure **hours do not overlap** with hours from any other source (i.e. hours of any other employees or other services such as home health agency, hospital supports) unless this has previously been authorized (these occasions should be rare and must be clearly documented by DDS in the plan). This is extremely important.
- Corrections: If you must make a correction, please work with your employer to send in the correction/revision with an explanation.

**Problems with any of the above could result in payroll delays as we may have to research problems or return timesheets. This can take significant time. Please carefully review your timesheets prior to submission.**

*We appreciate your attention to the above details. Please contact us with any questions toll-free at Sunset Shores FI Services 1-800-887-0647 option 4. Any question regarding your schedule/hours/services should be directed to your employer.*

## Role of Fiscal Intermediary

- Contracts with CT Medicaid
- Receives funds from CT Medicaid (HUSKY HEALTH) to pay for PCA services
- Receives and processes PCA activity forms
- Processes PCA pay check after deducting taxes
- Pays PCA, PCA may choose direct deposit option
- Processes PCA W2 forms at the end of the year for tax purposes
- PCA are never paid cash for providing services
- Reports Fraud

# Resolving Disputes

**SCENARIO 1:** Your pay does not arrive in your account when expected (you have direct deposit). What should you do?

---

---

---

---

---

---

---

---

**SCENARIO 2:** The consumer-employer calls and asks you to come in two hours early for your shift. You then get a call from his authorized representative telling you to come in at the regular time. When you arrive at the regular time, your consumer-employer yells at you for not coming in early as he had requested. When you explain that his authorized representative said not to come in early the consumer-employer says: “Scheduling is up to me. You’re fired!” What should you do?

---

---

---

---

---

---

---

---

**SCENARIO 3:** The consumer-employer has asked you to do a task that you feel is unrelated to PCA work. What should you do at the time? What do you do afterwards?

---

---

---

---

---

---

---

---



**Connecticut Department of Labor**  
 Wage and Workplace Standards Division  
 200 Folly Brook Boulevard  
 Wethersfield, CT 06109

Tel.: 860-263-6790

www.ct.gov/dol

**OFFICIAL USE ONLY:**

Unit: \_\_\_\_\_ Agent Initials: \_\_\_\_\_  
 Industry Code: \_\_\_\_\_  
 Territory: \_\_\_\_\_

**STATEMENT OF CLAIM FOR WAGES**

**INSTRUCTIONS:** Complete both sides of this form, and sign. Type or print legibly. Complete all items to the best of your knowledge. Failure to do so may result in delays. Enclose any copies of documentation that may be relevant to your claim. Please notify us immediately by mail if you have a change of address, phone number or have been paid.

**EMPLOYEE INFORMATION**

1. Your Name (Employee)		4. Date	5. Social Security Number	
2. Your Address (Number and Street)		(City or Town)	(State)	(Zip Code)
3. Your Telephone Number	6. Type of Work Done / Occupation / Title			

**EMPLOYMENT INFORMATION**

7. Business Name (Employer)		9. Business Telephone No		
		( )	(State)	(Zip Code)
8. Business <u>Street</u> Address ( <i>not a P.O. Box</i> ) (City or Town) (State) (Zip Code)				
10. Other Business Name(s) that might be used by employer				
11. Name of Person in charge		12. Title (e.g.: owner, president, manager)		
13. Did you work at the business address listed in item #7? <input type="checkbox"/> Yes <input type="checkbox"/> No    Please provide location:				
14. Number of Hours Per Week	Date Hired	First Wage Rate	Last Wage Rate	Quit / Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> Still Employed <input type="checkbox"/>
15. Date of Separation	Reason for the Separation			
16. Wages Claimed From (Date)	To (Date)	At the Rate of (Hour, Day, Week, etc.)	Total Amount Claimed	

**CLAIM DETAILS**

**17. Please check the reason(s) you are filing this claim:**

<input type="checkbox"/> Final paycheck(s) not received or incorrect	<input type="checkbox"/> Overtime wages (time and one-half)
<input type="checkbox"/> Commission(s) not received or incorrect (please provide detailed information and employment agreement if available)	<input type="checkbox"/> Not paid for all hours worked
<input type="checkbox"/> Bonus	<input type="checkbox"/> Non-Payment of Prevailing Rate on Public Works Project (please provide project name(s) on back of this form)
<input type="checkbox"/> Vacation Pay upon termination (please provide written policy)	<input type="checkbox"/> Improperly classified as an independent contractor
<input type="checkbox"/> Minimum Wage	<input type="checkbox"/> Bounced paycheck
	<input type="checkbox"/> Illegal deductions
	<input type="checkbox"/> No paystub

**Explain why you believe the employer owes you wages. List the dates and hours for which you believe wages are due.**  
*Attach additional sheets if necessary.*

**18.** Did you ask the employer for the money you believe is due?

Yes      Name and title of person you asked: \_\_\_\_\_

No      If No, why \_\_\_\_\_

**►► IMPORTANT ◄◄**

**PLEASE NOTE THE FOLLOWING :**

1. This claim form will be returned to you if it is incomplete or illegible.
2. If you are complaining that you did not receive a **final paycheck**, you must physically report to the normal place you are paid and attempt to obtain payment yourself. Making phone calls and/or sending friends or relatives to obtain payment are not sufficient. If you do not attempt to obtain payment yourself, we will not investigate your claim.
3. This Division has jurisdiction over **wage issues only.** We cannot assist you in obtaining payment for time not worked (holiday pay, severance pay, etc.), or for expenses, tax issues, or pension plan issues. We may be able to assist you in obtaining payment for unused fringe benefits such as vacation pay, but only upon separation of employment.

In signing this form, I hereby attest to the following:

- That this is a true statement of wages due me to the best of my knowledge and belief. I hereby assign all wages and all penalties accruing because of their non-payment, and all liens securing them to the Labor Commissioner of the State of Connecticut to collect in accordance with the law.
- That I authorize the mailing at my own risk of any money paid on this claim.
- That I authorize the Labor Commissioner or any person authorized by the Labor Commissioner to approve a proposed compromise adjustment or settlement of this claim, unless I object in writing within ten days after notification to me at the address given by me to the Labor Commissioner. I understand my claim may be reassigned back to me to pursue in small claims court or through a private attorney.
- If I do not request in writing, subsequent to closure of this case, the return of any papers submitted by me in connection with this claim, I hereby authorize the Labor Commissioner to destroy them after three years.

**19.** I understand that this complaint form is subject to the Freedom of Information laws.  
*(If you are filing anonymously, you are not required to sign below.)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian *(required if claimant is under 18 years old)*

\_\_\_\_\_  
Date

**Module 3:**  
**Recognizing and Reporting**  
**Fraud, Abuse, and Neglect**



## Understanding Medicaid Fraud

Fraud is an intentional deception or misrepresentation which results in an unearned benefit to a provider or vendor, usually in the form of an excess payment, through the Medical Assistance Programs (HUSKY Health – CT Medicaid). This would include any provider or vendor (Consumer-employer or PCA) operating as an individual or business entity including their employees, owners and/or officers. Conduct that constitutes potential provider or vendor fraud allegations includes, but is not limited to:

- Provider billing (submitting timesheets) for services that were not rendered
- Providing services which are not medically necessary
- Altering and/or falsifying a claim or records (timesheets)
- Accepting kickbacks for patient referrals for services

## How to Report CT Medical Fraud

State of Connecticut Department of Social Services/Investigations  
Division  
55 Farmington Avenue, Hartford, CT 06105-  
3730  
Phone: 1-800-842-2155 or (860) 424-5980 Fax: (860) 424-4945

# Recognizing Fraud

*Sasha has been working for Ben for over a year, providing 20 hours of PCA services a week. She works four days a week Wednesday – Saturday from 7 am to 12 pm each day. Two months ago Sasha told Ben that she would be going on vacation for four days. She will be leaving on Monday and coming home on Friday, so she will be back at work the following day, Saturday. Ben told Sasha he would schedule a substitute PCA to fill in for her while she is away. Sasha leaves for vacation in three days. In the meantime, Ben’s doctor has scheduled a surgery for Ben during the time Sasha is on vacation. Ben will be admitted to the hospital on Monday (the same day that Sasha leaves for vacation); he expects to be home from the hospital on Thursday. Sasha is not aware Ben will be in the hospital.*

**Ben (consumer-employer):** “Sasha, I need to find someone to fill in for you while you’re on vacation, do you know of anyone who might be available?”

**Sasha (PCA):** “How about your wife? I know she can’t be your PCA, but it’s only a few days so it’s not a big deal.”

**Ben:** “OK, you’re right, technically she can’t be my PCA, but no one needs to know. I will talk to her about it. Also, before you go, I need you to sign your timesheets. I left them over there on the table.”

**Sasha:** “No problem. Did you want me to fill them in for 20 hours each and sign them both?”

**Ben (consumer-employer):** “Sure. When the checks come I will keep the second one, for the week my wife is covering for you.”

**Sasha (PCA):** “OK, that’s fine, except I will be coming to work on Saturday, so how will I get paid for that day?”

**Ben:** “After I deposit your check, I will pay you for the day. The only thing is on Saturday you won’t need to come here, you should plan on being on call; I will call you if I need you.”

**Sasha (PCA):** “OK, so long as I get paid for the time I’m on call.”

**Ben:** “Of course! Have fun and I will see you when you get back.”

## Discussion: Identify 6 areas of fraud

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## To Report Fraud

### REPORTING FRAUD IS EASY, SAFE AND SECURE

**Note: Because of confidentiality laws we are NOT able to inform or respond to you as to the outcome or specifics of a case.**

The Department of Social Services is strongly committed to identifying and eliminating fraud, whether it be committed by a client, provider or vendor.

#### Client Fraud

Client fraud is an "intentional" action which results in a client or another person receiving public assistance benefits which they are not entitled to from programs including, but not limited to, Care4Kids Child Care, Supplemental Nutritional Assistance (SNAP-formerly known as the Food Stamp program), Connecticut Energy Assistance (CEAP) and Medicaid. Conduct that constitutes potential client fraud allegations include, but is not limited to:

- Client is suspected of not reporting employment wages or a recurring income not resulting from employment
- Client is suspected of not reporting their address information correctly
- Client is suspected of not reporting the presence of another parent in the home
- Client is suspected of receiving benefits for a child that does not live with them
- Client is suspected of SNAP trafficking (formerly known as the Food Stamp program)
- Client is suspected of applying for and receiving public assistance in more than one (1) state at the same time

Use the [Client Complaint Form](#) to report client fraud.

#### Provider/Vendor Fraud

Provider or Vendor Fraud is an "intentional" deception or misrepresentation which results in an unearned benefit to a provider or vendor, usually in the form of an excess payment, through the Medical Assistance Programs. This would include any provider or vendor operating as an individual or business entity including their employees, owners and/or officers. Conduct that constitutes potential provider or vendor fraud allegations include, but is not limited to:

- Provider billing for services that were not rendered
- Providing services which are not medically necessary
- Provider billing for a covered service when a noncovered service was provided
- Billing for a more costly service than was performed
- Ordering excessive or inappropriate tests
- Altering and/or falsifying a claim or records
- Accepting kickbacks for patient referrals for services
- Billing for brand-name drugs when generic drugs are dispensed

Use the [Provider/Vendor Complaint Form](#) to report provider or vendor fraud.

#### To Report Suspected Fraud

If you suspect an individual, provider or vendor has committed fraud against the State of Connecticut, Department of Social Services, Medical Assistance Program, you can report this in any of the following ways:

Toll Free Fraud Hotline: 1-800-842-2155

Complete online reporting form at:  
(to e-mail, fax or mail complaint please click link below to complete form and print)

[Client Complaint Form](#)

[Provider/Vendor Complaint Form](#)

Email – Client Complaint Form to [clientfraud.dss@ct.gov](mailto:clientfraud.dss@ct.gov)  
Provider Complaint Form to [providerfraud.dss@ct.gov](mailto:providerfraud.dss@ct.gov)

Fax – Complaint Form to (860) 424-4945

Mail - Complaint Form to:  
State of Connecticut  
Department of Social Services  
Investigations Division  
55 Farmington Avenue  
Hartford, CT 06105-3730

# Form for Reporting Fraud

## Form for Reporting Fraud Committed by a Department of Social Services Client

### YOUR PERSONAL INFORMATION (OPTIONAL):

Your Name:

Your Address:

Your E-Mail Address:

Your Area Code + Phone Number:

( )		
-----	--	--

---

Note: Fields marked with \* must be completed.

\* CLIENT'S NAME:

CLIENT'S STREET ADDRESS:

\* CLIENT'S CITY:

CLIENT'S STATE:

CLIENT'S ZIP CODE

CLIENT'S DATE OF BIRTH:

CLIENT'S SOCIAL SECURITY NUMBER:

\* Please enter ALL the information you have regarding the allegation or suspicion of how the client(s) is defrauding the department:

Note: Because of confidentiality laws we are NOT able to inform or respond to you as to the outcome or specifics of a case.

State of Connecticut Department of Social Services/Investigations Division  
55 Farmington Avenue, Hartford, CT 06105-3730  
Phone: 1-800-842-2155 or (860) 424-5980 Fax: (860) 424-4945

# Reporting Abuse and Neglect

## Why Reporting is Important

Anyone can report abuse. If you, or someone you know, is being abused or in danger of being abused, you should report it.

For more information on reporting abuse and neglect go to:

<http://www.ct.gov/dph/cwp/view.asp?a=3121&q=389520#Elderly>

Under CT Law, The following groups have designated contacts for reporting abuse and neglect:

Group	Where to report
Children	Careline: 1-800-842-2288 or a law enforcement agency
Persons with intellectual/physical disabilities	Office of Protection and Advocacy for Persons with Disabilities: 1-800-842-7303
Elders (Individuals of 60 years or older)	Protective Services for the Elderly (PSE): 1-888-385-4225

## What could happen if the abuse, neglect, or abuse isn't reported?

- It could get worse:
  - a. The consumer-employer could be hurt badly.
  - b. The consumer-employer could die.
- The person abusing, neglecting, or exploiting could do it to other consumer-employers.
- For those individuals who are mandated, reporters; if the abuse or neglect is discovered later, the mandated reporter who didn't report it could be accused of wrongdoing and fined up to \$500.

## When to Report

For children, persons with intellectual disabilities and the elderly,

- A "reasonable cause to believe" of abuse or neglect is enough to file a report; proof is not needed
- If there is no abuse, but the report was made in good faith, the person who reported it will not be punished.

# **Module 4: Workers' Rights**

# Protecting Worker Rights

## SCENARIO 1

*Jose is 26 and uses a motorized wheelchair. He depends on his PCAs for nearly all of his ADLs and IADLs. He hired Doris three months ago. This is Doris' first PCA job. Jose has begun calling her "honey" and introduced her to his family as his "girlfriend." He also has begun scheduling Doris almost exclusively for those shifts when the PCA is responsible for bathing him. Doris is feeling uncomfortable about all of this. What should Doris do?*

---

---

---

---

---

---

---

---

## SCENARIO 2

*Donna is 32 years old and has been working for Sharon, her consumer-employer, for 2 years. Sharon is 78 years old, has chronic neuropathy, dementia, and limited vision resulting from diabetes. She was approved for 20 PCA hours a week. Donna works six days a week for three hours a day and another two hours on Sundays. On Sunday, Donna arrives at Sharon's house at 8:30 am. She helps Sharon to get ready for church, then using her own car, drives Sharon across town to her place of worship. In addition to driving Sharon to and from church on Sunday, Donna also drives her to her weekly appointments. In some situations, Donna must also pay highway tolls and parking.*

*All in all, Donna drives about 48 miles per week; however, her car is old and is not good on gas. Typically she gets about 12 miles per gallon, which means that Donna uses about 4 gallons of gas per week. Donna recently shared with Sharon her concern for the rising gas prices and how much it is costing her in gas, but Sharon told her it was part of the job and the gas money is included in her pay. What should Donna do?*

---

---

---

---

---

---

---

---



## Resource List

<b>If you suspect or you were</b>	<b>Contact</b>	<b>Method</b>
Sexually harassed	Police, Case Manager, Union Office	In person or phone
Abused (sexual, physical, mental, verbal etc.)	Police, Case Manager, Union Office	In person or phone
Discriminated against	EEOC	CHRO: <a href="http://www.ct.gov/chro/site/default.asp">http://www.ct.gov/chro/site/default.asp</a>
Did not receive compensation for all the hours worked	1st: consumer-employer or authorized representative 2nd: the FI 3rd: the CT Dept. of Labor	In person or phone  (860) 263-6790
Denied Paid-Time-Off	NA	NA
Denied Pay for Jury Duty	1st: consumer-employer or authorized representative then Fiscal Intermediary	In person or phone
Injured on the job	Consumer-employer, authorized representative, & Consumer-Employer's Workers' Comp Insurer	Phone
Unemployed	Department of Labor-Unemployment	<a href="http://www.ctdol.state.ct.us/progsupt/unemplt/claimant-guide/TeleBenNum.htm">http://www.ctdol.state.ct.us/progsupt/unemplt/claimant-guide/TeleBenNum.htm</a>
Issue related to the implementation of the service plan	Case Manager	In person or phone
Accused of abuse or neglect	SEIU District 1199 Union	In person or phone
Forced to work in unsafe/unhealthy conditions	Consumer-employer, authorized representative, Case Manager, SEIU District 1199 NE	In person or phone
Retaliated against for demanding your rights	SEIU District 1199 NE	In person or phone
Asked to drive consumer-employer in his/her vehicle	Confirm the consumer-employer has adequate insurance covering the PCA as a driver	*Ask consumer-employer to contact their insurance agent
Asked to use PCA vehicle to transport the consumer-employer or do errands on their behalf	Confirm you have adequate insurance on your vehicle to cover work-related driving.	* Your insurance agent
Suspect Medicaid Fraud	DSS Toll Free Fraud Hotline	(800) 842-2155
Suspect that the consumer-employer has been abused or neglected (DDS)	Disabled Persons' Protection Commission or Elder Abuse Hotline Children  Persons with intellectual/physical disabilities  Elders (individuals of 60 years or older)	(800) 426-9009 (800) 922-2775 Careline: 1-800-842-2288 or the local police Office of Protection and Advocacy For Persons with Disabilities: 1-800-842-7303 Protective Services for the Elderly (PSE) 1-800-385-4225
Suspect that the consumer-employer has been abused or neglected (DSS)	Disabled Persons' Protection Commission or Elder Abuse Hotline Children, Case Manager (if known)  Persons with intellectual/physical disabilities Case Manager (if known)  Elders (individuals of 60 years or older) Case Manager (if known)	(800) 426-9009 (800) 922-2775 Careline: 1-800-842-2288 or the local police Office of Protection and Advocacy For Persons with Disabilities: 1-800-842-7303 Protective Services for the Elderly (PSE) 1-800-385-4225
Looking for PCA training	1199 Training Fund	Phone or in person (860) 804-4882

# Glossary of Key Terms & Acronyms

**1199 Training and Upgrading Fund** Program contracted to provide trainings and Orientation Sessions for PCAs through the PCA Workforce Council

**Abuse** An act that causes harm to another. Abuse can take many forms, including physical, emotional, sexual and financial

**Access Agency** The agency responsible for assessing consumer-employers need for services and in some cases may develop the service plan for the consumer-employer. They are responsible for annual evaluations. Access Agencies do not have anything to do with PCA payment issues

**Activities of Daily Living (ADLs)** Tasks that a PCA performs that are in direct contact with the consumer-employer

**Authorized Representative** A consumer-employer's legal guardian or a person identified in a written agreement as having responsibility for the care of a consumer-employer

**Consumer-Employer** A person who receives services from a personal care attendant under a state-funded program, including, but not limited to: the program for individuals with acquired brain injuries, (B) the personal care assistance program, (C) the Connecticut home care program for the elderly, (D) the pilot program to provide home care services to disabled persons, the individual and family support waiver program administered by the Department of Developmental Services, (E) the individual and family support waiver program administered by the Department of Developmental Services, (F) the comprehensive waiver program administered by the Department of Developmental Services, and (G) any state-funded program that provides services from a personal care attendant

**Consumer-Employer Direction** Self-directed services means that participants, or their representatives if applicable, have decision-making authority over their services and take direct responsibility to manage their services with the assistance of a system of available supports

**Employee at will** A worker who can be fired for any reason that is not discriminatory (or for no reason at all) by their consumer-employer

**Fiscal Intermediary (FI)** Organization responsible for the PCA's payroll. An FI receives the timesheets, processes payment, take out taxes and performs other payroll functions

**Husky Health** This is the name of the Medicaid program in Connecticut which pays for PCA services

**Independent Living** The ability to live as one wishes by having the resources one needs and the ability to make decisions about how those resources are used

**Independent Support Broker Personal Care Assistance (PCA ) Waiver (DSS)** Support and consultation provided to individuals and/or their families to assist them in directing their own plan and individual support. This service is limited to those who direct their own supports: assistance with developing a natural community support network; assistance with managing the individual budget; support with training on how to hire and train staff; training and support with managing staff; accessing community activities and services, including help coordinating needed services; assistance with negotiating rates for staff; developing and maintaining an emergency back-up plan; self-advocacy training and support

**Individual Support Broker (DDS)** A case manager who helps consumer-employer design and self-direct their own supports. The broker assists with circle development; person centered planning; individual budget development; helping find and develop needed supports and services; hiring and monitoring of support providers; and with the assistance of a fiscal intermediary, budget management and payment of support providers

**Instrumental Activities of daily Living (IADLs)** Tasks that a PCA performs that do not involve direct contact with a PCA-employer

**Medicaid Fraud** A deception deliberately practiced in order to secure unfair or unlawful gain. In other words it's knowingly submitting a false claim (often a timesheet) to HUSKY Health (CT Medicaid) in order to gain something of value, usually money or property

**Neglect** Not doing something for someone, and it results in them being hurt

**Office of Protection and Advocacy** The state agency primarily responsible for investigating complaints about abuse or neglect of people with intellectual disabilities between 19 and 65 years old

**Personal Care Attendant** means supportive home care, direct support services, personal care or another nonprofessional service provided to a person with a disability or an elderly person who requires assistance to (A) meet such person's daily living needs, (B) ensure such person may adequately function in such person's home, or (C) provide such person with safe access to the community. According to Connecticut law, the following people cannot assume the role of PCA for the employer: the consumer-employer's spouse, the parent of a minor child including adoptive, guardian, or foster parent, legally appointed representative, legally liable relative, anyone who signs the timesheets on the behalf of the consumer-employer. A PCA is considered an "Employee at will"

**PCA Service Plan (DSS)** A tool used to establish level of care, conducted by provider agency to determine the needs of the individual, and calculate that individual budget allocation

**PCA Workforce Council** Established to ensure the quality of long-term home care

**SEIU District 1199 NE** This is the Union that represents PCAs in Connecticut

**Support and Planning Coach Community**

**First Choice (CFC) (DSS)** The Support and Planning Coach is a participant directed case management service. The service includes support with developing a service plan, support managing an individual budget, and support recruiting, hiring and managing employees.