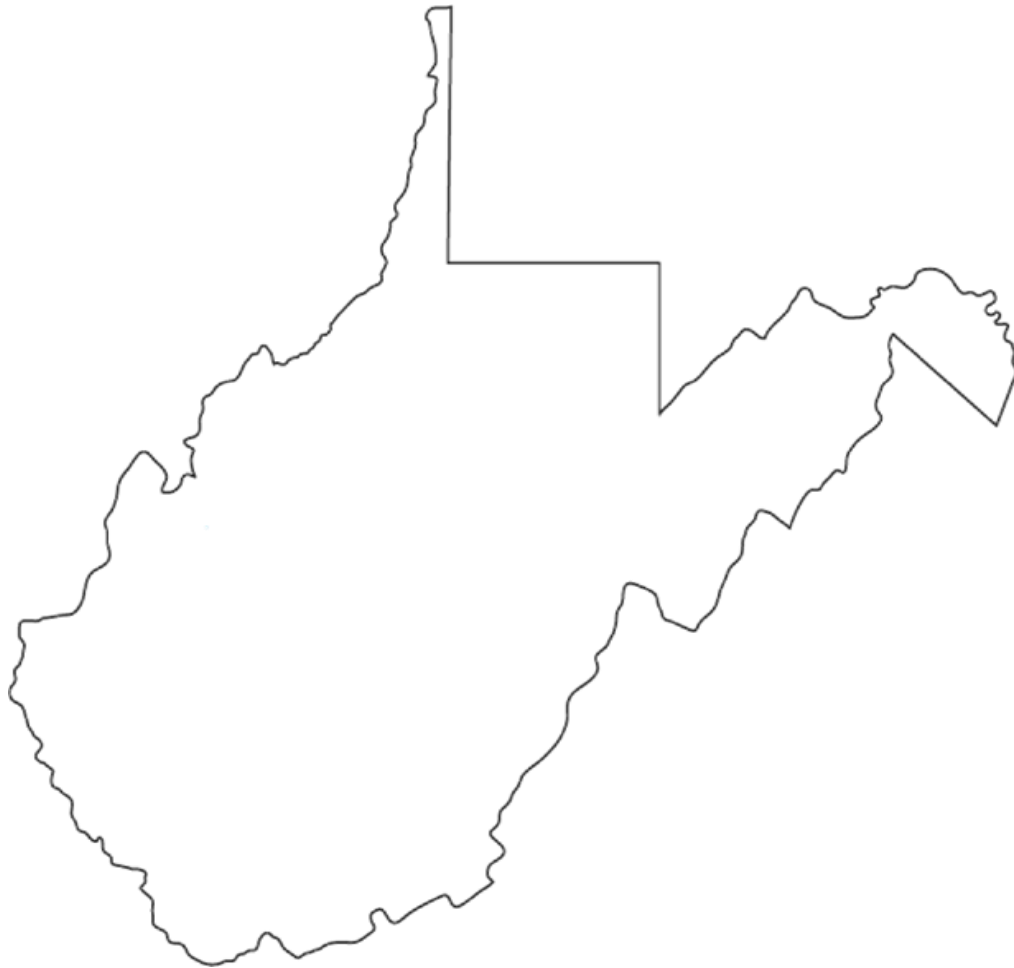


**PERSONAL OPTIONS
AGED AND DISABLED WAIVER PROGRAM
ANNUAL TRAINING MATERIAL
January 2023**



Training Outline

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Acronyms List

ADW	Aged and Disabled Waiver
APS	Adult Protective Services
CPR	Adult Cardiopulmonary Resuscitation
HIPAA	Health Insurance Portability and Accountability Act
OSHA	Occupational Safety and Health Administration
PA	Personal Attendant
PO	Personal options
RC	Resource Consultant

1. TRAINING AREAS

A. UNIVERSAL PRECAUTIONS (OSHA)

Occupational Safety and Health Act of 1970 (OSHA)

The purpose of the OSHA regulations are “To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting the States in their efforts to assure safe and healthful working conditions; by providing research, information, education and training in the field of occupational safety and health; and for other purposes.”

As an employee in Personal Options, you are protected under this Act which states that employers shall furnish a place of employment which is free of recognized hazards that are likely to cause physical harm or death to employees.

The two primary standards that pertain to your work are:

- Blood borne pathogens (BBP)
- Hazard Communication (HAZCOM)
- Blood borne Diseases include:
 - Several strains of Hepatitis including Hepatitis B and C
 - Syphilis
 - Malaria
 - Human Immunodeficiency Virus (HIV)
 - MRSA - Methicillin-Resistant *Staphylococcus aureus*



As an employee you may be exposed to Hepatitis B (HBV), Hepatitis C (HCV), and HIV by coming into contact with body fluids or waste products including:

- Blood
- Urine
- Feces
- Sputum (spit)/Nasal discharge
- Vaginal fluids or sperm

Pathogens can be transmitted through:

- Accidental injury by a sharp object including broken glass, exposed dental wires, needles or any sharp object that can puncture or cut the skin.
- Open cuts or skin abrasions.
- Indirect contact from the contaminated item with the mucous membranes of the mouth, eyes, nose or open skin.

Since those infected may not exhibit any symptoms the best way to avoid exposure to pathogens is through the use of Standard or Universal Precautions. **Treat all blood and body fluids as if they are known to be infectious.**

You may reduce risk of exposure by:

- Following Standard Precautions such as always having a barrier between any infectious substance and your skin, eyes, gums or the inside of your nose.
- Use of Personal Protective Equipment (PPE) such as gloves, gown, mask or eye shields when providing care.
- Good hand washing techniques.
- Not drinking, eating, smoking, applying cosmetics or lip balms or handling contact lenses when in a situation where exposure may occur.
- Do not store foods and drinks near possibly contaminated items.

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- Good housekeeping techniques such as frequenting wiping down possibly contaminated items such as beds, toilet or shower seats, wheelchairs, walkers, and eating areas.
- Use of tongs and a broom and dust pan to clean up broken glass, contaminated food or waste products.
- Handling soiled laundry with gloves and laundering as soon as possible.

Hazard Communication (HAZCOM) involves proper use and storage of hazardous chemicals which you may encounter as an employee. You will want to read how to use the cleaning supplies for your protection. Some of the cleaning supplies you may be exposed to may be bleach, detergent, cleansers or aerosol sprays.

Employee Rights related to OSHA Standards:

- You have the right to notify your employer or OSHA about workplace hazards.
- You have the right to request an OSHA inspection if you believe that there are unsafe and unhealthful conditions in your workplace.
- You can file a complaint with OSHA within 30 days of retaliation or discrimination by your employer for making a safety or health complaint.
- Your employer must correct the workplace hazards by the date indicated on a citation and must certify that these hazards have been reduced or eliminated.
- You have the right to copies of your medical records and records of your exposure to toxic and harmful substances or conditions.
- You must comply with all safety and health standards that apply to your work for the participant.

Your employer:

- Must maintain an environment that is free from hazards, and
- Must comply with all OSHA standards.

If you have any additional questions, please contact your Resource Consultant.

How to use basic First Aid skills to provide immediate assistance to an injured victim, aid in recovery, or prevent injury and possible death.

During an emergency situation you should:

- **Survey the scene:** Observe your surroundings for possible hazards such as traffic, live electrical wires, broken glass or slippery surfaces
- **Check the victim:**
 1. Verify consciousness or need for assistance.
 2. Ask conscious victim what happened and where they are injured.
 3. Listen carefully to what the victim tells you.
 4. Observe obvious signs of injury such as bleeding.
 5. Note the time when emergency occurred especially in cases of unconsciousness
- **Call for Help:** Call 911 or other assistance as required
- **Perform First Aid:**
 1. Keep victim as comfortable and warm as possible.
 2. Do not move victim to prevent further injury.
 3. Do not perform life-saving procedures such as CPR, unless necessary.
 4. Follow basic First Aid procedures as needed.
- **Provide Emotional Support:**
 1. Stay calm.
 2. Listen to victim.

3. Explain what you are doing to assist them.
- **Report incident to the RC within 24 hours as required by the Aged and Disabled Waiver Policy.**

Common Injuries and Accidents

- **Falls**
 1. Attempt to determine if the person fell due to a slippery or cluttered floor or if they may have passed out.
 2. Check for life-threatening problems such as unconsciousness, respiratory arrest, cardiac arrest, severe bleeding, and signs of broken bones, swelling, discoloration or deformity.
 3. Call 911.
- **Cuts and Scrapes**
 1. Determine cause of the cut, remove broken glass, if necessary.
 2. Use Standard precautions to prevent exposure to infection.
 3. Call 911 if needed.
 4. Clean cut or scrape with soap and water.
 5. Apply pressure to stop bleeding from cut or to protect a scrape from further injury.
 6. Apply sterile bandage to continue pressure.
- **Broken or fractured bones:** different types of fractures include:
 1. Complete – the break goes completely through the bone.
 2. Incomplete – the break is only a partial break of the bone.
 3. Compound – occurs when a sharp piece of bone protrudes through the skin and can cause serious bleeding.
 4. Simple – break does not go through the skin.
 5. Stress – small crack caused by repeated use of a bone, often caused by osteoporosis.
 6. Symptoms of a fracture are: Bruising, swelling, obvious deformity or pain and tenderness
 7. Call for help if there is a concern that the participant may have a broken bone.
 8. Report the incident to the RC.
- **Hemorrhage** (Bleeding) excessive bleeding from an external wound such as a cut or internally from a fall, trauma or ulcer. The person will probably experience pain, tenderness, and/or discoloration to affected area.
 1. Remember to use Standard Precautions.
 2. While waiting for help, have person lie down.
 3. Apply direct pressure with sterile gauze for 5 minutes, adding additional gauze as needed while continuing pressure.
 4. Elevate the wounded area above victim's heart level
 5. If bleeding has not lessened after 5 minutes, apply pressure to artery supplying blood to the wounded area with 3 fingers.
 6. Do not cut off circulation completely.
 7. Provide emotional support while awaiting assistance.
- **Burns** – Before giving first aid, determine if person is in danger of more burns, if so assist victim to stop, drop, and roll. Burns kill the skin layer by layer and are categorized as:
 1. First degree burns involve only the first layer of skin - skin is dry, painful, and tender to touch; may be caused by mild sunburn, heating pad or hot water bottle. Treat by placing area under cool running water or wrapping with cold wet cloth to decrease pain.
 2. Second degree burns affect several layers of skin, with blistering, swelling, and red skin and cause a great deal of pain to victim. Common causes are scalding hot water or cooking accidents. Treat by immersing area in cold water, blot dry, and keep injured area elevated if possible.



3. Third degree burns are less painful than second degree burns due to destruction of nerves, but involve all layers of skin to underlying tissues and organs. Keep area elevated if possible, do not remove clothing near injury, and do not apply cold water or medications. Call for help immediately.

When assisting a burn victim DO NOT:

- **Do not** apply ice to a burn
- **Do not** touch the burn with anything other than a dressing
- **Do not** break or pop any blister
- **Do not** apply butter, oil or lard to burn
- **Do not** remove pieces of clothing that stick to area
- **Do not** give burn victim anything to eat or drink

When assisting a burn victim DO:

- Remove jewelry or shoes from affected area before swelling makes them difficult to remove.
- Remember that cold water lowers temperature of burned area and lessens severity of minor burns.
- Make sure source of the burn is no longer a threat.
- Have the victim lie down to prevent shock.



- **Heat exhaustion** is caused by the inability of the body to cool itself by sweating. Victims may complain of weakness, fatigue, headache, dizziness, nausea, profuse sweating or cool, clammy, flushed skin. It is important to remove the victim from heat, remove loose fitting clothing, provide water or Gatorade, sponge victim with cool water, and encourage rest.
- **Heat Stroke** is a potentially fatal condition which occurs when the body temperature rises above 105 degrees and requires emergency medical treatment. Symptoms include confusion, staggering, unconsciousness, fever, rapid pulse and breathing, and hot, dry, flushed skin. You should call 911 immediately, get person out of heat, and pour cool water over victim or wrap them in cool clothing. If victim is conscious you may give them no more than ½ cup of water
- **Choking:** In treating a choking victim, you should not intervene as long as they are coughing and may dislodge the obstruction. A choking person will be unable to speak but may nod or use the universal symbol (hand to the throat). In assisting a choking victim:
 1. Stand behind victim with your arms at their waist.
 2. Place one fist with the knuckle of the thumb against victim's midsection, just above the navel but below the breastbone.
 3. Hold fist firmly with other hand and sharply pull both hands up and inward. This is called the Heimlich maneuver. This should be done until object is forced out or victim becomes unconscious.
- **Hypothermia** occurs when the body temperature lowers to below 96.8 degrees. The frail, elderly, and inactive are most at risk for hypothermia. The first symptom is uncontrollable shivering, followed by dizziness, lightheadedness, muscle stiffness, and difficulty with movement. If treatment is not provided the victim may have slurred speech, slowed pulse and breathing, confusion, double or impaired vision, and can result in unconsciousness and death. In treating victim, you should:
 1. Take victim to shelter.
 2. Replace wet clothing with warm, dry clothes as soon as possible.
 3. Place victim near heat source if possible, remembering to raise temperature slowly.
 4. Give warm non-caffeinated beverages if victim is conscious.
 5. Make sure medical attention is provided as soon as possible.

- **Poisoning** symptoms include stomach cramps, pain, nausea or vomiting, convulsions, and loss of consciousness. People may be poisoned by eating spoiled foods, over medicating, inhaling toxic fumes or gases, accidental contact with poisonous plants or insects or ingesting poisonous chemicals.
 1. Call 911; try to determine possible source of poison.
 2. If gas poisoning is suspected open windows and move victim to area with fresh air.
 3. If chemical poison is suspected, do not induce vomiting. Call the **West Virginia Poison Control Center** at **1-800-222-1222**.
 4. If you suspect the victim has come into contact with a poisonous chemical or plant wash, clean affected area with soap and cool water, being sure not to touch unaffected areas with possibly contaminated soap and water.

Prevention is the best first aid.

Common accidents can be prevented by:

- Unplugging small appliances, such as hair dryers, irons, electric razors, when not in use
- Make sure bath mats or strips are in place in tubs and shower
- Keep stairs and walkways well-lit and free of clutter
- Replace frayed electrical cords and keep cords out of walkways; Remove or fasten down area rugs
- Encourage use of non-skid rubber soled shoes
- Keep fully charged batteries in smoke and carbon monoxide detectors
- Keep medications and poisonous chemicals out of reach of confused clients and small children
- Do not allow smoking in bed, provide supervision as required for a smoking client
- Do not use heating pads in bed or tuck in corners of electric blankets
- Provide a flashlight or battery operated night light at bedside for clients who get up during the night
- Keep bedside commodes easily accessible
- Do not attempt transfers of clients without adequate assistance.
- Keeping an emergency backup plan in place

B. ABUSE, NEGLECT, AND EXPLOITATION

a. ABUSE

Legal Definition of Abuse

- **Abuse is** *“the infliction or threat to inflict physical pain or injury on or the imprisonment of any incapacitated adult or facility resident”*. Abuse may be physical, sexual, mental, verbal or emotional.
- The unreasonable failure by a caretaker to provide the care necessary to assure the physical safety or health of an incapacitated adult or facility resident.
- The unlawful expenditure or willful use of funds or other assets owned or paid to or for the benefit of an incapacitated adult or facility resident.

Terms

- Financial Exploitation: A type of neglect of an incapacitated adult involving the illegal, unethical and/or improper use of, or willful dissipation of an individual’s funds, property or other assets by a person, formal or informal caregiver, family member or legal representative - either directly (i.e., as the perpetrator) or indirectly (i.e., by allowing or enabling the condition which permitted the financial exploitation).
- Self-Neglect: The inability of an incapacitated adult to meet his/her own basic needs of daily living due to mental or physical incapacity.

- **Sexual Abuse:** The coercion of an incapacitated adult into having sexual contact with the perpetrator or another person. A caregiver of the incapacitated person must be involved either directly (i.e., as the perpetrator or sexual partner) or indirectly (by allowing or enabling the conditions which result in the sexual coercion).
- **Verbal Abuse:** The threat to inflict physical pain or injury on or the imprisonment of any incapacitated adult or facility resident. The threat to inflict physical pain or injury includes, but is not limited to, threatening to withhold food, hydration and/or medical treatment. The threat to imprison includes, but is not limited to, isolation. The verbal threat(s) must be perceived by the client or others to be real. Non-malicious teasing does not constitute verbal abuse.

Facts about Abuse

- 1.5 million people are abused annually.
- Most abuse is never reported due to fear of being placed in an institution or nursing home.
- Over 60% of those abused are female.
- Over 60% of abusers are family members.
- More than half of home care clients report they have been victims of abuse by personal care aides with theft, verbal abuse and neglect as the most common forms of abuse.
- Abuse occurs when there are no witnesses.
- Violence escalates, once you have hit someone the first time it gets easier to hit the same person again.

Who are abusers?

Anyone with whom the person has contact with can be an abuser, i.e caregivers, landlords, neighbors, family or friends. Most typically, abusers are family members of an elderly, ill or disabled person; such as sons, daughters, grandchildren or spouses. It is very difficult to tell who has a tendency to be abusive. People often act differently when in public compared to their behavior behind closed doors. Most abusers have problems dealing with stress, which is often a trigger for abusive behavior. Some abusers have problems with drugs or alcohol.

Types of Abuse

Physical Abuse - Intentional use of force against another person; pushing, slapping, pinching, kicking, biting, pulling hair, burning, cutting, forced sexual activity or physical restraints. **Physical abuse is against the law and is a form of assault.**

Signs of physical abuse may be noticeable:

1. Bruising
2. Swelling
3. Skin tears
4. Cuts or scratches
5. Burns
6. Repetitive or numerous injuries
7. Tears or damage to skin around genitalia

Emotional and Psychological Abuse – This can take many forms such as threats, ridicule, continual criticism, humiliation, forced social isolation, and destruction of personal belongings and property.

Signs and symptoms of mental abuse can mimic the natural occurrence of aging:

1. Loss of appetite
2. Refusal to eat
3. Lack of movement and activity
4. Social withdrawal and fearfulness
5. Weight loss
6. Dehydration
7. Bowel changes or frequent urinary infections

Sexual Abuse – Forcing another person to engage in unwanted sexual activity.

The elders or persons with disabilities may be reluctant to discuss possible abuse for many reasons such as:

1. They are embarrassed.
2. They do want to believe what is happening to them.
3. They are hopeful the abuse will stop especially if the abuser promises never to do it again.
4. They have shame about how family member behaves.
5. They fear being thrown out of home or put into a nursing home.
6. They are afraid if they speak up they will not be believed and things will get worse.
7. They have memory, language or cognition problems.
8. They may mistakenly feel they are to blame in some way for their treatment.

Noticing the signs of abuse is the first step in preventing the re-occurrence of this type of abuse.

b. NEGLECT

Neglect is “the failure to provide the necessities of life to an incapacitated adult” or “the unlawful expenditure or willful dissipation of the funds or other assets owned or paid to or for the benefit of an incapacitated adult”. Neglect may be nutritional, medical, self-inflicted or environmental.

Neglect includes:

- The lack of or inadequate medical care by the service provider and inadequate supervision resulting in injury or harm to the incapacitated member;
- A pattern of failure to establish or carry out a participant’s Participant Directed Service Plan that results in a negative outcome or places the member in serious jeopardy;
- A pattern of failure to provide adequate nutrition, clothing, or health care;
- A failure to provide a safe environment resulting in a negative outcome; and/or
- A failure to maintain sufficient, appropriately trained staff resulting in a negative outcome or serious jeopardy;
- Medication errors and dietary errors resulting in a need for treatment for the member is also considered neglect.



Physical or Emotional Neglect - includes withholding food, medical care, financial help and support or social isolation.

c. EXPLOITATION

Exploitation is the mistreatment or misuse of a participant or a participant’s property. Exploitation can be financial, theft or destruction of property.

Financial exploitation is illegal or improper use of a person’s or incapacitated adult’s resources. Examples of financial exploitation include cashing a person’s checks without authorization; forging a person’s signature; or misusing or stealing a person’s money or possessions. Another example is deceiving a person into signing any timesheet, attendant log, contract, will, or other legal document.

d. MANDATORY REPORTING

All Personal Options Personal Attendants **must report** allegations of Abuse, Neglect, and Exploitation. PPL incident report form is attached in Appendix 1.

The ADW Policy manual requires:

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- A Personal Attendant must report **known** or **suspected** cases of abuse, neglect or emergent situations involving an incapacitated adult.
- These reports may be referred to the 24-hour Centralized Intake (CI) or by calling the CI hotline at 1-800-352-6513.
- If the incapacitated adult is willing and able, he/she may make a report on his/her own behalf.

Mandatory Reporters

- Medical professionals
- Dental professionals
- Mental health professionals
- Christian science practitioners
- Religious healers
- Social workers, including those employed by the WV Department of Health and Human Resources (DHHR)
- Law enforcement officers
- Humane officers
- State or regional ombudsmen
- Any employee of a nursing home
- Any employee of a residential facility

As an attendant, you are considered a MANDATED REPORTER. In any case where a mandated reporter believes an adult or child suffered serious physical abuse, the reporter shall *immediately make a report* to Adult or Child Protective services and the West Virginia State Police and any law enforcement agency having jurisdiction to investigate the report. Under WV Code the person reporting the allegation is making the report in good faith and is immune from civil or criminal liability. An Adult Protective Services (APS) or Child Protective Services (CPS) Worker may be assigned to investigate the suspected or alleged abuse. The attendant is to also report the allegation to the RC. A report written up by the RC is required to be submitted to APS and the Bureau of Senior Services within 48 hours.

APS Intervention

In general, the client's consent must be obtained before services are provided. However, there are times when APS intervention is mandated by law:

- If a client is resistant to an investigation by Adult Protective Services;
- If a client is in an emergency situation, appears to be incapacitated, and is unwilling to remove him/herself from danger.

APS Intervention Includes:

- Intake
- Assessment of risks and needs
- Case Management:
 - Up to 12 months for an APS case
 - Up to 6 months for a Preventive (PAPS) case
- Case Closure

APS Eligibility Criteria

- Must be an emancipated minor, or 18 years of age or older and incapacitated or a facility resident; and
- Must be reported to be a victim of abuse, neglect (including self-neglect) or in an emergency situation.
- The investigation of a report of abuse, neglect, or an emergency situation involving an incapacitated adult or facility resident is not voluntary and must be brought to conclusion in all cases that are assigned for investigation.
- Financial exploitation.
- **All reports of suspected adult abuse, neglect and exploitation must be called in immediately 24/7 at 1-800-352-6513.** An APS report form is attached in Appendix 2.

APS Intake Eligibility

As an APS referral, the following information must be collected:

- Name of alleged victim
- County of incident
- Current location of the alleged victim
- Age or date of birth of alleged victim
- Phone number for the alleged victim
- Directions to the alleged victim's home or facility
- Name and relationship of alleged perpetrator(s)
- Other individuals involved in or who have knowledge of the incident
- Description of the alleged incident
- Type of alleged abuse/neglect
- Any resulting injuries and their location(s)
- Where and when incident occurred
- Physical and psychological description of the alleged victim
- Reporter's willingness to give their name
- Relationship of the reporter to the alleged victim
- Identification of the reporter as a mandatory reporter, when applicable
- When reported by a mandatory reporter, a written report must be submitted
- If a referral is accepted or screened out, and the referral is made by a mandatory reporter, a notification letter is sent to the reporter

C. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The purpose of this training is to help Personal Attendants understand:

- Confidentiality
- HIPAA
- Rights and accountability
- Reporting of complaints or accidental mistakes

What is HIPAA?

Health Insurance Portability and Accountability Act of 1996

- HIPAA was enacted by Congress in 1996.
- The Act requires certain standards to be met when dealing with electronic records.
- The HIPAA Privacy Rule took effect in 2003.
- The Privacy Rule established regulations for the use and disclosure of protected healthcare information.

HIPAA is a public law created to increase access to and efficiency of the healthcare system in the US. HIPAA created a national standard to protect individuals' medical records and other personal health information and gives persons more control over their health information.

HIPAA mandates standards for the protection of health information in how the information is used or shared.

Privacy Tips:

- Do not disclose sensitive medical information: Diagnosis, Medical condition
- Do not discuss personal information: In the hallway, with family or friends, in public places
- Do not text, email or use social media to discuss the ADW member

- Do not leave personal or medical information in plain view (in a car, while carrying it or laying on a counter, etc.).

Privacy vs. Security

Privacy rule relates to information.

Security rule relates to the security of the information, also known as the safeguards.

Protected Health Information (PHI) is:

Protected Health Information is not just information of medical conditions.

Protected health Information includes: Name, birthday, date of death, admission/discharge information, address, telephone number, email address, Social Security Number, medical records, health plan number, vehicle identification, and photographs.

The participant is **not required** to provide permission for:

Public Health purposes, treatment or healthcare operations, disclosures to designated family members or participant's legal representatives for emergency or disaster, intelligence or national security, etc.

As an attendant you will be required to sign a confidentiality form with your employer that states you will not share any protected information unless given permission by your employer. (An example of the form is below)

"I will not discuss the member's name, or otherwise reveal or disclose information pertaining to the member, except when in direct contact with representatives of APS Healthcare, the West Virginia Bureau of Senior Services, West Virginia Medical Institute, Public Partnerships, LLC, or _____ (insert who employee can talk with) _____, and then only for the purpose of assisting the member.

I hereby acknowledge my obligation to respect the member's privacy and confidentiality of the information pertaining to the member, and to exercise good faith and integrity in all dealings with the member and their personal information in performance of my duties."

ADW Person's Rights

- The ADW person has a right to confidentiality with their medical records, Personal Identifying Information (PII) and Protected Health Information (PHI); therefore, you do not:
 - Disclose Medicaid numbers or Social Security numbers, etc.
 - Disclose medical conditions or diagnoses
 - Disclose that the person is receiving ADW services or Medicaid

Personal Attendants' Responsibilities:

- Read and understand confidentiality agreements.
- Follow policies and procedures.
- Ask questions if you do not understand.
- Report any complaints to your RC.
- Do not disclose any information regarding the ADW person.
- Report any mistakes that accidentally expose information to your RC immediately.

Before sharing any of your employer's information, ask...

- If this were my personal information, would I want other people discussing it?
- Is this a violation of the HIPAA Privacy Rule?
- The answer to these questions will let you know the right thing to do.
- If you have additional questions, please contact your RC.

There are huge penalties if you do not comply with HIPAA. When working for others, be sure you do not disclose any PHI information about your employer with other employees or family members.

What can I do?

- Be organized:
 - To prevent loss, keep track of your documents.
 - If lost, report immediately.
- Be careful:
 - Most security breaches are due to simple mistakes.
 - Double check addresses and numbers when faxing or emailing.
- Be skeptical: do not be afraid to ask questions if someone asks about someone else's Protected Health Information (PHI), even if the person is an employee of the state or department.
- Be honest:
 - If you do make a mistake, let your participant or their representative and the RC know.
 - Learn from the mistakes: If you make the same mistake over and over, you are not learning.
 - If you have a problem with a certain process, let your participant and your RC know.
 - Knowing the right way makes it easier to do it the right way.

Summary

- Protect the ADW participant's personal information.
- Do not disclose the ADW participant's personal information.
- Do not disclose the ADW participant's medical information.
- Only use necessary information (personal identifying and medical).
- Report any accidental mistakes to your RC.
- Report any complaints to your RC.

2. FRAUD PREVENTION

All services provided through the Personal Options Program are paid for with Federal and State Medicaid funds. It is imperative that as an employee in this program you are aware of your responsibility to avoid fraudulent activities.

The State of West Virginia has a well-trained and very active Fraud Investigation Unit staffed with experienced law enforcement officials who have the authority to initiate charges when allegations of fraud are substantiated.

There are severe penalties for committing fraud in billing or the provision of services to participants in this program; penalties may include monetary fines and/or jail if convicted.

Penalties may also include loss of the ability to obtain employment in numerous job settings, including health care, behavioral health, school systems, financial institutions and many private businesses. Therefore, it is in the best interest of everyone that fraud not be tolerated.

If you have any questions or doubts if an action could be considered fraud, be safe and do not do it. You may contact the RC with any questions or concerns.

Examples of Fraudulent Actions to avoid:

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Don't	Do
Don't sign another person's signature on a timesheet, attendant log or other legal document.	Sign your name where required. The employer or their program representative must sign their own name. Employees cannot sign for the employer even with employer consent. The timesheet and attendant log should remain at the place of employment and must be reviewed and verified by the employer on a daily basis.
Don't bill for services provided before being approved as an employee in Personal Options.	Bill for services provided after approval to serve. Payment for services provided before approval as an employee is the responsibility of the employer and cannot be paid by PPL.
Don't bill for services provided by another employee.	Bill only for the services you have provided.
Don't bill for services at one day or time that were provided at another day or time	Use real time on timesheets. If you work from 8:00 am to 12:00 pm on Monday and from 8:15 am to 11:00 am on Tuesday complete your timesheet with the exact time. It is normal and expected that work times will occasionally vary due to traffic, weather conditions, employee illness or other unforeseen changes to schedule.
Don't bill for services that are not in the participant's plan even if requested by the participant (Cleaning the whole house, walking and feeding the dogs, doing nursing duties, etc.)	Bill only for approved services as identified in the service plan.
Don't bill for mileage not driven while providing services for your employer;	Mileage is reimbursable through Personal Options if included in employer's service and Spending Plan (SP). If it is not planned for through the spending plan, medical transportation can only be reimbursed through non-emergency medical transportation.
Don't bill for services provided to someone other than the participant	You cannot bill for services such as transporting employer's family members to work or medical appointments, or for doing laundry for other household members or cleaning rooms of the home not utilized by employer. If working for more than one person in a household, keep work schedules and activities separate, bill and document separately for each employer.
Don't use participant's money to purchase items for someone else.	While shopping for employer's groceries, you cannot purchase items for yourself with their money. You should never borrow money from your employer or loan money to your employer or their family members. Not borrowing will protect both parties from accusations of theft or hurt feelings and embarrassment.
Don't provide false information regarding employer's medical condition and need for assistance.	During the required annual medical assessment by West Virginia Medical Institute (WVMI), you may be asked to give information about the amount of care your employer requires. Be sure to provide simple, direct answers regarding the types of assistance that is required. Do not provide any information regarding care you are not responsible for providing.

3. IMPORTANT INFORMATION REGARDING TIMESHEETS

- Timesheet pay periods and deadlines to submit timesheets are in your payroll schedule.
- Timesheets must be submitted timely and accurately for on time payment.
- Non-live-in employees must use our Time4Care App or Telephony to clock in and clock out for each shift in order to comply with Federal Regulations for Electronic Visit Verification (EVV). Visit our website for instructional videos.
- If you have additional questions please ask your employer, the PPL RC or PPL Customer Service at (866) 429-3465.

APPENDIX 1

West Virginia Medicaid Aged & Disabled Waiver Program PERSONAL OPTIONS INCIDENT REPORT <i>Confidential</i>			
			Incident Date: _____ Time: _____ a.m./p.m.
SECTION I – Member Information (completed by person reporting incident)			
LAST:		FIRST:	
ADDRESS:	CITY:	STATE:	ZIP:
COUNTY:	DOB:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	
SECTION II– Description of Incident (completed & signed by person reporting incident)			
Describe in detail the reportable incident including other persons involved. Attach additional page(s) if necessary.			
When was the Resource Consultant Notified? Date: _____ Time: _____ Resource Consultant’s Name: _____ Signature of Person Reporting Incident: _____ Date: _____			
If allegation of abuse, neglect or exploitation, incident must be reported to APS at: (800) 352-6513			