

Family Living in the Same Home as Paid Caregiver Attestation Form


October 2023

Form uses “beneficiary” to refer to an individual receiving OCDD HCBS waiver services.

- Beneficiary Name and DOB, Support Coordination Agency, Human Service District or Fiscal Employer Agent Info.

- Beneficiary Signature and Date, DSP’s Name, and Relationship of Family Member

- Support Coordinator Signature and Date

 LOUISIANA
DEPARTMENT OF HEALTH
Office for Citizens with Developmental Disabilities

FAMILY/LEGALLY RESPONSIBLE
INDIVIDUAL (LRI) AS PAID CAREGIVER
ATTESTATION FORM

Note: This form uses the term ‘beneficiary’ to refer to an individual receiving Office for Citizens with Developmental Disabilities (OCDD) home and community-based waiver services.

Beneficiary/Support Coordination/Self-Direction (SD) Employer Information/Authorized Representative	
Beneficiary Name:	DOB:
Support Coordination Agency Name:	
Human Services District/Authority Name:	
If Self-Direction, Fiscal Employer Agent Name:	
Authorized Representative Name: _____ (If none, enter “N/A” in the blank above)	
Check all that apply: <input type="checkbox"/> Authorized Representative on Plan of Care for Beneficiary <input type="checkbox"/> Legally Responsible Individual (LRI) – Parent, Spouse, Curator, Continuing Tutor for Beneficiary <input type="checkbox"/> Living with the Beneficiary <input type="checkbox"/> Living separate from the Beneficiary	
Family as Direct Support Professional/LRI and Provider Agency/SD Employer Information	
Beneficiary signature and date: (if a competent major) or Authorized Representative signature if not competent major:	
Family Member/LRI as Paid Direct Support Professional (DSP) Name:	
Relationship of Family Member/LRI to Beneficiary:	
<i>As the Support Coordinator signing this document, I am indicating that I have followed the process for discussion of Best Interest of the Individual, Self-Determination, and Extraordinary Care (LRI only) for the beneficiary listed above and have determined that the Family Member/LRI as Paid DSP listed meets the Best Interest, Self-Determination, and Extraordinary Care (LRI only) to be considered to work with the beneficiary as paid staff.</i>	
Support Coordinator Signature and Date	
Support Coordinator Signature	Date

Beneficiary Name

[Type here]

Family/LRI as Paid Caregiver Attestation
OCDD-RF-23-002
Revised 9/22/23

Family Member/LRI providing paid supports will read and initial each statement and follow the requirements listed.



FAMILY/LEGALLY RESPONSIBLE
INDIVIDUAL (LRI) AS PAID CAREGIVER
ATTESTATION FORM

The family member/LRI being hired to provide paid supports to the beneficiary is required to read and initial all spaces below attesting that they understand and will follow the requirements listed.

I understand I must adhere to the health and welfare safeguards identified by the team (the Support Coordinator, family, any professionals involved and anyone the beneficiary wants involved in his/her life), including the application of a comprehensive monitoring strategy and risk assessment.

I understand all services that I provide must be documented daily in service notes which describes the services rendered and progress towards the beneficiary's personal outcomes in the plan of care.

I understand that I must use the Electronic Visit Verification (EVV) system when my shift starts and ends. If the shift worked is different than what is in the plan of care, I will document why the shift change occurred in the daily service notes.

I understand that I am responsible for reporting critical incidents immediately to the beneficiary's provider agency/SD employer, including abuse, neglect, and exploitation. Some other examples include, but are not limited to emergency room visits, evacuations, hospitalizations, falls, engagement with law enforcement, etc. (specific requirements are identified in the OCDD Operational Instruction F-5: Critical Incident Reporting, Tracking and Follow-up Activities for Waiver Services).

I understand that I am not allowed to work more than 40 paid service hours per week (Sunday to Saturday) as a paid caregiver if I live in the home with the recipient.

I understand the beneficiary has individual rights, which must be respected.

I understand services provided must be for the beneficiary. I am not allowed to do personal errands or errands for other individuals while "on the clock" for Medicaid when working with the beneficiary.

I understand I cannot work another job at the same time I am being paid to care for the beneficiary, nor can I care for other children or adults while I am being paid to care for the beneficiary.

I understand that regardless of my relationship to the beneficiary, I may not give any medications or complete non-complex medical tasks for a waiver beneficiary while on shift unless the medication or non-complex task is one that is able to be delegated, and I have been appropriately trained.

I understand that, as a paid Direct Support Professional, I must follow the beneficiary's plan of care. This also includes completing any required written documentation.

Beneficiary Name _____

[Type here]

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Health and Welfare Safeguards

- There is a team of individuals who help create a plan of care for the individual that identifies the person support needs. The plan of care also identifies “risk factors” the waiver beneficiary may have and supports needed to mitigate these risks.
- As the direct support professional (DSP), you must follow any health and welfare safeguards the plan of care team has identified.
- Your employer will monitor your performance to ensure you are appropriately implementing the plan.



FAMILY/LEGALLY RESPONSIBLE INDIVIDUAL (LRI) AS PAID CAREGIVER ATTESTATION FORM

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_____ I understand that I am responsible for reporting critical incidents **immediately** to the beneficiary's provider agency/SD employer, including abuse, neglect, and exploitation. Some

Daily In-Service Notes

- As the direct support professional you have to keep daily documentation (notes) of what you did throughout the day to help meet the plan of care goals.
 - ❖ Notes should be meaningful and describe what you did throughout the day.
 - ❖ Don't just say "today was great," give details of what you did and how it helps meet plan of care goals.

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Electronic Visit Verification (EVV)

- Use the EVV system when shift starts and ends.
- If the shift worked is different than what is in the plan of care, document why the shift change occurred in the daily service notes.

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Critical Incidents

- **Must report critical incidents** to the provider or self-direction employer immediately.
- Critical incident categories include:
 - ❖ Abuse, neglect, including self-neglect, or exploitation
 - ❖ Death
 - ❖ Extortion
 - ❖ Falls
 - ❖ Involvement with law enforcement
 - ❖ Loss or Destruction of Home
 - ❖ Major behavioral incident (Suicide threat, Missing person, Self-Injury, Nonconsensual sexual behavior, physical aggression)
 - ❖ Major Illness/Injury: Urgent care, acute care, or emergency room
 - *Bowel obstruction, decubitus, pneumonia, seizure*
 - ❖ Major medication incident
 - ❖ Restraint use

describes the services rendered and progress towards the beneficiary's personal outcomes in the plan of care.

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_____ I understand that I am not allowed to work more than 40 paid service hours per week (Sunday to Saturday) as a paid caregiver if I live in the home with the recipient.

_____ I understand the beneficiary has individual rights, which must be respected.

_____ I understand services provided must be for the beneficiary. I am not allowed to do personal errands or errands for other individuals while "on the clock" for Medicaid when working

40 Hours a week

- Anyone who is working for the beneficiary **and living in the home with the individual** cannot be paid for working more than 40 hours in a week (Sunday to Saturday)
- For example, if the individual is approved for 24-hour care, and mom and dad both work as paid caregivers for the individual:
 - ❖ Mom can be paid for 40 hours per week (Sunday to Saturday)
 - ❖ Dad can be paid for 40 hours per week (Sunday to Saturday)
 - ❖ The rest of the paid care hours must be covered by additional direct support professionals

I understand that I am responsible for reporting critical incidents **immediately** to the beneficiary's provider agency/SD employer, including abuse, neglect, and exploitation. Some other examples include, but are not limited to emergency room visits, evacuations, hospitalizations, falls, engagement with law enforcement, etc. (specific requirements are identified in the OCDD Operational Instruction F-5: Critical Incident Reporting, Tracking and Follow-up Activities for Waiver Services).

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I understand I cannot work another job at the same time I am being paid to care for the beneficiary, nor can I care for other children or adults while I am being paid to care for the beneficiary.

I understand that regardless of my relationship to the beneficiary, I may not give any medications or complete non-complex medical tasks for a waiver beneficiary while on shift unless the medication or non-complex task is one that is able to be delegated, and I have been

Beneficiary Rights

- Dignity and respect, free from abuse or neglect
- Person-Centered, individualized supports and services
- Access to accurate, complete, and timely information
- Work with competent, capable people
- Privacy and freedom from coercion, restraint, and seclusion
- Freedom and support to control schedule and activities
- Choice of service / support providers

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On the Clock

- If you are working as a paid caregiver for your family member you cannot do personal errands while you are working with the beneficiary.
 - ❖ If you are out in the community that trip must be for the benefit of the beneficiary with them present
 - ❖ You can't go to the store to pick up your own items, or run to the post office while you are on the clock—even if you take the individual with you.
- If you are working as a paid caregiver for your family member you cannot work another job while you are being paid to care for your family member. That means you cannot:
 - ❖ Run an Etsy shop while also on the clock
 - ❖ Sell things on eBay while also on the clock
 - ❖ Work from home on another job while on the clock
 - ❖ Take the beneficiary with you to another job

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_____ I understand I cannot work another job at the same time I am being paid to care for the beneficiary, nor can I care for other children or adults while I am being paid to care for the beneficiary.

_____ I understand that regardless of my relationship to the beneficiary, I may not give any medications or complete non-complex medical tasks for a waiver beneficiary while on shift unless the medication or non-complex task is one that is able to be delegated, and I have been appropriately trained.

_____ I understand that, as a paid Direct Support Professional, I must follow the beneficiary's plan of care. This also includes completing any required written documentation.

Medication Administration

- As a family member you may give the waiver beneficiary medications or do routine medical tasks but as the direct support professional you are not allowed **unless**
 - ❖ it is able to be delegated by a nurse, and
 - ❖ You have been properly trained.
- This means that if you regularly give the beneficiary a medication **as a family member** you cannot do it **while you are the direct support professional** unless you have been specifically authorized to give the medication.
- This also means you cannot give the beneficiary other medications, like an over the counter pain medication (like Aspirin), or an allergy pill (like Benadryl) during your time as a **direct support professional**.

personal errands or errands for other individuals while "on the clock" for Medicaid when working with the beneficiary.

_____ I understand I cannot work another job at the same time I am being paid to care for the beneficiary, nor can I care for other children or adults while I am being paid to care for the beneficiary.

_____ I understand that regardless of my relationship to the beneficiary, I may not give any medications or complete non-complex medical tasks for a waiver beneficiary while on shift unless the medication or non-complex task is one that is able to be delegated, and I have been appropriately trained.

_____ I understand that, as a paid Direct Support Professional, I must follow the beneficiary's plan of care. This also includes completing any required written documentation.

Plan of Care

- You must follow the plan of care that is developed for your family member with the plan of care team.
- This includes completing any required written documentation.

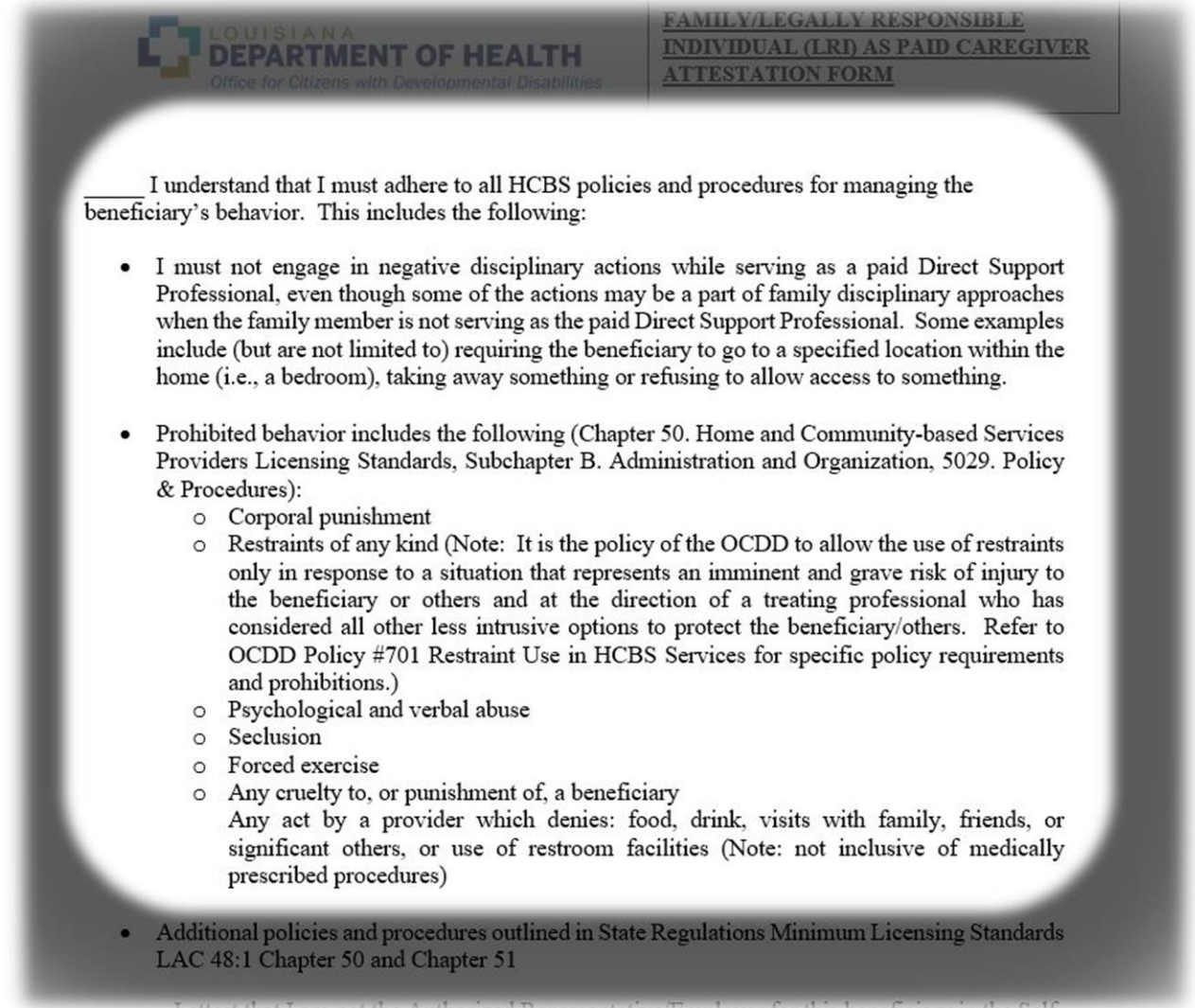
the medication or non-complex task is one that is able to be delegated, and I have been appropriately trained.

_____ I understand that, as a paid Direct Support Professional, I must follow the beneficiary's plan of care. This also includes completing any required written documentation.

Beneficiary Name [Type here] Family/LRI as Paid Caregiver Attestation

Managing Behavior

- During work hours you are the direct support professional, not the parent or family member.
- You can't discipline the beneficiary like you might when you are not acting as the worker.
- You may have to allow the beneficiary to do things you wouldn't allow during your "family time."
- This means if you are on the clock you can't:
 - ❖ Use corporal punishment,
 - ❖ Send the individual to their room as a punishment,
 - ❖ Deny the individual food, drinks, or visits with people they want to visit.
- You cannot use restraints. Restraints are only allowed by OCDD policy if the restraints are done where there is an immediate and grave risk of injury, and you are directed to do so by a treating professional.
- You can read the [OCDD Restraints Policy \(Policy 701\)](#) on the OCDD Website.



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I understand that I must adhere to all HCBS policies and procedures for managing the beneficiary's behavior. This includes the following:

- I must not engage in negative disciplinary actions while serving as a paid Direct Support Professional, even though some of the actions may be a part of family disciplinary approaches when the family member is not serving as the paid Direct Support Professional. Some examples include (but are not limited to) requiring the beneficiary to go to a specified location within the home (i.e., a bedroom), taking away something or refusing to allow access to something.
- Prohibited behavior includes the following (Chapter 50. Home and Community-based Services Providers Licensing Standards, Subchapter B. Administration and Organization, 5029. Policy & Procedures):
 - Corporal punishment
 - Restraints of any kind (Note: It is the policy of the OCDD to allow the use of restraints only in response to a situation that represents an imminent and grave risk of injury to the beneficiary or others and at the direction of a treating professional who has considered all other less intrusive options to protect the beneficiary/others. Refer to OCDD Policy #701 Restraint Use in HCBS Services for specific policy requirements and prohibitions.)
 - Psychological and verbal abuse
 - Seclusion
 - Forced exercise
 - Any cruelty to, or punishment of, a beneficiary
Any act by a provider which denies: food, drink, visits with family, friends, or significant others, or use of restroom facilities (Note: not inclusive of medically prescribed procedures)
- Additional policies and procedures outlined in State Regulations Minimum Licensing Standards LAC 48:1 Chapter 50 and Chapter 51

I attest that I am not the Authorized Representative/Employer for this beneficiary in the Self-

Authorized Representative

- If the beneficiary is in the Self-Direction program a family member who is working for the individual cannot be both the employer (or authorized representative) and the employee.
- In Self-Direction the *authorized representative* is designated by the individual to help them make decisions, and represents them in certain situations.
 - ❖ An authorized representative can live in the same home, but isn't required to live with the individual.
 - ❖ An authorized representative is required to live in the state, within a reasonable distance of the individual so they can do the things an authorized representative is required to do.
 - ❖ An authorized representative/employer will do things like set the pay for direct support professionals, review progress, do performance evaluations, and provide information for an audit if an audit is required.
- For Self-Direction the authorized representative is the employer, and must be documented with your fiscal employer agent.

Any act by a provider which denies: food, drink, visits with family, friends, or significant others, or use of restroom facilities (Note: not inclusive of medically prescribed procedures)

- Additional policies and procedures outlined in State Regulations Minimum Licensing Standards LAC 48:1 Chapter 50 and Chapter 51

_____ I attest that I am not the Authorized Representative/Employer for this beneficiary in the Self-Direction program. I understand that I am prohibited from being the Authorized Representative/Employer if I am a paid direct care staff for the beneficiary.

_____ I attest that I have completed the *Family as Paid Caregiver* training provided by the **Provider Agency/SD Employer**, and agree to support and implement the principles identified in the training while providing supports to the beneficiary.

Training

- Additional policies and procedures outlined in State Regulations Minimum Licensing Standards LAC 48:1 Chapter 50 and Chapter 51

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_____ I attest that I have completed the *Family as Paid Caregiver* training **provided by the Provider Agency/SD Employer**, and agree to support and implement the principles identified in the training while providing supports to the beneficiary.

The following must sign and date:

- Direct Support Professional
- Provider Agency or Self Direction Employer
- Support Coordination Agency (SCA)



***The SCA must review the document and will forward a copy of the signed attestation.**

 LOUISIANA
DEPARTMENT OF HEALTH
Office for Citizens with Developmental Disabilities

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Signing this document is an attestation that, to the best of my knowledge, the information on this form is true and accurate and I understand the responsibilities of working under the HCBS waiver program as a paid family member living with the beneficiary or the Legally Responsible Individual of the beneficiary. I understand that I will not be allowed to be the paid caregiver for the individual with whom I live, or the individual for whom I am the Legally Responsible Individual if any requirement listed in this attestation is not followed.

Direct Support Professional signature and date:	Last 4 digits of SSN:
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As a Provider Agency/SD Employer, I confirm that this individual has viewed the "Family as Paid Caregiver" training. Additionally, I will ensure the requirements in this attestation are followed, and if not, report every occurrence of non-compliance to the Support Coordination Agency, in writing.

Provider Agency Signature or SD Employer signature and date:
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The Support Coordination Agency has reviewed this document and all sections are complete.

SCA Signature and date:
Effective Date:

The Support Coordination Agency will forward a copy of this **signed** attestation to the following:

Human Services District/Authority
Provider Agency/Self-Direction Employer
Fiscal Employer Agent (if Self-Direction)
Support Coordination Agency Beneficiary File
LDH Data Contractor (SRI)

Beneficiary Name

[Type here]

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THANK YOU

