



Metropolitan Development Center

1049 38th Street

Brooklyn, New York 11219

Phone: (718) 633 – 3334 Fax: (917) 893-8327

Shoshana Klein
HCBS PROGRAM DIRECTOR

EMPLOYEE TRAINING PROTOCOL

Date _____

Name of Com. Hab. Worker: _____

Review of the purpose of waiver service and goals	If you are under 18 years of age you must have Working Papers
<p>Paperwork must be submitted by the 8th of the following month. If billing is not received in a timely fashion, but within 30 days of the above due date, there will be an accounting fee of \$15.00 deducted from the salary. Billing received between 30 and 60 days late will incur a \$25.00 deduction from salary.</p> <p>Any billing submitted over 60 days from date of service, will NOT BE PAID.</p> <p>All documentation must be signed, no white out, any corrections should be initialed, and only originals will be accepted.</p> <p>Each month's service documentation must be on its own set of papers.</p> <p>Billing is done in quarter hour intervals, no rounding up or down.</p>	<p>You are required to have a PPD before you start working.</p> <p>If you tested positive and had a negative x-ray, you need a yearly physical form filled by your doctor declaring that you are healthy and able to work. (A new x-ray is not necessary.)</p>
	<p>An individual company email account will be set up for you and you agree to receive all company notifications and government regulations notices via company email notice. You are required to check this email at a minimum once a month. This will be a separate company email address not your own personal email address.</p>
	<p>Until we receive clearance from the Justice Center CBC fingerprint unit, employee can only work under supervision, not alone with the Individual.</p>
	<p><u>Review of Corporate Compliance Program.</u></p>
	<p><u>Confidentiality –HIPAA / HITECH laws.</u></p>
<p>Only the Com. Hab. or Respite supervisor can approve where/ when or the number of hours, you can work. Mom does not have that authority! We will not pay for hours not authorized by our supervisor.</p>	<p><u>Infection control, precautions for your safety and Individual.</u></p>
	<p>Be aware of safety and be responsible – including <u>Fire safety and bathtub safety.</u></p>
	<p>HCE Benefits.</p> <p><u>Workers Compensation Pharmacy Benefits</u></p>
<p>More than 1 Com. Hab. worker may not work with an individual at the same time. If you come to the home and there is another worker/therapist there, one must leave as we will not pay both for the same time.</p>	<p>Individual's rights are never to be limited. Be respectful, non-judgmental and treat them in supportive manner.</p>
	<p>You are not allowed to perform any Nursing duties including but not limited to: <u>Dispensing medication, feeding via feeding tube, manipulating breathing equipment etc.</u></p>
<p>You may not work with an individual when they are in the hospital – this is double billing to Medicaid.</p>	<p><u>Reportable incidents and abuse training –Notification must be as soon as possible Within 24 hrs.</u></p>
	<p><u>MIPS</u></p>
<p>You may not take the individual to Therapy without prior approval from the Com. Hab. Supervisor as this can be double billing</p>	<p><u>Human Growth and Development</u></p>
	<p><u>Choking Prevention</u></p>
<p>When working with the Individual you are not to speak on your cell phone – this is a job that needs your full concentration and the Individual deserves your full attention.</p>	<p><u>Violence Prevention</u></p>
<p>Make sure to clean up after yourself and after the Individual</p>	<p><u>GHS-Global Chemical Hazard labeling & Safety</u></p>
<p>Never drive the Individual – Parents/ Individuals must arrange for all transportation.</p>	<p>Attendance to 2 training sessions per year are mandatory. As well as any trainings required by OPWDD.</p>
<p>Punctuality</p>	

Com. Hab. Signature: _____ Date: _____

HR Administrator/Trainer: _____ Date: _____