

EMPLOYEE ORIENTATION

PROGRAM RULES

There are several program rules you are required to follow when you become an Employee in the St. Clair program.

- The Employee understands that employment depends on the Employer's participation in the Self-Directed Program administered by St. Clair. If the Employer leaves the program, employment may end.
- The Employee agrees to perform the duties listed in the employment agreement and any attachments.
- The Employee will assist the Employer in maintaining required records and completing payroll paperwork.
- All records maintained by the employee are the property of the Employer. These records must be kept confidential, shared only with the Employer's consent, and returned if employment ends.
- The Employee will complete illness and incident reports when needed or requested by the Employer or Program Administrator/Agencies.
- In case of a medical emergency where the Employer cannot communicate, the Employee will notify the emergency contact and call 911, if necessary.
- The Employee agrees to attend meetings if requested by the Employer.
- The Employee agrees to provide support to the Employer. Any changes to duties must be agreed upon by both parties.
- Employment is "at-will" and may be ended by either party at any time. The Employee agrees to give 30 days written notice before leaving the position, or as requested by the Employer.
- The Employee understands that the Employer is the person receiving services, not St. Clair or Personal Accounting Services, Inc (PAS).
- The Employee will complete all required training before starting work and keep up with renewals. Late training may delay payment.
- Required training includes First Aid, Universal Precautions, Bloodborne Pathogens, and any other training specific to the Employer's care needs.
- The Employee agrees to the hourly wage with the employer. Employment begins after completing the application, background check, and training.
- The Employee and Employer are responsible for submitting current training and documentation.
- The Employee will sign a Medicaid Provider Agreement with St. Clair, understanding that St. Clair is not the employer.
- The Employee may not begin work or submit time until receiving an official start date. Time worked before that date will not be paid.
- The Employee will only be paid for budgeted, authorized, submitted, and approved hours.

BECOMING AN EMPLOYEE

STEP 1: SUBMIT REQUIRED DOCUMENTS

Complete and return the employment application along with two forms of identification.

An email address is required for communication and Electronic Visit Verification (EVV).

Acceptable Identification:

- Photo ID or Driver's License (Address must match the address listed on your application)
- One of the following:
 - Social Security Card
 - Birth Certificate
 - Current Passport
- Direct Care Worker Relationship Attestation
- Employment Agreement (Participant is the Employer)
- Medicaid Provider Agreement
- Training Acknowledgement – Required Trainings & Documentation
- Mileage Reimbursement Requirements (only if authorized)
 - Must have current auto insurance and vehicle registration on if you are providing transportation.

STEP 2: PROVIDE A VALID EMAIL ADDRESS

A valid email address is required for access to the Electronic Visit Verification (EVV) system.

STEP 3: APPLICATION REVIEW & BACKGROUND CHECK

Your application will be reviewed and a background check will be completed by PAS.

STEP 4: CENTRAL REGISTRY CHECK

A Central Registry Check will be conducted. Response times may vary depending on state processing volume and findings.

- If there is a finding, the results will not be sent to PAS automatically. The Employee will receive the results from the Central Registry.
- The Employer must follow up with the Employee seven (7) days after the check was requested to confirm whether results were received. PAS will provide the request date for reference.

STEP 5: COMPLETE REQUIRED TRAININGS

There are five required trainings:

Training	Frequency
1. Emergency Preparedness	Initial and every 3 years
2. First Aid	Certification must remain current
3. Individual-Specific IPOS Training	Initial, Annual, and any time the IPOS changes
4. Recipient Rights	Within 30 days of hire and annually
5. Universal Precautions / Bloodborne Pathogens / Infection Control	Initial

STEP 6: AGENCY NOTIFICATION

Once your application and trainings are completed, the Agency will be notified.

STEP 7: START DATE CONFIRMATION

The Agency will inform PAS of your official start date. Your start date will be set upon completion of all requirements, agency approval, and active authorization.

STEP 8: ELECTRONIC VISIT VERIFICATION (EVV) SETUP

Electronic Visit Verification (EVV) System

- AssuriCare CareWhen (Free Mobile App with GPS)
- Your Enrollment Specialist will assist you in completing your first successful clock-in.
- For additional EVV questions, contact our office and select the prompt for the EVV team.
- Step-by-step app instructions will be provided during onboarding.

You will be required to use the AssuriCare CareWhen Tracking System for EVV. You will receive an email from AssuriCare CareWhen containing your:

- Username
- Password
- Link to access the system

EVV Information

Electronic Visit Verification, or EVV, is required by the federal government. When submitting your timesheets, make sure all the necessary details are included.

Each timesheet must have:

- **Participant being served** (first and last name)
- **Date of service**
- **Time in/Time out**
 - Overnight shifts must be documented correctly. Any time after 12 AM should be recorded as the following day on paper timesheets.
- **Total hours, units, miles, and/or meals**
- **Participant signature** to verify the work ordered was provided
- **Tasks or work performed**
- **Progress notes** – a brief written summary or notes describing what was done during the shift.
- **Worker identification and signature** for each service provided
- **Employee signature** on each service entry

It is the Employer's responsibility to review service documentation and provide feedback if it needs to be updated.

What Does EVV Capture?

CareWhen captures the six key elements for every visit:

1. Type of service performed
2. Individual receiving services
3. Date of service
4. Location of service
5. Individual providing the service
6. Start and end time of the service

STEP 9: NEXT STEPS & ADDITIONAL INFORMATION

1. **Install the AssuriCare CareWhen App** (free download).
2. **Complete a practice/test time entry** using the step-by-step guide:
 - a. Log In → Clock In → Log Out
 - b. Log In → Clock Out → Log Out
(When prompted, allow GPS/Location access.)
3. **Required service documentation.** When clocking out for every shift you will be prompted to add notes. These notes must be detailed.

Examples of appropriate written summaries:

Helped Participant get dressed, made breakfast, did laundry, cleaned floor.

Jane tolerated her shower well today. We went grocery shopping. Laundry was washed, folded, dried, and put away. Jane is in good spirits today.

Mom was having pain today. She took prescribed medication and is feeling better.

These statements can be included in a written summary, but by themselves, they do not make a complete summary:

Provided well-being and safety.

Tasks completed.

Really sick.

Pay Schedule

The current payroll schedule can be found on our website: [PAS Self-Direction Resources](#).

Important: Payment cannot be made without an active authorization or beyond the authorized amount. **Do not work before receiving an official start date.**

Payroll & Payment Information

For billing questions (regarding payments received) and/or payroll questions (regarding missed payments), contact our customer service team at: 734.729.3100

Other Documentation

- **Employer Pay Authorization (EPA)** – Employer review and approval for time worked (logged in AssuriCare CareWhen).
- **Attendance Incident Report (AIR)** – Documentation of time worked that was not submitted into CareWhen due to an Employee error. Must be submitted within 48 hours of an attendance incident. Late submissions may result in payment delays.
- **Progress Visit Note (PVN)** – Required when using the Telephony system for clocking in/out.

PAS uses the CareWhen Attendance System, which is both HIPAA- and EVV-compliant, to ensure accurate and secure timekeeping. During onboarding, Participants and Employees receive login credentials, instructions, and user guides to help them use the system.

PREVENTING AND REPORTING FRAUD, ABUSE, NEGLECT, AND EXPLOITATION

WHAT IS FRAUD, WASTE, AND ABUSE?

- **Fraud** – Intentional deception or misrepresentation to obtain money from Medicaid long-term care programs. Fraud is intentionally deceiving someone for personal or financial gain.
- **Waste** – Using program funds incorrectly, for example, signing a timesheet for hours not actually worked is considered misuse. Never sign a blank timesheet or share your portal login information. Doing so may lead to loss of program participation or other consequences.
- **Abuse** – Actions by providers, caregivers, or vendors that result in unnecessary program costs.

Common Examples:

- **Billing for Services Not Provided** – Submitting claims for services that were never delivered.
- **Billing for Hours Not Worked** – Timesheets showing hours that were not actually worked.
- **Services During Institutional Stays** – Billing for services while the participant is in a hospital, nursing home, or other facility.

- **Falsifying Signatures or Hours –**
 - Staff signing for both themselves and the Participant.
 - Adding extra hours after the Participant has signed.
 - Continuing to submit hours after termination without notifying PAS.
- **Double Billing –** Submitting hours for the same time and day for two different Participants in separate locations.

HOW TO REPORT SUSPECTED MEDICARE FRAUD AND ABUSE

Methods to Report:

- **Phone –** Call the toll-free hotline at 855.MI.FRAUD (**855.643.7283**).
- **Online –** Use the [Online Reporting Form](#) on the Michigan Department of Health and Human Services (MDHHS) website.
- **Mail –** Write to the Inspector General. The contact information can be found on the [MDHHS website](#).

Reporting Financial Abuse:

The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes. Call the Attorney General 24-hour HEALTH CARE FRAUD HOTLINE

- Call 1.800.24.ABUSE (**1.800.242.2873**)
- Report online: [Office of Inspector General](#)

Before reporting, have:

- Provider's name and ID (if available)
- Service/item in question and date provided
- Payment amount and Medicare Summary Notice date
- Your name, Medicare number, and reason for concern

HOW TO REPORT PHYSICAL ABUSE, NEGLECT, AND/OR EXPLOITATION

- **Abuse** is any action intended to harm another person physically or emotionally.
- **Neglect** is failing to provide the necessary support or care, resulting in harm.
- **Exploitation** occurs when someone takes advantage of another person for personal benefit.

Methods to Report:

- Adult or Children's Protective Services Hotline: **855.444.3911**
- Office of Recipient Rights: Local offices can be found at: Contact Information for Local Rights Officers by County.
- Local Police Department

NEED HELP?

Contact PAS, your Participant, Agency Support Coordinator, or your Care Manager:

- PAS Phone: **734.729.3100**
- PAS Address: **20500 Eureka Rd, Suite 112, Taylor, MI 48180**

Our Team is here to support you through every step.