

## Appendix M |

# Employee of Record Health and Safety Checklist

## (For EOR Model Only)

**Justification for Community Living and Support/Respite/Supported Living services to be provided in home of Direct Support Professional (employee)**

Name of Direct Support Professional: \_\_\_\_\_

Location of service address: \_\_\_\_\_

City, state, ZIP code: \_\_\_\_\_

Telephone number at service location: \_\_\_\_\_

Assurance	Met	Not Met	Comments
The home is free from any hazards that present a risk to the participant's health and safety. Appropriate safety preventive devices are in place, including, at a minimum, a smoke detector on each level of the home.	<input type="checkbox"/>	<input type="checkbox"/>	
Medications, hazardous cleaning supplies or firearms in the home are kept in a secure (locked) location.	<input type="checkbox"/>	<input type="checkbox"/>	
Pets that the participant encounters have up-to-date vaccinations. If the pet presents a risk to the safety of the participant, the pet must be kept in a secure location separate from the portions of the home accessed by the participant.	<input type="checkbox"/>	<input type="checkbox"/>	
There is an evacuation plan specific to the participant in the home, and it is tested (practiced) at least monthly.	<input type="checkbox"/>	<input type="checkbox"/>	

Assurance	Met	Not Met	Comments
If the participant requires adaptive equipment for services and supports provided in the employee's home, that equipment must be available. Medicaid does not fund duplicate equipment for the purpose of availability in the employee's home.	<input type="checkbox"/>	<input type="checkbox"/>	
A criminal background check is performed for any adult who lives in the home and who is present during the time the participant is receiving services. The results of the background check do not present any safety risk for the participant.	<input type="checkbox"/>	<input type="checkbox"/>	
A health care registry check is performed for any adult who lives in the home, and who is present during the time the participant is receiving services. The results of the health care registry check do not present any safety risk for the participant.	<input type="checkbox"/>	<input type="checkbox"/>	

- The EOR verifies that this information is accurate and has been discussed with the Direct Support Professional (employee) providing Community Supports and Living or Respite in their own home. This checklist is valid for this location only.
- Services provided are documented in the Plan of Care (POC) with the employee's home listed as the service location.
- Services provided at this location are based on the documented needs of the participant, not for the convenience of the employee.
- The POC states how the participant's needs are better met in the employee's home.
- Community Living and Supports and Respite are not billed when the employee is providing direct care to another child or person.
- The participant may not clean or perform other household tasks in the employee's home, including preparing meals for the employee's family.
- Medication administration regulations are followed for any medications the participant is assisted in taking.
- If the participant has a goal to learn to evacuate the participant's private home, that goal must be trained in the participant's home.
- The participant and/or participant's guardian/family may not be charged for any damage to the employee's property or any additional charge for the service provided. Liability insurance to cover accidents to/by the participant is addressed by the EOR and/or FSSA.
- The NC Innovations Waiver does not pay for room and board costs.

- The EOR will make and document at least one monthly site visit during hours of service provision to make sure that the services provided are consistent with the POC and that the environment continues to be healthy and safe for the member.
- The EOR agrees to immediately notify the participant’s assigned care manager if there is any situation that involves the health and safety of the participant in the employee’s home, including providing the care manager with a copy of any incident report.
- The care manager has access to the service location during hours that services are provided to the participant for both announced and unannounced monitoring visits.
- This form must be completed prior to delivery of service in the home and every six months afterward, if the service continues to be provided in that location.

\_\_\_\_\_  
Signature of Direct Support Professional (Employee)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of participant/Legally Responsible Person

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Employer of Record

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date signed