



Maine Guidelines for Screening In-Home Personal Caregivers

A Safety Resource for Individuals, Families, and Agencies

MARCH 2012

If there is a language barrier to using this document, contact 2-1-1 Maine to access interpreter services. Information is available at www.211maine.org or by dialing 211.

Introduction

At some point in their lives, many Mainers need help caring for themselves or a loved one at home. Whether you or your loved one needs help because of the effects of aging or due to a physical disability, intellectual disability, or temporary illness, there are times that the basic activities of daily living are not manageable alone. While some individuals only need help a few hours a week with activities like grocery shopping and transportation to medical appointments, others need 24-hour care.

Mainers have a reputation for being independent, and many Mainers are reluctant to ask for help. Some individuals rely on family and friends to provide care, but there may come a time when hired help is needed. The number of hours and type of help needed varies. A professional caregiver may be hired independently or through an agency.

Important factors such as cost, availability, and specialized training needs will impact your choice of hiring a caregiver through an agency or on your own. An agency will usually screen and hire caregivers, withhold taxes, and provide training and liability insurance. Agencies can provide replacements

when a caregiver is sick, on vacation, or leaves the position. Independent hires usually charge less per hour; however, you and your family will hold all of the responsibilities and legal requirements as the employer.

Why Screening Is Important

Individuals who require personal care may be vulnerable to abuse and exploitation, particularly by the people who are closest to them. Recipients of care with impaired communication skills may be especially vulnerable to abuse. Screening potential employees is a crucial part of promoting safety and preventing neglect, exploitation, and abuse.

While screening practices vary and their use cannot guarantee that abuse will not occur, the more rigorous and consistent the screening process, the less likely it is that an abuser will gain access to someone in a vulnerable position.



The task of screening and hiring paid staff can be daunting. This guide suggests guidelines for individuals and families doing their own hiring. When hiring an agency, individuals and families should confirm state licensure or agency registration and ask about agency screening and hiring practices. Local agencies that provide home care are strongly encouraged to evaluate their own screening and hiring practices and make updates and improvements where needed.

These screening guidelines were created with the belief that all recipients of care have the right to compassionate, competent, respectful, and safe care.



Think about the work setting and type of contact the individual/family needs. Some situations may call for more screening steps than others.

- What are the special needs of your situation?
- What type of daily supervision will there be?
- How many other people will be present while the care is being provided?
- How many hours a day/week of contact will there be?
- What is the likely duration of this arrangement?
- What type of contact will occur (personal care and hygiene, medication reminders, mealtime, handling money)?

Additional Hiring Considerations

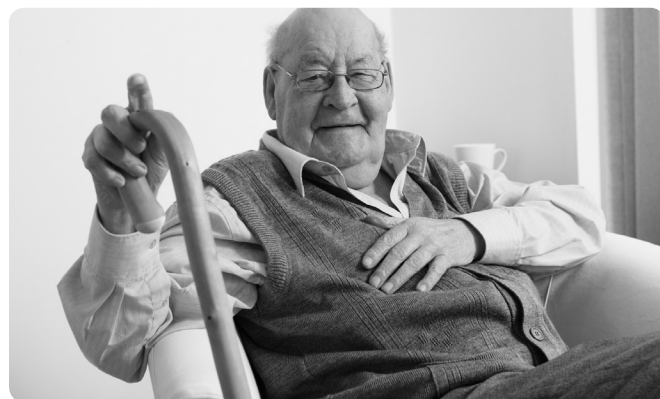
- What are the requirements for this position? Is specific medical training needed? If there is coverage by long term care insurance or MaineCare, are specific certifications and/or qualifications required?
- What additional screening tools (state registry, driver records, background checks) might be applicable?
- Is employment history information available and accessible to you or is the applicant from out of state?

- Do you have the financial resources to conduct a criminal background check of a prospective employee? For more detailed information see www.maine.gov/dps/Sbi/chri.html.
- What is your time frame for hiring? Do you have time to screen prospective employees thoroughly?
- What is your liability for employee wrongdoing or employee injury on the job? Is workers' compensation insurance required?
- If there is a language barrier impacting the hiring process, contact 2-1-1 Maine to access interpreter services for spoken languages as well as sign language. Information is available at www.211maine.org or by dialing 211. In addition, The Maine Center on Deafness is a resource for low cost and/or free adaptive equipment to assist individuals who are deaf and/or hard of hearing. More information is available at www.mcdmaine.org or call: 1-800-639-3884 (Voice/TTY) or 1-866-347-0275 (VP).

Screen All Candidates For Hire With a Telephone Screening, a Written Job Application, a Personal Interview, and Multiple Reference Checks

Complete an initial screening by phone to save time and energy. Discuss wages and hours and give a brief description of the what the responsibilities will be. Ask if the applicant has reliable transportation and availability. Get a first impression of the applicant and **trust your instincts if you have**

concerns. Inform the applicant that with his/her permission, you will be performing a criminal background check and checking references.



- Require a written job application for all applicants. Consider offering a job description that outlines the position so you are clear about your expectations.
- Require an in-person interview. You may choose to conduct the initial in-person interview at a location other than your home for safety concerns. If driving is required for the job, ask to see a valid Maine driver's license.
- Complete reference checks and keep notes. Ask questions that are important to your situation and also about previous job performance, dependability, and reliability. Ask questions that will help gauge if the applicant is caring and compassionate, has people skills, and has the ability to follow directions.

Attached Sample Forms

1. Job Application.
2. Background Consent Form/ Authorization to Release

Information (for professional caregiver to complete to give you permission to speak with his/her former employer/agency).

3. Applicant Disclosure Affidavit (for professional caregiver to complete as part of the application for hire).
4. Request for Information and Employer Disclosure Affidavit (for former employer/agency to complete so you know if there were any concerns).

Interview Questions To Avoid

Federal law prohibits discrimination against someone (applicant or employee) because of that person's race, color, religion, sex, national origin, age, disability, or genetic information. The U.S. Equal Employment Opportunity Commission provides a detailed website that outlines the law. See www.eeoc.gov. In addition, Maine law also prohibits discrimination based on that person's



sexual orientation or marital status. Even though there are many questions that may be asked out of curiosity or as an attempt to make small talk, these questions must be avoided so as not to be perceived as discriminatory. Instead, you may ask an applicant, "Tell me about yourself."

Examples of discriminatory questions include:

- How old are you?
- Are you married?
- Do you have kids? Do you plan to start a family?
- Where do you go to church? What religion are you?
- Where were you born? Are you a U.S. citizen?
- Do you have any disabilities? Do you use a lot of sick time?
- Have you ever filed a workers' compensation claim?
- Have you ever been arrested? EEOC guidelines consider questions about arrest records to be improper due to statistics that show minorities are arrested at much higher rates.

Additional Screening Measures To Consider

- Complete an agreement/contract outlining the position's responsibilities and expectations.
- Complete a Maine criminal background check. For details visit: www.maine.gov/dps/Sbi/chri.html

- Check out-of-state criminal records if the applicant is not from Maine and could have a record in another state.
- Check the Maine Sex Offender Registry which can be found at <http://sor.informe.org/sor/>.
- If transportation is an important part of the job, you may choose to request additional information from the applicant in order to conduct a motor vehicle check. Contact the Maine BMV Driver License Information Unit directly at (207) 624-9000, ext. 52116 to request a record check and have a copy of it mailed or faxed to you for a fee. You will need the applicant's name, address, date of birth, and driver's license number. An online resource also offers a record check for a fee. This can be found at www.informe.org/bmv/drc/.
- Check the Maine Licensing and Regulatory Services Registry to verify status of Certified Nursing Assistants and Unlicensed Assistive Personnel (formerly known as Direct Care Workers and Personal Support Specialists). Go to <http://gateway.maine.gov/cnaregistry/>. You will need the applicant's first name, last name, and last four digits of his/her social security number. You may consider checking the registry for all prospective hires to confirm that someone with a revoked certification/annotation is not continuing to provide services as an independent hire.

A Note About Criminal Background Checks

Background checks are a very useful tool that should be used alongside additional screening measures. Criminal background checks alone cannot catch all people who have committed offenses.

There may be applicants who have a conviction for a non-violent petty crime in their past that are still reasonable candidates for hire. You must use your best judgment and **trust your instincts**.

Follow Up Responsibilities After Hiring

- Offer orientation and training.
- Require on-the-job supervision and monitoring.
- Plan procedures for periodic review and additional training if needed.
- Maintain former employees' hiring records and "eligible for rehire" status. Federal regulations require all personnel records be kept for one year from date of termination. See www.eeoc.gov for detailed information.
- For more information about Maine labor laws and frequently asked questions, refer to the Maine Department of Labor at www.maine.gov/labor/labor_laws/faqs.html.
- The Fair Labor Standards Act establishes minimum wage, overtime pay, record keeping, and youth employment standards affecting employees in the private

sector. For detailed information, refer to the United States Department of Labor at www.dol.gov/whd/flsa/.

- The IRS outlines when it is the responsibility of the employer to withhold income taxes, to withhold and pay Social Security and Medicare taxes, and to pay unemployment tax on wages paid to an employee. For more information, go to www.irs.gov/businesses/small.



Additional Contacts & Resources

Office Of Elder Services

The Maine Office of Elder Services promotes services for older adults, their families, and people with disabilities. A Home and Community Care Assessment is available to anyone who wants to know what services are available and affordable. The Home and Community Care Choices include services like meals and shopping, housekeeping, help with bathing, dressing, eating, transportation,

and other services to help maintain independence. For more information contact, The Office of Elder Services at 1-800-262-2232 (Voice) or 1-800-606-0215 (TTY) or www.maine.gov/dhhs/oes/.

Adult Protective Services

Adult Protective Services investigates allegations of abuse, neglect, and exploitation of persons in Maine who are incapacitated and/or dependent adults. If you are assuming the care of an incapacitated and/or dependent adult, you are required by law to report immediately any suspicions of abuse, neglect, or exploitation to Adult Protective Services. Reports may be made anonymously.

Call 1-800-624-8404 (Voice/TTY) or find an online reporting form at this website: www.maine.gov/dhhs/oes/aps/intake.shtml.

The Maine Long-Term Care Ombudsman Program

This program has specially trained staff who answer questions about long-term care services, including where to find services, how services are paid for, and what to do if services are denied, terminated, or reduced. They also help if problems arise and investigate and resolve long-term care complaints. For more information please visit www.maineombudsman.org or call 1-800-499-0229 (Voice/TTY) or (207) 621-1079 (Voice).

Maine Coalition Against Sexual Assault

This statewide coalition is comprised of sexual violence service providers who offer support and advocacy for survivors, their families and concerned others; work toward ending sexual violence through education of all ages and communities; and reach out to underserved people and communities. A 24-hour crisis and support line, support groups, crisis intervention and information, accompaniment to hospital visits and court proceedings, and referrals are available by contacting an advocate at 1-800-871-7741 (Voice) or 1-888-458-5599 (TTY). For more information, go to www.mecasa.org.

Maine Coalition To End Domestic Violence

Member projects of this statewide coalition provide a 24-hour helpline, temporary emergency shelter and transitional housing, referrals and information, court advocacy, support advocacy, and outreach and community education. Contact an advocate by calling, 1-866-834-HELP (Voice/TTY). For more information, go to www.mcedv.org.

Area Agencies On Aging

Wherever you live in Maine, the services of Area Agencies on Aging are available to you. Their goal is to assure that older people and their caregivers receive support to maintain their independence and dignity. There are programs designed specifically for

family caregivers that offer written materials, classes, support groups, online chat, and individual guidance. For information, call 1-877-353-3771 (ELDERS1) or contact the agency closest to you.

SeniorsPlus

Androscoggin, Franklin, and Oxford Counties

1-800-427-1241, (207) 795-4010 (Voice), (207) 795-7232 (TTY)
www.seniorsplus.org

Aroostook Area Agency on Aging Aroostook County

1-800-439-1789, (207) 764-3396 (Voice) www.arostookaging.org

Southern Maine Agency on Aging Cumberland and York Counties

1-800-427-7411, (207) 396-6500 (Voice), (207) 883-0532 (TTY)
www.smaaa.org

Eastern Agency on Aging Hancock, Penobscot, Piscataquis, and Washington Counties

1-800-432-7812, (207) 941-2865 (Voice), (207) 992-0150 (TTY)
www.eaaa.org

Spectrum Generations Knox, Lincoln, Waldo, Somerset, Sagadahoc, and Kennebec Counties; Brunswick and Harpswell

1-800-639-1553, (207) 622-9212 (Voice), (207) 623-0809 (TTY),
1-800-464-8703 (TTY)
www.spectrumgenerations.org

Connections, The Guide for Family Caregivers in Maine (updated January 2011) is available from Area Agencies on Aging and online at www.maine.gov/dhhs/oes/documents/Connections.pdf and provides valuable information about options for care.



Acknowledgements

A multi-disciplinary team of Midcoast Maine service providers completed an early version of these screening guidelines in 2007. The team, known as Project Advance, was comprised of prosecutors, law enforcement officers, healthcare providers, DHHS officials and

staff, advocates for survivors of violence, and local agencies providing care to individuals with disabilities. Family members and individuals with disabilities were key members of the team and contributed significantly to the important conversations about safety and the creation of Midcoast area screening guidelines for hiring.

The above project was funded by a grant awarded to Sexual Assault Support Services of Midcoast Maine from the Bureau of Justice Assistance, U.S. Department of Justice. “This project was supported by Grant #2005-WF-AX-0042 awarded by the Maine Department of Public Safety with funding from the Office of Violence Against Women, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not represent the official positions or policies of the Maine Department of Public Safety or the U. S. Department of Justice.”

These federal guidelines, created by the U.S. Department of Justice, Office of Justice Programs, were the model used by the team in the Midcoast region: OJJDP Summary: Guidelines for the Screening of Persons Working with Children, the Elderly, and Individuals with Disabilities in Need of Support, April 1998.

JOB APPLICATION

Applicant Information

Name: _____

Address: _____

How long have you lived at this address: _____

Phone number/email: _____

In case of emergency, notify:

Name and contact information: _____

Relationship to applicant: _____

Job Experience

Have you had previous experience working as a personal care assistant or nurse’s aide? If yes, please describe your job duties: _____

How long were you employed in this capacity? _____

Please list two previous employers to be used as references:

Employer #1

Name, agency/business, and contact info:

Dates employed: _____

Reason for leaving/termination: _____

Employer #2

Name, agency/business, and contact info:

Dates employed: _____

Reason for leaving/termination: _____

Availability

Dates available to start work: _____

Shifts willing to work:

full-time__ part-time__ mornings__ afternoons__ evenings__

weekends__ overnight__ live-in__ on-call for emergencies__

How many hours a week are you willing to work? _____

Are there any jobs that you would not want to do (meal preparation, light housekeeping, bowel or bladder care, etc.)? _____

The above statements are true and complete to the best of my knowledge.

Signature and date: _____

BACKGROUND CONSENT/ AUTHORIZATION TO RELEASE INFORMATION

Applicant's full name: _____

Other names used/maiden name: _____

Applicant's current address: _____

Years at this address: _____

Applicant's social security number: _____

I authorize the investigation of my background, references, character, education, criminal record, driving record, and past employment for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I authorize any person, organization, or company given a signed copy of this form to release and disclose to _____ any and all information or records requested regarding me. These records may include, but are not limited to, my employment records, volunteer experience, military records, and criminal records (if any). I authorize this information to be released in writing, by telephone, or by email, in connection with my application for employment.

I release any person, firm, organization, or corporation providing information or records in accordance with this authorization from any and all claims or liability. Such information will be held in confidence by my prospective employer and used only in connection with my application. This authorization expires on the date stated below.

Authorization expiration date: _____

Signature of prospective employee: _____ Date: _____

Witness to signature: _____ Date: _____

APPLICANT DISCLOSURE AFFIDAVIT (To be attached to Job Application)

All prospective employees will be screened for this position. Information obtained is not an automatic bar to employment but is considered in view of all relevant circumstances.

This disclosure must be completed by all applicants. Any falsification, misrepresentation, or incompleteness in this disclosure is grounds for disqualification or termination.

Have you at any time as an adult or juvenile (check all that apply):

- Been convicted of;
- Pleaded guilty to (whether or not resulting in a conviction);
- Pleaded nolo contendere or no contest to;
- Admitted to;
- Had any judgment or order rendered against you (whether by default or otherwise);
- Entered into any settlement in an action or claim of;
- Had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of;
- Resigned under threat of termination of employment or volunteer work for:

Any felony	Endangerment of a child	Protection from abuse order
Gross sexual assault	Unfitness as a parent or custodian	Violation of custody order
Sexual harassment	Exhibitionism and/or voyeurism	Protection from harassment order
Sexual exploitation of a minor	Perjury	Violation of court order
Sexual conduct with a minor	Financial exploitation	Violation of restrictions on contact with minors
Drug or alcohol related offenses	Possession of obscene material	Indecent exposure
Unlawful sexual touching	Driving under the influence	Child pornography
Lewd and lascivious behavior	Kidnapping or false imprisonment	And/or any similar or related conduct, matters, or things
Lewdness	Physical abuse of a minor	
Incest	Theft	
Unlawful sexual contact	Assault or battery	

Explanation (including description and dates):

Has an allegation against you involving abuse, exploitation, mistreatment, and/or neglect ever been substantiated by the Maine Department of Health and Human Services? Yes No

Explanation (including description and dates):

The above statements are true and complete to the best of my knowledge.

Applicant's signature: _____ Date: _____

Witness to signature: _____ Date: _____

This form is based on those developed by the Missing and Exploited Children Comprehensive Action Program and National School Safety Center under a grant from the OJJDP and is intended as a starting point for the development of forms by states, agencies, or individuals serving children, the elderly, and individuals with disabilities in need of support.

Additional copies of this booklet and sample documents are available at www.maine.gov/dhhs/oes/publications.htm and www.mecasa.org.

REQUEST FOR INFORMATION FROM FORMER EMPLOYER

To:

Applicant Name: _____ Social Security Number: _____

Dates of Employment: _____ Immediate Supervisor: _____

The above-mentioned applicant is seeking a position as a personal caregiver. We screen all applicants to assess potential risk of harm. Please note that refusal by your agency to provide information requested may result in automatic disqualification of the applicant from our hiring process.

We are interested in receiving any information or records that would reflect on the applicant’s fitness to work with vulnerable adults. Although any information you wish to provide is welcome, we are especially interested in anything that involves an established or reasonable basis for suspecting physical abuse, exploitation, neglect and/or sexual misconduct. Please complete the attached Employer Disclosure Affidavit.

Please note the attached signed Background Consent/Authorization to Release Information which allows you to share information. This authorization releases you from liability. We appreciate your candor.

Thank you for your assistance.

Sincerely,

FORMER EMPLOYER DISCLOSURE AFFIDAVIT

Prospective employees are screened for this position to evaluate whether an applicant poses a risk of harm. Information obtained is not an automatic bar to employment but is considered in view of all relevant circumstances. This disclosure is required to be completed by former employers in order for the applicant to be considered.

APPLICANT: _____ (To be completed by applicant)
Please print complete name and social security number.

As an agent of the former employer of the undersigned applicant, I affirm to the best of my knowledge that the undersigned applicant HAS NOT at ANY TIME:

- ___ Been convicted of;
- ___ Pleaded guilty to (whether or not resulting in a conviction);
- ___ Pleaded nolo contendere or no contest to;
- ___ Admitted to;
- ___ Had any judgment or order rendered against them (whether by default or otherwise);
- ___ Entered into any settlement in an action or claim of;
- ___ Had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of;
- ___ Resigned under threat of termination of employment or volunteer work for;

Any accusation, allegation, or claim involving any of the following:

Any felony	Endangerment of a child	Protection from abuse order
Gross sexual assault	Unfitness as a parent or custodian	Violation of custody order
Sexual harassment	Exhibitionism and/or voyeurism	Protection from harassment order
Sexual exploitation of a minor	Perjury	Violation of court order
Sexual conduct with a minor	Financial exploitation	Violation of restrictions on contact with minors
Drug or alcohol related offenses	Possession of obscene material	Indecent exposure
Unlawful sexual touching	Driving under the influence	Child pornography
Lewd and lascivious behavior	Kidnapping or false imprisonment	And/or any similar or related conduct, matters, or things
Lewdness	Physical abuse of a minor	
Incest	Theft	
Unlawful sexual contact	Assault or battery	

Explanation (including description and dates):

Has an allegation against this employee involving abuse, exploitation, mistreatment, and/or neglect ever to your knowledge been substantiated by the Maine Department of Health and Human Services? ___ Yes ___ No

Explanation (including description and dates):

Would you rehire this person? yes_____ no_____

The above statements are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Name: _____ Title: _____

Agency: _____

Address: _____

Phone: _____ Email: _____

This form is based on those developed by the Missing and Exploited Children Comprehensive Action Program and National School Safety Center under a grant from the OJJDP and is intended as a starting point for the development of forms by states, agencies, or individuals serving children, the elderly, and individuals with disabilities in need of support.

A product of:

