



# DIRECT SERVICE WORKER JOB DESCRIPTION

Direct Service Worker Name	Participant Name

**Instructions:** Using the following lists identify which PDO services will be provided. For those services that will be provided, identify the job responsibilities the direct service worker (DSW) will be required to perform. *Please complete each page and check all that apply.*

### Adult Companion Care

Will this service be provided?  Yes  No (Please check, if yes complete below)

**Job Summary:** Non-medical care, supervision and socialization provided to a functionally impaired adult. Companions assist or supervise the enrollee with tasks, such as meal preparation or laundry and shopping, but do not perform these activities as discreet services. The provision of companion services does not entail hands-on nursing care. This service includes light housekeeping tasks incidental to the care and supervision of the enrollee.

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Meal Preparation</b><br><input type="checkbox"/> Cooking clean up<br><input type="checkbox"/> Putting food away<br><input type="checkbox"/> <b>Light Housecleaning</b><br><input type="checkbox"/> Vacuuming<br><input type="checkbox"/> Dusting<br><input type="checkbox"/> Sweeping | <input type="checkbox"/> <b>Laundry</b><br><input type="checkbox"/> <b>Shopping</b><br><input type="checkbox"/> Preparing shopping list<br><input type="checkbox"/> Picking up my groceries and personal items<br><input type="checkbox"/> Picking up my medications |
|---|--|

**List other assistance needed or special requests:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Homemaker Services

Will this service be provided?  Yes  No (Please check, if yes complete below)

**Job Summary –** General household activities, such as meal preparation and routine household care provided by a trained homemaker when the individual regularly responsible for these activities is temporarily absent or unable to manage these activities. Chore services, including heavy chore services and pest control may be included in this service.

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|---|---|
| <input type="checkbox"/> <b>Housecleaning</b><br><input type="checkbox"/> Vacuuming<br><input type="checkbox"/> Dusting<br><input type="checkbox"/> Sweeping<br><input type="checkbox"/> Making the bed<br><input type="checkbox"/> Cleaning the bathroom | <input type="checkbox"/> <b>Meal Preparation</b><br><input type="checkbox"/> Cooking clean up<br><input type="checkbox"/> <b>Lawn Care</b><br><input type="checkbox"/> <b>Pest Control</b><br><input type="checkbox"/> <b>Minor Repairs to Home</b> |
|---|---|

**List other assistance needed or special requests:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





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### Personal Care

Will this service be provided?  Yes  No (Please check, if yes complete below)

**Job Summary** – A service that provides assistance with eating, bathing, dressing, personal hygiene, and other activities of daily living. This service includes assistance with preparation of meals, but does not include the cost of the meals. This service may also include housekeeping chores, such as bed making, dusting and vacuuming, which are incidental to the care furnished or are essential to the health and welfare of the enrollee, rather than the enrollee’s family.

#### **Dressing/Undressing**

- Getting dressed (AM, PM)

#### **Hygiene/Grooming**

- Teeth care (brush, floss, mouth wash)
- Shaving
- Putting on facial/body products (lotion, make-up)
- Nail care (if diabetic, give directions)
- Hair care (brush, braid)

#### **Range of Motion/Body Mobility**

- Exercising
- Getting me out of bed or positioning me in the bed or chair

#### **Medication Assistance**

- Opening my medicine bottles or pill box
- Getting me a drink to take my medications
- Reading medication labels
- Helping me remember what medications I take throughout the day
- Helping me refill prescriptions when needed
- Helping with the placement of oxygen tubes
- Reminding me and/or placing within my reach, eye drops, and skin ointments

#### **Bathing/Showering**

- Sponge bathing
- Bed bathing
- Getting into the bath/shower (washing body/hair)
- Getting out of the bath/shower (drying)
- Getting dressed

#### **Locomotion/Walking**

- Assistance with walking outside the home
- Assistance moving to rooms or to different levels in a home

#### **Toileting/Continence**

- Assistance with toileting
- Continence care

#### **Housekeeping**

- Light Housecleaning
  - Vacuuming
  - Dusting
  - Sweeping
  - Make the bed

#### **Meal Preparation/Feeding Assistance**

- Meal Preparation/Cleanup
- Eating Assistance (cutting)

**List other assistance needed or special requests:** \_\_\_\_\_

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### Attendant Care

Will this service be provided?  Yes  No (Please check, if yes complete below)

**Job Summary** – Hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by state law. Housekeeping activities which are incidental to the performance of care may also be furnished as part of this activity. Unskilled attendant care must have supervision provided by a registered nurse, licensed to practice in the state.

**List your specific medical needs here:**

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### Intermittent and Skilled Nursing

Will this service be provided?  Yes  No (Please check, if yes complete below)

**Job Summary** – This service includes the home health benefit available under the Medicaid state plan as well as expanded nursing services coverage under this waiver. Services listed in the care plan that are within the scope of Florida’s Nurse Practice act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the state. Skilled nursing services must be listed in the enrollee’s plan of care and are provided on an intermittent basis to enrollees who either do not require continuous nursing supervision or whose need is predictable.

**List your specific medical needs here:**

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**Additionally the employee is responsible for:**

- Treating the participant with dignity and respect. This includes respecting personal beliefs, culture, region, and privacy as well as respect for the participant’s personal property.
- Keeping personal information about the participant confidential.
- Communicating effectively with the participant. Respect and utilize the participant’s preferred methods.
- Providing safe care. Utilizing Universal Precautions.
- Immediately reporting an emergency situation by calling 911.
- Reporting suspected abuse and neglect to the managed care plan and proper authorities.
- Reporting a change in health condition to the managed care plan.
- Provide enough notice to the participant if unable to work a regularly scheduled shift including being late for work.
- Providing a two week notice to the participant if the employee is voluntarily terminating employment.

\_\_\_\_\_  
*Participant/Representative Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Direct Service Worker Signature*

\_\_\_\_\_  
*Date*

