



Private Caregiver Instructions and Checklist for Hiring

| |
|---------------------------------|
| <input type="checkbox"/> United |
| <input type="checkbox"/> Third |
| Unit No. _____ |

The Board of Directors adopted a Private Caregiver Policy to reasonably address caregivers who provide care for Residents. **Every Private Caregiver Application for Permit must be approved in writing prior to commencing support.** Please follow this checklist to ensure a smooth and efficient process.

Omission of any required items will result in delay or denial of the Private Caregiver Permit.

1. Review the Private Caregiver Policy and submit the required paperwork.

- Register the Private Caregiver with the California Department of Social Services and complete the Live Scan requirements, which include background check and fingerprinting;
- Complete the Application for Private Caregiver Permit;
- Provide a copy of the private caregiver's state-issued driver's license or ID;
- Submit Private Caregiver Application to Resident Services.

2. Documentation Review

The Board of Directors or authorized designee will review the submitted documentation for approval or denial. Resident Services will notify the Resident of the outcome within 10 business days.

- a. If approved, the private caregiver will be issued an ID, which must be worn in clear sight at all times and obtain a gate pass, which may include an overnight parking pass.
- b. If denied, the Owner/Member and private caregiver will be notified by Resident Services.

Important Information

- All documents must be received by Resident Services before the application can be processed;
- The private caregiver cannot commence work until a permit is obtained. Special circumstances may be granted;
- Only completed applications with the required paperwork will be reviewed;
- The private caregiver must be registered with the California Department of Social Services Home Care Services Bureau; The Private Caregiver Permit is approved for a period of up to one year and must be renewed annually;
- Resident Services must be informed in writing of any deviations from an approved Private Caregiver Permit;
- Owner/Member is responsible for ensuring that rules, regulations and policies are followed by anyone he or she allows into the Community;
- Failure to abide by the rules, regulations and policies may result in disciplinary action, including monetary fines, suspension of Owner/Member privileges and/or legal action.

ATTACHMENTS

Private Caregiver Policy
Application for Permit
Policy Frequently Asked Questions
Private Caregiver / Home Care Aide Application Process



I. Purpose

The purpose of this document is to define the policy of Third Laguna Hills Mutual (Third) and United Laguna Woods Mutual (United) regarding individuals who provide care to Residents.

II. Definitions

For the purposes of this policy:

- a. Activities of Daily Living (ADL) are defined as a series of basic activities performed by individuals on a daily basis necessary for independent living at home or in the community. There are many variations on the definition of the activities of daily living, including, without limitation:
 - i. Personal hygiene: Bathing/showering, grooming, nail care and oral care
 - ii. Dressing: The ability to make appropriate clothing decisions and physically dress/undress oneself
 - iii. Eating: The ability to feed oneself, though not necessarily the capability to prepare food
 - iv. Maintaining continence/toileting: Both the mental and physical capacity to use a restroom, including the ability to get on and off the toilet and cleaning oneself
 - v. Transferring/Mobility/Ambulating: Moving oneself from seated to standing, getting in and out of bed, and the ability to walk independently from one location to another
- b. Instrumental ADL are not necessary for fundamental functioning, but they let an individual live independently in a Community.
 - i. Companionship and mental support
 - ii. Transportation and shopping
 - iii. Preparing meals
 - iv. Managing household
 - v. Managing medications and finances
 - vi. Communicating with others
- c. Application is the form prescribed by Third and United to apply for a private caregiver.
- d. Community is Laguna Woods Village.
- e. Community Facilities are defined as the facilities and services operated by the Golden Rain Foundation (GRF).
- f. Community rules are defined as the Bylaws, Articles of Incorporation, Occupancy Agreement or any rules and regulations of Third, United, and GRF.

- g. GRF: The nonprofit mutual benefit corporation organized to manage and maintain Community Facilities and services for the Community.
- h. A live-in private caregiver is defined as an individual who will stay overnight for more than 60 days in any 12-month period, including individuals who are related to the Resident/Member.
- i. A live-in private caregiver can be a family member, paid or not paid. All rules in the Private Caregiver Policy apply.
- j. Member is a person who has been approved by Third or United as being entitled under the governing documents of Third or United to membership in Third or United and has an appurtenant right of membership in GRF.
- k. Private caregiver, also known as a home care aide or care provider, is a person who has been approved by Third, United or authorized designee in writing on the basis of being a provider of primary caregiver support to the Resident. A private caregiver is a helper who assists an individual with activities of daily living or nonmedical services. Nonmedical home care is provided by caregivers. Unlike home health, caregivers are considered nonclinical and are not covered by insurance and does not need a physician order.
- l. Private caregiver services include, but are not limited to, assistance with the following:
 - i. ADL as defined in Section II, a.
 - ii. Instrumental ADL as defined in Section II, b.
- m. An affiliated caregiver is a person who is employed by a licensed Home Care Organization/Agency (HCO) who provides homecare services to a Resident(s).
- n. A private caregiver is independent and is not employed by a HCO.
- o. In-home supportive service (IHSS) caregivers are part of the Medi-Cal program and required to adhere to this policy.
- p. Resident is defined as any person who has been approved by the Board of Directors for occupancy.

III. Conditions

- a. Private caregivers must be approved by the board or authorized designee in writing prior to commencing support. Special circumstances may be granted.
- b. Private caregivers must be 18 years old or older.
- c. Private caregivers must be registered with the California Department of Social Services Home Care Services Bureau.
- d. Private caregivers must provide a copy of a government issued photo ID with the application.
- e. Private caregivers must provide a copy of their driver's license, vehicle registration, and proof of vehicle insurance with the application if he/she will be operating a vehicle within Laguna Woods Village.

- f. A Private Caregiver Permit is approved for a period of up to one year. Residents are required to reapply for approval.
- g. The total number of persons residing in a unit shall not exceed the number of bedrooms, plus one or no more than two persons in a one-bedroom unit; no more than three persons in a two-bedroom unit, etc.
- h. Each private caregiver shall not have been convicted of a felony or a misdemeanor involving moral turpitude (e.g., fraud, perjury, criminal threats).
- i. The Member is responsible for the conduct of the private caregiver and shall ensure that he/she complies with all community rules, regulations, and policies.
- j. Upon approval by the board or authorized designee, a gate pass shall be issued to the private caregiver that will permit gate access into the community. If a gate pass is supplied, it must be displayed on their car dashboard at all times. This pass may include an overnight parking pass when necessary.
- k. The private caregiver must wear in clear sight the Laguna Woods Village picture ID at all times.
- l. The private caregiver's ID and gate pass may not be transferred or lent to anyone.
- m. The private caregiver is authorized to use the Community facilities only as necessarily incidental to provide support to the Resident.
- n. Part-time private caregivers may only use the laundry facilities for the Resident's use. Live-in private caregivers may use the laundry facilities for their limited personal use and the Resident's use.
- o. The live-in private caregiver requires written permission from the Board of Directors to remain in the unit without the Resident only if both of the following are applicable:
 - i. The Resident is absent from the unit due to hospitalization or other necessary medical treatment and expects to return to the unit within 90 days from the date the absence began; and
 - ii. The Resident submits a written request desiring the live-in private caregiver be allowed to remain in order to be present when the Resident returns to reside in the unit (Civil Code §51.11.b.7).
- p. Private caregivers are not permitted to bring family members, pets or guests into the Community. The sole purpose of the private caregiver is to provide care for the Resident.
- q. The Resident must surrender the private caregiver ID and vehicle pass to Resident Services at the conclusion of the care service or be subject to charges.
- r. The private caregiver shall meet all applicable GRF requirements relating to operating a motor vehicle within the community.
- s. All caregivers employed by a licensed Home Care Organization/Agency (HCO) are required to obtain a business pass.

- t. A person living in the residence to provide short term care must obtain a 60-day caregiver pass. Any person providing care beyond 60 days must adhere to the Private Caregiver Policy.
- u. If applicant employs an IHSS caregiver and receives any correspondence related to ineligibility or violations that have occurred involving caregiver, the applicant must notify Resident Services immediately.

IV. Enforcement

Third and United are authorized to take disciplinary action against a Member who is found in violation of the Private Caregiver Policy. When a violation occurs, the Board of Directors are obligated to evaluate and impose, if appropriate, Member discipline as set forth in the governing documents. The boards have the authority to impose monetary fines, suspend Member privileges, and/or bring forth legal action. The Member is entirely responsible for ensuring that the community rules and policies are followed by anyone they allow into the Community.

- a. The Member and private caregiver must read and agree to comply with and be bound by all the governing documents and the community rules.
- b. Nothing contained herein shall relieve Member of the performance of any obligation owed to Third, United and/or GRF under the governing documents.

V. Procedures

- a. The Resident must complete and submit Application for Private Caregiver Permit for review. The application is available for download at lagunawoodsvillage.com or upon request from Resident Services.
- b. Application can be submitted to Resident Services located in the Laguna Woods Village Community Center.
- c. Upon receipt of an application, Resident Services will research whether the Member and/or private caregiver has received notices of violations or has any outstanding charges and assessments before approval of the application.
- d. The boards or authorized designee will review the application and approve or deny request.
- e. Resident Services will notify the Resident of the results within 10 business days. Special circumstances may be granted.
- f. Resident Services hours of operation are Monday through Friday, 8 a.m. to 5 p.m., phone number 949-597-4600.
- g. Mailing address is P.O. Box 2220, Laguna Hills, CA 92654-2220.



Private Caregiver Application for Permit

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|---|
| <input type="checkbox"/> United <input type="checkbox"/> Third Unit No. _____ |
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Return completed application to Resident Services Department – 240, 24351 El Toro Road, Laguna Woods, CA 92637; 949-597-4600; residentservices@vmsinc.org.

| Resident Information | | | | | | | | | | | | | | | |
|--|--|---|---------------|---|---|--|--|-----------------------------------|--|----------------------------------|---|-------------------------------------|--|------------------------------------|--|
| Name | | <input type="checkbox"/> Member <input type="checkbox"/> Occupant | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | |
| Telephone | | Cell phone | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | |
| What is the expected schedule of the private caregiver? <input type="checkbox"/> Daytime only <input type="checkbox"/> Nighttime only <input type="checkbox"/> 24 hours, number of days per week _____ | | | | | | | | | | | | | | | |
| What is the service the private caregiver is expected to provide? Check all that apply. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Personal hygiene (bathing)</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Companionship and mental support</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Continence management</td> <td style="padding: 5px;"><input type="checkbox"/> Transportation and shopping</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Dressing</td> <td style="padding: 5px;"><input type="checkbox"/> Preparing meals</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Feeding</td> <td style="padding: 5px;"><input type="checkbox"/> Managing household</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Ambulating</td> <td style="padding: 5px;"><input type="checkbox"/> Managing medications and finances</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Toileting</td> <td style="padding: 5px;"><input type="checkbox"/> Communicating with others</td> </tr> </table> | | | | <input type="checkbox"/> Personal hygiene (bathing) | <input type="checkbox"/> Companionship and mental support | <input type="checkbox"/> Continence management | <input type="checkbox"/> Transportation and shopping | <input type="checkbox"/> Dressing | <input type="checkbox"/> Preparing meals | <input type="checkbox"/> Feeding | <input type="checkbox"/> Managing household | <input type="checkbox"/> Ambulating | <input type="checkbox"/> Managing medications and finances | <input type="checkbox"/> Toileting | <input type="checkbox"/> Communicating with others |
| <input type="checkbox"/> Personal hygiene (bathing) | <input type="checkbox"/> Companionship and mental support | | | | | | | | | | | | | | |
| <input type="checkbox"/> Continence management | <input type="checkbox"/> Transportation and shopping | | | | | | | | | | | | | | |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Preparing meals | | | | | | | | | | | | | | |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Managing household | | | | | | | | | | | | | | |
| <input type="checkbox"/> Ambulating | <input type="checkbox"/> Managing medications and finances | | | | | | | | | | | | | | |
| <input type="checkbox"/> Toileting | <input type="checkbox"/> Communicating with others | | | | | | | | | | | | | | |
| Is the Resident an in-home supportive services (IHSS) recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list the seven-digit county IHSS case number _____ | | | | | | | | | | | | | | | |
| Private Caregiver Information | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | |
| Telephone | | Cell phone | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | | |
| Driver's license | | Expiration date | | | | | | | | | | | | | |
| Vehicle color | Make | Model | License plate | | | | | | | | | | | | |
| Vehicle insurance company | | Policy number, expiration date | | | | | | | | | | | | | |
| Private caregiver's personal state identification number | | | | | | | | | | | | | | | |
| Expiration date | | | | | | | | | | | | | | | |
| Has the private caregiver been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | |
| Has the private caregiver been convicted of a misdemeanor involving moral turpitude (e.g., fraud, perjury, criminal threats)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | |
| Is the live-in private caregiver a family member? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, relationship to Resident _____ | | | | | | | | | | | | | | | |

Private Caregiver Permit Agreement

The undersigned acknowledges that the issuance of a private caregiver permit does not constitute approval of the private caregiver nor does it represent any direct or indirect liability on behalf of United Laguna Woods Mutual (United), Third Laguna Hills Mutual (Third) and the Golden Rain Foundation of Laguna Woods (GRF), all California nonprofit mutual benefit corporations, and Village Management Services Inc. (VMS), a California corporation, and each of their respective directors, officers, employees and agents. Further, I/we have read and received a copy of the Private Caregiver Policy and agree to wear the ID in clear sight and display the pass at all times while in this Community. I/we also understand that falsification of any information related to this application is subject to disciplinary action.

| | |
|-----------------------------|------|
| Resident signature | Date |
| Member signature | Date |
| Private caregiver signature | Date |

For Office Use Only

| | |
|--|--------|
| Received by | SA No. |
| Requirements <input type="checkbox"/> ID <input type="checkbox"/> Gate pass <input type="checkbox"/> Overnight pass <input type="checkbox"/> Other | |
| Will approval cause the unit to exceed the number of occupants permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| State status of the private caregiver: <input type="checkbox"/> Pending <input type="checkbox"/> Registered <input type="checkbox"/> Other _____ | |
| Has the Resident received notices of rules violation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Verified IHSS caregiver form SOC 2271 <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does staff recommend approval of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If, No, state reason _____ | |

For Board of Directors or Authorized Designee Use Only

| | |
|--|--|
| Application DENIED The Board of Directors of this mutual corporation or authorized designee has reviewed this application. Based on the information provided, the application is denied. | Application APPROVED The Board of Directors of this mutual corporation or authorized designee has reviewed this application. Based on the information provided, the application is approved. |
| Signature | Signature |
| Signature | Signature |
| Signature | Signature |

For Office Use Only

| |
|--|
| Resident notified by: |
| Date _____ <input type="checkbox"/> SA No. updated/closed <input type="checkbox"/> Documents scanned |



Private Caregiver Policy Frequently Asked Questions

1. Who is a private caregiver?

A private caregiver also known as a home care aide or care provider, is a person who has been approved by Third Laguna Hills Mutual (Third), United Laguna Woods Mutual (United) or authorized designee in writing on the basis of being a provider of primary caregiver support to the Resident. Private caregiver services include, but are not limited to, assistance with the following:

- i. Activities of Daily Living as defined in Section II, a. of the Private Caregiver Policy.
- ii. Instrumental Activities of Daily Living as defined in Section II, b. of the Private Caregiver Policy

2. What if my private caregiver is already registered with the California Department of Social Services (CDSS)?

If your private caregiver is already registered with the CDSS, you will need to provide proof of registration, with expiration date, along with the completed Private Caregiver Application to Resident Services.

3. How does a Private Caregiver get registered with the CDSS?

The Private Caregiver can apply as a Home Care Aide by visiting the CDSS website <http://www.cdss.ca.gov/inforesources>:

- a. Select Home Care Services. listed under Community Care Licensing.
- b. Scroll down to Quick Links and select Home Care Aide Application Process.

If you have questions, please phone California Department of Social Services, Home Care Service Bureau at 877-424-5778.

4. How does a private caregiver get a background check?

Complete the request for Live Scan fingerprinting service, form LIC 9163. Take form to a Live Scan location for processing. A criminal background check will be performed, and the results will be electronically sent to the CDSS.

5. What are the costs to get registered?

The CDSS currently charges a registration fee of \$35. Other fees involved are Live Scan fingerprinting and government criminal history background checks. The Live Scan fingerprinting operator's fee will vary depending on location of your choice and can run from \$10 up to \$35. Government fees for state and federal background checks for private caregivers will cost \$49. Costs are subject to change.

6. Who pays the registration costs?

That is held to the Resident's discretion. You can pay the private caregiver's registration fees or require the private caregiver that you hire pay his/her own registration fees.

7. When did the mandate take place?

The new policy began March 1, 2017.

8. Why do I have to obtain a Private Caregiver Permit?

The Board of Directors recognized a need to provide a systematic, fair and reasonable manner to address individuals who provide care to the residents.

9. Who is expected to abide by the amended Private Caregiver Policy?

All residents who hire a private caregiver must abide by the amended policy. Residents with existing private caregivers must abide by the amended policy when their current permit expires.

10. How do I find out when my current permit is up for renewal?

Call Resident Services at 949-597-4600. Any customer service representative can assist you.

11. Are there any exemptions or exceptions to the policy?

There is no set list of exemptions. If there are special circumstances that the Owner/Member would like to have taken into account, the Owner/Member may file this request in writing stating why they cannot abide by the policy. This statement will be reviewed by the Boards for consideration.

12. How can I file an exception/exemption to the policy?

Owner/Members may file for an exception/exemption by submitting a written request to Resident Services located on the first floor of the Community Center.

13. What if I hire a caregiver from a licensed agency?

Caregivers from a licensed agency are exempt from this process because agencies are required by law to do background checks on all their caregivers. Agencies are required to obtain a business pass.

14. Who is an in-home supportive services (IHSS) recipient?

The IHSS program provides in-home assistance to eligible aged, blind and disabled individuals as an alternative to out-of-home care. The IHSS Program enables recipients to remain safely in their own homes.