



4173 MacArthur Blvd.  
Oakland, CA 94619  
510-336-2900  
contact@manoshomecare.com

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## Authorized Representative Handbook

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Welcome to Manos Home Care.  
We hope this introduction provides you with valuable information regarding our developmental disability services. Additional information and a copy of our current Handbook can be accessed at [www.manoshomecare.com](http://www.manoshomecare.com).

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# 1. Manos Home Care and The Regional Center

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**The Regional Center of the East Bay, which we will simply call 'The Regional Center' in this packet, serves individuals with disabilities. The Regional Center and Manos Home Care are two different companies. The Regional Center contracts Manos Home Care to provide different services, including Respite, Daycare (Personal Assistance) and Independent Living Skills Services.**

## Our Role

Manos Home Care is a separate company from the Regional Center; we are a vendor of the Regional Center. The Regional Center contracts us to provide selected services for persons with developmental disabilities. Your Regional Center case manager oversees the case, while Manos Home Care and the Authorized Representative (see next section) employ and supervise your respite worker. Both Manos and the Authorized Representative are responsible and liable for different areas of supervision and employment.

## Direct Service Providers (DSP)

The Direct Service Providers (DSPs) provides services to the individual with developmental disabilities (the client). The service that is provided is set forth in the contract provided to Manos by the Regional Center. The DSP is co-employed and supervised by both Manos and the Authorized representative.

## Your Role

The Authorized Representative oversees the day-to-day activities of the DSP delivering service in the home. An authorized representative can be the person with developmental disabilities, a parent/guardian, another family member, or a conservator. For a person to be an authorized representative, they must be over eighteen and be able and willing to handle the responsibilities and accept the liabilities of an authorized representative. For example, if the Authorized Representative tells the DSP to prepare specified food in the refrigerator for the client, the Authorized Representative is responsible for ensuring the food is appropriate for the client to eat. If that food gives the client a stomachache because the food is partially rotten, then the DSP is not responsible—the Authorized Representative is responsible for the stomachache.

The Regional Center	<p>The Regional Center is a non-profit organization, funded by the government. The government contracts with the Regional Center "supports persons with developmental disabilities... with the tools needed to achieve lives of quality and satisfaction... " (Regional Center web site)</p> <p>The Regional Center contracts with other agencies to help persons with disabilities, and Manos Home Care is one of those agencies. The Regional Center decides how many service hours each family receives. Case managers give Manos Home Care the contract, and we pay an employee to provide the contracted service.</p>
Case Managers	<p>Case managers are employed by the Regional Center to organize the services you receive. Case managers determine the number of service hours you receive; Manos Home Care does not have any control over the number of service hours you may receive.</p>
POS Contract	<p>Each service is authorized by a POS contract that provides a specific number of hours that the DSP can work. The POS contract also specifies what type of service is to be delivered. Manos delivers three types of services: Respite, Personal Assistance, and Independent Living Skills (ILS). There are two ways delivering these services: Full Service, and Employer of Record. These services and ways of delivery are described in section 4.</p>

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## 2. Authorized Representatives

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An Authorized Representative is the person responsible for overseeing service delivery of the direct service provider. The authorized representative shares employment and supervisory responsibilities and liabilities with Manos. For persons with disabilities under eighteen, the authorized representative is one of the parent/guardians of the person. For persons with disabilities eighteen or over, that person is the authorized representative unless that person delegates the responsibilities to another person. Authorized representatives co-employ direct service providers and are responsible and liable for the training and direction of the day-to-day services that the direct service provider delivers at the work site. The work site is wherever the direct service provider delivers the service.

Only One at a Time	To keep decision-making clear, Manos accepts only one person as the Authorized Representative. The Authorized Representative can nominate a temporary replacement through an email, or assign a person as an assistant for signing time sheets. A permanent replacement must sign the relevant Manos Home Care agreements.
Signing Time Sheets	Authorized Representatives and those who assist them in signing time sheets are responsible for the hours they approve. When the direct service provider and the Authorized Representative (or their assistant) turn in signed time sheets within the allotted hours, Manos is required to pay the employee for those hours worked so long as those hours are within the POS's allotted hours for that period. Hours worked outside of the allotted hours become the responsibility of the Authorized Representative to pay. See the POS Contract section for more information.
Recruiting & Vetting (EOR Only)	For Employer of Record Services, the Authorized Representative recruits and vets the direct service provider (See Full Service and Employer of Record section). Manos performs a criminal background check.
Training	The Authorized Representative orients and trains the direct service provider in service delivery aspects that are specific to that client served. For example, food preparation, personal care, and activities are areas where the Authorized Representative is responsible and liable for training.
Supervision	The Authorized Representative is responsible for on-site supervision. This activity direction is where an Authorized Representative engages in "first-line" supervisor activities. <sup>1</sup> For example, the Authorized Representative would direct a DSP what food to prepare for lunch for a client. This is activity direction and is a supervisory responsibility of the Authorized Representative. The exercise of that supervisory responsibility entails liability for the consequences of that direction.
The Worksite	The worksite of the direct service provider is where that person delivers the service.

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<sup>1</sup> The Authorized Representative "directs staff through face-to-face meetings...Organizational structure is not complex and internal and administrative procedures are simple." *Supervisory Duties and the National Compensation Survey*, pg. 14, footnotes 6,7, &8. By James Smith, an

Co-employer with any service agency	The Authorized Representative co-employs the direct service provider because the Authorized Representative schedules, directs on-site services, and evaluates the services, deciding if the direct service provider remains on the assignment. <i>The co-employment relationship exists regardless of which agency provides services.</i> The co-employment relationship is determined by employment law, which apply to agencies, persons with developmental disabilities and their support circles. The responsibilities and liabilities of an employer extend to the Authorized Representative, including anti-harassment, labor law, and workplace safety rules. <sup>2</sup>
Scheduling	The Authorized Representative is responsible for scheduling the direct service provider(s), and limiting the hours worked to the POS contract's allotted hours for the service period. Scheduled hours beyond the POS contract's allotted hours triggers sole employment, wage payment employment taxes, and workers compensation insurance responsibilities for the Authorized Representative.
Time Sheets	All hours worked by direct service providers must be recorded on time sheets. See the Time Sheet section in this handbook.

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economist with the Division of Compensation Data Estimation, Bureau of Labor Statistics. Email: Smith\_J@bls.gov

<sup>2</sup> California Wage Order 15, for example, Section 2(G) defines "Employer" as "any person as defined in Section 18 of the Labor Code, who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of any person." Section 18 "Person" means any person, association, organization, partnership, business trust, limited liability company, or corporation." Labor Code Section 558.1(a), amended in 2017, states "(a) Any employer **or other person acting on behalf of an employer, who violates, or causes to be violated**, any provision regulating minimum wages or hours and days of work in any order of the Industrial Welfare Commission, or violates, or causes to be violated, Sections 203, 226, 226.7, 1193.6, 1194, or 2802, may be held liable as the employer for such violation. The bolded language is now used in every wage hour case to name owners, payroll employees, human resources personnel, or anyone else who might have "caused" the alleged violation.

Wage Order 15's definition "person who, directly or indirectly, employs or exercises control over the wages, hours, or working conditions of any person" is so broad that caregivers are considered to be under the "control" of both the agency and the family, because both in some sense direct and control the worker.

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### 3. The Emergency Form

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The Authorized Representative is responsible for providing emergency information to Manos and the direct service provider(s). If there are any changes to the information, the Authorized Representative is responsible for providing updates to this information immediately. These updates must be provided in a revised Manos Emergency Form available on our website [www.manoshomecare.com](http://www.manoshomecare.com). This information is confidential. The following is a sample form with notes on how to fill this out. A copy is located on our web site, and must be filled out and sent to Manos during the enrollment process and when any of the information changes. New emergency forms can be sent to [contact@manoshomecare.com](mailto:contact@manoshomecare.com), but we recommend calling the office and reviewing the form with one of our administrative staff. Outdated information on the emergency form that endangers the client may result in liability issues for the Authorized Representative. This form should also be displayed in an easy-to-access place, and the direct service provider should be instructed by the Authorized Representative where this information is located. The following is a sample form.



## Emergency Information & Authorization for Emergency Medical Treatment

4173 MacArthur Boulevard  
Oakland, CA 94619  
510-336-2900  
FAX 510-336-2903

*Place a copy on refrigerator or in plain sight. Please send white copy to Manos Home Care.*

<b>Copies:</b>	White—Office	Yellow—Employee	Pink—Authorized Representative/Client	
<b>Client Name</b>	John Doe	<b>Birth Date</b>	1/1/1995	
<b>Phone</b>	510-555-5555	<b>Health Plan</b>	Kaiser Health Care	
<b>Address</b>	4173 Mac Arthur Blvd.	<b>Health Plan #</b>	12345678910	
<b>City</b>	Oakland	<b>Hospital Name</b>	Kaiser Oakland Medical Center	
<b>Zip Code</b>	94619	<b>Hospital Phone</b>	510-555-5551	
<b>Authorized Representative Information</b>				
<b>Name</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>	<b>Relationship</b>
Jane Doe	510-555-5552	510-555-5553	510-555-5554	Mother
Peter Doe	510-555-5552	510-555-5556	510-555-5557	Father
<b>Besides Authorized Representative, Others Residing in the Client's Home (siblings, other relatives, friends, etc.)</b>				
<b>Name</b>	<b>Birth Date</b>	<b>Name</b>	<b>Birth Date</b>	
Stuart Doe	5-12-1990	Stephanie Doe	6-20-1998	
<b>Developmental and/or Intellectual Disability(ies)</b>				
<b>Diagnosis(es)</b>	Please check the appropriate box(es):			
	<input checked="" type="checkbox"/> Autism/ASD	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Hearing Impairment	
	<input type="checkbox"/> ADHD	<input type="checkbox"/> Spina Bifida	<input checked="" type="checkbox"/> Intellectual Disability	
	<input type="checkbox"/> Behavior Disorder	<input type="checkbox"/> Seizures (Petit Mal)	<input type="checkbox"/> Other (list below): _____	
	<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Seizures (Grand Mal)		
	<input type="checkbox"/> Brain Injury	<input checked="" type="checkbox"/> Vision Impairment		
<b>Illness(es), Injury(ies), and/or Allergy(ies)</b>				
<b>List Here</b>	Pet Dander, Peanuts and Grass			
	Asthma and high blood pressure			
<b>Medication(s)</b>				
<b>List Here</b>	Inhaler as needed, 100 MG Lopressor Daily			
<b>Contacts</b>				
	<b>Name</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>City</b>
Friend	Paul Smith	510-555-5510	510-555-5511	Oakland
Neighbor	Oliver Miller	510-555-5512		Oakland
Nearest Relative	Samantha Doe	415-555-5555	415-555-5555	San Francisco
Doctor	Dr. Martin	510-555-5568	510-555-5570	Oakland

This sheet is provided by Manos Home Care for the convenience of the authorized representative or client we serve. It is the responsibility of the authorized representative or client to keep the information current. Manos Home Care does not keep medical records of clients, and is not responsible for any monitoring or dispensing of medications that may be listed on this form. Manos Home Care direct support providers are not allowed to take prescription medications out of their bottles, but can assist in administering medications when these medications are set up in a container where each dosage is predetermined, and when there are written instructions for when the medications are to be taken by the client. For further questions, please call 510-336-2900.

**Authorization for Emergency Medical Treatment:**

By signing this agreement, the authorized representative/client affirms that they are the person authorized to enter into this agreement, and authorizes the direct support provider on duty to seek and obtain emergency medical treatment for the clients listed above if circumstances appear to warrant such treatment. The authorized representative/client agrees to reimburse the person or persons who obtain such emergency medical treatment for any expense reasonably incurred. The authorized representative/client agrees to indemnify the person or persons who obtain such emergency medical treatment from any and all claims for payment by medical service providers arising from the authorization of reasonable medical expenses.

Jane Doe Jane Doe 1/9/21  
 Printed First & Last Name of Authorized Representative/Client Signature Date

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## 4. Time Sheets

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Time Sheets are the record of hours worked by the direct service provider. Time sheets need to be filled out correctly and signed by the Authorized Representative. It is the responsibility of the Authorized Representative to ensure time sheets are correctly filled out and turned in weekly. Manos pays weekly. Also, see the enrollment agreement for further delineation of the Authorized Representative's responsibilities.

If this is a CORRECTED time sheet, check here .



# TIME SHEET

## Regional Center Services Only

### For Personal Attendants Only

4173 MacArthur Boulevard  
Oakland, CA 94619  
510-336-2900  
Fax 888-411-6533  
payroll@manoshomecare.com

Manos Home Care pays weekly, so you must turn in a time sheet every week you work no later than Monday by 2:00 pm (including holidays). All work for each month must be turned in by the third day of the next month.

Call the office if you don't know your employee ID # or the client's ID #. Print clearly and do not use white out on this form.

Individual Served

Client: John First Name Doe Last Name 12345 Client ID #

Employee: Mary First Name Parker Last Name 4567 Employee ID #

Direct Service Provider (DSP)

### WORK PERFORMED THIS WEEK (USE A SECOND TIME SHEET IF NEEDED)

Day (circle one)	Date	Start Time	End Time	Hours Worked	Service Type
Su <input checked="" type="radio"/> Tu W Th F Sa	1 / 11 / 21	8 : 00 am / pm	12:00 am / pm	4	<input type="checkbox"/> Respite <input checked="" type="checkbox"/> Day Care
Su M Tu <input checked="" type="radio"/> Th F Sa	1 / 13 / 21	9 : 00 am / pm	12:00 am / pm	3	<input type="checkbox"/> Respite <input checked="" type="checkbox"/> Day Care
Su M Tu W Th F <input checked="" type="radio"/> Sa	1 / 16 / 21	5 : 00 am / pm	10:00 am / pm	5	<input checked="" type="checkbox"/> Respite <input type="checkbox"/> Day Care
Su <input checked="" type="radio"/> Tu W Th F Sa	1 / 19 / 21	8 : 00 am / pm	12:00 am / pm	4	<input type="checkbox"/> Respite <input checked="" type="checkbox"/> Day Care
Su M Tu W Th F Sa	/ /	: am / pm	: am / pm		<input type="checkbox"/> Respite <input type="checkbox"/> Day Care
Su M Tu W Th F Sa	/ /	: am / pm	: am / pm		<input type="checkbox"/> Respite <input type="checkbox"/> Day Care
Su M Tu W Th F Sa	/ /	: am / pm	: am / pm		<input type="checkbox"/> Respite <input type="checkbox"/> Day Care
Su M Tu W Th F Sa	/ /	: am / pm	: am / pm		<input type="checkbox"/> Respite <input type="checkbox"/> Day Care
Su M Tu W Th F Sa	/ /	: am / pm	: am / pm		<input type="checkbox"/> Respite <input type="checkbox"/> Day Care
Office use only					

Employee signature Mary Parker Date 1 / 19 / 21

Authorized Representative's Signature

By signing this time sheet, I, an employee of Manos Home Care, verify that I worked the hours/days listed above and that in my work I did not spend more than 20% of my time on tasks other than supervising, feeding, or dressing a person because of advanced age or developmental, physical, or mental disability.

Parent, Guardian, or Client signature Jane Doe Date 1 / 19 / 21

By signing this form, I, the parent or guardian of the Regional Center client, verify that the hours/days listed were actually worked, and I authorize the payer of this account to pay the bill which matches the hours/days worked on this time sheet. I understand the hours I authorize will be paid by Manos Home Care only if these hours are covered by a Regional Center Purchase of Services; I understand I am liable for the worker's wages when the hours I authorize exceed the Regional Center's Purchase of Services. \*Regional Center clients pay the worker directly at IRS reimbursement rates for miles driven in the workers' cars during their shifts; that mileage should not appear on this time sheet.

Authorized Representative's Responsibilities

#### Four Ways to Turn in Your Time Sheet

Email	Take a picture of your time sheet or scan it and email to payroll@manoshomecare.com
Fax	Fax to 888-411-6533 any time
Drop off	During office hours: time stamp and drop off in lobby Any time: use the black metal box on your right in front of the entry doors to the building
Mail	Mail your time sheet to the above address. Manos is not responsible for delayed or lost time sheets.

Please mail me \_\_\_\_\_ more blank time sheets to the following address: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Copies: White—Office Yellow—Employee Pink—Client

## 5. Comparing Employment of Record and Full-Service Programs

There are two methods of service delivery: Full Service and Employer of Record. The following is a comparison of these two methods. Authorized Representatives are responsible for knowing which method of service is being delivered. The method is stated on the POS contract. Some services are only provided under Full Service.

Activity	Full Service	Employment of Record
<b>Payment, Taxes, &amp; Insurance</b>	Manos pays service provider within POS allotted hours. Authorized Representative pays wages, employment taxes, and workers compensation insurance for work that exceeds the POS allotted hours.	Manos pays service provider within POS allotted hours. Authorized Representative pays wages, employment taxes, and workers compensation insurance for work that exceeds the POS allotted hours.
<b>Recruitment</b>	Manos	Authorized Representative
<b>Vetting for Work</b>	Manos. Authorized Representative approves the service provider(s) appropriateness for the assignment to the client.	Authorized Representative determines if the direct service provider(s) are suitable to provide the desired services, and are responsible for that decision.
<b>Training</b>	Manos performs mandated training and provides a general orientation.	Authorized Representative trains and orients direct service providers for service specifications relative to the service for the client at the worksite.
<b>On-Site Daily Activity Supervision</b>	Authorized Representative.	Authorized Representative.
<b>HR Administration</b>	Manos handles all human resource issues not assigned to the Authorized Rep. in Manos documents.	Manos handles all human resource issues not assigned to the Authorized Rep. in Manos documents.
<b>Employment</b>	Co-employment: Manos and the Authorized Representative jointly employ direct service provider(s) in their respective responsibilities.	Co-employment: Manos and the Authorized Representative jointly employ direct service provider(s) in their respective responsibilities.
<b>Employment Termination</b>	Authorized Representative decides whether to end the assignment. Manos decides whether to terminate employment. Manos reserves the option to terminate employment at any time based on its own internal deliberations.	Authorized Representative decides whether to end the assignment. Manos decides whether to terminate employment. Manos reserves the option to terminate employment at any time based on its own internal deliberations.

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## 6. Purchase of Service (POS) Contract

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Every service is issued a POS contract that authorizes an agency to deliver services to a Regional Center client. The Regional Center provides you with a copy of the POS contract. POS contracts are the basis for using Manos’s services. The Authorized Representative needs to understand the features of POS contracts so they can identify their responsibilities and use their hours correctly. The Authorized Representative is responsible for scheduling service hours within the scope of the POS contract.

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### POS Contract

Each service is authorized by a POS contract that provides a specific number of hours that the DSP can work. The POS contract also specifies what type of service is to be delivered. Manos delivers three types of services: Respite, Personal Assistance, and Independent Living Skills (ILS). There are two ways delivering these services: Full Service, and Employer of Record. These services and ways of delivery are described below.

### The POS Contract Information

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The POS Contract lists the:

- person to receive service
- type of service
- allotted hours per period of service
- beginning and ending date of the service
- case manager assigned

These contracts are hard to read. Please consult your case manager for assistance. Manos’ administration is also available for informal consultation. Note that the POS does not state Full Service or Employment of Record—only the vendor number indicates which method of service you are receiving. Manos suggests that you receive a confirmation regarding the method of service for Respite and Personal Assistance. ILS is always Full Service.

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Period of Service & Allotted Hours	<p>There are three basic types of service periods: Monthly, Quarterly, and One-Time periods. These periods specify the time within which the allotted hours can be used. If these hours are not used before the end date of that period, then those service hours are expired and cannot be used. If the Authorized Representative schedules or permits the direct service provider to work more hours than the POS authorized, the Authorized Representative is responsible for all wages, employment-related taxes, and workers compensation insurance.</p>	
POS Periods	Monthly	<p>Service hours provided by a calendar month, beginning with the first day of the month and ending with the last day of the month.</p>
	Quarterly	<p>Service hours provided for a calendar quarter. There are four calendar quarters for each year:</p> <ul style="list-style-type: none"> <li>• January 1st through March 31st</li> <li>• April 1st through June 30th</li> <li>• July 1st through September 30th</li> <li>• October 1st through December 31st</li> </ul>
	One-Time	<p>One-time purchases are for a specific period defined by the Regional Center. They can be days, weeks, months, or a year long. One-time POS contracts give clients the maximum amount of flexibility and are usually used when extra care is needed in addition to monthly or quarterly POS.</p>

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## 7. Grievance Procedure

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Manos' grievance procedure is posted on our web site at [www.manoshomecare.com](http://www.manoshomecare.com), and is listed on the following page.

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## Grievance Policy

Any one in association with Manos may file a grievance related to their experience. You may file your grievance by talking with a supervisor, calling the office, mailing, or faxing a written letter, or submitting an email to [Contact@manoshomecare.com](mailto:Contact@manoshomecare.com). Grievances can be related to, but are not limited to:

- Harassment or misconduct
- Discrimination
- Safety or health concerns
- Mishandling of processes or information
- Issues or problems with services
- Personnel issues

When submitting a grievance, you may submit it anonymously or with your name and contact information. If you include your contact information, you will be contacted within 1 week (7 days) to acknowledge the receipt of your grievance. All grievances will be given to the appropriate supervisor, and an investigation into the grievance will be conducted. You may be contacted for more information related to your grievance during the investigation process. In addition, if the grievance pertains to a specific person or group, those entities will be informed of the grievance and its nature, but not the individual who filed it. As the investigation is conducted you will be informed of the progress made. You will also be informed of when the investigation is closed and the results and actions to be taken as a result of the investigation.

If you do not feel the resolution addresses the grievance, or you do not agree with the verdict of the grievance, you may file an appeal within 15 days or receipt of the results of the investigation. To file an appeal, you must submit the appeal in writing to the office. An in-person meeting will be scheduled between you and the applicable Manos representatives within 30 days of receipt of the appeal.

All grievances, correspondences, complaints & appeals filed with Manos will be kept on record for 3 years. You have a right to request copies of any documentation relating to grievances, correspondences, complaints & appeals you have filed. All requests for documentation must be in writing and will be filed with the documents you requested.

**You have a right to request any correspondence and meetings related to the grievance you have filed in your primary language.**

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