

**CHOICES IN COMMUNITY LIVING**  
**NEW EMPLOYEE ORIENTATION RECEIPT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ EMP# \_\_\_\_\_

Position: \_\_\_\_\_ Program Name/Manager: \_\_\_\_\_

**CICL Specific Training:**

TOPIC:	INST/STAFF INITIALS:
Welcome to Choices – We are glad you are here!	
Mission, Vision, Values, and Organizational Structure of CICL	
Lest We Forget (condensed video)	
Overview of CICL history and specific services provided	
Review of CICL Policies, Procedures, Handbook and Work Rules/Employee Conduct	
Reporting Major Unusual Incidents and Unusual Incidents	
Review of Medicaid funding and Service Documentation that supports billing for services provided	
AccelTrax Online Testing	

**DODD Specific Training:**

TOPIC:	INST/STAFF INITIALS:
Module 1: Intro to Supporting People with Developmental Disabilities	
Module 2: The Bill of Rights & the NADSP Code of Ethics	
Module 3: Trauma-Informed Care and Restrictive Measures	
Module 4: Health and Safety, Part One	
Module 5: Health and Safety, Part Two	
Module 6: Valued Roles	
Module 7: Intro to Empathy Based Care	

For ADS/Day Hab Staff, the following individuals are your program **MENTORS**. Any questions related to your duties, responsibilities, or concerns can be addressed with them: BUTLER CTY: Dennis Carter/Jody Crum. CLARK CTY: Diane Hayslip/Kesha Tuttle. GREENE & MONTGOMERY CTY: Amy Fansher. WARREN CTY: Amy Fansher.

*By signing this form you are confirming that you have been informed of the requirements to complete, review, and/or maintain certification for employment with Choices in Community Living in providing Home and Community Based waiver Services (HCBS) under the Ohio Department of Developmental Disabilities.*

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Reference Sheet: Yours to Keep!

Employee ID Number: \_\_\_\_\_

Password \_\_\_\_\_

Did you get your Paycor email? Create a new account.

Paycor username \_\_\_\_\_

Paycor password \_\_\_\_\_

(Main) Program Manager \_\_\_\_\_

Program Name \_\_\_\_\_

Manager's Phone Number \_\_\_\_\_

Program Manager \_\_\_\_\_

Program Name \_\_\_\_\_

Manager's Phone Number \_\_\_\_\_

Program Manager \_\_\_\_\_

Program Name \_\_\_\_\_

Manager's Phone Number \_\_\_\_\_

Employee Testing: Go to [choicesyou.com](http://choicesyou.com) and select report work. Enter your employee ID number and password. Go to employee information, select testing, and start a new test. There are several pages to complete. You must get an 80% or higher on these tests.

## Accel Trax Online Testing Instructions

Choices In Community Living is committed to training and professional development. You will be required to complete multiple compliance related items as assigned by the Ohio Department of Developmental Disabilities.

After completing Orientation, please continue with completing the online trainings. Orientation is typically held on Tuesdays. HR will contact you with the information. Please have these done within 7 days of your orientation. Thank you!

If you receive this email and have already done your online trainings that were assigned during orientation, please check to make sure you have taken all of them and that you didn't miss any.

### Step-by-Step Instructions:

- Go to [choicesyou.com](http://choicesyou.com). Click on "Report Work."
- Log on with your Employee number and password.
- Once logged in, click on "Employee Information." There will be a drop down list. Choose "Testing."
- Once you get to "testing" if you cannot remember which tests you have already taken, click on "View Completed Tests."

You do not need to re-take these tests until they are close to the annual expiration date. If you click on "view completed tests," once you've seen the tests you have taken, click on the "back" button.

- Click on, "Start a new test." This will bring up the all online tests.

Skip the ones you have already taken. The best way to keep track of taking the tests are to start at the top and work your way down to the bottom of the list.

Notice: at the bottom of the "Choose a test" page, there are several numbers. Each number is a page for tests needed to be taken. When you are done with page 1, click on "page 2" to continue. Likewise, for the rest of the pages until you have finished all tests.

- Start by clicking on the test you want to take. Click on "Start Test." It will bring up the test for you to take. If there is a blue colored lettering saying, "view documents for test," you can click on this.

If there are any documents to view it will bring up another box with the blue letter coloring. Click on this and it will open the document you need to read to answer the test questions.

Please make sure you close these pop-up windows when done. This refreshes the browser for the next test you take. Otherwise, on the next test, you will get a "0 out of 0" error. You might need to log out and log back in.

- When done, put your time in that it took to do the tests then simply log out. Maximum time allotted is 2 hours.

## Listing of On-Line Training / Compliance Items Sessions

\*\*\*You must get a 100% to successfully complete the test\*\*\*

If not, select review the test option to see the correct answers and take the test again.

(Keep track of your time for each session. These are PAID hours.)

- |                                  |   |
|----------------------------------|---|
| * Annual Vehicle Safety Training | *Personal Funds – Annual Training       |
| * Bloodborne Pathogens           | *Policy 701 – Behavioral Intervention   |
| *Community Integration           | * Positive Culture                      |
| * E signature                    | * PPE                                   |
| * Fire Safety                    | * Reporting Work Expectations           |
| * General Nursing Wellness       | *Self Determination / Advocacy          |
| *Health & Safety Alerts          | * Severe Weather                        |
| *No Weapons                      | * Staff Role Providing Behavior Support |
| *OSHA / Hazardous Chemicals      | * TB Questionnaire                      |
| * OSHA / Universal Precautions   | *UI / MUI                               |
| *Person Centered Planning        | * UI / MUI Annual Review                |

If you have any questions, please contact the HR Assistant at the Dayton Office at (937) 387-6112. Upon completion of all sessions, we will discuss how to report the work/time for you to be paid.

Thank you for allowing "Choices in Community Living" to employ you. We hope you have a wonderful working experience with our agency.

Other contacts: \_\_\_\_\_ Phone: \_\_\_\_\_

# CICL Orientation

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<u>Module 1:</u>				
Question 1	TRUE		FALSE	
Question 2	A	B	C	D
Question 3	A	B	C	D
Question 4	A	B	C	D
Question 5	A	B	C	D
Question 6	A	B	C	D
Question 7	A	B	C	D
Question 8	A	B	C	D
Question 9	A	B	C	D
Question 10	A	B	C	D

<u>Module 3:</u>				
Question 1	A	B	C	D
Question 2	T	R	U	E
Question 3	A	B	C	D
Question 4	A	B	C	D
Question 5	A	B	C	D
Question 6	A	B	C	D
Question 7	T	R	U	E
	F	A	L	S
	E			

<u>Module 2:</u>				
Question 1	A	B	C	D
Question 2	A	B	C	D
Question 3	A	B	C	D
Question 4	A	B	C	D
Scenario 1				
Scenario 2				
Question 5	A	B	C	D
Question 6	T	R	U	E
Question 7	A	B	C	D
Question 8	A			B
Question 9	A			B
Question 10	A			B

<u>Module 5:</u>				
Question 1	A	B	C	D
Question 2	A	B	C	D
Question 3	A	B	C	D
Question 4	A	B	C	D
Question 5	A	B	C	D
Question 6	A	B	C	D
Question 7	A	B	C	D



Instructor Signature : \_\_\_\_\_

Date: \_\_\_\_\_

## Choices in Community Living 2024 Pay Dates

	Pay Period Begin	Pay Period End	Pay Date
1	12/17/2023	12/30/2023	1/10/2024
2	12/31/2023	1/13/2024	1/24/2024
3	1/14/2024	1/27/2024	2/7/2024
4	1/28/2024	2/10/2024	2/21/2024
5	2/11/2024	2/24/2024	3/6/2024
6	2/25/2024	3/9/2024	3/20/2024
7	3/10/2024	3/23/2024	4/3/2024
8	3/24/2024	4/6/2024	4/17/2024
9	4/7/2024	4/20/2024	5/1/2024
10	4/21/2024	5/4/2024	5/15/2024
11	5/5/2024	5/18/2024	5/29/2024
12	5/19/2024	6/1/2024	6/12/2024
13	6/2/2024	6/15/2024	6/26/2024
14	6/16/2024	6/29/2024	7/10/2024
15	6/30/2024	7/13/2024	7/24/2024
16	7/14/2024	7/27/2024	8/7/2024
17	7/28/2024	8/10/2024	8/21/2024
18	8/11/2024	8/24/2024	9/4/2024
19	8/25/2024	9/7/2024	9/18/2024
20	9/8/2024	9/21/2024	10/2/2024
21	9/22/2024	10/5/2024	10/16/2024
22	10/6/2024	10/19/2024	10/30/2024
23	10/20/2024	11/2/2024	11/13/2024
24	11/3/2024	11/16/2024	11/27/2024
25	11/17/2024	11/30/2024	12/11/2024
26	12/1/2024	12/14/2024	12/25/2024
1	12/15/2024	12/28/2024	1/8/2025



## Finder's Fee Program

To be completed by new hires during the onboarding process. Please print legibly.

Candidate/Applicant Name: \_\_\_\_\_

Have you worked for Choices in Community Living in the past? YES / NO

Name of CICL Employee by whom you were referred: \_\_\_\_\_

Candidate/Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# **STRESSED?** *Coping with Divorce?* *Returning from maternity leave?* *Navigating elder care?*

**We are here for you.**  
The Employee Assistance Program



The Employee Assistance Program (EAP) offers **FREE** and **CONFIDENTIAL** assessments, short-term, solution focused counseling to **YOU** and those living in your household.

## **Access your EAP when life problems get in the way.**

It's quick and easy to access care:



Call for a  
**FREE**  
and  
**CONFIDENTIAL**  
appointment

(937) 208-6626  
or  
(800) 628-9343



Complete a  
quick, online  
mental health  
risk assessment

Answers are **PRIVATE** and you will only be contacted by a counselor if you opt-in.



Want to learn  
more about how  
EAP can help you?





**Plan Selections/Qualifying Event Items must make plan selections two business days prior to the end of the month for a next month effective date.**

*Example: Effective date 3/1/24; plan selection must be made by 2/27/24 for 3/1/24 effective date.*

**IMPORTANT - State Exchanges, such as CA, CO, KY, MN, NJ and NY, and certain carriers will not allow next month effective date enrollments if enrollments are made after the 14th of the month prior to the selected effective date. Therefore, we cannot guarantee a next month enrollment in all states or with all carriers due to their policies if a plan selection after the 14th of the month.**



## OUR EMPLOYEE BENEFITS PHILOSOPHY

## WHAT IS AN ICHRA?

## HOW MUCH WILL IT COST?

When it comes to health insurance, one size doesn't fit all. We believe that expanding the options our employees may choose from results in a better outcome. That's why we offer what's called an Individual Coverage Health Reimbursement Arrangement or ICHRA.

An ICHRA is an employer sponsored Health Reimbursement Arrangement which allows an employee to choose a health plan that best fits their needs and budget, from the expansive choices available on the individual market.

Each employee receives a predetermined monthly dollar amount to use toward their health insurance policy, based on their age and enrollment tier. With that amount in mind, each employee elects the plan that best works for them. In the end, employees decide for themselves, not only their health plan design, but also their monthly budget.

1. Activate your ezICHRA account using the link sent to you from [noreply@ezichra.com](mailto:noreply@ezichra.com) (if you missed the 24-hour activation window, ask your HR representative to send you a new activation link).
2. During your plan selection period, go to <https://online.ezichra.com/login> to select your plan (see more information on the flip side of this flyer).

**ezICHRA<sup>®</sup>**  
**URONE<sup>™</sup>**  
**BENEFITS**

888-414-2432



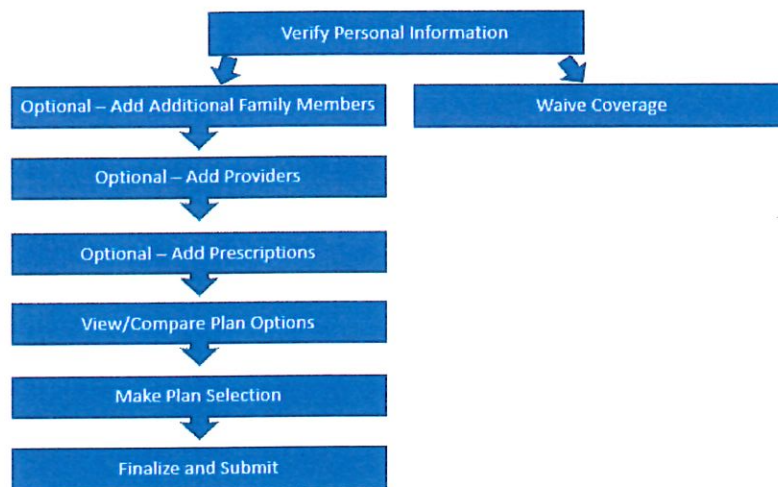
# FIND A PLAN Guide

## READY TO SHOP FOR YOUR NEW HEALTH PLAN?

Please use this worksheet to help guide you through the plan selection process.

**STEP 1:** Activate your ezICHRA account using the link sent to you from [noreply@ezichra.com](mailto:noreply@ezichra.com) (if you missed the 24-hour activation window, ask your HR representative to send you a new activation link and activate your account within the 24-hour activation window).

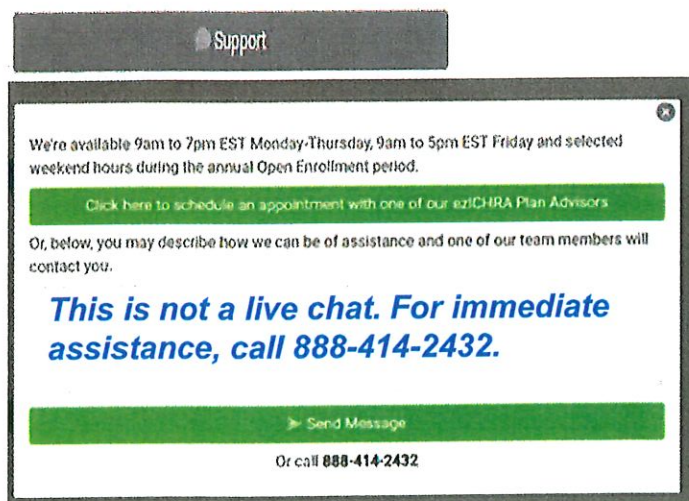
**STEP 2:** Once you have activated your account, you may shop for plans or waive coverage during your plan selection period by logging into the ezICHRA Employee Portal at <https://online.ezichra.com/login> (you will follow one of the paths shown below).



**STEP 3:** Go to the Action Center and either Shop for Plans or Waiver Coverage and follow the prompts necessary to complete the path you have chosen.



**PLAN SELECTION ASSISTANCE:** At any time during your shopping experience, you may click on the Support icon which will open a support window allowing you to request help.



At ezICHRA, we know health insurance can be confusing for individuals that don't deal with it often. That's why our team is here for you.

1. Schedule an appointment with an ezICHRA Plan Advisor or
2. Type and Send a question to our ezICHRA Team or
3. Call 888-414-2432