Agenda

- Welcome
- Bureau for Medical Services (BMS) Update
- KEPRO Update
- What is Person-Centered Care?
- What is Person-Centered Training?
- Making the Connection: Person-Centered Service Plan and the Personal Attendant Worksheet
- Questions and Wrap-Up
BMS Update

--Teresa McDonough, BMS
Total participant enrollment since February 2012-May 2018: 135
Total number of participants enrolled as of May 2018: 73
Managed enrollment list as of June 2018: 2
Electronic Visit Verification (EVV) – First stakeholder meeting was held on June 26, 2018.

Incident Management System (IMS) “go live” date was July 2, 2018.
KEPRO Update

-- Barbara Recknagel, KEPRO
Procedural Guidelines:

- The guidelines were developed to address closures related to the following situations as stipulated in Chapter 512, Section 512.33:
  - No personal attendant services for 180 continuous days.
  - Unsafe environment.
  - The person is persistently non-compliant with the service plan.
  - The person no longer desires services or does not require TBIW services.
Procedural Guidelines:

- All requests will be reviewed and considered; however, they must include evidence and demonstrate actions taken relative to the case.
- The guidelines are general and may not include every step for every closure. Each situation is unique and may require additional interventions of actions.
- If a Request to Discontinue Services is approved, the person/legal representative will be offered their rights to a Medicaid Fair Hearing. They will have thirteen days to appeal and continue their services (except in the event of an unsafe environment). If an appeal is submitted between fourteen and ninety days, a Fair Hearing will be scheduled, but no services can continue while the person is awaiting their hearing determination.
Procedural Guidelines:

- Requestors should fax or email requests to the Utilization Management (UM) Contractor, KEPRO at 866-607-9903 or WVTBIWaiver@kepro.com.

- Examples of supporting documentation based on Reason for Discontinuation of Services (refer to handout in folder).
KEPRO develops and conducts training for TBIW providers and other interested parties as necessary to improve systemic and provider-specific quality of care and regulatory compliance.

KEPRO will provide training and/or technical assistance when requested. Please contact your assigned KEPRO staff if you have a training and/or technical assistance need.

BMS requested KEPRO to design a training module for Personal Attendant (PA) agencies on Person-Centered Care for Direct-Care Workers.
Personal Attendant Training Requirements

- Chapter 512 Traumatic Brain Injury Waiver (TBIW), sections 512.3.4 (initial) and 512.3.5 (annual), list the required training topics that all PA staff must complete prior to delivering services and annually thereafter.

- The following training module titled: What is Person-Centered Care? can be used to meet one or more of the required topics listed below:

<table>
<thead>
<tr>
<th>Initial</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA professional ethics.</td>
<td>Enhancing direct-care service delivery knowledge and skills.</td>
</tr>
<tr>
<td>On the job training component when the review of the person’s Service Plan and Personal Attendant Worksheet (PAW) is conducted.</td>
<td>On the job training component when the review of the person’s Service Plan and PAW is conducted.</td>
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What is Person-Centered Care?

-- KEPRO Staff
Teaching Methodologies and Materials

- **Teaching Methodologies** - Classroom style, lecture, and on the job at the program participant’s home
- **Teaching Materials and Handouts** - PowerPoint Presentation - *What is Person-Centered Care?*
- 12 Essential Elements for Person-Centered Care
- How to Set Limits
- What Brain Injury Survivors Want You to Know
- Participant's Service Plan and PA worksheet (on the job training **ONLY**)
Learning Objectives

- Trainee will gain an understanding of what Person-Centered Planning is and is not.
- The trainee will demonstrate an understanding how the Person-Centered Service Plan and the PAW are connected.
- Trainee will be able to recognize the essential elements to promoting Person-Centered Care.
- Trainee will gain knowledge on how to set limits.
What is
Person-Centered Planning?
Person-Centered Planning

TBIW Chapter 512 Glossary:

- A process-oriented approach which focuses on the person and his/her needs by putting him/her in charge of defining the direction for his/her life, not on the systems that may or may not be available.

- Person-Centered Planning is focused on the person receiving services and their individual strengths, needs, preferences, habits, fears, wishes, religious and cultural practices. The plan for their services should not look like anyone else’s plan because each person is unique.
Person-Centered Planning (Cont.)

Person-Centered Planning is:

- A range of processes sharing a general philosophical background and aiming at similar outcomes.
- An ongoing problem-solving process used to help people with disabilities plan for their future.
- Using creative facilitation tools to assist the person in developing a plan on how they wish to live or be in the future.
- A focus on individual choices and preferences.
- A focus on the person.
Person-Centered Planning is not:

- A service plan.
  - It does not replace the formal service-planning process.
- A one-time activity.
- A technique.
- One clearly defined process.
- Fitting a person into existing services.
- About the needs or convenience of the family, the agency providing services, and/or making sure the worker gets so many hours a week.
- Making a plan to provide the person everything they may want.

*It can and should complement and enhance the service plan.*
With Person-Centered Planning, the person receiving services leads the way in creating their own service plan.

They communicate what they prefer their services to look like to their friends/family, the case manager, physician assistant/registered nurse, resource consultant and personal attendant.

This may include what specifically they need help with or do not want help with, how frequently they would like someone to come to their home and for how many hours a day or week.
Chapter 512.13:

- It is required that the Person-Centered Planning process be directed by the person receiving waiver services, and may include representatives and others chosen by the person to contribute to the process.

- The minimum requirements for Person-Centered Plans developed through this process include:
  - A Person-Centered Plan with individually identified goals and preferences;
  - Assisting the person in achieving personally defined outcomes in the most integrated community setting;
  - Ensuring delivery of services in a manner that reflects personal preferences and choices; and
  - Contributing to the assurance of health and welfare.
Making the Connection:
Person-Centered Service Plan and the Personal Attendant Worksheet
Please refer to the handout provided for today’s training:

- Crosswalk – Elements of the Person-Centered Plan
The functions of the Personal Attendant Service direct care staff include:

- Providing direct care services as defined by the person's Service Plan.
- Recording services and time spent with the person.
- Communicating any changes in the person.
- Completing all TBIW training requirements.
Guiding Principles

- The person with TBI **MUST** be involved.
  - Others identified by the person as important to his or her life should be involved as well.
- Respect for the person’s wishes and desires is absolutely critical.
- Capabilities and strengths shape the plan.
- Hopes and dreams are the starting point.
- Person’s priorities may be different than yours.
Awareness of the Person’s Needs

- Different but not necessarily worse after the injury.
- Successful rehabilitation treats the whole person in his/her normal environment.
- Behavior control must precede cognitive and physical rehabilitation.
- There is no such thing as a "plateau" in rehabilitation.
- Person’s priorities may be different than yours.
- Persons with a TBI need tight structure in their daily lives to survive, grow and improve.
- The most effective rehabilitation following TBI occurs in familiar settings.
- Unconditional, positive regard is unfair to the injured individual.
Using the Service Plan

Person-Centered Service Plan
Importance of Documentation

- Documentation is important not just for billing, but more importantly, because your feedback to the case manager helps him/her determine if the plan is the best plan for the person. You are the eyes and ears of the team.

- You are the one who can say, “This person seems weaker, more short of breath, more agitated, more confused.”

- Or, “This person is bathed and dressed every day when I get here. I’m going to write this on the back of the worksheet and explain why I’m not initialing bathing and dressing.”
When you fill in all the spaces at one time on the PAW with your initials, or initial a service you didn’t do, you’ve communicated that everything with the plan is good when maybe it isn’t. (It’s also fraudulent!)

When you initial a service that a person can do themselves and you didn’t actually do it, it makes all of the services you initialed questionable. Was this service actually done?
How to Make it Person-Centered

- Please refer to the chart: *Personal Attendant Responsibilities* for ways to approach Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) from a Person-Centered Approach

- Example:

<table>
<thead>
<tr>
<th>Types of ADL</th>
<th>How to Make it Person-Centered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td>• Choices as to what time the participant wants to bathe.</td>
</tr>
<tr>
<td></td>
<td>• Choice as to their preference: bathing or showering.</td>
</tr>
<tr>
<td></td>
<td>• Choice of type of shampoo or soap they want to use.</td>
</tr>
<tr>
<td></td>
<td>• Choice of type of assistance: assisting with washing hair, back, etc.</td>
</tr>
</tbody>
</table>
**Person-Centered Approaches**

- **Tip # 1** - Help the person in your care manage their own care. When someone needs your help, make sure they have input. Empower them to be and feel involved.

- **Tip # 2** - Ask the person about their preferences. Offer choices and let the person know you aim to meet their needs. For example, if they don’t like to shower in the morning, allow them to choose the time of day that feels best for them.
Tip # 3 - Get to know the person.
  - What’s their background?
  - What are their interests?
  - What are they good at?
  - What makes them feel supported?
  - What makes them feel happy?
  - What makes them feel scared?

Talk to the person. Greet them by name in a friendly tone. Use supportive body language. Be calm and rational, and treat them like they’re calm and rational—even if they’re being anything but. Build their trust.
Tip # 4 - Look for the causes of behavior. Behavior is a form of communication. If a person in your care exhibits difficult behavior, seek to understand the function of the behavior. Common functions of behavior include access, avoidance, and meeting a sensory or emotional need.
Tip # 5 - Do tasks with the person. Minimize doing things for them. Maximize their abilities. Focus on success, de-emphasize errors and provide support where needed. Be strength-based. Working hand-in-hand with Person-Centered Care is being abilities-focused and strength-based. Instead of focusing on deficits and disabilities, look for the person’s potential. Help them feel purpose, skill, accomplishment and self-respect.
Setting Limits

▪ “Why do we have to do this?”
▪ “Why can’t I?”
▪ “Who’s going to make me?”
▪ Challenging questions such as these are echoed in many settings and workplaces.
▪ When you set effective limits, you use one of the most powerful tools to gain a person’s cooperation.

You can’t force someone to behave in a certain way, but when you offer choices, you can teach and reinforce appropriate behavior.
Setting Limits (Cont.)

Tips for Success:

- Setting a limit is not the same as giving an ultimatum. Limits aren’t threats. Limits offer choices with consequences.

- The purpose of limits is to teach, not to punish. Through limits, people begin to understand that their actions, positive or negative, result in predictable consequences. By offering realistic and motivating choices and consequences, you provide a structure for good decision making.

- Setting limits is more about listening than talking. Taking the time to really listen will help you better understand the person’s thoughts and feelings. By listening, you’ll learn more about what’s important to them, and that will help you set more meaningful limits.
Setting Limits (Cont.)

Crisis Prevention and Intervention (CPI) Five Step Approach:

1. **Explain which behavior is inappropriate.**
   
   Saying “Stop that!” may not be enough. The person may not know if you’re objecting to how loudly they’re talking or to the language they’re using. Be specific.

2. **Explain why the behavior is inappropriate.**
   
   Again, don’t assume that the person knows why their behavior is not acceptable. Are they disturbing others? Being disrespectful? Not doing a task they’ve been assigned?
Crisis Prevention and Intervention (CPI) Five Step Approach:

3. **Give reasonable choices with consequences.**

Instead of issuing an ultimatum (“Do this or else”), tell the person what their choices are, and what the consequences of those choices will be. Ultimatums often lead to power struggles because no one wants to be forced to do something. By providing choices with consequences, you admit that you cannot force the person’s decision, but you can determine what the consequences for their choices will be.

4. **Allow time.**

Generally, it’s best to allow the person a few moments to make their decision. Remember that if they’re upset, they may not be thinking clearly. It may take longer for them to think through what you’ve said.
Crisis Prevention and Intervention (CPI) Five Step Approach:

5. Be prepared to enforce your consequences.

Limit setting is meaningless if you don’t consistently enforce the consequences you’ve set. For that reason, it’s important to set consequences that are reasonable, enforceable, within your authority, and within the policies and procedures of your organization.
Set limits that are:

- Clear
- Simple
- Reasonable
- Enforceable
Trainee will gain an understanding of what Person-Centered Planning is and is not.

The trainee will demonstrate an understanding how the Person-Centered Service Plan and the PAW are connected.

Trainee will be able to recognize the essential elements to promoting Person-Centered Care.

Trainee will gain knowledge on how to set limits.
A copy of each document used for today’s presentation is in your training folder.

- The 12 Essential Elements for Promoting Person-Centered Care
  Crisis Prevention Institute, 2017
- How to Set Limits, Crisis Prevention Institute, 2016
- Program Forms:
  - PAW
  - PAW Quality Review
- Handouts:
  - Personal Attendant Responsibilities Making it Person-Centered
  - Personal Care Direct Care Staff Training Resources
Contacts

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