

Office of Long-Term Living Training for Service Coordinators (SCs) and Service Coordinator Supervisors

Participant Directed Services and SC Responsibility
Date: March 24, 2016

Objectives



- Define Service Coordination roles in Participant Directed Services.
- Explain SC Responsibilities to Educate the Common Law Employer.
- Review 55 Pa. Code Chapter 52 Regulations regarding Service Coordination requirements.
- Overview of CMS Waiver Assurances regarding Service Coordination requirements.
- Identify Triggers, Red Flags and Signs of Abuse & Neglect.
- Understanding steps and strategies in Mitigating Risk.

Definition of the PDS Model



- Participant-Direct Services (PDS): A participant hires and manages staff that perform personal assistance services. The participant is the employer and is responsible for hiring, firing, training, supervising, and scheduling their personal assistants. PDS is also called “Employer Authority.”
- In the Agency Model, the direct service provider is responsible for hiring, firing, training, scheduling, all payroll tasks, and supervisory activities for each employee.

Source: OLTL Waiver Documents

Definition of the PDS Model



- Participants may choose to receive their services through PDS, the Agency Model, or a combination of both models to meet their individual needs. This choice of PDS or Agency Model also applies to Services My Way where the participant manages a budget and spending plan.
- All participants have the right to make decisions about self-direction and their own waiver services. Participants are encouraged to self-direct their services to the highest degree possible.

Source: OLTL Waiver Documents

- SCs work with the participant to create an individualized service plan (ISP) regarding type, scope, amount, duration and frequency of services needed within the PDS model.
- Once the ISP is developed, approved, and authorized, the participant or designated Common Law Employer(CLE) is responsible for arranging and directing the services outlined in their plan, with, as appropriate, information and support from the Service Coordinator.

Source: Participant Directed Services Webinar 2014

- Assist the participant in communicating with the Fiscal Employer Agent (F/EA) as needed.
- Support the participant in problem-solving, decision-making, and recognizing and reporting critical incidents.
- Monitor the provision and utilization of services to ensure the participant's health and welfare.

*See the Waivers for additional SC responsibilities.

Source: Participant Direct Services Webinar 2013

SC Role to Educate the CLE



- In PDS participants who employ their own Direct Care Workers are referred to as Common Law Employers or CLEs. As a Common Law Employer (CLE) the participant will decide who provides direct care services to the participant, when services will be provided, and how the services will be provided. A participant may, appoint another individual to be the CLE.
- SC's are required to educate participants (or participant appointed CLE's) in the PDS model on their responsibilities as CLEs.

- Key Responsibilities of the CLE: that they must perform to remain compliant in the PDS model:
 - Recruit, hire, train, manage and dismiss, if necessary, Direct Care Workers (DCWs).
 - Verify DCW(s)' qualifications.
 - Ensure that DCW(s) complete the enrollment process, including completion of all required forms. These forms will establish an agreement between the participant and the DCW, which will include the DCW's hire date, wage rate and job title, and provide the DCW important information regarding the employment policies and rules.

- Train DCW(s) on how to provide the services that participants are to receive that are described in the ISP provided by the Service Coordinator.
- Decide how much to pay DCW(s) within the established range provided by the F/EA.
- Develop and implement a backup plan with the SC.
- Approve and submit all timesheets and invoices.
- Evaluate the performance of the DCW(s).

- Establish work schedules and tasks to be completed by the DCW(s).
- Report suspicions of Medicaid fraud or financial abuse related to the delivery of participant directed services.
- You can report suspected fraud and abuse by telephone **1-866-379-8477**, U. S. Mail or email. Reported problems will be referred to the Office of Administration's Bureau of Program Integrity.

- 55 Pa. Code Chapter 52.26 – Service Coordination Services
- § 52.26 (3)(a)(i) If a participant requires more units of service coordination services than provided for in the participant's service plan, then the SCE shall submit:
 - (1) A request to increase the number of service coordination units for the participant to the Department.
 - (2) Justification for why the participant requires more units of service.
 - (3) The number of service coordination units the participant is assessed to need.



- § 52.26 (a)(8) Confirm with the participant's selected provider that the provider is able to provide the service in the type, scope, amount, duration and frequency as listed on the participant's service plan
- § 52.26 (a)(9) Provide information regarding the authorized type, scope, amount, duration and frequency of services as listed in the participant's service plan to the provider rendering the service.
- § 52.26 (a)(10) Ensure and document at least on a quarterly basis that the participant's services are being delivered in the type, scope, amount, duration and frequency as required by the participant's service plan.



- § 52.26 (a)(11) Evaluate if the participant need, participant goal and participant outcome are being met by the service.
- § 52.26 (a)(12) Ensure a participant exercising participant-directed budget authority does not exceed the number of service hours approved in the participant's service plan.
- Utilization Reviews can be done through the PPL portal, HCSIS or SAMS for the PDS model.

- § 52.26(12)(f) If services are not being delivered by a provider to a participant in the type, scope, amount, duration or frequency as required by the participant's service plan, then the SCE shall work with the provider to do either of the following:
 - (1) Ensure that services are being delivered to the participant in the type, scope, amount, duration and frequency required by the participant's service plan.
 - (2) Transition the participant to a provider who is willing and qualified to provide services to the participant in accordance with the participant's service plan.



- § 52.26 (a)(4) At least one telephone call or face-to-face visit per calendar quarter. At least two face-to-face visits are required per calendar year.
- § 52.25 (a) A service plan must be developed for each participant that contains the following:
 - (1) The participant need as identified on a standardized needs assessment provided by the Department.
 - (2) The participant goal.
 - (3) The participant outcome.



- § 52.25 (a)(4) Service, TPR or informal community support that meets the participant need, participant goal or participant outcome.
 - (5) The type, scope, amount, duration and frequency of services needed by the participant.
 - (6) The provider of each service.
- § 52.26 (4)(a)(ii) More frequent calls or visits if the service coordinator or the Department determines more frequent calls or visits are necessary to ensure the participant's health and safety.

- There are eight CMS waiver assurances in each Waiver. The first and most important is that of the Health and Welfare of the participant, which can be found in Appendix G of each waiver.
- Appendix C: Participant Services
C-1/C-3: Service Specification - Service Coordination
Monitoring the health and welfare of the participant and the quality of services provided to the participant through personal visits at a minimum of twice per year, telephone calls at least quarterly or as defined in the service plan – monitoring can be more frequent, but not less frequent than specified in this definition.

- Risk is the potential for unwanted, adverse consequences to human life, health, property or the environment.
- Risk is the chance or possibility of loss, injury, endangerment or exposure.
- Risk is the likelihood of some undesirable event or negative outcome occurring to a participant.
- Participants have a right to risk. However risk cannot engage in behavior that puts the participant or others at risk. If the risk puts the participant's health and safety or the health and safety of others at risk, they may lose their services.

What are Abuse and Neglect



Under State Protective Services Laws:

Abuse: Infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.

Willful deprivation by a caregiver of goods or services which are necessary to maintain physical or mental health.

Sexual harassment or rape.

Neglect: The failure to provide for oneself or the failure of a caregiver to provide goods, care or services essential to avoid clear and serious threat to the physical or mental health of an adult.

Protective Services Webinar 2013

- **Exploitation:** An act or course of conduct by a caregiver or other person against an adult or an adult's resources, without the informed consent of the adult or with consent obtained through misrepresentation, coercion or threats of force, that results in monetary, personal or other benefit, gain or profit for the perpetrators or monetary or personal loss to the adult.
- **Abandonment:** The desertion of an adult by a caregiver.



Examples of Triggers and Red Flags for increased Face-to-Face Monitoring:

- Participant is unable to get out of bed; has no informal supports, backup plan.
- Participant is transferred without a lift; unsafe lift.
- Participant has dementia or any disease process which causes confusion.
- Participant's care is directed by a representative.
- Participant is unable to communicate via phone.
- Participant has a past history of abuse, neglect, exploitation or abandonment.

Recognizing Early Warning Signs



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- Participant has open wounds.
- Participant has a history of being non-compliant with care or medications or physician appointment or physician orders.
- Participant has been hospitalized two or more times in the past 6 months.
- Participant will not communicate without the presence of the direct care worker or family.
- Participant has a large number of incident reports in the past 6 months.

Recognizing Early Warning Signs



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- While being alert and responding to these triggers (issues/situations) applies to participants in both the agency and the participant-directed models of service, it is particularly important in participant-directed services because there is no agency overseeing direct care workers. These examples of triggers (issues/situations) may warrant increased face-to-face monitoring on the part of SCs.

Recognizing Early Warning Signs



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- If any of these triggers are present, SCs should immediately bring them to their supervisor's attention and **begin to monitor the participant face-to-face more frequently and on a monthly basis (or more frequently) if needed.**
- Begin to make notations about concerns and red flags.
- Increase Face-To-Face visits.
- Ask questions if there is suspicion of abuse.

Recognizing Early Warning Signs



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- The frequency and length of time for increased monitoring will depend on each situation, but an SC must be assured that the participant's health and welfare is no longer at risk before returning to the normal minimum of two face-to-face monitorings per year.

Signs of Abuse and Neglect



- Some examples of Questions to Ask
 - Do you always feel safe?
 - Do you take all of your medication?
 - Do you take your medications at the correct times?
 - How many times have you remained in bed for more than 1 day in the last 6 months? (Do not include hospitalizations)
 - Was it your decision to stay in bed?
 - Do you have access to and control your personal resources? (ie bank account)

Signs of Abuse and Neglect



- Do you get to choose what you do each day in the home and community or does someone else choose for you?
- Do you feel like your needs and wants are being met and respected?
- Are you happy with your service model?

Signs of Abuse & Neglect



- Dehydration, malnutrition (without illness-related cause), untreated bedsores, and poor personal hygiene unattended or untreated health problems hazardous or unsafe living conditions/arrangements.
- An injury that has not been cared for properly.
- An injury that is inconsistent with explanation for its cause: pain from touching, cuts, puncture wounds, burns, bruises, welts.
- Poor coloration; sunken eyes or cheeks.

Source: Advocare Incorporated 2016

Signs of Abuse & Neglect cont'd



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- Inappropriate administration of medication.
- Fear; anxiety; agitation; anger.
- Isolation, withdrawal; depression.
- Hesitation to talk openly; confusion or disorientation.

If you suspect abuse or neglect:

- Before you do anything: Protect the health and welfare of the participant.
- **Call the Protective Services Hotline: 800-490-8505**
- Immediately contact law enforcement officials when suspected abuse or neglect is one of the following:
 - Sexual abuse
 - Serious injury
 - Serious bodily injury
 - Suspicious death



- Also, you must submit all suspected Abuse, Neglect, Abandonment, or Exploitations incidents as Critical Incidents in your respective OLTL reporting systems.

- Bob is a participant in the Attendant Care waiver using the Participant Direct Services model who is receiving PAS assistance from his son Jim. Jim lives with Bob and provides Bob's care for 20 hours per week. Bob has not been returning your phone calls over the past two weeks. When you have called in the past Bob was always very prompt to speak with you or return your calls. When you finally reach Bob he seems very hesitant with his answers along with getting easily confused. What should you do?

- Sally is a 76-year-old, mother of one son, retired neurologist, who was referred to the Geriatrics Practice by her orthopedic surgeon for general evaluation and medical care. Sally's medical diagnoses included hypothyroid disease, severe arthritis of the hip, and Alzheimer's. Her son accompanied Sally to her medical visit. She was agitated, tearful, uncooperative with a physical examination, and unable to provide a history. Her son was cooperative but appeared unrealistic about his mother's capabilities and wanted her released immediately. What red flags and signs of abuse are present? What are your next steps?

References & Links



- 55 PA. Code Chapter 52 Regulations:
<http://www.pacode.com/secure/data/055/chapter52/chapter52toc.html#52.25>
- Adult Protective Services:
<http://www.dhs.pa.gov/citizens/reportabuse/dhsadultprotectiveservices/#.VmnQ1K2FPSc>
- Advocare Incorporated. (2015). Signs and symptoms of elder abuse and neglect in care. Retrieved from
<http://www.advocare.org.au/help-with-aged-care-complaints/signs-and-symptoms-of-eld/>

References & Links



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- Participant Directed Services Webinar:
<http://www.publicpartnerships.com/programs/pennsylvania/padpwolti/documents/ServiceCoordinator/SC%20TRAINING%208%201%202013%20DPW.pdf>
- PPL Handbook:
http://www.publicpartnerships.com/programs/pennsylvania/padpwolti/documents/Employer/CLE%20Orientation%20and%20Skills%20Training%20Handbook%20PPL_OLTL_V%207.pdf
- Protective Services Webinar:
<http://www.dhs.pa.gov/provider/longtermcareprov/#.Vlxgta2FPSf>

References & Links



- Risk Mitigation Webinar:
http://www.dhs.state.pa.us/cs/groups/webcontent/documents/document/c_191445.pdf
- Older Adult Protective Services:
<http://www.aging.pa.gov/organization/advocacy-and-protection/Pages/ProtectiveServices.aspx#.VmnRpq2FPSc>
- Rights and Responsibilities as a Participant:
http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/p_034408.pdf

- Standardized Needs Assessment:
<http://www.dhs.pa.gov/provider/longtermcareprov/#.VmX0vLgrKUk>
- Waivers:
<http://www.dhs.pa.gov/citizens/alternativestonursinghomes/#.VIYo0narSUI>

Questions



- Please submit all questions regarding this webinar to the resource account listed below with “Participant Directed Services Webinar” as the subject line.
- RA-oltstreamlining@pa.gov