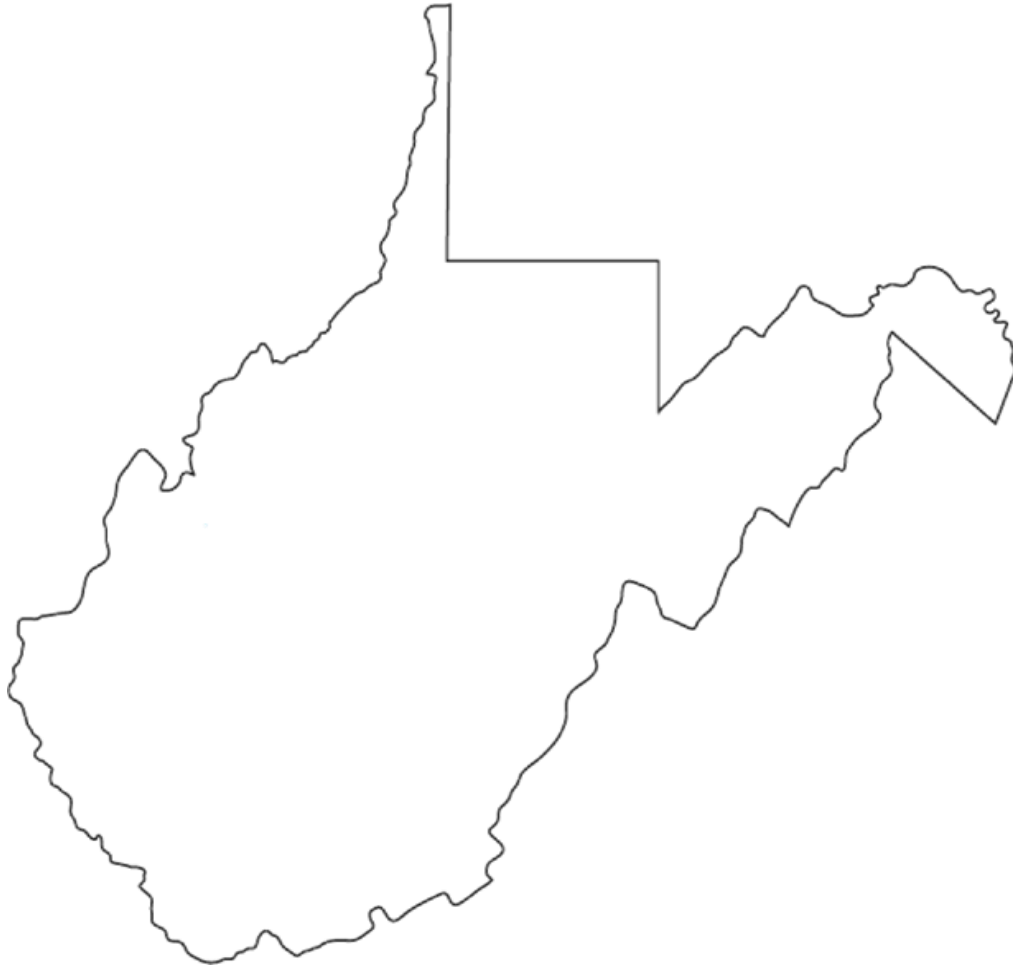


**PERSONAL OPTIONS
AGED AND DISABLED WAIVER PROGRAM
INITIAL TRAINING MATERIAL**

January 2023



Training Outline

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Acronyms List

ADW	Aged and Disabled Waiver
APS	Adult Protective Services
CM	Case Manager
CPR	Adult Cardiopulmonary Resuscitation
HIPAA	Health Insurance Portability and Accountability Act
NEMT	Non-Emergency Medical Transportation
OSHA	Occupational Safety and Health Administration
PA	Personal Attendant
PO	Personal options
RC	Resource Consultant

1. PERSONAL ATTENDANT ORIENTATION

A. PURPOSE OF THE TRAINING MANUAL

This manual has been developed by PPL to assist employees of Personal Options, Aged and Disabled Waiver (ADW) Program to complete their initial training requirements. This manual is to provide general information and resources to assist with initial and annual training for Personal Attendants. It is also intended to provide wellness information and resources for Personal Attendants and care giving staff as they provide critical supports to ADW participants.

Personal Options Personal Attendant staff must be at least 18 years of age. All paid Personal Attendants must complete all of the following training areas before providing paid services to ADW participants:

- Adult Cardiopulmonary Resuscitation (CPR)
- First Aid
- Universal Precautions (OSHA – Occupational Safety and Health Administration)
- Personal Attendant Skills
- Abuse/Neglect/Exploitation Identification
- Health Insurance Portability and Accountability Act (HIPAA)
- Direct Care Ethics
- Health and Welfare for Person Receiving Services
- Person-Centered Planning



In addition to the required initial training, Personal Attendant staff will be required to complete the following training annually:

- Universal Precautions (OSHA)
- Abuse/Neglect/Exploitation Identification
- Health Insurance Portability and Accountability Act (HIPAA)
- 4 hours of training focused on enhancing Personal Attendant service delivery knowledge and skills. Specific on-the-job training may be counted toward this requirement.

Adult Cardiopulmonary Resuscitation (CPR) and First Aid – a copy of the CPR and First Aid cards must be submitted to PPL and must be kept current as defined by the terms of the certifying agency

- CPR: Must be provided by a certified trainer from an approved vendor, see BMS website for full list. Skills (hands-on) must be demonstrated.
- First Aid: Must be provided by an agency nurse or a certified trainer, see BMS website for full list.
- Please contact your Resource Consultant if you have any questions regarding CPR/First Aid providers and resources.

B. WHAT IS PERSONAL OPTIONS?

Personal Options is a participant directed program designed to give participants choice and control over their Medicaid services so they may live as independently as possible in the community. Personal Options is based on the Principles of Self Determination.

Personal Options allows participants to:

- Manage a monthly budget for ADW services;
- Select, hire, and manage their employees to help with their activities of daily living;
- Determine employees' work schedules and rates of pay;
- Verify employees work times and tasks completed, complete employee evaluations;
- Purchase Personal Attendant services and non-medical transportation;

How does Personal Options encourage Person Centeredness?

In the Personal Options program, the participant is encouraged to be actively involved in their assessments, planning meetings and appropriate management of their federally and state provided budgets, employees and program requirements. As a Personal Attendant, the participant or their family members may share the service plan that was developed specifically for the participant with assistance from a Resource Consultant (RC) or a Case Manager (CM). The service plan will assist your understanding of how the participant would like you to serve them. This is like a job description. As you are being trained, the specifics of your job will be more completely described. The participant is your employer or “boss” and is the responsible person to inform you of your responsibilities. The Resource Consultant, the participant’s family members, the program representative, or other informal supports may also assist with your responsibilities.

C. PRINCIPLES OF SELF-DETERMINATION

Self-determination is being able to live the life that one wants with the services and supports if needed.

Self-determination is the ability of the participant to make choices to:

- Exercise control over their life;
- Achieve their goals;
- Obtain skills and resources to participate in meaningful roles in the community;
- Take responsibility for their actions;
- Determine their future!



The Principles of Self-Determination:

- Freedom to choose a meaningful life in the community
- Authority over a targeted amount of dollars (individual budget)
- Support to organize resources to enhance life
- Responsibility for the wise use of public funds
- Confirmation of the important leadership role that individuals and families play in the newly re-designed system of services and supports

As an employee of a Personal Options participant, you can provide supports to reinforce these principles. Your “boss” has chosen you, because you understand that he/she wants to have choice and control in their life which you will support.

D. FISCAL EMPLOYER AGENT AND EMPLOYEES (PERSONAL ATTENDANTS) ROLES IN PERSONAL OPTIONS

Role of the Fiscal Employer Agent

A participant-directed service program allows participants to make individual choices about what services they receive, how they are delivered, and by whom.

The Fiscal Employer Agent, Public Partnerships, LLC (PPL), is a national organization that is dedicated to assisting the implementation of participant-directed service programs.

PPL provides financial management services for participants and their employees in Personal Options.

- PPL assists employees with required enrollment and tax paperwork.
- PPL assists all participants with the IRS requirements that allow them to be employers.
- PPL assists employees with criminal background check initiation.
- PPL checks employee training verifications and CPR and First Aid certifications.

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- PPL performs all payroll and tax functions for employees.
- PPL provides a Customer Service contact number to assist with payroll questions: 1 (866) 429-3465.
- PPL provides RCs who assist Personal Attendant staff and participants with understanding the Personal Options program and their roles and responsibilities.

Services available to Participants in the Aged and Disabled Medicaid Waiver program are:

- Case Management (optional)
- Personal Attendant
- Non-medical Transportation
- Nursing Assessment



Employee / Personal Attendant Roles and Responsibilities:

Before being approved to provide services for a Personal Options participant you are required to review and sign the Medicaid Provider Agreement and the Employment Agreement stating that you understand and acknowledge your responsibilities as an employee.

Personal Attendant Role in the ADW Program Personal Options

As an employee of the participant, you provide Personal Attendant services to participants in the Personal Options program. You are an employee of the participant, not PPL. Instructions for the areas of services you need to provide will be identified by an assessment and plan that is developed by the participant, their legal representative, or their program representative, and the Resource Consultant or case management (if applicable).

Personal Attendant services are defined as long-term direct care and support services that are necessary in order to enable an individual to return home from a Nursing Facility. A Personal Attendant's primary function is to provide hands-on personal care assistance outlined in the Service Plan. As time permits, Personal Attendants may also provide other incidental services to personal care assistance such as changing linens, meal preparation, and light housekeeping (sweeping, mopping, dishes, and dusting). At no time may the time spent on incidental services exceed the amount of time spent on hands-on personal care.

Personal Attendants will be able to transport the participant for Non-Medical transportation activities, such as essential errands or community activities as indicated on the Service Plan. To provide this service for reimbursement, the attendant will have to have a valid driver's license, proof of current vehicle insurance and vehicle registration. Non-medical Transportation cannot be utilized to transport people on the ADW program to any non-emergency medical appointment. The Personal Attendant may be able to provide transportation for the participant to medical appointments by registering with the State Plan Service Non-Emergency Medical Transportation (NEMT). The attendant would then be reimbursed for the miles driven for this service via that program. Personal Attendants would be responsible for keeping records of all reimbursed travel and paid services as this is outside of the employer's responsibility. Please contact your RC for more information about NEMT.

Personal Attendants in Personal Options are responsible for documenting the exact times for providing services and the tasks completed when providing services. The attendant must submit an accurate and approved timesheet, attendant log and transportation invoice in a timely manner in order to receive on-time payments.

Employees providing Personal Attendant services:

- Are responsible for reporting to the CM or the RC on the participant's health safety, and welfare
- May not bill for services when the participant is in the hospital, nursing facility or rehab center
- Are **mandated reporters** for any suspicion of Abuse, Neglect and Exploitation

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- Must report any incident including but not limited to Abuse, Neglect or Exploitation regarding the participant to Child or Adult Protection Services, the CM and the RC

Critical incidents have a high likelihood of producing real or potential harm to the health and welfare of the participant. Critical incidents may involve abuse or neglect.

These incidents may include, but are not limited to:

- Attempted suicide, or suicidal threats or gestures.
- Suspected and/or observed criminal activity by the participant, participant's families, health care providers, concerned citizens, and public agencies that compromise the health or safety of the participant.
- An unusual event such as a fall or injury of unknown origin requiring medical intervention or first aid if abuse and neglect is not suspected.
- A significant interruption of a major utility, such as electricity or heat in the participant's residence that compromises the health or safety of the participant.
- Environmental/structural problems with the participant's home, including inadequate sanitation or structural damage that compromises the health or safety of the participant.
- Fire in the home resulting in relocation or property loss that compromises the health or safety of the participant.
- Unsafe physical environment in which the workers or PPL staff are threatened or abused, and their welfare is in jeopardy.
- Disruption of the delivery of services, due to involvement with law enforcement authorities by the participant and/or others residing in the participant's home that compromises the health or safety of the participant.
- Medication errors by a participant or his/her family caregiver that compromises the health or safety of the participant, such as medication taken that was not prescribed or ordered for the participant, and failure to follow directions for prescribed medication, including inappropriate dosages, missed doses, or doses administered at the wrong time.
- Disruption of planned services for any reason that compromises the health or safety of the participant, including failure of participant's emergency backup plan.
- Any other incident judged to be significant and potentially having a serious negative impact on the participant.

Simple incidents are unusual things that happen to the participant but are not critical and not abuse or neglect.

Simple incidents may be:

- Minor injuries, unknown how they occurred and no pattern
- Dietary errors with no negative outcome

Employees/Attendants are responsible:

- To pass a criminal background check every five years;
- To maintain valid CPR certification from a "hands-on" course provided by a certified trainer
- To pass First Aid training;
- To complete mandatory initial training before working begins;
- To complete mandatory annual training and 4 hours of additional attendant knowledge and skills;
- To provide services to the participant for identified and approved tasks on the service plan;
- To submit accurate and timely timesheets/ transportation invoices to employer for review and signature;
- To document tasks completed daily on the bi-monthly or monthly Personal Attendant Log (PAL); fax or mail the PAL to the RC bi-monthly or monthly;
- To notify the RC of any changes in the condition of the participant, including death;
- To notify the RC of any abuse, neglect or exploitation of the participant;

- To notify the RC of any all incidents or hospitalizations;
- To be punctual, neatly dressed, and respectful of employer's person, belongings, family and acquaintances;
- If providing transportation services, furnish employer with proof of valid driver's license and automobile liability insurance;
- Maintain confidentiality of all other participant information, and only release information with the written consent of the participant;
- To inform the employer of any non-workplace injury that would interfere with the performance of your duties and to report workplace injuries to the participant within 24 hours;
- Notify the employer in advance if not able to provide services as scheduled or if quitting employment.

As an employee/attendant providing services to a participant, it is important that you complete your roles in order for the participant to maintain compliance on the Personal Options program. Please contact the RC for any questions regarding your roles or responsibilities.

2. TRAINING AREAS

A. UNIVERSAL PRECAUTIONS (OSHA)

Occupational Safety and Health Act of 1970 (OSHA)

The purpose of the OSHA regulations are "To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting the States in their efforts to assure safe and healthful working conditions; by providing research, information, education and training in the field of occupational safety and health; and for other purposes."

As an employee in Personal Options, you are protected under this Act which states that employers shall furnish a place of employment which is free of recognized hazards that are likely to cause physical harm or death to employees.

The two primary standards that pertain to your work are:

- Blood borne pathogens (BBP)
- Hazard Communication (HAZCOM)
- Blood borne Diseases include:
 - Several strains of Hepatitis including Hepatitis B and C
 - Syphilis
 - Malaria
 - Human Immunodeficiency Virus (HIV)
 - MRSA - Methicillin-Resistant *Staphylococcus aureus*

As an employee you may be exposed to Hepatitis B (HBV), Hepatitis C (HCV), and HIV by coming into contact with body fluids or waste products including:

- Blood
- Urine
- Feces
- Sputum (spit)/Nasal discharge
- Vaginal fluids or sperm

Pathogens can be transmitted through:

- Accidental injury by a sharp object including broken glass, exposed dental wires, needles or any sharp object that can puncture or cut the skin.



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- Open cuts or skin abrasions.
- Indirect contact from the contaminated item with the mucous membranes of the mouth, eyes, nose or open skin.

Since those infected may not exhibit any symptoms the best way to avoid exposure to pathogens is through the use of Standard or Universal Precautions. **Treat all blood and body fluids as if they are known to be infectious.**

You may reduce risk of exposure by:

- Following Standard Precautions such as always having a barrier between any infectious substance and your skin, eyes, gums or the inside of your nose.
- Use of Personal Protective Equipment (PPE) such as gloves, gown, mask or eye shields when providing care.
- Good hand washing techniques.
- Not drinking, eating, smoking, applying cosmetics or lip balms or handling contact lenses when in a situation where exposure may occur.
- Do not store foods and drinks near possibly contaminated items.
- Good housekeeping techniques such as frequenting wiping down possibly contaminated items such as beds, toilet or shower seats, wheelchairs, walkers, and eating areas.
- Use of tongs and a broom and dust pan to clean up broken glass, contaminated food or waste products.
- Handling soiled laundry with gloves and laundering as soon as possible.

Hazard Communication (HAZCOM) involves proper use and storage of hazardous chemicals which you may encounter as an employee. You will want to read how to use the cleaning supplies for your protection. Some of the cleaning supplies you may be exposed to may be bleach, detergent, cleansers or aerosol sprays.

Employee Rights related to OSHA Standards:

- You have the right to notify your employer or OSHA about workplace hazards.
- You have the right to request an OSHA inspection if you believe that there are unsafe and unhealthful conditions in your workplace.
- You can file a complaint with OSHA within 30 days of retaliation or discrimination by your employer for making a safety or health complaint.
- Your employer must correct the workplace hazards by the date indicated on a citation and must certify that these hazards have been reduced or eliminated.
- You have the right to copies of your medical records and records of your exposure to toxic and harmful substances or conditions.
- You must comply with all safety and health standards that apply to your work for the participant.

Your employer:

- Must maintain an environment that is free from hazards, and
- Must comply with all OSHA standards.

If you have any additional questions, please contact your RC or PPL at 1-304-381-3100.

How to use basic First Aid skills to provide immediate assistance to an injured victim, aid in recovery, or prevent injury and possible death.

During an emergency situation you should:

- **Survey the scene:** Observe your surroundings for possible hazards such as traffic, live electrical wires, broken glass or slippery surfaces
- **Check the victim:**

1. Verify consciousness or need for assistance.
 2. Ask conscious victim what happened and where they are injured.
 3. Listen carefully to what the victim tells you.
 4. Observe obvious signs of injury such as bleeding.
 5. Note the time when emergency occurred especially in cases of unconsciousness
- **Call for Help:** Call 911 or other assistance as required
 - **Perform First Aid:**
 1. Keep victim as comfortable and warm as possible.
 2. Do not move victim to prevent further injury.
 3. Do not perform life-saving procedures such as CPR, unless necessary.
 4. Follow basic First Aid procedures as needed.
 - **Provide Emotional Support:**
 1. Stay calm.
 2. Listen to victim.
 3. Explain what you are doing to assist them.
 - **Report incident to the RC within 24 hours as required by the ADW Policy.**

Common Injuries and Accidents

- **Falls**
 1. Attempt to determine if the person fell due to a slippery or cluttered floor or if they may have passed out.
 2. Check for life-threatening problems such as unconsciousness, respiratory arrest, cardiac arrest, severe bleeding, and signs of broken bones, swelling, discoloration or deformity.
 3. Call 911.
- **Cuts and Scrapes**
 1. Determine cause of the cut, remove broken glass, if necessary.
 2. Use Standard precautions to prevent exposure to infection.
 3. Call 911 if needed.
 4. Clean cut or scrape with soap and water.
 5. Apply pressure to stop bleeding from cut or to protect a scrape from further injury.
 6. Apply sterile bandage to continue pressure.
- **Broken or fractured bones:** different types of fractures include:
 1. Complete – the break goes completely through the bone.
 2. Incomplete – the break is only a partial break of the bone.
 3. Compound – occurs when a sharp piece of bone protrudes through the skin and can cause serious bleeding.
 4. Simple – break does not go through the skin.
 5. Stress – small crack caused by repeated use of a bone, often caused by osteoporosis.
 6. Symptoms of a fracture are: Bruising, swelling, obvious deformity or pain and tenderness
 7. Call for help if there is a concern that the participant may have a broken bone.
 8. Report the incident to the RC.
- **Hemorrhage (Bleeding)** excessive bleeding from an external wound such as a cut or internally from a fall, trauma or ulcer. The person will probably experience pain, tenderness, and/or discoloration to affected area.
 1. Remember to use Standard Precautions.
 2. While waiting for help, have person lie down.
 3. Apply direct pressure with sterile gauze for 5 minutes, adding additional gauze as needed while continuing pressure.



4. Elevate the wounded area above victim's heart level
 5. If bleeding has not lessened after 5 minutes, apply pressure to artery supplying blood to the wounded area with 3 fingers.
 6. Do not cut off circulation completely.
 7. Provide emotional support while awaiting assistance.
- **Burns** – Before giving first aid, determine if person is in danger of more burns, if so assist victim to stop, drop, and roll. Burns kill the skin layer by layer and are categorized as:
 1. First degree burns involve only the first layer of skin - skin is dry, painful, and tender to touch; may be caused by mild sunburn, heating pad or hot water bottle. Treat by placing area under cool running water or wrapping with cold wet cloth to decrease pain.
 2. Second degree burns affect several layers of skin, with blistering, swelling, and red skin and cause a great deal of pain to victim. Common causes are scalding hot water or cooking accidents. Treat by immersing area in cold water, blot dry, and keep injured area elevated if possible.
 3. Third degree burns are less painful than second degree burns due to destruction of nerves, but involve all layers of skin to underlying tissues and organs. Keep area elevated if possible, do not remove clothing near injury, and do not apply cold water or medications. Call for help immediately.

When assisting a burn victim DO NOT:

- **Do not** apply ice to a burn
- **Do not** touch the burn with anything other than a dressing
- **Do not** break or pop any blister
- **Do not** apply butter, oil or lard to burn
- **Do not** remove pieces of clothing that stick to area
- **Do not** give burn victim anything to eat or drink

When assisting a burn victim DO:

- Remove jewelry or shoes from affected area before swelling makes them difficult to remove.
- Remember that cold water lowers temperature of burned area and lessens severity of minor burns.
- Make sure source of the burn is no longer a threat.
- Have the victim lie down to prevent shock.



- **Heat exhaustion** is caused by the inability of the body to cool itself by sweating. Victims may complain of weakness, fatigue, headache, dizziness, nausea, profuse sweating or cool, clammy, flushed skin. It is important to remove the victim from heat, remove loose fitting clothing, provide water or Gatorade, sponge victim with cool water, and encourage rest.
- **Heat Stroke** is a potentially fatal condition which occurs when the body temperature rises above 105 degrees and requires emergency medical treatment. Symptoms include confusion, staggering, unconsciousness, fever, rapid pulse and breathing, and hot, dry, flushed skin. You should call 911 immediately, get person out of heat, and pour cool water over victim or wrap them in cool clothing. If victim is conscious you may give them no more than ½ cup of water
- **Choking:** In treating a choking victim, you should not intervene as long as they are coughing and may dislodge the obstruction. A choking person will be unable to speak but may nod or use the universal symbol (hand to the throat). In assisting a choking victim:
 1. Stand behind victim with your arms at their waist.

2. Place one fist with the knuckle of the thumb against victim's midsection, just above the navel but below the breastbone.
 3. Hold fist firmly with other hand and sharply pull both hands up and inward. This is called the Heimlich maneuver. This should be done until object is forced out or victim becomes unconscious.
- **Hypothermia** occurs when the body temperature lowers to below 96.8 degrees. The frail, elderly, and inactive are most at risk for hypothermia. The first symptom is uncontrollable shivering, followed by dizziness, lightheadedness, muscle stiffness, and difficulty with movement. If treatment is not provided the victim may have slurred speech, slowed pulse and breathing, confusion, double or impaired vision, and can result in unconsciousness and death. In treating victim, you should:
 1. Take victim to shelter.
 2. Replace wet clothing with warm, dry clothes as soon as possible.
 3. Place victim near heat source if possible, remembering to raise temperature slowly.
 4. Give warm non-caffeinated beverages if victim is conscious.
 5. Make sure medical attention is provided as soon as possible.
 - **Poisoning** symptoms include stomach cramps, pain, nausea or vomiting, convulsions, and loss of consciousness. People may be poisoned by eating spoiled foods, over medicating, inhaling toxic fumes or gases, accidental contact with poisonous plants or insects or ingesting poisonous chemicals.
 1. Call 911; try to determine possible source of poison.
 2. If gas poisoning is suspected open windows and move victim to area with fresh air.
 3. If chemical poison is suspected, do not induce vomiting. Call the **West Virginia Poison Control Center at 1-800-222-1222**.
 4. If you suspect the victim has come into contact with a poisonous chemical or plant wash, clean affected area with soap and cool water, being sure not to touch unaffected areas with possibly contaminated soap and water.

Prevention is the best first aid.

Common accidents can be prevented by:

- Unplugging small appliances, such as hair dryers, irons, electric razors, when not in use
- Make sure bath mats or strips are in place in tubs and shower
- Keep stairs and walkways well-lit and free of clutter
- Replace frayed electrical cords and keep cords out of walkways; Remove or fasten down area rugs
- Encourage use of non-skid rubber soled shoes
- Keep fully charged batteries in smoke and carbon monoxide detectors
- Keep medications and poisonous chemicals out of reach of confused clients and small children
- Do not allow smoking in bed, provide supervision as required for a smoking client
- Do not use heating pads in bed or tuck in corners of electric blankets
- Provide a flashlight or battery operated night light at bedside for clients who get up during the night
- Keep bedside commodes easily accessible
- Do not attempt transfers of clients without adequate assistance.
- Keeping an emergency backup plan in place

B. PERSONAL ATTENDANT SKILLS

a. Providing Activities of Daily Living (ADLs) assistance to ADW participants:

Participants will benefit from Personal Attendants who are aware of and using best practice of personal care skills.

Upon completion of this section Personal Attendants should be able to:

- Provide ADL assistance for adults;
- Understand why maintaining good personal hygiene is important;
- Identify basic infection control measures used while providing care/service to a participant;
- Define body mechanics and describe when it is necessary to use them;
- Understand the care of a bedfast client who needs total assistance with personal care.

Personal Options Personal Attendants assist with:

- Activities of daily living (ADLs) including personal care – dressing, grooming, bathing; food preparation and assistance with eating; cleaning and filing nails (attendants may not cut nails of diabetics or those on anti-coagulant therapy)
- Environmental maintenance – laundry, light house cleaning of the participant's areas
- Completion of errands that are essential for the participant to remain in the home – grocery, pharmacy, medical appointments and outpatient medical treatments
- Community and social activities
- Reporting participant changes in their conditions
- Transferring
- Ambulation
- Prompting for self-administration of medication – open medicine containers and prompt the participant to take medication, and
- Duties and tasks as indicated in the service plan

Personal Attendants may NOT perform these tasks:

- Care or change of sterile dressings
- Care of colostomy irrigation
- Gastric lavage or gavage
- Application of heat in any form
- Care of tracheotomy tube
- Suctioning
- Vaginal irrigation
- Give injections, including insulin
- Administer medications, prescribed or over-the-counter
- Perform catheterizations, apply external catheter
- Tube feedings of any kind
- Make judgments or give advice on medical or nursing questions
- Any personal care that is not indicated on the service plan



If at any time a Personal Attendant is witnessed to be, or suspected of, performing any prohibited tasks, the RC must be notified immediately.

Personal Attendant Best Practice:

Hand Washing

- Use liquid soap if possible, if you must use bar soap, rinse it first;

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- Wet hands and wrists under warm running water;
- Use friction and a rotating motion to wash hands for at least 15 seconds;
- Clean under fingernails by rubbing tips of fingers against palms;
- Keep hands lower than elbows throughout the process;
- Rinse from wrists toward finger tips;
- Dry hands on paper towels;
- Turn off water using paper toweling and discard paper towel.

Glove Removal - Personal Protective Equipment

- Remove gloves that become torn, damaged or soiled;
- Prevent exposure by grasping the outer portion of the first glove at wrist with the other gloved hand;
- Pull the glove down to fold the inside portion of the first glove out;
- Hold glove in fingertips of gloved hand while removing the second glove;
- Reach inside the second glove with the fingers of the ungloved hand;
- Pull the glove down to fold the inside portion of the glove while also covering the first glove;
- Discard gloves in a wastebasket;
- Wash Hands.

Complete Bed Bath

- Adjust room temperature and ventilation to prevent chilling;
- Offer bedpan or urinal prior to bath;
- Wash hands;
- Check water temperature prior to use;
- Provide for privacy and warmth. Keep parts of body not currently being bathed covered;
- Insert bath linens under client, if necessary;
- Change water as it becomes soapy or cold;
- Fold washcloth to form a mitt;
- Ask if client prefers soap used on face;
- Wash eyes with plain water from inner aspect outward. Select new area of washcloth for each eye;
- Wash body part that is furthest away first. Wash from clean to dirty areas;
- Inspect skin for abnormalities or changes;
- Rinse skin thoroughly to remove all soap;
- Support joints when moving body and lift to prevent friction;
- Dry skin by using a patting motion; dry carefully between toes and skin folds;
- Apply creams or lotions as requested or indicated;
- Remove soiled bath linens for laundering;
- Wash hands.

Tub or Shower

- Wash hands;
- Determine if the person desires or is able to take tub bath or shower;
- Gather supplies;
- Arrange the environment to prevent injury;
- Provide bath mat, towel on bottom of tub, or shower chair as indicated;
- Assist the participant to the bathroom if necessary;
- Assist the person to the toilet prior to bath, if requested;
- Assist to undress, while maintaining privacy;
- Assist with transfer into tub or shower using bath railings if available;
- Check water temperature prior to use;

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- Assist with bathing hard to reach areas as indicated such as back, lower extremities. Inspect skin for changes or abnormalities;
- Monitor the person during bath. Limit bath time to 20 minutes;
- Assist the person from tub or shower;
- Assist with drying by patting skin;
- Assist with creams or lotions as requested or indicated;
- Clean tub or shower after use; Wash hands.

Denture Care

- Wash hands;
- Position the person in sitting or side lying position to prevent choking;
- Assist with removing dentures or using paper towel to remove them without dropping them;
- Put dentures in a denture cup;
- Line sink with towel or washcloth to prevent breakage from dropping;
- Brush dentures with toothpaste or baking soda;
- Place dentures in cool water or mouthwash mixture;
- Assist with brushing gums and tongue with soft bristle brush, if desired;
- Assist with rinsing the mouth with water and or mouthwash, if desired;
- Assist with reinserting dentures;
- Wash hands.

Shampooing

- Avoid daily shampooing unless client requests;
- Wash hands;
- Select shampoo method appropriate for client;
- Clear area of any electrical appliances;
- Brush or comb hair before washing;
- Protect eyes, clothes, ears and or bed linens from water;
- Check water temperature;
- Wet hair thoroughly; apply shampoo;
- Lather hair and massage scalp starting at the hairline and work toward the back of neck;
- Rinse hair thoroughly; towel dry, ensure hair is completely dry;
- Comb damp hair to remove tangles;
- Style hair as desired; Wash hands.

Brushing and Combing Hair

- Wash hands;
- Style hair as requested;
- Brush then comb hair from scalp toward end of hair strands;
- Remove tangles by starting at edge of tangle farthest from scalp;
- Anchor tangled hair to prevent pulling;
- Wash hands.

Nail and Foot Care

- Wash hands;
- Soak feet/hands in warm water prior to performing care;
- Check temperature prior to inserting feet/hands;
- Clean under nails with an orange stick;
- File nails straight across, even with the tops of fingers and toes;
- Shape edges of fingernails as needed or desired;

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- Push cuticle back gently with the orange stick;
- Ensure areas between toes are dry;
- Apply lotion as indicated and avoid areas between toes;
- Massage lotion into skin, removing excess with a towel;
- Never cut the nails of client with diabetes or impaired circulation;
- **Do not** attempt to remove or treat corns or calluses;
- Wash hands.

Shaving

- Avoid straight or safety razors for participants with bleeding tendencies;
- Avoid electric razor for a participant on oxygen;
- Obtain permission before shaving a mustache or beard;
- Wash hands;
- Soften skin and hair prior to shaving by applying warm cloth to area to be shaved; may shave following a shower or bath;
- Lubricate skin prior to shaving;
- Hold skin tight and stroke in the direction of hair growth;
- Rinse razor frequently to keep it clean;
- Apply skin care products as requested;
- Wash hands.

Skin Care

- Wash hands;
- Ensure skin is kept clean and dry;
- Pay special attention to skin folds and creases where skin or body fluids touch skin and moisture may be a problem;
- Use skin care products according to the person's individualized needs or requests;
- Wash hands;
- Report changes on color, temperature, integrity and appearance to physician/nurse

Perineal Care

- Wash hands, put on gloves;
- Drape participant to provide privacy and warmth;
- Check water temperature;
- Wash from front to back;
- Clean all skin folds thoroughly, separate labia in females, retract foreskin in males;
- Rinse skin to remove all soap;
- Dry skin with a patting motion;
- Apply a protective cream or lotion in an even thin layer if indicated;
- Remove gloves and wash hands.

Dressing/Undressing

- Wash hands;
- Obtain assistance as needed;
- Position the person according to their abilities and limitations, and directions;
- Check and position any tubes or appliances before moving to prevent injury or tube displacement. **Do not** disconnect any tubes. Keep urinary drainage bag below bladder level;
- Choose clothing that is loose and comfortable. Elderly poorly nourished or persons with poor circulation may need several layers of clothing in order to keep warm;
- Provide privacy, drape client while dressing;
- If paralyzed on one side, put the affected extremity in first when dressing and remove it last when undressing;

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- Wash hands.

Applying Elastic Stockings

- Explain procedure to your participant;
- Apply stockings with the participant lying down;
- Turn the stocking inside out from the heel up;
- Apply the foot portion of the stocking first, putting toes and heel in place;
- Gather the remainder and apply by pulling toward head until the full length of the stocking is free of wrinkles.

Assisting with Eating

- Wash hands;
- Elevate person's head;
- Provide a relaxed atmosphere;
- Feed small bites to prevent choking;
- The person may wish to feed himself/herself as much as possible; Feed the person slowly. Offer foods in the order of preference; inspect the person's mouth frequently for accumulated foods.
- Avoid feeding from the weak or paralyzed side of mouth; Provide mouth care after feeding;
- Wash hands.

Toileting

- Wash Hands and put on gloves;
- Position yourself beside commode near the person in order to maximize their abilities;
- Gradually change the person's position to prevent dizziness;
- Use good body mechanics and transfer techniques;
- The participant may require assistance to use arm rests to lower their self onto seat.
- Limit amount of time participant is on toilet or bedside commode to ten minutes. Check participant frequently;
- Assist in cleaning if necessary or if requested. Provide perineal care as indicated;
- Assist the person back to bed or chair, depending on their requests;
- Assist the person with washing hands, if requested;
- Empty and clean bedside commode;
- Remove gloves;
- Wash hands.

Bedpan

- Wash hands and put on gloves;
- Provide bedpan promptly upon request or at optimal times to assist with bladder/bowel regime; Warm bedpan prior to use;
- Provide privacy;
- Place protective cover on bed;
- Put bed in flat position for immobile client if possible;
- Turn the immobile person on his side facing away; mobile person with knees bent and feet flat on the bed;
- Hold bedpan firmly to immobilize the person's buttocks as he/she rolls onto his back; raise hips off bed to position the bedpan;
- Raise head of the bed;
- Limit time on the bedpan to 10 minutes. Check person frequently;
- Hold bedpan to prevent spilling when removing the client from it;
- Assist the immobilized person to roll off the bedpan or assist the mobile person to lift their hips completely off the bedpan;
- The person may wish to assist himself in cleaning. Provide perineal care as indicated;
- The person may wish to wash his hands;

- Empty and clean bedpan; Remove gloves;
- Wash hands.

Urinal

- Wash hands, put on gloves;
- Provide urinal promptly upon request;
- Position the person to assist bladder emptying, stand at bedside, sit up in bed, lie flat or position on side;
- Encourage as much independence and privacy as appropriate to the person's condition;
- Remove and empty urinal promptly. Rinse urinal after emptying;
- The person may wish to wash hands, with or without assistance; Remove gloves; Wash hands.

Positioning the person (body mechanics)

Side lying position

- Turn person to his left or right side;
- Support the head with a pillow;
- Provide support for the back with a pillow or cushion;
- Extend bottom leg with top leg bent forward on pillows;
- Position bottom arm out from the body with elbow bent;
- Support top arm with a pillow;
- Change position at least every two hours;

Sitting on the edge of the bed

- Provide for gradual change of position;
- Provide support throughout procedure;
- Assess for weakness, dizziness or fainting;
- Lower bed to lowest setting, if possible.

Moving a Person

- Explain procedure. Provide for privacy;
- Wash hands;
- Encourage participation and/or obtain assistance if necessary;
- Avoid friction when moving;
- Inspect skin after moving, note changes or abnormalities;
- Maintain good body alignment;
- Monitor person's tolerance of procedure;
- Provide for safety during the process; Wash hands.

Raising the head and shoulders

- Position yourself on the person's strong side facing the head of the bed;
- Reach through the armpit to the back of the shoulder;
- Instruct the person to reach through your armpit and hold the back of your shoulder; Support the other shoulder; Use good body mechanics.

Moving a person up in bed

- Remove the pillow and place at head of bed;
- Place one hand under the shoulder and the other under the buttocks; encourage participation; Use trapeze bar or side rails, if available;
- May use a draw sheet; if alone pull the person toward you while standing at the head of bed; Reposition pillow.

Moving a person to the side of the bed

- Position hands under the person's shoulders and move upper body to the side of bed;
- Place hands under buttocks and move hips to the side of bed;

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- Place hands under knees and lower legs and move to the side of bed.

Turning a person

- Position the person on the edge of the bed;
- Cross person's arms over his chest;
- Place near leg over far leg;
- Place one hand on shoulder, other on the hips and turn the person;
- Pull bottom shoulder forward.

Transfer techniques Bed to Chair

- Explain procedure in understandable terms;
- Obtain assistance, if necessary;
- Position chair/wheelchair as appropriate;
- Wash hands;
- Support person to a sitting position from his strong side;
- Place shoes on the person before transfer;
- Assist the person to a standing position by bracing the knees;
- Pivot the person with strong foot leading;
- Position the person directly in front of the chair/wheelchair before lowering;
- Ensure proper body alignment;
- Instruct the person to use armrests to support weight when he is lowered;
- Position the person with buttocks back in chair/wheelchair and feet supported;
- Determine comfort and tolerance for the position change;
- Reverse procedure when returning to bed; Wash hands.

Using a Hoyer Lift

- Wash hands;
- Explain procedure to the person, obtain assistance if necessary;
- Roll person to his side;
- Center rolled sling under the person so that it extends from shoulders to knees; tuck the sling under the person; roll the person onto his back and straighten sling. Position a chair even with the head of bed. Cover seat with a sheet;
- Lock wheels of bed or wheelchair as appropriate;
- Raise head of bed to a sitting position;
- Place lift under bed with swivel arm across the client; attach the straps or chains to the sling and swivel bar; use care to turn hooks away from the person;
- Cross person's arms across chest;
- Lift person just off the surface of the bed;
- Move the lift away from the bed. Support the person's legs, face the person;
- Position the person over the chair; slowly release the valve;
- Lower the bar and remove the hooks from the sling; position the person comfortably; Reverse the procedure when returning the person to bed; Wash hands.

Assisted Ambulation

- Wash hands;
- Explain procedure;
- Obtain necessary assistance; use an assistive device as needed;
- Apply a gait belt if available over appropriate clothing;
- Arrange the environment for safety, clear pathways, remove throw rugs, etc;
- Allow time for position change;
- Position yourself behind the person to the weak side;

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- Hold the gait belt at each side;
- Encourage the person to walk with his head erect and allow the heel of the foot to strike the floor first;
- Allow rest periods as needed;
- Assist the person to a comfortable position, sitting or lying down;
- Wash hands.

NOTE: If the person is using crutches, he/she has usually been instructed how to use them by a physical therapist or physician. Be sure to check the rubber tips to keep them clean and replace if worn. If the person uses a walker have him lift the walker and set it down, then step into it one foot at a time. When ambulating with a cane, have the person hold the cane with his strong arm on his unaffected side. His/her elbow should be slightly bent. Also check the rubber tips to ensure they are clean and not worn.

b. Using Assistive Devices:

Assistive devices are tools that help people function independently, despite physical limitations or disabilities. Assistive devices help people perform daily activities, such as eating, dressing, talking, and walking. Some assistive devices are purchased and others are hand-made creations.

There are low tech assistive devices, such as a spoon with a large easy-grip handle. Some devices are medium-tech such as a reaching tool with a claw for picking things up. There are also high tech devices, such as a motorized wheelchair or a computer that speaks for the participant.

Many assistive devices can be purchased with a Medicaid card from a company that provides Durable Medical Equipment. The WV Assistive Technology (WVATS) department at WVUCED provides assessments and participant specific devices.

Adapting to Assistive Devices

It is common for persons to quit using an assistive device within the first three months of using it. As an Attendant, you may be able to assist with continued usage. Some participants are more likely to give up on an assistive device if:

- They don't see the benefit of using the device.
- The device no longer suits their needs (because their physical condition has changed).
- The device is so complicated that they become confused and discouraged.
- They were never properly trained on how to use the device.
- Using the device makes them feel self-conscious about their physical limitations.
- The device was forced on them by a therapist or a doctor.

Attendants can impact how well persons adapt to their assistive devices by:

- Encourage the participant to express their feelings about an assistive device.
- Remember that persons may be grieving over the loss of their independence and may need some time to adjust to the device.
- Focusing on what the participant is still able to do, not on what they cannot do.
- Emphasize the positive aspects of assistive devices.

Bathroom Devices

Bathing and grooming activities require strength, coordination, the ability to sit, stand and transfer. Safety is a major concern. Many of these devices can be purchased by Medicaid.

Item	Purpose
Grab Bars	Help people get safely in and out of a tub or shower.

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Handheld showerheads	Make it easier for people to wash while standing or sitting down.
Shower chairs and benches	Provide seating for people who might become weak or dizzy while showering.
Bedside commodes	Are chairs with attached toilet seats; most commodes can be adjusted to different heights.
Elevated toilet seats	Are plastic seats that attach to the top of a toilet; they add inches to the height of the toilet and are used for people who have trouble bending.

Dressing Devices

Getting dressed is a complex task that requires mental alertness, range of motion, strength, and coordination. There are devices that can assist with this task.

Item	Purpose
Elastic Shoelaces	Allow shoes to be slipped on and off without having to untie the laces.
Velcro fasteners	Make it easier to get dressed with shirts and shoes.
Reachers	Assist with picking up items or pulling up zippers; they have a pair of jaws on one end and are controlled by trigger on the other end.

Mealtime Devices

Feeding yourself requires fine hand movements, coordination, and strength. The main reason people stop eating may be that they have trouble getting the food to their mouths.

- **Silverware with curved handles** assists clients who have limited movement in their wrists.
- **Weighted handles** provide extra weight which helps to keep a tighter grasp on the silverware and is especially helpful for persons who have trembling in their hands and/or arms.
- **Lightweight drinking cups** with special handles and/or lids are easier to hold and use.
- **Dishes with suction cups on the bottom** help keep the dish in one place.

Mobility Devices

Some persons may start with one type of mobility device such as a cane, and progress to needing a walker or wheelchair as their condition worsens.

- **Canes** are used by persons with minor balance problems, pain or leg weakness.
- **Walkers** provide support for persons who have problems bearing weight on one leg or both legs, have poor coordination, and have difficulty balancing without support.
- **Wheelchairs** need to be fitted to a person's proper measurement by experts. Some wheelchairs are manual and very basic. Others are electric with elaborate controls. All wheelchairs have breaks which should be used whenever a client is not moving.

Other Assistive Devices

- **Daily or weekly pill organizers** help persons keep track of which medications to take each day and what time. Pill organizers are not filled by employees.
- **Telephones with large keypads** are used by visually impaired persons or those who have limited coordination in their fingers.
- **Lift sheets, gait belts, and sliding boards** help make moving and transferring persons easier.

Tips for helping with assistive devices

- To avoid injury, it is important to observe and report when a person is using a device improperly.
- Encourage the use of an assistive device that person may have been reluctant to use.

- Discourage using a towel rack or toilet paper holder to help them stand.
- If a person likes to carry personal items with them, suggest they wear a workers belt or an apron with large pockets.
- Remember that a cane should always be held on the person's strong side, unless otherwise directed by a physical therapist. The handle of a cane should be at the person's hip joint.
- Discourage the participant from picking up their walkers and carrying them.

C. ABUSE, NEGLECT, AND EXPLOITATION

a. ABUSE

Legal Definition of Abuse

- **Abuse is** *"the infliction or threat to inflict physical pain or injury on or the imprisonment of any incapacitated adult or facility resident"*. Abuse may be physical, sexual, mental, verbal or emotional.
- The unreasonable failure by a caretaker to provide the care necessary to assure the physical safety or health of an incapacitated adult or facility resident.
- The unlawful expenditure or willful use of funds or other assets owned or paid to or for the benefit of an incapacitated adult or facility resident.

Terms

- Financial Exploitation: A type of neglect of an incapacitated adult involving the illegal, unethical and/or improper use of, or willful dissipation of an individual's funds, property or other assets by a person, formal or informal caregiver, family member or legal representative - either directly (i.e., as the perpetrator) or indirectly (i.e., by allowing or enabling the condition which permitted the financial exploitation).
- Self-Neglect: The inability of an incapacitated adult to meet his/her own basic needs of daily living due to mental or physical incapacity.
- Sexual Abuse: The coercion of an incapacitated adult into having sexual contact with the perpetrator or another person. A caregiver of the incapacitated person must be involved either directly (i.e., as the perpetrator or sexual partner) or indirectly (by allowing or enabling the conditions which result in the sexual coercion).
- Verbal Abuse: The threat to inflict physical pain or injury on or the imprisonment of any incapacitated adult or facility resident. The threat to inflict physical pain or injury includes, but is not limited to, threatening to withhold food, hydration and/or medical treatment. The threat to imprison includes, but is not limited to, isolation. The verbal threat(s) must be perceived by the client or others to be real. Non-malicious teasing does not constitute verbal abuse.

Facts about Abuse

- 1.5 million people are abused annually.
- Most abuse is never reported due to fear of being placed in an institution or nursing home.
- Over 60% of those abused are female.
- Over 60% of abusers are family members.
- More than half of home care clients report they have been victims of abuse by personal care aides with theft, verbal abuse and neglect as the most common forms of abuse.
- Abuse occurs when there are no witnesses.
- Violence escalates, once you have hit someone the first time it gets easier to hit the same person again.

Who are abusers?

Anyone with whom the person has contact with can be an abuser, i.e caregivers, landlords, neighbors, family or friends. Most typically, abusers are family members of an elderly, ill or disabled person; such as sons, daughters, grandchildren or spouses. It is very difficult to tell who has a tendency to be abusive. People often act differently when in public compared

to their behavior behind closed doors. Most abusers have problems dealing with stress, which is often a trigger for abusive behavior. Some abusers have problems with drugs or alcohol.

Types of Abuse

Physical Abuse - Intentional use of force against another person; pushing, slapping, pinching, kicking, biting, pulling hair, burning, cutting, forced sexual activity or physical restraints. **Physical abuse is against the law and is a form of assault.**

Signs of physical abuse may be noticeable:

1. Bruising
2. Swelling
3. Skin tears
4. Cuts or scratches
5. Burns
6. Repetitive or numerous injuries
7. Tears or damage to skin around genitalia

Emotional and Psychological Abuse – This can take many forms such as threats, ridicule, continual criticism, humiliation, forced social isolation, and destruction of personal belongings and property.

Signs and symptoms of mental abuse can mimic the natural occurrence of aging:

1. Loss of appetite
2. Refusal to eat
3. Lack of movement and activity
4. Social withdrawal and fearfulness
5. Weight loss
6. Dehydration
7. Bowel changes or frequent urinary infections



Sexual Abuse – Forcing another person to engage in unwanted sexual activity.

The elders or persons with disabilities may be reluctant to discuss possible abuse for many reasons such as:

1. They are embarrassed.
2. They do want to believe what is happening to them.
3. They are hopeful the abuse will stop especially if the abuser promises never to do it again.
4. They have shame about how family member behaves.
5. They fear being thrown out of home or put into a nursing home.
6. They are afraid if they speak up they will not be believed and things will get worse.
7. They have memory, language or cognition problems.
8. They may mistakenly feel they are to blame in some way for their treatment.

Noticing the signs of abuse is the first step in preventing the re-occurrence of this type of abuse.

b. NEGLECT

Neglect is *“the failure to provide the necessities of life to an incapacitated adult”* or *“the unlawful expenditure or willful dissipation of the funds or other assets owned or paid to or for the benefit of an incapacitated adult”*. Neglect may be nutritional, medical, self-inflicted or environmental.

Neglect includes:

- The lack of or inadequate medical care by the service provider and inadequate supervision resulting in injury or harm to the incapacitated member;

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- A pattern of failure to establish or carry out a participant's Participant Directed Service Plan that results in a negative outcome or places the member in serious jeopardy;
- A pattern of failure to provide adequate nutrition, clothing, or health care;
- A failure to provide a safe environment resulting in a negative outcome; and/or
- A failure to maintain sufficient, appropriately trained staff resulting in a negative outcome or serious jeopardy;
- Medication errors and dietary errors resulting in a need for treatment for the member is also considered neglect.

Physical or Emotional Neglect - includes withholding food, medical care, financial help and support or social isolation.

c. EXPLOITATION

Exploitation is the mistreatment or misuse of a participant or a participant's property. Exploitation can be financial, theft or destruction of property.

Financial exploitation is illegal or improper use of a person's or incapacitated adult's resources. Examples of financial exploitation include cashing a person's checks without authorization; forging a person's signature; or misusing or stealing a person's money or possessions. Another example is deceiving a person into signing any timesheet, attendant log, contract, will, or other legal document.

d. MANDATORY REPORTING

All Personal Options Personal Attendants **must report** allegations of Abuse, Neglect, and Exploitation. PPL incident report form is attached in Appendix 1.

The ADW Policy manual requires:

- A Personal Attendant must report **known** or **suspected** cases of abuse, neglect or emergent situations involving an incapacitated adult.
- These reports may be referred to the 24-hour Centralized Intake (CI) or by calling the CI hotline at 1-800-352-6513.
- If the incapacitated adult is willing and able, he/she may make a report on his/her own behalf.

Mandatory Reporters

- Medical professionals
- Dental professionals
- Mental health professionals
- Christian science practitioners
- Religious healers
- Social workers, including those employed by the WV Department of Health and Human Resources (DHHR)
- Law enforcement officers
- Humane officers
- State or regional ombudsmen
- Any employee of a nursing home
- Any employee of a residential facility

As an attendant, you are considered a MANDATED REPORTER. In any case where a mandated reporter believes an adult or child suffered serious physical abuse, the reporter shall *immediately make a report* to Adult or Child Protective services and the West Virginia State Police and any law enforcement agency having jurisdiction to investigate the report. Under WV Code the person reporting the allegation is making the report in good faith and is immune from civil or criminal liability. An Adult Protective Services (APS) or Child Protective Services (CPS) Worker may be assigned to investigate the suspected or alleged abuse. The attendant is to also report the allegation to the RC. A report written up by the RC is required to be submitted to APS and the Bureau of Senior Services within 48 hours.

APS Intervention

In general, the client's consent must be obtained before services are provided. However, there are times when APS intervention is mandated by law:

- If a client is resistant to an investigation by Adult Protective Services;
- If a client is in an emergency situation, appears to be incapacitated, and is unwilling to remove him/herself from danger.

APS Intervention Includes:

- Intake
- Assessment of risks and needs
- Case Management:
 - Up to 12 months for an APS case
 - Up to 6 months for a Preventive (PAPS) case
- Case Closure

APS Eligibility Criteria

- Must be an emancipated minor, or 18 years of age or older and incapacitated or a facility resident; and
- Must be reported to be a victim of abuse, neglect (including self-neglect) or in an emergency situation.
- The investigation of a report of abuse, neglect, or an emergency situation involving an incapacitated adult or facility resident is not voluntary and must be brought to conclusion in all cases that are assigned for investigation.
- Financial exploitation.
- **All reports of suspected adult abuse, neglect and exploitation must be called in immediately 24/7 at 1-800-352-6513.** An APS report form is attached in Appendix 2.

APS Intake Eligibility

As an APS referral, the following information must be collected:

- Name of alleged victim
- County of incident
- Current location of the alleged victim
- Age or date of birth of alleged victim
- Phone number for the alleged victim
- Directions to the alleged victim's home or facility
- Name and relationship of alleged perpetrator(s)
- Other individuals involved in or who have knowledge of the incident
- Description of the alleged incident
- Type of alleged abuse/neglect
- Any resulting injuries and their location(s)
- Where and when incident occurred
- Physical and psychological description of the alleged victim
- Reporter's willingness to give their name
- Relationship of the reporter to the alleged victim
- Identification of the reporter as a mandatory reporter, when applicable
- When reported by a mandatory reporter, a written report must be submitted
- If a referral is accepted or screened out, and the referral is made by a mandatory reporter, a notification letter is sent to the reporter

D. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The purpose of this training is to help Personal Attendants understand:

- Confidentiality
- HIPAA
- Rights and accountability
- Reporting of complaints or accidental mistakes

What is HIPAA?

Health Insurance Portability and Accountability Act of 1996

- HIPAA was enacted by Congress in 1996.
- The Act requires certain standards to be met when dealing with electronic records.
- The HIPAA Privacy Rule took effect in 2003.
- The Privacy Rule established regulations for the use and disclosure of protected healthcare information.

HIPAA is a public law created to increase access to and efficiency of the healthcare system in the US. HIPAA created a national standard to protect individuals' medical records and other personal health information and gives persons more control over their health information.

HIPAA mandates standards for the protection of health information in how the information is used or shared.

Privacy Tips:

- Do not disclose sensitive medical information: Diagnosis, Medical condition
- Do not discuss personal information: In the hallway, with family or friends, in public places
- Do not text, email or use social media to discuss the ADW member
- Do not leave personal or medical information in plain view (in a car, while carrying it or laying on a counter, etc.).

Privacy vs. Security

Privacy rule relates to information.

Security rule relates to the security of the information, also known as the safeguards.

Protected Health Information (PHI) is:

Protected Health Information is not just information of medical conditions.

Protected health Information includes: Name, birthday, date of death, admission/discharge information, address, telephone number, email address, Social Security Number, medical records, health plan number, vehicle identification, and photographs.

The participant is **not required** to provide permission for:

Public Health purposes, treatment or healthcare operations, disclosures to designated family members or participant's legal representatives for emergency or disaster, intelligence or national security, etc.

As an attendant you will be required to sign a confidentiality form with your employer that states you will not share any protected information unless given permission by your employer. (An example of the form is below)

"I will not discuss the member's name, or otherwise reveal or disclose information pertaining to the member, except when in direct contact with representatives of APS Healthcare, the West Virginia Bureau of Senior Services, West Virginia Medical Institute, Public Partnerships, LLC, or _____ (insert who employee can talk with) _____, and then only for the purpose of assisting the member.

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I hereby acknowledge my obligation to respect the member's privacy and confidentiality of the information pertaining to the member, and to exercise good faith and integrity in all dealings with the member and their personal information in performance of my duties."

ADW Person's Rights

- The ADW person has a right to confidentiality with their medical records, Personal Identifying Information (PII) and Protected Health Information (PHI); therefore, you do not:
 - Disclose Medicaid numbers or Social Security numbers, etc.
 - Disclose medical conditions or diagnoses
 - Disclose that the person is receiving ADW services or Medicaid

Personal Attendants' Responsibilities:

- Read and understand confidentiality agreements.
- Follow policies and procedures.
- Ask questions if you do not understand.
- Report any complaints to your RC.
- Do not disclose any information regarding the ADW person.
- Report any mistakes that accidentally expose information to your RC immediately.

Before sharing any of your employer's information, ask...

- If this were my personal information, would I want other people discussing it?
- Is this a violation of the HIPAA Privacy Rule?
- The answer to these questions will let you know the right thing to do.
- If you have additional questions, please contact your RC.

There are huge penalties if you do not comply with HIPAA. When working for others, be sure you do not disclose any PHI information about your employer with other employees or family members.

What can I do?

- Be organized:
 - To prevent loss, keep track of your documents.
 - If lost, report immediately.
- Be careful:
 - Most security breaches are due to simple mistakes.
 - Double check addresses and numbers when faxing or emailing.
- Be skeptical: do not be afraid to ask questions if someone asks about someone else's Protected Health Information (PHI), even if the person is an employee of the state or department.
- Be honest:
 - If you do make a mistake, let your participant or their representative and the RC know.
 - Learn from the mistakes: If you make the same mistake over and over, you are not learning.
 - If you have a problem with a certain process, let your participant and your RC know.
 - Knowing the right way makes it easier to do it the right way.

Summary

- Protect the ADW participant's personal information.
- Do not disclose the ADW participant's personal information.
- Do not disclose the ADW participant's medical information.

- Only use necessary information (personal identifying and medical).
- Report any accidental mistakes to your RC.
- Report any complaints to your RC.

E. PERSONAL ATTENDANT ETHICS

Ethics is the study of "right and wrong." Ethics provides standards that help us make the right decision in any given situation.

A primary purpose of the Personal Attendant (PA) is to assist people who need support to lead self-directed lives and to participate fully in our communities and nation. PA's who support people in their communities are called upon to make independent judgments on a daily basis that involve both practical and ethical reasoning. PA's are often asked to serve as gatekeepers between people needing support in almost every aspect of their lives, including access to community, personal finances, physical well-being, relationships, employment, and everyday choices. As a result of these work duties, employees face ethical decisions on a daily basis which could shift focus away from those supported.

An ethical dilemma is a complex situation that often involves an apparent mental conflict between moral laws or expectations, in which to obey one would result in disobeying another. However, there may be more than one acceptable way to resolve an issue. In facing an ethical dilemma, you'll find yourself asking questions like: What is the right thing to do? What are my values and how do they relate to this situation? What is the best thing for the participant? To put it simply, ethics are the study of right and wrong.

Ethics is different from religion. Ethics provides guidelines for looking at different, acceptable alternatives for every situation. Medical ethics is the study of right and wrong in the medical field.

Medical ethics concerns four basic principles:

- Personal Options participants should be able to make their own health care choices.
- Health care should be made available to all people regardless of age, sex, race or income.
- Personal Options participants should expect quality health care from their employees.
- No health care procedure or treatment should cause harm to individuals.

Confidentiality is one of the basic rights of every participant. However, the issue of confidentiality has become more difficult in modern times. There are times when it is legal to share the participant's medical information with others. These include: 1) for testimony during a court case, 2) to report abuse, and 3) to report an infectious disease. Generally, no one outside of your workplace has the right to know anything about the participant. Even the fact that you work for the participant should not be shared.

Ethical behavior requires two things

1. Know the difference between right and wrong.
2. Use that knowledge to make an informed decision.

As an employee, making ethical decisions requires use of common sense, patience, compassion, and communication. These are some useful guidelines to making ethical decisions:

1. Define the Problem. *"What makes me feel uncomfortable?"*
2. Think of Options. *"What choices do I have in this situation?"*
3. Decide what is acceptable. *"Can I accept alternative #1? Will anyone be harmed if I decide on alternative #2?"*

4. Ask for help **and/or** advice from other professionals. *"Is this decision for me to make or is this something someone else should decide?"*
5. Make a decision by choosing the best course of action. *"Am I making the best informed choice?"*
6. Act on your decision. *"I have to do what's right."*
7. Reflect and see if your decision was the best one. *"Would I make the same decision if I could do it all over again?"*

Examples of an ethical/unethical decisions

Example 1: If a participant knows that the PA is in need of new tires so they offer the PA money for tires. Not taking the money is an ethical decision. Accepting the money is exploitation.

Example 2: The Legal Representative asks the PA to pre-fill a week on their worksheet. The decision to do this is unethical and the act would be fraud.

Example 3: The PA lives next door and the participant's family offers to hook the PA's cable line to the participant's line because they cannot afford the cost of cable. The decision is unethical. The act is illegal.



Observing unethical behavior

If you observe unethical behavior, it is your decision about whether or not to report it. Would you "blow the whistle" if....

- *You smell alcohol on another employee's breath while changing shifts?*
- *You see another employee taking needles and syringes home with him/her?*
- The participant makes inappropriate advances toward you or another employee.

Informed Consent

Informed Consent is the practice of telling participants about the benefits and risks of a particular medical treatment. You've probably witnessed doctors and nurses explaining how a procedure may be helpful and what the risks might be. Providing this knowledge helps participants make their own healthcare decisions based on the facts. To be informed, participants must also be told what may happen if they stop a medical treatment. For example, *"If you stop taking this medication, you may be at risk for a stroke."*

What do you think?

Susie, your elderly client is having surgery next week to remove a cancerous tumor. Her family has been informed of the risks and benefits of the surgery but they haven't told Susie. The family has asked you not to say anything to Susie about the surgery, even if she asks. Does Susie have the right to know about the risks and benefits of the procedure? Or does her family have the right to keep it from her?

Remembering these rules can help you make an informed choice when facing ethical dilemmas:

- Keep other's well-being in mind at all times and avoid doing harm to anyone.
- Put yourself in their shoes; what would you want to happen if you were in that situation?
- Decide how you would want to be treated and then behave that way toward others.

Consider these ideas, thoughts and commitments as you provide the supports and assistance to participants in the Personal Options program.

1. Person-Centered Supports:

As a PERSONAL ATTENDANT, my first allegiance is to the person I support.

As a PERSONAL ATTENDANT, I will:

- Recognize that each person must direct his or her own life and support and that the unique social network, circumstances, personality, preferences, needs and gifts of each person I support must be the primary guide for the selection, structure, and use of supports for that individual.
- Commit to person-centered supports as best practice.
- Provide advocacy when the needs of the system override those of the individual(s) I support, or when individual preferences, needs or gifts are neglected for other reasons.
- Honor the personality, preferences, culture and gifts of people who cannot speak by seeking other ways of understanding them.
- Focus first on the person, and understand that my role in direct supports will require flexibility, creativity and commitment.



2. Promoting Physical and Emotional Well-Being:

As a PERSONAL ATTENDANT, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and energetic in reducing their risk of harm.

As a PERSONAL ATTENDANT, I will:

- Develop a relationship with the people I support that is respectful, based on mutual trust, and that maintains professional boundaries.
- Assist the individuals I support to understand their options and the possible consequences of these options as they relate to their physical health and emotional well-being.
- Promote and protect the health, safety, and emotional well-being of an individual by assisting the person in preventing illness and avoiding unsafe activity. I will work with the individual and his or her support network to identify areas of risk and to create safeguards specific to these concerns.
- Know and respect the values of the people I support and facilitate their expression of choices related to those values.
- Be vigilant in identifying, discussing with others, and reporting any situation in which the individuals I support are at risk of abuse, neglect, exploitation or harm.
- Consistently address challenging behaviors proactively, respectfully, and by avoiding the use of aversive or deprivation intervention techniques. If these techniques are included in an approved support plan, I will work diligently to find alternatives and will advocate for the eventual elimination of these techniques from the person's plan.

3. Integrity and Responsibility:

As a PERSONAL ATTENDANT, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community.

As a PERSONAL ATTENDANT, I will:

- Be conscious of my own values and how they influence my professional decisions.
- Maintain competency in my profession through learning and ongoing communication with others.
- Assume responsibility and accountability for my decisions and actions.
- Actively seek advice and guidance on ethical issues from identified persons as needed when making decisions.
- Recognize the importance of modeling valued behaviors to co-workers, persons receiving support, and the community at-large.
- Practice responsible work habits.

4. Confidentiality:

As a PERSONAL ATTENDANT, I will safeguard and respect the confidentiality and privacy of the people I support.

As a PERSONAL ATTENDANT, I will:

- Seek information directly from those I support regarding their wishes in how, when and with whom privileged information should be shared.
- Seek out a qualified individual who can help me clarify situations where the correct course of action is not clear.
- Recognize that confidentiality agreements with individuals are subject to state and agency regulations.



5. Justice, Fairness and Equity:

As a PERSONAL ATTENDANT, I will promote and practice justice, fairness, and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights and responsibilities of the people I support.

As a PERSONAL ATTENDANT, I will:

- Help the people I support use the opportunities and the resources of the community available to everyone.
- Help the individuals I support understand and express their rights and responsibilities.
- Understand the guardianship or other legal representation of individuals I support, and work in partnership with legal representatives to assure that the individual's preferences and interests are honored.

6. Respect:

As a PERSONAL ATTENDANT, I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and help others understand their value.

As a PERSONAL ATTENDANT, I will:

- Seek to understand the individuals I support today in the context of their personal history, their social and family networks, and their hopes and dreams for the future.
- Honor the choices and preferences of the people I support.
- Protect the privacy of the people I support.
- Uphold the human rights of the people I support.
- Interact with the people I support in a respectful manner.
- Recognize and respect the cultural context (e.g. religion, sexual orientation, ethnicity, socio-economic class) of the person supported and his/her social network.
- Provide opportunities and supports that help the individuals I support be viewed with respect and as integral members of their communities.

7. Relationships:

As a PERSONAL ATTENDANT, I will assist the people I support to develop and maintain relationships.

As a PERSONAL ATTENDANT, I will:

- Advocate for the people I support when they do not have access to opportunities and education to facilitate building and maintaining relationships.
- Assure that people have the opportunity to make informed choices in safely expressing their sexuality.
- Recognize the importance of relationships.
- Separate my own personal beliefs and expectations regarding relationships (including sexual relationships) from those desired by the people I support based on their personal preferences. If I am unable to separate my own beliefs/preferences in a given situation, I will actively remove myself from the situation.
- Refrain from expressing negative views, harsh judgments, and stereotyping of people close to the individuals I support.

8. Self-Determination:

As a PERSONAL ATTENDANT, I will assist the people I support to direct the course of their own lives.

As a PERSONAL ATTENDANT, I will:

- Work in partnership with others to support individuals leading self-directed lives.
- Honor the individual's right to assume risk in an informed manner.
- Recognize that each individual has potential for lifelong learning and growth.

9. Advocacy:

As a PERSONAL ATTENDANT, I will advocate with the people I support for justice, inclusion, and full community participation.

As a PERSONAL ATTENDANT, I will:

- Support individuals to speak for themselves in all matters where my assistance is needed.
- Represent the best interests of people who cannot speak for themselves by finding alternative ways of understanding their needs, including gathering information from others who represent their best interests.
- Promote human, legal, and civil rights of all people and assist others to understand these rights.
- Recognize that those who victimize people with disabilities either criminally or civilly must be held accountable for their actions.

F. HEALTH AND WELFARE

The objectives of this training are to:

- Identify safety measures that prevent accidents in the home;
- Describe the safety measures related to fire and oxygen;
- Explain why some persons are unable to protect themselves;
- Know your role in identifying safety problems and handling them.
- Identify participant-specific emergency plan response, fall prevention, home safety and risk management and training specific to any member special needs.

The Environment

Safety is a basic need. It is very important that every participant and employee is in a safe environment. A safe environment is one in which a person has a very low risk of illness or injury. The participant should feel safe and secure, both physically and mentally. There should be little risk of infection, falling, being burned or being poisoned. The participant should feel comfortable in regards to noise, temperature, and smells. The house should be well lit and walkways should be cleared of objects that could increase the risk of tripping or falling.

Monitoring safety is everyone's job. It is important to remember that by your actions, you are teaching the participant and other family members. As they observe you monitoring and practicing safety procedures, they will be aware of its importance.

It is your responsibility to protect the participant. When you are aware of safety hazards in the home, they must be handled immediately. Make your employer aware of hazards and teach them what can be done to make their environment safe.

As a Personal Attendant, you should also work in a safe environment. If you feel the environment maybe hazardous to you, please inform your RC.

Make yourself aware of the potential hazards and know how to handle them. It is your responsibility to protect yourself and your employer. **Always be careful, be aware, and be alert.** This training is to make you aware of the most common safety hazards in the home. More accidents occur in the home than in any other place.

Common reasons that participants with ADW may have difficulty maintaining a safe environment:

Age

Many elderly and persons with ADW are at higher risk of accidents occurring in the home. This may be because of the changes in their bodies from the aging process and the head injury. Bodies may slow down and persons may become unsteady on their feet. Due to medications or illnesses, balance may be affected, causing some to fall easily. Also, the person may not be able to move out of the way of danger, such as a falling object from the cupboard or closet.

Awareness of Surroundings

People need to be aware of their surroundings to protect themselves from injuries. Some persons are confused or disoriented. Confusion may be related to an injury or an illness, such as ADW or Alzheimer's. These persons can become a danger to themselves if they are unaware of their surroundings. There are safety measures that can be taken, such as alarms and monitoring devices that can alert someone if the person wanders out of the room at night; monitors can be placed in their rooms so that family members can hear them at all times.

Vision

People with poor vision have difficulty seeing objects. They are at higher risk to fall and trip over toys, furniture, electrical cords, and even family pets. If a person has trouble reading labels on medications and other containers, they may be at risk for overdosing or not taking enough medication for their condition.



Hearing

Persons with impaired hearing may not hear warning signals, such as fire alarms, smoke detectors, emergency vehicles or tornado sirens. They may also have difficulty hearing oncoming cars or car horns, and may be unaware of the need to move to a safe place.

Smell and Touch

Age and illness can affect smell and touch. People with reduced sense of smell may not be able to smell smoke or gas, and may be unable to get out of a high risk situation in time. People may have a reduced sense of touch due to certain medical diagnosis, such as diabetes, strokes. They are at higher risk for burning themselves. Persons with paralysis may not be able to sense heat or cold. They may be aware of the surroundings, but unable to move away from the danger.

Medications

Medications can have different effects on each individual. Certain blood pressure medications can cause hypotension, which may cause dizziness. Tranquilizers or sedatives can cause clients to be confused, disoriented, drowsy or less coordinated. An attendant should assist with monitoring the effects and discuss with the participant, family or representative.

Falls

Most falls occur in bedrooms and bathrooms. The most common reasons are slippery floors, throw rugs, poor lighting, clutter in the living area, and slippery bathtubs or showers. Some persons may have difficulty with balance and mobility. There are several ways to prevent falls:

- Good lighting in the rooms and hallways
- Handrails on both sides of the stairs, hallways, and bathrooms can provide support for persons who are unsteady when walking
- Throw rugs should be avoided if possible
- Carpets should be tacked down if possible
- Non-skid shoes and slippers

- No waxes used on floors
- No clutter or objects in floors and walkways
- Non-slip bathmats used in tubs and showers
- Cracked steps, loose rails, and frayed carpets should be addressed
- Frequently used items should be within the client's reach
- Nightlights in rooms and hallways
- Wheels on beds and wheelchairs should be in a locked position when transferring the client
- Side rails on beds can prevent a client from falling out of bed
- Exercise to improve balance

Emergency or Crisis Planning

The participant or their representative and the RC should review the crisis plan related to back up support, community emergencies, and personal emergencies for medication errors, medication side effects, allergies (medications, food, and bee's) seizures and diabetic emergencies. Anything that may possibly interrupt the participant's safety, well-being and overall care should be discussed and have a plan.



Each participant in the Personal Options program is required to have an emergency or crisis plan. The plan should be easily displayed in the participant's room or kitchen.

- **Crisis Plan**: This document is prepared by the participant and the RC. It is to be followed by workers in the event of specific emergencies including but not limited to medication errors, medication side effects, adverse reactions to medications, serious allergic reactions (i.e. food allergies, bee stings, etc.), seizures, and diabetic emergencies.
- **Emergency Disaster Plan**: This document is prepared by the participant and the RC. It is to be used by workers in the event of a prolonged power outage, severe weather, flood, chemical leak or fire.
- **Emergency Worker Back-up Plan**: This document is prepared by the participant or program representative and is to be followed when a scheduled worker is late or unable to work as scheduled.

The plan should include the following:

- Member's Name and Birthdates
- Phone Numbers for legal representatives, family members, facilities, physicians, Durable Medical Equipment (DME) companies
- Medications and allergies
- Back up coverage
- Participant specific information – who to call, hospital to be taken to, etc.
- Community or disaster plan in the case of bad weather, floods, explosions, etc.

Annually and every 6 months, the RC will meet face to face with the participant and the program representative or legal guardian (if applicable) to review the service plan. The Personal Attendant may review relevant sections of the plan:

- Review participant specific Activities of Daily Living needs, how the attendant is expected to respond, desired community activities, additional services provided by health professionals and informal supports, and expectations of the Personal Attendant
- Discuss each section addressed in the service plan and what your role as a Personal Attendant is for each
- Evaluate person specific requests/needs for community activities and essential errands as it relates to services for which you may be billing (NEMT, transportation reimbursement, Personal Attendant services)
- Review your expectations and the expectations of the participant
- Review how to document worked time in Timesheets and Personal Attendant Logs

Emergency Procedures

- Review the Emergency Back-up plan with the person
- Discuss participant specific emergency procedures, plans, and health needs that have already been established with/for the participant
- Develop any needed emergency procedures that have not been addressed with the person and his/her supports.
- Notify the RC with any needed changes
- Discuss plan that is specific to need for coverage if attendant is not available
- Discuss plan that is participant specific if the person cannot communicate
- Discuss plan that is community specific for disasters or weather issues
- Emergency procedures should be applicable to both the home and in the community if the Personal Attendant is providing care for a person in multiple settings
- Review any needed crisis intervention specific to the person - such as utilizing restraints, relaxation techniques, behavioral planning, or anger management techniques



Goals and Expectations

- Discuss and prioritize personal goals of the person – keep in mind that this goal is the person’s goal, not your own
- Review the participant’s expectations and how they relate to the plan of care and Personal Attendant (direct care) needs
- Discuss your own expectations as a Personal Attendant to ensure a good fit

As an attendant maintaining an environment that is safe and free of injury is a critical responsibility. The attendant can assist the participant to be cautious and aware of challenging situations and help prevent any problems.

Employees (Personal Attendants) should be able to:

- Identify safety measures that prevent accidents in the home;
- Describe the safety measures related to fire and oxygen;
- Explain why some persons are unable to protect themselves;
- Know your role in identifying safety problems, handling them and creating actions to prevent them;
- Know the Emergency or Crises Plan for the Participant;
- Know areas to be addressed for safety and risk management.

Risk management

As an employee you may be able to assist the participant with being proactive with identifying and reducing risks. Below is a chart in the participant’s assessment that you may need to refer to while serving the participant.

WHAT ARE MY POTENTIAL RISKS THAT NEED ADDRESSED?	
RISK(S) <i>Describe the identified risks on the assessment needing addressed.</i>	RISK PLAN(S) <i>Describe how the risk(s) will be addressed.</i>
HEALTH SAFETY: <i>Nutrition, appetite, medications, emergency plans, phone access personal response system.</i> Do you have adequate assistance with accessing water and preparing nutritious meals? Do you know what medications you are taking, their purpose and how to properly take them? Do you have access to a telephone or other method of seeking assistance in an emergency? Other:	
HOME SAFETY- INDOOR: <i>Accessibility, falls, firearms, poisonous materials, pests, pest’s infestations.</i>	

ADW - Initial Training Material

<p>Can you walk easily through your home, free of possible hazards such as exposed wiring, overloaded outlets, loose or rotten flooring, leaking roofs or plumbing issues? Do you have adequate heat, water and sewage services? Do you have smoke alarms, carbon monoxide detectors and fire extinguishers in the home?</p> <p>Other:</p>	
<p>HOME SAFETY- OUTDOORS: <i>Steps, ramps, access, neighbors, neighborhood safety.</i></p> <p>Do you feel safe in your home and neighborhood? Can you easily access our home going inside and outside?</p> <p>Other:</p>	
<p>SOCIAL: <i>Isolation, abusive or neglectful situation.</i></p> <p>Do you talk or visit regularly with people in the community?</p> <p>Do you ever feel lonely or isolated? Do you ever feel that someone is taking advantage of you or could harm you? Do you ever feel that your caregiver is not providing the care that you need?</p> <p>Other:</p>	
<p>COMMUNITY: <i>Knowledge of area resources and ability to integrate into the community.</i></p> <p>Are you aware of services available in your area for meals on wheels, transportation, energy assistance, home weatherization, or other services? Do you need help to apply?</p> <p>Other:</p>	
<p>BEHAVIORAL: <i>Mental health issues, difficulty communicating needs and preferences, drug or alcohol abuse, unable to make own decisions.</i></p> <p>Do you have difficulty talking with others and communicating your needs and desires? Do you ever feel extremely anxious, nervous, sad or unable to cope with problems in your life? Do you have a current or past problem with alcohol or drug abuse? Does anyone in your home have a problem with alcohol or drug abuse that would negatively affect your health or well-being?</p> <p>Other:</p>	
<p>FINANCIAL: <i>Handle expenditures and deposits, personal budget, handle payment for groceries or other personal goods.</i></p> <p>Do you have someone to assist you with paying bills, balancing your check book and making required purchases when needed?</p> <p>Other:</p>	

OTHER POTENTIAL RISKS

Burns/Fires

Common causes of home fires are smoking in bed, smoking when using oxygen, spilling of hot liquids, children playing with matches, fireplaces, stoves, overloaded electrical circuits, and bad electrical wiring.

Tips for fire safety:

- Keep handles of pots pointed inward so that they are not knocked over as easily.
- Keep space heaters away from flammable materials.
- Set water heater to no higher than 120 degrees.
- Follow safety precautions for oxygen tanks.
- Ensure that all cigarette butts are put out.
- Provide ash trays for smokers and monitor persons who may be at risk.

Each participant should have a fire extinguisher in the home. Find out if your participant has an extinguisher and make sure all parties know how to use it.

Poisoning

Carelessness or poor vision may increase risk for accidental poisoning. It is important to label all medications and household products clearly. Never store harmful substances in food containers. A properly lit home will make it easier to read labels.

Suffocation

Suffocation occurs when breathing stops because of lack of oxygen. Death will occur if the person is unable to start breathing. Common causes include, choking, drowning, inhaling gas or smoke, strangulation, and electric shock.

- Remind clients to take small bites, and chew thoroughly;
- Open doors and windows if you smell gas, report the smell and remove the participant;
- Keep electrical appliances away from sinks and bathtubs.



The Spread of Micro-organisms

Micro-organisms can cause infections, greatly increasing risk of serious illness. Suggestions to prevent the spread of infections:

- Wash hands frequently
- Encourage each family member to use their own personal care items
- Wash fruits and vegetables before serving
- Wash cooking utensils with soap and water after use
- Refrigerate food that will spoil
- Check expiration dates on labels before serving

G. PERSON-CENTERED PLANNING

Purpose of Training

- To understand the need for a plan that works for each person and their specific problem or problems (individualized)
- To understand what an assessment is and how it relates to the service plan
- To understand what an evaluation is and its importance in proper service planning
- To understand what person-centered planning is and why it is preferred
- To understand the importance of observation, communication and documentation
- To understand the proper way to complete a Personal Attendant Log

What does the planning process look like?

- First there needs to be a reason for a plan
- Scenarios:
 - My child is going to school in the morning – what does he/she need to be ready to go?
 - I can only go to the grocery store once a week – what do I need to feed my family for a whole week?
 - I've been feeling sick and I'm going to the doctor tomorrow – what are all the things I need to tell him so he can treat me?
- All of these scenarios require a plan to get you the needed results.

Follow-up questions and information gathering

- The first part of the planning process is an assessment.
- An assessment is gathering of information which can paint a picture or tell the story of what is needed so we know what kind of plan is needed.

- The more information, the more data collected, the better the plan is.
- Example: If I only thought about my symptoms for the last two days and not the last two weeks, my doctor may not be able to treat me for the correct illness.

What's the Plan?

- After the data collection, we make a plan, hoping it fits the needs we have.
- The next step is to evaluate the plan. Look at how well the plan is meeting the identified needs.
- Example: So I told the doctor my symptoms that I remembered and he prescribed an antibiotic, but I'm still sick after taking the medicine for five days. The current plan didn't work so well. We need to gather more information to make a new plan that hopefully will work better.
- This is the on-going process when someone is receiving in-home services. The plan is constantly being evaluated and the person's needs constantly being assessed to determine the best plan to meet the person's needs at the time.
- Next, we will talk about person-centered planning and how it is different from other types of planning.

Person-Centered Planning

- Some types of planning look the same for everyone and regardless of whether a person has a service level of B, C, or D, the details of the plan don't ever change, only the hours of service.
- 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 should not be about the needs or convenience of the family, the agency providing services, and/or making sure the worker gets so many hours a week.
- Person-centered planning is not about making a plan to provide the person with everything they may want.
- With person-centered planning, the person receiving services leads the way in creating their own service plan.
- They communicate what they would like their services to look like to their friends/family, physician assistant/registered nurse, RC and personal attendant (treatment team).
- 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.
- Anyone or all members of the team, including you, the personal attendant, can help the person recognize and communicate these wishes.
- This is the assessment process, the collection of all the information possible so that the picture of the person is the clearest possible.

What's your role?

- The personal attendant (PA) plays a valuable role in the assessment process not only during service planning times but every day they are with the person.
- The PA spends a lot of time with the person. By being kind, respectful and observant, the PA has the potential to build a trusting relationship with them.
- The PA can use this relationship to better learn and understand the unique preferences and needs of the person and can then communicate these observations to the nurse through their daily documentation or, if necessary, by phone.
- This communication will help ensure the person's needs and goals will be met.
- Every day the PA works with the person, the PA should closely monitor any changes in the person's needs, including physical and emotional health, and communicate these observations to the nurse to help create a plan written specifically for the individual.

Importance of Documentations

- Documentation is so important not just for billing, but more importantly because your feedback helps 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 Personal Attendant Log 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 member can do themselves and you didn’t actually do it, it makes all the services you initialed questionable. Was this service actually done?

Empowering People

- If you do a service that someone can do themselves, you’ve robbed them of the opportunity to function more independently.
- Allowing someone to be as independent as possible is part of a person-centered plan. The goal is to allow someone to do all they can while assisting as needed.
 - Some people feel ashamed to need help. By figuring out that fine line of allowing them to do what they can but not expecting them to do what they can’t, you’ve shown them respect and given them the chance to participate in and lead their own lives.
 - Examples might be encouraging someone to fold their own laundry or make sandwiches sitting at the table. Even people who are unable to walk or use only one arm can still do many things for themselves and live with dignity.

Personal Attendant Log (PAL)

- The Personal Attendant must enter time in/out for the day service was provided, total hours and check the box if they provided service to one person during the service time (one staff to one ADW person at a time).
- Check each box on the correct day for each activity that was performed on that day.
- On the second page of the PAL, if the Personal Attendant is billing for time travel or reimbursement, they will document start and stop time for travel, total number of miles driven and how much time was spent driving.
- Enter the destination (where they went) and the purpose for the travel; whether it was an essential errand or community activity; and if the person was with them during the travel and activity. The ADW person is to initial each entry to verify it was completed. The documentation must include where the worker went, including the name of the store and town (some towns have more than one grocery store) and the purpose of the travel (traveled to Nitro Walmart for grocery shopping).
- At the end of the PAL time frame, the worker must sign, date and print their name on the last page of the PAL.
- Comments section:
 - The worker will use this section to document occasional variations in the activities.
 - Example: arrived at 7:00 a.m. for meals as informal support was in the hospital today.
 - In the comments section, the worker may document any additional information on the wellness status.
- The ADW participant must initial each day that services were provided. By initialing, the person is verifying that the worker came during the times documented, provided the activities documented and provided the transportation documented.

- The participant (or legal representative) must sign on the last page verifying services documented on the PAL were provided.
- Please ensure that the participant knows and understands the fraud statement above the signature.
- The information you put on this form can have lasting effects such as:
 - Lack of documentation can cause your employer to have to pay back money to the State Medicaid agency.
 - Documenting information on the form or asking the Aged and Disabled Waiver (ADW) participant to document information on the form that is not true can cause you and/or the ADW participant to pay a fine or even go to jail for Medicaid fraud.
- An example of a PAL is attached in this training material.

3. PERSONAL ATTENDANT SAFETY IN THE HOME

Why is safety in my employer's home important to think about?

Your employer has a responsibility to make sure the home environment is safe and healthy for any employee. However, some jobs, by their nature, put people at higher risk of crime than others. We often have thoughts that "It won't happen to me" or "I don't work with that type of client". However, it is better to prevent or avoid any possible problem rather than facing a risky situation. Research shows that:

- Robbery, theft, sexual crimes, physical abuse or threats are some possible crimes that could occur while in a participant's home.
- Having to deal with weapons, poor condition of the home, medical emergencies, family issues, and dangerous animals may be other issues that could arise.

What is an Unsafe Environment?

- Threat of harm to the worker.
- Illegal activity or drug activity in the home.
- Physical harm to the worker.
- Property damage threatening harm to the worker.
- Unsafe use or possession of guns in the home.
- Illegal substances or stolen goods in the home.
- Any other imminent risk to the worker.

Here are some tips you may wish to consider as you work for participants in Personal Options or other programs.

Tips for Workers in the Home

- Increase your awareness; ask who will be in the home when working.
- Ask if pets will be present in the home. If there are any concerns, request that the pets be kept in a room where you will not be working.

Before Entering the Home...

- Lock your purse or other valuables in the trunk before you arrive;
- Keep your keys and cell phone located in a place that is easily accessible; not at the bottom of your bag where you may have to fumble around to find them.
- Wear comfortable shoes and clothing.
- Park your vehicle in the direction in which you will leave.
- Scan the area from your car before getting out.
- Lock your vehicle.

Entering the Home

- Observe and listen before knocking and entering the home.
- If the participant lives in an apartment building, it is important to be aware of neighbors and other potential risks.

After the Home Visit

- When you leave, do not sit in your vehicle to return phone calls, finish paperwork or eat lunch. Drive away first then do your work.
- Drive to a populated area to do these things, rather than staying near the home or in a more remote area. No matter how rural the area, every town has a post office and a fire department. If necessary, park there!



RED FLAGS

Red flags are situations where you may feel uneasy, uncomfortable or anticipate that there may be a problem. Some of these may be red flags for which you may wish to leave. These Red Flag situations could be:

- People invading your personal space;
- People using a tone of voice that expresses agitation, sadness, anger;
- Inappropriate remarks being made to you, followed by, "I was only joking";
- A person is trying to isolate you or asking to speak to you privately.

Don't feel you need to answer these questions: "So, do you live around here?", "Are you single?", "Do you work from home or in the office?", "What time do you usually finish up with work?"

General Safety Suggestions:

- If you are feeling uneasy, make a point to mention that someone is expecting you back at home or office at a certain time or that you need to call to check in. "Hi Carol, I'm here working for John Smith but I just wanted to check in and let you know that I will be back from working around 2pm, so I will be able to attend that meeting"
- If you feel the need to exit the home immediately, explain that you have a work/personal emergency, and must leave but that you will re-schedule the visit.
- Have your keys in hand as you approach your vehicle.

Most importantly...trust your intuition!!

This cannot be emphasized enough. Even if there are no obvious red-flags, but you just have a nagging feeling that something isn't quite right...TRUST your intuition.

4. FRAUD PREVENTION

All services provided through the Personal Options Program are paid for with Federal and State Medicaid funds. It is imperative that as an employee in this program you are aware of your responsibility to avoid fraudulent activities.

The State of West Virginia has a well-trained and very active Fraud Investigation Unit staffed with experienced law enforcement officials who have the authority to initiate charges when allegations of fraud are substantiated.

There are severe penalties for committing fraud in billing or the provision of services to participants in this program; penalties may include monetary fines and/or jail if convicted.

Penalties may also include loss of the ability to obtain employment in numerous job settings, including health care, behavioral health, school systems, financial institutions and many private businesses. Therefore, it is in the best interest of everyone that fraud not be tolerated.

Examples of Fraudulent Actions to avoid:

Don't	Do
Don't sign another person's signature on a timesheet, attendant log or other legal document.	Sign your name where required. The employer or their program representative must sign their own name. Employees cannot sign for the employer even with employer consent. The timesheet and attendant log should remain at the place of employment and must be reviewed and verified by the employer on a daily basis.
Don't bill for services provided before being approved as an employee in Personal Options.	Bill for services provided after approval to serve. Payment for services provided before approval as an employee is the responsibility of the employer and cannot be paid by PPL.
Don't bill for services provided by another employee.	Bill only for the services you have provided.
Don't bill for services at one day or time that were provided at another day or time	Use real time on timesheets. If you work from 8:00 am to 12:00 pm on Monday and from 8:15 am to 11:00 am on Tuesday complete your timesheet with the exact time. It is normal and expected that work times will occasionally vary due to traffic, weather conditions, employee illness or other unforeseen changes to schedule.
Don't bill for services that are not in the participant's plan even if requested by the participant (Cleaning the whole house, walking and feeding the dogs, doing nursing duties, etc.)	Bill only for approved services as identified in the service plan.
Don't bill for mileage not driven while providing services for your employer;	Mileage is reimbursable through Personal Options if included in employer's service and Spending Plan (SP). If it is not planned for through the spending plan, medical transportation can only be reimbursed through non-emergency medical transportation.

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Don't bill for services provided to someone other than the participant	You cannot bill for services such as transporting employer's family members to work or medical appointments, or for doing laundry for other household members or cleaning rooms of the home not utilized by employer. If working for more than one person in a household, keep work schedules and activities separate, bill and document separately for each employer.
Don't use participant's money to purchase items for someone else.	While shopping for employer's groceries, you cannot purchase items for yourself with their money. You should never borrow money from your employer or loan money to your employer or their family members. Not borrowing will protect both parties from accusations of theft or hurt feelings and embarrassment.
Don't provide false information regarding employer's medical condition and need for assistance.	During the required annual medical assessment by West Virginia Medical Institute (WVMI), you may be asked to give information about the amount of care your employer requires. Be sure to provide simple, direct answers regarding the types of assistance that is required. Do not provide any information regarding care you are not responsible for providing.

If you have any questions or doubts if an action could be considered fraud, be safe and do not do it. You may contact the RC with any questions or concerns.

5. IMPORTANT INFORMATION REGARDING TIMESHEETS

- Timesheet pay periods and deadlines to submit timesheets are in your payroll schedule.
- Timesheets must be submitted timely and accurately for on time payment.
- Non-live-in employees must use our Time4Care App or Telephony to clock in and clock out for each shift in order to comply with Federal Regulations for Electronic Visit Verification (EVV). Visit our website for instructional videos.
- Call PPL Customer Service at (866) 429-3465 to request timesheets or download them from the PPL Website: www.publicpartnerships.com
- If you have additional questions please ask your employer, the PPL RC or PPL Customer Service at (866) 429-3465.

6. ATTENDANT AND CAREGIVING WELLNESS AND RESOURCES

Your role as a Personal Attendant is critical to the success of the participant being able to live in the community of choice and live as they choose. However, it is a fact that providing on-going supports each day can be exhausting. There are many resources to assist you to make some time for your own Rest and Relaxation (R & R). Here are some ideas to check yourself for burnout and some resources to assist you with supporting yourself.

Caregiver burnout is a state of physical, emotional, and mental exhaustion that may be accompanied by a change in attitude -- from positive and caring to negative and unconcerned. Burnout can occur when caregivers don't get the help they need, or if they try to do more than they are able -- either physically or financially. Many caregivers also feel guilty if they spend time on themselves rather than on their ill or elderly loved ones. Caregivers who are "burned out" may experience fatigue, stress, anxiety, and depression. According to the CDC, 53% of caregivers report that their own health has gotten worse due to caregiving.

Check to see if you exhibit any of these symptoms. Symptoms of caregiver burnout are similar to the symptoms of stress and depression. They include:

- Withdrawal from friends, family, and other loved ones
- Loss of interest in activities previously enjoyed
- Feeling blue, irritable, hopeless, and helpless
- Changes in appetite, weight, or both
- Changes in sleep patterns
- Getting sick more often
- Feelings of wanting to hurt yourself or the person for whom you are caring for
- Emotional and physical exhaustion
- Irritability

Be aware that you, too, may benefit from some supports. Remember to laugh, play upbeat music, take a cat nap, eat some chocolate and write your thoughts down, etc. The following sites provide a large number of supports and ideas to assist you with your own care.

Resources:

- **AARP** (www.aarp.org): Provides advocacy, information, services & support. Provides online support groups for caregivers.
- **Alzheimer's Association** (www.alz.org) - **1-800-272-3900**. Information & support for people with Alzheimer's disease and their caregivers. Operates a 24/7 help line & care navigator tools.
- **Alzheimers.gov** (www.alzheimers.gov): The governments free information resource about Alzheimer's disease & related dementias.
- **ARCH Respite Network** (www.archrespite.org): Find programs & services that allow for caregivers to get a break from caring for a loved one. Provides online support groups for caregivers.
- **Eldercare Locator** (www.eldercare.gov) - **1-800-677-1116**. Connects caregivers to local services & resources for older adults & adults with disabilities across the United States.
- **Family Caregiver Alliance** (www.caregiver.org) - **1-800-445-8106**. Information, education and services for family caregivers. Provides a state by state list of services & support.

***We wish you the best as you provide vital supports to participants in the Aged and Disabled Waiver.
If you have any questions, concerns or ideas to improve the program, don't hesitate to discuss these
with your RC from PPL.***

APPENDIX 1

West Virginia Medicaid Aged & Disabled Waiver Program PERSONAL OPTIONS INCIDENT REPORT Confidential			
		Incident Date: _____ Time: _____ a.m./p.m.	
SECTION I – Member Information (completed by person reporting incident)			
LAST:	FIRST:		
ADDRESS:	CITY:	STATE:	ZIP:
COUNTY:	DOB:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	
SECTION II– Description of Incident (completed & signed by person reporting incident)			
Describe in detail the reportable incident including other persons involved. Attach additional page(s) if necessary.			
When was the Resource Consultant Notified? Date: _____ Time: _____ Resource Consultant’s Name: _____ Signature of Person Reporting Incident: _____ Date: _____			
If allegation of abuse, neglect or exploitation, incident must be reported to APS at: (800) 352-6513			

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APPENDIX 2

West Virginia Department of Health and Human Resources
Adult Protective Services Mandatory Reporting Form

(Use this form to report suspected abuse, neglect, financial exploitation or an immediate risk of serious injury or death - press firmly)

Alleged Victim Information: (Information about person who is being abused/neglected/financially exploited or risk of serious injury or death. A separate form is required for each victim.)

Name: Age/Date of birth:

Address:

Phone:

Current location & directions:

Facility name:

Type of facility:

Describe physical/cognitive/emotional functioning of the alleged victim:

Substitute decision maker (type, name, address and telephone):

Alleged Perpetrator Information: (Information about person who is abusing/neglecting/financially exploiting or causing serious injury or death of an adult)

Name: Age/Date of birth:

Home mailing address:

Current location and directions:

Title/relationship to victim:

Phone:

Allegations: (Information about the incident of abuse/neglect/financial exploitation or serious injury or death)

Date of incident: Time of incident: Date this report completed:

Where incident occurred:

Describe incident/injuries:

Describe action(s) taken to prevent further abuse/neglect:

Was treatment outside facility required? Yes No If yes, provider of treatment:

Why is the adult unable to protect themselves?

How long has the abuse/neglect/financial exploitation existed?

Is anyone else aware of the incident? If yes, list the name(s) & relationship to alleged victim:

Are there witnesses to the incident? If yes, list the name(s) & relationship to alleged victim and contact information of all witnesses:

A copy of this report must be filed with the following parties by the person completing the form (within 48 hours).

- 1. Original (top sheet) to: Adult Protective Services Unit - local Department of Health and Human Resources
2. Copy to:
- Office of Health Facilities Licensure & Certification (if alleged victim is resident of a nursing home or residential facility)
- State or regional Long-term care Ombudsman (if alleged victim is resident of a nursing home or residential facility)
- Facility administrator (if alleged victim is resident of a nursing home or residential facility) ** [see instructions on back]
- Local law enforcement agency (when applicable - e.g. violent crime, domestic violence, serious injury, death)
- Local prosecuting attorney (when applicable - e.g. violent crime, domestic violence, serious injury, death)
- Local coroner or medical examiner (in case of death)

Reporter information is confidential and must ONLY go to WVDHHR Adult Protective Services According to WV State Code 9-6-8

Reporter Information: Name: (Preferred) Telephone #:

Address: Title/relationship to victim:

If form is faxed to other agencies, the identity of the reporter must NOT be shared according to WV State Code 9-6-8