



# Personal Choice Program

## Participant / Representative User Manual

***Please Note:*** This manual is a brief guide for participants and representatives. Please refer to EOHHS Policy and consult with your service advisement agency with any particular questions regarding this program.

**August 1, 2012**

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# Chapter 1

## Introduction

Welcome to the Personal Choice Program. Personal Choice is designed to give you more control over how you receive personal care services. This consumer guide is designed to answer your questions, give you basic information about the program, and help you get started in a self-directed program.

## Overview

Personal Choice is:

- A Long Term Care Service for people with disabilities over the age of (18) eighteen or elders aged (65) or older.
- For individuals who meet either a high or highest level of care.
- For individuals who want to either return home or remain at home.
- For individuals who want to purchase their own care and services from a budget based on their individual functional needs.
- For individuals who have the ability to self-direct care or who have a representative who is able to direct care for the participant.
- Assistance is provided to the participant by a case manager and a fiscal intermediary.

The goal of the Personal Choice Program is to provide a home and community-based program where individuals who are eligible for Long Term Care services have the opportunity to exercise choice and control (i.e., hire, fire, supervise, manage) individuals who provide their personal care, and to exercise choice and control over a specified amount of funds in a participant-directed budget. Participants are assigned a service advisement agency and a fiscal agent to assist in making informed decisions that are consistent with their needs and that reflect their individual circumstances.

## Definitions

**Assessment:** A meeting between you, your representative and the Service Advisor. The assessment evaluates Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) to determine participant need. Assessments also help to identify services, equipment, home modifications and other services in the community that may help the participant to increase his/her independence within the community. Assessments occur at the beginning of the program and then annually as long as you are enrolled in Personal Choice. A participant/representative may request an assessment sooner if their situation has changed and there is either an increased or decreased need for assistance.

**Budget Amount:** Medicaid funds set aside for the participant's personal care services. The budget is based on the amount of assistance the participant requires to meet his/her personal care needs.

**Participant (Consumer) Direction:** An approach to long-term care where participants manage their own personal care services. Participants assess needs, decide how their needs are to be met, and monitor the quality of the services they receive.

**Fiscal Intermediary Services:** Services designed to assist the participant in allocating funds as outlined in the Individual Service and Spending Plan and to facilitate employment of personal assistance staff by the participant. Personal Choice financial matters are maintained by the fiscal agency and a portion of the participant's monthly budget is set aside to pay the agency for the services it provides.

**Home Modifications:** Equipment and/or adaptations to a participant's residence to enable the participant to remain in his/her home or place of residence, and ensure safety, security, and accessibility.

**Individual Service and Spending Plan (ISSP):** A written plan describing the participant's personal care needs and how he/she will meet them by hiring personal care attendants (PCA). The ISSP also includes a plan for handling emergencies. Allocation for other goods and services and savings are also included in the plan.

**Participant:** A person who is a Medicaid recipient and has chosen to receive his/her personal care services through the Personal Choice Program.

**Participant Directed Goods and Services:** Services, equipment, or supplies not otherwise provided through this program or through the Medicaid State Plan that address an identified need in the ISSP (including improving and maintaining the individual's opportunities for full membership in the community).

**Personal Care Attendant (PCA):** A person who provides personal care services to the Personal Choice participant.

**Personal Care Services:** Services provided in the home or community providing direct support to individuals in performing tasks that due to their illness and/or disability they are functionally unable to complete independently.

**Representative:** A person designated by the Personal Choice participant to assist him/her in managing some or all of the requirements of the program. A Representative *cannot* be paid to provide this assistance.

**Service Advisement Services:** An advisement team consisting of the Service Advisor, an RN, and a Mobility Specialist whose focus is on empowering participants to define and direct their own personal assistance needs and services. The Service Advisor guides and supports, rather than directs and manages the participant through the service planning and delivery process. A portion of the participant's monthly budget is set aside to pay the agency for the services it provides.

**Taxes:** Fees deducted from the participant's monthly budget that are required to be paid on behalf of employees (PCAs):

- FICA (Federal Insurance Contributions Act): Finances care for the aging, disabled, and survivors. Including funding for Medicare for people who cannot afford medical insurance.
- FUTA (Federal Unemployment Tax Act): Finances employment programs at the federal level.
- SUTA (State Unemployment Tax Act): Finances employment programs at the state level.
- RITDI (Rhode Island Temporary Disability Insurance): Provides income to employees who cannot work for a period of time due to illness or injury.

**Worker's Compensation Insurance:** Funds that provide for monetary awards paid to individuals who are injured, disabled or killed on the job. Worker's Compensation Insurance is a cost of employment paid by the participant from his/her monthly budget.

## **Roles**

The Personal Choice Program is designed for a participant to have maximum control over the services received while adhering to the requirements of Medicaid, which fund Personal Choice services. Two types of agencies provide participant's with assistance:

- 1) Service Advisement Agency
- 2) Fiscal Advisement Agency

Their roles in assisting participants are as follows:

### **The Service Advisement Agency helps you:**

- Assess your needs.
- Identify which services you need.
- Develop and write out your Individual Service and Spending Plan.
- Assists in determining amount of assistance needed, how much to pay Personal Care Attendants, and how to find and interview Personal Care Attendants.
- Monitor program by conducting regular home visits and reassessments.

### **The Fiscal Advisement Agency helps you:**

- To obtain Worker's Compensation Insurance
- Complete criminal background checks on all potential PCAs and Representatives.
- With procedures and forms to use when hiring or changing PCAs.
- Advise PCA's of their rights as employees.
- Understand the procedures and forms to use for reporting the hours worked by your PCAs (timesheets).
- Review the PCA timesheet to make sure they agree with your approved ISSP.
- Make payments to your PCA based on your instructions and approved ISSP.
- Will perform all necessary payroll functions.

- Review all payments for items and services to make sure they are a part of your approved ISSP.
- Pay for items or services that you purchase based on your approved ISSP.
- Track how you are spending your budget by providing you with a monthly report.

### **Participant Rights and Responsibilities**

The following is a brief list of your rights and responsibilities as a Personal Choice participant. Your Service Advisor will review a more detailed list with you before you start the program.

#### **You have the right to:**

- Be treated as an adult, with dignity and respect at all times.
- Privacy in all interactions with the agency and freedom from unnecessary intrusion.
- Make informed choices based upon appropriate information provided to you, and have those choices respected, while respecting the rights of others to disagree with those choices.
- Freely choose between approved providers for both Service Advisement and Fiscal Advisement Agencies.
- Feel safe and secure in all aspects of life, including health and well being; be free from exploitation and abuse; and not be overprotected.
- Realize the full opportunity that life provides by not being limited by others, by making full use of the resources the program provides, and by being free from judgments and negativity.
- Live as independently as you choose.
- Have your individual ethnic background, language, culture and faith valued and respected.
- Be treated equally and live in an environment that is free from bullying, harassment and discrimination.
- Voice grievances about care or treatment without fear of discrimination or reprisal.
- Voluntarily withdraw from the program at any time.
- Ask questions until you understand.
- Manage PCAs by:
  - Deciding who to hire to assist you.
  - Deciding what special knowledge or skills the PCA must possess.
  - Training each PCA to meet your individual needs.
  - Replacing PCAs who do not meet your needs.
- Request a new assessment if your needs change.
- Know about all service advisement and fiscal advisement agency fees.
- Receive a report on how you have spent your monthly budget.
- Appeal any decision made by the Service Advisement Agency, Fiscal Advisement Agency, or Medicaid Agency and expect a prompt response.

**You have the responsibility to:**

- Manage and maintain your health and access medical help as needed, or seek assistance in order to do so.
- Demonstrate the required skills and abilities needed to self-direct PCAs without jeopardizing your health and safety, or designate a representative to assist you.
- Act as a supervising employer by:
  - Deciding wages and schedules for your PCAs.
  - Completing hiring agreements with each PCA.
  - Following all employment laws and regulations.
  - Following all requirements of the Fiscal Advisor/IRS for hiring and paying PCAs including: completing all necessary forms, reviewing timesheets for accuracy and submitting them in a timely manner, and paying PCAs promptly.
  - Treating all employees with dignity and respect.
- Manage your personal care services by:
  - Meeting and cooperating with the Service Advisor as required for completing all needed assessments and monitoring.
  - Developing and monitoring an ISSP to address personal care service needs within the requirements of Personal Choice.
  - Hiring and supervising PCAs, and ensuring they are performing their duties as needed.
  - Tracking expenses so that your budget is not exceeded.
  - Notifying the Service Advisement Agency of any changes in medical status or admissions to hospitals or other medical facilities.
  - Ensuring a safe working environment for PCAs.
  - Developing an emergency back-up plan.
  - Provide orientation and training to PCA staff.
  - Schedule PCA staff and ensure that PCA(s) do not work over 40 hours per week.
  - Terminate PCA staff if necessary and notify the fiscal intermediary when termination occurs.
  - Contact the fiscal intermediary in the event of a billing or payment complaint.
- Report instances or concerns about Critical Incidences to your Service Advisement Agency and/or appropriate State agency.
- Report instances or concerns about Medicaid Fraud to your Service Advisement Agency or your Fiscal Intermediary.

## **Involuntary Disenrollment from Personal Choice Program**

Your service advisement agency can remove you from the Personal Choice program if either the participant or representative does not comply with program policy. The service advisement agency must notify the participant in writing stating that they intend to remove the participant from the Personal Choice Program, the reason for disenrollment, and inform the participant that services will be provided through Medicaid Long Term Care via a home health agency.

Involuntary disenrollment may occur when:

- The loss of eligibility, either Medicaid financial eligibility, or level of care eligibility will result in disenrollment.
- A participant proves to be unable to self-direct purchase and payment of long-term care.
- A representative proves incapable of acting in the best interest of the participant.
- A participant fails to comply with legal/financial obligations as an employer of domestic workers and/or is unwilling to participate in advisement training or training to remedy lack of compliance.
- A participant or representative is unable to manage the monthly spending as evidenced by repeatedly submitting time sheets for unauthorized budgeted amount of care, underutilization of the monthly budget, which results in going without personal care assistance, and continual attempts to spend budget funds on non-allowable items and services.
- Failure to maintain a participant's health and well-being through the actions and/or inaction of the participant or representative may result in disenrollment.
- An inability to maintain a safe working environment for personal care assistants' may result in disenrollment.
- The receipt of substantiated complaints of participant self-neglect, neglect or other abuse on the part of the participant or representative will result in disenrollment.
- A refusal by either participant or representative to cooperate with minimum program oversight activities, even when staff has made efforts to accommodate the participant will result in disenrollment.
- The participant's representative can no longer assist participant, and no replacement representative is available.
- The failure by the participant or representative to pay the amount determined in the post eligibility treatment of income as described in section 0392.15, which is commonly referred to as the client share, to the fiscal agency will result in disenrollment.
- Evidence that Medicaid funds were used improperly/illegally in accordance with local, state or federal regulations will result in disenrollment.
- The Service Advisement agency determines they are unable to provide proper service to the participant.



A participant or their representative must notify both the Service Advisement agency and the Fiscal Intermediary of any change of address and/or telephone number within 10 days of change occurring, failure to do so will result in disenrollment.

### **Disenrollment Appeal**

The Service Advisement Agency and the Fiscal Intermediary Agency will inform the participant in writing of an involuntary disenrollment with the reason and will provide the participant with a Medicaid appeal procedure and request forms. The participant has the right to appeal utilizing the Medicaid standard appeal process.

## Chapter 2

### Assessments

An assessment measuring Activities of Daily Living (ADLS) and Instrumental Activities of Daily Living (IADLS) is conducted to determine participant needs. A budget is developed based on the amount and level of assistance required, frequency of the task, and presence of any secondary conditions that would require a need for more time to complete the task. There are six (6) levels of assistance for each activity (refer to chart below). In addition to medical information and self-reporting, the assessor may observe or request the participant demonstrate their ability to complete a task.

Independent	Participant is independent in completing the task safely.
Set-Up	Participant requires brief supervision, cueing, reminder and/or set-up assistance to perform the task.
Minimum	Participant is actively involved in the activity, requires some hands-on assistance for completion, thoroughness or safety. Needs verbal or physical assistance with 25% of the task.
Moderate	Participant requires extensive hands-on assistance, but is able to assist in the process. Needs verbal or physical assistance with 50% of the task.
Extensive	Participant requires verbal or physical assistance with 75% of the task.
Total Assistance	Participant cannot participate or assist in the activity, and requires 100% assistance with the task.
Not Applicable	This task does not apply to this participant.

During the assessment the Medicaid Agency or its contracted agency will assess the assistance a participant requires to complete tasks. These tasks can be broken down into two areas: Personal Care tasks such as bathing, toileting, dressing, etc, and Non-Personal Care tasks such as housekeeping and meal preparation. The participant is not assessed for general supervision, watching, or companionship as these services are not covered under the Personal Choice Program. Figuring out how to meet these needs involves coming up with a plan of hiring people to do the tasks, or purchasing goods or services that will allow the participant to complete the task themselves.

### How Your Budget is Calculated

#### Overview

Personal Choice monthly budgets are based upon an assessment of participant need for hands on assistance or supervision in the following Activities of Daily Living (ADL's) which include: bathing, toileting, dressing, grooming, transfers, mobility, skin care, and

eating; and Instrumental Activities of Daily Living (IADL's) which include: communication, shopping, housework, and meal preparation.

The assessment of need rates the level of assistance required to complete each task, and the number of times the task is performed. If the participant has a particular condition or characteristic in addition to their disability, it may require the need for more time to complete a particular task. These conditions/characteristics do not apply to all ADL/IADL tasks listed above; they only apply if the condition would have a direct impact on the performance of the task. Those conditions may include: balance problems, behavioral issues, cognitive deficits, decreased endurance, fine motor deficits, hearing loss, limited range of motion, open wound, pain, seizures, shortness of breath, spasticity/muscle tone, use of oxygen, limited vision, and living alone.

### **Process Used to Determine Monthly Budget**

Each Activity of Daily Living (ADL) and Instrumental Activity of Daily Living (IADL) has an amount of time allowed to complete the task.

The unit time is the amount of time allowed to complete the task if the participant is unable to participate and requires total assistance with the task.

The functional time is the amount of time allowed to complete the task if the participant is unable to participate and requires total assistance with the task and certain conditions or characteristics are present. Those characteristics are listed in functional characteristic table below.

The times, in minutes, are as follows:

<b>Activity</b>	<b>Unit Time</b>	<b>Functional Time</b>
Sponge Bath	20	35
Shower	20	30
Tub Bath	30	45
Dressing	15	20
Eating	20	40
Mobility	5	10
Urinary/Menses	10	15
Transfers	5	10
Grooming	5	8
Skin Care	5	10
Bowel	20	40
Meal Preparation	20	20
House Work	12.5	25
Communications	10	10
Shopping	45	45

The functional characteristics for each ADL/IADL are as follows:

<b>ADL/IADL</b>	<b>Functional Characteristics</b>
Bowel	Behavioral Issues, Limited ROM, Spasticity/Muscle Tone
Dressing	Behavioral Issues, Limited ROM, Spasticity/Muscle Tone
Eating	Behavioral Issues, Fine Motor Deficit, Spasticity/Muscle Tone
Grooming	Cognitive, Limited ROM, Spasticity/Muscle Tone
Mobility	Balance Problems, Decreased Endurance, Pain, Spasticity/Muscle Tone
Shower	Balance Problems, Behavioral Issues, Limited ROM, Spasticity/Muscle Tone
Skin Care	Open Wound
Sponge Bath	Behavioral Issues, Limited ROM, Spasticity/Muscle Tone
Transfers	Balance Problem, Limited ROM, Spasticity/Muscle Tone
Tub Bath	Balance Problem, Behavioral Issues, Limited ROM, Spasticity/Muscle Tone
Urinary/Menses	Behavioral Issues, Limited ROM, Spasticity/Muscle Tone
Communications	No Functional Characteristics
Housework	Participant Lives Alone
Meal Preparation	No Functional Characteristics
Shopping	No Functional Characteristics

The participant's Level of Assistance needs determines the amount of time allowed for hands on assistance or supervision for each task. Times allotted for each task are determined by multiplying the Unit Time (or Functional Time) by the Level of Assist Multiplier. The ADL Multipliers are:

<b>Level of Assistance</b>	<b>Sponge Bath</b>	<b>Shower</b>	<b>Tub Bath</b>	<b>Dressing</b>	<b>Eating</b>	<b>Mobility</b>	<b>Urinary Menses</b>	<b>Transfers</b>	<b>Grooming</b>	<b>Skin Care</b>	<b>Bowel</b>
Total Assist	1	1	1	1	1	1	1	1	1	1	1
Maximum Assist	.75	.75	.75	.75	.75	1	.75	1	.75	1	.75
Moderate Assist	.5	.5	.5	.5	.5	.75	.5	.75	.5	.75	.5
Minimum Assistance	.25	.25	.25	.25	.25	.75	.25	.75	.25	.25	.25
Set-Up Assistance	.15	.15	.15	.15	.15	.2	.15	.2	.15	.2	.15
Independent	0	0	0	0	0	0	0	0	0	0	0

The IADL Multipliers are:

Level of Assistance	Meal Preparation	Housework	Communications	Shopping
Total Assist	1	1	1	1
Maximum Assist	1	1	1	1
Moderate Assist	.75	.75	.75	1
Minimum Assistance	.5	.5	.5	1
Set-Up Assistance	.25	.25	.25	1
Independent	0	0	0	0

- **Example #1:** Mrs. M. requires an extensive level of assist in dressing and does not have any functional characteristics.

Time Allowed: 15 minutes x .75 (multiplier) = 11.25 minutes per occurrence

11.25 X 2 (per day) = 22.5 min/day x 7 (days/wk) = 157.50 (min/wk)

157.50 x 4.333 (wks/mo) = 682.44 (min/mo) divided by 60 (min) = 11.37 hours per month are required for assistance in dressing

11.37 x \$17.17 (The dollar amount per hour used in Personal Choice to calculate budget which is based on current reimbursement rates for Certified Nursing Assistants minus a 15% discount.) = \$195.31 per month for dressing.

- **Example #2:** Mr. O requires total assistance with eating and also has a functional characteristic.

Time Allowed: 40 minutes x 1 (multiplier) = 40 minutes per occurrence

40 x 3 (per day) = 120 min/day x 7 (days/wk) = 840 (min/wk)

840 x 4.333 (wks/mo) = 3639.72 (min/mo) divided by 60 (min) = 60.66 hours per month are required for assistance in eating.

60.66 X \$17.17 = \$1,041.53 per month for eating

- **Example #3:** Ms. A requires set-up assistance with her shower and has no functional characteristics.

Time Allowed: 20 minutes x .15 = 3 minutes per occurrence

3 x 1 (per day) = 3 min/day x 7 (days/wk) = 21 (min/wk)

21 x 4.333 (wks/mo) = 90.99 (min/mo) divided by 60 (min) = 1.52 hours per month are required for assistance in showering.

1.52 x \$17.17 = \$26.10 per month for showering

Task times for all ADL's and IADLs are calculated in this manner. The monthly figures for each ADL/IADL are added together to form a monthly budget. The Personal Choice Program is a self-directed program, as such; worker's compensation insurance and administrative costs do get deducted from the monthly budget. Also a PCA cannot be paid for duties that require a professional license. See the appendix section page 36.

## **Chapter 3**

### **Individual Service and Spending Plans**

#### **Budgeting**

The budget is the amount of Medicaid funds available to a participant to purchase services to meet personal care needs. The budget is based on what the Medicaid agency would normally spend to purchase services from a Home Health Agency for the services necessary to allow you to live at home. The Medicaid agency sets the amount of the monthly budget based on a participant's needs for personal care assistance.

The participant determines what services are required and the amount the participant is willing to pay for those services from their budget. Participants determine the hourly wage for PCA which can range from minimum wage up to \$15.00 per hour.

The budget amount is based solely on tasks such as bathing, dressing, toileting, etc., and is determined based on the amount of assistance the individual needs to complete the task, and time allotted for each task.

The budget does not allow for companionship, watching, or general supervision of a participant. The amount of the budget may change at the discretion of the Medicaid agency.

#### **Budget Appeal Process**

An opportunity for a hearing is granted to an applicant/recipient or his/her designated representative, when a person is aggrieved by an agency action resulting in suspension, reduction, discontinuance, termination of a person's service or budget or a requested adjustment to the budget is denied.

A Notice of Agency Action will be forwarded to the applicant/recipient. The Notice will indicate the effective date of the action, the reason for the action, and notify the applicant/recipient of his/her rights to appeal. A sample appeal request form can be located in the appendix section of this manual.

#### **Participant Directed Goods and Services**

Participants may also set aside a specified amount of their budget each month to purchase services, equipment and supplies not otherwise provided through the Medicaid State Plan that address an identified need, are in the approved Individual Service and Spending Plan (ISSP), and meet the following requirements:

- Alternative funding sources are not available, AND
- The item or service would decrease the need for other Medicaid services; and/or
- The item or service would promote inclusion in the community; and/or
- The item or service would increase the individual's ability to perform ADLs/IADLs; and/or
- The item or service would increase the person's safety in the home environment

#### Limitations:

- Some items or services that are medical in nature require a physician's order.
- Items must be necessary to ensure the health, welfare and safety of the individual, or must enable the individual to function with greater independence in the home or community, and to avoid institutionalization.
- Items for entertainment purposes are not covered.
- Items cannot duplicate equipment provided under Medicaid-funded primary and acute care system or through other sources of funding (i.e. Medicare, private insurance).
- Items purchased whose goal is to lessen the need for assistance from a caregiver will result in a redetermination of need for caregiver assistance.

If the above criteria are met, a request for participant-directed goods and services form must be completed by the service advisor and sent to the Office of Community Services and Supports for review and disposition. There is not a specific list of allowable goods/services, as what may be beneficial to one participant, may not be of any assistance to another. The good or service must meet a specific goal, and help in promoting independence. A sample request for goods and services form is located in the appendix section of this manual.

There is a list of items that participants are specifically *not allowed* to purchase under any circumstance, and are listed below.

#### **Things you may not buy (disallowed purchases)**

The Personal Choice budget MAY NOT be used for:

- Gifts for workers, family, or friends;
- Loans to workers;
- Rent or mortgage payments;
- Payments to someone to be your Representative;
- Clothing;
- Groceries;
- Lottery tickets;
- Alcoholic beverages;
- Tobacco products;
- Entertainment activities;
- Televisions, stereos, radios, DVD players, GPS systems, electronic game systems, e-readers, etc;
- Utility payments (electric, gas, sewer, oil);
- Services which will meet your needs and are available without charge from community organizations;
- Cell phones;
- Items covered by another insurance agency or through Medicaid outside of the budget.

## **Budget Responsibilities**

You have several responsibilities for using your Personal Choice budget. These include:

- Writing an Individual Spending and Service Plan (ISSP).
- Making purchases that are consistent with your ISSP.
- Keeping track of what you are spending each month.
- Updating your ISSP when your spending needs change.

The sections below cover each of the above responsibilities.

### **Writing an Individual Spending and Service Plan (ISSP)**

The Individual Spending and Service Plan (ISSP) have several purposes:

- It describes how you plan to spend your Personal Choice budget to meet your personal care needs.
- It helps you understand how much money you have to spend each month.
- It prevents you from overspending by listing the items you may purchase.
- It gives your Service Advisor and the Personal Choice program office an understanding of how your personal care needs will be met.
- It tells your Service Advisor and the Personal Choice program office your plans for when a worker is not available and you need alternate services (emergency back-up plan).

When writing the ISSP, keep in mind that every purchase you make or every wage you pay has to be included in your ISSP, or it will not be paid by the Fiscal Advisor. To write your ISSP, you will need to find workers at the rate of pay you decide to offer and will need to know the cost of any goods or services you may wish to purchase.

Work with you Service Advisor to write your ISSP. While reviewing your ISSP, your Service Advisor will check to make sure it conforms to Personal Choice rules. Your Service Advisor may also ask you questions in order to get a better understanding of your plan.

After your Service Advisor pre-approves your ISSP, he/she will submit it through the CDM to the Personal Choice program office for final approval. Your ISSP will become effective once approval is received from the Personal Choice program office. Your Service Advisor will give you a copy of your ISSP, and will also keep a copy of the ISSP in your case file.

### **Making Purchases Consistent with your ISSP**

You should buy the services and other purchases detailed on your ISSP. This guarantees that your budget is being used according to Personal Choice rules. If you are purchasing goods or services directly from a vendor or store, try to shop around to



get the best price. Also check to see if the vendor is willing to be paid with a check from your Fiscal Advisor.

### **Keeping Track of Monthly Spending**

The Fiscal Advisor will send you a report listing all your expenses and the balance of funds in your account every (6) six to (8) eight weeks. The report will be mailed to you with the payroll checks for your workers. You must keep track of your spending throughout the month so you do not overspend. This monthly tracking can be very simple such as a computer spreadsheet or a paper record.

### **Updating Your ISSP**

You can only purchase services and other items that are included in your ISSP. However, you may increase or decrease the amounts of purchases slightly as long as the purchases are identified in your approved ISSP. For example, you may find a special offer on some supplies you need and pay less than you budgeted, or it may be more cost effective to buy a larger quantity to save on future purchases.

#### **You DO need to update you ISSP if:**

- You want to make a big change, such as increasing a PCAs rate of pay, or adding an additional PCA. If you spend more on an existing service, you will need to spend less on another.
- You want to add a new need or new service. If you add a new service, you will have to spend less on another.
- Your monthly budget amount changes.
- You have just used your savings to make a special purchase, and you want to continue saving for another item which will support your independence. Talk to your Service Advisor to make sure your intended purchase is allowed.

In any of these circumstances, you will need to write a new ISSP and have it approved by your Service Advisor and the Personal Choice program office.

### **Writing and Submitting the Individual Service and Spending Plan**

Your Service Advisor will provide you with the form you need to complete your ISSP, or you can download the form from the CDM. Your Service Advisor will assist you in writing your ISSP.

#### **Step 1 – Writing out your goals**

During your assessment, your Service Advisor should help you identify some goals that you may want to achieve through your participation in the Personal Choice program.

Examples of some goals are: Be more independent in dressing, hire someone to assist with housework, etc.

Your goals may be different, but it is important to write them down. The types of services in your ISSP must be related to the goals you have set. If you have something on your ISSP that is not related to a goal, it will not be approved.

Details to include in setting goals:

- Goals – Write down as many or as few goals as you want, but you must have at least one goal.
- The date the goal is set.
- The date the goal is achieved. This is usually completed with your Service Advisor during a scheduled home visit.
- Persons Responsible – Write down who will be involved in achieving your goal. It will most likely be yourself, but there could be other people involved as well, such as your Representative, Service Advisor, family member or someone else.
- Budget Funds Utilized – If you use your monthly budget to pay for something that will allow you to achieve your goal, enter a “Y” in the space allotted. If you will not use your monthly budget to achieve the goal, enter an “N”.
  - For example: If one goal is “to get assistance with personal care” and you will be hiring a PCA with the budget, you would enter a “Y”. If one goal is “to get an overhead lift system”, Medicaid will pay without having to use the budget, so “N” would be entered.

## **Step 2 – Completing your ISSP Form**

This can be completed independently, with your Service Advisor, or with anyone else you choose. Your Service Advisor will need to review and submit your ISSP to the Personal Choice program for approval.

If using the CDM, your identifying information will be filled in automatically along with your budget amount.

On Line A, enter the monthly budget amount that was determined by the Personal Choice program office based on the assessment you completed with your Service Advisor.

Leave “Type of Plan” and “Start Date” blank. These sections will be completed by the Personal Choice program office.

Complete each section of the ISSP as follows:

### **Section I – Direct Hire Services**

**Service Type/Description:** List all the services you would like to receive by individuals that you want to hire and supervise directly. Do not write in names, but rather used an

identifier such as PCA#1, PCA#2, Housekeeper#1, etc. The reason for doing it this way is so if you change workers in the future, you won't need to rewrite your ISSP.

**Goal #1** – List which goal from your Personal Choice Participant summary this purchase or service will allow you to achieve.

**Hours Per Week** – Indicate the number of hours per week you expect your PCA(s) to work.

**Hourly Wage** – Indicate the hourly wage you want to pay each worker.

**Total Taxes per Hour** – Taxes are automatically calculated in the CDM

**Sum of Hourly Wages and Taxes** – Add up the hourly wage and the hourly tax expense for each worker and enter the total where indicated.

- Example: If Mr. P. is paying PCA#1 \$12.00 per hour in wages, and the taxes for \$12.00 per hour are \$1.32 per hour, you would enter the amount of \$13.32.

**Number of Hours per Month** – Take the number of hours each PCA will work every week and multiply that number by 4.33. This figure will equal the number of hours worked each month.

- Example: PCA#1 works 20 hours per week. Multiply 20 x 4.33, which equals 86.6 hours per month.

**Total Monthly Cost** – The total monthly cost will be automatically calculated.

**Total Direct Hire Services** – The sum of all workers' costs will be automatically calculated in the CDM.

## **Section IA – Emergency Back-Up Plan for Personal Care**

Personal Choice participants must make a plan for how their personal care needs will be met in the event that one (or more) of their PCAs become unavailable. This can be done in several ways, such as using unpaid volunteers (i.e. family members, friends), paying existing PCAs to cover for each other, or hiring a Home Health Agency.

**Back-Up Provider** - Indicate who will provide your care in the event that a regularly scheduled PCA cannot work. In the event you choose to use a Home Health Agency, make sure you have an agreement with the agency (including amount of payment) before you submit your ISSP.

**Paid Y/N** - Indicate here if the back-up PCA(s) will be paid (Yes) or unpaid (No) for the assistance they will provide.

**Additional Cost per Month (if any)** – If you will be paying for back-up services and it will cost more than you would normally pay a PCA in hourly wages indicate this here.

- Example – If your PCA earns \$12.00 per hour, but it will cost you \$14.00 per hour for your emergency back-up. The cost is an additional \$2.00 per hour.

If your Emergency Back-up Plan does not involve using a paid PCA, you do not have to enter this information.

**If Unused, Funds to be Saved For** – You may not need a back-up PCA every month. In the months you do not use the funds, you can put the unused money aside for some other purpose. Indicate here how you want to use your unused back-up funds.

**Total Monthly Cost** – The total monthly cost will be automatically calculated.

**Total Monthly Cost for Emergency Back-Up** – The total monthly cost for emergency back-up will be automatically calculated.

## **Section II – Other Purchased Services**

**Service Type/Description** – List all of the services you will purchase directly from providers or agencies.

**Goal #** - Indicate which goal this purchase or service will allow you to achieve.

**Provider Name** – Enter the name of the agency or provider that will supply the service.

**Frequency** – Indicate how often you will be using the service during the month.

- Example – If you will be sending out your laundry to the “Fluff and Fold” once a week, you would enter (4) four (for 4 weeks) in the frequency box.

**Unit Cost** – Indicate the unit cost for each service you will be purchasing.

- Example – If you will be sending your laundry to the “Fluff and Fold” and they charge \$2.00 per pound, you would enter \$2.00/pound.

**# of Units per Month** – Indicate the number of units of the service you will be purchasing in a month.

- Example – If you send out 10 pounds of laundry every week, you would enter 40 in this box. 10 pounds per week x 4 weeks per month.

**Total Monthly Cost** – This is the cost of the service for the entire month. The total monthly cost is automatically calculated in the CDM.

**Total Monthly Services Cost** – This is the total cost of all purchased services for the entire month. This is automatically calculated in the CDM.

### **Section III – Purchase of Items/Goods**

Please review process in section on Participant Directed Goods and Services in Chapter 2

**Description of Item or Good** – List all purchase of items or goods in this section. Describe the item and its use.

- Example – If Ms. D has arthritis and is unable to safely use her stove/oven. She would like to purchase a microwave so she can prepare some of her own meals. She would enter “Microwave to prepare meals”.

**Goal #** - Indicate which goal this purchase or service will allow you to achieve.

**One-Time Purchase** – Indicate if you will be buying this item once. (Note: Once you have purchased this item you should revise your ISSP so you can use the funds elsewhere.)

**Vendor Purchased From** – Indicate the name of the vendor that you will be purchasing the item from.

**Proposed Purchase Date** – Indicate the month and year you intend to purchase the item.

**Estimated Cost** – Indicate the approximate cost of the item(s) you are purchasing.

**Estimated Months Needed to Save** – Indicate how many months it will take to purchase expensive items. If you do not have to save to make the purchase enter “N/A”

- Example – If the microwave Ms. D wants to purchase costs \$100.00 and she wants to save \$25.00 per month to buy it, she would enter 4 months ( $\$25.00 \times 4 \text{ months} = \$100.00$ )

**Total Cost of Monthly Savings** – Indicate the amount the item costs (for items you do not have to save for) or the amount you want to set aside each month (for more expensive items that you cannot purchase immediately).

**Financial Management Monthly Fee** – Enter the amount your Fiscal Agent charges for their services every month. Your Fiscal Agent can give you this information.

**Advisement Agency Monthly Fee** – Enter the amount your Service Advisement Agency charges for the services they provide. Your Service Advisor can give you this information.

**Worker’s Compensation Fee** – The Worker’s Compensation Insurance premiums required for your PCA(s) is an amount charged to each employer, regardless of the number of workers or payroll. This amount is entered under “Worker’s Comp Fee”.

## Reconciliation of ISSP

The CDM will automatically bring totals down from each section to the “Summary of Spending Plan” section. The Monthly Balance is the projected monthly amount remaining when all other expenses are paid.

## Employment Taxes and Other Fees

As an employer, your PCA(s) works for **YOU**. You have a responsibility to ensure that your employees are given the same rights as other employees in Rhode Island. This includes the ability to access Social Security, Medicare, Unemployment, Temporary Disability Insurance (TDI) and Worker’s Compensation Insurance.

Taxes and fees paid by both the employer and employee fund these programs. Your PCA(s) (employees) have their share of these taxes withheld from their paychecks and paid by the Fiscal Advisor. The Fiscal Advisor also pays your employer portion for you out of your monthly budget. When you develop your ISSP, you are instructed to include these costs when figuring how much it will cost to hire and pay your PCA(s). This will also be based on what you will be paying for an hourly wage.

The other major payroll related expense in employing a PCA is the cost of Worker’s Compensation Insurance. This coverage is mandatory in Rhode Island and is designed to help workers in the event they get hurt on the job. Your Fiscal Advisor will also make these payments for you, and the money to pay them also needs to come out of your monthly budget. In many cases the Worker’s Compensation premiums need to be paid all at once for a whole year instead of being spread out over twelve months. If this is the case, then Medicaid will pay the full amount up front in one payment, and you will pay it back over the course of the year by setting aside a certain amount for it in your ISSP. The total amount of the payment and the monthly payment amount will be given to you by your Fiscal Advisor to use when you develop your ISSP.

- Example – If your yearly Workers Compensation Insurance Premium is \$480.00, which is due in full before you start on the program, Medicaid will pay the full amount for you (\$480.00). You would then set aside \$40.00 per month to pay it back. ( $\$480.00 \div 12 \text{ months} = \$40.00 \text{ per month}$ ).

The other fees that come out of your budget are the monthly fees that go to your Service Advisement Agency and Fiscal Advisement Agency. Both of these agencies provide services to support you in managing the Personal Choice program. They have staff that work for you to ensure that the program runs smoothly and follows Medicaid rules. The services they provide are **mandatory** for every Personal Choice participant.

## Chapter 4 – Personal Care Attendants

### Finding Personal Care Attendants

When your ISSP is completed and approved, you can begin the program by hiring a PCA. You can hire anyone you choose. PCAs do not need any special training or licenses. A PCA can be a family member (except a spouse). If you do not have anyone in particular in mind, you will need to find a PCA.

There are several ways to find PCAs.

- Use word of mouth. Let people know you are looking to hire someone for personal assistance. Family and friends may know of someone who is looking for work and may be a good fit for you and your individual needs.
- Develop an advertisement or flyer and post it in the community. Some places you could post ads include bulletin boards at senior centers, libraries or colleges.
- Place an ad in a local or regional newspaper. As this would cost money, you could set aside funds in your ISSP to cover the cost of advertising for a PCA.
- Ask your service advisor for ideas.
- As a Personal Choice participant you also have access to the [www.RewardingWork.org](http://www.RewardingWork.org) website as another option for recruiting PCAs.

### Screening and Interviewing Personal Care Attendants

Once you get word out that you are looking to hire a PCA, you will need to screen and interview the people who respond.

#### Screening

Screening means eliminating people who are not appropriate or who do not meet your needs. You can screen potential workers either by phone or in person, but it is easier and safer to screen by phone, especially if you have a large number of applicants. Keep in mind you do not need to interview everyone who contacts you; screening the applicants' first will make it easier.

When you talk with interested people, ask them how many hours a week they are available, what time of day they are available and what they are looking to get paid. With this information, you are able to screen out people who either want more pay than you can afford, or who are unable to work to your schedule. If the person sounds like they may work out, continue to ask other questions to determine if they will meet your requirements.

Here are some sample screening questions:

- Are you at least 18? (It is illegal to ask his/her actual age, but they do need to be at least 18 for you to hire them.)
- What hours are you available?
- What days can you work?

- Do you have a driver's license?
- Do you have any experience providing personal care services?
- Do you have any restrictions on how much you can lift? (There may be lifting involved with this job.)

The person applying to work for you may have questions about the job or about you specifically. Be careful in answering them; you do not want to reveal too much information about yourself too soon, especially personal information or your address. Use your own best judgment in answering any questions an applicant may ask.

### **Interviewing**

Take time to plan your interview by deciding in advance what questions to ask. Interviews should be face-to-face meetings. Use them to explore what it would be like to work together. The interview is the time for you and the applicant to see if the situation will work for both of you.

Before you do your first interview, decide where and how it will happen. If you do not want strangers coming into your home, consider doing the interview in a public place like a library or coffee shop. If you decide to have the interview in your home, have someone else there. Make sure you have the applicant bring an ID and the completed application, if possible. This will save time during the interview.

Ask questions that will get at the abilities, skills, and character of the applicant. Once you have an idea of the questions you would like to ask, write them down. Here are some examples of possible interview questions:

- What jobs have you had in the past?
- How did you feel about the jobs? What did you like most/least about the jobs?
- Why did you leave your last job?
- Have you had any personal care experience? Where? How Long?
- Why do you want this job?
- Why would you be a good PCA?

During the interview, it is also important for the applicant to get an idea of what it would be like to work for you. You should provide the applicant with some information. Here are some examples of information you may want to share:

- Provide a detailed description of the job duties.
- Describe what you expect in a worker and what you anticipate for a work schedule.
- Give the applicant a copy of the job description and employment agreement, so they know what is expected from them.
- Explain your disability/illness as well as you are able.
- Be frank and clear about any duties that may make the person uncomfortable.
- Give the person general information regarding wages, pay schedule, and the Personal Choice program in general.



As you near the end of the interview, if you think the applicant may be a good candidate, ask them if they are interested in the job. If they say they are interested, **DO NOT** hire them on the spot; rather, ask them for work references. Tell them you will call them with your decision after you have checked their references and completed all interviews.

Make sure you take notes during the interview, especially if you are interviewing several applicants. Your notes will also assist you in determining what questions to ask the references, and will help in deciding whom to hire.

### ***IMPORTANT!!!***

There are rules involved when interviewing someone for a job. There are certain questions that you cannot legally ask someone during the interview process. Please ask your Service Advisor for a list of those questions.

### **Checking References**

After interviewing someone, if you decide that you would like to hire the person, you will need to check their work references. References give you important information that you might not find out in any other way, such as if the person calls frequently, or if they are difficult to work with.

When you are speaking with a person's reference, explain the work the person will be doing. Tell the reference you will be keeping all information confidential. Make sure to take notes so you can remember the details at a later time.

Here are some sample questions you may ask a reference:

- What was your relationship with the applicant?
- How long have you know the applicant?
- What are his/her strengths/weaknesses?
- How does he/she handle stress?
- Would you trust him/her to have keys to your home/car?

Personal Choice has only a few requirements of PCAs. No PCA can get paid utilizing funds in your ISSP unless they:

- Are at least 18 years of age.
- Are legally able to work in this country.
- Submit to and pass a national and state criminal background check (BCI) and a Department of Health Abuse Registry check.
- Is not a spouse or legal guardian of the participant.

Before the PCA can begin employment and receive a paycheck, the above information must be verified by the Fiscal Advisement Agency. All the necessary forms are in the new employee hire packets provided by your Fiscal Advisor. Have your PCA complete the necessary forms following instructions provided, and send them in to the Fiscal Advisor as soon as possible. A PCA cannot get paid until all of the forms have been

received and processed by the Fiscal Advisor, and the Advisor receives notification that the PCA passed the checks. You need to allow at least 10 days for this to take place.

### **What if something shows up on the Criminal Background or Abuse Registry Screening?**

You will **NOT** be able to hire a PCA if the following happens:

- He/she has a criminal conviction for one of the serious crimes as listed in the “Personal Choice PCA and Representative Disqualifying Criminal Convictions List” (See Appendix pg. )
- His/her name appears on the Rhode Island Department of Health Office of Health Professional Regulation Abuse Registry with a current disciplinary action in place.

You may hire a PCA who does appear to have a prior criminal conviction, as long as it is not for one of the crimes noted in Appendix . You may also hire a PCA whose name appears on the Abuse Registry as having a previous action taken against them, but has had that action rescinded. In either case, you will be asked to sign a statement indicating that you are aware of the issue, but choose to hire the person and are aware of the risks. If you are unsure, talk to your Service Advisor; he/she can help you figure out what is best for your situation. The purpose of the background check is to provide you with information that you need to make an informed decision about whom to hire.

### **Training Personal Care Attendants**

Training is one of the most important parts in managing your PCA(s). You are the expert in your care needs. Even experienced PCA(s) need to be trained in how YOU want things to be done. If you have had a PCA before, you probably have a good idea of what works for you.

There is more than one way to train a PCA. Some people will respond well to verbal instructions while others may respond better to hands-on demonstrations. You may feel comfortable training your PCA yourself. If you currently have a PCA, you may want to have one of your experienced PCAs assist with the training. You may prefer to have family members help with training.

If you are training a new PCA, here are some things you might want to cover:

- Talk about your disability and how it affects you. The more your PCA knows about your disability the better he/she will be able to meet your needs.
- Give examples and explain technical terms you use.
- Talk about symptoms or health concerns he/she will need to be aware of. Include any issues that may arise and how to handle the situation. Also, instruct your PCA as to how you would like them to handle emergency situations.
- As you go through your routine, explain why tasks need to be done. This will help the PCA understand the importance of these tasks. For example, if you need

assistance with range of motion exercises, explain how this helps maintain movement and flexibility.

- Teach your PCA how to operate or use any special equipment that you use. (For example, wheelchairs, lifts, shower chairs, etc.)
- Be patient! Learning how to do new things takes time. Do not become frustrated if your PCA does not catch on immediately.
- Ask your PCA for feedback about how you are explaining things. Perhaps things that seem simple to you are not as clear to your PCA. There might be a different way of explaining or showing your PCA that may be clearer for them.
- Respect your PCA, their ability to learn new things, and their current knowledge and abilities.
- Praise good work when your PCA does things exactly the way you want and expect them to be done. Also, do not forget to say “Thank You” these simple words go a long way.

By providing your PCA with good training up front, you increase the chances of a PCA being effective at his/her job. Taking time in the beginning can lead to better overall results.

### **Supervising Personal Care Attendants**

In the Personal Choice program either you or your Representative supervise your PCAs. This means that you direct, oversee, and manage them in order to receive the care you need. In supervising, considering the following:

- **Quality** – Quality looks at how well tasks are being done. Do your PCAs do tasks the way you want them done or do the complete tasks some other way?
- **Quantity** – Quantity looks at amount. Are your PCAs doing every task as required, or are they skipping tasks or taking shortcuts?
- **Time** – Time is about the schedule. Do your PCAs do tasks as scheduled?
- **Rules** – Rules look at whether PCAs are following the guidelines that you set when they were hired. For example, if you allow your PCAs to eat your food *only* if they replace what they eat do they do that? Even though eating a meal may not have a direct impact on your care, it is still your rule and it is to be followed.

Supervising is more of an art than a science. You will need to work with your PCA(s) on what style of supervision works best for you and them.

**Be ready to train** – Since things change, good supervision will require ongoing training. If your needs change, training on new tasks may be needed. Your PCA may also have questions that the training did not cover. If this does happen, follow the training steps as described above. Even though something may be clear to you that does not mean it is clear to the PCA.

**Monitor your PCA's work** – By monitoring your PCA(s) you can tell if they are doing their tasks the way you taught them. If not, more training may be necessary. The main point is to pay attention to what your PCA is doing.

**Be clear about what you want** – By agreeing to take the job, your PCA has agreed to do the tasks the way you need them to be done. You have a right to expect that. Be clear about what you want done and how you want it done. If you are not clear in your explanation, your PCA may guess, and may do something differently than you expect.

**Work together** – Work with your PCA as a partner to solve problems. Listen to your PCA's suggestions. He/she may have some good ideas or useful experience to draw on.

**Learn to say "NO"** – If you do not agree with your PCA's suggestions or ideas, say so. Be respectful, and explain why. It will help to develop a stronger relationship.

**Be in charge** - Although your PCA may have suggestions and ideas you may use, you are still in charge. Even if he/she worked where the people they assisted had little control, with the Personal Choice program, you are in control and you have the right to live life as you choose. Respect your PCA, and know that he/she is there to assist you, but not to decide things for you.

**Deal with problems** – If your PCA performs poorly, point it out. Patiently remind him/her how to do things the way you instructed. Deal with the problem when it occurs. Problems that are not handled quickly may get worse over time. Be respectful when correcting. Focus on fixing the problem, not on the person. If a PCA keeps making the same mistakes, consider providing more training. If more training does not help, the problem is performance and not skills. In this case, discuss the situation with the PCA and see if the PCA is aware that his/her performance is unacceptable. If after a discussion he/she still does not improve, give a warning. If the performance still does not improve it may be necessary to take disciplinary action, up to and including discharge. Make sure the PCA understands the consequences of his/her behavior. Try using if/then statements. For example, If \_\_\_\_\_ continues, then \_\_\_\_\_ will happen.

**Praise your PCA** – Tell your PCA when he/she does something correctly, especially if he/she does something more than what was expected. Let him/her know you value the assistance that he/she provides. People appreciate being recognized for good work.

**Treat your PCA like a person** – In all things, treat your PCA like you would like to be treated. Talk to your PCA like a partner. Avoid calling him/her names or insulting him/her. Respect him/her as a person, and the work he/she does. Treating them poorly will lead them to look for work elsewhere.

## Dealing with Abuse

Even though it may be difficult to talk about, it is important to discuss how to deal with abuse. The vast majority of PCAs provide excellent care. In the event a problem does arise, the section below covers what abuse is and how to deal with it.

**Physical Abuse** – Includes hitting, slapping, pinching, kicking and other forms of rough treatment. If a PCA does something intending to cause you pain, that may be physical abuse.

**Verbal Abuse** – Includes any use of spoken or written words or gestures that are meant to insult or attack you or to make you feel bad.

**Psychological Abuse** – Includes actions or statements that are meant to humiliate or threaten you or to cause you emotional harm.

**Sexual Abuse** – Includes sexual annoyance, touching, fondling, and/or attack. Any sexual behavior by a PCA that makes you uneasy is sexual abuse.

**Neglect** – When a PCA is not meeting your basic needs for food, hygiene, clothing or health maintenance. After you have given the PCA directions regarding your needs, the PCA should make sure your basic needs are met.

In the Personal Choice program, you are responsible for dealing with PCA problems. However, your Service Advisor can help you decide what to do if you are having a problem with a PCA.

If the problem is minor, you may try talking to the PCA and tell him/her what actions or behaviors you do not like. This may work for some PCAs who may not be aware of how you are feeling.

If you feel a PCA is abusing you, you need to take **immediate action** to protect yourself. In most abuse cases, you should (and have every right to) fire the PCA immediately. Work with your Service Advisor to make sure that this is done in a way that ensures your safety. You also need to make sure that you have an Emergency Back-Up Plan in place to ensure you continue to get and receive the personal care services you need.

## Chapter 5 – Communication

Since you will need to deal with some very personal issues, you will need good communication skills. You will train, praise and correct workers. You will also need to work with your Service Advisor, Fiscal Advisor and Personal Choice program staff. Each of these situations will require good communication skills. Below are some basic communication tips:

**Listen** – Good communication means that both parties understand each other. If you are doing all of the talking, you will not know if you are being understood. Even when you have something important to say, you still need to hear if the other person understands the point you are trying to make. Listening also may also provide you with information you did not previously have and the opportunity to learn new things.

**Try to understand** – One of the best ways to get a person to listen is to listen and understand first. If you understand the other person’s point of view, you have a better chance of responding in a clear and helpful manner.

**Be assertive** - State your concerns, feelings and wishes clearly and directly. Be respectful and make eye contact. Do not attack the other person or call him/her names. In addressing problems, be clear about your concerns.

**Use “I” statements, not “you” statements** – State your issues from your point of view. You cannot really know what the other person is thinking or why he/she acts in a certain way. A statement such as “I need a PCA I can rely on and who comes in on time,” is a much better communication than, “If you cared about me, you would be here when you should be.” An “I” statement focuses on your feelings and experiences. It is hard to argue with a person’s statement of his/her own feelings. Conversely, a “you” statement is more likely to make a PCA feel defensive. It is also more likely to start an argument.

## **Chapter 6 – Working With Supporting Agencies**

There are two types of agencies that can assist you in getting the most benefit from Personal Choice. These agencies have been approved by the State Medicaid Agency. For agencies to become Personal Choice providers, they undergo a thorough evaluation to make sure they have the proper staffing, experience and capabilities to provide Consumer Directed services. The two services are service advisement and fiscal advisement. When you apply for Personal Choice you are given the list of agencies that are currently approved to provide Personal Choice services and are asked to choose an agency.

Some participants can run the Personal Choice program easily and will not require a lot of assistance from the support agencies. Other participants may need more support initially, and less support as they get used to the program. Others may need continues support. The support agencies have monitoring requirements, but it is up to the participant to call with any questions. That is why you pay them each month, so call if you have a question or would like assistance.

Both agencies are required to provide you with a minimum level of service. For example, the Service Advisement Agency is required to contact you, either by phone or in person, on a regular basis. This is a requirement of the Personal Choice program and of Medicaid. Even though things are going well and you have no issues or concerns, you still need to be available to speak to the agencies when needed. Failure to cooperate with the agencies could be grounds for removal from the program.

Having two agencies to assist you with the program could be confusing at times, and you may not know which agency to contact with your questions. Each agency has different responsibilities in helping you manage the Personal Choice program. The following table should help you decide which agency to contact with particular questions or issues.

Question or Issue	Service Advisor	Fiscal Advisor
Timesheets and paychecks		X
Results of Criminal Background Checks		X
How much money you have left in budget		X
Taxes, TDI, Worker's Compensation, etc.		X
Budget Statements		X
Payments to vendors for approved purchases		X
Tax forms, Employment Applications and forms		X
Finding New Workers	X	X
Assessments or monthly budget amount	X	
Individual Service and Spending Plan (ISSP)	X	
Personal Choice Participant Training and Reference Guide	X	
Training, equipment or health questions	X	
Home Visits	X	
Information on other programs	X	
Recruiting, hiring, managing and firing PCAs	X	
Enrolling or leaving the program	X	

If your question does not fall under any of the topic areas, please contact your Service Advisor who will direct you to the appropriate person if they are unable to assist you. Both agencies are there to help you when you need assistance, so do not hesitate to contact them.



## **Chapter 7 – Medicaid Fraud**

### **Personal Choice and Medicaid Fraud**

**Medicaid Fraud** is defined as making a false statement, representation of material fact, submitting a claim or causing a submission to obtain some benefit or payment involving Medicaid money for which no entitlement would otherwise exist. This can be done for the benefit of oneself or another party and includes obtaining something of value through misrepresentation, concealment, omission or willful blindness of a material fact.

#### **Who is responsible for reporting Medicaid Fraud?**

- The Fiscal Intermediary Agency
- The Service Advisement Agency
- The Personal Choice Recipient or the Representative
- The Personal Care Attendant

### **Medicaid Fraud Referral Process**

If Medicaid Fraud is either known or suspected:

- An agency either receiving a report or discovering an incidence of Medicaid Fraud will complete a Medicaid Fraud Referral.
- If you suspect or know of Medicaid Fraud, you are required to contact either your Service Advisor or Fiscal Intermediary Agent and inform them of your concern.
- Once reported, the suspected fraud incident will be referred to the Office of the Attorney General for investigation.

## Chapter 8 – Critical Incidents

### Critical Incident - General Definition

A “Critical Incident” is any actual or alleged event or situation that creates a significant Risk of substantial or serious harm to the physical or mental health, safety or well being of a waiver participant.

### Reportable Critical Incidents Defined

1. Abuse
2. Exploitation
3. Neglect/Self Neglect
4. Unexpected Hospitalizations
5. Serious Injury
6. Law Enforcement Contact
7. Natural Disaster
8. Missing Person
9. Death
10. Suicide Attempt

### Who is should report a critical incident?

- Any person who becomes aware of a critical incident as defined on this form.
- Any person who may be directly affected by a critical incident as defined on this form.
- Qualified Service Providers that are enrolled with the Department of Humans Services.

### How do you report a critical incident?

Individuals wishing to report an incident should call:

- a. **RI Division of Elderly Affairs** - For abuse, neglect and exploitation of persons 60 and Over - **401-462-0555**
- b. **RI Department of Health** – Facility Based and Provider complaints **401-222-5200**
- c. **RI Department of Behavioral Health, Developmental Disabilities and Hospitals** - For abuse, neglect or exploitation of persons under 60 and disabled. **401-462-2629**
- d. **The Alliance for Better Long Term Care** - Facility based, Home Care Provider and Assisted Living Provider complaints - **401-785-3340**

AND

### Service advisement agency assigned To You

Service Advisement Agency: \_\_\_\_\_  
Contact name: \_\_\_\_\_ Tel #: \_\_\_\_\_

## **Reporting Process**

- Participant and/or other party contacts the appropriate state agency and/or the Service Advisement Agency.
- If aware of the incident, Service Advisement agency will complete the Critical Incident Reporting form and submit to The Office of Health and Human Services, Personal Choice Program within 48 hours of the reported incident.
- OHHS, Personal Choice Program staff will review the incident with the Service Advisement Agency to determine feasibility of continuing participation in the Personal Choice Program.

## Critical Incident Definitions

“Willful” means intentional, conscious and directed towards achieving a purpose.

“Caregiver” means a person who has assumed the responsibility for the care of the elderly or disabled person voluntarily, by contract or by order of a court of competent jurisdiction, or who is otherwise legally responsible for the care of the person.

### **Abuse**

Abuse means physical abuse, sexual abuse, and/or emotional abuse of an elderly or disabled person by a caregiver.

- a. Physical abuse means the willful infliction of physical pain or injury ( e.g. slapping, bruising or restraining).
- b. Sexual abuse means the infliction of non-consensual sexual contact of any kind upon and elderly or disabled person. Sexual abuse includes, but is not limited to, sexual assault, rape, sexual misuse or exploitation of an elder or disabled person, as well as threats of sexual abuse where the perpetrator has the intent and the capacity to carry out the threatened abuse.
- c. Emotional abuse means a pattern of willful infliction of mental or emotional harm upon and elder or disabled individual by threat, intimidation, isolation or other abusive conduct.

### **Exploitation**

Exploitation means the fraudulent or otherwise illegal, unauthorized or improper act or process of an individual, including, but not limited to, a caregiver or fiduciary, that uses the resources of an elder or disabled individual for monetary or personal benefit, profit, gain or that results in depriving an elder of rightful access to, or use of, benefits , resources, belongings, or assets by use of undue influence, harassment, duress, deception, false representation or false pretenses.

### **Neglect**

Neglect means the willful failure by a caregiver or other person with a duty of care to provide goods and services necessary to avoid physical harm, mental harm, or mental illness to an elderly or disabled individual, including, but not limited to, “ abandonment”(withdrawal of necessary assistance) and denial of food or health related services.

### **Self Neglect**

Self –Neglect means a pattern of behavior in an elderly or disabled individual that directly, imminently and significantly threatens his/her own health and/or safety. Self-Neglect includes, but is not limited to, an inability or an incapacity to provide self with food, water, shelter, or safety to the point of establishing imminent risk of any of the harm(s) described in the immediately preceding sentence.

**Unexpected Hospitalization**

Any admission to the hospital that was unexpected or unplanned. A planned hospitalization would include scheduled surgeries, procedures or treatments. An unexpected hospitalization would only include when the patient is admitted overnight and would not include nursing home visits.

**Serious Injury**

Reported, regardless of the cause or setting in which it occurred, when an Individual sustains:

- o A fracture
- o A dislocation of any joint
- o An internal injury
- o A contusion larger than 2.5 inches in diameter
- o Any other injury determined to be serious by a physician, physician Assistant, registered nurse, licensed vocational nurse/licensed practical nurse.

**Involvement with Criminal Justice System**

Any involvement with the criminal justice system, including police being called to the individual residence for any reason.

**Natural Disaster**

Any natural disaster (fire, flood, etc.) that results in housing displacement.

**Missing Person**

Any time a Personal Choice Recipient is unexpectedly absent from their residence or can not be accounted for through family, caregivers or neighbors.

**Death**

The death of an individual is reported, regardless of the cause or setting in which it occurred.

**Suicide Attempt**

The intentional attempt to take one's own life. A suicide attempt is limited to the actual occurrence of an act and does not include verbal suicidal threats by a person receiving services.

## APPENDIX

### Personal Choice PCA and Representative Disqualifying Criminal Convictions

All Personal Care Assistants and Participant Representatives that have direct contact with Personal Choice program participants must submit to a RI Bureau of Criminal Identification (BCI) screening prior to being allowed to provide assistance to a program participant.

For the purposes of the Personal Choice program, if the following **convictions** appear on the individuals BCI screen, they shall not be allowed to provide care or assistance to the consumer:

- Murder
- Voluntary Manslaughter
- Involuntary Manslaughter
- First, Second, or Third Degree Sexual Assault
- Assault on Persons sixty (60) years of age or older
- Assault with intent to commit specified felonies (murder, robbery rape, burglary or the abominable and detestable crime against nature)
- Felony Assault
- Patient abuse
- Neglect or mistreatment of patients
- Burglary
- First Degree arson
- Robbery
- Felony Drug Offenses
- Larceny
- Abuse, Neglect and/or exploitation of adults with severe impairments
- Fraud and False dealings
- Theft
- Embezzlement
- False Pretenses and misappropriations
- Impersonation and identity Fraud
- Exploitation of Elders
- Felony banking law violations

In addition **recent** convictions for the following crimes will result in the individual being disqualified from providing care or assistance:

- Prostitution
- Driving While Impaired (DWI), (if PCA is providing transportation to participant)
- Theft
- Drug Offenses

**Request for Participant-Directed Goods and Services**

**Item:** \_\_\_\_\_

**Cost:** \_\_\_\_\_

**Goal/Need:** \_\_\_\_\_

\_\_\_\_\_

The item or service will decrease the need for other Medicaid services.      YES    NO  
If yes, explain: \_\_\_\_\_

\_\_\_\_\_

The item or service will promote independence within the community.      YES    NO  
If yes, explain: \_\_\_\_\_

\_\_\_\_\_

The item or service will increase the participant's ability to perform ADLs  
and/or IADLs and will decrease the need for Personal Care Assistance.      YES    NO  
If yes, explain: \_\_\_\_\_

\_\_\_\_\_

The item or service will increase the participant's safety in the home  
and will decrease the need for Personal Care Assistance.      YES    NO  
If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Participant (Printed Name): \_\_\_\_\_

Case Management Agency: \_\_\_\_\_

Service Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach physician's order if applicable**

**Approved**                      **Denied**                      **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_





**INSTRUCTIONS FOR COMPLETING DHS-121**

This form is used by both the client and the agency representative to:

1. Identify in writing by the client the cause of his/her appeal; and
2. Identify, by the agency representative, the policy on which the decision causing the appeal was based.

The client receives this form at the time of notification of an Agency decision.

**For Food Stamps (FS):** A client has 90 days from the date of the Notice of Agency Action to request a hearing.

**For General Public Assistance (GPA):** A client has 10 days from the date of the Notice of Agency Action to request a hearing.

**For All Other Programs:** A client has 30 days from the date of the Notice of Agency Action to request a hearing.

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**Sections I and II**

These two sections can be filled out by the client alone, or by the client and agency representative, if the client needs help in completing the form. The person requesting an appeal signs this section and returns the completed form to the appropriate regional or district office.

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**Section III**

After Sections I and II are completed, the agency representative completes Section III, citing the agency policy(ies) with reference to the particular manual section(s) that was the basis for making the decision. This section is signed by the agency representative and supervisor. The area identifying the local office is completed. The form is routed promptly to the hearing office at Central Office.

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**NOTE:** When the DHS-121 is completed by the client and mailed directly to Central Office, without being routed through the regional or district office, the hearing office makes a copy of the DHS-121. The original is sent to the regional or district office for completion of Section III. The DHS-121 must be returned to the hearing office at Central Office within seven (7) days.

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**Legal Help**

At the scheduled hearing, you may represent yourself, or be represented by someone else such as a lawyer, a relative, a friend, or another person. If you want free legal help, call Rhode Island Legal Services at 274-2652 (outside the Providence calling area, call toll free at 1-800-662-5034).

## **Personal Choice Excluded from the Duties of a PCA**

A nursing assistant/PCA shall not perform functions that otherwise require a professional license, certification or registration by state law and shall not perform the following duties that include but are not limited to:

- Sterile dressing application
- Injections
- Gastric lavage or gavage, including any tube feeding
- Cutting toenails or fingernails for diabetic
- Vaginal Irrigations
- Giving advise on medical/nursing matters
- Changing a Foley catheter
- Tracheostomy tube care
- Cutting toenails
- Any treatment to non-intact skin
- Oxygen application
- PCA's cannot administer medications

***Taken from the Rhode Island Department of Health Rules and Regulations Pertaining to Rhode Island Certificates of Registration for Nursing Assistants, Medication Aides, and the Approval of Nursing Assistant and Medication Aide Training Programs (R23-17.9-NA)***