



Personal Choice Orientation

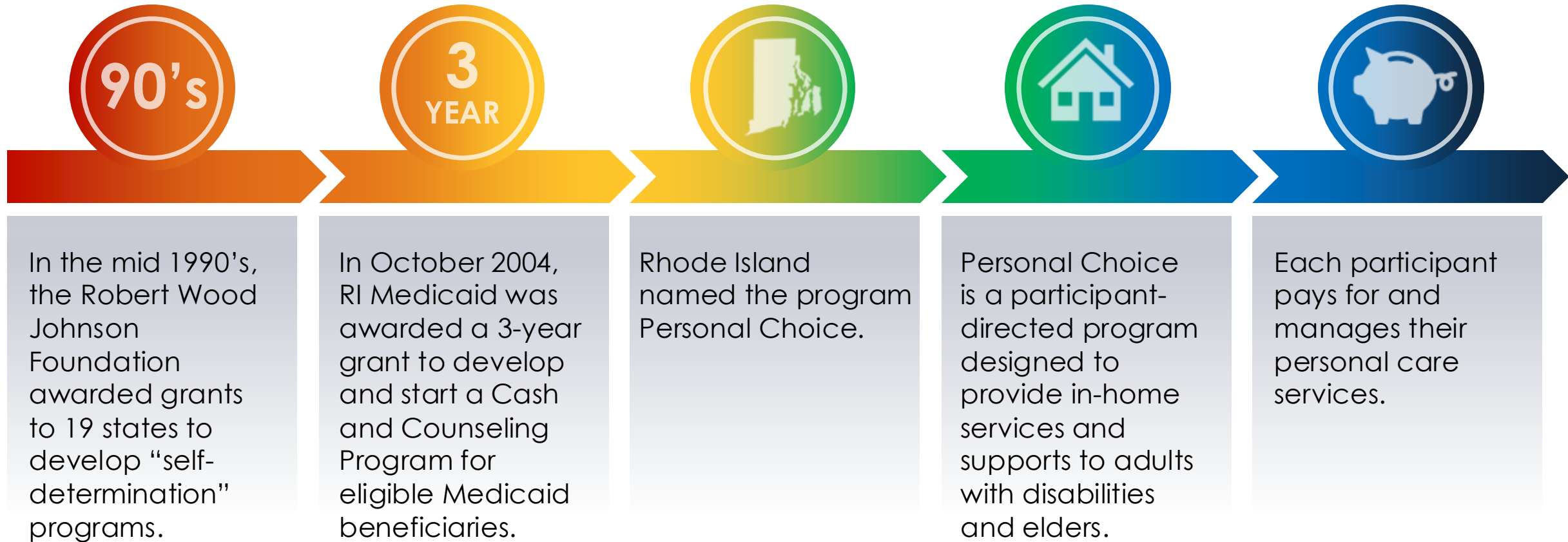
A Self-Directed Home and
Community-Based Program

Introduction to Self-Direction

Self-direction gives individuals more control over how they receive personal care services.

This presentation gives an overview of the Personal Choice program guidelines.

History of Self-Direction in Rhode Island



Self-Directed Care Philosophy

The philosophy of self-direction is about supporting participants:

- Who know what care they need;
- Who know how they want their needs met;
- Who know who they want to provide services to meet their needs; and
- Who can keep an eye on the quality of the services they receive.

Participants can manage and make all the decisions about the help they receive, or if a participant is unable or does not want to manage their care, they can pick a representative who can make decisions and manage services for them.



Self-Direction Overview

The Personal Choice Program provides an option where participants who are eligible for Medicaid long-term services and supports (LTSS) can choose and control (hire, fire, train, supervise, and manage) the people who provide their personal care.

The participant receives a personalized budget to meet their support needs.

Participants manage their services with the assistance of Case Managers and Fiscal Agents who help participants make informed choices in ways that meet their own goals and needs.



Case Managers and Fiscal Agents

The Case Manager helps the participant with program rules and supports participants as they direct their own care.



The Fiscal Agent helps participants in managing their budget. They help participants understand:

Billing tasks,

Documentation tasks,

Payroll and employer related duties, and

Tracking and monitoring budget expenses.

EOHHS – State Medicaid Agency

The Executive Office of Health and Human Services (EOHHS), as the state's Medicaid agency, is responsible for oversight and quality improvement.



EOHHS is responsible for:

Identifying and resolving
critical incidents

Determining and
verifying program
performance outcomes

Correcting
shortcomings

Identifying and
recommending ways
to make the program
better

The Personal Choice Program



- The Personal Choice program is a self-directed program for individuals eligible for Medicaid long-term services and supports (LTSS).
- The participant must live at home and want to have more say over who provides their care, and when and how that care is provided.
- Services include personal care, homemaker and chore services, self-directed goods and services, and other supports.
- A Personal Choice participant is an employer, and their personal care assistant (PCA) is their employee.
- Personal Choice participants manage their service budgets, determine how much their PCAs are paid within state-set limits, and the type of training the PCAs receive.

Who is Eligible?



To be enrolled in Personal Choice, a person must:

- Be over the age of 18 with a diagnosed disability or age 65 or older;
- Be eligible for Medicaid LTSS by meeting either a high or highest level of care and financial eligibility requirements;
- Want to either return home or remain at home;
- Be able to self-direct care or select a representative who can direct care for them; and
- Need physical assistance with personal care and homemaking activities. Examples include bathing, grooming, dressing, toileting, transfers, preparing meals, laundry, cleaning, grocery shopping, and transportation.

Personal Choice Enrollment Requirements

A participant's need for activities of daily living (ADLs) and instrumental activities of daily living (IADLs) must be assessed.

A person-centered plan of care must be developed with the Case Manager.

The participant and Case Manager work together to develop a monthly budget that will cover the cost of the plan of care.

The Case Manager will have quarterly visits with the participant. One quarterly visit will be unannounced.

The Case Manager will call the participant monthly unless a home visit will occur.

The Case Manager can help with services and answer questions.

The Fiscal Agency arranges the National Criminal Background check for PCAs and representatives.

The Fiscal Agency helps the participant manage the budget and pay the PCA.

Personal Choice Enrollment Process

1. The Point or the DHS Social Worker will assist the participant with the LTSS application process if they have not already applied.
2. A Department of Human Services (DHS) Social Worker will complete a home visit that will include an initial assessment and information about the program.
3. If the program is right for the participant, the assessment will be forwarded to the Conflict Free Case Management Agency who will develop a plan of care.
4. The plan of care must be approved by EOHHS.
5. The Fiscal Agency will assist the PCA with paperwork required for employment.



Personal Care Attendant (PCA) Services



- PCAs can help with bathing, dressing, grooming, toileting, eating, mobility, and transfers.
- PCAs can help with household tasks like housekeeping, meal preparation, laundry, and shopping.
- Participants can hire friends, neighbors, family members, advertise for a PCA, or use the registry.
- Spouses, legal guardians, financial powers of attorney, or participants' representatives **cannot** be a PCA.
- Services cannot be duplicated or provided by another agency.
- PCAs must pass a National Criminal Background Check (NCBC).
- PCAs can be trained by the participant, or a person designated by the participant. If the PCA is hired from the registry, there are mandatory training requirements.
- PCAs are paid a wage decided by the participant that is within a range set by EOHHS. The wages include taxes and social security.

Excluded from the Duties of a PCA



A nursing assistant/PCA cannot perform functions that require a professional license, certification, or registration by state law (216-RICR-40-05-22.12).

PCAs cannot perform duties that include but are not limited to:

- Sterile dressing application
- Injections
- Gastric lavage or gavage including any tube feeding
- Cutting toenails for diabetics
- Vaginal irrigations
- Giving advice on medical/nursing matters
- Changing a foley catheter
- Tracheostomy tube care
- Cutting toenails
- Any treatment to nonintact skin
- Oxygen application
- Administering medications

PCA Hiring Process - Screening

A prospective employer will screen by phone to see if the PCA will be right for them and be able to meet their needs. **They may ask:**

How many hours
a week a PCA
can work?

What days and
times they are
available?

Can they work
weekends?

Do they have a
driver's license?

What experience
do they have
providing
personal care
services?

Do they have any
restrictions on how
much they can lift
or any-other work-
related restrictions?

The prospective PCA
should ask any
questions they may
have about the job
requirement and
expectations.

If the prospective
employer thinks it
may be a good fit,
they will schedule
an in-person
interview.

PCA Hiring Process - Interviewing

The employer will ask questions like:

- What jobs have you had in the past?
- What did you like most/least about those jobs?
- Have you had personal care experience?
 - Where?
 - How long?
- What would make you a good PCA?

The employer should provide:

- A detailed description of job duties,
- What are the employer's expectations,
- Anticipated work schedule,
- Employer's abilities and support needs,
- Estimated rate of pay,
- National Criminal Background Check requirement and cost.
- The prospective employer will ask for references.

Hiring a Personal Care Attendant (PCA)



- A PCA cannot begin work or be paid until the fiscal agency has all the completed forms and approved the PCA for work.
- The fiscal agency will review and process all required paperwork.
- The fiscal agency will send the case manager a start date.
- PCAs cannot start work or be paid for work before approval by the fiscal agency and a start date is given to the participant.

National Criminal Background Check (NCBC)

PCAs and representatives require a NCBC and fingerprinting every 5 years.

The cost is \$46.20 and must be paid with a credit or gift card by the person getting the NCBC.

The PCA and/or representative completes an application and gives it to the fiscal agency.

The fiscal agency will check 7 registries for disqualifying items.

After the registries are checked, a letter will be sent as either eligible or ineligible to the PCA or representative.

The eligibility letter lets the PCA/representative go to the Attorney General BCI office in Cranston for fingerprinting.

The PCA / representative must bring the eligibility letter, proper identification, and payment of \$46.20.

Fingerprints are taken and the BCI is submitted for processing.

National Criminal Background Check (NCBC) Continued



The PCA/representative will get the results by email. (qualified, disqualified, or no decision)

If the PCA/representative is qualified, the intake process for Personal Choice will continue.

If a disqualifying violation is committed during the 5-year period after fingerprinting, the PCA can no longer be employed, or a new representative will need to be found.

If there is a break in employment during the 5 years, a new background check will need to be completed along with the fee.

A person can request a review of a disqualifying or no decision letter. Review decisions will be final.

Requests for review should be sent to OHHS.PCPCARegistry@ohhs.ri.gov. All information received from the Attorney General's office will need to be provided for the review.

Training a Personal Care Attendant (PCA)

The participant is the employer and the expert.

- Some PCAs can be given verbal instructions, and other PCAs are better with a hands-on demonstration.
- Participants should talk about their abilities and health concerns the PCA will need to know about.
- Participants should talk about how to handle emergencies.
- Participants should explain why tasks need to be done.
- Participants should teach the PCA how to use any special equipment.
- The participant should praise good work, respect their PCA(s), and ask for feedback on how they are explaining things, and if the PCA has any questions regarding job duties.
- Additional training is available through the 1199 training fund.



Supervising a Personal Care Attendant (PCA)

The participant or representative will direct, oversee, and manage PCAs to ensure the participant receives the care needed.



QUALITY – Do PCAs do tasks the way the participant wants them done?



TIME – Do PCAs do tasks as scheduled?



QUANTITY – Are PCAs doing every task as required, or are they skipping tasks or taking shortcuts?



RULES – Are the PCAs following the guidelines that were set when they were hired?

Electronic Visit Verification (EVV)



- EVV is required by the federal government under the 21st Century Cures Act.
- The law requires states to use an EVV system for personal care and home health care services that are provided in the home.
- Personal Choice PCAs must use the EVV system to electronically verify the following for visits providing personal care services:
 - The type of service performed
 - The participant receiving the service
 - The date of service
 - The location where the service was received
 - The individual who provided the service
 - The time the service begins and ends
- EVV documents all visits and uses the information to verify PCA hours.
- Failure to use the EVV system results in an inability to verify hours worked.
- If hours are unable to be verified, the PCA payroll will be affected.

Participant Directed Goods and Services

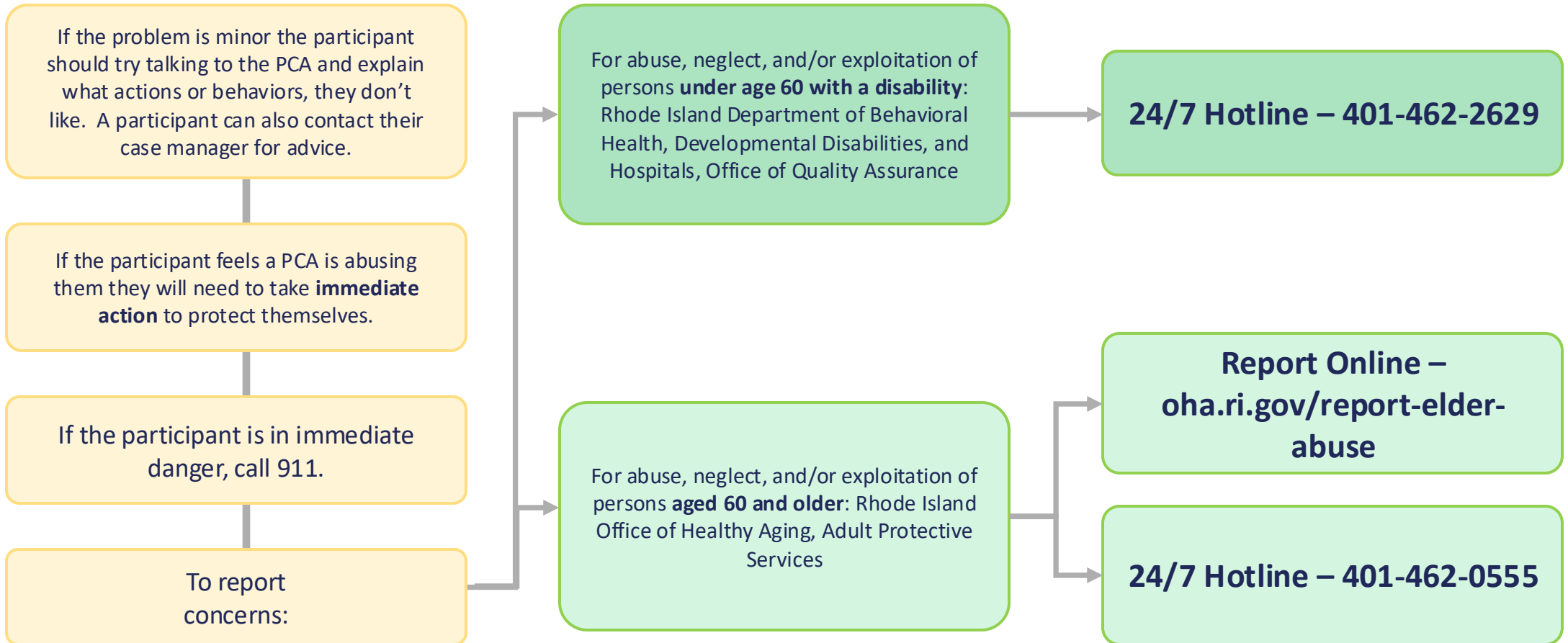
Participants can save some of their budget each month to buy services, equipment, and supplies that are not otherwise provided by Medicaid.



Types of Abuse: PCAs have a duty to report abuse if they observe or become aware of abuse occurring.

- ✓ **Physical Abuse** – An intentional act of causing physical pain or injury, including inappropriate use of restraints.
 - Some Examples: hitting, pinching, kicking
- ✓ **Sexual Abuse** – The intentional force of non-consensual sexual contact of any kind.
 - Some Examples: sexual talk, touching, fondling, rape
- ✓ **Emotional Abuse** – Someone repeatedly and knowingly causing mental and/or emotional harm.
 - Some Examples: verbal threats, yelling, intimidation, isolation
- ✓ **Exploitation** – Someone takes advantage of you by using your money or property without your permission.
 - Some Examples: Taking money from bank account, stealing your things
- ✓ **Neglect** – A PCA does not give you things you need to be healthy and safe.
 - Some Examples: Not meeting basic needs for food, hygiene, clothing, health maintenance

Reporting Abuse



Medicaid Fraud is the intentional providing of false information to get Medicaid to pay for medical care or services. This can be for the benefit of yourself or someone else.

If you suspect or know of Medicaid fraud, you must contact the case manager or fiscal agency and let them know about your concern.

Examples of Medicaid fraud include:

- Sending in timesheets for hours a PCA did not work
- Sending in timesheets without employer signature
- Sending in timesheets while participant was out of state, in a hospital, or rehabilitation facility

Who is responsible for reporting Medicaid fraud?

- The fiscal agency
- The case management agency
- The participant or representative
- The PCA

Participant Rights

Participants have the right to:

- Be treated with dignity and respect all the time
- Have privacy in all contacts with the agencies and freedom from unnecessary disturbance
- Make informed choices, have choices respected, and respect the rights of others to disagree with their choices
- Their choice of approved providers for both case management 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 judgements and negativity
- Live as independently as they desire
- Have their 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 complaints about care or treatment without fear of discrimination or punishment
- Voluntarily withdraw from the program at any time
- Ask questions until they understand
- Ask for a new assessment if needs change
- Know about all case manager and fiscal agency fees
- Appeal any decision made by the case management agency, fiscal advisement agency, or Medicaid agency and expect a timely reply
- Manage Personal Care Attendants (PCAs) by:
 - Deciding who to hire
 - Deciding what special knowledge or skill the PCA must possess
 - Training each PCA to meet individual needs
 - Replacing PCAs who do not meet needs

Participant Responsibilities

Participants have the responsibility to:

- Manage and maintain health and access medical help as needed or seek help to do so.
 - Show the needed skills to self-direct PCAs without risking their health and safety or choose a representative to help.
 - Act as a supervising employer by deciding rate of pay, completing hiring agreements, following employment law and rules, complete all required forms, reviewing timesheets for accuracy, submitting timesheets on time, paying PCAs on time, and treating PCAs with dignity and respect.
 - Report critical incidents to case manager and/or appropriate state agency.
 - Report Medicaid fraud to case manager or fiscal agency.
- Manage personal care services by:
 - Meeting and working with case manager to complete all assessments
 - Participating in in-person and telephone monitoring
 - Developing and monitoring spending plan to address personal care needs
 - Hiring and supervising PCAs
 - Notifying case managers about any changes in medical condition, and hospital or rehab admissions
 - Ensuring a safe working environment
 - Having an emergency back-up plan
 - Providing orientation and training for staff
 - Scheduling PCA hours and making sure PCAs do not work over 40 hours per week
 - Firing staff if needed and letting fiscal agency know when PCA is fired
 - Contacting fiscal agency with billing or payment complaints.

Involuntary Disenrollment from Personal Choice Program



A participant can be removed from the Personal Choice program if the participant or representative does not follow the rules. Involuntary disenrollment may occur when:

- The participant loses either Medicaid financial or level of care eligibility
- A participant is unable to self-direct care and manage PCAs and spending plans
- A representative is unwilling or unable to act in the best interest of the participant
- A participant does not comply with legal/financial rules as an employer of domestic workers or is unwilling to accept advise or training to correct a lack of compliance
- Failure to maintain a participant's health and well-being through the action and/or inaction of the participant or representative
- Unable to keep a safe working environment for PCAs
- Verified complaints of participant self-neglect, neglect, or other abuse on the part of the participant or representative
- A refusal of the participant or representative to cooperate with program oversight activities
- The representative cannot help the participant any longer, and another representative cannot be found
- The participant does not pay cost share (if applicable)
- Proof that Medicaid funds were used improperly or illegally
- The case management agency cannot provide proper help to the participant due to participation dissatisfaction with help

Thank You!

Letter of Attestation



PCA Orientation Online PowerPoint Presentation

By initialing each statement, and signing below, I, (print name) _____, certify the following:

- I have read the Personal Choice Program Orientation PowerPoint Presentation. Initial _____
- I understand and agree with the rules of the Personal Choice Program, and duties and responsibilities of a PCA. Initial _____
- I understand I can email ohhs.pcpcaregistry@ohhs.ri.gov with any questions I may have. Initial _____

Name (signature) _____

City/State/Zip: _____

Address: _____

Date: _____

PLEASE PRINT THIS SLIDE AND SEND WITH YOUR REQUEST FOR PLACEMENT ON PCA REGISTRY