FISCAL EMPLOYER AGENT

PALCO
Empowering Independence

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West Virginia Personal Options Worker Training Manual

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Training Topics Overview

All workers in the Self-Directed (Personal Options) Program(s) must meet certain requirements. These include pre-employment qualifications, initial and annual training, and passing a background check. This manual will give you the information and training you need before you can provide services to a Personal Options participant.

Pre-Employment Qualifications:

- Be 18 years of age or older.
- Be able and willing to perform all required tasks listed in the participant's service plan (ADW / TBIW) or individualized program plan (IDDW).

Pre-Employment and Annual Training Requirements:

- Participant rights and responsibilities.
- Infectious Disease Control and Prevention (universal precautions) upon hire and annually.
- Identifying and reporting suspected abuse/neglect/exploitation upon hire and annually.
- HIPAA and professional ethics.
- Delivering person-centered care.
- Emergency Procedures (such as Crisis Intervention and Restraints) upon hire and annually.
- Worker Back-up Plan and Emergency Disaster Plan upon hire and annually.
- HCBS Settings Rule and statewide transition plan compliance.
- Participant-specific needs (any special needs, behavioral health, overall health and welfare needs) upon hire and as needed (as changes occur).
- Current CPR and First Aid.
- PLUS 4 additional hours of training for ADW workers and 2 additional hours of training for TBIW workers. A resource of approved training vendors/courses can be found here: https://palcofirst.com/wp-content/uploads/2024/03/Worker-Additional-Training-Hours-Resource.pdf

Adult CPR (or Child CPR if applicable) and First Aid Training must be provided by a certified trainer from an approved provider such as the American Heart Association, American Red

Cross, American Health & Safety Institute, American CPR, National Safety Council, EMS Safety, Emergency Care & Safety Institute, or ProTrainings.

- A copy of the CPR and First Aid certification cards must be submitted to Palco and must be maintained as defined by the terms of the certifying agency. Usually these certifications are good for two years, and then must be renewed.
- Skills must be demonstrated. For a BMS-approved list of vendors: *https://dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Pages/Member-LR-Information.aspx*
- Online courses will not be accepted unless accommodated with a statement from the provider indicating that skills are demonstrated.

The participant and/or program representative needs to verify these qualifications at hire. They will also need to update, as necessary.

The worker may be responsible for certain costs, i.e., CPR and First Aid certifications from an approved vendor and a criminal background check.

Criminal Background Checks (CBC) Check Requirements:
All workers must undergo a background check through WV Cares/IdentiGo upon hire and every five years after that. An individual cannot be employed if they have been convicted of certain felonies (*see worker packet for complete list*). CBC results that may put a participant at risk of personal health and safety must be made available to them. They must also be given results that show a history of Medicaid fraud or abuse. This information may be used in starting to or continuing to employ a worker.

A WVDHHR Protective Services Record Check may be completed upon hire if requested by the member. This checks for child or adult maltreatment. Any confirmed finding will disqualify a worker from being hired or maintaining employment. Your Resource Consultant can provide a copy of the form upon request.

A Federal Office of Inspector General (OIG) List of Excluded Individuals and Entities is run upon hire for each worker. It is checked again every month during employment. This ensures there are no instances of fraudulent activity.

Visit the Palco website or speak to the Participant's Resource Consultant to obtain the CBC enrollment forms and initiate the background check process.

Personal Options

Personal Options is a participant-directed program made to give people choices and control over their Medicaid services, all with the goal that they may live an independent life in their community. It is available on the Aging and Disabled Wavier (ADW), Intellectual Disabilities and Developmental Disabilities Waiver (IDDW), and the Traumatic Brain Injury Waiver (TBIW).

The Personal Options program allows participants to:

- Manage a participant-directed budget for services.
- Select, hire, and manage workers to provide identified and approved services for the participant.
- Determine worker work schedules and rates of pay.
- Receive Person-Centered Supports, Respite and Transportation services as needed.
- Purchase other Goods and Services including assistive devices, home modifications, and personal emergency response systems.

Participant Rights

Each participant has the right to:

- Privacy and confidentiality regarding their services.
- Be treated with dignity and respect at all times.
- Have the involvement and support of people they choose.
- Make decisions about their personal assistance needs.
- Receive information they need to make informed choices.
- Appeal decisions regarding their waiver services and the *Personal Options* program.
- Access the WV DHHR Fair Hearing process.
- Be involved in decisions about their waiver services.
- Be notified of changes in *Personal Options* in a timely manner.
- Transfer to a traditional provider agency.

Participant Responsibilities

Participants are responsible for:

- Managing their health and safety.
- Maintaining medical eligibility through semi-annual or annual assessment.
- Maintain financial eligibility with DHHR.
- Notify their Palco Resource Consultant of any change in medical status or care needs.
- Notify their Palco Resource Consultant of overnight admissions to a hospital, nursing home, or other facility.
- Contact their Palco Resource Consultant immediately if there are changes in your Medicaid coverage.
- Notify your Palo Resource Consultant of any change in residence, address, or phone number.
- Maintain a safe home environment.
- Cooperate with monthly phone contact from the Palco Resource Consultant.
- Cooperate with scheduled in-home visits, and spending plan reviews with their Palco Resource Consultant.
- Maintain monthly phone contact with Palco Resource Consultant.
- Ensure their workers follow their Service Plan or Individualized Program Plan.
- Verify services were provided by approving time entries daily and signing transportation invoices.
- Review and sign off on the monthly Personal Attendant Log (ADW only) or daily Personal Attendant Worksheet (TBIW only).
- Discuss concerns with their Palco Resource Consultant.
- Report incidents of abuse, neglect, or exploitation to the Protective Services hotline at 1-800-352-6513.
- Report any illegal activity of workers to local policy or the appropriate authorities.

Participants may choose/be required to have a program representative assist them with these and other duties of being an employer. Please ensure you can identify the program representative for your participant (if applicable).

Services available to participants in the ADW Program include:

ADW Service	Description
Personal Attendant	Personal Attendants provide hands-on personal care assistance, as outlined in the participant's Service Plan. This usually addresses activities of daily living. They may also provide other incidental services such as changing linens, meal prep, and light housekeeping, such as sweeping, mopping, dishes, and dusting.
Non-medical Transportation	Personal Attendants can transport the participant for non-medical reasons. Examples include running errands or going to community activities, as indicated on the participant's Service Plan. To provide this service for reimbursement, the attendant must have a valid driver's license, proof of insurance, and vehicle registration. Personal Attendants may be able to provide transportation for the participant to medical appointments by registering with the State Plan Service Non-Emergency Medical Transportation (NEMT). The attendant would then be reimbursed for the miles driven for this service via that program. Personal Attendants would be responsible for keeping records of all reimbursed travel and paid services as this is outside of the employer's responsibility. Please contact your Resource Consultant for more information about NEMT.

Services available to participants in the Intellectual and Developmental Disabilities (I/DD) waiver program include:

Service	Description
Person-Centered Supports	Person-centered supports allows the participant to live in and be part of their community. As a support worker, you may help with: ○ Self-care ○ Receptive or expressive language ○ Learning ○ Mobility ○ Self-direction ○ Capacity for Independent Living ○ Compiling data for the Therapeutic Consultant (TC) or Behavior Support Professional (BSP). Specific job duties will be outlined for you by the participant and/or in their IPP. You need to be familiar with their needs before starting employment. You will also need to know when changes occur.
Respite	Respite services must be provided by a person who does not live in the same household as the participant. This service provides a temporary substitute for the primary caregiver. Having a planned break from caregiving duties can support the physical and emotional well-being of both the care provider and participant. This service may not be billed concurrently (at the same time) as any other direct care service. Respite may be used to: ○ Allow the primary care provider to take a break from the caretaker role for themselves and/or other family members. ○ Provide help to the primary care provider or member in a crisis or emergency. ○ Allow the primary caregiver to attend and participate in IDT meetings and the annual assessment of functioning for eligibility conducted by the Administrative Services Organization (ASO). Respite providers must be trained in member-specific instruction (i.e., behavioral intervention plans, medical plans of care, specific instructional activities, etc.) and/or service objectives. Refer to the BMS policy manual for limitations on who may provide training and for how long.
Transportation	Allows for reimbursement of miles traveled during time working for the participant. The participant must also be in the vehicle for miles that are

Service	Description
	billed. This may or may not be part of a participant's budget. Please speak with the Resource Consultant for details and how to bill this service if applicable.
Participant-Directed Goods and Services (PDGS)	Services, equipment, or supplies that are not provided through this waiver program, nor through the Medicaid State Plan, fall under PDGS. These items or services are purchased from the participant's budget. PDGS purchases must address an identified need in the IPP and meet these requirements: ○ The item or service would decrease the need for other Medicaid services, and/or promote full membership in the community, and/or increase participant's safety in the home environment. ○ The participant does not have the funds for the item or service, or the item or service is not available through another source. PDGS cannot be used to reimburse for items or services that have already been obtained. It also cannot be used for items or services that were not pre-approved by the Personal Options F/EA. There must be receipts or other documentation of the goods or services purchased. For more info about PDGS, visit the Department of Health and Human Resources website: http://www.dhhr.wv.gov/bms/Documents/bms_manuals_Chapter_513_IDD.pdf

Services available to participants in the TBI waiver program include:

Personal Attendant	Personal Attendants provide hands-on personal care assistance, as outlined in the participant's Service Plan. This usually addresses activities of daily living. They may also provide other incidental services such as changing linens, meal prep, and light housekeeping, such as sweeping, mopping, dishes, and dusting.
Non-medical Transportation	Personal Attendants can transport the participant for non-medical reasons. Examples include running errands or going to community activities, as indicated on the participant's Service Plan. *To provide this service for reimbursement, the attendant must have a valid driver's license, proof of insurance, and vehicle registration.* Personal Attendants may be able to provide transportation for the participant to medical appointments by registering with the State Plan Service Non-Emergency Medical Transportation (NEMT). The attendant would then be reimbursed for the miles driven for this service via that program. Personal Attendants would be responsible for keeping records of all reimbursed travel and paid services as this is outside of the employer's responsibility. Please contact your Resource Consultant for more information about NEMT.
Personal Emergency Response System (PERS)	The Personal Emergency Response System (PERS) is a tool that allows you to ask for emergency help, if needed. A PERS unit is a small pendant that you can wear around your neck, wrist, or on a belt. When an emergency occurs (falling, sudden illness, home invasion, etc.), you can press the button on the pendant and start a conversation with an operator. If necessary, the operator can send first responders (EMS/Fire Department/Police) to your home immediately. If you would like to have a PERS unit, you should notify your Case Manager or Resource Consultant and they will help you get the equipment and explain how to use it. The units are monitored 24 hours a day, 365 days a year.

Palco Overview

Participants enrolled in the Personal Options program will work with a Fiscal Employer Agent (FEA). FEAs provide support to the participant through their self-directed journey. Palco is the Fiscal Employer Agent for the Personal Options program.

Who Are We?

Palco is the first Financial Management Services (FMS) provider in the country. We have been providing services for nearly 25 years. In that time, we have influenced and helped grow self-direction to what it is today!

Our mission at PALCO is to empower independence. Sharpened by experience and amplified by modern technology, Palco advocates for people to live independent lives.

Our Core Values

- **Independence** – Empowering people to live independent and quality lives through original ideas and tools that solve problems.
- **Innovation** – Our all-encompassing tools revolutionize self-direction, providing solutions to business problems through modern technology.
- **Expertise** – A quarter century providing financial management services with unmatched industry experience.
- **Trust** – Palco leadership strives for long-lasting partnerships forged from integrity, accessibility, and commitment to client achievement.
- **Diversity** – Our experience spans a variety of health and human services contracts. Our business practices honor diverse individuals and perspectives.
- **Advocacy** – Advocating for industry best practices and incorporating feedback from end users to ensure stakeholders at all levels of the service continuum get the resources deserved.

Our role at Palco is to:

- Assist participants and their workers with the required paperwork.
- Verify criminal background checks for workers.
- Confirm workers' qualifications including CPR and First Aid Certification.

- Perform all payroll and tax functions for participants and their workers.
- Answer payroll questions via phone.
- Assign a Palco Resource Consultant to help participants and their workers understand their responsibilities in the Personal Options program.

Palco provides the time capture system called Electronic Visit Verification (EVV) and Connect for the submission and management of all time. In addition, the Connect portal provides valuable resources such as access to pay stubs, W-2s, the ability to update your contact information, and more. Resources and instructions for the use of Connect and EVV can be found on the Palco website. Palco maintains a training library for participants and their workers which can be accessed from the Palco website as well. Visit www.palcofirst.com/west-virginia for more information.

Palco maintains a Customer Support Center for any questions or concerns. You can contact the West Virginia team at 866-710-0456, Monday-Friday between 9:00am and 6:00pm EST. Additionally, you can email them at customersupport@palcofirst.com.

Every participant within Palco is assigned a dedicated Resource Consultant who can help you along your journey with self-directed services. Resource Consultants are regionally located across the state to provide the best and most person-centered support to every participant.

Worker Roles and Responsibilities

Your job as a worker of a Personal Options participant is to provide services as outlined in the participant's plan. With that comes the following responsibilities:

- You will provide services to the participant in a person-centered way.
- You will perform identified and approved tasks.
- You will report for work on time. If you will be late or absent from a shift, you will notify the participant in advance.
- You will accurately report the shifts you have worked and report them on time.
- You will be respectful of your employer, as well as their belongings, family, and acquaintances.
- You will not use your employer's personal property unless agreed upon by both parties.
- You will notify the Resource Consultant of any changes in the condition of the participant, including death.
- You will notify the Resource Consultant of any abuse, neglect, or exploitation of the participant.
- You will notify the Resource Consultant of any critical incidents or hospitalizations.
- If providing transportation services, you will hold a valid driver's license and automobile insurance.
- You will maintain confidentiality at all times. You will only release information with the written consent of the participant.
- You will inform the employer of any non-workplace injury that would interfere with the performance of your duties.
- You will report workplace injuries to the participant within 24 hours.
- You will complete mandatory annual training and maintain current training certificates as applicable.

Always Remember:

- You are responsible for reporting any changes to the participant's health, safety, and welfare to the Resource Consultant.
- You may not bill for services when the participant is in the hospital, nursing facility, or rehab center.

You are a mandated reporter for any suspicion of abuse, neglect and exploitation.

If the Worker owns the home:
The Centers for Medicare & Medicaid Services (CMS) released a rule for Home and Community Based Services (HCBS) Settings in March 2014. The HCBS Settings Requirements ensure people have opportunities to be fully integrated into their communities and increase protections for people wherever they receive HCBS services. **If the worker owns the home, the HCBS setting rules apply to the home.**

The key characteristics residential settings must include are:

- Privacy in their living/sleeping unit.
- A choice of roommates.
- Units with lockable entrance door.
- Freedom to furnish and decorate.
- Freedom and support to control schedules and activities.
- The ability to have access to food any time.
- Freedom to have visitors at any time.
- Be physically accessible to the individual.
- Modifications to these requirements are allowed when supported by a specific assessed need. Proper documentation is required as well as informed consent.

More Information:
Medicaid.gov Home and Community Based Page includes the text of the final rule and additional guidance.

- Home and Community Based Services Final Regulation
- Residential Settings Exploratory Assessment Questions
- Non-Residential Settings Exploratory Assessment Questions
- Setting Requirements Compliance Toolkit

Principals of Self-Determination & Person-Centered Care

Personal Options is based on the principles of self-determination. Self-determination is being able to live the life you want with the services and support you need.

Self-determination is the participant's ability to make choices to:

- Exercise control over his/her life.
- Achieve personal goals.
- Obtain skills and resources to participate in meaningful roles in the community.
- Take responsibility for his/her actions.
- Determine his/her future.

The principles of self-determination:

- Freedom to choose a meaningful life in the community.
- Authority over a set amount of dollars (participant-directed budget).
- Support to organize resources to enhance their life.
- Responsibility for the wise use of public funds.
- Confirming of the important role participants and their families have in their care.

As a worker for a Personal Options participant, you can provide support to reinforce these principles. The participant has chosen you because you understand they want to have choice and control in their life, and you will support that goal.

Consider these ideas as you provide support and assistance to participants in the Personal Options program.

- Person-Centered Supports
  - Recognize that each person must direct his or her own life and support and that the unique social network, circumstances, personality, preferences, needs and gifts of each person I support must be the primary guide for the selection, structure, and use of supports for that individual.
  - Commit to person-centered supports as best practice.

- Provide advocacy when the needs of the system override those of the individual(s) you support, or when individual preferences, needs or gifts are neglected for other reasons.
- Honor the personality, preferences, culture and gifts of people who cannot speak by seeking other was of understanding them.
- Focus first on the person, and understand that your role in providing direct supports will require flexibility, creativity, and commitment.

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

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

- Confidentiality
  - Seek information directly from those you support regarding their wishes in how, when and with whom privileged information should be shared.
  - Seek out a qualified individual who can help clarify situations where the correct course of action is not clear.
  - Recognize that confidentiality agreements with individuals are subject to state and agency regulations.
- Justice, Fairness, and Equity
  - Help the people you support use the opportunities and resources of the community.
  - Help the individuals you support understand and express their rights and responsibilities.
  - Understand the guardianship or other legal representation of individuals you support, and work in partnership with legal representatives to assure that the individual's preferences and interests are honored.
- Respect
  - Seek to understand the individuals you support today in the context of their personal history, their social and family networks, and their hopes and dreams for the future.
  - Honor the choices and preferences of the people you support.
  - Protect the privacy of the people you support.
  - Uphold the human rights of the people you support.
  - Interact with the people you support in a respectful manner.
  - Recognize and respect the cultural contexts (e.g., religion, sexual orientation, ethnicity, socio-economic class) of the person supported and his/her social network.
  - Provide opportunities and support that help individuals you support be viewed with respect and as integral members of their communities.
- Relationships
  - Advocate for the people you support when they do not have access to opportunities and education to facilitate building and maintaining relationships.
  - Assure that people have the opportunity to make informed choices in safely expressing their sexuality.
  - Recognize the importance of relationships.

- Separate your own personal beliefs and expectations regarding relationships (including sexual relationships) from those desired by the people you support based on their personal preferences. If you are unable to separate your own beliefs/preferences in a given situation, you should actively remove yourself from the situation.
- Refrain from expressing negative views, harsh judgments, and stereotyping of people close to the individuals you support.

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

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

Person First Language

Person first language places the focus on the person not the disability. For example, "an individual with TBI" is a person-focused phrase, while a "TBI person" is disability-focused. This language eliminates labeling and helps view individuals with disabilities with respect. This shift in language helps us reject labeling and view individuals with disabilities as deserving of respect. It recognizes that people are not defined by their disability any more than they should be characterized solely by their hair color, race, gender, nationality, etc.

- Avoid using negative terms that stereotype, devalue or discriminate against persons with disabilities, such as "handicapped parking" or "mentally disabled", etc. Use positive language that is not outdated or offensive, such as "accessible parking".
- Person first language that is acceptable to individuals with disabilities can change over time. Some persons with disabilities may prefer language that is not person first language, while others find that person first language makes speaking and writing complicated. For these reasons, simply asking the person what terms they prefer when speaking about themselves or referring to individuals with disabilities.

- Encourage person first language by modeling the appropriate terminology when working with colleagues or in the community with the participant. You can also encourage person to speak up if they are uncomfortable with the language being used and feel it needs to be addressed.

Why person first language?

There are many social barriers to full community inclusion for people with disabilities. One of the greatest barriers is language. It is common in Western society to either refer to a person with a disability as a "disabled person" or to use all-inclusive categories such as "the disabled" or "the handicapped." A person might also be described by their medical diagnosis (e.g., an epileptic). Not only can this language reflect a negative view of persons with disabilities, but it can also have a direct impact on how persons with disabilities perceive themselves and their worth in society. The term "handicapped" implies that someone is at a disadvantage. Service providers who view persons with disabilities as less able or less skilled may not encourage self-sufficiency with members who have disabilities or may unnecessarily modify their goals. Limited expectations can rob persons of their individuality and imply that they are their disability rather than what they really are – persons with disabilities.

When interacting with persons with disabilities, ask yourself if the disability is even relevant to your conversation or needs to be mentioned when referring to them.

What terms are inappropriate?

It is important to avoid using negative terms that stereotype, devalue or discriminate against persons with disabilities. Here are a few examples:

- **"Handicapped"** is an outdated term that can create negative images. The word originates from an Old English game in which the losers were left with their "hands in their caps" and considered to be at a disadvantage. It also is through to refer to war veterans who held their caps in their hands as they begged for money. In reality, a handicap is often a disadvantage that occurs as a result of a disability and environmental and/or attitudinal factors. For example, a person with a disability who uses a wheelchair is handicapped when he faces a set of stairs and there is no ramp for equal access. The stairs create the disadvantage, not the disability.
- **"Disabled"** is often used to describe something that is broken or injured. For example, a broken-down car may be described as a "disabled vehicle." People with disabilities, however, are not broken nor do they need to be fixed.
- **Words soliciting empathy such as "suffers with" or "afflicted with"** have been used when describing people with disabilities. People with disabilities are sometimes depicted as "heroes" for doing everyday activities. It also may be said that people with disabilities

must "fight to overcome their challenges," but more often the real fight is to be treated as equal to everyone else.

- **The term "special needs" can generate pity.** However, it is not the disability that makes a person special, but characteristics (e.g., talents, skills, and individuality).
- **The words "normal," "healthy" or "whole" might have been used when speaking about people without disabilities as compared to those with disabilities.** These terms imply that people with disabilities are not normal, healthy, or whole. Another way to convey a similar message of inferiority compared to a person without a disability is saying someone is "mentally challenged," "physically challenged," or "cognitively challenged."

What are examples of person first language?

The following chart provides examples of currently accepted person first language for specific disabilities and medical conditions, as well as very brief explanations of why the old descriptors are inappropriate. *It is by no means a comprehensive chart of terms; you are encouraged to consider additional examples or determine whether the currently accepted terms listed are still the most appropriate to use.*

Outdated or Offensive Terms	Reasons	Currently Accepted Terms
Deaf and dumb, dumb	Implies mental incapacitation, simply because someone is deaf does not mean that they cannot speak.	Deaf person, non-verbal, hard of hearing, person who does not speak, unable to speak, uses synthetic speech
Hearing impaired, hearing disability, suffers a hearing loss	Negative connotation of "impaired" and "suffers"	Deaf, hard of hearing
Slurred speech, unintelligible speech	Stigmatizing	Person with communication disability, person with slow speech
Confined to a wheelchair, wheelchair-bound	Wheelchairs don't confine, they make people mobile	Uses a wheelchair, wheelchair user, person who uses a wheelchair

Outdated or Offensive Terms	Reasons	Currently Accepted Terms
Cripple, crippled	Old English, meaning "to creep". Also used to mean "inferior", dehumanizing	Has a disability, physical disability
Deformed, freak	Implies repulsiveness, oddness, dehumanizing	Multiple disabilities, severe disabilities
Crazy, insane, psycho, maniac, nut case	Stigmatizing, considered offensive, reinforce negative stereotypes	Behavioral disorder, emotional disability, person with a mental illness, person with a psychiatric disability
Retarded, mentally defective, slow or simple, moron or idiot	Stigmatizing, implies a person cannot learn	Cognitive disability, developmental disability (use "mental retardation" sparingly)
Mongoloid	Considered offensive	Person with down syndrome
Stricken/afflicted by MS	Negative connotation of "afflicted" and "stricken"	Person who has multiple sclerosis
CP victim	Cerebral palsy does not make a person a "victim"	Person with cerebral palsy
Epileptic	Stigmatizing	Person with epilepsy, person with seizure disorder
Having a fit	Reinforces negative stereotypes	Seizure
Birth defect	Implies there was something wrong with the birth	Congenital disability
Deinstitutionalized	Stigmatizing, groups people into one category, not focused on individual	Person who used to live in an institution
Midget	Outdated term, considered offensive	Person or short stature, person with dwarfism

Are there exceptions to person first language "rules"?
Yes. Some groups of persons with disabilities have been vocal about choosing terms to describe themselves that are not person first terminology. For example, the community of Deaf people prefers to use deaf with a capital D to denote the Deaf culture and the Deaf community, not the hearing loss. In some communities of the blind, "he's blind" or "person without sight" is preferred over he has "blindness." Also, some persons with autism prefer "autistic person" rather than "person with autism." People with disabilities who reject person first terminology may see it "as devaluing an important part of their identity and falsely suggesting that there is, somewhere in them, a person distinct from their condition." Rather than viewing their condition (e.g., deafness, autism, and blindness) as a disability, they may view it as a trait.

In addition, some who write or speak about disabilities may reject person first terminology because they think it can make sentences long, repetitive, and unwieldy. They also may question if the use of this terminology changes attitudes and if, in fact, it draws more negative attention to the disability.

While acknowledging these exceptions, it is important to remember that the promotion of person first language in recent decades has facilitated a healthy debate. It has stimulated conversations about what terminology best represents persons with disabilities as valuable members of our communities with equal status to persons without disabilities. For service providers, familiarity with person first language can help them strive to use language when speaking or referring to members with disabilities that will lead to positive outcomes (e.g., greater satisfaction with services provided, more rapid healing from trauma, increased self-esteem, more job productivity, etc.).

Health Insurance Portability and Accountability Act (HIPAA)

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

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

What is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. It is a public law created to increase access to and efficiency of the health care system in the US. HIPAA created a national standard to protect individuals' medical records and other personal health information and gives persons more control over their health information. HIPAA mandates standards for the protection of health information in how the information is used or shared. In addition, the HIPAA Privacy Rule took effect in 2003. This established regulations for the use and disclosure of protected health care information.

Privacy Tips:

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

Privacy vs. Security

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

Protected Health Information (PHI)

Protected Health Information is not just information of medical conditions. Protected health Information also includes names, birthdays, dates of death, admission/discharge information, addresses, telephone numbers, email addresses, Social Security Numbers, medical records, health plan numbers, vehicle identification, and photographs.

The participant is not required to provide permission for:

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

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

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

Participant Rights

The participant has a right to confidentiality with their medical records, Personal Identifying Information (PII), and Protected Health Information (PHI); therefore, you do not:

- Disclose Medicaid numbers or Social Security numbers, etc.
- Disclose medical conditions or diagnoses.
- Disclose that the person is receiving ADW services or Medicaid.

Personal Attendants' Responsibilities:

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

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

- If this were my personal information, would I want other people discussing it?
- Is this a violation of the HIPAA Privacy Rule?

The answer to these questions will let you know the right thing to do. If you have additional questions, please contact your Resource Consultant.

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

What can you do?

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

Summary

- Protect the participant's personal information.
- Do not disclose the ADW participant's personal information.
- Do not disclose the ADW participant's medical information.
- Only use necessary information (personal identifying and medical).
- Report any accidental mistakes to your Resource Consultant.
- Report any complaints to your Resource Consultant.

Incident Reporting

Workers must report *critical* and *simple incidents* to the Resource Consultant. Critical incidents have a high chance of causing harm to the participant.

Critical incidents do not involve abuse or neglect. These incidents may include, but are not limited to:

- Attempted suicide, or suicidal threats or gestures.
- Suspected and/or observed criminal activity by members themselves, members' families, health care providers, concerned citizens, and public agencies.
- A fall or injury of unknown origin requiring medical intervention if abuse and neglect is not suspected.
- Interruption of a major utility, such as electricity or heat, to the member's home (but does not compromise the health or safety of the member).
- Problems with the member's home, such as inadequate sanitation or structural damage.
- Fire in the home resulting in relocation or property loss.
- Unsafe physical environment in which the worker's welfare is in jeopardy.
- Disruption of services due to law enforcement issues for the participant or family members.
- Medication errors by a member or their family caregiver.
- Disruption of planned services for any reason, including failure of the emergency backup plan.

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

- Minor injuries (requiring more than first aid), unknown how they occurred and no pattern.
- Dietary errors with no negative outcome.

Any incident that compromises the health and safety of the participant is considered neglect. These incidents must be reported to the Resource Consultant and either Child or Adult Protective Services.

Recognizing, Documenting and Reporting Suspected Abuse, Neglect & Exploitation

Overview:
The purpose of this training is to ensure workers understand their roles and responsibilities as mandated reporters.

Anyone providing services under the West Virginia I/DD Program is a mandated reporter. That means if you witness any suspected abuse, neglect, or exploitation, it *MUST* be reported to the Case Manager and Resource Consultant. In addition, it is the policy of West Virginia Personal Options to promptly report all suspected incidents to the proper authorities and to fully cooperate in the prosecution. WV 61-2-29 is the law that provides criminal penalties for caregivers who, directly or indirectly, abuse, neglect, exploit, or create an emergency situation for an incapacitated individual. The Central Abuse Registry lists individuals who are convicted of misdemeanor or felony offenses consisting of abuse, neglect, or exploitation of a child or incapacitated adult.

Abuse: The act or threat or inflicting pain or injury on or the imprisonment of any child or incapacitated adult.

Verbal Abuse: Non-physical abuse such as threats, insults, and the like.

Physical Abuse: Intentional use of force against another person – pushing, slapping, pinching, kicking, biting, pulling hair, burning, cutting, forced sexual activity or physical restraints.

Signs of Physical Abuse:

- Bruises or grip marks around the arms or neck.
- Bruises on torso.
- Rope marks or welts.
- Repeated unexplained injuries.
- Dismissive attitude or statements about injuries.
- Behavior change (increase in aggression, change in way affection shown/attachments, more or less friendly, more or less talkative/sharing of information, withdrawn, fearful).

Emotional and Psychological Abuse: Threats, ridicule, continual criticism, humiliation, forced social isolation, and destruction of personal belongings and property.

Signs of Emotional and Psychological Abuse can mimic the natural occurrence of aging:

- Loss of appetite
- Refuse to eat
- Lack of movement and activity
- Social withdrawal and fearfulness
- Weight loss
- Dehydration
- Bowel changes or frequent urinary infections

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

Sexual Abuse Signs and Symptoms:

- Unexplained vaginal or anal bleeding.
- Torn or bloody underwear.
- Bruised breasts or thighs.
- Venereal diseases or infections.
- Behavior change (increase in aggression, change in way affection shown/attachments, more or less friendly, more or less talkative/sharing of information, withdrawn, fearful).

Neglect: Failure to provide the necessities of life to a child or incapacitated adult with the intent to coerce or physically harm the individual. Neglect may be nutritional, medical, self-inflicted, or environmental.

Neglect Signs and Symptoms:

- Sunken eyes.
- Weight loss.
- Extreme thirst/dehydration.
- Poor hygiene.
- Bedsores.
- Wet/soiled clothing (more than normal).
- Change in behavior.

Financial Exploitation: Type of neglect of a child or incapacitated adult involving the illegal or unethical use of funds, property, or other assets.

Exploitation Signs and Symptoms:

- Sudden decrease in bank account balances.
- Sudden change in banking practices (such as making several large withdrawals from a bank account or ATM over a period of several days instead of one small withdrawal each week).
- Problems paying bills or buying food or other necessities.
- Sudden changes in wills or other financial documents.
- The person begins to act very secretively (telephone con artists often try to isolate their victims to avoid detection by telling the victim not to let anybody know about their calls).
- Unexplained disappearance of money or valuable possessions.
- Substandard care being provided or bills which are late or unpaid despite the availability of adequate financial resources.
- Concerns expressed by a person with a developmental disability that he or she is being exploited.
- Lack of money early in the month (when disability or other types of government benefits are paid).

While some actions (such as punching) are easy to identify as abuse, other forms of mistreatment by caregivers are harder to spot (although they still represent acts of abuse).

Below are examples of what can be termed "subtle" abuse:

- Ignoring a person when they ask for help.
- Making a person beg for help.
- Providing help in a way that makes the person feel like a burden or feel guilty.
- Intentionally making a person wait for help.
- Refusing to recharge the battery of a person's wheelchair.
- Providing physical care in a way that is unnecessarily rough or careless.
- Refusing to provide help unless the person agrees to lend money.
- Purposely unplugging or turning off adaptive equipment.

There are a number of conditions that may lead you to think that someone with a developmental disability has been abused or neglected when they have not been. Here are some of the most common:

- Injuries due to falls.
- Sensory impairments.
- Skin breakdown from appliances or orthopedic equipment.
- Self-injurious behavior (SIB).
- Poor growth and failure to thrive.
- Fractures.
- Sensory integration problems: Some people with different kinds of disabilities may be overly sensitive to touch, textures, taste, or temperature. These persons may resist hugs, face washing or other harmless/innocent types of touch. This can also look like failure to thrive or significant behavioral problems.
- Mongolian spots: Mongolian spots which are bluish or bruised-appearing areas that are usually seen on the lower back or buttocks. These spots are harmless and occur more commonly in persons of color. They may remain for months or years.

Mandatory Reporting: Workers must report known or suspected cases of abuse, neglect or emergent situations involving an incapacitated adult.

When to file a report:

- ANYTIME reasonable suspicion exists.
- You witness an incident of abuse or neglect.
- You discover undocumented or unexplained injuries.

If you feel a child or incapacitated adult is in an emergency situation, call law enforcement immediately.

How to file a report:

- ALWAYS Contact a Case Manager and/or Resource Consultant.
- Call the 24-hour hotline 1-800-352-6513 (verbal reports must be followed up with a written report within 48 hours).
- Call the local DHHR office (verbal reports must be followed up with a written report within 48 hours).
- If sexual abuse is suspected, call local law enforcement.

Fraud Prevention

Overview:
The purpose of this training is to ensure workers understand Medicaid fraud and how to prevent it.

All services in the Personal Options program are paid for with federal and state Medicaid funds. As a worker in this program, you need to be aware of your role in avoiding fraud. There are severe penalties for committing fraud in billing or the provision of services to participants in this program. Penalties may include fines and/or jail if convicted. You may also lose the ability to get employment in various job settings. These settings include health care, behavioral health, school systems, and financial institutions. Fraud is not tolerated.

Examples of Fraudulent Actions:

- Signing another person's signature on a timesheet, travel invoice, service document or other legal document. The participant or program representative must sign their own name. Workers cannot sign for the employer even if that person is okay with it.
- Documentation of services should remain at the place of employment. They must be reviewed and verified by the employer.
- Billing for services provided before being approved as a worker in Personal Options.
- Billing for services provided by another worker.
- "Rounding up" to nearest hour or changing the actual time services were provided. Use real time on timesheets. If you work from 8:00am to 12:00pm on Monday and from 8:15am to 11:00am on Tuesday, complete your timesheet as such. It is normal and expected that work times will occasionally vary due to traffic, weather conditions, worker illness, or other unforeseen changes to schedule.
- Billing waiver services when actually performing other non-billable activities. For example, do not bill Person-Centered Supports of Personal Attendant services when shopping for your family or performing other activities that are not specific to the participant's wants/needs. The IPP or Service Plan is the written record of the approved activities that may be provided to the participant. The services/supports billed by workers must directly relate to a need or activity identified on the IPP or Service Plan.
- Billing for mileage that is not directly related to the participant's support/service needs. The participant must be in the vehicle with the worker and mileage may only be billed in conjunction with the provision of Person-Centered Supports or Respite services. If

transportation is not included the Service Plan, transportation can only be reimbursed through local DHHR non-emergency medical transportation (NEMT) program.

- Billing for mileage through both Personal Options and the local Department of Human Resources (DHHR) office.
- Billing or documenting services not provided. Only document services that are actually provided. If community integration is scheduled but the participant did not travel into the community due to illness, the worker should not bill for community integration on that day. It is normal and expected that not all services listed on the IPP or Service Plan will be needed or provided on a daily basis.
- Services cannot be provided to a participant in a psychiatric hospital, nursing home, or rehabilitation facility.
- Person-Centered Support services may be provided when a participant is an inpatient in a medical hospital only if the participant requires behavioral support—i.e., attempts to remove IV or feeding tube, elope, etc.
- Billing for services provided to someone other than the participant. You cannot bill for services such as transporting employer's family members to work or medical appointments. Other examples include doing laundry for other household members or cleaning rooms of the home not utilized by employer. If working for more than one person in a household, keep work schedules and activities separate, bill and document separately for each employer.
- Using participant's money to purchase items for yourself or someone else.
- You should never borrow money from your employer or loan money to your employer or their family members. Not borrowing will protect both parties from accusations of theft or hurt feelings and embarrassment.
- Providing false information regarding employer's medical condition and need for assistance.

During the required annual Acentra/Kepro assessment, you may be asked to give information about the amount of care your employer requires. Be sure to provide simple, direct answers regarding the types of assistance that is required. Do not provide any information regarding care you are not responsible for providing. If you have any questions or doubts whether an action could be considered fraud, be safe and do not do it. You may contact the Resource Consultant with any questions or concerns.

Universal Precautions

Overview:

The purpose of this training is to reduce and prevent the exposure of workers to the hepatitis B virus (HBV), the human immunodeficiency virus (HIV – the virus that causes AIDS), methicillin resistant staphylococcus aureus (MRSA) and other blood borne pathogens. Workers will understand the importance of using universal precautions including proper hand washing techniques, use of gloves, use of personal protective equipment, and sanitary housekeeping activities.

- Approximately 5.6 million workers in health care and other facilities are at risk of exposure to blood borne pathogens such as human immunodeficiency virus (HIV – the virus that causes AIDS), the hepatitis B virus (HBV), and the hepatitis C virus (HCV).
- All workers who could face contact with blood and other potentially infectious materials are included in the list of those most often at risk.
- "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

Most common exposures:

- Needle sticks.
- Cuts from other contaminated sharps (scalpels, broken glass, etc.).
- Contact of mucous membranes (for example, the eye, nose, mouth) or broken (cut or abraded) skin with contaminated blood.

Exposure Control Plan:

- Can be developed by employer, used mainly for larger employers, RC can assist with questions if needed.
- Must be written and reviewed at least annually to reflect changes in exposure risk.
- Annual review must document employer's consideration and implementation of safer medical devices.
- Must solicit input from potentially exposed workers in the identification, evaluation, and selection of engineering and work practice controls.
- Plan must be accessible to workers.
- Treat all human blood and certain body fluids as if they are infectious and carry a risk of exposing you to HIV or other diseases.

- Must be observed in all situations where there is a potential for contact with blood or other potentially infectious materials.

Engineering Controls: These controls reduce worker exposure by either removing the hazard or isolating the worker. Examples include:

- Sharps disposal containers.
- Self-sheathing needles.
- Safer medical devices including needleless systems and needles with engineered sharps injury protections. Workers under Personal Options should never handle participants' medicines or needles.

Work practice controls reduce the likelihood of exposure by altering how a task is performed. Some examples include:

- Wash hands after removing gloves and as soon as possible after exposure.
- Do not bend or break sharps.
- No food or smoking in areas where exposure may occur.

Personal Protective Equipment (PPE):

- Specialized clothing or equipment worn by a worker for protection against infectious materials. Examples include gloves, gowns, face shields, eye protection, mouthpieces, and resuscitation devices.
- Must be properly cleaned, laundered, repaired, and disposed of at no cost to workers.
- Must be removed upon completion of task or upon contamination.

Gloves are the most common PPE used and are to be provided by the participant for any worker who is at risk of exposure. Please ensure you are washing hands before putting gloves on, removing the gloves properly after each use and before touching any other surface as well as washing hands after removal.

If an exposure occurs:

- Wash exposed area with soap and water.
- Flush splashes to nose, mouth, or skin with water.
- Irrigate eyes with water or saline.
- Report the exposure.
- Direct the worker to a healthcare professional.

Work surfaces (any area that was contaminated/came in contact with bodily fluids) must be decontaminated with an appropriate disinfectant:

- After completion of procedures.
- When surfaces are contaminated.
- On a routine basis such as at the end of the work shift.

Laundry:

- Handle contaminated laundry as little as possible and use PPE.
- Must be bagged or containerized at location where used.
- No sorting or rinsing at location where used.
- Must be placed and transported in labeled or color-coded containers.

Hepatitis B vaccination: Provides workers protection from contracting the hepatitis B virus and must be performed by a licensed healthcare professional.

Regulated waste (i.e., sharps containers) must be placed in closeable, leak-proof containers built to contain all contents during handling, storing, transporting or shipping and be appropriately labeled or color-coded.

Biohazard warning labels required on:

- Containers of regulated waste.
- Refrigerators and freezers containing blood and other potentially infectious materials.
- Other containers used to store, transport, or ship blood or other potentially infectious materials.
- Red bags or containers may be substituted for label.

Worker Ethics

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

A worker's role is to help people who need support to lead self-directed lives. Workers enable these people to participate fully in their communities. These workers have to make judgments on the participant's behalf that involve both practical and ethical reasoning. The decisions they make can be about community, personal finances, physical well-being, relationships, employment, and everyday choices. As a result of their work duties, workers face ethical decisions on a daily basis, which could shift focus away from those supported.

An ethical dilemma is a conflict between moral laws or expectations, where to obey one would result in disobeying another. However, there may be more than one right way to resolve an issue. In facing an ethical dilemma, you will find yourself asking questions like: What is the right thing to do? What are my values and how do they relate to this situation? What is the best thing for the participant?

To put it simply, ethics are the study of right and wrong. Ethics is different from religion. Ethics provides guidelines for looking at different, acceptable alternatives for every situation.

Medical ethics is the study of right and wrong in the medical field. Medical ethics as it concerns the Personal Options program reference four basic principles:

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

Confidentiality is one of the basic rights of every participant. However, the issue of confidentiality has become more difficult in modern times. There are times when it is legal to share the participant's medical information with others. These include:

- Testimonies during a court case.
- Reporting abuse.
- Reporting an infectious disease.

Generally, no one outside of your workplace has the right to know anything about the participant. Even the fact that you work for the participant should not be shared. Ethical behavior requires two things:

- Knowing the difference between right and wrong.
- Using that knowledge to make an informed decision.

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

- Define the problem. “What makes me feel uncomfortable?"
- Think of options. "What choices do I have in this situation?"
- Decide what is acceptable. "Can I accept alternative #1? Will anyone be harmed if I decide on alternative #2?"
- Ask for help and/or advice from other professionals. “Is this decision for me to make or is this something someone else should decide?"
- Make a decision by choosing the best course of action. "Am I making the best-informed choice?"
- Act on your decision. ''I have to do what's right."
- Reflect and see if your decision was the best one. "Would I make the same decision if I could do it all over again?"

Examples of ethical/unethical decisions

- If a participant knows that the worker is in need of new tires, so they offer the worker money for tires, not taking the money is an ethical decision. Accepting the money is exploitation.
- The legal representative asks the worker to pre-fill a week on their worksheet. The decision to do this is unethical and the act would be fraud.
- The worker lives next door and the participant’s family offers to hook the worker’s cable line to the participant’s line because they cannot afford the cost of cable. The decision is unethical. The act is illegal.

Observing unethical behavior

If you observe unethical behavior, it is your decision about whether or not to report it.

Would you "blow the whistle" if....

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

Informed Consent

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

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

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

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

Emergency or Crisis Planning

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

Risk Management

As a worker, you may be able to assist the participant with being proactive with identifying and reducing risks.

- Health Safety – nutrition, appetite, medications, emergency plans, phone access, personal response system.
- Home Safety (indoors) – accessibility, falls, firearms, poisonous material, pests, pest infestation.
- Home Safety (outdoors) – steps, ramps, access, neighbors, neighborhood safety.
- Social – isolation, abusive or neglectful situation.
- Community – knowledge of area resources and ability to integrate into the community.
- Behavioral – mental health issues, difficulty communicating needs and preferences, drug or alcohol abuse, unable to make own decisions.
- Financial – handle expenditures and deposits, personal budget, handle payment for groceries or other personal goods.

Other potential risks:

- Burns/Fires: Common causes of home fires are smoking in bed, smoking when using oxygen, spilling of hot liquids, children playing with matches, fireplaces, stoves, overloaded electrical circuits, and bad electrical wiring.
    - Tips for fire safety
        - Keep handles of pots pointed inward so that they are not knocked over as easily.
        - Keep space heaters away from flammable materials.
        - Set water heater to no higher than 120 degrees.
        - Follow safety precautions for oxygen tanks.
        - Ensure all cigarette butts are put out.
        - Provide ash trays for smokers and monitor persons who may be at risk.

- Poisoning: Carelessness or poor vision may increase risk for accidental poisoning. It is important to label all medications and household products clearly. Never store harmful substances in food containers. A properly lit home will make it easier to read labels.
- Suffocation: Occurs when breathing stops because of lack of oxygen. Death will occur if the person is unable to start breathing. Common causes include choking, drowning, inhaling gas or smoke, strangulation, and electric shock.
    - Remind clients to take small bites, and chew thoroughly.
    - Open doors and windows if you smell gas, report the smell and remove the participant.
    - Keep electrical appliances away from sinks and bathtubs.
- Spread of microorganisms: Can cause infections, greatly increasing risk of serious illness.
    - Wash hands frequently.
    - Encourage family members to use their own personal care items.
    - Wash fruits and vegetables before serving.
    - Wash cooking utensils with soap and water after use.
    - Refrigerate food that will spoil.
    - Check expiration dates on labels before serving.

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

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

The plan should include the following:

- Member's Name and Birthdate.
- Phone Numbers for legal representatives, family members, facilities, physicians, and Durable Medical Equipment (DME) companies.

- Medications and allergies.
- Back-up coverage.
- Participant-specific information – who to call, hospital to be taken to, etc.
- Community or disaster plan in the case of bad weather, floods, explosions, etc.

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

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

Emergency Procedures

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

Goals and Expectations

- Discuss and prioritize personal goals of the person – keep in mind that this goal is the person's goal, not your own.
- Review the participant's expectations and how they relate to the plan of care and personal attendant (direct care) needs.
- Discuss your own expectations as a worker to ensure a good fit.
- As a worker, maintaining an environment that is safe and free of injury is a critical responsibility. The attendant can assist the participant to be cautions and aware of challenging situations and help prevent any problems.

Workers should be able to:

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

Worker Safety in the Home

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

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

What is an Unsafe Environment?

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

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

Tips for Workers in the Home

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

Before Entering the Home…

- Lock your purse or other valuables in the trunk before you arrive.
- Keep your keys and cell phone located in a place that is easily accessible, not at the bottom of your bag where you may have to fumble around to find them.

- Wear comfortable shoes and clothing.
- Park your vehicle in the direction in which you will leave.
- Scan the area from your car before getting out.
- Lock your vehicle.

Entering the Home

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

After the Home Visit

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

Red Flags

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

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

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

General Safety Suggestions:

- If you are feeling uneasy, make a point to mention that someone is expecting you back at home or the office at a certain time or that you need to call to check in. "Hi Carol, I'm here working for John Smith, but I just wanted to check in and let you know that I will be back from working around 2:00pm, so I will be able to attend that meeting."

- If you feel the need to exit the home immediately, explain that you have a work/personal emergency and must leave, but that you will re-schedule the visit.
- Have your keys in hand as you approach your vehicle.

Most importantly…trust your intuition!!
This cannot be emphasized enough. Even if there are no obvious red flags, but you just have a nagging feeling that something is not quite right…TRUST your intuition.

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

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

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

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

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

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

Time Capture and Submission

Connect

Connect is Palco's online portal for employers and workers. Connect provides everything a self-directing employer or worker may need right at their fingertips! Accessible 24/7, some features of Connect include the ability to enter time, integration with Electronic Visit Verification (EVV), the ability to track and monitor spending, the ability to update your information, and the ability to access W-2s and paystubs.

Electronic Visit Verification

Electronic visit verification (EVV) is a technology solution which electronically verifies that home and community-based services are actually delivered to people needing those services by documenting the precise time service begins and ends. EVV is a federal requirement that is a part of section 12006 of the 21st Century Cures Act, which requires all state Medicaid agencies to implement EVV solutions.

Palco has partnered with Fiserv to provide our clients with one of the best EVV platforms that exists nationwide. **AuthentiCare®** by Fiserv is compliant with the Cures Act, user friendly, and secure. **AuthentiCare®** by Fiserv offers the choice of EVV via:

- The AuthentiCare mobile application or
- Telephony/IVR (Interactive Voice Recognition) via a touchtone phone.

If a worker is a live-in caregiver, meaning you reside full time with the participant receiving services, then you are exempt from EVV and can enter all time directly into Connect at the end of the pay period. Be sure Palco has an approved exemption on file for the exempt worker.

EVV Mobile Application

The **AuthentiCare®** mobile application is a smartphone application that uses the cellular GPS capabilities on your phone to capture location as well as the six points of data require to comply with EVV.

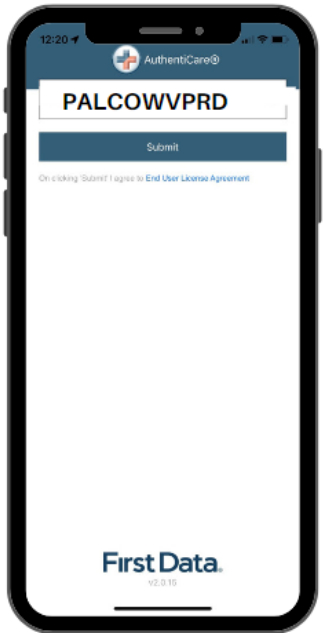
- **Download the AuthentiCare App**.

  Step 1: Go to the App Store on your mobile device.
  Step 2: Tap on "Search."

Step 3: In the search bar, type "Authenticare."
Step 4: Download the app, "Authenticare 2.0."
Step 5: Complete the download and tap to open.

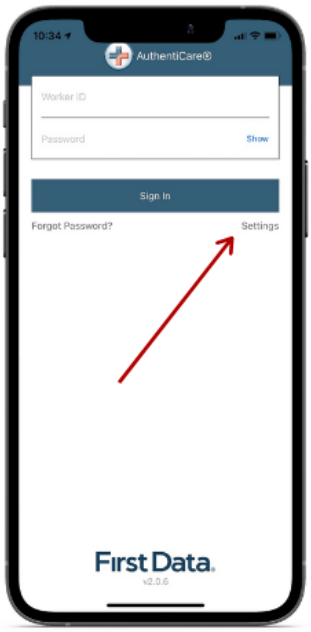
- **Tap "Allow"** to access this device's location and "Allow" to make and manage phone calls.

Initial Setup:

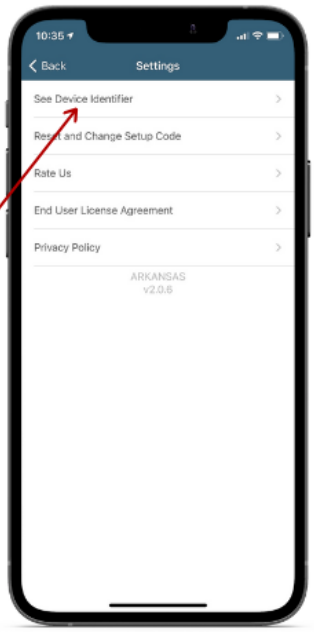


Once downloaded, enter the **Setup Code** provided to you by Palco.

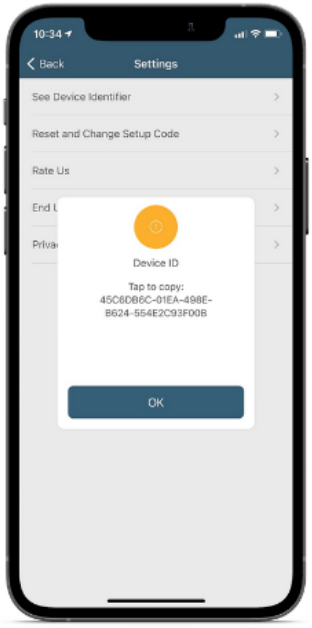
Setup code for the CO CDASS Program is **PALCOWVPRD**



Next, obtain your device ID. Click **Settings** at the bottom right of the login screen.

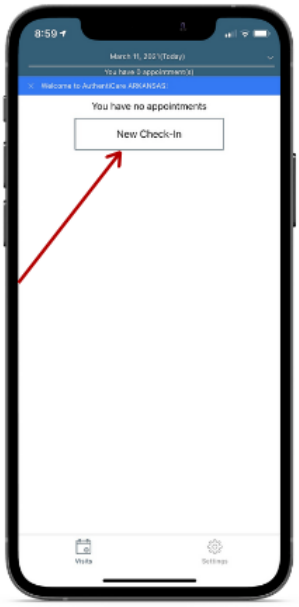


Click **See Device Identifier** from the menu options

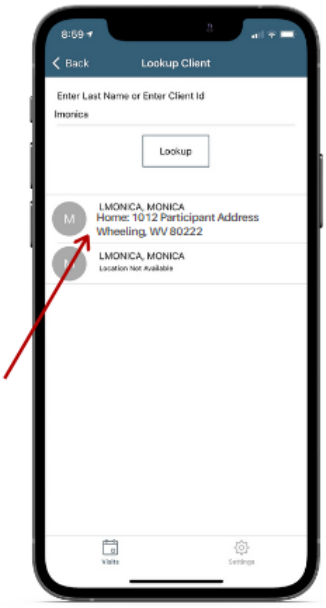


Write down your **Device ID** as shown on the screen and provide to Palco via the **EVV Registration Form** for setup.

Clocking In:

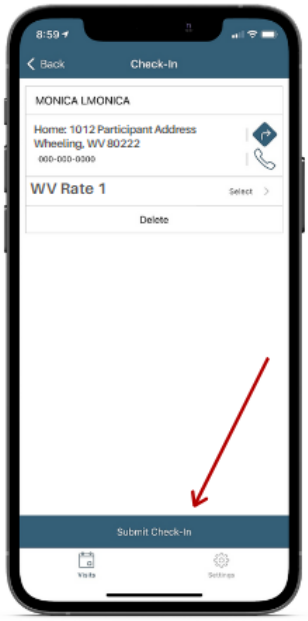


1. Click on "**New Check-In**"



2. Choose the client from the list of clients. If the client is not found, click "**Lookup Client**" and follow the steps.

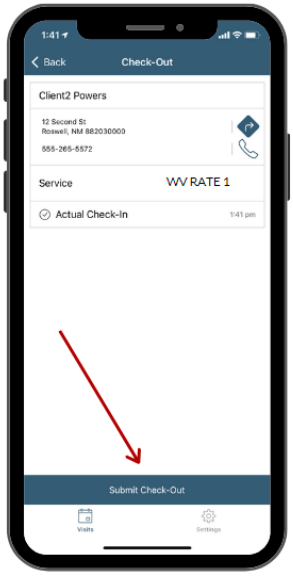
3. Click on "**Service**" and select the service you are providing for that shift.



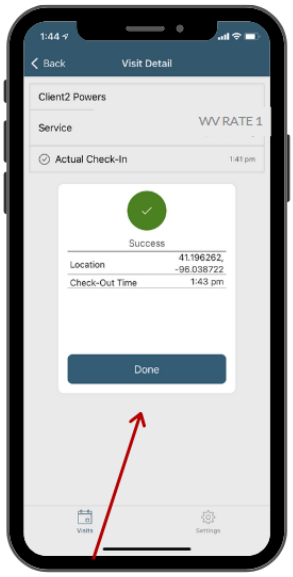
4. Once all the details are complete, click "**Submit Check-in.**"

Clocking Out:

1. At the end of the shift, login to the app again and select the visit indicated as "pending check-out."



2. Click "submit check out" at the bottom of the screen.



3. The check-out success screen will appear. Click "ok" to clear.

Telephony/IVR

For those who do not wish to use the mobile application, AuthentiCare allows workers to use Telephony or IVR (Interactive Voice Recognition) using a touchtone phone.

Using a landline phone or cellphone, follow the IVR instructions to dial the toll-free number at the beginning and the end of the visit.

Start of visit:
Step 1: Dial toll free number, enter your PALCO ID.
Step 2: Follow the prompts to clock in.

End of visit:
Step 1: Dial toll free number, enter your PALCO ID.
Step 2: Follow the prompts to clock out.

Once time is recorded via EVV, the shift is uploaded to Palco's online timesheet portal called Connect.

All program participants and their workers must be registered in Connect to review and submit their shifts or timesheet(s) for payment to Palco. Any edits to time entries will happen in Connect.

Important information to remember about timesheets:

- Palco cannot accept verbal confirmation to correct inaccuracies on timesheets or invoices.
- You can call our Customer Service to confirm receipt of your billing and request assistance with troubleshooting errors.
- Timesheets and invoices will not be processed until a new corrected timesheet or invoice has been submitted. This includes any and all errors listed on a timesheet or invoice.

Palco will issue a paycheck or electronic funds transfer (direct deposit) every other Friday (two weeks after the end of the pay period) for accurately submitted timesheets.

We strongly encourage direct deposit to ensure timely payment. Palco cannot be responsible for delays in mail delivery.

Timesheet Deadlines:

- Timesheets must be received by 5:00PM Tuesday in order to be processed for payment during the regular payroll cycle.
- Workers may submit timesheets as soon as the pay period ends.

- Timesheets and invoices that are submitted on time, according to the payroll schedule gives Palco adequate time to process timesheets for payment, and to research and assist you and/or the employer with any timesheet or invoice errors.

Appendix A: ADW Personal Attendant Skills Training

Providing Activities of Daily Living (ADLs) assistance to ADW participants: Participants will benefit from personal attendants who are aware of and using personal care skills best practices.

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

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

Personal Options Personal Attendants assist with:

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

Personal Attendants may NOT perform these tasks:

- Care or change of sterile dressings.
- Care of colostomy irrigation.
- Gastric lavage or gavage.
- Application of heat in any form.

- Care of tracheotomy tube.
- Suctioning.
- Vaginal irrigation.
- Give injections, including insulin.
- Administer medications, prescribed or over the counter.
- Perform catheterizations, apply external catheter.
- Tube feedings of any kind.
- Make judgments or give advice on medical or nursing questions.
- Any personal care that is not indicated on the service plan.

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

Personal Attendant Best Practice:

Hand Washing

1. Use liquid soap, if possible. If you must use bar soap, rinse it first.
2. Wet hands and wrists under warm running water.
3. Use friction and a rotating motion to wash hands for at least 15 seconds.
4. Clean under fingernails by rubbing tips of fingers against palms.
5. Keep hands lower than elbows throughout the process.
6. Rinse from wrists toward fingertips.
7. Dry hands-on paper towels.
8. Turn off water using paper towel and discard paper towel.

Glove Removal - Personal Protective Equipment

1. Remove gloves that become torn, damaged, or soiled.
2. Prevent exposure by grasping the outer portion of the first glove at wrist with the other gloved hand.
3. Pull the glove down to fold the inside portion of the first glove out.
4. Hold glove in fingertips of gloved hand while removing the second glove.
5. Reach inside the second glove with the fingers of the ungloved hand.
6. Pull the glove down to fold the inside portion of the glove while also covering the first glove.
7. Discard gloves in a wastebasket.
8. Wash hands.

Complete Bed Bath

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

Tub or shower.

1. Wash hands.
2. Determine if the person desires or is able to take tub bath or shower.
3. Gather supplies.
4. Arrange the environment to prevent injury.
5. Provide bathmat, towel on bottom of tub, or shower chair as indicated.
6. Assist the participant to the bathroom if necessary.
7. Assist the person to the toilet prior to bath, if requested.
8. Assist to undress, while maintaining privacy.
9. Assist with transfer into tub or shower using bath railings if available.
10. Check water temperature prior to use.
11. Assist with bathing hard-to-reach areas as indicated such as back, lower extremities. Inspect skin for changes or abnormalities.
12. Monitor the person during bath. Limit bath time to 20 minutes.
13. Assist the person from tub or shower.

14. Assist with drying by patting skin.
15. Assist with creams or lotions as requested or indicated.
16. Clean tub or shower after use.
17. Wash hands.

Denture Care

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

Shampooing

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

Brushing and Combing Hair

1. Wash hands.
2. Style hair as requested.

3. Brush then comb hair from scalp toward end of hair strands.
4. Remove tangles by starting at edge of tangle farthest from scalp.
5. Anchor tangled hair to prevent pulling.
6. Wash hands.

Nail and Foot Care

1. Wash hands.
2. Soak feet/hands in warm water prior to performing care.
3. Check temperature prior to inserting feet/hands.
4. Clean under nails with an orange stick.
5. File nails straight across, even with the tops of fingers and toes.
6. Shape edges of fingernails as needed or desired.
7. Push cuticle back gently with the orange stick.
8. Ensure areas between toes are dry.
9. Apply lotion as indicated and avoid areas between toes.
10. Massage lotion into skin, removing excess with a towel.
11. Never cut the nails of client with diabetes or impaired circulation.
12. Do not attempt to remove or treat corns or calluses.
13. Wash hands.

Shaving

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

Skin Care

1. Wash hands.
2. Ensure skin is kept clean and dry.

3. Pay special attention to skin folds and creases where skin or body fluids touch skin and moisture may be a problem.
4. Use skin care products according to the person's individualized needs or requests.
5. Wash hands.
6. Report changes on color, temperature, integrity, and appearance to physician/nurse.

Perineal Care

1. Wash hands and put on gloves.
2. Drape participant to provide privacy and warmth.
3. Check water temperature.
4. Wash from front to back.
5. Clean all skin folds thoroughly, separate labia in females, retract foreskin in males.
6. Rinse skin to remove all soap.
7. Dry skin with a patting motion.
8. Apply a protective cream or lotion in an even thin layer if indicated.
9. Remove gloves and wash hands.
10. Dressing/undressing.
11. Wash hands.
12. Obtain assistance as needed.
13. Position the person according to their abilities and limitations, and directions.
14. Check and position any tubes or appliances before moving to prevent injury or tube displacement. Do not disconnect any tubes. Keep urinary drainage bag below bladder level.
15. Choose clothing that is loose and comfortable. Elderly poorly nourished or persons with poor circulation may need several layers of clothing in order to keep warm.
16. Provide privacy, drape client while dressing.
17. If paralyzed on one side, put the affected extremity in first when dressing and remove it last when undressing.
18. Wash hands.

Applying Elastic Stockings

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

Assisting with Eating

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

Toileting

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

Bedpan

1. Wash hands and put on gloves.
2. Provide bedpan promptly upon request or at optimal times to assist with bladder/bowel regime.
3. Warm bedpan prior to use.
4. Provide privacy.
5. Place protective cover on bed.
6. Put bed in flat position for immobile client if possible.
7. Turn the immobile person on their side facing away.
8. Hold bedpan firmly to immobilize the person's buttocks as they roll onto their back.

9. Raise their hips off bed to position the bedpan.
10. Raise head of the bed.
11. Limit time on the bedpan to 10 minutes. Check on person frequently.
12. Hold bedpan to prevent spilling when removing the client from it.
13. Assist the immobilized person to roll off the bedpan or assist the mobile person to lift their hips completely off the bedpan.
14. The person may wish to assist themselves in cleaning. Provide perineal care as indicated.
15. The person may wish to wash their hands.
16. Empty and clean bedpan.
17. Remove gloves.
18. Wash hands.

Urinal

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

Positioning the person (body mechanics)

Side lying position

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

Sitting on the edge of the bed

1. Provide for gradual change of position.
2. Provide support throughout procedure.

3. Assess for weakness, dizziness, or fainting.
4. Lower bed to lowest setting, if possible.

Moving a Person

1. Explain procedure to provide privacy.
2. Wash hands.
3. Encourage participation and/or obtain assistance if necessary.
4. Avoid friction when moving.
5. Inspect skin after moving, note changes or abnormalities.
6. Maintain good body alignment.
7. Monitor person's tolerance of procedure.
8. Provide for safety during the process.
9. Wash hands.

Raising the head and shoulders

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

Moving a person up in bed

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

Moving a person to the side of the bed

1. Position hands under the person's shoulders and move upper body to the side of bed.
2. Place hands under buttocks and move hips to the side of bed.
3. Place hands under knees and lower legs and move to the side of bed.

Turning a person

1. Position the person on the edge of the bed.
2. Cross person's arms over his chest.
3. Place near leg over far leg.
4. Place one hand on shoulder, other on the hips, and turn the person.

5. Pull bottom shoulder forward.

Bed to Chair

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

Using a Hoyer Lift

1. Wash hands.
2. Explain procedure to the person, obtain assistance if necessary.
3. Roll person to his side.
4. Center rolled sling under the person so that it extends from shoulders to knees; tuck the sling under the person; roll the person onto his back and straighten sling. Position a chair even with the head of bed. Cover seat with a sheet.
5. Lock wheels of bed or wheelchair as appropriate.
6. Raise head of bed to a sitting position.
7. Place lift under bed with swivel arm across the client;
8. Attach the straps or chains to the sling and swivel bar
9. Use care to turn hooks away from the person.
10. Cross person's arms across chest.
11. Lift person just off the surface of the bed.
12. Move the lift away from the bed. Support the person's legs, face the person.
13. Position the person over the chair; slowly release the valve.
14. Lower the bar and remove the hooks from the sling.

15. Position the person comfortably; reverse the procedure when returning the person to bed.
16. Wash hands.

Assisted Ambulation

1. Wash hands.
2. Explain procedure.
3. Obtain necessary assistance; use an assistive device as needed.
4. Apply a gait belt if available over appropriate clothing.
5. Arrange the environment for safety, clear pathways, remove throw rugs, etc.
6. Allow time for position change.
7. Position yourself behind the person to the weak side.
8. Hold the gait belt at each side.
9. Encourage the person to walk with his or her head erect and allow the heel of the foot to strike the floor first.
10. Allow rest periods as needed.
11. Assist the person to a comfortable position, sitting or lying down.
12. Wash hands.

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

Using Assistive Devices:

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

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

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

Adapting to Assistive Devices

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

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

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

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

Bathroom Devices

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

Item	Purpose
Grab bars	Help people get safely in and out of a tub or shower.
Handheld showerheads	Make it easier for people to wash while standing or sitting down.
Shower chairs and benches	Provide seating for people who might become weak or dizzy while showering.

Item	Purpose
Bedside commodes	Chairs with attached toilet seats; most commodes can be adjusted to different heights.
Elevated toilet seats	Plastic seats that attach to the top of a toilet; they add inches to the height of the toilet and are used for people who have trouble bending.

Dressing Devices

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

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

Mealtime Devices

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

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

Mobility Devices

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

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

Other Assistive Devices

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

Tips for helping with assistive devices

- To avoid injury, it is important to observe and report when a person is using a device improperly.
- Encourage the use of an assistive device that the person may have been reluctant to use.
- Discourage using a towel rack or toilet paper holder to help them stand.
- If a person likes to carry personal items with them, suggest they wear a worker's belt or an apron with large pockets.
- Remember that a cane should always be held on the person's strong side, unless otherwise directed by a physical therapist. The handle of a cane should be at the person's hip joint.
- Discourage the participant from picking up their walkers and carrying them.

Appendix B: TBIW Personal Attendant Skills Training

Basic understanding of TBI

Serving a person with TBI requires patience, consistency of support and unconditional caring. Several of the challenges that may face a person with TBI may not be visually evident as occurs with persons with chronic conditions. However, understanding some of the challenges may improve the results of serving these members.

Much of the following information was attained from:

- tbi.cedwvu.org
- www.brainline.org
- www.brainlinemilitary.org
- www.burke.org
- www.neuroskills.com
- www.afasic.org.uk
- www.traumaticbraininjuryatoz.org
- www.biausa.org
- Centers for Disease Control and Prevention (CDC)

These resources may provide additional information and be used for your required annual trainings.

This CED slideshow/PowerPoint meets one complete hour of the required annual training if used separately, http://tbi.cedwvu.org/trainings/tbi-overview.php.

What is a TBI?

A traumatic brain injury (TBI) occurs as the result of an external force being applied to the brain that may produce a reduced or altered state of consciousness, which may result in an impairment of cognitive abilities or physical functioning. Examples of frequent TBIs are a result of a hit, fall, gun shot, or shaken baby, or ATV/Motor vehicle accident.

A traumatic brain injury (TBI) is a blow or jolt to the head or penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in TBI. The severity

can range from "mild"- a brief change in mental status or consciousness, to "severe" an extended period of unconsciousness or amnesia after the injury. A TBI can result in short or long-term problems with independent functions.

The West Virginia Medicaid TBI Waiver program also identifies Hypoxia/Anoxia due to near drowning as a TBI. Hypoxia/anoxia refers to the reduced or complete stoppage of the flow of oxygen to the brain leading to tissue damage and can be caused by near drowning.

A Traumatic Brain Injury differs from a Congenital (present at birth) and Acquired Brain Injury which can be caused by stroke, infection, tumor, degenerative brain disease, overdose, or toxins.

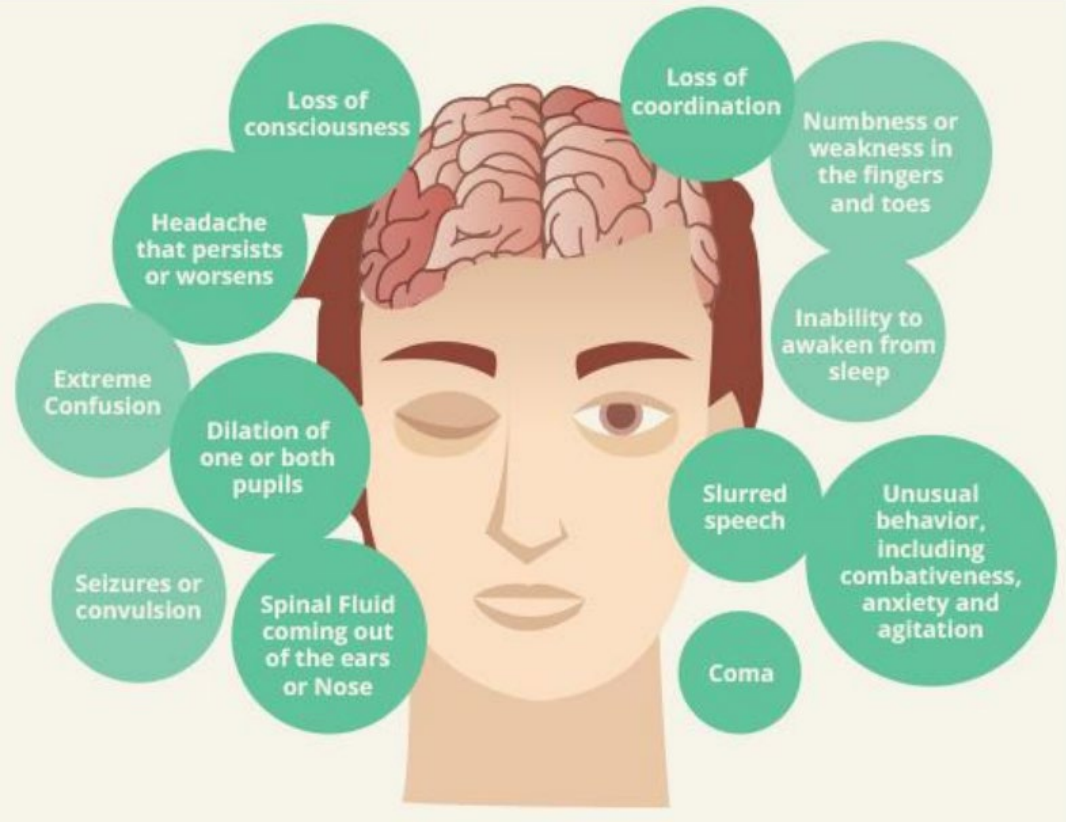
TBIs are classified as either mild, moderate, or severe. Since most TBIs are mild (75%), many people who sustain a TBI find that their symptoms get better over time. In fewer but more serious cases of TBI, the effects of the damage can last a lifetime. Just because a traumatic brain injury is initially classified as a mild brain injury (often called a concussion) does not mean the result will be a mild impairment. The alternate is true for an initial classification of a severe brain injury – this may not result in severe impairment or long-term disability. Persons may not feel they are the same person they were prior to TBI.

Mild Brain Injury

- May occur with any loss of consciousness
- May cause memory loss, dizziness, inability to concentrate, irritability
- The person with mild TBI may have temporary disorientation or confusion
- May affect the person with exhaustion, vomiting, seizures, or headaches

Moderate Brain Injury

- Occur if there was a Coma more than 20 minutes but less than 24 hours long
- Occur if there is a Skull fracture – bleeding/bruising
- Signs evidenced on and EEG, MRI, or CT scan
- Cause 33% to 60% of persons with moderate TBI to have long-term difficulties.

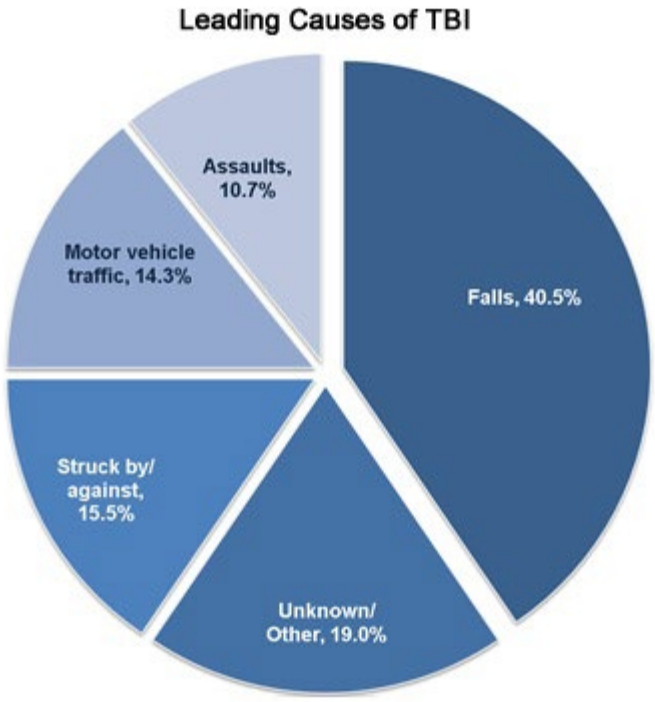


Severe Brain Injury

- Occur if a person had a Coma for 24 hours or more
- If the person is in at persistent vegetative state
- 75-80%of persons with severe TBI may have long term impairments

What are the leading causes of TBI?

Every 21 seconds someone in the United States sustains a Traumatic Brain injury. Each year, approximately 2.8 million people in the US experience a Traumatic Brain Injury. 5.3 million Americans currently have long-term or lifelong need for help to perform activities of daily living. Adults aged 75 years and older have the highest rate of TBI-related hospitalization and death. Children aged 0 to 4 years, older adolescents aged 15 to 19 years, and adults aged 65 years and older are most likely to sustain a TBI. Males across the entire lifespan have higher rates of TBI.



In West Virginia, persons frequently participate in outdoor activities that may result in ATV accidents and falls due to weather and uneven surfaces. Some injuries also occur due to other challenges that members may have had prior to the TBI such as mental health and addiction challenges. These co-occurring situations pose additional challenges for the member, their family and attending staff.

Persons with TBI can often have a few to many side effects with an injury. TBI side effects are specific to the member. Listed below are different side effects that a member may have. Knowing these effects and why they exist may help the attendant with serving the member.

Physical Side Effects of TBI

Injuries to the brain and nervous system produce numerous motor impairments including:

- Paralysis

- Impaired coordination
- Loss of strength
- Loss of dexterity
- Loss of muscle tone
- fatigue/loss of stamina
- Spasticity/ Tremors
- Visual Impairments
- Headaches
- Changes to Sleep Patterns
- Loss of stamina
- Dizziness
- Seizure
- Balance problems (tendency to fall),
- Sensory changes (vision, hearing, taste, smell, ability to feel).
- Loss of sensation or ability to feel when something like bath water is hot or cold

Spasticity (muscle tightening), hemiparesis, hemiplegia, bladder/bowel changes, changes in swallowing and appetite, weight loss or gain, confusion, slowed speed of processing, attention problems, difficulties with memory, planning and organization problems, difficulty with decision making and problem solving, can be common side effects, as well, but are not seen in all situations.

Behavioral/Personality Changes after TBI

These changes also affect the individual's ability to interact with others in a socially acceptable manner.

- Loss of drive
- Fatigue or problems initiating activities
- Impulsivity/Poor judgment
- Increased anger/aggression

- Changes in sexual behaviors
- Lack of affect (i.e., lack of response to good or bad news)
- Inappropriate display of emotion for the situation (laughing at bad news, crying for no reason)
- Self-centeredness
- Difficulty in self-control
- Demanding of others
- Childlike behaviors
- Unaware of their cognitive limitations
- Has unrealistic goals and expectations

Demonstrating frustration for minor issues, reduced or lack of initiation, comfort with repetitive behaviors, poor social skills, and lack of self-awareness are familiar with some persons with TBI. These changes in children may make them more likely to be influenced by his/ or her peers to make poor choices. It may be important to assist children with the experience of making choices, since this will help them to process choices rather than following others who may "lead" them in poor directions.

Common emotional effects of TBI

- Depression
- Anxiety
- Mood Swings
- Angry outbursts
- Language inappropriateness
- Changes in self-esteem
- Psychosis
- Post-Traumatic Stress Disorder

Cognitive Effects of TBI

- Slow processing of information
- Losing train of thought

- Shorter attention span
- Difficulty concentrating
- Unable to cope with more than one thing at a time
- Easily Distracted
- Difficulty learning new information
- Poor memory (i.e., forgetting appointments)
- Difficulty with problem solving
- Difficulty with abstract thinking or “thinking outside of the box”
- Difficulty determining a starting point of a task
- Difficulty completing multiple step task such as cooking
- Unable to understand other people’s points of view
- Difficulty remembering conversations
- Unaware of social cues

Some of these changes may be interpreted as the individual with TBI being perceived as rude, insensitive, selfish, over reactive, difficult, lazy, stubborn, and obsessive. In children, the full effects of a TBI may not be realized until they are in school and must learn new things and interact socially with their peers. Since behavior is affected differently, persons with TBI may require different activities and structures while being served. Consistency of interactions are helpful with scheduling activities, personal care supports, and activities throughout the day.

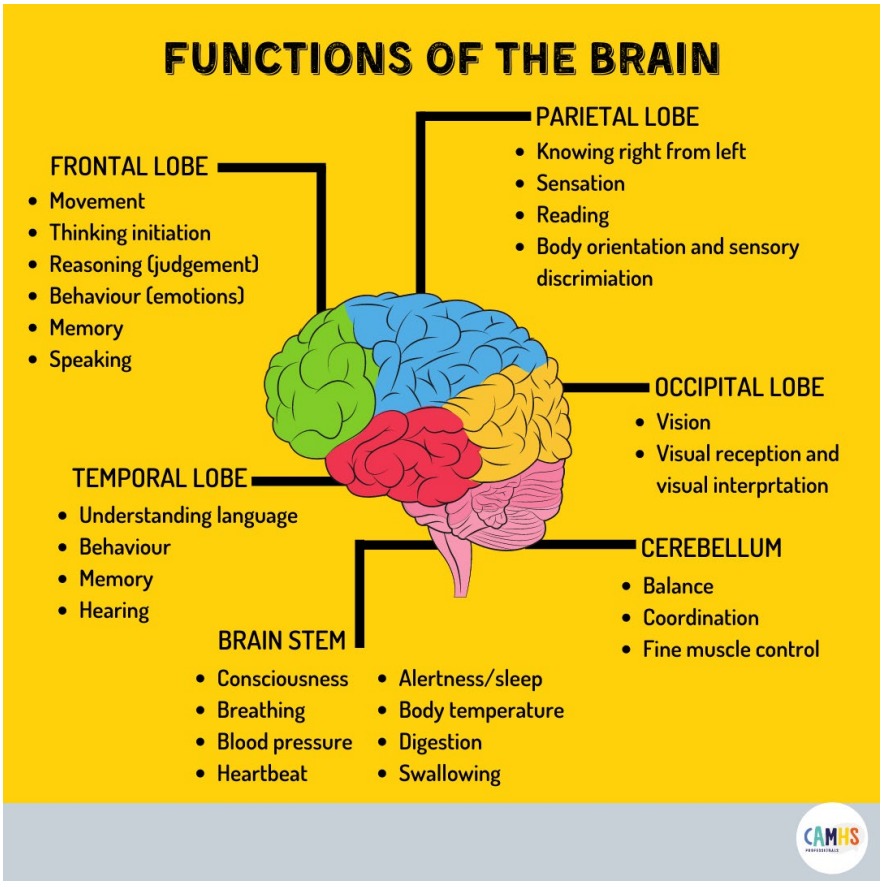
Tasks such as using the bathroom, bathing, dressing, eating, and even grooming may require step by step instructions or repetitions during the process. Persons with TBI may have difficulty with concentration or demonstrate little initiative with daily tasks. These tasks may require more time for completion due to need for rest and redirection.

Some persons with TBI may have poor vision, have difficulty hearing, have decreased or increased taste sensitivity than before their injury. The sense of feeling may be different (such as hot/cold). Most of the member’s needs are addressed in the member’s service plan. The service plan is a plan that the member, family and/or the legal representative and case manager create to address the members’ needs and assist the attendant with knowing how

to serve the members appropriately. Although these are some of the common side effects of TBI, it can be helpful to more fully understand why these effects occur.

What causes these behavioral changes to occur for persons with TBI?

In traumatic brain injury the brain may be injured in a specific location, or the injury may have affected several parts of the brain. Due to the indefinite nature of brain injury, treatment must be unique for each individual. Diagnostic procedures such as CT scans and MRI's can provide information about a brain injury, as well as observations of daily activities. All the activities we perform each day, whether physical or mental, are controlled by different parts of the brain. It is important that you become familiar with brain function to better understand how therapies help brain injured individuals.



The brain has many parts including the cerebral cortex, brain stem, and cerebellum. By listing some of the functions of each part of the brain, you will have an overview of what problems may occur after injury to these areas. It is important to understand how the brain functions by understanding its component parts and how they interrelate. The injury may only disrupt a particular step of an activity that occurs in a specific part of the brain.

Language and Communication Challenges for Persons with TBI:

Individuals who have experienced a traumatic brain injury may have difficulty understanding or expressing language or speech. These include:

> **Expressive Language** - Expressive language means being able to put thoughts into words and sentences, in a way that makes sense and is grammatically accurate. If

children have a speech and language impairment, it might affect their expressive language or their receptive language, or both, to a greater or lesser degree. Receptive Language –

Receptive language - means the ability to understand or comprehend language that is heard or read.

Communication Side Effects of TBI

The person with TBI may interrupt conversations, have difficulty with topic selection, may be able unable to understand processes and discussions and may have difficulty with speech or writing. Some persons may also be non-verbal. It may be helpful to present ideas with multiple sensory avenues.

A person with TBI may have difficulty communicating basic needs or may be very aggressive when communicating needs. If the person is capable, encourage the member to do for him/herself. A step-by-step process to follow can be helpful due to the difficulty with short term memory loss. Often persons with TBI may require that the attendant often repeat who you are or what you are doing daily. Persons with TBI may be frustrated because they may say one thing and simply mean another.

Communication problems can cause individuals with TBI to have difficulty understanding and expressing information in some of the following ways:

- Difficulty thinking of the right word.
- Trouble starting or following conversations or understanding what others say.
- Rambling or getting off topic easily (tangential speech).
- Difficulty with more complex language skills, such as expressing thoughts in an organized manner.
- Trouble communicating thoughts and feelings using facial expressions, tone of voice and body language (non-verbal communication). (Mono-tone voice, smiling, or expressing frustration, etc.)
- Having problems reading others' emotions and not responding appropriately to another person's feelings or to the social situation. (Laughing at a person who is crying, for example.)

- Misunderstanding jokes or sarcasm. (i.e., Responding to a question or joke very literally)

As mentioned previously, persons with a brain injury can have cognitive (thinking) and communication problems that significantly impair their ability to live independently. Brain injury survivors may have trouble finding the words they need to express an idea or explain themselves through speaking and/or writing. It may be an effort to understand both written and spoken messages, as if they were trying to comprehend a foreign language. A person with a TBI may have difficulty with spelling, writing, and reading, as well. The person may have trouble with social communication, including:

- taking turns in conversation
- maintaining a topic of conversation
- using an appropriate tone of voice
- interpreting conversation correctly (e.g., the difference between sarcasm and a serious statement)
- responding to facial expressions and body language
- keeping up with others in a fast-paced conversation

Individuals may seem overemotional (overreacting) or "flat" (without emotional affect). Most frustrating to families and friends, a person may have little to no awareness of just how inappropriate he or she is acting. In general, communication might be very frustrating and unsuccessful.

In addition, muscles of the lips and tongue may be weaker or less coordinated after a TBI. The person may have trouble speaking clearly or may not be able to speak loudly enough to be heard in conversation. Muscles may be so weak that the person is unable to speak at all and may also limit the ability to chew and swallow effectively.

What can be done to improve language and communication?

An individual with a traumatic brain injury may work with a speech therapist to identify areas that need work. Communication problems can keep improving for a long time after the injury.

How you may be able to help:

- Use kind words and a gentle tone of voice.
- Avoid "talking down" to the person.
- When talking with the injured person, ask every so often if he or she understands what you are saying, or ask the person a question to determine if he or she understood what you said.
- Do not speak too fast or say too much at once.
- Develop a signal (like raising a finger) that will let the injured person know when he or she has gotten off topic. Practice this ahead of time. If signals do not work, try saying "We were talking about…"
- Limit conversations to one person at a time.
- You may also suggest to the member or program representative that they get an assessment from a speech and language specialist through Medicaid State Plan services.

Providing Activities of Daily Living (ADLs) assistance to TBIW participants:
Participants will benefit from personal attendants who are aware of and using personal care skills best practices.

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

- Describe the role of the employee.
- State three reasons why maintaining good personal hygiene is important.
- Identify basic infection control measures used while providing care/service to a participant.
- Define body mechanics and describe when it is necessary to use them.
- Understand the care of a bedfast client who needs total assistance with personal care.

Hand Washing

1. Use liquid soap if possible, if you must use bar soap, rinse it first.
2. Use paper towels if possible.
3. Wet hands and wrists under warm running water.
4. Use friction and a rotating motion to wash hands for at least 15 seconds.
5. Clean under fingernails by rubbing tips of fingers against palms.
6. Keep hands lower than elbows throughout the process.
7. Rinse from wrists toward fingertips.

8. Dry hands on paper towels.
9. Turn off water using paper toweling.
10. Discard paper towel.

Glove Removal – Personal Protective Equipment

1. Remove gloves that become torn, damaged, or soiled.
2. Prevent exposure by grasping the outer portion of the first glove at wrist with the other gloved hand.
3. Pull the glove down to fold the inside portion of the first glove out.
4. Hold glove in fingertips of gloved hand while removing the second glove.
5. Reach inside the second glove with the fingers of the ungloved hand.
6. Pull the glove down to fold the inside portion of the glove while also covering the first glove.
7. Discard gloves in a wastebasket.
8. Wash hands.

Complete Bed Bath

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

Tub or Shower

1. Wash hands.
2. Determine if the person desires or is able to take tub bath or shower.
3. Gather supplies.
4. Arrange the environment to prevent injury.
5. Provide bath mat, towel on bottom of tub, or shower chair as indicated.
6. Assist the member to the bathroom if necessary.
7. Assist the person to the toilet prior to bath, if requested.
8. Assist to undress, while maintaining privacy.
9. Assist with transfer into tub or shower using bath railings if available.
10. Check water temperature prior to use.
11. Assist with bathing hard to reach areas as indicated such as back, lower extremities. Inspect skin for changes or abnormalities.
12. Monitor the person during bath. Limit bath time to 20 minutes.
13. Assist the person from tub or shower.
14. Assist with drying by patting skin.
15. Assist with creams or lotions as requested or indicated.
16. Clean tub or shower after use.
17. Wash hands.

Denture Care

1. Wash hands.
2. Position the person in sitting or side lying position to prevent choking.
3. Assist with removing dentures or using paper towel to remove them without dropping them.
4. Transport dentures in a denture cup.
5. Line sink with towel or washcloth to prevent breakage from dropping.
6. Brush dentures with toothpaste or baking soda.
7. Place dentures in cool water or mouthwash mixture.
8. Assist with brushing gums and tongue with soft bristle brush, if desired.
9. Assist with rinsing the mouth with water and or mouthwash, if desired.
10. Assist with reinserting dentures.
11. Wash hands.

Shampooing

1. Avoid daily shampooing unless member requests.

2. Wash hands.
3. Select shampoo method appropriate for member.
4. Brush or comb hair before washing.
5. Clear area of any electrical appliances.
6. Protect eyes, clothes, ears and or bed linens from water.
7. Check water temperature.
8. Wet hair thoroughly; apply shampoo.
9. Lather hair and massage scalp starting at the hairline and work toward the back of neck.
10. Rinse hair thoroughly; towel dry, ensure hair is completely dry.
11. Comb damp hair to remove tangles.
12. Style hair as desired.
13. Wash hands.

Brushing and Combing Hair

1. Wash hands.
2. Style hair as requested.
3. Brush then comb hair from scalp toward end of hair strands.
4. Remove tangles by starting at edge of tangle farthest from scalp.
5. Anchor tangled hair to prevent pulling.
6. Wash hands.

Nail and Foot Care

1. Wash hands.
2. Soak feet/hands in warm water prior to performing care.
3. Check temperature prior to inserting feet/hands.
4. Clean under nails with an orange stick.
5. File nails straight across, even with the tops of fingers and toes.
6. Shape edges of fingernails as needed.
7. Push cuticle back gently with the orange stick.
8. Ensure areas between toes are dry.
9. Apply lotion as indicated and avoid areas between toes.
10. Massage lotion into skin, removing excess with a towel.
11. Never cut the nails of member with diabetes or impaired circulation.
12. Do not attempt to remove or treat corns or calluses.
13. Wash hands.

Shaving

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

Skin Care

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

Perineal Care

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

Dressing/Undressing

1. Wash hands.

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

Applying Elastic Stockings

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

Assisting with Eating

1. Wash hands.
2. Elevate person's head.
3. Provide a relaxed atmosphere.
4. Feed small bites to prevent choking.
5. The person may wish to feed themself as much as possible.
6. Feed the person slowly. Offer foods in the order of preference.
7. Inspect the person's mouth frequently for accumulated foods.
8. Avoid feeding from the weak or paralyzed side of mouth.
9. Provide mouth care after feeding.
10. Wash hands.

Toileting

1. Wash Hands and put on gloves.
2. Position yourself beside commode near the person in order to maximize his abilities.
3. Gradually change the person's position to prevent dizziness.
4. Use good body mechanics and transfer techniques.

5. The member may require assistance to use arm rests to lower their self onto seat.
6. Limit amount of time member is on toilet or bedside commode to ten minutes. Check member frequently.
7. Assist in cleaning if necessary or if requested. Provide perineal care as indicated.
8. Assist the person back to bed or chair, depending on their requests.
9. Assist the person with washing hands, if requested.
10. Empty and clean bedside commode.
11. Remove gloves.
12. Wash hands.

Bedpan

1. Wash hands and put on gloves.
2. Provide bedpan promptly upon request or at optimal times to assist with bladder/bowel regime.
3. Warm bedpan prior to use.
4. Provide privacy.
5. Place protective cover on bed.
6. Put bed in flat position for immobile member if possible.
7. Turn the immobile person on his/her side facing away; mobile person with knees bent and feet flat on the bed.
8. Hold bedpan firmly to immobilize the person's buttocks as he/she rolls onto his/her back; raise hips off bed to position the bedpan.
9. Raise head of the bed.
10. Limit time on the bedpan to 10 minutes. Check person frequently.
11. Hold bedpan to prevent spilling when removing the member from it.
12. Assist the immobilized person to roll off the bedpan or assist the mobile person to lift their hips completely off the bedpan.
13. The person may wish to assist themself in cleaning. Provide perineal care as indicated.
14. The person may wish to wash his/her hands.
15. Empty and clean bedpan.
16. Remove gloves.
17. Wash hands.

Urinal

1. Wash hands, put on gloves.
2. Provide urinal promptly upon request.

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

Positioning the person

Side lying position

1. Turn person to his/her left or right side.
2. Support the head with a pillow.
3. Provide support for the back with a pillow or cushion.
4. Extend bottom leg with top leg bent forward on pillows.
5. Position bottom arm out from the body with elbow bent.
6. Support top arm with a pillow.
7. Change position at least every two hours.

Sitting on the edge of the bed

1. Provide for gradual change of position.
2. Provide support throughout procedure.
3. Assess for weakness, dizziness, or fainting.
4. Lower bed to lowest setting, if possible.

Moving a Person

1. Explain procedure. Provide for privacy.
2. Wash hands.
3. Encourage participation and/or obtain assistance if necessary.
4. Avoid friction when moving.
5. Inspect skin after moving, note changes or abnormalities.
6. Maintain good body alignment.
7. Monitor person's tolerance of procedure.
8. Provide for safety during the process.
9. Wash hands.

Raising the head and shoulders

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

Moving a person up in bed

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

Moving a person to the side of the bed

1. Position hands under the person's shoulders and move upper body to the side of bed.
2. Place hands under buttocks and move hips to the side of bed.
3. Place hands under knees and lower legs and move to the side of bed.

Turning a person

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

Transfer techniques bed to chair

1. Wash hands.
2. Explain procedure in understandable terms.
3. Obtain assistance, if necessary.
4. Position chair/wheelchair as appropriate.
5. Support person to a sitting position from his/her strong side.
6. Place shoes on the person before transfer.
7. Assist the person to a standing position by bracing the knees.
8. Pivot the person with strong foot leading.

9. Position the person directly in front of the chair/wheelchair before lowering.
10. Ensure proper body alignment.
11. Instruct the person to use armrests to support weight when he/she is lowered.
12. Position the person with buttocks back in chair/wheelchair and feet supported.
13. Determine comfort and tolerance for the position change.
14. Reverse procedure when returning to bed.
15. Wash hands.

Hoyer Lift

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

Assisted Ambulation

1. Wash hands.
2. Explain procedure.
3. Obtain necessary assistance; use an assistive device as needed.
4. Apply a gait belt if available over appropriate clothing.
5. Arrange the environment for safety, clear pathways, remove throw rugs, etc.
6. Allow time for position change.
7. Position yourself behind the person to the weak side.
8. Hold the gait belt at each side.

9. Encourage the person to walk with his/her head erect and allow the heel of the foot to strike the floor first.
10. Allow rest periods as needed.
11. Assist the person to a comfortable position, sitting or lying down.
12. Wash hands.

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

Seizure Precautions

1. Turn the person onto their side.
2. Remove hard or sharp objects from the area.
3. Loosen tight clothing such as a collar or a belt.
4. Place something soft and flat under the head.
5. Never force anything into the person's mouth especially your fingers.
6. Ask on-lookers to leave the area.
7. If you suspect the person has inhaled their own vomit, call a doctor immediately.

After the Seizure

1. Allow the person to lie quietly as the awaken gently call them by name and explain what happened and where they are.
2. It is not cause for alarm if the person has a change in bladder or bowel.
3. If the person has an injury call an ambulance.
4. Write down an accurate description of the seizure as soon as possible for the member/legal representative to take to physician if needed, including what the member was doing, how long the seizure occurred, and the members condition after the seizure.

Assistive Devices

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

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

Adapting to Assistive Devices

It is common for persons to quit using an assistive device within the first three months. They are more likely to give up on an assistive device if:

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

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

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

Bathroom Devices

Bathing and grooming activities require strength, coordination, the ability to sit, stand and transfer. Safety is a major concern.

Item	Purpose
Grab Bars	✔ Help people get safely in and out of a tub or shower.
Handheld showerheads	✔ Make it easier for people to wash while standing or sitting down.

Dressing Devices

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

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

Mealtime Devices

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

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

Mobility Devices

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

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

Other Assistive Devices

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

Tips for helping with assistive devices

- To avoid injury it is important to observe and report when a person is using a device improperly.
- Encourage the use of an assistive device that person may have been reluctant to use.
- Discourage using a towel rack or toilet paper holder to help them stand.
- If a person likes to carry personal items with them, suggest they wear a workers belt or an apron with large pockets.
- Remember that a cane should always be held on the person's strong side, unless otherwise directed by a physical therapist. The handle of a cane should be at the person's hip joint.
- Discourage the member from picking up their walkers and carrying them.

Crisis Planning

A Crisis plan should include the following:

- Participant's name.
- Phone numbers to legal representatives, facilities, physicians, DME companies.
- Medications and allergies.
- Any participant-specific information.

A plan for medication errors, medication side effects, allergies (medications, food, and bee's) seizures and diabetic emergencies, including anything that may possibly interrupt the members safety, wellbeing and overall care to be sure that the personal Attendant knows where the copy is at within the home and should be reviewed with the Personal Attendant by the member, legal representative, or the program representative.

Appendix C: IDDW Emergency Procedures Training

Emergency Procedures Overview: The purpose of Emergency Procedures training is to ensure workers are knowledgeable of and prepared to respond to maladaptive and/or aggressive behaviors that the participant may exhibit.

Participants with identified behaviors that may cause harm to themselves or others must have an Emergency Procedures Plan or Positive Behavior Support plan. These plans are typically developed by a Therapeutic Consultant or Behavior Support Professional but may be developed by other professionals (school personnel, therapist, etc.) or by the legal representative, parent, or family member. The Emergency or Positive Behavior Support plan may require workers to be trained on physical holds such as those taught in certified courses through the Crisis Prevention Institute (CPI), the Mandt System of Behavior Management, etc.

Objectives: At the end of this training session, the qualified support worker will be able to:

- State whether the participant has maladaptive or aggressive behaviors, and, if so, describe the nature of the behavior.
- Explain the proactive strategies to be followed to prevent or minimize the participant's maladaptive or aggressive behaviors.
- Explain and demonstrate (when appropriate) the interventions and de-escalation techniques to be used when the participant exhibits maladaptive or aggressive behaviors.

Curriculum: If applicable*, obtain and review Emergency Plan or Positive Behavior Support Plan.

*Participants with no assessed maladaptive or aggressive behaviors are not required to have Emergency or Positive Behavior Support Plans.

Appendix D: Worker Training Attestations and Forms

Each wavier includes different requirements for a worker to validate skills and document that training is complete. The "documentation collected" column below provides the required resources that must be submitted to Palco for each worker both at initial enrollment and annually. All documents mentioned below are available here: https://palcofirst.com/west-virginia/

Waiver	Training	Frequency	Resource / Notes	Documentation Collected
IDDW	Worker Orientation	Initial Enrollment & Annually	Palco Worker Training Manual	Employment Training Verification Form
ADW	Worker Orientation	Initial Enrollment	Palco Worker Training Manual	Initial Training Verification Form Initial Test (Must Pass 35 / 50)
	Worker Orientation-Additional Training	Annually	4 hours Worker Additional Training Hours Resource	Annual Training Verification Form
	Worker Ongoing	Annually	Palco Worker Training Manual	Annual Training Verification Form Annual Test (Must Pass 21 / 30)
TBIW	Worker Orientation	Initial Enrollment	Palco Worker Training Manual	Initial Training Verification Form Initial Test
	Worker Orientation Additional Training	Annually	2 Hours Worker Additional Training Hours Resource	Annual Training Verification Form *Certificates/Tests to confirm sufficient hours of completion will be requested by your RC*
	Worker Ongoing	Annually	Palco Worker Training Manual	Annual Training Verification Form Annual Test