



CABINET FOR HEALTH
AND FAMILY SERVICES

Department for Aging and Independent Living

ATTENDANT CARE TRAINING

Module 1

July 2023

Training Objectives

Provide basic understanding of:

Home and Community Based Services (HCBS) Waiver Programs

Provision of Attendant Care Services under HCB2

Role of the Attendant Care Aide

Person Centered Principles



Home and Community Based Services Waiver Programs (Introduction)

Section I

What is an HCBS Waiver?

Home and Community Based Services (HCBS) Waivers are Medicaid programs that provide opportunities for individuals who are aged, disabled, and/or have intellectual and developmental disabilities to receive services in their home or community.

HCBS Waivers

- When supported by the assessment, provides supportive services in home or community settings rather than in a long-term care facility setting.
- Address the needs of people with functional limitations, who need assistance with everyday activities, like homemaking and personal care.

HCBS Waivers

Benefit Participants, Families, and Communities

- ✓ Empowers: Allows participant to choose their providers and services
- ✓ Familiarity: Supports and services are provided in the comfort of homes or small residential settings in the community
- ✓ Culturally responsive: Spiritual and cultural activities and support available
- ✓ ALL waivers, except Model 2, allow the participant to choose their paid caregivers.

HCBS Waivers

- HCBS Programs Promote Choice
- Intended to Safely Keep Individuals In Their Homes & Community
- Deliver Person-Centered Care supported by an assessment
- Kentucky Operates Six HCBS Programs



1915(c) HCB Services
Medicaid Waiver Programs
In accordance with [42 USC 1396n\(c\)](#)

ACQUIRED BRAIN
INJURY ACUTE

ACQUIRED BRAIN
INJURY WAIVER –
LONG TERM CARE

SUPPORTS FOR
COMMUNITY
LIVING 2 WAIVER

MODEL II WAIVER
(ventilator
dependent)

MICHELLE P
WAIVER

HOME AND
COMMUNITY
BASED 2 WAIVER



HOME AND COMMUNITY BASED 2 WAIVER

Section II

HCB2 Waiver Program

Funded by Department for
Medicaid Services (DMS)

Operated by Department for Aging
and Independent Living (DAIL)

Offered Statewide

Serves About 17,000 Participants

Who is eligible for HCB2 Waiver Services?

- ❖ **Age 65 or older and/or have a physical disability**
- ❖ **Meet the requirements to reside in a nursing facility**
- ❖ **Meet the financial qualifications**
- ❖ **Can have care needs met safely in the home**

HCB2 Waiver Service Delivery Options

Traditional Services

Participants use agencies to provide *all* waiver services

Participant Directed Services (PDS)

Participants hire their own employees to provide waiver services

Blended Services

Participants use agencies to provide some of their services but hire their own employees for others

TRADITIONAL SERVICES

Adult Day Health Care (ADHC)

Attendant Care (AC)

Home Delivered Meals (HDM)

Goods and Services (G&S)

Minor Home Adaptation (MHA)

Participant Directed Services (PDS)

Support Coordination (PDS
Case Management)

Attendant Care (AC)

Home Delivered Meals

Goods and Services

Environmental/Minor Home
Adaptation

Blended

PDS Care
Coordination

Any combination of
Traditional and PDS

Person Centered Service Plan (PCSP)

ARE ALWAYS SUPPORTED BY THE ASSESSMENT

- An individualized plan that identifies:
 - Service needs of the participant (Goals)
 - Services to be provided participant (Objectives)
- Developed by the participant, authorized representative and the person-centered team
- Also referred to as the Plan of Care (POC)

PARTICIPANT SHOULD ALWAYS BE INVOLVED

HCB2 Waiver Definitions

Case Manager

- Serves as the participant's advocate to support, guide and assist with coordinating care
- Participates in the planning and development of the PCSP
- Links the participant to available services and resources
- Works as a facilitator, rather than a provider, of participant services

HCB2 Waiver Definitions

Service Advisor/Support Broker

(PDS Care Coordination)

- Serves as the case manager when a participant is enrolled in PDS
- Serves as the participant's advocate to support, guide and assist with coordinating care
- Participates in the planning and development of the PCSP
- Links the participant to available services and resources
- Facilitates the delivery of direct services
- Helps the participant with personnel functions

HCB2 Waiver Definitions

Attendant Care Aide

ARE ALWAYS SUPPORTED BY THE ASSESSMENT

- Employed by an agency or participant to assist the participant in completing tasks of daily living
- Provides direct ***NON-SKILLED*** services that enable a participant to remain in their home and community rather than an institution
- Referred to as a caregiver or direct support staff

HCB2 Waiver Definitions

Natural Supports

- Non-paid person(s), primary caregiver, or community resource who can provide care or has historically helped the participant
- Includes family, friends, neighbors, roommates, church members, and social/civic groups

HCB2 Waiver Definitions

Emergency Backup Plan

- Ensures support is maintained for participant in the event of an unexpected staffing emergency
- Required for all HCB2 waiver participants
- Should be communicated to all parties providing care for a participant
- Backup planning before an emergency helps to ensure participant's health, safety and welfare

Attendant Care Services

Section III



What is Attendant Care (AC)?

Services provided are supported by the assessment and include non-medical hands-on assistance for a participant who has limitations performing:

- **Activities of Daily Living (ADLs); or**
- **Instrumental Activities of Daily Living (IADLs)**

Activities of Daily Living (ADLs)

- ✓ **Daily activities essential to a person's well-being and that healthy individuals can do for themselves**
- ✓ **Self-care tasks which include:**
 - ❖ Bathing or showering
 - ❖ Dressing
 - ❖ Getting in and out of bed or a chair
 - ❖ Walking
 - ❖ Using the toilet
 - ❖ Eating

Instrumental Activities of Daily Living (IADLs)

- ✓ **Activities required to support daily life and enhance the participant's interactions with others and/or environment**
- ✓ **Important for home and community life and may include:**
 - ❖ Preparing meals
 - ❖ Light housekeeping
 - ❖ Money Management (e.g., paying bills)
 - ❖ Medication management
 - ❖ Shopping for groceries or personal items
 - ❖ Using a telephone
 - ❖ Transportation to appointments

Transporting Participants



- Must be specified on PCSP
- Valid driver's license
- Current liability insurance on vehicle used for transport of participant
- Obey all traffic laws
- Practice defensive driving
- Report all accidents in accordance the agency's policies
- Ensure vehicle doors are locked when unoccupied

Activities
not
included in
Attendant
Care (AC)

Direct medical care

Duplicated State Plan or other
waiver services

Personal care/ homemaking/ ADHC
occurring at the SAME TIME.

Any activity or service not
considered to be an ADL or IADL.

Who can provide AC Services?

- In a Traditional HCB setting, AC services are provided by caregivers employed with an agency
- In a PDS setting, AC services are provided by anyone selected by the participant or PDS representative and who meets the requirements to provide AC services

AC Service Documentation

- Clear and concise service documentation is critical to providing participants with quality care
- Required for direct service employees to receive accurate and timely payment
- To maintain accurate service documentation, document while the service is happening or as soon as possible following the service
- If it is not documented, it has not been completed
- Required data elements of Electronic Visit Verification:
<https://www.chfs.ky.gov/agencies/dms/dca/Pages/evv.aspx>

AC Service Documentation

Includes:

- ✓ **Date, duration, description and location of service provided**
- ✓ **The arrival and departure time of the caregiver**
- ✓ **The name, title and signature of caregiver who provided the service**
- ✓ **The signature of participant when possible.**
- ✓ **If the participant is unable to sign, a note as to why is required if it is unsupported by the assessment.**

Things to Remember

- ✓ The participant's assessment and PCSP identifies ADL and IADL assistance which is to be provided
- ✓ Allow and encourage the participant to be as independent as possible
- ✓ Follow the instruction or guidance of the participant, when appropriate and protects the participant's health, safety, and welfare
- ✓ Supporting ADL and IADL can be a tough job but incredibly rewarding



ROLE OF THE ATTENDANT CARE AIDE

SECTION IV

Maintain Confidentiality

Personal information and records regarding the participant, as well as personal conversations, and/or professional discussions between the participant and others is strictly confidential.

Confidential information, while documented in case notes and critical incident reports, is not to be shared with anyone (e.g., family, friends, or those in the community).

Confidentiality with respect to participant information is mandatory and should not be shared without the participant's written authorization.

Maintain Confidentiality

HIPAA Confidentiality

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal regulation relating to the confidentiality of patient data

HIPAA Privacy

Protects all "individually identifiable health information" held or transmitted by a covered entity in any form and calls this information "protected health information (PHI)"

Maintain Confidentiality

PHI Information Includes:

- ❖ Demographic data that relates to the individual's past, present or future physical or mental health or condition
- ❖ The provision of health care to the individual
- ❖ Payment for the provision of health care to the individual
- ❖ Information that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual
- ❖ PHI includes many common identifiers such as name, address, birthdate, and Social Security Number

Identify and Report Abuse, Neglect & Exploitation (ANE)

- **AC aides play an important part in identifying Abuse, Neglect, and Exploitation which includes:**
 - ❖ Knowing about different types of abuse and neglect
 - ❖ Recognizing the signs
 - ❖ Identifying risk factors
 - ❖ Knowing who to tell about suspected ANE
 - ❖ Supporting participant's safety
- **Anyone can abuse or neglect a participant, including a spouse or partner, other family member, friend, neighbor, stranger, paid staff, or volunteer**
- **ANE can occur in any setting inside or outside of the place where the participant lives**

Types of Abuse

➤ **Physical Abuse**

Infliction of injury, unreasonable confinement, intimidation, or punishment that results in physical pain or injury

➤ **Emotional Abuse**

Inflicting mental pain, anguish, or distress on a vulnerable person through verbal or nonverbal acts

➤ **Sexual Abuse**

Non-consensual sexual contact of any kind, coercing a vulnerable person to witness sexual behaviors

Physical: Assault, slapping, hitting, pushing, misuse of medication, restraint, inappropriate physical sanctions

Emotional: Threats of harm or abandonment, humiliation, blaming, intimidation, coercion, harassment, isolation, unreasonable withdrawal of services or support networks

Sexual: Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography, witnessing sexual acts

Examples of Abuse

What is Neglect?

A situation in which an adult is unable to perform or obtain the goods or services that are necessary to maintain their health or welfare, or the deprivation of services or goods by a caregiver that are necessary for the well-being of the adult

Examples of Neglect

Deprivation of food, shelter, clothes or medical care

Lack of personal hygiene

Unsafe living conditions

Unsanitary living conditions

Untreated physical and/or mental health problems

Includes self-neglect or when a participant can no longer meet their own basic daily needs



What is Exploitation?

Obtaining or using another person's resources such as money, assets, or property, by deception, intimidation, or similar means, with the intent to deprive the person of those resources

Extensive withdrawal from monetary accounts

Increased or changed spending habits of participant

Someone added to the participant's financial account(s)

Unpaid health care costs

Using the participant's ATM/credit card without permission

Identity theft

Examples of Exploitation

Warning Signs of Abuse, Neglect and Exploitation

- **Changes in behavior**

Example: participant is refusing to go places or see people they typically like to see

- **Changes in emotional states**

Example: the participant is more withdrawn, nervous, fearful, sad or anxious



Warning Signs of Abuse Include:

- Unexplained cuts, bruises, or bleeding
- Broken bones
- Burns
- Overmedication
- Isolation

Warning Signs of Neglect Include:

- **Dehydrated or malnourished**
- **Poor hygiene**
 - Example: dirty hair, skin, clothing
 - Example: strong body odor
- **Isolation**
- **Lack of food and other amenities in the home**
- **Unexplained weight loss**
- **Pressure sores**
- **Lack of proper medical care or treatment**
- **Insect infestation in the home**

Warning Signs of Exploitation Include:

- Withdrawals of significant amounts of cash from bank accounts
- Missing money or medication
- Forged checks
- Unexplained/unknown credit card(s), creditor(s), or other charges
- Unpaid bills or limited/no access to information about finances
- Reliance/dependency on caregivers who have history of substance abuse or other mental health issues or do not have much prior history with participant (*example: person's new best friend or neighbor, not previously involved with participant*)

Preventing Abuse, Neglect & Exploitation

Know	Know the warning signs
Ask	Ask a lot of questions
Develop & Increase	Develop and increase the participant's circle of support
Refer	Refer participant to community resources, health care, and social service professionals for more assistance

Addressing/Reporting Abuse, Neglect & Exploitation (ANE)

1

Listen, affirm and reassure the participant that it is never his/her fault

2

Follow state law and agency policy when reporting suspected ANE

3

Contact law enforcement if risk imminent danger exists

4

Make a report to the state or local protective services agency (DCBS CPS and APS has an online portal: [WebReferral \(ky.gov\)](http://WebReferral.ky.gov) or call the KY Statewide Abuse Hotline Number 877-597-2331

Identify and Report
Program
Fraud, Waste and
Abuse (FWA)

AC aides play an important role in identifying and reporting suspected program FWA by:

- ✓ **Knowing** how FWA is defined
- ✓ **Recognizing** their role in fighting FWA
- ✓ **Identifying** prevention measures for FWA

Defining Fraud, Waste and Abuse (FWA)

Fraud is the intentional misrepresentation of information to gain undeserved payment for a claim

Waste involves spending federal or state health care dollars on services that are unnecessary

Abuse involves a questionable practice, which is inconsistent with accepted medical or business policies

Recognizing Fraud, Waste and Abuse (FWA)

Using a participant's member ID card that does not belong to that person

Failing to remove someone as a beneficiary when that person is no longer eligible

Adding someone to a policy that is not eligible for coverage (example: grandchild)

Visiting several doctors or doctor shopping to obtain multiple prescriptions

Preventing Program Fraud, Waste and Abuse

1

Always protect Medicaid and insurance card(s) and personal information of participants

2

Document services/activities correctly

3

Report suspected fraud, waste, and abuse as soon as possible through OIG's complaint email: chfs.fraud@ky.gov or by calling (800) 372-2970

CTRL+ Click to the OIG complaint email

Reporting Incidents

- AC aides are responsible for reporting *all* **Incidents** and **Critical Incidents** and should be familiar with agency and state requirements for reporting
- DMS reporting instructions dated June 4, 2021, located here:
<https://www.chfs.ky.gov/agencies/dms/dca/Documents/irinstructionalguide.pdf>
- An incident may or may not involve abuse, neglect or exploitation

Incident Reporting

An incident is any occurrence that impacts the **health, safety, welfare, or lifestyle choice** of a participant and includes, but is not limited to :

- A minor injury
- A medication error without a serious outcome
- A behavior or situation that is not a critical incident

Incident Reporting

A Critical Incident is an alleged, suspected, or actual occurrence of an incident that can reasonably be expected to result in harm to an individual and includes but is not limited to:

- Abuse, neglect, or exploitation (ANE)
- A serious medication error
- Death / Unexpected Death
- A homicidal or suicidal ideation
- A missing person
- Other action or event that the provider determines may result in harm to the participant

Maintain a Safe Environment

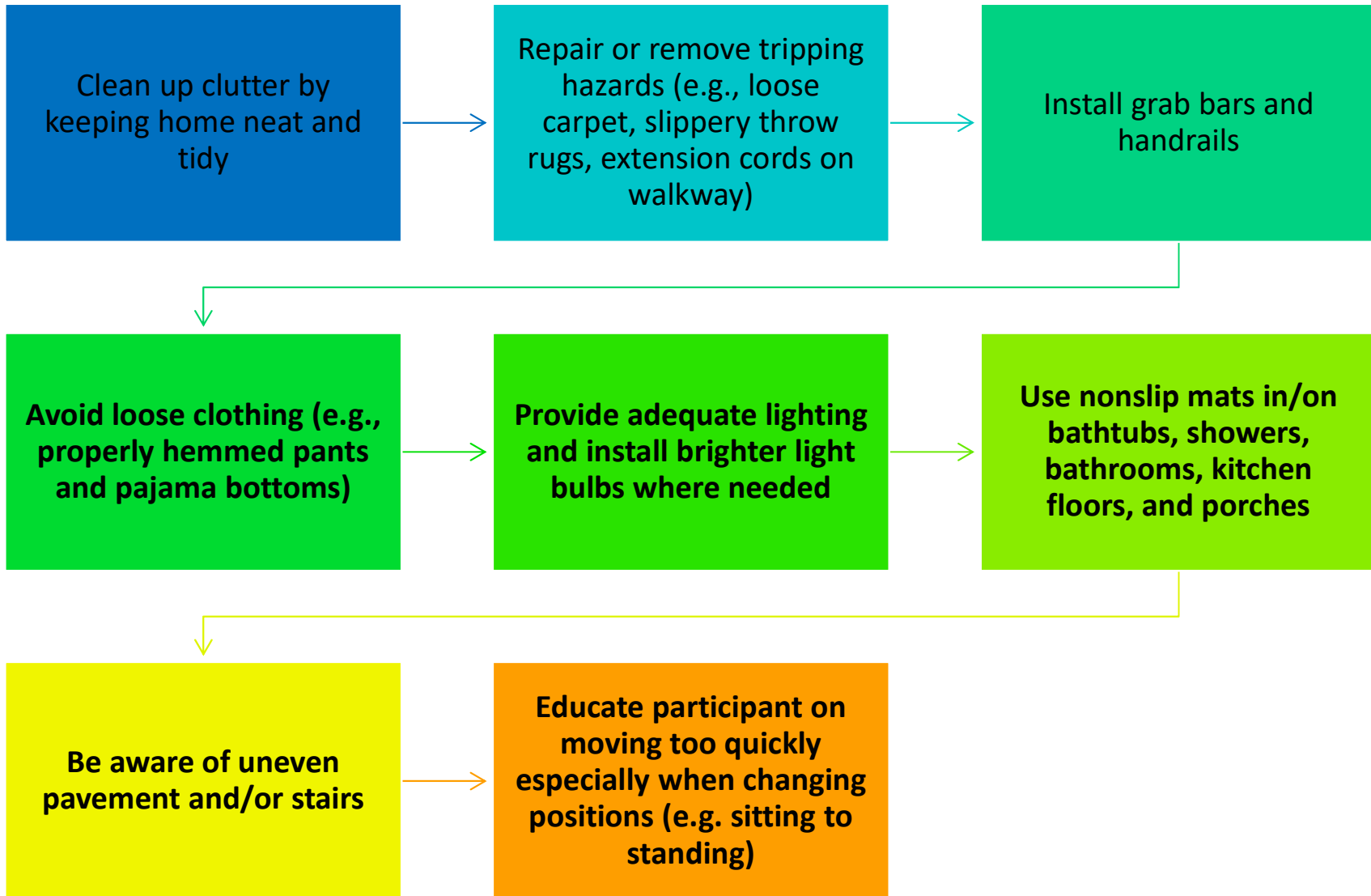
AC aides are responsible for maintaining a safe environment for participants both in the home and community, when possible



Maintaining a safe environment includes:

- Preventing falls and accidents
- Keeping area tidy, sanitary and free from hazards
- Responding to emergency situations
- Controlling the spread of infection or communicable disease

Preventing Falls and Accidents



Keeping Area Tidy, Sanitary & Free From Hazards

- Keeping participant's home clean and sanitary by:
- Report infestations of bedbugs, roaches or rodents
- Eliminate foul odors by removing trash and light debris
- Report home conditions which are unsanitary (e.g., too many pets) or are in disrepair (e.g., clutter in home) to Direct Service Supervisor and Case Manager or Service Advisor
- Assist participant with a plan for a path of exit in case of emergency

Responding to Emergency Situations

Preventing fires and practicing fire safety by:

- Never leaving food cooking unattended on stove
- Inspecting appliances to ensure they are in safe working order
- Using appliance for their intended use only
- Ensuring home has working smoke detectors
- Having an evacuation plan in the event of a fire
- Knowing how to call for help when necessary



Responding to Emergency Situations

Cardiopulmonary Resuscitation (CPR) and First Aid training can be lifesaving

*A large percentage of cardiac arrests occur in the home

CPR and First Aid training is empowering and provides techniques needed to respond to emergency situations

Anyone providing services to participants must obtain a CPR and First Aid Certification per regulation requirements within 6 months of hire and maintain a certification thereafter

If participant is PDS and has a signed DNR, CPR is not required, per 907 KAR 7:010 Section 6(1)(k)2.



Preventing and Controlling the Spread of Infection



Practicing good hand hygiene is important because hands are the primary pathway of germ transmission

Hand hygiene or hand washing reduces potential pathogens on the hands and is considered a primary measure for reducing the risk of transmitting infection

Hand Hygiene means cleaning your hands by handwashing, which is washing your hands with soap and water, or by using alcohol-based hand sanitizer which is at least 60% alcohol

Preventing and Controlling the Spread of Infection

Hand Washing Guidelines

- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end **twice**.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

(Handwashing Guidelines [Video](#))



Preventing and Controlling the Spread of Infection

- Wearing personal protective equipment (PPE) minimizes exposure to hazards when caring for those with an infectious illness or with a compromised immune system.
- PPE protects the caregiver, the participant, and anyone with whom they may have contact
- PPE includes items such as gloves, safety glasses and masks



Preventing and Controlling the Spread of Infection



Clean your hands the right way and at the right times

- ✓ When your hands are visibly soiled - use soap and water to remove debris
- ✓ After touching potentially infectious material such as blood, body fluids or contaminated surfaces
- ✓ Before putting on and after taking off PPE, including gloves
- ✓ After using the restroom

PERSON CENTERED CARE

SECTION V



Person Centered Care

Driven by the Participant

Includes People Chosen by the Participant

Reflects Personal Preferences & Choices

Respects Cultural & Spiritual Values

Offers Choices Regarding Services

Assists in Achieving Goals & Outcomes

Rooted in Person Centered Principles

Person Centered Principles

Respecting	Respecting the participant's preferences and goals
Treating	Treating the participant with dignity
Understanding	Understanding the experiences and goals of the participant
Maintaining	Maintaining confidentiality of participant's situation and information
Giving	Giving responsibility and empowering the participant

Delivering Person Centered Care

Requires:

- Taking *time* to understand what is important to the participant
- Building *trust* with the participant and working together
- Being *familiar* with the PCSP of the participant
- *Respecting* the participant's choice
- *Empowering* the participant



End of Module 1

Attendant Care Training

Thank you for attending DAIL's Attendant Care Module 1 – training

Next step is to complete the Attendant Care Module 1 – acknowledgement form and knowledge-check assessment (quiz)