CHOICE Services Supplemental – Self Directed Attendant Care

The **Person Centered Compliance Tool** will be supplemented with the following sections for a person who is receiving **Self-Directed Attendant Care Services**:

Self-Directed Attendant Care Services **Part I:** Assessing the ability of the participant to manage their direction of care **Recommended Probes**		**Discovery Mechanisms** **Discovery mechanisms are not meant to be inclusive. They are meant to be suggestions to gather information for the surveyor. Guidelines are intended to help the surveyor to make decisions about the presence or absence of the Indicators. The Discovery mechanisms listed here in no way imply they are meant to be directives for completion, or a requirement to be answered in every instance.**		
Self-Directed Attendant Care Services: **Desired Outcome:** *Participants are empowered to choose their own personal attendants. The participant is enabled to select, schedule, train, supervise, and (if necessary) dismiss their own personal attendants.*		**Spending Time With People** **(Initially during the conversation with the person using the Personal Outcome Measures©, then throughout the survey process.)** **Examples only: specific situations may change observations.**	**Conversations With People** **Selected Examples only: specific situations may change conversations with people.**	**Review of Documents** **Examples only: specific situations may change documents needing review.**
Person has authority to direct and manage their own services to the extent they wish.	**SDS I.A.1 Persons are empowered to choose their own personal attendants.** 1. Has the person been give the option to choose self directed attendant care service? 2. Does the person have the ability to select their staff (employees) and dismiss staff providing personal services? 3. Was the person provided with the necessary information about direction opportunities?	**Watch to determine if the interactions between the person and the service staff clearly demonstrate that person receiving services is directing the services.**	**Ask the person why they decided to direct the services listed in their POC.** **Ask the person if they are receiving any support to maintain self-direction of their POC.** **Ask the person to describe their decisions regarding**	**Check any documentation regarding the person's wishes to be supported in self-direction.** **Review the person's POC to determine the extent the person is involved in self-direction.** **Review any documentation that**

	SDS I.A.2 The Person exercises self-determination and choice. 1. Does the person direct their own plan development? 2. Are there systems in place to ensure that the person is heard? 3. Does the person choose their services and employee to meet their personal care needs and goals? 4. Is the person aware that self-directed attendant care services may be involuntarily terminated if Case Manager deems health and welfare to be beyond the scope of self directed attendant care services? 5. Is the person aware that they may voluntarily terminate self directed attendant care at any time they choose? 6. Do case management activities provide information and assistance to adequately support participants in managing self directed attendant care services?		**the selection of services and staff (employees).** **Ask the person if they understand that they are the employer and are responsible to hire, fire and train the employee to meet their needs.**	**verifies the person participated in selecting the services and staff (employees) to provide those services.**

Administrative guidance for those participants who have selected self-directed attendant care.	**SDS I.B.1 The Case Manager is responsible for the oversight and monitoring of the POC and CCB budget of the person who has selected self-directed attendant care.** 1. Does the Case Manager assess the person for participation in the self-directed attendant care service? 2. Does the Case Manager assist the person in directing the services? 3. Does the Case Manager evaluate whether the service is appropriate for meeting the person's needs? 4. Did the Case Manager provide administrative guidance prior to and during the implementation process? 5. Did the Case Manager provide training or coaching that assisted with obtaining and/or completing employer and employee packets related to hiring? 6. Did the Case Manager direct the person (as the employer) to the AAA if assistance was needed with the completion of the fiscal intermediary forms and paperwork? 7. Are there specific tasks detailed in the care plan that the Self-Directed Attendant Care staff (employee) is to perform? 8. Did the Case Manager monitor the outcomes of the self-directed attendant care service?	**Observe the person during a time when the staff (employee) is present.**	**Ask the person what type of assistance, if any, they receive to manage their self-directed attendant care.** **Ask the Case Manager how they determined that the person was eligible for participation in the self-directed attendant care service.** **Ask the Case Manager what type of assistance they provide, if any, to help the person manage their self-directed attendant care service?** **Ask the Case Manager how the specific services to be delivered were determined** **Ask the Case Manager how they evaluate the outcomes of the self-directed attendant**	**Review any documentation from the Case Manager that records any administrative guidance for those persons who have selected self-directed attendant care.** **Review any documentation that indicates the services to be provided to meet person's needs.** **Review the POC for the types and units of service to be provided**

			care program for this person.	
	9. Did the Case Manager reauthorize the person in the program every ninety (90) days using the completed Self-Directed Attendant Care checklist?		**Ask the Case Manager if they are aware of any back-up plans to meet the person's needs if employee is not available.**	**Ask to see the back-up plan**
	10. How did the Case Manager evaluate for quality of the services?		**Ask the Case Manager to explain the process to reauthorize the person's self-directed services.**	**Ask to see the 90 day checklist**
	11. Did the Case Manager determine from the person whether the person is satisfied with the services they are receiving?		**Ask the Case Manger how they evaluate the quality of services**	
			Ask the Case Manager how they verify that the person is satisfied with the services they receive.	**Check notebooks or other documentation for confirmation that services have been provided.**
			Ask the Case Manager if they coordinate care with the person rather than their employee?	

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Documentation	**AC I.F.1 Documentation standards are maintained by the staff (employee)with assurance from the employer (person being served)** 1. Have the person's needs been documented in the POC? 2. Is data recorded by the staff (employee) that includes the date of service and number of units of service delivered? 3. Are daily recordings from staff (employees) present and up to date? 4. Are staff data entries focused on the person and the person's issues for that day? 5. Are daily recordings signed by the staff (employee) and person receiving services (employer)?		**Ask the staff (employee) about their documentation requirements for services provided.** **Ask the Case Manager if there are any documentation requirements for the services provided.** **Ask the staff if they understand that service delivery is not appropriate when person is hospitalized or in a nursing facility.** **Ask the Case Manager if they monitor that service delivery is not appropriate when person is hospitalized or in a nursing facility**	**Ask to see the documentation of times worked and specific tasks completed to support the plan of care.** **Are all timesheets signed by the person being served (employer)?** **for that.** **Ask to see the documentation of times worked and tasks completed to support the plan of care.**

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Attendant Care Services **Part II: Assessing the personal care services provided** **Recommended Probes**		**Discovery Mechanisms** **Discovery mechanisms are not meant to be inclusive. They are meant to be suggestions to gather information for the surveyor. Guidelines are intended to help the surveyor to make decisions about the presence or absence of the Indicators. The Discovery mechanisms listed here in no way imply they are meant to be directives for completion, or a requirement to be answered in every instance.**		
Attendant Care: **Desired Outcome:** *Attendant Care Services primarily involve hands-on assistance for aging adults and persons with disabilities. These services are provided in order to allow older adults or person with disabilities to remain in their own homes and to carry out functions of* ***daily living, self-care, and mobility.***		**Spending Time With People** **(Initially during the conversation with the person using the Personal Outcome Measures©, then throughout the survey process.)** **Examples only: specific situations may change observations.**	**Conversations With People** **Selected Examples only: specific situations may change conversations with people.**	**Review of Documents** **Examples only: specific situations may change documents needing review.**
Personal Care	**AC I.A.1 The individual receives personal care services by a qualified service staff as outlined in the individual's current POC.** If documented in the person's POC: 1. Does the person receive supports with bathing or partial bathing? 2. Does the person receive supports as necessary with personal oral hygiene?	**Observe for any of the services being provided.**	**Ask the person what kinds of services are provided in personal care.** **Ask the person if the services are adequate**	**Review the POC to determine what services are required in personal care.** **Review any documents that document any**

	3. Does the person receive the supports necessary for caring for his/her hair, including the clipping of the hair? 4. Does the person receive support for shaving? 5. Is hand and foot care being provided? 6. Does the person receive support to care for intact skin? 7. Does the person receive support to personally apply desired cosmetics? 8. Is the person able to maintain as much independence as desired with the least amount of supports necessary?		**or too much.** **Ask the person to describe any services that are not needed, but are provided anyway.** **Ask the service staff what services they provide in personal care.**	**special equipment needed to provide supports in personal care.** **Document the name, address and relationship to the client of the employee(s) providing the care.** **Review any documents of employees' training to provide services and supports.**
Mobility	**AC I.B.1 The individual receives supports in mobility by qualified support staff as outlined in the POC.** If documented in the person's POC: 1. Does the person receive supports to maintain proper body mechanics? 2. Does the person receive supports in order to transfer from one place (bed) to another (chair)? 3. Does the person receive supports in ambulation without any assistive devices?	**Observe how the person ambulates in their home or outside of the home.**	**Ask the person if they need any help in walking from one place to another.** **Ask the service staff what supports they provide in mobility.**	**Review the POC to determine what supports in mobility is needed.**
Supports with Elimination	**AC I.C.1 The individual receives assistance as necessary to help with elimination that maintains dignity and privacy.** If documented in the person's POC: 1. Does the person receive supports with a bedpan, bedside commode or	**Watch for any instances of privacy violations with this assistance (open door to toilet, person in direct line of vision to others during services).**	**Ask the person what support they believe is necessary to meet this need.** **Ask the person if they are satisfied with the amount and type of service received.**	**Review the POC to determine the level of service documented.**

	toilet? 2. Does the person receive supports to provide maximum independence to minimize incontinence? 3. Does the person receive the supports necessary to empty urine collection and/or colostomy bags?			
Nutrition	**AC I.D.1 The individual receives supports in nutrition by qualified support staff as outlined in the POC.** If documented in the person's POC: 1. Is the person supported with meal planning? 2. Is the person supported with preparing the meal maintaining as much independence as possible? 3. Is the person supported with clean-up after the meal is finished?	**If possible observe the food available in the person's house with their permission.** **Note the nutritional value of the food available.**	**Ask the person what foods are available to eat at mealtime and between.** **Ask the person if he/she needs help to prepare a meal.** **Ask the person who cleans the preparation area after the meal is finished.**	**Check the POC for the supports needed in nutrition.**
Safety	**AC I.E.1 The individual receives supports in maintaining a safe environment that enhances independence for continued living at home.** If documented in the person's POC: 1. Does the service staff use accepted principles of health and safety personally and with the person? 2. Is the person supported to identify and eliminate potential safety hazards? 3. Is the person supported to use personal health protection by using appropriate techniques of hand washing?	**Notice to see if any apparent environmental hazards are present in the person's house.**	**Ask the person if there have been times when he/she was injured by something unsafe in the house.** **Ask the person if it is okay to see the rooms in the house.** **If the person agrees to show the house, ask the person to accompany the tour if possible. If not, ask for the service staff to accompany.**	**Check any documented repairs made to the house.**

	4. Is the person supported to maintain waste disposal and engage in other household tasks for cleanliness? 5. Does the person receive supports of reminders to take their own medicine? 6. Does the person receive supports to answer mail and pay bills? 7. Does the person receive supports to attend therapeutic community events? 8. Does the person receive support to access community activities?			