

## Question & Answer (Q&A): Self-Direction for Dually Eligible Individuals Utilizing LTSS

***Webinar participants asked these questions during the August 2019 Self-Direction for Dually Eligible Individuals Utilizing LTSS webinar. We have edited speakers' responses for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:***

**[https://www.resourcesforintegratedcare.com/GeriatricCompetentCare/2019 GCC Webinar/Self Direction for Dually Eligible Individuals Utilizing LTSS](https://www.resourcesforintegratedcare.com/GeriatricCompetentCare/2019_GCC_Webinar/Self_Direction_for_Dually_Eligible_Individuals_Utilizing_LTSS)**

### **Featured Speakers:**

- Kristen Bugara, MSW, LSW, Care Management Supervisor, Direction Home Akron Canton Area Agency on Aging and Disabilities
- Courtland Townes, Deputy Director, Boston Center for Independent Living
- Corinne Eldridge, Executive Director, California Long-Term Care Education Center
- Carole Stewart, IHSS Consumer
- Maida Castellanos, Personal Care Attendant

### **Person-Centered Care Planning**

**Q1: Kristen, you talked about the importance of a backup plan, in the event that a personal care attendant (PCA) is not able to provide services on a given day. What are some of the elements that you recommend including to make sure that the backup plan is a strong one?**

**Kristen Bugara:** In a perfect world, your service provider is going to come every single day. However, it is important to have a plan in case your service provider cannot provide services on a given day or needs to take time off of work. I recommend people identify a family member that could potentially step in and provide services, or possibly attend an adult day center.

**Courtland Townes:** We require folks that are getting PCA services, as part of their independent living service plan, to identify their backup person—a friend, family member, or neighbor— in the event that their PCA does not show up. We document the backup person's name (first name and last initial) in the independent living service plan.

**Q2: Courtland, you mentioned a tool that the long-term services and supports (LTSS) coordinators use to identify consumer needs. Can you describe that tool and how it helps them?**

**Courtland Townes:** LTSS coordinators have an intake and assessment tool that they use for collecting demographic information and the types of services that the consumer needs. We use this tool to collect data on a consumer's primary disability, their hands-on needs, and the instrumental activities of daily living that they need support with, e.g. laundry, shopping,

housekeeping. If consumers need and select PCA services, we have a nurse and an occupational therapist who perform an in-person assessment of functional needs using another tool.

**Q3: Courtland, you talked about the importance of a strengths-based assessment. Can you talk a little bit about how strengths-based assessments can help coordinators support consumers who are self-directing?**

**Courtland Townes:** Sometimes people with disabilities have interactions with service providers that feel degrading or alienating. Strengths-based assessments help build rapport. Instead of asking, “What is wrong with you?” strengths-based assessments emphasize, “What skill sets do you have that you wish to strengthen?” It is about assuming there is a base to build upon and making it clear that we are not here to make decisions for them.

When folks enter into the independent living center and independent living network, the focus is on the services we provide and the choices they would like to make. They can choose their own goals, draft those goals, and change those goals, and we are here to support them. Even if it is a goal that the skills trainer thinks will be difficult to attain, we approach it by breaking it into steps. For example, if someone who has not graduated from high school says they want to be an astrophysicist, our response is to discuss the steps necessary to get there. We might suggest working on getting a GED first and then going from there, as opposed to saying their goal is ridiculous or unattainable. People with disabilities have the same right as everybody else to try something new and fail. We ask what they want to achieve and how we can best help them do it. We want to help them make informed choices, focusing on the skill sets that they possess, where they want to go next, and what independence means for them.

#### Hiring and Training PCAs

**Q4: How do you address background checks?**

**Courtland Townes:** We typically use vendors that the healthcare agency has contracts with, such as for laundry and meal prep services. For PCA services, it is not required in Massachusetts that the PCA have a background check, but we provide information to the consumers on how to do so and how they can get a waiver for the background check fees.

**Kristen Bugara:** In Ohio, all of our self-directed providers are required to have a background check and if they have lived outside of Ohio for longer than five years, they have to have an FBI background check, too, before they can be certified as a self-directed provider.

**Q5: Corinne, for other organizations who are starting PCA training programs, what recommendations or lessons learned can you share?**

**Corinne Eldridge:** First, it is important to engage your stakeholders, including consumers, PCAs, and the labor union that represents the workers. If working with health plans, it is critical to have an understanding of the practices within the health plan that may intersect with the consumer and the PCA. For example, in California, while IHSS providers (PCAs) do not learn medical techniques, they can still participate as part of the care team.

It is also important to understand ahead of time the type of curriculum that will successfully meet the needs of the students/trainees. When possible, it is great to have consumers participate in the training program. This may not always be possible depending on the health of the consumer, but honoring consumer direction and making sure consumer choice is part of the curriculum is key.

**Q6: Corinne, when you were talking about the different training modules for the IHSS training program, you mentioned take-home assignments and encouraging providers to have discussions with the consumers with whom they work. Can you describe the take-home assignments?**

**Corinne Eldridge:** The take-home assignments cover what was learned in class on a particular day. The questions prompt the IHSS provider to have a conversation with the consumer about what they learned. The IHSS provider then answers the questions as their take-home assignment. The instructor reviews the homework assignment and returns it to the participant. IHSS providers do not share any protected health information (PHI) in take-home assignments or talk about PHI in the classroom. The take-home assignments reinforce classroom learning, bring it into the home, and then reinforce it in the classroom.

#### Promising Practices and Recommendations

**Q7: Carole, what has Maida, your PCA, done that has helped you the most?**

**Carole Stewart:** I have been a member of IHSS as a recipient for 20 years. When Maida came in, she took a series of classes, and then she made it a point to get to know my kids before there was an emergency. She let them know what was going on. I like the fact that when she comes in, she knows what is required by IHSS, but she also shows she really cares about me.

**Q8: Do you have any recommendations for other consumers and PCAs who are working together on how they can support each other?**

**Maida Castellanos:** I liked the classes and learned a lot, especially about medication and communication. Many IHSS providers can benefit from taking the training classes to learn how to provide more to the recipient. I recommend all providers take this training. I also recommend taking CPR training—that helps us feel confident that we can help if something happens.

**Carole Stewart:** Every week after her classes, Maida would come here and tell me what she learned, what she thought might be helpful for us, and what had helped her feel more confident.

**Q9: Maida, how do you serve as a monitor for Carole?**

**Maida Castellanos:** I am aware that Carole has migraines and had a stroke, and so as soon as I come in, I look at her from head to toe. I look at her eyes; I can see if she is weak. When she is not feeling okay, I tell her she needs to make an appointment and I will find a way to take her—I will be there no matter what.

Miscellaneous

**Q10: Courtland, how has your Center for Independent Living adapted to the different cultural preferences of your consumers?**

**Courtland Townes:** We serve a diverse community of folks and we want to make sure that our staff reflect that. As a result, we have staff from diverse cultural backgrounds. We have staff who speak Spanish, Haitian Creole, and American Sign Language, among other languages. Our staff reflect the community we serve. We are about to open a satellite office in an area called Field's Corner, which has large Latino and Vietnamese populations. We plan to do more outreach to those communities, as well.

**Q11: Kristen, what is one important lesson that you have learned in helping your care managers understand and support consumers who are self-directing?**

**Kristen Bugara:** Education and support are the key to informing consumers about self-direction. Many of the individuals we serve say that when their level of functioning declines, and they need help with personal care or home delivered meals, they feel like they are losing a part of themselves. When we introduce self-direction as a service option, it is important for our case managers to emphasize consumers can still have control over their decisions, while receiving help to meet their needs.