Balancing Risk and Choice: Supporting Consumer Direction when Using Home Care Providers
Objectives

- Explain key elements a professional needs to know to support self-determination

- Describe how consumers can be their best advocates when selecting and directing providers

- List steps in problem solving and conflict resolution
Objectives continued:

- Identify strategies in preventing abuse, exploitation and neglect when consumers use family members as paid providers.

- Illustrate how CareStar’s secure consumer portal improves self-management of their care, including linking and selecting preferred home care providers.
CareStar Expertise

Who is CareStar?
Who is CareStar?

- An Ohio-based company specializing in providing long-term care management services for individuals of all ages who have a chronic disability
- Founded October 31, 1988
- CareStar was established with the goal of providing quality home care services in underserved areas
CareStar’s Expertise

- Home and Community Based programs
- Provider Oversight
- Dual Eligible
- BIP
- Targeted Case Management
- Money Follows the Person
- CareStar Care Management System
Current Contracts

Ohio Department of Medicaid
★ Ohio Home Care Program – Since 1998
★ Provider Oversight – 2004 – 2013
★ HOME Choice (Money Follows the Person) – since 2009
★ Ohio Department of Developmental Disabilities – since 2012

Multiple Sclerosis Society – Since 2008
★ Ohio, Indiana, Kentucky

Indiana
★ TBI and AD waivers – Since 2006
★ Money Follows the Person – Since 2013
★ Developmental Disabilities Rehab Services – Since 2013
Center for Medicare and Medicaid (CMS) Assurances
(CMS) Assurances

★ CMS has final oversight of the HCBS waiver and is responsible for setting national policy on waiver requirements.

★ States providing HCBS waiver services must make specific Assurances to the federal government.

★ A state can only continue operating HCBS services if they comply with the Assurances.
CMS Assurances

**Level of Care** – People are eligible for the HCBS services they receive

**Service Planning** – A person’s needs are accurately reflected in a person-centered service plan

**Qualified Providers** – Workers providing services are qualified

**Health and Welfare** – People are protected from abuse, neglect and exploitation

**Financial Accountability** – Only approved services are paid; service costs don’t exceed institutional costs

**Administrative Authority** – State Medicaid agency accountable to CMS
Professionals

What to know to support Self-Determination for individuals served
How a Professional can Foster Self-Determination

🌟 Many pieces work together to be successful

🌟 Know the individual you are serving

🌟 Keep the individual with an active role as a leader in the team…
  ✭ Be Creative
  ✭ Be Open

🌟 Advocacy
The Professional needs to know the Rights & Responsibilities of the Program

**Rights**

What is expected from participant’s **program** enrolled:

- Treated with dignity and respect
- Receive timely assistance
- Receive information in easy to understand format
- Self-determination
- Hearings/appeals

**Responsibilities**

What is expected of the **participant** enrolled:

- Open and honest communication
- Report concerns/problems timely
- Be an active leader of service delivery and planning
- Respect your providers/team
- Know your program
Know What Providers are Available in the Specific Program

Who, What, Where, How and Why
2 Types of Home Care Providers

★ Agency Provider

★ Non-Agency Provider (NAP)
  - Also known as “Independent Providers”
Agency Providers

⭐ Must be Medicare Certified or otherwise accredited

⭐ Provider agreement with Ohio Department of Medicaid

⭐ Issued a provider number

⭐ Typically have liability insurance/bonded

⭐ Agencies are employers of staff providing in home services (interview, hire, fire, scheduling)

⭐ Authorization of services is completed by the Case Manager with direction from Individual being served
Agency Provider Services

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Home Health Aides
- Therapies- Occupational, Physical, Speech
Non-Agency Providers

★ Provider agreement with Ohio Dept. of Medicaid

★ Considered an Independent provider (self employed) – not employed with agency

★ Responsible for own billing, paperwork and paying taxes

★ Program Participant is responsible for direct supervision

★ Must complete structural review and BCI

★ Authorization is completed by Case Manager with direction of Individual served
Non-Agency Provider Services

- Registered Nurse (RN)
- Licensed Practical Nurse (LPN) under supervision of RN
- Personal Care Aide (PCA)
  - Must complete training program, or...
  - STNA
- Check with specific program and state requirements
Using Non Agency Option: Participant Self-Direction

★ Participant directs his/her own care

★ Participant must demonstrate ability and skills to direct own care

★ Participant must interview, select, supervise, evaluate and even terminate provider

★ Participant must verify services provided, sign time sheets and store documentation in their home
Agency vs. Non-Agency

**Agency**
- BCI requirements
- Medicare Certified/Other certification
- Agency employee, taxes withheld
- Typically Bonded/insured
- Provides training to staff (CPR, STNA)
- Hires, fires staff
- Provides back up

**Non-Agency**
- BCI requirement
- Independent provider, self employed, pays own taxes
- May not be insured or bonded
- Need to maintain own certification and CEU annual requirements
- Participant hires, fires
- Individual is responsible for back up
Agency vs. Non-Agency cont.

**Agency**
- One Stop Shop
- Closer supervision of staff, has RN Supervising services
- Limited staff within agency
- Depending on agency size, less personalized service
- Less flexibility
- Typically will not transport

**Non-Agency**
- Will require having multiple providers to cover services needed
- LPN must obtain own RN Supervisor
- May have consistency in staffing
- Choosing your own staff
- More flexible
- Usually will transport
Selecting and Directing

How to help the participant be successful and minimize risk
How a participant can be the best self-advocate when selecting & directing providers

⭐ Be knowledgeable

⭐ Maintaining eligibility for Waiver Program

⭐ Collaborate with the Case Manager to determine services needed, tasks to be completed and hours of services needed

⭐ Determine type of provider needed (Agency vs. Non Agency)

⭐ Choice of provider selection

⭐ Determine schedule for providers

⭐ Record keeping

⭐ Monitoring services received

⭐ Reporting provider concerns
Self-Advocacy

- Interview your providers
- Know that you should always be treated with respect and dignity
- Know your provider(s) have a right to be treated with respect and dignity
- Be honest with your team members
- Be knowledgeable of program rules
- Encourage provider to be knowledgeable of program/provider rules
Self-Advocacy

⭐ Maintain, save and secure location for documentation
⭐ Do not participate in fraudulent practices
⭐ Do not expect your providers to participate in fraudulent practices
⭐ Be willing to terminate provider if needed
⭐ Always communicate with your case manager
Balancing Risk & Choice

Helping individuals identify, prevent and minimize risk and successfully intervene without compromise to self-direction.
Preventing abuse, exploitation and neglect

Your role under this assurance is one of astute observation, documentation and action. Failure to meet the intent of this assurance – keeping participants safe – brings serious consequences.
Points to consider

- Get to know your participants and their environment
- Build rapport
- Identify and document risks
- Make sure provider agencies and workers understand what is expected of them
- Maintain regular communication; look for early warning signs
- Inform participants of their right to be safe and how to report
- Help implement strategies for addressing and monitoring situations that arise
- Contribute to quality improvement
- Know the rules of the program
When Participants Request Family or Friends to Be Paid Providers

Top 5 areas to highlight for success:

1. Boundaries
2. Reporting
3. Documentation/signature
4. Rules about kids in home
5. Skilled Care: Family vs. “on the clock”
Steps in problem solving and conflict resolution: “IDEAS”

1. Identify
2. Define
3. Evaluate
4. Action
5. Solution evaluation
Consumer Portals

CareStar’s approach using Innovation to consumer self-management
Participant Portals support self-direction

MyOhioHCP for Participants:

- Allows Individuals to manager their care
- Able to view All Services Plan or ISSP
- Able to view Provider information
- Allows the posting of needed hours and services for providers to view
- Quick link to Ohio Home Care Rules
- Can be customized to your preferences
My OhioHCP

Welcome to MyOhioHCP 2.0!

Consumer

Welcome to MyOhioHCP 2.0! This new version of MyOhioHCP allows you to enjoy all the features from the original along with many new features.

OhioHCP 2.0 allows you to:
1. Use a smartphone or tablet to access your program info on the fly
2. View care plans, find providers, and contact case managers in one click
3. Find what you need more quickly through improved layout and design

Helping Men and Women Stay Healthy at 50+

Consumer

AHRQ has several consumer guides that are designed to help men and women over 50 maintain good health. They include information about screening tests and other tools for staying healthy. Click the blue title "Helping Men and Women..." link above to access the podcast or transcript.

My All Services Plan

Please contact your Case Manager if you have any questions regarding your All Services Plan. Click here to view.

My Case Manager is:
Name: Carrie Caregiver
Email: ccaregiver@carestar.com
Phone: 234-567-8901
Fax: 234-657-8902

My Case Manager Supervisor is:
Name: Salie Supervisor
Email: ssupervisor@carestar.com
Phone: 345-678-8901
Fax: 345-678-8902

Your Up-To-Date Files

View up to the minute updates and changes to your records. This information is important and confidential.

First Name: Paul
Last Name: Participant
Street: 123 Street
City: Columbus
State: OH
Zip: 43219
Home Phone: 222-333-4444
Work Phone: 555-666-7777
Fax: 888-999-1111
Email: pparticipant@email.com

I wish to continue receiving documents electronically.

Save | Cancel Is this correct? If not, let us know feedback@ohioscp.org

OhioHCP Handbook

Consumer Handbook Program Information

The Handbook is Your "Helpbook"
The Ohio Home Care Program wants you to be successful as a Consumer of services. The OhioHCP Handbook was created for your benefit so that you will know about the services and supports available to you. Please review the material, print a copy or listen to a podcast if you like, and feel free to contact us with any questions or comments.

View the Consumer Handbook

My Care, My Choice and Home Care Attendant Manuals

Manuals of Consumer Choice and Responsibility
As part of the Ohio Department of Job and Family Services' commitment to consumer choice, we have, for almost four years, worked with a group of diverse stakeholders to expand consumer choice and control in OJDFS-administered waivers (the Ohio Home Care Waiver, Transitions Developmental Disabilities (DD) Waiver, Transitions carve-out Waiver). These manuals are a direct result of that work.

Module 1: Consumer Choice & Responsibility Manual
Module 2: Home Care Attendant Manuals

Health Information

Healthy Ohio: The State of Living Well
Healthfinder.gov
Kids

CareStar
## Request for Service

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Ending Messages…..

★ Educated and strong provider pool and assuring that a participant is well-informed, open communication enhances participant health and safety; quality of caregiving product and self-determination

★ Promotes home and community based living, and prevents re-hospitalizations.

★ Often the Case Manager might be the only licensed professional that enters the home, and due diligence for health and safety concerns is paramount to a quality consumer experience. A participant/consumer has the ultimate role in maintaining a healthy consumer/ provider relationship, and instrumental in fraud prevention.
Thank You!  Questions?

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