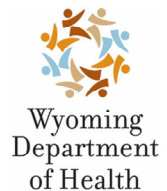Case Manager Support Call

INDIVIDUAL PLAN OF CARE
NEEDS & RISKS SCREEN
MEDICAL SCREEN

Wyoming Department of Health
Division of Healthcare Financing
Developmental Disabilities Section
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Wyoming
Department
of Health

Good afternoon. The Participant Support Unit is continuing to provide trainings covering the Plan Mod Links Section of the Electronic Medicaid Waiver System (EMWS) during the Case Manger Support Calls. These links are located to the left of the individualized plan of care (IPC). We will be reviewing each section and explaining the expectation that case managers must meet when developing the IPC. We encourage case managers to provide us with feedback, as well as any preference on areas in the plan you would like us to cover. All recommendations or comments can be referred to Alex Brooks at cm.consultant.wyo.gov.

The Individual-ized Plan of Care (IPC)

- Roadmap for providers and provider staff members.
- Contract with the State of Wyoming that identifies what and how services are provided.
- Living document that must be updated to reflect participant wants, needs, and supports.
- A well written, comprehensive IPC is more likely to result in stronger relationships and meaningful services.

Before diving into the screens in EMWS, we would like to take a step back and talk about the individualized plan of care, or IPC. The IPC is the roadmap, or guide, for providers and direct support professionals to understand what participants want and need in their lives, what is important to them, the support they need to be as safe and healthy as possible, and what ultimately makes them happy. This document is also critical to recognizing and respecting a participant's individuality and personal choices. The services that a participant receives hinges on the IPC, and the development of the IPC is the responsibility of the case manager.

The IPC is also the contract that each provider has with the State of Wyoming. Providers are required to deliver services as they are outlined in the IPC, including the provision of necessary supports to address potential risks, medical concerns, and choice. The IPC must be written in a way that clearly explains what a participant wants and needs so that the service provider can offer the supports that the participant wants and needs.

Case managers should talk to the participant, legally authorized representative, plan of care team members, and direct support professionals who work most closely with the participant to compile information that is necessary to support the participant.

Chapter 45, Section 10(g) states that the IPC must be reviewed at least semi-annually. This review is necessary to assure that the IPC reflects current situations and needs that the participant has. Needs change, and the IPC should change accordingly.

As we begin the review of the next sections of EMWS, it is important to recognize that the Division expectations established in this training are to ensure that the IPC has the most comprehensive information available in order to facilitate meaningful services and stronger relationships between the participant, case manager, and providers.

Plan Mod Links

Plan Mod Links

- Plan Status
- Individual Preferences
- Demographics
- Rights
- Assessments
- Circle of Supports
- Needs and Risks
- Medical
- Specialized Equipment
- Behavioral Supports
- Service Authorization
- Verification

- Needs and Risks
- Medical

Today we are going to focus on the Needs & Risks and Medical screens.

Needs and Risks Screen

- Identify how to assist the person in each support area.
- Select high risk area if there is a health or safety concern for the participant.
- Formal guidelines or protocols should be uploaded.
- Restrictions must be reflected on the Rights screen.

The individual plan of care team is responsible for reviewing each support area on the Needs & Risks screen, and documenting behaviors or conditions that pose a health and safety risk to the participant. The team should identify the necessary detail needed to provide support to the participant in each area. If the support area is not applicable such as employment for a 12 year old enter a brief statement such as "I am going to school, and am too young for employment". When a participant has formal guidelines or protocols, such as mealtime guidelines or feeding protocols, include them in the appropriate support area, and upload the corresponding document.

Communication

Describe how the participant communicates and the support needed to express needs and wants, or to better understand another individual.

Examples
- I can verbally communicate.
- I communicate using _____ (gestures, sounds, sign language, communication device, etc.
- I verbally communicate but need time to process information. Please allow me extra time to process when asking me a question
- Help me communicate by _____ (explain).

The Communication section is used to describe how the participant communicates, and the support they need to express their needs and wants. Include information on both expressive (how they communicate their wants and needs) and receptive (how they interpret what others communicate to them) communication. Be sure to include any strategies that can help providers support the participant with communication while ensuring that providers don't talk for the participant.

Community

Identify how to support the participant to access and be involved in their community.

Examples

- I need staff assistance in public places due to _____: (document items such as falling risks, quick to develop sun burns, elopement, etc.)
- My team will help me be safe in these situations by _____: (In *Protocols* section, describe special accommodations, or items used to assist with safety.)

Participants should give input on with whom and where they want to interact, and choose the events and activities in which to be involved. In the Community section, you may want to include the participant's favorite places to go or places to avoid. Describe the level of supervision the participant will need, such as within arms reach or line of sight.

Employment/Employment Training

Address the support needed for the participant to seek employment, if desired, and identify employment preferences.

Examples

o The work I do _____. (Describe)

o My average days and hours worked are _____.

o I work at _____.

o My work is considered _____. (Independent employment, individual community integrated employment, group supported employment)

Employment enriches and adds meaning to many lives. Wyoming is an employment first state, which means that employment options should be considered before other day services are decided upon. In this section, address the support needed for the participant to seek employment, if desired, and identify employment preferences. If the participant is employed, identify their place of employment, the type of employment, and the average number of hours they work. Describe the supervision and accommodations that they need during work or training.

A *Third Party Liability form* must be completed and uploaded for participants who are receiving individual or group supported employment services. Please note that a restriction cannot be applied to employment unless there is a health or safety risk and the restriction meets criteria as outlined in Chapter 45, Section 4 of the Department of Health's Medicaid Rules.

Family and Friends

Describe who is important to the participant and how to assist them with maintaining and building relationships.

Examples

o I like to spend time with my parents on the weekend and need assistance packing my bag and medication to take with me.

o I would like my provider to work with me on my social skills. I want to make more friends.

Participants are encouraged to host friends and families in their home settings. Participants are encouraged to have visitors during day services to improve the quality of their social life. In the Family and Friends section, describe who is important to the participant and how to assist them with maintaining and building relationships.

Financial and Property

Detail support needed with paying bills and spending money. Specify if the participant has a representative payee, and identify the payee.

Examples

o My mother is my payee. I need assistance with budgeting and check writing. I can keep up to $_____ on my person. I can exchange money for purchases with staff support.

o I do not have a representative payee. During community living services, my staff assist me with my budget and paying my bills.

o Wyoming Guardianship Corporation is my payee. Staff hand me my money when I make a purchase so I can begin to understand what money is used for, and assist me in verifying that I receive the correct change.

Participants should have as much control as possible over their personal resources. Any required control of funds must be detailed in the Financial and Property section and be specific to the participant. If a participant has a representative payee, the payee's contact information should be included on the Contacts and Circle of Supports screens, and the right to keep and spend money should be marked as a restriction on the Rights screen. Documentation verifying that a representative payee has been appointed must be uploaded.

Be sure to detail the support that the participant needs to pay bills, and how the provider can support the participant when making purchases. If the participant does not have unlimited access to their funds, the amount and process for gaining access must be specified in this support area.

Healthy Lifestyle

Include healthy activities in which the participant wants to engage.

Examples

o Please encourage me to drink more water throughout the day.

o I enjoy being active and participating in Special Olympics. My favorite events are golf, bowling, and swimming.

The Healthy Lifestyle section may include suggestions like drinking more water, exercise options, choosing healthy snacks, seeking better habits, and participation in recreational activities or organized sports. Please remember that healthy lifestyle activities are ultimately the participant's choice and it should be emphasized in this section that if there is not a medical recommendation or if a suggestion is based on the opinion of a parent, guardian, or other team member that the participant always has the right to choose to not participate in health activities, although they should be encouraged to do so.

Meal Time

Explain the assistance needed for grocery shopping, meal planning, and cooking.

Examples:

o I can prepare my own meals and eat independently.

o I need assistance planning meals and grocery shopping. My goal is to cook at home with staff assistance four times weekly.

o I need assistance in making healthy food and drink choices, and I need assistance to eat safely. Please follow my protocol.

The Meal Time section should be used to explain the assistance that the participant needs when meal planning, grocery shopping, and cooking.

Participants have the right to access food at any time. Mealtime schedules should be personalized, and participants should be able to decide with whom, where, and what to eat. Needs and additional supports to achieve these rights should be detailed in this section. Any restrictions to these rights should be detailed on the Rights screen.

Mealtime and dietary protocols developed by a prescribing medical professional should be uploaded into this section. Protocols for feeding tubes, or meal plans created by a therapist to address a risk of aspiration, are examples of a mealtime protocols. Informal guidelines that the team has outlined, such as a participant not liking pasta, can also be included.

Mobility

Include accommodations needed for participation in activities, and protocols for positioning and transfers.

Examples

- I am at risk of falling when I first stand up. Staff should remind me to ask for assistance before standing. I will hold a staff's arm when getting up and hold on to staff or furniture during the first few steps I take.
- I can walk independently, but often need support on icy and uneven surfaces. Please offer me your arm to hold for support.

The Mobility section should explain the participant's ability to physically navigate their home and community, and address any mobility challenges the participant may have. Adaptive equipment, such as wheelchairs or walkers, should be identified in this section and should also be included on the Specialized Equipment screen. Be sure to identify accommodations that the participant may need in order to participate in activities, and upload protocols for positioning and transfers.

Physical Conditions

Document specific support and safety precautions and describe any special equipment or environmental supports needed.

Example

○ I have leg braces, staff should assist me in putting these on an keeping them clean

All settings in which services are provided should be fully accessible to the participant. The Physical Conditions section should include documentation of the specific support and safety precautions required by the participant in various settings, as well as accommodations to enable the participant to access the community. Be sure to include safety risks that are present in the participant's home.

Self Advocacy

Include information on how the participant communicates wants and needs, as well as how providers can support self-advocacy.

Examples

o I make my needs, desires and concerns known (verbally, through eye blinks, body language etc.) or I am comfortable advocating for myself to my (provider, brother, friend, community members).

o I am able to make my needs, desires and concerns known, if I need assistance advocating for myself I will ask (a provider, friend, parent for support.)

o Staff will teach me advocacy skills so I can learn to how to advocate for myself. My case manager will help me understand my rights and help me exercise those rights as much as possible.

What is self advocacy and why is it important? Self-advocacy is the ability to speak-up and communicate things that are important. Self-advocacy means being able to ask for what you need and want, and telling people about your thoughts and feelings. Self-advocacy empowers individuals to make decisions about their lives. In the Self-Advocacy section, include information on how the participant communicates wants and needs. It is also important to include how providers can support the participant's self-advocacy efforts.

Self Care - Personal Hygiene and Bathing

Specify how provider staff should assist with personal hygiene while maintaining the participants dignity and privacy.

Examples
o I can use the restroom independently, but need reminders to take a shower and assistance with my laundry.
o I need someone to wait outside the bathroom door while I shower in case I fall or need assistance.
o I can complete personal hygiene tasks independently.

The Self Care support area should include procedures and information specifying how provider staff should assist with personal hygiene tasks while maintaining the participants dignity and as much privacy as is safe for the person. If the participants privacy is limited in any way, this must also be addressed on the Rights screen as a restriction to their privacy. Providers should encourage participants to complete as much of their self care as possible.

Supervision

Support needed during emergencies

- I can evacuate independently.
- I can evacuate independently but I need verbal prompts. (Describe)
- During critical care times or crises, this is how my support needs and supervision should change and how the extra assistance should be accessed: ___.

Staffing patterns for habilitation services

- On a typical day, my usual support is_____.
- I can have less support when____ (in my room, watching TV, doing sedentary activities, etc.). I need closer support when _____ (as documented in my Positive Behavior Support Plan, during personal care, mealtime, community outings, etc.).

The Supervision section should describe the support that a participant needs during critical care times, including support needed in the case of an emergency. Address supervision for each service the participant receives, such as in line of sight or within hearing distance, Be sure to include times in which the participant can be left alone.

Supervision (Continued)

Supervision while sleeping

o Due to my seizure disorder, I need a safety check every two hours.

o I need to be within hearing distance while sleeping.

o During sleeping hours, I need to be repositioned every _____ hours.

How to assist the person

o My level of support may change in different environments. I may require more supervision in the community and less supervision while at home.

If a participant receives overnight support through waiver services, such as Community Living or Respite services, describe the supports the participant needs while sleeping. Summarize supports needed in the different settings for all waiver services when completing "How to assist the person" in the Supervision support area.

Transportation

Specify how the participant uses transportation, including who provides the transportation.

Examples

o I do not need assistance with transportation.

o I use public transportation.

o I need transportation assistance to _____ activities (specify the activities).

o I sit in the front seat of the van because_____.

Participants should have transportation options that result in the ability to access the community whenever they please. Specific details of how the participant can use transportation should be detailed in this section. Include who may be providing the transportation, and detail if transportation is accessible, affordable, and available upon request. Any health and safety concerns during transport should be addressed.

Vulnerability

Describe how and when the participant is at a high risk, and how providers can support them to be safe.

Examples of special safety precautions
- I am at risk because I don't communicate verbally, and therefore could be easily taken advantage of as I cannot voice to you why I am uncomfortable.
- I am at risk because I use a wheelchair and am unable to leave situations that make me uncomfortable.
- In the case of an emergency, I would require full assistance evacuating as I use a wheelchair.

Vulnerability is the state of being exposed to the possibility of being harmed either physically or emotionally. In the Vulnerability section, describe how and when the participant is at a high risk, and how providers can support them to be safe. Please include the type of assistance the participant may need in the event of an emergency.

Medical Screen

- Case managers are responsible for educating the participant and team on the importance of receiving regular medical care.

- Case managers are responsible for documenting medical appointments, refusals, and strategies to encourage the participant to attend annual medical checkups.

The Medical screen contains important medical information on the participant. It is critical that the case manager keep this information up-to-date and be very clear about the support and assistance the participant needs in this area. Case managers are responsible for educating the participant and team on the importance of receiving regular medical care, and documenting current medical appointments in this Section. As a reminder, Chapter 45, Section 13(j) establishes that providers of Community Living Services are required to ensure that participants receive an annual medical evaluation; however, participants have the right to refuse to attend medical appointments. If the case manager encounters this situation, they must document why an annual medical appointment didn't occur, and document strategies that the team has discussed for encouraging the participant to attend medical checkups in the future.

Medical Professional

- ✓ List medical professionals with whom the participant works.

- ✓ Medical professionals included in the **Contacts** screen will automatically populate to the **Medical** screen.

- ✓ Include the last appointment date and any recommendations.

Under the Medical Professional tab, list all medical professionals with whom the participant works, including the primary physician, dentist, and optometrist. Medical professionals included in the **Contacts** screen will automatically populate to the **Medical** screen. Include the last appointment date and any recommendations made during that appointment. If the participant has not seen the medical professional in more than a year, state the reason why.

Diagnoses

✓ Diagnoses are automatically populated from the ICAP and psychological or neuropsychological assessments.

✓ A mental health diagnosis should be added if the participant is prescribed a psychotropic medication.

✓ All diagnoses should be current.

Diagnoses are automatically populated from the ICAP and psychological or neuropsychological assessments to the Diagnoses section. Be sure to add a mental health diagnosis under this tab if the participant has been prescribed a psychotropic medication. Manually add any additional medical diagnoses that don't automatically populate. All diagnoses should be current.

Medications

- ✓ Upload the completed *Medication Consent form* under the *Medications* tab.
- ✓ Include all medications the participant is taking
- ✓ Keep the medication list current
- ✓ A Medication Assistance Record (MAR), may be uploaded in lieu of entering medications and dosages.

The Medications tab includes a listing of all medications, as well as any required consents needed when a provider assists with medications. Indicate if providers are responsible for assisting with medications, and upload the completed *Medication Consent* form. Add all medications the participant is taking into this section, and keep the medication list as current as possible. Case managers can choose to upload a Medication Assistance Record (MAR), if one is available, instead of manually entering each medication and dosage. An up-to-date MAR must be submitted with each supplemental request or modification to the IPC.

Medical Regimen

- ✓ Upload specific medical protocols.

- ✓ Providers that assist with medications must have a valid Medication Assistance Training certificate.

- ✓ Include information related to scheduling, transporting, and supporting participants during medical appointments.

The Medical Regimen tab is used to provide detailed information on the kind of assistance that the participant needs during medical appointments, when taking medications, and when managing medical conditions. Provide information on who is responsible for scheduling, transporting, and supporting participants during their medical appointments in the *Assistance needed at medical appointments* box. Upload specific medical protocols related to feeding tubes, as needed medications, seizures, Vagus Nerve Stimulators, and medication assistance such as a participant needing to take medications in applesauce. Providers that assist with medications must have a valid Medication Assistance Training certificate.

Known Allergies/Reactions

✓ Select all known allergies.

✓ Document serious reactions or other important notes.

Select all known allergies and document serious reactions or other important notes under the Known Allergies/Reactions tab. If a protocol is more appropriate, it should be uploaded into the *Medical Regimen* section.

Questions ???

Contact Alex Brooks at cm.consultant@wyo.gov or your local Participant Support Specialist