

Community Choices Waiver Provider Training

Participant Rights



Wyoming Department of Health
Division of Healthcare Financing
Home and Community-Based Services Section
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Welcome to the Home and Community Based Services (HCBS) Section, Community Choices Waiver provider training focusing on participant rights outlined in the approved CCW Waiver agreement, as well as in 42 CFR 441.301(c)(4) which we will refer to throughout this training as the Final Settings Rule. My name is Shirley Lueders, and I will be presenting today's training.

Purpose of This Training



To familiarize providers with the rights and freedoms of Community Choices Waiver participants, to establish the importance of honoring those rights, and explain the process and potential risks associated with restricting a participant's rights.

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The purpose of this training is to familiarize providers with the rights and freedoms of CCW participants, to establish the importance of honoring those rights, to explain the process and potential risks associated with restricting a participant's rights, and to identify provider requirements related to the approved CCW agreement and federal law.

Training Agenda

- Rights of participants receiving services
- Steps and considerations for implementing restrictive interventions
- Provider and case manager requirements and responsibilities

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At the end of the module, the following topics will have been introduced and explained.

- The rights of participants receiving services;
- The steps and considerations involved in implementing rights restrictions, also called “restrictive interventions”; and
- Provider and case manager requirements and responsibilities associated with implementing rights restrictions.

Please note that, for the purpose of these trainings, providers include provider staff and case managers, unless there is a specific need to make a distinction.



Freedom to make choices is a human right. Laws protect people's right to decide how to spend their money, make their own health care decisions, work for a living, and have relationships with friends and family.

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Home and community-based services are based on the tenet that people have the freedom to make choices that impact their lives. Whether the choices are related to big decisions such as who provides their services, where they live, or what they want for their future, or small decisions such as with whom they spend time, what and when they eat, and how they spend their day, having choice is paramount to human dignity.

Participants of CCW services have been making choices about their lives for many years, and should be supported in continuing to make their own daily life choices. Facilitating individual choice is a crucial part of being a CCW provider and should be considered when delivering any CCW service.

Dignity of Risk

Providers must maximize a person's ability to make choices while minimizing the risk of endangering the person or others.



Providers are tasked with supporting individuals in making choices in their lives. Often, a legally authorized representative, provider, or case manager may believe they know what is best for a participant, or that the participant will make a bad choice if given the freedoms required by the Final Settings Rule. Team members must remember that all individuals, including people who receive waiver services, have the right to make choices, even if those choices may result in poor outcomes. Making decisions and living with the results of those decisions is a fundamental part of life. Providers and other members of the participant's team must maximize a person's ability to make choices while minimizing the risk of endangering the person or others. Although we want to promote safety for participants, we want to be sure to value safety while supporting the participant's right to dignity of risk.

Participant Rights



Each participant receiving services has the same rights and responsibilities guaranteed to all other U.S. citizens under the United States and Wyoming constitutions and federal and state laws.

42 CFR 441.301(c)(4)

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Human rights are rights inherent to all human beings, regardless of age, race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.

Each participant receiving HCBS has the same legal rights and responsibilities guaranteed to all other U.S. citizens under the United States and Wyoming constitutions and federal and state laws. Specific rights guaranteed to Waiver participants are outlined in 42 CFR 441.301(c)(4).

Rights of Waiver Participants

- The right to privacy;
- The right to freedom from restraint;
- The right to privacy in their sleeping or living quarters;
- The right to sleeping and living quarters that have entrance doors that can be locked by the participant, with only the participant and appropriate staffing having keys to doors;
- The right to choose with whom and where they live;
- Freedom to furnish and decorate their sleeping or living quarters within the lease or other agreement;
- Freedom and support to control their own schedules and activities.
- Freedom and support to have access to food at any time;
- Freedom to have visitors of their choosing at any time, and associate with people of their choosing;
- Freedom to communicate with people of their choosing;
- Freedom to keep and use their personal possessions and property;
- Control over how they spend their personal resources;
- The right to access the community; and
- The right to make and receive telephone calls.

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In addition to basic human rights, participants of CCW services have specific rights established in the Final Settings Rule. These rights shall not be denied or limited, except to address a significant health concern or safety need. Rights include: **READ LIST**

Rights That Cannot be Restricted

- Right to dignity and respect;
- Right to be free from coercion;
- Right to receive services in settings that are physically accessible to the participant; and
- Right to make calls to Protection and Advocacy, or state or federal oversight or protection agencies such as the Division or Department of Family Services.

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The requirements for imposing restrictions on a participant's rights will be discussed later in this training. While some participant rights can be restricted in limited situations, there are some rights that a provider cannot restrict, under any circumstances, during the course of providing CCW services. These rights are established in the Final Settings Rule, and include:

- Right to dignity and respect;
- Right to be free from coercion;
- Right to receive services in settings that are physically accessible to the participant; and
- Right to make calls to Protection and Advocacy, or state or federal oversight or protection agencies such as the Division or Department of Family Services.

Treating participant's with dignity and respect is critical to providing CCW services. This means that providers:

- Honor the participant's preferences, interests, and goals;
- Facilitate opportunities for participants to make their own choices;
- Encourage participants to express their wishes, desires, and needs; and
- Design the services provided to meet the participant's individual needs. Remember, what works for one person may not work for another.

Participant's Right to Refuse Services

- Participants of CCW services have the right to refuse waiver services.
- Participants shall not be disciplined and cannot be charged a monetary fee for refusing service.
- Case managers must verify billing to ensure refusals are not billed as a provided service.
- Providers are encouraged to develop and implement policies to support a participant's right to refuse services.

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Home and community-based waiver services are voluntary. Participants have the right to refuse these services, even for an hour or a day. As an example, a participant can choose to stay home rather than attending adult day services in another setting. Let's face it...sometimes we all need a day to break routine and relax.

While participants have the right to refuse services, it is still important for the provider to encourage participation. A participant choosing to stay home and just relax for a day is understandable; however, unless health related, if this happens consistently then there is an indication that the services the participant is receiving may not be meeting their needs. Providers should speak with the participant and work to understand why the participant is not engaged in their services. If necessary, request a meeting of involved individuals so they can work with the participant to identify what isn't working, and get input as to what needs to change so the participant is ready and willing to participate.

In the event that a participant chooses to refuse services, the provider cannot charge the participant a monetary fee or impose any sort of disciplinary action. Case managers are required to monitor when a participant refuses services in order to verify billing during the case manager's monthly review of provider billing. If a person is continually refusing services, case managers should discuss this decision with the participant to ensure the current supports and services meet the participants desires and needs.

Providers are encouraged to develop and implement a policy that ensures the right to refuse services. Policies will be discussed later in this training.

Restricting the Right to be Free From Restraint

- The court, legally authorized representative, or participant must authorize the limitation in writing.
- Other less restrictive interventions that will be used prior to the restraint must be included in the service plan and provider documentation.

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In rare circumstances, a restriction on a participant's right to be free from restraint can be imposed.

It may be necessary to restrain a participant when they pose a significant danger to themselves or others. Physical, chemical, and mechanical restraints are permitted during the provision of assisted living facility services or respite services delivered in assisted living or nursing facilities. However, the use of restraint must follow specific requirements. Restraints must meet the standards established by the licensing agency, be ordered by a physician, and be necessary to address the participant's medical symptoms. As such, the nature of a restraint is expected to be short-term, in response to a specific event or identified behavior, and never performed for the purpose of discipline or convenience. Additionally, the use of restraints must be indicated in the participant's service plan. Only the least restrictive restraint should be implemented, and the provider must continue to support the participant's physical, health, and emotional needs.

Assisted living and nursing care facilities must comply with all protocols, practices, record keeping and personnel education and training requirements for the application of restraints in accordance with Chapter 11 of the Aging Division Rules for Program Administration of Nursing Care Facilities and Chapter 12 of the Aging Division Rules for Program Administration of Assisted Living Facilities.

Provider Coercion and Retaliation are Prohibited

- Providers shall not request or require participants to waive or limit their rights as a condition of receiving services.
- Providers shall not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual who exercises any of their rights.

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In accordance with the Final Settings Rule, providers cannot request or require participants to waive or limit their rights as a condition of receiving services. Providers may choose to not serve an applicant, or provide notice that they will no longer serve a participant, but they may not offer their services only on the condition that the participant waive any of their rights. Case managers are responsible for informing participants and legally authorized representatives of their rights during the application process, and throughout the year at team meetings and during regular visits. Participants should know their rights, and should be exercising those rights while they are receiving services.

Providers shall not intimidate, threaten, coerce, discriminate against, or take retaliatory action against an individual who exercises their rights. Retaliatory acts are also prohibited by any provider type if a participant, legally authorized representative, case manager or provider, or other member of the participant's team files a complaint or incident, or is involved in an investigation resulting from a complaint or incident report.

Restrictive Interventions



When a restriction is deemed necessary, the service plan shall include a rights restriction protocol that addresses the reasons for the rights restriction, and provider guidance on implementation of the restriction.

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In limited circumstances, a participant's rights may be restricted. If a participant's team determines that a restriction of a participant's rights is necessary, the reason for the restriction must be thoroughly documented in the service plan and meet the requirements outlined in the Final Settings Rule. Additionally, providers should receive guidance on how and when a restriction will be implemented.

Adult day care, assisted living, and nursing care facilities must comply with all protocols, practices, record keeping, as well as personnel education and training requirements for the application of restrictive interventions in accordance with Aging Division Rules and 42 CFR §483.12. The Wyoming Department of Health, Aging Division monitors for the unauthorized use or misapplication of restrictive interventions as part of the facility survey and licensure processes.

Additionally, the HCBS Benefits and Eligibility Specialist (BES) team reviews and monitors the development of the services plan and reviews restrictive interventions included in the service plan. The HCBS Provider Support Incident Management Specialist team (IMS) investigates complaints and incidents regarding misapplication of restrictive interventions, violation of participant rights, and non-compliance in service delivery that are submitted by case managers, providers, legally authorized representatives, other stakeholders, and community members.

Things to Consider When Restricting a Participant's Rights

- Restricting the basic human rights of an individual is a REALLY BIG DEAL!
- Restricting an individual's rights must NEVER be for the convenience of a provider or legally authorized representative.
- Restricting an individual's rights may lead to increased frustration and incidents.

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Restricting a participant's basic human rights should never be taken lightly, and should never be the only response to a challenging situation. The team needs to identify ways to address the concern that don't include limiting individual rights. Given that the CCW is intended to help people enhance and retain skills, this might be an opportunity for participants and teams to identify meaningful goals and objectives. There must be a specific reason for imposing a rights restriction, and that reason can never be for the convenience of the provider or the legally authorized representative, or just because the legally authorized representative feels it would be in the best interest of the participant.

Think for a minute about how you would respond if you couldn't make basic decisions such as what you could eat, and when. Are you a coffee drinker? Do you like to settle down with a glass of wine after work? Are you all for a nightly dip into the chocolate ice-cream container? Imagine that you have just been told that you can't indulge in any of those pleasures any longer. Imagine being told that you *have* to make your bed every morning. How would you react? If someone told me I couldn't have my coffee or wine, I am certain that my response would be less than optimal.

When an individual's rights are restricted, it takes away the individual's control over their own life. When people don't have control, people may become frustrated and seek to find some control in other ways. This control may be demonstrated through an increase in outbursts, aggression, or other behavior that will challenge a provider.

Identify When a Restrictive Intervention is Necessary

- Review concerns.
- Ask questions.
- Review other supports that are available, and other strategies that have been tried in the past.
- Identify the need the team is trying to mitigate.
- Identify potential negative issues associated with the restriction.

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The first key to identifying a need for a restrictive intervention is for the case manager, the participant, providers, and any other individuals the participant would like to have involved to be on the same page. It is important for the service plan to be developed in collaboration with the participant. This type of collaboration is person-centered, and will result in the best service plan for the participant.

Before imposing a restrictive intervention, be sure to ask questions. Look for other ways to address the health or safety need that don't require a restrictive intervention. If there is a strategy that works, be sure to document this information in the service plan.

Be sure to identify the safety need that the team is working to mitigate. Often times what might first seem like a safety need might be the personal preference of a legally authorized representative or provider. Is being overweight a safety concern as defined by a physician, or is it a fact that makes a family member or provider unhappy?

Although there may be a very real reason for a restrictive intervention, the team should identify how to address concerns while ensuring that the intervention is as minimal as possible. For example, Mary enjoys a late night snack. She also has a bit of a sweet tooth, which complicates her diabetic diagnosis. At night she enjoys Oreos and milk. Mary's provider tracks her blood sugars each morning and notices that the blood sugars have gradually been increasing. The provider expressed their concern about the blood sugars during a team meeting. Mary is not

willing to give up her Oreos. The team works together to discuss some options with Mary and consult her physician. The physician recommends that Mary refrain from eating her Oreos after 8pm to regulate her morning blood sugar level. Mary agrees to having her Oreos before 8pm and the team works to update her service plan with the restriction of sweets after 8pm.

Any time the potential of a restrictive intervention is discussed, consider the negative impact that it may have on the participant. What does the provider need to be aware of to provide this restrictive intervention safely and appropriately? In Mary's case, if the restriction as written does not have the desired result of lowering her morning blood sugar levels, the team may need to revisit the restrictive intervention with Mary and make adjustments to support Mary's ongoing health and safety.

Restrictive Intervention Criteria

- Identify specific individualized need with periodic reviews;
- Monitoring and documenting positive Interventions;
- Document previous methods that did not work;
- Review ongoing effectiveness w/ established time limits; and
- Informed consent and assurances.



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As established in subsection (c) of the Final Settings Rule, the use of restrictive interventions must be supported by a specific assessed need and justified in the participant's service plan. The service plan must:

- Identify a specific and individualized assessed need;
- Document the positive interventions and supports used prior to any modifications to the person-centered service plan;
- Document less intrusive methods of meeting the need that have been tried but did not work;
- Include a clear description of the condition that is directly proportionate to the specific assessed need;
- Include a regular collection and review of data to measure the ongoing effectiveness of the modification;
- Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated;
- Include informed consent of the individual; and
- Include an assurance that interventions and supports will cause no harm to the individual.

Implementing a Rights Restriction

- Train providers and provider staff members on how to implement restrictions and maintain participant dignity.
- Educate participants.
- Identify what part(s) of the right the participant can exercise.
- Track, document, and report.
- Communicate changing needs and associated risks.

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Any person who delivers services to a participant must understand each participant's rights, as well as specific limitations of those rights. The provider and case manager are responsible for developing specific guidance in the service plan that explains how services should be conducted. Providers must ensure that this information is adequately communicated to all staff members. Individuals involved in the day-to-day work must have complete and accurate information!

Participants have the right to refuse a restrictive intervention. If the provider is unable or unwilling to provide services to the participant without a restriction, the case manager is responsible for discussing this matter with the participant. The case manager is required to explain the options available to the participant, and assist them in finding a new provider or other service options, if necessary.

Although a participant's rights may be restricted in some way, it is not an all or nothing proposition. While the CCW program does allow for the restriction of certain rights, blanket restrictions put in place across an entire setting are prohibited. Rights restrictions must be imposed on an individual basis. For example, an assisted living facility cannot impose a blanket restriction on every participant's right to have a lock and key for their bedroom door. A person's right to eat what they want, when they want may be restricted based on orders from a licensed medical professional; however, that participant can still have some control over what and when they eat. The team should work together to find creative ways to offer that person as much

control as possible in their own life.

What happens if things don't work? What happens if things improve? Either way, you want to make sure to document how you see health, behaviors, and decision making change or stay the same. Be sure the service plan includes the strategies that haven't worked, as well as those that have. These are elements that perhaps only you as the provider see on a daily basis. The team may not see these elements until it comes time to review the plan or if a crisis occurs. You need to ensure that you are documenting progress and are keeping the team informed. This type of plan depends 100% on the provider documenting progress and keeping the team informed.

Restoring a Participant's Rights

- Minimize the effects of the restrictive intervention.
- Encourage communication about the restrictive intervention
- Assist the participant with understanding their progress
- Actively review the restriction to see if it can decrease over time, even if the right cannot be completely restored.

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Participants of the CCW may have life-long restrictive interventions due to medical diagnosis, but they may also have short term restrictive interventions to assist with healing from an injury or medical procedure. Whether the restrictive intervention is likely long term or intended to be implemented until a specific health goal is reached, it is important to communicate the purpose of the restrictive intervention with the participant regularly. Participants' feelings, wants, and needs should continuously be a factor in the restrictive intervention and its ongoing implementation.

Rights restrictions should be reviewed at least every six months. During these reviews, the participant and their team should discuss ways in which the restriction can be relaxed, even if it can't be completely removed. The team should communicate as a whole about progress of the restrictive intervention, whether it is in support of easing the restriction or additional needs for the health and safety of the participant.

As an example, when Ellie, Carl's wife and primary caregiver, passed away this year his team worked to develop a plan to ensure his ongoing health and safety. Carl and his team located an assisted living facility (ALF) that could offer Carl the support he needed and the privacy he desired. After a few weeks in the ALF, Carl fell three times when alone in his apartment. The team met and discussed the safety concerns with Carl and together decided that a restrictive intervention of privacy would be added to the service plan. The intervention would allow for staff to enter his room and perform checks every two or three hours. Carl was given a Personal

Emergency Response System (PERS) pendant and encouraged to utilize it if and when he began to feel unstable. The team agreed to a goal of eight weeks with no falls, at which time the privacy intervention and checks would be removed from the service plan. Carl becomes comfortable with using his PERS pendant within the first month. He successfully calls for help when he is feeling unsteady several times and does not have a fall over the course of the eight weeks. The staff at the ALF communicate to the team that Carl has successfully met his goal. The restrictive intervention related to Carl's privacy is removed, and he continues to utilize his PERS pendant when he feels unstable.

Inadvertent Rights Restrictions



- “You can’t have dessert if you don’t finish your dinner.”
- “It’s 10:00 pm. You can’t go for a walk.”
- “You don’t need another soda. You’ve already had one today.”

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Occasionally, providers or provider staff members impose limitations on the rights of participants without realizing it. **READ SLIDE.**

Sometimes these inadvertent rights restrictions are imposed because of provider or staff member preferences and beliefs. For example, Sally, the staff member who works with Jill, read an article about the negative effects that sugar and grain have on a person’s immune system. Jill has Psoriasis, which is an autoimmune disease. Sally decides that Jill should stop eating Frosted Mini-Wheats, which is Jill’s favorite breakfast, because of the high grain and sugar content. Since Sally helps Jill with her grocery shopping, Sally makes sure that the Frosted Mini-Wheats don’t make it into the grocery cart. When Jill doesn’t have her favorite cereal, Sally suggests that she have eggs and plain yogurt for breakfast. Sally thought she helped Jill make a great choice, but what Sally did was restrict Jill’s right to eat what she wanted for breakfast.

It is important to remember that CCW participants are adults who have been making decisions all of their lives. These types of rules can be offensive or demeaning and should be avoided unless there is a documented reason in the service plan. Instead of putting arbitrary limitations on choice, providers should encourage participants to make the best choice. Even if the participant doesn't make the choice the provider thinks is the best or creates an inconvenient situation for the provider, the provider must continue to encourage the best choice without restricting rights that would be available to a person not receiving waiver services.

Division Review of Rights Restriction Implementation

- Case manager conducts monthly service plan monitoring activities, screening for potential risks or concerns.
- Providers and case managers assess a participant's satisfaction, evaluate effectiveness and ensure services are delivered according to the service plan.
- Case manager must report the unauthorized use of or misapplication of rights restriction as critical incident.

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Case managers must ensure that the restrictive intervention meets the requirements established in the Final Settings Rule and conduct monthly plan monitoring, screening and risks. Providers must ensure that they are following the restriction that has been included in the participant's service plan and accepted by the plan of care team. Implementation of the restriction of participant rights must be assessed for participant satisfaction, evaluated for effectiveness, and ensure services are delivered according to the service plan. Similarly, if a Provider Support or Benefits and Eligibility Specialist reviews the participant's service plan as part of a quality improvement review or as a result of any other review, and identifies restrictive interventions that do not comply with the CCW, the case managers will be contacted and required to modify the intervention to comply with the Final Settings Rule. Case managers must report the unauthorized use of or misapplication of restriction interventions as critical incidents or complaints.

If the Division identifies deficiencies in how the restrictive intervention is explained in the participant's service plan or in how the provider is imposing the restriction, follow-up including a modification to the participant's service plan, provider corrective action, or elimination of the restrictive intervention may be required.

Provider and Case Manager Responsibilities



A provider is encouraged to have and implement specific policies and procedures to protect and promote the rights of participants.

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CCW providers licensed by the Division of Aging are required to create and implement policies and procedures supporting their business practices, as well as the health and safety of participants. CCW providers are encouraged to further develop their policies and procedures to comply with the Final Settings Rule and HCBS standards.

These policies and procedures should be given to participants and legally authorized representatives when the participant enters services, at least annually thereafter, and any time a significant change occurs. The policies and procedures must be presented in a manner that is easily understood; given verbally, in writing, or in other modes of communication that may be necessary for understanding; and in the native language of the participant or legally authorized representative.

These policies and procedures are a best practice and should clearly communicate how participant rights are promoted and protected while the provider is delivering services. These policies and procedures should also provide information about the provider's obligation to monitor and document changes in the participant's needs during waiver services, and how those changes will be reported to teams for review.

Suggested Provider Policies and Procedures

- Participants have the opportunity to maximize their rights and responsibilities;
- Participants have the right to refuse services and shall not be disciplined or charged with a monetary fee for refusing home and community based waiver services;
- Participants are supported in exercising their rights while receiving waiver services;
- Rights shall not be treated as privileges or things that should be earned; and
- Retaliation against a participant's services and supports due to the participant, family members, or legally authorized representatives advocating on behalf of the participant or initiating a complaint with an outside agency, is prohibited.

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Provider policies and procedures should also address:

- The participant's opportunity to maximize their right and responsibilities;
- The participant's right to refuse services without being disciplined or charged a fee for refusing services;
- How and when the people will be informed of the participant's rights and responsibilities;
- How the provider will support participants in exercising their rights;
- That rights will not be treated as privileges or something that must be earned; and
- A prohibition of retaliatory practices.

In addition to basic human rights, participants of the CCW program have specific rights established in federal law and in the approved CCW agreement. These rights shall not be denied or limited, except to address a health or safety need. CCW provider policy and procedures should include and support the following rights:

- Full access to the greater community;
- Privacy;
- Independence in making life choices;
- Freedom to control their own schedules and activities;
- Access to food; and
- Ability to have visitors of their choosing at any time.

Provider Responsibilities

- Ask questions;
- Work with participant to lessen restrictions over time;
- Review and maintain documents; and
- Voice concerns.

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Providers are responsible for imposing rights restrictions, and this is not a responsibility that should be taken lightly. Providers need to ask questions:

- Why is this right being restricted?
- Is this for the good of the participant?
- Has the proper authorization been obtained?
- What can I do to ensure that this person has as much control over their own life as possible?
- Are there other strategies that the team can try rather than restricting this person's rights?

Providers should be working with the participant to help them gain full restoration of the right, maintain or regain necessary skills, and develop the least restrictive and most effective ways to achieve goals focused on maintaining independence. The provider's job should not be to limit a participant's life, but to help the participant live the fullest life they can. The more rights the participant can exercise, the higher their quality of life will be.

Providers are responsible for documenting the participant's progress toward the restoration of rights. This documentation can be used to determine the ongoing need for a restrictive intervention or support the removal of the intervention, and should be reviewed with the team regularly. Providers are the day-to-day people with whom the participants are interacting and who witness the participants' achievements or setbacks. Few other team members have this

opportunity.

If you have any concerns, it is your responsibility to voice them. You are part of a team that is charged with advocating for the participant, and it is your job to bring any concerns or solutions to the team for discussion.

Case Manager Responsibilities

- When the team is considering a restrictive intervention, ask questions;
- Work with participant to ensure the intervention continues to be appropriate;
- Review and maintain documents; and
- Voice concerns.

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The Division has encouraged teams to ask questions at team meetings. Some of suggested questions that a case manager should be prepared to address include:

- What health or safety need has the team identified?
- What evidence proves that this is a need? (Critical incidents or a medical condition constitutes a need for a restriction)
- How is this restriction going to help meet that need?
- Is this for the good of the participant?
- Has the proper authorization been obtained?
- What can I do to ensure that this person has as much control over their own life as possible?
- Are there other strategies that the team can try rather than restricting this person's rights?
- What information is the team expecting providers to collect to show whether or not the restriction is working?

When a team determines that a rights restriction is necessary to protect a participant's health or safety, the case manager is responsible for facilitating responses to team questions and utilizing them to develop the least restrictive and most appropriate restrictive intervention. Case managers are responsible for training providers on the service plan, addressing all of the questions and concerns regarding the implementation of the intervention. During team meetings and monthly visits with the participant, case managers should be addressing ongoing

progress and any concerns with restrictive interventions listed in the service plan. By having regular conversations about the restrictive interventions and progress, the case manager can help the participant towards lessening the restriction over time.

As part of a case manager's monthly documentation review, case managers are responsible to review and document the participant's progress. Sometimes the progress is small and slow going, while other times it happens in a hurry. Either way the case manager should maintain the documentation and provide feedback to the participant and their team about their progress towards lessening the restriction or any additional concerns about the intervention.

Like service providers, if case managers have concerns it is their responsibility to voice them.

Key Takeaways



1. Participants of CCW services have the same rights and responsibilities as other US Citizens.
2. A participant's rights should only be restricted as a last resort, and should be done in a way that protects their dignity.
3. Providers must ask questions, voice concerns, and ensure they know how to implement the restrictive intervention.
4. Providers cannot implement a restrictive intervention if it is not specifically listed in the service plan.

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Before you complete this training, we'd like to review some of the key takeaways:

1. Human rights ensure basic equality and humanity. They protect vulnerable populations from abuse, and encourage people to exercise their freedoms of speech and religion. They allow people to love whom they choose, and give people access to education. Participants of CCW services can enjoy and exercise their rights, and providers of waiver services are obligated to facilitate opportunities for them to do so.
2. There are circumstances in which a participant's rights can be limited, but restrictive interventions should be imposed only as a last resort. There may be other ways to address health or safety needs without going straight to a restrictive intervention. If a restrictive intervention is imposed, the participant should be afforded every opportunity to be involved and have as much control as possible.
3. Providers are obligated to ask questions, voice concerns, and ensure they know how to implement the intervention. The provider's job should not be to limit a participant's life, but to help the participant live the fullest life they can. The more rights the participant can exercise, the better their life will be.
4. If a rights restriction is not listed in the service plan, providers cannot implement a restrictive intervention.

Questions???

Contact the Provider Support Unit or your Benefits and Eligibility Specialist

<https://health.wyo.gov/healthcarefin/hcbs/contacts-and-important-links/>

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Thank you for your participation in today's training. If you have questions related to the information in this training, please contact the Provider Support Unit or your Benefits and Eligibility Specialist. Contact information can be found by clicking on the link provided in the slide.