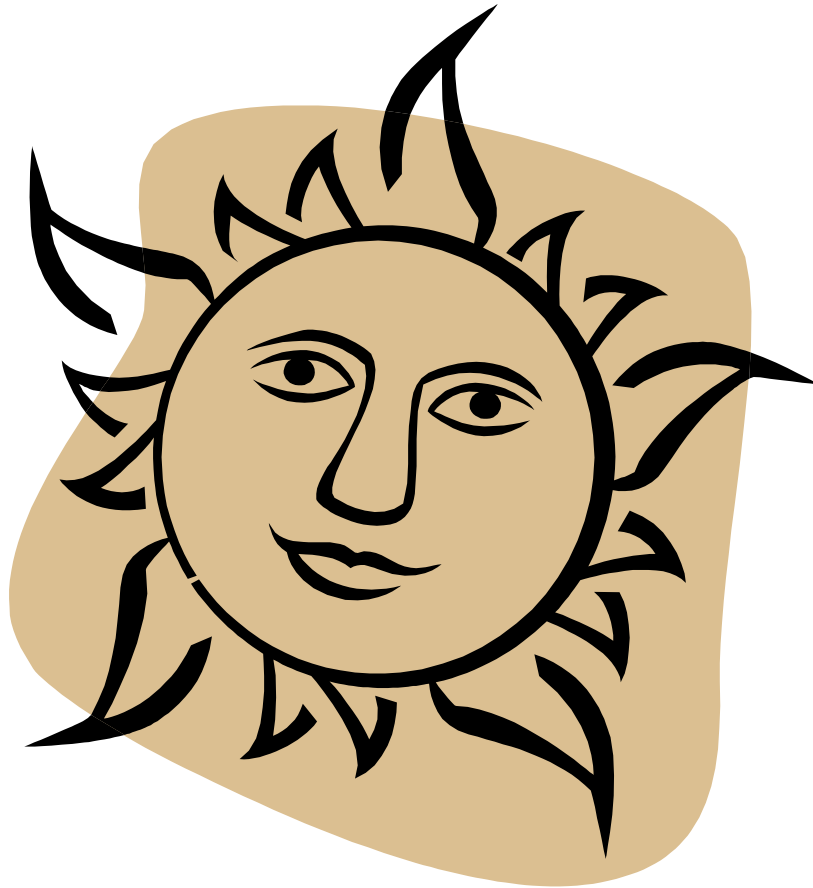


**RECOVERY THROUGH 20 HR.  
PERSONAL CARE SERVICES!**



**A GUIDE FOR MENTAL HEALTH  
CONSUMERS, CASE MANAGERS AND  
PERSONAL CARE ASSISTANTS  
2006**

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**Department of Human Services  
Office of Mental Health and Addiction Services**

**This manual may be obtained in an alternative format of communication upon request**

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# What is Personal Care Services?

The 20 hr. Personal Care Services (PCS) program offers intensive supports to assist persons who are experiencing difficulties maintaining activities of community living. By providing individualized, flexible supports that are desired and needed by consumers, this service can make the critical difference between institutional placement and community living for adults diagnosed with a severe mental illness.

The ultimate objective is to enhance individual's quality of life and recovery by providing services and supports that will promote independent living and assist with diversion from hospitalization, residential, out-of-home placement or placement in a more restrictive environment.

The purpose of this manual is to share information with consumers, their case managers and PCA's that will increase knowledge and skills and enhance the delivery of Personal Care Services for individuals experiencing difficulties caused by psychiatric disabilities.

The term *personal care assistant* (PCA) or *provider*, in this manual is interchangeable. The term *case manager* or *therapist* is also interchangeable.

## How Personal Care Services Fits with Recovery

The recovery process is a dramatic paradigm shift from treating people as passive recipients of mental health services to focus upon successful community living. Recovery taps into the human capacity for resilience and moving ahead. Instead of protecting and over-care taking, the consumer is liberated to take their own path on the journey of recovery. This may require trying out new strategies, learning new coping skills, exploring new interests and gathering new environmental supports. The Personal Care Assistant can provide opportunities (versus control) and be "with the person", empowering the consumer to "be in charge" of his or her own life and making well-informed decisions.

The theoretical basis of the recovery movement hinges on hope, resiliency and choice. The recovery process is one of self-discovery for many consumers and family members. It is difficult to define what recovery is to the person, as each person's recovery journey is unique to that individual.

## Oregon Administrative Rules (OAR's)

Oregon Administrative Rules (OAR's) govern the ways mental health services are delivered. Specific OAR's were established to ensure that Personal Care Services promote and increase:

Independence  
Dignity

Empowerment  
Human Potential

Oregon wants the services to be: Flexible, Efficient, and Appropriate. Personal Care Services are intended to enhance the person's own personal abilities and resources.

Individuals must require some level of support with "Activities of Daily Living" (ADL). This means those self-care activities that must be accomplished by an individual to successfully live in their community and for their continued well-being.

The extent of the services may vary, but the number of hours is limited to twenty (20) hours of services per month. (OAR's: Appendix 1)

## Eligibility and Requirements

**Eligibility criteria for Personal Care Services require that the individual with a disability:**

- (1) Has an Oregon Health Plan Card (is eligible for Medicaid) this includes both OHP Plus and OHP Standard; **and**
- (2) Is not receiving services from a licensed residential service program including foster homes and group homes; **and**
- (3) Because of a psychiatric disability, requires at least one hour per month of assistance to complete **one or more** of the following activities: basic personal hygiene; nutrition; and/or medication use.

## **Types of Services**

The extent of the services may vary, and include the following:

- Basic personal hygiene - providing or assisting with bathing (tub, bed bath, shower); shampoo; hair grooming; shaving; nail care; foot care; dressing; skin care;
- Nutrition - preparing nutritious meals; planning, shopping and preparing special diets; assuring adequate fluid intake;
- Medications use - assisting with administration of medications; assuring medication is taken as ordered by physician; observing for reactions; reminding appropriate persons when prescriptions need to be refilled and assistance to obtain the medications.

## **Supportive Services**

When any of the services listed above are essential to the health and welfare of the client, the following supportive services may also be provided (there must be a minimum of one hour of the top tier services present to create eligibility for these supportive services):

- (a) Housekeeping tasks necessary to maintain the client in a healthy and safe environment;
- (b) Arranging for necessary medical appointments;
- (c) Observation of client's status and reporting of any significant changes to physician or other appropriate person, decided upon by the consumer and case manager;
- (d) First aid and handling of emergencies; and
- (e) Extra support due to mental illness.

## **Natural Support Systems**

PCS is not intended to replace the natural supports an individual might already have or possibly create in their life. Understanding the existing supports an individual already has access to is important when developing a care plan, so that personal care services do not create any unnecessary reliance on publicly funded services.

Here are some suggestions to facilitate natural support systems:

- ❖ Identify family members, neighbors, community groups, and other community services that could assist consumers to achieve their goals.
- ❖ Discover specific natural support resources for each consumer.

- ❖ Provide this information to consumers and update this information frequently.
- ❖ Provide training to people who constitute the natural support system. If training is offered to the PCA, other community members might attend this training at little extra cost.

## **Scope of Support Needs for Persons with Psychiatric Disabilities**

When assessing the need or providing the care for persons with psychiatric disabilities, keep in mind that the consumer may be physically capable of performing ADLs but may have limitations in performing these activities because of their mental illness. Personal care services may be required because the mental illness prevents an individual from knowing when or how to carry out the task. For example, an individual may no longer be able to dress without someone to cue him or her on how to do so. In such cases, personal assistance may include cuing along with supervision to ensure that the individual performs the task properly.

In most cases the activities of personal care services should be performed by both the PCA and the consumer with a goal of reaching independence in accomplishing the activity sometime in the future. There might be instances though where the tasks need to be done for safety and health reasons and the consumer is unable or unwilling to do them. The services include meal preparation, shopping for groceries, laundry, personal hygiene, light housework, medication management, etc. These services can be provided on a continuing basis or on episodic occasions. If you have a question of what is appropriate for the use of PCS services, please don't hesitate to call Mike Moore, OMHAS, at 503-947-5538.

## **Examples of PCS**

Basic personal hygiene:

- ❖ Assistance with shaving, reminders about showering
- ❖ Assistance with maintaining hair care, supporting someone to go the hair salon for cut.
- ❖ Someone to help with occasionally going through clothing items, removing stained and torn ones, going to thrift stores, and helping to purchase new clothes.



#### Nutrition:

- ❖ Assistance to go grocery shopping to identify nutritious foods.
- ❖ Someone to help with healthy easy-to-cook menu planning.
- ❖ Someone to provide skill training to cook healthy meals, read recipes and measure ingredients. Medications use:
  - ❖ Reminder when prescriptions need to be re-filled.
  - ❖ Assistance calling and going to pharmacy to get prescription refilled.
  - ❖ Monthly help to throw away pills from old prescription and observation of placing new prescription in weekly pill case.
  - ❖ Reminder to take PRN for symptom management.

## **Examples of Supportive Services**

Housekeeping tasks necessary to maintain the client in a healthy and safe environment:

- ❖ Help with learning to organize and de-clutter apartment due to hoarding in order to maintain healthy and safe environment.
- ❖ Assistance to learn how to schedule cleaning activities so it doesn't become overwhelming

Arranging for necessary medical appointments:

- ❖ Reminders about when appointments are and facilitating getting there
- ❖ Go to dental appointment with consumer due to anxiety

Observation of client's status and reporting of any significant changes to physician or other appropriate person:

- ❖ Being aware of medication side effects and reporting to case manager if agreed to in care plan
- ❖ Understanding signs of diabetic shock and assisting person to monitor

First aid and handling of emergencies:

- ❖ Education about how to handle emergencies
- ❖ Creating a first aid kit
- ❖ Practice what to do in case of, and what to keep on hand for, natural emergencies

Extra support due to mental illness:

- ❖ Assistance with situations that may cause anxiety/panic attacks. (Assistance with grounding techniques such as breathing exercises.)
- ❖ Assisting the person with exploring options to reduce isolation and increase community participation.
- ❖ Going to an AA meeting with someone to assist him or her with social shyness and the goal of maintaining sobriety.
- ❖ Assistance with budgeting and bill paying.

## **Creative Uses of PCS**

- ❖ Learning to use public transit to enable someone to get to the pharmacy, doctors or grocery store more independently. Going to the YMCA with a consumer to encourage their workout and reduce weight gain due to medications. Help making a list of activities and places a consumer could go to connect with their community to end sedentary lifestyle and encourage weight loss. Attending effective living classes with consumer to help them process information and implement strategies in their life. Reminder call on Sunday mornings to get up for church due to drowsiness caused by medications. (Will increase socialization and reduce depression)
- ❖ Developing transportation support to Drop-in Center for peer support activities.
- ❖ Someone to teach consumer to ride a bicycle as a way to get access to community services.

# **Case Management Information**

## **Forms**

It is the responsibility of the case manager to help complete the forms necessary to start Personal Care Services. The following forms are needed:

- ◆ Medicaid Personal Care Resource Assessment, Plan and Authorization
- ◆ Client Employed In Home Services Provider Enrollment

Both may be found on the Web at:

<http://dhsforms.hr.state.or.us/Forms/Served/MSC0531.pdf>

<http://dhsforms.hr.state.or.us/Forms/Served/MSC0532.pdf>

(See Appendix 2 "The 20-Hour Personal Care Provider Enrollment and Payment Process" for forms and detailed information about this process.)

## **Criminal History Checks**

Mental health criminal history checks need to be completed on all new providers before a voucher will be sent and services can begin. Most agencies now have an "AD" "authorized designee" to process criminal history checks for PCA's. Most Community Mental Health Programs have had formal training on the completion of these forms. If you are in need of training or technical assistance in completing these forms please contact: Michael Moore, Adult Services Coordinator, OMHAS, 503-947-5538 (Contact information about CHC can be found in Appendix 2 pg 1.) Also at [http://arcweb.sos.state.or.us/rules/OARS\\_400/OAR\\_410/410\\_007.html](http://arcweb.sos.state.or.us/rules/OARS_400/OAR_410/410_007.html)

## **Quality Assurance**

Along with the initial paperwork the case manager is also responsible for quality assurance, monitoring and supporting, when needed, the consumer to manage their PCA. This usually happens in the course of regular case management contacts. Assisting the consumer to have their PCA fill out a monthly timesheet (Appendix 3) can be helpful to get a sense of when and what work is being performed. Paperwork such as this should be kept at the consumer's home. The timesheet also helps the consumer in knowing how many hours to authorize on the monthly voucher. When you first meet to complete the paperwork with both the consumer and the PCA a discussion should occur with the consumer about what communication is appropriate between the PCA and the case manager. The conversations about quality should occur with the consumer when ever possible. Possible questions to ask are:

1. Does your PCA arrive on time?
2. Is your PCA respectful of your privacy?
3. Does your PCA ask for and give feedback regarding services performed for you?
4. Do you think that the PCA is helping you to learn how do the activities more independently?
5. Does your PCA treat you with respect and dignity at all times?
6. Is your PCA respectful of your choices?

All plans need to be reviewed at a minimum of once a year and new paperwork sent to the State at the end of the approved plan year. **To avoid lapse of service this renewal process should occur at least a month before.** The case manager should keep a tickler file on when the plan and authorization needs to be re-authorized.

## Documentation Guidelines

As required by the administrative rule for Personal Care Services, the case manager along with the consumer will prepare a "care plan" in addition to the Assessment, Plan and Authorization form, defining those tasks in which the consumer requires assistance and the number of hours of personal care services requested by and required by the consumer.

## Sample Care Plan

JOE CONSUMER CASE PLAN FOR PC-20 SERVICES  
FOR: JULY05-JUNE 06

### **Personal Care Services Needs:**

- Grocery shopping (4 hr per month),
- Help consumer obtain medications from pharmacy (2 hr per month)
- Help consumer with laundry (4 hr. per month)
- Help remind consumer to take medications (as needed)
- Help consumer with cleaning apartment (4 hr. per month)
- Help consumer with food preparation (5 hr. per month)
- Attend medical and dental appointments (as needed)

### **Expected outcomes from PCA services include:**

- PCA will help and teach Joe to cook 15 different meals over the next 3 months;
- PCA will help and teach Joe how to get to the pharmacy on his own and obtain medications with his medical card;
- PCA will help and teach Joe how to get to the grocery store, and help him with healthy food choices;
- Joe has great fear of going to the dentist alone and he has requested that the

PCA support him while going to the dentist;

- Joe has requested assistance with laundry each Saturday morning because of his fear of being around others.

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Consumer Signature

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PCA Signature

Appendix 4 provides a self-directed needs assessment that can be filled out by the consumer to identify their support needs as well as a listing of the services provided through PCS that can be useful in explaining the services to someone unfamiliar with PCS. Below is an example of how one person thought about her needs.

**Example 1:** Audrey is just re-entering the MH system after an extended absence and has been living with friends. She is moving into her own house and needs support to rebuild her life. She heard about PCS and went to her new case manager with these ideas.

Situation #1. I don't take meds as prescribed a lot of the time due to depression and lack of focus. I don't always remember.

Assistance needed: Help with reminders and scheduling and checking up on me to observe medication reactions. To help make sure I take meds as prescribed by physician.

Outcome: I would be more stable and functional and less depressed and angry. If I were more regular with my meds I would have less fear in leaving the house and could be around people more. I wouldn't have so many anxiety/panic attacks and emotional fluctuations.

Situation #2 I do not eat right or often enough or the right foods. I never drink enough fluids therefore I am dehydrated a lot. Cannot take meds w/o food

Assistance Needed: Help with the planning and preparation of nutritious meals and menus. Could also use some help to shop for the right foods.

Outcome: I would be healthier (no sick so often) I would also have more energy. It would help my depression and mood swings & personality disorder to be regular w/medications. A lot of my medications require food so eating right would allow me to be more regular with my medications. I would be better because I would not

have the anxiety and dysregulation that comes from not eating.

Situation #3 Lack of motivation, anxiety and panic attacks. Lack of focus.

Assistance Needed: Moral support and someone to talk me through my crisis and anxiety. Someone to give me some encouragement during stressful times instead of criticism.

Outcome: I could begin to feel more confident and competent & overcome my fears of leaving the house. I would be learning more skills and have the support to begin living independently again. Would begin to leave the house more and start making friends again. I would begin to create more of a life worth living

Situation #4 Someone to help me manage my time and leave the house more.

Assistance Needed: Need help with budgeting and getting my bills paid. Help to manage my money and some payment plans set up.

Outcome: I wouldn't be so stressed, depressed and anxious about my bills not being paid. I would be better because I wouldn't feel so down-trodden and could begin to get my credit back in shape. My bills could start getting paid and bill collectors wouldn't be calling everyday and life would be less humiliating and degrading.

Situation #5 Cannot reach above my head due to neck injury and cannot bend over to reach my feet due to lower back and disc and spine injury

Assistance Needed: I need help with shampooing my hair and help with my foot care/toenails and foot fungus.

Outcome: Clean hair means no scalp infections or mites. No more ingrown or too long toenails or toenail and foot fungus. I would feel much better because I would be clean and free of infections and foot and toe pain. I would feel better about myself when with other people. No more foot odor or smelly hair.

Situation #6 Clutter and lack of organization. I am also going to be moving.

Assistance Needed: I need help with de-cluttering as the house is over run and hard to keep clean. I need help with getting organized to help me become more efficient and cleaner. I also will need some help packing, moving and eliminating a lot of stuff.

Outcome: I wouldn't be so depressed about my living space. Getting rid of all the clutter would make it easier to clean and a cleaner house would help with my asthma and allergies. I would have a better sense of pride about my home and would be willing to invite people in to be social again. Not so much isolation and depression.

# Consumer/Case Manager Information

## Finding A Provider

The DHS PCS Rule states: "The relationship between the provider and the client is that of employee and employer. The client carries primary responsibility for locating, interviewing, screening, and hiring his or her own employees." Finding good providers has been one of the most difficult aspects of providing PCS nationwide. Although it is the consumer's choice who they hire, some consumers will need assistance to identify potential PCA's. Once a PCA has been identified a meeting is held with the consumer, their case manager and the PCA. The paperwork mentioned above is then filled out and signed. Once the PCA receives their voucher in the mail they can start to provide the supports.

List of suggested places to look for a Personal Care Services provider:

- Hospitals and private health care agencies
- Child care centers
- School of Nursing, if one is in the area
- Local Drop-in centers
- Local Department of Human Service and Mental Health agencies
- Friends who use or have used a personal care assistants
- Faith community (church, synagogue, mosque, parish)
- Independent living centers
- Town or regional weekly papers
- Local grocery store

## Interview Questions

The goal is to hire someone who can meet the support needs of the individual. The hiring process should include an application and an interview. The application will give valuable background information. Interviewing can give additional personal information. The consumer will find out if they are comfortable with the applicant and how the person interacts with them. (See Appendix 5 for Job Description Information and Form, Interview Form and PCA Job Application)

All interview questions should be written out. Ask the same questions of each applicant. The questions should be specific to the consumer needs and living

situation. Some possible questions:

**Work History:**

1. "How does your work history show that you can do this job?"
2. "May I contact each of your past employers to check your references?"
3. If there are gaps in the work history: "Could you explain the gaps in your work history?" (For a consumer, a gap in work history could occur if the person has spent any time in the hospital or group home.)
4. "Why did you leave your previous job?"
5. "What interests you about this job?"
6. "What is your experience working with adults with disabilities?"

**Work Abilities:**

1. "Is there anything on this job description that you would not be able to do?"
2. "If I wanted you to help prepare a meal, how would you go about it?"
3. "If I needed some help with laundry and organizing, tell me what you would do?"
4. "If I wanted the living room tidied up a certain way and you have a different way you want to do it, how would you do the cleaning?"

**Employee/Employer Relationships:**

1. "Do you smoke?" (If your home is "smoke free" you will need to discuss this).
2. "What would you do if I asked you to do some work in a new way?"
3. "Are you over the age of 18?" Medicaid rules say, "Providers must be 18 or older."

**Employment:**

1. "If I hired you for the position, when could you report for work?"
2. "How much notice would you need to give your current employer?"
3. "How flexible is your schedule? If I had an emergency, would you be able or willing to come to my house on short notice?"
4. "Are you willing to support ways that I will share with you that work best while working with me?"

**Miscellaneous:**

1. "Do you have any questions of me?"
2. "Do you have any questions about the job description?"
3. "Do you understand that checks for your work hours will be mailed to you by the Department of Human Services?"
4. Are you willing to advocate for me if that is what the circumstance calls for?



## **Consumer Responsibilities**

There are responsibilities to being both an "employer" and the person receiving PCS supports. Using an Employment Contract (Appendix 6) is one way to make clear for everyone what supports and services are expected, how you would like to see them delivered and what your expectations are for both yourself and the PCA. This signed contract formalizes exactly what activities are approved, job duties and responsibilities, rules and expectations and a monthly schedule.

Below are consumer responsibilities related to PCS.

1. Share with the Personal Care Assistant (PCA) what the scheduled times will be and the goals to be worked on during that time.
2. Actively participate in the activities involved in goal attainment and not be a passive observer in the process.
3. Let the PCA know in advance if you need assistance in keeping appointments that are scheduled during assistant care time.
4. Be at the right place and on time during the PCA scheduled hours. If this is not possible or in case of illness or emergencies, call to cancel as soon as possible.
5. Do not ask the PCA to purchase items for you out of the Personal Care Assistant's own funds. You must budget for items purchased.
6. Do not use physical force against the PCA.
7. Treat the Personal Care Assistant with courtesy and respect at all times.
8. Discuss with the case manager and PCA how communication should be handled between the three of you, i.e. who tells what to whom.
9. Develop emergency procedures with the PCA and case manager including a list of names and numbers of who should be contacted in what circumstances.
10. Verify and sign off each month on the numbers of hours your PCA worked.
11. Work with the PCA and case manager to identify and resolve any safety and health issues.

## **Boundaries**

As consumers you're allowed to define relationships in a way that feels healthy and safe to you! Deciding beforehand the limits you want to place on this relationship can be very beneficial. Think about what personal information you will be comfortable sharing with your PCA and what spaces and things in your home you will allow access to. Quite often people start off with very tight boundaries and after they get to know someone they loosen up on those boundaries. It's important that you respect the PCA's boundaries as well as them respecting your boundaries.

The PCA is paid to provide support to you for the activities identified in your care plan; involving them in other aspects of your life and during "off-hours" may not be desired and can cause tension in the working relationship. Having a direct conversation about the reasons why you would contact your PCA rather than your case manager can result in a better working relationship for both of you.

Having healthy emotional boundaries means that we accept responsibility for our feelings and emotions. It means being able to say "No," to people when they ask us to do things that aren't comfortable for us. Sometimes it's hard to say "No" if you think you're going to upset or disappoint someone, but it's not healthy to ignore your own needs and feelings to take care of someone else. . Remember that boundaries vary from person to person. If you start working with someone new be sure and have another conversation to establish healthy boundaries.

## **PCA Information**

### **Personal Care Assistant Sample Job Duties**

The Personal Care Assistant will provide service to one consumer at a time following specific goals outlined by the consumer and their chosen support team to increase independence and to prevent hospitalization or out-of-home placement. The "duties" below are a sample list of how the service should be delivered.

#### DUTIES:

- Engage consumer in a positive working relationship.
- Treat consumers with respect and dignity at all times.
- Become acquainted with consumer's strengths, interests, goals and abilities.
- Respect consumer's right to make choices and decisions for themselves.
- Assist in helping the consumer to stabilize crisis events.
- Respect and maintain consumer confidentiality.
- Maintain professional conduct at all times.
- Assist consumer with learning skills to perform daily living tasks or perform some tasks for the consumer depending on consumer's ability, desire and current level of functioning.
- Assist with learning hygiene, housekeeping, meal preparation, laundry, etc., as needed.
- May assist with medications as directed by consumer, family member and the treatment team.
- Assist in carrying out consumer goals.
- Provide in-home support to the consumer during periods of high stress.

- Assist consumer with problem solving regarding daily living situation.
- Explore with the consumer the situation, options or choices, consequences and strategies towards possible solution.
- Identify and respond to consumer safety.
- Alert consumer to potential safety situations and assist with correcting, if needed.
- Alert treatment team to safety situations and strategies used to avert.
- Ask for and give feedback regarding services performed for and with consumer.
- Complete all required documentation in a timely manner.

## **Personal Care Assistant Responsibilities**

1. Communicate with the consumer and family member, if requested, what work times are scheduled and discuss the consumer's goals that will be worked on at each visit.
2. The Personal Care Assistant will assist the consumer to achieve their goals in the spirit of increasing independence and working towards recovery. The assistant is not to do the work for the consumer, but is there to support consumer needs.
3. Be on time and in the right place for appointments, if this is not possible, call, cancel and reschedule as soon as possible.
4. Use consumer's property only with permission from the consumer. If assisting the consumer to accomplish a task within his or her home, ask for permission before opening a drawer, closet or space that would be an invasion of privacy.
5. The Personal Care Assistant will treat the consumer and family member with courtesy and respect at all times.
6. The Personal Care Assistant is not expected to purchase items for the consumer or family member from the Assistant's own funds.
7. The PCA should not ask to borrow money from the consumer or family.
8. The Personal Care Assistant is not to use physical force to restrain a consumer for any reason. Assistant is not allowed to use physical discipline or punishment.
9. The PCA should not interfere/intervene without permission in discussions consumer is having with other people such as their doctor or case manager.
10. The Personal Care Assistant will report any suspicion of abuse to the case manager as soon as possible.
11. The PCA will follow the communication boundaries set up by the consumer and case manager.

12. The Personal Care Assistant will not start work until all MH criminal history checks are completed and they have a pay voucher in hand.
13. The PCA is responsible for sending in the payment vouchers.

## **Confidentiality**

Confidentiality is the practice of conveying respect and the right to privacy of the consumer and family members. Another way of sharing this; confidentiality is the agreement between the helping professional, consumer and family member to maintain the private nature of information about the consumer. It is a value and ethic that is held highly in the field of human service. The Personal Care Assistant has a profound responsibility to safeguard confidentiality. Confidentiality is the most important bridge that can be built to establish trust with a consumer (removed and family member). The "need to know" is an important rule of thumb. It is now a federal offense to disclose information about "patients." You can talk to your immediate family about how in general your day went but you can never let anyone know whom your assisting or what the assistance is. It is sometimes helpful for PCAs and case managers to work together but the consumer must sign a confidentiality consent form. The case manager can arrange for this to be done.

## **Crisis Situations**

As personal care assistants working with individuals with mental health issues we need to learn how to anticipate what may become an emergency if it is not addressed. This is called being pro-active. Learning the skill of being pro-active is one of the more difficult skills to acquire as a community-based personal care assistant.

Here are samples of situations that may be encountered in working with consumers. If you encounter a situation similar to any of these, and do not know what to do, contact the case manager.

- You realize the consumer will run out of medication and cannot get a refill before he/she misses a dose.
- The consumer is confused/disoriented and this is a new condition.
- Worsening of depressive symptoms – isolating, sleeping, and not eating.
- You notice unexplained bruises, cuts or any injuries on the consumer.
- The consumer expresses to you he/she has been thinking about suicide.
- The consumer is physically ill and may need medical attention.

- The consumer has been evicted from his or her home and has been asked to leave immediately.
- The consumer has no food in the house and has refused support to get some.
- The utilities have been turned off.
- The consumer has purchased a weapon with the intention of harming themselves or others.

Listed below are some incidents that may occur. These are immediate emergencies that necessitate a call to 911 and may be life threatening. After you have contacted 911, the situation has been secured and you are safe, contact a case manager or clinical staff member.

- Fire, gas leak, electrical hazards.
- Suicide attempt.
- Consumer becomes dangerous to others.
- Physical injury or illness severe enough to warrant medical attention. (cuts, burns, severe headaches, pain in the torso, falls, bruises indicative of a broken limb, vomiting, etc.)
- Anyone who is out of control and destroying property.

## **Signs of Suicide**

The following indicators will help the PCA identify individuals who may be at high risk for suicide.

- A previous suicide attempt.
- Talking about committing suicide, making references to "not being here" or going away, etc.
- Makes arrangements to put affairs in order, alters will, gives prized possessions away, makes arrangements for pets, acts as if he/she is preparing to go somewhere, makes funeral plans.
- Changes in behavior, becomes withdrawn or begins to take risks.
- Signs of depression, change in eating and sleeping habits, restlessness, fatigue, feelings of hopelessness and guilt, loss of ability to concentrate, slowed thinking, indecisiveness, thoughts of death, wishes to be dead.
- Impulsiveness.
- Significant loss: in life, a loved one, a job, social standing, or image.
- Themes of death evident in writings, artwork, talk, literature, videos, etc.
- Unusual purchases: buys a weapon, rope or other items of suspicion.
- Family member or friend who attempts or commits suicide.

- Sudden unexpected happiness following a period of depression. Often this lifting of spirits comes as a result of the individual having finally made the decision to end his/her life.
- Psychotic thoughts expressed with delusions of dying.

## **Personal Care Assistant Do's In Crisis Situations**

- Be Empathetic - Try not to be judgmental of the consumer's feelings. They are real, even if based on a different reality than PCA's, and must be attended to.
- Clarify Messages - Listen to what is really being said. Ask reflective questions, and use both silence and restatements.
- Respect Personal Space – Remember when a person feels threatened, the closer a person is the more threatened that person feels. When someone feels threatened stand at least 8 feet from the person who is acting out.
- Be Aware of Body Position - Standing eye-to-eye, toe-to-toe with a client sends a challenge message. Standing one leg length away and at an angle off to the side is less likely to escalate the individual.
- Permit Verbal Venting When Possible - Allow the individual to release as much energy as possible by venting verbally. If this cannot be allowed, state directives and reasonable limits during lulls in the venting process.
- Set and Enforce Reasonable Limits - If the individual becomes belligerent, defensive, or disruptive, state limits and directives clearly and concisely.
- Avoid Overreacting - Remain calm, rational, and professional. How the PCA and others present respond will directly affect the individual.
- Do Not Use Physical Techniques or Restraints.
- Keep Your Non-verbal Cues Non-threatening – PCA's need to be aware of body language, movement and tone of voice.

## **Personal Care Assistant Don'ts In Crisis Situations**

- Demand compliance
- Giving unreasonable alternatives
- Individual, or group punishment
- Send double messages
- Argue with the individual
- Interrupt or cut off the individual in mid-sentence
- Threaten or intimidate the individual

- Avoid being authoritarian
- Ridicule or belittle the person

## **Basic Overview of Mental Illness**

Severe mental illness is a serious health impairment that results in disruption in functioning in all major areas of life and often lasts for a long time. There continues to be heated discussion on the origins and manifestations of mental illness. Three major types of serious mental illness include schizophrenia, bi-polar disorder (manic-depression) and major depression. The information below gives general overviews of each mental illness. All symptoms do not have to be present in order for a diagnosis of the illness to be given. Remember there will be good days and there will be bad days.

### **Schizophrenia**

Schizophrenia is classified as a thought disorder of the brain. It typically strikes young adults in their late teens or early twenties. This is a time when young adults are working on laying foundations in education, employment, starting relationships, learning and refining social skills that will help them for the rest of their life. Schizophrenia stops all the "normal" development of these skills. Schizophrenia is a mental illness that is characterized by distorted perceptions of reality, which may include:

- Delusions - a firmly and personally held belief, that is not culturally relevant, despite evidence to the contrary or lack of reason.
- Hallucinations - an experience perceived by any sense that does not coincide with any external stimuli - a distortion of the sensory stimuli received.
- Disordered Thinking - difficulty connecting thoughts into a logical sequence of events.
- Emotional expression - inappropriate emotional expression, sometimes a flat or blunted affect.

### **Bi-Polar**

Bi-Polar is a mental illness characterized by cycles of mania and depression and can occur in adults and children. The typical symptoms of mania are:

- Increased motor activity
- Agitation

- Decreased need for sleep
- Euphoric or irritable mood
- Appetite disturbance (usually eating less)
- Increase in risk taking behavior
- Excessive spending
- Sexually promiscuous
- Racing thoughts
- Pressured speech
- Loss of self control
- Grandiosity

## **Major Depression**

Major depression is a mood disorder that can occur as a singularly or as a component of bi-polar. The symptoms of major depression are:

- Loss of memory or concentration and difficulty making decisions
- Loss of pleasure in usual activities, apathy
- Decreased energy feelings of fatigue
- Continual sadness, overwhelming feelings of grief, anxious or empty mood
- Change in appetite
- Change in sleep patterns
- Feelings of guilt, worthlessness, hopelessness or helplessness
- Thoughts of suicide

## **A Note about Diagnosis**

A diagnosis is given in order to establish a starting place for treatment of an illness. It will indicate what medications will most likely work in a particular situation, possible treatment options, and sometimes-likely outcomes. Beyond the initial treatment phase in the course of a mental illness the diagnosis mainly serves as a term used to satisfy Oregon Administrative Rules. For the community-based workers such as Personal Care Assistants and case managers, the course of each person's recovery journey is unique to that individual. Emphasis is on the person and efforts towards their personal growth. The goal is to assist the person to live, and work towards recovery and wellness while coping with the disorder.



## **Other Coping Strategies Beyond Medication**

Symptoms of mental illness will sometimes govern the individual's behavior. Medication for some consumers may help control the symptoms of mental illness. However, there are many other coping and wellness strategies. It is important for a consumer, PCA and significant others to be familiar with the person's wellness strategies as well as their unique response to his or her mental illness. As stated before, each person is unique. The diagnosis does not tell how the illness will progress, only the person who experiences the illness can do that. Do not be afraid to talk about the illness, symptoms, treatment, wellness and recovery strategies.

Below are some suggested coping skills for consumers:

- Listen to music to drown out the voices
- Divert attention to something else
- Go for a walk, get in touch with nature
- Find a friend to talk to
- If the individual is having difficulty distinguishing internal stimuli from external, suggest developing a relationship with someone he or she can trust to help learn what comes from inside and what comes from outside
- Read a book or watch TV if able to concentrate
- Develop a hobby that is enjoyable
- Talk to others who live with mental illness to see what coping skills they use
- Get out of the house at least once a day
- Participate in a low impact exercise program, walking is great or any activity that moves the body through space
- Open the blinds and shades, let in the sunlight, helps to stimulate an important part of the brain that will combat depression
- Watch the diet! Eat nutritious well-balanced meals, stay away from the junk food
- Pay attention to the kind of television shows, music and books that are read, Are they dark and depressing or violent?
- What about friends of the consumer – are they up-lifting
- Eliminate or reduce caffeine and nicotine
- Encourage persons to get rid of clutter, clean up the environment
- Eliminate or reduce alcohol, which is a depressant
- Practice yoga, meditation

- Check out other non-medication options such as Wellness Recovery Action Plan (WRAP)
- Practice good communication skills (Appendix 7)

## **Medications**

Medications are an important part of symptom management and a wellness strategy for many individuals who are coping with mental illness. Be sure the consumer is aware of potential side effects. These medications are designed to alleviate the symptoms of the illness, not cure. Many times the medication will lessen a symptom but not completely remove it. If the consumer's goal is symptom management and the medication is not completely managing the symptoms it may be necessary to help the consumer to learn other coping and wellness skills as discussed above.

In order for medications to be effective it is important that medications are taken as prescribed. There are many questions to ask to determine if the medication is being taken as prescribed, time and dose, and if not, why? Is medication compliance the consumer's goal? Does the consumer have the medications available to take? Does the consumer know how much to take and when? Does the consumer have difficulty with keeping track of time? Does the medication have horrible side effects? Does the consumer need to request a change in medications? Do you need to assist the consumer to do that? What other barriers keep the consumer from being able to meet his or her goals? If the consumer suffers from any disorder, disease or affliction, he or she needs to inform the physician since some diseases may alter the effectiveness of the medications.

The use of a medication box may be very beneficial to many consumers. Encourage the consumer to place the box in a place where it will be easily seen when he or she gets up in the morning. The medication box that has the individual daily dosage containers that are removable is the best kind to buy. Consumers can easily carry a day's dosage in their pocket or purse. A watch with multiple alarms or a timer is a good tool to use to serve as reminder for a consumer who needs to take medications several times a day.

It is 'good practice' for the consumer to carry a list of all prescribed medications to the physician at every visit. This helps coordinate efforts between the general medical doctor and the psychiatrist.

# Remember

The recovery process is a dramatic paradigm shift from treating people as passive recipients of mental health services to focus upon successful community living. Accessing Personal Care Services is one way individuals with mental health issues can be supported to live as independently as possible and moving forward in their recovery.

# **Appendix 1**

## **Oregon Administrative Rules State Plan Personal Care Services**

**DEPARTMENT OF HUMAN SERVICES, SENIORS AND PEOPLE  
WITH DISABILITIES**

**DIVISION 034**

**STATE PLAN PERSONAL CARE SERVICES**

**411-034-0000**

**Purpose**

- (1) These administrative rules (OAR 411-034-0000 through 411-034-0090) are established to ensure personal care services will support and augment independence, empowerment, dignity, and human potential through provision of flexible, efficient, and suitable services to eligible clients. Personal care services are intended to supplement the client's own personal abilities and resources.
- (2) Medicaid State Plan services are health care benefits defined by the state. Certain services are required by the Centers for Medicare and Medicaid (CMS) to be included in the state plan and others are optional services selected by states from a menu of options. Each state determines what medical services will be covered. Personal Care is one of the optional services that Oregon selected for its' Medicaid State Plan.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

Hist.: SSD 2-1996, f. 3-13-96, cert. ef. 3-15-96

**411-034-0010**

**Definitions**

As used in these rules, unless the context demands otherwise, the following definitions apply:

- (1) "Activities of Daily Living" (ADL) means those self-care activities, that must be accomplished by an individual for continued well-being including mobility, dressing and grooming, bathing and personal hygiene, toileting, bowel and bladder care, and eating.
- (2) "case management" means those functions, performed by a Case Manager or Service Coordinator, that ensure the effective provision of personal care and supportive services to the client.
- (3) "Case Manager" or "Service Coordinator" means a DHS employee or an employee of a designee who ensures client entry, assessment, case planning, service authorization and implementation, and evaluation of the effectiveness of the services.
- (4) "Client" means the individual eligible for personal care services.
- (5) "Contract agency" means an entity or person contracting with the Seniors and People with Disabilities or its designee to provide personal care services.
- (6) "Cost Effective" means that a specific service meets the client's service needs and costs less than other service options considered.
- (7) "Designee" means Children, Adults and Families (CAF), Mental Health Services , Developmental Disabilities Services, or an Area Agency on Aging, or any organization with whom Seniors and People with Disabilities has an interagency agreement or contract.
- (8) "Department" means the Oregon Department of Human Services.
- (9) "Fiscal Improprieties" means the Personal Care Attendant committed financial misconduct involving the client's money, property or benefits. Improprieties may include financial exploitation, borrowing money from the client, taking the client's property or money, having the client purchase items for the provider, forging the client's signature, falsifying payment records, claiming payment for hours not worked, and similar acts intentionally committed for financial gain.

- (10) "Full Assistance" means the client is unable to do any part of a task listed in OAR 411-034-0020 and that the task must be done entirely by someone else.
- (11) "Homecare Worker" means a provider enrolled through the Department to provide services to seniors and persons with physical disabilities as described in OAR 411, Division 031.
- (12) "Lacks the skills, knowledge and ability to adequately or safely perform the required work" means the Personal Care Attendant does not possess the skills to perform services needed by Department clients. The Personal Care Attendant may not be physically, mentally, or emotionally capable of providing services to persons with developmental disabilities or mental health diagnoses. Their lack of skills may put clients at risk, because they fail to perform, or learn to perform, their duties adequately to meet the needs of the client.
- (13) "Legally responsible relative" means the parent, or step-parent of a minor child, a spouse, or other family member who has legal custody or legal guardianship according to ORS 125.005, 125.300, 125.315, and 125.320.
- (14) "Minimal Assistance" means the client is able to perform a majority of a task, but requires some assistance.
- (15) "Personal care attendant" means a provider with an individual Medicaid provider number who is enrolled through the Department to provide Personal Care Services, as described in these rules, to DHS Developmental Disabilities Services and Mental Health Services clients.
- (16) "Personal Care Services" means a task, which helps with the client's activities of daily living and other activities as listed in OAR 411-034-0020.
- (17) "Provider" or "Qualified Provider" means the individual who actually performs the service and meets the description cited in OAR 411-034-0050.

- (18) "Provider enrollment" means the authorization to work as a provider employed by the client, for the purpose of receiving payment for authorized services provided to Department clients. Provider enrollment includes the issuance of a Medicaid provider number.
- (19) "Service need" means those functions or activities with which the client requires personal care support.
- (20) "Sub-acute care facility" means a care center or facility that provides short-term rehabilitation and complex medical services to a patient with a condition that prevents the patient from being discharged home yet they do not require acute hospital care.
- (21) "Substantial Assistance" means a client can perform only a small portion of a task and requires assistance with a majority of a task.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

Hist.: SSD 2-1996, f. 3-13-96, cert. ef. 3-15-96

## **411-034-0020**

### **Scope of Services**

- (1) Personal care services are essential supportive services performed by a qualified provider, which enable an individual to move into or remain in his or her own home.
- (2) The extent of the services may vary, but the number of hours is limited to twenty (20) hours of services per client per month. The services include:
  - (a) Basic personal hygiene - providing or assisting a person with such needs as bathing (tub, bed bath, shower),, shampoo, hair grooming,, shaving,, nail care,, foot care,, dressing, skin care,
  - (b) Toileting, bowel and bladder care - assisting to and from bathroom, on and off toilet or commode, managing incontinence, bedpan, external cleansing of perineal area,



external cleansing of Foley catheter, emptying catheter drainage bag, changing colostomy or ileostomy bag in stabilized situations, encouraging adequate fluid intake, maintenance bowel care,

- (c) Mobility, transfers, comfort - assisting with ambulation with or without assistive devices, repositioning of bed-bound or wheelchair-using individuals, encouraging active range-of-motion exercises, assisting with passive range-of-motion exercise, assisting with transfers with or without assistive devices,
  - (d) Nutrition - preparing nutritious meals, planning and preparing special diets, assuring adequate fluid intake, feeding,
  - (e) Medications and Oxygen - assisting with administration of medications, assuring medication is taken as ordered by physician, observing for reactions, reminding appropriate persons when prescriptions need to be refilled, maintaining clean oxygen equipment, assuring adequate oxygen supply, and
  - (f) Delegated nursing tasks.
- (3) When any of the services listed in section (2)(a) to (f) of this rule are essential to the health and welfare of the client and the client is receiving a paid personal care service, the following supportive services may also be provided:
- (a) Housekeeping tasks necessary to maintain the client in a healthy and safe environment,
  - (b) Arranging for necessary medical appointments,
  - (c) Observation of client's status and reporting of any significant changes to physician or other appropriate person,
  - (d) First aid and handling of emergencies, and
  - (e) Extra support due to confusion, dementia, mental illness, or other cognitive deficits.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

Hist.: SSD 2-1996, f. 3-13-96, cert. ef. 3-15-96

## **411-034-0030**

### **Eligibility**

- (1) To be eligible for state plan personal care services under these rules, a person must be a current recipient of at least one of the following programs: GA, EXT, MAA, MAF, OHP, OSIPM, TANF, or REF. These terms are defined in OAR 461-101-0010.
- (2) Persons receiving services from a licensed residential service program that provides ADL care, such as the services received by residents of a foster home, assisted living facility, group home, or other residential care program are not eligible to receive state plan personal care services under these rules.
- (3) Personal care services are not available for persons in a prison, hospital, sub-acute care facility, nursing facility, or other institution.
- (4) Payment for personal care services is provided for a person needing the service when authorized by the Department or its' designee in accordance with a plan of care.
- (5) Care plans will be based upon the least costly means of providing adequate care. Payment for personal care services are not intended to replace the resources available to a client from their relatives, friends, or neighbors. They are not intended to replace routine care commonly needed by an infant or child typically provided by a parent. Additionally, they should not be used to replace other governmental services.
- (6) Clients served under the Title XIX 1915 (c) Home and Community-Based Services waiver for the aged and physically disabled are not eligible to receive personal care services under the state plan.

Stat. Auth.: ORS 410.070  
Stats. Implemented: ORS 410.070  
Hist.: SSD 2-1996, f. 3-13-96, cert. ef. 3-15-96

#### **411-034-0035 Where Clients Are Served**

- (1) A client receiving mental health case management services or other services through Mental Health Services will apply for State Plan Personal Care services through the local County Mental Health Services office.
- (2) Clients receiving developmental disabilities case management services or other services through Developmental Disabilities Services will apply for State Plan Personal Care services through the local County Developmental Disability Services office or through the local support service brokerage.
- (3) Clients receiving case management services from a Senior and People With Disabilities (SPD)/Area Agency on Aging (AAA) office serving seniors and persons with physical disabilities, will apply for State Plan Personal Care services through the local SPD or AAA office that provides Medicaid programs to seniors or persons with physical disabilities.

Stat. Auth.: ORS 410.070  
Stats. Implemented: ORS 410.070

#### **411-034-0040 Employment Relationship**

- (1) The relationship between the provider and the client is that of employee and employer. The client carries primary responsibility for locating, interviewing, screening, and hiring his or her own employees.
- (2) Termination of Employment: It is the responsibility of the employer to establish an employment agreement at the time of hire. The employment agreement may include grounds for dismissal and any requirements to provide advance notice before resigning. The client has the right to terminate their employment relationship with their provider at any time and for any reason.

Stat. Auth.: ORS 410.070  
Stats. Implemented: ORS 410.070

#### **411-034-0050 Qualified Provider**

- (1) A qualified provider is an individual who, in the judgment of the Department or its designee, can demonstrate by background, skills, and abilities the capability to safely and adequately provide the services authorized.
- (2) A qualified provider must maintain a drug-free work place and must have an acceptable criminal history clearance as described in OAR Chapter 410, Division 007.
- (3) A qualified provider paid by the Department must not be the parent, or step-parent of a minor child, the client's spouse or another legally responsible relative.
- (4) A qualified provider must be authorized to work in the United States, in accordance with U.S. Department of Homeland Security, Bureau of Citizenship and Immigration rules.
- (5) A qualified provider must be 18 years of age or older. A Homecare Worker enrolled in the Client-Employed Provider Program who is at least sixteen years of age may be approved for limited enrollment as a qualified provider, as described in OAR 411-031-0040 (8)(d).
- (6) A qualified provider may be employed through a contract agency or as a Homecare Worker or Personal Care Attendant under an individual provider number. Rates for these services are established by the Department.
- (7) Homecare Workers enrolled in the Client-Employed Provider Program providing state plan personal care services must meet the standards in OAR 411, division 031.
- (8) Criminal History Clearance Re-checks

- (a) Criminal history clearance re-checks may be conducted at the discretion of the Department or designee, in accordance with OAR 410-007-0020 through 410-007-0380.
- (b) Providers will comply with criminal history clearance re-checks by completing a new criminal history authorization form when requested to do so by the Department.
- (a) The provider's failure to complete a new criminal history clearance authorization will result in the inactivation of the provider enrollment. Once inactivated, a provider must reapply and meet all of the standards described in OAR 411-034-0050 to have their provider enrollment reactivated.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

Hist.: SSD 2-1996, f. 3-13-96, cert. ef. 3-15-96

#### **411-034-0055 Personal Care Attendant Enrollment Standards**

The Department may deny or terminate a Personal Care Attendant's provider enrollment and provider number if the Personal Care Attendant:

- (1) Has an unacceptable criminal history as defined in OAR chapter 410, division 007;
- (2) Lacks the skills, knowledge, or ability to adequately or safely perform the required work;
- (3) Violates protective service and abuse rules in OAR chapter 411, division 020, or OAR 413, division 015;
- (4) Commits fiscal improprieties;
- (5) Fails to provide the authorized services required by the client;

- (6) Has been repeatedly late in arriving to work or has absences from work not authorized in advance by the client;
- (7) Has been intoxicated by alcohol or drugs while providing authorized services to the client or while in the client's home;
- (8) Has manufactured or distributed drugs while providing authorized services to the client or while in the client's home, or
- (9) Has been excluded as a provider by the Department of Health and Human Services, Office of Inspector General, from participation in Medicaid, Medicare or any other federal health care programs.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

#### **411-034-0070**

#### **Quality Assurance, Assessment, Authorization, and Monitoring**

- (1) This rule details quality assurance responsibilities in the assessment, case planning, prior authorization of payment for services, and on-going monitoring of a care plan as performed by case managers, registered nurses, or other persons designated by the Department or interagency agreement to perform similar activities.
- (2) Case Manager Quality Assurance Responsibilities:
  - (a) **Assessment:** The case manager or designated person will assess the service needs of the client by identifying services the client is currently eligible for, services currently being provided, and resources meeting any, some, or all of the person's needs. The case manager will interview the client and, if appropriate, other interested persons to assess the client's ability to perform the tasks listed in OAR 411-034-0020.
  - (b) **Prior Authorization:** Payment for personal care services must be prior authorized by the Department or its designee based on these rules, the service needs of the client as documented in the written care plan, and the cost effectiveness of the proposed

services. If a client is served by a Department designee that does not provide, assessment, planning and authorization of personal care services, then the local Seniors and People With Disabilities (SPD) or the Area Agency on Aging (AAA) office will be responsible for case planning and service payment authorization.

(c) Case Planning:

- (A) The case manager will prepare a care plan identifying those tasks for which the client requires minimal, substantial or full assistance, the supports that currently address some or all of those assistance needs, and the number of authorized hours of service.
- (B) The care plan will describe the tasks to be performed by the qualified provider, authorize the maximum number of hours that can be reimbursed for those services, indicate the expected outcomes and estimate the cost of the care. The case manager will review the plan with the client and, if appropriate, interested parties prior to implementation.

(d) Nursing Referral: The case manager or designee may refer a registered nurse (RN) for nursing assessment and monitoring when it appears the client may need services requiring RN monitoring or delegation under the Oregon State Board of Nursing, Nurse Delegation Rules (OAR Chapter 851 Division 47). Indicators of the need for RN assessment and monitoring include:

- (A) Medical instability, as demonstrated by frequent emergency care, physician visits or hospitalizations,
- (B) Potential for skin breakdown or pressure ulcers,
- (C) Multiple health problems or frailty with a strong probability of deterioration,

- (D) Potential for increased self-care, but instruction and support for the client are needed to reach goals; or
  - (E) Complex medication regimen including PRN prescribed medications, use of psychoactive medications insulin or blood-thinning medication with frequent lab work.
- (e) **On-going Monitoring and Authorization:** The case manager will meet with the client and, when appropriate, interested parties at least once every 365 days to review the client's service needs., The case manager will review the cost effectiveness of the plan, and will authorize a new service plan, if appropriate, based on the client's current service needs.,
- (2) **Registered Nurse Quality Assurance Responsibilities:**
- (a) **Assessment:** The registered nurse will assess the need of each client if referred by the case manager, or designee for medically-related services to assist with tasks listed in OAR 411-034-0020,
  - (b) **Nursing Care Plan:**
    - (A) The nursing care plan must comply with the Nurse Practice Act, Oregon Revised Statutes 678.010 to 678.410, and the Oregon State Board of Nursing Administrative Rules Chapter 851, Divisions 045 and 047.
    - ”
    - (B) The nursing care plan will be reviewed with the client, the provider and the case manager prior to implementation. The plan will indicate the interventions needed, the expected outcomes of care and the schedule of authorized nursing visits. The frequency of review will be based on the client's need, but the plan will be reviewed at least every 180 days. A copy of the nursing care plan must be included in the referring case manager's case plan file.



- (c) Maximum hours and hourly rates for contracted nurse services are established by the Department.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

Hist.: SSD 2-1996, f. 3-13-96, cert. ef. 3-15-96

## **411-034-0090**

### **Payment Limitations**

- (1) The number of ADL service hours authorized for each client per calendar month will be based on projected amounts of time to perform specific assistance to the client. The total of these hours must not exceed twenty (20) hours per client per month. These hours may be spread throughout the month or used in large blocks.
- (2) The monthly maximum hours for personal care services described in section (1) of this rule do not include authorized nursing assessment and monitoring services provided by a registered nurse.
- (3) The Department will not guarantee payment for services until all acceptable provider enrollment standards have been verified and both the employer and provider have been formally notified in writing that payment by the Department is authorized.
- (4) In accordance with OAR 410-120-1300, all provider claims for payment must be submitted within 12 months of the date of service.

Stat. Auth.: ORS 410.070

Stats. Implemented: ORS 410.070

Hist.: SSD 2-1996, f. 3-13-96, cert. ef. 3-15-96

## **Appendix 2**

### **"The 20 – Hour Personal Care Enrollment & Payment Process"**



**The  
20-Hour  
Personal Care  
Provider Enrollment  
And  
Payment Processing**

**Senior and People with Disabilities  
Provider Payment Unit  
PO Box 14990  
Salem, OR 97309-5083  
(Revised 08/2006)**

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**Provider Payment Unit  
Seniors and People with Disabilities  
20-Hour Personal Care Program  
Contact People**

**Program Questions, Provider Eligibility and Client Services:**

Program Tech for Developmental Disabilities Services – Children  
Call **Toni Larson @** (503) 945-6117 Fax # (503) 947-4245  
Email: [tlarson@dhs.state.or.us](mailto:tlarson@dhs.state.or.us)

Program Tech for Developmental Disabilities Services - Adults  
Call **Diana Buell @** (503) 945-9822 Fax # (503) 947-4245  
Email: [Diana.buell@dhs.state.or.us](mailto:Diana.buell@dhs.state.or.us)

Program Tech for Mental Health & Addiction Services - Adults  
Call **Michael Moore @** (503) 947-5538 Fax # (503) 378-8467  
Email: [mwmoore@dhs.state.or.us](mailto:mwmoore@dhs.state.or.us)

Program Tech for Mental Health & Addiction Services - Children  
Call **Kathy Seubert @** (503) 947-5526 Fax # (503) 378-8467  
Email: [kseubert@dhs.state.or.us](mailto:kseubert@dhs.state.or.us)

Criminal History Check and Clearances call  
**Michelle Grimes @** (503) 378-5632 Fax # (503) 378-6314  
Email: [mgrimes@dhs.state.or.us](mailto:mgrimes@dhs.state.or.us) **OR**  
**Katherine Emery @** (503) 378-8945 Fax # (503) 378-2588  
Email: [kemery@dhs.state.or.us](mailto:kemery@dhs.state.or.us)

**Provider Enrollment and Payment Processing:**

Call **Kerry Cornell @** (503) 945-5820 Fax # (503) 947-5357  
Email: [Kerry.A.Cornell@state.or.us](mailto:Kerry.A.Cornell@state.or.us)

Mail applications and vouchers to  
**SPD PROVIDER PAYMENTS UNIT  
PO BOX 14990  
SALEM, OR 97309-5083**

**This information is for the Case Managers/Personal Agents only.  
Please do not give out Kerry's phone number to providers or  
clients.**

## 20-Hour Personal Care

### Provider Eligibility

Provider Eligibility per Personal Care OARs (see Resource Page) include that a legally responsible relative of the client cannot be a provider and that Medicaid rules say that the providers cannot be under the age of 18.

### Enrollment and Stop Services Processing:

Send completed paperwork to 20-Hour Personal Care staff by mail as follows:

**New provider** – send Personal Assistant Enrollment, Medicaid Personal Care Resource Assessment Plan and Authorization, Criminal History determination (following appropriate OAR), all signed/dated.

**Current provider with new client** – New Medicaid Personal Care Resource Assessment Plan and Authorization, signed/dated.

**Re-authorization** – New Medicaid Personal Care Resource Assessment Plan and Authorization, signed/dated.

**Stop Services** - Submit Stop Services Form for 20-Hour Personal Care timely to prevent incorrect payments.

### Payment Processing:

The provider cannot start services until they have an authorized voucher.

No faxed or photocopies of vouchers can be accepted.

Claims are processed every workday. Providers should send in their vouchers once they have completed their work for the month with the client.

If a provider does not receive a voucher, this usually means that the plan has expired or there is a problem with the medical card. Once the medical card issue is resolved, please contact 20-Hour Personal Care staff and they will send out the voucher.

**Medicaid 20-Hour Personal Care Resource**  
**Circumstances which require Office of Developmental Disability Approval**

The Office of Developmental Disability Services must review and approve some applications for Personal Care before the Federal Resources Section can authorize services. This additional step can take very little time when specific information comes with the application. Here are the most common special circumstances and what Case Managers can do to expedite review.

**Services for Children:**

The Personal Care program helps people get some very basic things done so that they can live in their own homes. The program can pay for a Personal Care Assistant if a person's disability makes it impossible to do these things without help:

- Have a clean body
- Toileting, diaper changes, ostomy care, etc.
- Get in and out of bed, chair, or bath
- Change positions in bed or chair
- Get adequate nourishment
- Follow doctor's orders for medications and treatments

All children require some level of assistance with these activities. The Personal Care program provides support to families for those care needs that are above and beyond the needs of a similarly aged child who is not disabled.

The Personal Care Assistant application should clearly describe what tasks the Personal Care Assistant will perform. Those tasks should only be those that are above and beyond tasks that would be expected of a parent. For example, it is part of the normal parenting relationship to bathe a child. However, if a child, because of his/her disability, has limited mobility and requires a great deal of bathing assistance, Personal Care assistance might be appropriate. The application should clearly describe these additional needs.

**Back Payment Request:**

When vouchers haven't been received/paid by the 20-Hour Personal Care program for six months or more. When requesting a back payment you must provide:

### Back Payment Request (Continued):

- A letter from the Case Manager to the 20-Hour Personal Care program stating that the CM knows that services were provided by the provider to the client during the time period they are requesting back payment.
- The provider needs to provide the 20-Hour Personal Care program with a detailed daily calendar stating exactly what services were provided and the amount of time they worked per day for each month.

### More Than One Person in Household:

Personal Care is a medical card benefit. A Personal Care Assistant only works for the person whose medical card is paying the bill. If **more than one person in the household** is going to get help from **one provider**, the Case Manager must send ODDS a written analysis of the number of hours the provider needs to work with **each client alone** on specific Personal Care tasks. (See sample letter) or the actual schedule that shows when the provider will work with **each client alone**.  
(See example letter)



**Letter Format  
Two or more in Household Care Letter**

**Put on letterhead**

**Date**

**To: 20-Hour Personal Care Program**

**We have (#) clients in our home that are in need of 20-Hour Personal Care services. (1<sup>st</sup> client name, date of birth) needs are (brief summary of client needs). (2<sup>nd</sup> client name, date of birth) needs are (brief summary of client needs). Continue with client names, date of birth, and summary of needs for all clients living in same household.**

**(Provider's name) knows that 20-Hour Personal Care services are provided and billed on a one-on-one basis.**

**Sincerely,**

**Worker Name  
Worker Branch  
Worker Phone**

**SPD Use Only**

---

**SPD Approval**

**Clearly documented separate needs/schedule**

**Program review and approval**

---

**Signature**

---

**Date**

(5)

## **Provider Payment Unit Questions and Answers**

### **1. When can the provider start working?**

The voucher is the provider's authorization to work. Providers should not start working until they receive their voucher.

### **2. How does a 20-Hour Personal Care provider replace a lost voucher?**

The provider needs to contact the client/employer's Case Manager or Personal Agent who will notify the 20-Hour Personal Care staff to have the voucher reissued.

### **3. If a voucher has been misplaced or lost can the 20-Hour Personal Care provider use an old voucher?**

No, each voucher is only good for one particular month, which is typed in Box 6 and the voucher cannot be altered in any way.

### **4. If there were no hours worked in a particular month, what does the provider do to receive the next months voucher?**

They still need to send in the voucher for the month they didn't work. In the hours worked box (Box 15) insert zero, sign on line 17 and date on line 18.

### **5. Can 20-Hour Care providers pick-up checks or pick-up/drop off vouchers?**

No, all checks and vouchers are printed and mailed from an off-site distribution center. Vouchers must be submitted for payment to the address in the top left-hand corner of the voucher.

**6. How does a 20-Hour Personal Care provider replace a check?**

They will need to contact the client/employer's Case Manager or Personal Agent to notify the 20-Hour Personal Care staff for an Affidavit Concerning Lost Check form to be mailed out to the 20-Hour Personal Care provider.

**7. Can 20-Hour Personal Care providers have direct deposit?**

No, the system is not set up for it.

**8. When 20-Hour Personal Care providers receive their checks, are the State and Federal taxes taken out?**

No, the only thing that is taken out is FICA (i.e. Social Security) because the 20-Hour Personal Care providers are considered household employees.

**9. Is there reimbursement to the 20-Hour Personal Care provider for mileage and gas?**

No, this program does not cover reimbursements.

**10. Can a 20-Hour Personal Care provider file for unemployment?**

Yes, they can file, but there will be no guaranty that they will be approved for coverage.

**11. If a 20-Hour Personal Care provider serves more than one client in a household, how many hours may they bill?**

The rules require 20-Hour Personal Care providers to only bill for the actual number of hours of service provided to each client one-on-one.

**12. Can a client have a 20-Hour Personal Care provider if the client is also receiving services from another agency or SPD program?**

In most cases they cannot get services if they are in another program. Examples of excluding programs:

\* Client is enrolled in an SPD Support Services Brokerage for adults with DD effective July 1, 2005.

\* Client is in a license or certified program that is responsible for meeting the client's residential care, training and supervision needs

\* Receiving personal care through an agency under contract with SPD to serve seniors and adults with physical disabilities.

**13. Is there workman's compensation for the 20-Hour Personal Care provider if they are injured on the job?**

20-Hour Personal Care providers are not employees of the Department of Human Services. They are not covered through this program for workman's compensation.



Clear Form Print

Medicaid Personal Care Resource Assessment Plan and Authorization

Applicant: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_ DOB: \_\_\_\_\_
Category of Service: • Developmental Disability Services • Mental Health Services
County/Brokerage Name: \_\_\_\_\_
County Number or Brokerage Provider Number: \_\_\_\_\_
Address: \_\_\_\_\_
Printed Name of Case Manager/Personal Agent: \_\_\_\_\_
Email address: \_\_\_\_\_

Assessment

I certify that I have completed an assessment. All of these statements are true:

- Applicant is eligible for Medicaid with current medical card,
• Applicant does not receive services from a licensed or certified residential service program that provides care in activities of daily living i.e. foster home, assisted living facility, group home, or other residential care program; and,
• In order to stay in the home and because of his/her disability, applicant needs assistance to complete one or more of these activities of daily living (ADL): basic personal hygiene; toileting, bowel and bladder care; mobility, transfers, reposition, nutrition, medications/oxygen use, and/or specific delegated nursing tasks.

In addition, these supportive services are required to ensure that verbal and/or physical assistance with essential activities of daily living (ADL) is effective.

- Arranging for necessary medical appointments. • First aid and handling of emergencies.
• Observation/reporting re: client status to physician or appropriate person. • Extra support due to confusion/dementia/mental illness/other cognitive defects. • Housekeeping to maintain healthy and safe environment.

Plan of Care and Authorization For Services

Applicant is eligible for Personal Care services. I authorize assistance with activities of daily living for a maximum of 20 hours each month for the period specified (when authorized, not to exceed one year for Developmental Disability or 6 months for Mental Health).

# of Hours/month: \_\_\_\_\_ Start Date: \_\_\_\_\_ # of Months: \_\_\_\_\_

Note: We will always end the authorization for the last day of the month.

Provider Name - please print clearly \_\_\_\_\_ Providers' Daytime Telephone Number (\_\_\_\_) \_\_\_\_\_
Provider Mailing Address - Street or PO Box, City, State, Zip Code \_\_\_\_\_ Provider Number \_\_\_\_\_

The hourly rate indicated has been established with this provider.

•• \$8.56 •• \$\_\_\_\_\_ Pending Approval - Exception letter must be attached.

Confirmation that Service was Provided: The signature of one of these person(s) must be on vouchers to confirm work has been provided. The person is not the provider named above, nor is he or she in a position to benefit financially from saying that service has been provided.

Signature (applicant/representative) \_\_\_\_\_

Signature (applicant/representative) \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Case Manager or Brokerage Agent \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

(9)

## Instructions for OMHS0531

**Applicant** - Enter name of client

**Medicaid Nmbr** - Enter the Medicaid billing number for the client (a.k.a. the prime number)

**DOB** - Enter client Date of Birth

**Category of Service** - A client may be served by only one primary case management/service discipline at a time. This form is used for authorizing services for the Developmental Disability Service and Mental Health Service programs. Other programs (for example waived services to Seniors) are authorized using different forms and systems but cannot overlap either.

**County/Brokerage Name** - Enter the name of the county or brokerage that is responsible for this client's services

**County Number or Brokerage Provider Number** - Each county has a "branch" or unit number. This number must be entered here. Entities/Brokerages that have the authority to assess for and authorize services will have their own Provider number that must be entered here.

**Address** - Enter the address of the county or brokerage that is responsible for this client's services

**Printed Name of Case Manager/Personal Agent** - Print the name of the responsible person, for this client's and services, the person who will be signing this form.

**Email Address** - Provide an email address for the case manager/personal agent

**Limitations:** The provider can only bill for the hours authorized. No claim can be submitted until after the care is provided. Only hourly care is authorized and paid. No other expenses are covered by this program. Use of this resource does not imply eligibility for, or access to, other DHS services, nor does it replace other resources available to applicant, routine care commonly provided by a parent, other governmental services, or other means of providing adequate care that are less costly.

### Provider Requirements

**The provider is authorized to begin services to be paid through the Medicaid Personal Care Program when the provider:**

Presents proof of legal eligibility to work in the U.S.; - Has submitted all the required tax and provider enrollment information including completing the Client Enrolled In-Home Services Provider Enrollment form (OMHS 0532) to obtain a Medicaid provider number; - Receives approval to work from the Department of Human Services based on recent review of criminal history information; and Receives Payment Voucher SDS 598B confirming applicant eligibility for personal care services for the Service Period indicated on the voucher.

The Medicaid Personal Care program is authorized to pay this provider on behalf of the applicant for personal care provided to the applicant when the provider:

- ▶ Completes the work;
- ▶ Obtains the applicant's confirmation that the work was completed satisfactorily; and
- ▶ Submits Payment Voucher SDS 598B to the address indicated on the voucher.

The Medicaid Personal Care program is authorized to pay only for provision of personal care services at the hourly wage and number of hours indicated on the Payment voucher SDS598B. No other costs or provider expenses are authorized for payment.



# Personal Assistant Provider Enrollment

PLEASE PRINT OR TYPE in boxes 1 through 7

1. Last Name			First	Initial		
2. Street Address			City	State	Zip Code	
3. Mailing Address (if different)			City	State	Zip Code	
4. Phone Number ( )		5. Social Security		6. Date of Birth		
				Month	Day	Year
Date You Can Start Work						

### AGREEMENT

- A. The Provider agrees to adhere to the administrative rules promulgated by the Department of Human Services (DHS). Hereinafter any references to DHS or Department also includes and represents any of its Divisions enrolling providers of services to the Department's clients, and to the provider guide appropriate to the service category.
- B. Provider understands that the terms and conditions of this enrollment apply only to care, services and/or supplies furnished recipients of public assistance, and for which the provider bills the Department of Human Services.
- C. The Provider and or DHS may terminate this enrollment at any time by submitting a written notice in person or by certified mail, with a specific date on which termination will take place. Termination by the Provider should be sent to the appropriate local office for DD Services or Mental Health Services and to Provider Payment Unit (Seniors and People with Disabilities) PO Box 14990, Salem, OR 97309-5083.
- D. The Department agrees to process claims so as to reimburse properly documented (adjudicated) claims within 45 days, as provided by state statute. The Division cannot withhold State or Federal Income Tax.
- E. This enrollment contemplates continued availability of care, services, and/or supplies to persons eligible for public assistance in Oregon. The enrollment may be terminated if the provider elects not to provide such care, services, and/ or supplies or does not bill the Department during the twelve-month period.
- F. The Provider agrees that he/she is employed as a Personal Care giver by a client of the department of Human Services, with compensation paid as an agent for the client. The Provider understands that he/she is not otherwise employed by any division of the Department, any local Area Agency on Aging, any county DD, county Mental Health, or Mental Health contractor and shall not for any purposes be deemed to be an employee of the State of Oregon, Area Agency on Aging, county DD, county Mental Health, or Mental Health contractor whether or not the Department selects or assists the client in selecting the person for employment or exercises any direction or control over the person's employment. Such persons is a non-subject worker under ORS 656.027(1) and ORS 411.590.

8. Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Original to: Personal Care, SPD, Provider Payment Unit

OMHS 0532 9/03  
Recycle prior versions

# STOP SERVICES FORM FOR 20 HOUR PERSONAL CARE

Clients name \_\_\_\_\_

Medicaid number \_\_\_\_\_

Providers name \_\_\_\_\_

Last day providing services \_\_\_\_\_

If services are stopped before the last day of the month, then please provide the number of hours the provider worked in that month. \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

Case manager's signature \_\_\_\_\_

County of Client \_\_\_\_\_

**PLEASE MAKE SURE THAT YOU HAVE NOTIFIED THE PROVIDER THAT THERE WILL BE NO SERVICES BILLED AFTER THE DATE ABOVE.**

If you have any questions at all call Kerry Cornell @ (503) 945-5820

Send to:

Seniors and People with Disabilities (SPD)

Provider Payments Unit

ATTN: Kerry Cornell

PO BOX 14990

Salem, OR 97309-5083

Or fax to Kerry Cornell @ 503-947-5357



1 After last day worked complete boxes 13 - 20.  
 Save one copy for your records and return one copy to:  
 SPD PROV PAY UNIT  
 PO BOX 14990  
 SALEM, OR 97309-5083

Cost code: 9002  
 Phone: 000-000-0000

2 Provider Name and Address

Provider Number

**SAMPLE**

3 Client:

4 Prime Number:

5 Services Authorized: (PCall): ADL Aide Hourly

Authorized on 06/01/98 by: JANICE PALMER, PCA UNIT

6 Service Period Authorized	7 Max Hours Authorized	8 Wage	9 Maximum Tax-ble	10 FICA	11 Net
07/01/04 - 07/31/04	20.0	\$8.56	\$171.20	\$13.10	\$158.10

12 LEAVE BLANK

13 Begin Work ( MO / DA / YR ) WRITE FIRST DAY HERE	14 End Work ( MO / DA / YR ) WRITE LAST DAY HERE	15 Hours Worked (Actual) WRITE HOURS UP TO AMOUNT IN BOX 7 HERE	16 LEAVE BLANK

**PROVIDER CERTIFICATION:** Invoiced amount for this claim is \$184.30. It includes Employer's share of FICA (box 10), Employee's share of FICA (box 10), and Net wages (box 11).  
 I have read and fully understand the following agreement: Payment of this claim will be from federal and state funds. Any falsification or concealment of a material fact may be prosecuted under federal and state laws. I am NOT an employee of the Department of Human Resources, any of its Divisions or of any Area Agency on Aging. The Department, in consideration of the services provided, agrees to pay the employee at authorized rates, upon receipt of proper invoice(s). Payment will not be made for any hours worked over the Maximum Authorized (box 7). No additional charges shall be imposed to either the employer, or the Department, or the Area Agency on Aging under this agreement.  
 By signing this invoice, I will receive a payment equal to the earned Taxable Wages minus the Employee FICA.

I certify the above information is true, accurate and complete.

SIGN HERE

DATE YOUR SIGNATURE HERE

17 Provider/employee Signature

18 Date

**CLIENT CERTIFICATION:** By signing this invoice, I certify that the service described above was received by me.

I hereby designate the Department an agent for the purpose of doing all that is required of myself pursuant of Section 3504 I.R.C. (This designation is not applicable if the payee is a private firm or agency employee.)

GET YOUR CLIENT'S SIGNATURE HERE

DATE CLIENT SIGNATURE HERE

19 Client/employer Signature

20 Date

# Resource Page

- **Personal Care OARs: 411-034-0000 through 411-034-0090**
- **Purpose** 411-034-0000
- **Definitions** 411-034-0010
- **Scope of Services** 411-034-0020
- **Eligibility** 411-034-0030
- **Where Clients Are Served** 411-034-0035
- **Employment Relationship** 411-034-0040
- **Qualified Provider** 411-034-0050
- **Personal Care Attendant Enrollment Standards** 411-034-0055
- **Quality Assurance, Assessment, Authorization, and Monitoring** 411-034-0070
- **Payment Limitations** 411-034-0090

Website: [http://arcweb.sos.state.or.us/rules/OARS\\_400/OAR\\_411/411\\_tofc.html](http://arcweb.sos.state.or.us/rules/OARS_400/OAR_411/411_tofc.html)

## ■ **Criminal Records Unit**

Criminal History Check Required 410-007-0220

Telephone: 1-888-272-5545

Fax: 503-378-2588

Website: [http://arcweb.sos.state.or.us/rules/OARS\\_400/OAR\\_410/410\\_007.html](http://arcweb.sos.state.or.us/rules/OARS_400/OAR_410/410_007.html)

## ■ **Requesting 20-Hour Personal Care Forms:**

Please contact the 20-Hour Personal Care staff and they will email you the forms.

## **Appendix 3**

### **Monthly Timesheets**

**Personal Care Provider Task and Time Sheet for Month of:** \_\_\_\_\_

PCA Name \_\_\_\_\_ Employer (Individual Served) Name: \_\_\_\_\_

Circle all primary job tasks and any incidental tasks performed to support the primary job. Check jobs done for each day. Enter time spent on tasks each day in the bottom row. Review at the end of each month, total # of hours and use amount for voucher.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
<b>Primary job is verbal/physical help with:</b>																																	
Basic personal hygiene																																	
Preparing nutritious meals, planning and preparing special diets, adequate fluid intake, eating																																	
Taking medications																																	
<b>Primary job is supported by:</b>																																	
Minor housekeeping																																	
Arranging medical appointments																																	
Observing status, reporting to physician or other appropriate person																																	
First aid/ emergency assistance																																	
Extra support due to mental health symptoms																																	
<b>Total Hours per day:</b>																																	

This represents an accurate account of time for which I receive payment through the Medicaid 20-Hour Personal Care Program.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix 4**

### **Self-Directed Needs Assessment And Categories of Service**

**Situation**

**Assistance Needed**

<p>My health would be impacted in this way:</p> <p>My quality of life would:</p> <p>My recovery would improve because:</p> <p>This assistance would be viewed as an appropriate use of resources:    Yes ___ No ___ Maybe ____</p> <p>How many hours a month do you think you might need this assistance : _____</p> <p>Other:</p>	

**Situation**

**Assistance Needed**

<p>My health would be impacted in this way:</p> <p>My quality of life would:</p> <p>My recovery would improve because:</p> <p>This assistance would be viewed as an appropriate use of resources:    Yes ___ No ___ Maybe ____</p> <p>How many hours a month do you think you might need this assistance : _____</p> <p>Other:</p>	

**Situation**

**Assistance Needed**

<p>My health would be impacted in this way:</p> <p>My quality of life would:</p> <p>My recovery would improve because:</p> <p>This assistance would be viewed as an appropriate use of resources:    Yes ___ No ___ Maybe ____</p> <p>How many hours a month do you think you might need this assistance : _____</p> <p>Other:</p>	



**Situation**

**Assistance Needed**

<p>My health would be impacted in this way:</p> <p>My quality of life would:</p> <p>My recovery would improve because:</p> <p>This assistance would be viewed as an appropriate use of resources:    Yes ___ No ___ Maybe ____</p> <p>How many hours a month do you think you might need this assistance : _____</p> <p>Other:</p>	

**Situation**

**Assistance Needed**

<p>My health would be impacted in this way:</p> <p>My quality of life would:</p> <p>My recovery would improve because:</p> <p>This assistance would be viewed as an appropriate use of resources:    Yes ___ No ___ Maybe ____</p> <p>How many hours a month do you think you might need this assistance : _____</p> <p>Other:</p>	

**Situation**

**Assistance Needed**

<p>My health would be impacted in this way:</p> <p>My quality of life would:</p> <p>My recovery would improve because:</p> <p>This assistance would be viewed as an appropriate use of resources:    Yes ___ No ___ Maybe ____</p> <p>How many hours a month do you think you might need this assistance : _____</p> <p>Other:</p>	

Consider all of the situations and types of assistance you have explored on the previous pages.

Keeping in mind that you can only use up to 20 hours of service per month, think about which situations and types of assistance are most important to you overall and which fall within acceptable use of PCS.

***Situations and Types of Assistance I really want:***

Most important: Hours Needed

1. \_\_\_\_\_

2. \_\_\_\_\_

Important:

3. \_\_\_\_\_

4. \_\_\_\_\_

Desirable but less important:

5. \_\_\_\_\_

6. \_\_\_\_\_

# Personal Care Services

## Categories of Service

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### Top Tier:

- **Basic personal hygiene** - providing or assisting a person with such needs as bathing (tub, bed bath, shower), shampoo, hair grooming, shaving, nail care, foot care, dressing, skin care;
- **Nutrition** - preparing nutritious meals; planning and preparing special diets; assuring adequate fluid intake;
- **Medications use** - assisting with administration of medications; assuring medication is taken as ordered by physician; observing for reactions; reminding appropriate persons when prescriptions need to be refilled.

### Second Tier:

When any of the services listed above are essential to the health and welfare of the person and the person is receiving a paid personal care service, the following supportive services may also be provided:

- **Housekeeping tasks** necessary to maintain someone in a healthy and safe environment, such as cleaning, laundry, organizing, rearranging and de-cluttering.
- **Arranging for necessary medical appointments,**
- **Observation of a person's status and reporting** of any significant changes to physician or other appropriate person,
- **First aid and handling of emergencies,** and
- **Extra support due to** confusion, dementia, **mental illness,** or other cognitive deficits such as providing motivation, time management skills, moral support, assisting with anxiety, symptom management, developing solutions, talk through crisis

## **Appendix 5**

### **Job Description Information, Interview Form And Job Application**

# Developing a Job Description

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## Why create a job description?

Creating a job description helps you clarify:

- The tasks you want assistance with.
- The skills a support person needs to have to complete tasks.

Writing a job description also helps you define exactly what you prefer in terms of personality and communication style. For instance some people may prefer to work with someone who is outgoing and chatty. Someone else may prefer to hire someone who is quiet. If you're going to spend a lot of time with the person, it's a good idea to find someone who can complete tasks competently and who you also feel comfortable around.

Having a job description will be useful when interviewing potential support people because it lets people know exactly what you will expect if he or she is hired.

On the next page is an example of a job description based on Audrey's needs assessment. As you read through the example, keep in mind that this is only an example. What you prefer might be completely different and that's fine.

# Example of a Job Description for Audrey

**Job Title:** Personal Care Assistant

**Wage:** \$8.56 per hour for approximately 20 hours per month. (This wage is determined by the state of Oregon.)

## **Personal Qualities I Want in a Support Person:**

- Prefer a female support person.
- Dependable and responsible.
- Polite and honest.
- Must have a sense of humor!
- Patient.
- Not sarcastic or controlling.
- Outgoing.

## **Tasks/Duties**

- Light housekeeping.
- Support with learning public transportation system.
- Assistance with social functions when necessary.
- Assistance with scheduling and attending medical appointments.
- Assistance with healthy meal planning.

## **Professional Skills & Requirements**

- Capable of doing all of the tasks listed in the section above.  
(Training will be provided by the employer.)
- Able to communicate respectfully with the employer.



- Prefer someone who has experience assisting people with disabilities.
- Must have a valid driver's license, her own vehicle, and car insurance.
- Able to assist the employer in times of mental or emotional stress.
- Willing to take direction from the employer.

### **Rules & Expectations**

- Absenteeism and tardiness are unacceptable because of safety and health reasons.
- Advanced notice of planned time off is required, and a two-week notice is requested for a job termination.
- No smoking or drinking are allowed in my home (or around me when in the community).
- No guests, children or pets of the employee are allowed on the premises while on the job.
- The employee must respect confidentiality and privacy of the employer.
- Cussing and swearing are not permitted in employer's home (nor around employer when in the community).
- Employee will not use employer's computer, phone, laundry facilities, etc. for personal use.

**Benefits:** Employer does not provide health insurance or worker's compensation.

### **Schedule**

- Monday & Wednesday: Noon – 1:30pm
- Sunday: 10am – 12pm
- These hours may vary depending on employers needs in any given month.

# Create a Job Description

**Job Title:** Personal Assistant

**Wage:** \$8.56 per hour for approximately 20 hours per month. (This wage is determined by the state of Oregon.)

**Personal Qualities I Want in a Person Who Will Assist Me:** Think about your priorities, needs, and lifestyle when determining the personal qualities you are looking for in a support person.

Check the qualities you prefer:

- |                                              |                                                        |
|----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Female              | <input type="checkbox"/> Can cook                      |
| <input type="checkbox"/> Male                | <input type="checkbox"/> Can drive                     |
| <input type="checkbox"/> Non-Smoker          | <input type="checkbox"/> Outgoing (friendly and happy) |
| <input type="checkbox"/> Non-drinker         | <input type="checkbox"/> Reserved                      |
| <input type="checkbox"/> Physically strong   | <input type="checkbox"/> Sense of humor                |
| <input type="checkbox"/> Talkative           | <input type="checkbox"/> Willing to take direction     |
| <input type="checkbox"/> Quiet               | <input type="checkbox"/> Patient                       |
| <input type="checkbox"/> Organized           | <input type="checkbox"/> Writes well                   |
| <input type="checkbox"/> Has computer skills | <input type="checkbox"/> Patient                       |
| <input type="checkbox"/> Calm                | <input type="checkbox"/> Energetic                     |

**Other qualities I would like in a personal assistant:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Tasks and general assistance I want the support person to provide me:** (refer to your needs assessment when completing this section):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Professional Experience or Skills:** List the skills or experience needed to ensure the person is able to perform the tasks listed above. For instance, they may need to be able lift a certain amount of weight, have experience with medication management, have a driver's license, etc.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Rules and Expectations:** List rules that you expect support people to follow when they are working for you. For instance, you may have rules about whether swearing/cussing is acceptable, whether people can smoke inside your home, whether they can use your telephone for local calls, etc.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Schedule:** List the hours that the person will work each day. Remember, you can request up to 20 hours a month which is about 5 hours per week.

Mondays: \_\_\_\_\_

Tuesdays: \_\_\_\_\_

Wednesdays: \_\_\_\_\_

Thursdays: \_\_\_\_\_

Fridays: \_\_\_\_\_

Saturdays: \_\_\_\_\_

Sundays: \_\_\_\_\_

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# Job Description

**Job Title:** Personal Care Assistant

**Wage:** \$8.56 per hour for approximately 20 hours per month. (This wage is determined by the state of Oregon.)

**Personal Qualities I Want in a Support Person:**

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**Tasks/Duties:**

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**Professional Skills & Requirements:**

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**Rules and Expectations:**

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**Schedule:**

Mondays: \_\_\_\_\_

Tuesdays: \_\_\_\_\_

Wednesdays: \_\_\_\_\_

Thursdays: \_\_\_\_\_

Fridays: \_\_\_\_\_

Saturdays: \_\_\_\_\_

Sundays: \_\_\_\_\_

Interviewee name: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: Hi, I'm \_\_\_\_\_. Thanks for coming to meet with me. I'm glad you're interested in this position. (Make small talk for a couple minutes to get both of you more comfortable)

Employer: Did you bring a resume you'd like me to read? If not please fill out this application. I'd like to start out by giving you this job description and having you read it. Then we can discuss any questions you might have. (You can read their resume or application during this time to get a sense of their work history)

Interviewee: Okay. Thanks, I'm glad you have something in writing.

Employer:

1. Do you have any concerns or questions about anything on the list of tasks and the rules and expectations on the job description.? Is there anything that would prevent you from doing the job as its written?

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2. Why are you interested in this job? \_\_\_\_\_

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3. Do you have experience working with or assisting people with a mental health disability? If so, please tell me about your experiences.

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4. If you have a problem with something I say or do, how would you handle it? \_\_\_\_\_

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5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Did you bring your list of references? Great, I need you to fill out these release forms so your former employers will be able to talk with me. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“Well, thank you for taking the time to meet with me. I’m in the process of interviewing several people. I expect to have those interviews completed by \_\_\_\_\_ and I will call you on \_\_\_\_\_ to let you know my decision. Thanks again!”



### Sample questions to personalize your script

1. What are your strengths?
2. What are your weaknesses?
3. Are you comfortable following detailed directions?
4. How do you feel about taking directions from me?
5. How do you respond when people give you feedback?
6. Do you have any questions or concerns about the position that you'd like to talk about?
7. What do you look for in an employer?
8. What did you like best in your last job? The least?
9. Do you have reliable transportation to get to work?

### Specific questions related your job duties might be:

1. I need assistance to organize my apartment so its not so cluttered. How would help me to do this?
2. I want to work out at the gym pretty regularly and need some motivation to stay focused. Have you any experience with working out? How would help me to stay motivated?
3. I want to learn how to cook healthy meals. What do you know about menu planning and buying healthy foods?
4. I want to learn the bus system here in town. Are you familiar with it? Do you ever ride the bus? No, how do you think you'd learn about it so you could help me?
5. Sometimes I get really anxious when I need to meet new people. One of the things I want to do in the future is attend church. Would you have any problem going with me and helping me get to know some other members? Specifically this is the kind of support I'd like when I feel anxious: \_\_\_\_\_.  
Would you be able to do that?
6. I need someone to be completely focused on assisting me during the hours they're working. Does that work for you? Like turning your cell phone off and not bringing anyone else to the job with you?

Remember there are questions you cannot ask! Reword your question so that it relates to your job description and the function of the tasks you need assistance with.

# Job Application for PCA Candidates

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## **Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

## **Employment History**

*Please list your last three jobs starting with your most recent or current job first.*

**#1:** Employer Name (Agency name or organization): \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ until \_\_\_\_\_

Reason you left this position? \_\_\_\_\_

**#2:** Employer Name (Agency name or organization): \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ until \_\_\_\_\_

Reason you left this position? \_\_\_\_\_

#3: Employer Name (Agency name or organization): \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ until \_\_\_\_\_

Reason you left this position? \_\_\_\_\_

**Education**

High School Attended: \_\_\_\_\_

Diploma or GED received? Yes No

College, University or Vocational School Attended: \_\_\_\_\_

Degree received? Yes No

If yes, what was your degree in? \_\_\_\_\_

Please list any other educational experiences or relevant skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **References**

Please list three people (other than relatives) who know you in a personal or professional capacity and who can vouch for your work ethic and character.

#1: Name: \_\_\_\_\_

Relationship? (Examples: former employer, good friend, etc.): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#2: Name: \_\_\_\_\_

Relationship? \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#3: Name: \_\_\_\_\_

Relationship? \_\_\_\_\_

Telephone Number: \_\_\_\_\_

By signing below, I assert that everything in this application is true. I understand that the people I listed as references may be contacted to discuss my qualifications and character. I also understand, that the employer will conduct a criminal background check on anyone he or she considers hiring. If the background check is done, I will need to give the employer my date of birth and social security number to process the background check.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

***If you have a resume, please attach it to this application form.  
Thank you for your time and interest in this position.***

## **Appendix 6**

### **Employment Contract**

# Hiring a Personal Care Assistant

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Once you've selected the best candidate for the position, you'll want to meet them in person to have them sign a contract to ensure you and the person both are in agreement about the employment expectations.

If your contract clearly states your needs, expectations, and rules, then you are more likely to establish a good working relationship with your personal care assistant.

## Employment Contracts

Employment contracts have similar information as the job description, but are often more formal.

There are standard things that should be included in an employment contract such as salary, hours, and so forth, but the details of the contract can be personalized to best meet your needs and expectations.

Employment contracts:

- Define the professional relationship agreed upon between you and your personal care assistant.
- Define the tasks your personal care assistant is responsible for.
- Details your rules and expectations of acceptable behavior for your personal care assistant.
- Details working arrangements (such as hours to be worked, wages, benefits, etc.).

On the next page is an example of a contract that can be modified to reflect the details of your situation.

Much of the information needed to create the contract can be taken directly from the job description that you have already completed.

# Contract Example

**Name of Personal Care Assistant:** Toby Catz

**Name of Employer:** Audrey Smith

**Title:** Personal Care Assistant

**Work schedule:**

- Mondays and Wednesdays: 12pm-1:30pm
- Sundays: Noon-3pm

**Employer/employee relationship:** While paid through the State, the personal care assistant (Toby Catz) is an employee of Audrey Smith.

**Wages:** \$8.56 per hour for approximately 20 hours per month.  
(The amount of the wage is determined by the state of Oregon.)

**Duties and Responsibilities:**

- Assist employer with housing cleaning and organizing clutter.
- Support employer to learn city bus system.
- Assist employer to learn healthy meal planning.
- Assist with medication management.
- Arrange necessary medical appointments as directed by the employer.
- Help employer minimize isolation by helping employer locate social opportunities that are inexpensive and accessible.
- Help employer calm down during anxiety attacks using techniques the employer has taught the employee.

## Rules & Expectations

- The employee will not smoke in the home of employer and will not smoke around the employer while in the community.
- The employee will not cuss or swear while around the employer or when assisting the employer in the community.
- Employee will never use the personal belongings of the employer without asking permission. The employer reserves the right to say “no” to any request.
- The employee will not use drugs or alcohol while working for the employer, and will not show up for work under the influence of drugs or alcohol.
- The employee should be available to the employer at all times during the shift. Therefore, things such as using a personal cell phone for non-work related calls while on duty is not acceptable.
- Both the employee and the employer agree to treat each other with mutual respect and will work at resolving any problems through honest and open communication.

## Additional Provisions:

- **Working Conditions:** The employee will work in the Employer’s home, but sometimes may need to assist in other settings such as stores, social settings, etc.
- **Termination of Services:** The employee agrees to give at least a two-week notice of resignation. The employer agrees to give two weeks of notice of termination unless the employee is putting the employer at risk (including but not limited to things such as financial abuse; physical or sexual abuse; emotional/verbal abuse; theft; conviction for any crime; or being drunk or high while on the job).
- **Professional Ethics:** The employer and employee understand that doing things that may create a conflict of interest (like asking for personal loans) is not ethical. These actions can lead to major problems between the employer and employee.



# Employment Contract

**Employee** (print full name) \_\_\_\_\_

**Employer** (print full name) \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Work Schedule** (list the hours for each day; include “am” or “pm”)

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

**Wage:** \$ \_\_\_\_\_ per hour for approximately \_\_\_\_\_ hours per month

(Note: This wage is set by the State of Oregon.)

**Duties and Responsibilities:**

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**Rules & Expectations**

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## **Appendix 7**

### **Communication Skills And Giving Feedback to PCA**

# Communicating Effectively with Personal Care Assistants

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Strong communication skills will strengthen your support relationships and will help ensure you get the assistance you need.

What do you think respectful communication patterns look like? Take a few minutes to think about the following questions, and then jot down some notes to yourself about how you'd answer the questions. It might be helpful to discuss these questions with friends so you can brainstorm ideas together.

## Questions to Consider

Which behaviors do you think help create communication patterns that are effective, honest, respectful, and relaxed? (Example: listening carefully)

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When people ask *you* for help, how do you like them to phrase their request?

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When you've needed help in the past, what have you done to successfully get the assistance you needed?

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Are there things about your communication style that might hurt your ability to communicate effectively and respectfully? (Such as being impatient or not being specific about what you need done?) If so, list the things that you might want to work on to communicate more effectively:

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Now that you've thought about communication patterns and styles, let's explore some ideas about how you and your assistant can communicate in order to establish comfortable, respectful relationships.

## What you can do to communicate effectively and respectfully:

- Know exactly what you want done. This means knowing and communicating what the task is and the specific steps that need to be taken to get the task done in a way that is safe and comfortable for you.
- Create a comfortable relationship with your personal care assistant by understanding that they may have a different communication style than you do.
- Know your lifestyle and what you need during your day. Think about what would feel best to you.
- Make sure that the support person is listening to you and understands what you are communicating. If you are unsure whether the support person heard you or understood you, ask the support person to repeat back what they heard to see if it's accurate.
- Let the assistant know you are happy to answer any questions they have, and that you expect them to ask questions if they are confused or need clarification.
- Similarly, you should ask questions if you need clarification.
- Ask the support person if what you've told them makes sense and is clear.
- What other ideas do you have to establish healthy communication?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**What support people can do to communicate effectively and respectfully:**

- Actively listen when you talk or request help.
- Ask questions if they don't understand what you are saying or asking.
- Let you know if they are distracted and it's getting in the way of their ability to pay attention.
- Repeat back what you said to seek clarification.
- What else can your personal care assistant do to improve communication?
  - o \_\_\_\_\_
  - o \_\_\_\_\_
  - o \_\_\_\_\_

You may want to share these lists with your assistant and see what suggestions they have.

We can't force other people to respond and communicate the way we'd like them to, but we can always role model respectful communication skills and be direct when stating our needs and preferences.

We can ask that our needs be met in a way that honors our own expertise on what needs to be done and how it should be done.



# Giving Feedback to Personal Care Assistants

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Giving feedback means evaluating how well someone is doing a task and then talking to them about your assessment.

## **Providing feedback is important because it:**

- Helps you develop a good working relationship with your personal care assistant.
- Lets you communicate exactly what you like and dislike about what your support person is doing (or not doing) for you.
- Maintains open communication between you and your assistant.
- Enhances the level of trust and comfort.

Sometimes, we get stuck in a particular communication style and may always respond to people with the same type of feedback regardless of the situation. However, there are actually three types of performance feedback: positive, corrective, and negative feedback. Each type is appropriate for different circumstances.

## **#1: Positive Feedback**

When you give someone positive feedback you are giving them praise. Praise usually motivates people to continue to do a good job.

Think about a time in your life when you did something well or learned a new task. You probably liked it if someone praised you and recognized the effort you put into learning it. Similarly, support people will appreciate knowing that their efforts are recognized. When you give positive feedback you are telling the support person that they did a good job and that you appreciate them.

Positive feedback includes not only praise but also an explanation of specifically what they did that was so helpful or useful. For instance,

“You provided me with great support yesterday when I was feeling so anxious! Thanks for doing it the way I asked you to do it.”

### **Other suggestions for giving praise for a job well done:**

- I really like the way you \_\_\_\_\_!
- The way you \_\_\_\_\_ was just the way I like it.
- You're doing \_\_\_\_\_ much better.
- I feel more comfortable when you \_\_\_\_\_.
- You did such a good job at \_\_\_\_\_, it will make my whole day easier!
- Wow, \_\_\_\_\_ looks great!
- I really appreciate your honesty and work ethic.
- Thanks for calling to let me know you'd be a few minutes late.

## **#2: Corrective Feedback**

Corrective Feedback explains why a task was performed incorrectly and gives specific instructions on how you'd like it performed in the future.

When giving corrective feedback, you can give some positive feedback about what was done correctly, and then explain what could use some improvement. It can also be helpful to explain why you'd like it done a particular way.

For instance, you could say, “Thanks for putting together some recipes for me—they look really tasty, but I need you to remember that I have allergies to certain foods.”

### **Benefits of using corrective feedback:**

- Corrective feedback helps the support person understand what was done wrong, how to do the job better the next time, and why it's important that they follow your directions.

- Corrective feedback allows you to assert yourself in a healthy way.

### **Five Steps for Giving Corrective Feedback**

1. Offer the feedback immediately after the situation or problem happens.
2. Speak in a calm, respectful voice. Yelling at the person or being sarcastic won't fix the problem and will likely make the person defensive, angry, or scared.
3. Explain to the person specifically what he or she could have done better or differently. Explain why it is important that things are done the way you ask.
4. Let the support person know the consequences if they ignore your directions. For instance, will you need to let them go if the behavior continues? Also let them know how the situation made you feel (unsafe? scared? angry? disrespected?)
5. End by telling the support person you know he/she will try to do better in the future.

How you handle difficult situations with new support people is important because it will set the tone for the future of the relationship for better or worse. Errors made by support people during the training period may be unintentional mistakes based on the person being new and unfamiliar with your needs and routine. If you become angry and yell at your assistant, he or she may become frustrated and confused about what you expect.

On the other hand, if they yell at you or refuse to listen to corrective feedback, then you may want to re-consider whether you want the person working for you because they may become more hostile or abusive over time.

In summary, the goal of corrective feedback is not to punish the person, but to give them helpful ideas and suggestions about how they can improve their performance. Being helpful and giving the person the benefit of the doubt will usually create a better outcome than ignoring the problem or over-reacting to the problem.

If you've given the person corrective feedback several times and the behavior persists, you might need to consider being more specific about the consequences. For instance, you might need to tell the person, "I've discussed this problem with you three times, and you're still disregarding my directions. I feel you aren't respecting me as an employer. If the behavior happens again, I'll need to let you go."

### **#3: Negative Feedback**

Hopefully, you can resolve problems using positive and corrective feedback. But, if an assistant continues to do something incorrectly, then you might need to use negative feedback. Negative Feedback is firm and direct.

#### **Benefits of negative feedback:**

- Lets the personal assistant know what you need them to do *immediately*.
- Can help you get you out of a potentially dangerous situation.
- Explains exactly why you are upset, angry or feeling disrespected.
- Lets your assistant know that you expect to be taken seriously.
- Lets personal assistant know what the consequences will be if they continue to neglect your safety, needs, or directions.

#### **Examples of negative feedback:**

- "I noticed the receipt from the store and the amount of change you gave me doesn't add up. I want you to give me the rest of my money now."
- "I don't deserve to be yelled at. If you raise your voice again, I'll have you leave."
- "The way you're touching me is inappropriate. Stop it *now*."