



 Consumer  Directed  Attendant  Support  Services

This section will provide you with information intended to keep you safe from health-related emergencies, abuse, neglect or exploitation, and community-wide disasters.

## Your Health

### Recognizing Health Care Warning Signs

As a Client/AR, you are in control of your services. You will need to monitor your health and communicate your needs to your Attendants. You must make sure you and your Attendants know how to spot health problems and know what to do about them.

Here are some questions to consider about your health:

- Do you tend to have certain illnesses or health problems?
- Can you monitor those symptoms yourself? If not, have you trained your Attendants to assist in monitoring? Do you know what to do if those symptoms show up?
- What happens when you do not deal with health issues?
- Do you take any medications that might have side effects? Do you know how to watch for those side effects? Do you know what to do if you experience such side effects?

- Do your Attendants understand your medications?
- Are there any routine medical procedures that health care professionals have managed in the past for you? Do you have a plan to handle those procedures? What is that plan?
- What is your plan for handling emergency health problems?
- Have you trained your Attendants what to do in case of emergencies when you are not able to provide direction?

## Recognizing Health-Related Emergencies

As an important part of managing your health you should know how to recognize when you might be having a life-threatening medical emergency. Here are some typical indicators:

- Chest pain
- Shortness of breath
- Severe bleeding
- Worsening infection.
- Color change or drainage of a sore

## HEALTH



If you experience a health-related emergency, please dial **911**.

## Acute Episodes

An acute health need is a short term care need that arises from such things as a sudden downturn of a chronic illness, a wound, a serious infection or the need for care after surgery.

As a CDASS Client, you could experience an acute episode which could cause you to need care from a hospital or home care agency. If you have an acute care need while receiving CDASS your regular Medicaid benefits will cover this need. It will not be covered as part of CDASS.

If an acute care need requires hospitalization, **your Attendants will NOT be paid while you are hospitalized.** Your Attendant cannot work in your home while you are hospitalized, or be paid to assist you in the hospital. This rule also applies if

you are admitted to a long-term care facility (such as a Skilled Care, Acute Rehab or an Assisted Living Facility).

## HEALTH



Be sure to contact your Case Manager and your FMS provider if you are hospitalized or go into a nursing home. Calling them both protects you from potential fraud and allows your case management agency to better serve you.

The fee paid for hospitalizations or stays at other long-term care facilities includes the care that Attendants perform for you in CDASS. Therefore, services cannot be provided by CDASS Attendants while you are inpatient at a hospital or other facility. If you or your AR allow an Attendant to be paid while you are an inpatient in a hospital or other long-term care facility, it will be considered misuse of the monthly allocation and you will be at risk for involuntary termination from CDASS.

## NOTE



To be approved for increased Medicaid coverage, additional care must be authorized by a physician and cannot continue past 60 days. If it continues beyond 60 days it becomes a long-term care need.

If you are hospitalized, you must inform the Discharge Planner that you receive CDASS prior to your hospital discharge. The Discharge Planner will want to know the kind of support you have available to you, including your Attendant services through CDASS. Upon the physician's recommendation, the Discharge Planner will help to arrange any additional short-term support services you may require. Examples of this are skin issues, wound care, catheter care, etc.

If the condition leading to your need for acute care does not improve and becomes an additional long-term need (beyond 60 days), you must contact your Case Manager to reassess your level of care and long-term needs. This may result in an increase in your CDASS monthly allocation. Your Case Manager will reassess your needs and submit a new authorization to the CDASS Case Manager for approval. Upon approval of request, you are responsible to direct this additional Attendant care including training your Attendants to perform any new tasks you require them to complete.

Upon approval of the CDASS allocation increase, you or your AR must also complete an updated ASMP.

## Planning Your Backup Care

Planning for unexpected circumstances is essential when receiving consumer directed services. A written plan may help you think about what to do when you need Attendant care right away. This plan may be a simple call list of your backup Attendants or a more complex decision tree that can assist you to problem solve and find an Attendant immediately. We will provide you with an example of a plan for backup care in the form of a decision tree. You can use or adopt this tool based on your needs and preferences. You can find a decision tree further in this section, after the Health Care Emergency Form.

The following is a list of tips and issues to consider when making your plan.

**If you live in a rural area**, the emergency response number may be different from 911. Contact your local police department to find out the local emergency number.

**If your Attendant does not arrive when scheduled**, think about how long you will wait before calling the Attendant, or a backup Attendant. Make sure all Attendants know about your policy concerning lateness, cancellations, and no-shows.

**If at first you do not succeed in arranging for a backup Attendant**, try calling each one a second time and explain that none of the others are available. If possible, you may consider offering additional payment as an incentive to an Attendant to come during an emergency. Consider whether the situation might become dangerous and at what point you need to call 911 or another emergency number. Remember that calling 911 is for emergencies and not routine care.

**Is there information that you wish police officers, fire fighters, paramedics and other 911 responders to know when they respond to your call?**

In the City of Denver, you can provide voluntary disability-related emergency information to the Denver Police Department by calling 720-913-2000.

In other communities, contact your local police department to find out how to provide disability-related information to 911 responders or other emergency responders.

## Preparing Your Health Care Backup Plan Form

With a health care emergency form, you can tell Attendants, paramedics and/or physicians how to provide your care if an emergency occurs and you cannot direct them. Review the guide with current and new Attendants as needed. Update the instructions when any changes occur. An example of a change that would require you to update your health care backup plan would be if you change doctors, or if you change your representative.

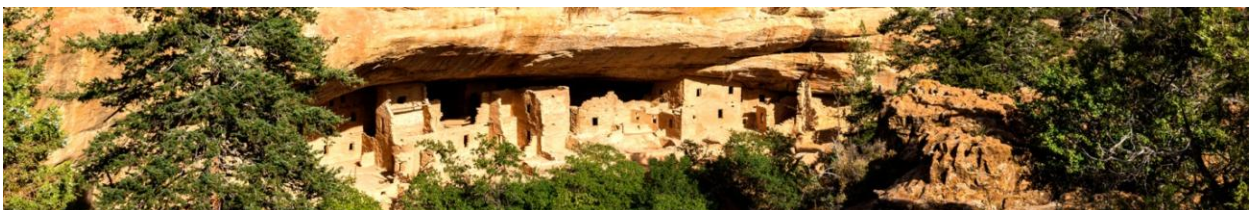
You can complete the following Health Care Backup Plan Form and customize it to fit your specific needs. Additional copies can be found on the CDCO website forms page.

### **Client Experience:** Darren, Missoula

“I grew up in the small town of Eureka, Montana. From birth, I have lived with cerebral palsy and have enjoyed the relaxed comfort of a wheelchair for my travels. Growing up, my mom and dad helped me with bathing, dressing, eating, and other tasks.

My first experience with home care services was when I started college. For the first time I had to rely on caregivers, whom I didn’t know, to help me with these activities. It was scary! Now I self-direct my services and hire and manage my caregivers. I love it! I can hire who I want and I’m in control of my life.

I like to go on walks, watch movies, and perform stand-up (sit-down) comedy.”





## Health Care Backup Plan Form

A backup plan can help you tell Attendants, paramedics, and/or physicians how to provide your care if an emergency occurs and you cannot direct them. Customize your plan to fit your specific needs. Make sure your back up plan is available and your Attendants know where to find it. Review the plan with current and new Attendants and update it regularly to keep it up to date.

### Personal Information

Name				Today's Date	
Phone No.				Age	
Address					
Height		Weight		Blood Type	

### Emergency Contact Information

Two people you trust who can help you in an emergency			
Name		Phone Number	
Name		Phone Number	
Your Case Manager			
Name		Phone Number	
A back up emergency contact if the first two cannot be reached			
Name		Phone Number	
The person who has your Medical Durable Power of Attorney for Health Care Directives			
Name		Phone Number	
Note any Advance Directives you have for your care			



Indicate your Religious Preference, if any

**Equipment Needs**

List the types of adaptive equipment you rely on for basic functioning in any setting including wheelchair, scooter, braces, communication device, service animal, etc.
List instructions on the care, maintenance and proper handling of adaptive equipment.
List location of supplies and spare parts for your equipment and any instructions on how to get replacement parts.



List phone number of people who can make repairs to your equipment.			
Name		Phone Number	
Notes:			
Name		Phone Number	
Notes:			

### Communication Needs

List specific communication needs. For example, sign-language interpreting (what mode), communication technologies or preference, etc.			
List specific instructions for communication such as interpreters' phone numbers, etc.			

### Insurance Information

List the name of your insurance companies and all insurance identification numbers.			
Insurance Co.		Phone Number	
Policy Number		Name on Policy	
Notes:			
Insurance Co.		Phone Number	
Policy Number		Name on Policy	
Notes:			

**Primary Physician Information**

List the information of your primary care physician.			
Name			
Phone Number		Fax Number	
Address			

**Preferred Hospital Information**

List the information of the hospital you would prefer to be taken to in case of emergency.	
Name	
Phone Number	
Address	

**Pharmacy Information**

List the information of the pharmacy where you prefer your prescriptions filled.			
Name			
Phone Number		Fax Number	
Address			

**Medications & Medication Schedule**

List the medications you take.					
Medication Name	Dosage	Freq.	Side Effects	Contraindications	Other Information

Medication Name	Dosage	Freq.	Side Effects	Contraindications	Other Information

### Specific Diagnoses

List physical and mental conditions.

### Warning Signs

List warning signs of possible emergency situations. Describe symptoms of the kind of episodic complications and problems which you may experience such as hyperreflexia, hypoxia, insulin shock, hypoglycemia, hyperglycemia, respiratory problems, depression, manic episodes, seizures, etc.

Warning Signs (continued)

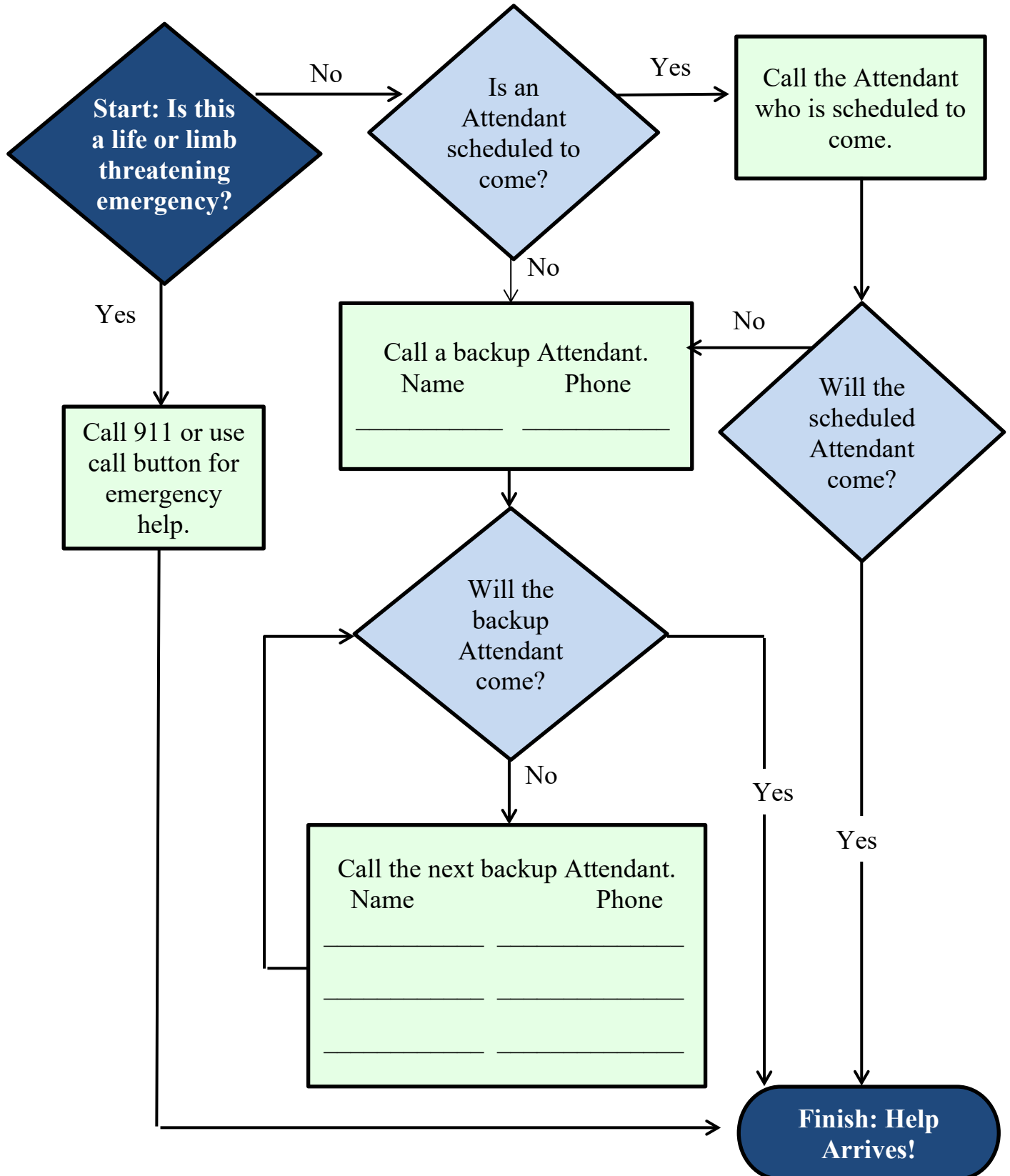
## Allergies

List reactions caused by medications, foods, or environmental factors.

## Emergency Care Plan

Provide clear and complete instructions for care during emergencies (attach separate sheets if needed).

## Decision Tree – What to do when you need an Attendant FAST!



As a handy resource, keep this list posted near the telephone. Fill in phone numbers for your local:

Police Department	
Fire Department	
Neighbor	
Neighbor	
District Attorney	
Case Manager	
Victim Assistance	
Advocacy Group	
Independent Living Center	
Other	
Other	
Other	
Other	
Other	

Some Toll-free Resources in Colorado:

**Telephone Triage Program**

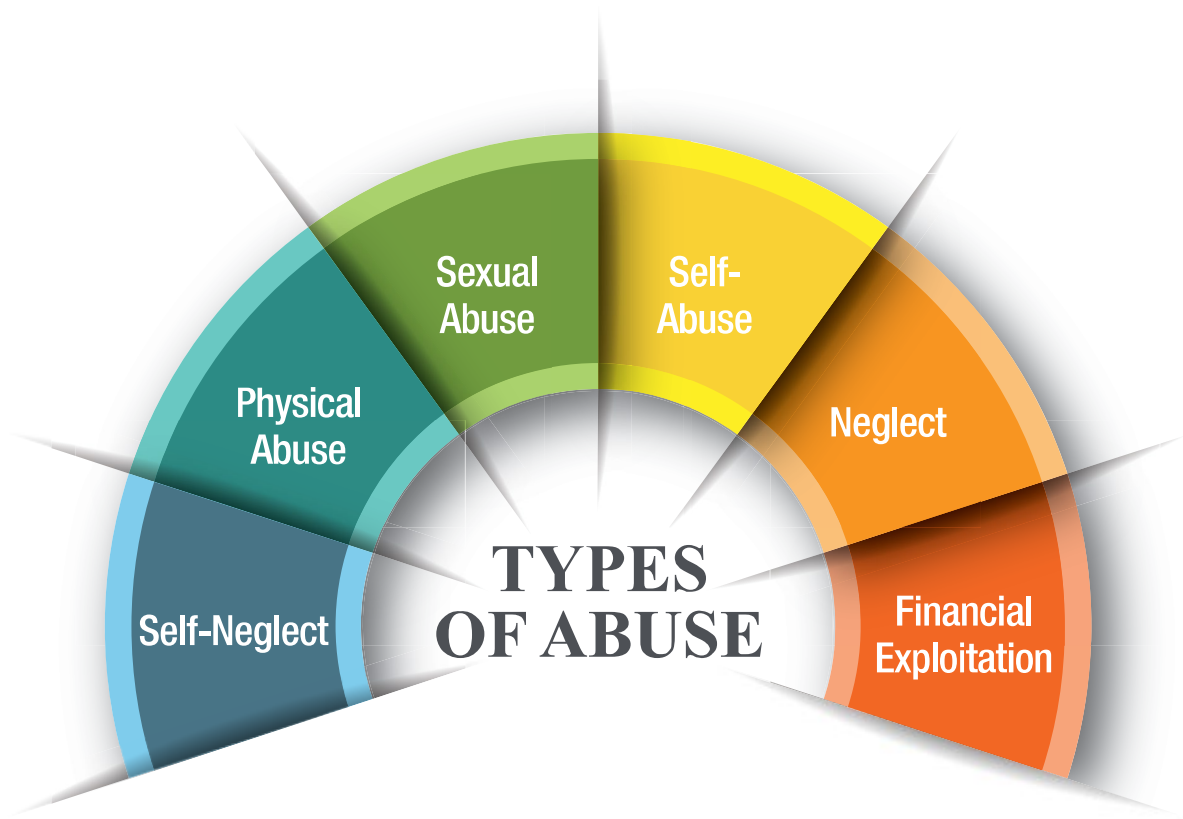
Colorado Medicaid 24 hour registered nurse telephone help line: 1-800-283-3221

**211 Colorado**

Dial 211 and receive access to health and human services information and referrals

An additional listing of emergency contacts can be found on CDCO's website at <http://consumerdirectco.com/clientforms/>

## Abuse, Neglect, and Exploitation



While we want to concentrate on the positive aspects of the CDASS Program, there are factors you must consider in regards to your personal safety. Even if you have done everything you can to ensure the quality of your Attendants, there are times when you might encounter dangerous situations in relationship to your Attendants. While such events are rare, you must consider the possibilities and take action to ensure your safety.

Physical Abuse includes:

- Hitting
- Kicking
- Burning
- Confining
- Restraining an adult

Signs of injuries include:



- Bruising
- Welts
- Burns
- Lacerations or abrasions
- Fractures

Sexual Abuse is sexual activity or touching without consent or understanding.

Signs are:

- Sudden behavior changes
- Withdrawal
- Self-reported sexual misconduct

Self-Abuse is the infliction of injury to the person by his or her own hand.

Signs are:

- Head injuries
- Hair loss from pulling
- Self-inflicted cuts or bruises

Neglect is a lack of physical care or concern for a person's needs by a caregiver.

Signs are:

- Improper administration of medications other drugs, and/or alcohol to "control" the adult
- Malnourishment
- Dehydration
- Unclean physical appearance, soiled clothing, bedsores
- Unsanitary living conditions

Financial Exploitation is using an at-risk adult's money/property for another's benefit.

Signs are:

- Unpaid monthly bills
- Missing personal items
- Transfer of assets
- Abuse of a Power of Attorney
- Denied access to funds

Self-Neglect occurs when an at-risk person cannot or does not care for him or herself. Choice of lifestyle, by itself, is not proof of self-neglect.

Signs are:

- Non-compliance with or inability to take medicines as prescribed

- Malnutrition and/or dehydration
- Inadequate or inappropriate diet
- Unclean physical appearance, soiled clothing, decayed teeth, broken glasses, overgrown nails
- Unsanitary conditions in the home
- Wandering or getting lost
- Confusion, disorientation, or memory impairment

## **How to Recognize Potential Abuse, Neglect and Exploitation**

If you answer “yes” to any of the following questions, there may be potential for abuse, neglect and exploitation.

- Do you sense that your Attendant is deliberately ignoring your instructions and requests?
- Does your Attendant make mistakes and then blame you or other people?
- Does your Attendant ask personal questions unrelated to your care, such as how you manage your finances?
- Does your Attendant eat your food without asking?
- Does your Attendant make unwanted comments about your appearance, weight, clothing, speech, eating habits, disability, etc.?
- Do you sometimes find less money in your wallet than you expected?
- Are there unfamiliar charges on your checking or credit card accounts?
- Is your Attendant eager to access your car or credit card?
- Does your Attendant want to work all of your shifts?
- Does your Attendant want to control your choices such as what you wear and what you eat?
- Does your Attendant place items you need out of your reach?
- Does your Attendant try to isolate you from your family and friends or restrict your contact?
- Does your Attendant make unwanted comments about your family, friends or choice of activity?
- Does your Attendant look around your home or through your personal belongings without your permission?
- Does your Attendant use your computer without your permission?
- Are you uncomfortable asking your Attendant to do routine tasks?

- Does your Attendant take naps, watch TV or talk on the phone instead of providing your care?
- Are any of your medications missing?
- Has your Attendant tried to gain access or control of your medications?

## How to Prevent Abuse, Neglect and Exploitation

Here are some tips on how to prevent and stop abuse, neglect, and exploitation:

- Do not become overly dependent on any one Attendant.
- Do not allow your relationship with your Attendant to become too personal.
- Do not allow your Attendant to make choices for you such as what to wear or what to eat.
- Connect with family members, friends, and other people directing your care for support in addressing and preventing critical incidents.
- Seek help or advice if you suspect a situation may be harmful.
- Make a list or take photographs of personal belongings such as jewelry, antiques, silverware, and other valuables.
- Inventory controlled medications after each Attendant leaves.
- Do not leave cash or medication lying around.
- Use a password to restrict access to your computer.
- If you rent your home, consider purchasing renters insurance.
- Find a local self-defense class and talk with the instructor about the possibility of adapting the class to your disability.
- Carefully screen potential employees. Require references and check them before hiring.
- With anyone – employee, friend, family member or stranger – you **ALWAYS** have the right to say **NO** or **STOP** if they do anything wrong or uncomfortable.

## HEALTH



If you are in immediate danger, you should always call **911**.

## **Reporting Abuse, Neglect and Exploitation**

As in all life experiences, there are risks. Participating in the self-direction of your services is no different. If any type of abuse is happening to you, you need to report this immediately to someone who can help you. This could be:

- Your AR.
- Your Case Manager.
- Your Peer Trainer.
- Your Training Coordinator.
- A friend or family member.
- Office for Victims Programs.  
1-888-282-1080 (Outside Denver Area)  
303-239-5719 (Inside Denver Area)  
Website: <http://dcj.ovp.state.co.us/>

## **Recognizing and Reporting Critical Incidents**

As mentioned above, your Case Manager can be a resource for you in addressing issues of abuse, neglect, or exploitation. However, you need to report these incidents to your Case Manager even if you have already dealt with the situation and no longer feel you are in danger. While CDASS affords Clients a great deal of freedom in how they choose to receive services, it is still subject to the same quality oversight as other service delivery methods. The state is responsible for identifying and addressing instances of abuse, neglect, or exploitation and trying to prevent them. To do this, you need to report critical incidents to your Case Manager. These may include:

- Suspected Abuse/Neglect/Exploitation
- Serious illness
- Hospitalizations
- Injury to yourself
- Damage to, or theft of your property
- Medication management issues

Reporting a critical incident does not mean that you would necessarily be removed from CDASS or that your allocation would change. It is a means of ensuring you are receiving the support and follow-up necessary to keep you safe.

## **Adult Protection Services**

In addition to the previously mentioned resources, Adult Protection Services is a valuable resource for reporting abuse, neglect, and exploitation.

The purpose of the Adult Protection Service is to protect adults who cannot protect themselves. These adults are known as “at-risk adults.”

In the Colorado Adult Protection Services statute (law), an at-risk adult is defined as “an individual eighteen years of age or older who is susceptible to mistreatment or self-neglect because the individual is unable to perform or obtain services necessary for the individual’s health, safety, or welfare or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the individual’s person or affairs.”

Adults who might meet the definition of an at-risk adult include:

- Adults who are being mistreated or exploited.
- Adults with a developmental disability, acquired brain injury, Alzheimer’s, dementia, or neurological or cognitive defect.
- Adults with major mental illness or physical disability.
- Frail or elderly persons who are unable to perform typical activities of daily living.

## **Reporting to Adult Protection Services**

All Colorado citizens are urged to immediately report suspected mistreatment or self-neglect of an at-risk adult (18 years or older). Individuals may self-report or report on the behalf of another.

Certain occupational groups are required by state law to report the mistreatment and/or self-neglect of an at-risk elder (70 years or older). Mandatory reporters include:

- Physicians, surgeons, physicians’ assistants.
- Medical examiners or coroners.
- Hospital and nursing home personnel.
- Psychologists and other mental health professionals.
- Dentists, pharmacists.
- Law enforcement officials and Fire Protection personnel.
- Court-appointed guardians and conservators.

- Community centered board staff.
- Personnel of banks and other financial institutions.
- State and local long-term care ombudsmen.
- Any caretaker, staff member, employee, volunteer, consultant for any licensed care facility, agency, home, or governing board.

## NOTE



A complete list of Adult Protection Services (APS) county intake numbers is available in **Appendix B**

## What to Report

When making a report to Adult Protection Services (APS), provide as much information as possible about the adult and the alleged perpetrator, including:

- The Adult's Information:
  - Name, address, and phone,
  - Date of birth, or estimated age.
  - Medical and/or disabling condition(s).
  - Family members, friends, neighbors or caregivers.
- The Adult's Situation
  - Specific concerns (allegations).
  - History of previous safety concerns.
  - Names and contact information of family, friends or other persons who might be of assistance during the investigation.
- The Alleged Perpetrator's Information:
  - Name, address, and phone number.
  - Relationship to/history with the at-risk adult.

## Confidentiality

All issues pertaining to APS cases are confidential, including the identity of the reporter(s), your information and APS response orders.

## HIPAA and Your Safety

HIPAA is the Health Insurance Portability and Accountability Act of 1996. This law protects the privacy of a person's medical information and makes sure that it is treated confidentially. The information includes the reason the person is sick, the treatments and medications they receive, Social Security Number and any other personal information. Do not pass this information on unless it involves information which professional staff need to know to complete their jobs.

You need to trust your Attendants before you share any personal information with them. Attendants will need this information in certain circumstances to provide the best possible care. You need to tell your Attendants that once they have this information, it is to be kept private. You should also share that this information cannot be given without your permission. More information on HIPAA and Attendants is provided in **Section 6: Being an Employer**.

See **Appendix B** for more information about protecting yourself from abuse, neglect and exploitation.

## Preparing for a Community Wide Disaster

If you have a disability and rely on Attendant services, you may want to make plans before a community-wide disaster occurs. By planning ahead of time, you can be ready to solve some of the problems that might arise in the event of a disaster. Preparing for a disaster will help you to cope and recover more quickly.

The following list may help you to plan for possible disasters. You can adapt this list to reflect your own needs and preferences. Review and revise your plans as needed.

What kinds of disasters may occur in Colorado and your local area? Many Coloradans try to prepare for events such as severe winter storms, blizzards, tornadoes, landslides, flash floods, wild fires, and civic emergencies such as crime or terrorism. People with disabilities may want to take extra steps to prepare for community-wide disasters.



## How a Community-Wide Disaster May Affect Your Attendant Services

### Suggested Preparations

#### Attendant Transportation:

An Attendant may not be able to reach your home.

- Develop a list of back-up Attendant names and phone numbers, perhaps organized order of how close each one is to your home.
- Make contact with a neighbor who owns a four-wheel drive vehicle and arrange for transportation for your Attendants if needed.

#### Utilities:

If utilities go out, you may not be able to use your heating system, water, electronic appliances, life-sustaining electrical equipment, or adaptive devices.

- Arrange for backup power sources and/or additional Attendant services until utilities return.
- Consider finding another place to stay if the utilities will be out for a long period of time.
- Consider getting a backup generator if you rely on a ventilator or other life sustaining equipment.

#### Telephone Service:

Telephone service may be disrupted, preventing you from calling Attendants using your home phone.

- Consider purchasing a cellular phone and make sure your Attendants entire phone numbers are programmed into it.
- Make arrangements with a neighbor who has a cellular phone to check on you.

#### Transportation:

You may not be able to use your usual forms of transportation because of closed roads or interrupted public transportation.

- Stock adequate water, groceries, critical medication and other supplies so that you can survive for several days without leaving your home.
- If you must leave, seek out alternative means of transportation. For example, you might ask your local ambulance service if they provide transportation during natural disasters.

### Evacuation:

You may need to evacuate your home or workplace.

- Plan how you would safely and quickly evacuate your home. If necessary, make arrangements with at least one Attendant to assist you. Some emergency shelters require that you have Attendants available to assist you.
- Inform your Case Manager as soon as possible of your evacuation and need for Attendant care.
- At your workplace, be included in the decisions on evacuation procedures and the specialized evacuation equipment that may be purchased and installed. Arrange evacuation procedures with your coworkers as necessary. Practice the evacuation plan through regular drills.
- Consider writing brief, clear and specific instructions for rescue personnel. Include critical health info and emergency contacts.

Contact your city or county government for information on disaster preparedness.

The American Red Cross has developed a disaster preparedness manual for people with disabilities and a complete list of what items to include in a home emergency kit and a shelter kit. For more information, call (866) GET-INFO (866-438-4636) or go to: <http://www.redcross.org/prepare/location/home-family/disabilities>.

Additional Resources for Emergency Preparedness are available in **Appendix D**.

# SUMMARY



## Section 8: Health & Safety

- Your health and safety is important.
  - Be aware of any signs that your health maybe at risk and train your Attendants to do the same.
  - If it is an emergency call 911.
  - Everyone, including family and friends should know the signs of abuse and neglect and know where and how to report concerns.
- Be prepared!
  - You will never know exactly when something might happen, such as an Attendant having car trouble or a weather-related event.
  - Create a backup plan, share the plan, review frequently and update it as needed.
  - Stock up – when possible have extra can goods, water and medication on hand.
- Know the Rules –
  - The rules that govern CDASS are in place to increase choice, flexibility and control over the services you receive and maintain your health and safety.
  - Ensure Medicaid funds are used responsibly.
  - Preserve the CDASS option for the future.

