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PROGRAM INSTRUCTION (PI)

TO: Aging Services Access Points
Area Agencies on Aging

EOEA PI-15-03

Ref: PI-14-03
PI-09-20

CC: Executive Directors
Program Managers
Nurse Managers

FROM: Alice F. Bonner

A handwritten signature in black ink, appearing to read "Alice F. Bonner", written over the printed name.

DATE: October 15, 2015

RE: Completion of Personal Care Plans and Behavioral Care Plans

Purpose:

The purpose of PI-15-03 is to provide guidelines and care plans for Aging Services Access Point (ASAP) interdisciplinary teams composed of Registered Nurses (RNs) and Care Managers (CMs). The teams should use these guidelines when instructing provider agencies on personal assistance services.

Background and Program Implications:

The Executive Office of Elder Affairs (EOEA), in collaboration with the ASAPs, is committed to an individualized, person-centered approach to providing care to consumers. While developing the personal care plan, the ASAP RN must have discussion with the consumer's CM. The consumer's autonomy, goals and expectations for care should be the priorities. The Personal and Behavioral care plans should reflect tasks that encourage maximum consumer independence and/or meaningful activity.

While EOEA recognizes that the consumer's goals and expectations may not be consistent with the services that can be delivered, the ASAP interdisciplinary team is expected to be aware of the consumer's wishes and expectations, to document them, and whenever possible, coordinate a care plan that reflects those goals as much as possible. The provider RN should also be aware of the consumer's goals and expectations.

Personal care services provide physical assistance and verbal cueing with personal care tasks such as bathing, dressing, grooming, ambulation, and transfers. Personal Care Homemakers (PCHMs) and Supportive Home Care Aides (SHCAs) provide personal care services to consumers. The ASAP RN assesses the consumer's overall function and clinical status, the type and amount of care needed, the consumer's environment, and current formal and informal support systems to determine the appropriate amount and type of personal care. EOEA has issued *Homemaker Standards and Personal Care Guidelines*, which must be followed for all aspects of personal care and which outline the type of care allowed by a PCHM and SHCA.

The ASAP interdisciplinary team collaborates with the provider team as necessary to ensure an individualized, comprehensive, and effective personal care plan for each consumer. The provider RN is responsible for orientation and ongoing supervision of the PCHM to the ASAP care plan.

Required Actions:

The ASAP RN has the responsibility of assessing each consumer's functional and clinical status to determine appropriate care plan(s). Some consumers may need both personal and the behavioral care plans.

The Personal Care Plan:

The personal care plan is to be completed for any consumer who has been authorized to receive personal care services. To authorize the consumer for these services, the ASAP RN must complete the appropriate consumer data set (CDS) assessment during an onsite visit and approve the consumer for personal care services.

After determining the consumer's functional capabilities, the ASAP RN develops a personal care plan that instructs the PCHM on the type of care required. The ASAP RN must use concise and specific instructions when writing the personal care plan, based on the onsite assessment. The ASAP RN documents any safety risks/special considerations, significant health issues affecting personal care, significant medications, and social interests in the personal care plan.

The ASAP RN works in collaboration with the ASAP CM to ensure that the consumer has the recommended adaptive equipment needed for personal care homemaker services. Each activity of daily living that requires the assistance of the PCHM must be included in the personal care plan with specific instructions on the use of all of the adaptive equipment designed to enhance the independence, safety, and/or wellbeing of the consumer. Through the returned signed care

plan, the ASAP RN ensures that the provider RN has oriented and trained the PCHM on the use of the adaptive equipment, as well as on the activities of daily living.

The personal care plan must be reviewed and updated annually by the ASAP RN and more often if the consumer's status changes. The ASAP RN should write his or her name and the date each time the care plan is updated and should communicate those updates to the provider RN.

The Behavioral Care Plan:

The behavioral care plan, an in-depth care plan for consumers with diagnoses that affect their ability to receive services must be used for consumers who require a SHCA due to Alzheimer's disease and/or related disorders as well as behavioral health needs. The behavioral care plan requires the ASAP RN to develop or incorporate strategies needed to assist the worker while interacting with the consumer.

These strategies can include recommendations from a habilitation consultant, mental health provider, primary care or geriatric provider or other professional consultants. These strategies may be used in the behavioral care plan independently or in conjunction with the personal care plan.

The following are examples of behavioral strategies that may be written in the behavioral care plan:

- Specific individualized instructions for preventing and reducing manifestations of distress such as anxiety or exit-seeking behavior, pacing/wandering, striking out or others.
- Specific personalized approaches/instructions for care:
 - The time of day when the consumer is most likely to be able to participate in care routines.
 - Effective ways of framing tasks, such as not asking if the consumer would like to take a shower, but instead presenting bathing in a way that is more acceptable to the consumer, or providing an alternative such as a bath or sponge bath.
 - Specific instructions for care that support the consumer and strengthens the worker's ability to provide assistance, (such as ensuring that running water does not touch the consumer's face and that a washcloth is used instead).
- Specific strategies for communication, such as refraining from using the word "no," apologizing when necessary, and not assuming that the consumer can remember the previous conversations.
- Strategies for diversion, such as affirming or validating feelings;
- Strategies for identifying consumer strengths and preferences, which may include pleasurable activities, clothing preferences, desired meal times and physical fitness or outdoor activities;
- Strategies for enhancing sleep patterns.

The initial assessment by the ASAP RN should include, whenever possible, an assessment of the consumer's daily routine. Regardless of the level of assistance the ASAP RN approves, the provider RN should reinforce with the PCHM or SHCA a best practice model of creating a comfortable and supportive environment with positive reinforcement, consistency, and repetition. Through a returned signed care plan, the ASAP RN ensures that the provider RN has oriented and trained the SCHA or PCHM.

The ASAP RN must review and update the behavioral care plan at least annually or more often, as needed. While the personal and behavioral care plans are meant to be left in a consumer's home for the aide to follow, it is essential that the ASAP interdisciplinary team separately communicate to the provider highly sensitive information such as sexually inappropriate behaviors, delusions, hallucinations, and verbally and/or physically abusive behaviors.¹ Therefore, prior to implementing the behavioral care plan, EOE requires that a conversation take place between the ASAP RN, CM and the provider RN about issues that directly impact the overall safety of the consumer, the PCHM, and the delivery of personal care services.

Complex Care Consumers:

For consumers who require a more detailed care plan due to medical complexities, multiple service providers, and over 42 hours of personal assistance services; ASAP interdisciplinary teams should collaborate with all of the provider agencies that are involved. Some consumers may have a behavioral care plan, as well as a home health aide care plan developed by the provider RN. See PI-14-03, "Coordination and Reimbursement of Home Health Services Protocol," as well as PI-09-20, "Service Plans."

This complex care team should address all needs that are met and unmet by formal and informal supports, as well identify an emergency back-up plan for occasions when the provider agency and/or informal supports are unavailable. Many ASAPs have adopted a form for a shared service plan agreement and should ensure that their forms include the minimum requirements:

- Formal supports (the names of agencies involved in the care plan)
- Agency primary contact and phone number and agency back-up contact information
- Service level
- Days and times
- Emergency back-up
- Identified risk level
- Informal support contact and phone number
- Informal support relationship to the consumer
- Days and times (informal support)
- Emergency back-up plan (name and phone number)

¹ A consumer who has verbal and/or physically abusive behaviors is at higher risk for being the victim of abuse. Consider a consult to protective for these consumers.

See the attached sample of a shared service plan agreement. Shared service plan agreements may be amended if needed and reflect the ongoing services an ASAP is coordinating. They must be reviewed and updated at least every six months by the ASAP, or more often as needed.

Effective Date:

November 2, 2015

Contact:

Questions about PI-15-03 may be directed to Lisa Rivers, RN, Clinical Nurse Manager:
Lisa.Rivers@massmail.state.ma.us.

Attachments:

- Personal care plan
- Behavioral care plan
- Example of a shared service plan agreement

**COMMONWEALTH OF MASSACHUSETTS – EXECUTIVE OFFICE OF ELDER AFFAIRS
HOME CARE PROGRAM – PERSONAL CARE PLAN**

Name: _____ DOB: _____ SAMS ID: _____ Completed by: _____ Date: _____
 Address: _____ City: _____ Tel: _____ Relationship: _____
 Allergies: _____ Risk Level: _____ Emergency Contact: _____ Physician: _____
 Consumer Goals: _____ Language: _____ Tel: _____

Safety Risks/ Special Considerations:

PC/HM to contact supervisor w/ any consumer changes or concerns such as:
 * Standard precautions are to be used w/ all consumers*

Significant Health Issues Affecting Personal Care:	Social (interests, hobbies, preferences etc.):
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ACTIVITY	DESCRIBE ASSISTANCE NEEDED	DESCRIBE ASSISTANCE NEEDED
I. PERSONAL CARE		
A. BATHING; HAIR, NAIL, and MOUTH CARE		
___ Sponge Bath		
___ Assist W/Shower		
___ Assist W/Tub Bath		
___ Mouth Care		
___ Perineal Care		
___ Foot Care		
___ Skin Care		
___ Shampoo		
___ Hair Care		
___ Nail Cleaning		
___ Filing		
___ Shaving (face only)		
___ electric razor		
B. DRESSING and APPLIANCES		
___ Clothing		
___ Shoes and Stockings		
___ Dentures		
___ Glasses		
___ Hearing Aids		
___ Other		
C. ELIMINATION		
___ Assist in BR		
___ Assist W/Commode		
___ Assist W/Bedpan		
___ Empty Foley Catheter Bag		
___ Incontinence (specify bowel and/or bladder)		
___ Wears briefs/adult undergarments		
II. ASSISTANCE		
A. TRANSFERS and AMBULATION		
___ Assist to Sitting		
___ Assist to Standing		
___ Assist W/Transfers (specify location and device)		
___ Assist W/Walking		
___ Assist W/use of		
___ Cane		
___ Walker		
___ Wheelchair		
___ Bedrails		
___ Slide Board		
___ Other		
III. NUTRITION		
Dining/Diet: (Feeding is allowed only when specifically authorized.)		
___ Assist W/Eating		
___ Encourage Food		
___ Encourage Fluids		
IV. OTHER:		
___ PERS		
___ Provide medication reminders		
___ Other		
___ Fall Prevention		

Date/Demonstration of Care:	Vendor:
NOTE: Personal Care Homemakers do not, under any circumstances administer medication or instill eyedrops, change dressings, or perform any duties other than those specifically authorized by ASAP Registered Nurse.	
RN Sig:	

**COMMONWEALTH OF MASSACHUSETTS – EXECUTIVE OFFICE OF ELDER AFFAIRS
HOME CARE PROGRAM – Behavioral Care Plan**

Name: _____ DOB: _____ SAMS ID: _____ Completed by: _____ Date: _____
 Address: _____ ASAP: _____ CM: _____

Major Care Concerns:

Consumer Goals:

Behaviors exhibited: anxiety crying pacing rummaging repetitive vocalizations screaming unable to accept care sexually inappropriate
 delusions hallucinations wandering physically abusive verbally abusive hoarding Other: _____

Effective Behavioral Strategies:

I. PERSONALIZED APPROACH FOR CARE

____ Introduce self at each visit
 ____ Address client by preferred name
 ____ Provide face to face contact
 ____ Use calm/ reassuring mannerism
 ____ Accept statements even if not completely true
 ____ Provide choices
 ____ Gentle touch (if accepted)
 ____ Other _____

II. COMMUNICATION NEEDS

____ Requires physical cueing
 ____ Requires verbal cueing
 ____ Requires repeat statements to clarify
 ____ Provide "fill in the blanks"
 ____ Provide hearing aids
 ____ Provide glasses
 ____ Use calm/gentle tone of voice
 ____ Acknowledge feelings
 ____ Redirect/refocus as needed
 ____ Other _____

III. BARRIERS TO COMMUNICATION

____ Word finding difficulty
 ____ Speech impairment
 ____ Reverts to native language
 ____ Inability to name objects
 ____ Inability to identify purpose of objects
 ____ Unable to understand simple request
 ____ Other _____

IV. DIVERSIONAL ACTIVITIES

____ Music
 ____ Personal playlist of music
 ____ Participates in meal prep
 ____ Participates in daily chores
 ____ Photo reminiscence
 ____ Requires people/places identified
 ____ Gardening
 ____ Outdoor walks/exercise
 ____ Other _____

V. SUNDOWNING

____ Provide fluids early afternoon
 ____ Lighting
 ____ Turn on area lights 1 hr prior to sun down
 ____ Spend 15 minutes outside
 ____ Other _____

VI. OTHER

____ Caffeine Consumption
 ____ Sleep
 ____ Pain
 ____ Triggers
 ____ Other _____

VII. CONSUMER STRENGTHS/ABILITIES:

Date/Demonstration of Care: _____ Vendor: _____ RN Sig: _____

SHARED SERVICE PLAN AGREEMENT Risk Level _____

Consumer's Name: _____ Consumer's ID# _____ Date: _____

Consumer's Address: _____ Telephone # _____

[ASAP] Formal Support Name of Agency	Agency Primary Contact & Number Agency Back-up Contact	Service Level	Days & Times	Emergency back-up
Other Formal Support Name of Agency				

[ASAP Name.]
[ASAP Address & Phone number]

In the event that the homemaker is unavailable the following supports can be contacted in case of an emergency.

Informal Support/relationship to Client	Contact Phone Number	Responsible for: Days & Times:	Emergency Back-up Plan Name & Phone

We understand that this is a shared plan of care. Each party acknowledges the responsibility outlined in this plan. The family and vendor are responsible to call case manager, _____ at [enter ASAP phone #] or [enter ASAP phone #] if there are any concerns with the person or agency providing care or of any changes that need to be made.

Signature of Client/Guardian _____ Date _____ Signature of Vendor _____ Date _____ Reviewed & Date(s) _____

Signature of Client Emergency Contact _____ Date _____ Completed by [ASAP] _____ Date _____