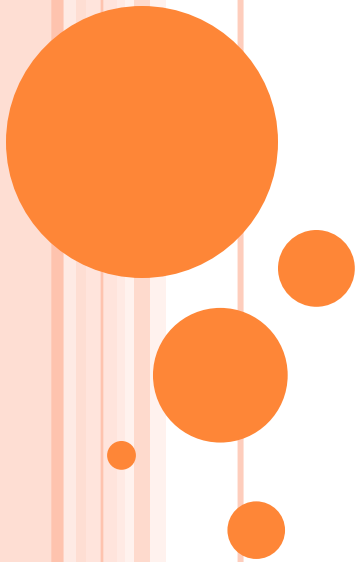


ADULT FOSTER CARE PROVIDER MEETING

June 9, 2011



AFC PROVIDER MEETING JUNE 9, 2011

- Introductions
- Statistics
- Resources
- Substitute decision-making
- Diet/nutrition
- GRH agreement/contract
- Borderline Personality Disorder
- Individual Resident Record
- Money/valuables
- Placements – elderly
- Training discussion
- Changes to AFC licensing
- Submitted Questions



○ June 2011

- Licensed family providers – 60
- Certified relative providers – 4
- Licensed corporate providers – 61
- Pending applications – 6
- Open beds – 77



RESOURCES

- Fishing License for disabled adults

- <http://www.dnr.state.mn.us/regulations/fishing/exemptions.html>

- POLST

- Physician Orders for Life-Sustaining Treatment
- Training to be scheduled

- Other Resources?



**SUBSTITUTE
DECISION-MAKING**

**Informal
(Self Appointed)**

**Formal
(Court Appointed)**

**Property
(Finances)**

**Power of
Attorney**

Conservator

Person

**Health Care
Directive**

Guardian



A Guardian may have the following duties assigned to him/her:

- Have custody of the ward
- Give or withhold consent for medical decisions
- Establish a place of residence, make other housing decisions
- Decide on communication (may limit *when supported by factual bases*)
- Provide for the care, comfort, and maintenance needs of the ward
- Use governmental services and benefits
- Take care of the ward's belongings



BILL OF RIGHTS FOR PROTECTED PERSONS

- Receive treatment with dignity and respect
- Due consideration of personal desires, treatment preferences, religious beliefs, and other requests
- Timely/appropriate medical & health care treatment which doesn't violate any beliefs or preferences of the person



Bill of Rights

- Exercise control of all aspects of life which are not restricted by a court order
- Services from guardian/conservator are specifically tailored to the person's needs
- Petition court to stop/initiate a change in abode
- Personal privacy
- Voice an opinion or help decide regarding the disposition of personal effects such as clothing, furniture



Bill of Rights

- Communicate and visit with persons of choice
- Marry, procreate and decide about sterilization
- Petition to end guardianship/conservatorship
- Be represented by an attorney in all proceedings
- Execute a Health Care Directive if guardian doesn't have abode, medical decision-making, or provision of care responsibilities
- Vote



Gluten-free diets

Gluten is found in all grains, but some grains are safe for persons with gluten sensitivities.

- Corn and rice are safe.
- Oats can be a part of a gluten-free diet, if they are processed in a facility that is gluten-free.
- Gluten causes severe digestive system issues in certain people.
- A person can be sensitive to gluten even if they do not test positive for Celiac Disease.



Special Diets

- Ask questions, read labels.
- Avoid processed foods.
- Avoid caramel coloring, “natural flavoring”, and powders.
- Avoid anything that contains wheat, barley, or rye.
- <http://glutenfreecooking.about.com/od/getting-started/tp/Getting-Started-.htm>



\$200 per resident per month must be spent on food.

- The majority of foods should be nutritious and the daily menu should be balanced according to the resident's dietary requirements (diabetic, low-calorie/fat/cholesterol, pureed, thickened, etc.).
- Nutritious snacks between meals are a part of the \$200 per resident per month.
- Non-food items may not be included in the \$200 (ex. toilet paper)



- Residents only pay for their own meals out when there is the option for a meal in the AFC home as well and the resident chooses to go out.

Exceptions? Let's discuss!

- Documentation **may** be requested at annual renewal of the agreement/contract.

Receipts

Weekly menu



PERSONALITY DISORDERS

○ Personality Disorders

- enduring pattern of inner experience & behavior
- deviates markedly from the expectations of the individual's culture
- pervasive and inflexible
- onset in adolescence/early adulthood
- is stable over time
- leads to distress or impairment.

BORDERLINE PERSONALITY DISORDER

○ Borderline Personality Disorder


- disturbed and unstable interpersonal relationships and self-image
- impulsive, reckless, and often self-destructive behavior

~BPD ~ TRAITS

- Frantic efforts to avoid real or perceived abandonment
- Pattern of unstable and intense interpersonal relationships, characterized by alternating between idealization and devaluation ("love-hate" relationships)
- Extreme, persistently unstable self-image and sense of self
- Impulsive behavior in at least two areas (such as spending, sex, substance abuse, reckless driving, binge eating)
- Stress-related paranoia that passes fairly quickly and/or severe



~BPD ~ TRAITS

- Recurrent suicidal behavior, gestures, or threats, or recurring acts of self-mutilation (such as cutting or burning oneself)
 - Unstable mood caused by brief but intense episodes of depression, irritability, or anxiety
 - Inappropriate and intense anger, or difficulty controlling anger displayed through temper outbursts, physical fights, and/or sarcasm
 - Dissociative symptoms— feeling disconnected from one's self, as if one is an observer of one's own actions
 - Chronic feelings of emptiness
- 

BORDERLINE PERSONALITY DISORDER

- Common Treatments:
 - Psychotherapy
 - Medication
 - Dialectical Behavior Therapy (DBT)
- Assistance is needed in gaining:
 - Coping skills
 - Self-help skills
- AFC Providers can help by:
 - Viewing behavior in the context of the disorder
 - This may help the provider avoid taking things “personally”.
 - Obtaining medical attention if resident is experiencing suicidal ideation




INDIVIDUAL RESIDENT RECORD

- The AFC placement paperwork has been consolidated into one packet which meets the requirements of MN Rule 9555 and MN Statute 245A.
- As annual reviews are completed or new residents enter AFC homes, the placement paperwork will look different, but it will contain every area covered by the previous paperwork.



SAFEGUARDING MONEY/VALUABLES

- Lock box for resident's valuables
 - Keep your own personal valuables safe
 - Inventory resident's belongings at admission and discharge
 - Document forwarding address for resident at discharge
 - Best practice: keep bank accounts separate
 - Use clear documentation and allow access by guardian, conservator, social worker and licensor
- 

PLACEMENTS

- Email or call licensing with admission date of a resident and discharge date
- Private pay residents must be assessed by licensing social worker.
 - The assessment can be completed by phone; refer the family to call licensing before placement occurs.
 - If you need a guideline to determine payment rate, email or call licensing.
- Most referrals at this time are for individuals with mobility issues, behaviors, and/or medical issues.



TRAINING

- Vulnerable Adult Act training
 - Annually - go to the AFC website under Provider Corner and click on the link for VA training through the DHS on-line training system.
 - Print out your certificate.
- Maltreatment Reporting Policy training
 - Review your policy annually and document the date of review for all caregivers.
- Program Abuse Prevention Plan
 - Review annually and document the date of review for all caregivers.



CHANGES

- Upcoming license changes for Corporate AFC homes:
 - CRS – Community Residential Services license
 - QOS – Quality Outcome Standards
 - RSS – Residential Services Standards
- Quality Outcome Standards will most likely become requirements for all providers serving CADI, TBI, CAC and DD clients, whether corporate or family provider.
- Effective sometime in 2012.
- What do you need to do *right now* to get ready for these changes?
 - Get organized – designate files for each resident and develop a filing system that works for you
 - Increase your knowledge – attend training on disability topics, time management, documentation, etc.
 - Attend provider meetings to keep up to date on the progress of the changes



SUBMITTED QUESTIONS

- Q: When we get the yearly review done for our clients and we receive the new updated paperwork can we shred the old ones or do we have to keep them for a period of time?
 - A: You must keep all resident records for four years after the resident is discharged from the home. Only the most recent AFC paperwork needs to be available for review by the licensor, social worker and guardian.
- Q: For respite care, should we have the Risk Management Plan/Individual Abuse Prevention Plan and a formal set up?
 - A: In order to provide adequate care to a respite client, the caregiver should have a copy of the RMP/IAPP at the home. The care you provide will be scrutinized under the Vulnerable Adult Act if there is an investigation, so you should always request from the primary caregiver as much information as possible about the individual's needs.

○ Q: Will DHS or licensing will look for respite paperwork at review time?

- A: The definitions for “adult foster care”, “adult foster home”, “adult foster care services”, and “resident” are located in Rule 203. Although interpretations may change, at this time Wright County licensing does not consider respite clients to be “residents” of the AFC home. Therefore, no respite paperwork will be reviewed by Wright County licensing. DHS may or may not interpret the rule the same way, and this question may not be answered the same way by DHS licensors.

○ Q: Does an AFC home need to have a land-line phone?

- A: At this time, a land-line phone is not required as long as there is a non-coin-operated telephone available to the residents and caregivers. However, it is very likely that the new standards for providers who care for waiver clients will be required to have one land-line, non-cordless phone in the home.

**OTHER QUESTIONS?
THANKS FOR ATTENDING!**

TRAINING CERTIFICATES WILL BE E-MAILED.

Contact information:

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