The Senior Alliance
Required Training Topics to be Covered with All Staff

Cultural Competency & Awareness of Personal Prejudices

Awareness of personal prejudices (2.7.6.8.2)

What is Culture?

- Culture is defined as a body of learned beliefs, traditions, principles, and guides for behavior that are shared among members of a particular group.
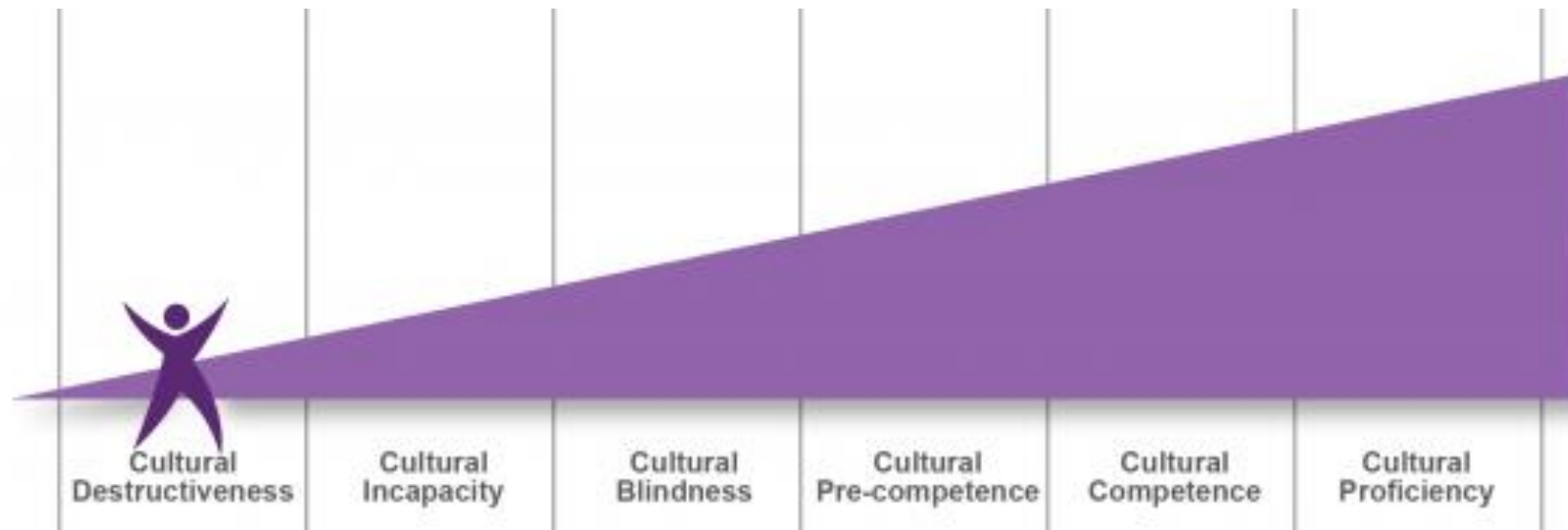
What is Culture Competence?

- Culture competence is the capability of effectively dealing with people from different cultures.

Cultural Considerations

❑ There are many factors that influence culture. These same factors can be influenced by culture. The list below are just some of the things that can influence or can be influenced by culture.

- Ethnicity
- Race
- Country of Origin
- Gender/ Gender Identification
- Age
- Socio-Economic Status
- Primary Language
- English Proficiency
- Literacy Level

- Sexual Orientation
- Employment
- Geographic Location
- Physical Ability / Limitations
- Immigration Status
- Criminal Justice Involvement
- Political Affiliation
- Spirituality / Religion

Cultural Competency Continuum

- Developing cultural competency is a process. It takes time, and happens along a continuum that involves awareness, knowledge, and skills. Not everyone starts in the same place on the continuum.

Cultural Destructiveness	Cultural Incapacity	Cultural Blindness	Cultural Pre-competence	Cultural Competence	Cultural Proficiency

Cultural Competency Best Practices

- Let individuals define goals, dreams, and aspirations based on their culture

- Respect the differences between your culture and the individual's culture.

- Be conscious of personal behavior that could be considered insensitive by others.

- As a sign of respect always ask the individual how they would like to be addressed.

- Gesturing should be avoided; benign body or hand movements may have an   'rse connotations in other cultures.

Cultural Competency Best Practices Continued

- When addressing issues that are very sensitive, acknowledge the uncomfortable nature of the topic and explain the importance of talking about it.

- When preparing food for an individual always ask if there are certain foods that they prefer or any foods that they avoid due to cultural, religious, or health reasons.

- Always ask what language they prefer and accommodate their request.

What is a personal prejudice?

- An unjustified or incorrect attitude (usually negative) towards an individual based solely on the individuals membership of a social group.
- This attitude could be based on socioeconomic status, race, ethnicity or disability.

Awareness of personal prejudices

- Based on the findings of a study completed by The Council on Quality and Leadership (CQL), there was a relationship between unconscious attitudes and defining disability as lacking independence, in relation to the norm or as impairment. Findings suggest people who define disability in relation to the norm have slightly more prejudice attitudes than people who define disability as a lacking of independence, or impairment. The longer someone works in the disability field, the more likely they are to understand disability as simply a general difference- a form of human variation.

ODDS OF DEFINING DISABILITY AS SIMPLY A GENERAL DIFFERENCE:

PROBABILITY

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

0   10   20   30   40   50

YEARS WORKED IN DISABILITY FIELD
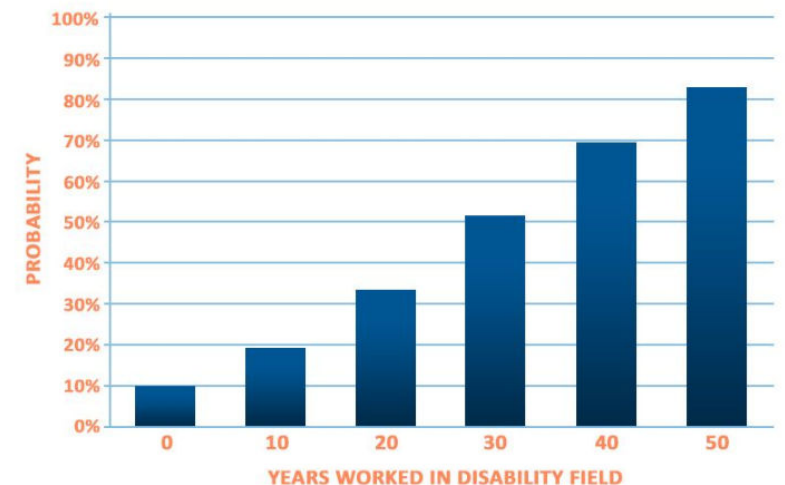
Legal Obligations to comply with the ADA

(2.7.6.8.3)

American Disability Act (ADA) Compliance

- The American Disabilities Act (ADA) prohibits discrimination against persons with disabilities in the area of employment, public accommodations and telecommunications. ADA requires providers to make reasonable access and accommodations for all persons with disabilities.

- Any Questions on ADA standards please review:
  - http://courts.mi.gov/Administration/SCAO/Resources/Documents/Publications/Manuals/ADA-Handbook.pdf

ADA Standards

- Building has handicap designated parking. Parking spaces are accessible with ramps and curb cutouts between the parking lot, office and at drop off locations.

- Building has automatic entry option or alternative access method.

- Building has elevator for public use (if building is multi-leveled). Elevator has enough room for the wheelchair and/or scooter to maneuver.

- Restroom is equipped with large stall and safety bars or other reasonable accommodations.

ADA Standards

- Waiting room (including furniture) can accommodate patients with physical and non-physical disabilities. The reception and waiting areas have enough room for a wheelchair and/or scooter to maneuver and turn around.
- Doors to access building, office and patient rooms are at least 32 inches wide.
- Signage and way finding is clear (i.e., color and symbol signage).
- Larger print for written materials
- Audio accommodations

Disability Awareness & Chronic Conditions

Various Types of chronic conditions prevalent within the target population (2.7.6.8.1)

What is a disability?

- According to the Americans with Disabilities Act (ADA), a person is considered to have a disability if he or she has a limitation to one or more major life activities.
- Major life activities are primarily defined as:
  - Caring for oneself,
  - Preforming manual tasks,
  - Seeing and / or hearing,
  - Walking and / or standing and or lifting,
  - Speaking and / or breathing,
  - Learning
  - Communicating
  - Working

The Platinum Rule

- What is the Platinum Rule?
  - Do unto others as *they* would want done to *them*
- The Golden Rule, as great as it is, has limitations, since all people and all situations are different. When you follow the Platinum Rule, however, you can be sure you're actually doing what the other person wants done and assure yourself of a better outcome.

Disability Awareness Best Practices

- Talk directly to the person who has the disability, not his or her companion, aid or interpreter.

- Ask the person what their communication preference is.

- When talking to a person with disabilities, you should first say "hello" then introduce yourself by using your name and your position.

- If possible, put yourself at eye-level with the person you are speaking with. Listen attentively and be patient.

Disability Awareness Best Practices Continued

- Ask a person about his or her disability and the capabilities or limitations they may have.

- Use People-First Language
  - Choose your words carefully
  - Don't use the medical diagnosis as a label for the person.
  - Emphasize capabilities, not restrictions.
  - Avoid the use of words that can create a negative perception.

Disability Awareness Best Practices Continued

- Refrain from patronizing, or talking down, to a person with disabilities. The level of challenge a person with disabilities may encounter has no bearing on their intelligence.

- Before stepping in to help someone with a disability always as, "Can I help you with that?" and be respectful of their answer.

Cognitive Disabilities and Behavioral Health Disorders Best Practices:

- Generally considered "invisible" disabilities, and impact that the disability may have on an individual varies greatly from person to person.

- If someone is not responding to you with accepted social norms (such as nodding in agreement), ask if he or she understands the topic. Speak with a normal tone, pace, and at a normal volume.

- Don't feel the need to over explain. General comprehension is not typically a challenge to those with a cognitive disability or behavioral health disorder.

Mobility Devices and Aids Best Practices

- Always ask before helping
- Do not crowd a person using a mobility aid.
- Be conscious of that person's reach limits.
- Do not grab on to a person who is using a walker or a cane.
- Do not pet and or distract service animals.

Deafness and Hearing Loss Best Practices

- Speak directly to the person with the disability, not to his or her interpreter.

- Ask about preferred volume. Speak louder if you are asked, do not assume that the person can or cannot hear you.

- If you are having difficulty understanding someone with hearing loss or deafness, let them know.

Blindness or Low Vision Best Practices

- Introduce yourself using your name and/or position.
- Speak directly to the person, not to a companion, guide, or other individual.
- Speak using a natural conversational tone and speed.
- Address the person by name when possible - this is especially important in crowded areas.
- Immediately greet the person when he or she enters a room. This lets the person know that you are present.
- Be prepared to offer assistance when asked.
- Identify yourself before you make physical contact with a person who is blind.

Speech Disabilities Best Practices

- Give the person your full attention.
- Don't interrupt or finish the person's sentences.
- If you have trouble understanding, don't nod. Just ask them to repeat.
- If you are not sure whether you have understood, you can repeat for verification.
- If, after trying, you still cannot understand the person, ask him or her to write it down or to suggest another way of facilitating communication.

Important Reminders

- People with disabilities are individuals with families, jobs, hobbies, likes and dislikes, and problems and joys. While the disability is an integral part of who they are, it alone does not define them. Don't make them into heroes or victims. Treat them as individuals.

- Do not make assumptions about what a person can or cannot do based on his or her disability. All people with disabilities are different and have a wide variety of skills and personalities.

What is a chronic condition?

- A disease or ailment that persists for a long time. A disease that is lasting 3 months or more, by the definition of the U.S. National Center for Health Statistics.
- Generally, these chronic conditions are not prevented or cured by vaccines or medication.
- 88% of Americans over the age of 65 have at least one chronic health condition, according to the U.S. National Center for Health Statistics.

Examples of chronic conditions

- Arthritis
- Cardiovascular Disease
- Cancer
- Diabetes
- Epilepsy and Seizures
- Obesity
- Oral health problems

Person Centered Planning

Definition & Key Concepts

- A set of approaches designed to assist someone to plan their life and supports. It is used most often as a life planning model to enable individuals with disabilities, or otherwise, requiring support to increase their personal self-determination and improve their own independence
- It shifts power back to the <u>participant</u>
- People are the expert of their own lives
- Getting to know the person is the <u>core</u> of person centeredness.
- We learn:
  - How the person wants to live
  - Builds upon their capabilities
  - Honors their preferences, choices, desires, and needs

Important To and Important For

- As direct care providers we sometimes assume we know what's best for our participants.

- **Important To** is an expressed desire for a person to live life with an expressed choice (how they choose to live).

- **Important For** is something required for a person to live.

Direct Support Professionals

- You are important to the person centered process because you…
    - Know the person
    - Understand what is important to the person
    - Understand the person's communication style/non verbal communication
    - Have a trusting relationship with the person
    - Support the person in different environments
    - Are the individual the person turns to for assistance and support
- Your job is to encourage and support the individual while providing necessary daily care to keep them safe in their homes.
- You are clearly an important part of each person's life.

How to be Person Centered

- In order to better assist participants and understand their needs and wishes we must
    - Listen to understand
    - Ask Powerful and Open ended Questions
    - Use Person First Language (names the person first and the condition second, for example "people with disabilities" rather than "disabled people"; to avoid dehumanization)
    - Attain a shared meaning

Waiver Adverse Benefit Determination

Definitions

- Adverse benefit determination (ABD) - the reduction, suspension, or termination of a previously authorized service; or the failure of the waiver agency to act within the timeframes provided in §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

- Appeal – A review by the waiver agency of an adverse benefit determination.

- Grievance - an expression of dissatisfaction about any matter other than an adverse benefit determination.

- **If a participant has an appeal request or a grievance direct them to call The Senior Alliance and ask for any CCD Manager.**

Critical Incident Reporting

What Are Critical Incidents?

- A "Critical Incident" is any <u>actual</u>, <u>alleged</u> or <u>suspected</u> event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well being of a program participant.

  Reporting Critical Incidents:

- It is a requirement by CMS (Centers for Medicare and Medicaid Services).
  - Federal Level

- It is a requirement by MDHHS (Michigan Department of Health and Human Services).
  - State Level

Types of Incidents Reported

1. Exploitation
2. Illegal Activity in the Home
3. Neglect
4. Physical Abuse
5. Provider No Show
6. Sexual Abuse
7. Suspicious death

8. Theft
9. Verbal Abuse
10. Worker Drugs/Alcohol
11. Medication error
12. Suicide attempts
13. Use of restraints or seclusion
14. Other

Mandated Reporters

- A person who is employed, licensed, registered, or certified to provide health care, educational, social welfare, mental health, or other human services; an employee of an agency licensed to provide health care, educational, social welfare, mental health, or other human services; a law enforcement officer; or an employee of the office of the county medical examiner who suspects or has reasonable cause to believe that an adult has been abused, neglected, or exploited shall make immediately, by telephone or otherwise, an oral report to the county department of social services of the county in which the abuse, neglect, or exploitation is suspected of having or believed to have occurred. *(Social Welfare Act - Act 280 of 1939, 400.11)*

Direct Care Providers

- ***Direct Care Providers have a legal responsibility to report*** suspected abuse, mistreatment, or neglect and a relatively new obligation to report reasonable suspicions of a crime against a participant. Sometimes they can be held liable if they don't and the abuse, mistreatment, or neglect is discovered.

- As the direct care provider, you are not expected to investigate and draw the conclusion that abuse, neglect, or misappropriation has happened.

- A Direct Care Provider's only responsibility is to report any actual, alleged, or suspected incidents to the appropriate persons and explain their reason for concern.
  - Sometimes explanation for reason of concern is as simple as observing behaviors that are not normal or that seem worrisome.

- Knowing this makes the responsibility less intimidating.

- Once the report has been made, it is then the investigator's responsibility to investigate and make the determination whether misconduct occurred and what punishment, if any, is imposed.

Critical Incidents that must be reported to other entities:

- Exploitation – Required to report to APS
- Neglect – Required to report to APS
- Verbal abuse – Required to report to APS
- Physical abuse – Required to report to APS
- Sexual abuse – Required to report to APS

- Illegal activity in the home with potential to cause a serious or major negative event - local authorities/police
- Suspicious or Unexpected Death – Death should be reported to law enforcement if it is a suspicious death possibly linked to abuse or neglect.

ALL critical incidents should be reported to The Senior Alliance

- It is the Senior Alliance's responsibility to also investigate and report on ALL critical incidents to the MDHHS, APS, and Local Authorities as required.

- Again, it is very important that The Senior Alliance's Support Coordinator is notified of all critical incident types when they are actual, alleged, or suspected incidents.

- If it is your policy for staff to report to their supervisor, it is important that either the direct care provider or the supervisor notifies TSA.

You can notify TSA's Supports Coordinator of Critical Incidents by phone only.

During your conversation with the Supports Coordinator please inform us of:

1. Participants Name

2. Person(s) involved

3. Facts about the case

4. Information on what the direct care providers observed, or suspects to be happening.

5. Explain reasons for cause of concern/reason for worry.

How to file APS Reports

- As always, call 911 if there is immediate danger to you or anyone else.

- Reports can be anonymous

- Police should be called if there is illegal activity

APS & CPS contact information: Centralized Intake for Abuse and Neglect (CPS/APS)
- Phone: (855) 444-3911
- Email: DHS-CPS-CIGroup@michigan.gov
- Fax: (616) 977-1154 or (616) 977-1158
- Address: 5321 28th St. Ct. SE, Grand Rapids, MI 49546

- Be prepared when calling. Review your notes and have the victim's information available.
- APS accepts phone referrals. Referrals must include:
  - Victim's basic contact information
  - Description of suspected abuse, neglect or exploitation
  - As much other information as possible
- Intake will accept or decline the referral
- If accepted, worker goes to the home within 2 business days
- APS tries to support the family/individual in the individual's chosen living environment before recommending removal from the home
- APS will file for guardianship or otherwise force removal from the home if no alternative

Fraud, Waste & Abuse

Fraud

- **Fraud** is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. The Health Care Fraud Statute makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. This applies to the fraudulent completion and submission of timesheets/cards in order to collect payment for hours not worked, hours above what has been approved by the WA/SC and having the participant sign blank timesheets/cards. Health care fraud is punishable by imprisonment for up to 10 years. It is also subject to criminal fines of up to $250,000. (CMS)

Waste & Abuse

- **Waste** includes overusing services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources. (CMS)

- **Abuse** includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. (CMS)

How To Report

For Medicare:

- US Department of Health and Human Services (HHS)
- Call 1-800-Medicare (1-800-663-4227)
- TTY users call 1-877-486-2048
- Online at https://oig.hhs.gov

For Medicaid:

- Michigan Department of Community Health (MDHHS)
- Phone (toll free): 1-855-MI-FRAUD (1-855-643-7283)
- Online: www.michigan.gov/fraud
- Write: Office of Inspector General (OIG), PO Box 30479 Lansing, MI 48909
- Reports can be made anonymously

AmeriHealth

- **Call:** Anonymous Fraud Tip Hotline at **1-866-833-9718.**
- **Mail:** Special Investigations Unit, 200 Stevens Drive, Philadelphia, PA 19113

Aetna

- https://www.aetnabetterhealth.com/michigan/fraud-abuse
- Submit a report on line at the link above or
- You may prefer to contact their **Special Investigations Unit** by calling **1-866-806-7020** or our **Aetna Medicaid-Medicare Compliance Hotline** number at **1-855-676-5820**.

HAP

- Call HAP's Compliance Hotline 24 hours a day at (877) 746-2501.
- Report possible fraud in writing to HAP and include your contract number, date of service and other information that you think may be useful. Send your report to:

  HAP
  Compliance Department
  2850 West Grand Boulevard
  Detroit, MI 48202

Michigan Complete Health

- Compliance Help Line: 1-800-345-1642 or
- Fraud Waste and Abuse Line: 866-685-8664

Must Review and Distribute to Staff:

- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf

- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CombMedCandDFWAdownload.pdf

The Health Insurance Portability and Accountability Act (HIPAA)

What is HIPAA?

- A broad federal law passed in 1996 due to the rapid growth of health information systems and the need to safe guard individuals' health information. That also addresses many health care privacy, security and electronic billing issues. It improves portability and continuity of health insurance coverage in the group and individual markets, and simplifies the administration of health insurance.

- In some cases states may have different rules and restrictions. If the state laws are more stringent then those found in HIPPA we must follow the state's regulation.

Privacy Standard

- The Privacy Rule is a set of national standards for the protection of certain health information.

- These standards address the use and disclosure of individuals' Protected Health Information (PHI) by organizations.

- PHI – Individually identifiable health information.

PHI must have two components:

Medical Information includes past, present, and future:

- Health Status
- Health Payment Information
- Mental Care Received
- Physical Health Care Received
- Health Care Diagnosis
- Dates of Services
- Diagnosis Codes

Personally Identifiable Information:

- Name
- Date of Birth
- Address
- Names of Relatives
- Name of Employer
- Telephone/ Fax Numbers
- Email Address
- Social Security Numbers

Covered Entities & Business Associates

- The HIPAA Privacy Rule applies to all **Covered Entities** and their **Business Associates**.
  - **Covered Entity –** health care provider, health plan, or health care clearinghouse that electronically transmits and receives PHI.
  - **Business Associates –** an entity or person that preforms services or functions for a Covered Entity. The Privacy Rule allows a Covered Enmity to share PHI with its Business Associates. Prior to sharing, a Covered Entity must have a contract, call a Business Associate Agreement, that prohibits these Business Associates from using or disclosing PHI in any wat that would violate the Privacy Rule.

HIPAA Violations

- Breach – An unauthorized acquisition, access, use or disclosure of PHI in a manner not permitted under HIPAA.
- The **Breach Notification Rule** requires HIPPA Covered Entities and their Business Associates to provide notification following a breach of unsecure PHI. The Following must be notified:
  - **Individuals** who are affected by a breach must be notified no later than 60 days from the time of discovery.
  - **Media** – a breach that involves 500 or more individuals must be reported to the media no later than 60 days from discovery.
  - **U.S Department of Health and Human Services** – requires health care companies to submit a log of all breaches that are fewer than 500 individual once a year. Any breach that involves 500 or more individuals must be reported within 60 days from the time of discovery.

Use and Disclosure of PHI:

- **Use** – To share, utilize, examine, or analyze PHI *within the Company.*

- **Disclosure** – to release, transfer, or share PHI to an entity or person outside of the company.

- A Covered Entity may not use or disclose an individual's PHI except as permitted or required by law.

Occasions where PHI can be disclosed without individuals consent:

- For **Treatment** of individuals
- For **Payment** of a provider
- For **Health Care Operations**
- If required by **Law or Law Enforcement**
- For **Public Health Purposes**
- To **Report Abuse**
- To **Avert a Serious Threat**

HIPAA Consent

- Documents that individuals may use to give a Covered Entity written consent to use or disclose their PHI in ways not otherwise permitted by HIPAA.
- Written Consent Must include:
  - The information to be used or disclosed
  - The name of the Covered Entity may disclose the information
  - The purpose of the disclosure.
  - The expiration date
  - Individuals or personal representative's signature.

HIPAA and you

- The minimum necessary rule restricts the use and disclosure of PHI to the least amount necessary to preform a specific task.
  - Look at PHI only if your task requires it.
  - Use only the minimum amount of PHI needed to complete your task.
  - Talk to others about PHI only if it is necessary to preform your task.
  - Give PHI to others only when it is necessary for them to preform their tasks.

HIPAA Compliance

- It is everyone's responsibility to:
  - Remain vigilant in preventing unauthorized access or actions.
  - Watch for unauthorized use or disclosure of PHI
  - Safeguard PHI

Computer Security Guidelines

- Never allow anyone to use your computer
- Never share your username/ password with anyone
- Never write down your password and leave it unsecured or in a public space
- Always lock your computer before you step away from your work space
- Ensure your laptop is in the docking station when you leave for the day
- Always use a "strong password" that contains and alphanumeric and special charters.

Email Security Guidelines

- You may not email or forward PHI to anyone unless it is needed to preform a specific task

- You may not email proprietary/ confidential information to personal email accounts.

- If sending PHI always use secure email, if communicating with TSA about any participant vendor view should be used.

- Double – check your recipients before you send out or reply to any email regarding PHI.

Fax Security Guidelines

- If sending PHI by fax, you must use a standard cover sheet, which includes a confidentiality statement.

- Double check the accuracy of the destination number before sending the fax.

- You must check transmittal records for each fax that contains PHI immediately after the transmission.

Public Areas Security Guidelines:

- You should always be aware of your surroundings regarding PHI .

- Refrain from having conversations concerning members' claims or other PHI when in an unsecured area.

- If necessary, when discussing PHI in an unsecured area, refrain from using specific information that may identify a specific member/ participant/ or case.

- When handling PHI in public areas, make sure it is away from prying eyes and secure all documents before departing.

Workspace Security Guidelines:

- Documents that contain PHI should never be left around your work space at any given time.

- Paper documents containing PHI should be shredded when no longer needed.

- PHI and sensitive documents should always be stored within locked drawers, cabinets, containers, or rooms.

Reporting Compliance Concerns

- Concerns can be reported through your agency process or may be reported directly to TSA. To report to TSA:

- Call 734-722-2830, ext. 2001

- Email Compliance_Issues@thesenioralliance.org

- To report anonymously, mail concerns to:

    The Senior Alliance

    Attn: Compliance Officer

    5454 Venoy

    Wayne, MI 48184

References

- https://courses.mihealth.org/MIHealthLink/home.html
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/HIPAAPrivacyandSecurity.pdf