

# PRINCIPLES OF CAREGIVING DEVELOPMENTAL DISABILITIES MODULE

## CHAPTER 3: ROLE AND REQUIREMENTS OF THE DIVISION OF DEVELOPMENTAL DISABILITIES

### FACILITATOR GUIDE

#### **CONTENT:**

- A. Role of the Division of Developmental Disabilities
- B. Attendant Care
- C. Documentation and reporting requirements
- D. DCW Activities restricted by the Division of Developmental Disabilities
- E. Supervisory and monitoring requirements for attendant care and housekeeping
- F. Notification to responsible person and agency regarding tardiness or absence

Estimated time for this chapter: 1 hour

#### Materials needed:

- 1. Facilitator Guide
- 2. Participant Guides
- 3. Forms:
  - a. Pre-Service Agreement (DD-097-2-FF 11-06)
  - b. Attendant Care / Housekeeping Agreement (DD-397-1-FF-3.10)
  - c. Attendant Care / Housekeeping Service Monitoring/Supervision (DDD-1431AFORPF 4-07)

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**COMPETENCIES  
(TO KNOW OR BE ABLE TO)**

1. Identify responsibilities of the Attendant Care Worker/Direct Care Worker
2. Identify documentation requirements for the Division of Developmental Disabilities.
3. Identify activities that are restricted by the Division of Developmental Disabilities for Direct Care Workers.
4. Explain why notification is critical when you are unable to report to work as scheduled.
5. Identify to whom notification is required when you are unable to report to work as scheduled.
6. Identify how soon notification should occur when you are unable to report to work as scheduled.
7. Identify Direct Care Worker responsibilities related to HIPAA and confidentiality.

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**KEY TERMS:**

Attendant Care	DES – Department of Economic Security
Attendant Care Agreement	Documentation
Confidentiality	Reporting
DDD – Division of Developmental Disabilities	Responsible Person

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## A. ROLE OF THE DIVISION OF DEVELOPMENTAL DISABILITIES

The Division of Developmental Disabilities (DDD) within the Arizona Department of Economic Security (DES) provides services and programs to people with developmental disabilities. The majority of the Division's services are provided in community settings through in-home services, day programs, community residential services and therapies. The Division serves over 30,000 people with developmental disabilities (as of July 1, 2010).

**Facilitator Note:**

Of the 30,000, **22,755** consumers are enrolled in the Arizona Long Term Care Services Program (ALTCS). While most Division funded services are delivered through a network of contracted individual and agency providers throughout Arizona, some services such as case management (support coordination) are provided directly by the State.

Each person receiving support from the DDD will have a support coordinator assigned to assist them. The support coordinator, also called case manager, will work to ensure that an individual eligible for services is receiving supports based on the assessed needs.

Support coordinators:

- Gather information to help determine eligibility.
- Develop, with ideas and suggestions from the person and their family, an Individual Support Plan that identifies the supports and services based on assessed needs.
- Assist the person and family in identifying providers for the needed services and supports.
- Monitor the provision and effectiveness of services.
- Provide information about services available from other state and community agencies as well as from private organizations.

Each person receiving supports through DDD will have a personalized **Individual Support Plan (ISP)**. The support coordinator facilitates and monitors a consumer's ISP. Individual Support Plans (ISPs) will be covered in more detail in another session.

**Facilitator Note:**

Remind the participants that the Mission, Vision, and Values of the Department of Economic Security, Division of Developmental Disabilities were covered during the DCW Training Philosophy module. You may want to facilitate a discussion about what they learned in that section and a reminder of the focus on person-centered supports.

## B. ATTENDANT CARE

The Division of Developmental Services (DES/DDD) service description for attendant care is:

Attendant Care is a service that provides a qualified person to assist an individual to attain or maintain safe and sanitary living condition and/or maintain personal cleanliness and activities of daily living. The goal of the service is to assist the individual to remain in his/her home and/or participate in community activities.

Attendant care may be provided in the following settings:

- a. The individual's home.
- b. The individual's community.

The Division of Developmental Disabilities (DDD) provides attendant care for persons who qualify for services. As indicated in the DDD Policy and Procedure, Chapter 600 Services, section 602.1.2 Service Definition (Attendant Care), attendant care may include the following:

- a. Safe and sanitary living conditions may include:
  1. Dusting.
  2. Cleaning floors.
  3. Cleaning bathrooms.
  4. Cleaning windows (if necessary to attain safe or sanitary living condition).
  5. Cleaning oven and refrigerator (if necessary to attain safe or sanitary living condition).
  6. Cleaning kitchen.
  7. Washing dishes.
  8. Changing linens and making beds.
  9. Routine maintenance of household appliances.
- b. Washing, drying and folding consumer's laundry (ironing only if the clothes cannot be worn otherwise).
- c. Shopping for and storing household supplies and medications.
- d. Unusual circumstances may require the following tasks be performed:
  1. Tasks performed to attain safe living conditions:
    - i. Heavy cleaning such as washing walls or ceilings.
    - ii. Yard work such as cleaning the yard and hauling away debris.
  2. Assisting the individual in obtaining and/or caring for basic material needs for water heating and food by:
    - i. Hauling water for household use.
    - ii. Gathering and hauling firewood for household heating or cooking.
  3. Providing or insuring nutritional maintenance for the individual by:
    - i. Planning, shopping and storing food.
    - ii. Cooking foods for nutritious meals.
- e. Assisting with showering, bathing, shampooing, using the bathroom and dressing.

- f. Assisting with transfers to and from wheelchair and/or bed.
- g. Assisting with eating, reminding or encouraging the individual to maintain intake, serving or bringing food to the individual, preparing food for consumption and feeding or assisting the individual with eating.
- h. Assisting with routine ambulation activities.
- i. Assisting with or performing routine nail and skin care.
- j. Assisting with tasks for the comfort and safety of the individuals with movement restrictions (tasks that do not require medical or nursing supervision).
- k. Assisting the individual with special appliances and/or prosthetic devices, if the procedure is routine and well established.
- l. Training the individual, family members and/or friends in personal care tasks as appropriate and available.
- m. Referring for appropriate action all individuals who present additional medical or social problems during the course of the service.
- n. Assisting with self-medication or medication reminders.
- o. Supervising or transporting the individual as a complement to other activities. Supervision and transportation is not a primary goal of Attendant care. Establishing a structured schedule that meets the individual's needs.

Each person receiving DDD services has an Individual Support Plan (or an Individualized Family Service Plan for children under the age of three, enrolled in the Arizona Early Intervention Program) which includes specific information about the duties and tasks to be completed during attendant care services. The information may be recorded on an attendant care agreement, a pre-service provider orientation agreement and/or an assessment form completed by the support coordinator.

Make sure you have received all the information you need to support the person with whom you are working.

**Handout:**

Provide a copy of the Pre-Service Agreement (DD-097-2-FF 11-06)

**Facilitator Notes:**

The pre-service provider agreement, although optional, covers essential information the DCW will need to work with the person. Review components of the form.

## C. DOCUMENTATION AND REPORTING REQUIREMENTS

### **Facilitator Notes:**

Introduce this section by having the class participants discuss the importance of documentation including the benefit of assuring the information is clear and concise.

### **DISCUSSION:**

To stimulate classroom discussion, ask the following questions and reinforce participation. The intent of this discussion is not to include comprehensive coverage of the topic, but rather, to help the participants to understand how completing the documentation could be helpful to them and the individual they are supporting.

- Have participants brain storm why documentation is important.
- Ask “When do you think you would need to complete documentation?”
- Ask “What things situations regarding health and safety do you think you should document?”
- Ask “How would have written documentation help reduce the possibility of legal liability?”

**Why is written documentation important? What do you think you should document?**

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### **Written Documentation**

DDD requires the documentation of the implementation of all plan outcomes delivered. This includes documenting activities and tasks completed during the delivery of attendant care / housekeeping.

### **Handouts:**

Provide copies of:

- Pre-Service Agreement (DD-097-2-FF 11-06)
- Attendant Care / Housekeeping Agreement (DD-397-1-FF 3.10)

**Facilitator Note:** Discuss the forms and each of the following examples.

**Examples of Documentation for Attendant Care:**

- Medical Issues
  - Seizure activity
  - Signs of illness
  - Concerns with skin integrity
  - Injury
  - Blood sugar levels
  
- Change in behavior
  - Sudden outbursts
  - Unsafe behavior, such as self injury
  - Sadness or depression
  
- Activities / tasks completed
  - How the person ate
  - Assistance with hygiene
  - Repositioning schedule
  - Assistance with self-administration of medication (date and time(s))
  - Activities in the community
  - Housekeeping tasks
  
- Incident reports
  - All serious incidents must be reported to the Division. See the Incident Reporting chapter for more detail.
  
- Attendant Care Monitoring (Initial and Quarterly)
- Documentation of any special monitoring requirements identified in the Support Plan or requested by the responsible party.

**Other documentation:**

Recording time and contact hours provided on behalf of the consumer.

- Timesheets

**Note:** The Division of Developmental Disabilities no longer requires submission of monthly documentation of the activities completed while attendant care is provided. However, maintaining ongoing documentation and records of attendant care and housekeeping services provided to each individual continues to be a requirement.

## **D. DCW ACTIVITIES RESTRICTED BY THE DIVISION OF DEVELOPMENTAL DISABILITIES**

As indicated in Department of Economic Security/ Division of Developmental Disabilities (DES/DDD) Policy and Procedures Manual, Chapter 600 Services, Section 602.1.6 the following activities are prohibited under Attendant Care.

### **Exclusions (Attendant Care)**

- Providers of Attendant Care shall **not** perform the following tasks:
  - Cleaning up after parties.
  - Cleaning up several days of accumulated dishes.
  - Preparing meals for the *whole* family.
  - Routine lawn care.
  - Major carpet cleaning.
  - Caring for household pets such as walking the dog (unless it is a service animal).
  
- Attendant Care providers shall not provide cleaning to areas of the home not used by individuals, e.g., parents' bedroom or sibling's bathroom.
  
- Providers shall not perform skilled medical tasks/nursing tasks. Examples of prohibited skilled medical tasks include:
  - Insulin injections.
  - Nasogastric (NG) tube feeding.
  - Deep suctioning.

### **Other Restricted Activities**

- Caring for siblings or other children in the home.
- Bringing one's own children to the worksite.
- Falsifying any documents; for example, timesheets.



## **E. SUPERVISORY AND MONITORING REQUIREMENTS FOR ATTENDANT CARE AND HOUSEKEEPING**

Minimum requirements are:

- The provider agency must make an initial on-site supervisory visit within five days after service starts. The provider agency representative must speak with the consumer/or representative regarding the quality of care, delivery of services and education of the consumer/or their representative. They will also discuss the need to call the agency provider if concerns develop between visits by the supervisor and/or support coordinator.
- A follow-up site visit is required at 30 days.
- A 60 day visit is required if issues are identified. Otherwise these ongoing visits shall be made every 90 days thereafter.
- At least one supervisory visit is required for each direct care worker within the first 90 days of the hire date. The direct care staff must be present.
- The provider agency will also assess the direct care worker's competency in completing the assigned tasks/duties. The supervisor must assure that the DCW is completing the duties/tasks according to the training provided to the DCW.
- Provide copy of and review:

Attendant Care / Housekeeping Service Monitoring / Supervision (DDD-1431AFORPF 4-07)

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## **F. NOTIFICATION TO RESPONSIBLE PERSON AND AGENCY REGARDING TARDINESS OR ABSENCE**

### **Facilitator Notes:**

Introduce this section by explaining:

- Risk management and prevention strategies are an important component of providing supports to people who require assistance. When an individual receives critical supports (bathing, toileting, dressing, feeding, transferring to or from bed or wheelchair and assistance with similar activities) a back-up plan of alternate providers **MUST** be developed to address potential risks in the event the provider (DCW) does not arrive to provide the needed services. From <https://www.azdes.gov/ddd/about.asp>

**ACTIVITIES:**

Choose one or more of the following activities and have the participants make their notes in their guidebooks. Whatever activity you choose, ensure that the discussion includes the impact of not receiving critical supports, including the possible negative effects on their physical health and well-being, emotional health and well-being and their relationship with you and all future support providers.

- Have class participant's brain storm what the consequences might be for the consumer if the DCW did not notify the appropriate parties as soon as possible when unable to report to work as scheduled.
- What are ways DCW can make sure they have the needed contact information available to contact the family/individual and agency.
- Describe how an individual receiving support might feel if a DCW does not show up for a scheduled shift.

**NOTES: What can happen if the DCW does not arrive as scheduled?**

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**Facilitator Notes:**

In closing this topic, emphasize the following information:

The consumer or primary caregiver chooses how quickly a replacement caregiver will be needed if the scheduled Direct Care Worker becomes unavailable.

When a provider agency is authorized by DDD to provide a critical service (attendant care, respite, or housekeeping), a back-up plan that identifies a replacement caregiver is required in the event that a scheduled provider does not show up to work as scheduled for any reason. The consumer/family has the right to a replacement provider within 2 hours if they choose.

For this reason, it is critical for you, the DCW, to notify the consumer, family and your employer as soon as possible when you are unable to work as scheduled so a replacement can be identified within the required timeframe.