

## Person-Centered Care Planning in Social Adult Day Care (SADC)

- Navigating Regulations in New York

Presenter's Name: Yvonne Ward

- The Fundamentals of Person-Centered Care for Individuals With Dementia

Presenter's Name: Tammy Ryan

- Recognizing the symptoms of Dementia

• Presenter's Name: Yulandie Latham RN

• Date November 15, 2023

# Understanding Person-Centered Care

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Definition of person-centered care

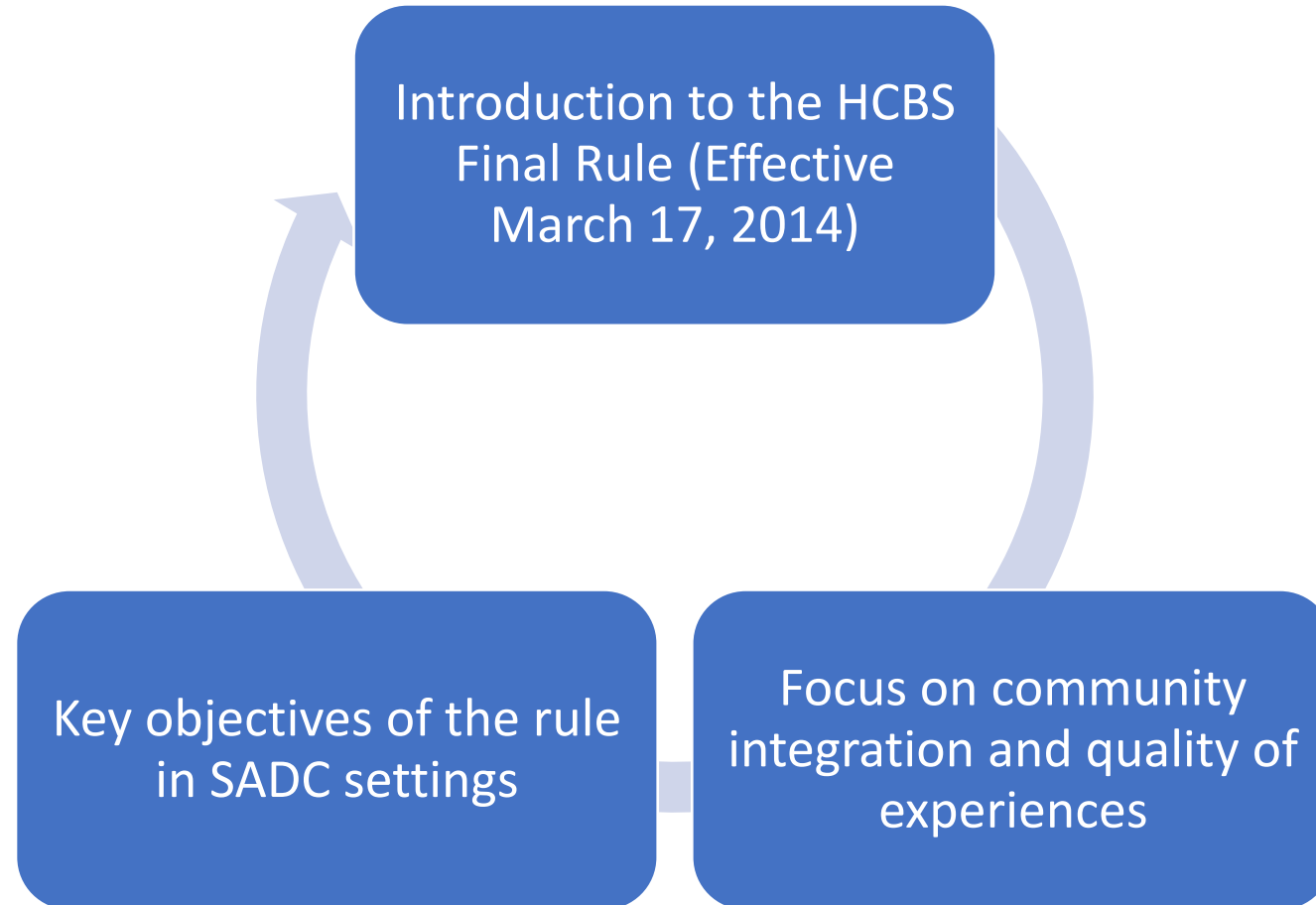
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Importance in the context of SADC

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Goals of person-centered care in enhancing individual autonomy and community integration

# HCBS Final Rule – A Brief Overview



# Core Principles of Person-Centered Planning

Individual choice and preference

Rights of privacy, dignity, and respect

Independence and freedom from coercion

Accessibility and community inclusion



# **Requirements for SADC Settings**

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Full community integration and access

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Individual choice in settings and services

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Physical accessibility

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Modifications to standards based on individual needs

# The Person-Centered Planning Process

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The individual leading the planning process

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Support for directing their own planning

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Focus on achieving individual-defined outcomes

# Utilizing One-Page Profiles in Person-Centered Care Planning

## **1. Definition and Purpose:**

1. A one-page profile is a concise, personalized document that captures key information about an individual.
1. It highlights the individual's preferences, strengths, and needs in a clear, easily accessible format.

# Enhancing Person-Centered Care with One-Page Profiles

## A one-page profile

**What others like and admire about me** (or simply Like and Admire) is the heading that usually starts a one-page profile. In this section the person puts down the qualities that others like about them. There are questions that a person can ask others to help them find words to describe them.

What others like and admire about me	
<input type="checkbox"/> What do people thank you for?	
<input type="checkbox"/> What have you done that you are proud of?	
<input type="checkbox"/> What do you like best about yourself?	
<input type="checkbox"/> What are your gifts, talents or strengths?	

**Important to me** is another heading and it describes and lists what excites and motivates a person in their day-to-day life. There are questions that can help a person to fill in this section as well.

Important to me	
<input type="checkbox"/> What truly matters to you in everyday life as well as for the future?	
<input type="checkbox"/> What drives you to DO the things that you do and HOW you do them?	
<input type="checkbox"/> What are the things that you must avoid doing?	
<input type="checkbox"/> What is important to you at home that should be honored elsewhere?	
<input type="checkbox"/> Are there things/activities/people that you can't live without?	

### A one-page profile

**How best to support me** is another heading and it describes how you would like to be supported or helped when doing different things in your life.

**How best to support**

What is helpful to you? What is not?

What information do people need to know about or understand so they will know how to support you?

Are there places, times or situations where specific supports are needed?

What can people do to make the time they are spending at different places more productive? (School, work, home, etc.)

<input type="checkbox"/> What is helpful to you? What is not?	
<input type="checkbox"/> What information do people need to know about or understand so they will know how to support you?	
<input type="checkbox"/> Are there places, times or situations where specific supports are needed?	
<input type="checkbox"/> What can people do to make the time they are spending at different places more productive? (School, work, home, etc.)	

**A one-page profile**

Important to me:

**How best to support**

**Like and Admire**

# Utilizing One-Page Profiles in Person-Centered Care Planning

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## **1. Facilitating Understanding:**

1. Helps care providers quickly understand the participant's unique attributes and preferences.
2. Enhances communication between participants, caregivers, and family members.

## **2. Empowering Participants:**

1. Encourages participants to articulate and reflect on their own needs, goals, and preferences.
2. Promotes self-advocacy by enabling participants to take an active role in their care planning.

# Utilizing One-Page Profiles in Person-Centered Care Planning

## Streamlining Care Planning:

- Provides a foundation for developing a more detailed, person-centered care plan.
- Ensures that care and support are aligned with the participant's personal choices and lifestyle.

## Building Relationships:

- Fosters stronger, more personalized relationships between participants and caregivers.
- Helps caregivers to connect with participants on a more personal level, beyond clinical needs.

## Consistency in Care:

- Aids in maintaining consistency in care, especially when multiple caregivers are involved.
- Serves as a quick reference to ensure everyone is aware of and respects the participant's preferences.

## Adaptable and Evolving:

- Easily updated to reflect changes in preferences, needs, or circumstances.
- Encourages ongoing dialogue and reassessment of the participant's desires and goals.



# NYSDOH SADC HCBS AUDITS

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**Remediation**

# Compliance and Remediation for SADC Sites

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Assessment of SADC sites for compliance

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Developing and implementing remediation plans

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Key remediation activities (staff training, educating families, reassessing service plans)

# Compliance and Remediation for SADC Sites

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The below actions are examples and some considerations that the MLTC plan and SADC may consider to help remediate non-compliance. The list is not all encompassing and additional actions may be warranted based on the individual situation and reason(s) for non-compliance.

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The action verbiage below may be referenced by the Reference Number on the "Remediation Plan" tab when describing actions that the SADC site will undertake to be brought into compliance.

# Remediation Plans

- Train staff at all levels in person-centered planning, thinking, and practice, including how to incorporate these practices in the writing and coordination of service plans (registrant care plans/individual service plans/etc.). Training should include techniques used to facilitate and support individuals' participation in unscheduled/scheduled community activities in the same manner as people not receiving HCBS (e.g. shop, attend religious services, appointments, lunch/activities with family and friends, etc.) in the community as they choose.
- Also, address how to ensure individuals have freedom around meal planning, preparation, and access to food as addressed in service planning and daily activities (where applicable).

# Remediation Plans

- Educate individuals, families, and/or advocates on the rights of the individuals served, including how to make informed choices, any risks involved in making those choices, and safeguards that may be put in place to support individuals to make such choices.
- Ensure person-centered planning occurs at least annually for individuals served to assess their strengths, interests, preferences, and goals, making sure their activities and services reflect this process, which is driven by the individual whenever possible.

# Remediation Plans

- Train staff, individuals, families, and/or advocates on creating an environment where individuals have a right to come and go at any time. This includes appropriate rights modifications and implementation
- Increase access to activities and options that are of interest to, or the preference of, individuals supported, directly soliciting the feedback of individual's served on activities in the process.
- Develop and implement experiential learning strategies with individuals supported (i.e., working on money skills by heading into a local store and making a purchase, working on cooking/baking skills starting with finding a recipe on-line, going to the store to buy the ingredients, then coming home to do actual cooking/baking).
- Reallocate, revise, and/or increase transportation resources to ensure individual's transportation needs are met to ensure individual's access to the community at times and dates of their choosing.
- Develop and implement strategies to help foster natural and volunteer supports for individuals to access meaningful community activities that promote community inclusion and independence.
- Modify physical environment if needed to include locking mechanism to setting and personal space, and/or removal of locks, barriers, or obstructions that restrict movement within the setting.

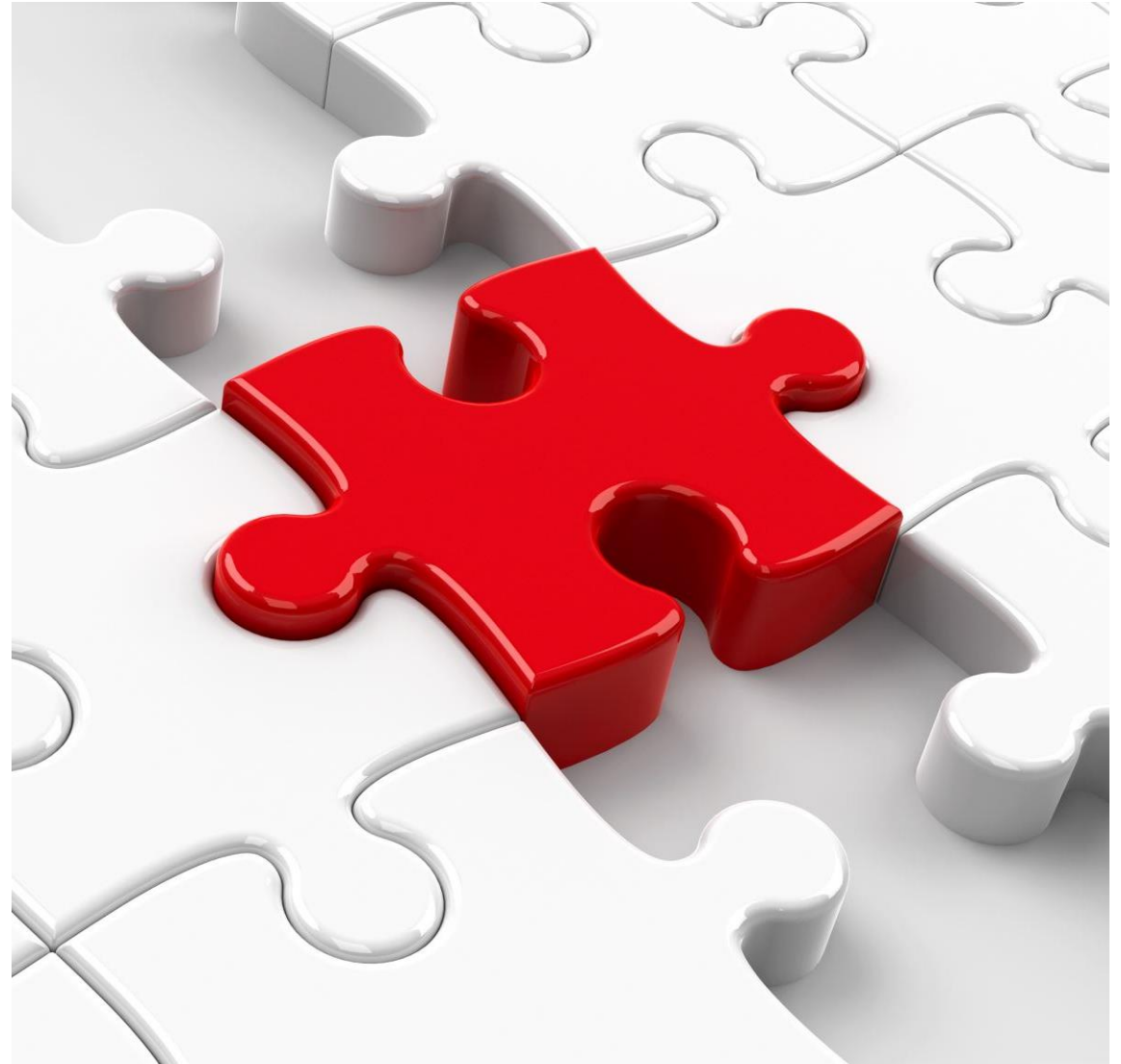
# Remediation Plans

- Increase access to or options for assistive technology (i.e., purchase of a computer/cell phone, access to the internet; use of cell phone applications to support independence; key pad entry systems; medication dispensers; etc.).
- Update or revise policies and procedures applicable to the setting, such as removal of 'blanket restrictions' applying to all individuals served in the setting, relying instead on an individualized person-centered planning process for any needed restrictions (modifications).
- Allocate additional program space in order to promote freedom of movement within the setting, privacy, comfort, and individualized activity opportunities.
- If the setting is located inside of, or adjacent to, an institution, establish separate fiscal and administrative operations, HCBS-specific training opportunities, policies, and procedures, promoting that HCBS settings standards are present in the program/setting, as opposed to institutional policies/procedures

# New and Exciting Regulations !

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- On July 31, 2023, the Centers for Medicare & Medicaid Services (CMS) announced a new voluntary nationwide model – the Guiding an Improved Dementia Experience (GUIDE) Model – a model test that aims to support people living with dementia and their unpaid caregivers.
- CMS is accepting letters of interest for the GUIDE Model through September 15, 2023, and will release a GUIDE Request for Applications (RFA) for the model in Fall 2023.
- The model will launch on July 1, 2024, and run for eight years.





# Model Overview



The GUIDE Model will focus on dementia care management and aims to improve quality of life for people living with dementia, reduce strain on their unpaid caregivers, and enable people living with dementia to remain in their homes and communities.



It will achieve these goals through a comprehensive package of care coordination and care management, caregiver education and support, and respite services.

# Medicare Guide Model :

- 1. Addressing unpaid caregiver needs** – the model will aim to address the burden experienced by unpaid caregivers by requiring model participants to provide caregiver training and support services, including 24/7 access to a support line, as well as connections to community-based providers.
  - 2. Respite services** – CMS will pay model participants for respite services, which are temporary services provided to a beneficiary in their home, at an adult day center, or at a facility that can provide 24-hour care for the purpose of giving the unpaid caregiver temporary breaks from their caregiving responsibilities.
- <https://www.cms.gov/priorities/innovation/media/document/guide-dementia-fs>

# The Fundamentals of Person- Centered Care for Individuals With Dementia

**Presenter's Name: Tammy Ryan**

# The Fundamentals of Person-Centered Care for Individuals With Dementia



*Person-centered care is essential to good dementia care*



*underlying philosophy of the 2018 Alzheimer's Association Dementia Care Practice Recommendations.*



*Person-centered care is a **philosophy of care** built around the needs of the individual and contingent upon knowing the person through an interpersonal relationship.*



*It challenges the traditional medical model of care that tends to focus on processes, schedules, and staff and organizational needs.*



*It requires commitment from everyone within the organization, especially leadership.*

# Origins of Person-Centered Care-

The term person-centered care has its origins in the work of Carl Rogers, which focused on individual personal experience as the basis and standard for living and therapeutic effect.

Tom Kitwood first used the term in 1988 to distinguish a certain **type of care approach** from more medical and behavioral approaches to dementia. Kitwood used the term to bring together ideas and ways of working that emphasized communication and relationships.

Kitwood (1998) proposed that dementia could be best understood as an *interplay between neurological impairment and psychosocial factors, namely, health, individual psychology, and the environment, with particular emphasis on social context.*

He believed that the environment has as much effect on the brain as the brain has on a person's abilities.

# Kitwood and Bredin (1992)



shared evidence from studies of different care practices, suggesting that dementia does not universally progress in a linear fashion, and most importantly, it varies from person to person.



They concluded that the person with dementia is in a state of relative well-being or ill-being, and that indicators can be observed through detailed observation.



They found a need for high-quality interpersonal care that affirms **personhood**; one that implies recognition, respect, and trust. The approach that Kitwood and Bredin developed to fill this need was *person-centered care*.

# What Research Tells Us Dementia Patients Need:

-love at the center surrounded by the following five offshoots: comfort, attachment, inclusion, occupation, and identity (Kitwood, 1997).

-Individuals need comfort or warmth to “remain in one piece” when they may feel as though they are falling apart. Individuals with dementia need to feel attachment when they so often feel as though they are in a strange place.

-Individuals need to be included and involved both in care and in life, and more than simply being occupied; they need to be involved in past and current interests and sources of fulfillment and satisfaction.

-People with dementia need to have an identity and their caregivers must help maintain this identity (Kitwood, 1997).

“To have an identity is to know who one is, in cognition and in feeling. It means having a sense of continuity with the past; and hence a ‘narrative,’ a story to present to others”. Due to declining cognition, persons with dementia need others to “hold their story” and to respond to them as “thou, in the uniqueness of their being” (Kitwood, 1997)

# Recognizing and maintaining selfhood is key to person- centered care.

- Researchers have found intact manifestations of selfhood in spite of significant cognitive impairments and that it is not intact autobiographical memory that constitutes self or personal identity (Sabat & Harreì, 1992; Sabat & Collins, 1999). Sabat and Harreì (1992) ***revealed through case studies that the self of personal identity persists far into the end stage of AD.*** Sabat and Collins (1999) suggested that the multiple personae presented in public and in relationships can be lost, partly as a result of how others treat and view the person with AD. Thus, losses in aspects of selfhood might be traced, in part, to *dysfunctional social interactions* rather than solely the neuropathology of Alzheimer's disease.



# Key Components of Person- Centered Dementia Care

- Researchers have worked to find commonalities among models and practices of person-centered dementia care. Findings include:
- Levy-Storms (2013) conducted a literature review and found several commonalities among models and practices including
  - (a) supporting a sense of self and personhood through relationship-based care and services,
  - (b) providing individualized activities and meaningful engagement, and
  - (c) offering guidance to those who care for them.
- Kogan, Wilber, & Mosqueda (2016) conducted an extensive literature review for definitions of person-centered care. They identified 15 definitions, addressing 17 principles or values. They found that the six most prominent domains were
  - (a) holistic or person-centered care,
  - (b) respect and value,
  - (c) choice,
  - (d) dignity,
  - (e) self-determination, and
  - (f) purposeful living.
- In all, it was clear that there is a shift in focus away from the traditional biomedical model in favor of embracing personal choice and autonomy

# Key Components of Person-Centered Dementia Care

Booker (2004) a colleague of Tom Kitwood, has outlined one of the most respected descriptions. Brooker outlined that four key components are integral to a person-centered care approach for people with dementia and can result in a **shift in practice and culture**.

These components are:

(a) valuing and respecting persons with dementia and those who care for them;

(b) treating people with dementia as individuals with unique needs;

(c) seeing the world from the perspective of the person with dementia, so as to understand the person's behavior and what is being communicated, and validating the subjective experience that is being perceived as the reality of the individual; and

(d) creating a positive social environment in which the person with dementia can experience relative well-being through care that promotes the building of relationships.

**Book: In Person-Centered Dementia Care: Making Services Better, Brooker (2006) expanded upon these components and identified key indicators or practices for each of the four components.**

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Great things to consider as you start to implement PCC into everyday practice.

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Key Indicators in Valuing Person Centered Care include: -having a clear vision,

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-developing practices that value employees,

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-creating systems to support staff development,

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-designing supportive and inclusive physical and social environments and --ensuring quality improvement mechanisms.

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Key Indicators of Individualized Care include:

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-developing and regularly reviewing care plans that reflect strengths and needs,

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-allowing use of personal possessions, accommodating individual preferences and daily routines,

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- learning about individual life stories, and

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-offering a variety of activities.



## Key Indicators in Taking the Perspective of the Person with Dementia include:

- - communicating effectively,
- -experiencing empathy,
- -monitoring the physical environment,
- -assessing physical health,
- -uncovering reasons for behaviors and
- -being an advocate.
- **Lastly, key indicators for the social environment include:**
- -treating individuals with respect,
- -creating an atmosphere of warmth,
- -validating feelings,
- -providing appropriate support and assistance, and
- - fostering a sense of community.

# Practice Recommendations for Person-Centered Care

## 1. Know the person living with dementia.

- *The individual living with dementia is more than a diagnosis. It is important to know the unique and complete person, including his/her values, beliefs, interests, abilities, likes and dislikes—both past and present. This information should inform every interaction and experience.*

## 2. Recognize and accept the person's reality.

- *It is important to see the world from the perspective of the individual living with dementia. Doing so recognizes behavior as a form of communication, thereby promoting effective and empathetic communication that validates feelings and connects with the individual in his/her reality.*

## 3. Identify and support ongoing opportunities for meaningful engagement.

- *Every experience and interaction can be seen as an opportunity for engagement. Engagement should be meaningful to, and purposeful for, the individual living with dementia. It should support interests and preferences, allow for choice and success, and recognize that even when the dementia is most severe, the person can experience joy, comfort, and meaning in life.*

# Practice Recommendations for Person-Centered Care

- **4. Build and nurture authentic, caring relationships.**
- *Persons living with dementia should be part of relationships that treat them with dignity and respect, and where their individuality is always supported. This type of caring relationship is about being present and concentrating on the interaction, rather than the task. It is about “doing with” rather than “doing for,” as part of a supportive and mutually beneficial relationship.*
- **5. Create and maintain a supportive community for individuals, families, and staff.**
- *A supportive community allows for comfort and creates opportunities for success. It is a community that values each person and respects individual differences, celebrates accomplishments and occasions, and provides access to and opportunities for autonomy, engagement, and shared experiences.*
- **6. Evaluate care practices regularly and make appropriate changes.**
- *Several tools are available to assess person-centered care practices for people living with dementia. It is important to regularly evaluate practices and models, share findings, and make changes to interactions, programs, and practices as needed.*

# Unlocking Minds: Recognizing Early Signs of Dementia in Social Day Care”

Presentation by Yulandie Latham





# Introduction

## Brief Overview:

Dementia is more than memory loss; it affects individuals in various ways. Identifying early signs is crucial, especially in Social Day Care settings where early intervention can significantly improve the quality of life for those affected.

## Importance of early detection:

Early detection allows for tailored care plans and support, fostering a dementia-friendly environment in Social Day Care setting.

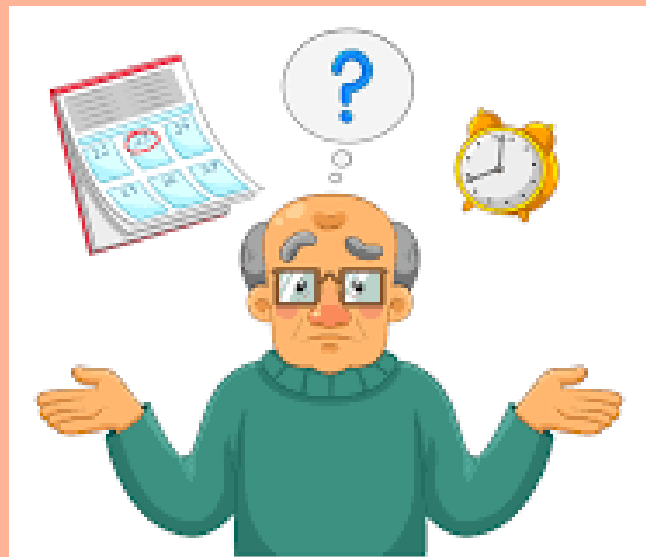


# What is Dementia?



## Definition:

Dementia is a progressive decline in cognitive function. Common types include Alzheimer's, Vascular, Lewy Body and more.



## Impact on daily life:

Dementia affects memory, reasoning, communication, and the ability to perform everyday tasks.

# Prevalence in Social Day Care Settings

## Statistics:

While I do not have specific statistics to share with you about the number of ADC patrons experiencing Dementia, we all know it exists.



# STATISTICS

More than  
**6 million Americans**  
are living with Alzheimer's

Over 11 million  
Americans  
provide unpaid care for  
people with Alzheimer's  
or other dementias

These caregivers  
provided more  
than 18 billion  
hours valued  
at nearly

**\$340**  
billion

**1 in 3**  
seniors dies with  
Alzheimer's or another  
dementia

It kills more than  
**breast cancer**  
+  
**prostate cancer**  
combined

The  
lifetime  
risk for  
Alzheimer's  
at age  
45 is

**1 in 5** for women  
+  
**1 in 10** for men

Between 2000 and  
2019, deaths from  
heart disease has  
↓  
**decreased**  
**7.3%**

while deaths  
from Alzheimer's  
disease have  
↑  
**increased**  
**145%**

In 2023, Alzheimer's  
and other dementias will  
cost the nation  
**\$345 billion**

By 2050,  
these costs  
could rise  
to nearly  
**\$1 trillion**



While only 4 in 10 Americans  
talk to their doctor right away  
when experiencing early  
memory or cognitive loss,



7 in 10 would want to know  
early if they have Alzheimer's  
disease if it could allow for  
earlier treatment.

# Early Warning Signs

## 1 Memory loss

Forgetting important dates or events, repeating questions.

## 2 Difficulty in tasks

Struggling with familiar activities, such as cooking or dressing.

## 3 Disorientation

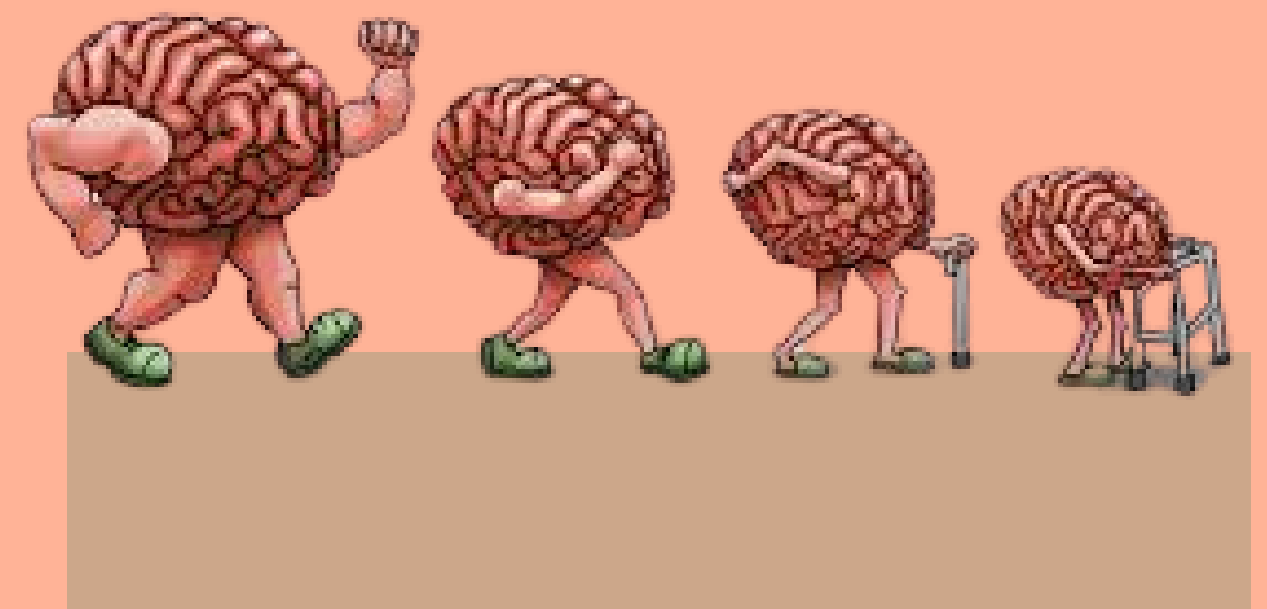
Getting lost in familiar places, losing track of time.

## 4 Poor judgment

Making questionable decisions, like giving away money.

## 5 Mood and behavior changes

Unexplained mood swings, withdrawal from social activities







**LET'S BREAK  
IT DOWN...**

# 1. Memory loss that disrupts daily life

One of the most common signs of Alzheimer's disease, especially in the early stage, is forgetting recently learned information. Others include forgetting important dates or events, asking the same questions over and over, and increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own.



# What's a typical age related change?

Sometimes forgetting names or appointments, but remembering them later.





## 2. Difficulty completing familiar tasks

People living with memory changes from Alzheimer's or other dementias often find it hard to complete daily tasks. Sometimes they may have trouble driving to a familiar location, organizing grocery list or remembering the rules of a favorite game.





# What's a typical age related change?

Occasionally needing help to use microwave settings or to record a TV show.



# 3. Confusion with time or place

People living with Alzheimer's or other dementia can lose track of dates, seasons, and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.



# What's a typical age related change?

Getting confused about the day of the week but figuring it out later.





# 4. New problems with words in speaking or writing

People living with Alzheimer's or other dementia may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have trouble naming a familiar object, or use the wrong name (e.g., calling a watch a hand-clock).



# What's a typical age related change?

Sometimes having trouble finding the right word.



# 5. Decreased or poor judgment

Individuals living with Alzheimer's or other dementia may experience changes in judgment or decisionmaking. For example, they may use poor judgment when dealing with money or pay less attention to grooming or keeping themselves clean.





# What's a typical age related change?

Making a bad decision or mistake once in a while, example neglecting to change the oil in the car.



# What can you do to help?

01

Know your members by really creating person-centered careplans when things are off you will have more keen awareness of subtle

02

Inform your MLTC Care team and/or family members about your concerns perhaps there may be a medical issue such as pain or UTI that is causing memory loss that can be corrected





# QUESTIONS

# Allpro Health Consulting and Staffing



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