

AAACT /
VETERAN
DIRECTED
HOME AND
COMMUNITY
BASED
SERVICES

CENTRAL TEXAS VETERAN DIRECTION

VOLUME TWO ISSUE 5

FEBRUARY 2011

AAACT SPECIAL EVENTS

- 2/16/2011 Caregiver Support Group 5:30pm 3802 S. 5th St, Temple TX 76502
- March 2 Chronic Disease Self Management Belton 1pm-3:30 pm To register call 254-770-2334
- March 7 Diabetes Self Management Class—Killeen 1230pm-3pm To register call (254)7702334

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PALCO News

PALCO has mailed your Employee W-2 at the end of January. Your employee will get these at their addressed listed on their employment application—if they have moved they must contact PALCO to change their address.

Remember that PALCO processes the VDHCB program process pay-

checks every two weeks.

The Timesheet must be received by PALCO NLT Noon the Wednesday after the last work week.

If they are received later check to bank will not be able to be processed and your worker will be mailed a check.

PALCO Information:

Phone:

(501) 753-4933

Toll Free Number:

1-877-710-0457

Address:

**PALCO Inc
ATTN: VD-HCBS
PO Box 13280
Maumelle, AR 72113**

Fax Address:

**Palco Inc
Attn: Sharri Briley
Fax: (501)753-4535 OR
(501) 753-2616**

Transportation Reimbursement Rate is raised to 51 Cents per mile for 2011

R Michael Irvine, the Director of Administration for the Central Texas Council of Governments announced that our mileage rate for 2011 for the use of personal automobiles will be 51 cents per mile for business miles driven. The Internal Revenue Service has concluded the mileage reimbursement rate for 2011 reflects generally higher transportation costs compared to a year ago.

This will impact the VDHCB Program, rate which previously was 50

cents a mile set by the Internal Revenue Service for 2010 will now be 51 cents for 2011.

Please remember to file all 2011 travel reimbursement for your employees at the rate of 51 cents per mile Rate.



From Your Consultant's Desk



VDHCBS STATUS UPDATE

We are currently at 27 veterans in the VDHCBS Program. We have 2 veterans in the hospital over 15 days who are disenrolled but expected to re-enroll on discharge.

I will be out the week of Monday, February 14 to February 18 to attend the 2011 "Changing Systems, Changing Lives" AoA, CMS, and VA National Grantee Meeting in Baltimore, Maryland.

This meeting is great as I will be able to discuss our program, its successes and need, face to face with the Veteran's Hospital Community Living Director from Washington and see what the plans are for next year.

I am pleased to report this steady growth in this exciting Pilot Program that you are a part of. I hope that it will continue to be there for you to help you stay at home and live the way you wish to live throughout the year 2011.

**Making the
Program work for you
and your Employees**

This month our focus will be focused on revision of your budget. The budget is a fluid document that can change as needed to purchase additional hours with your workers.

- 1) If you have the need for additional hours, you may realign your budget to allow a permanent or temporary increase of funds to pay your employees.
- 2) First you must contact Thom Wilson, your Consultant and advise him of what your need is. Thom can then work on the computer to see if the budget revision is possible with your undesignated funds. If so he will make the additions and mail the budget to you for signature and final approval.
- 3) If you do not have any undesignated funds, he will advise you on where you could transfer budget funds from other areas. Once agreed upon where the budget will be changed, Thom will print the revised budget and mail it to you for final approval and signature.
- 4) Remember Revisions of the budget are not

valid without your signature and Thom's. Signed copies of the budget must be sent back to the AACT care of Thom Wilson and also to PALCO which will use the revised budget to pay your workers payroll.

If you have any questions about your Budget changes and the running of your VDHCBS program contact:

**Thom Wilson at
(254) 770-2359.**

Payroll Schedule

1/22 /2011 to 2/4/2011

Timesheet due 2/09/2011

Payroll processed 2/11/2011

2/5 /2011 to 2/18/2011

Timesheet due 2/23/2011

Payroll processed 2/25/2011

2/19 /2011 to 3/4/2011

Timesheet due 3/9/2011

Payroll processed 3/11/2011

3/05/2011 to 3/18/2011

Timesheet due 3/23/2011

Payroll processed 3/25/2011

3/19 /2011 to 4/1/2011

Timesheet due 4/6/2011

Payroll processed 4/8/2011

Dealing With a Hospitalization

Well it has happened, despite all you have done to stay well, you got sick and were hospitalized in either the VAMC or a local Hospital. What happens with your VDHCBs program and funds?

In the Veterans Home and Community Based Services Program, the veteran is the Employer with the VA paying the salary of your workers. If you are hospitalized, your VDHCBs Funds continue to accrue in your account for the first 15 days of your hospitalization.

Funding Continues while you are Hospitalized

The reason for this accrual is so that you will have additional funds to hire that extra help or have extra hours for about 2 weeks after your hospitalization while you are recovering and strengthening yourself after your hospitalization.

Notify your Consultant when You are Hospitalized!

It very important that you, your family, or your worker notifies your Consultant, Thom Wilson at 770-2359 that you have been hospitalized. If notified, Thom will visit you, and your family, while you are in the hospital to help you prepare for your discharge home.

Budget Revision for more hours after Hospital Discharge

If needed your budget can be revised to provided extra hours for your workers utilizing the funds that have accrued while you have not received homemaker/ personal care services during your hospitalization.

Hospitalized over 15 days?

If you are hospitalized for more than 15 days, you will be disenrolled from VDHCBs until your physician can have another HHA Consult to have you evaluated for restoration of services. This can be done while you are in the hospital and nearing discharge. Once discharged, The VA will usually author-

ize a re-enrollment of your program and Thom Wilson will come out with two documents to have signed that restart your program. If needed a new 2060 evaluation will also be done.



Why a new 2060?

Since you have returned from the hospital your ADL/IADL needs may have grown and you may progress to a higher level of care needed to be funded to keep you in the home.

Steps for Re-enrollment after a 15 day Hospitalization

- 1) Notify the VDHCBs Consultant when you are scheduled for discharge. He will notify the VA Community Living Supervisor and get a verbal approval for readmission.
- 2) The day of discharge the VDHCBs Consultant will visit you either in your home or the Hospital to sign the paperwork for re-enrollment. (You will sign one form and your workers will sign one form authorizing previous forms to remain in effect.)
- 3) This must be done prior to 90 days when all funds unspent are returned to the VA., this enables you to pick up your unused funds and go forward with your care plan/ budget.

Hospitalization does not have to mean that your VDHCBs Program is over, by careful communication re-enrollment is available and you may be able to continue as if you were never disenrolled.

Hospitalized because Your Family Caregiver is Hospitalized?

If you have been hospitalized because your family care giver went in the hospital, it is obvious that you did not implement your EMERGENCY BACKUP PLAN.

The "Emergency Back-up Plan" was done when you came in the program. In it you noted whom you would call that has agreed to take care of you in the absence of your family caregiver. Or perhaps you designated an agency that would cover you in your family member's absence.

If you went in the hospital, it is likely that your either did not follow your Emergency Back-up Plan or it is faulty.

The danger of going into the hospital due to a family caregiver's hospitalization is that it exposes you to the multitude of infectious viruses and bacteria from other patients who are very ill. Studies have shown, disabled people who enter a hospital stand a greater chance to become more ill or have a new (hospital caused) infection than those who stay in their home. -enrollment.

It is safer to implement your Emergency Care Plan and stay in your home than to temporarily enter a Nursing Home or a Hospital.

By Contacting your Consultant, we can help to arrange additional hours for your current workers, help you to arrange for a n agency to provide additional care while family members arrange to come to take care of you in your home, as well as work with your physician if necessary, to provide Home Health Nurses to monitor your medications or wound care.

For any additional questions pleased feel free to call your VD-HCBS Consultant Thom Wilson, LMSW at 254-770-2359.

Training Your Caregiver: Professional Boundaries

An important part of maintaining a positive and helpful relationship between veteran and a paid caregiver is to follow guidelines of behavior often called professional boundaries .

Maintaining professional boundaries helps the caregiver maintain a **helpful** or **“therapeutic”** relationship with the client.

A good question to ask yourself: **Are my actions more about my needs than about the needs of my client?** If so, you may be crossing a professional boundary.

Professional Boundaries for VDHCBs Caregivers

1. Sharing Personal Information: It may be tempting to talk to your client about your personal life or problems. Doing so may cause the client to see you as a friend instead of seeing you as a health care professional. As a result, the client may take on your worries as well as their own.

- Use caution when talking to a client about your personal life
- Do not share information because you need to talk, or to help you feel better
- Remember that your relationship with your client must be therapeutic, not social

2. Not Seeing Behavior as Symptomatic: Sometimes caregivers react emotionally to the actions of a client and forget that those actions are caused by a disorder or disease (symptomatic). Personal emotional responses can

cause a caregiver to lose sight of her role or miss important information from a client. In a worst case, it can lead to abuse or neglect of a client.

- Be aware that a client’s behavior is the result of a disease or disorder
- Know the client’s care plan!
- If you are about to respond emotionally or reflexively to the negative behavior of a client, step back and re-approach the client later
- Note that the client may think their action is the best way to solve a problem or fill a need
- Ask yourself if there is a way to problem solve and help the client communicate or react differently

3. Nicknames/Endearments:

Calling a client 'sweetie' or 'honey' may be comforting to that client, or it might suggest a more personal interest than you intend. It might also point out that you favor one client over another. Some clients may find the use of nicknames or endearments offensive.

- Avoid using terms like honey and sweetie
- Ask your client how they would like to be addressed. Some may allow you to use their first name. Others might prefer a more formal approach: Mr., Mrs., Ms, or Miss
- Remember that the way you address a client indicates your level of professionalism

4. Touch: Touch is a powerful

tool. It can be healing and comforting or it can be confusing, hurtful, or simply unwelcome. Touch should be used sparingly and thoughtfully.

- Use touch only when it will serve a good purpose for the client
- Ask your client if he/she is comfortable with your touch
- Be aware that a client may react differently to touch than you intend
- When using touch, be sure it is serving the client’s needs and not your own

4. Unprofessional Demeanor:

Demeanor includes appearance, tone and volume of voice, speech patterns, body language, etc. Your professional demeanor affects how others perceive you. Personal and professional demeanor may be different.

- Clients may be frightened or confused by loud voices or fast talk
- Good personal hygiene is a top priority due to close proximity to clients
- Professional attire sends the message that you are serious about your job
- Off-color jokes, racial slurs, profanity are never appropriate
- Body language and facial expressions speak volumes to clients

(Continued on next Page)

Training your Caregiver (Continued)

5. Gifts/Tips/Favors: In the VDHCBs it is not authorized to give or receive gifts, or do special favors, that can blur the line between a personal relationship and a professional one. Accepting a gift from a client might be taken as fraud or theft by another person or family member.

- Follow the VDHCBs policy on gifts
- Practice saying no graciously to a client who offers a gift that is outside your guidelines.
- It's ok to tell clients that you are not allowed to accept gifts, tips
- To protect yourself, report offers of unusual or large gifts to the VDHCBs Consultant.

6. Scheduled Time: A caregiver relationship is different than a personal relationship. Personal relationships involve two-way helping. A friend or family member is often expected to be available when needed. But a paid helper is scheduled for particular times.

- Be aware that spending unscheduled time with a patient may indicate that boundaries are getting blurred.
- If you spend lots of personal time thinking about a particular patient, you may be crossing professional boundaries
- If you recognize any of these warning signs, talk it over with your consultant or other trusted professional .

7. Over-involvement: Signs may include spending inappropriate amounts of time with a particular client, visiting the client when off duty, trading assignments to be with the client, thinking that you are the only caregiver who can

meet the client's needs. Under-involvement is the opposite of over-involvement and may include disinterest and neglect.

- Focus on the needs of those in your care, rather than personalities
- Don't confuse the needs of the client with your own needs
- Maintain a helpful relationship, treating each client with the same quality of care and attention, regardless of your emotional reaction to the client
- Ask yourself: Are you becoming overly involved with the client's personal life? If so contact the VDHCBs Consultant to discuss this issue.

8. Clothing: Clothes help to define the boundaries of your role as a caregiver. Clothes send messages about how you feel about yourself and your role. Clothing choices can support your professional caregiving role or undermine it.

- Think about what message you are communicating with your choice of clothing.
- Outside of work you may dress to look more attractive.
- At work, your choice of clothing should reflect that you are a professional caregiver and sincere about your job.

9. Romantic or Sexual Relationships: A caregiver is never permitted to have a romantic or sexual relationship with a client. In most cases, sexual contact with a client is a crime in Texas.

- While it may be normal to be attracted to someone in your care, know that it is never appropriate to act on that attraction
- Do not tell sexually oriented jokes or stories. It may send the wrong message to your

client

- Discourage flirting or suggestive behavior by your client
- If you feel that you are becoming attracted to someone in your care, seek help from your VDHCBs consultant or other trusted professional right away

10. Secrets: Secrets between you and a client are different than client confidentiality. Confidential information is shared with a few others members of a team providing care to a resident. Personal secrets compromise role boundaries and can result in abuse or neglect of a client.

- Do not keep personal or health-related secrets with a client
- Remember that your role is to accurately report any changes in your client's condition to family or physician and note their notification via your daily notes on your time sheet.

In Conclusion:

Being a professional caregiver means having a positive attitude. A person's attitude is apparent from things he/she says (and the way she/he says them), the way she/he behaves, and the way he/she looks.

Having a professional, positive attitude means that you are caring and compassionate toward your veteran employer and their family and that you are committed to doing your job to the best of your ability at all times.

Professional boundaries are guidelines for caregivers that work. Staying within those boundaries will result in a better outcome for you and those you care for.

Resources:

1. *Compassionate Community Care Employee Handbook*
2. Delbert Plummer "Boundaries"
3. DHS Wisconsin Caregiver Boundary Training
4. VDHCBs Employee Handbook, 2010

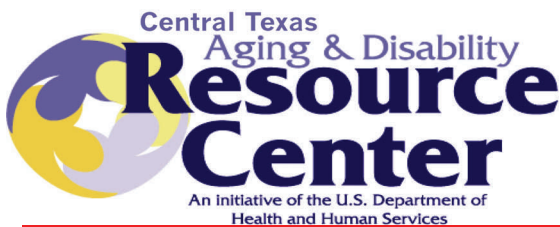
**Area Agency on
Aging of Central Texas
Veterans Directed Home &
Community Based Services**

**2180 North Main
PO Box 729
Belton Texas 76513**

**VDHCBS Consultant:
Thomas Wilson, LMSW
254-770-2359
Or
1-800-447-7169 ext
2359
(message service available)**

The Area Agency on Aging of Central Texas (AAACT), under the federal Older Americans Act, is administratively responsible for the development of a comprehensive and coordinated system of services for the population over age 60.

The Veterans Directed Home and Community Based Services Program is administered by the AA ACT under a joint pilot program funded by the Department of Veterans Affairs and the Administration on Aging. The Veterans Directed Home and Community Based Services Program is open to Veterans of all ages who meet criteria for the program.



**We are on the web at
www.centexaaa.com**



Coming Holidays For the AA ACT

The Area Agency on Aging will be Closed for the following Holiday: **February 21 Presidents Day**



**The VDHCBS Consultant will be
unavailable**

February 14-18,2011

He is attending the 2011

AoA, CMS, and VA Grantee National Meeting

You may leave a message at 770-2359

or 1- 800-447-7169

