

Americans with Disabilities Act

Welcome!



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Prov_25_003


Person-centered care planning for supporting self-direction slide

Person-centered care planning for supporting self-direction

Person-centered care is the member-controlled method of selecting and using services. It allows the person maximum control over his or her home and community-based services. The member controls the amount, duration, and scope of services, as well as choice of provider(s).

Overview	Commitment	Examples	Principles
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Click each tab for information.




Overview slide layer

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Overview	Commitment	Examples	Principles
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Overview



Person-centered care planning

- Sees the person as the expert
- Includes significant others
- Identifies hopes, interests, preferences, needs, and abilities
- Maximizes community connection

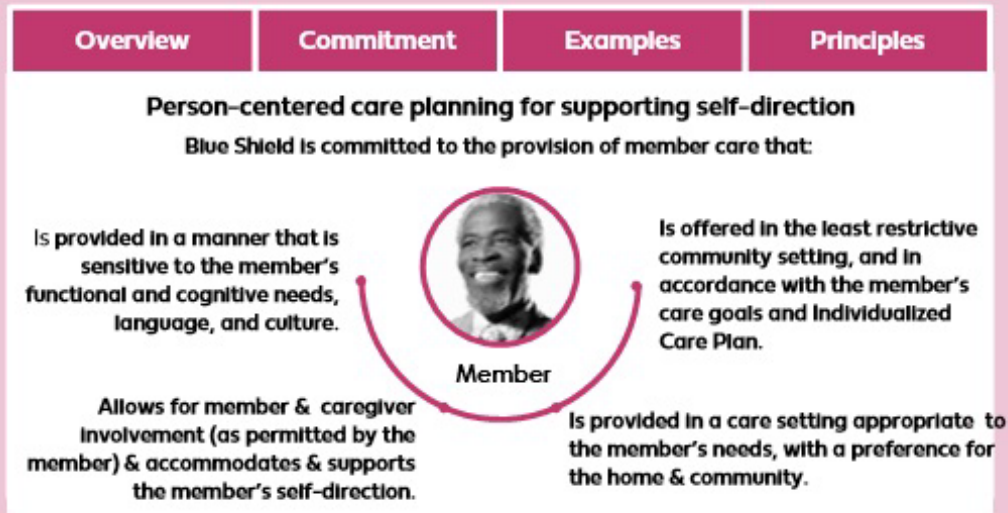
When members have diminished capacity:

- Involve them to the maximum extent possible
- Involve the legal representative, family members, or close friends
- Involve the interdisciplinary team of providers who are assessing risk to the individual

Commitment slide layer

Person-centered care planning for supporting self-direction

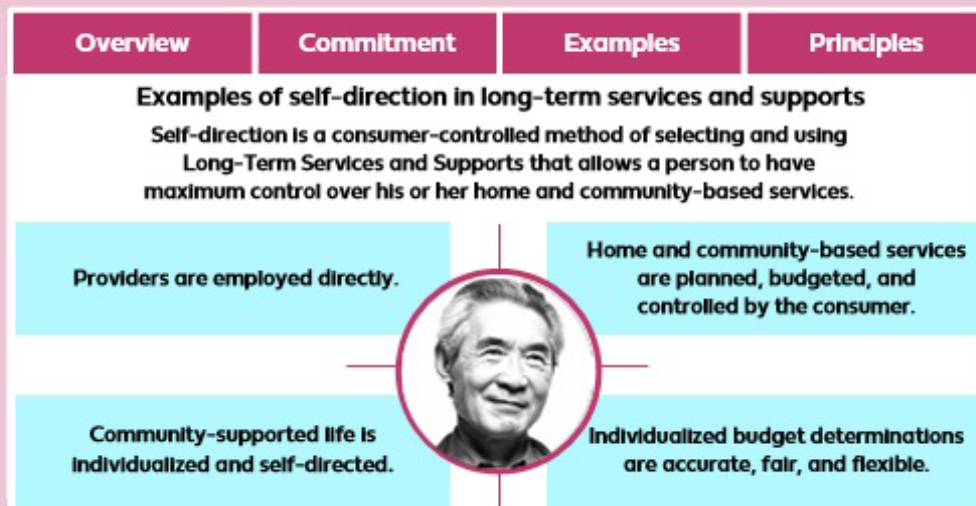
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Examples slide layer

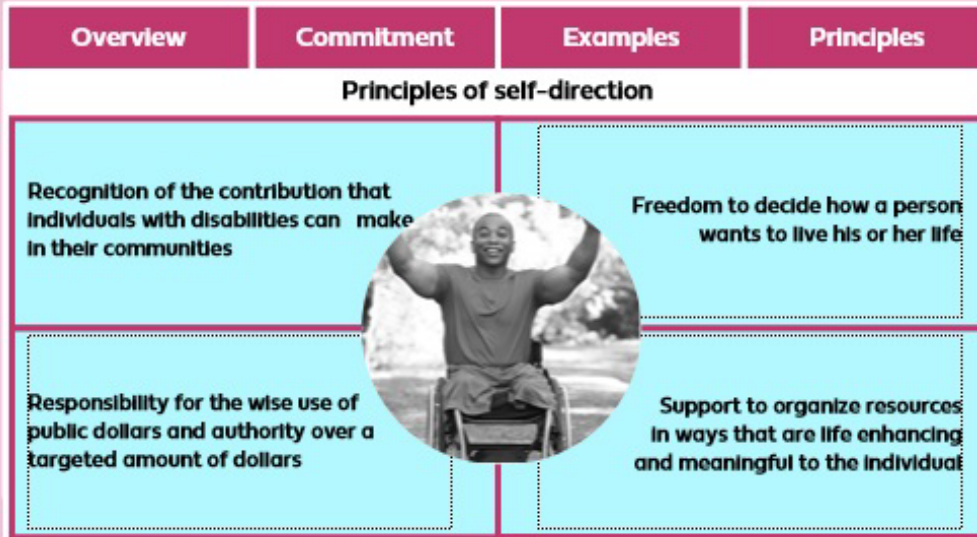
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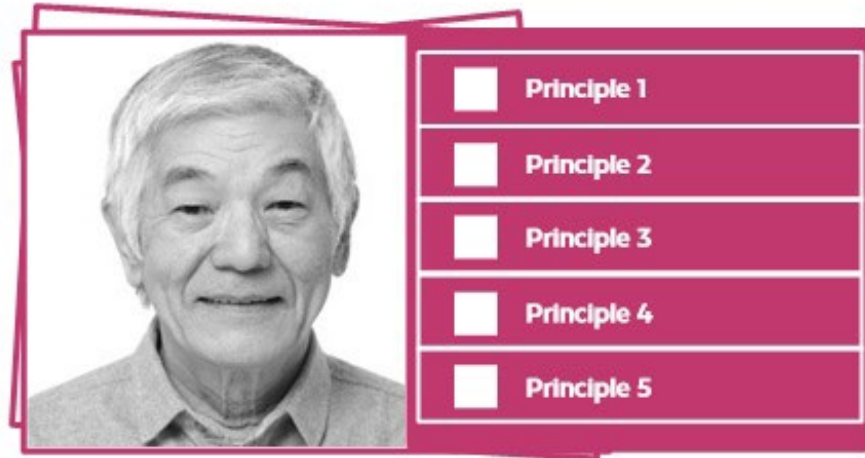


Independent living slide

Independent living

The Independent living philosophy emphasizes that people:

(Click each box to reveal a principle of Independent living.)



Principle 1

Principle 2

Principle 3

Principle 4

Principle 5

[Click here for legislative information supporting community living \(Olmstead Act\).](#)

Slide layers

Have consumer control
Are the best experts of their own needs
Deserve equal opportunity
Should decide how to live and take part in the community
Have crucial and valuable perspectives to contribute

Olmstead Act



Olmstead is the name of the most important civil rights decision for people with disabilities in our country's history. This 1999 United States Supreme Court decision was based on the Americans with Disabilities Act (ADA). The Supreme Court held that people with disabilities have a qualified right to receive state-funded support and services in the community when the following are met:

- The person's treatment professionals determine that community supports are appropriate;
- The person does not object to living in the community; and
- The provision of services in the community would be a reasonable accommodation for other similarly situated individuals with disabilities.

Courts quickly made clear that Olmstead applied to all state- and Medicaid-funded institutions, including nursing facilities.

Transition planning

Requirements

- No one should unnecessarily restrict a person's quality of life, social interactions, or basic human rights based on disability status.
- The social environments of people with disabilities should be as much as possible like those of their non-disabled peers.
- An individual should not be required to give up the right to live in the community in order to receive needed services and supports.
- People with disabilities should be allowed to make decisions about their own lives to the maximum extent possible.
- The community is for EVERYONE. This includes people who have medical or behavioral issues that complicate their care and support.

Process

- Once a person is identified, begin establishing their support system (day programs, family, friends, health plan/care, CIL, regional center, transportation, etc.) using Person-Centered Planning.
- Assess their finances and explore employment.
- Identify their place of residency (apartment, family, friend, room, supervised living, group living).
- Implement the transition plan including home setup, modifications, financial arrangements, and personal care services.
- Follow up as needed.

How to help slide

How to help
Click each tab for how to help.

Cognitive **Vision** **Hearing** **Mobility**

Chinese symbol for "to listen"

Ears - to hear **Eyes - to see**
Mind - to think **Undivided attention - to focus**
Heart - to feel

Cognitive slide layer

How to help
Click each tab for how to help.

Cognitive **Vision** **Hearing** **Mobility**

- Greet and ask the patient questions first before asking others.
- Allow time for the patient to respond.
- Don't use short sentences, slower speech, or exaggerated pitch. They may eliminate connections essential for coherence.
- Supplement verbal communication with pictures and writing.
- Repeat back to reassure you have understood correctly.

Vision slide layer

How to help
Click each tab for how to help.

Cognitive **Vision** **Hearing** **Mobility**

- Spread bright light evenly throughout the room, especially in hallways, stairs, and bathrooms.
- Place reflective tape on stair edges to provide contrast.
- Use large, easy-to-read font on all written materials.
- Allow extra time to read information.
- Allow enough room to write on forms.

Hearing slide layer

How to help
Click each tab for how to help.

Cognitive **Vision** **Hearing** **Mobility**

- Reduce background noise.
- Don't shout. It increases the pitch of your voice.
- Ask one thing at a time.
- Use visual cues.
- Write down instructions or offer to send an email.

How to help

Click each tab for how to help.

Cognitive

Vision

Hearing

Mobility

-
- Notice when a patient is not steady on their feet and may need help sitting, standing, or walking, but don't make assumptions about their abilities. Always ask before you help.
 - Be sensitive about physical contact and space. Don't touch a patient's wheelchair, scooter, or cane, unless asked to do so. And don't lean over someone in a wheelchair to shake another person's hand.
 - Slow things down and show patience with the amount of time it may take them: "Please don't rush, we have plenty of time."
 - When talking with a patient in a wheelchair or scooter for more than a few minutes, sit in a chair whenever possible.

Ensure accessibility slide

Ensure accessibility

Click each box to reveal an example of an accommodation to ensure accessibility.



- Parking spaces
- Curb ramps
- Barrier-free access parking
- Wide doorways
- Accessibility in public spaces
- Ample, accessible restrooms
- Accessible drinking fountains
- Accessible service counters
- Raised tactile Braille signs
- Accessible exam rooms
- Accessible exam tables
- Accessible weight scales
- Transfer equipment
- Communication & auxiliary aids

For more information, click this link to the American Medical Association's

[Access to care for patients for disabilities](#)

Parking spaces slide layer

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Curb ramps slide layer

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Barrier-free access parking slide layer

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Wide doorways slide layer

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Accessibility in public spaces slide layer

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Ample, accessible restrooms slide layer

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Accessible drinking fountains slide layer

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Accessible service counters slide layer

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Raised tactile Braille signs slide layer

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Accessible exam rooms slide layer

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Accessible exam tables slide layer

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Accessible weight scales slide layer

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Transfer equipment slide layer

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Communication & auxiliary aids slide layer

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[Communication and auxiliary aids](https://www.ada.gov/effective-comm.htm)

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Thank you!

You have completed the course!

