

# How to Adapt to a Changing CAP/DA Population: Conducting a Thorough Assessment of Need & Capability

## 2<sup>nd</sup> Quarter Training

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# Health, Safety & Well-Being

## Assuming the Risk

# Health, Safety & Well-being Policy

(3K-2 CAPDA-Choice Clinical Coverage Policy)

**a. Based on assessment of the Beneficiary's medical, mental, psychosocial and physical condition and functional capabilities:**

- The Beneficiary is considered to be at risk of health, safety and well-being when they cannot cognitively and physically devise and execute a plan to safety if left alone with or without a Personal Emergency Response System;
- The beneficiary lacks the emotional, physical and protective support of a willing and capable caregiver who must oversee 24-hour hands-on support or supervision to ensure the health, safety and well-being of the individual with debilitating medical and functional needs;
- The Beneficiary's needs cannot be risk stratified and maintained by the system of services that is currently available to ensure the health, safety and well-being;

# Health, Safety & Well-being

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**b. The Beneficiary's residence is not reasonably considered to be safe to meet the health, safety and well-being in that the home lacks adequate heating and cooling system, storage and refrigeration, plumbing and water supply, electrical service, or garbage disposal which does not provide for the Beneficiary's safety and these issues can not be resolved.**

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- c. The Beneficiary's residential environment would reasonably be expected to endanger the health and safety of the individual, the individual's caregiver, case manager or care advisors in that proven evidence of unlawful activity is conducted in the home; family members of the beneficiary have exhibited physical and verbally abusive behavior or threatening language on more than two instances, or repeated pest eradication proves to be unsuccessful which can lead to a pest epidemic.**

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**d. The Beneficiary's continuous intrusive behavior impedes the safety of self and others by attempts of suicide, injurious to self or others, verbally abusive, destructive of physical environment, or repeated noncompliance of the Plan of Care and written or verbal directives; or**

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**e. The Beneficiary's primary caregiver, responsible party, continuously impedes the health, safety and well-being of the beneficiary by refusing to comply with the terms of the plan of care, refusal to sign the plan of care or refusing to keep the case manager or care advisor informed of changes in the status of the beneficiary.**

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- f. The Beneficiary chooses to remain in a living situation where there is a high risk or an existing condition of abuse, neglect, or exploitation as evidenced by an Adult Protective Service a or Assessment.**

# INDIVIDUAL RISK AGREEMENT

- **The risk(s) that have been identified below have been determined and the CAP/DA-Choice beneficiary has chosen to assume responsibility in addressing the risk. The details of the risk(s) have been explored and the beneficiary understands how the specified risks may impact the beneficiary's health, safety and well-being. The Local Lead Agency and the CAP/DA-Choice beneficiary have negotiated an agreement with measurable time frames. Risks that have been identified will be continuously monitored and re-evaluated throughout the length of the agreement. The beneficiary is aware of the possible consequences of not addressing risks as outlined in their agreement.**
- **Name** –CAP/DA-Choice Beneficiary
- **Name** – CAP/DA-Choice Local Lead Agency
- **Name(s)** – Individuals involved in risk identification and reduction discussion

# INDIVIDUAL RISK AGREEMENT

- 1. Describe the risk(s) identified by local lead agency** [e.g., exhibited behavior that is deemed to be verbally/physically abusive to others, non compliance of the Plan of Care; or risk/hazard(s) in the person's environment (pest infestation, lack of sufficient water supply, etc.)].

# INDIVIDUAL RISK AGREEMENT

**2. Describe the local lead agency's identified adverse outcome/harm that may result from the beneficiary's failure to address the risk(s) (e.g., decline in physical/emotional health , injury to self or others ,etc).**

# INDIVIDUAL RISK AGREEMENT

**3. Describe the beneficiary's understanding of identified risk(s) and his/her plan for addressing it.**

# INDIVIDUAL RISK AGREEMENT

**4. What alternative measures may be used by the local lead agency, the beneficiary, or by his/her informal supports to minimize risk, reduce adverse outcome(s) identified in #2 above? (e.g., durable medical equipment ,adaptive equipment; increased personal care hours, improve network of informal supports)**

# INDIVIDUAL RISK AGREEMENT

- 5. Briefly describe the agreement reached including consequences of failure to work toward a solution.**

# INDIVIDUAL RISK AGREEMENT

- The risks identified by the agency have been explained to me. I accept the risk(s) associated with my choice, decision or preferred course of action.
- **SIGNATURE** – Beneficiary / Legal Representative
- Date Signed
- **SIGNATURE** – Local Lead Agency Case Manager
- Date Signed

### INDIVIDUAL RISK AGREEMENT

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2. Describe the local lead agency's identified adverse outcome/harm that may result from the beneficiary's failure to address the risk(s) (e.g., decline in physical/emotional health, injury to self or others, etc.)

3. Describe the beneficiary's understanding of identified risk(s) and his/her plan for addressing it

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\_\_\_\_\_  
SIGNATURE – Beneficiary / Legal Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
SIGNATURE – Local Lead Agency Case Manager

\_\_\_\_\_  
Date Signed

# Assessing Needs, Capabilities, and Risk Factors for those participating on Choice

In order to participate in CAP/Choice, an individual must:

- be screened for basic cap participation to determine if they need CAP services
- complete the CAP/Choice “**Self Assessment Tools**” to determine if they are capable of directing their own care.

# The Purpose of the “Self Assessment Tools” :

- Evaluate an individual’s awareness of their care needs.
- Provide a framework to create a plan to meet their care needs.
- Provide tools to use as the employer of record on Choice.

# The Purpose of the “Self Assessment Tools” :

- Highlights different aspects of care and provision of care under Choice.
- Helps the individual determine the areas in which are knowledgeable and areas in which may need training.
- Identification of current social support network.

## The “Self Assessment Tools” help the Care Advisor to have a better understanding of:

- Perceived care needs
- Ability of the individual to plan formal and informal strategies to meet those needs
- Gaps in services

- The completed “Self Assessment Tools” are return to the Care Advisor to evaluate the capability of the beneficiary or the appointed legal representative .
- An individual cannot be approved for Choice without the completion of and analysis of the “Self Assessment Tools” .

# How to Identify Risk

## Things to Consider:

- What questions did the individual respond to with a “No” response.
- Has the individual answered in a contradictory way to the questions?
- Are there discrepancies between the needs, items, supports, services listed by the beneficiary in the self assessment tool & those listed in the CAP assessment?
- Is there a lack of awareness of need on the beneficiary’s part?

# How to Identify Risk

Things to Consider:

- Are there areas that the individual has identified that they need help understanding?
- Has the individual talked to you about getting help to understand these areas?
- Does the personal care task list match to information in the assessment?
- Do they understand how to go about seeking out employees and hiring.

# How to Identify Risk

Things to Consider:

- Are there discrepancies between what the beneficiary feels they need and their assessed needs?
- Is the individual able to write a schedule that is , sufficient to complete the needed tasks.
- Is the pay rate over a reasonable amount?
- Is the individual focusing on important areas required for directing care and making sure their needs are met.
- Have a back up plan been created?

# An Inventory of the “Self-Assessment Tools”

## ➤ “Is Consumer-directed Care Right for Me?”

- (helps to identify areas of knowledge and areas of training needs)

## ➤ “What are your health care needs?”

- (helps to document health care needs)

## ➤ “What areas do I need help in?”

- (An inventory of topics that an individual will need to understand if on CAP Choice & helps the individual understand how to follow-up with the information they feel they need assistance )

# An Inventory of the “Self-Assessment Tools”

## ➤ “Making a Personal Care Task List”

- (help individual create a plan to meet their needs under CAP Choice)
- (provides an indication of how well understand their care needs)

## ➤ “Find the Right Support Network”

- (Provides guidance to help individual focus on aspects of hiring caregivers & directing care)

## ➤ “Hiring a Support Network”

- (help an individual think about who they want to hire & determine pay for their personal assistant)

# An Inventory of the “Self-Assessment Tools”

## ➤ “My Emergency Back-up Plan”

- (back up plan including who the back-up person is if primary caregiver is not available)

## ➤ “Additional Tools to Assist You in Directing Your Own Care”

- (tools for the individual to understand how to find and hire a personal assistant, hiring process & how to interview a potential personal assistant; how to evaluate a personal assistant, and how to address issues that might arise)

## **Discussion:**

**What if the individual answered “Yes” to:**

- “Do you want to take charge of your care needs?”,

**and answered “No” to:**

- “Do you want to hire, train, and manage your own care providers?”
- “Will you tell your workers what you like & don’t like?”

- **What is the Potential Risk to providing Choice to this person?**
- **How would you address?**
- **What is a Plan to minimize risk?**

What if the needs listed in the CAP Assessment differ from the needs listed in the self assessment tool?

# Discussion:

“CAP Assessment”	“Self-Assessment Tool”
Needs grab bar and bath chair for shower safety.	Needs someone to help her sit down in tub to soak
Needs ramp	
Diabetic with deep ulcer on heel that needs wound care	
Medication Admin – can take independently once set up in pillbox	Independent w/ Medication – “doesn’t want anyone to touch”
Frequent falls – lives alone – needs telephone alert.	
No social support	No social support & doesn’t know how to build social support network.

# Analysis

- **What is the Potential Risk to providing Choice to this person?**
- **How would you address?**
- **What is a Plan to minimize risk?**

## **Discussion:**

**What if the beneficiary indicated, “I need a lot of help” with:**

- “Completing a job description and duty list for employee”
- “Finding workers to provide personal care and home maintenance.”
- “Screening applications and interviewing potential workers.”
- “Reviewing employees work tasks and time sheets to approve payment of wages.”
- “Assessing the quality of service provided by our workers.”
- “Firing workers with poor job performance.”
- “Planning for back-up or emergency care.”

**When you had a follow-up contact with the individual and asked if there were areas they needed help understanding, they replied “no”.**

# Analysis

- **What is the Potential Risk to providing Choice to this person?**
- **How would you address?**
- **What is a plan to minimize risk?**

## Discussion:

- **What if individual indicates “doesn’t matter” to questions like:**
  - “the worker arrives on time & stays entire time scheduled.
  - “the worker follows my instructions and performs work to my satisfaction.”
  
- **What if the individual replies “don’t know” to questions:**
  - Who do you think you will hire” & provide services you need?
  - How will you decide how much to pay your support network?

# Analysis

- **What is the Potential Risk to providing Choice to this person?**
- **How would you address?**
- **What is a Plan to minimize risk?**

# Emergency Back-up

**Required element to Participant in Choice**

**The plan includes:**

- Important info about the individual
- Important phone #'s for the social supports.
- **Identification of a informal support system rather than a formal support system for back-up**
- A focus on specific care needs

## Discussion:

- What if individual does not have anyone as back up to take them to critical medical appts when personal asst is out.
- What if they require 24 hr supervision and the individual has no back up plan if their personal assistant is out?
- What if their personal assistant helps them with their daily insulin injections and the individual has no back up plan for when assistant is out?

# Analysis

- **What is the Potential Risk to providing Choice to this person?**
- **How would you address?**
- **What is a Plan to minimize risk?**