Assessing Life Long Support Needs

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Background

- All states have assessment processes to determine the need for long term services and supports

- Assessment Types
  - **Functional**: deficit based focusing on physical, intellectual or cognitive limitations
  - **Support Related**: identifying the supports needed as a result of the disability

- Standardized: process ensuring instruments and process are consistently administered and scored for all groups

Assessments are Used for a Variety of Purposes

To determine:

- Eligibility
- Support needs
- Presence of physical or mental conditions
- Level of intellectual or adaptive functioning
- Level of risk (institutionalization, out of home placement, threat of harm to self or others, etc.)
- Level of urgency for support
- Service utilization (employment, in-home supports, transportation, socialization)
- Determining support needs
- Informing the person-centered planning process
- Individual funding allocations

Assessing Eligibility, Function or Support Need

- *People become eligible for benefits based on the presence of a disability or condition but request services based on the lack of supports in their lives*

- Assessments cannot adequately control access – people typically enter public systems during periods of personal crisis when their current supports no longer are able to meet their needs

- Assessments focusing on functional deficits alone may miss the fact that the services people generally need are social, administrative or even structural, rather than clinical or therapeutic (Respite or a clothes washer)

LTSS Assessments: Informing the Process of Getting People Want & Need

- Direct Support to enable people to personally access and participate in work, family and community activities through individualized supports that compensate or in some way work-around their functional impairments,

- Training and education to strengthen individuals' functional abilities to enable them to perform activities or tasks on their own, without assistance or with less external support,

- Treatment to address specific medical conditions, functional impairments or health related conditions, and

- Ancillary services to improve independent functioning and quality of life such as transportation, adaptive equipment and environmental modifications.

Challenges of Functional Assessments and Person-Centered Care

- Functional assessments are deficit based, focusing on the problems or physical conditions
  - Service needs are extrapolated from identified deficits

- Assessments of service needs directly address the challenges people experience in their lives and the assistance that they need

- People with the same functional deficits may have drastically different service needs

What is the Relationship Between Person Centered Planning Implementation and the Functional Assessment?

Purpose of support

- Short term or episodic to remediate a particular problem
  – Specific acute care treatment
  – Discrete service or equipment item

- Life span supports designed to enable the person to live a productive and affirming life in the most integrated community settings

Person Centered Planning

- A process that enables the person to determine how they want to live their life and to define the role the provider will play in his or her life

- Supports are balanced to enable the person achieve the life they want to live in the community while addressing critical needs
  - Identifying those things that are important **to** the person and their life, and those things that are important **for** the person, in terms of their health and safety.

- Involves a focused discussion of the supports they need to participate in society at work, at home and with their neighbors and friends in the community

Important *TO*

What is important to a person includes those things in life which help us maintain our health, to be part of our family, be active in our community including working at a job, and to be <u>fulfilled</u>, <u>satisfied</u>,

- People to be with and relationships

- Things to do & places to go

- Rituals or routines

- Rhythm or pace of life

- Status & control

- Things to have

Important *FOR*

- Issues of health:
  - —Prevention of illness
  - —Treatment of illness / medical conditions
  - —Promotion of wellness (e.g.: diet, exercise)

- Issues of safety:
  - —Environment
  - —Well being ---- physical and emotional
  - —Free from Fear

- What others see as necessary to help the person:
  - —Be valued
  - —Be a contributing member of their community

Important *To* and *For* are Connected

- ***Important to*** and ***important for*** influence each other
- No one does anything that is ***important for*** them (willingly) unless a piece of it is also *important to* them

The balance is dynamic and always involves tradeoffs

Person Centered Planning Starts with Person-Centered Thinking

- The process is dynamic
- Lead by the individual
- Involves people who have expertise that is important to and for the person
- Flexible
- Designed to be affirming to the individual

Functional Assessments: Assumptions

- People needing long term care share certain characteristics.

- Standardizing the design of services will standardize the outcome.

- The reality is that the needs for support, treatment and training differ for each individual and change over time in response to varying personal and environmental factors.

- The emphasis on achieving uniformity of care actively inhibits the ability of a system to address each individual's unique life situation and personal goals (Kane, Kane & Ladd, 1998).

- *Standardizing the approach makes it virtually impossible to take advantage of opportunities for natural support that are available in the community as a result of normal relationships with family friends, neighbors, and others.*

Functional Assessments

- Appropriately designed computerized universal assessments can effectively gather information on eligibility and in some cases service needs,

  - but should not take the place of assessments for specific treatments or person-centered service planning.

- Functional assessments can inform but should never supplant person-centered planning

Ensuring People Are Receiving the Supports they Need

- CMS Requires states to monitor services delivered to ensure they:

  – Address waiver program assurances

  – Ensure people get what they need consistent with the person-centered plan of care

- Reviews typically assess the PCP and related documentation of progress and goal achievement, as well as discussions with the person receiving support

- QM approach focuses on Discovery, Remediation and Improvement

Focusing on Results

At each person-centered planning team meeting - evaluate services and supports:

– Are they addressing what is *important to* and *important for* as noted in the plan?

– Do services focus on fixing the person or on *enabling the person to "get a life?"*

Contact

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