

# New OBH Level II Evaluation Form: Implementation

Summer Chaves, LPC-S

OBH PASRR Program Manager

7/30/2024

# Needs Addressed by Updated Evaluation

1. Flow in a **more person centered/conversational way** with more “heavy” or stigmatized areas last
2. Clearly identify the individual’s needs, supports, and barriers
3. Gain a richer picture of the **natural and community supports available** to the individual **AND the extent to which they are able to assist for short and longer term needs**
4. Evaluators will be able to **present appropriate home and community based options to meet identified needs in the community setting.**
5. Through identifying and discussing home and community based needs, the **will be able to adequately formulate placement and service recommendations** based on the least restrictive setting to address these needs and receive service recommendations.
6. Provide an **attestation for Level II Evaluators and MCOs to ensure the above is done and contract expectations are upheld.**

# Prominent Upgrades

- Move away from narrative focused format
  - **Prompts for discussion** (beige)
  - **Drop Downs** (yellow)
  - **Auto Populated Fields** for Summaries and Attestation (light green)
  - **Limited narrative** (light blue)
- Data Collection
  - Can identify specific data elements to measure
  - Can produce reporting based on specific elements
- Consistency Across Assessors and MCOs
- Consistency Across Programs
  - Collaborated with My Choice and OAAS
    - Consistent Language
    - Consistent use of **already ID Barriers** and Recommendations (**My Choice**, OBH, and OAAS)
- Leads to natural discussion of community options

# Examples of Format Types

The next few sections will let me find out more about your thoughts and feelings. Things like worry, anger, excitement, joy, and fear. As well as how these things impact you on a day to day basis.

BEHAVIORAL HEALTH		
Can you tell me about any times you have been bothered by low feelings, sadness, or stress ?		
Can you tell me about any times your mood/feelings or thoughts caused you problems in your life?		
Can you tell me about any times you may have wanted to harm yourself or wanted to cause harm to someone else?		
BEHAVIORAL HEALTH PRESENTING PROBLEM AND HISTORY		
Individual:	Family/Collateral:	Treatment Provider:

TRAUMA ASSESSMENT	
Have you ever experienced a terrible event or situation that has impacted you significantly?	
Did this require law enforcement to be involved?	
Do you know if what happened had to be told to someone from Child or Adult Protection?	
Did you receive any support or help from anyone related to this?	

FUNCTIONAL RISKS	COMPLEX MEDICAL:

# Updated Assessment Flow

## OLD

- Behavioral Health
- Substance Use/Dependence
- Medical/Physical Health
- Social History
- Living Situation
- Learning/Working and Functional Status
- Current Status (Mental Status Exam)
- Mood and Behavioral Assessment
- Risk Assessment
- Diagnoses
- Identified Needs and Summary

## NEW

- Housing, Housing Stability, Housing Preference
- Education and Employment
- Supports (Natural and Community)
- Functioning/Daily Living
- Diagnoses and Dementia
- Medical/Physical Health
- Behavioral Health (Social and Trauma Histories included)
- Medication Compliance
- Substance Use Disorders
- Mental Status Exam
- Risk Assessment
- Supports
- Community Options Discussed

# Person Centeredness

- Addresses varying levels skill in conducting a person centered assessment
- Scripted (dark green) and Prompted (beige)
- Provides increased consistency
- Embedded Person Centered Questions

Reason for Assessment: Evaluator to explain purpose of visit

Hi, Your treatment team, tells me you may be interested in going to a nursing home/want to stay in the nursing home, I am not here to make that decision. My job is to learn a little about you and see if I can provide some additional information on resources in the community that may be able to help you. I've got no skin in the game on if you go to/stay in a nursing facility or not. My job is to gather this information. Does that sound Ok? It will take about 45 minutes.

PreAdmit: Tell me a little about why you are considering nursing facility placement right now?

CSR/RR: Tell me about living here?

HOUSING	
Where are you currently living?	
Do you like it there?	
If you were to leave the facility tomorrow, where would you go?	
Primary Residence:	Time at residence:
Previous Residence:	Time at residence:
Is there some other place you would like to live instead?	
Have you ever lived in a place where people were there to help you?	What type of place was it?
Date	Facility Name:
What type of support did they provide? What can or do they help you with? (List Below)	

# 360 Assessment

- Gathering information from multiple sources
- Each main section will prompt for info from
  - Individual
  - Family/Collateral
  - Treatment Provider

## Example Prompts from Functional/Daily Living:

- Tell me about a typical day for you.
- What makes for a great day? What makes for a bad day?
- Tell me about how you are able to take care of yourself?
- Tell me about any changes in what you have been able to do for yourself vs what you are able to do now.

# 360 Assessment cont.

FUNCTIONAL/DAILY LIVING		
Tell me about a typical day for you.		
What makes for a good day? What makes for a bad day?		
Tell me about how you are able to take care of your self.		
Tell me about any changes in what you have been able to do for yourself vs what you are able to do now.		
Individual:	Family/Collateral:	Treatment Provider:

MEDICAL/PHYSICAL HEALTH		
Tell me about what causes you to need to be in the hospital or get help from your doctor.		
Is this something you have had to deal with before or is this something new?		
Individual:	Family/Collateral:	Treatment Provider:



# Results of Each Section

Every Main Section will result in a summary of:

- Needs
- Barriers
- Recommendations

Housing Needs:	Housing Barriers:	Housing Recommendations:

- These will auto populate into full attestation summaries for the Level II Evaluator and MCO

# Barriers and Recommendations

- Tailored to each section
  - Pick the best response
    - Need a curated list (think top 3-5)
  - Consistent with barriers used for My Choice=continuity
  - Allow us to collect needed data
- ✓ Housing
  - ✓ Education & Employment
  - ✓ Support (Natural and Community)
  - ✓ Functional/Daily Living
  - ✓ Medical
  - ✓ BH
  - ✓ SUD

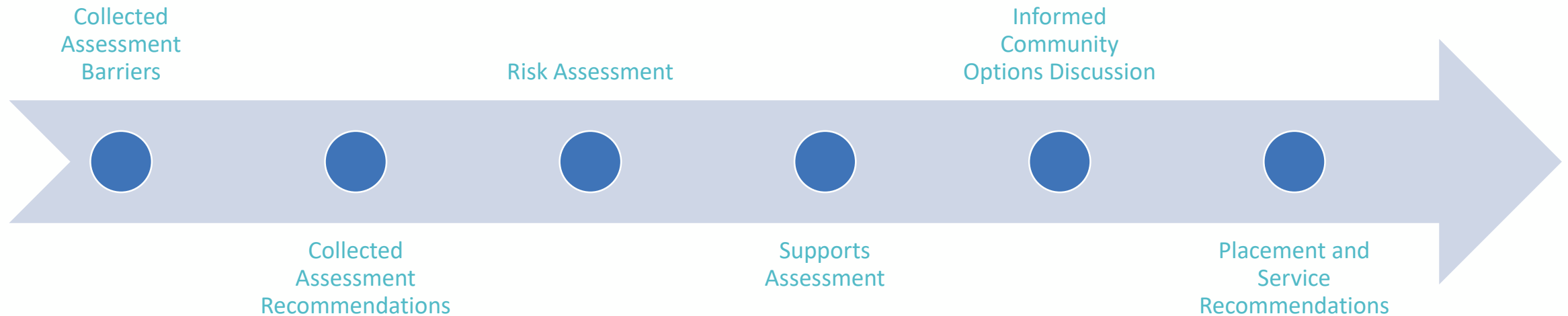
# Areas to fill in BEFORE the Assessment to Ensure a TIMELY Assessment

- ✓ Demographics Section
- ✓ Income
- ✓ Legal Status
- ✓ REQUEST Information
- ✓ Documents Reviewed
- ✓ Community Supports
- ✓ Assistive Devices
- ✓ Diagnoses (Psychiatric and Medical)
- ✓ Dementia info
- ✓ Medical History
- ✓ Medical Treatment History
- ✓ Psych Med Prescriber
- ✓ BH Treatment History (ask about outcome)
- ✓ SUD (substances used, treatment history)

# Areas for Conversation

- ✓ Housing
  - ✓ Education & Employment
  - ✓ Supports
  - ✓ Functional/Daily Living and their ratings including Collateral info
  - ✓ Medical/BH/SUD current needs and history
  - ✓ Med Compliance
  - ✓ Community Options
- Keep it person centered and simple
  - **Probe when needed**
  - Collateral interviews are a **MUST**
    - Increased Support Focus
    - How do they see things?
    - What are they willing to help with, for how long, and if no, what is the barrier?

# Assessment Elements and Goal



# Putting it Together & Discussing Community Options

- Scripted Lead into the discussion

OK last part. Do you remember in the beginning when I said I am here to talk about some things in the community that may be able to help you? Well since you gave me such great information about yourself, I think I have a few ideas about things that could be of interest to you.

- Specific List of Community Options To Be Discussed
- Outcome of options discussed will also be noted

# Putting it Together & Discussing Community Options

- Directly follows Risk and Support Summaries
- Allows for a discussion based on evidence of what is working for the individual and could contribute to additional tenure in the community

COMMUNITY OPTIONS DISCUSSED	Y/N/NA	OUTCOME
My Choice Louisiana		
PSH/Supportive Housing		
Community Choices Waiver		
Adult Day Health Care Waiver		
Long Term Personal Care Services		
Program for All Inclusive Care for the Elderly (PACE)		
Louisiana's Traumatic Head and Spinal Cord Injury Trust Fund Program (THSCI)		
State Personal Assistance Service Programs (SPAS)		
Community Case Management		
Home and Community based BH Services		
Home and Community Based Medical Services (HH, PT, OT, Wound Care, etc.)		
Transportation		
Meal Support (Council on Aging)		

# Attestations

- Required for Level II Evaluators and MCOs
- Directly Connected to items in DOJ Compliance Guide as well as ensuring
  - Face to Face interview occurred,
  - Collateral interviews occurred,
  - Community Options were discussed, and that the
  - MCO will coordinate needed referrals.
- Items will **Auto Populate from Assessment** and will include items to facilitate placement and service recommendations.
- Areas Included
  - Demographic Summary
  - Diagnosis Summary
  - Needs, Barriers, and Recommendation Summaries
    - Housing, Supports, Function/Daily Living, Medical and BH, etc...
  - Community Options
- Additional items will be required by MCOs (Authorization Data, MCO Specific Recommendations)



# THANK YOU

SUMMER CHAVES, LPC-S

*SUMMER CHAVES, PASRR PROGRAM MANAGER 1-B*

[SUMMER.CHAVES@LA.GOV](mailto:SUMMER.CHAVES@LA.GOV) | 225-342-4344

