Effective Care Planning

Office of Aging and Adult Services (OAAS) Care Planning Training

OAAS-TNG-16-004

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Louisiana Department of Health and Hospitals

628 North 4th Street, Baton Rouge, Louisiana 70802

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Goals of Training

▶Understand Level of Care Review Process,

▶Introduce Person-Centered Planning (PCP) concepts,

▶Interpret the MDS-HC assessment to develop the Plan of Care (POC),

▶Create goals and preferences with services and supports needed to develop a budget, and

▶Identify POC Quality Assurance practices to ensure compliance with program policies and regulations.

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Level of Care Eligibility Criteria

▶ In order for a participant to be eligible for an OAAS program (e.g., Community Choices or ADHC Waiver, PACE, LT-PCS), he/she must meet Level of Care Eligibility Criteria or a "Pathway".

▶ Assures a consistent and reliable process for determining that participants meet functional/medical eligibility requirements.

▶ The MDS-HC assessment determines whether or not a participant meets Level of Care eligibility criteria.

▶ In order to meet Nursing Facility Level of Care, an individual must meet at least one (1) of the seven (7) Pathways.

OAAS Level of Care Eligibility Manual

▶Use the OAAS Level of Care Eligibility Manual as a guide to determining if a participant meets Level of Care or a Pathway.

▶The OAAS Level of Care Eligibility Manual is posted on the OAAS website:

▪http://ldh.louisiana.gov/assets/docs/OAAS/Manuals/LOCEligibilityManual.pdf

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Pathways Automated to Trigger in Telesys

▶**ADL** - The intent of the ADL Pathway is to determine the individual's self-care performance in activities of daily living.

▶**Cognitive Performance** - Key areas of focus include Short-Term Memory, Cognitive Skills for Daily Decision-Making, and Making Self Understood.

▶**Behavior** - The intent of this Pathway is to identify individuals who experience repetitive behavioral challenges.

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Pathways Not Automated to Trigger in Telesys

▶If the ADL, Cognitive, or Behavior Pathway have not triggered in MDS-HC, then you must review the pathways noted below:

■Service Dependency,

■Physician Involvement,

■Treatment & Conditions, and

■Skilled Rehabilitation Therapies.

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Service Dependency Pathway

▶The individual must have:

- Been receiving services prior to 12/1/2006 with no break in service, **AND**

- Require these services in order to maintain current function.

Physician Involvement Pathway

▶The individual must have:

- One day of doctor visits and at least four (4) new order changes within 14 days; or

- At least two (2) days of doctor visits and at least two (2) new order changes within the last 14 days.

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Treatments and Conditions Pathway

▶Individual must have **any one** of the conditions listed below:

- Stage three (3) or four (4) pressure sores in the last 14 days;

- Intravenous feeding in the last seven (7) days;

- **Daily** tracheostomy care, daily ventilator/respiratory usage, **daily** suctioning in the last 14 days;

- Pneumonia in the last 14 days **and** the individual has associated ADL/IADL needs or restorative nursing care needs;

- Daily respiratory therapy (by qualified professional) in the last 14 days;

- Daily insulin injections with two or more order changes in the last 14 days; and/or

- Peritoneal or hemodialysis in the last 14 days.

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Skilled Rehabilitation Therapies Pathway

▶ The individual must have:

- Received at least 45 minutes of active physical therapy (PT), occupational therapy (OT), and/or speech therapy (ST) during the last seven (7) days; or

- At least 45 minutes of active PT, OT, and/or ST for the next 7 days.

Supporting Documentation Needed

▶ Supporting documentation for the specific condition or treatment identified is **required**.

■ Required for the Physician Involvement, Treatments and Conditions, and/or Rehabilitation Therapies pathways only.

■ **Document in the MDS-HC notebook the pathway the participant meets and the type and source of supporting documentation used to determine the pathway was met.**

■ Documentation can include:

◆ Nursing facility paperwork, hospital discharge summary, Home Health POC, SMS form **or** include assessor notes documented in the MDS-HC Notebook.

Degree of Difficulty Questions (DDQs)

On **Initial** assessments, determine if the participant is experiencing difficulty in completion of any of the late-loss ADLs. If so, where he/she has scored a "0", you must ask the DDQs only for those late loss ADLs **before you leave the home.**
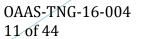
Note: DDQs may be applied to annual assessments only if there are extenuating circumstances.

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Degree of Difficulty Questions (cont'd)

▶Do NOT change the coding answers in Section H.2. of the MDS-HC where you apply DDQs.

▶If the participant meets the ADL LOC Pathway via use of the DDQs, then document in the notebook and proceed with the Plan of Care.

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Purpose: Plan of Care

▶The Plan of Care (POC) is designed to:

- Describe the needs of the participant,

- Specify preferences of services,

- Inform the participant, family, friend(s) and/or staff of what is being provided, and

- Guide the participant's care.

▶Keep in mind a participant's **Dignity of Risk**:

- The right to make choices, even if it may not be the *best* choice.

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Plan of Care Meeting and Development

▶What does it mean to develop a Plan of Care (POC)?

▶Who does the participant want to invite to the POC meeting?

- Family members,

- Friends/Neighbors,

- Provider and/or DSW, or

- HH/Hospice/Mental Health Program, etc.

▶Remember the 4 C's!

- Complete, Correct Coding, Correlate, Concise.

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Person-Centered Planning (PCP)

Q: What is the Person-Centered Planning (PCP) philosophy?

A: The participant is the center of planning and meeting their specific need is the forefront of person-centered planning.

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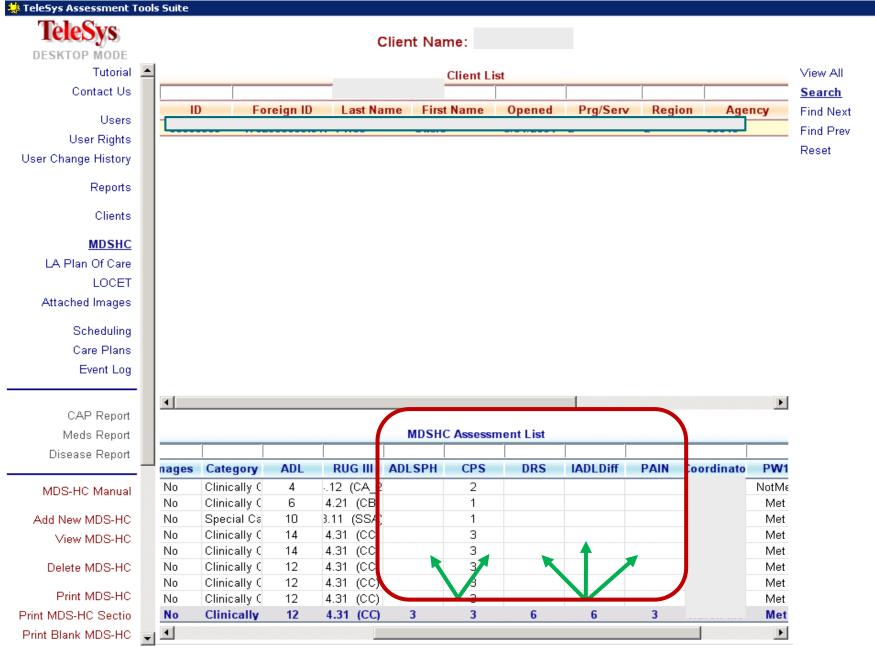
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8 Dimensions of PCP

1. What is important **TO** the participant and what is important **FOR** the participant?

2. Describing the participant's **good days and bad days.**

3. Identifying what **relationships** are important to the participant.

4. Asking about the participant's **wishes and dreams**.

5. Developing an **appreciation** of the participant.

6. Knowing the participant's **history.**

7. Determining the best ways to **communicate** with the participant.

8. Learning what's **working and what's not working**.

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LA Use of interRAI Scales

▶The scales report is generated from the MDS-HC assessment.

▶The five (5) key scales are:

1) Cognitive Performance Scale (CPS),

2) ADL Self-Performance Hierarchy,

3) IADL Difficulty Scale,

4) Pain Scale, and

5) Depression Rating Scale (DRS).

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What is a CAP?

▶CAP **=** Clinical Assessment Protocol.

▶A CAP is a care planning **guideline** *triggered* by item responses in the MDS-HC assessment.

▶CAPS are divided into 4 Issue Categories:

1) Social Life,

2) Cognitive/Mental Health,

3) Physical/Functional, and

4) Clinical.

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Anatomy of a CAP

▶ Objective:

■ Provides the goal(s) of the CAP.

■ Objectives may differ:

◆ Resolve a problem,

◆ Reduce risk of decline, and/or

◆ Increase potential for improvement.

▶ Triggers:

■ Alerts the assessor to potential problems or needs.

▶ Definition:

■ Defines key terms.

▶ Background:

■ Offers relevant information about the issue at hand.

▶ Guidelines:

■ Suggests possible approaches to care.

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Reading the CAP Report

CAP - CARDIO / RESPIRATORY

OBJECTIVE

To alert the home care professional to problems of the cardiovascular or respiratory systems that require medical management. Many elders with cardio-respiratory difficulties will already be under the care of a physician. However, other may attribute symptoms to aging and therefore may not be receiving appropriate care.

TRIGGERS

Review for cardio-respiratory problem when one or more of the following present:

TRIGGERED	Question Number	Client's Response	Possible Responses	Triggering Responses
☐ Chest pains *Chest pain or pressure in last 3 days …*	K3a	0	0,1	1
☐ Shortness of breath *Shortness of breath.*	K3e	1	0,1	1
☐ Irregular pulse *Irregularly irregular pulse.*	J1e	0	0,1,2	1,2

CAP - DEHYDRATION

OBJECTIVE

To alert the home care professional to the existence of dehydration or risk factors that may predispose the client to dehydration, and to provide care planning recommendations for resolving the problem or minimizing the likelihood of its occurrence.

TRIGGERS

Dehydration suggested if one or more of the following present:

Did not trigger	Question Number	Client's Response	Possible Responses	Triggering Responses
☐ Fever on at least 2 or more of the last 3 days *Fever.*	K2c	0	0,1	1
☐ Decrease in food eaten *In last 3 days, noticeable decrease in food eaten …*	L2b	0	0,1	1
☐ Insufficient fluid *Did not consume all fluids during last 3 days …*	L2c	0	0,1	1

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Ms. Magnolia

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Thinking Through a CAP Summary (cont.'d)

▶ "X" means the CAP triggered and will be care planned for on the issue category page.

▶ "O" means the CAP triggered and will be moved to a different issue category page. List the CAP in the "Related CAPs" section.

▶ "A" means the CAP triggered but the participant does not want to plan for the issue.

▶ "N" means the CAP did NOT trigger, but will be care planned for.

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Related CAPs Section

▶CAPs that are related to one another can be care planned for together.

▶Examples of Related CAPs:

■If pain is the factor affecting a person's ADL performance, the Pain CAP can be moved from the *Clinical Issues Category* to the *Physical/Functional* Issues Category.

■If cognition is affecting a person's compliance with oxygen use, the Adherence CAP can be moved from the *Clinical Issues Category* to the *Cognitive/Mental Health Issues Category*.

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Goal: What might be achieved?

▶ **Short Term:** What can be addressed now?

▶ **Long Term:** What needs to happen in the future?

- Example Trigger Levels:
  - ◆ **Prevent Decline:** Maintain current level of self-sufficiency.
  - ◆ **Improve Functioning:** Regain self-performance.
  - ◆ **Monitor:** Watch for potential changes.

Goal vs. Intervention

▶ A <u>goal</u> is WHAT a participant wants to achieve, for example, a bowling trophy.

▶ An <u>intervention</u> is HOW the participant will achieve that goal. For example, practicing for three hours each day, dieting, exercising hands each day, etc.

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Interventions

▶ Interventions are divided into two categories:

▪ **Family/Informal Supports** (neighbor, family, friends, church members, non-paid help, etc.) and

▪ **Formal Services** (Council on Aging, Meals on Wheels, Home Health Agency, Dialysis team, ADHC, Hospice, Primary Care Physician).

▶ Develop interventions for:

▪ What is currently being done?

▪ What needs to be done in future?

Formulating Interventions

▶Create interventions that explain how goals will be satisfied.

▶Interventions should be complete and include:

■Who?

■When?

■Where?

■What?

■Participant preferences and specific personal needs.

◆For example: time of day, special products, foods, likes, dislikes.

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Additional Information to Include in CAPs

▶ Information obtained from Critical Incident Reports (CIRs):

- Review last year's CIRs and Support Coordination Documentation (SCD).

- Look for chronic problems and identified trends.

- Address the working approaches under the appropriate CAP.

▶ Approved Individual Responsibility Agreement (IRA):

- Used when a participant takes responsibility for risks that may pose a threat to his/her health and safety.

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Additional Information to Include in CAPs

▶ Medication Administration and Health- Related Tasks:

■ Always specify how medication is taken.

 ◆ IADL CAP is often an appropriate CAP to include medication administration.

■ Always indicate any and all health-related tasks and how those tasks are managed; such as:

 ◆ Use of oxygen,

 ◆ Peg-tube,

 ◆ Catheter, etc.

Selecting Resources

▶What are the participant's priorities?

▶What needs can be met without spending waiver money?

- Explore non-waiver resources to ensure all needs are met.

- Address the need and the appropriate resource in the corresponding CAP section.

▶Does participant/caregiver understand the range of possible supports?

▶Select preferred services.

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Creating a Flexible Schedule

▶Fill in the schedule while keeping in mind:

- **Natural Supports** (Family, Friends, Neighbors, Church members, etc.), and

- **Non-Waiver Supports that are received or going to be received.**

▶**Supplement** the schedule with waiver services that are needed.

▶Do not take away **participant's independence** with waiver service(s).

Budget Development

▶ Look at what is needed at the time of developing the POC.

▶ The budget can be amended if additional services are needed.

▶ Prepare a budget corresponding with the correct waiver.

- Refer to the Support Coordination Freedom of Choice if unsure.

▶ Ensure the budget correlates to the appropriate RUG and/or ADL index score.

▶ Prepare budget; amend if needed.

Note: Waiver is only a supplement to Natural Supports.

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Developing a Plan of Care

▶Section E: Participant Profile:

■Provides a snapshot of the participant and justification for services and

■ Highlights the 4 Issue Categories.

◆Provide a summary of the participant: where they live, how they communicate and what issues are driving the need for waiver support.

■Participant's Individual Goals,

■Primary Concerns of the Participant Assessor, and of the Family/Caregiver.

◆Be sure to include strategies to meet the participant's individual goals and all concerns in the CAPs sections.

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MFP: My Place Louisiana

▶MFP Participants:

- Must reside in NF for at least 90 days,

- Become priority on the waiver registry,

- Receive additional support from the Transition Coordinator (TC) to assist with the participants move into the community.

*SC will coordinate with MFP staff throughout the transition process.

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Review of Process

▶Complete the MDS-HC assessment:

 ■Ensure the assessment is Complete, Correct, Correlated and Concise.

▶Determine Level of Care Eligibility:

 ■If Level of Care is met, proceed with the following steps.

 ■Refer to supervisor if Level of Care is not met.

▶Review:

 ■Summary of scales, and

 ■Summary of CAPs.

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Review of Process

▶ Draft POC, CAPs and budget considering:

- Participant's goals,

- Participant's, caregiver's, and assessor's concerns, and

- CAPs, trends and health-related tasks that need to be addressed.

▶ Finalize POC, CAPs and budget:

- Review each area with the participant and caregivers,

- Apply PCP concepts to develop goals and interventions, and

- Include participant's preferences.

▶ Evaluation of Plan:

- Ongoing support coordination and quality review.

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Definition of Developmental Disability (DD)

▶ The Developmental Disabilities Assistance and Bill of Rights Act (DD Act) of 2000 (P.L. 106-402) defines a developmental disability as a severe chronic disability of an individual that:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments,

- Is manifested before the individual attains age 22,

- Is likely to continue indefinitely,

- Results in substantial functional limitations in three or more of the following areas of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; economic self-sufficiency, and

- Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

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Identifying Developmental Disabilities (DD)

▶ The Office for Citizens with Developmental Disabilities (OCDD) is responsible for providing services and supports to individuals with developmental disabilities in Louisiana:

  ▪ This includes community based waiver supports and services.

  ▪ Some participants connected to OAAS waiver supports and services may qualify and be better served by OCDD supports and services.

▶ For those identified as possibility being eligible for OCDD supports and services, assist the participant and family in contacting the Human Services Districts/Authorities in the area the participant resides.

  ▪ Contact information and parishes served can be found at the following website:

    ◆ http://new.dhh.louisiana.gov/index.cfm/page/134

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AIS Website

▶**AIS website:**

■ http://www.aissystems.com/products/

▶**Etraining log-in:**

◆ Baton Rouge Training

- User name and password: LABatonRouge

◆ Alexandria Training

- User name and password: LAAlexandria

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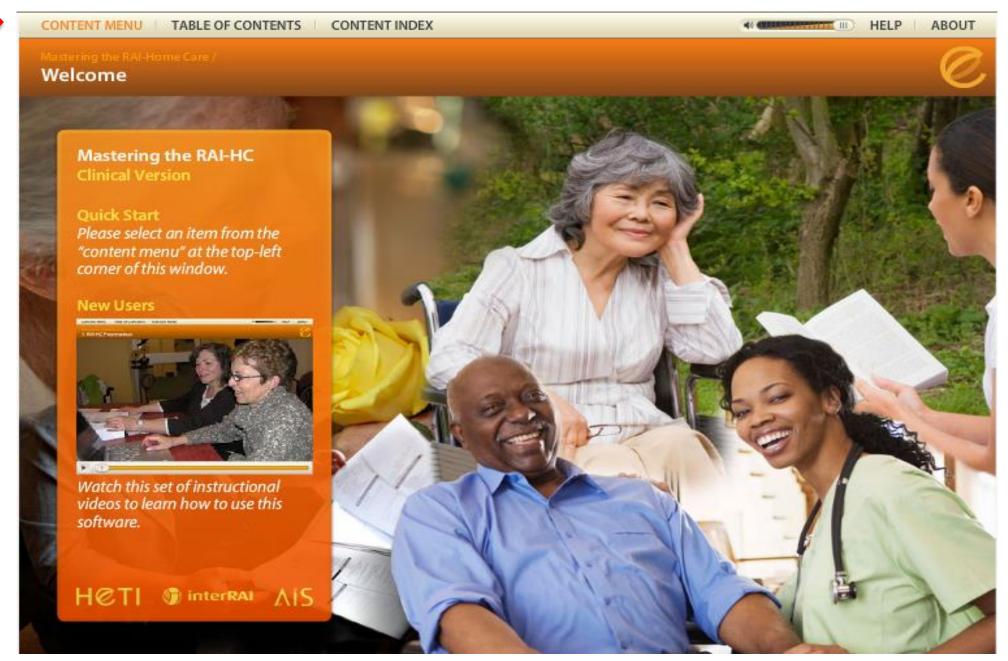
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