

**GERIATRIC SERVICES  
CAPACITY ASSESSMENT**

**DOMAIN 1 – RELATIONAL-  
BASED CARE MANAGEMENT**

*ASSESSING YOUR RESULTS*

# Domain 1: Relational-based Care Management

## 1.1 Consumer-Centered Practice

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.1.1 Do consumers play an active role in their own assessment and care planning?		
1.1.2 Does staff develop an individualized, professional relationship with the consumer, showing respect for the consumer's preferences and for the dignity of risk?		
1.1.3 Are older consumers (and families or caregivers) involved in care planning and implementation to ensure a consumer-centered focus?		
1.1.4 Does staff consistently respect and accept the decisions and preferences of consumers?		
1.1.5 Does the IDT periodically assess how well each consumer understands his or her rights and consumer protections?		

## 1.2 Eliminating Medical and Institutional Bias

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.2.1 Does the IDT help consumers explore all possible options for living in the least restrictive environment of their choice?		
1.2.2 Are consumers given a choice of community supports and service providers?		
1.2.3 Is the consumer's current living situation re-evaluated prior to planning a permanent transition to a greater level of care?		
1.2.4 Are potential ethical conflicts formally reviewed via committee or consultation to ensure consumer autonomy and self-determination?		

## 1.3 Interdisciplinary Team

### 1.3.1 Composition

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.3.1.1 Are the competencies of primary care, nursing, behavioral health, and LTSS represented on each IDT?		
1.3.1.2 Are practitioners on the IDT experienced in providing disability-competent care since so many aging persons are also disabled to some degree?		
1.3.1.3 Is the consumer's primary language, means of communicating, and ethnic/cultural competencies considered in identifying specific members of the IDT?		
1.3.1.4 Do all IDT members understand their individual roles and responsibilities?		
1.3.1.5 Is one member of each consumer's IDT designated as the "lead"?		
1.3.1.6 Are additional resources or consultants available to the IDT based on the specific needs of each consumer?		
1.3.1.7 Is the consumer able to designate a family member or close friend to be involved in IDT-related communications?		

### 1.3.2 Communications

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.3.2.1 Does the IDT meet weekly to discuss relevant consumer updates, new assessments, and reassessment reviews?		
3.2.2 Does the IDT ensure that each consumer's IPC is reviewed at predetermined intervals?		
1.3.2.3 If a consumer maintains a relationship with an external care provider, (a provider outside of the IDT) is there a designated staff member who is the point of contact for the external provider?		
1.3.2.4 Is the IDT able to meet, either in person or virtually, within 24 to 48 hours if the consumer's needs or situation changes?		
1.3.2.5 Is the assessment and IPC available to anyone providing after-hours coverage?		

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.12.6 Is pertinent clinical and utilization data routinely provided to external providers to identify opportunities for improvement?		
1.12.7 Does the consumer have the ability to access all components of his or her health record?		

## 1.4 Assessment

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.4.1 Is the initial assessment conducted in-person?		
1.4.2 Are at least a portion of the initial assessment and the periodic reassessments conducted in the consumer's living environment?		
1.4.3 Are the initial and subsequent assessments attended by all members of the core IDT (see 1.3.1)?		
1.4.4 Is the consumer able to include other individuals in the assessment process?		
1.4.5 Does the assessment process identify additional expertise needed for the consumer's care?		
1.4.6 Is the initial assessment comprehensive and multidimensional, incorporating all aspects of the consumer's life?		

## 1.5 Individualized and Person-Centered Plan of Care

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.5.1 Are the consumer's care goals, action steps to meet those goals, and proposed interventions to overcome identified challenges documented in the IPC?		
1.5.2 Does the IPC contain specific documentation of what formal (paid) and informal (unpaid) care and supports are needed as well as care and support services are being provided?		
1.5.3 Do IDT members ensure that consumers understand and feel empowered to accept, negotiate, or modify changes made to their IPC?		

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.5.4 Do consumers and all members of the IDT have full access (electronically or on paper) to the initial IPC and any subsequent changes or updates?		

## 1.6 Individualized and Person-Centered Plan of Care Oversight and Coordination

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.6.1 Are IDT members alerted when a consumer has a change in health status or care needs that affects the IPC?		
1.6.2 Is the IDT provided with clear criteria as to when a change in a consumer's health, condition, or caregiver status requires a revision to his or her IPC?		
1.6.3 Is the IDT provided with timely reminders to guide their work with each consumer as specified in the IPC?		

## 1.7 Transitions

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.7.1 Are there protocols to assist IDT members in managing key types of transitions?		
1.7.2 Is a transition plan developed and implemented for all significant consumer changes?		
1.7.3 Do all consumer transitions have an IDT member identified as responsible for ensuring successful completion and timely follow up?		
1.7.4 Are peer support and counseling services available to consumers considering or undertaking a transition process?		
1.7.5 Does a significant change in the consumer's functional capacity trigger consideration of a potential transition plan?		

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.7.6 Does the IDT collaborate and provide resources to the caregiver or family member to assist with the transition?		

## 1.8 Tailoring Services and Supports

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.8.1 Are traditional services/supports substituted with alternative services that might not be considered “covered services” when appropriate?		
1.8.2 Does the IDT have the authority to modify the means of care delivery based on the unique context of the individual or a specific change in condition (either temporary or long-term)?		

## 1.9 Advance Care Planning

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.9.1 Are consumers routinely asked to consider advance care planning?		
1.9.2 Are staff trained in coaching consumers on advance care planning and end-of-life care decisions?		
1.9.3 Are consumers offered counseling or assistance in advance care planning?		
1.9.4 Are all advance care plans reviewed by the IDT and revisited at least annually with each consumer?		
1.9.5 Are all completed advance care plans documented in the consumer’s health record for access by all providers, including those providing after-hours care?		

## 1.10 Allocation of Care Management and Services

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.10.1 Is there a process for determining the nature and amount of care management required by each consumer?		
1.10.2 Are consumer expectations and preferences a routine part of the assessment process for determining care management support provided by the IDT or other designated person?		
1.10.3 Does the IDT review and discuss the consumer's expectations of care management during all reassessments to ensure he or she receives the level, nature, and timeliness of care management he or she desires and requires?		
1.10.4 Are consumers specifically coached as to when and how they may seek and obtain care management support?		

## 1.11 Interacting with Care Partners

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.11.1 Does the IDT routinely inquire whether consumers have an ongoing care partner who accompanies the consumer to medical appointments, and does the IDT recommend this process when necessary?		
1.11.2 Is there a means of communication established between the IDT and the identified care partner?		
1.11.3 Are care partners offered training to prepare them for their support role?		

## 1.12 Health Record

QUESTION	RESPONSE (ALWAYS, USUALLY, SOMETIMES, RARELY, NEVER)	NOTES
1.12.1 Is all information (e.g., medical, social, medications, financial) for each consumer documented, maintained, and updated within the health record for that?		
1.12.2 If an EHR is maintained, is it interoperable with EHRs of key providers involved in the consumer's care?		
1.12.3 Does an IDT member or support person specifically manage, update, and disseminate each consumer's information to appropriate providers as discussed with and approved by the consumer?		
1.12.4 Is there a means to quickly access, communicate, and disseminate key consumer information, especially for anyone providing after-hours coverage?		
1.12.5 Is utilization data in the health record routinely reviewed by the IDT to identify areas for clinical intervention and quality improvement?		
1.12.6 Is pertinent clinical and utilization data routinely provided to external providers to identify opportunities for improvement?		
1.12.7 Does the consumer have the ability to access all components of his or her health record?		

