Disability-Competent Care – What Is It and Why Is It Important?

Leading Healthcare Practices and Training
Defining and Delivering Disability-Competent Care

Disabilities are a consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, developmental, or a combination. Individuals with disabilities are more likely than others to live in poverty and experience social and economic hardship. They may also experience more difficulty and delays in accessing care and obtaining preventive screening.

Disability-competent care (DCC) is participant-centered, provided by an interdisciplinary team (IDT), and focused on achieving and supporting maximum function with the aim of maintaining health, wellness, and life in the community as the participant chooses. Disability-competent care recognizes and treats each individual as a whole person, not a diagnosis or condition.

The **Disability-Competent Care model** is structured to respond to the participant's physical and clinical concerns while considering his or her emotional, social, intellectual, and spiritual needs. The core components of this model are: 1) *participant-centered*, 2) *respect for participant choice and dignity of risk*, and 3) *the elimination of medical and institutional bias*.

The unique practice components of the DCC model include:

- ***Relational Care Coordination*** is a practice that recognizes that the participant is the primary source of defining care goals and needs. This requires a relationship based on trust and connectedness between the participant and care coordinators. This component includes respect for the dignity of risk and informed decision-making; team-based care, with competency in primary care, nursing, mental health and community-based services; comprehensive, timely assessment and reassessment; personalized plans of care, incorporating the individuals' health care goals and preferences; and management of transitions.
- ***Responsive Primary Care*** is the practice of providing timely access to care and services in a variety of settings. It includes enhanced primary care with home-based episodic care capacity, 24/7 access to informed and knowledgeable clinicians with electronic health record capability, focus on early intervention to prevent complication or exacerbation of chronic conditions, inpatient care management with aggressive transition planning and follow-up, and accessible physical facilities, with essential adaptive equipment and flexible scheduling.
- ***Flexibility in providing services and supports*** enables participants to continue residing in their community. This component includes building upon the principles and approaches of the Medicaid *Money Follows the Person* initiative; personal care services using the person-directed or agency model; wheelchair purchasing, fitting, seating, and maintenance clinics; enhanced independence via medically or functionally necessary equipment and technology; and flexibility to use alternatives in lieu of traditional home-based supports.

To be financially viable, the DCC model focuses on reducing acute and specialty care costs and using the savings to fund highly flexible and responsive primary care and the care coordination relationship.

Additional Resources

The Disability-Competent Care Model is based on the lived experiences of persons with disabilities and over 20 years of experience at three health plans. For more information, please visit the *Resources for Integrated Care* website (www.resourcesforintegratedcare.com). There you will find the "Defining and Delivering Disability-Competent Care" webinar series, which was the basis for this brief and other resources on the Disability-Competent Care Model.