

February 18th, 2014

Disability-Competent Care Webinar Roundtable Series: Training in Disability- Competent Care and Supports

Mobility & Seating Assessments & Wheelchair Procurement



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Training in Disability-Competent Care and Supports**

Mobility & Seating Assessments & Wheelchair Procurement



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Resource List

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Overview

- This is the third session of an eight-part “Disability-Competent Care Webinar Roundtable Series”
- Each session will be interactive (e.g., polls and interactive chat functions), with 20 minutes of presenter-led discussion, followed by 40 minutes of presenter and participant discussions
- Video replay and slide presentation are available after each session at:

<http://www.ResourcesForIntegratedCare.com/>

Disability-Competent Care Webinar Roundtable Series

What We Will Explore in This Series

- Unique experiences of adults with disabilities and their needs and expectations
- Provision of specific components of Disability-Competent Care and supports
- Approaches to being person-centered in care and interactions
- Achieving the Triple Aim goals of improving the health and participant experience of health care delivery while controlling costs in their work with adults with disabilities

Agenda

- Introductions
- Wheelchair needs of adults with disabilities
- Review the process for assessing mobility needs
- Benefits of integrated financing
- Audience questions

Learning Objectives

- Understand how mobility equipment assessments can prevent secondary conditions
- Understand the process of assessing mobility needs of participants
- Understand a range of program models to meet the mobility needs of participants

Different Populations, Funding and Usages

- Insurance coverage - be it Medicaid, Medicare or private insurance has historically driven wheelchair usage
- Those who needed to rely on Medicare were only eligible for basic chairs for use within the home – to move from one location to another
- As persons with disabilities became more active in the community, they needed an independent way of getting around and thus come to rely upon power wheelchairs
- Now, decisions are being made based on medical necessity and functional need

Introductions

Presenters

Christopher Duff
Executive Director
Disability Practice Institute



Jean Minkel
Sr. Vice President – Rehabilitation Services
Independence Care System



June Isaacson Kailes
Disability Policy Consultant
Associate Director, Center for Disability
and Health Policy at Western University
of Health Sciences, California



Process

1. Regardless of individual need and funding, there are three primary steps in procuring a wheelchair:
 - A. Determination and identification of need / equipment recommendation
 - B. Authorization of funding
 - C. Ordering and delivery

2. Following delivery, essential services include:
 - A. Training on use of the wheelchair, as needed
 - B. Maintenance – routine charging, cleaning and tighten nuts and bolts
 - C. Repair – when something breaks – what happens

Today's focus is on #1: steps in procuring wheelchairs

Next week's webinar will focus on #2: essential services following delivery

Promising Practices in Long-Term Supports and Services: Supporting Community Functioning

- Wheelchair assessments and purchase process
 - Consumer purchasing experience
 - Matching individualized product recommendations to functional need



Implications of Inadequate Mobility Equipment

- Loss of health status
 - Skin breakdown
 - Lack of balance when sitting
 - Upper extremity pain and dysfunction
- Loss of function
 - Increase in falls
 - Can't get around – home, community or both
- Loss of participation
 - Decreased level of involvement – community and family activities
 - Increased level of social isolation

Determination and Identification of Need

- Referral to rehabilitation specialist for a Functional Mobility Assessment (FMA)*
- Assessment components include:
 - Mobility needs / methods
 - Environmental and transportation accessibility
 - Need for seating balance and postural support
 - Issues related to skin integrity
- Match individual functional need to individualized product recommendation

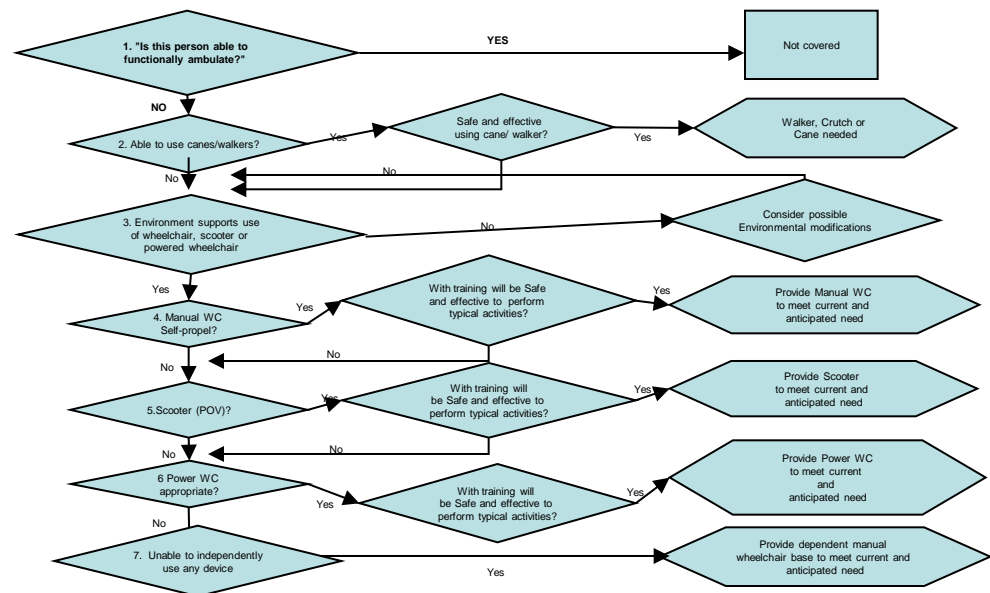
*Source: Kumar et. al., 2012

Mobility Device Algorithm

– based on use in home and community

Same decision-making algorithm for all persons with mobility device needs

- For persons with Medicare-only eligibility, it is based on in-home usage only
- For persons with Medicare and Medicaid eligibility, it is based on in-home and community usage



Options for Wheelchair Assessments

Comprehensive mobility assessments are best performed by a team of rehabilitation specialists and the recipient

- Rehabilitation specialists are generally:
 - Occupational or physical therapists
 - Certified Rehabilitation Technology Suppliers – CRTS / ATP *
- Options for obtaining the assessment:
 - Plan-based or independently contracted rehabilitation specialist
 - Specialized mobility clinic (where available)
- DME supplier alone: not recommended due to potential for conflict of interest

*ATP: Assistive Technology Professional Certification

Different Funding – Different Criteria

Medicare - Part B	Medicaid
<ul style="list-style-type: none"> - Participants must have a limitation in completing MRADLS “in the home” - Average cost for power chair, designed for “<u>in the home use only</u>” is \$2,500 	<ul style="list-style-type: none"> - Participants must demonstrate medical necessity for the recommended equipment - Prior authorization based on letter of medical necessity - Average cost for a power chair designed for <u>in home and community use</u> is \$5,000+ - Specialized and power seating functions add to the total cost

If a participant is in an integrated Medicare / Medicaid demonstration, the plan is responsible for providing the medically necessary equipment without regard to the Medicare criteria

Ordering & Delivery

Once funding has been approved

- Plan sends the authorization to the supplier
- Supplier orders from manufacturer(s)
- Supplier receives and assembles
- Notifies clinic: ready for delivery

- Rehabilitation therapist checks equipment
- Calls member to schedule fitting and delivery
- Team completes fitting and delivers equipment, in person
- Schedules further training, if needed

Summary

- Person-centered care provides the framework for identification of individual seating and mobility needs to address:
 - Health status – skin integrity and skeletal alignment
 - Functional ability – mobility in the person’s natural environments
 - Community participation – engage in meaningful activities
- A person-centered approach focuses on functional need, asking:
 - What function can the participant not currently complete that he / she will be able to complete with a seating and mobility solution?
- Medicare and Medicaid alignment represents a great opportunity to eliminate the funding conflicts currently encountered by Medicare-Medicaid enrollees

Audience Questions and Discussion

Send Us Your Feedback

Help us diversify our series content and address current Disability-Competent Care training needs – your input is essential!

Please contact us with your suggestions at

RIC@Lewin.com

What We'd Like from You:

- How best to target future Disability-Competent Care webinars to health care providers and plans involved in all levels of the health care delivery process
- Feedback on these topics as well as ideas for other topics to explore in webinars and additional resources related to Disability-Competent Care

Thank You for Attending



- For more information contact:
 - Christopher Duff at cduff@DPInstitute.org
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 - Kerry Branick at kerry.branick@cms.hhs.gov

Resources & References

RESNA: www.resna.org

- Rehabilitation Engineering & Assistive Technology of North America (RESNA) directory includes therapists, engineers and suppliers
- Site includes access to a directory of RESNA credentialed providers
- Wheelchair Service Provision Guide <http://www.resna.org/dotAsset/22485.pdf>
- Wheelchair evaluation video:
<https://www.youtube.com/watch?v=yHjn4y9H-6M>
<https://www.youtube.com/watch?v=J04eKjR49fl>

NRRTS: <http://www.nrrts.org/registrants>

- National Registry of Rehabilitation Technology Supplier (NRRTS) has a listing of professionals who have passed the RESNA Exam

The UsersFirst Mobility Map is your path to finding the best wheelchair to meet your needs!

- <http://www.usersfirst.org/resources/mobilitymap/index.php?pg=file&from=2&id=507>

Seating and Mobility Evaluations for Persons with Multiple Sclerosis

- <http://www.nationalmssociety.org/ms-clinical-care-network/clinical-resources-and-tools/publications/clinical-bulletins/download.aspx?id=43941>

Resources for Integrated Care Website

We encourage you to explore www.ResourcesforIntegratedCare.com for a wide array of resources related to integrating care for Medicare-Medicaid enrollees:

Resources

- Assessment tools
- Concept guides
- Topic-specific briefs
- Educational webinars

Topic Areas

- Disability-Competent Care
- Self-Management Support
- Integrating Primary Care in Behavioral Health
- Care Coordination Workforce Development
- Navigation Services

Stakeholders

- State Medicaid Agencies
- Health Plans
- Long-Term Services and Supports Providers
- Behavioral Health Providers

Individuals with...

- Intellectual and developmental disabilities
- Physical disabilities
- Serious mental illness

Sign up for our [E-Alerts](#) to receive updates!

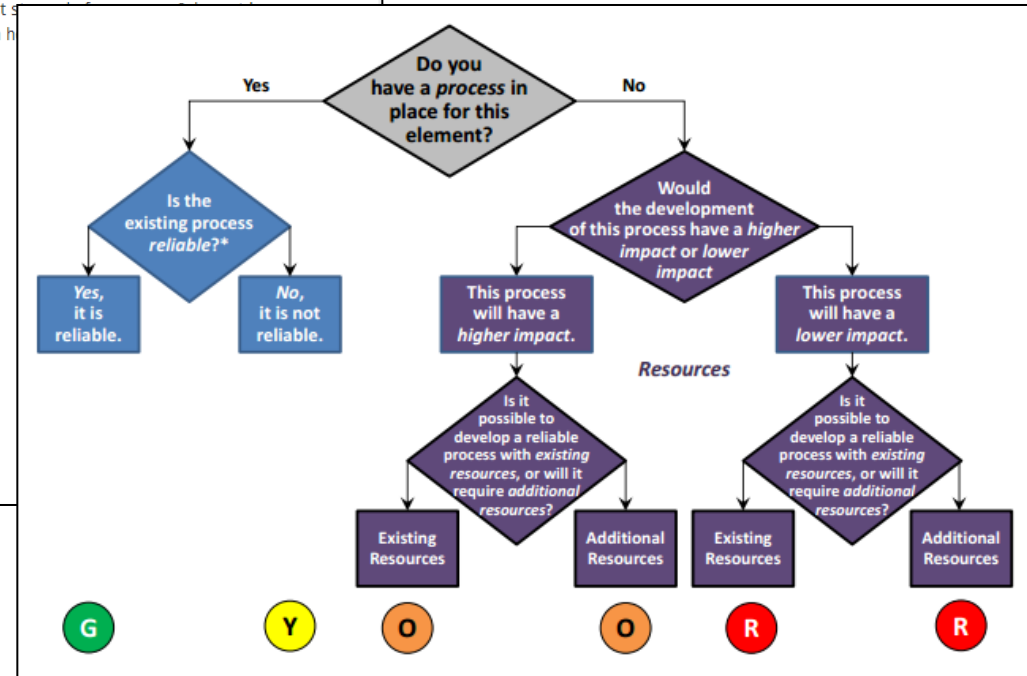
Disability-Competent Care Self-Assessment Tool

Introduction	1. Relational-Based Care Management	2. Highly Responsive Primary Care	3. Comprehensive Long-Term Services and Supports	Appendix A	Results	Forum
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1. Relational-Based Care Management

Participant-centered care is based on the recognition that the participant is not merely a passive recipient of medical care, but rather the primary source for defining care goals and needs. This type of care requires cultivating a relationship with the participant, seeing him or her as a whole person with hopes and preferences, and recognizing that the participant is oftentimes the best person to make choices about the participant-centered planning of care goals and needs. It is also the concept of the dignity of risk, which holds that participants have the right to make choices even if they are inconsistent with the recommendation of the IDT.

- ▶ 1.1. Participant-Centered Practice
- ▶ 1.2. Eliminating Medical and Institutional Bias
- ▶ 1.3. Interdisciplinary Team
- ▶ 1.4. Assessment
- ▶ 1.5. Individualized Plan of Care
- ▶ 1.6. Individualized Plan of Care Oversight and Coordination
- ▶ 1.7. Transitions
- ▶ 1.8. Tailoring Services and Supports
- ▶ 1.9. Advance Directives
- ▶ 1.10. Allocation of Care Management and Services



Disability-Competent Care Self-Assessment Tool available online at:
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Next Webinar

Disability-Competent Care Webinar Roundtable Series:
Training in Disability-Competent Care and Supports

Using and Maintaining Mobility Equipment

Tuesday February 25th, 2014
2:00 - 3:00PM EST