

Working Out Logistics in an Integrated Care Model between APS and Capacity Evaluation Provider

SARA HONN QUALLS, PH.D., ABPP

UNIVERSITY OF COLORADO COLORADO SPRINGS

Overview

Mental Health within APS Cases

A Demonstration Project: Process of Integration

Logistics Challenges

Helpful Strategies

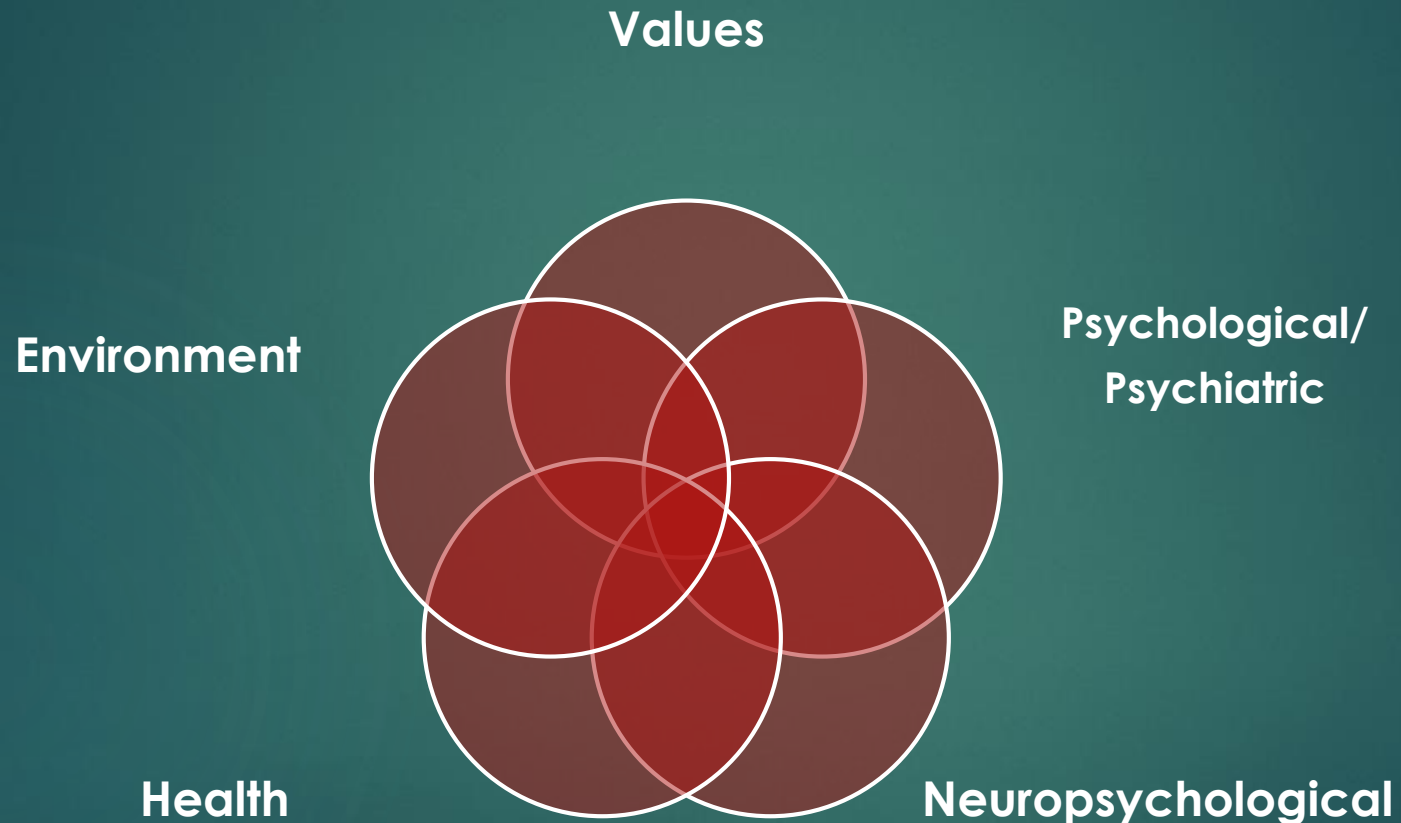
Anna Jones was referred to APS by a social services worker whose home-based assessment for eligibility for services (e.g., home delivered meals) identified serious safety concerns in the home. When you went into the home, you saw:

- ▶ The home is filled with trash and open food containers
- ▶ A single path from the front door to the back bedroom was so slim that she could not use her walker so she walks by balancing against the piles of newspapers, etc.
- ▶ Only one chair was uncovered - Mrs. Jones says she sleeps, eats, and sits there
- ▶ Medication containers were open in the kitchen but Mrs. Jones could not recall when she last took them or what schedule she is to use
- ▶ Mrs. Jones expressed regret that she is a messy housekeeper but is grateful that her daughter comes about once a month to put away food and cook for her
- ▶ She wants help with home-delivered meals, transportation to doctors and bingo
- ▶ She does not want help with house clean-up because helpers “always throw away important things without asking”

Mental Health Concerns

- ▶ Can/Does this woman understand:
 - ▶ Risks to her health in current living situation
 - ▶ Options for improving her condition
 - ▶ Consequences of her choices
- ▶ If she cannot understand
 - ▶ Why not? What is the underlying cause of limited understanding?
 - ▶ Could her functioning be improved?
 - ▶ Treatment of an underlying condition
 - ▶ Environmental supports or prosthetics
 - ▶ What is the least restrictive intervention to help her?
- ▶ As last resort, does she require a guardian?

Assessment of Capacity Involves Multiple Evaluations



(APA & ABA, 2008; Falk et al, 2010; Lichtenberg, et al., 2015; Mosqueda & Olsen, 2015; Moyer, 2020)
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Capacity Assessment Components of Evaluation

- ▶ Neuropsychological Evaluation: *Is her understanding constrained by brain dysfunction?*
 - ▶ Assess cognitive domains: attention, language, memory, problem-solving, executive functioning, visual-spatial abilities
 - ▶ Diagnose
 - ▶ Recommend strategies to maximize cognitive functioning
- ▶ Psychological/Psychiatric Evaluation: *Is her understanding constrained by psychological/psychiatric disorder?*
 - ▶ Assess psychological domains: depression, anxiety, delusions, hallucinations, personality, distorted thought patterns, motivational problems
 - ▶ Diagnose
 - ▶ Recommend strategies to maximize well-being

Capacity Assessment Components of Evaluation

- ▶ *Health Assessment: How do underlying health conditions and treatments affect functional health?*
 - ▶ Diagnosed conditions and illnesses
 - ▶ Medication and other treatments
 - ▶ Stability or fluctuation in conditions
- ▶ *Environmental Assessment: Does the environment provide levels of demand and support appropriate to this person's functional health and mental health?*
 - ▶ Physical environment
 - ▶ Social environment
 - ▶ Economic resources

Capacity Assessment Components of Evaluation

- ▶ Values Assessment:
 - ▶ *By what values does this person make decisions across time and settings?*
 - ▶ *How do personal preferences reflect values?*

Integrating Assessment Data

- ▶ Capacity Evaluations: *Does this person meet legal standards for diminished capacity in particular domains?*
 - ▶ Identify appropriate legal standards
 - ▶ Integrate and apply assessment data to those legal standards
 - ▶ When appropriate, recommends strategies for improving functioning through environmental supports or other interventions
 - ▶ Applies data to the legal standard for capacity in various domains of functioning (e.g., financial, legal, health and safety)

Key Take-Aways

- ▶ APS increasingly needs capacity evaluations to inform decisions and legal proceedings (Ramsey-Klawnsnik, 2018)
- ▶ Capacity evaluations require substantial time investments
 - ▶ Identify knowledge of legal standards applicable to the case
 - ▶ Review of medical and social background information is critical to the evaluation
 - ▶ Home-based observation is critical (from professional or collateral)
 - ▶ Multiple domains of cognitive and psychological functioning need to be assessed to determine whether and why a person is not providing self-care
 - ▶ Data integration is key to balancing protection of rights and safety
 - ▶ Court testimony is often required
- ▶ Not all mental health providers are prepared to provide the full array of evaluation data needed to address legal questions of capacity, or to participate in the legal system

APS is chronically challenged to identify and engage evaluators

- ▶ Labor pool is limited
- ▶ States increasingly established mandatory reporting that is escalating the number of cases
 - ▶ Colorado mandatory reporting law 7/14 -> 72% increase in reports from 7/14 to 6/17 (Green, 2017)
 - ▶ Locally, El Paso County APS – 3000+ reports with ½ assigned to staff (T. Munson & A. Bidwell, personal communication, 2-26-18)
- ▶ Cost of evaluations is typically starts at \$1500, far more than APS budgets can handle for the escalating need



Demonstration Project

ADDRESS NEED FOR CAPACITY EVALUATIONS WITHOUT RESTRICTIONS
FROM ABILITY TO PAY

UCCS Aging Center

- ▶ Mental health services and training clinic
- ▶ Has provided neuropsychological evaluations and psychotherapy to community for 20 years
- ▶ Fee structure
 - ▶ Trainee services provided on sliding scale
 - ▶ Professional staff provide services for Medicare reimbursement or private pay
- ▶ Partners with local safety net and public organizations to address community needs
 - ▶ APS
 - ▶ FQHC
 - ▶ PACE program
 - ▶ Non-profit hospice
 - ▶ Senior services organizations
 - ▶ Long term care



Increasing requests for mental health services

- ▶ Outpatient services – psychotherapy, psychological assessment
- ▶ Neuropsychological evaluations
 - ▶ health conditions
 - ▶ Legal and safety (probate court, attorneys, health systems, and APS)
- ▶ Integrated assessment and intervention
 - ▶ Primary care
 - ▶ Long term care
 - ▶ Hospice
 - ▶ Social services



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Capacity Evaluations – Initial Estimates of Need

- ▶ APS – 120-240/year
- ▶ Elder law/court – 25-35/year
- ▶ Long-Term Care – 180/year
- ▶ Other partnerships frequently referred for low fee neuropsychological evaluations, often with capacity questions
 - ▶ FQHC
 - ▶ PACE

Expanded Geriatric Mental Health Services Project

- ▶ Funded by Next50 Initiative, a large Colorado-based foundation
- ▶ Added capacity for mental health integrated services
- ▶ Expanded access to capacity evaluations

Goals:

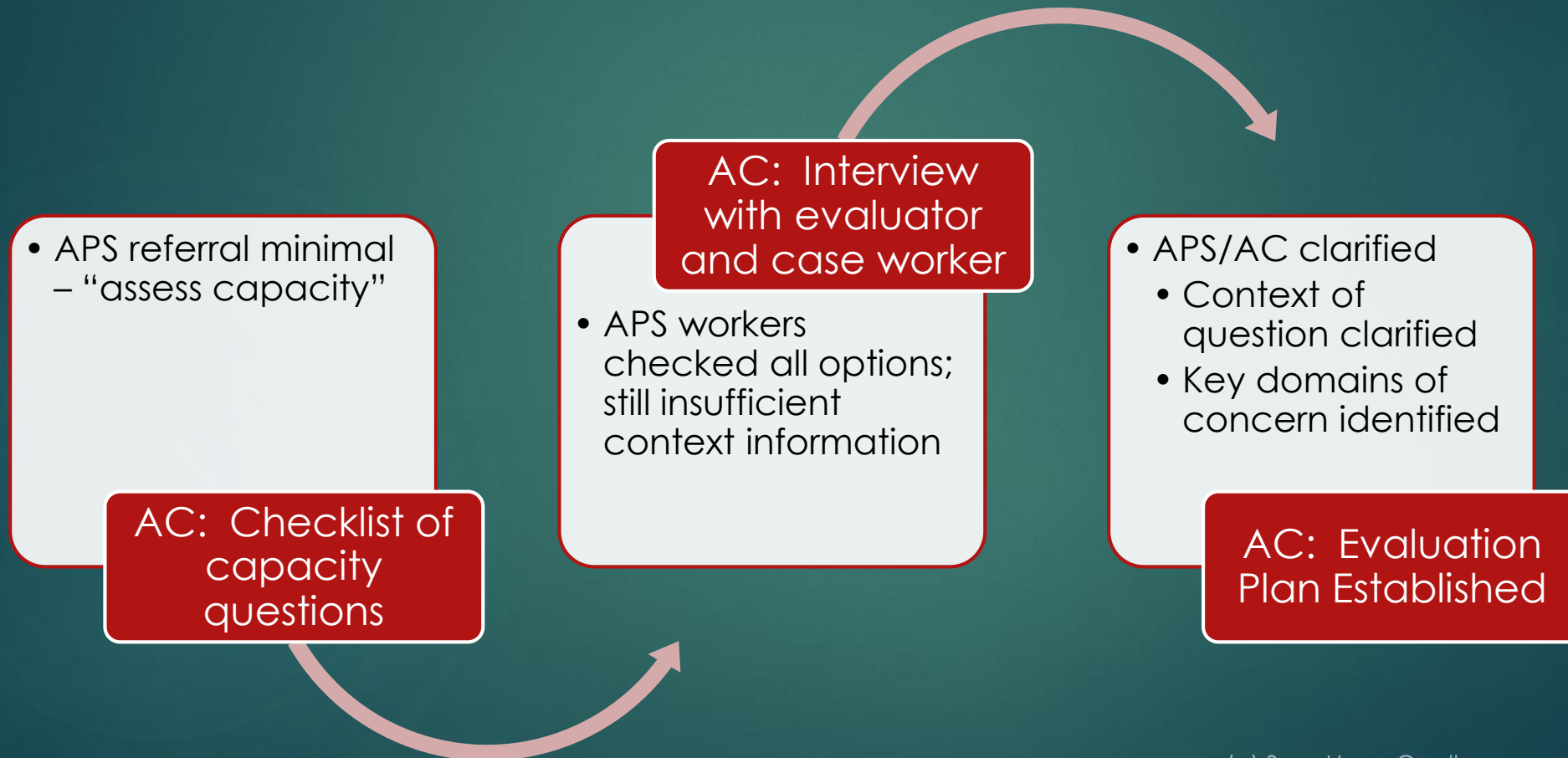
- ▶ Identify the scope of the need by trying to saturate it
- ▶ Identify the process variables that shape success
- ▶ Build sustainability plan

Process

- ▶ Within clinic
 - ▶ Added .5 neuropsychologist and 1.0 psychometrist
 - ▶ Created front office (e.g., referral and scheduling) and back office (e.g., billing) procedures
 - ▶ Addressed legal and compliance issues
- ▶ With partners
 - ▶ Negotiated reduced fee arrangement that grant subsidized
 - ▶ Established referral procedure
 - ▶ Set monthly meetings with each community partner

Logistics Challenge 1

Referral process



Logistics Challenge 2

Records management

- ▶ Time Urgency – safety issues are often obvious with dire consequences of delay in evaluations
- ▶ Challenges in obtaining background information and medical records
 - ▶ Absent
 - ▶ Contact information only – records collection required
- ▶ Person and/or collateral may be uncooperative or incapable



Logistics Challenge 3

Adapting Practice Setting

- ▶ Substantial fluctuation in referral rate across months
- ▶ Frequent cancellation or postponement
- ▶ Arrival without support person, lunch, transportation plan
- ▶ Inability to tolerate assessment in single session but low likelihood of return for completion
- ▶ Lobby activity patterns
 - ▶ Client behavior challenges
 - ▶ Accompanying staff added volume

Logistics Challenge 4

Payment

- ▶ Legal and compliance issues
 - ▶ When does capacity question require health evaluation that can legitimately be billed to Medicare?
 - ▶ How provide reduced fee services without being in Medicare non-compliance with the rest of the practice?
- ▶ Exceeding the agency budget
 - ▶ Ex: APS has static budget over many years despite escalating client volume covers capacity evaluations along with many other expenses
 - ▶ Low fee established, with guarantee that if budget “ran out”, evaluations would still be performed. But, how would that prepare for sustainability?
 - ▶ Time estimates within the grant projections were based on existing providers’ patterns BUT standards of practice now require more comprehensive report that takes longer will cost more following grant subsidy period

Strategies for Success

Invest in Cross-Training

- ▶ Management must clarify organizational features that influence partnership such as (examples):
 - ▶ Budgets of both organizations for evaluations
 - ▶ APS's attorney requirements for guardianship petitions
 - ▶ Current standards of practice
 - ▶ AC evaluation procedures
 - ▶ Probate judge preferences and procedures related to legal capacity cases (reporting and testimony)
 - ▶ Labor force turnover rates – especially case workers
 - ▶ AC scheduling and records request procedures
 - ▶ Processes for sending and receiving referrals
 - ▶ Cross-educated about work flow, knowledge and skill base of all workers

Invest in Cross-Training

- ▶ AC staff attended APS staff meetings
 - ▶ Asked for help identifying the “rubs” – what was and wasn’t working
 - ▶ Worked together on referral process
 - ▶ Established relationship/rapport
 - ▶ Key to communication on tough cases
 - ▶ Fostered trust
 - ▶ Worked out preferences for arranging initial referral calls
 - ▶ Addressed difficult outcomes on cases where person still meets standard for having capacity but is struggling in ways that will take time from APS staff
- ▶ Provided education on procedures for evaluating capacity

Establish point persons in each agency for each “rub”

- ▶ Establish specific person to address urgent and/or recurring difficulties
 - ▶ Scheduling, cancellations, postponements
 - ▶ Clarifying referral question
 - ▶ Obtaining records
 - ▶ Obtaining consent to evaluate
 - ▶ Providing feedback on findings

Improve efficiency of evaluation process

- ▶ Establish decisional algorithm for the scope of testing required for types of referrals
- ▶ Automate test scoring programs
- ▶ Build templates for report structures

Address evaluation location dilemma: In situ vs Office

- ▶ In situ evaluation offers option for direct observation of
 - ▶ Living environment
 - ▶ Performance of ADLs or IADLs in personal environment
 - ▶ Safety risk assessment
- ▶ In situ evaluation is challenging
 - ▶ Time/effort to go to person
 - ▶ Standardized setting which is assumed for many tests
 - ▶ Practical challenges – space, seating, lighting, privacy

Address evaluation location dilemma: In situ vs Office

- ▶ Clinic-based evaluations are also challenging
- ▶ Configure clinic space to accommodate this clientele
 - ▶ Identify alternative waiting areas for situations that cannot be managed in main area
 - ▶ Require a support person to accompany each client (with clear plan for transportation, lunch, etc).
 - ▶ Upgrade quality of cleaning support for situations in which a person becomes incontinent

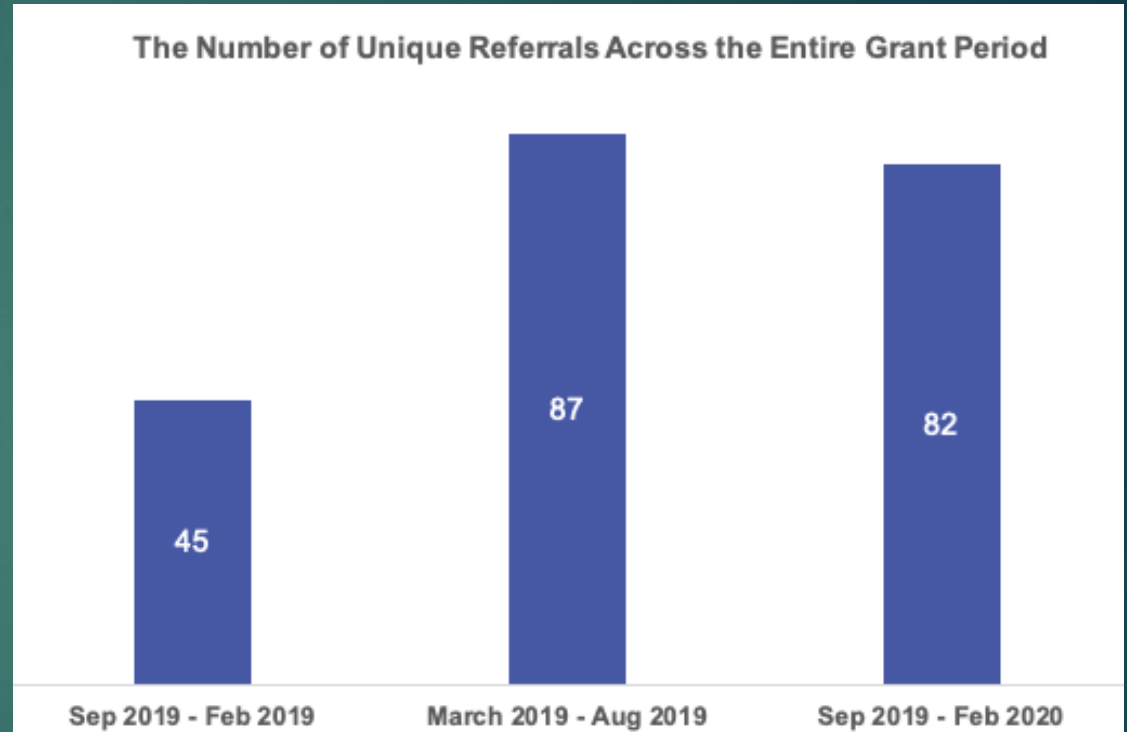
Alter front office protocols

- ▶ Conduct in-depth screening of referrals to ensure appropriateness
 - ▶ Longer screening call than is typical
 - ▶ Determine who can provide appropriate background information
- ▶ At time of scheduling:
 - ▶ Require a support person to attend
 - ▶ Identify transportation challenges that could interfere with attendance
 - ▶ Establish emergency contact prior to arrival on site in case of need to call for emergency assistance
 - ▶ Obtain permission to initiate records requests immediately
- ▶ Schedule in ways that accommodate high no-show rate
- ▶ Day before appointment reminder call: reminders about specific preparation for the day (length of time, need to provide snacks, need for support person, clarification about emergency procedures)

Outcomes

Services Delivered

- ▶ Range of 8-20 per month
 - ▶ Far fewer than estimated need with considerable fluctuation
 - ▶ Many partners' estimates included cases that would actually come through APS
 - ▶ Actual referrals that come and complete evaluation are lower than those in which APS staff see the need
- ▶ Time investment much greater per case than anticipated



Survey of staff from agencies who interfaced with the AC

- ▶ Purpose was to learn how the partnership had impacted
 - ▶ Knowledge of capacity evaluations
 - ▶ AC process
 - ▶ Use of findings and reports

Referral Providers' Knowledge of Capacity Evaluations Increased After Working with the Aging Center

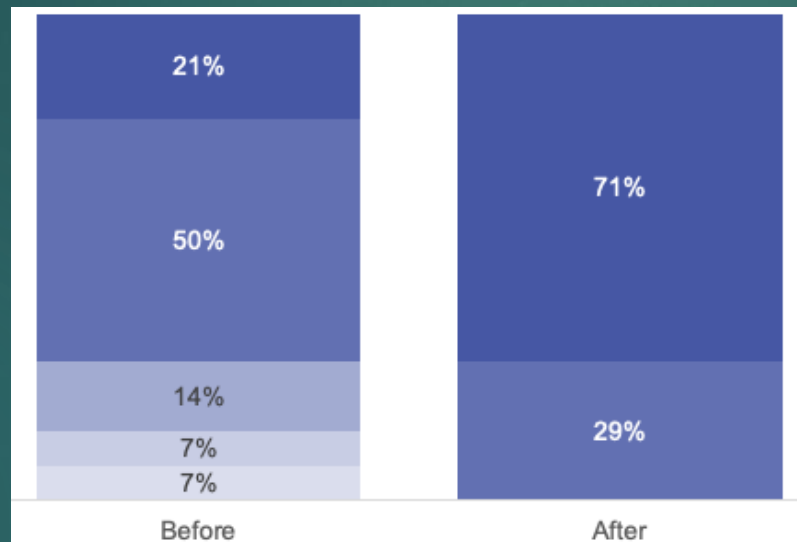
A lot of knowledge

Some knowledge

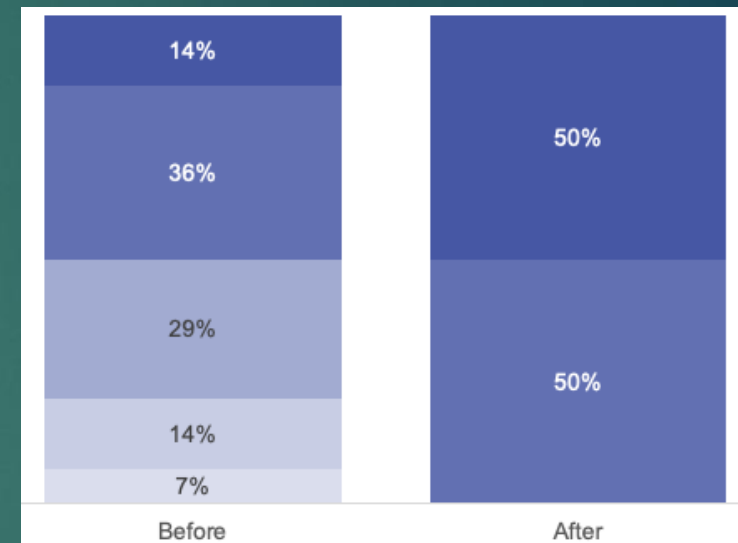
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No knowledge

Does not apply



Purpose of Capacity Evaluations



Types of Capacity Evaluations

Referral Providers' Knowledge of Aging Center's Process Increased After Working with the Aging Center

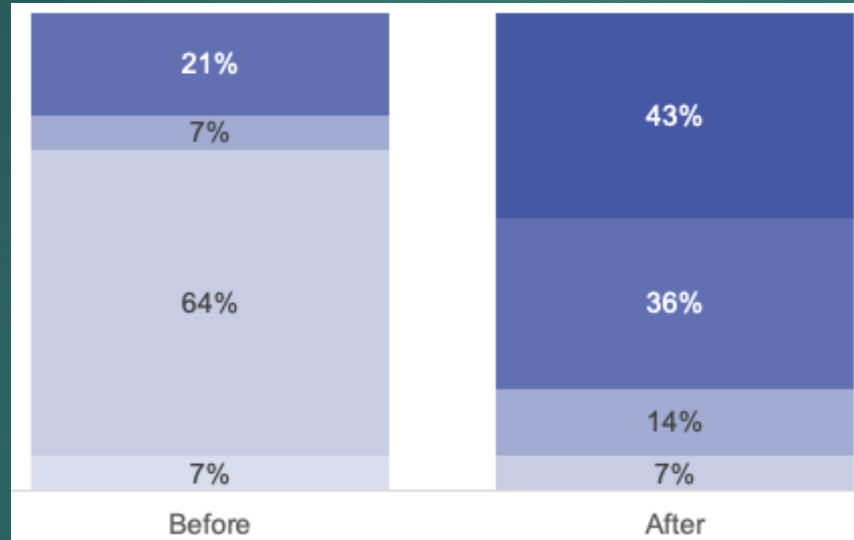
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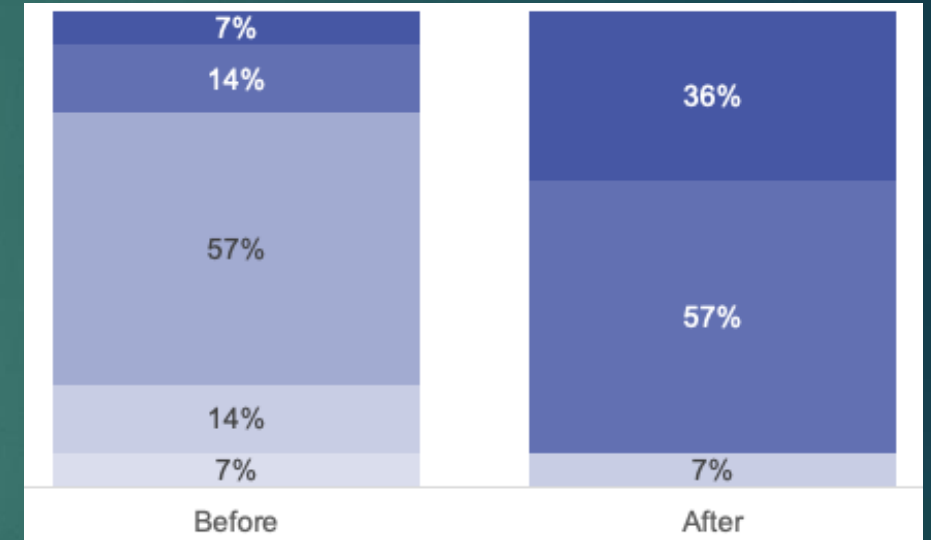
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How Evaluations are Conducted



Language in Reports

Referral Providers' Knowledge of How to Use and Interpret Capacity Evaluation Reports Increased

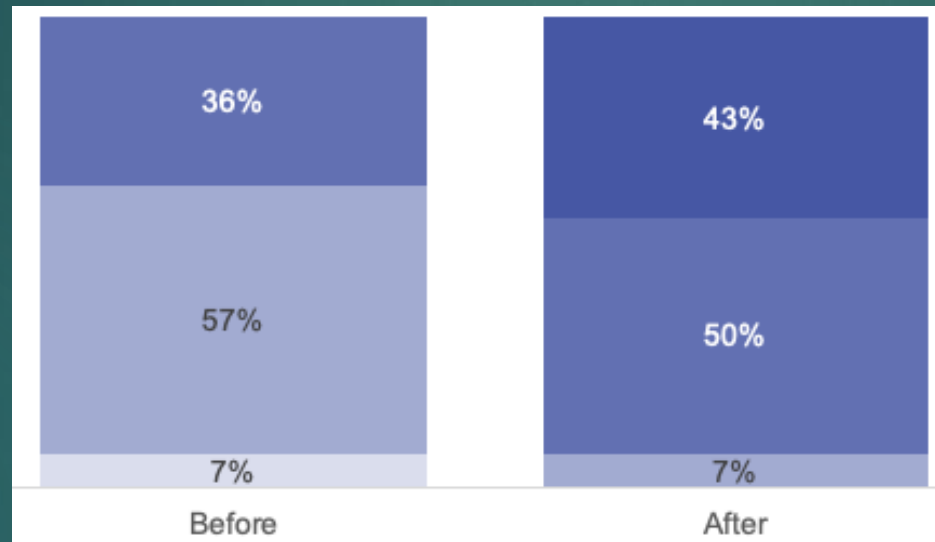
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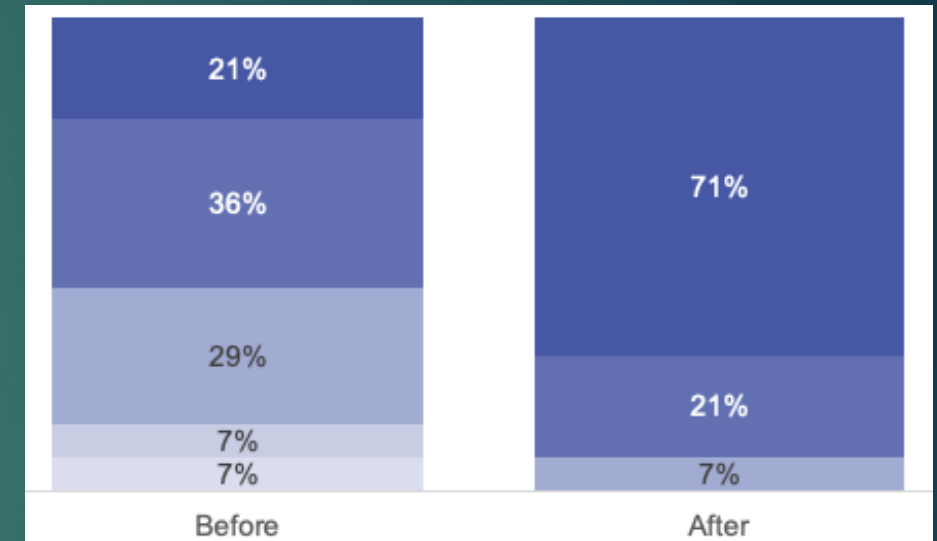
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How to Interpret the Reports



How to Use the Report Findings

Strategies Produced Increased Knowledge

- ▶ Capacity Evaluations
- ▶ Meaning of report
- ▶ Process - how to work with partner agency

Conclusions

Services

Integration Requires More than Referral

- ▶ Consistent with any integrated service system, referrals among silos is insufficient to sustain effective work pattern that meets needs of clients
- ▶ Broad communication system is needed
 - ▶ Referral process
 - ▶ Responsiveness to the unexpected or confusing
 - ▶ Rubs
- ▶ Cross-training is critical
- ▶ Providers will often have to adapt internal processes to accommodate the workflow and clientele of APS and legal system

Training

Labor Force Issues are Substantial

- ▶ Capacity evaluations sit at the intersection of subdisciplines of psychology: forensic, neuropsychology, Geropsychology
- ▶ Key labor force issues
 - ▶ Absence of training
 - ▶ Geographic concentration
 - ▶ Capacity evaluation practice patterns are distinctive, profoundly influencing space, time, billing, continuing education
 - ▶ Funding inadequacy and uncertainty is massive disincentive
- ▶ Training programs at pre- and post-licensure levels are needed

Policy

Payment is a Critical Issue

- ▶ With evaluations now viewed as key to investigation and interventions that have implications that are legal/health/social,
 - ▶ Government must find appropriate support
 - ▶ Budget sources could conceptually come from multiple policy streams: social services, aging services, disability services, health care
- ▶ Communities need to build coalitions that identify local resources to fund and implement pilot programs that demonstrate efficacy

References

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Q&A

SARA HONN QUALLS, PH.D., ABPP

SQUALLS@UCCS.EDU

