

The Quality of Life Assessment: An Integrated Approach to Identifying Solutions

Presented by:
Nanette Perrin and Kristine Meier
LifeShare Director & Pathway Facilitator







We focus on the WHOLE PERSON and the quality of their life.





Purpose of the Quality of Life Assessment

The purpose of conducting a QoL Assessment and Member Profile Review is to collect a broader scope and deeper level of information to assist in reducing costs and improving care for high-need, high-cost individuals.

This will be done through utilizing a whole person, integrated systems approach to identifying solutions that address referred members' underlying physical, behavioral health, and/or social service gaps that result in high use of health care services.







8 Domains of Quality of Life



INDEPENDENCE

Personal Development – education, personal competence, performance

Self-Determination – decisions, personal control, personal goals, choices

SOCIAL PARTICIPATION Interpersonal Relations – interactions, relationships, supports

Social Inclusion – community integration and participation, roles, supports

Rights – legal, human (respect, dignity, equality)

WELL-BEING

Emotional Well-Being – contentment, self-concept, lack of stress

Physical Well-Being – health and health care, activities of daily living, leisure

Material Well-Being – financial status, employment, housing

Schalock, R. L., Verdugo, M. A., Jenaro, C., Wang, W., Wehmeyer, M., Xu, J., & Lachapelle, Y. (2005). Cross-cultural study of quality of life indicators. *American Journal on Mental Retardation*, 110, 298-311.









Quality of Life: 8 Core Domains





Personal Development

- * Questions that may be asked:
 - How do you like to spend your free time?
 - What hobbies or activities interest you?
 - * Are you satisfied with how you spend your free time?
 - Do you have support (financial, personal, transportation) to explore your interests? Engage in preferred activities?
 - What would you like to learn to do or do better?
 - * Are you interested in adult education opportunities or other community classes, clubs, groups?
 - * What independent living skills would make your life easier/better?
 - Are you interested in a job?





Self Determination



- What would you do if you could do anything you want all day?
- Do you make the decisions about what happens in your day?
- If you could change one thing about your day what would it be?
- Name something you want to accomplish that you have not yet been able to?
- * Can you leave the house when you want to?
- * Can you have friends over or go to a friend's house when you want?
- Do you have adequate transportation to do the things you want to do?
- * When you need assistance, can you still decide how the task is done?
- Do you decide when to get up in the morning or go to bed at night?
- When you eat, do you get to decide what it is you're going to eat or when you're going to eat?
- * Are you able to communicate to others what you need or want? (this can be answered yes regardless of the modality used: speech, assistive technology, sign gestures)







Interpersonal Relations

- * Questions that may be asked:
 - Tell me about your family.
 - * Who are the people in your life you can count on?
 - * Who do you want to talk or want to be with when you go through tough times?
 - Who are you closest to?
 - * Who do you talk with about private concerns?
 - Do you see your friends or family as much as you want?
 - Is the time you spend with family and friends enough for you?
 - Would you like more friends?
 - Who do you know in the community?

On friendships







- * Who are your friends?
- Can you get anywhere you want to go in your town?
- How do you get to places you want to go to?
- What do you do or would you like to do for fun?
- What is your hobby?
- Do you participate in any groups?
- If you need help in the community, do you know who to ask?
- How many places do you go in a week?
- What, if anything, stops you from going where you want?

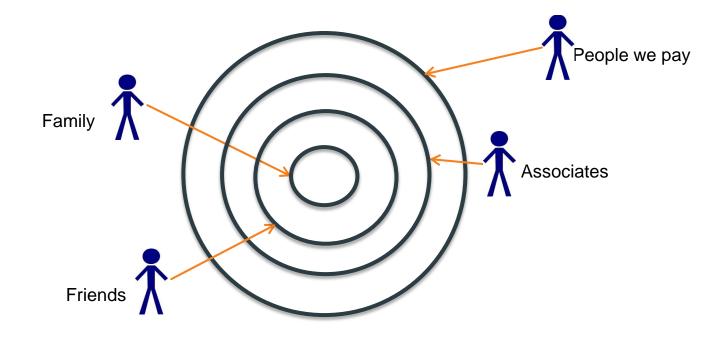


Social Inclusion





Natural Supports/Relationships vs. Paid Supports/Relationships:









Emotional Well-Being



- Contentment Rate your overall happiness with your life

 0-10 (great!). Consider how satisfied you are with your life, your general mood(s) each day, how much you enjoy your days.
- What would you need to increase that number?
- What contributes to that rating (the number given), bad or good?
- How do you know/can you tell that [name] is happy?
- How often do you see them happy?
- Self-Concept Describe yourself. Your best qualities.
- What are you most proud of?
- Lack of Stress Do you feel safe and secure?
- How predictable is your schedule? What you do each day? Your job (if applicable)?
- How much control do you have over things and activities most important to you?





Physical Well-Being



- * Are you happy with what you see when you look in the mirror?
- What things do you like, what things if any would you like to change?
- Is there anything about your body that if it changed would make you feel better?
- Do you have enough energy throughout the day to participate in routine activities (ADLs)?
- When do you feel your best physically?
- How often do you feel like this?





Material Well-Being



- Tell me about where you live
- Tell me about your roommates? Did you get to choose them?
- Where would you like to work?
- * Who is helping you find or keep your job? Is this support meeting your needs?
- Do you have enough money to pay your and get what you need?
- Do you have access to your money when you need it?
- * Tell me what kind of assistance you need with managing your money and planning for your future.





Rights



- What do you know about your rights as a citizen?
- Do you have access to your personal information?
- * Can you tell me what some of your rights are?
- What rights are most important to you?
- What information or supports do you need to exercise your rights?
- Do you have a key to your home?
- Are there any places in your home that are locked?
- Who do you talk to about your rights?
- Do you have any rights restrictions?





We must share the value that all people, regardless of abilities, share the human experience together and that every person is entitled to live a good life within his or her environment.

sunflower health plan.

Adapted from Schalock et. al. (2002)





What is an "Integrated Life?"

Our role is double sided

- * We need to focus on the disability, it is what brings our members to Sunflower and to our Provider Agencies...
- * But our **real work** is in finding the abilities what can people contribute to their communities?









When Might a Quality of Life Assessment be Helpful

Referrals are made for members who are in foster care or are on the Intellectual or Developmental Disability (IDD) or Traumatic Brain Injury (TBI) waivers who have complex social, behavioral and/or physical health needs. Supports needed may include transition to a less restrictive environment.

- * Transitions between waivers or between settings
- Members referred by care managers
- Members at risk of losing current Least Restrictive Environment
- Members on the TBI Waiver; especially those newly eligible or approaching transitions
- Referral from RCRS (Rapid Crisis Response System)
- * Children in foster care especially those approaching transition age
- Members on the IDD waiver approaching transition age (16- 26 yrs)
- Children currently in a Psychiatric Residential Treatment Facility
- * Members with complex medical needs







Steps of a Quality of Life Assessment

- The referral is received from a variety of sources and is assigned to a facilitator.
- 2. The facilitator will have an **initial meeting** with the care coordinator to obtain important information regarding the member.
- 3. A **document review** will be completed and include information from a variety of sources including, but not limited to: the Health Risk Assessment (HRA), Needs Assessment (NA), Integrated Service and Life Plans, 6 mo. Visit, notes, Person-Centered Support Plans, Behavior Support Plans, etc.
- 4. The **interview(s)** will be completed with the member (or in some cases someone who knows them well) at their chosen location.







Steps of a Quality of Life Assessment

- 5. An **observation(s)** might be conducted in each of the members (primary) daily settings if necessary.
- 6. An **internal structured brainstorming session** will be facilitated by the LifeShare facilitator with the care coordinator, the CC's supervising manager, and any other relevant SHP/LifeShare/Envolve staff working on the case. This internal team will brainstorm initial recommendations for planning and support.
- 7. An **external structured brainstorming session** will be facilitated by the LifeShare facilitator and the care coordinator with the member's external support team. This may include the member, guardian, targeted case manager, day staff, residential staff, mental health providers, etc. The team then brainstorms additional recommendations and solutions and prioritizes and assigns the actions steps.







Steps of a Quality of Life Assessment

- 8. LifeShare or Sunflower staff will then **check-in** approximately every 30 days post assessment to check on status of recommendations for 6 months. At the end of 6 months the need for continued support will be assessed.
- 9. Additionally, the care coordinator and support team can **request the level of support** they would like from the LifeShare facilitator post assessment in addition to the 30/60/90/120/180 day check-in.
 - * This could include referrals to other LifeShare Facilitators







Questions?



Senio Director of Kansas Pathways, RCRS, & Social Determinants of Health

(913) 401-4272

Nanette.I.Perrin@sunflowerhealthplan.com

Kristine Meier, MS Ed

Emotional and Behavioral Health/PBS Facilitator (913) 401-4204

k.meier@lifeshareusa.com









Thank You

"

sunflowerhealthplan.com

