Conducting and Managing Telephonic Assessments

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Impact of Covid-19 Pandemic

Pre-pandemic:

- Comprehensive Needs Assessments are completed face to face with participants and their Person Centered Planning Team in the community.
- Generally, assessments are completed in the participant's home which allows for observation of the participant and their environment.

Post-pandemic:

- Assessment tools, Person Centered Service Plan development, and engagement with the Person Centered Planning team can successfully be completed telephonically.
- Service Coordinators are trained to ask questions to prompt discussion to gain a full "color picture" of what the Participants wants and needs are.

COVID 19 Outreach and Scheduling Process

Service Coordinator Process:

- Telephonic outreach to Participant and/or legal guardian to schedule the assessment
- If the Participant chooses a Face to face visit, Service Coordinators are currently deferring the visit until a later date when face to face assessments can safely resume face to face visits.
- If the Participant chooses a telephonic assessment, one is scheduled at a date and time convenient for the participant and Person Centered Planning Team (PCPT) members, as desired by the Participant.
- Service Coordinators inform Participants of the assessment process, how long it generally takes, who can be involved and if using Zoom is a possibility for the Participant.

Effectively Conducting Telephonic Assessments

Goal of the telephonic assessment is for the SC to understand the whole "color picture" of what is needed to support the Participants independence

Service Coordinators are conducting telephonic assessments successfully by:

- Using Motivational Interviewing Techniques
  - ✓ Asking Open ended Questions
  - ✓ Using Affirmations
  - ✓ Reflective listening skills
  - ✓ Summarizing
- Differentiating needs vs. wants and goal planning accordingly
- Discussing met and unmet needs
- Asking questions about the Participant's daily routines
- Explaining Community HealthChoices and LTSS benefits
- Discussing and exploring community resources available
- Coordinating with DSNP and Behavioral Health providers as applicable

Completing the Telephonic Assessment

The Service Coordinator is the assessment meeting facilitator

- Use speaker phone or Zoom conference line to include everyone on the Person Centered Planning Team in the meeting
- Sets the meeting agenda
- Completes the InterRAI HC Comprehensive Needs Assessment
- Explains LTSS Benefits available in CHC
- Develops or updates the Person Centered Service Plan, including goal setting and goal progress discussions
- Completes the Personal Services and Supports Tool (PSST) to understand daily routines and need for hands on help with activities of daily living
- Provides choice of service providers/updates authorizations
- Answers questions
- Complete the Visit Checklist
- Explains next steps and the LTSS Review Process

Post Assessment Monitoring

- Service Coordinators are responsible for monitoring and managing
  - Trigger Events
  - Service Utilization
  - Missed shifts
  - Care gaps
  - What is working and not working during telephonic outreach contacts

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Telephonic Assessments
PA Health & Wellness
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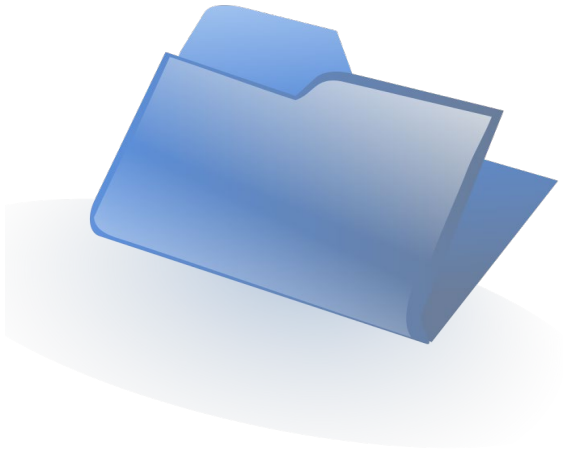
Assessments

All participants receiving HCBS must access services by going through a comprehensive needs assessment (InterRAI) and person centered service planning (PCSP) process



Service Coordinators are trained on motivational interviewing techniques, which allows them to effectively gather information when performing an assessment

Telephonic Assessments

- The Service Coordinator contacts the participant to ask if they prefer the assessment to be in-person or telephonically
- PHW treats all participant interactions on a case by case basis, and evaluates any health and safety risks that might require arranging for an in-person assessment, and/or emergency service intervention as appropriate
- The person-centered planning team (PCPT) is identified by the participant and is available for participants regardless of whether the assessment is conducted in-person or telephonically
- As an administrative function of PHW, our SCs are supported with input from an interdisciplinary care team meeting when needed and based on the needs of the participant, and the person centered planning process. This team meeting pulls together the participant, their PCPT and a multidisciplinary care team which may include the PCP, caregivers, pharmacists and more
- Telephonic communication has become a standard including; telehealth, the FED conducted by Aging Well, IEB, Administrative Law Judge hearings, and more

InterRAI

- A point-in-time assessment that does not require any physical contact
- Assesses for cognitive, communication, behavior, psychosocial, functional status, continence, oral and nutritional status, skin breakdown, social supports, home access issues, overnight safety and potential fall risks
- Social Determinants of Health (SDOH) and social concerns such as depression, loneliness and isolation are assessed effectively over the phone
- Unique factors such as culture and language are a focus so that any gaps or needs are addressed

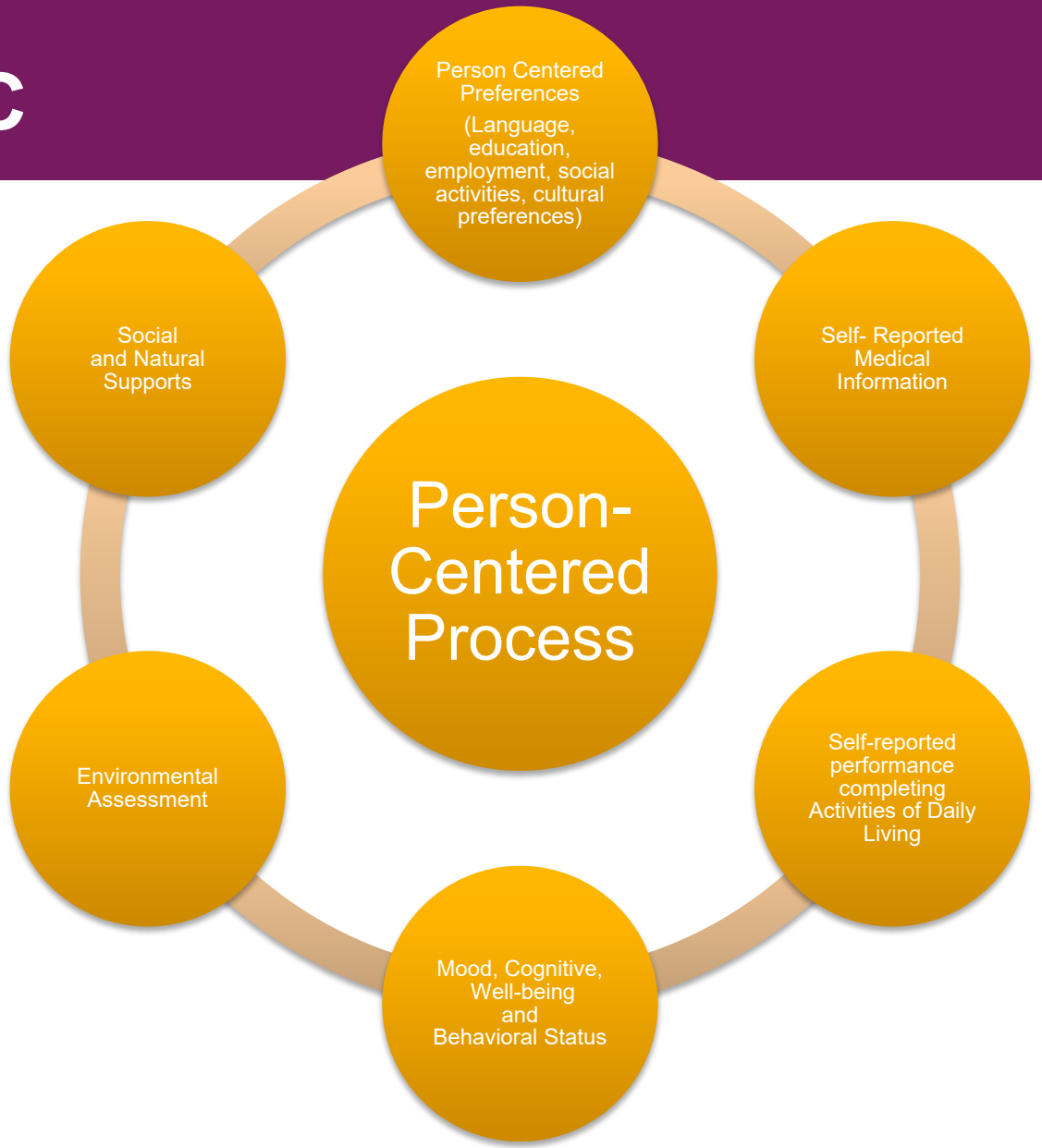
UPMC LIFE CHANGING MEDICINE

UPMC-CHC
Telephonic Assessments

Accessing UPMC CHC

All Participants receiving Home and Community Based Services access CHC services and benefits by completing:

1. **Comprehensive functional needs-based assessment (InterRAI)**
2. **Person-Centered Planning (PCSP) process**



Person-Centered Approach

UPMC CHC Service Coordination staff receive training that provides an overview of a participant's Person-Centered Planning Team (PCPT).

- Their instruction places emphasis on the Person-Centered Planning Team as a group of people, led by the Participant, who work together to meet the Participant's diverse and holistic needs including; physical health, behavioral health, and long-term services and supports.
- Staff are trained on team structure, possible members, and associated responsibilities that ensure the Participant's needs are being met.

Training also includes documentation of a Participant's strengths, hobbies, interests, community-based activities, behavioral health status, and family life as significant contributing factors to how services will be provided is no different.

Motivational Interviewing & Mental Health First Aid

CHC staff also receive training in *Motivational Interviewing*.

- *Motivational Interviewing* techniques have been proven to be effective practices for eliciting positive change on the part of Participants and promoting their engagement with treatment and services.

All client-facing UPMC staff are certified in *Mental Health First Aid*.

- People with Medicare and Medicaid are four times more likely than the general population to experience struggles with mental health or substance use disorders.
- *Mental Health First Aid* provides UPMC staff with skills to support a Participant experiencing a mental health challenge and refer them to appropriate professional help.

interRAI Assessment

The interRAI is typically conducted face-to-face but during the COVID-19 pandemic regular approaches are being adjusted to prioritized participant and coordinator safety.

The assessment of functional status helps to determine the level of care a Participant would require.

- SCs are trained on recording information about their Participant – noting specific observations and details at various points throughout the assessment. This helps tell the full story of the person's abilities and needs.
- In an assessment interview, Service Coordinators:
  - Discusses clinical and medical conditions.
  - Consider feedback from the Participant, their observed abilities, and the contributions of any informal supports that are in place.
  - Thoroughly review ADL/IADL by discussion Participant's activities associated with each ADL/IADL category in detail.

Accommodating the Needs of UPMC CHC Participants

Pre-Visit Prep

- Gather/review available information in preparation for an initial phone call and assessment call
  - Review previous assessment and other sources of information if available
- Phone call to explain assessment process and schedule assessment per first available time and using preferred method of assessment (Face to Face or Telephonic)
- Encourage PCPT participation
- If telephonic - Explore Video Visit Opportunities
  - Availability of technology
  - Comfort with using video
  - Suggest collection of Medications

Assessment

- Participants can choose either Telephonic or Face to Face method of Assessment

Telephonic Assessment:

- Land line or cell phone call
- Via conference call (PCPT)
- Microsoft Teams
- Helios Video pilot (December)
- Assess the person through a conversation like a face to face visit
- Obtain insights from PCPT such as observations if they are in the home

In Person Visit:

- Visually verify the environment
- Observe functional status like mobility/ambulation when appropriate

PCSP Development

- Once interRAI is complete, the SC and Participant begin to develop and/or review the current PCSP.
- Once complete, the PCSP will reflect current goals and services determined to best support the Participant to be as independent as possible.
- The SC will review the PCSP and authorization with the Participant and provide copies.

Telephonic Visit General Notes

- Provides an opportunity to continue ***assessments without the increased risk*** for COVID-19 exposure.
- Telephonic ***visits often take longer*** due to a lack of visual cues that help complete the assessment quicker;
- At times, needs to be ***conducted over several calls***;
- Items like height, weight and other factors are ***self reported and not as easy to verify***;

In Person and Virtual Visit

During COVID-19

- Confirm reported medications
- Visually check on Participant status and living conditions
- Confirm the availability of reported natural supports and food
- Completing as much via the telephone - then conduct a brief in-person visit

Virtual Visit

- Video visits allows similar factors to be observed
- Video is NOT captured or retained

Virtual Visits/Helios Pilot Program

UPMC CHC is implementing a virtual visit system to enhance interactions with Participants during telephonic assessments, check ins and other conversations where a face-to-face meeting is not feasible or advisable.

- Virtual visit is a common way of providing video interaction between a provider and a Participant
- Virtual visit adds the ability to see a person's face and surroundings (and they, yours) in addition to voice
- Allows people to share unspoken communication queues like facial expressions

Virtual Visits/Helios Pilot Program - cont.

Use when a face-to-face conversation is ideal, but circumstances are not feasible:

- Inclement weather
- Immediate need to touch base face to face
- Distance of travel
- Scheduling constraints
- Safety concerns (ex. COVID)

- **Meet certain program compliance elements that may not be fully necessary for a physical visit**
  - Trigger events / hospital discharges, for people that are baseline/status quo
  - Quarterly or semi-annual visits (based on region)

Service Coordination feedback - Survey Says....

I am able to see facial expressions, provide reassurance when they appear worried, see and praise their pets…I can see how they walk, move, eat, stand. This is wonderful! The only issue is the PRTs seem to become tired more quickly using the video chat…we revert to only phone.

> *I definitely feel more engaged, we both agreed, it was great to be able to see each other's faces.*

I was able to see they are using a standard stool for sitting and not a shower chair. DME was recommended.

During a virtual tour of the home, I learned that the Participant has their own bathroom that they use in the home…not shared with the rest of the family.