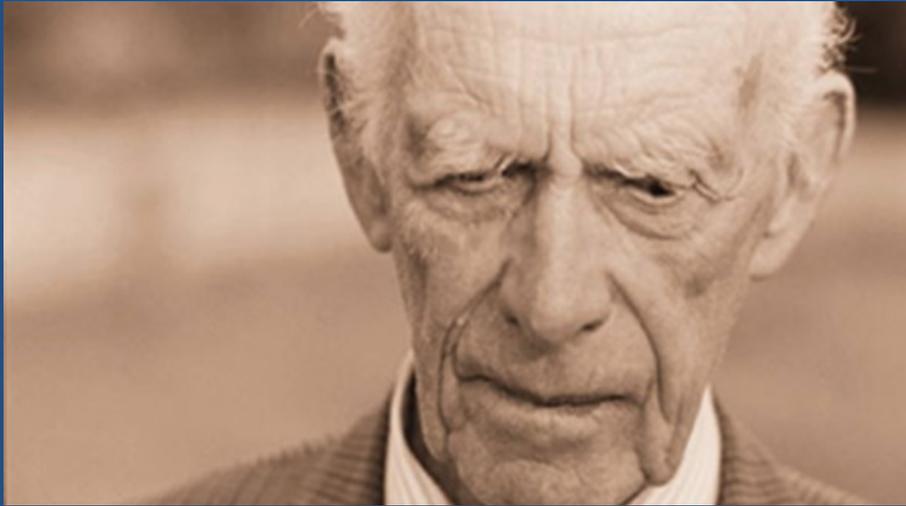


ABILITIES CARE APPROACH

A CRITICALLY NEEDED APPROACH TO CARE IN SKILLED NURSING FACILITIES



DEMENTIA

- 2014 – 5.2 million people in the U.S. with Alzheimer’s Disease
- Expected to triple by 2050 with 16 million people effected
- Cross-sectional studies of all nursing home residents find prevalence of dementia as high as 74%

Misconceptions

- ◇ She has Dementia and can’t do anything....
- ◇ He isn’t appropriate for therapy because he can’t learn or follow directions.... and we might get a Medicare denial.
- ◇ She behaves that way because of the Alzheimer’s Disease.... there is nothing we can do about it

Therapist often perceive that the limitations presented by the disease process of dementia preclude persons with dementia from receiving skilled therapy services. These misconceptions are related to barriers that previously existed in reimbursement. These barriers have been removed over the past few years; but the legacy they created remains. Therapists require training and mentoring to develop effective techniques to serve this vulnerable population, and document the medical necessity of their services.

REGULATIONS THAT SUPPORT DEMENTIA SERVICES

- ◇ **Sept 25, 2001—contractors may not use diagnosis of dementia alone as a basis for determining coverage**
- ◇ **Jimmo Vs. Sebelius – elimination of the improvement standard. Under the settlement, Medicare will pay for services if they maintain the patient’s current condition or prevent or slow further deterioration**
- ◇ **OBRA – requires us to prevent avoidable declines in function; identifying and acting on risk factors**

Even in middle stage dementia when a persons ability to “do” has been significantly impaired, we can engage retained abilities; thereby reconnecting a person with skills from their past. Skills that their bodies, minds, and their very hands remember

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*Connecting those with
Dementia with the
person they have always
been.....and still are*

- ◇ **Utilizes Retained Abilities**
- ◇ **Individualized Care**
- ◇ **Therapy Driven**
- ◇ **Evidence Based Intervention**
- ◇ **Enhances Family visits**
- ◇ **Improves Function**
- ◇ **Meets CMS Requirements for Improved Dementia Care**

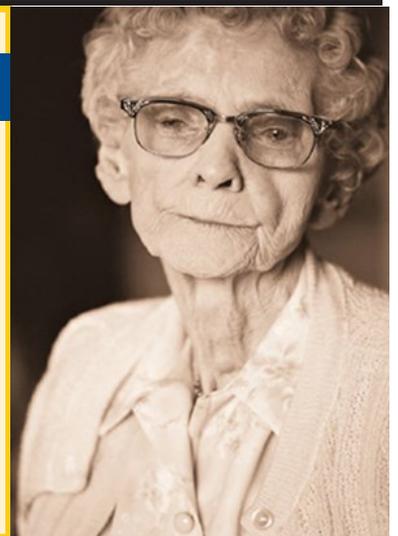
“ ACTION MAY NOT ALWAYS BRING HAPPINESS; BUT THERE IS NO HAPPINESS WITHOUT ACTION.—BENJAMIN DISRAELI (1804-1881)”

Evidence shows that people living with dementia have retained abilities that may be engaged by modifying care approaches and tasks; tailoring them to the individual skills, habits, long term memories, and abilities of the person. When we tap into these retained abilities, quality of life is improved, negative behaviors are diminished, and families and caregivers are able to connect with their loved one in a deep and meaningful way

SKILLED SERVICES

Therapy Interventions for Persons with Dementia Guide Patient Care

- ◇ Effective Communications Techniques to Express Needs
- ◇ Behavior Management Interventions
- ◇ Prevention of Falls and Enhanced Safety
- ◇ Cueing and Strategies to Increase Independence with ADLs (self care and mobility)
- ◇ Engagement in Meaningful Tasks and Activities



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NATIONAL PARTNERSHIP

On March 29, 2012, the Centers for Medicare & Medicaid Services (CMS) launched the National Partnership to Improve Dementia Care and Reduce Unnecessary Antipsychotic Drug Use in Nursing Homes (now referred to as the Partnership to Improve Dementia Care in Nursing Homes). The goal of this partnership is to optimize the quality of life and function of residents in America's nursing homes by improving approaches to meeting the health, psychosocial and behavioral health needs of all residents, especially those with Dementia.

Allen Cognitive Levels (ACL)

Level 6: Comparable to Normal Cognizant Adult

Level 5: Mild cognitive impairments. Some confusion, family notices mental changes.

Level 4: May not notice mistakes. Follows 2-3 step commands, performs purposeful activities and can learn new things with help.

Level 3: Confused, and may strike out, have odd behaviors, or emotional outbursts. Follow 1 step of a familiar activity. Can repeat the same activity without boredom. Incapable of learning a new task.

Level 2: Unable to dress self, but eats finger foods and drink from a cup with assist. Can stand, sit, and may walk.

Level 1: Resident is bedbound. Responds to sensory stimulation, and expresses self with vocalizations and facial expressions

Classifying the stage of Dementia can help caregivers provide an individualized and collaborative treatment approach to resident care.

The most widely recognized scale is the Allen Cognitive Levels (ACL), which consists of 6 levels



INDIVIDUALIZED PATIENT CARE

- Tailored to all relevant considerations: physical, functional, psychosocial
- Relevant to needs, interests, culture, and background
- Considers risk factors, current conditions, past history and present symptoms
- Based on careful, assessment of physical, psychological, and behavioral symptoms
- Demonstrates assessment of unmet needs
- IDT can explain the rationale for approaches

“I think it had a huge impact on my mom’s life, it feels like she is better understood, cared for, and loved. I had not seen my mom doing things she loved in years. There is more connection in her care. With the techniques I learned, it became much easier to visit with my mom and she is happier “