Slide 1: Title Page  
Integrating the Medical and Social Models of Care  
HCBS Advisory Workgroup #1: Enhancing CCT Delivery

Slide 2: Objectives  
Workgroup members will be able to:  
• Discuss benefits and limitations of the medical model of care  
• Discuss benefits and limitations of the social model of care  
• Discuss the ways in which CCT Participants and Providers might be impacted by restricting transition & care planning to one model of care

Slide 3: From a Medical Model Perspective  
• When medical needs are identified, people require services and habilitation aimed at cure or management.

Slide 4: Medical Model of Care  
Strengths:  
• Action when there is a clear and shared understanding of a “problem”  
• Solutions when the “problems” have very simple cause-effect relationships  
• Ability to identify unseen conditions

Slide 5: Medical Model of Care  
Limitations:  
• Over-reliance on treating a diagnosis rather than treating the person  
• Needed Growth for considering:  
  o Diversity and/or cultural traditions  
  o Personal experiences  
  o Role of the individual in his/her own healing

Slide 6: Workgroup Discussion  
• Based on your experience, how would you describe the Medical Model of Care?
Slide 7: From a Social Model Perspective

“Disadvantages experienced by people with disabilities are due to a complex form of institutional discrimination… [and] the ‘cure’ to the problem of disability lies in changing society.”

Slide 8: Social Model of Care
Strengths:
- Individuals’ preferences come first, which supports:
  - Independence
  - Control
  - Choice
- Focus is on inclusion

Slide 9: Social Model of Care
Limitations:
- Ignores real aspects of living life with limitations and illness
- Difficult for some individuals to view their disability as a “neutral” characteristic or based solely in society
- Not necessarily useful for people who are newly diagnosed and just beginning to learn about the changes disability will bring to their lives

Slide 10: Workgroup Discussion
- Based on your experience, how would you describe the Social Model of Care?

Slide 11: Comparing Perspectives
--A table chart used to illicit verbal discussion of three identified needs and how each model responds--

Slide 12: Holistic Approach
Better identification of, and planning for, the needs of the **WHOLE** person, including:
- Social
- Cultural
- Emotional
- Intellectual
- Economic
- Environmental
Slide 13: Examples from Other States
1. Pathways to Community Living (Illinois)
   - Program features an initial assessment that includes:
     • Demographics
     • Participant’s goals
     • Strengths
     • Preferences
     • Cognition/comprehension
     • Medical, psychiatric, and developmental disability history
     • Substance use/abuse history
     • Functional ability
     • Safety issues (environmental & behavioral), including harm to self or others
     • Needs related to nutrition, sleep, pain, or incontinence
     • Self-management ability and skills
     • Social history

Slide 14: Examples from Other States
2. Connecticut Money Follows the Person
   - RN Case Managers are required to meet the following additional requirements:
     • Interview skills, including the professional judgment to probe, as necessary, to uncover underlying concerns of the applicant
     • Ability to establish and maintain empathetic relationships
     • Experience in conducting social AND health assessments
     • Awareness of community resources and services, and the ability to plan for the costs of care options
     • Knowledge of human behavior and dynamics, human development and disability
     • Demonstrated competency in motivational interviewing and engagement
Slide 15: How do we integrate the Medical and Social Models of Care?
- Are the models mutually-exclusive?
- Is it possible to enhance the existing framework that includes strengths from each model?
- What are the challenges to integrating the strengths of the two models into CCT transition and care planning?

Slide 16: Resources
- Illinois’ Pathways to Community Living http://mfp.illinois.gov/overview.html
- Cultural Change in Long-Term Care Facilities https://socialwork.asu.edu/
- The History of Attitudes to Disabled People https://attitudes2disability.wordpress.com/category/uncategorized/historical-outline/
- Section 6071, Deficit Reduction Act of 2005, Public Law 109-171; Section 2403, Affordable Care Act, Public Law 111-148; Money Follows the Person Rebalancing Demonstration https://www.cfda.gov/index?s=program&mode=form&tab=core&id=60884168116eecaef45984edbb48594

Slide 17: Acknowledgements
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