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:
    - Diversity and/or cultural traditions
    - Personal experiences
    - 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

- Vocational
- Nutritional
- Therapeutic
- Supportive

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
- Connecticut's Money Follows the Person Rebalancing Demonstration Operational Protocol http://coa.cga.ct.gov/images/pdf/MFP-operational-protocol.pdf
- CMS' Balancing Incentive Program Manual http://www.balancingincentiveprogram.org/sites/default/files/Balancing_Incentive_Program_Manual_2.0.pdf
- 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=608884168116eecaef45984edbb48594

Slide 17: Acknowledgements

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