Disability-Competent Care Self-Assessment Tool (DCCAT)

USER GUIDE

RESOURCES FOR INTEGRATED CARE

Resources for Plans and Providers for Medicare-Medicaid Integration

Table of Contents

Common DCC Acronyms

ADLs: Activities of Daily Living

BH: behavioral health

DCC: Disability-Competent Care

DCCAT: Disability-Competent Care Self-Assessment Tool

EHR: electronic health record

HRAs: health risk assessments

IADLs: Instrumental Activities of Daily Living

IDT: interdisciplinary team

IPC: individualized plan of care

LTSS: long-term services and supports

PCA: personal care assistant

PCP: primary care provider

Introduction

The Disability-Competent Care Self-Assessment Tool (DCCAT) is designed to assist health plans and health systems in evaluating their ability to meet the needs of adults with disabilities or functional limitations. Health plans and health systems can use the DCCAT to help them identify strategic opportunities for improving their disability competency. This tool primarily focuses on meeting the needs of persons with functional limitations, however, disability-competent care (DCC) is applicable to all individuals with disabilities because its intent is to remove barriers to timely health care. This guide provides a step-by-step tutorial on how to use the DCCAT and interpret its results located in the Evaluation Results Form.

> Disability-competent care focuses on providing care and support for maximum function while preventing or eliminating barriers to integrated, accessible care.

Using the DCCAT and the Accompanying Evaluation Results Form

The DCCAT contains a series of questions to evaluate your ability to meet the needs of adults with disabilities or functional limitations. Each question includes context that will assist you in responding to the questions. The DCCAT Evaluation Results Form is an accompaniment to the DCCAT and should be used to track all responses to the questions. The Evaluation Results Form provides a means for gathering input from your assessment team. The collection of responses provides a starting point for the team to identify priorities for next steps.

For the most comprehensive assessment of your organization, the following method is recommended:

1. **Identify appropriate staff members to complete the DCCAT.** It is useful to have two or more people with different perspectives use this tool. A wide range of topics are covered in this tool, from understanding the population being served to care coordination and behavioral health, so having a staff familiar with each of the different topics will be helpful. For example, clinical staff, administrators, and senior leadership may all have different views regarding the application of DCC concepts in practice. Including multiple perspectives will ensure appropriate coverage of the organization's existing DCC interventions, policies, and procedures. This helps ensure a comprehensive review is undertaken and findings are validated.

2. **Read and answer each question.** Identifying the appropriate response may require additional research into whether the organization applies the relevant DCC concept and to what extent. It may be difficult to answer each question in the tool; however, it is important to undergo this process as it will help the organization to better understand how to apply DCC concepts. Use the context provided under each question in the tool to arrive at a response. This is important to ensure the customized responses precisely capture the current state of the organization.

3. **Capture results using the Evaluation Results Form.** It is helpful to use the Evaluation Results Form to capture responses and tally averages for each pillar and sub-section. Use the drop-down options to record your response for each question. *See Choosing a Response on page 4 for more information.* Once complete, summarized results by pillar and sub-section can be reviewed on the Results Summary tab of the Evaluation Results Form.

4. **Review the Evaluation Results Form.** The identified staff members should collectively review the organization's results once the assessment has been completed. Discussing and reviewing the DCCAT results as a team allows staff members to identify discrepancies in responses, assess and prioritize the opportunity areas, and make recommendations for next steps.

5. **Share results and determine priority areas.** It is important to share the results and recommendations with appropriate administrators, staff, or executives. In most instances sharing results and recommendations and obtaining buy-in is a required step in facilitating change within an organization. These discussions will help determine improvement priority areas that will help organizations better meet the needs of participants with disabilities. Explore additional resources available at https://www.resourcesforintegratedcare.com/ to guide your organization in developing disability-competent care policies and practices.

6. **Revisit the DCCAT.** Consider revisiting the DCCAT periodically to track progress and improvement, as well as to assess whether current interventions address the needs of a changing demographic.

Organization of the DCCAT and Evaluation Results Form

The DCCAT and accompanying Evaluation Results Form is organized according to the seven foundational pillars of DCC:

1. Understanding DCC and Disabilities
2. Participant Engagement
3. Access
4. Primary Care
5. Care Coordination
6. Flexible Long-Term Services and Supports
7. Behavioral Health

Each section contains a description of the given pillar, the questions relevant to that pillar, and relevant background under each question. Use the background provided to respond to each question. Please note that not all questions have to be answered to move on to the next section; however, answering each question will result in a more accurate representation of your ability to meet participant needs. Be sure to scroll through each section and answer questions in the subsections if applicable.

Pillar 3: Access

Persons with disabilities must be able to access care and supports. Access competency requires recognizing the barriers and complexities of living with disabilities, learning from participants, and paying attention to details.

Barriers include negative attitudes or stereotypes held by key providers; practice procedures that work against the proper provision of care; inadequate physical and medical equipment access; poor communication; and insufficient navigation and coordination within the system. Removing barriers will enable participants and providers alike to realize desired health outcome(s) and quality of life.

Attitudinal Access

Attitudinal barriers to care include stereotypical perceptions and biases toward individuals with disabilities.

3.1 Are key providers aware of and prepared to address internalized biases and attitudes towards persons with disabilities across their staff and in their own practices?

Attitudinal access requires providers to see the participant as a fully capable adult with age-related hopes, dreams and aspirations. However, key providers may find attitudinal issues difficult to identify and address as they are generally culturally based and engrained, and may include speaking "down" to participants, or making assumptions about them. The IDT and other key providers, such as specialists and community-based providers, should actively seek to identify their own biases towards individuals with disabilities and work towards addressing them in their practice.

Background information regarding each pillar is included. Use this as foundational knowledge when approaching the questions.

Use the context under each question to develop a response to the questions.

Choosing a Response

In the Evaluation Results Form, pillars are separated by tabs accessed on the bottom of the spreadsheet, each tab contains questions that pertain to the pillar topic. Enter your responses to each question in the Evaluation Results Form using the dropdown. Your response options include "Always", "Usually", "Sometimes", "Rarely", and "Never". When selecting a response for each question, use the following guidance:

- **Always** - Your organization is consistent and intentional with the given principle(s) or practice(s) and there are protocols in place that reinforce them. The organization may have best practices for the principle(s) as well as assessment mechanisms based on the efficacy of best practices.
- **Usually** - Your organization often implements the given principle(s) or practice(s) and there are protocols in place that reinforce them. The organization may have best practices for the principle(s) but there is an absence of assessment mechanisms that measure the efficacy of best practices.
- **Sometimes** - Your organization implements the given principle(s) or practice(s) from time-to-time and protocols in place do not adequately address the given principles. The organization may have plans to develop best practices and assessment mechanisms incorporating the given principle(s) and practice(s) in the future.
- **Rarely** - Your organization is familiar with the given principle(s) or practice(s) but they are not consistently implemented. The organization needs to develop stronger protocols and audit mechanisms addressing the given principle(s) and practice(s).
- **Never** - Your organization is not familiar with the given principle(s) or practice(s) and/or does not have protocols in place. This is an area of focus for goal-setting and the organization needs to develop protocols addressing the given principle(s) and practice(s).

Question	Response (Always, Usually, Sometimes, Rarely, Never)	Notes
4.1 Is there a standard practice of providing all participants with an annual primary care visit?	Always	Review this question with the team.
4.2 Is a primary care practitioner available for diagnosis and treatment at all times?	Sometimes	
4.3 Are participants specifically coached as to when and how they ought to access their primary care practitioner?		Check to see if this is in our protocol.
4.4 Do all primary care practices have access (on site or through timely and accessible referral) to diagnostic tests, including x-ray and laboratory testing, either in-house or through referral?	Always / Usually / Sometimes / Rarely / Never	

Enter notes for review as needed.

Use the dropdown to select your response to each question.

Results Summary

The Results Summary tab in the Evaluation Results Form calculates the average response once all fields are populated under each pillar.

Pillar	Section	Average Response
1	**Understanding the DCC Model**	**Usually**
	Core Values of the DCC Model	Usually
2	**Participant Engagement**	**Usually**
	Participant Enngagement	Sometimes
	Assessment	Sometimes
	Individualized Plan of Care	Always
	Care Partners	Usually
3	**Access**	**Sometimes**
	Attitudinal Access	Sometimes
	Process Accomodations	Sometimes
	Physical Access	Sometimes
	Communication Access	Usually
	Programmatic Access	Never
4	**Primary Care**	**Usually**
	Delivery of Care	Rarely
	Preventive Care and Health Education	Always
	Screenings	Rarely
	Pain Assessment and Management	Rarely
	Sexual Health	Always
	Primary Care Network	Sometimes
5	**Care Coordination**	**Sometimes**
	Composition of IDT	Sometimes
	Communications within the IDT	Rarely
	IPC Implementation, Management and Oversight	Sometimes
	Allocation of Care Management and Services	Rarely
	Transitions	Sometimes
	Tailoring Services and Supports	Usually
	Health Record	Usually
	Medication Management	Rarely
	Advance Directives	Sometimes
6	**Flexible Long-Term Services and Supports**	**Usually**
	LTSS Composition and Capacity	Sometimes

Pillar 1 Pillar 2 Pillar 3 Pillar 4 Pillar 5 Pillar 6 Pillar 7

The Evaluation Results Form will calculate an average response for each pillar and sub-section.

Interpreting Results

The Results Summary section of the Evaluation Results Form will calculate the average response for each pillar. You can use the following guidance in assessing your organization's capacity in each area to meet the needs of adults with disabilities or functional limitations. This guidance may also help to identify strategic opportunities for improving disability competence.

Always
Your organization has a strong foundation of the given DCC pillar and is well-positioned to meet the needs of participants in this area. Establish new strategies to reinforce the principles of disability competence within your team. Revisit and refine goals on a scheduled basis. Measure your performance regarding disability competence and use your progress to inform best practices. Identify opportunities to share best practices with other organizations.

Usually
Your organization has a framework for the given DCC pillar but there are challenges with consistency. Set new goals that reflect your progress to date and incorporate procedures that ensure consistency in incorporating the given principle into practice. Reassess the mechanism(s) you use to measure performance in adopting the given principle(s) and create specific indicators to enhance your capacity in this area.

Sometimes
Your organization has some of the foundational elements associated with the given pillar but there are areas for improvement. Use these improvement areas to inform your goals. Identify resources you can leverage to improve execution of your action plan. Create the mechanism(s) to measure progress in adopting the given principle(s). Measuring performance will establish accountability across your team and strengthen the commitment to disability competence.

Rarely
Your organization may have an understanding of the given DCC pillar but does not have a framework for adopting it into practice. Pair your current knowledge with the guidance provided in the tool to align your goal(s) with the given DCC principle. Design an action plan that builds on your current procedures and reflects the needs of your participants. Integrate the elements of the action plan in a manner that aligns with your organizational capacity.

Never
Your organization does not have a framework for the given DCC pillar and should establish capacity in this area. Review the questions and examples throughout the tool to develop goals. Consider what may be appropriate and feasible to implement in the short- and long-term. Create an action plan based on the goals that aligns with your organizational capacity. Implement a reasonable timeline to execute the action plan and build in additional time to account for improvements along the way.

If there are additional questions that have not been addressed through this user guide or the DCCAT, please reach out to us at RIC@lewin.com. You can also visit our website, ResourcesforIntegratedCare.com, where our resources are organized according to the DCC pillars to guide your next steps and support your areas for improvement.