

## **Our Program Model**

The core of our program model is a care coordination process with either a nurse or social worker serving as the primary care manager. The care manager is responsible for working with the member to coordinate their overall care and identify gaps in needed services. An individualized plan of care is developed with each member upon enrollment, based on his/her priorities and choices about providers. The plan is reviewed every four months. ICS also has an advocacy department, led by a disability rights activist, which forms a special bridge to members and advocates both within and outside the organization for their needs.

In addition, there are six service areas which our members consider valuable and in which we have developed distinctive skills and knowledge.

### **Pressure Ulcer Prevention and Intervention**

Pressure ulcers represent a significant health care threat to adults with restricted mobility or chronic disease. Approximately 40% of our members have been determined to be at moderate to high risk for developing pressure ulcers. The *Braden Scale for Predicting Ulcer Risk* is a regular component of the nursing assessment completed upon enrollment in ICS and every 120 days. Nurse care managers, in consultation with the program director, develop appropriate interventions for each individual at moderate-high risk.

### **Wheelchair Purchase and Repair Services**

Approximately 75% of ICS' members rely on some type of wheeled mobility device – manual wheelchair, powerchair or scooter – for their primary means of mobility. A physical therapist who specializes in seating and mobility services is available to members who are in need of new equipment. The therapist assesses joint flexibility, sitting balance, skin integrity and functional mobility skills; the Member articulates previous experiences with mobility products, and his/her intended use for the new equipment. A wheelchair repair technician visits Members in their home to repair chairs as needed. Chairs are typically repaired within the home. When necessary they are repaired at a shop and usually returned within 48 hours and a loaner chair is provided. Members also have access to maintenance training and a workshop to perform preventive maintenance – e.g., cleaning the chair, lubricating wheels, tightening nuts and bolts, monitoring battery capacity.

### **Home Care Aide Services**

Approximately 80% of our members use home care aide services (not including Consumer-Directed Personal Assistance Services). Home care aides are the primary support for most of our members. They are also the link between members/family caregivers and professional service providers. These services include a general orientation for aides working with ICS Members; providing aides with information about the member's condition and goals to enable them to be active participants in supporting the member's needs and interests; and providing problem-solving assistance when Members are unable to obtain stable home care aide services.

### **Consumer – Directed Personal Assistance Services**

Approximately 20 % of our members use Consumer-Directed Personal Assistance Services in which they hire and supervise their own personal assistants through a contracted agency. We are planning to provide additional support services in 2006 including: consumer training on the role and responsibilities of consumers in terms of recruiting, hiring and supervising their personal assistants; Personal Assistant training on the role and responsibilities of the Assistant; and a central registry of Personal Assistants to assist consumers in identifying potential assistants and to assist Assistants in finding employment.

### **Social Activities Program**

Adults with physical disabilities have very limited opportunities for social participation and recreation. Our current organized activities include support groups such as Weight Watchers, instructions, in painting, drawing, knitting and jewelry making, all lead by members, wheelchair sports teams and social events.

### **Transportation Program**

Our transportation services will consist of three basic components: ambulette services for trips to service providers; car service for members, who do not need an ambulette for trips to service providers, for the same cost and with more ability to arrive on time; and training for members in using public transportation services in small groups and through individual coaching. The program is primarily be concerned with developing a reliable and timely ambulette service—a goal that has been very elusive so far. At the same time, it actively encourages our members to use buses and subways, which have proved to be for more reliable than ambulettes.

In addition, ICS coordinates and pays for a range of services for ICS members.