

MnCAT: Assessment Scenario

Under 65 Adult
Updated logo 8/18/2022

INSTRUCTIONS

*This is the assessment scenario Mentors, Supervisors, and all individuals working to become Certified Assessors should use to complete the assessment they created in MTZ when completing Step 3 Part 1. Complete the assessment prior to attending either the Orientation for Mentors/Supervisors, or the Multidisciplinary team Learning Lab. **NOTE: DO NOT name your person Gilbert Grape. Instructions about how to create your person are included in the Step 3: Guide Book.***

Gil is a slender, reserved man who comes across as naïve and vulnerable; he is in his early 40s; is 5'8" and weighs about 160#. He has been dealing with Type 1 diabetes since childhood and has suffered complications of diabetes resulting in toe amputations, several emergency room visits, and at least one hospitalization in the past year as well as a nursing facility stay. His medical expenses, including the NF stay were covered by medical assistance (MA). Gil is a divorced father of three, ages 18, 13, 11 who all reside with their mother in a town about an hour from the Twin Cities. Gil suffers from neuropathy, asthma, arthritis and has been diagnosed with Bipolar Disorder. His medication regiment includes prescriptions to address these conditions. He has sickle cell traits, but is not reporting any symptoms/issues.

Referral is made by sister, Missy, who had him move in with her so he could get out of the nursing home. She is calling asking for help in taking care of him. She has concerns because she is not able to attend to him as much as he needs every day. She is married and a stay-at-home mom for two young children, and has limited time to devote to caring for Gil. *"I need help for my brother, Gilbert, who has lived with me for the past six months. He is divorced with three kids but they live out of town. He has health problems, and I can't help him as much as he needs."*

Missy goes on to say that Gil has a history of 'taking off' without telling others. The worst part of this has been that he neglects to bring his medications, so he often ends up in the ER because he goes into a health crisis. His usual spontaneous trip is to see his kids, but his ex-wife, Barbara, won't let him stay in her home when he is up there. Although he has had issues with his mental health, especially when he was younger, Missy indicates that is not *her* primary concern – managing his diabetes is, and that "he doesn't follow through on stuff. He really can't be left alone to prepare a meal, remember to take his meds or eat, and forgets what he is supposed to buy when he shops." She cares about him, but he is not easy to live with. "He always seems anxious - needing to be constantly taken care of and is argumentative like a child." She said she is frustrated by his reduced capacity and sometimes she thinks he is just lying about forgetting

Gil briefly took the phone to confirm his interest in an assessment and to say he would like someone to help him find a job and join a gym. He agrees he'd like his health to be more stable as he hated residing in the NF.

Gil had a Mental Health Case Manager for years but was recently closed to case management since he had no mental health related hospitalizations in the past two years. He recently enrolled in health care and has an SNBC care coordinator, Peggy, who would like to attend the assessment.

At the assessment, you meet with Gil and Missy at their home. Gil agreed to have his SNBC coordinator attend as well, and Peggy is present.

Gil lets you know he is happy living with his sister and her family. He has his own space on the lower level and pays her rent from his Social Security Disability Insurance (SSDI). He misses his kids and would like to see them more often. Gil's not interested in discussing his spirituality or his culture, but lets you know family is important to him as well as getting back to work. He would like help finding a job.

When he moved down to the Cities after discharging from the NF, he had to quit his job in the town where he had lived with his family. He used to stock shelves at a nearby grocery store even though it was hard to stand for long periods of time due to the neuropathy and surgeries on his feet. He refers to his former co-workers as friends, and shares that they sometimes asked him to cover their shifts. He feels good about being able to help them; although you learn that this resulted in some of his ER visits. He lets you know he misses social contacts from his old job and would like to have a girlfriend. He adds that if he could go to a gym he would be able to exercise – something he has enjoyed in the past.

Gil has a slow, hesitant way of talking, and he states that he would like others to be more patient with him when he is trying to convey his thoughts – it takes him a bit longer to formulate what he wants to say and express his preferences. This is demonstrated as he shares his goals and you notice he presents with a slight stutter. There also seems to be some wariness on his part in whether you will approve of what he is telling you. He frequently checks his sister's reaction, and looks to you for reassurance.

"I really like... to go to... the gym... to exercise... I-I haven't been able to do this ...since I... moved here. (Pause) I-I liked ...my job at the grocery store..... I'm bored without anything to do and..... no friends. I like some TV shows.... and my niece & nephew..... I miss my kids....I'm glad I haven't been in the hospital...since just after I moved here. Ya, that was stressful."

You learn he has trouble tracking, remembering and is challenged by multiple-step tasks. He feels he just becomes distracted, but his sister is worried because he has forgotten things on stove and leaves food in the microwave. Missy has noticed more forgetfulness in Gil. It has gotten worse, and she doesn't know how to help him get a handle on his health. She reports, "He can't seem to manage his diabetes like he used to; although, he was never that good at taking his medications

anyway.” She shared that it is frustrating to her that Gil won’t always remember to do things once she has reminded him. He indicates that he just can’t seem to stay on track. He wants to remember, but just forgets. He does not plan for future needs, and his memory and judgment are deteriorating. He scores 10 on the memory screening. He can follow simple steps, but is unable to follow through or complete multiple step tasks. Because of his forgetfulness he needs a moderate level of support available daily. You wonder if these symptoms are the result of the persistent fluctuations in blood sugars over the years. He reports no traumatic head injuries.

Gil doesn’t do a very good job taking care of himself – he is not good about managing his hygiene. Missy indicates she needs to remind him to bathe, shave and brush his teeth – he can go several days without changing clothes or taking care of personal hygiene, but seems to manage these tasks independently once he gets started. Missy helps Gil with his laundry. She has noticed that by offering to throw a load in for him, he has clean clothes to change into rather than a pile of dirty clothes from which to choose an outfit. “Without my help he just wears dirty clothes!” Gil seems embarrassed by this and comments that his ex-wife always took care of the laundry, and that he feels unsteady in the shower so hesitant sometimes to bathe. He feels he shaves and brushes his teeth often enough.

You are concerned about the number of hospitalizations he has had during the past 5 years due to poor diabetes management, and the 8 months he spent in a nursing facility. Thankfully, that’s when his sister started to help him get back on his feet. Ongoing challenges include forgetting to eat regularly, which causes glucose-insulin reactions, and secondary illnesses of disorientation, nausea, fatigue and lack of motivation. You learn he has lost 30 pounds over the past year, which he considers good as he was overweight for his height. He has an insulin pump that provides insulin in intervals. He is supposed to eat 3-4 meals a day and count his carbs so he can adjust his insulin pump as needed. He could use more help with monitoring his blood glucose. Gil has difficulty taking medications as prescribed and does not always take medications when prompted. He relies on family members to remind him to eat and take medications. Having the right food on hand is challenging. They would like to explore options to manage this better; perhaps some type of home delivered meals that meet his diabetic needs. He also needs help with making and getting to appointments, and with completing paperwork/forms.

You learn that Missy is his Rep-Payee, because he has a history of not being responsible around finances or paying his bills. (His ex-wife took care of the finances in the past.) So, he agrees to this arrangement, but would like more money to do with what he wants. There is indication that he may have been financially taken of advantage of in the past, not by family, but by co-workers who would ask him for money – which he gave freely. He wants to be liked and helpful. From his story, you suspect that his naïve trust of others and their possible selfish motivations puts him at risk of victimization. There is indication that he has not only been taken advantage of in the past financially, but also in taking on extra shifts for others when he was unprepared with medications, food or adequate rest. He can’t say ‘no’ and doesn’t want to disappoint others.

Gil was diagnosed as Bipolar when he was 21 years old. He had a series of hospitalizations, because he was “acting crazy”. He remembers one episode where he thought bugs were crawling in his body – from his stomach and out through his nose. He says he hasn’t had issues for several years, but this is part of the reason his wife wanted him to leave, “she couldn’t take it anymore.” He would often do things without planning – from going off with some friend for days, or taking on extra shifts to withdrawing because he felt depressed and unmotivated. He admits to wanting to commit suicide in the past, and sometimes will still talk that way – but he reassures you that he really doesn’t want to end his life. --He just gets so lonely sometimes. He likes being around other people and struggles with depression when alone. This is why he really likes living with his sister and her family.

Gil has a history of being argumentative and there is an inference to him being verbally and physically aggressive when frustrated, especially in the past. It is unclear when he last had an incident of aggression. He shrugs when you ask what he thinks was the reason he felt so frustrated and angry. He says, “I don’t do that anymore.” Missy comments that he will argue with her when she is just trying to help with reminders. He says “okay, Okay, but then doesn’t”. They have had some loud arguments over bathing, eating and her ‘need to nag’ him. She worries he will end up back in the hospital.

He lets you know that he no longer drinks alcohol, but from Missy’s reaction (eye rolling) you are not sure if that is true. He doesn’t think it was ever a problem, but doesn’t drink now anyway because he doesn’t feel well afterwards. He’s never smoked, gambled or abused drugs. He wears glasses and these were updated about 4 months ago. He does not report hearing problems & does not wear hearing aids. He does have problems with his feet due to the pain and discomfort of neuropathy, and with his toe amputations, he now wears special shoes to help him with balance and walking.

At the conclusion of the assessment, you “run” and review the Eligibility Summary with Gil, Missy and Peggy. You review the goals you heard were important to Gil and those who support him, and check for confirmation. Peggy lets Gil know that she thinks she can help with access to a gym as this will support keeping his health on track, and she agrees to follow up with him on that. Paperwork is completed, including the CSP Worksheet where you captured the ‘next steps’ for his Plan. You review this with Gil and clarifying what you will do & what he has agreed to do.