

Capacity to live independently concerns whether an individual can live at a residence of his or her choosing in the context of relevant environmental, medical, functional, psychiatric, and cognitive factors. Not only does an evaluation of capacity to live independently consider decision-making capacity, but also functional status, as these assessments should include activities of daily living (ADL) and instrumental activities of daily living (IADL). Determining which functional domain is most relevant to the ability to live independently is critical, and may be difficult for the clinician to discern. Often, the issue of capacity arises from safety concerns.

Assessment of the Capacity to Live Independently

EDUCATIONAL HANDOUT SERIES

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Employee Education System

Real Life Examples

- *Prepping for discharge after a stroke, a Veteran wants to return home, where he lives alone and refuses home services. The clinical team questions whether the Veteran can decide to return home alone given his new cognitive deficits.*
- *A Home-Based Primary Care team sees signs of significant personal neglect and the Veteran is not accepting services. The team wonders if a higher level of care is needed and how to approach it if the Veteran refuses.*
- *An outpatient healthcare team worries that a Veteran can no longer live at home and is not sure what supportive services to consider.*

What VA policies may apply?

VA clinicians must follow VA laws, regulations and policies, in addition to clinical practices, when treating Veterans and sharing Veteran health information.

The following policies may be relevant.

- **VHA Handbook 1004.01:** Informed Consent for Clinical Treatments and Procedures
- **VHA Directive 1411:** Home-Based Primary Care Special Population
Patient Aligned Care Team Program

How might dementia affect Independent Living Capacity?

Most older adults do not have dementia, and the presence of dementia does not necessarily mean that an older adult lacks capacity for domains such as consent to home care services, choosing a healthcare agent, or other types of decisions. Similar to other types of capacity assessments, assessment of capacity to live independently should focus on the individual's abilities and not his or her diagnosis. The capacity to live independently when an individual has dementia depends in large part on the level of caregiver involvement, support services available, the individual's insight into functional status and social situation, and willingness to accept services.



What supports can help?

Approach any evaluation of independent living with a default notion to support the Veteran with resources needed to optimize as much independence as possible. In the majority of situations, when Veterans need more support at home, these can be provided allowing the individual to “age in place.” The array of potential supportive services is nearly endless – and varies in availability and whether provided by the VA or a community provider, and may include: home health services, homemaker services, Meals on Wheels, adult day care, technology (e.g., medical alert systems, medication management systems, home telehealth, home-based primary care). Individuals have the right to refuse these services. It is also important to increase these types of supports with changes in illness, functional abilities, and social context. Finally, in some situations the living environment may remain dangerous or unsuitable – in these situations an appropriate intervention may help a person identify a living environment that better meets his or her needs and goals, while respecting his or her values.



How do I assess Independent Living Capacity?

An evaluation of independent living capacity (ILC) can be organized to center on three core aspects:

Understanding (*knowledge of tasks and responsibilities related to living at their desired level*)

Application (*demonstration of ability to perform a task or direct another to perform the task*)

Judgment (*makes adequate and sufficient decisions regarding independent living*)¹

Functional Element	Sample Questions / Considerations
Understanding	What bills do (would) you have in that setting? What is the usual amount for [service]? How would you pay? What tasks would you need help with at home? What problem may you encounter at home considering [issues that may affect safe independent living]?
Application	Can the Veteran demonstrate relevant ADLs and IADLs as assessed by an occupational therapist or another professional? Can the Veteran problem solve around any limitations to maintain their independence? Are problems with tasks so significant that they are affecting the individual’s ability to provide for their essential needs (e.g., food, shelter)?
Judgment	Is there a cognitive or psychiatric condition that significantly interferes with their decision-making ability as it pertains to living at their desired level? Does the Veteran make adequate decisions to ensure immediate safety? Is there insight into significant problems and willingness to accept consequences if help is not accepted?

Additional evaluation considerations: level of risk to the individual (and the community)/ vulnerability, including the seriousness, likelihood, and desirability of the risks involved with the potential living options.



What values are important to consider?

Remaining within the house or apartment that feels like “home” can be extremely important to an individual. In addition, individuals vary a great deal in what they might consider an acceptable living situation. Therefore, it is critical to really try to understand the values that underlie the Veteran’s preferences for specific living arrangements.

Some things to consider are:

- What makes a home a home – what is most important about where you live?
- What personal activities are important for you to do at home?
- Do you prefer to live alone or with people? Do you prefer visitors or to be left alone?
- What works well about this house or apartment for you now?
- If you needed help at home, who would you like to have help you?
Who do you not want to help you?
- Have you ever thought of moving to senior housing or assisted living?
What seems good or bad about that option?



Tools and Tips

- Evaluating independent living capacity may feel overwhelming as it may involve many specific functions – start by identifying the core concern
- As you evaluate independent living capacity, it is natural that other capacities may be questioned – such as medical decision making or financial decision making
- Handouts for these topics are available at VA TMS system. Please search the course catalog by keyword ‘capacity’.
- Like other capacities, an ability to live independently can fluctuate depending on the context and the Veteran’s unique issues (environmental, medical, psychiatric, cognitive, and functional abilities)
- Work as part of a team as much as possible
- When evaluating independent living capacity it is critical to focus on function, going beyond cognitive abilities. To do so consider using evaluations by occupational and physical therapies, direct observation in the living setting, and functional assessment tools such as those that assess activities of daily living (ADL) and instrumental activities of daily living (IADL) .
- “Support before you subtract,” meaning look for places to add supports and be familiar with resources in your area to promote safe independent community living.
- Be familiar with state statutes on guardianship and conservatorship in your area.



Acknowledgement and Disclaimer

This handout was developed as part of an educational effort sponsored by the VHA Employee Education System and the VHA Office of Geriatrics and Extended Care. This handout is one from the Assessment of Decision Making Capacity Handout Series which links to a VA TMS educational activity. Information presented in this handout was based on the consensus of the educational planning committee considering research, practice, and general principles at the time of its drafting. The purpose of this document is for education. The contents should not be construed as policy, but rather as an educational resource that may be useful and effective in clinical practice. VA clinicians must follow VA laws, regulations and policies, in addition to clinical practices, when treating Veterans and sharing Veteran health information. Links to free clinical resources may be included in the handout but should not be construed as official endorsement of these tools.

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Additional Resources at: Additional Resources are available at the VA TMS system. Please search the course catalog by keyword ‘capacity’.

References:

1. The American Bar Association and the American Psychological Association. Assessment of older adults with diminished capacity: A handbook for psychologists. Washington DC: ABA and APA; 2008.