#04-25-11

Bulletin

September 16, 2004

Minnesota Department of Human Services □ 444 Lafayette Rd. □ St. Paul, MN 55155

OF INTEREST TO

- County Directors
- Social Services Supervisors and Staff
- Tribal Directors
- Elderly Waiver and Alternative Care Program Administrators

ACTION

Please read bulletin and bring to the CDCS Part 5 video conference training scheduled for September 23.

DUE DATE

Phase 1 implementation is scheduled for October, 2004.

MMIS Changes to Support Consumer-directed Community Supports (CDCS) for Elderly Waiver (EW) and Alternative Care (AC) Programs

TOPIC

Changes to the Long Term Care (LTC) Screening Document and Service Agreement to Support CDCS.

PURPOSE

Identify new:

- fields, values, and edits for the LTC screening document
- procedure codes
- service agreements edits
- claim edits

In addition, this bulletin explains the role of the LTC screening document and service agreement to support Elderly CDCS; and the changes in program eligibility spans.

CONTACT

MMIS Questions: DSD Resource Center at (651) 296-4488 or CSMD.Programs@state.mn.us or 651 282-3787 (fax)
Elderly Waiver Program Questions: Libby Rossett-Brown at (651) 296-2268 or libby.rossett-brown@state.mn.us
Alternative Care Program Questions: Denise Kolb at (651) 296-2213 or denise.kolb@state.mn.us

SIGNED

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I. BACKGROUND

Consumer-directed Community Supports (CDCS) is a service that gives individuals more flexibility and responsibility for directing their services and supports, including hiring and managing direct care staff. CDCS may include traditional goods and services, as well as additional allowable services that provide needed support to recipients.

CDCS is a service currently available through the Home and Community Based Waiver for Persons with Mental Retardation and Related Conditions (MR/RC). There are two phases in the CDCS implementation plan. The first phase involves the thirty-seven counties that are currently authorized to provide CDCS under the MR/RC waiver. CDCS will be implemented across all HCBS programs listed below in the thirty-seven counties that are currently authorized to provide CDCS under the MR/RC waiver, effective October 1, 2004. Please see Attachment A for a map of these counties.

- Community Alternative Care (CAC) waiver,
- Community Alternatives for Disabled Individuals (CADI) waiver,
- Traumatic Brain Injury Waiver (TBIW),
- Elderly Waiver (EW),
- Minnesota Disability Health Options (MnDHO),
- Alternative Care; and
- Minnesota Senior Health Options (MSHO).

The second phase of implementation will involve the remaining fifty counties and interested tribal health entities. It is the Department's goal for these agencies to begin implementing CDCS across all programs, MnDHO, and MSHO on April 1, 2005.

There are differences as CDCS applies to each program because of the different requirements for each of the programs. This bulletin will focus on the MMIS changes for the Elderly Waiver and Alternative Care programs only.

II. LTC SCREENING DOCUMENT CHANGES

Please see Attachment B for a copy of the revised LTC Screening Document form DHS-3427 (9/04). The changes for the LTC screening document are as follows:

- two new fields in Section F;
- two new assessment results;
- two new values in Section G;
- a new value in the Reason(s) for Continued or Long-Term Institution Stay field; and
- four new edits.

The LTC screening document is used to identify when a person is eligible for the Elderly Waiver (EW) or the Alternative Care (AC) programs, and will now identify when the person has elected the CDCS service option. A new field in Section F (field 94) will accomplish this. It is called "CDCS" and is mandatory for program types 03, 04, 09, 10, or 22. Valid values are "Y" or "N". A new edit 441 "CDCS Field is Blank or Invalid" will post if the field is left blank or the value is not Y or N. When a Y is placed in this field it signifies that the person has elected CDCS and the service agreement will be limited to the CDCS budget cap for that

person. Once these fields are completed, only specific services related to CDCS will be allowed on the service agreement.

This new field will also allow another new field in Section F called "CDCS Amount" (field 95) to be populated with the monthly CDCS budget cap. The monthly CDCS budget cap amount is based on the data entered in the Assessment Result Date, Case Mix Level, and Program Type fields. These amounts will be routinely adjusted in conjunction with the monthly cost-effectiveness case mix caps.

The next change is the addition of two new assessment result values. The purpose of these new assessment result values is to identify that a funding change was made. These assessment results will not change the eligibility span. They are not exits. They will allow the service agreement header amount to be limited to either the non-CDCS (EW or AC case mix level) *or* CDCS budget caps. Assessment Result #36 called "Elected Elderly CDCS" is to be used when the person is switching ***to*** CDCS from non-CDCS services. New edit 448 "CDCS Field Equals N" will post if the CDCS field is not a Y. Assessment Result #37 "Elected Elderly Non-CDCS Services from CDCS" is to be used whenever the person switches to non-CDCS services ***from*** CDCS. New edit 449 "CDCS Field Equals Y" will post if the CDCS field is not an N.

The next change is new edit 442 "CDCS Not Allowed for PCUR". This edit will post if the person is listed on the RPCP Screen on the recipient subsystem as having a past or current Primary Care Utilization Review begin date.

The last change is in field 75 "Reason(s) for Continued or Long-term Institution Stay". This field will now be mandatory whenever Assessment Result 37 "Elected Elderly Non-CDCS Services from CDCS" is used. Value 02 was changed to read "Case mix/CDCS budget cap doesn't meet client needs", and a new value was added "Involuntary Exit from CDCS".

Recording Community Support Plan
Another change to the LTC screening document is the addition of two new values called "CDCS" and "Paid CDCS Parent/Spouse" in the Service Summary Section. Section G will now be mandatory for all program types (CAC, CADI, TBI, EW, AC) to record those formal, informal, and quasi-formal services that are authorized. These values may be checked whenever the person elects CDCS.

III. SERVICE AGREEMENT CHANGES

The new service agreement changes are:

- three new procedure codes; and
- five new edits.

There are three new procedure codes.

- ✓ T2028 is to be used to authorize all CDCS services. It includes the following service categories as explained in Bulletin 04-56-07: Personal Allowance; Medical Treatment and Training; Environmental Modifications and Provisions; and Self-Direction Support Activities.
- ✓ T2040 will be used to authorize payment for Background Checks.

✓ T2041 includes all activities for Required Case Management.

The service agreement will be used to assure that:
- ✓ CDCS is authorized on the LTC screening document prior to entering the line items on the service agreement;
- ✓ specific services are authorized when CDCS is elected;
- ✓ the total amount authorized for CDCS services is kept under the CDCS budget cap;
- ✓ Required Case Management is included on the CDCS service agreement; and
- ✓ the total amount authorized for Required Case Management is kept under a cap amount for Required Case Management.

The first requirement is checked by new edit 443 "CDCS Not Authorized". This edit will post when a line item for T2028 is added to the service agreement and the CDCS field on the LTC screening is an "N". If the CDCS field on the last LTC screening document was mistakenly valued as an "N", that document will need to be deleted and a new document entered with the correct value.

The second requirement is checked by new edit 445 "Service Not Allowed with CDCS". This edit will post if invalid services are on a service agreement with a line item for T2028. The only valid line items are:
T2040 (Background Checks)
T2041 (Required Case Management)
X5609 (PMAP) if the person is enrolled in Managed Care and receiving state plan services
T1021 and G0156 (Home Health Aide)
T1003 with or without modifiers TT or TG (LPN)
T1002 with or without modifiers TT or TG (RN)
T1030 and G0154 (Skilled Nursing)
T1030 with modifier GT (Telehomecare)
T1019 (Personal Care Assistant)
X4037 (RN Supervision of PCA)

An exception is AC – program types 09 and 10. Services provided under T1019, T1003, T1002, T1030, T1030 with modifier GT, T1021, G0154, G0156, or x4037 must be included on the line item for T2028.

You must delete any other line item or change the procedure code on the line item to one of the above.

The third requirement is checked by edit 672 "Total Authorized Amount Exceeded" which will post if the total authorized amounts of the above line items (except for Background Checks) exceed the CDCS budget cap. You must reduce one or more line item units or total amounts. The fourth and fifth requirements are checked by two new edits. Edit 447 "RCM Without CDCS" will post if an approved line item for T2028 is not on the same service agreement. Enter a line item for T2028 and change the status to "approve". Edit 452 "RCM Cap Exceeded" will post if the total sum of all line items for T2041 exceed the RCM budget cap. Reduce the line item(s) so the total amount does not exceed these maximums.

Note: Only the Fiscal Support Entity (FSE) provider number may be used on the line item for T2028. There will be an ending date on the category of service for this provider. The provider must re-enroll with DHS Provider Enrollment Unit on a bi-annual basis. If the service agreement line item for T2028 exceeds this ending date, you will receive edit 412 "The Category of Service Does Not Match the Procedure Requested". View the PCOS Screen in the Provider Subsystem for this provider number for the ending date. The line item end date must be changed so it does not exceed this date.

IV. CLAIM PAYMENTS

Services provided under T2028 will be identified on the claim form by using modifiers. The claim form line items must include one of the following four modifiers:

- ✓ T2028 with modifier U1 for Personal Assistance
- ✓ T2028 with modifier U2 for Medical Treatment and Training
- ✓ T2028 with modifier U3 for Environmental Modifications and Provisions
- ✓ T2028 with modifier U4 for Self-Direction Support Activities

Payments from these line items will decrement the service agreement line item for T2028. To bill for Background Checks (T2040), use T2040 on the claim form. To bill for Required Case Management (T2041), use T2041 on the claim form. Payments for all three procedure codes will be applied toward the SIS/EW waiver obligation.

V. LTC SCREENING DOCUMENT AND SERVICE AGREEMENT SCENARIOS

Please see Bulletin 04-56-07 for detailed information on the use of CDCS services. The lead agency determines if the person:

- ✓ meets the EW or AC program eligibility requirements;
- ✓ elects to receive CDCS; and
- ✓ can be supported under their CDCS budget cap.

EXAMPLE A: Applicant Residing in an Institution

Service planning while the person is in the institution should be billed under Relocation Service Coordination (RSC).

EXAMPLE B: New Applicant to CDCS

The person is not currently on the EW or AC program.

- ✓ Enter a LTC screening document using:
  - Activity Type 02 or 04;
  - Assessment Result 01 or 28 (use 11 only if the same program type was used in the past);
  - Program Type 03, 04, 09, 10, or 22;
  - CDCS Field = Y; and
  - "CDCS" is marked in the Service Plan Summary and "Paid CDCS Parent/Spouse" if applicable.

The EW or AC eligibility span is developed.

- ✓ Enter a new service agreement using:
  - The corresponding service agreement type to match the program type;

- One line item for CDCS;
- For EW, one line item each for MA state plan service, or one line item for x5609 if the person is enrolled in Managed Care;
- One line item for Required Case Management; and
- One line item for Background Checks (if applicable).
- For AC, one line item each for CDCS, Required Case Management, and Background Checks.
- Exception: One line item each for AC home care services **if** the person is program type 22 - temporary AC.

New edit 445 "Services Not Allowed with CDCS" will post if any other procedure code is included. Edit 672 "Total Authorized Greater Than Cap" will post if the total authorized amount exceeds the header amount. New edit 452 "RCM Cap Exceeded" will post if the total amount authorized for T2041 exceeds the maximum limit. Edit 412 "The Category of Service Does Not Match the Procedure Requested" will post if the line item end date for T2028 exceeds the ending date for the FSE's provider number.

EXAMPLE C: Client Opts Out of CDCS
If the person elects to end CDCS and switch to non-CDCS services:

✓ Close the service agreement to the last day CDCS will be used; and
- Use reason code 987 "CDCS services no longer authorized for this person" on the ASA2 Screen of the service agreement to explain to the providers that a funding change was made.

✓ Enter a LTC screening document using:
- Activity Type 02 or 04 (if this change is made more than 60 days from the last face-to-face visit otherwise use Activity Type 07);
- Assessment Result 37 "Elected Elderly Non-CDCS Services From CDCS";
- Do not change the program type;
- Change the CDCS field to "N". Note: Edit 449 "CDCS Field Equals Y" will post if there is a "Y' in this field and the Assessment Result is 37;
- Enter field 75 "Reason(s) for Continued or Long-term Institution Stay" and
- Delete the "CDCS" value from the Service Summary Section.

Note: the eligibility span is not extended.

✓ Enter a new service agreement using:
- MA state plan services plus EW extended services, and/or x5609 as applicable or AC services.

EXAMPLE D: AC/EW Client Opts for CDCS
If the person is currently receiving non-CDCS services and elects to use CDCS:

✓ Close the EW or AC service agreement. You may add a message to the Provider and Recipient Comment Screens indicating that a new service agreement for CDCS services will be developed.

✓ Complete a LTC screening document using:
- Activity Type 02 or 04 (if this change is made more than 60 days from the last face-to-face visit otherwise use Activity Type 07);
- Assessment Result 36 "Elected Elderly CDCS";
- Do not change the program type;
- Change the CDCS field to "Y". Note: edit 448 "CDCS Field Equals N" will post if there is a "N' in this field and the Assessment Result is 36; and
- Indicate the "CDCS" value from the Service Summary Section, and "Paid CDCS Parent/Spouse" if applicable.

✓ Enter a new service agreement using:
- The corresponding service agreement type to match the program type;
- One line item for CDCS;
- For EW, one line item each for MA state plan service, or one line item for x5609 if the person is enrolled in Managed Care;
- One line item for Required Case Management; and
- One line item for Background Checks (if applicable).
- For AC, one line item each for CDCS, Required Case Management, and Background Checks.
- Exception: One line item each for AC home care services **if** the person is program type 22 - temporary AC.

EXAMPLE E: Renewal of CDCS
The person remains with CDCS services at time of the annual reassessment.
✓ Enter a LTC screening document using:
- Activity Type 06;
- Assessment Result 13;
- Assessment result date is the last day of the eligibility period;
- Do not change the program type; and
- Do not change the CDCS field.

The EW or AC eligibility span is extended.
✓ Enter a new service agreement using:
- The corresponding service agreement type to match the program type;
- One line item for CDCS;
- For EW, one line item each for MA state plan service, or one line item for x5609 if the person is enrolled in Managed Care;
- One line item for Required Case Management; and
- One line item for Background Checks (if applicable).
- For AC, one line item each for CDCS, Required Case Management, and Background Checks.
- Exception: One line item each for AC home care services **if** the person is program type 22 - temporary AC.

VI. VIDEO CONFERENCE TRAINING

The instructions in this bulletin will be covered in the CDCS Part 5 video conference training to be held on September 23. Each person needs to pre-register for Part 5. To access on-line registration (at the DHS TrainLink website) copy and paste this link: http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/DHS_id_007126.hcsp

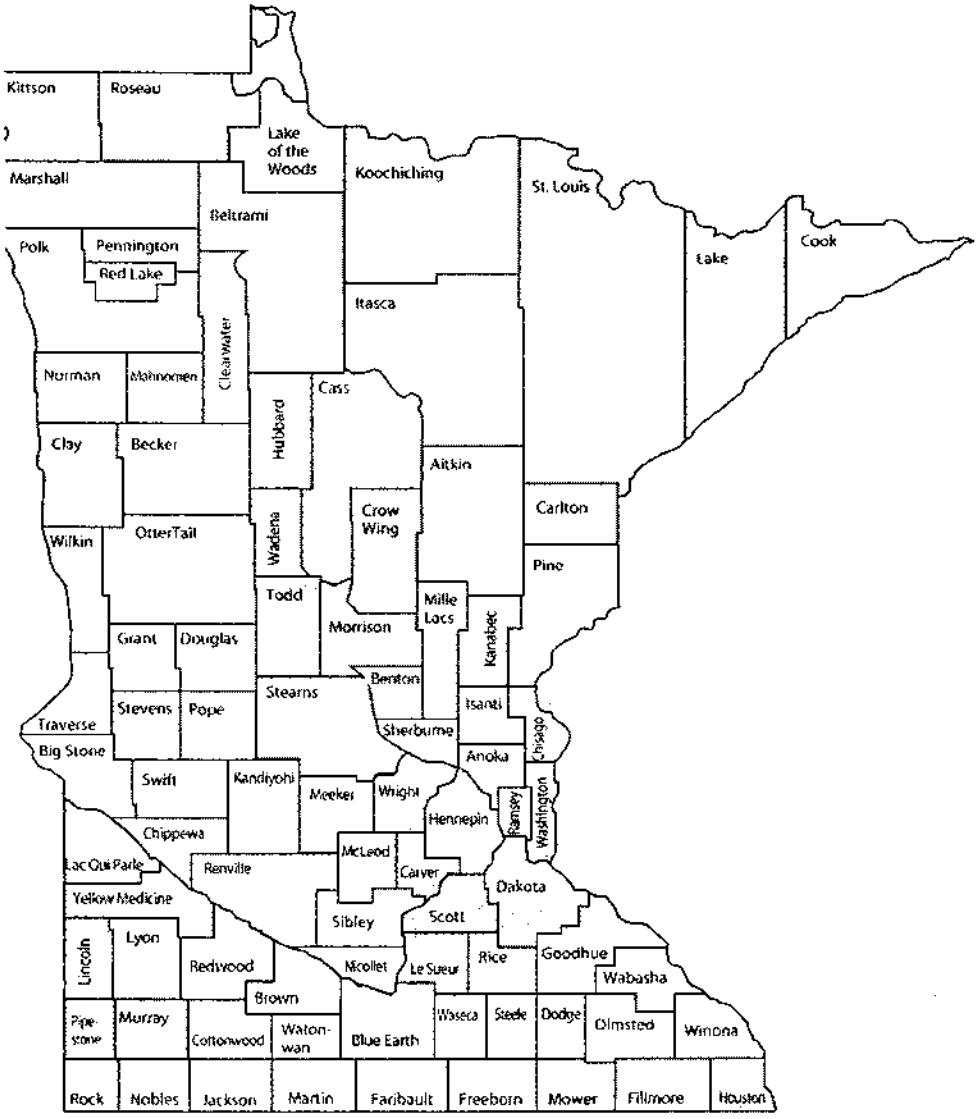
If you do not know your unique key, follow the steps for New Users. If you have your Unique Key, chose Disability Services/HIV/AIDS, then Class Schedules/Registration then CDCS Videoconference Part 5, then GO!, then Select your site.

VII. SPECIAL NEEDS

This information is available in other forms to people with disabilities by contacting us at 651 296-2770 or 1-800-882-6262; or through the Minnesota Relay Service at 7-1-1 or 1-800-627-3529 (TDD) or 1-877-627-3848 (speech-to-speech relay service).

IX. ATTACHMENTS

Attachment A: Map of First Phase Implementation
Attachment B: LTC Screening Document Form


Kittson
Roseau
Lake of the Woods
Koochiching
St. Louis
Lake
Cook
Marshall
Beltrami
Polk
Pennington
Red Lake
Itasca
Clearwater
Norman
Mahnomen
Hubbard
Cass
Clay
Becker
Aitkin
Carlton
Wadena
Crow Wing
Wilkin
OtterTail
Pine
Todd
Mille Lacs
Kanabec
Morrison
Grant
Douglas
Benton
Stearns
Isanti
Stevens
Pope
Traverse
Sherburne
Chisago
Big Stone
Anoka
Swift
Kandiyohi
Meeker
Wright
Ramsey
Washington
Hennepin
Chippewa
McLeod
Lac Qui Parle
Renville
Carver
Dakota
Yellow Medicine
Sibley
Scott
Lincoln
Lyon
Redwood
Mcollet
Le Sueur
Rice
Goodhue
Wabasha
Brown
Pipe-stone
Murray
Cottonwood
Waton-wan
Blue Earth
Waseca
Steele
Dodge
Olmsted
Winona
Rock
Nobles
Jackson
Martin
Faribault
Freeborn
Mower
Fillmore
Houston

DHS-3427 (9-04)

LTC Screening Document - LTCC, CADI, CAC, AC, MSHO, MNDHO, EW, TBIW, CSG

DOCUMENT CONTROL NUMBER

SOCIAL SECURITY NUMBER

SEND FORM TO:

MINNESOTA MEDICAL ASSISTANCE
Department of Human Services
Box 64894
St. Paul, MN 55164

SECTION A: CLIENT INFORMATION (ALT 1)

1. CLIENT LAST NAME
2. CLIENT FIRST NAME
3. M.I.
4. PMI NO.
5. REFERENCE #
6. DATE SUBMITTED MM DD YY
7. BIRTH DATE MM DD YYYY
8. SEX
9. REFERRAL DATE MM DD YY
10. ACTIVITY TYPE
11. ACTIVITY TYPE DATE MM DD YY
12. COS COR CFR
13. LTCC CTY
14. LEGAL REP. STATUS

ADULTS (age 18 years or older)
01 - Is a competent adult
02 - Capacity to give informed consent is in question, referral to Adult Protection if indicated
03 - Has a private guardian or conservator
04 - Has a public guardian or conservator
MINORS (age 17 years or younger)
05 - Parent(s) are legal representative
06 - Child Protection Order in place - county has legal custody, parent may retain parental rights
07 - Has a court appointed Guardian Ad Litem (GAL)
08 - Has a public guardian
09 - Has a private guardian
10 - Is an emancipated minor by order of the court
98 - Other

01 - Telephone Screen
02 - Face to Face Assess (P)
03 - Visit/Early Intervention (P)
04 - Relocation/Transition Assessment (P)
05 - Document Change Only
06 - Reassessment (P)
07 - Case Mgmt/Administer. Activity
08 - CAC/CADI/TBI Reassess 65th bday (P)
10 - Abbreviated Assessment

10A REASON

01 - Hospice
02 - Commitment
03 - Rehab 30-90 days
04 - Out of state
05 - Choice/refusal

15. PRIMARY DIAGNOSIS
16. SECONDARY DIAGNOSIS
17. IS THERE A HISTORY OF A MR/RC DIAGNOSIS? (Y or N)
17A. IF SO, WHAT IS THE DIAGNOSIS?
18. IS THERE A HISTORY OF A MI DIAGNOSIS? (Y or N)
18A. IF SO, WHAT IS THE DIAGNOSIS?
19. IS THERE A HISTORY OF A TBI DIAGNOSIS? (Y or N)
19A. IF SO, WHAT IS THE DIAGNOSIS?
20. CASE MANAGER/HEALTH PLAN NAME
21. CASE MANAGER/HEALTH PLAN NUMBER

SECTION B: SCREENING/ASSESSMENT INFORMATION (ALT 2)

22. PRESENT AT SCREENING/ASSESSMENT

01 - Client
02 - Family
03 - County LTCC consultation
04 - County social worker
05 - County public health nurse
06 - Hospital discharge planner
07 - Qualified mental retardation professional
08 - Qualified mental health professional
09 - NF staff
10 - Primary physician
11 - Home care or community based service provider
12 - Advocate
13 - Conservator/Guardian
14 - Consulting physician
15 - ICF/MR staff
16 - Services for children with handicaps
17 - Case manager
18 - Legal counsel
19 - Health plan representative
20 - Ombudsman
21 - RRS
22 - Interpreter
98 - Other

23. MARITAL STATUS

01 - Single, never married
02 - Divorced
03 - Widowed
04 - Married
05 - Legally separated
99 - Unknown

24. REASONS FOR REFERRAL

01 - Change in functional capacity or health status due to illness or injury
02 - Behavioral or emotional problem
03 - Disorientation or confusion
04 - Current services not adequate
05 - Permanent loss of care giver
06 - Care giver needs supports
07 - Temporary absence or inability of care giver
08 - Abuse, neglect or exploitation
09 - Request relocation to community from medical facility
10 - Housing inadequate/inappropriate
11 - Reassessment (P)
12 - Subacute or rehabilitative care needed (90 days or less)
13 - Required for relocation visit
98 - Other problems

25. CURRENT LIVING ARRANGEMENT
25A. PLANNED LIVING ARRANGEMENT

01 - Living alone
02 - Living with spouse/parents
03 - Living with family/friends/significant other
04 - Living in a congregate setting

26. ASSESSMENT TEAM

01 - County
02 - Health Plan
03 - County Subcontracting for Health Plan
04 - County Inter-Disciplinary Team

27. HOSP TRANSFER (Y or N)
28. OBRA SCREENING LEVEL 1 (Y or N)
29. PAS 30 DAY EXEMPT (Y or N)

NOTES:

30. CURRENT HOUSING TYPE
30A. PLANNED HOUSING TYPE

01 - Homeless
02 - ICF/MR
03 - IMD
04 - Board & Lodge
05 - Adult Foster Care - corporate
06 - Adult Foster Care - family
07 - Child Foster Care - corporate
08 - Child Foster Care - family
09 - Own home
10 - Own home - Federal subsidy
11 - NF/Certified boarding care
12 - Noncertified boarding care
13 - Friend/Relative's home
14 - Other
15 - RTC

31. OBRA LEVEL 2 REFERRAL
MI (Y or N)
MR (Y or N)

32. TBI/CAC REFERRAL (Y or N)

Current (30B)
Planned (30C)

SECTION C: GENERAL FUNCTION AND HISTORY (ALT 3)

33. DRESSING | 34. GROOMING | 35. BATHING | 36. EATING | 37. BED MOBILITY | 38. TRANSFERRING | 39. WALKING | 40. BEHAVIOR | 41. TOILETING

42. SPEC TRMT | 43. CUN MONITOR | 44. NEURO DIAG Y/N | 45. CASE MIX | 46. ORIENTATION | 47. SELF PRESERVE | 48. DIS CERT SOURCE

01 - Social Security Admin (SSA)
02 - State Medical Review Team (SMRT)
03 - No Certification for Disability

49. SELF-EVAL

01 - Poor 03 - Good 00 - No Response
02 - Fair 04 - Excellent

50. MENTAL STATUS EVAL

00-28 - Score based on interview
29 - Refused to complete
30 - Not applicable

51. TELEPHONE ANSWERING

52. TELEPHONE CALLING | 53. SHOPPING | 54. PREPARING MEALS | 55. LIGHT HOUSEKEEPING | 56. HEAVY HOUSEKEEPING | 57. LAUNDRY | 58. MGT. MEDS/ OTHER TRTMNT | 59. MONEY MANAGEMENT | 60. TRANSPORTATION

61. FALLS

Have you experienced any falls in your home or while out in the community?
00 - No 01 - Yes
If no, does concern about your balance or falling affect your daily activities or access to the community?
02 - Yes 00 - No

62. HOSPITALIZATIONS | 63. ER VISITS | 64. NF STAYS

SECTION D: SCREENING /ASSESSMENT RESULTS (ALT 4)

65. ASSESSMENT RESULTS AND EXIT REASONS

65A 65B.

66 ASSESSMENT RESULT/EXIT DATE MM DD YY

67. INFORMED CHOICE (Y or N)

68. CLIENT CHOICE

69. FAMILY CHOICE

70. LTCC/IDT RECOMMENDATION

Assessment Results

01 - Person will remain in, or return to, the community with at least one AC or waiver service, or a Consumer Support Grant.
02 - Person will remain in, or return to, the community with services not funded by AC, the waiver programs, or a CSG.
03 - Person will remain in, or return to, the community without services.
04 - Person will/resides in a nursing facility or certified boarding care.
05 - Person will/resides in a noncertified boarding care.
06 - Person will/resides in an ICF/MR.
07 - Hospital discharge to a nursing facility - short stay of 90 days or less.
08 - Hospital discharge to a nursing facility - long stay of 91 days or longer.
09 - Person will/receives long-term hospitalization.
10 - Person is changing to a different program
11 - Person is reopening to the same program (use if ever opened to the program).
13 - Person continues on the same program at reassessment.
14 - MSHO - community NHC person entered the nursing facility on a short-term basis (< 30 days).
15 - MSHO - community NHC person entered a nursing facility on a long-term basis (≥ 30 days).
16 - MSHO - community nonNHC person entered a NF on a short-term basis (< 30 days).
17 - MSHO - community nonNHC person entered a nursing facility on a long-term basis (≥ 30 days).
18 - Transition planning

Exit Reasons (When using Exit Reason, an Assessment Result Code must also be completed to indicate what happened to the person after closing under the waiver, AC, MSHO, MnDHO or CSG.)

19 - Person exited because of the EW expansion (SIS/EW)/changes in financial eligibility only.
20 - Person exited because condition worsened, program can no longer meet the person's needs.
21 - Person exited because condition improved, no longer requires level of care.
22 - Person exited because no longer meets other eligibility criteria.
23 - Person exited by choice.
24 - Person exited for other reason(s).
25 - Person exited waiver; services NEVER used.
26 - Person exited because of new county of service.
31 - Exit, non-payment of AC premium.
33 - Person exited because of AC liens and estate claim recovery.
34 - Person exited because of AC premium changes.

Other
27 - Person placed on county waiting list.
28 - Person opened to a program from a county waiting list.
29 - Undecided
30 - Person died
32 - Updated AC financial
36 - Elected Elderly CDCS
37 - Elected Elderly Non-CDCS Services from CDCS
98 - Other
99 - Not applicable - no family

71. LEVEL OF CARE | 72. NF TRACK # | 73. CASE MIX/DRG AMT $ | 74. Mn Diag Code | 75. REASON(S) FOR CONT/LONG-TERM INSTITUTION STAY OR CDCS SERVICE TERMINATION

01 - May be appropriate for ICF/MR (including RTC/ICF/MR)
02 - NF/Certified boarding care
03 Psychiatric inpatient hospital
04 - Acute hospital
05 - Extended stay hospital
06 - In NF but may be appropriate for ICF/MR
07 - No facility level of care

01 - AC, waiver, CSG funding unavailable
02 - Case mix/CDCS budget cap doesn't meet client needs
03 - Health status
04 - Lack of housing
05 - Services not available
06 - Caregiver temporarily unavailable
07 - Vulnerable situation
08 - Care giver exhaustion
09 - Client choice
10 - Rehabilitation not complete
11 - Involuntary exit from CDCS

SECTION E: PROFESSIONAL CONCLUSIONS (ALT 4) (Answer the following yes or no)

	(Y or N)
76. THE PERSON HAS AN **ADL** CONDITION OR LIMITATION.	☐
77. THE PERSON HAS AN **IADL** CONDITION OR LIMITATION.	☐
78. THE PERSON HAS A COMPLICATED CONDITION.	☐
79. THE PERSON HAS IMPAIRED COGNITION.	☐
80. THE PERSON HAS A FREQUENT HISTORY OF BEHAVIOR SYMPTOMS.	☐
81. THE PERSON HAS NOT OR MAY NOT ENSURE HIS/HER OWN CARE, HYGIENE, NUTRITION OR SAFETY.	☐
82. THE PERSON HAS BEEN, OR MAY BE NEGLECTED, ABUSED, OR EXPLOITED BY ANOTHER PERSON.	☐
83. THE PERSON IS GENERALLY FRAIL OR EXPERIENCING FREQUENT INSTITUTION STAYS.	☐
84. THE PERSON HAS A SENSORIAL IMPAIRMENT.	☐
85. THE PERSON IS IN NEED OF RESTORATIVE OR REHABILITATIVE TREATMENTS.	☐
86. THE PERSON'S HEALTH IS UNSTABLE.	☐
87. THE PERSON NEEDS DIRECT CARE SERVICES BY A NURSE DURING EVENINGS OR NIGHT SHIFTS FOR SPECIAL TREATMENTS.	☐
88. THE PERSON REQUIRES COMPLEX HEALTH CARE MANAGEMENT	☐

SECTION F: WAIVER/AC ELIGIBILITY CRITERIA (ALT 4) (All questions must be answered yes for AC or waiver programs)

	(Y or N)
89. THE PERSON REQUIRES ONE OR MORE AC OR WAIVER SERVICE	☐
90 THE PERSON'S NEEDS CAN BE MET IN THE COMMUNITY, IN A SATISFACTORILY SAFE AND COST EFFECTIVE MANNER	☐
91. NO OTHER PAYOR IS RESPONSIBLE TO COVER SERVICES AUTHORIZED AND BILLED TO THE WAIVER OR AC.	☐

92 PROGRAM TYPE

☐

00 - None	07 - CAC diversion	13 - CSG diversion	17 - MSHO conversion (comm. NHC - preceding NF stay ≥ 6 consecutive months)
01 - TBI-NF diversion	08 - CAC conversion	14 - CSG conversion	18 - MSHO - No program (comm. non-NHC)
02 - TBI-NF conversion	09 - AC diversion	15 - MSHO diversion (comm. NHC, no preceding NF stay)	19 - MSHO NF resident
03 - EW diversion	10 - AC conversion	16 - MSHO conversion (comm. NHC - preceding NF stay < 6 months)	20 - MnDHO (TBI/Home Care/NF Resident)
04 - EW conversion	11 - TBI-NB diversion		21 - MnDHO (CADI)
05 - CADI diversion	12 - TBI-NB conversion		22 - Temporary AC
06 - CADI conversion			

93. MnDHO RCC (A-T) ☐ 94. CDCS (Y or N) ☐ 95. CDCS AMT ☐

SECTION G: SERVICE PLAN SUMMARY (ALT 5)

96 SERVICE CODES I = Informal F = Formal Q = Quasiformal

MSHO/MnDHO: Complete plan to reflect all services. For others, if an informal caregiver is providing support, please code at least one of those supports. If quasiformal services are or will be received, please code at least one of those supports. The MMIS Screening Document will allow up to 18 service codes to be entered. Enter the service code and LTC source code.

Service Code	Source Code: I, F, or Q
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

01	Grocery Shopping	22	Independent living skills
02	Chore Services	23	Structured day program (TBI)
03	Transportation	24	Mental health services
04	Home Delivered Meals	25	Supplies/Equipment
05	Congregate Dining	26	Modif. or adapt.equipment
06	Homemaker/Housekeeper	27	Care giver support
07	Money Management	28	Nutritional counseling
08	Arranging Medical Care	29	Hospice
09	Deaf/Blind/Disabled Services	30	Not receiving services
10	Companion/Friendly Visitor	31	Assisted living
11	Nurse Visits	32	Residential Care
12	Home Health Aide Visits	33	Behavioral Services
13	Physical Therapy	34	NF
14	Occupational Therapy	35	Case management
15	Speech Therapy	36	Voc/Support employment
16	Respiratory Therapy	37	Therapeutic day TX
17	Counseling	38	Relocation Service Coordination (RSC)
18	Personal Care	39	24-hour supervision
19	Foster Care	40	CDCS
20	Adult day care	41	Paid CDCS Parent/Spouse
21	Respite care	98	Other

SECTION H: ALTERNATIVE CARE AND CONSUMER SUPPORT GRANT INFORMATION (ALT 6)

97. STREET ADDRESS (MUST ALWAYS BE COMPLETED)

ADDITIONAL ADDRESS INFORMATION (OPTIONAL)

CITY

STATE | ZIP CODE | CFR | GROSS INCOME | GROSS ASSETS

AC ADJUSTED INCOME | AC ADJUSTED ASSETS | MEDICARE ID NUMBER

MEDICARE PART A EFFECTIVE MM DD YY – MM DD YY

MEDICARE PART B EFFECTIVE MM DD YY – MM DD YY

98. AC PREMIUM WAIVER REASON

99. AC LIEN REFERRAL [Y or N]

100. AC PREMIUM ASSESSED [Y or N]

03 - Married couple is requesting an asset assessment under the spousal impoverishment provision
04 - Person is residing in a nursing facility and is receiving case management only
05 - Person is found eligible for AC, but is not yet receiving AC
06 - Income/Assets below minimal amounts
07 - Consumer participates in reduced CDCS

SECTION I: MSHO and MnDHO

NURSING FACILITY NAME AND PHONE NUMBER (MSHO/MNDHO)

NAME

ADDRESS

PHONE

I certify that this is an accurate assessment and reflects the individual's current status. (MSHO/MnDHO))

SIGNATURE OF QUALIFIED HEALTH PROFESSIONAL (MSHO))

SIGNATURE OF QUALIFIED HEALTH PROFESSIONAL (MnDHO))

NAME OF QUALIFIED HEALTH PROFESSIONAL (PLEASE TYPE OR PRINT NEATLY)

TITLE OF QUALIFIED HEALTH PROFESSIONAL

NAME OF ORGANIZATION

SECTION J: NOTES

DAY TRAINING AND HABILITATION

All costs are for State Fiscal Year 2004 unless otherwise noted.
The MA costs are based on MMIS Paid Claims for **SFY04** as of 02/01/2005.
*CSSA ended 12/31/2003.

Types of Services	Benefit Level	Eligibility Criteria	Funding Source	Costs
MR/RC Waiver DT&H is an MR/RC Waiver Option. The costs reported in this section are for those persons who chose the DT&H option. The costs in this section are included in the total waiver costs reported in the section that describes the MR/RC Waiver.	As described in the section on the MR/RC Waiver.	As described in the section on the MR/RC Waiver	MA Waiver 50% Federal 50% State	Unduplicated # of recips: 8,509 Total MA Expenditures: $129,201,976 Average Cost/Person: $15,184
DT&H services provided to residents of ICF's/MR DT&H services provided as part of the pre-designed package provided to ICF/MR residents. The costs in this section are included in the total ICF/MR costs given in the section that describes ICF/MR services.	As described in the section on ICF's/MR	As described in the section on ICF's/MR	Regular MA 50% Federal 50% State	Unduplicated # of recips: 1,963 Total MA Expenditures: $33,379,776 Average Cost/Person: $17,004.47
NON-MA For persons who do not have an MA funding stream through MR/RC Waiver or Medical Assistance ICF/MR. **Cost information from SEAGR reports	For people who do not have MA funding stream counties are to provide DT&H services to the degree that it is: identified as a needed service in the ISP of the person and something the county can afford to provide given the funding available.	1) Seeks services from the county social service agency 2) Are age 18 years or older and have a diagnosis of mental retardation or a related 3) Receive a screening for HCBS services or reside in an ICF/MR 4) Have their health and safety in the community addressed in their plan of care 5) Make an informed choice to receive DT&H as part of their Individual Service Plan (ISP)	County funding sources and other sources.* **County Funding:** **Other:** **Estimated Totals** Recipients: Costs: Average Cost/Person	Number of recipients estimated as: 1,634 $6,101,424 $11,811,718 $17,913,142 Average Cost/Person: $10,963 12,106 $180,494,895 $14,910

#04-25-11

Bulletin

September 16, 2004

Minnesota Department of Human Services □ 444 Lafayette Rd. □ St. Paul, MN 55155

OF INTEREST TO

- County Directors
- Social Services Supervisors and Staff
- Tribal Directors
- Elderly Waiver and Alternative Care Program Administrators

ACTION

Please read bulletin and bring to the CDCS Part 5 video conference training scheduled for September 23.

DUE DATE

Phase 1 implementation is scheduled for October, 2004.

MMIS Changes to Support Consumer-directed Community Supports (CDCS) for Elderly Waiver (EW) and Alternative Care (AC) Programs

TOPIC

Changes to the Long Term Care (LTC) Screening Document and Service Agreement to Support CDCS.

PURPOSE

Identify new:

- fields, values, and edits for the LTC screening document
- procedure codes
- service agreements edits
- claim edits

In addition, this bulletin explains the role of the LTC screening document and service agreement to support Elderly CDCS; and the changes in program eligibility spans.

CONTACT

MMIS Questions: DSD Resource Center at (651) 296-4488 or CSMD.Programs@state.mn.us or 651 282-3787 (fax)
Elderly Waiver Program Questions: Libby Rossett-Brown at (651) 296-2268 or libby.rossett-brown@state.mn.us
Alternative Care Program Questions: Denise Kolb at (651) 296-2213 or denise.kolb@state.mn.us

SIGNED

LOREN COLMAN
Assistant Commissioner
Continuing Care Administration

I. BACKGROUND

Consumer-directed Community Supports (CDCS) is a service that gives individuals more flexibility and responsibility for directing their services and supports, including hiring and managing direct care staff. CDCS may include traditional goods and services, as well as additional allowable services that provide needed support to recipients.

CDCS is a service currently available through the Home and Community Based Waiver for Persons with Mental Retardation and Related Conditions (MR/RC). There are two phases in the CDCS implementation plan. The first phase involves the thirty-seven counties that are currently authorized to provide CDCS under the MR/RC waiver. CDCS will be implemented across all HCBS programs listed below in the thirty-seven counties that are currently authorized to provide CDCS under the MR/RC waiver, effective October 1, 2004. Please see Attachment A for a map of these counties.

- Community Alternative Care (CAC) waiver,
- Community Alternatives for Disabled Individuals (CADI) waiver,
- Traumatic Brain Injury Waiver (TBIW),
- Elderly Waiver (EW),
- Minnesota Disability Health Options (MnDHO),
- Alternative Care; and
- Minnesota Senior Health Options (MSHO).

The second phase of implementation will involve the remaining fifty counties and interested tribal health entities. It is the Department's goal for these agencies to begin implementing CDCS across all programs, MnDHO, and MSHO on April 1, 2005.

There are differences as CDCS applies to each program because of the different requirements for each of the programs. This bulletin will focus on the MMIS changes for the Elderly Waiver and Alternative Care programs only.

II. LTC SCREENING DOCUMENT CHANGES

Please see Attachment B for a copy of the revised LTC Screening Document form DHS-3427 (9/04). The changes for the LTC screening document are as follows:

- two new fields in Section F;
- two new assessment results;
- two new values in Section G;
- a new value in the Reason(s) for Continued or Long-Term Institution Stay field; and
- four new edits.

The LTC screening document is used to identify when a person is eligible for the Elderly Waiver (EW) or the Alternative Care (AC) programs, and will now identify when the person has elected the CDCS service option. A new field in Section F (field 94) will accomplish this. It is called "CDCS" and is mandatory for program types 03, 04, 09, 10, or 22. Valid values are "Y" or "N". A new edit 441 "CDCS Field is Blank or Invalid" will post if the field is left blank or the value is not Y or N. When a Y is placed in this field it signifies that the person has elected CDCS and the service agreement will be limited to the CDCS budget cap for that

person. Once these fields are completed, only specific services related to CDCS will be allowed on the service agreement.

This new field will also allow another new field in Section F called "CDCS Amount" (field 95) to be populated with the monthly CDCS budget cap. The monthly CDCS budget cap amount is based on the data entered in the Assessment Result Date, Case Mix Level, and Program Type fields. These amounts will be routinely adjusted in conjunction with the monthly cost-effectiveness case mix caps.

The next change is the addition of two new assessment result values. The purpose of these new assessment result values is to identify that a funding change was made. These assessment results will not change the eligibility span. They are not exits. They will allow the service agreement header amount to be limited to either the non-CDCS (EW or AC case mix level) *or* CDCS budget caps. Assessment Result #36 called "Elected Elderly CDCS" is to be used when the person is switching ***to*** CDCS from non-CDCS services. New edit 448 "CDCS Field Equals N" will post if the CDCS field is not a Y. Assessment Result #37 "Elected Elderly Non-CDCS Services from CDCS" is to be used whenever the person switches to non-CDCS services ***from*** CDCS. New edit 449 "CDCS Field Equals Y" will post if the CDCS field is not an N.

The next change is new edit 442 "CDCS Not Allowed for PCUR". This edit will post if the person is listed on the RPCP Screen on the recipient subsystem as having a past or current Primary Care Utilization Review begin date.

The last change is in field 75 "Reason(s) for Continued or Long-term Institution Stay". This field will now be mandatory whenever Assessment Result 37 "Elected Elderly Non-CDCS Services from CDCS" is used. Value 02 was changed to read "Case mix/CDCS budget cap doesn't meet client needs", and a new value was added "Involuntary Exit from CDCS".

Recording Community Support Plan
Another change to the LTC screening document is the addition of two new values called "CDCS" and "Paid CDCS Parent/Spouse" in the Service Summary Section. Section G will now be mandatory for all program types (CAC, CADI, TBI, EW, AC) to record those formal, informal, and quasi-formal services that are authorized. These values may be checked whenever the person elects CDCS.

III. SERVICE AGREEMENT CHANGES

The new service agreement changes are:

- three new procedure codes; and
- five new edits.

There are three new procedure codes.

- ✓ T2028 is to be used to authorize all CDCS services. It includes the following service categories as explained in Bulletin 04-56-07: Personal Allowance; Medical Treatment and Training; Environmental Modifications and Provisions; and Self-Direction Support Activities.
- ✓ T2040 will be used to authorize payment for Background Checks.

✓ T2041 includes all activities for Required Case Management.

The service agreement will be used to assure that:
✓ CDCS is authorized on the LTC screening document prior to entering the line items on the service agreement;
✓ specific services are authorized when CDCS is elected;
✓ the total amount authorized for CDCS services is kept under the CDCS budget cap;
✓ Required Case Management is included on the CDCS service agreement; and
✓ the total amount authorized for Required Case Management is kept under a cap amount for Required Case Management.

The first requirement is checked by new edit 443 "CDCS Not Authorized". This edit will post when a line item for T2028 is added to the service agreement and the CDCS field on the LTC screening is an "N". If the CDCS field on the last LTC screening document was mistakenly valued as an "N", that document will need to be deleted and a new document entered with the correct value.

The second requirement is checked by new edit 445 "Service Not Allowed with CDCS". This edit will post if invalid services are on a service agreement with a line item for T2028. The only valid line items are:
T2040 (Background Checks)
T2041 (Required Case Management)
X5609 (PMAP) if the person is enrolled in Managed Care and receiving state plan services
T1021 and G0156 (Home Health Aide)
T1003 with or without modifiers TT or TG (LPN)
T1002 with or without modifiers TT or TG (RN)
T1030 and G0154 (Skilled Nursing)
T1030 with modifier GT (Telehomecare)
T1019 (Personal Care Assistant)
X4037 (RN Supervision of PCA)

An exception is AC – program types 09 and 10. Services provided under T1019, T1003, T1002, T1030, T1030 with modifier GT, T1021, G0154, G0156, or x4037 must be included on the line item for T2028.

You must delete any other line item or change the procedure code on the line item to one of the above.

The third requirement is checked by edit 672 "Total Authorized Amount Exceeded" which will post if the total authorized amounts of the above line items (except for Background Checks) exceed the CDCS budget cap. You must reduce one or more line item units or total amounts. The fourth and fifth requirements are checked by two new edits. Edit 447 "RCM Without CDCS" will post if an approved line item for T2028 is not on the same service agreement. Enter a line item for T2028 and change the status to "approve". Edit 452 "RCM Cap Exceeded" will post if the total sum of all line items for T2041 exceed the RCM budget cap. Reduce the line item(s) so the total amount does not exceed these maximums.

Note: Only the Fiscal Support Entity (FSE) provider number may be used on the line item for T2028. There will be an ending date on the category of service for this provider. The provider must re-enroll with DHS Provider Enrollment Unit on a bi-annual basis. If the service agreement line item for T2028 exceeds this ending date, you will receive edit 412 "The Category of Service Does Not Match the Procedure Requested". View the PCOS Screen in the Provider Subsystem for this provider number for the ending date. The line item end date must be changed so it does not exceed this date.

IV. CLAIM PAYMENTS

Services provided under T2028 will be identified on the claim form by using modifiers. The claim form line items must include one of the following four modifiers:

- ✓ T2028 with modifier U1 for Personal Assistance
- ✓ T2028 with modifier U2 for Medical Treatment and Training
- ✓ T2028 with modifier U3 for Environmental Modifications and Provisions
- ✓ T2028 with modifier U4 for Self-Direction Support Activities

Payments from these line items will decrement the service agreement line item for T2028. To bill for Background Checks (T2040), use T2040 on the claim form. To bill for Required Case Management (T2041), use T2041 on the claim form. Payments for all three procedure codes will be applied toward the SIS/EW waiver obligation.

V. LTC SCREENING DOCUMENT AND SERVICE AGREEMENT SCENARIOS

Please see Bulletin 04-56-07 for detailed information on the use of CDCS services. The lead agency determines if the person:

- ✓ meets the EW or AC program eligibility requirements;
- ✓ elects to receive CDCS; and
- ✓ can be supported under their CDCS budget cap.

EXAMPLE A: Applicant Residing in an Institution

Service planning while the person is in the institution should be billed under Relocation Service Coordination (RSC).

EXAMPLE B: New Applicant to CDCS

The person is not currently on the EW or AC program.

- ✓ Enter a LTC screening document using:
  - Activity Type 02 or 04;
  - Assessment Result 01 or 28 (use 11 only if the same program type was used in the past);
  - Program Type 03, 04, 09, 10, or 22;
  - CDCS Field = Y; and
  - "CDCS" is marked in the Service Plan Summary and "Paid CDCS Parent/Spouse" if applicable.

The EW or AC eligibility span is developed.

- ✓ Enter a new service agreement using:
  - The corresponding service agreement type to match the program type;

- One line item for CDCS;
- For EW, one line item each for MA state plan service, or one line item for x5609 if the person is enrolled in Managed Care;
- One line item for Required Case Management; and
- One line item for Background Checks (if applicable).
- For AC, one line item each for CDCS, Required Case Management, and Background Checks.
- Exception: One line item each for AC home care services **if** the person is program type 22 - temporary AC.

New edit 445 "Services Not Allowed with CDCS" will post if any other procedure code is included. Edit 672 "Total Authorized Greater Than Cap" will post if the total authorized amount exceeds the header amount. New edit 452 "RCM Cap Exceeded" will post if the total amount authorized for T2041 exceeds the maximum limit. Edit 412 "The Category of Service Does Not Match the Procedure Requested" will post if the line item end date for T2028 exceeds the ending date for the FSE's provider number.

EXAMPLE C: Client Opts Out of CDCS

If the person elects to end CDCS and switch to non-CDCS services:

✓ Close the service agreement to the last day CDCS will be used; and
- Use reason code 987 "CDCS services no longer authorized for this person" on the ASA2 Screen of the service agreement to explain to the providers that a funding change was made.

✓ Enter a LTC screening document using:
- Activity Type 02 or 04 (if this change is made more than 60 days from the last face-to-face visit otherwise use Activity Type 07);
- Assessment Result 37 "Elected Elderly Non-CDCS Services From CDCS";
- Do not change the program type;
- Change the CDCS field to "N". Note: Edit 449 "CDCS Field Equals Y" will post if there is a "Y' in this field and the Assessment Result is 37;
- Enter field 75 "Reason(s) for Continued or Long-term Institution Stay" and
- Delete the "CDCS" value from the Service Summary Section.

Note: the eligibility span is not extended.

✓ Enter a new service agreement using:
- MA state plan services plus EW extended services, and/or x5609 as applicable or AC services.

EXAMPLE D: AC/EW Client Opts for CDCS

If the person is currently receiving non-CDCS services and elects to use CDCS:

✓ Close the EW or AC service agreement. You may add a message to the Provider and Recipient Comment Screens indicating that a new service agreement for CDCS services will be developed.

✓ Complete a LTC screening document using:
- Activity Type 02 or 04 (if this change is made more than 60 days from the last face-to-face visit otherwise use Activity Type 07);
- Assessment Result 36 "Elected Elderly CDCS";
- Do not change the program type;
- Change the CDCS field to "Y". Note: edit 448 "CDCS Field Equals N" will post if there is a "N' in this field and the Assessment Result is 36; and
- Indicate the "CDCS" value from the Service Summary Section, and "Paid CDCS Parent/Spouse" if applicable.

✓ Enter a new service agreement using:
- The corresponding service agreement type to match the program type;
- One line item for CDCS;
- For EW, one line item each for MA state plan service, or one line item for x5609 if the person is enrolled in Managed Care;
- One line item for Required Case Management; and
- One line item for Background Checks (if applicable).
- For AC, one line item each for CDCS, Required Case Management, and Background Checks.
- Exception: One line item each for AC home care services **if** the person is program type 22 - temporary AC.

EXAMPLE E: Renewal of CDCS

The person remains with CDCS services at time of the annual reassessment.

✓ Enter a LTC screening document using:
- Activity Type 06;
- Assessment Result 13;
- Assessment result date is the last day of the eligibility period;
- Do not change the program type; and
- Do not change the CDCS field.

The EW or AC eligibility span is extended.

✓ Enter a new service agreement using:
- The corresponding service agreement type to match the program type;
- One line item for CDCS;
- For EW, one line item each for MA state plan service, or one line item for x5609 if the person is enrolled in Managed Care;
- One line item for Required Case Management; and
- One line item for Background Checks (if applicable).
- For AC, one line item each for CDCS, Required Case Management, and Background Checks.
- Exception: One line item each for AC home care services **if** the person is program type 22 - temporary AC.

VI. VIDEO CONFERENCE TRAINING

The instructions in this bulletin will be covered in the CDCS Part 5 video conference training to be held on September 23. Each person needs to pre-register for Part 5. To access on-line registration (at the DHS TrainLink website) copy and paste this link: http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/DHS_id_007126.hcsp

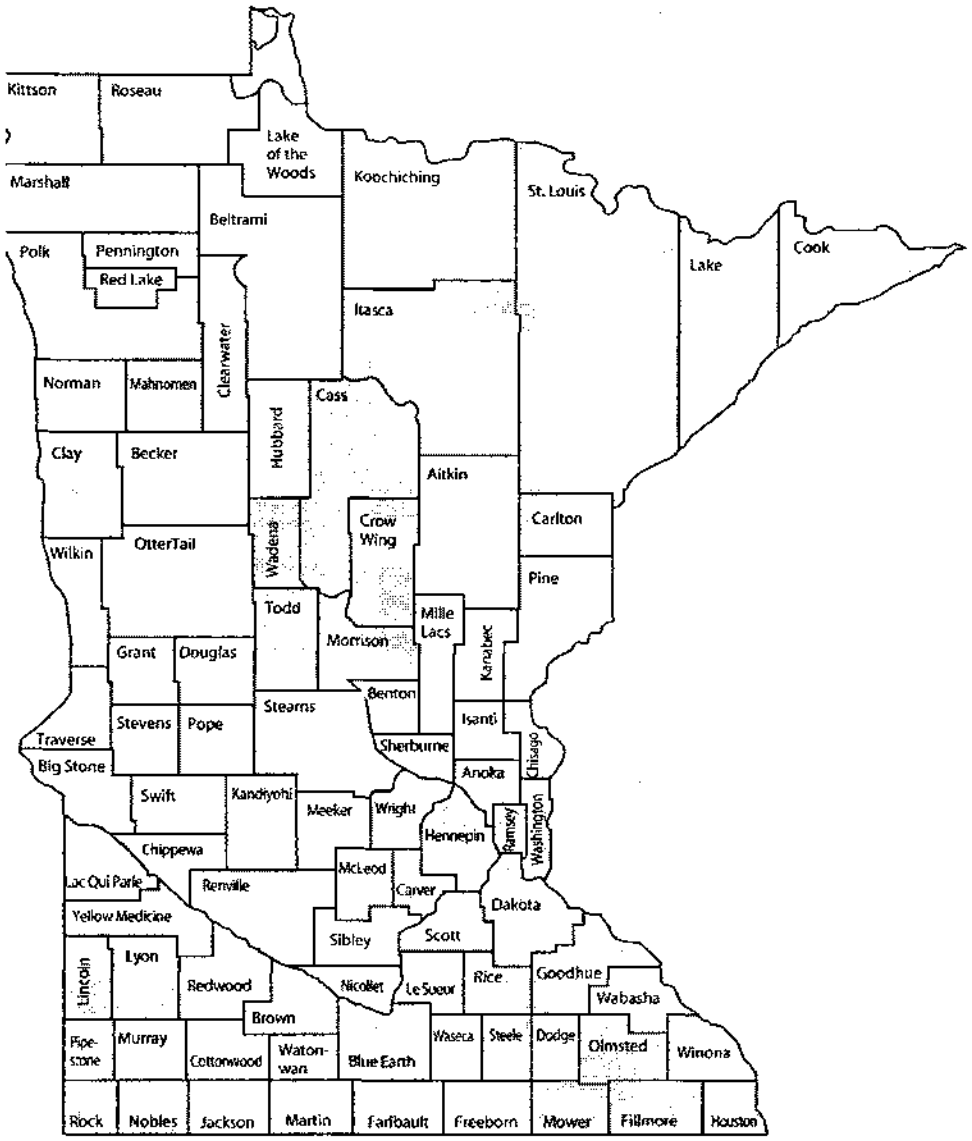
If you do not know your unique key, follow the steps for New Users. If you have your Unique Key, chose Disability Services/HIV/AIDS, then Class Schedules/Registration then CDCS Videoconference Part 5, then GO!, then Select your site.

VII. SPECIAL NEEDS

This information is available in other forms to people with disabilities by contacting us at 651 296-2770 or 1-800-882-6262; or through the Minnesota Relay Service at 7-1-1 or 1-800-627-3529 (TDD) or 1-877-627-3848 (speech-to-speech relay service).

IX. ATTACHMENTS

Attachment A: Map of First Phase Implementation
Attachment B: LTC Screening Document Form


Kittson
Roseau
Lake of the Woods
Koochiching
St. Louis
Lake
Cook
Marshall
Beltrami
Polk
Pennington
Red Lake
Clearwater
Itasca
Norman
Mahnomen
Hubbard
Cass
Clay
Becker
Aitkin
Carlton
Wadena
Crow Wing
Wilkin
OtterTail
Pine
Todd
Mille Lacs
Kanabec
Grant
Douglas
Morrison
Benton
Stearns
Isanti
Stevens
Pope
Traverse
Sherburne
Chisago
Big Stone
Anoka
Swift
Kandiyohi
Meeker
Wright
Ramsey
Washington
Hennepin
Chippewa
McLeod
Lac Qui Parle
Renville
Carver
Dakota
Yellow Medicine
Sibley
Scott
Lyon
Lincoln
Redwood
Nicollet
Le Sueur
Rice
Goodhue
Wabasha
Brown
Pipe-stone
Murray
Cottonwood
Waton-wan
Blue Earth
Waseca
Steele
Dodge
Olmsted
Winona
Rock
Nobles
Jackson
Martin
Faribault
Freeborn
Mower
Fillmore
Houston

DHS-3427 (9-04)

LTC Screening Document - LTCC, CADI, CAC, AC, MSHO, MNDHO, EW, TBIW, CSG

SEND FORM TO:

MINNESOTA MEDICAL ASSISTANCE
Department of Human Services
Box 64894
St. Paul, MN 55164

DOCUMENT CONTROL NUMBER

SOCIAL SECURITY NUMBER

SECTION A: CLIENT INFORMATION (ALT 1)

1. CLIENT LAST NAME
2. CLIENT FIRST NAME
3. M.I.
4. PMI NO.
5. REFERENCE #
6. DATE SUBMITTED MM DD YY
7. BIRTH DATE MM DD YYYY
8. SEX
9. REFERRAL DATE MM DD YY
10. ACTIVITY TYPE
11. ACTIVITY TYPE DATE MM DD YY
12. COS COR CFR
13. LTCC CTY
14. LEGAL REP. STATUS

ADULTS (age 18 years or older)
01 - Is a competent adult
02 - Capacity to give informed consent is in question, referral to Adult Protection if indicated
03 - Has a private guardian or conservator
04 - Has a public guardian or conservator
MINORS (age 17 years or younger)
05 - Parent(s) are legal representative
06 - Child Protection Order in place - county has legal custody, parent may retain parental rights
07 - Has a court appointed Guardian Ad Litem (GAL)
08 - Has a public guardian
09 - Has a private guardian
10 - Is an emancipated minor by order of the court
98 - Other

01 - Telephone Screen
02 - Face to Face Assess (P)
03 - Visit/Early Intervention (P)
04 - Relocation/Transition Assessment (P)
05 - Document Change Only
06 - Reassessment (P)
07 - Case Mgmt/Administer. Activity
08 - CAC/CADI/TBI Reassess 65th bday (P)
10 - Abbreviated Assessment

10A REASON

01 - Hospice
02 - Commitment
03 - Rehab 30-90 days
04 - Out of state
05 - Choice/refusal

15. PRIMARY DIAGNOSIS
16. SECONDARY DIAGNOSIS
17. IS THERE A HISTORY OF A MR/RC DIAGNOSIS? (Y or N)
17A. IF SO, WHAT IS THE DIAGNOSIS?
18. IS THERE A HISTORY OF A MI DIAGNOSIS? (Y or N)
18A. IF SO, WHAT IS THE DIAGNOSIS?
19. IS THERE A HISTORY OF A TBI DIAGNOSIS? (Y or N)
19A. IF SO, WHAT IS THE DIAGNOSIS?
20. CASE MANAGER/HEALTH PLAN NAME
21. CASE MANAGER/HEALTH PLAN NUMBER

SECTION B: SCREENING/ASSESSMENT INFORMATION (ALT 2)

22. PRESENT AT SCREENING/ASSESSMENT

01 - Client
02 - Family
03 - County LTCC consultation
04 - County social worker
05 - County public health nurse
06 - Hospital discharge planner
07 - Qualified mental retardation professional
08 - Qualified mental health professional
09 - NF staff
10 - Primary physician
11 - Home care or community based service provider
12 - Advocate
13 - Conservator/ Guardian
14 - Consulting physician
15 - ICF/MR staff
16 - Services for children with handicaps
17 - Case manager
18 - Legal counsel
19 - Health plan representative
20 - Ombudsmon
21 - RRS
22 - Interpreter
98 - Other

23. MARITAL STATUS

01 - Single, never married
02 - Divorced
03 - Widowed
04 - Married
05 - Legally separated
99 - Unknown

24. REASONS FOR REFERRAL

01 - Change in functional capacity or health status due to illness or injury
02 - Behavioral or emotional problem
03 - Disorientation or confusion
04 - Current services not adequate
05 - Permanent loss of care giver
06 - Care giver needs supports
07 - Temporary absence or inability of care giver
08 - Abuse, neglect or exploitation
09 - Request relocation to community from medical facility
10 - Housing inadequate/inappropriate
11 - Reassessment (P)
12 - Subacute or rehabilitative care needed (90 days or less)
13 - Required for relocation visit
98 - Other problems

25. CURRENT LIVING ARRANGEMENT
25A. PLANNED LIVING ARRANGEMENT

01 - Living alone
02 - Living with spouse/parents
03 - Living with family/friends/ significant other
04 - Living in a congregate setting

26. ASSESSMENT TEAM

01 - County
02 - Health Plan
03 - County Subcontracting for Health Plan
04 - County Inter-Disciplinary Team

27. HOSP TRANSFER (Y or N)
28. OBRA SCREENING LEVEL 1 (Y or N)
29. PAS 30 DAY EXEMPT (Y or N)

NOTES:

30. CURRENT HOUSING TYPE
30A. PLANNED HOUSING TYPE

01 - Homeless
02 - ICF/MR
03 - IMD
04 - Board & Lodge
05 - Adult Foster Care - corporate
06 - Adult Foster Care - family
07 - Child Foster Care - corporate
08 - Child Foster Care - family
09 - Own home
10 - Own home - Federal subsidy
11 - NF/Certified boarding care
12 - Noncertified boarding care
13 - Friend/Relative's home
14 - Other
15 - RTC

Current (30B)
Planned (30C)

31. OBRA LEVEL 2 REFERRAL
MI (Y or N)
MR (Y or N)
32. TBI/CAC REFERRAL (Y or N)

SECTION C: GENERAL FUNCTION AND HISTORY (ALT 3)

33. DRESSING | 34. GROOMING | 35. BATHING | 36. EATING | 37. BED MOBILITY | 38. TRANSFERRING | 39. WALKING | 40. BEHAVIOR | 41. TOILETING

42. SPEC TRMT | 43. CLIN MONITOR | 44. NEURO DIAG Y/N | 45. CASE MIX | 46. ORIENTATION | 47. SELF PRESERVE | 48. DIS CERT SOURCE

01 - Social Security Admin (SSA)
02 - State Medical Review Team (SMRT)
03 - No Certification for Disability

49. SELF-EVAL

01 - Poor 03 - Good 00 - No Response
02 - Fair 04 - Excellent

50. MENTAL STATUS EVAL

00-28 - Score based on interview
29 - Refused to complete
30 - Not applicable

51. TELEPHONE ANSWERING

52. TELEPHONE CALLING | 53. SHOPPING | 54. PREPARING MEALS | 55. LIGHT HOUSEKEEPING | 56. HEAVY HOUSEKEEPING | 57. LAUNDRY | 58. MGT. MEDS/ OTHER TRTMNT | 59. MONEY MANAGEMENT | 60. TRANSPORTATION

61. FALLS

Have you experienced any falls in your home or while out in the community?
00 - No 01 - Yes
If no, does concern about your balance or falling affect your daily activities or access to the community?
02 - Yes 00 - No

62. HOSPITALIZATIONS | 63. ER VISITS | 64. NF STAYS

SECTION D: SCREENING /ASSESSMENT RESULTS (ALT 4)

65. ASSESSMENT RESULTS AND EXIT REASONS

65A. 65B.

66. ASSESSMENT RESULT/EXIT DATE MM DD YY

67. INFORMED CHOICE (Y or N)

68. CLIENT CHOICE

69. FAMILY CHOICE

70. LTCC/IDT RECOMMENDATION

Assessment Results

01 - Person will remain in, or return to, the community with at least one AC or waiver service, or a Consumer Support Grant.
02 - Person will remain in, or return to, the community with services not funded by AC, the waiver programs, or a CSG.
03 - Person will remain in, or return to, the community without services.
04 - Person will/resides in a nursing facility or certified boarding care.
05 - Person will/resides in a noncertified boarding care.
06 - Person will/resides in an ICF/MR.
07 - Hospital discharge to a nursing facility - short stay of 90 days or less.
08 - Hospital discharge to a nursing facility - long stay of 91 days or longer.
09 - Person will/receives long-term hospitalization.
10 - Person is changing to a different program.
11 - Person is reopening to the same program (use if ever opened to the program).
13 - Person continues on the same program at reassessment.
14 - MSHO - community NHC person entered the nursing facility on a short-term basis (< 30 days).
15 - MSHO - community NHC person entered a nursing facility on a long-term basis (≥ 30 days).
16 - MSHO - community nonNHC person entered a NF on a short-term basis (< 30 days).
17 - MSHO - community nonNHC person entered a nursing facility on a long-term basis (≥ 30 days).
18 - Transition planning

Exit Reasons (When using Exit Reason, an Assessment Result Code must also be completed to indicate what happened to the person after closing under the waiver, AC, MSHO, MnDHO or CSG.)

19 - Person exited because of the EW expansion (SIS/EW)/changes in financial eligibility only.
20 - Person exited because condition worsened, program can no longer meet the person's needs.
21 - Person exited because condition improved, no longer requires level of care.
22 - Person exited because no longer meets other eligibility criteria.
23 - Person exited by choice.
24 - Person exited for other reason(s).
25 - Person exited waiver; services NEVER used.
26 - Person exited because of new county of service.
31 - Exit, non-payment of AC premium.
33 - Person exited because of AC liens and estate claim recovery.
34 - Person exited because of AC premium changes.

Other
27 - Person placed on county waiting list.
28 - Person opened to a program from a county waiting list.
29 - Undecided
30 - Person died
32 - Updated AC financial
36 - Elected Elderly CDCS
37 - Elected Elderly Non-CDCS Services from CDCS
98 - Other
99 - Not applicable - no family

71. LEVEL OF CARE | 72. NF TRACK # | 73. CASE MIX/DRG AMT $ | 74. Mn Diag Code | 75. REASON(S) FOR CONT/LONG-TERM INSTITUTION STAY OR CDCS SERVICE TERMINATION

01 - May be appropriate for ICF/MR (including RTC/ICF/MR)
02 - NF/Certified boarding care
03 - Psychiatric inpatient hospital
04 - Acute hospital
05 - Extended stay hospital
06 - In NF but may be appropriate for ICF/MR
07 - No facility level of care

01 - AC, waiver, CSG funding unavailable
02 - Case mix/CDCS budget cap doesn't meet client needs
03 - Health status
04 - Lack of housing
05 - Services not available
06 - Caregiver temporarily unavailable
07 - Vulnerable situation
08 - Care giver exhaustion
09 - Client choice
10 - Rehabilitation not complete
11 - Involuntary exit from CDCS

SECTION E: PROFESSIONAL CONCLUSIONS (ALT 4) (Answer the following yes or no)

	(Y or N)
76. THE PERSON HAS AN **ADL** CONDITION OR LIMITATION.	☐
77. THE PERSON HAS AN **IADL** CONDITION OR LIMITATION.	☐
78. THE PERSON HAS A COMPLICATED CONDITION.	☐
79. THE PERSON HAS IMPAIRED COGNITION.	☐
80. THE PERSON HAS A FREQUENT HISTORY OF BEHAVIOR SYMPTOMS.	☐
81. THE PERSON HAS NOT OR MAY NOT ENSURE HIS/HER OWN CARE, HYGIENE, NUTRITION OR SAFETY.	☐
82. THE PERSON HAS BEEN, OR MAY BE NEGLECTED, ABUSED, OR EXPLOITED BY ANOTHER PERSON.	☐
83. THE PERSON IS GENERALLY FRAIL OR EXPERIENCING FREQUENT INSTITUTION STAYS.	☐
84. THE PERSON HAS A SENSORIAL IMPAIRMENT.	☐
85. THE PERSON IS IN NEED OF RESTORATIVE OR REHABILITATIVE TREATMENTS.	☐
86. THE PERSON'S HEALTH IS UNSTABLE.	☐
87. THE PERSON NEEDS DIRECT CARE SERVICES BY A NURSE DURING EVENINGS OR NIGHT SHIFTS FOR SPECIAL TREATMENTS.	☐
88. THE PERSON REQUIRES COMPLEX HEALTH CARE MANAGEMENT.	☐

SECTION F: WAIVER/AC ELIGIBILITY CRITERIA (ALT 4) (All questions must be answered yes for AC or waiver programs)

	(Y or N)
89. THE PERSON REQUIRES ONE OR MORE AC OR WAIVER SERVICE.	☐
90. THE PERSON'S NEEDS CAN BE MET IN THE COMMUNITY, IN A SATISFACTORILY SAFE AND COST EFFECTIVE MANNER.	☐
91. NO OTHER PAYOR IS RESPONSIBLE TO COVER SERVICES AUTHORIZED AND BILLED TO THE WAIVER OR AC.	☐

92. PROGRAM TYPE ☐

00 - None	07 - CAC diversion	13 - CSG diversion	17 - MSHO conversion (comm. NHC - preceding NF stay ≥ 6 consecutive months)
01 - TBI-NF diversion	08 - CAC conversion	14 - CSG conversion	18 - MSHO - No program (comm. non-NHC)
02 - TBI-NF conversion	09 - AC diversion	15 - MSHO diversion (comm. NHC, no preceding NF stay)	19 - MSHO NF resident
03 - EW diversion	10 - AC conversion	16 - MSHO conversion (comm. NHC - preceding NF stay < 6 months)	20 - MnDHO (TBI/Home Care/NF Resident)
04 - EW conversion	11 - TBI-NB diversion		21 - MnDHO (CADI)
05 - CADI diversion	12 - TBI-NB conversion		22 - Temporary AC
06 - CADI conversion			

93. MnDHO RCC (A-T) ☐ 94. CDCS (Y or N) ☐ 95. CDCS AMT ☐

SECTION G: SERVICE PLAN SUMMARY (ALT 5)

MSHO/MnDHO: Complete plan to reflect all services. For others, if an informal caregiver is providing support, please code at least one of those supports. If quasiformal services are or will be received, please code at least one of those supports.The MMIS Screening Document will allow up to 18 service codes to be entered. Enter the service code and LTC source code.

96. SERVICE CODES I = Informal F = Formal Q = Quasiformal

Service Code	Source Code: I, F, or Q
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

01	Grocery Shopping	22	Independent living skills
02	Chore Services	23	Structured day program (TBI)
03	Transportation	24	Mental health services
04	Home Delivered Meals	25	Supplies/Equipment
05	Congregate Dining	26	Modif. or adapt.equipment
06	Homemaker/Housekeeper	27	Care giver support
07	Money Management	28	Nutritional counseling
08	Arranging Medical Care	29	Hospice
09	Deaf/Blind/Disabled Services	30	Not receiving services
10	Companion/Friendly Visitor	31	Assisted living
11	Nurse Visits	32	Residential Care
12	Home Health Aide Visits	33	Behavioral Services
13	Physical Therapy	34	NF
14	Occupational Therapy	35	Case management
15	Speech Therapy	36	Voc/Support employment
16	Respiratory Therapy	37	Therapeutic day TX
17	Counseling	38	Relocation Service Coordination (RSC)
18	Personal Care	39	24-hour supervision
19	Foster Care	40	CDCS
20	Adult day care	41	Paid CDCS Parent/Spouse
21	Respite care	98	Other

SECTION H: ALTERNATIVE CARE AND CONSUMER SUPPORT GRANT INFORMATION (ALT 6)

97. STREET ADDRESS (MUST ALWAYS BE COMPLETED)

ADDITIONAL ADDRESS INFORMATION (OPTIONAL)

CITY

STATE | ZIP CODE | CFR | GROSS INCOME | GROSS ASSETS

AC ADJUSTED INCOME | AC ADJUSTED ASSETS | MEDICARE ID NUMBER

MEDICARE PART A EFFECTIVE MM DD YY – MM DD YY

MEDICARE PART B EFFECTIVE MM DD YY – MM DD YY

98. AC PREMIUM WAIVER REASON

99. AC LIEN REFERRAL ☐ (Y or N)

100. AC PREMIUM ASSESSED ☐ (Y or N)

03 - Married couple is requesting an asset assessment under the spousal impoverishment provision
04 - Person is residing in a nursing facility and is receiving case management only
05 - Person is found eligible for AC, but is not yet receiving AC
06 - Income/Assets below minimal amounts
07 - Consumer participates in reduced CDCS

SECTION I: MSHO and MnDHO

NURSING FACILITY NAME AND PHONE NUMBER (MSHO/MNDHO)

NAME

ADDRESS

PHONE

I certify that this is an accurate assessment and reflects the individual's current status. (MSHO/MnDHO)}

SIGNATURE OF QUALIFIED HEALTH PROFESSIONAL (MSHO)}

SIGNATURE OF QUALIFIED HEALTH PROFESSIONAL (MnDHO)}

NAME OF QUALIFIED HEALTH PROFESSIONAL (PLEASE TYPE OR PRINT NEATLY)

TITLE OF QUALIFIED HEALTH PROFESSIONAL

NAME OF ORGANIZATION

SECTION J: NOTES

ATTACHMENT C

DHS-3427 (10-03)

LTC Screening Document - LTCC, CADI, CAC, AC, MSHO, MNDHO, EW, TBIW, CSG

DOCUMENT CONTROL NUMBER

SOCIAL SECURITY NUMBER

SEND FORM TO:

MINNESOTA MEDICAL ASSISTANCE
Department of Human Services
Box 64894
St. Paul, MN 55164

SECTION A - CLIENT INFORMATION (ALT-1)

ADULTS (age 18 years or older)
01 - Is a competent adult
02 - Capacity to give informed consent is in question, referral to Adult Protection if indicated
03 - Has a private guardian or conservator
04 - Has a public guardian or conservator

MINORS (age 17 years or younger)
05 - Parent(s) are legal representative
06 - Child Protection Order in place - county has legal custody, parent may retain parental rights
07 - Has a court appointed Guardian Ad Litem (GAL)
08 - Has a public guardian
09 - Has a private guardian
10 - Is an emancipated minor by order of the court
98 - Other

01 - Telephone Screen
02 - Face to Face Assess (P)
03 - Visit/Early Intervention (P)
04 - Relocation/Transition Assessment (P)
05 - Document Change Only
06 - Reassessment (P)
07 - Case Mgmt/Administer. Activity
08 - CAC/CADI/TBI Reassess - 65th bday (P)
10 - Abbreviated Assessment

01 - Hospice
02 - Commitment
03 - Rehab 30-90 days
04 - Out of state
05 - Choice/refusal

SECTION B - SCREENING/ASSESSMENT INFORMATION (ALT-2)

01 - Single, never married
02 - Divorced
03 - Widowed
04 - Married
05 - Legally separated
99 - Unknown

01 - Client
02 - Family
03 - County LTCC consultation
04 - County social worker
05 - County public health nurse
06 - Hospital discharge planner
07 - Qualified mental retardation professional
08 - Qualified mental health professional
09 - NF staff
10 - Primary physician
11 - Home care or community based service provider
12 - Advocate
13 - Conservator/Guardian
14 - Consulting physician
15 - ICF/MR staff
16 - Services for children with handicaps
17 - Case manager
18 - Legal counsel
19 - Health plan representative
20 - Ombudsman
21 - RRS
22 - Interpreter
98 - Other

01 - Change in functional capacity or health status due to illness or injury
02 - Behavioral or emotional problem
03 - Disorientation or confusion
04 - Current services not adequate
05 - Permanent loss of care giver
06 - Care giver needs supports
07 - Temporary absence or inability of care giver
08 - Abuse, neglect or exploitation
09 - Request relocation to community from medical facility
10 - Housing inadequate/inappropriate
11 - Reassessment (P)
12 - Subacute or rehabilitative care needed (90 days or less)
13 - Required for relocation visit
98 - Other problems

01 - Living alone
02 - Living with spouse/parents
03 - Living with family/friends/significant other
04 - Living in a congregate setting

01 - County
02 - Health Plan
03 - County Subcontracting for Health Plan
04 - County Inter-Disciplinary Team

NOTES:

01 - Homeless
02 - ICF/MR
03 - IMD
04 - Board & Lodge
05 - Adult Foster Care - corporate
06 - Adult Foster Care - family
07 - Child Foster Care - corporate
08 - Child Foster Care - family
09 - Own home
10 - Own home - Federal subsidy
11 - NF/Certified boarding care
12 - Noncertified boarding care
13 - Friend/Relative's home
14 - Other
15 - RTC

Current (308)

Planned (30C)

SECTION C - GENERAL FUNCTION AND HISTORY (ALT 3)

01 - Social Security Admin (SSA)
02 - State Medical Review Team (SMRT)
03 - No Certification for Disability

01 - Poor 03 - Good 00 - No Response
02 - Fair 04 - Excellent

00-28 - Score based on interview
29 - Refused to complete
30 - Not applicable

Have you experienced any falls in your home or while out in the community?
00 - No 01 - Yes
If no, does concern about your balance or falling affect your daily activities or access to the community?
02 - Yes 00 - No

SECTION D - SCREENING / ASSESSMENT RESULTS (ALT 4)

Assessment Results

01 - Person will remain in, or return to, the community with at least one AC or waiver service, or a Consumer Support Grant.
02 - Person will remain in, or return to, the community with services not funded by AC, the waiver programs, or a CSG.
03 - Person will remain in, or return to, the community without services.
04 - Person will/resides in a nursing facility or certified boarding care.
05 - Person will/resides in a noncertified boarding care.
06 - Person will/resides in an ICF/MR.
07 - Hospital discharge to a nursing facility - short stay of 90 days or less.
08 - Hospital discharge to a nursing facility - long stay of 91 days or longer.
09 - Person will/receives long-term hospitalization.
10 - Person is changing to a different program.
11 - Person is reopening to the same program (use if ever opened to the program).
13 - Person continues on the same program at reassessment.
14 - MSHO - community NHC person entered the nursing facility on a short-term basis (< 30 days).
15 - MSHO - community NHC person entered a nursing facility on a long-term basis (≥ 30 days).
16 - MSHO - community nonNHC person entered a NF on a short-term basis (< 30 days).
17 - MSHO - community nonNHC person entered a nursing facility on a long-term basis (≥ 30 days).
18 - Transition planning

Exit Reasons (When using Exit Reason, an Assessment Result Code must also be completed to indicate what happened to the person after closing under the waiver, AC, MSHO, MnDHO or CSG.)

19 - Person exited AC, MSHO, MnDHO, waiver or CSG because of the EW expansion (SIS/EW)/changes in financial eligibility only.
20 - Person exited AC, MSHO, MnDHO,waiver or CSG because condition worsened, program can no longer meet the person's needs.
21 - Person exited AC, MSHO, MnDHO, waiver or CSG because condition improved, no longer requires level of care.
22 - Person exited AC, MSHO, MnDHO, waiver or CSG because no longer meets other eligibility criteria.
23 - Person exited AC, MSHO, MnDHO, waiver or CSG by choice.
24 - Person exited AC, MSHO, MnDHO, waiver or CSG for other reason(s).
25 - Person exited waiver; services NEVER used.
26 - Person exited AC, MSHO, MnDHO, waiver or CSG; because of new county of service.
31 - Exit, non-payment of AC premium.
33 - Person exited because of AC liens and estate claim recovery.
34 - Person exited because of AC premium changes.

Other

27 - Person placed on county waiting list.
28 - Person opened to a program from a county waiting list.
29 - Undecided
30 - Person died
32 - Updated AC financial
98 - Other
99 - Not applicable - no family

$

01 - May be appropriate for ICF/MR (including RTC/ICF/MR)
02 - NF/Certified boarding care
03 - Psychiatric inpatient hospital
04 - Acute hospital
05 - Extended stay hospital
06 - In NF but may be appropriate for ICF/MR
07 - No facility level of care

01 - AC, waiver, CSG funding unavailable
02 - Casemix budget cap doesn't meet client needs
03 - Health status
04 - Lack of housing
05 - Services not available
06 - Caregiver temporarily unavailable
07 - Vulnerable situation
08 - Care giver exhaustion
09 - Client choice
10 - Rehabilitation not complete
11 - Legal rep. opposes
12 - Physician opposes
13 - Refused annual visits

SECTION E: PROFESSIONAL CONCLUSIONS (ALT 4) Answer the following questions:

SECTION F: WAIVER AC ELIGIBILITY CRITERIA (ALT 4)

00 - None
01 - TBI-NF diversion
02 - TBI-NF conversion
03 - EW diversion
04 - EW conversion
05 - CADI diversion
06 - CADI conversion
07 - CAC diversion
08 - CAC conversion
09 - AC diversion
10 - AC conversion
11 - TBI-NB diversion
12 - TBI-NB conversion
13 - CSG diversion
14 - CSG conversion
15 - MSHO diversion (comm. NHC, no preceding NF stay)
16 - MSHO conversion (comm. NHC - preceding NF stay < 6 months)
17 - MSHO conversion (comm. NHC - preceding NF stay ≥ 6 consecutive months)
18 - MSHO - No program (comm. non-NHC)
19 - MSHO NF resident
20 - MnDHO (TBI/Home Care/NF Resident)
21 - MnDHO (CADI)
22 - Temporary AC

SECTION G: SERVICE PLAN SUMMARY (ALT 5)

Service Code

Source Code

01 Grocery Shopping
02 Chore Services
03 Transportation
04 Home Delivered Meals
05 Congregate Dining
06 Homemaker/Housekeeper
07 Money Management
08 Arranging Medical Care
09 Deaf/Blind/Disabled Services
10 Companion/Friendly Visitor
11 Nurse Visits
12 Home Health Aide Visits
13 Physical Therapy
14 Occupational Therapy
15 Speech Therapy
16 Respiratory Therapy
17 Counseling
18 Personal Care
19 Foster Care
20 Adult day care
21 Respite care
22 Independent living skills
23 Structured day program (TBI)
24 Mental health services
25 Supplies/Equipment
26 Modif. or adapt.equipment
27 Care giver support
28 Nutritional counseling
29 Hospice
30 Not receiving services
31 Assisted living
32 Residential Care
33 Behavioral Services
34 NF
35 Case management
36 Voc/Support employment
37 Therapeutic day TX
38 Relocation Service Coordination (RSC)
39 24-hour supervision
98 Other

SECTION H: ALTERNATIVE CARE AND CONSUMER SUPPORT GRANT INFORMATION (ALT 6)

03 - Married couple is requesting an asset assessment under the spousal impoverishment provision
04 - Person is residing in a nursing facility and is receiving case management only
05 - Person is found eligible for AC, but is not yet receiving AC
06 - Income/Assets below minimal amounts
07 - Consumer participates in reduced CDCS

SECTION I: MSHO and MnDHO

SECTION J: NOTES

N. Functional Assessment: Activities of Daily Living (ADLs)

R1 R2

List all sources of information for ADLS, using the following codes: Person (**C**), Informant (**I**), Medical record (**R**), Observation (**O**). Enter value of score in first box in left margin. Check as "dependence" in second box in left margin if value is asterisked.
If informant: Name _____ Sources: _____

Activities Of Daily Living (ADLs)

(Address to person if possible. Person may look at questions. The purpose of these questions is to determine actual capacity to do various activities. Sometimes, caregivers help with an item regardless of the person's ability. Ask enough questions to make sure the person is telling you what they can or cannot do. If informant is used, include help in the form of supervision or cueing.

Now I want to ask you some questions about how you eat, dress, bathe, and get around. For each of these questions, I have a set of possible answers. I would like to read them all and then we can go over them and discuss which one fits best for you. (Read all choices before taking answer).

LTC SD 33 N.1 Dressing

Value Dep ☐☐ How well are you able to manage dressing? By dressing, we mean laying out the clothes and putting them on, including shoes, and fastening clothes. Would you say that you:

Comments

- 00 • can dress without help of any kind?
- 01 • need and get minimal supervision or reminding?
- *02 • need some help from another person to put your clothes on?
- *03 • cannot dress yourself and somebody dresses you?
- *04 • are never dressed?

LTC SD 34 N.2 Grooming

Value Dep ☐☐ Now I have some questions about how you manage with grooming activities like combing your hair, putting on makeup, shaving, and brushing your teeth. Would you say that you:

Comments

- 00 • can comb your hair, wash your face, shave or brush your teeth without help of any kind?
- 01 • need and get supervision or reminding or grooming activities?
- *02 • needs and get daily help from another person?
- *03 • are completely groomed by somebody else?

LTC SD 35 N.3 Bathing

Value Dep ☐☐ How well can you bathe or shower yourself? Bathing or showering by yourself means running the water, taking the bath or shower without any help, and washing all parts of the body, including your hair and face. Would you say that you:

Comments

- 00 • can bathe or shower without any help?
- 01 • need and get minimal supervision or reminding?
- 02 • need and get supervision only?
- 03 • need and get help getting in and out of the tub?
- *04 • need and get help washing and drying your body?
- *05 • cannot bathe or shower, need complete help?

LTC SD 36 N.4 Eating

RI R2

Value Dep

How well can you manage eating by yourself? Eating by yourself means drinking and eating without help from anybody else, but you can use special utensils and straws. It also means cutting most foods on your own. Would you say that you:

Comments

00 • can eat without help of any kind?

01 • need and get minimal reminding or supervision?

*02 • need and get help in cutting food, buttering bread or arranging food?

*03 • need and get some personal help with feeding or someone needs to be sure that you don't choke?

*04 • need to be fed completely or tube feeding or IV feeding?

LTC SD 37 N.5 Bed Mobility (Positioning on DHS-3428C)

Value Dep

How well can you manage sitting up or moving around in bed? Would you say that you:

Comments

00 • can move in bed without any help?

01 • need and get help sometimes to sit up?

*02 • always need and get help to sit up?

*03 • always need and get help to be turned or change positions?

LTC SD 38 N.6 Transferring

Value Dep

How well can you get in and out of a bed or chair? Would you say that you:

Comments

00 • can get in and out of a bed or chair without help of any kind?

01 • need somebody to be there to guide you but you can move in and out of a bed or chair?

*02 • need one other person to help you?

*03 • need two other people or a mechanical aid to help you?

*04 • never get out of a bed or chair?

LTC SD 39 N.7 Walking (Mobility on DHS-3428C)

Value Dep

How well are you able to walk around, either without any help or with a cane or walker, but not including a wheelchair? (If asked, clarify that independence in walking refers to the ability to walk short distances around the house. Independence in walking does not include climbing stairs.) Would you say that you:

Comments

00 • walk without help of any kind?

01 • can walk with help of a cane, walker, crutch or push wheelchair?

*02 • need and get help from one person to help you walk?

*03 • need and get help from two people to help you walk?

*04 • cannot walk at all?

	R1	R2

N.8 Wheeling

Comments

00 • Does not use wheelchair, or receives no personal help with wheeling.

01 • Needs and receives help negotiating doorways, elevators, ramps, locking or unlocking brakes or uses power driven wheelchair.

02 • Needs and receives total help with wheeling.

N.9 Communication

Comments

00 • Communicates needs.

01 • Communicates needs with difficulty but can be understood.

02 • Communicates needs with sign language, symbol board, written messages, gestures or an interpreter. (Do not code ESL)

03 • Communicates inappropriate content, makes garbled sounds, or displays echolalia.

04 • Does not communicate needs.

N.10 Hearing

Comments

00 • No hearing impairment.

01 • Hearing difficulty at level of conversation.

02 • Hears only very loud sounds.

03 • No useful hearing.

04 • Not determined.

N.11 Vision

Comments

00 • Has no impairment of vision.

01 • Has difficulty seeing at level of print.

02 • Has difficulty seeing obstacles in environment.

03 • Has no useful vision.

04 • Not determined.

LTC SD 46 Value

N.12 Orientation

Orientation is defined as the awareness of an individual to his/her present environment in relation to time, place and person. See E.7 and E.10 for memory/orientation information.

Comments

00 • Oriented.

01 • Minor forgetfulness.

02 • Partial or intermittent periods of disorientation.

03 • Totally disoriented; does not know time, place, identity.

04 • Comatose.

05 • Not determined.

LTC SD 40 N.13 Behavior

Value Dep ☐☐

Comments | R1 | R2

00 • Behavior requires no intervention.

01 • Needs and receives occasional staff intervention in the form of cues because the person is anxious, irritable, lethargic or demanding. Person responds to cues.

*02 • Needs and receives regular staff intervention in the form of redirection because the person has episodes of disorientation, hallucinates, wanders, is withdrawn or exhibits similar behaviors. Person may be resistive, but responds to redirection.

*03 • Needs and receives behavior management and staff intervention because person exhibits disruptive behavior such as verbally abusing others, wandering into private areas, removing or destroying property, or acting in a sexually aggressive manner. Person may be resistant to redirection.

*04 • Needs and receives behavior management and staff intervention because person is physically abusive to self and others. Person may physically resist redirection.

LTC SD 41 N.14 Toileting

Value Dep ☐☐

How well can you manage using the toilet? ***(Using the toilet independently includes adjusting clothing, getting to and on the toilet, and cleaning one's self. If reminders are needed to use the toilet this counts as some help.)*** Would you say that you:

Comments

00 • can use the toilet without help, including adjusting clothing?

*01 • need some help to get to and on the toilet but don't have "accidents"?

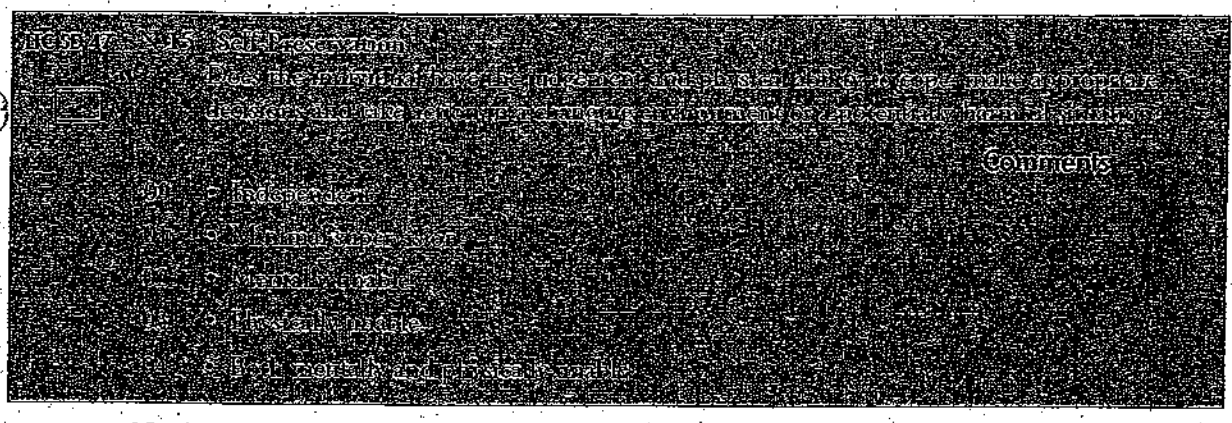
*02 • have accidents sometimes, but not more than once a week?

*03 • only have accidents at night?

*04 • have accidents more than once a week?

*05 • have bowel movements in your clothes more than once a week?

*06 • wet your pants and have bowel movements in your clothes very often?



R1 R2

LTC SD 42 N.16 Special Treatments *(Check all that apply.)*

☐ 00 No TX
01 Tube Feedings
02 One or more TX such as:

☐ Intravenous Fluids	☐ Hyperalimentation/Hickman Catheter
☐ Intravenous Medications	☐ Oxygen & Respiratory Therapy
☐ Blood Transfusions	☐ Ostomies & Catheters
☐ Drainage Tubes	☐ Wound Care/Decubiti
☐ Symptom Control for Term. Ill	☐ Skin Care
☐ Isolation Precautions	☐ Other _____

LTC SD 43 N.17 Clinical Monitoring

☐ 00 Less than once a day 01 1-2 shifts 02 All shifts

N.18 Special Nursing: Use for AC & Waiver Case Mix Classification Worksheet

In order to code this item "yes", the person must receive *either* tube feeding only, or a combination of other Special Treatment ([02] in N.16 *and* 02 in Clinical Monitoring in N.17 above.

☐ Y/N

LTC SD 44 N.19 Neuromuscular Diagnosis. Also complete on page 16, M.5.

☐ Y/N

Count number of ADL Dependency boxes checked in N.1, 2, 3, 4, 5, 6, 7 and N.14. Dependency in these activities is indicated by an asterisk. For children under 18, use form # DHS-3428C to determine the number of age-appropriate ADL dependencies. Total number of ADL Dependencies from this form or DHS-3428C: _____

Use with AC & Waiver Case Mix Classification Worksheet form #DHS-3428B

LTC SD 45 N.20 Case Mix Classification: Completion required only for the EW, CAC, CADI and TBI-NF Waivers and the AC program as part of budget process. Use form number DHS-3428B & DHS-3428C for classification

☐

LTC SD 73 N.20a Case Mix/DRG Amount: Complete for CAC program, requests for higher rates under "conversion" program types or requests to exceed the limits for people under 65.

$ _____

Comments on Functional Strengths/ADLs/Community Support Plan/Supervision Implications:

LTC SD Block 38 Value ☐ Dep. ☐

Transfers

Comments | Assessor's Score | R1 | R2

- Independent _____ 00
- Needs intermittent supervision or reminders, i.e. cuing or guidance only. _____ 01
- Needs physical assistance, but child is able to participate. Excludes carseat, highchair, crib for toddler age child. (N/A 0-30 months) _____ *02
- Needs total assistance of another, and child is physically unable to participate. (N/A 0-18 months) _____ *03
- Must be transferred using a mechanical device, i.e. Hoyer lift. _____ *04

LTC SD Block 39 Value ☐ Dep. ☐

Mobility (walking)

Comments | Assessor's Score

- Independent. Ambulatory without device. _____ 00
- Can mobilize with the assist of a device, but does not need personal assistance. _____ 01
- Intermittent physical assistance of another, (N/A 0-24 months) (This does not include supervision for safety of a child under age 5.) _____ *02
- Needs constant physical assistance of another. Includes child who remains bedfast. (N/A 0-12 months) _____ *03

LTC SD Block 37 Value ☐ Dep. ☐

Positioning (bed mobility)

Comments | Assessor's Score

- Independent. Ambulatory without device. _____ 00
- Needs occasional assistance from another person or device to change position less than daily. _____ 01
- Needs intermittent assistance of another on a daily basis to change position. Child is physically able to participate. _____ *02
- Needs total assistance in turning and positioning. Child is unable to participate. (N/A 0-9 months) _____ *03

LTC SD Block 41 Value ☐ Dep. ☐

Toileting

Comments | Assessor's Score

- Independent _____ 00
- Intermittent supervision, cuing or minor physical assistance such as clothes adjustment or hygiene. No incontinence. (N/A 0-60 months) _____ *01
- Usually continent of bowel and bladder, but has occasional accidents requiring physical assistance. (N/A 0-60 months) _____ *02
- Usually continent of bowel and bladder, but needs physical assistance or constant supervision for all parts of the task. (N/A 0-60 months) _____ *03
- Incontinent of bowel and bladder. Diapered. (N/A 0-48 months) _____ *04
- Needs assistance with bowel and bladder programs, or appliances (i.e. ostomies or urinary catheters). _____ *05

DHS-3428C (11/01)

Minnesota Long Term Care Consultation Services Form:
Supplemental Form for Assessment of Children under 18
Determination of Age-Appropriate Dependencies

Name _____

ACTIVITIES OF DAILY LIVING * Indicates Dependency

				R1	R2
LTC SD Block 33. Dressing Value ☐ Dep. ☐	• Independent	Comments	00		
	• Intermittent supervision or reminders. May need physical assistance with fasteners, shoes or laying out clothes		01		
	• Constant supervision, but no physical assistance. (N/A 0-48 months)		*02		
	• Physical assistance or presence of another at all times, but child is able to physically participate. (N/A 0-36 months)		*03		
	• Totally dependent on another for all dressing. Child is unable to physically participate. (N/A 0-12 months)		*04		
LTC SD Block 34. Grooming Value ☐ Dep. ☐	• Independent	Comments	00		
	• Intermittent supervision or reminders		01		
	• Help of another to complete task, but child is physically able to participate. (N/A 0-48 months)		*02		
	• Totally dependent on another for all grooming needs. Child is physically unable to participate. (N/A 0-24 months)		*03		
LTC SD Block 35. Bathing Value ☐ Dep. ☐	• Independent	Comments	00		
	• Intermittent supervision or reminders		01		
	• Needs help in and out of tub		02		
	• Constant supervision, but child does not need physical assistance. (N/A 0-60 months)		*03		
	• Physical assistance of another, but child is physically able to participate. (N/A 0-48 months)		*04		
	• Totally dependent on another for all bathing. Child is physically unable to participate. (N/A 0-12 months)		*05		
LTC SD Block 36. Eating Value ☐ Dep. ☐	• Independent	Comments	00		
	• Intermittent supervision or reminders		01		
	• Needs constant supervision and/or assistance in setting up meals, i.e. cutting meat, pouring fluids. (N/A 0-60 months)		02		
	• Needs physical assistance. Child can partially feed self. (N/A 0-24 months)		*03		
	• Needs and receives total oral feeding from another. Child is physically unable to participate. (N/A 0-12 months)		*04		
	• Receives tube feeding.* Child has documented incidents of choking or reflux on a weekly basis or more that is related to diagnosis or disability.		*05		

*Remember to code tube feeding as Special Nursing using 3428B.

The number of dependencies indicated on this worksheet will determine the initial classification of "Low, Medium or High" ADL dependencies. Further steps are the same as outlined on DHS-3428B (Case Mix Classification Worksheet).

LTC SD Block 38 Value ☐ Dep. ☐

Transfers

Comments — Assessor's Score

- Independent — 00
- Needs intermittent supervision or reminders, i.e. cuing or guidance only. — 01
- Needs physical assistance, but child is able to participate. Excludes carseat, highchair, crib for toddler age child. (N/A 0-30 months) — *02
- Needs total assistance of another, and child is physically unable to participate. (N/A 0-18 months) — *03
- Must be transferred using a mechanical device, i.e. Hoyer lift. — *04

LTC SD Block 39 Value ☐ Dep. ☐

Mobility (walking)

Comments — Assessor's Score

- Independent. Ambulatory without device. — 00
- Can mobilize with the assist of a device, but does not need personal assistance. — 01
- Intermittent physical assistance of another. (N/A 0-24 months) (This does not include supervision for safety of a child under age 5.) — *02
- Needs constant physical assistance of another. Includes child who remains bedfast. (N/A 0-12 months) — *03

LTC SD Block 37 Value ☐ Dep. ☐

Positioning (bed mobility)

Comments — Assessor's Score

- Independent. Ambulatory without device. — 00
- Needs occasional assistance from another person or device to change position less than daily. — 01
- Needs intermittent assistance of another on a daily basis to change position. Child is physically able to participate. — *02
- Needs total assistance in turning and positioning. Child is unable to participate. (N/A 0-9 months) — *03

LTC SD Block 41 Value ☐ Dep. ☐

Toileting

Comments — Assessor's Score

- Independent — 00
- Intermittent supervision, cuing or minor physical assistance such as clothes adjustment or hygiene. No incontinence. (N/A 0-60 months) — *01
- Usually continent of bowel and bladder, but has occasional accidents requiring physical assistance. (N/A 0-60 months) — *02
- Usually continent of bowel and bladder, but needs physical assistance or constant supervision for all parts of the task. (N/A 0-60 months) — *03
- Incontinent of bowel and bladder. Diapered. (N/A 0-48 months) — *04
- Needs assistance with bowel and bladder programs, or appliances (i.e. ostomies or urinary catheters). — *05

RI	R2