

MINIMUM DATA SET QUESTIONS AND ANSWERS #1

APPLICABILITY

Question #1: Does the MDS assessment requirement apply only to AAA services that are directly provided, or does it apply to services provided by subcontractors as well?

Answer: The requirement to conduct comprehensive client assessments that include the MDS for all Community Based Long Term Care Services (Case Management, Homemaking/Personal Care, Housekeeping/Chore, Home Health Aide Services, Home Delivered Meals and Social Adult Day Care) apply to all such services provided with SOFA administered funding. This applies whether the AAA directly provides the services or contracts with a service provider.

Question #2: To what Programs/Services/Funding streams does the MDS assessment requirement apply?

Answer: The MDS applies to those Community Based Long Term Care (CBLTC) services which are paid with aging services funds. Aging services funds are defined as those State and federal funds that flow through SOFA to AAAs and any local funds used as match for these State and federal funds, as well as any income generated by these funds. This includes all funds covering CBLTC services that are included in the funding applications to SOFA.

Question #3: Must the AAA apply the required MDS to an Office of Mental Retardation and Developmental Disabilities (OMRDD) funded Social Adult Day Care (SADC) program that is administered by the AAA, via subcontract?

Answer: No. However, AAAs do have the option to apply the MDS to other funding streams they manage e.g., OMRDD funded SADC.

Question #4: Must the entire assessment using MDS be used for clients requesting only home delivered meals, or can the assessor use only the questions related to nutrition or HDM? Is the entire form used each time?

Answer: An assessment that incorporates the complete MDS must be conducted for all people seeking any of the following six Community Based Long Term Care services: Home Delivered Meals, Homemaking/Personal Care, Housekeeping/Chore, Social Adult Day Care, Case Management and Home Health Aide Services. Therefore, "YES," the entire assessment using the MDS must be used for individuals requesting HDM. Note, however, that SOFA will provide guidance for an abbreviated assessment for certain individuals who are identified as short-term home delivered meal clients. (See Assessment 1.3)

In announcing the change in CBLTC assessments using MDS, SOFA is suggesting that AAAs consider client assessments as an independent function, separate from any specific client service. We believe it is important to review the client's situation and determine the best mix of services to meet the assessed need. One can not know that this person needs only HDM without completing the entire assessment. Therefore, the AAA will no longer assess a person for HDM or In-Home services, but rather assess the person to determine their need for CBLTC services and any other support that is appropriate.

Question #5: Does the Minimum Data Set requirement apply to all types of case management?

Answer: The MDS requirements will apply to case management provided to clients receiving or in need of community based long term care services funded through the Aging Network. This is the vast majority of case management available through Area Agencies.

However, MDS requirements do not apply to case management for clients who do not need CBLTC services, but rather require assistance in coordinating other types of supportive services such as transportation, benefit programs, housing, etc.

ORGANIZATIONAL ISSUES

Question #1: What factors must be considered in setting up a central assessment unit for AAA CBLTC services?

Answer: AAAs should consider several factors, including current qualifications and standards for assessors, required staffing levels, cross-training costs, county personnel and union issues, the impact on subcontractors, and maintenance of coordination with other service providers.

Question #2: If client assessments are currently included in AAA contracts for nutrition and in-home services, but the AAA plans to establish a CBLTC assessment function within the AAA, can the contracts be modified to remove the assessment functions from the contracts so that the funds would be available to the AAA's CBLTC assessment unit?

Answer: Yes, and most AAA contracts include a clause that allows renegotiation of the contract. Of course, you want to initiate any change in a way that is sensitive to a particular provider's situation. Therefore, you will want to consider the effect that the change will have on the provider and its staff and develop an implementation plan with the provider that, to the extent possible, minimizes any negative consequence. There may also be a way of phasing in changes over a two year period.

ASSESSMENT

Question #1: Will SOFA provide flexibility in conducting client reassessments?

Answer: Yes. With the issuance of a soon to be released Program Instruction, home delivered meal client reassessments will be required at least annually rather than every six months, as is currently required. We also plan to change EISEP regulations that would similarly extend the reassessment to a 12 month period. In this regard, the complete assessment must be conducted at least every 12 months, but may be done more frequently at the AAA's option. Also, an event based reassessment would be triggered if there was a change in the client's situation. The scope of this "event-based" reassessment will be determined by the assessor and may be partial. In this instance, an in-home visit would be made and the existing assessment document would be updated. If a partial review is conducted, the full reassessment date is not changed. If a full reassessment is conducted because of the nature of the "event," the date of the next reassessment may be changed and would be no later than 12 months from the date of the event-based, but full, reassessment.

Question #2: If a client was assessed in May using an MDS form, then three months later the client needed another service, would an entire form have to be completed or could the original form be updated?

Answer: This decision should be based on the scope of the change that precipitated a need for modification to the care plan. The perceived need for another service was likely based on a change in the client's situation. The extent of the reassessment needed depends on the extent of that change. At a minimum, it would be necessary to update those sections related to the change in services. For example, if the client's daughter has moved so that the client now needs a home care worker to do shopping, in addition to personal care that was being provided, it would be necessary to update the informal support status, IADL and care plan sections of the current assessment, but not conduct a complete reassessment.

Question #3: What about potential clients who are identified to have a short term need for home delivered meals? Will a full assessment using MDS be required in those cases?

Answer: No. A full assessment will not be required in cases where it is indicated that the HDM service is for a specified period of 30 days or less. In these situations, the AAA may use an abbreviated assessment procedure and form. SOFA is developing guidance which outlines these requirements.

SIX-MONTH CONTACT

Question #1: I understand that a six month contact will be required for non-case managed clients. What are the guidelines or requirements for this six month contact?

Answer: The purpose of the six month contacts will be to identify problems or issues that have occurred in the client's life or situation that may require new interventions and to assure that the continuation of the care plan as written is appropriate. The contacts may be made via telephone and must be substantive in nature.

The areas to be covered will be identified in a forthcoming Program Instruction. Case managers may find it helpful to cover these items conversationally with the clients (for example, "Mrs. Jones, when we spoke last October you said you were having difficulty with your arthritis. How are you getting along now? Have there been any significant changes in your physical health?")

The six month contact must be documented. This may be done by using a form the Area Agency has developed to cover the required areas of discussion. Alternatively, this may be done by notation in the case file with a brief summary of the status. The date of the contact, who the contact was with and why (if other than the client), the type of contact (e.g., telephone or home visit) and the worker's name must be included.

Question #2: What happens if the assessor or case manager learns of some significant change in the client's condition during a six month contact?

Answer: If the client's condition appears to have changed, an in-home visit by the assessor or other designated staff meeting the qualifications of an assessor would occur. If the client's situation has changed so that there are now needs that are not being met, these would be identified and the care plan revised accordingly.

If the information shared during the six month contact leads the assessor to believe the client's condition has improved significantly, a reassessment would be done to determine the continuing need for services.

CASE MANAGEMENT

Question #1: Will the on-going EISEP case management standards be a requirement for all home delivered meal clients once MDS is implemented in the PSA?

Answer: No, but a six month telephone contact and an annual reassessment that includes the MDS will be required. All home delivered meal applicants who are expected to receive services (meals) for more than 30 calendar days must receive a comprehensive assessment that includes the MDS. In the course of the assessment and the development of a care plan, the assessor will determine the need for ongoing case management. The determination should be based on the complexity of the applicant's medical and social needs, the insufficiency of family supports to assist the client with his/her multiple needs, the high risk of hospitalization and similar factors.

If it is determined that the client needs case management, AAAs or their subcontractors will be expected to provide it to the extent that resources are available or to assist the client in securing this service from other resources in the community.

Question #2: Will AAAs be able to use SNAP and/or OAA Title IIIC-2 funds to pay for ongoing case management for home delivered meal clients that need case management?

Answer: No. Not at this time. But an AAA may use OAA Title IIIB, State funded Community Services for the Elderly (CSE), or Expanded In-Home Services for the Elderly (EISEP) funds to provide case management to a client receiving OAA Title IIIC-2 or SNAP funded home delivered meals.

STAFFING ISSUES

Question #1: What are the standards or minimum qualifications for AAA or subcontractor staff conducting assessments?

Answer: This question is currently being addressed by staff and includes a review of existing requirements for case managers under EISEP. Whatever the final outcome, it will include a "grandfathering-in" of staff currently assessing individuals for the six community based long term care services. The grandfathering-in of existing staff will be allowed, provided that a decision has been made by the AAA, or the employing agency if this has been delegated to them, that the assessors have the capacity (but perhaps need training) to complete assessments that include the MDS.

Question #2: Who makes the six month contact for non-case managed home delivered meal clients?

Answer: Because the six month contact represents an important "safety net" for clients and requires a high level of judgement in flagging changes in the client's condition that may need further review and assessment, the contact must be made by someone with assessor or case manager qualifications. These qualifications are currently being developed by SOFA.

REPORTING

Question #1: If a client who has been assessed for CBLTC services, but will not receive ongoing case management and thus is not included in the unduplicated count for case management, where will that client be reported?

Answer: The client would be reported in the service category for the services they may receive.

MISCELLANEOUS

Question #1: Medicaid uses Social Security gross income to make calculations for eligibility, but EISEP uses the net Social Security income. Can something be done within MDS to account for this difference?

Answer: Medicaid allows health insurance premiums that are paid, including the Medicare premium, to be deducted from income when determining Medicaid eligibility. Thus, in actuality, the net Social Security is used. In the revised financial forms, we have accommodated this by using the net Social Security under income and by eliminating the Medicare premium deduction from the community Medicaid pre-screen section.

Question #2: If an AAA currently maintains waiting lists for all of their in-home services, should they create an additional waiting list for home delivered meals?

Answer: The AAA has the option to establish waiting lists for all CBLTC services, including HDM, and to develop prioritization criteria for selecting individuals from the waiting lists it maintains. When funds are insufficient to provide services, any eligible prospective client could be placed on the AAA or service provider waiting list.