New York State Office for the Aging

2 Empire State Plaza, Albany, NY 12223-1251

George E. Pataki, Governor *Walter G. Hoefer, Director*

To: [x] Area Agency on Aging Directors [] []	**PROGRAM INSTRUCTION** **Number:** 97-PI-20
FYI:	**Date:** July 10, 1997
Subject: Program and Policy Changes Related to Implementation of MDS: (A) Home Delivered Meals; (B) EISEP and CSE EISEP-Like Services; and (C) All Six Community-Based Long Term Care Services	**Supersedes:** 82-TAM-III-C-6, 90-PI-26 and 96-PI-55 **Response Due Date:**
Programs Affected: [x] Title III-B [] Title III-C-1 [x] Title III-C-2 [x] Title III-D [] Title III-F [x] CSE [x] SNAP [] Energy [x] EISEP []	
Contact Person: Fran Porter for Home Delivered Meals and Andrea Hoffman for Everything Else	**Telephone:** (518) 486-6008 474-5444

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PURPOSE

The purpose of this Program Instruction is to inform Area Agencies on Aging of several program and policy changes affecting Home Delivered Meals, EISEP and CSE for EISEP-like Services. Also included is a new requirement that affects all six community-based long term care services impacted by the MDS. The effective dates of these changes are noted under each requirement.

Program and policy decisions addressed in this PI include the following:

Home Delivered Meals

- Reassessments;
- Six-Month Contact for Non-Case Managed Home Delivered Meal Clients; and
- Reporting.

EISEP and CSE EISEP-Like Services

- Income for EISEP Cost Sharing; and

- Reassessment.

All Six Community-Based Long Term Care Services

- Client Rights and Confidentiality

BACKGROUND

In January, 1997, the State Office issued 97-PI-01 on "Assessment/Data Collection Requirements for Community Based Long Term Care Services." That Program Instruction described a newly required Minimum Data Set (MDS) for assessing individuals for the following community-based long term care services: home delivered meals, homemaking/personal care, housekeeping/chore services, social adult day care, case management and home health aide services. This requirement became effective on April 1, 1997, with a two year implementation timeframe, allowing Area Agencies on Aging until April 1, 1999, to be in full compliance.

Area Agencies on Aging will be faced with many challenges as they implement MDS. One of the ways that the State Office can support them as they meet these challenges is through mandate relief. Also, as the Client Based System (CBS) initiative, of which the MDS is a significant piece, is helping to move the Aging Network forward in particular directions, we have simultaneously begun to examine current program requirements and identify areas where changes are necessary. This effort is expected to result in the elimination of selected requirements, expansion of timeframes for the completion of certain activities and added flexibility in how requirements may be met. We will also use this opportunity to make some of the other changes in program requirements that have been recommended by AAAs in the past.

This Program Instruction is the first step in this effort. The remainder of this document identifies changes in several existing program and/or policy requirements for home delivered meals and/or EISEP and CSE for EISEP-like services. It also includes a new requirement that affects all six community-based long term care services that must be in compliance with the MDS. The effective date of each revised requirement is noted.

REVISED REQUIREMENTS

(A) Home Delivered Meals

I. Reassessments

Current Requirements

Currently, clients receiving home delivered meals must be reassessed at least every six (6) months.
Requirement II.B.7 of the Nutrition Program standards states that: "Adequate follow up and periodic reassessment at a minimum of every

six months is completed and documented for all participants."

Discussion

Based on comments received from many AAAs, SOFA is modifying this requirement to extend the maximum period of time between comprehensive assessments from six months to 12 months. However, an Area Agency on Aging does have the option to implement a standard reassessment timeframe of less than 12 months. In addition, AAAs are expected to schedule reassessments based on the needs and circumstances of a client. Thus, an assessment for a particular client might be scheduled for sooner than 12 months because of the client's situation. Also, event based reassessments must be part of the assessment process. This type of reassessment is necessitated by some change in the client's situation that may impact on service delivery to the client. Depending on the situation, the AAA and/or subcontractor will determine whether this will be a partial reassessment or a complete reassessment.

Revised Requirement

Clients receiving home delivered meals must be reassessed at appropriate intervals based on each client's situation, but in no instance less frequently than every 12 months.

Effective Date

This revised requirement is effective as of August 1, 1997 for any reassessments that would otherwise have been due on or after that date.

II. Six-Month Contact for Non-Case Managed Home Delivered Meal Clients

Current Requirement

The current requirement for a six month contact is in the form of a reassessment as noted above.

Discussion

As with all community-based long term care services, periodic contact with clients is necessary to monitor any changes in the status of the frail older person. Up until now, there was client contact in the form of a reassessment at the six month period.

With the change in the reassessment requirement, a new six-month contact is being required for home delivered meal clients. The purpose of the six-month contact requirement is to ensure that the services provided continue to be sufficient and appropriate. The six-month contact may be through a home visit or via a telephone contact with the client. If based on a phone contact, the AAA and/or subcontractor will determine if it is necessary to schedule an in-home visit to conduct a full/partial reassessment to change the care plan or discharge the client from HDM service.

It is anticipated that the following areas would be addressed during these contacts: health status; nutrition status; psycho-social status; medication usage; instrumental activities of daily living; activities of daily living; informal support status; services client is currently receiving and continued eligibility for home delivered meals.

Attached to this PI is the list of the areas to be explored and in some instances, possible probes that can be used by the staff to gather the needed information. The six-month contact must be documented via the completion of a locally developed form or a brief summary in case notes.

New Requirement

Home delivered meals clients who are scheduled to receive reassessments less frequently than every six months and are not receiving case management, must receive a six-month contact.

Effective Date

The six-month contact requirement takes effect at the same time the AAA implements annual reassessments for home delivered meals. This could be as early as August 1, 1997.

III. Reporting Assessment Activity

Current Requirement

Currently, the "Case Management" cells under SNAP and Title IIIC-2 in the CAARS reporting forms are shaded and, thus, cannot be completed.

Discussion

Currently, expenditures for conducting client assessment/ reassessments for home delivered meals are incorporated within overall home delivered meals service costs. Also, the time taken to perform assessment/reassessments has not been reported as units of service. Given the new requirements for the conduct of a comprehensive assessment for community-based long term care services which includes home delivered meals, SOFA plans to change this practice and permit assessments/reassessments, for both units and costs, to be reported as "case management."

Please see 97-PI-19, on "4/1/97 - 9/30/97 CAARS Reporting Forms and Instructions" for additional information on how to report these activities.

Revised Requirement

Area Agencies on Aging are allowed to report the units of service and expenditures for conducting assessments and reassessments as "Case Management" under SNAP. We are awaiting further clarification from AoA regarding similar reporting under IIIC. Therefore, this change can not be instituted under Title IIIC at this time.

Effective Date

This reporting change takes effect for SNAP on April 1, 1997 and can be reflected in the first quarter CAARS reports for SFY 1997-98. The effective date for Title III-C is on-hold until further notice.

(B) EISEP and CSE EISEP-Like Services

I. Income for EISEP Cost Sharing

Current Requirement

Up to this time, the gross Social Security benefit has been used in cost share determination calculations for EISEP or CSE EISEP-like services.

Discussion

Up until April 1, 1997, Area Agencies on Aging and their subcontractors have been required to use a State prescribed form, the "Financial Information and Client Agreement." This was updated and transmitted yearly via a Program Instruction. This form required that the gross Social Security benefit be included in the income section for determining client cost sharing responsibilities under EISEP and CSE for EISEP-like services. In a subsequent section on the form, the Medicaid Prescreen, the Medicare premium was deducted for determining potential eligibility for Medicaid.

Over the years, many case management staff have suggested the use of the net Social Security benefit rather than the gross amount because for most of the elderly population the Medicare premium is deducted from their social security check and is really not available to the older person.

Revised Requirement

Social Security income counted for EISEP and CSE EISEP-like services cost share determinations is the net Social Security amount.

Effective Date

This revised requirement takes effect on August 1, 1997 for any assessments conducted on or after that date.

II. Reassessments

Current Requirement

Currently, reassessments for clients receiving EISEP services or CSE EISEP-like services must be reassessed at least every six (6) months.

For EISEP and CSE for EISEP-like services, §6654.16(u) of the regulations states that: "A reassessment meeting the requirements

in this section shall be conducted for each EISEP client at least every six months from the date that the client was most recently assessed or reassessed . . . . "

Discussion

As is being done for home delivered meals, we intend to revise the reassessment requirements for EISEP and CSE EISEP-like services from at least every six months to every 12 months. However for EISEP, this requirement is in regulation and, therefore, must undergo the regulatory revision process. While that process is expected to take several months, it's important for an AAA to consider this change as it reviews potential modifications to the local assessment process.

Effective Date

This change cannot take effect until the regulations have been modified. This process is expected to take several months.

(C) All Six Community-Based Long Term Care Services

I. Client Rights and Confidentiality

Current Requirement

The State Office for the Aging regulations include information regarding these (and other) aspects of client rights. However, there currently are no requirements for specific language in client assessment documents or related instructions.

Discussion

Client rights and confidentiality of information continue to be important areas of interest for clients and their families, service providers and program managers. In light of the increased information that is being requested through the assessment process, we believe it is prudent to reinforce their importance.

The following statement must appear on the first page of each document used by an Area Agency on Aging or their subcontractor(s) to complete the intake or conduct the comprehensive assessment for community-based long term care services:

> "The client information contained in this assessment instrument is confidential and may be shared with others only as necessary to implement the client's care plan and comply with program requirements, including but not limited to monitoring, research and evaluation."

Instructions for these documents must include the following:

> "The person being assessed has certain rights in regard to the assessment process. It is important that the assessor and the person

know these rights. The assessor has the responsibility to inform the person of his/her rights. The person being assessed must be told:

- Why the assessment is being conducted;
- Why the information is being requested;
- How the information will be used; and
- That he/she has a right to refuse to provide information.

If the person refuses to provide some information in response to a question asked by the assessor, he/she must be told:

- It may be possible to provide services to him/her based on the information that is provided, but
- Failure to provide all the information requested could result in the person not receiving the services he/she wants or those services most appropriate to meet his/her needs.

If the inability to provide services to a person is due to the person failing to provide adequate information, the person should be notified of that fact.

All information gathered during the assessment process, including that contained in the assessment document, is confidential. This information should be shared with others only as needed. The person must be informed that information will be shared with others as necessary to implement the care plan and to comply with program requirements, including but not limited to monitoring, research and evaluation."

New Requirement

Any instruments and related instructions that are used by an Area Agency on Aging or their subcontractors to implement the MDS requirements must include specific information regarding the reason for the assessment and the use of the information, the confidential nature of the information and the right to refuse to provide information.

Effective Date

This new requirement takes effect when the AAA implements the assessment process to implement the MDS.

NECESSARY ACTION/NEXT STEPS

AAAs should review this PI carefully and consider the actions that must be taken to follow through on the changed requirements. The following summarizes the effective dates for the changes.

April 1, 1997

- CAARS reporting changes for assessment/reassessments under SNAP for the reports covering April 1, 1997 - June 30, 1997.

August 1, 1997

- The reassessment timeframe for clients receiving home delivered meals;

- The six-month contact for non-case managed home delivered meals clients; and

- The Social Security income used in the cost share determination under EISEP and CSE for EISEP-like services.

The inclusion of the statements pertaining to client rights and confidentiality go into effect at the time an AAA implements the MDS.

SOFA will keep AAAs informed of our progress in implementation of the other changes which have been noted in this PI that are not yet effective -- the 12 month reassessment timeframe for EISEP clients and the ability to report assessments/reassessments under Title IIIC. Also, as noted during the April 25th telemeeting, we continue to work on the qualifications for assessors and the assessment/reassessment requirements for short-term home delivered meal clients.

We will continue to review program requirements and make necessary changes to facilitate implementation of MDS and permit greater efficiency in service delivery.

Please contact Fran Porter if you have any questions regarding the Home Delivered Meals Program and Andrea Hoffman regarding the remaining aspects of this PI.

Areas To Be Covered During the Six-Month Contact for Non-Case Managed Home Delivered Meals Clients

This contact must explore the nine areas listed below to determine if any changes have occurred since the last assessment. Starred items indicate possible probes to help the assessor identify the changes.

1. Health status
   * Ask date of last visit to primary medical provider and reason for visit.
   * Ask of status of chronic illnesses or self-declared disabilities -- If client has been to his/her physician in the past six months, staff may want to contact the physician to further identify/confirm any changes in the client's physical health status the client seems uncertain about.
   * Ask about change in need for assistive device and reason for device.
   * Ask of any hospitalization within the past six months and reason for admission.
   * Ask of any emergency room visit within the past six months and reason for visit.

2. Nutrition (Status and Service)
   Please address each of the following items:

   a. Ask if the meals are still needed.
   b. Ask about the adequacy of the meal service (quality, quantity, food preferences).
   c. Determine if there has been any unwanted weight change (i.e., at least 10 lbs within past 6 months). If unwanted change, ask current weight; calculate body mass index.
   d. Review adequacy of food storage and heating facilities (refrigerator/freezer, oven, stove top, microwave).
   e. Review ability to open HDM containers and cut up food.
   f. Determine if there has been a diet change.
   g. Determine if client continues to use or is now using nutritional supplements.

3. Psycho-Social Status
   * Indirectly evaluate through speaking with client about other items to determine if there has been a change.

4. Medication Usage
   Review medication/dosage changes if changes have been noted in health status, item #1.

   * Ask about prescribed and over the counter medications currently taken and any problems that the client may have with medications.
   * May want to contact the physician to further identify/confirm changes in the client's medications since information may be difficult to accurately obtain over the telephone.

5. Instrumental Activities of Daily Living
   Reference the most recent assessment to determine if there are any changes in client's ability to perform any instrumental activities of daily living.

6. Activities of Daily Living
   Reference the most recent assessment to determine if there are any changes in client's ability to perform any activities of daily living.

7. Informal Support Status

   * Verify continued involvement of informal caregivers.
   * Note any change in living arrangement, emergency contact.

8. Services Client is Currently Receiving

   * Confirm information reported during the initial assessment, and ask client about the need for additional services.

9. Continued Eligibility

   * May want to ask the client regarding what he/she does for other meals, i.e., meals not provided by the Nutrition Program. This may give insight into the continued need for HDMs.