

## UCare MSC+/MSHO

Care Coordination and Long-Term Services and Supports

**Title:** Community First Services and Supports (CFSS) Assessment Review Process and Dependency Criteria

**Purpose:** To provide care coordinators guidance for completing accurate and thorough CFSS assessments and define the UCare process for CFSS review. The purpose of the review is to ensure appropriate documentation is in place to meet the dependency criteria and diagnoses for which the care coordinator indicated.

### Contents

CFSS Benefit Guideline Overview .....	1
CFSS Review Policy.....	1
Considerations for Care Coordinators .....	2
Activities of Daily Living (ADL) Dependency Definitions .....	2
Types of Support.....	2
Frequency Of Support.....	3
Instrumental Activities of Daily Living (IADL).....	3
Assessment Dependency Guidelines .....	4
Appeals and State Fair Hearings.....	10

### CFSS Benefit Guideline Overview

All UCare care coordinators (CC) who are authorizing CFSS are required to view the UCare [CFSS Assessment Recorded Training](#). Care coordinators utilize the MnCHOICES assessment to complete the eligibility for CFSS. UCare emphasizes the importance of complete and thorough documentation of observations of the member assessment to ensure members are receiving the appropriate amount of services to meet assessed needs.

**Reference:** [Assessment for PCA/CFSS services](#)

### CFSS Review Policy

To ensure fiscal responsibility and program sustainability, UCare performs a compliance review of all CFSS assessments. The care coordinator notifies UCare via secure email at [CFSSReviews@ucare.org](mailto:CFSSReviews@ucare.org) within **five (5) business days or sooner** of the assessment date for review prior to completing the MMIS entry and sending member information. All elements within the MnCHOICES assessment must be completed. The assessment status will be “in progress” while awaiting UCare review approval.

Include in the email:

Member name, UCare ID/PMI, DOB | Care coordinator and delegate name | Assessment date and EW status

UCare will review the assessment located in MnCHOICES and provide feedback w/in 2 business days of the submission. Assessments that do not meet documentation or procedural standards will be responded to via email with specific recommendations to be taken. The CC is not expected to reply when corrections have been completed. Assessments that meet documentation requirements and justification for services requested will be returned to the sender with approval noted. Once UCare has provided feedback and corrections (if applicable) are completed, the CC may move the assessment into the completed status and move forward with authorization as noted in the [CFSS Care Coordination Guidelines](#).

## Considerations for Care Coordinators

- All CFSS assessments are conducted in person
- If the member is limited English proficiency, a UCare contracted interpreter must be utilized. Family members may not provide interpretation
- PCA/CFSS service providers may not participate in the MnCHOICES assessment or speak on the members' behalf



### Fraud, Waste and Abuse (FWA)

Care Coordinators have a responsibility to evaluate the appropriateness and necessity of CFSS. The CC ensures members are using the most cost-effective supports and avoids duplication of services to reduce the misuse of resources. If a care coordinator suspects FWA of CFSS, the coordinator may submit a report for investigation by calling or emailing 10877-826-6847 | [compliance@ucare.org](mailto:compliance@ucare.org).

Throughout the support planning process, the care coordinator should check for duplication of services. Consider if needs are being met through current services, such as HHA, ICLS, or informal supports, to avoid duplication of services. Authorizing CFSS above the case mix capitation or scoring the assessment greater than the identified needs could be considered FWA. If opening the member to EW and the services result in being over budget, an option would be to submit an HCBS Benefit Exception Request form to request to exceed the case mix cap.

**ADDRESS CONFLICTING INFORMATION:** At times during the assessment, a CC may observe a member performing a task, such as walking independently, but the member says they need assistance. This is when a CC should ask probing questions to gather more information or ask for a demonstration of the skill (as appropriate). Explain what is allowed to be identified as a dependency and what may not. For example, "I understand you need help with this from time to time, but it doesn't rise to the level of a dependency."

## Activities of Daily Living (ADL) Dependency Definitions

A dependency is defined as an ADL that requires HANDS-ON assistance or CONSTANT supervision and cueing to accomplish the ADL every day or on the days during the week that the activity is performed.

### Types of Support

**Supervision\*:** A broad range of oversight and instruction support focused on activities or tasks that do not include hands-on assistance. Supervision includes supporting the member through Guidance in the form of set-up, prompting, step-by-step cueing, and interactive monitoring.

**NOTE:** If the member does not need instructional support to complete tasks, the member does not require task supervision

**Physical Assistance\*:** Hands-on maneuvering, touching, or moving a member to assist them to complete activities and/or any degree of another member's physical participation in the activity is considered physical assistance. This includes hand-over-hand assistance.

**Someone Else Completes:** (highest level of dependency) Another member must complete activities (The member may be passively participating in the activity).

\*If a member needs physical assistance, supervision is considered part of that support

### Frequency Of Support

**Intermittent:** A member needs supervision or physical assistance from another member at varying points during the activity/task in order to complete it, but does not need to be tended to during the entire activity/task. The identified caregiver or provider can redirect their attention to other things while the member continues to perform the identified task.

**Throughout:** A member needs supervision or physical assistance from another member from the start to completion of an activity/task. The identified caregiver or provider is directly engaged with the member at all times, with continued interactions.

**NOTE:** Throughout in MnCHOICES is a direct replacement for "constant"

### Instrumental Activities of Daily Living (IADL)

It's important to note that IADL dependencies are not included in the calculation DHS uses to configure the amount of time/units a member receives for CFSS. However, a member may have a CFSS worker perform IADL tasks as a part of their plan. Understanding how a member performs IADLs can help the CC assess a person's other ADL abilities, such as mobility, walking, or transferring, as well as determine if a member is able to direct their own care.

#### IADLs include:

- Electronic communication use (e.g., using a computer or phone)
- Light housekeeping (e.g., vacuuming, cleaning the bathroom after use, washing dishes, etc.)
- Laundry
- Meal preparation
- Personal paperwork
- Finances
- Transportation use
- Shopping
- Community participation
- Driving the person into the community, including to medical appointments
- Communication
- Arranging supports

If a member reports being able to perform light housekeeping but states needing assistance with mobility/transferring, the CC should address the conflict by asking probing questions and educating the member on what the CC is allowed to give credit for on the MnCHOICES assessment.

#### Medication:

CFSS does not include medication dependence for the purposes of CFSS time. Assessing for medication dependence aids the CC in determining cognitive ability and the ability to self-direct care.

#### Example:

Assistance with self-administered medication	Provide reminders for scheduled medications, bring medications as directed by the member and/or items to take medications.	<b>Guidance for observed skills:</b> During the assessment, the CC asks the member to: <ul style="list-style-type: none"> <li>• Show the CC their medications</li> <li>• Explain why and how they use the medications</li> <li>• Explain how much help they need to pick up the medications at the pharmacy</li> </ul>
--	--	---

## Assessment Dependency Guidelines

The categories below are used to calculate the home care rating and units/time a member receives for CFSS. There may be times when insufficient evidence is present to warrant giving a dependency score for a CFSS category. This could be due to the member's self-report of ability, direct observations, not meeting CFSS criteria for dependency or other reasons. Requests for increased hours for CFSS must have evidence of need in the assessment and support plan to justify an increase in services. Care coordinators must communicate with the member/caregiver the reasons why CFSS may not be authorized. Ensure thorough and complete documentation supports the decision. A Denial, Termination or Reduction, or Termination (DTR) is completed to provide members with appeal rights.

Category	Description	Dependency Considerations
Self-Directed Care	<p><b>Directing your own care:</b> A situation in which the member can identify their needs, direct and evaluate caregiver task accomplishments and provide for their health and safety.</p> <p><b>Participant's representative:</b> An individual who is age 18 or older and capable of directing care on behalf of a member receiving CFSS services when the member is assessed as unable to direct their own care.</p> <p>For information about who must have a participant's representative and what they do, refer to <a href="#">CFSS Manual – Responsible party (PCA) and participant's representative (CFSS)</a>.</p>	<p>The CC is responsible for determining whether the member needs a participant's representative during the assessment. The "participant's representative" is required to be present if the member has a court-appointed guardian.</p> <p>A member's behavior can vary each day, so it may be difficult for the CC to determine if the member needs a participant's representative. The following includes considerations to help make the determination.</p> <p><i>Can the member identify their own needs?</i></p> <p>The CC can pay attention to the member's answers to questions in other portions of the form to help determine if the member can identify their own needs. Examples that a member can identify their own needs include, but are not limited to when the member:</p> <ul style="list-style-type: none"> <li>• Is able to tell the CC about their needs for assistance</li> <li>• Knows their schedule for the day</li> <li>• Knows their medications</li> <li>• Knows about all of their health-related interventions</li> </ul> <p><i>Can the member direct and evaluate CFSS worker tasks and accomplishments?</i></p> <p>Examples of questions the CC might ask the member include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• How would you tell your CFSS worker what tasks to do?</li> <li>• How would you tell staff you don't like something they are doing?</li> </ul> <p><i>Can this member provide and/or arrange for their health and safety?</i></p> <p>Examples of questions the CC might ask the member include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• How would you get to a safe place in an emergency?</li> <li>• How could you get help via the phone?</li> </ul>

		<ul style="list-style-type: none"> <li>How do you know when you need to make a doctors appointment?</li> <li>What would you do if your worker were verbally or physically abusive to you?</li> </ul>
<b>Activities of Daily Living (ADL)</b> <ul style="list-style-type: none"> <li>Grooming</li> <li>Dressing</li> <li>Bathing</li> <li>Transferring</li> <li>Mobility</li> <li>Positioning</li> <li>Eating</li> <li>Toileting</li> </ul>	Record the member's ADL dependencies that meet the definition for the purposes of the assessment. <ul style="list-style-type: none"> <li>The number of ADL dependencies affects the member's home care rating</li> <li>The number of critical ADLs affects the member's additional units or time</li> </ul>	<p><b>Dependent:</b> A need for assistance to begin and complete an ADL, as defined by the assessment. A member has a dependency in an ADL if the member <b>requires both:</b></p> <ol style="list-style-type: none"> <li>Hands-on assistance and/or cuing and constant supervision to begin and complete the activity</li> <li>Assistance on a daily basis or on the days they complete the activity</li> </ol> <p><b>Critical ADLs:</b></p> <ul style="list-style-type: none"> <li>Mobility</li> <li>Transfers</li> <li>Toileting</li> <li>Eating</li> </ul> <p><b>Guidance for observed skills:</b> During the assessment, the CC may:</p> <ul style="list-style-type: none"> <li>Observe how the member naturally walks, stands, and moves about the environment (document objective findings)</li> <li>Ask to explain why and how often they need help</li> <li>Ask to explain what causes the member to struggle</li> </ul> <p>These help the CC assess the member's ability to manage ADLs and determine the member's ability to direct their own care.</p> <p><b>Address conflicting information:</b> CC observed the member transferring, but the member says they need assistance. Ask probing questions to gather more information or consider asking the member to demonstrate a skill (as appropriate). Explain what you can give credit for and document the facts. Educate accordingly, <i>"I understand you need help with this from time to time, but it doesn't rise to the level of a dependency."</i></p>
<b>Behaviors</b>	Record information about the member's behaviors that meet the definition for the purposes of the assessment. <p>The presence of a level 1 behavior affects the member's home care rating.</p>	<p><b>Level I behavior:</b> Physical aggression toward self or others, or destruction of property that requires the immediate response of another member. Immediate response intervention is defined as being required at the time of the behavior to prevent injury to self, others or property.</p> <p>For each behavior, the CC: Documents if the member meets the definition for that behavior (regardless of how often it occurs)</p>

	<p>The presence of any of the behaviors four or more times in the last week influence the member's additional time.</p>	<p>The frequency of the Level 1 behavior might make the person eligible for additional time/units. If the level 1 behavior <b>occurs at least 4 times a week</b>, the person is eligible for an additional two units (30 minutes) per day.</p> <p><b>Level 2/Other Behaviors:</b> Extended time to complete ADLs due to behaviors: Select whether the presence of other behaviors increases the time needed to complete ADLs.</p> <p><b>For Level 2/other behaviors, the CC:</b> Documents how the behavior impacts the time to complete ADLs as well as the frequency. The severity of the ADL is to be considered when identifying if it meets a level requiring extended time.</p> <p>Mild or Moderate behavior severity <b>does not</b> equate to additional CFSS time. Severe or very severe behavior category would rise to the level of extended time and must occur at least four times in the last seven days, which then adds two units (30 minutes a day) to the member's total time.</p> <p>The "risk of victimization" question within the MnCHOICES assessment determines the increased vulnerability and need to reduce risk associated with cognitive abilities and behaviors occurring at least 4 times a week that require guidance, redirection or supervision</p> <p><b>Note:</b> Indicating "presence of Level I behavior" affects the member's home care rating, regardless of whether the behavior occurs more than four times per week. The MnCHOICES assessment only adds additional time if the CC selects "yes" for the behavior.</p> <ol style="list-style-type: none"> <li>1. Documents "observed" and/or "reported," depending on how the CC made the determination.</li> <li>2. Completes the "does the behavior happen more than four times per week?" field in the MnCHOICES assessment.</li> <li>3. Documents relevant information, such as: <ul style="list-style-type: none"> <li>• Frequency or predictability</li> <li>• Results of the behavior</li> <li>• What helps the member when the behavior occurs</li> <li>• Informal and formal supports in place to address the behavior issues</li> <li>• Medications</li> </ul> </li> </ol>
--	---	--

		<ul style="list-style-type: none"> <li>Physician or other mental health professional involvement</li> </ul> <p><b>Guidance for observed behaviors:</b> The CC may include collaborative information when determining behavior observations, including:</p> <ul style="list-style-type: none"> <li>Inability to keep a daycare placement</li> <li>Incident reports</li> <li>Physical wounds</li> <li>Crisis team visits</li> <li>Property destruction</li> <li>Out-of-home placement for treatment purposes</li> <li>Positive behavioral intervention plan</li> </ul> <p><b>NOTE:</b> The need for a 24-hour plan of care and supervision due to age is not considered a behavior.</p>
Complex Health-Related Needs	<p>Record the member's complex health-related needs that meet the definition for the purposes of the assessment.</p> <p>The member's complex health-related needs affect their home care rating and eligibility for additional time.</p>	<p><b>Complex health-related needs:</b> Interventions that are both:</p> <ul style="list-style-type: none"> <li>Ordered by a medical practitioner</li> <li>Required at the time of the assessment</li> </ul> <p><b>Medical practitioner:</b> For the purposes of this section, this term includes a doctor, advanced practice registered nurse (e.g., nurse practitioner) and physician's assistant.</p> <p><b>Note:</b> The CC does not need to verify the medical practitioner's orders.</p> <p>For each complex health need, the CC:</p> <ul style="list-style-type: none"> <li>Documents if the member meets the definition for that complex health need</li> <li>Documents "observed" and/or "reported," depending on how the CC made the determination</li> <li>Ensure documentation is present that supports diagnosis and the member's needs</li> </ul>
	<p><b>Ventilator</b> Records whether the member meets the definition of ventilator dependence and records the member's overall health status</p>	<p><b>Dependent:</b> A need for a mechanical ventilator for life support at least six hours a day for at least 30 consecutive days. This includes both invasive and non-invasive ventilation.</p> <p><b>Not Dependent:</b> 5 or less hours/day of use</p> <p>The CC must include a description of the member's overall health, including but not limited to:</p> <ul style="list-style-type: none"> <li>Applicable medical and health history</li> <li>Living environment</li> <li>Sensory deficits</li> <li>Hospitalizations</li> <li>Informal supports</li> </ul>



		<ul style="list-style-type: none"> <li>• Changes in health status</li> <li>• New diagnoses with date of onset</li> <li>• Description of assessed needs for assistance</li> <li>• Environmental observations</li> </ul>
	<i>Tube Feeding</i> Gastrojejunostomy (G-J Tube)  Continuous Other: G-tube, NG tube, Mic-Key or other	<b>Dependent:</b> G-J Tube with feedings meets dependency Other tube feedings must last 12 hours or more  <b>Not Dependent:</b> <ul style="list-style-type: none"> <li>• Only irrigation or vent of tubes</li> <li>• Other tube feedings lasting 11 hours or less</li> </ul>
	<i>Wounds</i>	<b>Dependent:</b> <ul style="list-style-type: none"> <li>• Stage III or IV wounds with sterile or cleaning dressing changes or wound vac</li> <li>• Open lesions (such as burns, fistulas, tube sites or ostomies that require specialized care). Specialized care means physician-ordered regimen and/or Wound Care nurse protocols and visits.</li> <li>• Multiple wounds</li> </ul> <b>Not Dependent:</b> <ul style="list-style-type: none"> <li>• Preventative skin care</li> <li>• rashes</li> <li>• insect bites</li> <li>• minor wounds</li> </ul>
	<i>Parenteral/IV Therapies</i>	<b>Dependent:</b> <ul style="list-style-type: none"> <li>• 3 or more times per week AND lasting 4 or more hours per treatment</li> <li>• Currently receiving Daily TPN (receiving nutrients via IV by bypassing the digestive system)</li> </ul> <b>Not Dependent:</b> <ul style="list-style-type: none"> <li>• 2 or fewer times per week or lasting fewer than 4 hours per treatment</li> <li>• TPN not occurring daily</li> <li>• PPN(partial not total) which is given to supplement other kinds of feeding</li> <li>• Not currently receiving at time of assessment</li> </ul>
	<i>Respiratory Interventions</i>	<b>Dependent:</b> <ul style="list-style-type: none"> <li>• Oxygen is required for more than 8 hours/day</li> <li>• Respiratory vest 2 or more times/day with vest being present in home with MD orders for frequency</li> <li>• Bronchial drainage 3 or more times per day as ordered by MD</li> <li>• Sterile or clean suctioning 7 or more times/day</li> </ul>



		<ul style="list-style-type: none"> <li>Hands-on assistance from another person to apply respiratory ventilation augmentation devices such as BiPAP or CPAP due to the member's disability or medical condition</li> <li>Ventilator dependent means an individual who receives mechanical ventilation for life support at least 6 hours per day and is expected to be or has been dependent on a ventilator for at least 30 consecutive days</li> </ul> <p><b>Not Dependent:</b></p> <ul style="list-style-type: none"> <li>Oxygen required 8 or less hours/day</li> <li>Intermittent or as needed use of oxygen</li> <li>Use of oxygen or apnea monitor only</li> <li>Nebulizer treatments</li> <li>respiratory vest 1 or less times per day</li> <li>2 or fewer times per day for bronchial drainage</li> <li>6 or fewer times/day for sterile or clean suctioning</li> <li>reminders to use ventilation augmentation devices</li> <li>5 or fewer hours/day for vent dependency.</li> <li>CPAP for snoring or sleep apnea</li> </ul>
	<i>Catheter</i>	<p><b>Dependent:</b></p> <ul style="list-style-type: none"> <li>Sterile catheter changes 2 or more times/month</li> <li>Clean self-catheterization 7 or more times/day (must be part of routine at time of assessment)</li> <li>Bladder irrigations (flushing bladder with sterile fluid)</li> </ul> <p><b>Not Dependent:</b></p> <ul style="list-style-type: none"> <li>1 or fewer times/month</li> <li>External catheters</li> <li>Urostomy and nephrostomy are considered in toileting ADL</li> <li>Cannot predict for times catheter may come out</li> <li>Requires specialized assistance ordered by MD that occurs 2 or fewer times per week or requires fewer than 30 minutes to complete</li> <li>PRN or daily need for laxatives, suppositories or enema</li> <li>Colostomy and ileostomy care are found in toileting ADL</li> </ul>
	<i>Bowel management</i>	<p><b>Dependent:</b></p> <ul style="list-style-type: none"> <li>Specialized assistance ordered by a medical provider that occurs 3 or more times per week AND requires 30 or more minutes to complete</li> </ul> <p><b>Not Dependent:</b></p>

		<ul style="list-style-type: none"> <li>Two or fewer times per week or requiring fewer than 30 minutes to complete</li> <li>PRN or daily need for laxatives, suppositories or enema</li> <li>Colostomy and ileostomy care are found in toileting ADL</li> </ul>
	<i>Neurological</i>	<p><b>Dependent:</b></p> <ul style="list-style-type: none"> <li>Swallowing disorder due to trauma, disease or neurological/congenital condition diagnosed by a physician, advanced practice nurse or physician assistant and requires specialized assistance from another person 1 or more times a day (may include oral stimulation program, preparation of special food consistency)</li> <li>Seizures more than 2 times/week and requires significant physical assistance to maintain safety before, during or after</li> </ul> <p><b>Not Dependent:</b></p> <ul style="list-style-type: none"> <li>Occurring less than daily for the definition under MEETS</li> <li>Seizure-free for 1 year or more, even if on medications</li> <li>Only requires observation of seizure; no intervention needed</li> <li>Only requires supervision and some assistance</li> </ul>
	<i>Extended time due to medical condition</i>	<p><b>Dependent:</b></p> <ul style="list-style-type: none"> <li>Due to a person's congenital or acquired condition, requires <b>significantly increased hands-on assistance in completion of ALL the 6-8 ADLs</b> that met hands-on dependency (some examples are spinal stenosis, muscular dystrophy, multiple sclerosis, cerebral palsy, stroke, brain injury, end stages of cancer, ALS)</li> </ul> <p><b>Not Dependent:</b></p> <ul style="list-style-type: none"> <li>Simply having 6-8 ADL dependencies does not create the need for significantly increased hands-on assistance to complete 6-8 ADLs</li> <li>The increased need is not due to a medical condition</li> </ul>

## Appeals and State Fair Hearings

At the conclusion of an assessment, if the result is a denial, reduction or termination of CFSS, the CC must complete a Denial/Termination/or Reduction form to ensure the member obtains appeal rights and instructions.

To ensure CCs are aware of a member's appeal, UCare's Appeals and Grievances team has begun sharing PCA/CFSS appeals with the assigned care coordination delegate. This includes informing CCs of any upcoming State Fair

Hearings. Care coordinators are not required to attend State Fair Hearings but are encouraged to do so based on availability and professional judgment.

If the outcome of the appeal or state fair hearing results in the CC assessment being overturned or partially overturned, the CC must ensure that the total monthly cost for all elderly waiver services and state plan home care services is within the member's monthly case mix budget cap.