CFSS Assessments

Care Coordination Training

Agenda

Care Coordinator
Primary Role

Preparation
Tips

ADL's
Subjective and Objective Data

Behaviors
Documenting

Complex Health Conditions
Justification

Extra Time and Reductions
How to address

Care Coordinator Role

My Role

- Assess for CFSS dependencies
- Ensure cost-effectiveness | fiscally responsible
- Ask probing questions
- Observation of skills/tasks
- Educating on what constitutes dependency
- Avoid duplication of services
- Identify fraud, waste and abuse
- Steer members to alternative services
- Open to EW if eligible and warranted

Prior to In-Person Assessment

Preparing for a MnCHOICES Assessment

When setting up the in-person assessment, inform the member and/or Participant Representative that it is an interactive assessment that may include natural observations

- Review the previous assessment and note last year's ADL and IADL dependencies and the Responsible Party/Participant Representative Status
  - Have there been changes from the last assessment?
  - Was last year's assessment an increase due to a surgery or a temporary change?
  - Was there a change in condition or new diagnosis since the last assessment that could affect needs?

Assessment Do’s and Don'ts

Do’s	Don’ts
Inquire about informal supports and if they are working	Encourage replacing informal supports with CFSS if they are working
Ensure the member is present for assessment	Include CFSS provider input in the assessment
Utilize a UCare interpreter	Use family/caregiver to interpret for member

Activities of Daily Living (ADL) Dependency

Documentation is Key!

What Constitutes a Dependency for CFSS?

ADL dependency: Must have a need for both

1. Hands-on assistance and/or cueing and constant supervision to begin and complete the activity
2. Assistance on a daily basis or on the days the member completes the activity

Cuing: Verbal instructions to begin and complete the entire task.

Hands-on assistance: Help from another person to start and complete a task. This includes the member being able to participate in the task but unable to start and complete it without assistance.

Constant supervision: Continued interaction (i.e., not as needed, episodic or intermittent) and/or visibility to ensure a member completes the task safely.

Reference: PCA/CFSS unit determination

Instrumental Activities of Daily Living

IADL's

- Electronic communication use.
- 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.

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.

Objective vs Subjective Information

Objective Data

What are you seeing throughout the assessment?

Observe how the member naturally walks, stands, and moves about the environment (document objective findings)

What diagnosis does the member have to support what you are seeing and their report

Document Observations:

- Did the member answer the door?
- Did they walk around the home during the assessment? If so, did they need help or did they use DME?
- Did they sit down and stand up during the assessment? Did they do this on their own and appear safe? Or did they use DME or stand by assistance of another person?
- Do they appear to have good range of motion with their upper extremity are they bending for anything
- When signing paperwork, do they have a good grip on the pen? Do hands shake?

Subjective Data

Documenting what SPECIFICALLY the member is saying they need help with and why.

Asking member to tell you in detail what it looks like for them when they perform an ADL.

Asking what makes it difficult to do this on their own. What is the limitation in their view.

Subjective information is what the member says they can and cannot do.

Seeing vs Reporting:

What to do with conflicting information

Document!

The member states that they need assistance to walk. However, CC observed the member ambulate unassisted and without DME at least 10 feet on multiple occasions. CC observed the member answer the door unassisted, walk 15 feet to the couch, and sit unassisted.

Member states that they need assistance with transfers. CC observed the member stand up unassisted, go to the next room get medication, return to the room and sit unassisted. CC maintains no concern of safety with this movement.

Member reports being forgetful and unable to complete a task without cuing. However, the member is answering questions appropriately, alert and oriented x 3, does not require a Participant Representative and has no diagnosis of cognitive issues. The member was encouraged to speak with his PCP regarding his concerns.

Reporting aggression, however, is not meeting a dependency as it happens 1 to 2 times a month and needs some redirection.

Examples of ADL Documentation

Outline in the Personal Cares/Eating comment boxes in MnCHOICES for EACH category

Dressing: The member reports she cannot dress herself without physical assistance due to pain in the right shoulder, from arthritis and a tear in the rotator cuff that is non-surgical. CC observed that the member could lift her left arm above her head and was able to show a full range of motion and grip. The right arm appears to hang lower, and the member demonstrated an inability to lift the arm above shoulder level, grimacing the whole time, and favoring this arm during assessment. Noticed weak grip and tremor in hands when trying to use them. Needs daily hands-on assistance with dressing the upper body and with buttons and ties. Meets the level of CFSS dependency.

Bathing: The member can transfer into the shower with the use of a grab bar and seat themselves onto the shower chair. Once in the shower, they are able to wash part of their body with their left hand. Reports needing assistance to wash hair and back due to decreased range of motion in the right arm. Observed member not being able to raise right arm above shoulder level. The member also needs hands-on assistance to dry hair and back with a towel. Meets the level of dependency.

Grooming: The member reports that she can brush her teeth with her left hand and can wash her face with her left hand as well. Member reports that she brushes her hair with her left hand. She needs assistance with her hair occasionally if she wishes to put it up in a bun, which she does a couple of times a month. The assistance does not meet level of CFSS dependency.

Toileting: Member reports having urinary incontinence 3-4 times a month when she drinks too much water and can't get to the bathroom fast enough. She is able to get to the bathroom independently and is able to clean herself up after the accident. She has a raised toilet seat and a grab bar to transfer independently on and off the toilet. Reports being able to wipe oneself with the left hand after using the bathroom. The member does not meet CFSS toileting dependency.

Eating: Observed member bringing both her hands to her mouth during our conversation. She was able to grasp the water bottle. The member does not have a diagnosis of a swallowing disorder. The member is independent in feeding herself.

Examples of Mobility Documentation

Outline these in the Mobility comment box in MnCHOICES for EACH category:

Mobility: Observed member walk independently with the use of a cane when answering the door, and during the visit, she walked down the hallway to show CC her bathroom. Demonstrated steady gait with a cane and did not reach out to hold on to walls or furniture. She reports that when she goes out, she likes to have someone with her to maneuver stairs or curbs for safety. Does not meet the level of CFSS dependency.

Transfers: The Member has a lift chair she sat in during the visit. She was able to operate the chair to a standing position and transfer herself out of the chair. Used a cane for support to steady oneself upon standing. She reports that when she sits in the couch, she occasionally needs someone to assist her to stand because the couch is lower. Lives alone, so she avoids sitting on the couch unless someone else is with her. She is able to transfer independently out of bed and from the kitchen chair. Does not meet the level of CFSS dependency.

Positioning: Observed the member change positions multiple times while sitting on the couch. Has a grab bar on her bed and is able to use this to sit up, and reports that she can position herself in bed on her own. Does not meet the level of CFSS dependency.

Let’s Talk Behaviors

Level 1 Behaviors

Level 1 Behaviors: Physical aggression toward self or others, or destruction of property that requires the immediate response of another person

Immediate response: Intervention required at the time of the behavior to prevent injury to self, others or property.

Having a level 1 behavior within the last year, establishes eligibility for CFSS.

Impact on eligibility

Level 1 behavior affects the member's Home Care Rating, which provides the base number of units the member is eligible for with CFSS.

What is a Behavior Dependency?

A person might be eligible for additional CFSS units if they have:

- Level 1 behavior
- Extended time required due to Behaviors
- Risk of Victimization

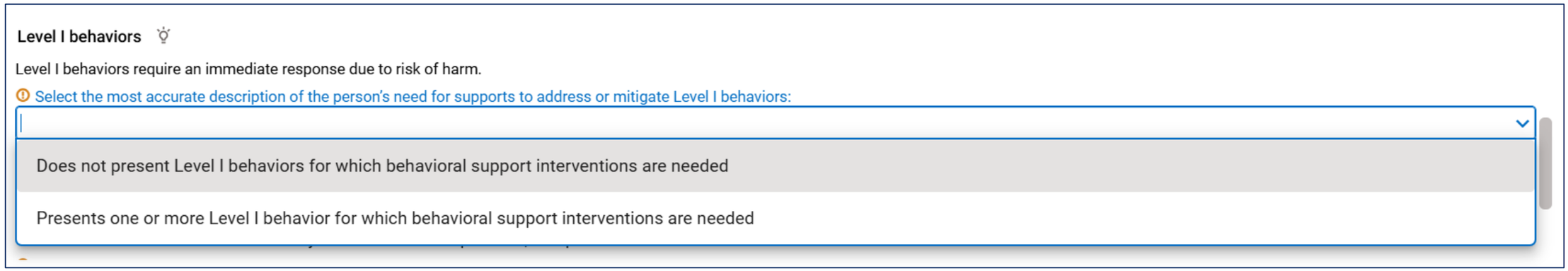
For the purpose of the assessment, this includes behavior that is:

- actually occurring
- prevented through redirection or positive behavioral supports
- intentional or unintentional

The following is not considered a behavior:
The need for a 24-hour plan of care and supervision due to age

Level 1 Behavior in MnCHOICES

Level 1 Behaviors



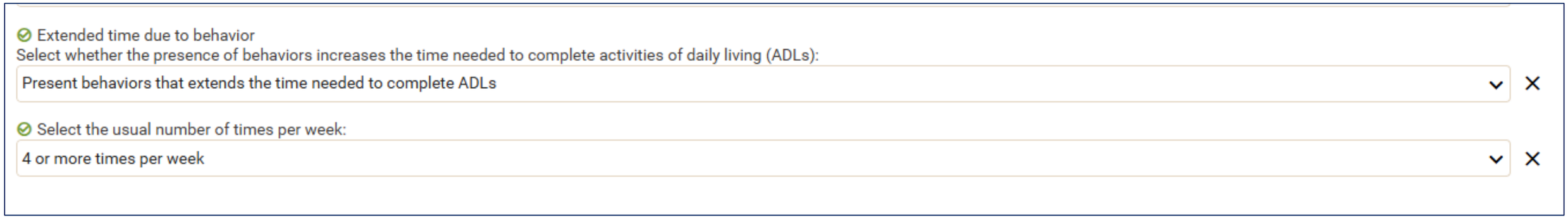
Impact on eligibility

The frequency of the Level 1 behavior might make the person eligible for additional time/units.
If the level 1 behavior occurs at least 4 times a week, the person is eligible for an additional two units (30 minutes) per day.

Extended Time due to Behaviors

Extended Time to complete ADLs due to Behaviors

A member is NOT eligible for CFSS based solely on other non-level 1 behaviors.
Extended time due to behaviors does not help determine the home care rating.



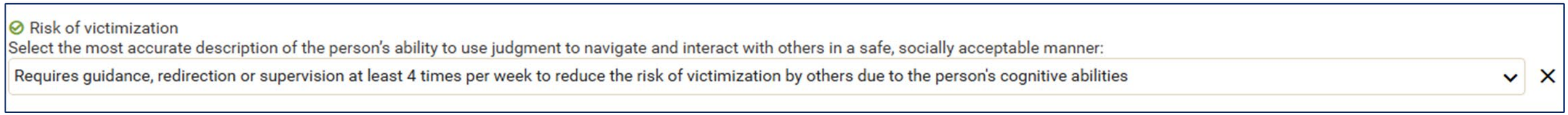
Impact on eligibility

Mild or Moderate behavior severity does not equate to needing extended time. To consider extended time for ADLs due to behavior, at least one severe or very severe Level 2 behavior that occurs at least four times in the last seven days should be present.

Risk of Victimization

Risk of Victimization

A member is NOT eligible for CFSS based solely on other non-level 1 behaviors. Risk of victimization does not help determine the home care rating.



Impact on eligibility

When the risk of victimization occurs at least four times in the last seven days, the person is eligible for an additional two units (30 minutes) per day.

Additional Time for Other Behaviors

Behavior support frequency criteria	
Risk of victimization or socially inappropriate behavior (4 or more times per week)	Not Met
Extended time due to behavior (4 more times per week)	Met
Level I behavior(s) (4 or more times per week)	Met

Impact on eligibility

Meeting each of these behavior elements adds additional time if they have occurred at least 4 times in the last 7 days and regularly occur 4 or more times per week.

Examples of Behavior Documentation

Outline these in the behavior comment box in MnCHOICES for EACH category.

Level one behavior: The Member self-harms daily by biting and hitting herself. An Immediate response is necessary to redirect and calm member to avoid further injury.

Risk of victimization: The Member has a diagnosis of Alzheimer's. She has limited awareness of safety and the capacity to judge situations. Has wandered outside into neighboring properties, given away personal information to strangers, will remove clothing while others are visiting and keeps doors unlocked every day. Supervision is required on daily basis to redirect and ensure safety.

Extended Time Due to Behavior: Member has depressive episodes at least 4 times a week, where she becomes withdrawn and will not react on her own to meet her needs. Needs additional prompting and encouragement to participate in eating, showering and toileting. During meals, she will delay eating while continually withdrawing and requires extended time for cueing to reengage in eating. During showering, she will not respond to cues to complete tasks, which prolongs completing the assistance with washing and drying her hair and body. She isolates herself in her room and avoids going to the bathroom. Cues are needed every 2 hours to use the bathroom and check for incontinence that occurs several times while isolated. Multiple attempts need to be made to redirect in order to assist with cleaning up the member.

Complex Health Needs

Complex Health-Related Needs

Interventions that are both:

1. Ordered by a medical practitioner (MD, ACPRN, PA-C)
2. Required at the time of the assessment

The CC determines if the members' needs meet the definitions of complex health needs.

CFSS services cover only some tasks related to complex health needs. The CC does not make the determination based on whether a CFSS worker will complete the task.

Impact on eligibility

The presence of a complex health need alone does not make the person eligible for CFSS.
If the member meets eligibility requirements, having one or more complex health needs affects the home care rating and base units.
Each eligible CHN adds 2 units (30 minutes) to the member's total time.

Reference: CFSS Assessment Guidelines

Complex Health Needs

Familiarize yourself with the DHS CFSS Manual.

If you are unsure of whether a need meets the criteria for complex health needs, ask your Supervisor or Manager to review.

Document rationale for why a member does or does not meet CHN criteria.

PCA/CFSS unit determination

Complex Health Needs Documentation

Meets: The member has a wound sustained from a burn on their right bicep. Has orders from the wound clinic for daily sterile dressing changes.

Does not Meet: Member has a scratch on right arm, which is cleaned and covered with a band aid.

Meets: Member has continuous O2 daily and has orders from MD for O2 Sats twice a day to monitor.

Does not Meet: Member has Oxygen therapy as needed but not 8 hours a day. Member states he does not use daily, just when short of breath.

Meets: Member has dialysis at dialysis center 3x/week where the dialysis run lasts 4 hours each time.

Does not meet: Member has dialysis at dialysis center 3x/week where the dialysis run lasts 2 hours each time.

Meets: Has seizures occurring 3-4 times week requiring assistance to ease to ground, place on side, loosen clothing, monitor time of seizure, observe breathing and activate emergency help if needed.

Does not meet: Has history of seizures which are now controlled with medications. Has focal seizure monthly which involves only supervision.

Need for Extra time

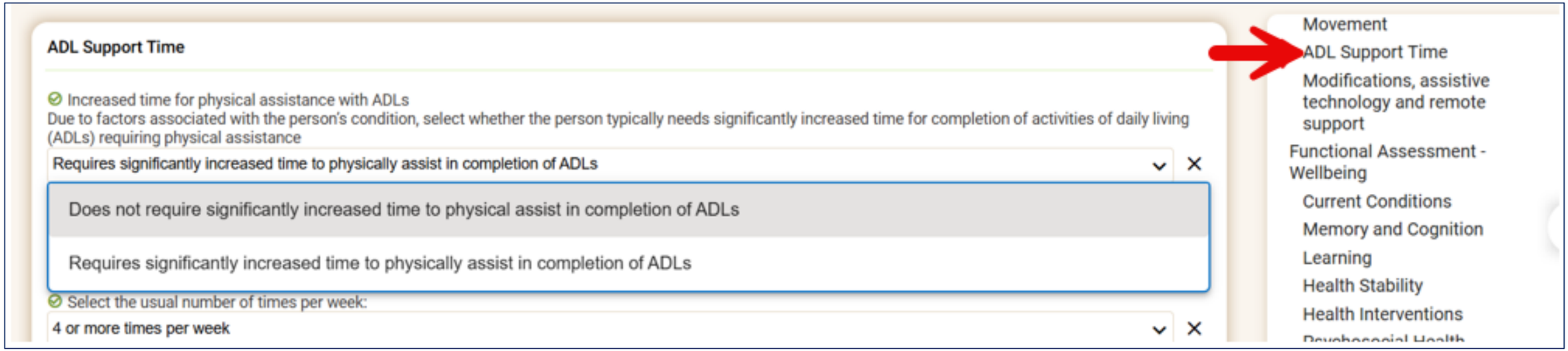
What Qualifies Need For Increased Time

Increased need to complete ADLs	There is one category for increased need to complete ADLs, for the purposes of the assessment. **Increased need to complete ADLs** Increased need to complete ADLs means the person's health interventions create an increased need for help to perform ADLs. **Meets definition** The person meets the definition if all of the following are true: • The person meets the definition for six to eight ADL dependencies. • The person has a significantly increased need for direct hands-on assistance and interventions in six to eight ADLs. • The increased need is due a medical condition (e.g., muscular dystrophy, multiple sclerosis, cerebral palsy, stroke, brain injury, end stages of cancer, ALS). **Does not meet definition** The person does not meet the definition if: • The person does not have increased need for direct hands-on assistance and interventions in six to eight ADLs • The need is not due to a medical condition.

NOTE:

- Should be a MEDICAL condition not behavior
- Must have a minimum of 6 and up to 8 ADLs to qualify
- Document the diagnosis and WHY they need the extra time and for which ADLs specifically.

ADL Support Time in MnCHOICES



Impact on eligibility

To qualify for extra time, the member must 6-8 ADL dependencies.

To qualify for extra time the member must have the need for significantly increased direct hands-on assistance ALL hands-on assistance in ALL of the 6-8 ADLs.

Example of Extra Time Documentation

- Document! Document! Document!

- Meets: The member has 8 ADL dependencies. The member has advanced stages of multiple sclerosis resulting in significant imbalance, generalized weakness and fatigue, muscle spasms and rigidity, involuntary movements, vision loss, difficulty swallowing and reduced sensations. Additional time is needed with dressing, grooming, bathing and toileting to allow time to provide steadiness, relax muscles and work through tremors. While eating, the member requires more time to chew food, resulting in slower feeding, and self-attempts to feed often result in the caregiver needing to step in due to tremors. Mobility and transfers need additional time with hands-on assistance to ensure the member is fully balanced with each step, and when rising from a seated position, there are often multiple attempts to rise because of weakness. Positioning requires specialized pillows under arms and feet to reduce rigidity, and repositioning occurs every 2-3 hours when in bed.

- Does not meet: The member has 6 ADL dependencies. Due to pain following a recent knee replacement, walking around home at a slower pace requires extra time. The member also needs extra time to transfer in and out of the shower because of the knee stiffness and pain.

Reduction in CFSS hours

Documenting Denials, Reductions or Terminations

Review current authorization

- Does it match the current auth in the SP?
- Was there an appeal where previous hours were upheld/overturned?

Dependencies: what changed?

- Surgery last year and has since returned baseline? Document this!
- Last year reported they needed assist with mobility this year OBSERVED ambulate without assist safely.
- Member REPORTS no longer needs assist with dressing does this without assist.
- Had DME installed that now makes member independent in bathing. Reports independence with use of grab bars and shower chair.

Other tips when working with limited English proficiency:

- If during the assessment, the CC believes a reduction is possible, document the facts (e.g., “member appears to answer appropriately using a professional interpreter”).
- Confirm and document: Ask the member at the assessment if they feel they are understanding the questions appropriately with this interpreter and document.

What are you seeing? What is member reporting? What is different from last year and why?

Protect your professional assessment with comprehensive documentation.

Avoid an assessment being overturned during an appeal with thorough documentation.

Example of Reduction Documentation

- Last year member had surgery on their right knee and needed assistance with mobility and transfers during the recovery. This year, at the assessment time, member had completed PT and is no longer needing hands on assist when standing up from couch or walking. Observed member walk without the use of DME over 20 feet with a steady gait and go from sitting to standing from a couch independently and standing to sitting independently to a chair in the kitchen with no arms to hold on to. No longer meets level of CFSS dependency in mobility or transfers.

- Last year, the previous assessor documented a dependency in dressing and grooming. This assessor observed full ROM in the upper extremities and good hand strength and ability to bend down, touch feet to adjust socks during the visit. Member reports that when asked about these tasks, they are able to dress upper and lower body independently, including buttons and zippers. They report being able to wash their face, brush their teeth, and comb their hair independently and do not need assistance with setting up supplies to complete grooming. Requires assistance with toenails, but had diagnosis of diabetes thus needs to see podiatrist for nail care. Does not meet level of CFSS dependency.

- Last year, the member had a wound that required a sterile dressing change; however, this year, that wound has healed and is no longer receiving interventions for any wounds. Does not meet criteria for CFSS time.

Thank you!