

New York State Office for the Aging
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George E. Pataki, Governor *Walter G. Hoefler, Director*

To: <input checked="" type="checkbox"/> Area Agency on Aging Directors <input type="checkbox"/> <input type="checkbox"/>	PROGRAM INSTRUCTION
	Number: 97-PI-01
FYI:	Date: January 3, 1997
Subject: Assessment/Data Collection Requirements for Community Based Long Term Care Services	Supersedes:
	Response Due Date:
Programs Affected: <input checked="" type="checkbox"/> Title III-B <input checked="" type="checkbox"/> Title III-C-1 <input checked="" type="checkbox"/> Title III-C-2 <input checked="" type="checkbox"/> Title III-D <input checked="" type="checkbox"/> Title III-G <input checked="" type="checkbox"/> CSE <input checked="" type="checkbox"/> SNAP <input type="checkbox"/> Energy <input checked="" type="checkbox"/> EISEP <input type="checkbox"/>	
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PURPOSE

The purpose of this Program Instruction is to advise Area Agencies on Aging of new participant assessment and data collection requirements for community based long term care services operated by or through AAAs in New York State. These new requirements, which are effective April 1, 1997, are reflected in the attached MINIMUM DATA SET (MDS) and incorporate comments received from AAAs and other aging network staff during an extensive review and comment period.

BACKGROUND

From the inception of the Client Based System (CBS) initiative, one of its primary objectives has been a re-evaluation of how assessments for community based long term care services are carried out by the AAA network in New York State. This was stimulated by a recognition that older people and their families, as well as the network's goals of advocacy and program management, will be better served when we move beyond reliance on the limited information traditionally available through program participant records to a system that is comprehensive, standardized and data driven.

After extensive discussions and reviews with AAAs and providers, it is evident that comprehensive standardized assessments are more likely to result in cost effective, quality care plans and appropriate service delivery mechanisms than those which are driven by referral sources or the door through which the individual enters the system. Our need to implement different participant assessment standards was also motivated by the AoA required National Aging Program Information System (NAPIS) and the detailed data collection requirements which will be imposed by that system.

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Assessments are the key to effective service delivery and efficient service management. The assessment process determines who gets services, what types of services are received, the intensity of services, and how long the services are to be provided. Assessments also can be useful in evaluating the impact those services have on the client and in providing the rationale and justification for fair and efficient targeting of limited public resources.

SUMMARY OF REQUIREMENTS

As of April 1, 1997, with a two year phase-in period, AAAs will be required to adhere to the MDS participant assessment requirements for Housekeeper/Chore, Homemaker/Personal Care, Case Management, Home Health Aide Services, Home Delivered Meals, and Social Adult Day Care services. Therefore, as early as April 1, 1997 but no later than April 1, 1999, all recipients of these network funded services must be assessed and reassessed using the data elements identified in the MDS.

The Minimum Data Set includes all of the data elements and related data collection fields required for client assessments and related reporting. In order to collect consistent data from all AAAs, each of the assessment categories/elements that comprise the Minimum Data Set must be used. AAAs may reorder the flow of the assessment categories, incorporate the Minimum Data Set within other assessment tools, and/or include additional data elements beyond the Minimum Data Set for local purposes if they wish.

We recognize that limited resources for conducting assessments, for equipment and training, as well as other factors will necessitate at least initially the use of a manual (paper) system for implementation of MDS for many locations. Accordingly, the State Office for the Aging is now developing a revised PATH-like tool and accompanying instructions, which incorporate the MDS requirements. We will be field testing and soliciting AAA's comments on these documents during January 1997.

We also acknowledge the distinct advantages that computer technology can bring to MDS implementation, not only in conducting participant assessments, but also in data collection and analysis for reporting and other purposes. Given the level of complexity and detail inherent in conducting and managing quality assessment processes and the significant advantages in power and speed now offered by advances in computer technology, we are incorporating the Minimum Data Set into a user friendly software developed in partnership with the New York City Department for the Aging. This rapidly evolving software, the Provider Data System (PDS), is currently in use in 70 + locations in NYC and upstate. We plan to begin making a statewide version available, covering not only community based long term care but also automating data for congregate services and other key AAA activities, as of April 1, 1997 to all AAAs requesting it.

Many of the data elements to be collected during assessments will be needed for reporting purposes. Specific information regarding revisions to the content and format of CAARS that will be necessary to satisfy NAPIS and other SOFA information needs will be sent to AAAs.

NECESSARY ACTION/NEXT STEPS

This is a major initiative for the entire aging network, and we will work closely with you to facilitate its implementation. We recognize that a wide variety of assessment methods have been employed over the years by AAAs and providers to determine eligibility and set up care plans for clients receiving these services. We also realize that applying new requirements at the community level may entail not only training for assessors but may even involve a restructuring of how assessments are carried out locally.

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AAAs should review the attached Minimum Data Set carefully and begin to evaluate what steps will be necessary, e.g., training, setting up new assessment procedures, determining which staff and contractors will be impacted, etc. and what time frame will be necessary to achieve full compliance with the standards. Aging Services Representatives, in concert with other SOFA staff, will work closely with and assist AAAs in determining needs and time frames to ensure that the revised aging network assessments and data collection requirements are in place statewide by April 1, 1999. SOFA will develop additional technical assistance materials and conduct training to assist in the transition to this new MDS assessment approach.

While the primary focus of this transmittal is on new Minimum Data Set requirements for participant assessments, a brief description of the related major CBS project components is attached. The overall scope of the CBS project, as well as its key components, are also reflected on the attached chart.

Attachments - Minimum Data Set
Aging Network Client Based Service Management System Description
CBS Chart

Attachment

MINIMUM DATA SET

Listed Below Are The Minimum/Basic Data Elements To Be Collected For The Following Services:

HOUSEKEEPER/CHORE HOMEMAKER/PERSONAL CARE CASE MANAGEMENT
HOME HEALTH AIDE SERVICES HOME DELIVERED MEALS and
SOCIAL ADULT DAY CARE

INTAKE INFORMATION

Intake Worker's Name:
Date of Referral:
Referral Source:
Presenting Problem and/or Client's Concerns:
Does the client know the referral is being made? If not, why?

CASE IDENTIFICATION

Assessor Name:
Client Case Number:
Agency Name:
Reason for Completion: Assessment, Reassessment, Event Based.

CLIENT INFORMATION

Client Name:
Social Security Number:
Client's Address with Zip Code:
Telephone Number:
Date of Birth:
Age:
Sex:
Marital Status: Married, Widowed, Divorced, Separated, Single
Ethnicity: Black not Hispanic, American Indian/Native Alaskan, Hispanic, Asian/Pacific Islander, White/non-Minority.
Language: Primary Language, Speaks, Reads, Understands
Living Arrangement: Alone, With Spouse, With Relatives, With Non-Relatives.

EMERGENCY CONTACT

Name, Address, Phone (home/work), Relationship.
Specify if more than one Emergency Contact.

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CLIENT INFORMATION

Client Name:
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Telephone Number:
Date of Birth:
Age:
Sex:
Marital Status: Married, Widowed, Divorced, Separated, Single
Ethnicity: Black not Hispanic, American Indian/Native Alaskan, Hispanic, Asian/Pacific Islander, White/non-Minority.
Language: Primary Language, Speaks, Reads, Understands
Living Arrangement: Alone, With Spouse, With Relatives, With Non-Relatives.

EMERGENCY CONTACT

Name, Address, Phone (home/work), Relationship.
Specify if more than one Emergency Contact.

INFORMAL SUPPORT STATUS

Is there a member of the client's family, a friend or neighbor who helps with care? If yes, Indicate Name, Address, Phone, and Relationship. Specify if more than one Informal Caregiver.

How often does this person help the client? Be as specific as possible.

Specify if more than one Informal Caregiver is providing help.

Describe help the Informal Caregiver provides: Tasks, Supervision, Social/Emotional Support, Transportation, Other (specify).

Does the client appear to have a good relationship with his/her informal caregivers?

Note any factors that might limit caregiver involvement: Job, Finances, Family Responsibilities, Physical Burden, Emotional Burden, Health Problems, Reliability, Other (specify).

To what extent would client accept help from family in order to remain at home and/or independent: Definitely yes but only short term, Possibly but uncertain, Never, Other (specify).

Evaluation of informal support system: Adequate, Could expand if needed, Adequate could not expand, Inadequate/Limited, Temporarily Unavailable, Other (specify).

Is caregiver relief needed? If yes, explain.

When is relief for the caregiver needed: Morning, Afternoon, Evening, Overnight, Weekend, Other (specify).

Can other informal support(s) provide temporary care to relieve caregiver? If yes, explain.

Does the client have any community/neighborhood/religious affiliations that could provide assistance? If yes, explain.

SERVICES CLIENT IS CURRENTLY RECEIVING

What Services Does the Client Currently Receive: None utilized, Adult Day Health Care, Caregiver Support, Case Management, Community-based Food Program, Congregate Meals, Equipment/Supplies, Escort, Friendly Visitor/Telephone Reassurance, Home Delivered Meals, Home Health Aide, Health Insurance Counseling, Homemaker/Personal Care Services, Hospice, Housing Assistance, Legal Services, PERS, Mental Health Services, Nutrition Counseling, Occupational Therapy, Outreach, Physical Therapy, Protective Services, Respite, Respiratory Therapy, Senior Center, Senior Companions, Services for the Blind, Shopping, Skilled Nursing, Social Adult Day Care, Speech Therapy, Transportation, Other (specify).

Provider Name, Service, Address, Telephone, Contact Person

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IADL STATUS/UNMET NEED

Status must be noted: Totally Able, Needs Some Assistance, Needs Maximum Assistance, Unwilling to Perform.

Activity	Met	Status	Comments
Housework/Cleaning	Y/N		
Shopping	Y/N		
Laundry	Y/N		
Use Transportation	Y/N		
Prepare and Cook Meals	Y/N		
Self-Administration of Medications	Y/N		
Handle Personal Business/Finances	Y/N		
Use Telephone	Y/N		

ADL STATUS/UNMET NEED

Status must be noted: Totally Able, Needs Some Assistance, Needs Maximum Assistance, Unwilling to Perform.

Activity	Met	Status	Comments
Personal Hygiene	Y/N		
Dressing	Y/N		
Mobility	Y/N		
Transfer	Y/N		
Toileting	Y/N		
Eating	Y/N		
Bathing	Y/N		

COGNITIVE STATUS

Psycho/Social Condition: Alert, Cooperative, Dementia, Depressed, Diagnosed Mental Health Problem, Disruptive Socially, Evidence of Substance Abuse, Hallucinations, Impaired Decision Making, Memory Deficit, Physical Aggression, Problem Behavior Reported, History of Mental Health Treatment, Evidence of Substance Abuse Problems, Verbal Disruption, Worried or Anxious, Suicidal Thoughts, Sleeping Problems, Appears Lonely, Other (specify).

Does it appear that a Mental Health Evaluation is needed?

HEALTH STATUS

Primary Physician/Clinic/Hospital: Name, Address and Phone

Date of last visit to Primary Medical Provider:

Does the client have a Chronic Illness and/or Self-Declared Disability: Alcoholism, Alzheimers, Anemia, Anorexia, Arthritis, Cancer, Chronic Constipation, Chronic Diarrhea, Colitis, Colostomy, Congestive Heart Failure, Dehydration, Dental Problems, Diabetes, Digestive Problems, Diverticulitis, Gall Bladder Disease, Hearing Impairment, Heart Disease, Hiatal Hernia, High Blood Pressure, Hypoglycemia, Liver Disease, Low Blood Pressure, Osteoporosis, Parkinsons, Recent Fractures, Renal Disease, Respiratory Problems, Smelling Impairment, Speech Problems, Stroke, Swallowing Difficulties, Taste Impairment, Ulcer, Urinary Tract Infection, Visual Impairment, Other (specify).

Does the client have an assistive device: Cane, Dentures, Glasses, Hearing Aid, Walker, Wheelchair, Other (specify).

If yes, does the client/caregiver need training on use?

Has the client been hospitalized within the last 6 months?

If yes, indicate reason for admission and hospital discharge date.

Has the client been brought to the emergency room within the last 6 months? If yes, indicate reason for most recent ER visit and date.

Has a PRI and/or DMS-1 been completed in the past 6 months?

If yes, indicate date of most recent completion, by whom and score.

PRESCRIBED AND OVER-THE-COUNTER MEDICATIONS CURRENTLY TAKEN

Name of Medication, Dose/Frequency, Reason Taken.

Does the client state any problems with medication(s): Adverse Reactions/Allergies, Cost of Medication, Obtaining Medications, Other (specify).

HOUSING STATUS

Type of Housing: Single Family Unit or Multi-unit Dwelling

Does the Client: Rent, Own, Other (specify)

Home Safety Checklist: Smoke/CO detectors are not present/working, Bad odors, Accumulated garbage, Floors and stairways dirty and cluttered, doorway widths are inadequate, Loose scatter rugs present in one or more rooms, No rubber mat or non-slip decals in the tub or shower, No grab bar over the tub or shower, Traffic lane from the bedroom to the bathroom is not clear of obstacles, Telephone and appliance cords are strung across areas where people walk, No lamp or light switch within easy reach of the bed, No lights in the bathroom or in the hallway, Stairs are not well lighted, No handrails on the stairways, Stairways are not in good condition, No locks on doors or not working, Other (specify).

Is Neighborhood Safety an issue?

NUTRITION

Reported Height: Feet/Inches.

Reported Weight: Pounds.

Body Mass Index:

Are the client's refrigerator/freezer and cooking facilities adequate?

Is the client able to open containers/cartons and to cut-up food?

Does the client use nutritional supplements?

Does the client have a physician diagnosed food allergy?

Does the client have a physician prescribed modified/therapeutic diet?

Nutritional Risk Status (NSI):

Client has an illness or condition that changes the kind and/or amount of food eaten. Y(2)/N

Eats fewer than 2 meals/day. Y(3)/N

Eats fewer than two daily servings of the following food groups: Fruits Y/N Vegetables: Y/N Milk Products: Y/N

If Y to any of the above (2)

Has 3 or more drinks of beer, liquor or wine almost every day. Y(2)/N

Has tooth or mouth problems that make it hard to eat. Y(2)/N

Does not always have enough money to buy food needed. Y(4)/N

Eats alone most of the time. Y(1)/N

Takes three or more prescribed or over-the-counter drugs a day. Y(1)/N

Without wanting to, lost or gained 10 pounds in the past six months. Y(2)/N

Not always physically able to shop, cook and/or feed self Y(2)/N

Score by adding the numbers of those factors that were answered Y.

A score of 6 or more indicates "High" nutritional risk, 3-5 indicates "Moderate" nutritional risk and 2 or less indicates "Low" nutritional risk.

MONTHLY INCOME

Monthly Income: SS(net), SSI, Pension/Retirement Income, Interest, Dividends, Salary/Wages, Other (specify).

ENTITLEMENT/BENEFITS

Benefit Status Code must be noted: Has the Benefit/Entitlement
Does not have the Benefit/Entitlement, or May be Eligible and is
willing to pursue the Benefit/Entitlement.

Benefit Code Benefit Status Code

SS
SSI
SSD
Medicare (number)
Medicaid (number)
QMB
SLIMB
Food Stamps
Public Assistance
EPIC
SCRIE
Section 8
HEAP
IT 214
WRAP
Railroad Retirement
Veteran or Spouse of a Veteran Status
Veteran Tax Exemption
Real Estate Tax Exemption
Reverse Mortgage
Medigap Insurance/HMO
Other Health Insurance (specify)
Long Term Care Insurance

Does the client need information and/or counseling on benefits and
entitlement programs?

CARE PLAN

Goals:

Care Plan Objectives:

Proposed Time Frame to Achieve Stated Goals and Objectives:

Is the client self directing/able to direct home care staff?

Indicate the client's preferences regarding provision of services:

Provider name, provider ID, formal/informal, service type, start date, end date.

Frequency: Number of Hours/Day

Frequency Period: Daily, Weekly, Bi-weekly, Monthly, Bi-monthly, Yearly, Other (specify).

Type of Diet: Regular

Special Diet: Vegetarian, Ethnic Religious
(indicate type), Other (specify)

Modified/Therapeutic: Texture Modified, Calorie
Controlled Diet, Sodium Restricted, Fat Restricted,
High Calorie, Renal, Other (specify).

Information/Special Instructions.

Has the client been placed on a waiting list for any service need?
If yes, specify date. Specify service.

Plan has been discussed and accepted by client and/or informal supports.

Referrals made for service:

Plan Approved by:

Signature and Title, Date, Phone.

Service Termination Date:

Client Outcome Statements: (completed upon service termination)

Plan Terminated by:

Signature and Title, Date, Phone.

AGING NETWORK CLIENT BASED SERVICE MANAGEMENT SYSTEM "CBS"

Background

The State Office for the Aging is engaged in a multi-year aging network computerization project, referred to as the "Aging Network Client Based Service Management System," or "CBS." The goal of CBS is to ensure that computerization occurs in a coordinated and systematic way while building automation products that support the independence of older people and the performance of the aging network.

Key CBS Components:

o The automation of Community Based Long Term Care Assessment/ Case Management, Congregate/Senior Center, I&R and other aging network activities through the development, testing and implementation of a comprehensive software package (Provider Data System, or PDS) will enable aging services workers to collect relevant data that links clients with needed services while also satisfying reporting and other management needs. This specialized software is being co-developed with the New York City Department for the Aging and its subcontractor, Softek Inc.

o The New York State Office for the Aging, in partnership with the New York State Departments of Taxation and Finance, Health, and Social Services, the U.S. Social Security Administration, NYNEX, and the Niagara Mohawk Power Corporation, is developing a system to automate the application generation and screening process for multiple benefits through a single interview process. This project, the Universal Networking Information Form (UNI-Form), will target the aged population, particularly the isolated, frail, minority, and rural-residing elderly.

o The Aging Services Telecommunications Network (ASNet) is a developing system which will electronically link older people and their caregivers with programs and services designed to keep them as independent as possible for as long as possible. It will reduce administrative and service delivery costs for the State's network of AAAs and community service providers by stimulating system-wide implementation of computerized communications, electronic transfers of information, and online access to information services via the Internet and local telecommunications infrastructures.

The State Office is developing ASNet under a grant for \$1.249 million over two years from the United States Department of Commerce under the Telecommunications and Information Infrastructure Assistance Program (TIIAP). Together with matching funds and private sector contributions, this grant will provide Internet connectivity for New York's 59 local AAAs and selected provider agencies. It will also demonstrate the value of remote connectivity to a central client data base through the use of notebook computers, so that field workers can more effectively serve the isolated elderly.

CBS: Aging Network Client Based Service Management System

