



DEPARTMENT OF
HUMAN SERVICES

Change in Reassessment Responsibility

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Aug. 10, 2017

Housekeeping

- All participants are muted
- Type in your questions into Web-ex



Q&A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There is a 256-character limit.

Send

- Can revisit this training on the webinar archive

Upcoming MnCHOICES Assessment release

2018 change in reassessment responsibility

Upcoming MnCHOICES Assessment Release

Anticipated to be in the September, 2017 release:

- Reduced the number of questions required to run eligibility
 - Assessors continue to remain responsible to ensure items pertinent to the person (such as quality items) are completed
 - These items could be completed either in the field or in a summative nature back in the office
- Some questions have had a symbol changed from * to !!
- Screening tools moved to separate domain called “screening tools”
- Added search and filter options for all activity assessment queue

Example: Asterisk removed (current)

Eating

* Challenges - What difficulties does the person have with eating? *

- | | | |
|--------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Disease/symptoms interfere with performing task | <input type="checkbox"/> Problems with taste |
| <input type="checkbox"/> Cannot cut food | <input type="checkbox"/> Mouth pain | <input type="checkbox"/> Swallowing problem |
| <input type="checkbox"/> Chewing problem | <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Other |
| <input type="checkbox"/> Choking problem | <input type="checkbox"/> Poor hand to mouth coordination | <input type="checkbox"/> Other |

Comments:

* Strengths - What does the person do well while eating? *

- | | | |
|-----------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Cooperates with caregiver | <input type="checkbox"/> Manages own tube feeding | <input type="checkbox"/> Takes occasional food by mouth |
| <input type="checkbox"/> Has a good appetite | <input type="checkbox"/> No swallowing problems | <input type="checkbox"/> Other |
| <input type="checkbox"/> Independent with equipment/adaptations | <input type="checkbox"/> Person is motivated | <input type="checkbox"/> Other |

Comments:

* Preferences - What does the person prefer when eating? *

- | | | |
|-------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Bland diet | <input type="checkbox"/> Finger foods | <input type="checkbox"/> Snacks |
|-------------------------------------|---------------------------------------|---------------------------------|

Example: Asterisk removed (upcoming release)

Eating

Challenges - What difficulties does the person have with eating?

- | | | |
|--------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Disease/symptoms interfere with performing task | <input type="checkbox"/> Problems with taste |
| <input type="checkbox"/> Cannot cut food | <input type="checkbox"/> Mouth pain | <input type="checkbox"/> Swallowing problem |
| <input type="checkbox"/> Chewing problem | <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Other |
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Comments:

Strengths - What does the person do well while eating?

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Comments:

Preferences - What does the person prefer when eating?

- | | | |
|--------------------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Bland diet | <input type="checkbox"/> Finger foods | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> Cold food | <input type="checkbox"/> Hot food | <input type="checkbox"/> Use own recipes |
| <input type="checkbox"/> Eat alone | <input type="checkbox"/> Large portions | <input type="checkbox"/> Other |
| <input type="checkbox"/> Eat with others present | <input type="checkbox"/> Small portions | <input type="checkbox"/> Other |

Comments:

Example: New symbol (current)

Employment

*** Information about the type of work they are doing, their responsibilities or tasks ***

*** Things valued and enjoyed about their job or working ***

*** Concerns or wishes about their job, what they do, or how it is going, including hours and salary. Indicate how concerns will be addressed ***

*** If looking for or wanting a new job, summarize search effort, interest area, and any preferences that were shared. Discover if job supports are needed ***

Example: New symbol (upcoming release)

Employment

!! Information about the type of work they are doing, their responsibilities or tasks

!! Things valued and enjoyed about their job or working

!! Concerns or wishes about their job, what they do, or how it is going, including hours and salary. Indicate how concerns will be addressed

!! If looking for or wanting a new job, summarize search effort, interest area, and any preferences that were shared. Discover if job supports are needed

!! If not working in competitive position, discover if person is willing to explore this option or has concerns about looking for this type of work. Indicate reasons

Example: Screening tools (current)

▲ Psychosocial	0
<u>About this Domain (Psychosocial)</u>	0
<u>Behavior/Emotion/ Symptoms</u>	0
<u>Depression Screen</u>	0
<u>Suicide Screen</u>	0
<u>Alcohol/Substance Abuse/Tobacco/ Gambling</u>	0
<u>Referrals & Goals (Psychosocial)</u>	0
▷ Memory & Cognition	2

Example: Screening tools (upcoming release)

▷ Psychosocial	0
◀ Screening Tools	0
<u>About this Domain (Screening Tools)</u>	0
<u>HELPS Brain Injury Screen</u>	0
<u>Assessment of Feet</u>	0
<u>Assessment of Pain</u>	0
<u>Assessment of Sleep</u>	0
<u>Depression Screen</u>	0
<u>Suicide Screen</u>	0
<u>Alcohol/Substance Abuse/Tobacco/ Gambling</u>	0
▷ Memory & Cognition	0

- The County of Financial Responsibility (CFR) is responsible for completing *reassessments* for people under the age of 65 receiving long-term services and supports
- The County of Residence (COR) is responsible for completing reassessments for people over the age of 65 receiving long-term services and supports
- For PCA and aging programs, the COR is responsible for completing assessments as well as reassessments

Change in Statute

- 256B.0911
- Subd. 3. **Long-term care consultation team.**

(b) Each lead agency shall establish and maintain a team of certified assessors qualified under subdivision 2b, paragraph (b). Each team member is responsible for providing consultation with other team members upon request. The team is responsible for providing long-term care consultation services to all persons located in the county who request the services, regardless of eligibility for Minnesota health care programs.

Policy as of Jan. 1, 2018

- As of January 1, 2018:
 - The County of Residence (COR) is responsible for completing all reassessments for people receiving long-term services and supports
 - The COR continues to be responsible for all new assessments for long-term services and supports requests
 - For PCA and aging programs, all assessments (reassessments and new assessments) are completed by the county of residence or service
- Workgroup consisting of lead agencies and DHS representatives began in February, 2015

Participating agencies-Reassessment workgroup

- Le Sueur
- Nicollet
- Washington
- Dakota
- Carver
- Ramsey
- Sherburne
- Benton
- Morrison
- Crow Wing
- St. Louis
- White Earth Nation
- Otter Tail
- Mahnommen

- Key parameters:
 - Clarity-define roles responsibilities and expectations
 - Standardization/Norms
 - Shift in perspective from “yours/mine” to “ours”-working partnership
- Guiding principles:
 - Communication/Discussion
 - Collaboration/Teaming
 - Transparency/Trust

- Guidance Document
 - Timeline and role clarification
- Reassessment Communication Form
 - Fosters standardized communication between lead agencies
- MnCHOICES Interagency Contact Point (MICP)
 - Clarification regarding MICP's important role

- MnCHOICES Interagency Contact Point will play an important role
 - Review the [MICP purpose, roles](#)
 - Review and update the contact point for your agency on the [MICP list](#)
- Located on the landing page of MnCHOICES CountyLink page



Questions