

Minnesota Service Change Form for EW and AC Participants

Use this form for Activity Type 10 only.

I. Client Information

FIRST NAME 	MI 	LAST NAME 	PMI NUMBER 	DATE OF BIRTH 
STREET ADDRESS 		CITY 	STATE 	ZIP CODE 
CURRENT PHONE NUMBER 	LEGAL REPRESENTATIVE (LR) NAME, IF ANY 			LR PHONE NUMBER 
LR STREET ADDRESS 		LR CITY 	LR STATE 	LR ZIP CODE 
OTHER CONTACT INFORMATION 		RELATIONSHIP 	CONTACT'S PHONE NUMBER 	
CONTACT'S STREET ADDRESS 		CITY 	STATE 	ZIP CODE 

Update information using this form for only those items/needs that have changed since the last assessment or reassessment completed by the person's lead agency. Codes used throughout this form are those used in the Long Term Care Screening Document (LTC SD), DHS Form 3427, as well as in MMIS. Example: "LTC SD 25 - " indicates the code/score is entered into the field numbered 25 on DHS Form 3427.

Note: Planned Housing and Planned Program License are required to be re-entered in MMIS when entering a new LTC SD, even if this information has not changed. The Referral Date field must also be updated (LTC SD 9). Use the date of the case management visit associated with Activity Type 10.

Marital Status

 LTC SD 25

- 01 - Single, never married
- 02 - Divorced
- 03 - Widowed
- 04 - Married
- 05 - Legally separated
- 99 - Unknown

Diagnosis Information

 PRIMARY DIAGNOSIS NUMBER – LTC SD 16

A DD, MI or BI diagnosis can only be entered based on a diagnosis entered into a medical record by a diagnosing provider.

 SECONDARY DIAGNOSIS NUMBER – LTC SD 17

Living Arrangement

 CURRENT – LTC SD 27

- 01 - Living alone
- 02 - Living with spouse/parents
- 03 - Living with family/friends/ significant other
- 04 - Living in a congregate setting
- 05 - Homeless
- 06 - Would be alone/homeless without current/planned housing type

 PLANNED – LTC SD 28

Housing

	CURRENT – LTC SD 32
	PLANNED – LTC SD 33

- 01 - Homeless
02 - Institution ICF/DD
03 - Institution Hospital
04 - Board & Lodge
05 - Foster Care
09 - Own home, Apt.
11 - Institution, NF/Certified boarding care
12 - Noncertified boarding care
16 - Correctional facility

Program License

	CURRENT – LTC SD 34
	PLANNED – LTC SD 35

- 02 - ICF/DD
03 - Hospital
05 - Foster care, corporate
06 - Foster care, family
07 - Comprehensive Home Care
09 - None
11 - Nursing facility

II. Case Manager/Care Coordinator Information

LEAD AGENCY 	ACTIVITY TYPE DATE (LTC SD 12) <i>This requires leading zeros in MMIS</i> 	
CASE MANAGER/CARE COORDINATOR'S FIRST NAME 	LAST NAME 	NPI/UMPI (LTC SD 23)

Only the current case manager/care coordinator can perform a Service Change using Activity Type 10. The NPI/UMPI number must match the most recent information in MMIS on the last approved Long Term Care screening document.

III. Reason for Service Change

One or two reasons can be entered in MMIS. Not all possible values are listed here.

LTC SD 26 	LTC SD 26 	
01 - Change in functional capacity 02 - Behavioral or emotional problem 03 - Disorientation or confusion 04 - Current services not adequate 05 - Permanent loss of care giver	06 - Care giver needs supports 07 - Temporary absence or inability of caregiver 08 - Abuse, neglect or exploitation 09 - Request relocation to community from any facility 10 - Housing inadequate/inappropriate	15 - Coordination of new and acute services 16 - Health status change 21 - PCA or Health Care 98 - Other problems

IV. Updating Needs Information

Use this form to update *only information that has changed* since the last assessment or reassessment completed by the person's lead agency. Activity Type 10 does NOT represent a full reassessment. Codes included throughout this form are those found in the LTC SD DHS Form 3427 and entered in MMIS. Items are those found in DHS Form 3428, *Minnesota Long Term Care Consultation Services Assessment Form*.

A. Managing Everyday Life - Independent Living (Instrumental Activities of Daily Living (IADLs)

Case manager/care coordinator notes: Any changes in how well the person manages in everyday life? Need for changes in services or service plan? If yes, complete items below and update in MMIS and in the Coordinated Services and Supports Plan (CSSP) or Collaborative Care Plan (CCP) used by managed care organizations.

Definitions for coding information about IADL needs:

- Some help or supervision: the person needs physical help from one or more persons during part of the activity, or *occasional* reminders or instructions (cueing), but the person is typically able to participate.
- A lot of help or supervision: The person needs physical help from one or more person during *all parts* of the activity; the person needs *constant* reminders or instructions, or the person needs *simultaneous* help from more than one person for some or all of activity.

(Provide the possible answers, if needed, so the person can select which fits them best.)

For all IADLs except medication management, the response choices for coding are:

- 01 - Need no help or supervision
- 02 - Need some help or occasional supervision
- 03 - Need a lot of help or constant supervision
- 04 - Can't do it at all

How well are you able to **answer the telephone**?



LTC SD 59

How well are you able to make a **telephone call**?



LTC SD 60

How are you managing **shopping** for food and other things you need?



LTC SD 61

How well are you able to **prepare meals** for yourself? Meals may include sandwiches, cooked meals and TV dinners.



LTC SD 62

How well are you able to do **light housekeeping**, like dusting or sweeping?



LTC SD 63

How well can you do **heavy housekeeping**? Heavy housekeeping includes activities like yard work, or emptying the garbage, but not including laundry.



LTC SD 64

What about your ability to do your own **laundry**, including putting clothes in the washer or dryer, starting and stopping the machine, and drying the clothes?



LTC SD 65

How about your ability to **handle your own money**, like paying your bills, or balancing your checkbook?



LTC SD 68

How well are you able to use public **transportation** or drive to places beyond walking?



LTC SD 69

Interest in work, volunteering?



For employment or volunteering, provide referrals. Contact the Disability Hub at (1-866-333-2466) or Disability Benefits 101 (<http://db101.org/>) or provide referrals to local community service agencies.

How about your **ability to take your own medication?** Would you say that you:



LTC SD 66

- 01 - Need no help or supervision
- 05 - Don't take medications
- 06 - Only need someone to set up my medicine (need medication setup only)
- 07 - Only need someone to remind me to take medications (need verbal or visual reminders only)
- 08 - Need medication setups and reminders
- 09 - Need someone to help me take them (need medication setups and administration)

Are you diabetic? If yes, how do you control your **diabetes?**



LTC SD 67

- 01 - Not diabetic
- 02 - No insulin require; diet controlled only
- 03 - Oral medications
- 04 - Sliding scale insulin and oral medications
- 05 - Scheduled daily insulin
- 06 - Scheduled daily insulin plus daily sliding scale



NOTES FOR CSSP/CCP

B. Activities of Daily Living (ADLs): Taking Care of Self

Case manager/care coordinator notes: Any changes in how well the person can take care of themselves? Need for changes in services or service plan? If yes, complete items below and update in MMIS and CSSP/CCP. *Address to person if possible.*

Person may look at questions. The purpose of these questions is to determine actual capacity to do various activities. Sometimes, caregivers help with an item. An asterisk next to the response indicates a dependency level of need for purposes of case mix classification.

Let's review/update information about how well you are able to take care of yourself, how you eat, dress, bathe, and so on. (Read all choices before taking answer).

Dressing

How well are you able to manage dressing? By dressing, we mean laying out the clothes and putting them on, including shoes, and fastening clothes. Would you say that you:

LTC SD 38



DEPENDENCY?

Yes No



00 - Can dress without help of any kind?

01 - Need and get minimal supervision or reminding?

*02 - Need some help from another person to put your clothes on?

*03 - Cannot dress yourself and somebody dresses you?

*04 - Are never dressed?

Grooming

How about grooming activities like combing your hair, putting on makeup, shaving, and brushing your teeth. Would you say that you:

LTC SD 39



DEPENDENCY?

Yes No



00 - Can comb your hair, wash your face, shave or brush your teeth without help of any kind?

01 - Need and get supervision or reminding or grooming activities?

*02 - Need and get daily help from another person?

*03 - Are completely groomed by somebody else?

Bathing

How well can you bathe or shower yourself? Bathing or showering by yourself means running the water, taking the bath or shower without any help, and washing all parts of the body, including your hair and face. Would you say that you:

LTC SD 40



DEPENDENCY?

Yes No



- 00 - Can bathe or shower without any help?
- 01 - Need and get minimal supervision or reminding?
- 02 - Need and get supervision only?
- 03 - Need and get help getting in and out of the tub?
- *04 - Need and get help washing and drying your body?
- *05 - Cannot bathe or shower, need complete help?

Eating

Do you manage eating by yourself? Eating by yourself means drinking and eating without help from anybody else, but you can use special utensils and straws. It also means cutting most foods on your own. Would you say that you:

LTC SD 41



DEPENDENCY?

Yes No



- 00 - Can eat without help of any kind?
- 01 - Need and get minimal reminding or supervision?
- *02 - Need and get help in cutting food, buttering bread or arranging food?
- *03 - Need and get some personal help with feeding or someone needs to be sure that you don't choke?
- *04 - Need to be fed completely or tube feeding or IV feeding?

Bed Mobility (Positioning)

How well can you move around in bed? Would you say that you:

LTC SD 42



DEPENDENCY?

Yes No



- 00 - Can move in bed without any help?
- 01 - Need and get help sometimes to sit up?
- *02 - Always need and get help to sit up?
- *03 - Always need and get help to be turned or change positions?

Transferring

How well can you get in and out of a bed or chair? Would you say that you:

LTC SD 43



DEPENDENCY?

Yes No



- 00 - Can get in and out of a bed or chair without help of any kind?
- 01 - Need somebody to be there to guide you but you can move in and out of a bed or chair?
- *02 - Need one other person to help you?
- *03 - Need two other people or a mechanical aid to help you?
- *04 - Never get out of a bed or chair?

Walking

How well are you able to walk around, either without any help or with a cane or walker, but not including a wheelchair? (If asked, clarify that independence in walking refers to the ability to walk short distances around the house. Independence in walking does not include climbing stairs.) Would you say that you:

LTC SD 44



DEPENDENCY?

Yes No



- 00 - Walk without help of any kind?
- 01 - Can walk with help of a cane, walker, crutch or push wheelchair?
- *02 - Need help from one person to help you walk?
- *03 - Need help from two people to help you walk?

Toileting

How well can you manage using the toilet? (Using the toilet independently includes adjusting clothing, getting to and on the toilet, and cleaning one's self. If reminders are needed to use the toilet this counts as some help. **An individual who manages any type or level of incontinence independently is not considered dependent and MUST be scored using 00, independent in this activity.**) Would you say that you:

LTC SD 46



DEPENDENCY?

Yes No



- 00 - Can use the toilet without help, including adjusting clothing?
- *01 - Need some help to get to and on the toilet but don't have "accidents"?
- *02 - Have accidents sometimes, but not more than once a week?
- *03 - Only have accidents at night?
- *04 - Have accidents more than once a week?
- *05 - Have bowel movements in your clothes more than once a week?
- *06 - Wet your pants and have bowel movements in your clothes very often?

The person needs constant supervision and/or the assistance of another to begin and complete toileting.



LTC SD 100

Yes No



NOTES FOR CSSP/CCP



NUMBER OF ADL DEPENDENCIES RECORDED ABOVE. USE FOR CASE MIX CLASSIFICATION (see DHS Form 3428B)

C. Review of Health

Case manager/care coordinator notes: Any changes in the person's health? Result in need for changes in services or service plan? If yes, complete items below and update in MMIS and in the CSSP/CCP.

Any concerns with your health that you want to talk about? Yes No



How do they affect you and how long have you had them? Any change in your goal for your health?

Yes No

If yes, has your pain affected your function or quality of life (e.g., activity level, mood, relationships, sleep or work)? Yes No



Have you talked to your doctor or someone else about the cause of your pain? Yes No



PAIN MANAGEMENT PLAN



NEEDS REFERRAL



Admitted to the hospital, a nursing facility stay or emergency room visits since last assessment? Yes No



IF YES, UPDATE LTC SD 71, 72 AND/OR 73

Overall, how would you rate your health?



LTC SD 54

01 - Poor 02 - Fair 03 - Good 04 - Excellent 00 - No response

Changes in hearing



LTC SD 55

00 - No hearing impairment 02 - Hears only very loud sounds 04 - Not determined
01 - Hearing difficulty at level of conversation 03 - No useful hearing

Changes in vision



LTC SD 57

00 - Has no impairment of vision 02 - Has difficulty seeing obstacles in environment 04 - Not determined
01 - Has difficulty seeing at level of print 03 - Has no useful vision

Falls



LTC SD 70

00 - No 02 - No, but you have a concern about your balance or falling affects
01 - Yes, you have fallen but it wasn't in the last 12 months and/or didn't result in fracture 03 - Yes, and a fall resulted in a fracture within the last 12 months

Have there been changes to your medications? Yes No

IF YES, NAME

CHANGE

Special Treatment



LTC SD 47

00 - No TX
01 - Tube Feedings
02 - One or more TX such as: *(Used in case mix classification)*
• Intravenous Fluids • Hyperalim/Hickman Catheter • Intravenous Meds • Oxygen & Respiratory Therapy
• Blood Transfusions • Ostomies & Catheters Drainage Tubes • Wound Care/Decubiti • Symptom Control for Terminal Illness
• Skin Care • Isolation Precautions • Other

Clinical Monitoring



LTC SD 48

00 - Less than once every 24 hours *(Used in case mix classification)*
01 - Once or twice in 24 hours
02 - At least once every 8 hours

Other changes in health or health concerns? Nutrition, dental? Communication? If yes, include in updated CSSP/CCP below.



Ventilator Dependency (Do not change LTC SD 50 using Activity Type 10.) Yes No

D. Behavior, Orientation, Self-Preservation

Case manager/care coordinator notes: Any changes in orientation? Need for changes in services and/or service plan due to behavioral concerns? Do these changes, if any, change the person's ability to respond in an emergency? Do these changes, if any, change the person's needs for supervision? If yes to any, complete items below and update in MMIS and CSSP/CCP.

Orientation is defined as the awareness of an individual to his/her present environment in relation to time, place and person.



LTC SD 51

- | | |
|--|---|
| 00 - Oriented | 03 - Totally disoriented; does not know time, place, identity |
| 01 - Minor forgetfulness | 04 - Comatose |
| 02 - Partial or intermittent periods of disorientation | 05 - Not determined |



IMPLICATIONS FOR CSSP/CCP

Behavior: "Intervention" includes cues, redirection or behavior management/instruction.



LTC SD 45

- 00 - Behavior requires no intervention or no behaviors.
- 01 - Needs and receives occasional staff intervention. "Occasional" is defined as less than 4 times per week.
- *02 - Needs and receives regular staff intervention in the form of redirection. "Regular" is defined as 4 or more times per week.
- *03 - Needs and receives behavior management and staff intervention. (Person exhibits disruptive behavior such as verbally abusing others, wandering into private areas, removing or destroying property, or acting in a sexually aggressive manner. Person may be resistant to redirection.)
- *04 - Needs and receives behavior management and staff intervention. (Person is physically abusive to self and others. Person may physically resist redirection.)

(Uses score with * for case mix classification)



IMPLICATIONS FOR CSSP/CCP

Self-Preservation: Does the individual have the judgement and physical ability to cope, make appropriate decisions and take action in a changing environment or a potentially harmful situation?



LTC SD 52

- | | |
|--------------------------|--|
| 00 - Independent | 03 - Physically unable |
| 01 - Minimal supervision | 04 - Both mentally and physically unable |
| 02 - Mentally unable | |



IMPLICATIONS FOR CSSP/CCP

V. Person-Centered Planning: Changes to CSSP/CCP



EFFECTIVE DATE OF CHANGES TO CSSP/CCP (LTC SD 76) *This requires leading zeros in MMIS*

This date cannot be earlier than the Activity Type Date of Activity Type 10. This date will also control the amount related to a case mix classification change, prorated for the remainder of the current service year (waiver span).

Based on information about changes in needs gathered above, the person's strengths, and choices and preferences, review and revised the CSSP/CCP as follows:

Person-Centered Planning: Everyday Life

- Identified changes in needs in IADLs.
- Discuss support options, goals, and preferences to include in the CSSP/CCP.
- Consider assistive devices, equipment that can reduce reliance on others, maintain independence.

Person-Centered Planning: Activities of Daily Living

- Identified changes in needs in ADLs.
- Discuss support options, goals, and preferences to include in the CSSP/CCP.
- Consider assistive devices needed, training, maintaining equipment. Wheelchair?
- Follow up appointments needed? Transportation?
- Home care/skilled nurse visits?

Update current CSSP/CCP for everyday life and taking care of oneself. Include changes in services, providers, and/or tasks to be completed by current or new providers. Include effective date of change in service, provider. Resend copies to relevant parties for signatures as required.



Person-Centered Planning: Health

If the person chooses, include the person's health-related goal in CSSP/CCP.

- Identified changes in health/health-related needs.
- Discuss support options, goals, and preferences to include in the CSSP/CCP.
- Assistive devices needed, training, maintenance of current equipment or devices?
- Treatments? Clinical monitoring needs?
- Medication changes? Include name and change. Medication or pain management needs?
- Follow up appointments needed? Transportation?
- Home care/skilled nurse visits?

Update current CSSP/CCP. Include changes in services, providers, and/or tasks to be completed by current or new providers. Include effective date of change in service, provider. Resend copies to relevant parties for signatures as required.



Person-Centered Planning: Cognitive, Behavioral, Supervision

- Identified changes in needs.
- Discuss support options, goals, and preferences to include in the CSSP/CCP.
- Supervision for safety: Review current CSSP/CCP for any needed changes in supervision for safety concerns, including both in the person's home and in other settings. "Safety" includes minimizing risk of maltreatment by others.

Update current CSSP/CCP. Include changes in services, providers, and/or tasks to be completed by current or new providers. Include effective date of change in service, provider. Resend copies to relevant parties for signatures as required.



Comments on Behavioral Intervention/Support Plan

If a current plan exists, identify any needed changes and record on plan. If no plan exists:

Yes No Written intervention plan needed? Who is responsible to develop? _____

Yes No Staff and informal caregiver(s) need training in the intervention? Who is responsible? _____

Yes No Plan needed for periodic monitoring of the effectiveness of a plan, including: _____

Who is responsible for monitoring? _____

Anticipated date for intervention/support plan completion: _____



Person-Centered Planning: Relationships, Future Plans, and Community Connections

- Identify desired/needed changes.
- If the person needs supports to build, maintain or enhance relationships and community connections, and/or carry out future plans, discuss support options, goals and preferences to include in CSSP/CCP.

Update current CSSP/CCP. Include changes in services, providers, and/or tasks to be completed by current or new providers. Include effective date of change in service, provider. Resend copies to relevant parties for signatures as required.



VI. Other Considerations

- Evaluation of environment, potential safety or accessibility problems: Outline steps in plan to improve safety, address concerns about home environment.
- Any changes needed to support informal caregivers? Yes No Outline supports in plan.
- Evidence of or alleged maltreatment by others? Yes No
If yes, report to MAARC at 844-880-1574 or through the web-based reporting tool found at <http://mn.gov/dhs/reportadultabuse>
- Updating customized living (CL) or 24 hour customized living (24CL) rates: *Current EW participants*: For individuals receiving or planning to receive CL or 24CL services, update MMIS and then submit the Residential Services Tool to change current provider service delivery plans, update case mix and rate limit information, or establish eligibility for 24CL rate limit.



- Other: _____

SIGNATURE OF CASE MANAGER/CARE COORDINATOR 		REASSESSMENT DUE DATE
LEAD AGENCY 	LEAD AGENCY CONTACT INFORMATION 	
NOTES FOR REASSESSMENT 		

VII. MMIS Administrative Information

- **Update LTC SDOC in MMIS** after completing the review of needs using AT 10 and changes to CSSP/CCP. Remember only changes to information displayed in MMIS in the last approved LTC SD needs to be updated.
- **Case Mix Classification:** Use information from ADLs, Behavior, Special Treatment and Clinical Monitoring to determine case mix as illustrated in DHS 3428B. The case mix classification is entered in MMIS (field 50 on DHS Form 3427 – LTC SDOC).
- **The Effective Date entered cannot precede the Activity Type Date of AT 10.** This date will control any additional amounts added to a Service Agreement for the remainder of the service year (waiver span), and the number of months a new case mix budget is available for a person.
- If person is on **AC or EW and is moving into or out of Consumer-direct Community Supports (CDCS)** service option, update the SDOC using appropriate Assessment Results (36 Elected Elderly CDCS or 37 Elected Elderly Non-CDCS Services from CDCS) and make sure to change the CDCS Y/N field as well (LTC SD 106____). 
- **Update Professional Conclusions** section of the SDOC to reflect any changes.
- **Service Plan Summary in MMIS:** Update services and source codes.
- **For individuals who are eligible for 24 CL rate limit,** make sure to code the appropriate service code for 24 CL found in Section G on the LTC SD at field 111.
- **Update Service Agreement**, whether in MMIS or in the MCO prior authorization system. This may be updates to current provider authorization (more units, e.g.), the addition of services (or the discontinuance of others), or a change in provider as well as other changes to an authorization.
 - When using AT 10, the waiver span or AC end date is not extended in order to ensure comprehensive reassessment occurs at least annually.
 - When changes in need that are captured using AT 10 result in a change in case mix classification, the Service Agreement end date cannot be extended beyond the service year (span), but additional funding will be added to the header amount based on prorating the case mix change for the number of months remaining in the current service year.
- For **AC** participants, after completing changes to CSSP, **recalculate any fee** and update information in the AC Service Agreement. See DHS Form 4625 *Instructions for Completing and Entering the LTCC Screening Document and Service Agreement into the MMIS*, Chapter 301, for information about how to calculate AC fees and update fee information in MMIS.

All DHS forms can be found at <https://mn.gov/dhs/general-public/publications-forms-resources/edocs/>