



Maintenance Notes

12/22/15

Purpose

Provides MnCHOICES users a visual, step-by-step document to describe the content changes made during the December MnCHOICES maintenance outage and how the changes impact specific functions and tasks in the MnCHOICES application version (v) 15.3.

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1. Developmental Disabilities (DD) Screening Document (SDOC): Field #24

Prior to the maintenance completed on 12/18/2015, the MMIS values for the last five (5) of the ten (10) options in the DD SDOC Field #24 Action Type were missing. This resulted in no MMIS values in the DD SDOC for exit reasons when the SDOC was viewed online or printed. Values for exit reasons needed to be hand written for entry into MMIS.

Now, all ten (10) of the DD SDOC values for field #24 are included and if selected will populate in the online or printed DD SDOC.

If the assessor chooses an exit reason action type (06-10) the selection will populate on the DD SDOC after running eligibility.

Field ID	Field Name	Field Value
023	Action Date	8/31/2015
024	Action Type	09 - EXIT - No longer financially eligible

2. Personal Care Assistance: Complex Health Related Needs

A review of how MnCHOICES calculated extra time for Complex Health Related Needs was requested. The review resulted in revisions in two (2) of the eight (8) categories:

Tube Feeding - No Change

Prtr Therapy - No Change

Wounds - CHANGED

Respiratory Assistance - CHANGED

Catheters - No Change

Bowel Program - No Change

Neurological - No Change

Other - No Change

The responses for the revisions are located within the context of the MnCHOICES Assessment, Health domain, Treatments and Monitoring question group.

Respiratory Assistance

- **Added:** Respiratory Assistance – BiPAP
- **Added:** Respiratory Assistance – CPAP
- **Added question:** If either Respiratory Assistance BiPAP or CPAP is selected another question is displayed: “Does the person require hands-on assistance to put the ventilation device on due to their disability or medical condition

Minnesota Department of Human Services MnCHOICES Training Zone (MTZ)

Person: [Name] | State: [State] | Assignment: [Assignment] | Assessment: [Assessment] | User Profile: [User Profile] | Data Export: [Data Export] | Logout

Assessment: [Assessment] | Waiver: [Waiver] | Assessment ID: 16732 | Certified Assessment: [Assessment] | Category: [Category] | Lead Agency: MnCHOICES Training

Assessment | Eligibility Summary | Disposition | Event Log | Eligibility Log | Print | DD Screening Deck | LTC Screening Deck | PCA Service Agreement

Person Information: 2 | Quality of Life: 8 | ADL: 8 | IADL: 8 | **Health: 12** | Medications: 2 | Symptoms, Conditions & Diagnosis: 1 | Treatments & Monitoring: 2 | Therapies: 1 | Assessment of Fall: 1 | Assessment of Pain: 1 | Assessment of Sleep: 1 | Nutritional & Oral Health: 1 | Psychological: 4 | Memory & Cognition: 4 | Safety/Self Protection: 3 | Sensory & Communication: 8 | Employment, Volunteering & Training: 4 | Housing & Environment: 2 | Self-Direction: 2 | Caregiver: 0 | Assessor Conclusions: 1 | DD Screening Document: 3 | Case Information - Assessment Section: 0

Treatments & Monitoring

Special Diet: [] | Other: [] | Special Diet Management: []

NEUROLOGICAL

Neurological - Observation and Assistance for Seizure: [] | Requires only observation, no physical assistance and/or intervention: [] | Requires minimal physical assistance and/or intervention: [] | Requires significant physical assistance and/or intervention: []

RESPIRATORY

[] Apnea Monitor | [X] BiPAP | [] CPAP | [] Nebulizer | [] Oxygen Therapy | [] Pulse Oximeter

Performed By: [] | Frequency: []

Does the person require hands-on assistance to put the ventilation device on due to their disability or medical condition? * [] Yes [] No

Caregiver | Home health aide | Nurse | Parent | PCA | Self | Other

Bronchial Drainage

Wounds

- **Was:** Wounds – 2nd or 3rd Degree burns that require specialized treatment
- **Now:** Wounds – Burns that require specialized care
- **Was:** Wounds – Drainage Tubes
- **Now:** Content deleted (Wounds – Drainage Tubes was taken out of the MnCHOICES Assessment)
Note: While the content was deleted, this may be identified as a need in the option below
- **Was:** Wounds – Open lesions such as fistulas, tube sites, tumors
- **Now:** Wounds – Open lesions such as fistulas, tube sites or ostomy sites that require specialized care

Minnesota Department of Human Services MnCHOICES QA Area Zone (MQZ)

Person: Intake Assignment Assessment User Profile Data Export Logout

Assessment: Wilbur Rosenberg Assessment Id: 5864 Certified Assessor: Griffin, Cathy C Lead Agency: DHS

Assessment: Eligibility Summary Disposition Event Log Eligibility Log Print DO Screening Docs LTC Screening Docs PCA Service Agreement

Person Information
 Quality of Life
 ADLs
 IADLs
Health
 About this Domain (Health)
 General Health
 HPLPS Brain Injury Screen
 Medications
 Symptoms, Conditions & Diagnosis
Treatments & Monitoring
 Therapies
 Assessment of Feet
 Assessment of Pain
 Assessment of Sleep
 Referrals & Goals (Health)
 Psychosocial
 Memory & Cognition
 Safety/Self Preservation

Treatments & Monitoring

WOUNDS	Performed By	Frequency
<input type="checkbox"/> Burns that require specialized care		
<input type="checkbox"/> Dressing Changes (sterile or clean)		
<input type="checkbox"/> Open lesions such as fistulas, tube sites, or ostomy sites that require specialized care		
<input type="checkbox"/> Open Surgical Site		
<input type="checkbox"/> Stage II or IV Decubitus Ulcer		
<input type="checkbox"/> Wound Vac		

3. Long-Term Care (LTC) Screening Document (SDOC) Field #74

Before the maintenance completed 12/18/2015, in the MnCHOICES Assessment, Health Domain, Treatments & Monitoring question group, if the person uses a ventilator (relies on mechanical ventilation for life support) there were, and still are, three options:

- Intermittent – not 6 hours per day or not expected to be/not been dependent for 30 consecutive days
- Intermittent – at least 6 hours per day and expected to be/has been dependent for 30 consecutive days
- Continuous – expected to be or has been dependent for 30 consecutive days

If none of the options were selected (because the person does not use a ventilator), or if the first option above was selected, an “N” populated on the LTC SDOC in field #74. If either of the other two options above were selected a “Y” populated in field #74 of the LTC SDOC. However, the LTC SDOC needs a numeric value of 00 – 03. An update was made to provide the required numeric values on the LTC SDOC as follows:

00 = Question not answered

01 = Intermittent – not 6 hours per day or not expected to be/has not been dependent for 30 consecutive days

03 = Continuous – expected to be or has been dependent for 30 consecutive days

Previously, if the assessor entered notes into the MnCHOICES Assessment, DD Screening Document domain, at either the end of the Case Information – Assessment Section or Current/Planned Services – Final Action question group screens, the notes did not carry over into the DD SDOC.

- **049 = Notes from the bottom of the Case Information – Assessment Section** question group
- **050 = Notes from the bottom of the Current/Planned Services – Final Action** question group

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5. Medication's Table "Route" Dropdown

Historically, the Health domain, Medications question group in the table under the column labeled Route, in the eighth (8th) row the drop down choices repeated Oral twice and did not display the option Rectal. The duplicate oral has now been replaced with the Rectal.

The screenshot displays the MnCHOICES Training Zone (MTZ) interface. On the left is a navigation menu with categories like ADLs, IADLs, Health, and various assessment domains. The main area shows the 'Medications' section with a table for recording medication information. The table has columns for Name of Medication/Supplement, Taken For, Dosage, Frequency, Route, Prescription, and Administered By. The 'Route' column contains dropdown menus. To the right of the table, two examples of the dropdown menu are shown. The first menu lists Buccal, IM, IV, Nasal Mist, Oral, Oral, and Other. The second menu lists Buccal, IM, IV, Nasal Mist, Oral, Rectal, and Other. The 'Oral' and 'Rectal' options in the second menu are highlighted in yellow.

Name of Medication/Supplement	Taken For	Dosage	Frequency	Route	Prescription	Administered By

6. New Service Code for Long-Term Care (LTC) Screening Document (SDOC)

A new Caregiver Service, with a corresponding Service Code, was recently added to MMIS. The service code is A5 – Family memory care. The new service code is now available in the MnCHOICES Assessment in the LTC SDOC domain Service Plan Summary question group in 108. Service Codes. If A5 – Family memory care is selected, a Source Code is chosen using a drop down.

The Source Code options are:

- Informal
- Formal
- Quasiformal
- Customized Living Services
- Moving Home Minnesota

The Service Code A5 along with the Source Code will populate in the online or printed LTC SDOC after the assessors runs eligibility.

7. Alternative Care (AC) Fee Waiver Reasons Revised

The MnCHOICES Assessment, Long-Term Care (LTC) Screening Document (SDOC) domain, Service Plan Summary question grouped was revised:

- **Removed:** Option 07 – CDCS cost is not greater than the AC plan minus the monthly fee amount that would otherwise be assessed
- **Added:** Option 09 – Person is receiving CDCS

If option 09 – Person is receiving CDCS is selected, after running eligibility it populates in field 110 in the online or printed LTC SDOC.

Minnesota Department of Human Services MeCHOICES Training Zone (MTZ)

Person Intake Assignment Assessment User Profile Data Export Logout

Assessment: Wanda Wilch Assessment ID: 16732 Certified Assessor: Assessor, Cathy Lead Agency: MeCHOICES Training

Assessment Eligibility Summary Discussion Event Log Eligibility Log Print DD Screening Docs LTC Screening Docs PCA Service Agreement

Person Information 2
Quality of Life 8
ADLs 8
IADLs 8
Health 11
Psychosocial 4
Memory & Cognition 4
Safety/Self Preservation 3
Sensory & Communication 6
Employment, Volunteering & Training 4
Housing & Environment 2
Self-Direction 2
Caregiver 0
Assessor Conclusions 1

DD Screening Document 0
Case Information - Assessment Section 0
Current/Planned Services - Final Action Planned 0

LTC Screening Document 0
Client Information 0
Screening/Assessment Information & Results 0
Service Plan Summary 0

Service Plan Summary

SECTION H: ALTERNATIVE CARE AND ESSENTIAL COMMUNITY SUPPORTS INFORMATION

109. STREET ADDRESS (Must always be completed)

ADDITIONAL ADDRESS (Optional) CITY

STATE ZIP CODE CTR GROSS INCOME GROSS ASSETS

AC/ICS ADJUSTED INCOME AC/ICS ADJUSTED ASSETS MEDICARE ID NUMBER

MEDICARE PART A EFFECTIVE MEDICARE PART B EFFECTIVE

110. AC PEE WAIVER REASON

- ☐ 01 - Married couple is requesting an asset assessment under the spousal impoverishment provision
- ☐ 04 - Person is residing in a nursing facility and is receiving case management only
- ☐ 05 - Person is found eligible for AC, but is not yet receiving AC
- ☐ 06 - Income/Assets below minimal amounts
- ☐ 08 - Person is receiving temporary AC
- ☐ 09 - Person is receiving CDCS

111. MEDICARE ELIGIBLE ☐ No ☐ Yes

112. AC PEE ASSESSED ☐ No ☐ Yes

113. CITIZENSHIP

- ☐ 1 - Person is a US citizen
- ☐ 2 - Citizenship is pending
- ☐ 3 - Person is not a US citizen

SECTION I: NOTES

8. ICD-9 Codes Removed

The ICD-9 codes located in the Health domain, Symptoms, Conditions & Diagnosis question group, in a section related to neurological/central nervous system concerns, were removed because they are no longer valid with the implementation of the ICD-10 coding.

Minnesota Department of Human Services MeCHOICES QA Area Zone (MQZ)

Person Intake Assignment Assessment User Profile Data Export Logout

Assessment: Wilma Boudenberg Assessment ID: 1886 Certified Assessor: Assessor, Cathy Lead Agency: DHS

Assessment Eligibility Summary Discussion Event Log Eligibility Log Print DD Screening Docs LTC Screening Docs PCA Service Agreement

Person Information 0
Quality of Life 0
ADLs 0
IADLs 0
Health 0
Adult Pro Domain (Health) 0
General Health 0
HEALTHY Brain Injury Screen 0
Injuries 0
Symptoms, Conditions & Diagnosis 0
Treatments & Medication 0
Therapy 0
Assessment of Fear 0

Assessment of Sleep 0
Nutrition & Diet 0
Mobility 0
Psychosocial 0
Memory & Cognition 0
Safety/Self Preservation 0
Sensory & Communication 0

Symptoms, Conditions & Diagnosis

NEUROLOGICAL/CENTRAL NERVOUS SYSTEM

Does the person have any neurological conditions?

☐ Yes ☐ No ☐ Unsure ☐ Choose not to answer

Comments:

Check all that apply:

- ☐ Alzheimer's
- ☐ Any chronic central nervous (CNS)
- ☐ Brain Injury/Head Injury
- ☐ Dementia
- ☐ Epilepsy
- ☐ Headaches/Migraine
- ☐ History of concussion
- ☐ Huntington's Disease
- ☐ Migraine headaches
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Parkinson's Disease
- ☐ Quadriplegia
- ☐ Stroke - Cerebrovascular Accident (CVA)
- ☐ Swallowing disorders
- ☐ Transient Ischemic Attack (TIA)
- ☐ Other

The symptoms, conditions and/or diagnosis are:

☐ Self-reported ☐ Physician

Check all the neurological condition categories:

- ☐ Disorders of nervous system including brain organs and excluding Alzheimer disease. These include intracranial infections, meningitis, encephalitis, myelitis, and similar conditions.
- ☐ Cerebrovascular Diseases excluding aneurysms. These include cerebral hemorrhage, aneurysms, infarctions, ischemia, and similar conditions.
- ☐ Fracture of skull excluding open without intracranial injury.
- ☐ Serious head injury without evidence of spinal bone injury.
- ☐ Injury to nerve roots and spinal plexus.
- ☐ Neoplasms of the brain and spine.