

Attachment (APL 17-00B)

Long-Term Services and Supports Referral Questions

Background:

In 2016, the Department of Health Care Services (DHCS) announced several strategies designed to improve referrals to Long Term Services and Supports (LTSS), including creating and releasing standardized LTSS referral questions for all Medi-Cal managed care plans (MCPs) to use in their Health Risk Assessments (HRAs). DHCS convened a workgroup to develop recommendations to increase the effectiveness of the questions.

The workgroup identified four different categories of risk factors: social determinants, functional capacity, medical conditions, and behavioral health conditions. These risk factors address the spectrum of challenges a beneficiary may face, reflecting a whole-person approach to understanding the need for LTSS. The workgroup developed standardized HRA questions to address the most directly connected risk factors. Each of the questions seeks to identify whether a beneficiary is experiencing risk factors that make them a candidate for LTSS services that will help keep them in their home and community. The questions are organized in the following two tiers and MCPs must take a holistic view of questions in both tiers to identify beneficiaries in need of follow-up assessments:

- Tier 1 contains questions directly related to LTSS eligibility criteria, and should trigger a follow-up assessment to determine if the beneficiary is eligible for LTSS services.
- Tier 2 contains questions that identify contributory risk factors, which would put a beneficiary at higher risk for needing LTSS services when combined with risk factors identified in Tier 1.

The headings in *italics* are not part of the questions, but provide the intent of the questions.

Tier 1 LTSS Questions:

Activities of Daily Living Functional Limitations / Instrumental Activities of Daily Living Limitations / Functional Supports (Functional Capacity Risk Factor)

Question 1: Do you need help from another person or service animal with any of these actions? (Yes/No to each individual action)

- a) Taking a bath or shower
- b) Going up stairs
- c) Eating
- d) Getting Dressed
- e) Brushing teeth, brushing hair, shaving
- f) Making meals or cooking
- g) Getting out of a bed or a chair

- h) Shopping and getting food
- i) Taking medicine
- j) Using the toilet
- k) Walking
- l) Washing dishes or clothes
- m) Writing checks or keeping track of money
- n) Getting a ride to the doctor or to see your friends
- o) Doing house or yard work
- p) Going out to visit family or friends
- q) Using the phone

If yes, are you getting all the help you need with these actions?

Housing Environment / Functional Supports (Social Determinants Risk Factor)

Question 2: Can you easily and safely move around in your home? (Yes/No)

If no, does the place where you live have: (Yes/No to each individual item)

- a) Good lighting
- b) Good heating
- c) Good cooling
- d) Rails for any stairs or ramps
- e) Hot water
- f) Indoor toilet
- g) A door to the outside that locks
- h) Stairs to get into your home or stairs inside your home
- i) Elevator
- j) Space to use a wheelchair
- k) Clear ways to exit your home

Low Health Literacy (Social Determinants Risk Factor)

Question 3: "I would like to ask you about how you think you are managing your health conditions"

- a) Do you need help taking your medicines? (Yes/No)
- b) Do you need help filling out health forms? (Yes/No)
- c) Do you need help answering questions during a doctor's visit? (Yes/No)

Caregiver Stress (Social Determinants Risk Factor)

Question 4: Do you have family members or others willing and able to help you when you need it? (Yes/No)

Question 5: Do you ever think your caregiver has a hard time giving you all the help you need? (Yes/No)

Abuse and Neglect (Social Determinants Risk Factor)

Question 6a: Are you afraid of anyone or is anyone hurting you? (Yes/No)

Question 6b: Is anyone using your money without your ok? (Yes/No)

Cognitive Impairment

Question 7: Are you worried it is hard for you to remember people, places, or things? (Yes/No)

Tier 2 LTSS Questions:

Fall Risk (Functional Capacity Risk Factor)

Question 8a: Have you fallen in the last month? (yes/No)

Question 8b: Are you afraid of falling? (Yes/No)

Financial Insecurity or Poverty (Social Determinants Risk Factor)

Question 9: Do you sometimes run out of money to pay for food, rent, bills, and medicine? (Yes/No)

Isolation (Social Determinants Risk Factor)

Question 10: Over the past month (30 days), how many days have you felt lonely? (Check one)

- None – I never feel lonely
- Less than 5 days
- More than half the days (more than 15)
- Most days – I always feel lonely