MDC Providers: MDC OCTOBER 2019 RELEASE

Updates to the MDC forms

I.   ADCAPS

As of October 19, 2019, the ADCAPS module within LTSSMaryland has enhancements within four (4) main functionalities.
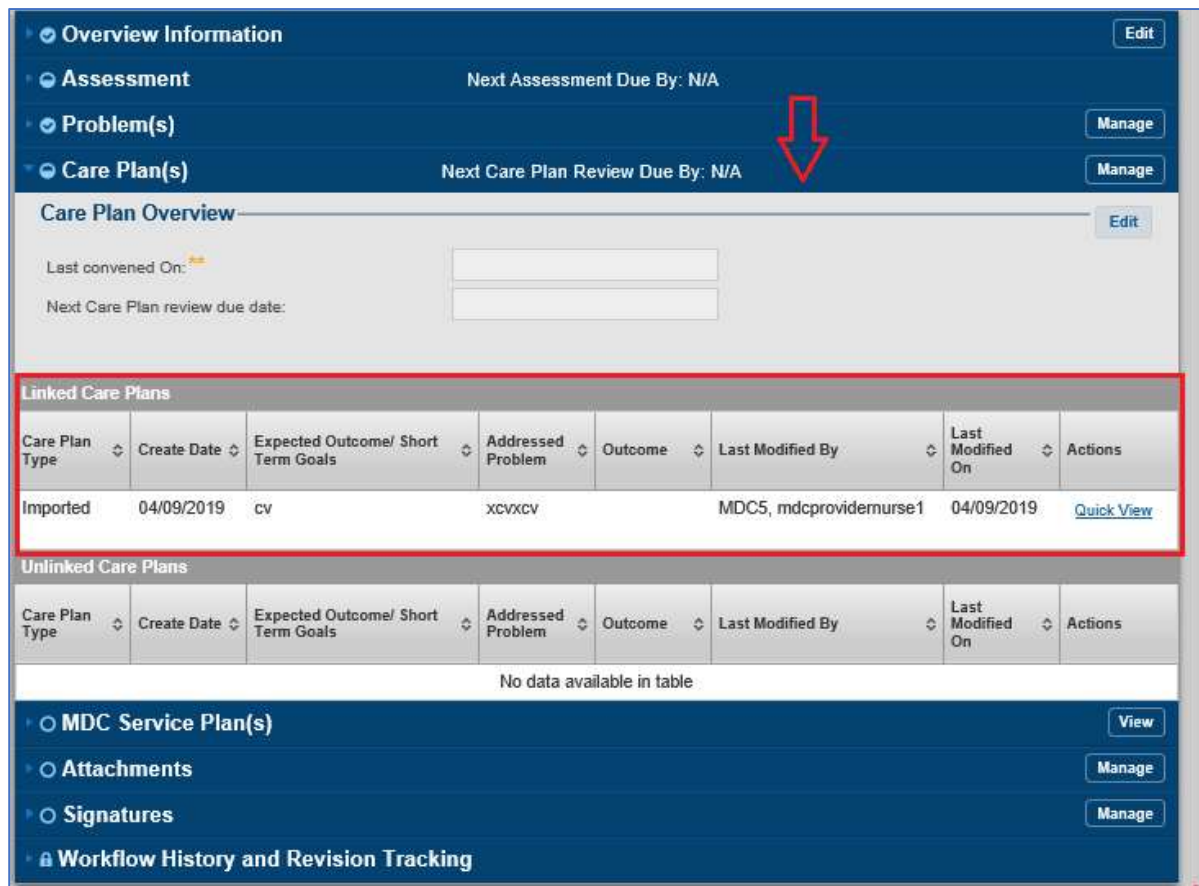
A. Import Problems and Care Plans: Linked

With the July 2019 release, when a user selected the *Begin Assessment* option, the **Problems** and **Care Plans** from the *active* **ADCAPS** were imported, *Unlinked*.

As of October 2019, when a user selects the *Begin Assessment* option, the **Problems** and **Care Plans** from the *active* **ADCAPS** will be imported, *Linked*. This means that the users no longer have to re-associate each **Problem** and **Care Plan**.

1. The user will select the *Begin Assessment* option on the **Assessment** banner and select *Ok* on the informational message.

2. Expand the Care Plan panel. Note that the system imports Problems and Care Plans *Linked*.

Overview Information						Edit
Assessment	Next Assessment Due By: N/A					
Problem(s)						Manage
Care Plan(s)	Next Care Plan Review Due By: N/A					Manage

Care Plan Overview — Edit

Last convened On:

Next Care Plan review due date:

Linked Care Plans

Care Plan Type	Create Date	Expected Outcome/ Short Term Goals	Addressed Problem	Outcome	Last Modified By	Last Modified On	Actions
Imported	04/09/2019	cv	xcvxcv		MDC5, mdcprovidernurse1	04/09/2019	Quick View

Unlinked Care Plans

Care Plan Type	Create Date	Expected Outcome/ Short Term Goals	Addressed Problem	Outcome	Last Modified By	Last Modified On	Actions
			No data available in table				

MDC Service Plan(s)	View
Attachments	Manage
Signatures	Manage
Workflow History and Revision Tracking	

B. Assessment

The enhancements for the sections within the *Assessment* module are identified below.

1. Section D

In Section D, the MDC Provider Nurse can indicate another **Speech** condition (such as non-verbal) by selecting the 'Other' option.

When the user selects the 'Other' option, they will be required to enter comments in the 'Comments' text box.

2. Section T

In **Section T**, the MDC Provider Nurse can select the sub-options for the **Oral Medication** and **Injectable Medication** sections.

Management of Oral Medications

1. Participant's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. **

Excludes injectable and IV medications.
(NOTE: This refers to the ability, not compliance, or willingness.)

☑ 1. Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times

☑ 2. Able to take medication(s) at the correct times if:

☐ a. Individual dosages are prepared in advance by another person; OR;

☐ b. Another person develops a drug diary or chart.

☐ 3. Able to take medication(s) at the correct times if given reminders by another person at the appropriate times

☐ 4. Unable to take medications unless administered by another person

☐ 5. No oral medications prescribed

Comments: **

0 of 1000 character limit

Management of Injectable Medications

1. Participant's current ability to prepare and take all the prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. **

Excludes IV medications

☑ 1. Able to independently take the correct medication(s) and proper dosage(s) at correct times

☑ 2. Able to take injectable medication(s) at correct times if:

☐ a. Individual syringes are prepared in advance by another person; OR;

☐ b. Another person develops a drug diary or chart.

☐ 3. Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection.

☐ 4. Unable to take injectable medication unless administered by another person

☐ 5. No injectable medications prescribed

Comments: **

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3. Section K

In **Section K**, the instructional text has been updated to align with current business process. The **pain rating scale** is only required when the participant has indicated **Pain Frequency** as *Daily*.

When the user selects the *Less than Daily* or *Daily* option, the instructional text is updated.

C. Care Plans

There have been several updates to the Care Plan section to address the issue of the Care Plan due date calculation. After October 19, 2019, when users **Revise** an existing ADCAPS, or create a new **120-Day** or **Significant Change** ADCAPS, given that one ADCAPS already exists *without* the Multi-Disciplinary Team information. The will be required to enter the *Last Convened On* date.

1. Display the Care Plan Overview section

The **Care Plan Overview** section has been enhanced to allow users to view information about the **Care Plan** Due Dates, as well as indicate when the Multi-Disciplinary Team was last convened.

When users expand the **Care Plan** banner, they will see a new **Care Plan Overview** section:

The example screenshot below depicts a scenario where there is an existing ADCAPS. In this scenario, the Multi-Disciplinary Team question is hidden, and the user is required to enter the *Last Convened On* date:

The example screenshot below depicts a scenario where the user has added a new **Significant Change** ADCAPS, and an ADCAPS already exists *with* the Multi-Disciplinary Team information. Users are **required** to answer the Multi-Disciplinary Team question in order to *Submit* the ADCAPS:

2. Capturing the Multi-disciplinary team information

When updating the **Care Plan** section, users will be asked to indicate if the Multi-Disciplinary Team was convened for the ADCAPS, as well as the Date that the Multi-Disciplinary Team was last convened.

The user selects *Manage* on the **Care Plan** banner and will view the following pop-up screen:

Users must answer *Yes* or *No*. If the user selects *Yes*, then they are required to enter a new date in the **Last Convened On** field and the *Next Care Plan Review Due By* date is recalculated. If the user selects *No,* the Imported Date is retained, and the *Next Care Plan Review Due By* date is not recalculated.

3. Calculating the Next Care Plan Review Due By date

The **Next Care Plan Due By** date is only recalculated upon submission of the ADCAPS, when the *Multi-Disciplinary Team was Convened* and the *Last Convened On* information is complete in the **Care Plan Overview** section:

Once the user has saved the Multi-Disciplinary Team information in the new ADCAPS, completed the *Last Convened On* date, and has *Submitted* the ADCAPS; the **Next Care Plan Review By** due date is recalculated as, the Last Convened On date **plus** 180 days.

Before Submission:

After Submission:

4. Displaying the Next Care Plan Due date

Once the **Next Care Plan Due** date is recalculated, it is displayed on the **Care Plan** banner on the *ADCAPS Summary* page.

Prior to submitting the ADCAPS, the **Next Care Plan Review Due By** information may reflect *N/A* or the previously available **Next Care Plan Review Due By** information.

After submitting the ADCAPS, the **Next Care Plan Review Due By** information reflects the recalculated **Next Care Plan Due** date.

5. Care Plan My list

Previously, there was one (1) **My List** function for Care Plans that would track Due and Overdue Care Plans. Moving forward, there will be three (3) separate **My List** functions to track Care Plans that are **Due in 30 days**, **Due in 60 days**, or **Overdue**.

The *Due in 30 Days or Less* filter will include clients that have Care Plans that are overdue and due in 30 days or less. Values in the Next Care Plan review due in field will range from negative (Overdue) to 30.

The *Due in 60 days or Less* filter will include clients that have Care Plans that are overdue, due in 30 days or less and due in 60 days or less. Values in the Next Care Plan review due in field will range from negative (Overdue) to 60.

The *Care Plans Overdue* filter will only include clients that are overdue. Values in the Next Care Plan review due in field will be positive, ranked from highest (most overdue) to lowest (least overdue).

D. Signature Section

As of October 19, 2019. The attestation language and Participant attestation requirement has been modified.

The second MDC Provider Nurse attestation has been removed, and the Client/Authorized representative signature is only required with the *Initial* or *Transfer* ADCAPS.

Only one attestation for the MDC Provider Nurse:

Client attestation is only required for *Initial* or *Transfer* ADCAPS, **not** *120-Day* or *Significant Change*:

Note: Full circle in the Signature section when the Client or Client Representative attestation is not entered.

Reminder: Actual *Client/ Client Representative* signatures are still **required**, when applicable.

II.   Assign MDC Providers

Beginning October 19, 2019, the following User Roles may assign MDC Providers to a Client record:

- Coordinator of Community Services (CCS)
- BI Case Manager
- Support Planners

Prior to this change, users from other Program/Waiver Case management agencies were unable to assign an MDC Provider to the client. With this change, CCS, BI Case Manager(s), and Support Planner(s) can now assign a Primary or Additional MDC Provider.

CCS users are still required to have a NF LOC on file for the participant before they can assign a Primary or Additional MDC Provider.

III. Discharge Planning Warning Message

When users submit the **Discharge Planning Form** or the **Discharge 257B Form**, they will see the selection option, *OK*, allowing them to acknowledge the message.