

Overview

This instruction document describes changes to Case Managers' data entry and use of the Comprehensive Data Set, 2nd edition (CDS-2). It is prepared for distribution at training sessions for ASAP SMEs and Program Directors.

We hope that it will be used as the basis for creation of ASAP training materials targeted at case management staff who use SAMS.

Revision History

Date	Version	Description	Author
Oct 26, 2009	1.0	Initial Draft for CDS-2 training	Susan Tompkins-Hunt
Oct 28, 2009	1.1	Edits to Completion Requirements, Minor edit to J1, Addition of Narrative Instruction	STH
Oct 30, 2009	1.2	Revision History date from Oct 30 to Oct 28 Edits to FIL Calculation Section	STH
Dec 04, 2009	1.3	<ul style="list-style-type: none"> Edits and Additional instruction to CDS Completion Requirements Edits to numbering of AA.1 and AA.2 Additional instruction to AA.3 and AA. Health Care Coverage Additional instruction to CC and D Additional instruction to R w/new screen shots Edits to Numbering of Appendix Addition of Consumer Summary changes 	STH

Table of Contents

Overview	1
CDS Completion Requirements.....	2
AA. Name and Identification Numbers	4
BB. Personal Items: (Complete at Intake Only)	5
CC. Referral Items: (Complete at Intake Only)	5
B.4. Cognitive Patterns/Memory Loss Screen	5
D.2. Vision Patterns/Visual Limitations/Difficulties.....	6
G. Informal Support Services:	6
H. Physical Functioning (IADL Performance ...ADL...)	6
FIL Calculation (New Addition)	7
J. Disease Diagnoses	10
P. Service Utilization (in Last 7 Days).....	13
R. Assessment Information.....	13
Nutrition Module	15
Narrative	16
Appendix: CDS-2 linked fields to SAMS Consumer Record	16
Appendix: Consumer Summary screen.....	16

CDS Completion Requirements

Case Managers will be required to complete the entire CDS-2-CM if assessing any special program consumer, and are required to complete no less than the shorter version for HCB-NW and Respite/Over-Income consumers.

Case Managers are instructed to **not answer** the following questions for either the complete or shorter version. If information is available for these questions, it should be documented in the narrative.

B.3. Indicators of Delirium

D.2. Visual Limitations

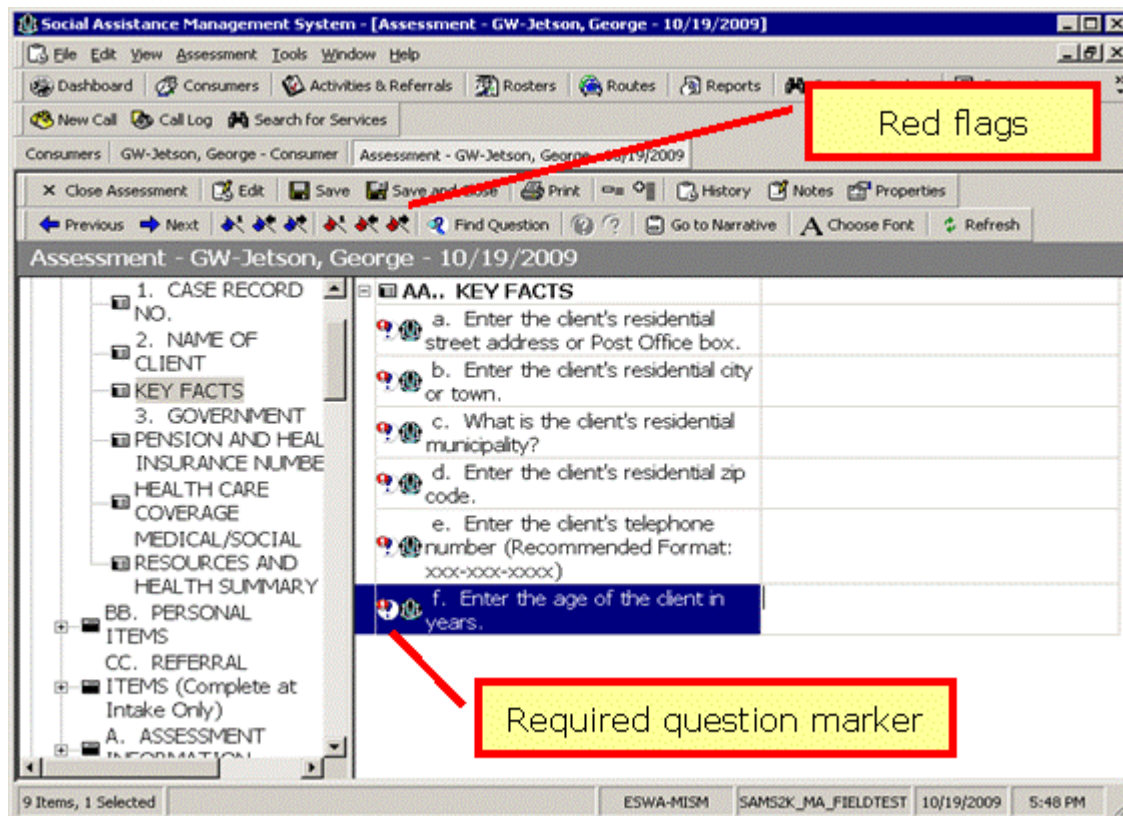
N.2. Ulcers

Case Managers will not be required to answer the following questions for either the complete or shorter version (see page 3 for additional shorter version “not required” questions).

- **AA.2.** Case Record #
- **AA.c.** Municipality (deleted from CDS-2)
- **CC.3.** Goals of Care
- **J.2.** Other Current or More Detailed Diagnoses and ICD-9 Codes
- **P.5.** Treatment Goals
- **Q.2.** Psychotropic Medications
- **Q.3.** Medical Oversight

When to complete CDS-2-CM Short version

A shorter version (fewer questions) is permitted for consumers enrolling in the HCB-NW or Respite/Over-Income. Red circles with an exclamation point mark those questions in the CDS-2-CM that are required for this shorter version. Once a question is answered the red icon disappears. The **RED FLAGS** on the Tool Bar can be used to navigate to the first, last or next unanswered required question.



The following questions are not required on the CDS-2-CM (shorter version) Assessment

- **AA.2.** Case Record #
- **AA.c.** Key Facts/Municipality (*deleted from CDS-2*)
- **BB.6.** Education Level
- **CC.3.** Goals of Care a-f
- **B.3.** Indicators of Delirium - **(CMs instructed to not answer)**
- **D.2.a.** Vision Patterns/Visual Limitation - **(CMs instructed to not answer)**
- **J.2.** Other Current or More Detailed Diagnoses and ICD-9 Codes
- **N.2.** Ulcers (Pressure/Stasis) - **(CMs instructed to not answer)**
- **N.3.** Other Skin Problems
- **N.4.** History of Resolved Pressure Ulcers
- **N.5.** Wound/Ulcer Care
- **P.1.** Service Utilization **a-j**
- **P.5.** Treatment Goals
- **Q.2.** Psychotropic Medications
- **Q.3.** Medical Oversight

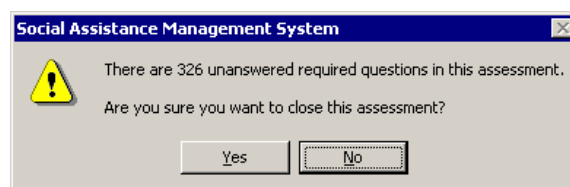
Setting the User Option to see count of Unanswered Required Questions

There is a **Tools/Option**, which will display the number of unanswered questions remaining in an assessment. This prompt only displays when closing an assessment.

This may be helpful in identifying when the "short version" is near complete or complete.

Options	
[-] List Settings	
[-] Property Settings	
[-] Consumer Summary Screen Settings	
[-] Calendar Settings	
[-] Default Settings	
[-] Care Plans	
[-] Omnia Profile	
[-] Assessments	
Required Questions Prompt?	Yes
Default Reassessment Date (Months)	6
Medication list number taken default?	0.000
Update Client Record?	Most recent only
Enable Assessment Automatic Save	No
Assessment Automatic Save Interval (Mins)	15
[-] I & R Settings	

Message shown when closing an assessment with any unanswered required questions.



Access this screen via **Tools > Options**.

Key CDS-2 Changes (see Change Log for a complete list)

AA. Name and Identification Numbers

AA.1.a Last/Family Name has been moved and is now the second question on the assessment. **Case Record Number** remains AA.2, although it is the first question on the assessment. This change was requested by SIMS Support due to the number of requests for assistance to find consumers after a misspelled last name in the CDS populated over to and altered the consumer record. Assessors must use caution when entering data in fields that are linked between the CDS and the consumer record in SIMS. (*See the appendix for a complete list of linked fields*).

AA.3. Government Pension and Health Insurance Numbers

AA.3.a. Enter Social Security Number only

AA.3.b. Enter Medicare or Medicaid number, which ever is the primary insurance

AA. Health Care Coverage

AA.a, b. and c. Enter secondary and other insurance coverage information

AA.g. Primary MD Fax #: This is a new addition to the Physician information. The Fax number should be recorded in the following format: xxx-xxx-xxxx.

BB. Personal Items: ~~(Complete at Intake Only)~~

The instruction "**(Complete at Intake Only)**" has been deleted. This is an MDS instruction and is not related to EOEA CDS business rules. Case Managers are required to complete this section when completing the entire CDS-2-CM and all but section BB.6 for the shorter version.

BB.5.a. Language/Primary Language: 40 additional language responses have been added.

Does the client understand English? New question added following BB.5.a.

Response: Yes/No

This is a linked question to SAMS/Details/Characteristics.

The screenshot displays the SAMS application window for a consumer named George Jetson. The interface includes a menu bar (File, Edit, View, Tools, Window, Help) and a toolbar with icons for Dashboard, Consumers, Activities & Referrals, Rosters, Routes, Reports, and Custom Searches. Below the toolbar, there are tabs for New Call, Call Log, and Search for Services. The main content area is divided into a left sidebar with a 'Contents' pane and a central 'Details' pane. The 'Details' pane shows a list of categories: General, Personal, Residential Address, Mailing Address, NAPIIS, Status, Insurance, Other, and Characteristics. The 'Characteristics' category is expanded, revealing a table of attributes and their values. The 'Understands English' attribute is highlighted with a blue selection bar.

Attribute	Value
Abused/Neglected/Exploited	No
Cognitive Impairment	Unknown
Disabled	No
Duplicate Mail	No
Employment Status	Unknown
Female Head of Household	No
Frail	No
Homebound	No
Medicare Eligible	No
Receiving Social Security	No
State Resident	Yes
Tribal	No
Understands English	Yes
US Citizen	Yes

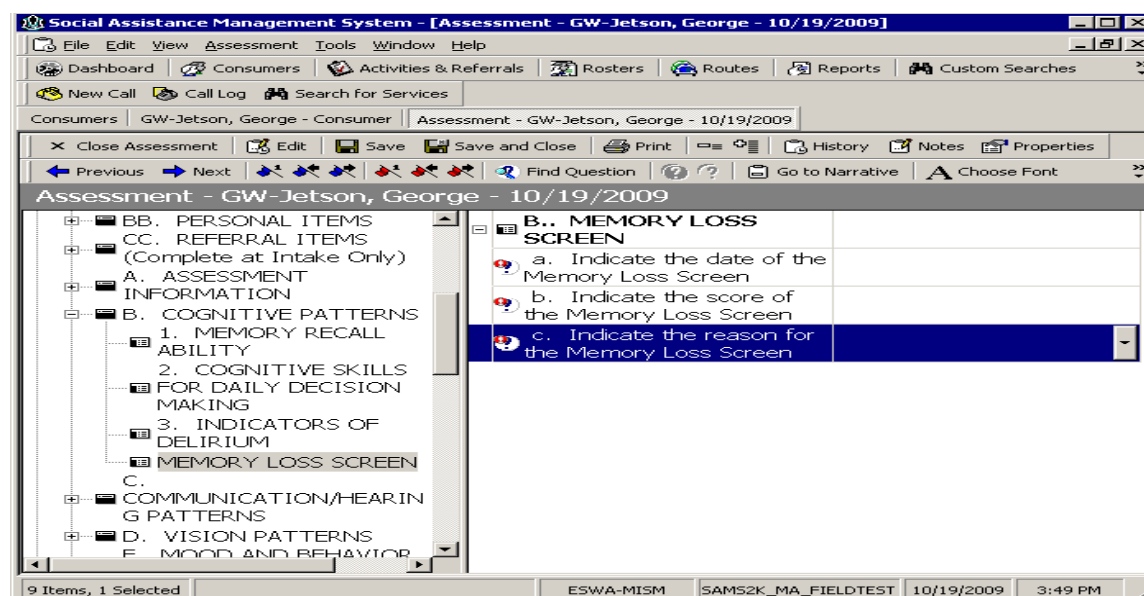
CC. Referral Items: ~~(Complete at Intake Only)~~

The instruction "**(Complete at Intake Only)**" has been deleted. This is an MDS instruction and is not related to EOEA CDS business rules. Case Managers are required to complete all questions, except for CC.3 Goals of Care. Some questions are intake related and will not change with on-going reassessments.

B.4. Cognitive Patterns/Memory Loss Screen

The Dementia Indicators have been removed from CDS 2.0 and replaced with the **Memory Loss Screen**. Assessors will use a new tool, the **Mini-Cog**, and record the score and related items in the Memory Loss Screen Section.

Memory Loss Screen (responses from the Mini-Cog) will consist of three questions.



D.2. Vision Patterns/Visual Limitations/Difficulties

D.2.a. Saw halos or rings around lights, curtains over eyes, or flashes of lights.

Case Managers are instructed to not answer this question. If information is available it should be documented in the narrative.

G. Informal Support Services:

G.1. Two Key Informal Helpers (Primary (A) and Secondary (B))

The Secondary Helper name and contact information now follow the Primary Helper name and contact information.

H. Physical Functioning (IADL Performance ...ADL...)

The IADL and ADL sections have been rearranged for better flow, keeping all questions related to a particular I/ADL together in the CDS-2-CM and CDS-2-FULL versions.

Additions/Changes to Questions:

ADL Response Question added: **"Who helps with Mobility in Bed?"**

Social Module Questions of **"Device needed"** and **"Who helps"** have been relocated to follow the corresponding I/ADL MDS question.

IADL Question added, **"Who helps with Heavy Housework?"** will be relocated, following **"Who helps with Laundry Needs?"**

Additions/Changes to Responses:

Response added to all **"Device needed"** question response choices.
Yes – Need unmet.

Response added to all ADL Self Performance question response choices.
Independent – but experiences difficulty

Response Change in **"Who helps"** questions: **"Met by Home Care"** to **"Met by ASAP"**

FIL Calculation (New Addition)

In CDS-2, the FIL calculation has been revised to streamline data entry and to improve its accuracy.

- Mobility in bed - new addition to ADL
- Locomotion outside of home – moved from ADL to IADL to conform with Home Care Program Regulations
- Independent- but experiences difficulty does not add to the FIL calculation

Since the implementation of CDS 1, there have been two problems related to the FIL assessment and calculation: 1) the MDS ADLs and IADLs do not match the Home Care Program regulations found at 651 CMR 3.00 that define FILs and eligibility for Home Care; 2) the stored FIL is a calculated field that is not reportable. The addition of the FIL questions corrects both of these problems

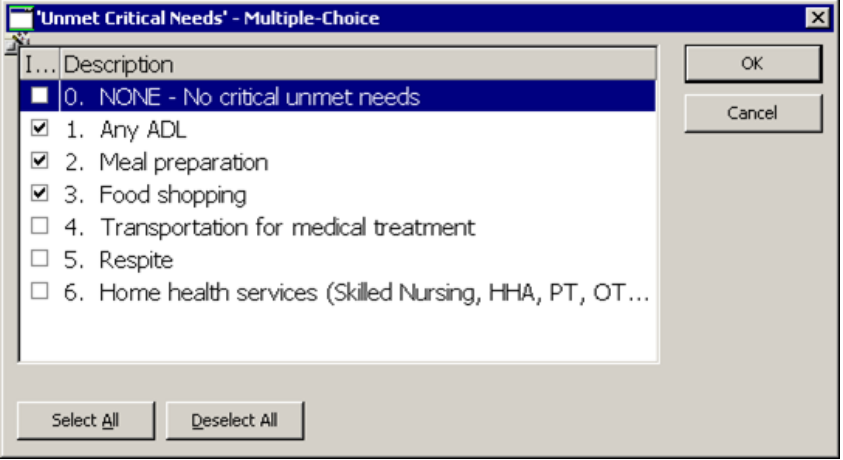
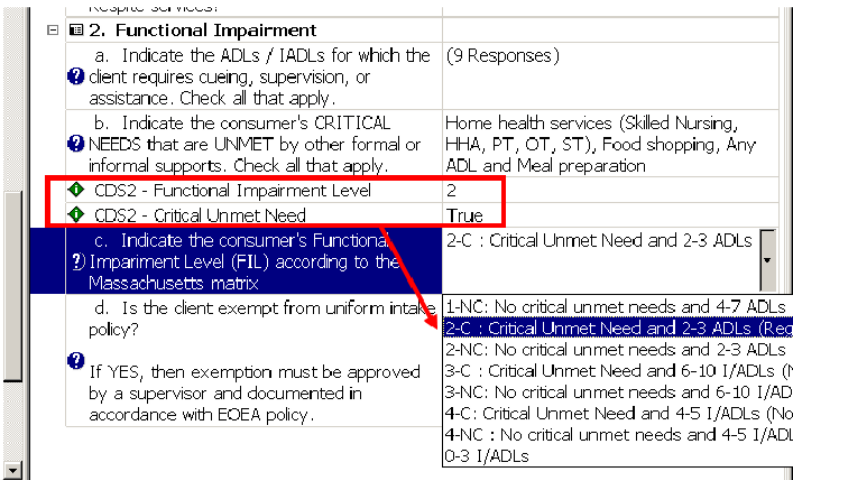
2. Data entry for Functional Impairment Level (FIL)**Steps to calculate and record FIL:**

1. Enter data for questions [A] and [B]
2. Review indicators [C] & [D], which display after [A] & [B] are entered. [C] shows a number and [D] a true/false value.
3. Select the correct value on the dropdown for [E], corresponding to [C] & [D].

Assessment - GW-Jetson, George A - 10/21/2009

<ul style="list-style-type: none"> C. COMMUNICATION/HEARING PATTERNS D. VISION PATTERNS E. MOOD AND BEHAVIOR PATTERNS F. SOCIAL FUNCTIONING PATTERNS G. INFORMAL SUPPORT SERVICES H. PHYSICAL FUNCTIONING PATTERNS I. CONTINENCE PATTERNS J. FIL CALCULATION K. *** OLD FIL L. DISEASE DIAGNOSES M. HEALTH CONDITIONS AND PREVENTIVE HEALTH MEASURES N. NUTRITION/HYDRATION 	<p>FIL CALCULATION</p> <p>1. Need for Caregiver Respite (confirm)</p> <p>a. Is the client's caregiver in need of Respite services? 0. No</p> <p>2. Functional Impairment</p> <p>a. Indicate the ADLs / IADLs for which the client requires cueing, supervision, or assistance. Check all that apply. (9 Responses)</p> <p>b. Indicate the consumer's CRITICAL NEEDS that are UNMET by other formal or informal supports. Check all that apply. Home health services (Skilled Nursing, HHA, PT, OT, ST), Food shopping, Any ADL and Meal preparation</p> <p>c. CDS2 - Functional Impairment Level 2</p> <p>d. CDS2 - Critical Unmet Need True</p> <p>e. Indicate the consumer's Functional Impairment Level (FIL) according to the Massachusetts matrix 2-C : Critical Unmet Need and 2-3 ADLs (Regardless of IADLs)</p> <p>f. Is the client exempt from uniform intake policy? 0. No</p> <p>g. If YES, then exemption must be approved by a supervisor and documented in accordance with EOE policy.</p>
---	---

item	item
A	<p>Indicate the ADLs/IADLs the Client requires cueing, supervision, or assistance. Check all that apply.</p> <p>Choices 0 through 17</p> <div> <p>'ADLs/IADLs the Client Requires Cueing' - Multiple-Choice</p> <p>I... Description</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 0. ADL DEFICITS / Bathing <input checked="" type="checkbox"/> 1. ADL DEFICITS / Dressing/Undressing <input type="checkbox"/> 2. ADL DEFICITS / Eating <input type="checkbox"/> 3. ADL DEFICITS / Incontinence management <input type="checkbox"/> 4. ADL DEFICITS / Locomotion in home <input type="checkbox"/> 5. ADL DEFICITS / Mobility in bed <input type="checkbox"/> 6. ADL DEFICITS / Toilet use <input type="checkbox"/> 7. ADL DEFICITS / Transfer in/out of bed/chair <input checked="" type="checkbox"/> 8. IADL DEFICITS / Housework <input checked="" type="checkbox"/> 9. IADL DEFICITS / Laundry <input type="checkbox"/> 10. IADL DEFICITS / Locomotion outside of home <input checked="" type="checkbox"/> 11. IADL DEFICITS / Manage finances <input checked="" type="checkbox"/> 12. IADL DEFICITS / Meal preparation <input type="checkbox"/> 13. IADL DEFICITS / Medication management <p>Select All Deselect All</p> <p>OK Cancel</p> </div>

item	item	
B	<p>Indicate the consumer's Critical Needs that are UNMET by other formal or informal supports. Check all that apply.</p> <p>Choices 0 through 6.</p>	
C	<p>indicator: CDS2 - Functional Impairment Level</p>	<p>If data is entered in questions [A] and [B], then a number from 0-4 will display:</p> <ul style="list-style-type: none"> 1-4: matches Mass Home Care Program regulations (651 CMR 3.03) 0: if questions [A] and [B] are entered but impairment/need is less than FIL 4. <p>If no data is entered in questions [A] and [B] (e.g. a brand-new assessment), then the number 99 displays.</p>
D	<p>indicator: CDS2 - Critical Unmet Need</p>	<p>A true/false value displays indicating whether there is a critical unmet need, based on the response to question [B].</p>
E	<p>Indicate the consumer's Functional Impairment Level (FIL) according to the Massachusetts matrix.</p>	

d. Is the client exempt from uniform intake policy?

Item	Question	Answer
CDS2 - Functional Impairment Level		2
CDS2 - Critical Unmet Need		True
c. Indicate the consumer's Functional Impairment Level (FIL) according to the Massachusetts matrix		2-C : Critical Unmet Need and 2-3 ADLs (Regardless of IADLs)
d. Is the client exempt from uniform intake policy?		0. No
If YES, then exemption must be approved by a supervisor and documented in accordance with EOE policy.		

J. Disease Diagnoses

J.1. Diseases -

Addition to question response.

Reported, not confirmed

When answering section J.1.

“Not present” should be chosen when a diagnosis is “Not present” or when the diagnosis has **not been reported**.

“Reported, not confirmed” identifies that a disease has been reported by the consumer/family without confirmation by a medical professional.

Category	Item	Response Options
J. DISEASE DIAGNOSES	J.1. DISEASES - HEART/CIRCULATION	
	a. Cerebrovascular accident (stroke)	
	b. Congestive heart failure	
	c. Coronary artery disease	
	d. Hypertension	
	e. Irregularly irregular pulse	
	f. Peripheral vascular disease	
	J.2. NEUROLOGICAL	
	g. Alzheimer's	
	h. Dementia other than Alzheimer's disease	
	i. Head trauma	
	j. Hemiplegia/hemiparesis	
	k. Multiple sclerosis	
	l. Parkinsonism	
	J.3. MUSCULO-SKELETAL	
	m. Arthritis	
	n. Hip fracture	

J.2. Other Current or More Detailed Diagnoses and ICD-9 Codes

This section should only be used for those confirmed Diagnoses for which ICD-9 Codes have been provided. Case Managers will not be required to identify ICD-9 Codes, and therefore should only use J.2. when an ICD-9 code is confirmed by the ASAP RN.

J.3. Additional Diagnoses Reported, Not Confirmed

a. Other diagnoses/symptoms reported, not confirmed.

This section should be completed by Case Managers for all diagnoses/symptoms, other than those listed in J.1., which have been reported but not confirmed. All confirmed diagnoses should be listed in J.1. and J.2.

If a diagnosis of CANCER has been reported, but not confirmed, please enter a note of the type of cancer reported.

Assessment - GW-Jetson, George - 10/19/2009

- 1. Need for
 - Caregiver R (confirm)
 - 2. Function Impairment
- *** OLD FILE
- J. DISEASE DIAGNOSES
 - J.1. NONE OF ABOVE
 - ac. NONE OF ABOVE
 - J.2. OTHER CURRENT OR MORE DETAILED DIAGNOSIS AND ICD-9 CODES**
 - ad. Indicate any other current or more detailed diagnoses for the client in ICD-9 code format
 - J.3. ADDITIONAL DIAGNOSES REPORTED, NOT CONFIRMED
 - a. Other diagnoses reported, not confirmed
- K. HEALTH CO AND PREVENT MEASURES
- L. NUTRITION/H ATIONAL STATUS

9 Items, 1 Selected | ESWA-MISM | SAMS2K_MA_FIELDTEST | 10/19/2009 | 4:49 PM

'Diagnosis not Confirmed by MD or NP' - Multiple-Choice

I...	Description
<input checked="" type="checkbox"/>	CANCER / Note type
<input type="checkbox"/>	GI / Colitis
<input type="checkbox"/>	GI / Constipation (on a regular basis)
<input type="checkbox"/>	GI / Crohn's Disease
<input type="checkbox"/>	GI / Diarrhea (on a regular basis)
<input type="checkbox"/>	GI / Gall bladder disease
<input type="checkbox"/>	GI / Gastro-Esophageal Reflux Disease (GERD)
<input type="checkbox"/>	GI / Irritable Bowel Syndrome
<input type="checkbox"/>	GI / Peptic Ulcer
<input type="checkbox"/>	GI / Other
<input type="checkbox"/>	HEART / Angina
<input type="checkbox"/>	HEART / Edema
<input type="checkbox"/>	HEART / History of myocardial infarction (heart attack)
<input type="checkbox"/>	HEART / Hypotension (low blood pressure)

OK
Cancel

Select All Deselect All

b. Other Unconfirmed Diagnoses:

Any diagnosis reported, but not confirmed, which is not listed in either J.1. or J.3. should be entered here.

During a reassessment **if a J.3. diagnosis has been confirmed** by an ASAP RN, with an ICD-9 Code, it should be documented in J.2., if not listed in J.1.

Social Assistance Management System - [Assessment - GW-Jetson, George - 10/19/2009]

File Edit View Assessment Tools Window Help

Dashboard Consumers Activities & Referrals Rosters Routes Reports Custom Searches

New Call Call Log Search for Services

Consumers GW-Jetson, George - Consumer Assessment - GW-Jetson, George - 10/19/2009

Close Assessment Edit Save Save and Close Print History Notes Properties

Previous Next Find Question Go to Narrative Choose Font

Assessment - GW-Jetson, George - 10/19/2009

- 1. Need for Caregiver Role (confirm)
- 2. Function Impairment
- *** OLD FILE
- J. DISEASE DIAGNOSES**
- K. HEALTH CARE AND PREVENTIVE MEASURES
- L. NUTRITION/HYDRATION STATUS

J.2. OTHER CURRENT OR MORE DETAILED DIAGNOSIS AND ICD-9 CODES

J.3. ADDITIONAL DIAGNOSES REPORTED, NOT CONFIRMED

a. Other diagnoses reported, not confirmed

Check all that apply.

b. Other Unconfirmed Diagnoses: Foot fungus

? If there are other unconfirmed diagnoses from question J.3a, list them here.

9 Items, 1 Selected ESWA-MISM SAMS2K_MA_FIELDTEST 10/19/2009 4:56 PM

P. Service Utilization (in Last 7 Days)

P.1. Formal Care.

k. Change from **Personal Care Attendant** to **MassHealth Personal Care Attendant Program**.

R. Assessment Information

R.1. Signatures of Persons Completing the Assessment:

This section has been decreased to three signature sections.

- a. Signature of Assessment Coordinator (RN): will be for RN signatures only.
- d. Other Signature (Case Manager): will be for CM signatures only.
- h. Other Signatures: will accommodate another signature when the circumstance warrants one.

Assessment - CDS-2-Dummy, Test R - 12/2/2009

R.1. SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT	
a. Signature of Assessment Coordinator (RN)	
b. Title of Assessment Coordinator	
c. Date Assessment Coordinator signed as complete	
d. Other Signature (Case Manager)	Sarah Smith
e. Title	Case Manager
f. Sections	Complete
g. Date	12/03/2009
h. Other Signature	
i. Title	
j. Date	
ab. Indicate the name of the ASAP completing	10. Elder Services of Worcester Area, Inc.

CM will be required to delete any signatures carried over from an assessment to a reassessment. Signatures are required at the end of MDS/Social Module (section R) and at the end of the Nutrition Module.

CMs completing the CDS-2-CM for ECOP or Waiver consumers should sign Other Signature (Case Manager), enter title, enter in sections completed: Complete, and enter the date.*

CMs completing the CDS-2-CM (shorter version) are required to indicate that at least those required questions have been completed. CM should sign Other Signature (Case Manager), enter title, enter in sections completed: HCB-NW Complete, and enter the date.*

If a CM will accompany an RN on a joint OSA, the RN will create a CDS-2-Full and the CM will sign **Other Signature (Case Manager)**, enter title, enter the sections completed by the CM and enter the date.* The RN will sign and date* as the Assessment Coordinator (RN), confirming the entire assessment has been reviewed and is complete.

*** The date entered in Section R should reflect the date the data entry of the assessment was completed. The actual date of the assessment/interview and type of assessment is identified in Section A: Assessment Information.**

R.ab. Indicate the name of the ASAP completing the assessment

New Question - single select

Assessor will be required to indicate their ASAP.

Social Assistance Management System

File Edit View Assessment Tools Window Help

Dashboard Consumers Activities & Referrals Rosters Routes Reports Custom Searches

New Call Call Log Search for Services

Consumers CDS-2-Dummy, Test R - Consumer Assessment - CDS-2-Dummy, Test R - 12/2/2009

1. DENTAL STATUS (ORAL HEALTH)
2. SKIN CONDITION
3. ENVIRONMENTAL ASSESSMENT
4. SERVICE UTILIZATION (IN LAST 7 DAYS)
5. SPECIAL TREATMENTS, THERAPIES AND PROGR
6. MEDICATIONS
7. ASSESSMENT INFORMATION
8. NUTRITION MODULE
9. NURSING MODULE
10. Narrative

R. ASSESSMENT INFORMATION

R.1. SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT

a. Signature of Assessment Coordinator (RN)	
b. Title of Assessment Coordinator	
c. Date Assessment Coordinator signed as complete	
d. Other Signature (Case Manager)	Sarah Smith
e. Title	Case Manager
f. Sections	Complete
g. Date	12/03/2009
h. Other Signature	
i. Title	
j. Date	
ab. Indicate the name of the ASAP completing this assessment.	10. Elder Services of Worcester Area, Inc.

10. Elder Services of Worcester Area, Inc.
11. Ethos
12. Franklin County Home Care Corporation
13. Greater Lynn Senior Services, Inc.
14. Greater Springfield Senior Services, Inc.
15. HESSCO Elder Services
16. Highland Valley Elder Services, Inc.
17. Minuteman Senior Services

14 Items, 1 Selected

ESWA-MISM SAMS2K_MA_FIELDTEST 12/3/2009 4:26 PM

Nutrition Module

The Nutrition Module has been decreased to 12 questions and an Assessor Signature, Title and date completed. Signature, title and date are required by the Assessor.

Social Assistance Management System - [Assessment - GW-Jetson, George - 10/19/2009]

File Edit View Assessment Tools Window Help

Dashboard Consumers Activities & Referrals Rosters Routes Reports Custom Searches Contracts

New Call Call Log Search for Services

Consumers GW-Jetson, George - Consumer Assessment - GW-Jetson, George - 10/19/2009

Close Assessment Edit Save Save and Close Print History Notes Properties

Previous Next Find Question Go to Narrative Choose Font Refresh

Assessment - GW-Jetson, George - 10/19/2009

1. NUTRITION SCREENING
2. NUTRITION MODULE
3. SIGNATURE
4. NURSING MODULE
5. Narrative

NUTRITION MODULE SIGNATURE

Nutrition Module - Assessor Name	
Name of person responsible for contents of Nutrition Module	
Nutrition Module - Assessor's Title	
Nutrition Module - Date Completed	

9 Items, 1 Selected

ESWA-MISM SAMS2K_MA_FIELDTEST 10/19/2009 5:39 PM

Narrative

CM will be required to delete any Narrative carried over from an assessment to a reassessment. A Narrative must be completed for each assessment and copied to a Journal Entry.

Appendix: CDS-2 linked fields to SAMS Consumer Record

- AA.1.a Last/Family name
 - 1.b. First Name
 - 1.c. Middle Initial
- AA. Key Facts
 - .a. Enter the client's residential street address or Post Office box.
 - b. Enter the client's residential city or town.
 - c. What is the client's residential municipality? (*deleted from CDS-2*)
 - d. Enter the client's residential zip code.
 - e. Enter the client's telephone number.
 - f. Enter the age of the client in years.
- AA.3.a. Pension (Social Security) Number
- AA. Health Care Coverage
 - e. Primary MD Name
 - f. Primary MD Telephone
 - h. Primary MD Address
 - i. Primary MD City/Town
- BB.1.a. Gender
 - 2.a. Birth date
 - 3.a. Race
 - 3.b. Ethnicity
 - 4.a. Marital status
 - 5.a. Primary language
 - 5.b. Ability to Understand English
- BB.8.(A). Emergency Contact (all info a-h)
- CC.6.a Who lived with at referral

Appendix: Consumer Summary screen

Assessment information will be display on the **Consumer Summary Screen** under the heading **Last Assessments** in the following format:

Date of the assessment (next assessment date) Assessment name/version
FIL according to the Massachusetts matrix
Medications

The most recent assessment will display at the top of the list, regardless of the version.

There are separate areas for each CDS-2 because each of these variations is recognized as a different assessment by SIMS. (Both skip and non-skip versions of the CDS-1 were recognized as the same assessment because all of the data elements were identical).

The list below shows what information will appear for each version of the CDS.

CDS Home Care (CDS-1)

- Medications
- *(FIL, Critical Unmet Needs and Non-Critical Unmet Needs information has been deleted.)*

CDS-2-Full

- FIL
- Medications

CDS-2-CM

- FIL
- Medications

CDS-2-RN

- Medications

CDS-2-NF

- *(No information)*