



MASSACHUSETTS  
GENERAL HOSPITAL

## SOCIAL SERVICE DEPARTMENT

# MDS-HC INSTRUCTIONS

- MDS-HC stands for Minimum Data Set- Home Care, replaces old “page 4-5” for prior approval for Medicaid/MassHealth nursing home placement.
  - Internationally used form. Can compare data from other states.
  - Reliability tested.
- Originally this was to start February 1, 2003, now the “go live” date is March 1. Some CMs may be using this form in advance to practice.
- Form must be filled out by an “assessment coordinator” who must be a registered nurse.
- The Following sections **can be** completed by a licensed SW (LSW, LCSW, LICSW):
  - AA- Name and Identification Numbers
  - BB- Personal Items
  - CC- Referral Items
  - B- Cognitive Patterns
  - C- Communication/Hearing Patterns
  - E- Mood and Behavior Patterns
  - F- Social Functioning
  - G- Informal Support Services
  - O- Environmental Assessment
  - R- Assessment Information (Other Signatures, Title, Sections, Date).

### **Sections not specified above must be completed by an RN.**

- Each person who completes a portion of the form, must sign and certify the sections he or she completes in section R- Assessment Information (Other Signatures, Title, Sections, Date).
- **Instructions:**
  - Ideally will complete form with patient/family involvement.
  - Good faith effort to comply, but at same time use discretion about time involved in researching questions you can't answer.
  - Don't leave any blanks unless it says OK.
  - “Look back period” - unless it specifies otherwise, the standard “look back period” is 3 days.
  - As a federally mandated form we don't need release to complete.
  - Should be completed by discharge. In emergency have 2 business days grace period.

## **SECTION-SPECIFIC INSTRUCTIONS**

### **SECTION AA - NAME AND IDENTIFICATION NUMBERS**

- **Case Record No.**= Medicaid # or Social Security number followed by the letter “P” (Medicaid pending)
- **Health Insurance number**- if other than Medicare, start number with the letter “C” for Commercial insurance.

### **SECTION BB- PERSONAL ITEMS**

Can use “NA” for Education

### **SECTION CC- REFERRAL ITEMS**

Date case Opened/Reopened- when start looking for placement. Probably should be determined in collaboration with Case Management.

### **SECTION C- COMMUNICATION/HEARING PATTERNS**

Assistive devices are considered “part of patient”- can she/he hear with use of hearing aid.

### **SECTION E- MOOD AND BEHAVIOR PATTERNS**

#3 Behavioral Symptoms- “Resists Care” is different from someone who is competently refusing care. This refers to when someone is confused/forgetful and resisting care.

### **SECTION G- INFORMAL SUPPORT SERVICES**

Note: Though RN must complete the next section, Section H- Physical Functioning, SWs can refer to that section for examples of IADLs and ADLs – terms used in this section, Section G.

### **SECTION O- ENVIRONMENTAL ASSESSMENT**

We will obviously not be doing a home visit. Answer as well as you can with input from patient/family.

### **SECTION R- ASSESSMENT INFORMATION (OTHER SIGNATURES, TITLE, SECTIONS, DATE).**

On line d, e, f, g, h or i as appropriate- sign, give your title, note letter of sections you completed and date.