

# Introduction and Decision Supports Module Training Manual

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COLORADO LONG-TERM SERVICES AND SUPPORTS  
(LTSS) ASSESSMENT TOOL



**COLORADO**

Department of Health Care  
Policy & Financing

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# Introduction and Decision Supports Module - Training

## Purpose

The purpose of the Introduction and Decision Supports module of the Assessment Tool is to provide the participant with an overview of the assessment and document information about substitute decision makers for the assessment and planning processes.

Participants new to the Long-Term Services and Supports (LTSS) system will likely be unfamiliar with the process for accessing services. Many people will feel anxious about the process. Not only is it unfamiliar, but in addition the participant may be at a difficult point in his/her life due to a loss of independence, health concerns, or a change in living situation. The assessor is one of the early points of contact in obtaining help and can ease concerns by explaining the process and answering participant questions.

This module also collects information about substitute decision makers, such as guardians, or others the participant wants assistance from in the process. For new participants and others providing support in decision making, it is important for the assessor to explain the process and the role of the substitute decision maker. There will be differences in the role of the person providing assistance, depending on legal status of the helper. For example, a non-guardian may assist but does not have the legal right to overturn the decision of the participant. Conversely, a legally appointed guardian has the court-backed authority to make decisions on behalf of a participant.

## Overview of Contents

The Introduction and Decision Supports module contains three sections.

- 1. Introduction** – This section includes a brief introduction and explanation of the assessment process.
- 2. Substitute Decision Makers** – This section contains items to identify any legal representation by a guardian or assistance by someone the participant has chosen to help in the process.
- 3. Referral and Goals** – This section identifies any goals desired by the participant and referrals that may be needed.

## General Instructions for Completing the Module

This module includes a section (Section 1) containing an assessor-led discussion about the assessment process. The section instructions provide guidance for this discussion, but the assessor is free to adapt the guidance to fit the circumstances of the participant. Subsequent sections are more structured and contain specific items that must be covered. The assessor may be able to obtain some of the information needed through other documentation (such as the Intake Screen), but should verify that information.

## Special Instructions for Children and Age-Specific Items

This module contains items that may be skipped for or only asked of participants of a specified age. Items and response options in orange font are intended for children.

The assessor should include the child to the maximum extent possible throughout the assessment. This includes directing items and questions to the child and consulting the parent, guardian, and/or other legal representative as necessary. Where possible, document both the participant and parent/guardian's responses. If there are conflicting reports from the child and parent/guardian, the assessor should use the training guidance and his/her expertise in selecting a response.

## Section Instructions

This portion of the manual provides specific discussion and guidance for sections and items in the module.

### Section 1: Introduction to the Assessment

This section includes information the assessor should review with the participant.

- For new participants, it is important for the assessor to cover all the information.
- For participants going through a reassessment, the assessor should offer to review any areas in which there are questions. The assessor may want to list the main areas and ask if the participant has any questions. For example: *Betty, do you have any questions or concerns about the time we've set aside to walk through your assessment today?* **Note:** During the initial implementation of the new Assessment tool, it will be important for the assessor to introduce the new Assessment. Participants going through a reassessment will be used to the previous ULTC-100.2. The assessor will need to review changes between the new Assessment and the previous one. Some highlights to cover include:
  - The new Assessment Tool covers additional areas, and these are designed to help in planning services.
  - The new Assessment Tool may seem longer but it is actually eliminating some of the time spent later to ask more questions and reduces the number of times the participant must tell his/her story.
  - The participant can choose to skip over many of the items if not interested.

#### **Below is more detailed guidance about what to include in the Introduction:**

The Assessor should review the following items with the participant. This review can occur in a variety of ways. For example, some individuals prefer to receive a written check list. Others may do better with an informal conversation. Check to provide assurance that the information has been offered.

When the participant is being reassessed, the assessor must review all the mandatory items with the participant and re-code each item as needed. Although there may not be any coding changes, it is important for the assessor to verify these items, as they are essential for re-determining eligibility and for the support planning process. The assessor may review voluntary items with the participant if the participant and/or assessor feels a change in coding may occur, however each voluntary item does not have to be re-coded. **Note:** *If changes with the participant have occurred in any of the areas, this is*

*a good opportunity for the assessor to discuss the circumstances and determine what should occur after the reassessment.*

- Purpose of the Assessment is to:
  - Collect information to learn more about you, including your need for support and assistance as well as your abilities and strengths. This information will help in choosing services that best fit your situation.
  - Confirm what programs and services you are eligible for.
  - Allow staff to work with you to develop personally meaningful goals that services and supports can help meet during the Support Planning Process.
- Roles and Responsibilities (check to provide assurance that conversation occurred)
  - Participant (Parent/Guardian) Roles and Responsibilities-
    - Give accurate information to the case manager regarding the participant's ability to complete activities of daily living.
    - Assist in promoting the participant's independence.
    - Cooperate with the participant's providers and case management agency.
    - Notify the case manager of changes in the participant's support system, medical condition and living situation including any hospitalizations, emergency room admissions, nursing home placements, or Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IDD) placements.
    - Notify the case manager if the participant has not received Home and Community Based Services (HCBS) in accordance with the service plan.
    - Notify the case manager of any changes in care needs and/or problems with services.
    - Notify the case manager of any changes that may affect Medicaid eligibility.
    - Notify the case manager of any critical incidents that the participant may experience or witness.
    - Work with the case manager to ensure that responses and goals that are developed reflect the participant's preferences and objectives.
    - Child's Roles and Responsibilities (age 8-18):
      - Give accurate information to my case manager regarding my ability to complete activities of daily living.
      - Assist in promoting my own independence.
      - Tell my case manager my preferences and goals.
  - Case Manager Roles and Responsibilities-
    - Coordinate needed services.
    - Communicate with service providers regarding service delivery and concerns.
    - Review and revise services, as necessary.
    - Notify clients regarding any change in services.
    - Notify clients when services are denied, suspended, terminated, or reduced.
    - Document, report, and resolve client complaints and concerns.
    - Report abuse, neglect, mistreatment, and exploitation to the appropriate authority.
    - Notify participant of roles and responsibilities regarding the reporting of critical incidents.
- Four sections of the assessment-
  - The first section (Introduction and Decision Supports) will help us identify whether you have a guardian or someone else to support you in making decisions.

**Commented [AC1]:** The Intro & Decision Supports Module and LOC Screen will be completed by what is currently called the NWD Entity. This language should be updated once the NWD Entity is solidified.

- The second section (Level of Care Screen) includes collecting the information needed to make sure you/**your child** meets the State's requirements for services.
- The third section (Personal Story) provides a chance for you/**your child** to share information to get to know you/**him/her** better.
- During the fourth and final section (Assessment), your case manager will talk in more detail about what you/**your child** needs assistance with and how assistance should be provided.
- Before each section, I will tell you a little more about the things we will cover.
- If you have any questions about anything that I ask during this process, please let me know and I will do my best to clarify. If you have questions or want to provide additional information after the Assessment, you can contact me during my agency hours. I will provide you with my contact information.
- Are you comfortable, do you understand the objectives of the meeting, and do you have any questions before we begin?

There is a notes/comments, open text-box included at the end of this section to allow the assessor to describe any additional information.

## Section 2: Substitute Decision Makers

This section documents any substitute decision makers or the participant's desire for assistance.

### Legal Guardians

A legal guardian of the person has been authorized by the courts to make decisions on behalf of the participant, due to the limited capacity of the participant to make those decisions. However, this does not mean that the participant cannot engage in and participate in those decisions. Items toward the end of this section assist with obtaining information about how to engage the participant in decisions that affect his/her life. Note: The scope of guardianship is determined by the court. Guardians may have full or limited authority to make decisions. This should be clarified for the purposes of assessment and support planning.

### Legally Recognized Representative

Some participants have a legally recognized representative (also referred to as representative) who have a legal right to decide what will and will not be included in the plan. Legally recognized representatives encompasses a broader group of decision that includes guardians, parents of a minor child, designated power of attorney (DPOA), and power of attorney (POA). These individuals may be able to make decisions if the participant is incapable of making decisions (e.g., the person is in a coma).

Even if the participant has a legally recognized representative, staff must make every attempt to capture the voice of the participant in this process and document when the view of the legal representative is different from the participant's view.

### Other Helpers

Other individuals may assist the participant but, absent legal authority, cannot be the decision maker for the participant. The rights of control over one's life have not been taken away or forfeited by the participant except under very limited circumstances.

Assessors frequently are in an uncomfortable position of balancing the opinions of others providing help (such as an adult child on behalf of an aging parent or a parent on behalf of an adult child with disabilities) with the desire of the participant. Sometimes participants will informally “give up” that control. The assessor will need to work at engaging the participant as much as possible.

Assessors may also find providers of services attending an assessment meeting. This frequently presents a difficulty for the assessor in obtaining information that is free of conflict of interest. The assessor should first make sure that it is the desire of the participant (or guardian) to have the provider present and, if the participant desires the provider to be present, determine whether there are any times in which the participant prefers to have the provider not present (such as discussions about satisfaction with services). The assessor will also need to be careful to direct questions to the participant/guardian. While the provider can offer excellent information, the provider’s interests cannot be allowed to overtake the assessment information. This is particularly critical in areas such as preferences for how services are provided, goals and desires for the future, and interest in making changes that might affect the provider.

Assessment Item	Guidance
<b>Section 2: Substitute Decision Makers</b>	
<p><b>1. Participant has someone who assists with or is legally authorized to make decisions (e.g., POA, DPOA, legal guardian, etc):</b> ⓘ</p> <p><input type="radio"/> No [Skip to Item 3]    <input type="radio"/> Yes</p>	<p>This item is mandatory. Document “Yes” if the participant has someone with legal authority to make decisions. This may include a guardian or someone with a legal power of attorney.</p> <p>If the participant does not currently have someone with legal authority to make decisions, skip to Item 3 to assess the participants interest in assistance with decision making.</p>
<p><b>2. Does this decision maker need to be a part of the Assessment?</b> ⓘ</p> <p><input type="radio"/> No, describe: _____</p> <p><input type="radio"/> Yes [Skip to Item 4]</p>	<p>This item is mandatory. Document whether the decision maker identified above needs to be part of the Assessment.</p> <p><i>For example, a legal guardian must typically be part of the assessment and planning process because the courts have determined the participant does not have the capacity for decision making. Other people with legal decision making authority, such as someone with a power of attorney or financial conservatorship, do not typically need to be a part of the Assessment unless the participant desires (the participant still retains the rights of personal decision making).</i></p> <p>If the participant responds “Yes”, staff will skip to Item 4 to document information about the decision maker(s).</p>
<p><b>3. Would the participant, parent, guardian, or child like assistance in making decisions?</b> ⓘ</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, describe: _____</p>	<p>This item is mandatory. Document whether the participant would like assistance in making decisions. If yes, describe the type of assistance.</p>

Assessment Item	Guidance
<b>Section 2: Substitute Decision Makers</b>	
<p>[Staff should speak with a supervisor about how to provide additional assistance and determine whether it is appropriate to continue the Assessment without this assistance]</p> <p>[Skip to Section 3. Outcomes and Referrals]</p>	<p>Depending on the type of assistance desired, the assessor may need to consult with a supervisor or agency policy.</p> <p><i>For example, if the participant feels incapable of making service-related decisions and has no one to assist, then assistance should be obtained before continuing.</i></p> <p>If the participant does not want assistance making decisions, staff should skip to and complete the Outcomes and Referrals section. If the participant does want assistance in making decisions, staff should skip to Outcomes and Referrals and document this and any necessary action steps prior to proceeding.</p>
<p><b>4. Name of individual(s) assisting or authorized in making decisions:</b> ⓘ</p>	<p>This item is mandatory. Identify the individual assisting with decisions.</p>
<p><b>5. Is this individual a legal guardian?</b> ⓘ</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, limited guardianship. Describe: _____</p> <p><input type="radio"/> Yes, unlimited</p> <p>[If Yes, skip to Item 7]</p>	<p>This item is mandatory. Identify the legal status of the person providing decision making assistance.</p> <p><b>Guardian</b> - an individual at least twenty-one years (21) of age, resident or non-resident, who has qualified as a guardian of a minor or incapacitated participant pursuant to appointment by a court. Guardianship may include limited, emergency or temporary substitute court appointed guardian but not a guardian ad litem.</p> <p>If the individual has a legal guardian, skip to Item 7.</p>
<p><b>6. Guardian is:</b> ⓘ</p> <p><input type="checkbox"/> Able to participate in discharge planning</p> <p><input type="checkbox"/> Available to participate in service planning meeting at least annually</p> <p><input type="checkbox"/> Able to perform all guardian responsibilities as legally required</p>	<p>Identify the areas that correspond with the guardian's performance and ability to participate in the process.</p>
<p><b>7. Decision making capacity:</b> ⓘ</p> <p><input type="checkbox"/> Trustee</p> <p><input type="checkbox"/> Representative Payee</p> <p><input type="checkbox"/> Legally Authorized Representative</p> <p><input type="checkbox"/> Responsible Party</p> <p><input type="checkbox"/> Conservator</p> <p><input type="checkbox"/> Power of Attorney (POA)</p> <p><input type="checkbox"/> Surrogate decision-maker for health care decisions (DPOA)</p> <p><input type="checkbox"/> Other parent</p> <p><input type="checkbox"/> Partner of parent</p>	<p><b>Trustee</b> - a person or entity who holds the assets (corpus) of a trustee for the benefit of the beneficiaries and manages the trust and its assets under the terms of the trust stated in the Declaration of Trust which created it.</p> <p><b>Representative payee</b> - a person or agency chosen by the Social Security Administration to receive and manage the recipient's social security or supplemental security income (SSI) benefits for the recipient who cannot manage his or her own money.</p>

Assessment Item	Guidance
<p><b>Section 2: Substitute Decision Makers</b></p> <p><input type="checkbox"/> Stepparent  <input type="checkbox"/> Family  <input type="checkbox"/> Friend  <input type="checkbox"/> Advocate  <input type="checkbox"/> Other: _____</p>	<p><b>Legally authorized representative</b> - a person who has a duty under State law to care for another person.</p> <p><b>Responsible party</b> - an individual or group of people that are legally responsible or liable for a decision or action and therefore liable for the outcome.</p> <p><b>Conservator</b>- a person at least 21 years of age who has been appointed by a court to manage the financial affairs of another person.</p> <p><b>Power of Attorney</b>- a legal document that allows the principal to give authority to another person, the agent, to act on their behalf in a legal capacity.</p> <p><b>Surrogate decision maker for health care decisions (a.k.a. medical proxy)</b>- an advocate for a patient who is unable to make decisions or decide for themselves about personal health care so someone else must provide direction in decision-making.</p> <p><b>Other parent</b> - a parent who does not have the legal right or order to act on the behalf of the participant.</p> <p><b>Partner of parent</b> - a partner of the parent who does not have the legal right or order to act on behalf of the participant.</p> <p><b>Stepparent</b> – a stepparent who does not have the legal right or order to act on behalf of the participant.</p> <p><b>Family</b> - a family member who does not have the legal right or order to act on behalf of the individual.</p> <p><b>Friend</b> - a friend who does not have the legal right or order to act on the behalf of the participant.</p> <p><b>Advocate</b>- an individual or group of people who promotes the interests of another person.</p> <p><b>Other:</b> _____</p>
<p><b>8. I would like to be my own payee. Being your own payee means that you are responsible for receiving money, such as supplemental</b></p>	<p>If Item 7 identifies that the participant has a representative payee, ask the participant whether he/she would like to explore becoming his/her own payee. Discuss the responsibilities of being a payee, including</p>

Assessment Item	Guidance
<b>Section 2: Substitute Decision Makers</b>	
<p><b>security income (SSI) benefits, and paying bills, such as rent and utilities.</b> ⓘ</p> <p><input type="radio"/> Yes, check all that apply:</p> <ul style="list-style-type: none"> <li>• Develop plan to transition payee ship</li> <li>• Scheduled meeting at Social Security</li> <li>• Develop plan for client to learn the skills to become own payee</li> <li>• Change payee ship prior to discharge</li> <li>• Establish plan for client to receive check</li> </ul> <p><input type="radio"/> No</p>	<p>receiving funds and using those funds to pay bills, such as rent and utilities.</p> <p>If the participant is interested in learning more about becoming his/her own payee, select "Yes" and the type of support the participant would like to receive. Document this support/referral in the Outcomes section.</p>
<p><b>9. Participant would like to have a different representative payee.</b></p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Yes, identify individual and whether they have been consulted : _____</p>	<p>If Item 7 identifies that the participant has a representative payee, discuss whether he/she would like a new person to act as the representative payee. If yes, identify who this person should be and whether they have been approached about becoming a payee.</p>
<p><b>10. <input type="checkbox"/> Verification of decision making capacity obtained</b> ⓘ</p> <p><b>11. Verification of decision making capacity has been uploaded to the automated system</b></p> <p><input type="radio"/> No, where can verification be found: _____</p> <p><input type="radio"/> Yes</p>	<p>It is crucial to verify that the legal capacity of another individual to make decisions on behalf of the participant is verified. Some individuals may act as regular decision makers and consider themselves legally authorized, however they may not have the appropriate legal designation to do so. Obtain a copy of the legal verification.</p> <p>When possible upload a copy of this document into the automated system. If this is not possible, select "No" in Item 11 and identify where a copy can be found.</p>
<p><b>12. How often does the participant have contact with this individual?</b></p> <p><input type="radio"/> Daily</p> <p><input type="radio"/> Weekly</p> <p><input type="radio"/> Monthly</p> <p><input type="radio"/> Semi-annually</p> <p><input type="radio"/> Annually</p> <p><input type="radio"/> No contact</p> <p><input type="radio"/> Other, describe: _____</p>	<p>Indicate the frequency of contact between the participant and the individual providing decision making assistance. This is intended to help inform the assessor regarding the likely knowledge and understanding the person providing assistance has about the needs and preferences of the participant. Assessors can use this information to help ensure the participant's perspective is taken into account.</p>
<p><b>13. When was the last time the participant saw the guardian (approximate date) ⓘ: _____</b></p>	
<p><b>14. In the past six months, how have the participant and guardian interacted: ⓘ</b></p>	

Assessment Item	Guidance
<b>Section 2: Substitute Decision Makers</b>	
<input type="checkbox"/> Face to face, number of times: _____ <input type="checkbox"/> Telephone, number of times: _____ <input type="checkbox"/> Email or other contact, type and number of times: _____	
<b>15. Relationship to participant:</b> <input type="radio"/> Spouse <input type="radio"/> Child or Child-in-law <input type="radio"/> Parent <input type="radio"/> Guardian, other: _____ <input type="radio"/> Partner/Significant Other <input type="radio"/> Other relative <input type="radio"/> Friend <input type="radio"/> Neighbor <input type="radio"/> Other informal helper <input type="radio"/> Independent advocate <input type="radio"/> Service/Provider Agency <input type="radio"/> Other: _____	<p>Indicate the relationship of the person assisting in decision making to the participant.</p> <p>The participant (or guardian) has a right to decide who can assist with decision making. If provider staff is assisting the participant, the assessor should ensure the participant desires the help of the staff. <u>If yes, the assessor should ensure that the role of the provider is clearly defined. This includes:</u></p> <ul style="list-style-type: none"> <li>• <b>Discussing the issue of conflict of interest.</b> Explain to the participant that because the provider makes money from providing the services, it is necessary to make sure that the assessment reflects the participant's needs and preferences. The participant should be informed about his/her right to request the provider to leave at any time or for any part of the time.</li> <li>• <b>Discussing specific areas in which the staff person/agency may have a conflict of interest.</b> Identify areas that represent a conflict of interest. Clarify that the provider can offer information but cannot lead the participant to answer in a specific manner or make decisions about areas in which the provider has a financial interest. <i>For example, if the provider provides personal care services, there could be a conflict of interest in describing the type and frequency of supports needed. The assessor should first try to obtain a response from the participant about needs and preferences for how he/she receives support. The provider can offer additional information to supplement the participant's response.</i></li> <li>• <b>Clarifying the assistance to be provided during the assessment.</b> The assistance to be given by the provider should be confirmed with the participant prior to completing the Assessment. For example, a provider may assist with interpreting or clarifying items, questions, or information given by the participant. However, the participant may want an</li> </ul>

Assessment Item	Guidance
<b>Section 2: Substitute Decision Makers</b>	
<p>alternative person to play this role during the Assessment so the provider is not involved.</p> <p><b>16. Mobile telephone number:</b> _____ ⓘ</p> <p><b>17. Home telephone number:</b> _____ ⓘ</p> <p><b>18. Work telephone number:</b> _____ ⓘ</p> <p><b>19. Email:</b> _____ ⓘ</p> <p><b>20. Preferred method of contact:</b> ⓘ</p> <ul style="list-style-type: none"> <li><input type="radio"/> Email</li> <li><input type="radio"/> Mobile phone</li> <li><input type="radio"/> Work phone</li> <li><input type="radio"/> Home phone</li> <li><input type="radio"/> Texting</li> </ul>	<p>alternative person to play this role during the Assessment so the provider is not involved.</p> <p>These items are mandatory. Include contact information of the person providing assistance. Not all of these may be applicable, but the assessor should check to make sure any relevant contact information is obtained.</p>
<p><b>21. Address:</b> _____</p> <p><b>21A. If address is not known, where does substitute decision maker live?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> In-state</li> <li><input type="radio"/> Out-of-state</li> <li><input type="radio"/> Unknown</li> </ul>	<p>Document the address of the person providing decision making assistance. If this information is not readily available or not known at this time, indicate where the decision maker lives.</p>
<p><b>22. Indicate the level of involvement the participant will have in making decisions and indicating preferences about service planning.</b> ⓘ</p> <ul style="list-style-type: none"> <li><input type="radio"/> Participant will be actively engaged in making decisions along with parent/guardian.</li> <li><input type="radio"/> Participant will be actively engaged in making decisions along with non-guardian.</li> <li><input type="radio"/> Participant will be consulted about preferences by parent/guardian but will have limited involvement in the final decisions.</li> <li><input type="radio"/> Participant has significant limitations in his/her capacity to express preferences or engage in decisions.</li> </ul>	<p>This item is mandatory. The purpose is to help in stressing the importance of participant involvement and engagement in the process, and clarifying the role of the participant (even if the participant has a legal guardian).</p> <p>This will help guide the assessor in making sure the participant has a role in decisions affecting his/her life.</p>
<p><b>23. Opportunities to increase participant's involvement in the assessment and service planning:</b> ⓘ</p>	<p>This item is mandatory. The purpose is to help identify ways to increase opportunities for the participant to be engaged in the process. This will help guide the assessor as the assessment proceeds.</p>

Assessment Item	Guidance
<b>Section 2: Substitute Decision Makers</b>	
	<i>For example, a participant may not do well following a verbal conversation, but may be able to provide responses if given written options.</i>

### Section 3: Referrals and Goals

Section 3 includes information that should move forward to assist in support planning. The section includes outcomes the participant sees as important; information obtained in completing this module that is important to know in support planning; and, a listing of any referrals needed as a follow-up to information obtained in this module.

Assessment Item	Guidance
<b>Section 3: Referrals and Goals</b>	
<b>1. What is important to the participant?</b> ⓘ	This item includes any goals or outcomes the participant would like to see happen with respect to the assessment and services or regarding decision assistance.  Because this module occurs early in the assessment process, the participant may have little to say at this point. As the assessment proceeds, there may be opportunities to revisit this area.
<b>2. Assessed Needs and Support Plan Implications</b> ⓘ	The assessor should summarize information that will be critical for developing the Support Plan and the authorization of services.  <i>For example: Dawn's guardian lives out-of-state but maintains regular contact and interest. It is recommended the guardian be included by conference call if not available for an in-person visit.</i>
<b>3. Referrals Needed:</b> ⓘ <input type="checkbox"/> Additional support in making decisions <input type="checkbox"/> Advocacy services <input type="checkbox"/> Legal services <input type="checkbox"/> Other: _____ <input type="checkbox"/> None	The assessor should summarize any referral needs identified in the assessment. Check all that apply.  If a referral is not listed, use the "Other" category at the end of the list and describe the referral.
<b>4. Recommended changes, clarifications or other issues: Describe any changes to the items (included changes to training) in this section that the case manager believes will make the items clearer and/or collect more useful information.</b>	Describe any recommendations for improving the assessment module or training, including adding/removing items or items that require further clarification.