

Elder Mental Health Outreach Teams (EMHOT) RFP

Answers to Questions Posed during Bidders Conference of 8/13/19 and Submitted in Writing to MCOA up through 8/14/198.

Date: 8.14.19

Q1: Is there any flexibility regarding the definition of large communities?

- Answer: MCOA is seeking 2 large communities or regional entities (defined as having a population of greater than 8,000 adults age 60+) that can establish an Elder Mental Health Outreach Team to provide mental health counseling to older adults in a timely, flexible, consumer-focused manner. If your community alone does not meet that threshold, MCOA suggests you consider expanding your service area and partner with other communities, in creating a regional EMHOT.

The role of a weekly respite companion is new – so we do not yet know if it will be easy or potentially challenging to retain respite companion volunteers over a long period of time. Or, if they will be willing to provide regular weekly 2-3 hour visits to more than 1 person.

Q2: How is a community defined? Is it one town or towns or a group of villages?

- Answer: A community or regional entity as a service area should contain a 'large population' (8,000+). It's important to understand that towns and villages can combine together to create a community or service area.

Q3: Under key features of this RFP, you indicate the review committee will consider such factors as "whether interns will be used to expand program capacity", does MCOA consider the use of interns as positive or negative?

- Answer: MCOA considers the use of interns by EMHOTS very much as a positive, (and we thank you for this question as it will aid us in clarifying language in future RFPs.)

Q4: What is the perceived scope of the number of people you expect the new EMHOT to serve?

- Answer: We have not set a predetermined number of older adults who should be receiving behavioral health services from an EMHOT. It will be important for the respondents in their proposals, discuss the behavioral health needs they have identified within their service areas, which could assist in determining the anticipated number of older adults they may serve. In addition MCOA shared that in FY19, the 5 existing EMHOTs provided services to 1,063 unduplicated older adults with behavioral health issues.

Q5: Under the unique features of EMHOT, referring to emergency food/supplies can the grant funding be used for this?

- Answer: Yes, a portion of the grant may be used to provide emergency food/supplies, as noted in the RFP.

Q6: Under the unique features of EMHOT, referring to emergency food/supplies do you have a list of allowable costs?

- Answer: No we do not have a list of allowable costs. During the bidders conference we discussed the possibility of creating a non-allowable cost list, however post conference, MCOA has determined that could be excessive, and as discussed, there are varied circumstances to individuals served. Emergency funds should be allocated for emergencies, for example if a behavioral health client needs food, you can provide food until they can be enrolled in a home delivered meals program. EMHOTs can contact MCOA directly to inquire if a specific emergency service is allowable, before billing MCOA.

Q7: As part of the narrative application you ask respondents to provide written documentation that this service will not duplicate services already provided by

other mental health outpatient providers in your area; is a letter to this effect sufficient or do you require supporting documentation?

- Answer: What MCOA is trying to ensure, is that your service area is not already served by an EMHOT or other behavioral health system that would meet the unmet needs of you have identified; i.e., you should speak to the unmet needs in your service area, identifying the gaps in services that your proposed EMHOT plans to fill. If you have supporting documentation in addition to a letter, please submit that.

Q8: What is the expected qualification of the clinician? Is there of certain licensure needed?

Answer: We aren't saying the EMHOT has to have an LMHC on staff, they can contract out with an LMHC, and have LICSW's and/or MSW's or MSW interns on staff

Q9: Is part of the issue may be that Medicare/Medicaid will only reimburse to certain licensing?

- Answer: While Medicare/Medicaid will only reimburse for services provided under certain licensure, we are not requiring that you seek third party reimbursement, but ask that you explain how you would seek it for certain behavioral health services.

Q10: When you ask to identify at least 5 mental health providers, do you mean providers, as individuals or more globally (a practice)?

- Answer: It can both or a combination thereof, we understand that within a practice , there may only be 1-2 clinicians who work with older adults, and further that there are some private/independent clinicians who may be willing to accept referrals from you of older adults.

Q11: Do clinicians need to be external to the organization?

- Answer: No they do not, clinicians can be either internal or external.

Q12: If clinicians are internal to a practice/group do you still need a letter of agreement?

- Answer: It would be helpful to obtain a letter from the agency or practice/group director

Q13. Can support groups be conducted/facilitated only by a clinician?

- Answer: No, as with other EMHOTS, some support groups are facilitated by LICSWs, and/or MSW's with clinical oversight.

Q14: Would it be acceptable to utilize Community Health Workers for some of the services?

- Answer: Yes, we would think so, particularly around their roles in assisting individuals to access needed services, and potentially providing direct services (informal counseling, care coordination, etc.) If a respondent is considering this, please include address whether you plan on using CHS's who have obtained certification.
- Latinos and Hispanics and Blacks have the highest rate for developing dementia than any other social groups. In your response, described how you will make special efforts to reach Latino, Hispanic and Black families in your service area.

Q15: Regarding the RFP application question as to whether respondents plan to use or access college interns, given the lateness of starting this grant, coinciding with the fact that internship assignments are already allocated, how should we respond to this question?

- Answer: We understand that with the extremely tight deadline of the RFP, and awarding of the grant funds you may not be able to access new interns for this fiscal year. We would however like you to tell us how you plan to do so in the future, (possibly next spring and summer and certainly for the next state fiscal year), and in what capacity would they serve.

Q16: What is the criteria for how the proposals will be scored? Are communities that serve special populations scored extra points?

- Answer: The review committee will look first at the overall proposal, to see how the proposals meet the purpose as outlined in the Program Description, as well as the consideration of the factors noted on page 3 of the RFP. If a respondent plans to serve a special population, the respondent should document the needs of special populations in their community/service area that they are proposing to serve.

During the bidders' conference, MCOA explained that semi-annual reporting is required of all EMHOTs, these reports must be submitted to both MCOA and EOEA, and a copy of the reporting follows on the addendum to this FAQ:

Q17: How often is the reporting required?

- Answer: Semi-Annually, the first report should cover the reporting period of July 1-December 31 and is due January 31; the second report should cover the reporting period of January- June and is due July 31st.

ADDEDUM TO FAQ's

I. Program Report

Unified Behavioral Health Reporting Template

Version 07.10.19

For any questions, please contact Kathryn Downes at Kathryn.Downes@MassMail.State.MA.US

Program Name:

6-Month Reporting Period:

Contact Name:

Contact Email:

Contact Phone Number:

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Section 1: Consumer Demographics

Total Consumers

| | | |
|----------|--|--|
| 1 | Total consumers served by age bracket: | |
| | 60-64 | |
| | 65-69 | |
| | 70-74 | |
| | 75-79 | |
| | 80-84 | |
| | 85+ | |
| | Did not disclose | |
| 2 | Number of consumers served in 6-month reporting period: | |
| 3 | Number of new consumers served in 6-month reporting period: | |

Race/Ethnicity

| | | |
|----------|---|--|
| 4 | Total consumers served by race/ ethnicity: | |
| | American Indian or Alaska Native | |
| | Asian | |
| | Black or African American | |
| | Hispanic or Latino | |
| | Native Hawaiian or Other Pacific Islander | |
| | White | |
| | Multiracial | |
| | Prefer not to specify | |

Gender Identity

| | | |
|----------|---|--|
| 5 | Total consumers by self-identified gender: | |
| | Female | |
| | Male | |
| | Transgender | |
| | Other (e.g., Non-Binary) | |
| | Prefer not to specify | |

Housing Status

| | | |
|----------|--|--|
| 6 | Please list all cities and towns served in the last 6-month reporting period (note that this question is asking for cities and towns served versus areas where consumers live): | |
| | (Insert list) | |
| 7 | Total consumers by reported housing stability: | |
| | Stable housing | |
| | Unstable housing | |
| 8 | Total consumers by living arrangement: | |
| | Living alone | |
| | Living with family | |
| | Living with other non-relative individuals | |
| | Homeless | |
| | Other | |
| 9 | Total consumers by housing type: | |
| | Privately owned housing | |
| | Privately rented housing | |
| | Living with family or friends at no cost | |
| | Subsidized housing (includes congregate housing) | |
| | Assisted living residence | |
| | Rest home | |
| | DMH/DDS/MRC group home | |
| | Nursing facility | |

Before you proceed to the next section, please make sure that you resolve any errors noted below:

| | |
|---------|---------|
| Line 2 | Correct |
| Line 8 | Correct |
| Line 9 | Correct |
| Line 11 | Correct |
| Line 12 | Correct |
| Line 13 | Correct |

Section 2: Consumer Information and Services Provided

Crisis Status

| | | |
|-----------|---|--|
| 10 | In this reporting period, how many consumers experienced a behavioral health crisis? Crisis is defined as "a consumer is either at imminent risk, or needs their EMHOT/ EHOT counselor due to a situation that has or may trigger exacerbation of the person's mental health condition". | |
|-----------|---|--|

Inbound Referral Sources

| | | |
|-----------|--|--|
| 11 | Total consumers served by inbound referral source: | |
| | Behavioral Health Provider (includes LICSW, Therapists, Counselors) | |
| | Community-Based Organization (includes Aging Service Access Point, Council on Aging, etc.) | |
| | DMH/DDS/MRC Group Home | |
| | Emergency Services Team (includes Statewide Mobile Crisis Team) | |
| | First Responder(s) | |
| | Massachusetts Department of Mental Health | |
| | Medical Doctor (includes Primary Care Providers) | |
| | Medical Hospital (includes Hospitals and High Risk Mobile Teams) | |
| | Nursing Home | |
| | Psychiatric Hospital | |
| | Self/Family | |
| | Town Department or Employee (includes Housing Authority) | |
| | Visiting Nurse Agency | |
| | Other: _____ (Please fill in the blank and add additional line items as appropriate) | |
| | Unknown Source | |

Before you proceed to the next section, please make sure that you resolve any errors noted below:

| | |
|---------|---------|
| Line 15 | Correct |
|---------|---------|

Diagnoses or Conditions

| | | |
|-----------|---|--|
| 12 | Please indicate the number of self-reported and observed diagnoses/ conditions in the population served during this reporting period. If one consumer has multiple conditions, please indicate each condition in Column D as well as Row 122/123. For example, if a consumer reports diagnoses of ADHD and Substance Use Disorder, you would type a "1" in rows 104, 123, and 127: | |
| | ADHD | |
| | Adjustment Disorder | |
| | Alcohol Use Disorder | |
| | Autism Spectrum Disorder | |
| | Bipolar Disorder | |
| | Delusional Disorder | |
| | Dementia (or other neurocognitive disorders) | |
| | Depression | |
| | Gambling Disorder | |
| | Gender Dysphoria | |
| | General Anxiety Disorder | |
| | Hoarding Disorder | |
| | Insomnia | |
| | OCD | |
| | Panic Disorder | |
| | Personality Disorder | |
| | PTSD | |
| | Schizophrenia | |
| | Stress/Trauma Disorder | |
| | Substance Use Disorder | |
| | Suicidal Ideations | |
| | Other: _____ (Please fill in the blank and add additional line items as appropriate) | |
| | Number of Consumers Served with Co-Morbid Psychiatric Illnesses: | |
| | Number of Consumers Served who also have Dual Diagnosis of Substance Use: | |

Risk Assessment

| | | |
|-----------|---|--|
| 13 | Please indicate the number of self-reported or observed risks in the population served during this reporting period. If one consumer has multiple observed risks, please indicate each risk in Column D: | |
| | Increased risk for decreasing ability to manage own Activities of Daily Living (ADLs) | |
| | Increased risk for unstable housing | |
| | Increased risk for financial instability | |
| | Increased risk for suicide or self harm | |
| | Increased risk for abuse, neglect, or exploitation | |
| | Increased risk for significant health issues | |

Outbound Referrals

| | | |
|-----------|--|--|
| 14 | Total consumers who received outbound referral recommendations, by referral to: | |
| | Adult Protective Services | |
| | Aging Service Access Point (ASAP) | |
| | Council on Aging | |
| | Hoarding Program or Specialist | |
| | Inpatient Psychiatric Services | |
| | Law Enforcement | |
| | Neurologist | |
| | Other Behavioral Health Clinician | |
| | Other Physician Specialist | |
| | Other Provider | |
| | Pain Clinic | |
| | Primary Care Physician | |
| | Substance Use Recovery Provider | |
| | Support Groups (offered by EMHOT/ EHOT or other organization) | |
| | Veterans Affairs | |
| | Visiting Nurse Agency | |
| | Other: _____ (Please fill in the blank and add additional line items as appropriate) | |

EMHOT/ EHOT Services Provided

| | | |
|-----------|--|--|
| 15 | Total consumers who received services: | |
| | Case management | |
| | Counseling (including 1:1 and group settings) | |
| | Discharge planning from EMHOT/ EHOT | |
| | Family support/ collaboration | |
| | Financial supports (organizing bills, referring to SHINE, support with SNAP application, etc.) | |
| | Peer support or peer support group | |
| | Other group services (therapy, treatment, education) | |
| | Provider collaboration | |
| | Referrals* | |
| | Resource management (arranging and/ or dropping off food, furniture, medications, etc.) | |
| | Transportation (arranging or providing) | |
| | Wellness checks | |
| | Other: _____ (Please fill in the blank and add additional line items as appropriate) | |

*Note on Referrals: Please indicate number of consumers who received referrals as this calculation cannot be determined from the above question #15

Accomplishments and Best Practices

16 Please share any program accomplishments you want the state agencies to know about. Accomplishments may include operational improvements, best practices, community outreach events, trainings, promising clinical practices, exceptional outcomes, or other achievements. Ideally, we would like each EMHOT/ EHOT to submit at least 2-3 bullet points!

II. Consumer Data (survey of clients)

EMHOT CLIENT SURVEY

Instructions: Please rate your level of agreement with each statement from “Strongly Agree” to “Strongly Disagree,” by circling the one response that best fits your experience with the EMHOT services you received over the last 6 months. If the statement is about something you have not experienced, or does not apply to your situation, or services your EMHOT does not provide then please circle “Does Not Apply.”

As the result of the EMHOT services I have received....

| | | | | | | |
|---|----------------|-------|---------|----------|-------------------|----------------|
| 1. <i>I can deal better with daily problems.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
| 2. <i>I feel more in control of my life.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
| 3. <i>I am better able to deal with crisis.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
| 4. <i>I am more aware of community resources.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
| 5. <i>My symptoms have improved.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
| 6. <i>I know people I can call on if I need help right away.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
| 7. <i>EMHOT staff care about what I had to say and treated me with respect.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
| 8. <i>I received the help I was looking for.</i> | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Does Not Apply |
| 9. <i>What about this program was most helpful to you?</i> | | | | | | |

SURVEY TRACKING (per 6-month period). Please indicate consumer selection by typing "1" in columns B and onward.

1. I can deal more effectively with daily problems.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Does Not Apply

2. I feel more in control of my life.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Does Not Apply

3. I am better able to deal with crisis.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Does Not Apply

4. I am more aware of community resources.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Does Not Apply

5. My symptoms have improved.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Does Not Apply

III. Consumer Outcomes

Please enter individual consumer data into tab titled "Consumer Data". This roll-up will autopopulate for Questions 1-8.

INSTRUCTIONS:

Each consumer that has "closed" during the 6-month reporting period should have the opportunity to respond to this survey. Consumers should have the opportunity to provide their responses in private to reduce potential bias from involvement of providers/ staff. Each EMHOT/ EHOT can determine how to best facilitate (e.g., mailing, emailed survey).

| Section 4: Consumer Outcomes | | |
|------------------------------|--|---|
| 1 | Total responses to: "I can deal better with daily problems." | |
| | Strongly Agree | 0 |
| | Agree | 0 |
| | Neutral | 0 |
| | Disagree | 0 |
| | Strongly Disagree | 0 |
| | Does Not Apply | 0 |
| 2 | Total responses to: "I feel more control in my life." | |
| | Strongly Agree | 0 |
| | Agree | 0 |
| | Neutral | 0 |
| | Disagree | 0 |
| | Strongly Disagree | 0 |
| | Does Not Apply | 0 |
| 3 | Total responses to: "I am better able to deal with crisis". | |
| | Strongly Agree | 0 |
| | Agree | 0 |
| | Neutral | 0 |
| | Disagree | 0 |
| | Strongly Disagree | 0 |
| | Does Not Apply | 0 |
| 4 | Total responses to: "I am more aware of community resources." | |
| | Strongly Agree | 0 |
| | Agree | 0 |
| | Neutral | 0 |
| | Disagree | 0 |
| | Strongly Disagree | 0 |
| | Does Not Apply | 0 |
| 5 | Total responses to: "My symptoms have improved." | |
| | Strongly Agree | 0 |
| | Agree | 0 |
| | Neutral | 0 |
| | Disagree | 0 |
| | Strongly Disagree | 0 |
| | Does Not Apply | 0 |

| | | |
|----------|---|---|
| 6 | Total responses to: "I know people I can call on if I need help right away." | |
| | Strongly Agree | 0 |
| | Agree | 0 |
| | Neutral | 0 |
| | Disagree | 0 |
| | Strongly Disagree | 0 |
| | Does Not Apply | 0 |
| 7 | Total responses to: "Staff cared about what I had to say and treated me with respect." | |
| | Strongly Agree | 0 |
| | Agree | 0 |
| | Neutral | 0 |
| | Disagree | 0 |
| | Strongly Disagree | 0 |
| | Does Not Apply | 0 |
| 8 | Total responses to: "I received the help I was looking for." | |
| | Strongly Agree | 0 |
| | Agree | 0 |
| | Neutral | 0 |
| | Disagree | 0 |
| | Strongly Disagree | 0 |
| | Does Not Apply | 0 |

Feedback from Consumers

| | |
|--------------------|---|
| 9 | Noteworthy sample responses to: "What about this program was most helpful to you?" |
| (Insert responses) | |
| 10 | Noteworthy sample responses to: "What are your suggested improvements to enhance the program?" |
| (Insert responses) | |

IV. Program Outcomes (optional)

Entering program outcomes data is **OPTIONAL** but encouraged

| Optional Section 5: | | |
|---------------------|---|---|
| 1 | Housing loss/ eviction averted | |
| 2 | Symptoms decreased | 0 |
| 3 | Function improved | 0 |
| 4 | Medication compliance increased | 0 |
| 5 | Stable for 3 months by report of client and/ or providers with no inpatient hospital stays | 0 |
| 6 | Safety in community established (e.g., found housing/ placement, electricity/ water restored, bills managed, supports in place) | 0 |
| 7 | Crisis averted/ managed | 0 |
| 8 | Social isolation and loneliness reduced | 0 |
| 9 | Other: _____ (Please fill in the blank and add additional line items as appropriate) | 0 |

V. Program Financials

Unified Behavioral Health Reporting Template - Program Financials Addendum

Version 07.25.19

For any questions, please contact Kathryn Downes at Kathryn.Downes@MassMail.State.MA.US

Program Name:

6-Month Reporting Period:

Contact Name:

Contact Email:

Contact Phone Number:

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Addendum: Program Financials

Instructions:

Please report program revenue and expenses for the current fiscal year. The totals reflected in Column D should be running totals for the fiscal year starting July 1, 2019. Submissions to EOEa are due at the same time as the other data in the unified behavioral health reporting template: January 31, 2020 and July 31, 2020.

Please email Kathryn.Downes@MassMail.State.MA.US with the completed template on or before those dates.

Revenue

| | | |
|-----------|---|--|
| 17 | Total revenue by source: | |
| | Total revenue received from federal sources: <i>Attach a list with the total revenue amount broken down by agency.</i> | |
| | Total revenue received from state sources: <i>Attach a list with the total revenue amount broken down by agency.</i> | |
| | Total revenue received from local sources: <i>Attach a list with the total revenue amount broken down by agency.</i> | |
| | Total revenue received from private sources: <i>Attach a list with the total revenue amount broken down by agency.</i> | |
| | Total in kind support received: <i>Attach a list with the total amount broken down by source.</i> | |

Note on in kind support: Agencies should use the FASB definition of in-kind services, which states that in-kind contributions are those that a) create or enhance non-financial assets, or b) require specialized skills, are provided by individuals possessing these skills, and would typically need to be purchased if not provided by donation.

Examples of in kind support include a donated room at the senior center or staff volunteering their time (e.g., unpaid interns).

FASB link: <https://www.fasb.org/resources/ccurl/770/425/fas116.pdf>

Expenses

| | | |
|-----------|--|--|
| 18 | Total expenditures by type: | |
| | Total expenditures on direct service staff (including payroll and fringe benefits): | |
| | Total expenditures on administrative staff (including payroll and fringe benefits): | |
| | Total expenditures on contractual services (for example, contracting with a behavioral health provider to embed a clinician in-house): | |
| | Total expenditures on travel: | |
| | Total expenditures on training: | |
| | Total expenditures on supplies: | |
| | Total expenditures on overhead (including rent, supplies, IT, insurance, etc.): | |
| | Total FTEs for direct service staff: | |

VI. Definitions

| Term | Definition |
|--|--|
| Crisis Status | A consumer is either at imminent risk, or needs their EMHOT/ EHOT counselor due to situation that has or may trigger exacerbation of the persons' mental health issue. |
| Unstable Housing | Consumer meets any of the following criteria: <ul style="list-style-type: none"> - Has moved frequently (2+ times in the last 60-days) - Is behind on their rent or mortgage payments or is in the process of being evicted - Is living in temporary housing (staying with a relative or friend, living in a motel or hotel) - Is living in housing that is overcrowded - Is living in an unhealthy housing situation (evidence of pests, poor air quality, lack of plumbing or heating) - Has experienced homelessness in the past 60-days |
| Stable Housing | A consumer who does not meet any of the criteria defined as Unstable Housing. |
| Increased risk for unstable housing | Consumer is either currently experiencing housing instability (see definition for Unstable Housing) or will likely experience housing instability in the next 6 months. |
| Increased risk for financial instability | Consumer is either currently experiencing financial instability (not have enough money to pay bills or excessive spending) or will likely experience financial instability in the next 6 months. |
| Increased risk for suicide or self | Consumer has previously or is currently experiencing suicidal or self harm ideations. |
| Increased risk for abuse, neglect, or exploitation | Consumer has experienced any of the following in the previous 6 months, or has had a substantiated APS investigation in the last 6 months: <ul style="list-style-type: none"> - <i>Self neglect</i>: Involves older adults or adults with disabilities who fail to meet their own essential physical, psychological or social needs, which threatens their health, safety and well-being. This includes failure to provide adequate food, clothing, shelter and health care for one's own needs. - <i>Caregiver neglect</i>: Includes failures by individuals to support the physical, emotional and social needs of adults dependent on others for their primary care. Neglect can take the form of withholding food, medications or access to health care professionals. - <i>Financial exploitation</i>: Includes the misuse, mishandling or exploitation of property, possessions or assets of adults. Also includes using another's assets without consent, under false pretense, or through coercion and/or manipulation. - <i>Emotional abuse</i>: Involves creating emotional pain, distress or anguish through the use of threats, intimidation or humiliation. This includes insults, yelling or threats of harm and/or isolation, or non-verbal actions such as throwing objects or glaring to project fear and/or intimidation. - <i>Physical abuse</i>: May include slapping, hitting, beating, bruising or causing someone physical pain, injury or suffering. This also could include confining an adult against his/her will, such as locking someone in a room or tying him/her to furniture. - <i>Sexual abuse</i>: May include physical force, threats or coercion to facilitate non-consensual touching, fondling, intercourse or other sexual activities. This is particularly true with vulnerable adults who are unable to give consent or comprehend the nature of these actions. |
| Increased risk for decline of significant health issues | Consumer has medical conditions that are life threatening, cause significant pain or discomfort, could cause significant disability, decrease ability to manage ADLs, impact multiple major organ systems, require care from multiple specialists, or require frequent monitoring. |