

NCF Liberty Protection Safeguards Briefing Pack – June 2022

Introduction

On 17th March 2022, [the consultation](#) for the draft Code of Practice for the Mental Capacity Act & Liberty Protection Safeguards (LPS) was launched. The consultation focuses on the proposed updates to the Mental Capacity Act Code of Practice and it introduces the LPS. The Government are asking for feedback on a consultation document and a Code of Practice via an [online survey](#). **The consultation deadline has been extended. The consultation now closes at 11:45pm on 14 July 2022.**

There will be a 6-month period between the publication of the final version of the Code of Practice and the regulations being published and then there will be confirmation of the timeframe for the implementation of the LPS.

This briefing features a summary of the consultation document, information about webinars, resources and the consultation questions.

Consultation Document Summary

The 60-page [consultation document](#) is split into five sections to separate the different materials that are being consulted on. Section 1 focuses solely on the proposed updates to the MCA Code. You can have a look at Section 1 if you would like to, but this section does not offer guidance about the LPS. Section 4 focuses on the draft LPS regulations, while Section 5 covers the entire [MCA code](#). You can look at the whole of the MCA Code if you would like to, but what is really key about the consultation can be found in Sections 2 and 3. Here's a summary of what these sections focus on.

Section 2: Proposed updates to existing chapters that now include LPS guidance in the Code

Section 2 focuses on chapters that are already in the current MCA Code. The proposed draft contains information about some of the things that are already in place, provides information about what has been updated to reflect the changes in guidance and offers new guidance relating to the LPS.

The section explains how the MCA has been updated to make sure that people are supported to make their own decisions. It details the role of the court of protection. It also explains the role of the Independent Mental Capacity Advocate (IMCA) service, how it works, and the new guidance under the LPS. The section also focuses on how the MCA applies to children and young people.

Section 2 also explains how the LPS fits in with the MCA and the Mental Health Act of 1983.

Section 3: The new chapters which contain LPS guidance in the Code

Section 3 covers chapters that do not exist in the current MCA Code. These chapters offer new guidance about the LPS. This section includes chapter-specific questions about the LPS guidance including:

- What is deprivation of liberty?
- What is the process for authorising arrangements under the LPS?
- What is the role of the Responsible Body?
- What is the role of the Appropriate Person?
- What are the Assessments and Determinations for the LPS?

- What is the consultation duty in the Liberty Protection Safeguards process?
- What is the role of the Approved Mental Capacity Professionals (AMCP)?
- What is Section 4B, and how is it applied?
- How is the LPS system monitored and reported on?

NCF Response

- NCF is working closely with Care England, RNHA and ARC to make a joint response to the LPS consultation, supported by the expert help of Rachel Griffiths who is an MCA and human rights expert.
- We plan to focus on what the proposals will mean for the sector, especially about the change from DoLS to LPS and to address the implications for different care settings, whether the detailed guidance is legally justifiable and, in particular, how the detailed LPS system as presented will be workable in adult social care. We will also produce a response to the Impact Assessment.

Draft LPS Training Framework

Alongside the consultation document, there is also a [draft LPS training framework document](#). This framework describes the core skills and knowledge relevant to the LPS framework. The framework is presented alongside a workforce and training triangle that sets out the training different roles require and the competency framework.

Webinars

A series of webinars have been held for the social care sector about the changes to the MCA Code and the LPS. Please see below for more information.

Care Provider Alliance Webinars

The Care Provider Alliance held three webinars on the Liberty Protection Safeguards' Consultation. The webinars were hosted by the CPA and our Mental Capacity & LPS expert, Rachel Griffiths.

Each webinar focused on what LPS means for different parts of the sector.

- the first focused on what LPS means for **home care**
- the second focused on **care homes**, and
- the third focused on **Supported Living and Extra Care schemes**.

The webinars offered the chance to explore the LPS proposals in more detail, understand what it means for each of the 3 parts of the sector (homecare, care home, supported living and extra care) and offered a chance for the audience to ask questions.

The video recording and presentation from each session can now be accessed at the following link - <https://careprovideralliance.org.uk/events>

CPA/ DHSC Webinars

The CPA also hosted the DHSC to run a webinar on the LPS on 27 June.

Liberty Protection Safeguards (LPS) – CPA/ DHSC webinar – hearing from the frontline in social care

The DHSC were keen to hear from and engage with, a range of different people who interact with the LPS in order to understand whether the policy they have set out in the draft Code of Practice and regulations will help to create a system that works effectively.

CPA were delighted to host this session, in which the team from DHSC set out what the key differences between the current DoLS system and LPS will be for professionals who are working on the front line and delivering the LPS in their day-to-day roles, and how it might affect their organisation.

The webinar offered an overview of the proposed LPS process & then looked at some specific areas of LPS policy, before opening up to feedback from the staff and practitioners whose roles will be directly impacted by the policy, to get a sense of how the policy will work in practice on the ground.

Useful Resources

There are a whole host of useful resources about the LPS that have been produced. Please see below.

- The DHSC has created factsheets about the LPS
<https://www.gov.uk/government/publications/liberty-protection-safeguards-factsheets>
- SCIE host an LPS hub that features briefings, video webinars and resources about LPS
<https://www.scie.org.uk/mca/lps>
- Skills for Care will be developing resources for the adult social care sector on the LPS and its implications for the workforce <https://www.skillsforcare.org.uk/Developing-your-workforce/Care-topics/Liberty-protection-safeguards/Liberty-Protection-Safeguards.aspx>

Appendix A: Consultation Questions

Please see below for information about the consultation questions in the [online survey](#).

Consultation: Proposed changes to the Mental Capacity Act 2005 Code of Practice and implementation of the Liberty Protection Safeguards

We recommend that you:

- read the consultation document
- focus on the questions which cover areas that you have the most experience of or a particular interest in
- consider skipping questions if they are not relevant to you, or you do not have a view on them
- refer to the relevant documents or Code chapters referenced in the question
- respond to the questions using this online survey

All of the documents required to answer the questions in this survey is available on the [GOV.UK consultation page](#).

Questions from Section 2 of the consultation document: ‘Proposed updates to existing chapters that now include LPS guidance in the Code’

Section 2 covers chapters 3, 7, 10, 21 to 22, and 24 of the MCA Code of Practice. These chapters exist in the current MCA Code, but in the proposed new draft, include updates to the existing Code guidance **and** new guidance relating to the LPS.

Section 2 of the consultation document includes chapter-specific questions (1 to 3) about the new LPS guidance, which can be found throughout the section. These questions largely focus on the policy decisions that have been made during the development of the Code. Not all Code chapters have a corresponding question. The responses to these questions will be of particular interest to the Department of Health and Social Care (DHSC).

At the end of Section 2, there are also a set of broader questions (4 to 7) on the proposed updates to the existing guidance in the current Code. These questions relate to all the proposed updates to the existing guidance in the current Code listed in Section 1 and Section 2, so please consider all updates when answering. In the main, questions 4 to 7 do **not** relate to the LPS. The responses to these questions will be of particular interest to the Ministry of Justice (MoJ).

LPS: the Court of Protection

1. The Code states that applications to consider deprivation of liberty cases, only, should not generally be made to the Court. To what extent do you agree or disagree with the following statement? ‘Responsible Bodies should not be routinely making applications to the Court, once LPS is implemented’

- Strongly agree
- Somewhat agree
- Neither agree nor disagree

- Somewhat disagree
- Strongly disagree

Please see Chapter 7 of the Code for help answering this question. (Chapter title:

‘What is the role of the Court of Protection?’)

LPS: 16 and 17 year olds

Many 16 and 17 year olds who will be subject to an LPS authorisation will have complex special educational needs or complex additional learning needs and will therefore also have an Education, Health and Care (EHC) plan, in England, or Individual Development Plan (IDP), in Wales.

Practitioners and decision makers involved in the LPS process will need to understand how the LPS interacts with the special educational, health and care provision set out in the person’s EHC plan, or additional learning provision set out in the person’s IDP. Further information on EHC plans and IDPs can be found in the SEND Code of Practice or the ALN Code (these documents will not yet include guidance specifically relevant to the LPS).

For children who are looked after or otherwise supported by the local authority through children’s services and subject to LPS arrangements in England, the LPS also interacts with the Children Act 1989. The LPS also interacts with other legislation, such as the Social Services and Well-being (Wales) Act 2014. It is important that decision makers understand these interactions.

2. How clear is the guidance in the Code at explaining the interaction between the LPS and other relevant legislation and planning for 16 and 17 year olds?

- Very clear
- Somewhat clear
- Neither clear nor unclear
- Somewhat unclear
- Very unclear

Please see Chapter 21 of the Code for help answering this question. (Chapter title: ‘How does the Act apply to children and young people?’)

Please explain your answer if you wish. (300-word limit)

LPS: settling disagreements and disputes

Anyone, including the person, can challenge the proposed or authorised arrangements at any stage of the LPS process (including via the Court of Protection and via the Responsible Body). This is an important safeguard in the LPS process.

3. How clear is the guidance in Chapter 24 at explaining how challenges relating to the LPS can be made, including deciding when to make an application to the Court?

- Very clear

- Somewhat clear
- Neither clear nor unclear
- Somewhat unclear
- Very unclear

Please see Chapter 24 of the Code for help answering this question. (Chapter title: 'What are the best ways to settle disagreements and disputes about issues covered in the Act?')

Please explain your answer if you wish. (300-word limit)

Questions on the proposed updates to the existing guidance in the current MCA Code

Questions 4 to 7 relate to the proposed updates to the existing guidance in the current MCA Code. These questions relate to **all** the proposed updates to the existing Code guidance listed in Section 1 and Section 2 of the consultation document, so please consider **all** updates when answering. In the main, these questions do not relate to the LPS. There are also further questions on the whole Code in Section 5 of the consultation document.

4. Are the principles of the MCA fully explained in the revised Code?

- Yes
- No

If you responded No, please specify the relevant paragraph and what you think it should say. (250-word limit)

5. Do any of the updates to the existing guidance in the Code, as listed in Section 1 and Section 2 of the consultation document, require further expansion or revision?

- Yes
- No

If you responded Yes, please specify the relevant paragraph and what you think it should say. (250-word limit)

6. Have there been any significant developments in case law or practice which the revised Code does not address but which you feel it needs to?

- Yes
- No

If you responded Yes, please specify the relevant paragraph and what you think needs to be added. (250-word limit)

7. Do you have any other comments on the proposed updates to the existing Code guidance?

- Yes
- No

If you responded Yes, please specify the paragraph which your comments relate to, and your views on this. (500-word limit)

Questions from Section 3 of the consultation document: 'The new chapters which contain LPS guidance in the Code'

Section 3 of the consultation document covers chapters 12 to 20 of the Code. These chapters do **not** exist in the current MCA Code, and offer new guidance about the LPS in the new, proposed MCA Code.

Section 3 of the consultation document includes chapter-specific questions (8 to 16) about the new LPS guidance, which can be found throughout the section. These questions largely focus on the policy decisions that have been made during the development of the Code. Not all Code chapters have a corresponding question. The responses to these questions will be of particular interest to DHSC.

8. How clear is the guidance in chapter 12 at explaining the meaning of a deprivation of liberty for practitioners?

- Very clear
- Somewhat clear
- Neither clear nor unclear
- Somewhat unclear
- Very unclear

Please see Chapter 12 of the Code for help answering this question. (Chapter title: 'What is deprivation of liberty?')

Please explain your answer if you wish. (300-word limit)

LPS: timeframes in the LPS process

The Code sets expectations about how long key LPS processes should take to complete. Specifically, it states that the LPS authorisation should be completed within 21 days and that Responsible Bodies have five days to acknowledge an external referral.

9. Do you think the timeframes set out in the Code are:

- Too long
- About right
- Too short

Please see Chapter 13 of the Code for help answering this question. (Chapter title: Chapter: What is the process for authorising arrangements under the Liberty Protection Safeguards?)

Please explain your answer if you wish. (300-word limit)

LPS: Interface with other health and care planning

The Code aims to support health and social care workers to integrate the LPS process into other health and care assessments and planning, as far as possible.

10. How clear is the guidance in chapter 13 at explaining the interface between the LPS and other health and care assessments and planning?

- Very clear
- Somewhat clear
- Neither clear nor unclear
- Somewhat unclear
- Very unclear

Please see Chapter 13 of the Code for help answering this question. (Chapter title: Chapter: What is the process for authorising arrangements under the Liberty Protection Safeguards?)

Please explain your answer if you wish. (300-word limit)

LPS: authorisations, reviews and renewals

11. Is the guidance in chapter 13 on the authorisation, reviews and renewals processes clear?

- Very clear
- Somewhat clear
- Neither clear nor unclear
- Somewhat unclear
- Very unclear

Please see Chapter 13 of the Code for help answering this question. (Chapter title: Chapter: What is the process for authorising arrangements under the Liberty Protection Safeguards?)

Please explain your answer if you wish. (300-word limit)

LPS: the care home manager role

The government has decided not to implement the role of the care home manager in the LPS, having heard a range of concerns raised by stakeholders about this role.

12. Do you agree that the care home manager role should **not** be implemented?

- Yes, I agree that it should **not** be implemented
- No, I disagree

LPS: assessments and determinations

The Code sets out that previous and equivalent assessments can be used in the LPS process, if it is reasonable to do so. This will help streamline the process and reduce the potential 'assessment burden' on the person when suitable assessments already exist. Previous assessments are

assessments carried out for an earlier LPS authorisation. Equivalent assessments are assessments carried out for any other purpose (for example, for a care plan).

In cases where the person already has a previous or equivalent capacity or medical assessment, these may be used for the purposes of the LPS if it is reasonable to rely on it. However, a previous or equivalent assessment cannot be used for a necessary and proportionate assessment and determination.

13. How clear is the guidance in chapter 16 at explaining the use of previous and equivalent assessments for the purposes of the LPS?

- Very clear
- Somewhat clear
- Neither clear nor unclear
- Somewhat unclear
- Very unclear

Please see Chapter 16 of the Code for help answering this question. (Chapter title: ‘What are the Assessments and Determinations for the LPS?’)

Please explain your answer if you wish. (300-word limit)

LPS: Approved Mental Capacity Practitioners (AMCPs)

To ensure the independence of AMCPs, the Code provides a suggested model for a central AMCP team.

14. Do you have any suggestions for how the model, as set out in chapter 18 of the Code, could be improved?

- Yes
- No

Please see Chapter 18 of the Code and Set 1 of the LPS regulations, ‘The Mental Capacity (Deprivation of Liberty: Training and Approval as an Approved Mental Capacity Professional) (England) Regulations’, for help answering this question (Chapter title: ‘What is the role of the Approved Mental Capacity Professional (AMCP)?’).

If you selected Yes, please provide suggestions for how this model could be improved. (300-word limit)

LPS: section 4B

If the required conditions are met, as explained in the Code, then the decision maker has the legal basis to take steps which deprive a person of their liberty in exceptional circumstances to provide life-sustaining treatment or a vital act. Section 4B is not a ‘continuous’ power, and only applies to those specific steps

The Code sets out that the decision maker should inform the Responsible Body when section 4B is relied upon for the first time. It also provides guidance on when it may be appropriate for the decision maker to inform the Responsible Body about subsequent instances of the power being relied upon. For example, if the decision maker relies on the power a significant number of times within a short period.

15. Do you agree with the position set out in the Code, or do you think Responsible Bodies should be notified every time section 4B is relied upon?

- I agree that beyond the initial application of section 4B, decision makers should not have to notify the Responsible Body each time section 4B is being relied upon
- I disagree with the Code

Please see Chapter 19 of the Code for help answering this question. (Chapter title: 'What is Section 4B, and how is it applied?')

Please explain your answer if you wish. (300-word limit)

LPS: monitoring and reporting on the operation of the LPS

In order to provide reassurance that the LPS are being operated correctly, it is important for there to be an effective mechanism for monitoring the use of the safeguards.

The main aspect of state oversight under LPS will be provided by Responsible Bodies who will have responsibility to scrutinise and authorise deprivations of liberty. However, international human rights law (the Optional Protocol to the Convention on Torture) requires there to be further independent oversight of how the scheme is operating.

To meet these obligations in England, the proposed monitoring and reporting design places a duty on the Care Quality Commission (CQC) and Office for Standards in Education, Children's Services and Skills (Ofsted) to monitor and report on the operation of LPS for adults and young people deprived of liberty in any setting. CQC will be responsible for those over the age of 18, whilst Ofsted will be responsible for those aged 16 and 17 years old.

The LPS regulations and chapter 20 of the Code together set out the statutory duties and overarching design for LPS monitoring and reporting. As the bodies responsible for monitoring LPS in the regulations, CQC and Ofsted will be expected to plan for and implement this design in practice.

16. To what extent will chapter 20 and the Monitoring and Reporting regulations deliver effective oversight of the LPS?

- Fully effective oversight of the LPS
- Somewhat effective oversight of the LPS
- Neither effective nor ineffective oversight of the LPS
- Somewhat ineffective oversight of the LPS
- Fully ineffective oversight of the LPS

Please see Chapter 20 of the Code and Set 4 of the LPS regulations, 'The Mental Capacity (Deprivation of Liberty: Monitoring and Reporting) (England) Regulations' for help answering this question. (Chapter title: 'How is the LPS system monitored and reported on?')

Please explain your answer if you wish. (300-word limit)

Questions from Section 4 of the consultation document: 'The LPS regulations'

Section 4 of the consultation document covers the LPS regulations and includes questions (17 to 19) about them. The responses to these questions will be of particular interest to DHSC.

LPS: AMCP training regulations

17. The purpose of the AMCP regulations is to ensure that there are an adequate number of trained AMCPs with the required skills and knowledge to carry out this role. Will the AMCP regulations achieve this?

- Yes
- No

Please see Set 1 of the LPS regulations, 'The Mental Capacity (Deprivation of Liberty: Training and Approval as an Approved Mental Capacity Professional) (England) Regulations', for help answering this question.

Please explain your answer if you wish. (300-word limit)

LPS: assessments, determinations, and pre-authorisation reviews regulations

The Code and the LPS regulations outline which professionals can carry out each of the three assessments and determinations under the LPS. It also outlines the requirements these professionals have to meet. The professionals who can complete a capacity or necessary and proportionate assessment and determination are:

- a medical practitioner
- a nurse
- an occupational therapist
- a social worker
- a psychologist
- a speech and language therapist

Medical assessments and determinations may only be carried out by a registered medical practitioner (including GPs and psychiatrists) or a registered psychologist who meets the conditions of these regulations.

18. Do the assessments, determinations, and pre-authorisation reviews regulations enable the right professionals to carry out assessments and determinations?

- Yes
- No

Please see Set 2 of the LPS regulations, 'The Mental Capacity (Deprivation of Liberty: Assessments, Determinations, and Pre-Authorisation Reviews) (England) Regulations', for help answering this question.

Please explain your answer if you wish. (300-word limit)

LPS: Independent Mental Capacity Advocates (IMCA) regulations

These regulations amend the regulations for IMCAs who act under the MCA. They provide the provisions for appointing and the functions of IMCAs under the LPS.

IMCAs are given functions under the LPS, for example, to represent and support the person to participate in the process, ascertain their wishes and feelings, and make representations to the Responsible Body on the person's behalf. In some circumstances, IMCAs will also support the person's Appropriate Person to represent and support the person. IMCAs are also given functions to support the person, or their Appropriate Person, once an authorisation is in place and where appropriate to challenge the authorisation.

19. Do the IMCA regulations allow for IMCAs to carry out their full functions effectively under the LPS?

- Yes
- No

Please see Set 3 of the LPS regulations, 'The Mental Capacity Act 2005 (Independent Mental Capacity Advocates) (General) (Amendment) (England) Regulations', for help answering this question. These regulations should be read alongside 'The Mental Capacity Act 2005 (Independent Mental Capacity Advocates) (General) Regulations 2006', which Set 3 of the LPS regulations amend.

Please explain your answer if you wish. (300-word limit)

Questions from Section 5 of the consultation document: 'Putting the Code into practice and implementing the LPS'

Section 5 of the consultation document covers the entire MCA Code and documents and questions (20 to 25) related to the implementation of the LPS. The responses to these questions will be of particular interest to both DHSC and

LPS: putting the Code into practice

The Code will be an important resource that will be used by many different groups of people to understand the LPS process.

For example:

- It will be especially important that chapter 3 (How should people be helped to make their own decisions?), chapter 15 (What is the role of the Appropriate Person?), and chapter 17 (What is the LPS consultation?) of the Code are understood by the person and their family and friends to ensure they remain at the centre of the decision-making process.
- Chapter 3 (How should people be helped to make their own decisions?), chapter 10 (What is the Independent Medical Capacity Advocate service?), chapter 13 (What is the overall LPS process?), chapter 16 (What are the assessments and determinations for the LPS?), chapter 17 (What is the LPS consultation?), and chapter 18 (What is the role of the Approved Mental

Capacity Professional?) will be of particular importance to practitioners and people involved in the person's care.

- 16 and 17 year olds, and their parents and carers, will need to understand the guidance in chapter 13 (What is the overall LPS process?) and chapter 21 (How does the Act apply to children and young people?).
- Responsible bodies, including local authorities, NHS trusts and clinical commissioning groups, will need to understand the principles of the MCA outlined in chapter 2 (What are the statutory principles and how should they be applied?), as the principles of the MCA are integrated throughout the LPS. They will also need to in particular understand the guidance in chapter 7 (What is the role of the Court of Protection?), chapter 10 (What is the Independent Medical Capacity Advocate service?), chapter 13 (What is the overall LPS process?), chapter 14 (What is the role of the Responsible Body?), chapter 16 (What are the assessments and determinations for the LPS?), and chapter 24 (What are the best ways to settle disagreements and disputes about issues covered in the Act?).

20. From your perspective, how clear is the LPS guidance in the Code and is there anything that you feel is missing? Please reference specific groups of people and chapters in your response. (Do not include information in your response that could be used to identify you, such as names). (1000-word limit)

Scenarios in the code

We would be grateful for suggestions and drafts of new scenarios on the following topics, based on your own experience of best practice. In particular, for:

- Chapter 2 – application of the MCA principles by emergency services.
- Chapter 3 – best practices for keeping the person at the centre of the LPS decision-making process.
- Chapters 4 and 5 – assessing capacity and/or best interests decisions in the context of culturally sensitive decision-making.
- Chapter 7 – a court makes a decision around a person's online contact or use of social media.
- Chapter 8 – gift-giving under an Lasting Power of Attorney on behalf of a donor who lacks the relevant capacity, demonstrating the more complicated considerations of taking into account the donor's circumstances, their wishes and whether the gift is considered appropriate under the MCA.
- All guidance relevant to the LPS (Chapters found in Section 2 and Section 3)

21. Is there any part of the Code where an existing scenario requires updating or a new scenario or best practice example is required altogether to help illustrate the policy?

- Yes
- No

If you responded Yes, please provide examples (1000-word limit)

LPS: Impact Assessment

The Impact Assessment constitutes the government's assessment of the costs and benefits of the LPS, including the Code and regulations, as proposed for consultation. Please provide feedback on the Impact Assessment for the LPS, including on its assumptions, coverage and conclusions.

22. Do you agree with the estimated impact of the LPS, as set out in the Assessment?

- Fully agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Fully disagree

Please see the Mental Capacity (Amendment) Act (MC(A)A) Impact Assessment for help answering this question.

Please explain your answer and provide feedback on the Impact Assessment for the LPS, including on its assumptions, coverage and conclusions if you wish. (600-word limit)

LPS: Workforce Strategy

The Workforce Strategy aims to support local, regional and national employers with their preparation for implementing the LPS in England. It offers advice on the workforce planning that will need to take place and the learning, development and training that is being made available ahead of implementation.

23. Will the Workforce and Training Strategy help your organisation prepare for the implementation of the LPS?

- Yes
- No

Please see the Workforce Strategy for help answering this question.

Please explain your answer if you wish. (300-word limit)

LPS: Training Framework

The Training Framework describes the core skills and knowledge relevant to the LPS workforce and presents learning outcomes for each workforce competency group across five subject areas.

24. Does the Training Framework cover the right learning outcomes?

- Yes
- No

Please see the Training Framework for help answering this question.

Please explain your answer if you wish. (300-word limit)

LPS: National Minimum Data Set

Responsible Bodies will need to notify the Care Quality Commission and Ofsted of LPS referrals and authorisations in their area in order to enable them to monitor and report on the scheme. NHSD will need this data to publish Official Statistics for the LPS. The LPS National Minimum Data Set will provide a standardised data set to ensure consistent and quality submission of this data.

The Data Set has been developed via extensive stakeholder engagement and should capture data required to monitor and oversee the operation of the LPS at a national level and does not preclude local systems capturing additional data for local use.

25. Are there further data items needed in the National Minimum Data Set to provide effective oversight of the LPS?

- Yes
- No

Please see the LPS National Minimum Data Set for help answering this question.

Please explain your answer if you wish. (300-word limit)