Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-3427-ENG 7-20

LTC Screening Document – AC, BI, CAC, CADI, ECS, EW, MHM, MSC+, MSHO

DOCUMENT CONTROL NUMBER

SECTION A: CLIENT INFORMATION (ALT 1)

1. PERSON'S LAST NAME

2. PERSON'S FIRST NAME

3. M.I.

4. PMI NUMBER

5. REFERENCE NUMBER

6. DATE SUBMITTED (MM DD YY)

7. BIRTH DATE (MM DD YYYY)

8. SEX

9. REFERRAL DATE (MM DD YY)

10. NEXT NF VISIT (MM DD YY)

11. ACTIVITY TYPE

12. ACTIVITY TYPE DATE (MM DD YY)

13. COS

13A. COR

13B. CFR

14. LTCC CTY

02 - Face to Face Assess (P)
03 - Visit/Early Intervention (P)
04 - Relocation/Transition Assessment (P)
05 - Document Change Only
06 - Reassessment (P)
07 - Administrative Activity
08 - BI/CAC/CADI Reassess 65th bday (P)
09 - Eligibility Update
10 - Service Change

15. LEGAL REP. STATUS

ADULTS (age 18 years or older)
01 - Is a competent adult
02 - Capacity to give informed consent is in question
03 - Has a private guardian
04 - Has a public guardian
11 - Health care agent
98 - Other

MINORS (age 17 years or younger)
05 - Parent(s) are legal representative
06 - Child Protection Order in place - county has legal custody, parent may retain parental rights
07 - Has a court appointed Guardian Ad Litem (GAL)
08 - Has a public guardian
09 - Has a private guardian
10 - Is an emancipated minor by order of the court
98 - Other

16. PRIMARY DIAGNOSIS

17. SECONDARY DIAGNOSIS

18. IS THERE A HISTORY OF A DD DIAGNOSIS? (Y or N)

18A. IF SO, WHAT IS THE DIAGNOSIS?

19. IS THERE A HISTORY OF A MI DIAGNOSIS? (Y or N)

19A. IF SO, WHAT IS THE DIAGNOSIS?

20. IS THERE A HISTORY OF A BI DIAGNOSIS? (Y or N)

20A. IF SO, WHAT IS THE DIAGNOSIS?

22. CASE MANAGER/CARE COORDINATOR/CERTIFIED ASSESSOR NAME

23. CASE MANAGER/CARE COORDINATOR/ CERTIFIED ASSESSOR UMPI

SECTION B: SCREENING/ASSESSMENT INFORMATION (ALT 2)

24. PRESENT AT SCREENING/ASSESSMENT

01 - Client
02 - Family
03 - LTCC consultant
04 - Social worker
05 - Public health nurse
06 - Hospital discharge planner
07 - Qualified Developmental Disability professional
08 - Qualified mental health professional
09 - NF staff
10 - Primary physician
11 - Home care or community based service provider
12 - Advocate
13 - Conservator/Guardian
14 - Consulting physician
15 - ICF/DD staff
16 - Services for children with handicaps
17 - Case manager
18 - Legal counsel
19 - Health plan coordinator
20 - Ombudsman
21 - RRS
22 - Interpreter, English
24 - Informal Caregiver
23 - Interpreter, ASL
98 - Other

24A. INFORMAL CAREGIVER (Y or N)

25. MARITAL STATUS

01 - Single, never married
02 - Divorced
03 - Widowed
04 - Married
05 - Legally separated
99 - Unknown

26. REASONS FOR REFERRAL 26A.

01 - Change in functional capacity
02 - Behavioral or emotional problem
03 - Disorientation or confusion
04 - Current services not adequate
05 - Permanent loss of informal caregiver
06 - Informal caregiver needs supports
07 - Temporary absence or inability of informal caregiver
08 - Abuse, neglect or exploitation
09 - Request relocation to community from any facility
10 - Housing inadequate/inappropriate
11 - Reassessment (P)
12 - Subacute or rehabilitative care needed (90 days or less)
13 - Annual LTCC Assessment for <65 in NF
14 - Health Risk Assessment
15 - Coordination of new and acute services
16 - Health status change
17 - Transition to HWS consult
19 - Appeals Authorization
20 - MCO Enrollee Requested Assessment
21 - PCA or Health Care
98 - Other problems

27. CURRENT LIVING ARRANGEMENT

28. PLANNING LIVING ARRANGEMENT

01 - Living alone
02 - Living with spouse/parents
03 - Living with family/friends/ significant other
04 - Living in a congregate setting
05 - Homeless
06 - Would be alone/homeless without current/planned housing type

29. ASSESSMENT TEAM

01 - County/Tribal agency
02 - Health Plan
03 - County Subcontracting for Health Plan
04 - County Inter-Disciplinary Team

30. HOSPITAL TRANSFER (Y or N)

31. OBRA SCREENING LEVEL 1 (Y or N)

32. CURRENT HOUSING TYPE

33. PLANNED HOUSING TYPE

01 - Homeless
02 - Institution ICF/DD
03 - Institution Hospital
04 - Board & Lodge
05 - Foster Care
09 - Own home, Apt.
11 - Institution, NF/Certified boarding care
12 - Noncertified boarding care
16 - Correctional facility

36. OBRA LEVEL 2 REFERRAL 36A.

MI (Y or N) DD (Y or N)

37. BI/CAC REFERRAL (Y or N)

NOTES:

SECTION C: GENERAL FUNCTION AND HISTORY (ALT 3)

38. DRESSING 39. GROOMING 40. BATHING 41. EATING 42. BED MOBILITY 43. TRANSFERRING 44. WALKING 45. BEHAVIOR 46. TOILETING

47. SPEC TRMT 48. CLIN MONITOR 49. NEURO DIAG (Y or N) 50. CASE MIX 51. ORIENTATION 52. SELF PRESERVE 53. DIS CERT SOURCE

01 - Social Security Admin (SSA)
02 - State Medical Review Team (SMRT)
03 - No Certification for Disability

54. SELF-EVAL

00 - No Response
01 - Poor 03 - Good
02 - Fair 04 - Excellent

55. HEARING 56. COMMUNICATION 57. VISION 58. MENTAL STATUS EVAL

00-28 - Score based on interview
29 - Refused to complete
30 - Not applicable

59. TELEPHONE ANSWERING 60. TELEPHONE CALLING 61. SHOPPING 62. PREPARING MEALS 63. LIGHT HOUSEKEEPING

64. HEAVY HOUSEKEEPING 65. LAUNDRY 66. MGT. MEDS/OTHER TRMT 67. INSULIN DEPENDENT 68. MONEY MGT 69. TRANSPORTATION 70. FALLS

71. HOSPITALIZATIONS 72. ER VISITS 73. NF STAYS 74. VENT DEP

Have you experienced any falls in your home or while out in the community? 00 - No 01 - Yes

If no, does concern about your balance or falling affect your daily activities or access to the community? 02 - Yes 00 - No

Did a fall result in a fracture within the last twelve months? 03 - Yes

SECTION D: SCREENING/ASSESSMENT RESULTS (ALT 4)

75. ASSESSMENT RESULTS AND EXIT REASONS

75A. 75B.

76. EFFECTIVE DATE

MM DD YY

77. INFORMED CHOICE

(Y or N)

78. CLIENT CHOICE

79. GUARDIAN CHOICE

80. FAMILY CHOICE

81. LTCC/IDT RECOMMENDATION

Assessment Results

01 - Person will remain in, or return to, the community with at least one AC, ECS, or waiver service.
02 - Person will remain in, or return to, the community with services not funded by AC, ECS, or the waiver programs.
03 - Person will remain in, or return to, the community without services.
04 - Person will/resides in a nursing facility or certified boarding care.
05 - Person will/resides in a noncertified boarding care.
06 - Person will/resides in an ICF/DD.
07 - Hospital discharge to a nursing facility - short stay of 90 days or less.
08 - Hospital discharge to a nursing facility - long stay of 91 days or longer.
09 - Person will/receives long-term hospitalization.
10 - Person is changing to a different program.
11 - Person is reopening to the same program (use if ever opened to the program).
12 - Service change
13 - Person continues on the same program at reassessment.
18 - Transition planning

Exit Reasons (When using exit reasons 17, 19–25, 31, 33, or 34 an Assessment Result Code must also be completed in field 75B to indicate what happened to the person when closing under the waiver, AC, or ECS program.)

17 - Person exit, lost financial eligibility for current program.
19 - Person exited AC or temporary AC due to change in financial eligibility.
20 - Person exited, level of care changed.
21 - Person exited, no longer requires level of care.
22 - Person exited, no longer meets the program's criteria other than financial or level of care.
23 - Person exited, chooses to leave program.
24 - Person exited for other reason(s).
25 - Person exited waiver; services NEVER used.
31 - Person exited, non-payment of AC fee for 60 days.
33 - Person exit because of AC estate claim recovery
34 - Person exited because of AC fee changes.

Other

29 - Undecided
30 - Person died
32 - Updated AC financial
36 - Elected Elderly CDCS
37 - Elected Elderly Non-CDCS Services from CDCS
43 - NF visit every 3 years
49 - Citizenship verified
98 - Other
99 - Not applicable - no family

82. LEVEL OF CARE

01 - May be appropriate for ICF/DD (including RTC/ICF/DD)
02 - NF/Certified boarding care
03 - Psychiatric inpatient hospital
04 - Acute hospital
05 - Extended stay hospital
06 - In NF but may be appropriate for ICF/DD
07 - No facility level of care

83. CASE MIX/AMOUNT

$

84. REASONS FOR NF CONTINUED STAY/CDCS ENDING

84A.

01 - AC or waiver funding unavailable
02 - Case mix/CDCS budget cap doesn't meet client needs
03 - Health status
04 - Lack of housing
05 - Services not available
06 - Informal caregiver temporarily unavailable
07 - Vulnerable situation
08 - Informal caregiver exhaustion
09 - Client choice
10 - Rehabilitation not complete
11 - Involuntary exit from CDCS

SECTION E: PROFESSIONAL CONCLUSIONS (ALT 4) (Answer the following yes or no) Only items 90, 91, 100 and 100a are required to be completed.

	(Y or N)
85. THE PERSON HAS AN **ADL** CONDITION OR LIMITATION.	
86. THE PERSON HAS AN **IADL** CONDITION OR LIMITATION.	
87. THE PERSON HAS A COMPLICATED CONDITION.	
88. THE PERSON HAS IMPAIRED COGNITION.	
89. THE PERSON HAS A FREQUENT HISTORY OF BEHAVIOR SYMPTOMS.	
90. THE PERSON HAS NOT OR MAY NOT ENSURE HIS/HER OWN CARE, HYGIENE, NUTRITION OR SAFETY.	
91. THE PERSON HAS BEEN, OR MAY BE NEGLECTED, ABUSED, OR EXPLOITED BY ANOTHER PERSON.	
92. THE PERSON IS GENERALLY FRAIL.	
93. THE PERSON IS EXPERIENCING FREQUENT INSTITUTIONAL STAYS.	
94. THE PERSON HAS A HEARING IMPAIRMENT THAT WITH OR WITHOUT CORRECTION CAUSES FUNCTIONAL LIMITATIONS.	
95. THE PERSON IS IN NEED OF RESTORATIVE OR REHABILITATIVE TREATMENTS.	
96. THE PERSON'S HEALTH IS UNSTABLE.	
97. THE PERSON NEEDS DIRECT CARE SERVICES BY A NURSE DURING EVENINGS OR NIGHT SHIFTS FOR SPECIAL TREATMENTS.	
98. THE PERSON REQUIRES COMPLEX HEALTH CARE MANAGEMENT.	
99. THE PERSON HAS A VISUAL IMPAIRMENT NOT CORRECTED BY CONTACTS OR GLASSES.	
100. THE PERSON NEEDS CONSTANT SUPERVISION AND/OR ASSISTANCE OF ANOTHER TO BEGIN AND COMPLETE TOILETING.	
100a. THE PERSON IS ELIGIBLE FOR 12 OR MORE HOURS OF PCA SERVICES PER DAY.	

SECTION F: WAIVER/AC ELIGIBILITY CRITERIA (ALT 4) (All questions must be answered yes for AC or waiver programs)

(Y or N)

101. THE PERSON REQUIRES ONE OR MORE AC, ECS, OR WAIVER SERVICES TO DELAY OR PREVENT INSTITUTIONALIZATION. ☐

102. THE PERSON'S NEEDS CAN BE MET IN THE COMMUNITY, IN A SATISFACTORILY SAFE AND COST EFFECTIVE MANNER. ☐

103. IT HAS BEEN DETERMINED THAT THE WAIVER, ECS, OR AC PROGRAM IS THE APPROPRIATE PAYER FOR THESE SERVICES. ☐

104. PROGRAM TYPE ☐

00 - None
01 - BI-NF diversion
02 - BI-NF conversion
03 - EW diversion
04 - EW conversion
05 - CADI diversion
06 - CADI conversion
07 - CAC diversion
08 - CAC conversion
09 - AC diversion
10 - AC conversion
11 - BI-NB diversion
12 - BI-NB conversion
18 - MSHO/MSC+ - No program (comm. non-NHC)
19 - MSHO/MSC+ NF resident
22 - Temporary AC
29 - Essential community supports
30 - Essential community supports transition

105. MHM IND ☐ (Y or N)

106. CDCS ☐ (Y or N)

107. CDCS AMT ☐

108. SERVICES ☐

109. PROVIDER NPI ☐

110. PERSON ☐

SECTION G: SERVICE PLAN SUMMARY (ALT 5)

111. SERVICE CODES

I = Informal **F** = Formal **Q** = Quasiformal **C** = Customized Living Services **M** = Moving Home Minnesota **O** = Offered

Complete plan to reflect all services. If an informal caregiver is providing support, please code at least one of those supports. If quasiformal services are or will be received, please code at least one of those supports. Use "C" to identify the services in the customized living services bundle for Elderly Waiver recipients. The MMIS Screening Document will allow up to 18 service codes to be entered. Enter the service code and LTC source code.

Service Code	Source Code: C, F, I, Q, M or O

87 - 24 hour emergency assistance
86 - 24 hour supervision for 50 hrs/ 3 ADLS/medication management
59 - 24 hour supervision for clinical monitoring over 24 hours
60 - 24 hour supervision for dementia/ orientation/mental health/behavior
58 - 24 hour supervision for intermittent and unscheduled support
39 - 24 hour supervision (not used with EW)
84 - AC Discretionary Service
72 - Adaptive equipment
20 - Adult day care
49 - Adult day care bath
75 - Adult protection services
08 - Arranging medical care
55 - Arranging transportation
78 - ASL interpreter
33 - Behavioral services
69 - Blind/vision loss service
88 - Caregiver living expenses
91 - Case consultant
35 - Case management
40 - CDCS
95 - Certified peer specialist
79 - Chemical health
76 - Child protection services
02 - Chore services
67 - Cognitive rehab therapies
10 - Companion/Friendly visitor
93 - Comprehensive community support service
A2 - Community Living Assistance
05 - Congregate dining
A6 - Crisis respite
31 - Customized Living Services under BI/CADI/CAC
A7 - DD Waiver Services
A8 - DD-CM Non-waiver
09 - Deaf/hearing loss services
54 - Delegated health related
53 - Delegated medication administration
73 - Disease management
99 - Employment equipment
B2 - Employment services
42 - Extended HHA
44 - Extended LPN
46 - Extended PCA
81 - Extended home care nursing
43 - Extended RN
45 - Extended supplies and equipment
90 - Family caregiver coaching and counseling
27 - Family caregiver training and education
A5 - Family memory care
74 - Family training
19 - Foster care
65 - GRH room/board payment
01 - Grocery shopping
80 - Home care nursing
04 - Home delivered meals
12 - Home Health Aide visits
26 - Home modification
06 - Homemaker/Housekeeper
29 - Hospice
89 - Housing access coordination
A9 - In-Home Family Support
22 - Independent living skills
A1 - Individual Community Living Supports
B6 - Individualized home supports
56 - Individualized socialization support
62 - Laundry
61 - Less than 24 hour supervision
03 - MA Transportation
96 - Membership fees
24 - Mental health services
A3 - MnCHOICES
07 - Money management
17 - Night supervision
34 - NF
30 - Not receiving formal services
11 - Nurse visits
28 - Nutritional counseling
14 - Occupational therapy
98 - Other
41 - Paid CDCS parent/spouse
66 - PCA supervision
83 - PERS Pendant only
57 - Personal assistance, not PCA
18 - Personal care
52 - Personal emergency response system
B5 - Personal supports
13 - Physical therapy
51 - Prevocational services
38 - Relocation Service Coordination (RSC)
63 - Requested CIL visit
32 - Residential care
16 - Respiratory therapy
70 - Respite care out of home
21 - Respite care, in home
92 - Self advocacy training
68 - Service animal
B1 - Specialist Services
15 - Speech therapy
23 - Structured day program (BI)
25 - Supplies/Equipment
48 - Supported employment
77 - Telemedicine services
37 - Therapeutic day TX
50 - Transitional services
97 - Transport to acquire housing/ employment
71 - Vehicle modification
82 - Vent dependent
36 - Voc/Support employment
47 - Waiver/AC transportation
94 - Youth assertive community treatment

SECTION G (cont.): PERSON'S EVALUATION OF FOSTER CARE, CUSTOMIZED LIVING, AND ADULT DAY SERVICE

112. RSPT	113. PVCY	114. PERF	115. RESP	116. GOAL	117. WORK	118. COMM	119. FUND	120. QUAL
121. RECM	122. DIFF	123. ADYS		124. DAY	125. TIME	126. FOOD	127. LEAS	128. LOCK
129. SHAR	130. DECO	131. VIST	132. ACCS	133. SPAC	134. HOUS			

SECTION H: ALTERNATIVE CARE AND ESSENTIAL COMMUNITY SUPPORTS INFORMATION

135. STREET ADDRESS (MUST ALWAYS BE COMPLETED)

135A. ADDITIONAL ADDRESS INFORMATION (OPTIONAL)

135B. CITY

135C. STATE

135D. ZIP CODE

135E. CFR

135F. AC/ECS GROSS INCOME

135G. AC/ECS GROSS ASSETS

135H. AC/ECS ADJUSTED INCOME

135I. AC/ECS ADJUSTED ASSETS

135J. MEDICARE/MBI ID NUMBER

MEDICARE/MBI PART A EFFECTIVE

135K. MM DD YY – 135L. MM DD YY

MEDICARE/MBI PART B EFFECTIVE

135M. MM DD YY – 135N. MM DD YY

136. AC FEE WAIVER REASON

03 - Married couple is requesting an asset assessment under the spousal impoverishment provision
04 - Person is residing in a nursing facility and is receiving case management only
05 - Person is found eligible for AC, but is not yet receiving AC
06 - Income/Assets below minimal amounts
08 - Person is receiving temporary AC
09 - Person is receiving CDCS

137. MEDICARE ELIGIBLE (Y or N)

138. AC FEE ASSESSED (Y or N)

139. CITIZENSHIP

1 - Person is a US Citizen
2 - Citizenship is pending
3 - Person is not a US citizen

SECTION I: NOTES