Instructions to complete the MnCHOICES Reassessment Communication Form (DHS-6791E)

Case managers and certified assessors use the MnCHOICES Reassessment Communication Form, DHS-6791E (PDF) to communicate between each other on behalf of their lead agencies about reassessments when the agency completing the reassessment is different than the agency that provides the case management services.

How to share the document

To send the information between each other, case managers and assessors should only use secure forms of communication that follow their agency’s privacy policies. The form and accompanying documents, (once completed) contain private/protected/confidential information. (Unencrypted email is not a secure means of communication.)

Timelines

See CBSM -- Reassessments when the COR and CFR are different for information about procedure and timelines.

FOR CASE MANAGER USE

Date form sent to county of residence

Enter the date the case manager sent the form (and any accompanying documentation) to the County of Residence.

Type of reassessment

Select the type of reassessment being requested.

- If “change in condition” is selected, enter a short description about what the change in condition is, and level of urgency created by this change.
- If “other” is selected, enter a short description explaining why the referral for a reassessment is being made.
- If the person receives Rule 185 case management, meets the criteria to waive his/her reassessment and opts to waive their reassessment, select “Notification only: Person receives Rule 185 case management and is waiving their assessment” to alert the county of residence that the MnCHOICES reassessment does not need to be completed for that year.

Documents/attachments

Select the type of documents attached to the communication form.

- Enter the ICD-10 code in instances where you provide the county of residence with Rule 185 determination information. Provide other types of diagnostic or physician statements as needed.
- Enter text to explain any documents included as attachments.
Current program/services
Select the programs or services the person currently receives. If other is selected, enter a short description explaining the program/services.

Details
- Enter the dates of the current service agreement span
- Enter the date the last face-to-face MnCHOICES assessment was completed
- Indicate whether the person currently uses CDCS
- If applicable, input the person’s current waiver need index.

Information

Person
Enter the following for the person for whom the MnCHOICES reassessment is requested:

- First name
- Middle initial
- Last name
- PMI number
- Date of birth
- Street address
- City
- State
- Zip code
- Phone number
- Email address (if applicable)
- Whether the person needs an interpreter
- If applicable, enter the other language(s) the person speaks.

Guardian
Indicate whether the person has a guardian. If the person has a guardian, enter the following information about the guardian:

- First name
- Last name
- Phone number (provide the best phone number to contact the guardian)
- Email address (if applicable)
- Street address
- City
- State
- Zip code
- Whether the guardian needs an interpreter
- If applicable, enter the language(s) the guardian speaks

Contact for scheduling
Select whom the certified assessor should contact to schedule the MnCHOICES reassessment (i.e., the person directly, the guardian or “other.”)

If contact is “other”, enter the following information about the person:
• First name
• Last name
• Phone number
• Email address (if applicable)
• Street address
• City
• State
• Zip code
• Relationship of this person to the person being assessed
• Whether the contact person needs an interpreter
• If applicable, select the language(s) the contact person speaks

Case manager information
Enter the following for the agency making the referral for the MnCHOICES reassessment:

• Lead agency, tribal nation or contracted agency name the case manager is with
• Name of the county/tribal nation of financial responsibility (CFR) (if it is different than the name of
  the agency making the referral for the MnCHOICES reassessment)
• Case manager’s:
  • First name
  • Last name
  • Phone number
  • Email address
  • Fax number

Assessment/communication tips and advice

• Enter any information you know about that the person may not share, but which the certified
  assessor should know (e.g., the person may not feel comfortable sharing information about
  toileting, etc.).
• Enter any information that may be important to know for the certified assessor’s safety (i.e., a
  dog that will bite, person smokes, etc.).

Supporting information
List any service need updates or changes that the certified assessor needs to know about the person’s
needs and eligibility.

• Enter any recent changes the case manager has identified that may affect the MnCHOICES
  assessment such as changes to insurance, diagnosis, medical condition, new diagnostic
  assessment, service needs or information about recent appeals.
• If CAC, list specifics regarding medical involvement that would indicate hospital risk.
• If BI NB, list specifics regarding intensive behavioral programming needs.
• If MH, provide statements regarding impact of MH symptoms on how daily life is impacted.
FOR CERTIFIED ASSESSOR USE

Additional Certified Assessor Communication Responsibilities

After the certified assessor has received the DHS-6791E form from the case manager, he/she should contact, via phone or email, the case manager to inform them they will be conducting the assessment. When contacting the case manager, the certified assessor should include his/her name, phone number and email address.

In situations where the completed assessment results indicate an eligibility change for the person, the assessor is required to contact, prior to closing out the assessment and CSP, the case manager to discuss.

After the MnCHOICES assessment is completed the following information is provided to the case manager

Information

Certified assessor

Enter the following about the certified assessor:

- Lead agency name (county/tribal nation)
- First name
- Last name
- Phone number
- Email address
- Fax number

Dates

- Enter the date the MnCHOICES reassessment occurred
- Enter the date the DHS-6791E was sent to the case manager

Assessor comments (if needed)

Enter any comments or information the certified assessor has identified which would be important for the case manager to know as the case manager begins service planning and continuing his/her work with the person.

Documents/attachments

Select the documents the certified assessor is sending back to the case manager at the conclusion of the assessment. If other selected, enter a short description of the other documents being sent back to the case manager.

Note

Please note that Tennessen warnings vary between agencies. Each agency is responsible to obtain the Tennessen warnings needed for its own agency.