

Purpose:

Provides an outline of the MnCHOICES Assessment to help certified assessors locate and become familiar with the content of the Assessment document.

**A****Person Information**

- **Reason for Contact & Referral Source**
 - Reason for call
 - Referral Date
 - Method of contact
 - Who is calling
 - Information about caller if not person
 - Name
 - Address
 - Phone numbers
 - E-mail
 - Relationship
- **Demographic Information about Person**
 - Legal name
 - Date of birth
 - Gender
 - Marital status
 - PMI# – SWNDX# - SSN#
 - Address of physical location
 - Phone numbers
 - E-mail
 - Type of phone
 - Preference for contact
- **Lead agency & Communication Information**
 - County of Responsibility: COS – COR – CFR – LTCC / County completing MnCHOICES
 - Race
 - Primary language
 - Need for interpreter or accommodations
- **Decision-Making & Emergency Contact**
 - Help with decision making NOT legal
 - Parent(s) are legal representatives
 - Someone who signs documents and has legal authority
 - Health care directives
- **Health Insurance, Payers & Providers**
 - Disability certification status

- Medical Assistance eligibility status
- Medical Assistance Payment for Long-Term Care Services (DHS-3543)
- Types of health insurance or payment sources
- Notes/Comments
- **OBRA Level 1 – Developmental Disability or Related Condition**
- **OBRA Level 1 – Mental Illness**
- **Referral Reason/Assessment Type/Intake Summary**
 - Reason for Referral
 - Services and supports currently receiving
 - Referrals made at intake
 - Narrative summary of intake conversation
 - Comments from intake worker
 - Staff warning

**B****Quality of Life**

- **About this Domain**
 - To learn about what is important to the individual and what brings them satisfaction, happiness and comfort. “Defining their own quality of life is what matters the most to the person.” (Michael Smull)
- **Routines and Preferences**
 - Typical day
 - Things person enjoys doing
 - How person wants to spend their time
 - Satisfaction with current housing
 - Notes/Comments
- **Strengths and Accomplishments**
 - Things person feels they are good at
 - Things person has done about which they are proud
 - Notes/Comments
- **Relationships**
 - About their family and growing up
 - Supports from family, friends and others
 - Primary caregiver
 - People the person enjoys spending time with
 - Typical activities that keep the person in touch with others
 - Support needed for relationships
 - Notes/Comments
- **Traditions and Rituals**
 - How family background, customs and traditions may impact expectations and services
 - Attending religious services or engaging in spiritual practices
 - Notes/Comments

**C****Activities of Daily Living (ADLs)**

- **Future Plans**
 - Additional information the person chooses to share about current way of life
 - What the person would like for themselves in the future
- **Referrals & Goals (Quality of Life)**
 - What’s important to the person
 - Referrals needed
 - Summary of needs with associated support plan implications
- **About this Domain**
 - To identify the need for support in completing basic daily activities including eating, bathing, dressing, personal hygiene/grooming, toileting, mobility, positioning and transfers
- **Eating**
 - Difficulties the person has with eating: Cuing/Supervision and Physical Assistance
 - Ability to manage
 - Challenges
 - Strengths
 - Preferences
 - Support instructions
 - Training/skill building to increase independence
 - Notes/Comments
- **Eating Equipment**
 - Notes/Comments
- **Bathing**
 - Difficulties the person has with bathing: Cuing/Supervision and Physical Assistance
 - Ability to manage
 - Challenges
 - Strengths
 - Preferences
 - Support instructions
 - Training/skill building to increase independence
 - Notes/Comments
 -
- **Bathing Equipment**
 - Notes/Comments
- **Dressing**
 - Difficulties the person has with dressing: Cuing/Supervision and Physical Assistance



Activities of Daily Living (ADLs) – cont.

- Ability to manage
- Challenges
- Strengths
- Preferences
- Support instructions
- Training/skill building to increase independence
- Notes/Comments
- **Dressing Equipment**
 - Notes/Comments
- **Personal Hygiene/Grooming**
 - Difficulties the person has with personal hygiene/grooming: Cuing/Supervision and Physical Assistance
 - Ability to manage
 - Challenges
 - Strengths
 - Preferences
 - Support instructions
 - Training/skill building to increase independence
 - Notes/Comments
- **Personal Hygiene/Grooming Equipment**
 - Notes/Comments
- **Toilet Use/Continence Support**
 - Difficulties the person has with toilet use/continence support: Cuing/Supervision and Physical Assistance
 - Ability to manage
 - Challenges
 - Strengths
 - Preferences
 - Support instructions
 - Training/skill building to increase independence
 - Notes/Comments
- **Toilet Use/Continence Support Equipment**
 - Notes/Comments
- **Mobility – Walking and Wheeling**
 - Difficulties the person has with mobility: Cuing/Supervision and Physical Assistance
 - Ability to manage
 - Challenges
 - Strengths
 - Preferences

- **Mobility –Walking and Wheeling Equipment**
 - Support instructions
 - Training/skill building to increase independence
 - Notes/Comments
 - Notes/Comments
- **Positioning**
 - Difficulties the person has with positioning: Cuing/Supervision and Physical Assistance
 - Ability to manage
 - Challenges
 - Strengths
 - Preferences
 - Support instructions
 - Training/skill building to increase independence
 - Notes/Comments
- **Positioning Equipment**
 - Notes/Comments
- **Transfers**
 - Difficulties the person has with transfers: Cuing/Supervision and Physical Assistance
 - Ability to manage
 - Challenges
 - Strengths
 - Preferences
 - Support instructions
 - Training/skill building to increase independence
- **Transfers Equipment**
- **Referrals and Goals (ADLs)**
 - What is important to the person
 - Referrals needed
 - Summary of needs with associated support plan implications



Instrumental Activities of Daily Living (IADLs)

- **About this Domain**
 - To identify the need for support with medication management, meal preparation, transportation, housework, telephone use, shopping and managing finances.
- **Medication Management**
 - Assistance the person needs with medication management
 - Regarding the ability to manage and take medications

- Regarding the ability to manage/control diabetes
- Challenges with medication management
- Strengths with medication management
- Preferences related to medication management
- Support instructions when assisting with medication management
- Training/skill building needed to increase independence
- **Medication Management (Equipment)**
 - Equipment the person has or needs to assist with medication management
- **Meal Preparation**
 - Difficulties the person has preparing meals
 - Simple meal preparation
 - Challenges with preparing meals
 - Strengths when preparing simple meals
 - Preferences related to preparing meals
 - Training/skills building needed to increase independence
 - Notes/Comments
- **Transportation**
 - Difficulties with transportation
 - Moving about the community
 - Challenges related to transportation
 - Strengths related to transportation
 - Preferences related to transportation
 - Support instructions to help the person with transportation
 - Distance from essential shopping
 - Notes/Comments
- **Housework**
 - Assistance needed with housework
 - Assistance needed with “light” housekeeping
 - Assistance needed with “heavy” housekeeping
 - Assistance with laundry
 - Challenges with housework
 - Strengths with housework
 - Preferences when performing housework
 - Support instructions to assist the person in performing housework
 - Training/skill building needed to increase independence
 - Notes/Comments
- **Telephone Use**
 - Assistance needed to use the phone
 - Assistance needed to answer the phone
 - Assistance needed when calling on the phone
 - Challenges when using the telephone
 - Strengths when using the telephone
 - Preferences related to using the telephone
 - Support instructions when assisting the person with the telephone



D IADLs – cont.

- Training/skill building needed to increase independence
- Notes/Comments
- **Shopping**
 - Assistance needed with shopping
 - Challenges with shopping
 - Strengths related to shopping
 - Preferences the person has when shopping
 - Support instructions to help the person when shopping
 - Training/skill building needed to increase independence
 - Notes/Comments
- **Finances**
 - Assistance the person needs with finances
 - Challenges the person has with finances
 - Strengths the person has related to finances
 - Preferences the person has related to finances
 - Support instructions to assist the person with finances
 - Training/skill building needed to increase independence
 - Notes/Comments
- **Referrals & Goals (IADLs)**
 - What is important to the individual
 - Referrals Needed
 - Summary of needs with associated support plan implications



E Health

- **About this Domain**
 - To collect information about general health, medications, medical follow-up, health risks, preventative health care treatments and therapies.
- **General Health**
 - How person rates their health
 - Persons immediate health concerns
 - Known allergies
 - Height and weight
 - Prevention
 - Risk screening
 - Hospital and nursing facility stays in past year

- Falls
- Use of crisis services
- Notes/Comments
- **HELPS Brain Injury Screen**
 - Hit your head
 - Emergency room related to injury to head
 - Loss of consciousness
 - Problems in daily life
 - Sickness
- **Medications**
 - Prescription
 - Over-the-counter
 - Herbs
 - Supplements
 - Notes/Comments
- **Symptoms, Conditions & Diagnosis**
 - Problems fighting infections or frequent infections
 - Diagnosed with cancer
 - Concerns with eating habits
 - Thyroid problem
 - Diabetes
 - Stomach problems, constipation or diarrhea
 - Problems with urination
 - Heart or circulatory problems
 - Diagnosed with a mental health disorder
 - Muscle, bone or joint conditions including loss of limb
 - Neurodevelopmental disorders or conditions
 - Neurological conditions
 - Oral or dental problems
 - Problems coordinating or getting around
 - Male reproductive health concerns
 - Breathing problems
 - Skin conditions
 - Past surgeries
 - Notes/Comments
- **Treatments & Monitoring**
 - Special treatments person receives
 - Cardiac
 - Bowel and bladder
 - Feeding tubes and nutrition
 - Seizures
 - Breathing
 - Bronchial drainage
 - Suctioning
 - Ventilator

- Blood draws
- IV therapy
- Wounds
- Skin care
- Other
- Clinical monitoring
- Stability of health
- Notes/Comments

- **Therapies**
 - Therapies the person receives
 - Alternative
 - Occupational therapy
 - Pain management
 - Physical therapy
 - Range of motion
 - Respiratory therapy
 - Speech and language therapy
 - Other
 - Notes/Comments
- **Assessment of Feet**
 - Last foot exam
 - History of surgery or medical procedures on feet
 - Conditions related to feet
 - Foot care needs
 - Notes/Comments
- **Assessment of Pain**
 - Current pain anywhere
 - Notes/Comments
- **Assessment of Sleep**
 - Concerns about sleeping
 - Notes/Comments
- **Referrals & Goals (Health)**
 - What is important to the individual
 - Referrals needed
 - Summary of needs with associated support plan implications



F Psychosocial

- **About this Domain**
 - To gather information related to psychological and social factors and identify potential referrals for additional assessment and treatment.
- **Behavior/Emotion/Symptoms**
 - Self-injury
 - Physical harm to others



F Psychosocial – cont.

- Aggression
- Socially unacceptable behavior
- Damages or destroys property
- Wanders or elopes
- Arrests and convictions
- Ingests non-nutritive substances
- Difficulty regulating emotions
- Susceptible to victimization
- Withdrawn
- Agitation
- Impulsivity
- Intrusiveness
- Anxiety
- Psychotic behavior
- Manic behavior
- Notes/Comments
- **Pediatric Symptom Checklist (if under 18 years of age)**
- **Geriatric Depression Scale (if 65+)**
- **Suicide Screen**
- **Alcohol/Substance Abuse/Tobacco/Gambling**
- **Referrals & Goals (Psychosocial)**
 - What is important to the person
 - Referrals needed
 - Summary of needs with associated support plan implications



G Memory & Cognition

- **About this Domain**
 - To identify issues associated with dementia, developmental disability, brain injury or other conditions and to identify for assessment, treatment and services. It includes screening tools to help identify the need for referrals for additional assessment and treatment. It is not the assessor's role to render a medical diagnosis.
- **Functional Memory and Cognition**
 - Problems with cognitive functioning, due to developmental disability or a related condition which manifested before age 22, by report or review of psychological testing results
 - Documented diagnoses of brain injury or related neurological condition that is not congenital

- Problems with cognitive functioning at home, school or work
- **Mental Status Evaluation**
 - Orientation-Memory-Concentration Test
- **Referrals and Goals (Memory & Cognition)**
 - What is important to the person
 - Referrals needed
 - Summary of needs with associated support plan implications



H Safety/Self Preservation

- **About this Domain**
 - Assesses the person's ability to identify and respond to potential or existing safety issues and determine the level of support and supervision the person needs to reasonably assure their health and safety in the community.
- **Personal Safety**
 - Concerns, circumstances or situations that may represent a health or safety issue
 - Ability to provide necessities like food, medication, heat for a child
- **Self-Preservation**
 - A need for a 24-hour plan of care that includes back-up
 - The level of supervision and instruction required for leisure and recreation
 - Judgment and physical ability to cope, make appropriate decisions and take action in a changing environment or potentially harmful situation
 - Risk for self-neglect
 - Risk of neglect, abuse or exploitation by another person
- **Referrals & Goals (Safety/Self Preservation)**
 - What is important to the person
 - Referrals needed
 - Summary of needs with associated support plan implication



I Sensory & Communication

- **About this Domain**
 - Information about the person's vision and hearing, sensory function and ability to communicate.

- **Vision**
 - Problems with vision
- **Hearing**
 - Hearing loss
- **Functional Communication**
 - Difficulty communicating with and/or making wants and needs known to others
- **Sensory Integration**
 - Sensory Integration Disorder Diagnosis
 - Hypersensitivity Diagnosis
- **Supports Needed**
 - Health or safety issues that need to be considered when supporting the person
 - Assistance to evacuate during emergencies because of vision, hearing or other issues
 - Circumstances with the person needs to have an interpreter or transliterator present
 - Assistance needed to care for an assistive device or service animal
- **Referrals & Goals (Sensory & Communication)**
 - What is important to the person
 - Referrals needed
 - Summary of needs with associated support plan implications



J Employment, Volunteering & Training

- **About this Domain**
 - To learn about work, volunteer and education/training experiences and interests.
- **Employment**
 - Activity related to exploring paid work, post-secondary training or educational options
 - Current employment
 - Employment status
 - Work history
 - Interest level to explore work as an opportunity
- **Volunteer Activities**
 - Current volunteer status
 - Volunteer history
 - Interest level to find a volunteer opportunity
- **Barriers**
 - Persons beliefs about barriers to getting a job, volunteering or enrolling in an education or training program
 - Persons interest in working, volunteering or training/education if barriers are resolved



Employment, Volunteering & Training-cont.

- **Summary & Supports**
 - Summary of employment, volunteer & education training status
 - Level of supports needed
- **Referrals & Goals (Employment, Volunteering & Training)**
 - What is important to the person
 - Referrals needed
 - Summary of needs with associated support plan implications



Housing & Environment

- **About this Domain**
 - Gathers information about the adequacy and safety of the person's current living arrangement and the need for assistance to make changes and/or modifications.
- **Housing and Environment**
 - Whether or not the person's home or apartment is owned or controlled by the PCA provider
 - Special considerations if the person needs assistance to find a new place to live
 - Persons level of access to main areas of home related to a physical disability
 - Access to a private space within the home when desired
 - Access to a telephone or other means of calling for help and assistance
 - History of eviction
 - Concerns about safety, accessibility or sanitary conditions
- **Referrals & Goals (Housing & Environment)**
 - What is important to the person
 - Referrals needed
 - Summary of needs with associated support plan implications



Self-Direction

- **About this Domain**
 - The person's interest to participate in self-directed services such as PCA Choice, Consumer Support Grant (CSG), Consumer Directed Community Supports (CDCS) and the Family Support Grant (FSG).

- **Self-Direction**
 - Current participation in Minnesota's programs and plans to transition to other programs
 - Ability of person to direct and purchase their own care and supports or have a family member, legal representative or authorized representative purchase, arrange and direct services and supports on their behalf
 - Interest in having more control over the services and supports they receive
 - Assessors conclusions about person's ability for independent versus supported self-direction
 - Person and/or their representatives level of agreement with assessors conclusion
- **Referrals & Goals (Self-Direction)**
 - What is important to the person
 - Referrals needed
 - Summary of needs with associated support plan implications



Caregiver

- **About this Domain**
 - Gathering information about the capacity of an informal caregiver to provide care and support and to identify resources to assist in the caregiving role.
- **Caregivers**
 - Individuals who provide care and/or assistance to the person and who are not paid
- **Caregiver Interview**
 - Person providing care
 - If they live with the person
 - The type of support they provide
 - Hours of assistance they provide in an average week
 - Concerns the caregiver or the family has about the individual's memory, thinking or ability to make decisions
 - Concerns the caregiver has about the person or their home environment
 - Considerations the caregiver may have given to placing person in a different type of care setting
 - Description of caregiver's health
 - Level of stress felt by caregiver
- **Referrals & Goals (Caregiver)**
 - What is important to the person
 - Referrals needed
 - Summary of needs with associated support plan implications



Assessor Conclusions

- **About this Domain**
 - After synthesizing all the information learned about the person during the assessment process, the certified assessor documents the findings.
- **Supervision & Support**
 - Person's participation in interview
 - Current housing
 - Planned housing
 - Planned living arrangement
 - Informed about home/community choice versus an institution
 - Need for residential habilitation that must be included in care plan
 - Need for Semi-Independent Living Services to function independently in the community
 - Orientation
 - Ability to share home care with someone
 - Frailty
 - Complicated condition
 - Need for services and supports above those provided by MA State Plan
 - Skilled assessment and intervention multiple times during 24-hours
 - Without services from CAC Waiver person requires frequent or continuous hospital care
 - Hospital level of care certified by primary physician
 - Brain injury that requires care and support of a special nursing facility or neurobehavioral hospital
 - Brain injury services/supports that exceed services in BI Waiver-NF
 - Financial eligible for Family Support Grant
 - Alternative Care Program Eligibility Worksheet
 - New assessment or reassessment



Development Disability (DD) Screening Document

- **About this Domain**

- Additional information needed to complete the DD screening document not found elsewhere in the assessment.

- **Case Information – Assessment Section**

- Need for a DD screening document
- Recipient Name
- Recipient ID Number
- County Reference Number
- Birthdate
- Sex
- Guardianship Status
- Diagnosis
- Case Manager’s NPI/UMPI
- Present at Screening
- Action Type
- Team Convened
- Medical
- Seizures
- Mobility
- Fine Motor Skills
- Risk Status

- **Current/Planned Services – Final Action Planned**

- Current Services
- Planned Services
- DT&H Service Authorization Level
- Waiver Need Index
- Special Support Services
- Final Action Planned
- Current Medicaid Services Program
- For County Use Only



Long-Term Care Screening Document

- **About this Domain**

- Additional information needed to complete the Long-term Care (LTC) screening document not found elsewhere in the assessment.

- **Client Information**

- Need for an LTC screening document
- Client Name
- PMI Number
- Reference Number
- Birthdate
- Sex
- Next Nursing Facility Visit
- Activity Type
- Legal Representative Status
- Primary and Secondary Diagnosis
- History of MI and Diagnosis
- Status of Mental Health Targeted Case Manager
- Case Manager NPI/UMPI
- Present at Screening/Assessment
- Reasons for Referral

- **Screening/Assessment Information & Results**

- Current Living Arrangement
- Assessment Team
- Hospital Transfer
- Current Program License
- Planned Program License
- BI/CAC Referral
- Assessment Results and Exit Reasons
- Effective Date
- Client Choice
- Guardian Choice
- Family Choice
- Recommendations
- Level of Care
- Case Mix/Amount
- Reasons for Assessment Results/CDCS Terminate
- Requires one or more AC or Waiver Service
- Needs can be met satisfactorily in the community
- Waiver or AC is the appropriate payer
- Program Type

- CDCS
- CDCS Amount
- **Service Plan Summary**
 - Service Codes
 - Alternative Care Information
 - Address
 - Gross Income
 - Gross Assets
 - AC Adjusted Income
 - AC Adjusted Assets
 - Medicate ID Number
 - Medicare Effective Dates
 - AC Fee Waiver Reason
 - Medicare Eligibility
 - AC Fee Assessed

- Referrals Completed
- Additional Comments



Personal Care Assistance Service Agreement

- **About this Domain**

- Additional information needed to complete a PCA service agreement for this assessment.

- **Personal Care Assistance (PCA)**

- Need for a PCA Service Agreement
- Agreement Start and End Date
- Recipient Name
- Recipient ID
- Sex
- Date of Birth
- Signature to Authorize
- Recipient and Provider Letters Sent
- SACTAD Number
- Ovr LOC
- Responsible Party's Name
- Using Fiscal Intermediary
- Lives with Responsible Party
- Line Item Comments
- Procedure Code and Modifier
- First Six Months Start and End Dates
- Requested Rate per Unit
- Requested Total Units
- Providers NPI/UMPI
- Provider's Name
- Using Shared Care
- Frequency Code (Daily or Flexible)
- Reason Code(s)
- Line Item Comments
- Procedure Code and Modifier
- Second Six Months Start and End Dates
- Requested Rate per Unit
- Requested Total Units
- Providers NPI/UMPI
- Provider's Name, Address, Phone and Fax Numbers
- Using Shared Care
- Frequency Code (Daily/Flexible)
- Reason Code(s)
- Line Item Comments
- Phone number of the Certified Assessor
- PCA Code and PC Supervision Code
- Diagnoses