



# Guidance: Long Term Care Screening Document Fields

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*As of February 24, 2015*

## Purpose

The purpose of this document is to help lead agencies understand the data that is automatically populated from MnCHOICES into the specific fields on the Long Term Care (LTC) Screening Document.

Following a MnCHOICES assessment, the Certified Assessor has the option to create a LTC Screening Document that can be viewed or printed from MnCHOICES and use to enter data into MMIS. Many of the fields on this document are automatically populated from the assessment using the rules and logic built into MnCHOICES.

The table below:

1. Identifies the LTC Screening Document fields by number and name. It includes fields that are automatically populated by data entered into the assessment. It does not include fields that are manually populated by the assessor in the LTC Screening Document domain.
2. Identifies all possible MnCHOICES question(s) that may drive the LTC Screening Document results, including the full question text, and the location of the question(s) in MnCHOICES (domain and question group). It does not describe the rules or precisely how the assessors' responses to the questions drive the results.

### NOTE:

For some of the fields on the LTC Screening Document, there are multiple questions from MnCHOICES that may determine the results. Some questions only appear if the assessor has answered another question in a certain way.

Lead agencies should use the information in this document in conjunction with the LTC Screening Document manuals for a full understanding of the information in the MnCHOICES LTC Screening Document, and how this information is used and edited in MMS. Manuals include:

- [Instructions for Completing and Entering the Long Term Care Screening Document and Service Agreements Into MMIS \(DHS-4625\)](#)
- [Instructions for Completing and Entering the Long Term Care Screening Document into MMIS for the MSHO and MSC+ Programs \(DHS-4669\)](#)

## LTC Screening Document

#	Screening Document Fields	MnCHOICES Domain	MnCHOICES Question Group	MnCHOICES Question(s)
9	REFFERAL DATE			Assignable Date on the MnCHOICES Assessment Queue
12	ACTIVITY TYPE DATE			Assessment Date on the MnCHOICES Assessment Queue
13	COS, COR, CFR <sup>1</sup>	Person Information	Lead Agency & Communication Information	County of Service (COS) County of Residence (COR) County of Financial Responsibility (CFR)
14	LTCC CTY	Person Information	Lead Agency & Communication Information	LTCC Agency
20	IS THERE A HISTORY OF A BI DIAGNOSIS?	Memory & Cognition	Functional Memory and Cognition	Does the person have a documented diagnosis of brain injury or related neurological condition that is not congenital?
20A	IF SO, WHAT IS THE DIAGNOSIS?	Memory & Cognition	Functional Memory and Cognition	What is the diagnosis?
22	CASE MANAGER/NAME			"Assigned to" field on Assignment Queue
25	MARITAL STATUS			Marital Status
28	PLANNED LIVING ARRANGEMENT	Assessor Conclusions	Level of Supervision & Support	Planned Living Arrangement
31	OBRA SCREENING LEVEL 1	Person Information	OBRA Level 1 - Developmental Disability or Related Condition OBRA Level 1 - Mental Illness	Questions 1, 2 and 3. Questions 1, 2, 3, and 4.
32	CURRENT HOUSING TYPE	Assessor Conclusions	Level of Supervision & Support	Current Housing Type

<sup>1</sup> Even though the LTC Screening Document that prints out of MnCHOICES uses the COS, COR, and CFR information entered into MnCHOICES, MMIS will automatically populate these fields.

## LTC Screening Document (continued)

#	Screening Document Fields	MnCHOICES Domain	MnCHOICES Question Group	MnCHOICES Question(s)
33	PLANNED HOUSING TYPE	Assessor Conclusions	Level of Supervision & Support	Planned Housing Type
36A	OBRA LEVEL II REFERRAL - MI	Person Information	OBRA Level 1 - Mental Illness	Questions 1, 2 and 3.
36B	OBRA LEVEL II REFERRAL - DD	Person Information	OBRA Level 1 - Developmental Disability or Related Condition	Questions 1, 2, 3, and 4.
38	DRESSING	ADLs	Dressing	Does the person have any difficulties with dressing or require support or assistance when dressing? In regard to the ability to manage dressing, this person/child:
39	GROOMING	ADLs	Personal Hygiene/Grooming	Does the person have any difficulty with or require support or assistance to take care of their grooming and hygiene needs? In regard to the ability to manage grooming activities, this person/child:
40	BATHING	ADLs	Bathing	Does the person have any difficulties with bathing or require support or assistance during bathing? In regard to the ability to bathe or shower, this person/child:
41	EATING	ADLs	Eating	Does the person have any difficulties with eating or require support or assistance with eating? In regard to the ability to manage eating by themselves, this person/child:
42	BED MOBILITY	ADLs	Positioning	Does the person have any difficulties with positioning or require support or assistance when positioning? In regard to the ability to manage sitting up or moving around, this person/child:
43	TRANSFERRING	ADLs	Transfers	Does the person have any difficulties with transfers or require support or assistance when making transfers? In regard to the ability to get in and out of bed or a chair, this person/child:

## LTC Screening Document (continued)

#	Screening Document Fields	MnCHOICES Domain	MnCHOICES Question Group	MnCHOICES Question(s)
44	WALKING	ADLs	Mobility - Walking and Wheeling	Does the person have any difficulty with mobility or require support or assistance to get around? In regard to the ability to walk around, this person/child:
45	BEHAVIOR	Psychosocial	Behavior/Emotion/Symptoms	<i>Responses in all 18 Behavior/Emotion/Symptom categories are used to determine the score in this field.</i> Intervention: Support and/or services provided by staff and/or caregiver Frequency of intervention needed:
46	TOILETING	ADLs	Toilet Use/Continence Support	Does the person need assistance or support with toileting? Note to assessor: Self-managed incontinence does not constitute needing assistance or help with toileting. In regard to the ability to manage using the toilet, this person/child: Note to assessor: Descriptions pertaining to frequency or types of accidents would not be used for persons self-managing incontinence
47	SPEC TRMT	Health	Treatments & Monitoring	Is the person receiving any Special Treatments?
48	CLIN MONITOR	Health	Treatments & Monitoring	Do any of the Special Treatments identified require Clinical Monitoring? Clinical Monitoring Frequency:
49	NEURO DIAG	Health	Symptoms, Conditions & Diagnosis	Does the person have any neurological conditions? Check all the neurological condition categories:
50	CASE MIX <sup>2</sup>			
51	ORIENTATION	Assessor Conclusions	Level of Supervision & Support	Orientation: Orientation is defined as the awareness of an individual to his/her present environment in relation to time, place and person.

<sup>2</sup> Case Mix is pulled from the Eligibility Summary.

## LTC Screening Document (continued)

#	Screening Document Fields	MnCHOICES Domain	MnCHOICES Question Group	MnCHOICES Question(s)
52	SELF PRESERVE	Safety/Self Preservation	Self Preservation	Does the person have the judgment and physical ability to cope, make appropriate decisions and take action in a changing environment or a potentially harmful situation?
53	DIS CERT SOURCE	Person Information	Health Insurance, Payers & Providers	Is the person certified disabled by Social Security or through the State Medical Review Team (SMRT) process? Type of Certification:
54	SELF-EVAL	Health	General Health	Overall, how does the person rate their health?
55	HEARING	Sensory & Communication	Hearing	Does the person have any hearing loss? Describe your hearing WITHOUT the use of an assistive device: Describe your hearing WITH the use of your assistive device(s):
56	COMMUNICATION	Sensory & Communication	Functional Communication	Does the person have difficulty communicating with and/or making their wants and needs known to others?
57	VISION	Sensory & Communication	Vision	Does the person have any problems with their vision? Describe your vision WITHOUT the use of an assistive device: Describe your vision WITH the use of your assistive device(s):
58	MENTAL STATUS EVAL	Memory & Cognition	Mental Status Evaluation	Now I'm going to read you a list of questions. These are questions that are often asked in interviews like this and we are asking them the same way to everyone. Some may be easy and some may be difficult. Would this be alright? TOTAL WEIGHTED SCORE
59	TELEPHONE ANSWERING	IADLs	Telephone Use	Does the person need assistance to use the telephone? When "Answering" the phone, this person:

## LTC Screening Document (continued)

#	Screening Document Fields	MnCHOICES Domain	MnCHOICES Question Group	MnCHOICES Question(s)
60	TELEPHONE CALLING	IADLs	Telephone Use	Does the person need assistance to use the telephone? When "Calling" on the phone, this person:
61	SHOPPING	IADLs	Shopping	Does the person need assistance with shopping? When managing shopping for food or other items, this person:
62	PREPARING MEALS	IADLs	Meal Preparation	Does the person have any difficulty preparing meals? When doing meal preparation, this person:
63	LIGHT HOUSEKEEPING	IADLs	Housework	Does the person need assistance with housework? When performing "light" housekeeping, this person:
64	HEAVY HOUSEKEEPING	IADLs	Housework	Does the person need assistance with housework? When performing "heavy" housekeeping, this person:
65	LAUNDRY	IADLs	Housework	Does the person need assistance with housework? When doing their own laundry, this person:
66	MGT. MEDS/OTHER TRMT	IADLs	Medication Management	Does the person need assistance with medication management? In regard to the ability to manage and take medications, this person:
67	INSULIN DEPENDENT	IADLs	Medication Management	Does the person need assistance with medication management? How does the person control their diabetes?
68	MONEY MGT.	IADLs	Finances	Does the person need assistance with finances? When handling personal finances, this person:
69	TRANSPORTATION	IADLs	Transportation	Does the person have difficulty with transportation? When moving about the community, this person:

## LTC Screening Document (continued)

#	Screening Document Fields	MnCHOICES Domain	MnCHOICES Question Group	MnCHOICES Question(s)
70	FALLS	Health	General Health	Experienced any falls in their home or while out in the community?
71	HOSPITALIZATIONS	Health	General Health	Stayed overnight or longer in a hospital?
72	ER VISITS	Health	General Health	Gone to a hospital emergency room (not counting overnight stay)?
73	NF STAYS	Health	General Health	Spent any time in a nursing facility?
74	VENT DEP	Health	Treatments & Monitoring	Ventilator
77	INFORMED CHOICE	Assessor Conclusions	Level of Supervision & Support	Informed the person of the choice between receiving services in the home/community or in an institution?
85	THE PERSON HAS AN <b>ADL</b> CONDITION OR LIMITATION	ADLs	"ALL"	(See fields 38-44, 46 above)
86	THE PERSON HAS AN <b>IADL</b> CONDITION OR LIMITATION	IADLs	"ALL"	(See fields 59-69 above)
87	THE PERSON HAS A COMPLICATED CONDITION	Assessor Conclusions	Level of Supervision & Support	The person has a complicated condition?

## LTC Screening Document (continued)

#	Screening Document Fields	MnCHOICES Domain	MnCHOICES Question Group	MnCHOICES Question(s)
88	THE PERSON HAS IMPAIRED COGNITION	Memory & Cognition  Assessor Conclusions  Safety/Self Preservation	Mental Status Evaluation  Level of Supervision & Support  Self Preservation	Now I'm going to read you a list of questions. These are questions that are often asked in interviews like this and we are asking them the same way to everyone. Some may be easy and some may be difficult. Would this be alright? TOTAL WEIGHTED SCORE  <i>OR</i> Orientation: Orientation is defined as the awareness of an individual to his/her present environment in relation to time, place and person.  <i>OR</i> Does the person have the judgment and physical ability to cope, make appropriate decisions and take action in a changing environment or a potentially harmful situation?
89	THE PERSON HAS A FREQUENT HISTORY OF BEHAVIOR SYMPTOMS	Psychosocial	Behavior/Emotion/Symptoms	(See field 45 above)
90	THE PERSON HAS NOT OR MAY NOT ENSURE HIS/HER OWN CARE, HYGIENE, NUTRITION OR SAFETY	Safety/Self-Preservation	Self Preservation	This person is at risk of self-neglect?
91	THE PERSON HAS BEEN, OR MAY BE NEGLECTED, ABUSED, OR EXPLOITED BY ANOTHER PERSON	Safety/Self-Preservation	Self Preservation	The person is at risk of neglect, abuse or exploitation by another person?
92	THE PERSON IS GENERALLY FRAIL	Assessor Conclusions	Level of Supervision & Support	The person is generally frail?

## LTC Screening Document (continued)

#	Screening Document Fields	MnCHOICES Domain	MnCHOICES Question Group	MnCHOICES Question(s)
93	THE PERSON IS EXPERIENCING FREQUENT INSTITUTIONAL STAYS	Health	General Health	Stayed overnight or longer in a hospital? Number of times Gone to a hospital emergency room (not counting overnight stay)? Number of times Spent any time in a nursing facility? Number of times
94	THE PERSON HAS A HEARING IMPAIRMENT THAT WITH OR WITHOUT CORRECTION CAUSES FUNCTIONAL LIMITATIONS	Sensory & Communication	Hearing	Does the person have any hearing loss? Describe your hearing WITHOUT the use of an assistive device:
95	THE PERSON IS IN NEED OF RESTROATIVE OR REHABILITATIVE TREATMENTS	Health	Treatments & Monitoring	Do any of the Special Treatments identified require Clinical Monitoring? Clinical Monitoring Frequency:
96	THE PERSON'S HEALTH IS UNSTABLE	Health	Treatments & Monitoring	Is the person at risk of the following due to their health condition?
97	THE PERSON NEEDS DIRECT CARE SERVICES BY A NURSE DURING EVENINGS OR NIGHT SHIFTS FOR SPECIAL TREATMENTS	Health	Treatments & Monitoring	Do any of the Special Treatments identified require Clinical Monitoring? Clinical Monitoring Frequency:
98	THE PERSON REQUIRES COMPLEX HEALTH CARE MANAGEMENT	Health	Treatments & Monitoring	Is the person at risk of the following due to their health condition?
99	THE PERSON HAS A VISUAL IMPAIRMENT NOT CORRECTED BY CONTACTS OR GLASSES	Sensory & Communication	Vision	Does the person have any problems with their vision? Describe your vision WITHOUT the use of an assistive device:

## LTC Screening Document (continued)

#	Screening Document Fields	MnCHOICES Domain	MnCHOICES Question Group	MnCHOICES Question(s)
100	DOES THE PERSON NEED CONSTANT SUPERVISION AND/OR ASSISTANCE OF ANOTHER TO BEGIN AND COMPLETE TOILETING	ADLs	Toilet Use/Continence Support	<p>Does the person need assistance or support with toileting?            Note to assessor: Self-managed incontinence does not constitute needing assistance or help with toileting.</p> <p>Does the physical assistance constitute significantly increased direct hands-on assistance and interventions?</p>
103	IT HAS BEEN DETERMINED THAT THE WAIVER OR AC PROGRAM IS THE APPROPRIATE PAYER FOR THESE SERVICES	Assessor Conclusions	Level of Supervision & Support	The person requires one or more waiver/AC services to meet their needs?
105	MHM IND	Assessor Conclusions	Level of Supervision & Support	<p>Current Housing Type            Planned Housing Type            In regard to the person's potential eligibility for Moving Home Minnesota (MHM):</p>