



MnCHOICES Documents and Reports

Purpose of document: To inform lead agencies of documents and reports that are used or can be created following a MnCHOICES assessment

Document/Report Title	Purpose of Document/Report	Content	Created By	Source	Completion Timeline	Received By
MnCHOICES Assessment Report	<ul style="list-style-type: none"> To provide a copy of information documented in the MnCHOICES assessment 	<ul style="list-style-type: none"> All assessment content: demographic information, answered questions, comments, and required questions were answered or not. Referrals 	CA ¹	Created in and printed from MnCHOICES assessment	<ul style="list-style-type: none"> Upon request from person/legal representative F/C²: Within 10 working days to MCO³ Sent with CSP⁴ to Waiver CM⁵ 	<ul style="list-style-type: none"> Person/legal representative upon request MCO Waiver CM
MnCHOICES Eligibility Summary	<ul style="list-style-type: none"> To provide detailed information about MnCHOICES eligibility determination 	<ul style="list-style-type: none"> Assessed Needs and Support Planning Implications Eligibility Criteria Met and Not Met for: Level of Care, Programs and Services, Case Mix, ADLS, and Behavior/Emotions/Symptoms 	CA	Created in and printed from MnCHOICES assessment	<ul style="list-style-type: none"> Upon request from person/legal representative F/C⁶: Within to working days to MCO² Sent with CSP⁸ to Waive CM⁹ 	<ul style="list-style-type: none"> MCO Person/legal representative upon request Waiver CM

¹ CA = Certified Assessor

² F/C = Families and Children

³ MCO = Managed Care Organization

⁴ CSP = Community Support Plan

⁵ CM = Case Manager



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08/01/16

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MnCHOICES Planning Summary	<ul style="list-style-type: none"> To provide a simplified version of the Eligibility Summary 	<ul style="list-style-type: none"> Assessed Needs and Support Planning Implications Eligibility Determinations for Programs, Services and Level of Care Programs for under age 65 and 65 and older 	CA	Created in and printed from MnCHOICES assessment	<ul style="list-style-type: none"> Within 40 calendar days from the assessment Provided with the CSP 	<ul style="list-style-type: none"> Person/legal representative MCO Waiver CM
MnCHOICES PCA (Provider) Summary	<ul style="list-style-type: none"> To provide information for delivery of PCA⁶ services based on assessment results 	<ul style="list-style-type: none"> Selected information from the MnCHOICES assessment such as: <ul style="list-style-type: none"> Directing Own Care Determination Medications, Medication Management, and Equipment Complex Health Related Needs Behaviors and ADLs Referrals Authorization Summary Based on Assessment 	CA	Created in and printed from MnCHOICES assessment	<ul style="list-style-type: none"> F/C: Within 10 working days to MCO for all assessments regardless of eligibility Sent with CSP to waiver C 	<ul style="list-style-type: none"> Person/legal representative MCO PCA Provider Waiver CM
MnCHOICES Community Support Plan Worksheet DHS-6791A	<ul style="list-style-type: none"> To capture important information about the conversation with the person following a MnCHOICES assessment; information is used in the development of a CSP. 	<ul style="list-style-type: none"> What's important to the person Supports to consider Resource options Next steps for person and certified accessor 	CA	Duplicate (NCR ⁷) document; completed at assessment	At time of assessment	<ul style="list-style-type: none"> Person/legal representative Waiver CM

⁶ PCA = Personal Care Assistance

⁷ NCR = No Carbon Required



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MnCHOICES Community Support Plan (CSP) DHS-6791B	<ul style="list-style-type: none"> To provide information about assessed needs, goals and preferences along with options for services and supports following a MnCHOICES assessment 	<ul style="list-style-type: none"> Support Plan Goals Support Options and Strengths Health and Safety Funding Options 	CA following every MnCHOICES assessment	eDocs form; completed based on assessment information	Within 40 calendar days from assessment	<ul style="list-style-type: none"> Person/legal representative MCO Waiver CM
MnCHOICES Coordinated Services and Support Plan (CSSP) DHS-6791B	<ul style="list-style-type: none"> To provide information about services and supports that will address the person's assessed needs To identify program person will use To inform authorization for persons receiving publicly-funded, fee-for-service long-term services and supports (LTSS) To provide information for authorization into MMIS 	<ul style="list-style-type: none"> Support of Services Service Funding Plan Emergency and Back-up Plan for Services and Supports List of questions about Choosing Community Long-Term Services and Supports CSSP signatures when the CSSP Signature Sheet DHS-6791D is not used 	CA or CM	eDocs form; completed based on assessment information and CSP	Within 10 working days to CM receiving CSP	<ul style="list-style-type: none"> Person/legal representative Provider as permitted by person/legal representative
Coordinated Services & Supports Plan (CSSP) Signature Sheet DHS-6791D	<ul style="list-style-type: none"> County/tribe CAs and CMs use when meeting with the person to discuss services and develop the content for the CSSP; is attached to the written CSSP Recipients can choose to delay signing until the written CSSP is provided to them 	<ul style="list-style-type: none"> Materials shared including appeal rights Person's choices when creating their CSSP Person's choice in decreasing PCA service units Recipients of DD case management (non-Medicaid) choice to waive an annual MnCHOICES reassessment Signatures indicating information shared, choices and agreement for delivery of services 	CM, or CA with PCA services only	eDocs form; printed to obtain signatures	When meeting with the person to discuss services and develop the content for the written CSSP	<ul style="list-style-type: none"> Person/legal representative Provider as permitted by person/legal representative