Client Name	DOB	Home Phone

Followup Record - 10 Day Check In

Initial Information

CLS Name: Script   What is the name of the CLS who provided direct assistance to this consumer in the nursing home or in the community?
If a CLS is conducting the follow up on behalf of another CLS, the name of the CLS actually completing the call will be documented in this field.
If an administrative assistant is completing the follow up screen and/or phone call, the name of the CLS who provided the direct assistance should be indicated in this field.

- ◯ Nancy Sandahl
- ◯ Deb Eiler
- ◯ Heather Pender
- ◯ Leslie Sauve
- ◯ Stephanie Larson
- ◯ Shelly Loney
- ◯ Melanie Spencer
- ◯ Denise Dickson-Whalen
- ◯ Kathy Vondrum
- ◯ Erin Lawrence
- ◯ Vicki French
- ◯ Pam Will
- ◯ Jennifer Warmka
- ◯ Jen Rooney
- ◯ Katelyn Kuechenmeister
- ◯ Connie Pelzer
- ◯ Sonia Rucks
- ◯ Wendy Galanius
- ◯ Lori Wacek
- ◯ Jen McLaughlin
- ◯ Vicki Lawrence
- ◯ Jacqueline Portz
- ◯ Rita Pyan
- ◯ Bruce Kyllonen

AAA Region: Script   What AAA office do you work at?

[   ]

Method of Check In: Script   Was this check in provided in-person or over the phone?

- ◯ Phone
- ◯ In-Person

Actual Discharge Date/Support Plan Implementation Date: Script   When did the consumer discharge from the nursing home?
For those who were already in community: What is the date the support plan was considered final?

[   ]

Primary Information Source for Check In: Script   Who was the primary person who provided information during this check in?

- ◯ Adult Child
- ◯ Consumer
- ◯ Court Appointed Guardian
- ◯ Friend/Neighbor
- ◯ Grandchild
- ◯ Other Relative
- ◯ Paid Help
- ◯ Parent
- ◯ Sibling
- ◯ Spouse/Partner

Public Program Status: Script   Look up the consumer in MMIS to find out if they are on any public programs. Do not ask the consumer/caregiver.

- ◯ Alternative Care (AC)
- ◯ Brain Injury Waiver (BI)
- ◯ Community Alternative Care (CAC)
- ◯ Community Alternative for Disabled Individuals (CADI)

Client Name	DOB	Home Phone

Initial Information

- ○ Essential Community Supports (ECS)
- ○ Elderly Waiver (EW)
- ○ Medical Assistance
- ○ Medical Assistance for Employed Persons with Disabilities (MA-EPD)
- ○ Medical Assistance w/Spenddown
- ○ MinnesotaCare
- ○ None

Current Living Situation:

Script   Where is the consumer residing in the community? This should be the place they consider their place of residence.

- ○ Adult child's home
- ○ Adult foster home
- ○ Assisted living
- ○ Group home
- ○ Homeless shelter
- ○ Hospice House
- ○ Other relative/friend's home
- ○ Private residence lives alone
- ○ Private residence with other caregiver
- ○ Private residence with spouse/partner
- ○ Subsidized housing
- ○ Temporary Housing (i.e. extended stay hotel)

Healthcare Utilization

Current Services:

Script   What services are you currently receiving?

- ☐ Adult Day Service
- ☐ Chore Services
- ☐ Companion Services
- ☐ Congregate Dining
- ☐ Evidence Based Programs (Ex: Matter of Balance, Chronic Disease Self Mgmt.)
- ☐ Home Health Aides
- ☐ Home-Delivered Meals
- ☐ Homemaker Services
- ☐ Hospice
- ☐ Medication Set Up
- ☐ Personal Emergency Response System (PERS)
- ☐ Personal Care Assistant (PCA)
- ☐ Rehab Services (OT/PT/ST/RT)
- ☐ Respite Care
- ☐ Skilled Nursing
- ☐ Transportation
- ☐ None

Doctor Visit:

Script   Have you seen your primary care doctor since you left the nursing home?
For those already in community: Have you seen your primary care doctor since we last spoke?

- ○ Yes
- ○ No

Reason Why No Doctor Visit:

Script   Why haven't you seen your primary care doctor yet?

- ☐ Appointment Needs to be Scheduled
- ☐ Didn't Find it Necessary
- ☐ Follow-Up Appointment Not Needed
- ☐ Future Appointment Scheduled
- ☐ No Insurance
- ☐ No Transportation
- ☐ Unable to Physically Make an Appointment

Recent Hospital or ER Visit:

Script   Have you been to the hospital or emergency room since you left the nursing home?
For those already in community: Have you been to the hospital or emergency room since we last spoke?

- ○ Yes

Healthcare Utilization

    ○ No

Reason for Hospitalization or ER Visit: Script   Why did you go to the hospital or ER?

- ☐ Accident
- ☐ Blood Pressure Low/High
- ☐ Blood Sugars Low/High
- ☐ Chest Pain/Pressure
- ☐ Dizziness
- ☐ Fall
- ☐ Fall with Injury
- ☐ Generalized Weakness
- ☐ Head Injury
- ☐ Increased Confusion
- ☐ Lack of Caregiver
- ☐ Medication Interaction
- ☐ No Medications
- ☐ Planned Surgery
- ☐ Shortness of Breath
- ☐ Uncontrolled Pain
- ☐ Viral/Bacterial Infection (Pneumonia, Cold, Flu, UTI)
- ☐ Other

Other Reason for Hospitalization or ER Visit: Script   What is the other reason you were hospitalized or went to the ER?

_____

Additional Information

Falls at Home: Script   Have you fallen at home since you left the nursing home?
For those who were already in community: Have you fallen since the last time we spoke?

    ○ Yes
    ○ No

Satisfied Current Living Situation: Script   Are you satisfied where you live?

    ○ Yes
    ○ No

Reason Dissatisfied: Script   Why are you unhappy with your current living situation?

- ☐ Change in Residence
- ☐ Death of Spouse/Widowhood
- ☐ Declined in Ability to Manage ADLs
- ☐ Food Access
- ☐ Food Quality
- ☐ Lack of Family Support
- ☐ Lonely/Depressed
- ☐ Not Enough Income
- ☐ No Social Activities
- ☐ Service Access
- ☐ Service Quality
- ☐ Unfriendly Residents or No Friends
- ☐ Don't Know
- ☐ Refused to Respond

Current Caregiver Supports: Script   What caregiver services/supports is your primary caregiver receiving?

- ☐ Care Coordination
- ☐ Care Planning
- ☐ Coaching
- ☐ Information
- ☐ Respite

Additional Information

- ☐ Support Groups
- ☐ Training
- ☐ Other
- ☐ Not Applicable-No Caregiver
- ☐ None

Caregiver Referrals: Script   What referrals were made to support the caregiver?

- ☐ Care Coordination
- ☐ Care Planning
- ☐ Coaching
- ☐ Information
- ☐ Respite
- ☐ Support Groups
- ☐ Training
- ☐ Other
- ☐ Not Applicable-No Caregiver
- ☐ None

Consumer Referrals: Script   What referrals were made on behalf of the consumer?

- ☐ Advanced Care Planning (Ex: Financial Planner, Elder Law Attorney)
- ☐ Adult Day Service
- ☐ Adult Protection
- ☐ Chore Services
- ☐ Companion Services
- ☐ Congregate Dining
- ☐ Durable Medical Equipment
- ☐ Evidence Based Programs (Ex: Matter of Balance, Chronic Disease Self Mgmt.)
- ☐ Financial Assistance-Agency Referral
- ☐ Food Support (Ex: SNAP)
- ☐ Home Health Aides
- ☐ Home-Delivered Meals
- ☐ Homemaker Services
- ☐ Hospice
- ☐ Long-term Care Consultation (LTCC)/MNChoices Referral
- ☐ Medication Set Up
- ☐ Memory Support Services (Ex: Alzheimer's Association
- ☐ Personal Emergency Response System (PERS)
- ☐ Personal Care Assistant (PCA)
- ☐ Rehab Services (OT/PT/ST/RT)
- ☐ Respite Care
- ☐ Skilled Nursing
- ☐ Training for Informal Caregivers
- ☐ Transportation
- ☐ Veterans/CVSO Referral
- ☐ None

Action Steps for In Person Visit

Consumer Demonstrates Understanding of Medications: Script   Each item should be addressed during the in-person visit with the consumer. Indicate if the item was completed or not.

- ○ Completed
- ○ Not Completed

Reason Not Completed-Med Comprehension: Script   Indicate reason why action step was not completed.

- ○ Consumer Refused
- ○ Agency/Facility Administers Medications
- ○ Caregiver Administers Medications

Action Steps for In Person Visit

Emergency Plan Reviewed:	Script	Each item should be addressed during the in-person visit with the consumer. Indicate if the item was completed or not.

    ○ Completed
    ○ Not Completed

Reason Not Completed-Emergency Plan:	Script	Indicate reason why action step was not completed.

    ○ Consumer Refused
    ○ No Emergency Plan in Place

Ensure Prescribed Meds are Filled and Available:	Script	Each item should be addressed during the in-person visit with the consumer. Indicate if the item was completed or not.

    ○ Completed
    ○ Not Completed

Reason Not Completed-Meds at Home:	Script	Indicate reason why action step was not completed.

    ○ Consumer Refused
    ○ Caregiver Refused

Medication Reconciliation:	Script	Each item should be addressed during the in-person visit with the consumer. Indicate if the item was completed or not.

    ○ Completed
    ○ Not Completed

Reason Not Completed-Med Reconciliation:	Script	Indicate reason why action step was not completed.

    ○ Consumer Refused
    ○ Caregiver Refused

Ensure PCP Appt. Scheduled:	Script	Each item should be addressed during the in-person visit with the consumer. Indicate if the item was completed or not.

    ○ Completed
    ○ Not Completed

Reason Not Completed-PCP Appt.:	Script	Indicate reason why action step was not completed.

    ○ Consumer Refused
    ○ Family Making Appointment
    ○ Already saw PCP in Nursing Home

Outcome of Check In

Outcome of Check In:	Script	What was the end result of this check in?

    ○ Check In Completed/Next Follow Up Scheduled
    ○ Check In Completed/Consumer Moving Out of State
    ○ Check In Completed/Consumer Declines Further Contact
    ○ Check In Not Completed/Consumer Readmitted to Nursing Facility
    ○ Check In Not Completed/Consumer Declined Contact
    ○ Check In Not Completed/Consumer Passed Away
    ○ Check In Not Completed/Next Follow Up Scheduled
    ○ Check In Not Completed/Part of Sampling
    ○ Unable to Reach-Letter Sent to Consumer/Caregiver
    ○ Check In Not Completed/Consumer Moved Out of State