Client Name	DOB	Home Phone

Followup Record - 60 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
- ◯ Private residence lives alone
- ◯ Private residence with spouse/partner
- ◯ Private residence with other caregiver
- ◯ Subsidized housing
- ◯ Temporary Housing (i.e. extended stay hotel)
- ◯ Other relative/friend's home

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

Recent Hospital Visit: Script Have you been to the hospital since we last spoke?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4+

Reason for Recent Hospital Visit: Script Why were you hospitalized?

- ☐ Accident
- ☐ Blood Pressure Low/High
- ☐ Blood Sugars Low/High
- ☐ Chest Pain/Pressure
- ☐ Dizziness
- ☐ Fall
- ☐ Fall with Injury
- ☐ Generalized Weakness
- ☐ Head Injury

Healthcare Utilization

- [ ] 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 Recent Hospital Visit: Script What is the other reason you were hospitalized?

Recent ER/Urgent Care Visit: Script Have you been to the ER/urgent care since we last spoke?

- ○ 0
- ○ 1
- ○ 2
- ○ 3
- ○ 4+

Reason for Recent ER/Urgent Care Visit: Script Why did you go to the ER/urgent care?

- [ ] 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 Recent ER/Urgent Care Visit: Script What is the other reason for going to the ER/urgent care?

Updated Med Coverage: Script Have you updated your Medicare Part D coverage since you left the nursing home?

- ○ Yes
- ○ No

Need Assistance: Script Do you want help changing your Medicare Part D plan?

- ○ Yes-Referral made to SLL Specialist/Volunteer
- ○ Yes-Referral NOT made to SLL Specialist/Volunteer
- ○ No-Referral is or may be needed on later date
- ○ No-Referral not needed

Additional Information

Abilities More Difficult: Script Since we last spoke with you, have any of the following things become more difficult for you?

- [ ] Bathing or taking a shower
- [ ] Dressing yourself

Additional Information

- [ ] Eating meals
- [ ] Getting out of a bed or chair
- [ ] Getting to the places you need to go, such as places of worship, shopping or the doctor's office
- [ ] Going to the bathroom or toilet
- [ ] Handling your own money, like paying your bills, or balancing your checkbook
- [ ] Preparing food
- [ ] Walking across the room with/without a cane or walker or using your wheel chair
- [ ] No

Memory Concerns: Script What level of concern do you have about your memory?

- ◯ Not Concerned
- ◯ Somewhat Concerned
- ◯ Very Concerned

Falls at Home: Script Have you fallen at home 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
- [ ] 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

Client Name	DOB	Home Phone

Additional Information

- [ ] 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

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