# Followup Record - 10 Day Check In

## Initial Information

**CLS Name:**

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:**

What AAA office do you work at?

**Method of Check In:**

Was this check in provided in-person or over the phone?

- Phone
- In-Person

**Actual Discharge Date/Support Plan Implementation Date:**

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:**

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:**

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)
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?

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### Additional Information

### Falls at Home:

**Script** Have you fallen at home since you left the nursing home?

- □ Yes
- □ No

**For those who were already in community: Have you fallen since the last time we spoke?**

### 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/CVSReferral
- None

## Action Steps for In Person Visit

**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:**

- 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:
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