### Followup Record - 30 Day Check In

#### Initial Information

**CLS Name:**

- 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 Galanious
- Lori Wacek
- Jen McLaughlin
- Vicki Lawrence
- Jacqueline Portz
- Rita Pyan
- Bruce Kylonen

**AAA Region:**

- Script: What AAA office do you work at?

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<th>AAA Region</th>
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**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)
### 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:

- 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:**

- 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:**

- Have you been to the hospital since we last spoke?

- 0
- 1
- 2
- 3
- 4+

**Reason for Recent Hospital Visit:**

- 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:

- What is the other reason you were hospitalized?

Recent ER/Urgent Care Visit:

- Have you been to the ER/urgent care since we last spoke?
  - 0
  - 1
  - 2
  - 3
  - 4+

Reason for Recent ER/Urgent Care Visit:

- 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:

- What is the other reason for going to the ER/urgent care?

Updated Med Coverage:

- Have you updated your Medicare Part D coverage since you left the nursing home?
  - Yes
  - No

Need Assistance:

- 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

- 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 wheelchair

Memory Concerns:

- Not Concerned
- Somewhat Concerned
- Very Concerned

Falls at Home:

- Yes
- No

Satisfied Current Living Situation:

- Yes
- No

Reason Dissatisfied:

- 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:

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

Caregiver Referrals:

- Care Coordination
- Care Planning
- Coaching
- Information
- Respite
- Support Groups
- Training
- Other
- Not Applicable-No Caregiver
Additional Information

None

Consumer Referrals:

- 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/CVS0 Referral
- None

Outcome of 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