### Followup Record - Within 72 Hour Check In

#### Initial Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLS Name</td>
<td>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 Kylonen</td>
</tr>
<tr>
<td>AAA Region</td>
<td>Script... What AAA office do you work at?</td>
</tr>
<tr>
<td>Method of Check In</td>
<td>Phone, In-Person</td>
</tr>
<tr>
<td>Actual Discharge Date</td>
<td>Script... When did the consumer discharge from the nursing home?</td>
</tr>
<tr>
<td>Support Plan Implementation Date</td>
<td>For those who were already in community: What is the date the support plan was considered final?</td>
</tr>
<tr>
<td>Source for Check In</td>
<td>Adult Child, Consumer, Court Appointed Guardian, Friend/Neighbor, Grandchild, Other Relative, Paid Help, Parent, Sibling, Spouse/Partner</td>
</tr>
<tr>
<td>Public Program Status</td>
<td>Alternative Care (AC), Brain Injury Waiver (BI), Community Alternative Care (CAC), Community Alternative for Disabled Individuals (CADI)</td>
</tr>
</tbody>
</table>
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
- 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:

- 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:

- Have you seen your primary care doctor since you left the nursing home?
  - Yes
  - No

Reason Why No Doctor Visit:

- 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:

- Have you been to the hospital or emergency room since you left the nursing home?
  - Yes
Healthcare Utilization

- No

Reason for Hospitalization or ER Visit:

- 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: 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: Are you satisfied where you live?

- Yes
- No

Reason Dissatisfied: 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: 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/CVS0 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:**
- [ ] 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:
**Completed:**
- 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:
**Completed:**
- 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:
**Completed:**
- 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