

Followup Record - Within 72 Hour 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)

Initial Information

- Essential Community Supports (ECS)
- Elderly Waiver (EW)
- Medical Assistance
- Medical Assistance for Employed Persons with Disabilities (MA-EPD)
- Medical Assistance w/Spendedown
- 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?

[Empty text box for other reason]

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