Completion of this form will meet the requirements for an initial Health Risk Assessment (HRA) and a supplement to the existing support plan for newly enrolled MSHO/SecureBlue & MSC+/Blue Advantage members who have had a MnCHOICES assessment within the past 365 days. This form should be completed within 30 days of enrollment for MSHO/SecureBlue Elderly Waiver (EW), Community Well (CW), and MSC+ EW members. MSC+ non-EW members are allowed 60 days to complete this form. This form must be uploaded to the member’s profile as an attachment in the MnCHOICES application. A new MnCHOICES assessment and Support Plan must be done if there is no current one to review and update within the past 365 days. Please refer to the MSC+ or MSHO guidelines for details.

**Note: The next annual reassessment is due 365 days from the date of the last MnCHOICES assessment.**

 **PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name:      | Member ID: | Birth Date:      |
| Address (Street, City, ST, ZIP):      | Phone:(   )      |
| Physician:      | Phone/Fax:      | Clinic:      |
| Physician Address (Street, City, ST, ZIP):      |

 **ASSESSMENT**

|  |  |
| --- | --- |
| Blue Plus Enrollment Date:       | Date of last MnCHOICES/HRA:       |
| Assessment was reviewed with member and updated as needed: |
| Date Reviewed:       Update Required: [ ]  Yes [ ]  NoEnter Transitional HRA in MnCHOICES to include:* Required fields: Member Information and Assessment Information must include who was present. The Staying Health Section must also be completed when not included (*as applicable)*
* Upload the legacy assessment as an attachment into MnCHOICES as applicable
 |
| Are there urgent issues needing immediate follow-up? [ ]  Yes [ ]  NoIf yes, please describe:       |
| **SUPPORT PLAN**  |
| Support plan was reviewed with the member or representative: |
| Date of last Support Plan:       Date Reviewed:       Update Required: [ ]  Yes [ ]  NoSend *Support Plan Summary letter- Intro to Primary Care Provider letter,* or for clinic delegates, notification to PCP documented per clinic process – Date sent:      Support Plan is in (Revised) MnCHOICES:* Document any changes as a support plan revision directly in the reviewed Support Plan, including the date of review and change. \*\*If you are unable to revise the current support plan to reflect changes or there is no Support Plan, you will need to create an MCO- MnCHOICES or HRA-MCO support plan\*\*

Support Plan not completed in (Revised) MnCHOICES with EW/CFSS, and you are reviewing **legacy documents/ CSSP/Collaborative Care Plan:*** Add Staying Healthy comments below.
* Carry over the goals from the legacy document and add new goals as applicable below
* Upload the legacy support plan as an attachment into MnCHOICES.

If revisions are required to this EW/CFSS support plan:* Create a new support plan
* Enter Program Type: EW OR CFSS
* Enter Reason: as “Transition plan”
* Enter Support Plan Type: MCO MnCHOICES
* Complete the Support Plan with applicable changes/updates
* Attach/Upload the legacy support plan into MnCHOICES.

Support plan not completed in (Revised) MNCHOICES for Community Well and **reviewing legacy documents**: CSSP, Collaborative Care Plan, My Care Plan:* Add Staying Healthy comments below
* Carry over the goals from the legacy document and add new goals as applicable below
* Attach/Upload the legacy support plan into MnCHOICES.

MnCHOICES EW/CFSS has an initiated EW/CFSS Support Plan, but the member has chosen no program:* Follow scenario #6 on the DHS Transfer Guidance
* Communicate with the previous assessor to discard the EW/CFSS support plan.
* Create a new support plan with HRA-MCO as the program type.
 |
| **Staying Healthy (Enter a description of any areas with which the person needs assistance for their health)**  |
| Comments:       |
| **MEMBER GOALS (Add goals from legacy document and additional new goals if needed)**\*If reviewing the Support Plan in MnCHOICES, use the revise function to document updates.  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Rank by Priority | Member Goals | Intervention | Target Date | Monitoring Progress | Goal Revision Date | Date Goal Achieved | Not Achieved (month/year) |
| [ ]  Low[ ]  Medium[ ]  High |  |  |  |  |  |
| [ ]  Low[ ]  Medium[ ]  High |  |  |  |  |  |
| [ ]  Low[ ]  Medium[ ]  High |  |  |  |  |  |
| [ ]  Low[ ]  Medium[ ]  High |  |  |  |  |  |
| [ ]  Low[ ]  Medium[ ]  High |  |  |  |  |  |
|  **ADVANCED DIRECTIVE** (Complete if not available on the reviewed assessment) |
| Does the member have an Advanced Directive? [ ]  Yes [ ]  No [ ]  N/A - addressed on reviewed assessment |
| [ ]  Yes | Who has a copy, and where do you keep your copy:        |
| [ ]  No | Would you like information? [ ]  Yes [ ]  No |
| [ ]  Care Coordinator did not ask | Indicate the reason advanced directive was not discussed:       |
|  **ADDITIONAL QUESTIONS** |
| [ ]  Discussed MSHO Supplemental Benefits (MSHO members only) \*Resources available on the Care Coordination website \*Comments:       | [ ]  Discussed SecureBlue MSHO enrollment (MSC+ members only)Comments:       |
|            Care Coordinator Signature Date |