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  No  Enter 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  No  If yes, please describe: | |
| **SUPPORT PLAN** | |
| Support plan was reviewed with the member or representative: | |
| Date of last Support Plan:       Date Reviewed:       Update Required:  Yes  No  Send *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 | | | | | |