

Health Risk Assessment - MCO

FormID: 95390

Member Information

First name

Fall

Last name

Training

Middle name

CW2025

Sex

Male

Date of birth

06/20/1955

Age

70

Primary language

English

PMI number

06201981

Email

pretendemail@hotmail.com

Phone

1-234-567-8900

Emergency Contacts

Emergency contact

Stormy Church

Emergency contact phone

999-999-9999

Guardian Contacts

Guardian

Stormy Church

Guardian phone

999-999-9999

Assessment Information

Managed care organization

Blue Plus

Health plan member ID

103371

Program type

MSHO

Care coordinator name

First Name

Sara

Last Name

Miller

Care coordinator NPI or UMPI

88888888

Assessment team

County/tribal nation/subcontract/delegate for Health Plan

HRA type

Initial

HRA method

Face-to-face

Referral date

08/01/2025

Date of health risk assessment

08/18/2025

Assessment Results

MSC+, MSHO or, SNBC or ISNBC health risk assessment completed

Who is present at the HRA

Participants

Type Care coordinator		
Participant Person Contact Sara Miller		
Type Guardian		
Participant Person Contact Stormy Church		
Type Other		
First name Bobbi Jo	Last name Glood	Relationship Foster Care PM
Type Other		
First name Fall	Last name Training	Relationship Self
Type Other		
First name Cate	Last name Ness	Relationship CADI CM

Living Situation

Who do you currently live with?

Live in group setting

What is your current housing situation?

Foster care

Housing Stabilization

Would you like to continue to live where you are now or is there somewhere else you would prefer to live?

Prefer to live somewhere else

Do you want help to look at (other) affordable places?

Yes

Select the person's choice about their housing preferences and living situation

Wants to move

Select whether the person wants a referral for housing stabilization services

No

Comments – housing/living situation

Fall would like to move to a Foster Home closer to his sister/guardian. CADI CM and sister/guardian are in the process of looking at other Foster Care options and actively taking Fall on tours.

Everyday Life

Independent Living

Phone calls

Need no assistance

Shopping

Yes, need assistance that is met by current supports or help from others or equipment

Meal preparation

Yes, need assistance that is met by current supports or help from others or equipment

Housekeeping

Yes, need assistance that is met by current supports or help from others or equipment

Transportation

Yes, need assistance that is met by current supports or help from others or equipment

What kind of transportation do you use most often?

☒ **Sister or Foster Care. Aware BlueRide is an option for medical appointments.**

Money management

Yes, need assistance that is met by current supports or help from others or equipment

Paperwork assistance

Yes, need assistance that is met by current supports or help from others or equipment

Comments – Everyday life – Independent living

Fall's sister/guardian takes Fall shopping. Sister/guardian also schedules appointments, takes Fall to appointments, ensures bills are being paid, and helps with necessary paperwork such as MA renewal. Foster Care assists with transportation for community integration, meal preparation, and cleaning/laundry.

Informal caregiver

Informal caregiver

Yes

Informal caregiver name

Stormy Church

Phone

999-999-9999

Taking Care of Self

Dressing

Need assistance and this is met by current supports or help from others or equipment

Grooming

Need assistance and this is met by current supports or help from others or equipment

Bathing

Need assistance and this is met by current supports or help from others or equipment

Toileting

Need no assistance

Eating

Need no assistance

Bed mobility

Need no assistance

Transferring

Need no assistance

Walking

Need no assistance

How about walking up and down stairs?

Need no assistance

Comments – Everyday life – Taking care of self

Foster Care staff need to assist with dressing (buttons and weather appropriate) and provide prompts, reminders, supervision/cues, for bathing and grooming. Fall needs physical assistance with clipping nails.

Modifications, Assistive Technology and Remote Supports

Do you have any special equipment, aids or assistive devices that help with everyday life?

Yes

List of special equipment or assistive devices

CPAP for sleeping

Communication with Providers

How well are you able to communicate your needs and concerns to your providers?

Fair, I am able to share some but not all needs or concerns

Comments - Communication

Fall relies on his sister/guardian to communicate with providers. With anxiety, Fall gets anxious when talking to providers.

My Health

Overall, how would you rate your physical health?

Good

Do you have a primary doctor?

Yes

Clinic name

Allina Clinic Apple Valley

Primary doctor name

Pearl Kleinschmidt

Primary doctor phone

2-222-222-2222

Health Concerns/History

Do you have any current concerns about your physical health?

Yes

Select applicable concerns

Heart problems (cardiovascular)

☒ **Hypertension**

Are you seeing or have you seen a doctor/health care provider about this concern?

Yes

Bowel issues/problems (gastrointestinal)

☒ **Chronic constipation**

Are you seeing or have you seen a doctor/health care provider about this concern?

Yes

Are there any past health concerns you want me to be aware of?

No

Comments – Overall health

Fall guardian reports Fall physical health is stable. Fall does have a CPAP for sleep apnea and takes medication for hypertension. Fall has chronic constipation as a side effect of some of his prescribed medications. Fall PCP is aware of this, and he also takes Murlax to help with this.

Diabetes

Have you been diagnosed with diabetes?

No

Comments on diabetes

N/A

Medication

Are you currently taking any medications?

Yes

How comfortable are you in setting up your medications and remembering to take them?

Only need someone to remind me to take medications (need verbal or visual reminders only)

Is medication list attached to person's profile?

Yes

Comments - Medication

Foster Care sets up medication and ensures it is refilled. Foster Care provides prompts/reminders to Fall to take medication and will watch Fall take medication. In the past, at times, I would decline to take medication. This has not occurred in over 10 years.

Pain Management

Are you experiencing any pain now or in the last two weeks?

Yes

How often do you experience pain?

Daily

At its worst, how severe is your pain in the past two weeks?

5

How has your pain affected your ability to function and/or quality of life?

Fall reports experiencing back pain at times (due to a fall last winter). Fall reports because of this, he may not want to go bowling or play pickleball.

Have you talked to your doctor or someone else about your pain?

Yes

How are you managing your pain?

Chiropractor and ibuprofen

Are your current pain management interventions meeting your needs? Do you need any additional assistance?

None requested/reported

Comments: Pain Management

Fall requests ibuprofen from Foster Care staff if in pain and has been seeing a chiropractor weekly since the fall that occurred.

Health Stability

In the past year, have you stayed overnight or longer in a hospital?

No

In the past year, did you go to a hospital emergency room?

No

In the past three years, have you spent time in a nursing facility?

No

Comments

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Advance Directive

Do you have an Advance Directive or Health Care Directive?

Yes

Who has a copy and where do you keep your copy?

Sister/guardian, Foster Care and PCP

Staying Healthy

Did you receive any of these in the past year?

Approximate date

08/01/2025

Approximate date

08/01/2025

Approximate date

08/01/2025

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—

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Approximate date

08/01/2025

No

No

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Difficulty seeing obstacles in environment

Have you had your eyes checked/vision exam in the past year?

No

Would you like help setting up an exam?

Yes

How is your hearing?

No hearing impairment or impairment corrected with hearing aides

Do you have a hearing aid?

No

Have you had an audiology exam/hearing test?

Choose not to answer

Do you have a dentist?

Yes

Dentist name

Dr. Dentist

Phone number

987-654-3210

Have you seen the dentist in the last year?

No

Do you have any current dental or mouth concerns?

Yes

Would you like help to make a dental appointment?

No

Comments-Preventative Care

Broken dentures (bottom). Fall reports that he does not want to go to the dentist to get his bottom dentures fixed and dislikes the dentist. Fall declining help/assistance at this time.

Immunization/Vaccines

Select all of the applicable vaccines/immunizations you have received and the approximate date

☒ COVID series

☒ Flu vaccine

☒ Hepatitis series

☒ HPV series

☒ Pneumovax

☒ Tetanus

☒ Shingles series

COVID series	Approximate date 08/01/2025
Flu vaccine	Approximate date 08/01/2025
Hepatitis series	Approximate date 08/01/2025
HPV series	Approximate date 08/01/2025
Pneumovax	Approximate date 08/01/2025
Tetanus	Approximate date 08/01/2025
Shingles series	Approximate date 08/01/2025

Sleep

Do you have any concerns about how well or how much you sleep?

Sometimes

Check all that apply

☒ Sleep apnea

Have you asked your doctor about help with sleep issues?

Yes

Comments – Staying healthy

Has CPAP

Emotional Health

How would you rate your emotional health?

Neither feeling positive or concerned about myself or the future

Do you have any concern in terms of your mental/emotional health?

Yes

What are your concerns?

Has a history of severe depression and anxiety, especially with changes. Can self-isolate at times, and this worsens during the winter months. Fall has a hard time with new people and likes to stick to a routine.

Have you seen or are you seeing a mental health provider, such as a psychiatrist, psychologist, therapist, etc.?

Yes

Document name of specialist and contact information

Has been seeing the same therapist for over 5 years, monthly, which has been beneficial for Fall to see the same therapist consistently. Fall's sister/guardian also notes that the medication Fall is currently prescribed seems to be working/helping.

Let's talk about your well-being during the last three months. Have you

☒ **Been stressed or anxious?**

Have you ever been diagnosed with or have a history of the following?

☒ **Anxiety**

☒ **Depression**

Comments – Emotional Health

Fall struggles with anxiety and depression and can isolate and have intrusive thoughts. Keeping active with Foster Care roommates, family, and community activities (such as going out to eat, pickleball, and bowling) helps. Fall also takes medication to help with his anxiety and depression, and sees his therapist monthly.

Nutrition

Height

5 ft. 9 In.

Weight

200 lbs.

Have you unexpectedly lost or gained 10 or more pounds in the past six months?

No

Do you have any food allergies or sensitivities?

No

Are you on any special diets that your doctor or nutritionist has developed?

No

Do you have any problems that make it difficult for you to eat?

Yes

Describe- Problems eating

Dentures (bottom) broken

Are you able to buy enough food for yourself each month?

Yes

Would you like information about food assistance?

No

How do you stay physically active?

Plays pickleball and bowling.

Comments – Nutrition

Prefers not to eat anything hard because of dentures

Sexual Health

Do you have any sexual health needs?

No

Comments – Sexual Health

No concerns

Substance Use

Do you or anyone close to you have concerns about your use of substances, such as alcohol, marijuana, cocaine, amphetamines or opioids?

No concerns

Have you ever received help or have you ever been to treatment for substance use?

No

Do you or anyone close to you have concerns about your use of prescription drugs, such as pain medication?

No concerns

Do you use tobacco/nicotine products?

Yes

Would you like information on tobacco cessation?

No

Comments – Substance use

Fall reports he likes to have a beer nightly to unwind and likes to have three cigarettes a day. Fall declines wanting help or wanting assistance to quit.

Safety and Well-being

Falls

Have you experienced any falls in your home or while out in the community?

Yes, has fallen but it wasn't in the past 12 months and/or didn't result in fracture

How did the fall happen?

Type text here

On ice, walking into his bowling league. No concerns reported otherwise about falls.

Comments – Safety

No concerns regarding safety 24/7 staffing through Foster Care. Can have up to 4 hours a day of alone time

Memory

How well would you say your memory is?

Fair

Does your memory affect your ability to complete day-to-day activities?

No

Risk

Have any of these things happened to you or are you fearful of them happening?

- ☐ **Someone mismanaging your money (financial exploitation)**
- ☐ **Someone hurting you physically (e.g., hitting, slapping, pushing, kicking)**
- ☐ **Someone touching you in a way that makes you uncomfortable, or other types**
- ☐ **Someone being emotionally or psychologically abusive to you**
- ☐ **Someone who is supposed to help care for you is not helping or is not able to help**

- ☒ **None**
- ☐ **Choose not to answer**

Care Coordinator: Is there evidence of caregiver neglect?

No

Care Coordinator: Has this person experienced any type of maltreatment by another, or are they at risk of any type of maltreatment by another?

No

Care Coordinator: In your opinion, does the person

- ☒ **Need supervision in the home, e.g., managing medication, maintaining self-preservation**
- ☒ **Need supervision in the community**

Comments – Safety and Wellbeing

Fall is close to his sister/guardian. Faith has lived in a Foster Care setting since moving out of his parents' home (at age 30).

Support Plan

Person Information

Person's Name

Fall Training

Preferred Name

--

Primary Phone

1-234-567-8900

Primary Email

pretendemail@hotmail.com

Date of Birth

06/20/1955

Primary Language

--

Interpreter Needed

--

Program/Product Type

MSHO

Date of Last Assessment

--

Care Coordinator Name

User02712 Blue Plus

Agency/Location

Blue Plus

Overview

Effective Date Range

Start Date

08/18/2025

End Date

07/31/2026

Program

Health Risk Assessment (HRA)

About Plan

Managed Care Product/Program

MSHO

Product/Program Enrollment Date
08/01/2025

Health Plan ID
103371

About Me

My Care Team (Interdisciplinary Care Team)

Care Coordinator
User02712 Blue Plus

Agency/Location
Blue Plus

Primary Doctor

Primary Doctor
Pearl Kleinschmidt

Date Support Plan Shared With The Primary Doctor
August 18, 2025

Support Team Member

Name
Cate Ness

Relationship
Case Manager

Do you want your Support Plan Shared?
Yes

Date Support Plan Shared
08/18/2025

Comments
CADI through TAI Dakota County

Name
Stormy Church

Relationship
Informal Caregiver

Do you want your Support Plan Shared?
Yes

Date Support Plan Shared
08/18/2025

Comments
And Guardian

Name Farris Bueller	Relationship Professional-Medical
Do you want your Support Plan Shared? No	
Comments Therapist	

Name Bobbi Jo Glood	Relationship Fake Foster Care PM
Do you want your Support Plan Shared? No	
Comments --	

What do I want my life to look like

Who I am and what is important to me

Fall is very close to his oldest sister, Stormy. Fall also enjoys spending time with his two adult nieces (they will go to Bingo together). Fall likes to spend time participating in his weekly bowling and pickleball league. Fall is retired now, but worked at Costco for 30 years. Fall likes to watch the MN Vikings and UND Hockey. Fall loves dogs, and even though he cannot have one of his own, he volunteers at the humane society and will help walk dogs who are currently waiting to be adopted.

What I want my life to look like

Fall has lived in a Foster Care setting for the majority of his adult life, but would like to live closer to his sister.

My Community Life

Fall has lived in the current Foster Care for 10 years and gets along with roommates. Fall would like to move to a Foster Care closer to his sister. Fall likes to stay active and likes to go to movies, help Foster Care cook meals and enjoys volunteering at the Humane Society monthly to help walk dogs.

My Work Life

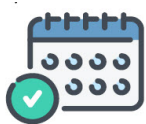
N/A-Fall is retired.

Staying Healthy

All ADLS/IADLS needs assessed are supported by CFC and or his sister. Fall requested no goal for ADLS or IADLS as they are supported well with formal and informal supports. Fall declines, needing a goal for sleep apnea and hypertension, as his PCP managing this. Fall also uses his CPAP machine. Fall declines, needing a goal for depression and anxiety, as this is being handled by his therapist, who he sees monthly. Fall reports he has pain but declines needing a goal because he is being managed by medication and a chiropractor. Fall does not want a goal to see the dentist to assist with his dentures and resulting eating concerns. He does not like seeing a dentist and does not wish to go at this time to get new dentures. Fall is aware that if he changes his mind, the Care Coordinator could assist with this. Fall does suffer from chronic constipation, but again, he declines the goal as this is due to the medication he is prescribed and takes. Fall PCP is aware of the constipation, and he takes Murlax to help. Fall reports he does not want help a goal to quit smoking but is aware he should reach out to the Care Coordinator if he changes his mind.

My Goals

1 Fall would like to move into a new Foster Home closer to his sister within the next 6 months.



Target Date
Feb 28, 2026



High Priority

Monitoring progress

Status of Goal
In Progress

Status Date
8/1/2025

Are There Barriers To Accomplish This Goal?
Yes

Support I Requested

1. Name

CADI CM and sister/guardian

Description

CADI CM and Guardian will find new Foster Care options and take on tours.

Barriers

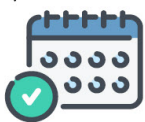
• Name

Location and options

Description

Need to find a Foster Care with an opening that can meet Health and Safety needs near his sister

2 Fall will schedule and have an eye exam within the next 6 months.



Target Date
Jul 31, 2026



High Priority

Monitoring progress

Status of Goal

In Progress

Status Date

8/1/2025

Are There Barriers To Accomplish This Goal?

No

Support I Requested

1. Name

Care Coordinator to provide options for eye appointment

Description

Sister/guardian will schedule and take Fall to an eye appointment

My Supports

How My Care Coordinator Will Support Me

Purpose of Care Coordinator Contact

The Care Coordinator will contact Fall every 6 months at a minimum. If hospitalized, and the Care Coordinator is made aware, the Care Coordinator will reach out. Care Coordinator can help assist with scheduling appointments and providing resources as requested/needed.

Our Meeting Schedule

6 months

I can contact my care coordinator to help me with my medical, social or everyday needs. I should contact my care coordinator when:

- My health changes
- I have a scheduled procedure or surgery, or I am hospitalized
- I have fallen in my home or community
- I can no longer do some things that I had been able to do by myself, such as preparing meals, bathing or paying bills
- I need additional community services, such as equipment for bathroom safety or home safety; assistance with finding a new living situation, such as a senior apartment; or information about other topics. such as staying healthy, preventing falls or getting immunizations

- I need help finding a specialist
- I need help learning about my medications
- I would like information to help myself and my family make health care decisions
- I would like to make changes to my care plan or my services and supports
- I would like to talk about other service options that can meet my needs
- I am not satisfied with one or more of my providers

People And Community Organizations That Support Me

Person's Name

Cate Ness

Relationship

Case Manager

Role

Support/Interdisciplinary care team

Organization's Name

TAI Dakota County CADI CM

Support Description

CADI CM will authorize CADI services, including Foster Care.

Frequency

Other

Other (Frequency)

As needed-yearly

Goals

Fall would like to move into a new Foster Home closer to his sister within the next 6 months.

Person's Name

Stormy Church

Relationship

Informal Caregiver

Role

Emergency Contact

Organization's Name

Sister/Guardian

Support Description

Stormy helps Fall with shopping, money management, pwk, transportation and communication with providers as needed.

Frequency

Other

Other (Frequency)

As needed

Goals

--

Person's Name

Farris Bueller

Relationship

Professional-Medical

Role

Support/Interdisciplinary care team

Organization's Name

Fake Therapist Organization Name

Support Description

Fall sees a therapist monthly to help with Anxiety and depression.

Frequency

Monthly

Goals

--

Person's Name

Bobbi Jo Glood

Relationship

Fake Foster Care PM

Role

Support/Interdisciplinary care team

Organization's Name

Foster Care (Fake Foster Care Provider)

Support Description

Fake Foster Care is staffed 24/7, but Fall can be in the community unsupervised up to 4 hours a day while attending events such as pickleball and bowling. Fake Foster Care Provider helps Fall with medication management, IADLs (such as cleaning and meal prep), and ADLs (such as bathing, dressing, and grooming), and transportation if needed for community integration.

Frequency

Daily

Goals

--

Person's Name

--

Relationship

--

Role

--

Organization's Name

**Fake CC Delegate, as contracted by BCBS,
Sara Miller is assigned Care Coordinator.****Support Description**

The Care Coordinator will offer a yearly HRA assessment and reach out if Fall is ever hospitalized. CC can assist with scheduling a dental appointment if Fall decides he would like an appointment to get dentures fixed or if he would like more information/assistance with quitting smoking. The Care Coordinator will provide options for an eye exam appointment and share them with Fall and his guardian.

Frequency

--

Goals

Fall will schedule and have an eye exam

Safety and Well-being

My Plan To Address Safety Needs

My plan to address needs

--

My Backup Plans

Essential Services Plan

Fall lives in a Foster Care that is staffed 24/7. Fall Foster Care is responsible for ensuring staffing is provided as required/outlined.

Community-Wide Disaster Plan

Fall would follow the Foster staff Care staff direction in case of an emergency.

My Plan In An Emergency

--

Other

If at a community event will follow the proper procedures and seek shelter. Fall can call sister/Gurdian or Foster Care if needed.

If I am not able to evacuate on my own, I will:

N/A Fall can evacuate on his own physically and can follow Foster Care direction.

Support Plan Signature Sheet

Effective Date Range

08/18/2025 - 07/31/2026

Person

Materials shared

Data privacy practices, that explain my right to confidentiality (DHS-4839E or agency's form)

Yes

My appeal rights were shared with me

Yes

Other information

BCBS MSHO Supplemental Benefits

Safe Disposal of Medication

I was offered a choice of all available services, supports and providers.

Yes

I agree with the services, supports and providers indicated in my plan.

Yes

I can call the following number if I am unable to reach my case manager/care coordinator.

800-382-2000

Signatures

My Signature

My signature and responses on this form indicate:

- I received the information mentioned above.
- I know about the choices I have.
- I agree to the delivery of services as developed with my case manager, care coordinator and/or certified assessor.

The provider(s) listed in this plan can share a written report about my care needs with my case manager and/or certified assessor if I give the provider(s) my permission.

My Signature



E-Signature

People – I would like my plan shared with the following people

Case Manager/Care Coordinator

E-Signature



Date Signed

08/18/2025