

MnCHOICES Assessment

Initiated by

User02720 Blue Plus

Agency

Blue Plus

Recipient Identifier

Not Current Recipient

Referral date

07/01/2025

Presenting issues/needs

Requesting services due to changes in health

Preparatory information shared

med records received and attached to MnCHOICES record, daughter Claire along with Fall herself called in referral

Assessment Type

Initial Assessment (IA)

If there is an existing Assessment, do you want data copied over from the last assessment

No

Route To

User02720 Blue Plus

Assessment Setup

Visit considerations

☒ Active**Visit considerations**

Fall has a dog - friendly

PMAP type

MSHO

Assessor's note

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Assessment Details**Activity Date**

07/25/2025

Result Date

08/01/2025

Effective Date

08/01/2025

Person's date of birth

06/21/1955

Person's age

70

Mode of conducting interview with the person:

In-person

Assessment interview time

3 Hours 0 Minutes

Intake and post-interview time

4 Hours 30 Minutes

Total assessment time

7 Hours 30 Minutes

Identify people who contributed information for this assessment activity: Name (of contributors)**Assessor's name**

User02720 Blue Plus

I am the care coordinator and Need the Staying Healthy Section

Yes – Staying Healthy Only

Person's name

Fall Training

Contributors**Contributor Type**

Contacts from Person Profile

Contributor name (First name/last name)

Dick VanDike

Contributor's Relationship

Professional-Medical

Participation Method

Written

Contributor Type

Contacts from Person Profile

Contributor name (First name/last name)

Claire Training

Contributor's Relationship

Child/Step Child

Participation Method

In person

County codes (Select the lead agency responsibility for each role:)**County of financial responsibility CFR**

Dakota County

County of residence COR

Dakota County

County of service COS

Dakota County

Long-term consultation LTCC

Blue Plus

Program Specific Requirements

Health insurance types

Medicaid status

Medicaid (MA)

MA-LTC status

Eligible MA LTC

Medicare status

Medicare Part A

Managed Care Organization

Unknown

CFSS provider-agency

Select the status of the person's CFSS provider-agency:

Controls the person's housing and is related to the person by blood, marriage or adoption

Diagnostic Confirmation

Hospital level confirmation

The primary medical provider must determine a person's need for community - based supports similar to those provided in a hospital.

Select the primary medical provider's documentation of the person's condition:

Not applicable; person's condition does not warrant primary medical provider documentation

Brain injury diagnostic confirmation

A brain injury means non - congenital, acquired conditions that include neurological degenerative, genetic diseases or traumatic brain injury.

Select whether the person has a known brain injury:

Does not have a known primary or secondary diagnosis of a brain injury

Developmental disabilities or related conditions (DD/RC) diagnostic determination

A qualified developmental disability professional (QDDP) from the lead agency must determine a person's developmental disabilities / related conditions status.

Select the person's status as determined by the designated QDDP authority:

Not applicable; person's condition does not warrant a DD/RC diagnostic determination

Community Living

Relationships

Important relationships

Enter a description about the person's important relationships.

Fall recently moved in with daughter Claire and her family. She enjoys living with them and spending time with her grandchildren. Fall shared that she's grateful for all the help they provide to her.

Informal supports

Enter a description about any informal supports others provide to the person.

Claire, Fall's daughter, works outside of the home and her 3 children are all school-aged (college, HS, and middle school). They assist Fall with all ADLs and IADLs as needed but always provides assistance with the following: dressing, grooming, bathing, toileting, transferring, positioning, and eating. She also requires supervision and at times physical assistance while walking with her walker both in the home and in the community. They also provides some level of assistance with electronics use. They complete light housekeeping, meal prep, transportation, assists with community/leisure access, and fully completes heavy housekeeping, laundry, paperwork/finances, shopping, med management. Because of Claire's work schedule and children going back to school, this assessment was requested because Fall needs support in these areas to remain safely in the home without them present. Fall declined to create goals around ADLs and IADL dependencies, as she feels she is well-supported by her family and is requesting formal services while her family is working/at school during the weekdays.

CC offered Claire Caregiver Questionnaire and Claire declined to complete.

Informal Caregiver Status

Select status of the person's informal caregiver:

Has an identified informal caregiver

Has an identified informal caregiver

Lives with an informal caregiver

Communication

Preferred communication methods

Enter a description of the person's communication methods, abilities and need for assistive devices. Include how the person prefers to maintain social contacts.

Fall communicates face-to-face, over the phone, and over email. They are able to use the internet on an older iPad given to them by daughter Claire but requires some assistance at times using the tablet, and family assists. Declined goal around communication.

Functional expressive communication

Select the most accurate description of the person's use of speech and language:

Vocal/uses speech

Vocal/uses speech:

Intelligible to all listeners

Functional receptive communication

Select the most accurate description of the person's ability to understand language:

Able to understand verbal communication

Electronic communication use

Select the most accurate description of the person's need for supports to use preferred electronic communication methods via phone, such as text, voice and/or video-based equipment:

Uses with minimal or intermittent supervision or assistance

Meaningful Activities**Meaningful activities**

Enter a description of the person's current and desired participation in activities which are meaningful to the person.

Fall enjoys visiting local parks, although she requires someone to go with her to reduce falls risk and to ensure she doesn't get confused and get lost. With assistance and supervision, she will walk a little way using a walker on an even, paved trail, and will sit on a park bench to watch the birds. She also enjoys going to the library when someone is able to accompany her. While at home, her favorite things to do is read books and watch TV with her family, play boardgames, and cards. Bingo is her favorite, and sometimes she and her daughter go to a local bar where they have Bingo on Saturdays. **Fall declined goals around community participating/meaningful activities as needs are being met by family.**

Leisure, recreation and hobbies

Select the most accurate description of the person's need for supports to engage in preferred leisure or recreational activities:

Participates with minimal or intermittent supervision or assistance

Community participation

Select the most accurate description of the person's need for supports to participate in community-based activities:

Participates with minimal or intermittent supervision or assistance

Barriers to community participation

Select any identified barriers to community participation the person experiences:

Person experiences barriers

Select all that apply:

Barrier Type

☒ Fall requires family to drive her places and stay with her both to walk safely with walker and to ensure she doesn't get confused and get lost.

Shopping

Select the most accurate description of the person's need for supports to select and purchase needed goods:

Completes tasks with minimal or intermittent supervision or assistance

Transportation Use

Select the most accurate description of the person's need for supports to use available transportation:

Uses with assistance and/or instruction throughout the activity

Barriers to transportation use

Select any identified barriers to transportation use the person experiences:

Person experiences barriers

Select all that apply:

Barrier Type

☒ Barriers with personal vehicle

☒ Barriers with public transportation

☒ Fall does not drive anymore and chose to give up license. She requires someone to drive her. She is unable to walk to and wait for bus at bus stops due to weakness/health/falls risk.

Barriers with personal vehicle

☒ License suspended/revoked

Barriers with public transportation:

☒ Specialized transportation needed

Work/School**Work/school**

Enter a description of school and/or work activities in which the person participates or wants to participate.

N/A. Retired and does not wish to work.

School status

Select the person's current school status:

Does not attend an educational program

Work supports

Select the most accurate description of the person's current needed work supports:

Not applicable (e.g., retired, health instability, person's choice)

Choice to work

Select the most accurate description of the person's informed choice regarding work:

Not working; not interested in working; person is

Not working; not interested in working; person is:

Not interested in seeking or maintaining other activities

Barriers to competitive work

Select any identified barriers to engaging in competitive work the person experiences:

No barriers

Living Environment**Living situation description**

Enter a description about what's working and not working with the current living environment. Include what the person likes, concerns the person has and any barriers in the environment, including any current/needed modifications.

Fall resides with daughter Claire, and Claire's 3 children. She likes this arrangement because she values being near her daughter and grandchildren. She fell prior to this move, which led to fracture of spine. She feels safe now, as her family provides excellent support. Main floor of home, including Fall's bedroom, is on one level, however bathroom with shower is up stairs. Stairs are narrow and steep, and Fall is unable to access the shower, but does have access to half bath on main floor. Claire assists her with a sponge bath daily, washes hair over kitchen sink which works but adds to back pain. Fall and Claire are requesting a stair lift to be able to access bathing facility and wants a goal for obtaining this.

Current living situation

Select the most accurate description of the person's current housing:

Resides in own home or apartment

Resides in own home or apartment

With immediate family

Housing stability

Select the number of years the person has resided in current living situation:

1 year

Frequency of moves

In the previous 5 years, select the number of times the person was required or chose to move

1

Periods of homelessness

Select the number of times the person reports experiencing a period in which the person had no place to call home:

0

Housing satisfaction**Access to the community**

Satisfied with access to the community

Meeting personal preferences

Satisfied that housing meets personal preferences

Supporting preferred level of social engagement

Satisfied with social engagement level

Housing preferences

Select any housing preferences expressed by the person

Housing preferences expressed

Select all that apply:

Preference Type

- ☒ Preferences with location
- ☒ Preferences with physical space
- ☒ Preferences with personal needs

Preferences with location

- ☒ Proximity to family/friends
- ☒ Proximity to shopping, school, doctors, etc.
- ☒ Proximity to leisure/entertainment activities

Preferences with physical space

- ☒ Own apartment or home preferred
- ☒ Space for caregivers

Preferences with personal needs

- ☒ Accommodates desired routines and preferred schedule
- ☒ Have a pet

Choice about housing

Does not want to move

Barriers to preferred housing

Select any identified barriers to achieving preferred housing the person experiences:

No barriers

Planned living situation

Select the most accurate description of the person's planned living situation

Will live in own home or apartment

Will live in own home or apartment:

With immediate family

Daily Living**Personal Cares****Personal cares**

Enter a description of how the person's personal cares are completed, including the use of assistive devices. Provide clarity if the person experiences changes in needs and might require flexible use of supports.

Fall experiences periods of pain and weakness that comes and goes, due to spinal fracture & osteoporosis and arthritis. She is unable to lift arms very high and is not very steady on her feet. When this occurs, she is much more dependent on assistance to complete ADLs. Currently she uses the following DME to assist her: Cane but has been using a walker the majority of the time as this is more stable, seated bath bench, grab bars, sock aide, back brace, lift chair, bed rails, and handrails. Fall would like to create a goal of obtaining incontinence supplies through Elderly Waiver if she is approved.

Dressing

Select the most accurate description of the person's ability to complete dressing tasks:

Completes dressing tasks with physical assistance from another person

Completes dressing tasks with physical assistance from another person:

Throughout activity

Grooming

Select the most accurate description of the person's ability to complete personal hygiene/grooming tasks:

Completes grooming tasks with physical assistance from another person

Completes grooming tasks with physical assistance from another person

Intermittently during activity

Bathing

Select the most accurate description of the person's ability to complete bathing tasks:

Completes bathing tasks with physical assistance from another person

Completes bathing tasks with physical assistance from another person

Throughout activity

Toileting

Select the most accurate description of the person's ability to complete toileting-related tasks

Completes toileting-related tasks with physical assistance from another person

Incontinence management

Select the most accurate description of the person's ability to manage incontinence:

Has incontinence requiring physical assistance or supervision from another person

Has incontinence requiring physical assistance or supervision from another person

Assistance with bladder incontinence

Assistance with bowel incontinence

Assistance with bladder incontinence

2 or more times per week

Assistance with bowel incontinence

2 or more times per week

Household Management**Household management**

Enter a description of how the person's household tasks are completed (e.g., responding to mail; paying bills; cleaning the bathroom, kitchen and living room; and doing laundry).

Fall requires assistance from family to do all household management tasks. She is able to sometimes do light housekeeping such as dusting and wiping table but often requires assistance and is unable to do any heavy housekeeping. Claire manages all mail/finances/paperwork and washes and dries clothes due to laundry being in basement, though Fall does sometimes help fold clothes on the days she's not experiencing a lot of pain or weakness. Fall declines goal but requests services to supplement family's help during the week days when they will be out of the home at work/school.

Light housekeeping

Select the most accurate description of the person's need for supports to complete light housekeeping tasks:

Completes tasks with assistance and/or instruction throughout the activity

Heavy housekeeping

Select the most accurate description of the person's need for supports to complete heavy housekeeping tasks:

Someone else needs to complete tasks for the person

Laundry

Select the most accurate description of the person's need for supports to complete laundry tasks:

Someone else needs to complete tasks for the person

Finances

Select the most accurate description of the person's need for supports to complete financial tasks:

Someone else needs to complete tasks for the person

Personal paperwork

Select the most accurate description of the person's need for supports to complete personal paperwork:

Someone else needs to complete tasks for the person

Eating and meal preparation

Eating/nutrition

Enter a description of how the person receives nutrition or consumes food. Include how the person's meals are planned and prepared.

Fall sometimes sits at the table to help chop or prepare ingredients when she feels up to it, however the majority of the time, she is not able to do this. She is unable to stand at stove due to weakness and is not able to lift pans/pots. Family does the majority of meal prep and does all the cooking. She also drinks 1-2 Glucerna Diabetes nutritional shake to ensure that she is receiving some protein and calcium as prescribed by PCP - MA won't pay as she doesn't meet MA criteria. Fall and Claire are interested in coverage through Waiver if approved for EW, and would like to create a goal for managing diabetes.

Eating non-nutritive substances

Select the level at which the person requires support to address the tendency to eat non - nutritive substances:

None; not present

Eating/nutrition consumption

Select the most accurate description of the person's ability to complete feeding tasks, including tube feeding:

Feeds or provides nutrition to self with

Feeds or provides nutrition to self with

Cuing, reminding, and/or encouraging to ensure person eats/continues eating to meal completion

Special Arrangement

Special arrangements

Needs assistance with special arrangement (e.g., cut up food to chewable pieces, butter bread or arrange food on plate)

Neuromuscular condition

Select whether the person has a neuromuscular condition affecting neuromuscular control:

Person does not have a diagnosed neurological condition affecting neuromuscular control

Preparing meals

Select the most accurate description of the person's need for supports to prepare meals:

Completes tasks with assistance and/or instruction throughout the activity

Planning meals

Select the most accurate description of how the person's meals are planned:

Someone else needs to plan meals for the person

Movement

Movement

Enter a description of how the person physically manages walking, completing fine motor tasks, positioning self and transferring between sitting, standing and lying.

Fall has a cane but has decided that uses a seated walker at all times in both home and community provides more stability and safety to her. When pain and weakness impact her strength/abilities, she will not walk very much at all. She is unable to navigate stairs, and because the bathroom with shower is upstairs, she utilizes the half bath on main level of home, and can only bathe by sponge baths. Claire washes her hair over the kitchen sink, which is hard because it requires Fall to bend over the sink, causing additional pain to back. She is not able to easily move from sitting to standing due to weakness, and has a lift chair to help her transfer from sitting to standing. She has bed rails to help reposition/move from laying down to sitting, and family assists as well. She also depends upon environmental things to help her move around and reposition. She declined a goal around movement but has requested a goal to obtain a stair lift so that she can access the bathroom upstairs to be able to shower/bathe with the help of another person.

Mobility

Select the most accurate description of the person's ability to ambulate:

Person requires supervision while walking

Person requires supervision while walking:

Throughout activity

Stairs

Select the most accurate description of the person's ability to navigate stairs:

Person unable to walk up & down stairs; needs ramp/elevator/stair lift

Transferring

Select the most accurate description of the person's ability to transfer self

Completes transferring with physical assistance from another person

Completes transferring with physical assistance from another person:

Needs the assistance of one person

Mode of transfer

Select the most accurate description of the person's need for devices to assist with transfers:

Needs non-mechanical equipment or object within the natural environment while transferring

Positioning

Select the most accurate description of the person's ability to position self

Completes positioning with physical assistance from another person

Completes positioning with physical assistance from another person:

Needs the assistance of one person

Mode of positioning

Select the most accurate description of the person's need for devices to assist with positioning:

Needs object(s) in the natural environment while positioning

Fine motor skills

Select the most accurate description of the person's ability to complete activities requiring fine motor skills:

Requires occasional physical assistance from another person

ADL Support Time**Increased time for physical assistance with ADLs**

Due to factors associated with the person's condition, select whether the person typically needs significantly increased time for completion of activities of daily living (ADLs) requiring physical assistance

Requires significantly increased time to physically assist in completion of ADLs

Extended time due to behavior

Select whether the presence of behaviors increases the time needed to complete activities of daily living (ADLs):

Does not present behaviors that extends the time needed to complete ADLs

Modifications, assistive technology and remote support**Assistive and monitoring technologies**

Enter a description of equipment, supplies and technologies discussed with the person as options to help address the person's daily needs. Include information about home and vehicle modification needs.

Needs EAA to access the upper level of home, where bathroom with shower is located. Currently utilizes seated walker for ambulation throughout home and community, bath bench, grab bars, sock aide, back brace, lift chair, bed rails to help reposition/move from laying down to sitting, and family assists as well, and handrails. Requested goal for EAA.

Informed choice: Assistive and monitoring technologies

Select the person's informed choice about the use of assistive and/or monitoring technology:

Interested in exploring modifications, assistive/monitoring technology options to address needs

Wellbeing**Current Conditions**

Physical, emotional, and cognitive considerations.

Enter a description of what is important for others to understand about how the person's physical, emotional, and cognitive needs impact daily life.

Fall reports pain and weakness from osteoporosis/arthritis and spinal fracture impact her the most. She also is insulin-dependent type 2 diabetes. Within the last year, she saw her PCP due to forgetfulness and an episode of leaving the house while Claire and family were away. She got lost at a park near her home and was unable to find her way back to the home. A neighbor noticed her wandering and assisted her in getting back safely to her home. Currently, PCP records state unspecified dementia. No behavioral/mood disturbance reported via med records and none reported by family. Fall states she is aware her memory is failing, that she expected this in "old age," and that at this time, she's grateful for her family caring for her and helping her be safe in her home and access healthcare. She declined goals for all of the above, except for managing diabetes. Requests a goal for managing diabetes - SNV to set up meds, foot care, & educate/monitor diabetes, and wants to obtain diabetic friendly meals.

Diagnoses**Diagnoses**

F03.90 Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety

Diagnoses

E11.9 Type 2 diabetes mellitus without complications

Diagnoses

Z79.4 Long term (current) use of insulin

Diagnoses

M80.08XA Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture

Physical health

Select the person's overall subjective rating:

Fair

Emotional health

Select the person's overall subjective rating:

Concerned about myself or the future

Quality of sleep

Select the person's overall subjective rating:

Adequate

Pain intrusion/quality of life

Select the person's overall subjective rating:

Chronic/daily

Vision

Select the most accurate description about the person's vision:

Has visual impairment

Has visual impairment:

Sees using corrective device to correct impairment

Hearing

Select the most accurate description about the person's hearing:

Has conversational hearing impairment

Has conversational hearing impairment:

Uses corrective aids to hear speech

Allergies**Type**

Drug

Allergen

Penicillian

Note

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Memory and Cognition**Cognitive abilities**

Enter a description of the person's overall cognitive functioning and its impact on daily life.

Recently, Fall and family have noticed forgetfulness as previously documented - she left the house without family present, although they have an agreement that they should go together due to falls risks and needing supervision and frequent physical assistance to walk safely with walker. She got to a park she is very familiar with, less than a block away from home and got lost. She was found by neighbors who helped her get home safely. She is unable to manage finances and paperwork, and Claire has been managing this for her mother for some time. She declined goals for these, stating family assists her with providing reminders, problem-solving, and ques, and she continues to see PCP about memory concerns.

Orientation

There are three parameters of orientation: Awareness of who the person is (person) General awareness of where the person is/why (place)General awareness of day/time of day (time) Select the most accurate description of the person's orientation to person, place and time:

Minor disorientation in at least one parameter

Short-term memory

Use professional judgment to identify the person's ability to retain or recall recent events, experiences, skills or information. Select the most accurate description of the person's ability:

Has severe short-term memory issues or confusion, or previous MSE indicated memory loss/dementia, no additional screening necessary

Executive functioning

Executive functions include awareness, communication, judgment, memory, planning and problem solving. Select the most accurate description of the person's ability to participate in daily activities using executive functions:

Requires support with one or more executive functions

Select all of the executive functions with which the person needs support:

- ☒ Awareness
- ☒ Judgment
- ☒ Memory
- ☒ Planning
- ☒ Problem solving

Awareness

Select the frequency of support the person needs:

Occasional support for executive functions

Judgment

Select the frequency of support the person needs:

Occasional support for executive functions

Memory

Select the frequency of support the person needs:

Frequent or continuous support/monitoring for executive functions

Planning

Select the frequency of support the person needs:

Frequent or continuous support/monitoring for executive functions

Problem solving

Select the frequency of support the person needs:

Frequent or continuous support/monitoring for executive functions

Learning

Cognitive skills

Cognitive skills include attention/focus, learning, perception (cause and effect), initiation and task completion. Select the most accurate description of the person's ability to participate in daily activities using cognitive skills:

Requires support with one or more cognitive skills

Select all of the cognitive skills with which the person needs support:

- ☒ Attention/focus
- ☒ Learning
- ☒ Perception
- ☒ Initiation
- ☒ Task completion

Attention/focus

Select the frequency of support the person needs:

Occasional support for cognitive skills

Learning

Select the frequency of support the person needs:

Occasional support for cognitive skills

Perception

Select the frequency of support the person needs:

Occasional support for cognitive skills

Initiation

Select the frequency of support the person needs:

Occasional support for cognitive skills

Task completion

Select the frequency of support the person needs:

Occasional support for cognitive skills

Skills transfer

Select the most accurate description of person's ability to apply skills learned in instructional settings to non-instructional situations:

Needs extended assistance from another to acquire, retain and transfer skills learned in one environment to new settings

Skill acquisition

Select the method the person needs to acquire or maintain skills associated with self - sufficiency:

Non-specialized training methods using person's identified learning style

Health Stability**Health stability**

Enter a description about how health events have impacted the person's daily life.

Fall's health declined significantly after fall in home which resulted in hospital stay and rehabbing in a nursing facility, as self-reported and supported by daughter Claire and medical records obtained from PCP. After fall, she has been unable to safely live on her own, and she now lives with her daughter and grandchildren. Also after this fall, memory concerns began to arise. It is suspected that she hit her head when she fell, although when this concerns arose, it was impossible for doctors/medical professionals to make a clear determination.

Emergency room visit

Select the number of times the person went to a hospital emergency room in the last year:

1

Hospital stay

Select the number of times the person stayed overnight or longer in a hospital in the last year:

1

Nursing facility stay

Select the number of times the person spent any amount of time in a nursing facility in the last three years:

1

Mental health crisis

Select the number of times the person received mental health crisis services in the last year:

0

Substance use

Select the number of times the person has used detox or received a DUI in the last year:

0

Falls

Select the most accurate description of the person's experience with falls:

One or more falls reported in the last year

One or more falls reported in the last year:

Fall resulted in a fracture

Head injury events

Select the most accurate description of the person's experience with head injury events throughout the person's life:

Suspected head injury event that is unsubstantiated

Health Interventions**Interventions**

Enter a description of the person's current physical and emotional treatments, therapies, and other health - related interventions.

Sees PCP regularly for pain and diabetes management and all other health concerns, has had PT following her fall but this has since ended. Declined goal around pain because this is being managed by PCP.

Therapies

Select the status of therapies the person is receiving:

Receiving one or more therapies

Select all therapies in which the person is currently engaged:

☒ Pain management

Medication management

Select the most accurate description of the person's ability to take medication as intended or prescribed:

Needs both medication setup assistance and reminders

Diabetes management

Select the most accurate description about the person's status with diabetes:

Diabetic and manages with any of the following options

Diabetic and manages with any of the following options:

☒ Scheduled daily insulin

Health management

Select the most accurate description of the person's health - management needs to maintain health and prevent deterioration:

Specialized or frequent medical visits

Seizure supports

Select the most accurate description of the person's experience with seizures:

Does not have seizures, or no history and/or evidence of seizures

Complex health treatments

Select the complex health treatment(s) the person uses:

No identified complex health treatments for which an intervention is provided

Clinical monitoring: Clinical monitoring is established by the person's medical provider. Data collected during monitoring is used to manage an unstable or potentially unstable condition, adjust treatments and provide important information to assist in the evaluation for ongoing treatment needs.

Select the person's clinical monitoring status:

Does not have a clinical monitoring plan

Psychosocial Health**Psychosocial health**

Enter a narrative description of how the person's emotional wellness/symptomology impacts daily life, including things that are important to the person for those working with them to understand.

NA - Fall and Claire state no issues with emotional health, but Fall says she does sometimes worry about memory. She is comforted by ongoing and close relationship with her family, neighbors, and PCP, whom she trusts. She also depends upon cognitive support while walking, as well as physical support. She declines goal around memory loss or worry - attributes to being aware that her memory isn't what it used to be, and is seeking medical care for this.

Emotional/behavioral health support

Select whether the person presents or reports any emotional / behavioral health symptoms which interfere with daily functioning requiring supports from others:

Does not present or report symptoms for which supports are needed

Mental health treatments

Select the status of mental health treatments the person is receiving:

Not receiving mental health therapies or treatments

Behavioral dysregulation support needs

Enter a description of the person's behavioral dysregulation support needs. Including the type of supports in place. Provide pertinent details as to how active Level I and Level II behaviors are exhibited.

NA - both Fall and Claire state that no issues are noted. They have talked to Fall's PCP about her worries, and they will continue to address as needed.

Level I behaviors

Level I behaviors require an immediate response due to risk of harm.

Select the most accurate description of the person's need for supports to address or mitigate Level I behaviors:

Does not present Level I behaviors for which behavioral support interventions are needed

Level II behaviors

- **Person's ability to maintain positive relationships and/or participate in life activities is negatively impacted due to frequency or intensity of behaviors**
- **Behaviors create an increased vulnerability/enhanced risk for exploitation, manipulation or harm**

Select the most accurate description of the person's need for supports to address or mitigate Level II behaviors:

Does not present Level II behaviors for which behavioral support interventions are needed

Behavioral support to prevent illegal events

Select the most accurate description of the level at which the person requires behavioral supports to prevent / mitigate illegal events:

Does not exhibit behaviors that require behavioral supports to prevent/mitigate breaking the law

Staying Healthy**Everyday Life-Independent Living****Transportation**

Do you need help with transportation to any medical, dental, behavioral health appointments or to your pharmacy for your medications?

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

What kind of transportation do you use most often?

☒ **BlueRide and when BlueRide is not available, Claire drives her to all medical appointments, as well as community/social events.**

Comments - Everyday life - Independent living

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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

*Include equipment or devices that supports a person to be more independent.
Attach documentation to person's profile*

Cane though she usually uses a seated walker, bath bench, grab bars, sock aide, back brace, lift chair, bed rails, and handrails. Would like to obtain a stair lift to help access bathroom on second floor to shower/wash hair.

Communication with providers

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

Good, I feel confident I am able to share my concerns most of the time

Comments - Communication

My Health**Health Concerns/History**

Do you have any current concerns about your physical health?

Yes

Select applicable concerns

☒ Arthritis or bone loss (musculoskeletal)

Arthritis or bone loss (musculoskeletal)

☒ **Arthritis**

☒ **Osteoporosis**

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

Yes

☒ Neurological

Neurological

☒ **Dementia/ Alzheimer's**

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

Member continues to regularly see PCP and she and daughter feel comfortable bringing forward health concerns as they arise.

Diabetes

Do you check your blood sugar yourself?

No

Who helps check your blood sugar?

Claire

Is your doctor helping you monitor your diabetes?

Yes

Do you manage your insulin injections yourself?

My family member/caregiver fills them.

Are you able to get your diabetic supplies you need?

Yes

Do you need help with foot care or other health issues related to your diabetes?

Yes

Have you received any information or education at your clinic about how to stay healthy and manage diabetes?

Yes

Are you interested in (more) education/information about diabetes?

No

Care Coordinator: Is the person managing their diabetes?

Yes

Comments on diabetes

Claire reports needing assistance in helping her mother manage diabetes as it has not been well-controlled and she is "not a nurse." Fall requested goal to assist with diabetes management. Family is interested in SNV to assist in education/monitoring condition, as well as med set up, foot care, and diabetic friendly home-delivered meals now that Fall will be on her own most days during the week while Claire is working and kids are at school.

Medications

Are you currently taking any medications?

Medications are prescriptions, over-the-counter medicine, herbal supplements, vitamins, etc.

Yes

Is Medication list attached to person's profile?

Yes

Comments - Medication

--

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?

Use a scale of 1 to 10, with 10 being the worst pain.

7

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

e.g., activity level, mood, relationships, sleep or work

Sleep can be interrupted if pain is bad, and weakness. This occurs aprox. 3 days per week. Declines goal as she attributes this to pain, which she is working with doctor on.

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

Yes

How are you managing your pain?

Enter the person's pain management plan, with whom the person has discussed it and when, etc.

Pain medications, pain patches, heat, back brace. Ongoing medical appointments with PCP.

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

Pain never fully goes away, but it is manageable from a 7 or 8 to a 3 or 4. "We continue to see PCP and they make adjustments to dosages, etc as needed." Fall declined additional assistance from CC and declined a goal.

Comments: Pain Management

See above - continues to work with PCP.

Advance Directive

Do you have an Advance Directive or Health Care Directive?

Yes

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

My daughter and PCP

Staying Healthy

Preventive Screenings

Did you receive any of these in the past year?

Physical/Wellness Exam

Yes

Approximate Date

07/10/2025

Mammogram

No

Would you like help to set up an appointment?

No

Cervical Cancer Screening

No

Would you like help to set up an appointment?

No

Colorectal Cancer Screening

No

Would you like help to set up an appointment?

No

Diabetic Care - A1C Screening

Yes

Approximate Date

07/10/2025

Diabetic Care - Eye Exam

Yes

Approximate Date

07/10/2025

Diabetic Care - Kidney Disease Monitoring

Yes

Approximate Date

07/10/2025

Sexual Health Screening

No

Would you like help to set up an appointment?

No

Other Screening

No

Would you like help to set up an appointment?

No

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

Yes

Did this exam include a test for glaucoma?

Yes

Do you have a hearing aid?

Yes

Have you had an audiology exam/hearing test?

Yes

Do you have a dentist?

No

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?

Yes

Comments - Preventative Care

Declined goals around preventative care, however Fall and Claire have requested help from CC in finding a dentist that accepts insurance, getting appointment set up, and arranging BlueRide transportation to this dental appointment.

Immunization/Vaccines

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

- ☒ **COVID series**
- ☒ **Flu vaccine**
- ☒ **Hepatitis Series**
- ☒ **Pneumovax**
- ☒ **Tetanus**
- ☒ **Shingles series**

COVID series

Approximate Date

11/19/2024

Flu vaccine

Approximate Date

11/19/2024

Hepatitis Series

Approximate Date

07/15/2025

Pneumovax

Approximate Date

07/15/2025

Tetanus

Approximate Date

07/15/2025

Shingles series

Approximate Date

07/15/2025

Comments – Staying healthy

--

Emotional Health

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

For example, worrying a lot or feeling sad more than usual, harming self.

No

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

No

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?

☒ **None of the above**

Comments - Emotional health

Worry is over memory loss. She declined CC assistance or a goal, stating she receives good family support and continues to work with PCP.

Nutrition

Height

5 ft. 1 in.

Weight

95 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?

Yes

Describe – Special Diets

Diabetic friendly

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

No

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?

Chair fitness, walking with my family during nice weather because sidewalks and paved trails are nearby and easier for her to navigate. No longer does this unsupervised after fall, although she did leave home once without supervision and got lost close to her home.

Comments - Nutrition

Does not find meat appetizing but will eat some chicken. Prefers to eat eggs, veggies, fruit, and some dairy.

Sexual Health

Do you have any sexual health needs?

Topics such as STD, safe sex practices, post-delivery, etc.

Choose not to answer

Comments – Sexual health

--

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?

No

Comments - Substance use

--

Safety and Wellbeing

Risk

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

To remain safe, Fall requires assistance that the family is currently unable to continue to provide. Grandchildren are going back to school this fall, and Claire works full time. She does come home at lunch, but that is not an option long term.

Self-determination

Self-preservation**Vulnerabilities and risks**

Enter a description of the person's vulnerabilities and risks identified during the assessment.

Vulnerable when pain and weakness make her less steady on her feet, and makes it difficult to grip the walker, therefore requires supervision and sometimes physical assistance when walking. When out of the house, she also requires supervision and sometimes physical assistance, as well as cognitive support so that she doesn't get lost.

Risk of victimization

Select the most accurate description of the person's ability to use judgment to navigate and interact with others in a safe, socially acceptable manner:

Requires occasional guidance, redirection or supervision to reduce risk of victimization; typically is able to exercise judgment in navigating social interactions without assistance

Risk of self-neglect

Select the most accurate description about the person's ability to address own needs:

Unable to or may not adequately address own needs or exceeds age-appropriate developmental needs

Select all that apply:

☒ May not provide and/or arrange for own health and safety

Vulnerability in relationships

Select the best description of the person's vulnerability in relationships:

Person is not at an increased risk for exploitation or maltreatment

Person is not at an increased risk for exploitation or maltreatment

☒ Able to advocate for own needs

Cognitive capacity to respond to potential harm

Select the most accurate description of the person's ability to identify and problem - solve to take appropriate action in a potentially harmful situation:

Cognitively able to identify and problem-solve to take action with supervision

Physical capacity to respond to potential harm

Select the most accurate description of the person's physical ability to take action in a potentially harmful situation:

Physically unable to take action, someone else must physically assist the person

Capacity to function safely when alone

Select the most accurate description of the person's ability to safely direct own activities and manage personal responsibilities:

Requires scheduled supports and the availability of identified/dedicated people by phone

Need for shared living arrangement

Select the most accurate description of the person's need for a shared living arrangement:

The person requires a shared living arrangement

The person requires a shared living arrangement due to any of the following:

☒ Support must be/continue to be available from others to mitigate risks

24-hour plan of care

Select the most accurate description of the person's need for a written 24-hour plan of care:

Requires 24-hour plan of care

Select all needs which are being mitigated through a 24-hour plan of care for the person:

☒ Cognitive-based needs

☒ Unstable health condition

Select the type of overnight support the person needs:

--

Informed choice**Capacity to direct services**

Select the most accurate description of the person's capacity to direct own services and assess task completion:

Able to direct own services

Choice to pursue consumer-directed option

Select the person's choice to pursue a consumer-directed option for services:

Not interested in pursuing a consumer-directed option at this time

Person is 65 or older; choice to stay on or return to a disability wavier

Not applicable: person is not requesting to stay on or return to a disability waiver.

Informed choice about community options

The person was provided information about their options, including choice between institutional and community living

Informed choice about housing and employment options

The person was provided information about their housing and employment options

Community-based services

- ☒ Assessed needs can be met in a satisfactorily safe, cost-effective manner in the community
- ☒ The person was provided information about their options, including choice between institutional and community living

Complex medical and/or complex behavioral needs

Select if the person has complex needs

Not applicable: the person is not requesting to access or stay on a disability waiver

Determination of program need

Select the most accurate description about the level of supports to be accessed to meet the person's assessed needs:

Requires supports that require a waiver, Alternative Care (AC) or Essential Community Supports (ECS) program

Support Plan

Person Information

Person's Name

Fall EW2025 Training

Preferred Name

--

Primary Phone

507-867-5309

Primary Email

noemail@noemail.com

Date of Birth

06/21/1955

Primary Language

English

Interpreter Needed

--

Program/Product Type

MSHO

Date of Last Assessment

07/25/2025

Care Coordinator Name

User02720 Blue Plus

Agency/Location

Blue Plus

Overview

Effective Date Range

Start Date

08/01/2025

End Date

06/30/2026

Program

Elderly Waiver (EW)

About Plan

Managed Care Product/Program

MSHO

Product/Program Enrollment Date

08/01/2025

Health Plan ID

BPH

Complex needs

Complex medical and/or complex behavioral needs criteria

Select if the person has complex needs based on the most recent assessment

Not applicable: the person is not requesting to access or return to a disability waiver

Budget Information

Community First Services and Supports (CFSS)

Home Care Rating

Z

Total CFSS Time

Total CFSS Time: 570.00 minutes per day (38.00 units/day)

Total CFSS Minutes Planned for an
Alternative Service

CFSS Budget
\$ 235.98

--

Case Mix

G

Elderly Waiver (EW) Case Mix Monthly Maximum

\$ 9,396.00

Is the person using CDCS?

No

Consumer Directed Community Supports (CDCS) Case Management Monthly Maximum

--

Case Mix Cap Amount

\$ 103,356.00

Average Monthly Budget
\$ 9,567.50

About Me

My Care Team (Interdisciplinary Care Team)

Care Coordinator
User02720 Blue Plus

Agency/Location
Blue Plus

Primary Doctor

Primary Doctor
Dick VanDike

Date Support Plan Shared With The Primary Doctor
August 19, 2025

Support Team Member

Name
Blue Plus Care Coordinator

Relationship
Case Manager

Do you want your Support Plan Shared?
No

Comments
--

Name
Claire Training

Relationship
Child/Step Child

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 a lifelong Minnesotan who worked her adult life as a nurse. Fall values being with her family, playing boardgames and card games, being able to access local parks that have nice paved trails which she can still push her walker down for very short distances with someone along to supervise/assist as needed. She likes to sit on a bench to be in nature in warmer months to watch the birds, squirrels and other wildlife. She also enjoys going to the library and going to different presentations both online and in the community, mainly about history and nature/animals. She wishes to remain living safely with her daughter for as long as she can. Her grandchildren will be going back to school, and daughter Claire works out of the home full-time, so services and assistance are needed to support her in her home during the week.

What I want my life to look like

I want to continue to explore my interests and be with my family, even if I have to adjust to having people do more for me.

My Community Life

Fall enjoys visiting local parks, although she requires someone to go with her to reduce falls risk and to ensure she doesn't get confused and get lost. With assistance and supervision, she will walk a little way using a walker on an even, paved trail, and will sit on a park bench to watch the birds. She also enjoys going to the library when someone is able to accompany her. While at home, her favorite things to do is read books and watch TV with her family, play boardgames, and cards. Bingo is her favorite, and sometimes she and her daughter go to a local bar where they have Bingo on Saturdays. Fall declined goals around community participating/meaningful activities as needs are being met by family.

My Work Life

NA - retired RN.

My Choice about Work

Not working; not interested in working

Staying Healthy

Some years ago, Fall was diagnosed with osteoporosis and arthritis which results in pain and weakness, and can sometimes cause sleep disturbance. Within the last year, while in the community, she fell and was hospitalized with a spinal fracture. She rehabbed in a nursing home before moving in with her daughter Claire and her 3 children. Her family is willing to assist her with any and all ADLs/IADLs as needed, but provide regular assistance with dressing, grooming, bathing, toileting, mobility, transferring, positioning, eating, light and heavy housekeeping, laundry, meal prep, paperwork, finances, arranges BlueRide or provides transportation, shopping, community participation/leisure, and med set up and reminders when they are home evenings and on weekends. They also sometimes assist with Fall using her iPad.

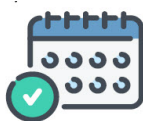
This year, family and Fall began noticing minor memory issues. One day, Fall left the home w/her walker even she and her family had previously agreed that she only leave house when family is able to be with her, due to increased falls risks and needing monitoring and often times, physical assistance. Fall went to a park she is very familiar - a half block from her/Claire's home - and got lost. A neighbor noticed and helped Fall get back to her home safely. Following this incident, Claire and Fall consulted with PCP, who diagnosed her with unspecified dementia w/o behavioral or mood disturbances. She reports feeling anxious about memory issues, but states she is comforted by ongoing and close relationship with PCP, whom she trusts, and that she has such great family support.

In addition to seeing PCP regularly, Fall has annual visits with ophthalmologist and audiologist for vision and hearing impairments, and utilizes glasses & a hearing aids. Fall and Claire have no concerns about glasses or hearing aids, stating they work well for her.

Fall declines goals for all of the above noted diagnoses, health conditions, and assessed needs. She states she sees PCP regularly, takes meds as prescribed, and is supported by daughter Claire and her family. She also utilizes the following DME equipment to assist with ADLs and IADLs: walker, cane, seated bath bench, grab bars, sock aide, back brace, lift chair, bed rails and handrails. Due to daughter Claire working full time, and grandchildren back in school, Fall requested this assessment and wishes to pursue Elderly Waiver services to provide assistance to her during the weekday, when family is unable help her.

My Goals

1 Within 3 months, I would like to have an Environmental Accessibility Adaptation assessment to determine what kind of stair lift will work in my home. I would then like my Care Coordinator to assist me in finding in-network providers to order and install appropriate stair lift. Currently, I am not able to access the upstairs bathroom to take a bath or shower, and depend upon Claire to help me sponge bathe and wash my hair over the kitchen sink - this aggravates my spinal fracture.



Target Date
Oct 31, 2025



High Priority

Monitoring progress

CC will monitor progress for this goal until achieved or resolved.

Status of Goal

In Progress

Status Date

8/1/2025

Are There Barriers To Accomplish This Goal?

Yes

Support I Requested

1. Name

EAA Assessment

Description

EAA Assessment to determine what stair life may work in my home.

2. Name

In-network EAA provider to order and install a stair lift

Description

Following the completion of an EAA assessment, need to find an in-network EAA provider to order and install a stair lift.

Barriers

- Name

Weakness and pain

Description

Weakness and pain come and go with osteoporosis and arthritis diagnoses, and can interfere with Fall's ability to manage ADLs and IADLs on her own.

2 Within 3 months, I want my Care Coordinator to assist me in obtaining incontinence supplies through EW to assist with bowel and bladder incontinence, delivered to my home.



Target Date
Jun 30, 2026



High Priority

Monitoring progress

CC to monitor goal.

Status of Goal

In Progress

Status Date

12/31/2025

Are There Barriers To Accomplish This Goal?

No

Support I Requested

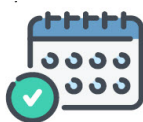
1. Name

Incontinence supplies

Description

Depends and wipes to assist with bowel and bladder incontinence.

3 By mid-year check in with my Care Coordinator, I want to self-report my diabetes is better controlled by accessing the services of a skilled nurse to assist with med set up including drawing insulin, foot care, and diabetes education, eating diabetic-friendly home-delivered meals for mid-day meal when family is away, and receiving Glucerna shakes through EW delivered to home.



Target Date
Jun 30, 2026



High Priority

Monitoring progress

CC will monitor goal progress at mid-year outreach.

Status of Goal

In Progress

Status Date

8/1/2025

Are There Barriers To Accomplish This Goal?

Yes

Support I Requested

1. Name

Skilled Nurse Visit

Description

Nurse visit to complete med set-up including drawing insulin, foot care, and diabetes education.

2. Name

Diabetic friendly home delivered meals

Description

1 meal per day, 5 days a week, diabetic friendly, to ensure that Fall is getting access to nutritious food while family is out of the house, working and at school.

3. Name

T2029

Description

Glucerna Shakes to assist with nutrition and diabetes management as prescribed by doctor.

Barriers

• Name

Weakness and pain

Description

Weakness and pain come and go with osteoporosis and arthritis diagnoses, and can interfere with Fall's ability to manage ADLs and IADLs on her own.

• Name

Short-term memory loss

Description

Short-term memory loss impacts Fall's ability to recall tasks, how to do them, and instructions. She requires gentle reminders, and instructions one at a time, or a written list for her to read and check things off.

My Supports

How My Care Coordinator Will Support Me

Purpose of Care Coordinator Contact

This Care Coordinator will reach out to member every 6 months, but can be reached at any time to assist with coordination of services and supports, and assessment activity related to health and wellness, and to help member access health plan benefits, schedule rides, assist with coordinating service providers. CC will reach out if member is hospitalized as well.

Fall requested this Care Coordinator to reach out to Delta Dental on their behalf to get a dental appointment with an in-network provider, and schedule BlueRide transportation for this appointment but declined a goal. Care Coordinator will let Fall and daughter know when this is completed.

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

Claire Training

Relationship

Child/Step Child

Role

Emergency Contact

Organization's Name

--

Support Description

Fall resides with daughter Claire. Claire and her family assist Fall with any and all ADLs/IADLs as needed, and they are available to help her evenings and weekends. She is consistently responsible for: assisting with bathing, dressing, grooming, toileting, mobility, transferring, positioning, eating/meals, transportation (either providing ride or coordinating BlueRide), laundry, light and heavy housekeeping, finances, and paperwork. Fall declined to create goals around any of these, as her family is very helpful and supportive of her. They are requesting additional supports to supplement now that family is not able to assist her during the day on weekdays.

Frequency

Daily

Area Of Need

☒ **Communication**☒ **Eating and meal preparation**☒ **Health Interventions**☒ **Household management**☒ **Learning**☒ **Meaningful activities**☒ **Memory and cognition**☒ **Modifications, assistive technology and remote support**☒ **Movement**☒ **Personal Cares**☒ **Self-preservation**

Goals

--

Person's Name

Mr. Rogers

Relationship

Neighbor

Role

Support/Interdisciplinary care team

Organization's Name

--

Support Description

Mr. Rogers is a neighbor who assists Fall and family with chores in yard (mowing grass and snow blowing in winter). He is always willing to help Fall and family. No goal and no formal supports requested.

Frequency

Weekly

Area Of Need

☒ **Household management**

Goals

--

Modifications, Assistive Technology and Remote Support

Name or type

Seated walker, cane, seated bath bench, grab bars, sock aide, back brace, lift chair, bed rails, and handrails.

Support description

DME equipment that assists member in living safely in their home w/ADLs & IADLs. Member declined goals around ADL/IADL needs.

Frequency of use

Daily

Area Of Need

- ☒ Health Interventions
- ☒ Household management
- ☒ Meaningful activities
- ☒ Modifications, assistive technology and remote support
- ☒ Movement
- ☒ Personal Cares
- ☒ Self-preservation

Technology support contact

--

Goals

--

Services and Supports

Service Type

Services that support me

Start Date

08/01/2025

End Date

06/30/2026

Service Name

Specialized Equipment & Supplies

Procedure Code

T2029

Modifiers

--, --, --, --

Provider Name

CORNER HOME MEDICAL

Provider Identification Number (NPI/UMPI)

1598899114

Units

668.00

Rate

\$ 4.50

Average Monthly Cost

\$ 273.27

Status

Add

Area of Need

Eating and meal preparation**Health Interventions**

Frequency

Daily

Support Instructions

2 cans daily of Glucerna Diabetes Nutritional Shake, to be delivered to home, to provide nutritional support as ordered by PCP. Member does not meet MA criteria for payment under medical benefit. Fall declines a goal.

Goals

By mid-year check in with my Care Coordinator, I want to self-report my diabetes is better controlled by accessing the services of a skilled nurse to assist with med set up including drawing insulin, foot care, and diabetes education, eating diabetic-friendly home-delivered meals for mid-day meal when family is away, and receiving Glucerna shakes through EW delivered to home.

Service Type

Services that support me

Start Date

08/01/2025

End Date

06/30/2026

Service Name

PERS Monthly Service Fee

Procedure Code

S5161

Modifiers

--, --, --, --

Provider Name

GRANDMAS PLACE INC

Provider Identification Number (NPI/UMPI)

A692430100

Units

11.00

Rate

\$ 100.00

Average Monthly Cost

\$ 100.00

Status

Add

Area of Need

Communication

Health Interventions

Modifications, assistive technology and remote support

Self-preservation

Frequency

Monthly

Support Instructions

PERS monthly fee - GPS and falls detection included to assist with mobility and falls risks. Fall declined goal around history of falls and risk of future falls.

Goals

--

Service Type

Services that support me

Start Date

08/01/2025

End Date

09/30/2025

Service Name

PERS Installation and Testing

Procedure Code

S5160

Modifiers

--, --, --, --

Provider Name

GRANDMAS PLACE INC

Provider Identification Number (NPI/UMPI)

A692430100

Units

1.00

Rate

\$ 300.00

Average Monthly Cost

\$ 150.00

Status

Add

Area of Need

Communication

Health Interventions

Modifications, assistive technology and remote support

Self-preservation

Frequency

Other

Other

1 time fee for set-up.

Support Instructions

PERS set-up and testing. Fall declined goal around history of falls and risk of future falls.

Goals

--

Service Type

Services that support me

Start Date

08/01/2025

End Date

06/30/2026

Service Name

Individual Community Living Supports, In person, 15 minute

Procedure Code

H2015

Modifiers

U3, --, --, --

Provider Name

GRANDMAS PLACE INC

Provider Identification Number (NPI/UMPI)

A225462200

Units

8,568.00

Rate

\$ 9.16

Average Monthly Cost

\$ 7,134.81

Status

--

Area of Need

Eating and meal preparation**Health Interventions****Household management****Learning**

Meaningful activities**Memory and cognition****Movement****Personal Cares****Self-preservation**

Frequency

Daily**Support Instructions**

Provide 45 hours/week of cognitive support (reminders, cueing, and problem-solving), adaptive support, ADLs, household management, monitor health, safety and wellbeing, and assist with providing access and supervision to any community events. Fall and Claire declined goals around ADL/IADL/cognitive support but did request services to supplement Claire and family being out of the house working/at school during the week.

Goals

--

Service Type

Services that support me

Start Date

08/01/2025

End Date

06/30/2026

Service Name

Case Management, 15 minute

Procedure Code

T1016

Modifiers

UC, --, --, --

Provider Name

**HUMAN SERVICES OF FARIBAULT &
MARTI**

Provider Identification Number (NPI/UMPI)

1376612820

Units

88.00

Rate

\$ 25.46

Average Monthly Cost

\$ 203.68

Status

--

Area of Need

Communication

Health Interventions

Frequency

Other

Other

As needed

Support Instructions

Care Coordinator will check in at least every 6 months to assist with assessment and service planning, to conduct assessments and support plan creation. Fall and family can reach out to CC at any time.

Goals

Within 3 months, I would like to have an Environmental Accessibility Adaptation assessment to determine what kind of stair lift will work in my home. I would then like my Care Coordinator to assist me in finding in-network providers to order and install appropriate stair lift. Currently, I am not able to access the upstairs bathroom to take a bath or shower, and depend upon Claire to help me sponge bathe and wash my hair over the kitchen sink - this aggravates my spinal fracture.

Within 3 months, I want my Care Coordinator to assist me in obtaining incontinence supplies through EW to assist with bowel and bladder incontinence, delivered to my home.

By mid-year check in with my Care Coordinator, I want to self-report my diabetes is better controlled by accessing the services of a skilled nurse to assist with med set up including drawing insulin, foot care, and diabetes education, eating diabetic-friendly home-delivered meals for mid-day meal when family is away, and receiving Glucerna shakes through EW delivered to home.

Service Type

Services that support me

Start Date

08/01/2025

End Date

12/31/2025

Service Name

**Environmental Accessibility
Adaptations/Home Assessment**

Procedure Code

T1028

Modifiers

--, --, --, --

Provider Name

LSS VICTORIA

Provider Identification Number (NPI/UMPI)

M900522600

Units

1.00

Rate

\$ 300.00

Average Monthly Cost

\$ 60.00

Status

Add

Area of Need

Personal Cares

Self-preservation**Movement****Modifications, assistive technology and remote support**

Frequency

Other

Other

1 assessment

Support Instructions

Complete assessment for EAA to add stair lift in home.

Goals

Within 3 months, I would like to have an Environmental Accessibility Adaptation assessment to determine what kind of stair lift will work in my home. I would then like my Care Coordinator to assist me in finding in-network providers to order and install appropriate stair lift. Currently, I am not able to access the upstairs bathroom to take a bath or shower, and depend upon Claire to help me sponge bathe and wash my hair over the kitchen sink - this aggravates my spinal fracture.

Service Type

Services that support me

Start Date

08/01/2025

End Date

06/30/2026

Service Name

Home Delivered Meals

Procedure Code

S5170

Modifiers

--, --, --, --

Provider Name

MEALS ON WHEELS IN NW DAKOTA CTY

Provider Identification Number (NPI/UMPI)

A306227900

Units

238.00

Rate

\$ 9.31

Average Monthly Cost

\$ 201.43

Status

--

Area of Need

Eating and meal preparation

Health Interventions

Frequency

Daily

Support Instructions

Diabetic-friendly HDMs 5 days per week to ensure diabetic-friendly nutritional meals while family is working/at school.

Goals

By mid-year check in with my Care Coordinator, I want to self-report my diabetes is better controlled by accessing the services of a skilled nurse to assist with med set up including drawing insulin, foot care, and diabetes education, eating diabetic-friendly home-delivered meals for mid-day meal when family is away, and receiving Glucerna shakes through EW delivered to home.

Service Type

Services that support me

Start Date

08/01/2025

End Date

06/30/2026

Service Name

**Environmental Accessibility
Adaptations/Home Install**

Procedure Code

S5165

Modifiers

--, --, --, --

Provider Name

NEXT DAY ACCESS

Provider Identification Number (NPI/UMPI)

A105447400

Units

1.00

Rate

\$ 11,000.00

Average Monthly Cost

\$ 1,000.00

Status

Add

Area of Need

Self-preservation**Personal Cares****Movement****Modifications, assistive technology and remote support**

Frequency

Other

Other

EAA - add stair lift to home. Cost and install of stair lift must fit below this amount.

Support Instructions

Cost of stair lift and install of stair lift. This amount is from a quote provided by provider. Additional quote will be provided and this support plan rate may be adjusted if needed.

Goals

Within 3 months, I would like to have an Environmental Accessibility Adaptation assessment to determine what kind of stair lift will work in my home. I would then like my Care Coordinator to assist me in finding in-network providers to order and install appropriate stair lift. Currently, I am not able to access the upstairs bathroom to take a bath or shower, and depend upon Claire to help me sponge bathe and wash my hair over the kitchen sink - this aggravates my spinal fracture.

Service Type

Services that support me

Start Date

08/01/2025

End Date

06/30/2026

Service Name

Skilled Nurse Visit - LPN, Visit

Procedure Code

T1031

Modifiers

--, --, --, --

Provider Name

OUR LADY OF PEACE HOME CARE

Provider Identification Number (NPI/UMPI)

1598751869

Units

48.00

Rate

\$ 101.82

Average Monthly Cost

\$ 444.31

Status

Add

Area of Need

Learning**Health Interventions****Self-preservation**

Frequency

Weekly

Support Instructions

Provide diabetic foot care, med set up including insulin draw, and diabetes education to assist with improving member's health

Goals

By mid-year check in with my Care Coordinator, I want to self-report my diabetes is better controlled by accessing the services of a skilled nurse to assist with med set up including drawing insulin, foot care, and diabetes education, eating diabetic-friendly home-delivered meals for mid-day meal when family is away, and receiving Glucerna shakes through EW delivered to home.

Overall Cost of Services

Total Cost Of Authorized Services

\$ 103,532.50

Annual Budget

\$ 103,356.00**Safety and Well-being****My Plan To Address Safety Needs**

Need(s) I will address

All areas of need have been addressed

Services offered

Case Management Aide (Paraprofessional), 15 minute
Case Management, 15 minute
CFSS Goods and Services Agency Model
CFSS Goods and Services Budget Model
Environmental Accessibility Adaptations/Home Assessment
Environmental Accessibility Adaptations/Home Install
Home Delivered Meals
Homemaker / Assistance with Personal Cares, 15 minute
Individual Community Living Supports, In person, 15 minute
MSHO/MSC+ Home Care Services
PERS Installation and Testing
PERS Monthly Service Fee
Skilled Nurse Visit - LPN, Visit
Skilled Nurse Visit - RN, Visit
Specialized Equipment & Supplies

My Backup Plans

Essential Services Plan

Fall requires assistance during the day when family is unavailable. Family can assist with filling in for staff, but not long-term. Agencies will manage hiring/filling position for this member, if needed, and family and neighbors can provide supplemental assistance as needed.

Community-Wide Disaster Plan

Fall is aware of how to access community information but requires cueing, assistance, and reminders to supplement memory loss, in the event of weather-related situations arise. Her family and service providers will also assist and provide guidance for what should be done in the event of a community-wide disaster plan. She currently has no issues asking for assistance from family to take shelter if needed, and can be directed to call 911 and use PERS if needed.

My Plan In An Emergency

☒ **Call 911**

☒ **Call emergency contact**

☒ **Use emergency response monitoring system**

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

Family/providers will assist Fall, or will advise Fall to call 911/use PERS if Fall doesn't remember to do so.

Support Plan Signature Sheet

Effective Date Range

08/01/2025 - 06/30/2026

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

Offered Caregiver questionnaire - Claire declined to complete.

Shared Safe Disposal of Medications and 2 locations near Fall's home where meds can be brought to dispose of.

Shared information about MSHO Supp Benefits, notice of privacy and appeals rights for BCBS.

Member chose not to share Support Plan with any service providers.

I was given a choice between receiving services in the community or in an institution.

Yes

I was able to invite who I wanted to come to my planning meeting.

Yes

I participated in developing my plan for receiving services.

Yes

I was given choices of different types of services, housing and employment support that could meet my assessed needs as indicated in my assessment and through discussion with my case manager.

Yes

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 understand if I do not agree with any part of my written support plan, I can call my case manager, assessor or care coordinator to discuss and make corrections as needed. I also understand I have the right to appeal any decision I disagree with.

Yes

I understand my case manager, assessor or care coordinator will send this signature page to me with my written plan.

Yes

CFSS, Alternative Care and Waiver Programs

If I am eligible for both Community First Services & Supports (CFSS) and an Alternative Care/waiver program I choose:

To use all of my CFSS services in addition to other services/supports as written in my plan.

No

I will use -- minutes per day of CFSS for alternative services.

If I choose to change this decision, I will call my case manager or care coordinator.

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

--

Signatures

My Signature

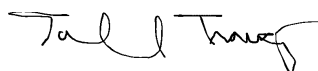
My signature and responses on this form indicate:

- 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



Date Signed

08/19/2025

Date Plan Sent to Me

08/31/2025

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

Case Manager/Care Coordinator

E-Signature



Date Signed

08/19/2025

Providers - I would like my plan shared with the following provider(s)

No signature records available.



Supplemental Summary Charts

1. Narrative Summaries

*If utilizing this document to review or develop a CMS- compliant Support Plan, Care Coordinators must also fully review the Staying Healthy section.

Your valued relationships	Responses
Important relationships From MnCHOICES Functional Assess - Community Living - Relationships	Fall recently moved in with daughter Claire and her family. She enjoys living with them and spending time with her grandchildren. Fall shared that she's grateful for all the help they provide to her.
Informal supports From MnCHOICES Functional Assess - Community Living - Relationships	<p>Claire, Fall's daughter, works outside of the home and her 3 children are all school-aged (college, HS, and middle school). They assist Fall with all ADLs and IADLs as needed but always provides assistance with the following: dressing, grooming, bathing, toileting, transferring, positioning, and eating. She also requires supervision and at times physical assistance while walking with her walker both in the home and in the community. They also provide some level of assistance with electronics use. They complete light housekeeping, meal prep, transportation, assists with community/leisure access, and fully completes heavy housekeeping, laundry, paperwork/finances, shopping, med management. Because of Claire's work schedule and children going back to school, this assessment was requested because Fall needs support in these areas to remain safely in the home without them present. Fall declined to create goals around ADLs and IADL dependencies, as she feels she is well-supported by her family and is requesting formal services while her family is working/at school during the weekdays.</p> <p>CC offered Claire Caregiver Questionnaire and Claire declined to complete.</p>
Preferred communication methods From MnCHOICES Functional Assess - Community Living - Communication	Fall communicates face-to-face, over the phone, and over email. They are able to use the internet on an older iPad given to them by daughter Claire but requires some assistance at times using the tablet, and family assists. Declined goal around communication.
Your valued activities	
Meaningful activities From MnCHOICES Functional Assess - Community Living - Meaningful Activities	Fall enjoys visiting local parks, although she requires someone to go with her to reduce falls risk and to ensure she doesn't get confused and get lost. With assistance and supervision, she will walk a little way using a walker on an even, paved trail, and will sit on a park bench to watch the birds. She also enjoys going to the library when someone is able to accompany her. While at home, her favorite things to do is read books and watch TV with her family, play boardgames, and cards. Bingo is her favorite, and sometimes she and her daughter go to a local bar where they have Bingo on Saturdays. Fall declined goals around community participating/meaningful activities as needs are being met by family.
Work/school	N/A. Retired and does not wish to work. From MnCHOICES Functional Assess - Community Living - Work/School
Your living situation	
Living situation description From MnCHOICES Functional Assess - Community Living - Living Environment	Fall resides with daughter Claire, and Claire's 3 children. She likes this arrangement because she values being near her daughter and grandchildren. She fell prior to this move, which led to fracture of spine. She feels safe now, as her family provides excellent support. Main floor of home, including Fall's bedroom, is on one level, however bathroom with shower is up stairs. Stairs are narrow and steep, and Fall is unable to access the shower, but does have access to half bath on main floor. Claire assists her with a sponge bath daily, washes hair over kitchen sink which works but adds to back pain. Fall and Claire are requesting a stair lift to be able to access bathing facility and wants a goal for obtaining this.
Your daily living needs	

<p>Personal cares</p> <p>From MnCHOICES Functional Assess - Daily Living - Personal Cares</p>	<p>Fall experiences periods of pain and weakness that comes and goes, due to spinal fracture & osteoporosis and arthritis. She is unable to lift arms very high and is not very steady on her feet. When this occurs, she is much more dependent on assistance to complete ADLs. Currently she uses the following DME to assist her: Cane but has been using a walker the majority of the time as this is more stable, seated bath bench, grab bars, sock aide, back brace, lift chair, bed rails, and handrails. Fall would like to create a goal of obtaining incontinence supplies through Elderly Waiver if she is approved.</p>
<p>Household management</p> <p>From MnCHOICES Functional Assess - Daily Living - Household Management</p>	<p>Fall requires assistance from family to do all household management tasks. She is able to sometimes do light housekeeping such as dusting and wiping table but often requires assistance and is unable to do any heavy housekeeping. Claire manages all mail/finances/paperwork and washes and dries clothes due to laundry being in basement, though Fall does sometimes help fold clothes on the days she's not experiencing a lot of pain or weakness. Fall declines goal but requests services to supplement family's help during the week days when they will be out of the home at work/school.</p>
<p>Eating/nutrition</p> <p>From MnCHOICES Functional Assess - Daily Living - Eating & meal preparation</p>	<p>Fall sometimes sits at the table to help chop or prepare ingredients when she feels up to it, however the majority of the time, she is not able to do this. She is unable to stand at stove due to weakness and is not able to lift pans/pots. Family does the majority of meal prep and does all the cooking. She also drinks 1-2 Glucerna Diabetes nutritional shake to ensure that she is receiving some protein and calcium as prescribed by PCP - MA won't pay as she doesn't meet MA criteria. Fall and Claire are interested in coverage through Waiver if approved for EW, and would like to create a goal for managing diabetes.</p>
<p>Movement</p> <p>From MnCHOICES Functional Assess - Daily Living - Movement</p>	<p>Fall has a cane but has decided that uses a seated walker at all times in both home and community provides more stability and safety to her. When pain and weakness impact her strength/abilities, she will not walk very much at all. She is unable to navigate stairs, and because the bathroom with shower is upstairs, she utilizes the half bath on main level of home, and can only bathe by sponge baths. Claire washes her hair over the kitchen sink, which is hard because it requires Fall to bend over the sink, causing additional pain to back. She is not able to easily move from sitting to standing due to weakness, and has a lift chair to help her transfer from sitting to standing. She has bed rails to help reposition/move from laying down to sitting, and family assists as well. She also depends upon environmental things to help her move around and reposition. She declined a goal around movement but has requested a goal to obtain a stair lift so that she can access the bathroom upstairs to be able to shower/bathe with the help of another person.</p>
<p>Assistive and monitoring technology</p> <p>From MnCHOICES Functional Assess - Daily Living - Modifications, assistive technology, and remote support</p>	<p>Needs EAA to access the upper level of home, where bathroom with shower is located. Currently utilizes seated walker for ambulation throughout home and community, bath bench, grab bars, sock aide, back brace, lift chair, bed rails to help reposition/move from laying down to sitting, and family assists as well, and handrails. Requested goal for EAA.</p>
<p>Your health and wellness</p>	

Physical, emotional and cognitive considerations From MnCHOICES Functional Assess - Wellbeing - Current Conditions *Diagnoses pulled into assessment from member's MnCHOICES profile will not pull into Supplemental Summary Charts.	Fall reports pain and weakness from osteoporosis/arthritis and spinal fracture impact her the most. She also is insulin-dependent type 2 diabetes. Within the last year, she saw her PCP due to forgetfulness and an episode of leaving the house while Claire and family were away. She got lost at a park near her home and was unable to find her way back to the home. A neighbor noticed her wandering and assisted her in getting back safely to her home. Currently, PCP records state unspecified dementia. No behavioral/mood disturbance reported via med records and none reported by family. Fall states she is aware her memory is failing, that she expected this in "old age," and that at this time, she's grateful for her family caring for her and helping her be safe in her home and access healthcare. She declined goals for all of the above, except for managing diabetes. Requests a goal for managing diabetes - SNV to set up meds, foot care, & educate/monitor diabetes, and wants to obtain diabetic friendly meals.
Cognitive abilities From MnCHOICES Functional Assess - Wellbeing - Memory and Cognition	Recently, Fall and family have noticed forgetfulness as previously documented - she left the house without family present, although they have an agreement that they should go together due to falls risks and needing frequent physical assistance to walk. She got to a park she is very familiar with, less than a block away from home and got lost. She was found by neighbors who helped her get home safely. She is unable to manage finances and paperwork, and Claire has been managing this for her mother for some time. She declined goals for these, stating family assists her with providing reminders, problem-solving, and ques, and she continues to see PCP about memory concerns.
Health Stability From MnCHOICES Functional Assess - Wellbeing - Health Stability	Fall's health declined significantly after fall in home which resulted in hospital stay and rehabbing in a nursing facility, as self-reported and supported by daughter Claire and medical records obtained from PCP. After fall, she has been unable to safely live on her own, and she now lives with her daughter and grandchildren. Also after this fall, memory concerns began to arise. It is suspected that she hit her head when she fell, although when this concerns arose, it was impossible for doctors/medical professionals to make a clear determination.
Interventions From MnCHOICES Functional Assess - Wellbeing - Health Interventions	Sees PCP regularly for pain and diabetes management and all other health concerns, has had PT following her fall but this has since ended. Declined goal around pain because this is being managed by PCP.
Psychosocial health From MnCHOICES Functional Assess - Wellbeing - Psychosocial Health	NA - Fall and Claire state no issues with emotional health, but Fall says she does sometimes worry about memory. She s comforted by ongoing and close relationship with her family, neighbors, and PCP, whom she trusts. She also depends upon cognitive support while walking, as well as physical support. She declines goal around memory loss or worry - attributes to being aware that her memory isn't what it used to be, and is seeking medical care for this.
Behavioral dysregulation support needs Narrative from within Psychosocial Health	NA - both Fall and Claire state that no issues are noted. They have talked to Fall's PCP about her worries, and they will continue to address as needed.
Your self-determination considerations	
Vulnerabilities and risks From MnCHOICES Functional Assess - Self-determination - Self-preservation	Vulnerable when pain and weakness make her less steady on her feet, and makes it difficult to grip the walker, therefore requires supervision and sometimes physical assistance when walking. When out of the house, she also requires supervision and sometimes physical assistance, as well as cognitive support so that she doesn't get lost.

2. ADL Charts

ADLs	Type of assistance	CFSS Dependency (Critical ADLs are: Toileting, Eating, Mobility, Transferring)	LTC Dependency (Critical ADLs are: Toileting, Positioning, Transferring)
Dressing	Completes dressing tasks with physical assistance from another person	Yes	Yes
Grooming	Completes grooming tasks with physical assistance from another person	Yes	Yes
Bathing	Completes bathing tasks with physical assistance from another person	Yes	Yes
Toileting	Completes toileting-related tasks with physical assistance from another person	Yes	Yes
Mobility	Person requires supervision while walking	Yes	No
Transferring	Completes transferring with physical assistance from another person	Yes	Yes
Positioning	Completes positioning with physical assistance from another person	Yes	Yes
Eating	Feeds or provides nutrition to self with	No	Yes

3. IADLs

Category	Responses
Electronic communication use	Uses with minimal or intermittent supervision or assistance
Light housekeeping	Completes tasks with assistance and/or instruction throughout the activity
Heavy housekeeping	Someone else needs to complete tasks for the person
Laundry	Someone else needs to complete tasks for the person
Preparing meals	Completes tasks with assistance and/or instruction throughout the activity
Personal paperwork	Someone else needs to complete tasks for the person
Finances	Someone else needs to complete tasks for the person
Transportation use	Uses with assistance and/or instruction throughout the activity
Shopping	Completes tasks with minimal or intermittent supervision or assistance
Community participation	Participates with minimal or intermittent supervision or assistance
Leisure, recreation, and hobbies	Participates with minimal or intermittent supervision or assistance
Medication management	Needs both medication setup assistance and reminders

4. Psychosocial Chart

Behavioral Dysregulation Charts

Level I behaviors

Present behaviors	Severity level of behavior	Level I support frequency	Formal plan needed
--	--	--	--

Level II behaviors

Present behaviors	Severity level of behavior	Level II support frequency	Formal plan needed
--	--	--	--

Emotional & Mental health supports**Emotional health supports**

Types of support	Support Needed	Emotional support frequency
Emotional support; contacts by an empathetic listener	N	--
Supportive problem solving to sort through presenting challenges	N	
Assistance to initiate, focus on, and complete tasks	N	

Mental health therapies & treatments

Mental health treatments	Type of therapy or treatment
Not receiving mental health therapies or treatments	--

5. Interventions

Category	Responses
Therapies	Receiving one or more therapies Pain management
Health management	Specialized or frequent medical visits
Clinical monitoring	Does not have a clinical monitoring plan
Assistive technology	Interested in exploring modifications, assistive/monitoring technology options to address needs
Cognitive skills support need	Requires support with one or more cognitive skills Attention/focus Learning Perception Initiation Task completion
Skill acquisition support need	Non-specialized training methods using person's identified learning style
Fine motor skill support need	Requires occasional physical assistance from another person

Seizure support need	Does not have seizures, or no history and/or evidence of seizures
24-hr plan of care	Requires 24-hour plan of care

6.Vulnerabilities

Category	Responses
Risk for self-neglect	Unable to or may not adequately address own needs or exceeds age-appropriate developmental needs
Risk for exploitation	Person is not at an increased risk for exploitation or maltreatment
Risk for victimization	Requires occasional guidance, redirection or supervision to reduce risk of victimization; typically is able to exercise judgment in navigating social interactions without assistance
Cognitive capacity to respond to harm	Cognitively able to identify and problem-solve to take action with supervision
Physical capacity to respond to harm	Physically unable to take action, someone else must physically assist the person
Capacity to function safely when alone	Requires scheduled supports and the availability of identified/dedicated people by phone
Need for shared living arrangement	The person requires a shared living arrangement
Orientation	Minor disorientation in at least one parameter
Short term memory	Has severe short-term memory issues or confusion, or previous MSE indicated memory loss/dementia, no additional screening necessary
Falls	One or more falls reported in the last year
Hearing	Has conversational hearing impairment
Vision	Has visual impairment
Capacity to direct services	Able to direct own services