



Product	Legacy Assessment Form & Related Documents	Legacy Care Plan	MnCHOICES Assessment Form & Related Documents	MnCHOICES Support Plan	MMIS Entry if Completed in MnCHOICES?	Processes/Documents Required Outside of MnCHOICES	Attach Document in MnCHOICES- as applicable
MSHO/MSC+ (EW with PCA/CFSS)	DHS 3428-LTCC DHS 3428D-Supplemental Waiver PCA Assessment DHS 3426-OBRA Level 1	Collaborative Care Plan (CCP)	MnCHOICES Assessment & Assessment Summary OBRA Level 1	Support Plan-MCO MnCHOICES Assessment & signature page	Yes- LTC Screening Document	Post-Visit Letter Leave Behind Document Medication Safe Disposal Handout* PCP Letter	Medication List (If not included on MnCHOICES assessment) Member Signature Page (If not included on Support Plan) DHS 6914 Caregiver Questionnaire DHS 3428M Mini-Cog DHS 3936 My Move Plan Summary
MSHO/MSC+ (EW)	DHS 3428-LTCC DHS 3426-OBRA Level 1	Collaborative Care Plan	MnCHOICES Assessment & Assessment Summary OBRA Level 1	Support Plan-MCO MnCHOICES Assessment & signature page	Yes- LTC Screening Document	Post-Visit Letter Leave Behind Document Medication Safe Disposal Handout* PCP Letter	Medication List (If not included on MnCHOICES assessment) Member Signature Page (If not included on Support Plan) DHS-6914 Caregiver Questionnaire DHS-3428M Mini-Cog DHS-3936 My Move Plan Summary
MSHO/MSC+ (non EW with PCA/CFSS)	DHS 3428-LTCC DHS 3428D-Supplemental Waiver PCA Assessment DHS 3426-OBRA Level 1	Collaborative Care Plan	MnCHOICES Assessment & Assessment Summary OBRA Level 1	Support Plan-MCO MnCHOICES Assessment & signature page	Yes- LTC Screening Document	Post-Visit Letter Leave Behind Document Medication Safe Disposal Handout* PCP Letter	Medication List (If not included on MnCHOICES assessment) Member Signature Page (If not included on Support Plan) DHS-6914 Caregiver Questionnaire DHS-3428M Mini-Cog DHS-3936 My Move Plan Summary
MSHO/MSC+ (Determining eligibility for PCA/CFSS or EW)	DHS 3428-LTCC DHS 3428D-Supplemental Waiver PCA Assessment DHS 3426-OBRA Level 1	Collaborative Care Plan	MnCHOICES Assessment & Assessment Summary OBRA Level 1	Support Plan-MCO MnCHOICES Assessment & signature page	Yes- LTC Screening Document	Post-Visit Letter Leave Behind Document Medication Safe Disposal Handout* PCP Letter	Medication List (If not included on MnCHOICES assessment) Member Signature Page (If not included on Support Plan) DHS-6914 Caregiver Questionnaire DHS-3428M Mini-Cog DHS-3936 My Move Plan Summary

*Medication Safe Disposal Handout required when completing an MSHO or ISNBC **in-person** HRA/Assessment unless the member lives in an institutional setting and the institution manages the member’s medications.

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MSHO/MSC+ (Community Non-EW, non-PCA/CFSS)	DHS 3428H-HRA DHS 3426-OBRA Level 1	Collaborative Care Plan	HRA-MCO OBRA Level 1	Support Plan-HRA & signature page	No	Post-Visit Letter Leave Behind Document Medication Safe Disposal Handout* PCP Letter	Medication List (If not included on MnCHOICES assessment) Member Signature Page (If not included on Support Plan) DHS-6914 Caregiver Questionnaire
MSHO/MSC+ (Institutional)	Medica Institutional Member Assessment	Include added care plan goals on Medica Institutional Member Assessment	N/A	N/A	N/A	Medica Institutional Assessment Institutional Post-Visit Letter Leave Behind Document PCP Letter	Medica Institutional Assessment Copy of Facility Care Plan
MSHO (Unable to reach/refusal)	Required elements for MMIS entry	Medica Unable to Contact/Refusal Care Plan	HRA-MCO: Complete fields in Member & Assessment Information Sections	N/A	No	Medica Unable to Contact/Refusal Care Plan Leave Behind Document Appropriate Member Letter PCP Letter	Medica Unable to Contact/Refusal Care Plan Member Engagement Questionnaire (if returned)
MSC+ (Unable to reach/refusal)	Required elements for MMIS entry	N/A	HRA: MCO: Complete fields in Member & Assessment Information Sections	N/A	No	Document refusal or contact attempts in case notes either in MnCHOICES or in internal documentation system. Appropriate Member Letter Leave Behind Document PCP Letter	Member Engagement Questionnaire (if returned)
MSHO/MSC+ EW Change in Condition	DHS 3428-LTCC (early reassessment as necessary) DHS 3426-OBRA Level 1	Collaborative Care Plan	MnCHOICES Assessment (early reassessment) or Functional Needs Update, as necessary OBRA Level 1	Support Plan-MCO MnCHOICES Assessment & signature page	Yes- LTC Screening Document	Post-Visit Letter Leave Behind Document Medication Safe Disposal Handout* PCP Letter	Medication List (If not included on MnCHOICES assessment) Member Signature Page (If not included on Support Plan) DHS-6914 Caregiver Questionnaire DHS-3428M Mini-Cog DHS-3936 My Move Plan Summary

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MSHO/MSC+ Non-EW Change of Condition	DHS 3428H-HRA (early reassessment as necessary) DHS 3426-OBRA Level 1	Collaborative Care Plan	HRA-MCO (early reassessment as necessary) OBRA Level 1	Support Plan-MCO MnCHOICES Assessment & signature page	No	Post-Visit Letter Leave Behind Document Medication Safe Disposal Handout* PCP Letter	Medication List (If not included on MnCHOICES assessment) Member Signature Page (If not included on Support Plan) DHS-6914 Caregiver Questionnaire
SNBC/ISNBC (Community or Institutional)	DHS 3428H-HRA	AccessAbility Member Care Plan	HRA-MCO	Support Plan-HRA- & signature page	No	Post-Visit Letter Leave Behind Document Medication Safe Disposal Handout* PCP Letter	Medication List (If not included on MnCHOICES assessment) Member Signature Page (If not included on Support Plan) DHS-6914 Caregiver Questionnaire
ISNBC (Unable to reach/refusal)	Required elements for MMIS entry	Medica Unable to Contact/Refusal Care Plan	HRA-MCO: Complete fields in Member & Assessment Information Sections	N/A	No	Appropriate Member Letter Leave Behind Document PCP Letter	Medica Unable to Reach/Refusal Care Plan Member Engagement Questionnaire (if returned)
SNBC (Unable to reach/refusal)	Required elements for MMIS entry	N/A	HRA-MCO: Complete fields in Member & Assessment Information Sections	N/A	No	Document refusal or contact attempts in case notes either in MnCHOICES or in internal documentation system. Appropriate Member Letter Leave Behind Document PCP Letter	Member Engagement Questionnaire (if returned)
SNBC/ISNBC Change of Condition	DHS 3428H (early reassessment as necessary)	AccessAbility Member Care Plan	HRA-MCO (early reassessment as necessary)	Support Plan-HRA & signature page	No	Post-Visit Letter Leave Behind Document Medication Safe Disposal Handout* PCP Letter	Medication List (If not included on MnCHOICES assessment) Member Signature Page (If not included on Support Plan) DHS-6914 Caregiver Questionnaire

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Transitional HRA (All Products)	Medica Transfer Member HRA	Update Member Care Plan as appropriate	HRA-MCO: Complete fields in Member & Assessment Information Sections	Revise Support Plan as appropriate	Yes- 05 Document Change	Medica Transfer Member Health Risk Assessment	Medica Transfer Member Health Risk Assessment
Transition of Care (All Products)	Medica Transition of Care Log	N/A	N/A	N/A	N/A	Medica Transition of Care Log	Medica Transition of Care Log

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