

Developmental disabilities (DD) screening document fields

Page updated: 10/17/23

Use this page with either [MnCHOICES](#) or the [DD Screening Document, DHS-3067 \(PDF\)](#).

This page provides instructions to complete the following DD screening document fields:

- [Field 1: Document control number](#)
- [Fields 2-17: Case information](#)
- [Fields 18-25: Present at assessment](#)
- [Fields 26-40: Assessment](#)
- [Fields 41-49: Support planning](#)
- [Field 50: For county use only](#)
- [Other](#).

Field 1: Document control number

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| Overview | <p>MMIS assigns and enters an 11-digit identifying number for each screening document submitted for processing. MMIS uses this number to identify each individual document in the MMIS system and avoid duplication.</p> <p>The county/tribal nation can look at any screening document by conducting an online inquiry using the specific document control number. The document control number format is Y DDD BBB R NNN. This means:</p> <ul style="list-style-type: none">• Y = Last digit of the current year• DDD = Julian date• BBB = Batch number• R = Microfilm roll number• NNN = Document number within the batch. |
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Fields 2-17: Case information

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| Overview | <p>Fields 2-17 match records and update the screening document file and recipient file. The county/tribal nation must enter the person's name, identification number (i.e., personal master index number [PMIN]), birth date and gender. MMIS copies and crosschecks the information found in the recipient file and screening document to eliminate discrepancy. If there is a discrepancy, an exception will alert the county/tribal nation to make a correction.</p> <p>The county/tribal nation keeps a single record on the recipient file for each person. Information from the screening document creates the waiver eligibility history. MMIS updates the recipient file with the eligibility information from the screening document, including:</p> <ul style="list-style-type: none">• Waiver type• Begin and end dates• Case manager/certified assessor identification information.• Legal representative status. |
| Field 2: Person last name | <p>Enter the last name of the person (up to 17 characters). Do not enter spaces.</p> <p>Example: Enter MCDONALD without a space between the second and third letters.</p> |
| Field 3: Person first name | <p>Enter the first name of the person (up to 12 characters). Use the person's legal first name, not a nickname. Do not enter spaces for a first name with two words.</p> |

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| | <p>Examples:</p> <ul style="list-style-type: none"> • Enter WILLIAM, not BILL • Enter MARYLOU if the person's name is Mary Lou. |
| Field 4: M.I. | Enter the middle initial of the person (one character). If the person does not have a middle initial, leave field 4 blank. |
| Field 5: Person ID no. | <p>Enter the person's recipient identification number, also known as the person master index number (PMIN).</p> <p>If the person does not have a recipient identification number, follow your county/tribal nation's procedure to obtain a number. To have a recipient identification number assigned, you must provide the person's:</p> <ul style="list-style-type: none"> • Name • Date of birth • Gender • Address • Social security number. <p>Once assigned, the identification number will only change under certain adoption circumstances.</p> |
| Field 6: County reference no. | <p>This field is available for counties and tribal nations to use in data management. It represents the county- or tribal nation-assigned case number for the person, if any (maximum of 10 digits). Check with your supervisor regarding your county/tribal nation's policy on the use of reference numbers.</p> <p>This is not a required field. You can leave it blank.</p> |
| Field 7: Date submitted | <p>The date automatically populates when the county/tribal nation enters the document into MMIS. Enter the date in MMDDYY format. The system rejects documents not submitted within 90 days of the action date of the document.</p> <p>Example: You can complete an in-person assessment on April 1, 2021, and submit the document to MMIS on April 9, 2021. Code April 1, 2021, as 040121.</p> |
| Field 8: Date of birth | <p>Enter person's date of birth in MMDDYYYY format. Note that this field is the only field in which you must enter all four digits of the year.</p> <p>Example: Code Feb. 2, 1955 as 02021955.</p> |
| Field 9: Gender | <p>Enter the gender of the person. Use letter code:</p> <ul style="list-style-type: none"> • M = Male • F = Female |
| Field 10: Referral date | <p>Enter the initial date the person requested or was referred to the county/tribal nation for services. You must enter the date in the MMDDYY format.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Code April 6, 2019, as 040619 • Code Sept. 12, 2019, as 091219. <p>The referral date provides DHS with information about the length of time between the date the person first requests services and the date of the in-person assessment. Update this date annually at the person's reassessment.</p> <p>The referral date cannot be later than the date submitted (field 7).</p> |
| Field 11: Guardianship status | This field refers to the person's current legal representative status. If legal representative status changes, the county/tribal nation must complete an |

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| | <p>action type 03 to document the change in MMIS. For more information about this field, refer to DD SD Codebook – Legal representatives.</p> <p>01 – Private guardian (person age 18 or older) The person has a court-appointed private guardian. Use this code even if a parent or family member is the guardian.</p> <p>02 – Public guardian (person age 18 or older) The court appointed the DHS commissioner as a guardian for the person.</p> <p>03 – Guardian ad litem The person is involved in a court case and the court appointed a guardian ad litem.</p> <p>04 – Parent is legal representative (child younger than age 18) Enter this code if the person’s parent is their legal representative.</p> <p>05 – County is legal representative (child younger than age 18) The court has given the county/tribal nation the authority to act as legal representative for the child.</p> <p>08 – Person makes own legal decisions The person makes their own legal decisions for the purpose of the assessment interview. This includes people with private and public guardians who have not had rights in this area restricted by a court order.</p> <p>98 – Other You must justify this code in the notes section. Example: A petition was filed to dismiss or change the person’s status.</p> |
| <p>Field 12: Diagnosis 1</p> | <p>Enter the primary diagnosis (refer to DD SD Codebook – Diagnosis determination).</p> <p>Field 12 must be the person’s primary diagnosis of DD or related condition. If the person does not have a DD diagnosis (or is in the process of getting a diagnosis), enter the non-DD diagnosis as provided by a physician. If edit 224 posts, you must indicate the reason for the diagnosis on the case manager comments page.</p> |
| <p>Field 13: Diagnosis 2</p> | <p>Enter the secondary diagnosis, if applicable. If the person qualifies for DD services through a related condition, enter F 78.A1 or F 78.A9 in field 13.</p> |
| <p>Field 14 and field 15: Diagnoses 3 and 4</p> | <p>Enter a third and fourth diagnosis, if applicable.</p> <p>For situations where the person’s primary diagnosis is DD, enter additional diagnosis codes in fields 13-15.</p> <p>For situations where the person’s primary diagnosis is a related condition, enter additional diagnosis codes in fields 14-15.</p> |
| <p>Field 16: Case manager/certified assessor name</p> | <p>Enter the last name, first name and middle initial of the person who conducts the action. At assessment, enter the name of the certified assessor. For ongoing case management, enter the name of the county or tribal nation of financial responsibility (CFR) case manager assigned to work with the person.</p> <p>Documenting the case manager/certified assessor in MMIS When the assessor and case manager are different, the county/tribal nation must update MMIS with the name of the current case manager. To do this, submit an updated DD screening document using action type 03 (i.e., service change) each time there is a change in the assigned case manager/assessor. This update only requires changes in fields 16-25.</p> <p>When the COR and CFR are different If the assessor listed on the DD screening document is the county/tribal</p> |

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| | <p>nation of residence (COR) assessor and the document is routed to the CFR for approval, the CFR must first approve the DD screening document with the COR assessor number listed on it.</p> <p>After the CFR approves that screening document, the CFR enters an updated screening document using an action type 03 to change the COR assessor to the CFR case manager assigned to work with the person. For more information, refer to CBSM – Reassessments when the COR and CFR are different.</p> |
| Field 17: Case manager/certified assessor NPI/UMPI | Enter the assigned case manager's or assessor's designated provider number (NPI or UMPI). If this number is not on the document, MMIS will reject it. |

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Fields 18-25: Present at assessment

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| Overview | <p>Fields 18-22 record who was present at the assessment interview. It is expected that the person seeking access to services and supports be present at the assessment interview.</p> <p>Enter the following codes for each person in fields 18-22:</p> <ul style="list-style-type: none"> • Y = Yes, this person was present • N = No, this person was not present. <p>If the assessment is not completed in MnCHOICES, a qualified developmental disabilities professional (QDDP) must complete an in-person, legacy DD Screening Document, DHS-3067 (PDF) as a full-team screening.</p> |
| Field 18: Person | This field refers to the person seeking access to services and supports. This field must be Y at an in-person assessment (i.e., when field 24 is 01). |
| Field 19: Legal representative | This field refers to the legal representative, if applicable. The legal representative, if applicable, must participate in the in-person assessment (i.e., when field 24 is 01). The certified assessor cannot act as the legal representative. |
| Field 20: Certified assessor/case manager | This field refers to the certified assessor assigned to conduct the assessment or the case manager assigned to provide case management services to the person. |
| Field 21: QDDP | The QDDP does not need to be present at a MnCHOICES assessment. The QDDP must only be present when completing a legacy DD Screening Document, DHS-3067 (PDF) . The county/tribal nation case manager may act as the QDDP if they are qualified to do so. For more information, refer to CBSM – Glossary – QDDP . |
| Field 22: Other | <p>This field indicates if others were present at the assessment interview. Document the following in the notes area:</p> <ul style="list-style-type: none"> • Names of people present • Role(s). <p>If the person has overriding health care needs, the assessor/case manager must consult a registered nurse.</p> |
| Field 23: Action date | Enter the date the action occurred in MMDDYY format (e.g., date the in-person assessment is entered into the action date field). Refer to DD SD Codebook – Scenarios if necessary. |
| Field 24: Action type | Enter action type 01, 02, 03, 11 or 12 for the date identified in field 23. Refer to DD Screening Document Codebook – Scenarios if necessary. 01 – Face-to-face assessment |

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| | <p>For more information, refer to CBSM – Assessment applicability and timelines.</p> <p>02 – Annual review For more information, refer to DD Screening Document Codebook – Annual review.</p> <p>03 – Service change/start For more information, refer to DD Screening Document Codebook – Service changes.</p> <p>11 – OBRA Level II evaluative report For more information, refer to CBSM – OBRA Level II evaluative report for people with developmental disabilities.</p> <p>12 – Eligibility update For more information, refer to CBSM – Eligibility update for home and community-based services (HCBS).</p> |
| Field 25: Team convened | <p>This field indicates whether the person, their legal representative (if any) and certified assessor participated in the assessment:</p> <ul style="list-style-type: none"> • Y = Yes, the required people participated • N = No, the required people did not participate. |

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Fields 26-40: Assessment

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| Overview | <p>Fields 26-40 summarize the person’s strengths and needs that set the foundation for service planning and eligibility determination. The assessment section helps with selecting:</p> <ul style="list-style-type: none"> • Service types • Service amounts • Provider qualifications. <p>The certified assessor bases their assessment responses on information they gathered about the person’s current needs. This information should not reflect any natural or other supports the person has.</p> <p>The certified assessor is responsible to ensure the person makes informed choices.</p> <p>Children For children, use a score of 99 until the child reaches the age at which a person usually attains the skill and its lack creates a need for additional services or supervision. This is especially applicable to fields 30-34 and 36. Before assessing children, review Assessing for age-appropriate behavior (PDF). MnCHOICES automatically takes these age thresholds into account.</p> |
| Field 26: Medical | <p>Enter the code that best describes the person’s general need for medical attention related to their medical status. “Medical need” is defined as services that require licensed medical personnel (e.g., physician, physician’s assistant, registered nurse, licensed practical nurse).</p> <p>01 – No serious/specialized medical needs The person visits a physician annually for a check-up and as needed for colds, flu and other common medical needs.</p> <p>02 – Needs specialized or frequent medical attention (office visits only, not on-site attention) Example: The person visits an allergist on a regular basis for control of allergies and asthma or requires blood work for psychotropic or seizure</p> |

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| | <p>medication monitoring.</p> <p>03 – Needs on-call medical attention The person’s need for medical attention is unplanned and not through regularly scheduled appointments. Example: The person requires trained personnel to be available in case of status seizure activity, asthma or diabetes.</p> <p>04 – Needs on-site medical attention (less than 24-hours per day) The person requires regular and planned medical attention from trained personnel. Example: The person requires a registered nurse or licensed practical nurse to provide daily insulin injections, clean their GI tube or perform periodic catheterization.</p> <p>05 – Needs on-site medical attention (24-hours per day) Example: The person is ventilator-dependent, requires frequent, unscheduled intramuscular medication or is at risk of aspiration.</p> <p>99 – Unknown – Must justify in notes area You must justify this code in the notes section. Example: There are conflicting opinions between medical experts about the person’s needs.</p> <p>Overriding health care needs The certified assessor must consult with a registered nurse when the person has an overriding health care condition. Codes 03, 04, 05 and 99 might indicate an overriding health care condition. An overriding health care need refers to a condition that affects the service options available to the person because the condition requires both:</p> <ul style="list-style-type: none"> • Specialized or intensive medical or nursing supervision • Non-medical service providers to adapt their services to accommodate the health and safety needs of the person. |
| <p>Field 27: Vision</p> | <p>Enter the code that best describes the person’s level of visual impairment. You should complete the assessment while the person is wearing corrective lenses, if applicable. If a person requires but refuses to wear lenses and interventions have proven unsuccessful, the assessment will reflect impaired vision. Document the specifics of the situation in the notes section.</p> <p>01 – No impairment The person does not wear glasses or contacts and has normal vision.</p> <p>02 – Impairment corrected to normal with glasses or contacts The person wears glasses or contacts and, with correction, has normal vision.</p> <p>03 – Difficulty at level of print, graphics or small objects Even with correction, the person has difficulty seeing newspaper print or small objects. Correction is not a viable option.</p> <p>04 – Difficulty at level of obstacles in environment Even with correction, the person has restricted areas of vision (e.g., tunnel vision) and has difficulty with tasks such as:</p> <ul style="list-style-type: none"> • Seeing a bicycle on the sidewalk • Perceiving depth • Moving between light and dark areas. |

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| | <p>05 – No useful vision Even with correction, the person does not have useful vision. Medical correction is not a viable option.</p> <p>99 – Unknown (justify in notes) You must justify this code in the notes section. Examples:</p> <ul style="list-style-type: none"> • The person is an infant, so a complete assessment is not possible • The person is in a coma-like state, and you cannot determine their vision from an evaluation. |
| <p>Field 28: Hearing</p> | <p>Enter the code that best describes the person’s level of hearing impairment. You should complete the assessment while the person is wearing aids, if applicable. If person requires but refuses to wear aids and interventions have proven unsuccessful, the assessment will reflect impaired hearing. Document the specifics of the situation in the notes section.</p> <p>01 – No impairment The person’s hearing is normal without any correction.</p> <p>02 – Loss present, no correction needed The person’s impairment is slight. Examples:</p> <ul style="list-style-type: none"> • The person only has difficulty hearing faint speech • The person’s physician does not recommend a hearing aid. <p>03 – Impairment – Correctable (with aid) The person’s hearing impairment is mild. Example: The person has situational difficulty hearing and understanding normal speech, but with hearing aid(s), they can hear and understand normal conversation in most situations.</p> <p>04 – Impairment – Not correctable The person’s impairment is moderate. Example: The person has difficulty hearing and understanding normal speech in most situations. However, hearing aids are often helpful for the person to hear and be aware of their environment.</p> <p>05 – Responds to alarm sounds or intense, low frequency noises The person’s impairment is severe. Example: The person consistently has difficulty hearing and understanding speech, even with hearing aids. They may hear environmental sounds such as fire alarms, smoke detectors, car horns, truck back-up alarms, railroad crossings and sirens. The person relies heavily on visual modes of communication to understand what is happening in the environment.</p> <p>06 – No useful hearing/deaf The person cannot hear and understand speech, even with hearing aids. They do not detect environmental sounds such as fire alarms, car horns, truck back-up alarms, railroad crossings and sirens. The person relies on visual modes of communication (e.g., American Sign Language and/or visual sirens) to understand what is happening in the environment.</p> <p>99 – Unknown (justify in notes) You must justify this code in the notes section. Examples:</p> |

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| | <ul style="list-style-type: none"> • The person is an infant, so a complete assessment is not possible • The person is in a coma-like state, and you cannot assess their hearing level. |
| Field 29: Seizures | <p>This field identifies if the person has a seizure disorder(s) and, if so, how well it is controlled. The person's diagnosis must be documented by a physician.</p> <p>01 – No history or evidence of seizures The person does not have a history or evidence of seizures, or the person's seizure history has been the result of a fever (febrile seizures).</p> <p>02 – History of seizures, none recently The person's medical records refer to seizure activity, but there is no record of seizures within the past five years.</p> <p>03 – Seizures – Controlled The person has evidence of seizures within the past five years that both:</p> <ul style="list-style-type: none"> • Do not affect the person's activities of daily living • Typically are managed with medication with minimal side effects. <p>04 – Seizures – Partially controlled The person has evidence of seizures within the past five years that both:</p> <ul style="list-style-type: none"> • Affect the person's activities of daily living • Typically are managed with medication (side effects may/may not be present). <p>05 – Seizures – Uncontrolled The person has seizures that indicate a greater possibility of injury to the person than partially controlled seizure activity. This could include frequent seizure activity or infrequent but very intense seizure activity. This level of seizure activity places the person at risk of injury or death and significantly affects the level of supervision required to ensure their health and safety needs are adequately met.</p> <p>99 – Unknown (justify in notes) You must justify this code in the notes section. Example: The person is an infant with some seizure activity, but specialists are unable to determine the severity of the seizure disorder or the ability to control the disorder in the future.</p> |
| Field 30: Mobility | <p>Enter the code that best describes the person's level of mobility. If the person's mobility is limited by any medical condition, specify that condition in the notes section.</p> <p>01 – No impairment The person walks without difficulty.</p> <p>02 – Walks short distances independently The person walks with a rough gait, is at risk of falling down or has difficulty walking on uneven surfaces.</p> <p>03 – Walks aided (with assistance) The person may use a walker, crutches or need assistance from another person to ambulate.</p> <p>04 – Propels own wheelchair – Bears weight for transfers The person manually propels their own wheelchair, is mobile and can bear weight but is not ambulatory.</p> <p>05 – Propels own wheelchair – total assistance with transfers The person manually propels their own wheelchair but cannot bear weight</p> |

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| | <p>for transfers. They are mobile but not ambulatory.</p> <p>06 – Uses electric wheelchair The person can independently operate their own electric wheelchair.</p> <p>07 – Unable to propel wheelchair The person can move their wheelchair slightly (e.g., to change their view), but they do not move the wheelchair from one room to another. Their wheelchair movements are for extremely short distances.</p> <p>08 – Not mobile due to overriding medical conditions (specify in notes) You must justify this code in the notes section. Example: The person is confined to bed.</p> <p>99 - Unknown (justify in notes) You must justify this code in the notes section. Examples:</p> <ul style="list-style-type: none"> • The person is an infant or young child who has not reached the developmental stage in which mobility skills can be expected and/or accessed • The person’s recent spinal injury prevents an accurate diagnosis. |
| <p>Field 31: Fine motor skills</p> | <p>Enter the code that best describes the person’s level of fine motor skills that affects their independence in activities of daily living.</p> <p>01 – No impairment The person does not have impairment that affects their activities of daily living.</p> <p>02 – Impairment present – Minimal effect on movement Examples:</p> <ul style="list-style-type: none"> • The person has hand tremors that make writing a slower process • The person needs a modified spoon to eat independently. <p>03 – Impairment – Requires occasional assistance Example: The person has decreased grip strength, causing them to require assistance with handling some objects.</p> <p>04 – Impairment – Requires frequent assistance/adaptations Example: The person needs assistance or modifications to put buttons through buttonholes, tie shoelaces or use eating utensils.</p> <p>05 – Impairment – Requires constant assistance/adaptations Example: The person needs assistance in most activities of daily living because they cannot use items such as brushes, forks, spoons, buttons, zippers or pencils, either independently or with modifications.</p> <p>06 – Overriding medical condition – Participation limited You must justify this code in the notes section. Example: The person had a stroke and cannot participate fully in routine activities.</p> <p>99 – Unknown (justify in notes) You must justify this code in the notes section. Example: The person is a child who has not yet reached the developmental stage in which fine motor skills can be expected and/or assessed.</p> |
| <p>Field 32: Expressive communication</p> | <p>Enter the code that best describes the person’s typical mode of expression.</p> <p>01 – Functional</p> |

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| | <p>The person makes their needs and wants known to others.</p> <p>02 – Speech intelligible to familiar listeners The person makes their needs and wants known to others, but only friends understand what they say.</p> <p>03 – Speech difficult to understand The person makes their needs and wants known to others, but even friends have difficulty understanding what they say.</p> <p>04 – Speech unintelligible even to familiar listeners The person attempts to vocalize their needs and wants through speech, but even those familiar with the person cannot understand what they are trying to say.</p> <p>05 – Combines signs and/or gestures to communicate The person makes their needs and wants known through signs and/or gestures commonly understood by others (e.g., American Sign Language).</p> <p>06 – Uses single signs or gestures to express wants and needs Examples:</p> <ul style="list-style-type: none"> • The person uses a limited number of single signs or gestures to express some, but not all, of their wants and needs • The person uses home signs or other non-standard signs unique to the person and their environment. <p>07 – Uses augmentative communication aid The person uses picture boards, electronic communication devices, etc.</p> <p>08 – Does not have functional expressive communication The person does not make their needs known through speech, sign, gesture or augmentative communication devices.</p> <p>99 – Unknown (justify notes) You must justify this code in the notes section. Example: The person is a child who has not yet reached the developmental stage in which expressive communication skills can be expected and/or assessed.</p> |
| <p>Field 33: Receptive communication</p> | <p>Enter the code that best describes the person’s ability to understand communication from others.</p> <p>01 – Comprehends conversational speech The person understands verbal communication.</p> <p>02 – Comprehends phrases with gestural cues/modeling prompts The person understands verbal instructions, supplemented with gestures that imitate the request. Example: The person understands instructions to sweep the floor by hearing verbal instructions and/or seeing gestures imitating the action of sweeping.</p> <p>03 – Limited comprehension – One to two words The person understands words and short phrases associated with routine events. Example: The person understands phrases like “please wash your hands” or “it’s time to eat.”</p> <p>04 – Comprehends signs/gestures/modeling prompts The person understands standard signs for communication. They may use an interpreter effectively or respond appropriately to</p> |

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| | <p>sign/gesture/modeling directions (e.g., American Sign Language).</p> <p>05 – Does not comprehend verbal, visual or gestural communication The person does not respond to messages given through speech, signs/gestures or pictures.</p> <p>99 – Unknown (justify in notes) You must justify this code in the notes section. Example: You are unable to determine what communication the person understands.</p> |
| <p>Field 34: Self-preservation</p> | <p>Enter the code that best describes the person’s ability take necessary actions to ensure their own safety during both emergency and non-emergency situations. Evaluate this area by assessing what the person would do on their own if they were living independently in an unsupervised living arrangement.</p> <p>01 – Is capable of self-preservation The person appropriately recognizes signs/warnings of an emergency or dangerous situation and will go to a place of safety or seek help without prompting. Examples: The person:</p> <ul style="list-style-type: none"> • Crosses streets safely when alone using traffic signals or signs • Does not allow strangers to enter their home • Goes to a safe place when weather emergency sirens sound • Calls 911 appropriately • Requests needed support and assistance when ill or injured • Dresses appropriately for the weather • Seeks help if lost • Notifies someone if electricity/heat does not work. <p>02 – Requires verbal/physical prompts for preservation The person appropriately responds to emergencies or dangerous situations when given verbal/physical prompts from another person who provides general guidance or direct assistance. Examples: The person:</p> <ul style="list-style-type: none"> • Will only cross streets when told it is safe to do so • Follows directions or physical guidance during a fire drill or moves to areas of safety during weather emergencies when requested. <p>03 – Is not capable of self-preservation The person requires the presence of another person at all times to ensure their safety in the event of an emergency. The use of only verbal/physical prompts will not protect the person from dangerous situations. Example: The person:</p> <ul style="list-style-type: none"> • Has mobility/vision/hearing impairment that does not allow them to respond to fire alarms or emergency sirens • Has impulsivity that negatively affects their judgment and actions • Darts into traffic, even with cues about the danger • Leaves home without adequate protective clothing • Accepts rides from strangers. <p>99 – Unknown You must justify this code in the notes section.</p> |
| <p>Field 35: Vocational</p> | <p>Enter the code that describes the level of support a person needs to work.</p> <p>01 – Independent – Requires typical training; May use adaptations</p> |

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| | <p>The person may need help locating and securing a job (e.g., completing applications, arranging an interview). They receive the same job training as any other new employee. They can and will call for assistance as needed, and they do not require a job coach for ongoing support. Casual and infrequent contact from a vendor or case manager is adequate to monitor the person's work.</p> <p>02 – Needs on-the-job training – Time-limited The person requires assistance finding and/or being hired for a position. They may require extra help at the beginning of the job or learning significant new duties as the job changes. They may need occasional job coaching after a few days or weeks.</p> <p>03 – Needs minimal support – With or without adaptations The person probably will require assistance in all phases of job acquisition and training. They may require supervision from a job coach part of each day, but not necessarily every day, with the possibility of the need for consistent, active supervision into the future.</p> <p>04 – Needs moderate support – With or without adaptations The person requires support similar to code 03, except the support is more routine, frequent and for significant periods of time. The support is not physically and continually present, but there are provisions in place to have support available to the person on short notice. Changes in routine may require increased support.</p> <p>05 – Needs intensive support – With or without adaptations The person requires continual, on-site support, which might include hand-over-hand training. The job coach is within close proximity virtually all the time, including while on the job and during breaks, transport and other work-related activities.</p> <p>09 – N/A (explain in notes) Use this code if this field is not applicable. Justify this code in the notes section. Example: The person does not work because they:</p> <ul style="list-style-type: none"> • Chose to retire • Have overriding health care needs • Prefer activities other than employment/chose not to work. <p>99 – Unknown You must justify this code in the notes section. Example: The person is a child 12 years old or younger and is not exploring vocational skills yet.</p> |
| <p>Field 36: Independent living skills</p> | <p>This field describes five skill areas assessed to determine the level of supervision or assistance the person needs:</p> <ul style="list-style-type: none"> • Self care • Daily living skills/house management • Money management • Community living • Leisure and recreation. <p>Enter a code for each level. Do not code independent living skills based on situational limitations. Code what the person's skill level would be if they were in a suitable environment to demonstrate those skills. For more information, refer to Definitions for Independent Living Skills (PDF)</p> |

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| | <p>01 – Independent The person has sufficiently mastered the skills necessary for independence in this area. They do not need supervision or training.</p> <p>02 – Minimal supervision (formal program not needed) The person has mastered or partially mastered most of the skills needed for independent functioning in this area. They need some supervision, training and guidance (typically verbal prompting).</p> <p>03 – Instruction required with expected outcome of increased independence The person typically receives guidance through formalized instruction and training.</p> <p>04 – Person participates with another’s assistance for all or portions of an activity The person typically requires some level of assistance for all or portions of activities. They may need less assistance over time.</p> <p>05 – Person unable to participate in activity You must justify this code in the notes section.</p> <p>99 – Unknown You must justify this code in the notes section.</p> |
| <p>Field 37: Level of support and services</p> | <p>Enter the code that best describes the person’s need for level of support and services as determined through assessment and/or observational information that is appropriate for the person’s age. Some of these codes refer to a 24-hour plan of care, which is support provided on a regular basis that can be formal or informal and either direct or indirect.</p> <p>01 – Person accesses supports as needed The person does not need supervision. Example: The person calls a friend or appropriate service when they need help.</p> <p>02 – Person requires some services, does not require 24-hour plan of care The person does not require intermediate care facility for persons with developmental disabilities (ICF/DD) level of services. Example: The person needs assistance with budgeting, money management, purchasing groceries or learning about community activities.</p> <p>03 – Person needs 24-hour plan of care The person needs a 24-hour plan of care that does not require 24-hour direct supervision. Examples: The person:</p> <ul style="list-style-type: none"> • Can be safely left alone for short periods • Does not need staff awake at night • Lives in their own home with a live-in caregiver • Has access to a 24-hour emergency service that allows them to live in their own home • Uses informal and unpaid support from family and friends. <p>04 – Person requires 24-hour plan of care with awake supervision The person has overriding health care needs or behavior that is dangerous to themselves or others.</p> |

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| | <p>99 – Unknown You must justify this code in the notes section.</p> |
| <p>Field 38: Challenging (excess) behavior scales</p> | <p>This field describes a group of data items for recording challenging behaviors the person displays. Use clinical information and other observational information available to determine the appropriate code level on the screening document. Challenging behaviors are divided into 10 areas:</p> <ul style="list-style-type: none"> • Eating non-nutritive substances • Injurious to self • Aggressive, physical • Aggressive, verbal/gestural • Inappropriate sexual behavior • Property destruction • Runs away • Breaks law • Temper outbursts • Other. <p>Enter a code level for each of the 10 challenging behavior areas. Use the unknown (99) code level when the information is insufficient to make a valid assessment. You must justify this code in the notes section. To determine code levels, refer to Challenging Behavior Screening Rating Scale (PDF) and Definitions of Challenging Behaviors Scales (PDF).</p> |
| <p>Field 39: Level of care</p> | <p>Enter the code that describes the person’s assessed level of care (LOC).</p> <p>01 – Person meets ICF/DD LOC The person is at risk for placement in an intermediate care facility for persons with developmental disabilities (ICF/DD) if alternative services are not available, suitable or desired. For policy information, refer to CBSM – Level of care and Case Manager’s Guide to Determining ICF/DD Level of Care for ICF/DD and DD Waiver Services, DHS-4147A (PDF).</p> <p>02 – Person meets NF LOC The person meets nursing facility (NF) LOC, as determined by a MnCHOICES assessment, long-term care consultation (LTCC) assessment or preadmission screening. If the person meets both ICF/DD LOC and NF LOC, enter ICF/DD LOC into MMIS. Example: The person has overriding health care needs and does not need habilitation (refer to CBSM – Habilitation).</p> <p>03 – Person needs other services (SILS, PCA/CFSS or meets another level of care) The person needs other services, such as semi-independent living services (SILS), public health nursing services, home care services or Brain Injury – Neurobehavioral (BI-NB)/Community Alternative Care (CAC) waivers.</p> <p>04 – Person does not need services The person can live in their own home with typical informal supports (e.g., friends and family).</p> <p>99 – Unknown You must justify this code in the notes section.</p> |
| <p>Field 40: Informed</p> | <p>Indicate if the person or their legal representative was informed of all</p> |

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| choice | <p>program and service options:</p> <ul style="list-style-type: none"> • Y = Yes, informed of all choices • N = No, was not informed of all choices. <p>If the action type (field 24) is 01–03, 11 or 12, field 40 must be Y. If the person or their legal representative was not informed of choices and field 40 is N, the screening document will be rejected when submitted. For more information, refer to:</p> <ul style="list-style-type: none"> • CBSM – Support planning for long-term services and supports • CBSM – Guide to encouraging informed choice and discussing risk • DD Screening Document Codebook – Informed choice. |
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Fields 41-49: Support planning

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| Overview | <p>Support planning (fields 41-49) is when the assessor/case manager discusses the following with the person and their legal representative (if applicable):</p> <ul style="list-style-type: none"> • Program and service options • Funding that must be authorized to cover the chosen services • When the person plans to access services. |
| Field 41: Current services | <p>Enter the services the person receives as of the effective date (field 48). Enter up to 16 code numbers from the list to describe all current services the person receives. Only enter the number code. Do not enter the number and letter.</p> <p>Sometimes, there is more than one code for the same service when funding sources differ. Be sure to enter the code using the correct funding source.</p> <p>Example: Case management paid for/reimbursed as a waiver service is coded 01, but when other funding pays for case management, it is coded as 19.</p> <p>Service definitions</p> <p>For waiver services, refer to the applicable service pages in the Community-Based Services Manual (CBSM).</p> <p>19 – Case management</p> <p>This code refers to case management services that help the person access the waiver and state plan services they need, as well as medical, social, educational and other services, regardless of the funding source. This code can include all case management services except DD Waiver case management.</p> <p>26 – Temporary care – ICF/DD</p> <p>This code refers to services provided in a community ICF/DD for a time-limited period to the person if they are any age and require ICF/DD level of care.</p> <p>27 – Temporary care – Other</p> <p>This code could include respite care in a regional treatment center (RTC), hospital care, NF care, short-term stays (convalescent, temporary, emergency provisional and delirium care) and other services for the person’s short-term needs.</p> <p>28 – ICF/DD – Community</p> <p>This code refers to services in a residential facility licensed as a health care institution and certified by the Minnesota Department of Health</p> |

(MDH) to provide health or rehabilitative services to people with DD or related conditions that require active treatment.

30 – NF

This code refers to services in a facility or part of a facility licensed to provide nursing care for the person if they are unable to care for themselves properly.

31 – Board and lodging

This code refers to services in a community-based residence licensed by MDH to provide room and board and sometimes minimal care and supervision.

32 – Home care services (specify in notes)

This code refers to services that offer a range of medical care and support provided in the person's home and community. For more information, refer to [CBSM – Home care overview](#).

You must specify the services in the notes section.

33 – Other services (specify in notes)

This code could include county-funded services and programs.

You must specify the services in the notes section.

53 – RTC

This code refers to services in a state-operated regional treatment center (RTC).

34 – Home of immediate family

This code refers to when the person lives with their parents, siblings or spouse.

35 – Home of extended family

This code refers to when the person lives with a relative who is not their parent, sibling or spouse.

36 – Family residential setting

This code refers to when the person lives in a licensed family foster care setting where the license holder resides in the home. This type of setting can be licensed as an adult family foster care setting and/or a child family foster care setting.

38 – Community residential setting

This code refers to when the person lives in a licensed foster home in which the care and supervision of the person is provided by a license holder who does not reside in the setting. It includes the following settings:

- Community residential setting (CRS): A licensed residential setting that serves adults and where the license holder does not reside. This setting typically uses a shift-staff model of support (i.e., paid staff work shifts on a 24-hour basis). In this type of setting, at least one person receives community residential services funded by an HCBS waiver program.
- Child corporate foster care: A licensed residential setting that serves children and where the license holder does not reside. This setting typically uses a shift-staff model of support (i.e., paid staff work shifts on a 24-hour basis).

39 – Own home (unlicensed with less than 24-hour supervision)

This code refers to when the person lives in a home that is not licensed under any DHS or MDH rules and receives supervision and sometimes

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| | <p>support services for less than 24 hours per day. The person may have a 24-hour plan of care.</p> <p>40 – Own home (unlicensed with 24-hour supervision) This code refers to when the person lives in a home that is not licensed under any DHS or MDH rules and receives 24-hour supervision and sometimes support services.</p> <p>41 – Other residential (specify in notes) You must justify this code in the notes section.</p> <p>42 – Education This code refers to preschool through grade 12.</p> <p>43 – Adult education This code refers to any of the following:</p> <ul style="list-style-type: none"> • Community education • College or university • Community vocational college. <p>44 – Day training and habilitation (DT&H) – County-funded This code refers to services that help adults to develop and maintain life skills, participate in community life and engage in proactive and satisfying activities of their choosing.</p> <p>45 – Department of Employment and Economic Development (DEED)/Vocational Rehabilitation Services (VRS) extended employment (jobs and training) This code refers to work activity, long-term employment, community employment and competitive employment.</p> <p>46 – Other This code could include other vocational programs, non-vocational alternatives (e.g., services during the day, independent living skills [ILS]) or other options. You must justify this code in the notes section.</p> <p>56 – Moving Home Minnesota (MHM) This code refers to a federal grant program that creates opportunities for people to move from institutions to their own home in the community. For more information, refer to MHM Program Manual.</p> |
| <p>Field 42: Planned services</p> | <p>Enter the future services to describe all planned services the person will receive. Enter up to 16 code numbers from the list. For specific service descriptions, refer to field 41: current services.</p> <p>The person or their legal representative may select more than one planned service to be placed on various waiting lists.</p> <p>Example: A family may want waiver services but would accept Family Support Grant (FSG) program services (if available) until the person can receive waiver services. In this case, the person chooses both waiver services and FSG services and is placed on both waiting lists.</p> |
| <p>Field 43: DT&H service authorization level</p> | <p>Leave this field blank. The MMIS system will calculate this field automatically.</p> <p>There are three options for field 43:</p> <ul style="list-style-type: none"> • 01 – Intensive • 02 – Moderate • 03 – Minimal. |
| <p>Field 44: Waiver need index</p> | <p>Enter the person’s waiver need index in field 1:</p> <ul style="list-style-type: none"> • 001 = 0 – 12 months |

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| | <ul style="list-style-type: none"> • 002 = 13 – 36 months • 003 = 37+ months • 004 = Currently on the DD Waiver • 005 = Not requesting DD Waiver. <p>If you enter 001 in field 1, you must enter an urgency category in field 2:</p> <ul style="list-style-type: none"> • 006 = Institutional exit category • 007 = Immediate need category • 008 = Defined need category. <p>You must leave box 3 blank.</p> <p>During an assessment, the assessor must discuss with the eligible person or their legal representative how soon the person wants or needs to access DD Waiver services. The assessor should base this discussion on the person’s assessed needs and their support system. The assessor should not base the discussion on perceived waiting lists or anticipation of future waiver allocations. If the person needs DD Waiver services within 12 months and is being placed on a waiting list, county/tribal staff must complete the DD Waiver Waiting List Category Determination Tool, DHS-7209 (PDF) to determine the person’s waiting list category.</p> <p>This data will not prohibit the person from accessing the DD Waiver earlier than indicated in this field, nor does it ensure services will be offered within the desired timeframe. The assessor can update the value entered in field 44 at reassessment. Reassessments are conducted at least annually or upon request of the person or legal representative.</p> <p>Note</p> <p>Prior to April 30, 1999, field 44 first position was titled “preferred choice of county with valid value of 001 – 087.” Counties 001-005 (i.e., Aitkin, Anoka, Becker, Beltrami and Benton) will need to pay special attention to these fields because the majority of their screenings from before April 30, 1999, will already contain a valid code. Make sure you enter the correct waiver need index code and not a county code from a previous screening.</p> |
| <p>Field 45: Special support services needed</p> | <p>Enter whether the person receives each service:</p> <ul style="list-style-type: none"> • Y = Yes • N = No <p>The federal definition of a 24-hour plan of care requires the identification of all services the person will receive, including medical and other services. This field summarizes components of the 24-hour plan of care, as well as services already specified and detailed in the support plan For more information, refer to Definitions of Special Support Services (PDF).</p> |
| <p>Field 46: Final action planned</p> | <p>You must complete fields A, B and C.</p> <p>Enter the program, waiver or package of services the person or their legal representative chooses to receive. This may include the service(s) the person currently receives if they choose to continue receiving them. Field 46 should reflect the planned services in field 42.</p> <p>If the person is eligible to receive services, the person or their legal representative can choose whether to receive them.</p> <p>01 – Live at home with waiver services</p> <p>All of the following are true for the person:</p> <ul style="list-style-type: none"> • Currently receives services through any of the home and community-based services (HCBS) waivers |

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| | <ul style="list-style-type: none"> • Chooses to continue to receive existing services • Lives in their own home, family home or home of an extended family member. <p>02 – Live at home without waiver services The person lives at home without waiver services.</p> <p>03 – Live at home with Minnesota FSG services For information about FSG, refer to CBSM – FSG.</p> <p>04 – Live in community with waiver services All of the following are true for the person:</p> <ul style="list-style-type: none"> • Currently receives services through any of the HCBS waivers • Chooses to continue to receive existing services • Lives in a community setting (e.g., foster care). <p>05 – Live in community without waiver services but not in ICF/DD or NF The person lives in the community but not in an ICF/DD or NF.</p> <p>07 – Placement in ICF/DD – Community The person lives in a community-based program licensed to provide services to people with DD or related conditions.</p> <p>08 – Placement in NF The person is placed in an NF licensed under Minnesota Statutes, Chapter 144A and certified by the Minnesota Department of Health under Title XVIII or Title XIX of the Social Security Act.</p> <p>98 – Other (specify in notes) If field 46A (i.e., person/legal representative) is coded 01, 03, 04 or 08, then field 42 (i.e., planned services) must include case management either funded through waiver services (i.e., 01) or other sources (i.e., 19).</p> |
| <p>Field 47a: Assessment result</p> | <p>Enter the results of the assessment.</p> <p>04 – Waiver in The person is initially accessing or returning to the DD Waiver after a waiver exit.</p> <p>05 – Waiver out This action exits the person from the waiver. Example: The person is no longer financially eligible for the waiver.</p> <p>12 – Community without services The person lives independently with informal support (e.g., family or friends).</p> <p>14 – Community with services (not DD Waiver) The person is accessing programs/services such as:</p> <ul style="list-style-type: none"> • Semi-independent living services (SILS) • Community Access for Disability Inclusion (CADI) Waiver • Home care services. <p>15 – Remain in community with DD Waiver The person remains on the DD Waiver at reassessment.</p> <p>16 – Facility stay The person is seeking admission to an ICF/DD, NF, hospital or institution for mental disease (IMD).</p> <p>18 – Restart waiver The person is seeking to reopen the DD Waiver and return to the community after a stay in one of the following facilities:</p> |

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| | <ul style="list-style-type: none"> • Acute hospital. • Rule 31 program setting (chemical dependency/substance use disorder [SUD] services). • Rule 36 program setting (mental health/intensive residential treatment services [IRTS]). • Psychiatric residential treatment facility (PRTF). • Institution for mental disease (IMD). • Community behavioral health hospital (CBHH). • Children’s residential facility (CRF). • Nursing facility. <p>Note: People who are admitted to certain settings for 121 or fewer days and were receiving DD Waiver services before admission may return to the DD Waiver without an assessment, as long as the person’s annual reassessment would not have otherwise been due during the admission. In that situation, lead agencies must complete an assessment to reopen the person to the DD Waiver. For more information, refer to CBSM – Temporary waiver exits and restarts: MMIS actions.</p> |
| Field 47b: Exit reason | <p>Use this field only when field 47a is coded as 05 (i.e., waiver out) to indicate the reason the person is exiting the DD waiver. For waiver exits, do not alter fields 26-45 in MMIS.</p> <p>07 – Exit – Relocation out of state For more information, refer to DD Screening Document Codebook – Exits – Relocation out of state.</p> <p>08 – Exit – Death For more information, refer to DD Screening Document Codebook – Exits – Death.</p> <p>09 – Exit – No longer financially eligible For more information, refer to DD Screening Document Codebook – Exits – No longer financially eligible.</p> <p>10 – Exit – Other (specify) You must justify this code in the notes section. For more information, refer to DD Screening Document Codebook – Exits – Other Example: The person changes waiver programs. To access another waiver program, you must first complete an exit document.</p> <p>12 – Community without services The person lives independently with informal support (e.g., family or friends).</p> <p>14 – Community with services (not DD Waiver) The person is accessing programs/services such as:</p> <ul style="list-style-type: none"> • Semi-independent living services (SILS) • Community Access for Disability Inclusion (CADI) Waiver • Home care services. <p>16 – Facility stay The person is seeking admission to an ICF/DD, NF, hospital or IMD.</p> <p>17 – Temp waiver exit The person is exiting the DD Waiver but expects to return to the DD Waiver within 121 days.</p> |
| Field 48: Effective date | Enter the date the county/tribal nation takes action on the assessment result or exit reason. The effective date must correlate with fields 47a and |

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| | 47b. This date begins, extends and closes the eligibility span for authorized services. |
| Field 49: Current Medicaid services program | <p>Field 49 is the type of Medicaid service funding the person will use as of the effective date in field 48. This reflects the current Medicaid service program that will reimburse services, if any, listed below. Field 49 should reflect the current services in field 41.</p> <p>00 – Person not receiving the following services (01–05) The person receives services other than what is listed below.</p> <p>01 – DD diversion The person either:</p> <ul style="list-style-type: none"> • Receives waiver services and is not residing in an ICF/DD at the time of screening for waiver services • Resides in an ICF/DD, but a bed is not being decertified and the person is going to start waiver services. <p>02 – DD conversion The person from an existing ICF/DD receives waiver services, and an ICF/DD bed is decertified and removed from the ICF/DD system.</p> <p>04 – ICF/DD (MA) The person uses an ICF/DD, an MA-funded program licensed to provide services to people with developmental disabilities or related conditions.</p> <p>05 – NF The person lives in a facility licensed under Minnesota Statutes, Chapter 144A and certified by the Minnesota Department of Health under Title XVIII or Title XIX of the Social Security Act.</p> <p>06 – Not applicable Examples: The person is:</p> <ul style="list-style-type: none"> • Not eligible for services • Exiting MA |

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Field 50: For county use only

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| Field 50: For county/tribal nation use only | <p>Enter any codes your county/tribal nation has determined for comments or notes to collect information data for planning purposes. You may leave this field blank.</p> <p>Field 50 has three boxes on the screening document that are for the county/tribal nation to collect pre-determined information and data for planning purposes. The Waiver Management System (WMS) can then reflect that information and data for planning purposes (refer to CBSM – WMS). WMS has a sort function for planning codes entered into the screening document.</p> <p>The county/tribal nation decides if and how to use the boxes. Each county/tribal nation can determine the codes it will use. Once the county/tribal nation decides to use a specific code, each assessor/case manager should start using the code(s) any time they complete a screening document. These codes, depending on their specific definitions, must be used for current and potential recipients of the DD Waiver.</p> <p>Implementing codes To implement specific codes on the screening document and in the WMS:</p> <ol style="list-style-type: none"> 1. Determine what information the county/tribal nation would like to track. Some common information needs are year of high school graduation, |
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| | <p>whether a person has a positive behavioral support plan, mental health diagnosis, psychotropic medication use, elderly caregiver or people age 55 or older.</p> <p>2. Determine:</p> <ul style="list-style-type: none"> • What numerical or letter code to use for each information area (Note: A county/tribal nation might make codes readily identifiable. For example, code 07 means a person graduated in 2007, or code 55 means a person is age 55 or older.) • Which box that code will be used in. <p>3. Ensure certified assessor/case managers:</p> <ul style="list-style-type: none"> • Know what codes are being used • Know how to use those codes on the screening document. <p>Certified assessor/case managers must put applicable codes on the screening document for this data to be accurate and comprehensive. These codes must be on all applicable screening documents in the county/tribal nation to get accurate data numbers through the WMS.</p> |
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Other

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| <p>Required signatures</p> | <p>MnCHOICES When using MnCHOICES, you do not need signatures on the DD Screening Document. MnCHOICES maintains an electronic copy of the DD Screening Document, and you collect signatures on the Long-Term Services and Supports Assessment and Program Information and Signature Sheet, DHS-2727 (PDF).</p> <p>Legacy DD screening document Signatures are required when using the legacy DD Screening Document. The following people must sign the document:</p> <ul style="list-style-type: none"> • Case manager • QDDP • Person or their legal representative. <p>Signatures indicate agreement with the level of care, current services and planned services before the document is sent to DHS for review and authorization of Medical Assistance funding. The signature of the person/legal representative also indicates they have made an informed choice of preferences (refer to field 40). If the case manager is qualified and acting as QDDP, the case manager must also sign the QDDP line. The signatures of the case manager, QDDP, person and legal representative are only indicated in MMIS. You do not need to submit the paper document to DHS.</p> <p>Record-keeping The county/tribal nation maintains the paper document with the signatures. Counties/tribal nations are not required to maintain paper copies of other screening activity that do not contain signatures. The paper documents are required for audits or federal review of waiver services. The signed paper document also may be necessary during a conciliation conference or an appeal.</p> |
| <p>Time-limited field (Time Ltd Pmt)</p> | <p>The county/tribal nation codes this field as Y for yes, if applicable, or N for no. If the authorization is time-limited, the county/tribal nation must conduct a new</p> |

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| | assessment or OBRA Level II evaluative report within the specified time period. |
| Payment authorized (Pmt Authorized) | <p>The county/tribal nation uses this field to indicate the type of service it is authorizing.</p> <p>Payment type 01 Use this payment type when the person is starting or continuing on DD diversion/conversion, or when the person will reside or currently resides in an ICF/DD.</p> <p>Payment type 02 Use this payment type when the person is starting or continuing regional treatment services (RTC).</p> <p>Payment type 04 Use this payment type when the person is entering or currently residing in an NF.</p> <p>Payment type 05 Use this payment type when the person is not eligible for the above payment types. Counties/tribal nations often use this payment type with SILS.</p> <p>Payment type 06 Use this payment type when the person is accessing other supports not listed above (e.g., PCA, other waivers [BI, CAC, CADI, EW], Rule 185 case management, FSG).</p> <p>Payment type 07 Use this payment type when the person is not requesting services.</p> |
| DHS field completion | <p>Online fields completed by DHS Online fields completed by DHS are found on the ADD4 and ADD1 screen of the MMIS DD screening document system. The commissioner's designee, through their personal authorization code and password, completes these fields. The designee is a designated staff member of the DHS Disability Services Division (DSD).</p> <p>DHS-approved current field (DHS App Curr) The commissioner's designee must complete this field to approve DD screening documents. Completion of this field indicates the commissioner's review of the current service plan as summarized on the screening document.</p> <p>DHS-approved planned field (DHS App Planned) The commissioner's designee must complete this field to approve DD screening documents. Completion of this field indicates the commissioner's review of the planned service plan as summarized on the screening document.</p> <p>DHS comments The commissioner's designee codes this field as Y when communication to the certified assessor/case manager is necessary. Please review comments from the designee and take any appropriate action for the document approval process to be completed.</p> <p>Override location The ADD1 screen in MMIS allows a screening document to be routed to a specific location. The county/tribal nation should never enter a value in this location unless:</p> <ul style="list-style-type: none"> • There is not a CFR listed – in this case, enter 500 |

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| | <ul style="list-style-type: none">Specifically instructed to do so by DSD staff – in this case, use the specific location given to you by the DSD staff member instructing you to enter a value in the override location for this screening document. <p>When a COR completes a MnCHOICES assessment for the CFR, refer to CBSM – Process and procedure: When a COR completes a MnCHOICES assessment for the CFR and CBSM – Minnesota county codes.</p> |
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