

Documents for long-term services and supports (LTSS) assessment, eligibility and support planning

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This page provides information about required documents for some LTSS programs and services. Certified assessors, case managers and care coordinators use this page to understand when and how to use these documents with MnCHOICES.

Use the following links to move to a document category:

- [Application documents.](#)
- [Assessment documents.](#)
- [Supporting documents.](#)
- [Financial determination of eligibility documents.](#)
- [Support planning documents.](#)
- [MMIS and billing documents.](#)
- [Appeals documents.](#)
- [Other documents.](#)

Note: If a document is no longer used with MnCHOICES, the certified assessor can use it as a reference tool. Assessors, case managers and care coordinators must reference assessment and support planning guidance documents in the MnCHOICES help center.

For information about documents in MnCHOICES, refer to [CBSM – Documents produced within the MnCHOICES application.](#)

Acronyms on this page

This page includes the following acronyms:

- Alternative Care (AC).
- Brain Injury (BI) Waiver.
- Brain Injury – Neurobehavioral (BI-NB).
- Community Alternative Care (CAC) Waiver.
- Community Access for Disability Inclusion (CADI) Waiver.
- Community First Services and Supports (CFSS).
- Developmental Disabilities (DD) Waiver.
- Elderly Waiver (EW).
- Essential Community Supports (ECS).
- Minnesota Senior Care Plus (MSC+).
- Minnesota Senior Health Options (MSHO).
- Special Needs BasicCare (SNBC).

Application documents

Supplemental document name	Used with legacy assessment processes?	Used with legacy health risk assessment?	Used for CFSS? (limited use ONLY for specific contracted agencies)	Used with MnCHOICES?	Attach in MnCHOICES?
Application for Social Services, DHS-2140	No	No	No	Yes, continue to use this form or	No

(PDF) or lead-agency-developed form				equivalent form to apply for Rule 185 case management	
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[Back to top](#)

Assessment documents

Supplemental document name	Used with legacy assessment processes?	Used with legacy health risk assessment?	Used for CFSS? (limited use ONLY for specific contracted agencies)	Used with MnCHOICES?	Attach in MnCHOICES?
Mini-Cog Instructions for Admission and Scoring, DHS-3428M (PDF)	Yes, for AC, EW, BI, CAC and CADI, when applicable	No	No	Yes, when applicable and in conjunction with assessment content	When required, attach to the person record
CFSS Assessment, DHS-6893A	No	No	Yes	No, may use as a guide when assessing and authorizing requests for 45-day temporary start of service or temporary increase over the phone	No
Instructions for CFSS Assessment, DHS-6893A	No	No	Yes	No, may use as a guide when assessing and authorizing requests for 45-day temporary start of service or temporary increase over the phone	No
Caregiver Questionnaire, DHS-6914 (PDF)	Yes, when applicable	Yes, when applicable	No	Yes, when applicable	Yes, attach to the person record

Medication list (lead agency-developed document)	Yes, for AC, BI, CAC, CADI and EW, when applicable	Yes, when applicable	Yes, when applicable	Yes, when available	When required, attach to the person record
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[Back to top](#)

Supporting documents

Supplemental document name	Used with legacy assessment processes?	Used with legacy health risk assessment?	Used for CFSS? (limited use ONLY for specific contracted agencies)	Used with MnCHOICES?	Attach in MnCHOICES?
AC, BI, CADI, EW Case Mix Classification Worksheet, DHS-3428B (PDF)	Yes, for AC, BI, CAC, CADI and EW	No	No	No, components are built into MnCHOICES	No
MnCHOICES Primary Medical Provider's Documentation of Medical Monitoring and Treatment Needs, DHS-7096	Yes, for CAC	No	No	Yes, for CAC	When applicable, attach to the person record
BI Waiver Assessment and Eligibility Determination, DHS-3471 (PDF), Instructions/Worksheet, DHS-3471A (PDF) and BI Waiver Eligibility and Documentation Checklist, DHS-3471B (PDF)	Yes, for BI	No	No	No, components are built into MnCHOICES	No

Case Manager's Guide to Determining ICF/DD Level of Care for ICF/DD and DD Waiver Services, DHS-4147A (PDF) and Instructions, DHS-4147B (PDF)	Yes, for DD	No	No	No, components are built into MnCHOICES	No
CFSS Home Care Rating/Units Reference Tool, DHS-6893H (PDF)	No	No	Yes	No, components are built into MnCHOICES	No
OBRA Level I Criteria – Screening for Developmental Disabilities or Mental Illness, DHS-3426	Yes, for AC, BI, CAC, CADI, DD and EW	Yes, for nursing facility admit only	No	No, form exists within MnCHOICES	No
Physician letter of medical necessity (refer to CBSM – Instructions for completing physician letter of medical necessity for the BI-NB Waiver)	Yes, for BI-NB	No	No	Yes, for BI-NB	When applicable, attach to person record
Related Conditions Checklist, DHS-3848 (PDF) and Instructions, DHS-3848A (PDF)	Yes, for DD, when applicable	No	No	Yes, for DD, when applicable	When applicable, attach to person record

[Back to top](#)

Financial determination of eligibility documents

Supplemental document name	Used with legacy assessment processes?	Used with legacy health risk assessment?	Used for CFSS? (limited use ONLY for specific contracted agencies)	Used with MnCHOICES?	Attach in MnCHOICES?
LTC: Communication of LTSS Eligibility	Yes	Yes, for nursing facility admit only	No	Yes	No

Form, DHS-5181					
Request for Payment of Long-Term Care Services, DHS-3543 (PDF)	Yes	Yes, for nursing facility admit only	No	Yes	No
AC Program Eligibility Worksheet, DHS-2630 (PDF) or AC Program Eligibility Worksheet Type A, DHS-2630A (PDF)	Yes, for AC	No	No	Yes, for AC	Yes
AC Program Estate Recovery Information, DHS-5186 (PDF)	Yes, for AC	No	No	Yes, for AC	No
AC Program Client Disclosure Form, DHS-3548	Yes, for AC	No	No	Yes, for AC	No
Essential Community Supports (ECS) Financial Eligibility Worksheet, DHS-6683 (PDF) or ECS Program Eligibility Worksheet for a Married Individual When Only One Spouse Requests Services, DHS-6683A (PDF)	Yes, for ECS	No	No	Yes, for ECS	Yes
ECS Financial Disclosure Form, DHS-6826	Yes, for ECS	No	No	Yes, for ECS	No
About the MnCHOICES documents you are receiving, DHS-6791K (PDF)	No	No	No	Yes, as applicable for both assessment and support plan	No

[Back to top](#)

Support planning documents

For information about roles and the support planning process, refer to [CBSM – Support planning for LTSS](#).

Supplemental document name	Used with legacy assessment processes?	Used with legacy health risk assessment?	Used for CFSS? (limited use ONLY for specific contracted agencies)	Used with MnCHOICES?	Who completes?	Attach in MnCHOICES?
Emergency Back-Up Plan (PDF) (resource that describes components)	Yes	No	No	No	Not applicable	No
Individual Community Living Support (ICLS) Planning Form, DHS-3751	Yes, for AC, EW	No	No	Yes	Case manager or care coordinator	Yes, attach to person record

[Back to top](#)

MMIS and billing documents

Lead agencies create the LTC and/or the DD screening document through MnCHOICES. Lead agencies can use [LTC Screening Document, DHS-3427 \(PDF\)](#) or [DD Screening Document, DHS-3067](#) for reference. For changes not related to an assessment, lead agencies should use DHS-3427 or DHS-3067 for updates as needed. For more information, refer to [Instructions for Completing and Entering the LTCC Screening Document and Service Agreement into MMIS, DHS-4625 \(PDF\)](#) or the [DD Screening Document Codebook](#).

Supplemental document name	Used with legacy assessment processes?	Used with legacy health risk assessment?	Used for CFSS? (limited use ONLY for specific contracted agencies)	Used with MnCHOICES?	Attach in MnCHOICES?
DD Screening Document, DHS-3067	Yes, for DD	No	No	No, built into MnCHOICES Note: Users access this document for administrative changes made outside of MnCHOICES.	No
LTC Screening Document – AC, BI,	Yes, for AC, BI, CAC, CADI, ECS	No	No	No, built into MnCHOICES	No

CAC, CADI, ECS, EW, MHM, MSC+, MSHO, SNBC, DHS-3427 (PDF)	and EW			Note: Users access this document for administrative changes made outside of MnCHOICES.	
Service Agreement, DHS-3070 (PDF)	Yes, for fee-for-service AC, BI, CAC, CADI, DD, ECS and EW	No	No	No, built into MnCHOICES Note: Counties and tribal nations use this document for reference only.	No

[Back to top](#)

Appeals documents

Supplemental document name	Used with legacy assessment processes?	Used with legacy health risk assessment?	Used for CFSS? (limited use ONLY for specific contracted agencies)	Used with MnCHOICES?	Attach in MnCHOICES?
State Agency Appeals Summary, DHS-0035 (PDF)	Yes, by counties and tribal nations for AC, BI, CAC, CADI, DD, ECS and EW	No	Yes	Yes, by counties and tribal nations for AC, BI, CAC, CADI, DD, ECS and EW	No
Appeal Summary for Long-Term Services and Supports, DHS-6807 (PDF)	Yes, by counties and tribal nations for AC, BI, CAC, CADI, DD, ECS and EW	No	Yes	Yes, by counties and tribal nations for AC, BI, CAC, CADI, DD, ECS and EW	No
LTSS Notice of Action (Assessments and Reassessments), DHS-2828A Note: For information about when it is appropriate to use this form, refer to CBSM – Notice of action .	Yes, by counties and tribal nations for AC, BI, CAC, CADI, DD, ECS and EW	No	Yes	Yes, by counties and tribal nations for AC, BI, CAC, CADI, DD, ECS, EW Note: Users access this document for administrative changes made outside of MnCHOICES.	Yes, when completed outside of MnCHOICES
LTSS Notice of Action (Service Plan), DHS-2828B	Yes, by counties and tribal nations for AC, BI, CAC, CADI,	No	Yes	Yes, by counties and tribal nations for AC, BI, CAC, CADI,	Yes

Note: For information about when it is appropriate to use this form, refer to CBSM – Notice of action .	DD, ECS and EW			DD, ECS and EW	
Your Appeals Rights, DHS-1941 (PDF) or lead-agency-developed form	Yes	No	Yes	Yes	No

[Back to top](#)

Other documents

Supplemental document name	Used with legacy assessment processes?	Used with legacy health risk assessment?	Used for CFSS? (limited use ONLY for specific contracted agencies)	Used with MnCHOICES?	Attach in MnCHOICES?
MnCHOICES Assessment Summary Worksheet, DHS-6791A (PDF)	Yes	No	No	Yes	Yes
MnCHOICES Reassessment Communication Form, DHS-6791E and Instructions, DHS-6791F (PDF)	Yes	Yes	No	Yes	No
OBRA Level II evaluative report for people with developmental disabilities or related conditions, DHS-4248 (PDF)	If applicable, nursing facility admit only	If applicable, nursing facility admit only	If applicable, lead agency staff complete for nursing facility admit only	Yes, nursing facility admit only	No
Pre-Admission Screening and Resident Review (PASRR) Level II Mental Health Tool	If applicable, nursing facility admit only	If applicable, nursing facility admit only	If applicable, lead agency staff complete for nursing facility admit only	Yes, nursing facility admit only	No

Recommendation for State Plan Home Care Services, DHS-5841 (for people using MSHO, MSC+, SNBC or Families and Children only)	Yes	Yes	No	Yes	No
Notice of Privacy Practices, DHS-3979 (PDF) or lead-agency-developed form	Yes	Yes	Yes	Yes	No
MnCHOICES Lead Agency Transfer and Communication Form, DHS-6037 (PDF)	Yes	Yes	No	Yes	No
Informed consent to share/release information (lead agency-developed document)	Yes	Yes	Yes	Yes	No
Notice of Privacy Practices and Notice of Rights and Responsibilities, DHS-4839E or lead-agency-developed document	Yes	Yes	Yes	Yes	No
Minnesota Abuse Reporting Center Brochure, DHS-6778E (PDF)	Yes	Yes, as applicable	Yes, as applicable	Yes, required for all assessments for DD Waiver As applicable for all other waivers/programs	No
I Know Me: Creating The Best Home For Me, DHS-6803A (PDF)	No	Yes, as applicable	Yes, as applicable	Yes, as applicable	No
What Does Person Centered Mean For Me, DHS-6803 (PDF)	No	Yes, as applicable	Yes, as applicable	Yes, as applicable	No

EW Conversion Rate Request, DHS-3956 (PDF)	Yes, for EW, as applicable	No	No	Yes, for EW, as applicable	Yes
AC/EW PCA/CFSS Enhanced Rate Budget Exception Request, DHS-8243 (PDF)	Yes, for AC/EW, as applicable	No	No	Yes, for AC/EW, as applicable	Yes

Additional resources

For information about documents in MnCHOICES, refer to [CBSM – Documents produced within the MnCHOICES application](#).

For service-specific required forms, refer to:

- [CBSM – Caregiver living expenses](#).
- [CBSM – Environmental accessibility adaptations \(EAA\) – home and vehicle modifications](#).
- [CBSM – EAA additional square footage](#).
- [CBSM – EW conversion rates](#).
- [CBSM – Host county notification](#).
- [CBSM – Individual community living supports \(ICLS\)](#).
- [CBSM – Monitoring technology usage](#).
- [CBSM – Waiver/AC reimbursement for unforeseen circumstances](#).
- [CDCS Policy Manual](#).
- [CFSS Manual – PCA, CFSS and CSG enhanced rate/budget](#).

For program/service information, refer to:

- [CBSM – AC](#).
- [CBSM – BI Waiver](#).
- [CBSM – CAC Waiver](#).
- [CBSM – CADI Waiver](#).
- [CBSM – DD Waiver](#).
- [CBSM – ECS](#).
- [CBSM – EW](#).
- [CBSM – LTCC](#).
- [CBSM – MnCHOICES](#).
- [CFSS Policy Manual](#).