

FAMILY INVOLVEMENT INQUIRY

Minnesota Rules, part 2960.0070, subpart 5(D)

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REQUIRED INQUIRY AND DOCUMENTATION

Rule 2960.0070, subpart 5(D): Document inquiries and the results regarding the degree to which the resident's family desires to be involved during the resident's stay. Document both the resident's response and the resident's family response.

(OPTIONAL) Related requirement - Rule 2960.0080, subpart 19: If family involvement is a case-plan goal, list procedures and program plans that facilitate involvement of the family or another concerned adult.

Instructions: Ask the resident and family separately when possible. Record each response without assuming agreement. If the family cannot be reached, document contact attempts and the follow-up plan.

1 RESIDENT AND INQUIRY INFORMATION

RESIDENT FULL NAME

RESIDENT ID

ADMISSION DATE

ADMISSION TIME

INQUIRY DATE

INQUIRY TIME

STAFF INITIALS

2 FAMILY MEMBER / CONCERNED ADULT CONTACTED

NAME

RELATIONSHIP TO RESIDENT

PHONE / EMAIL

CONTACT METHOD

DATE / TIME CONTACTED

Contact status

☒ Reached

☐ Not reached

☐ Declined to respond

3 RESIDENT INQUIRY AND RESPONSE

According to the resident, what degree of family involvement is desired during the resident's stay at the facility?

☒ None

☐ Limited

☐ Moderate

☐ Extensive

☐ Unsure

Types of involvement desired by the resident

☐ Telephone / video contact

☐ In-person visits

☐ Case / treatment planning

☐ Family counseling

☐ Education planning

☐ Medical / service coordination

☐ Discharge / transition planning

☐ Other

RESIDENT'S RESPONSE - DESIRED INVOLVEMENT, PREFERENCES, CONCERNS, AND REASONS

PREFERRED PEOPLE, FREQUENCY, SCHEDULE, CONTACT METHODS, OR ACCOMMODATIONS

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4 FAMILY INQUIRY AND RESPONSE

What degree of involvement does the resident's family desire during the resident's stay at the facility?

☐ None

☐ Limited

☐ Moderate

☐ Extensive

☐ Unsure

Types of involvement desired by the family

☐ Telephone / video contact

☐ In-person visits

☐ Case / treatment planning

☐ Family counseling

☐ Education planning

☐ Medical / service coordination

☐ Discharge / transition planning

☐ Other

FAMILY RESPONSE - DESIRED INVOLVEMENT, PREFERENCES, CONCERNS, AND REASONS

PREFERRED FREQUENCY, SCHEDULE, CONTACT METHODS, OR ACCOMMODATIONS

IF NOT REACHED OR RESPONSE DECLINED: CONTACT ATTEMPTS, RESULTS, AND FOLLOW-UP PLAN

5 CASE PLAN, LIMITATIONS, AND IMPLEMENTATION

Is family involvement a goal in the resident's case plan?

☐ Yes

☐ No

☐ Not yet known

Applicable limitations or considerations

☐ None identified

☐ Court order

☐ Case plan

☐ Other

PROCEDURES AND PROGRAM PLANS TO FACILITATE INVOLVEMENT, INCLUDING ANY LIMITATIONS

RESPONSIBLE STAFF

PLANNED START DATE

REVIEW / FOLLOW-UP DATE

6 COMPLETION

STAFF MEMBER - PRINTED NAME / TITLE

SIGNATURE / ELECTRONIC SIGNATURE

DATE