

## MSSP Reassessment Summary

<b>MSSP Site</b>	
<b>Participant Name</b>	
<b>MSSP Number</b>	
<b>Staff Code</b>	
<b>Date of Reassessment</b>	
<b>Staff Signature/Title</b>	

These are general guidelines: include only information which is pertinent to develop and support a care plan. Focus on significant changes since the last assessment and addressing the current status of participant need statements. It is not necessary to include information in more than one section of the summary. Place it where it has the most relevance.

1. **Participant Description:** (Age, living arrangement, physical appearance, and presentation).
  
2. **Health:** (Diagnosis: changes in general health status, health practices, medical compliance, nutrition, physical activity, continence, problematic signs or symptoms, frequency and adequacy of health care).





9.     **Abuse:** (Evidence of abuse, neglect, or exploitation since last assessment).
  
  
  
  
  
  
  
  
  
  
10.    **Finances:** (Changes in benefits, ability to manage own affairs, problematic expenses, indication of mismanagement).
  
  
  
  
  
  
  
  
  
  
11.    **Services:** (Changes in purchased and/or referred services, and services refused).
  
  
  
  
  
  
  
  
  
  
12.    **Participant Concerns:** (Changes in what the participant and family want from MSSP).

13. **Indications for Care Management:**

14. **Care Plan:** (Ensure the care plan is adequate and appropriate to address the participant’s changing needs and personal goals. List any changes to the care plan. Review the status of any ongoing participant need statements not already addressed above. NOTE: This section is intended to replace the progress note for the month of reassessment, so it is important that all participant need statements are addressed within the reassessment. If there are no changes and all participant needs statements have been covered, it is acceptable to write N/A).

**Updated Participant Needs List:**