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| --- | --- |
| Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Admit Date: \_\_\_\_\_\_\_\_\_ |

# Initial Assessment Visit

* Schedule initial assessment in Client shift calendar
* Complete Service Plan including IMMP and ITP and obtain Client/Responsible Party signature
* Review “Client Handbook” and leave a copy with the client
* If client has given photo consent then obtain photo for CC
* Complete ClearCare Client Profile and Demographics:
	+ Name
	+ Address
	+ DOB
	+ Phone number
	+ Email address
	+ Location tag
	+ Include in Note Section:
		1. Admit Date
		2. Date of Birth
		3. Essential vs. Non-essential Services
		4. Staffing contact
		5. Specific instructions including lock box code, door / garage code needed for home entry instructions
* Confirm and Document Client’s contacts
	+ Physician
	+ Emergency Contacts: including email
	+ Preferred Hospital
	+ Pharmacy
	+ Any Home Care or DME Providers
	+ Link family to family room
	+ Indicate who is payer and emergency contact
* Complete SOC Comprehensive System review
	+ Upload to ClearCare
* Document Assessment Results in Clear Care:
	+ Match Criteria: include if services are essential or non-essential: If transportation is needed or errands only
	+ Care needs
	+ Advanced Directives
	+ ADLs includes Vulnerabilities and Medication Assessment: Competency Instruction Sheets: cut and pasted into the notes section of the assessment.
	+ IDLs
	+ Allergies
	+ ICD 10 code for primary diagnoses
	+ Any other applicable sections
* Complete Medication Section in Clear Care:
	+ A RN must conduct a face-to-face client assessment to determine what medication management services will be provided and how those services will be provided. This is typically a part of the Comprehensive Assessment.
	+ The home care provider must prepare and include in the Service Plan a written statement of the medication management services that will be provided to the client. This will be documented on the "Individualized Medication Management Plan" (IMMP) on the client Service Plan.
	+ If Recover Care is setting up medications, follow Medication Setup Process
	+ RN to document the results of the medication assessment in ClearCare
* Complete Home/Safety Assessment and document in Clear Care
	+ Include in bedroom if side rail/transfer pole is present then follow side rail/transfer pole process
* Once ClearCare Documentation is complete, save final version (bottom of Assessment) as Initial Comprehensive Assessmente
* Obtain Service Deposit and submit to Office Specialist
* Discuss Recurring Payment Authorization / Credit Card and complete paperwork, as necessary. Submit to Office Specialist.
* Entering Initial Assessment Note with the following information:
	+ Who was present at the assessment?
	+ Where was the client referred from (or discharged)?
	+ What is the client’s primary diagnoses / reason for services?
	+ Indicate you have reviewed the health assessment
	+ Indicate you reviewed the IMMP / ITP as part of the service plan
	+ Describe the various support resources internal and external (family, neighbors, organizations, etc.)
	+ Indicate if client is utilizing bedrails
	+ Indicate client / representative had the opportunity to participate in the creation of the Service Plan
	+ Summarize the plan for service offerings
* HHA Competencies
	+ Ensure any client competencies, outside the scope of general HHA orientation are reviewed with HHA staff and put in physical chart in the home
	+ Copy and paste instructions into tasks in Care Plan
* Add Client to MDH Roster in Shared Files Drive
* Schedule 14 Day Monitoring Visit Task in Clear Care with due date of 10 days after SOC
* Schedule 90-Day Monitoring Visit Task in ClearCare with due date of 10 Weeks after 14-day visit
* Communicate to Internal Team the anticipated schedule and any client details:
	+ Subject Line: “SOC Assessment – New Client Details: CLIENT NAME”
	+ Email must include:
		- Service Plan Attachment
		- SOC Date
		- Service Type (HHA, Homemaker, HHA Visit, etc.)
		- Schedule and Frequency of Care
		- Care specifics (male or female caregiver, Smoker, pets, care level, if vaccinated caregiver is needed, if caregiver needs to transport client)