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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)