

Member's Info:

Member's Name:	Member's Medicaid ID #:
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Risk Factors:

Has a hospitalization occurred within the past 6 months? Yes No If so, what date(s):	If So, What type of stay (please check the appropriate box): <table border="1" style="width:100%"> <tr> <td style="width:50%">Inpatient Psychiatric Hospitalization</td> <td style="width:50%">Inpatient Medical Hospitalization</td> </tr> <tr> <td>Detoxification</td> <td>Residential Rehabilitation</td> </tr> <tr> <td colspan="2">Emergency Room Observation</td> </tr> </table>	Inpatient Psychiatric Hospitalization	Inpatient Medical Hospitalization	Detoxification	Residential Rehabilitation	Emergency Room Observation	
Inpatient Psychiatric Hospitalization	Inpatient Medical Hospitalization						
Detoxification	Residential Rehabilitation						
Emergency Room Observation							
Precipitant and Outcomes of the hospitalization:							

Member's Strengths and Supports: (check those which apply)

Member can independently perform:	Yes	No
ADLs/iADLs/Other:		
Hygiene: Bathing/Grooming Toileting		Mobility
Cook/Microwave Meals Access Transportation		Exercise
Pay Bills Clean Home/Apt Grocery Shop		
Pick up Medications @ pharmacy Attend MD Appointments		
Other:		

Current Outpatient Treatment and Community Supports in Place:			
School/Job	AA/NA Meetings	Volunteer Work	Religious Services
Social Clubs	Adult Day Care	Outpatient Treatment (IOP/PHP)	
Home Health Aide	Residential Staff	Religious Leaders	Family
Friends	CCAR	NAMI	VO ICM/PEER

What is the member's current living situation:

Does the member live alone?	Yes	No
Does the member have a Home Health Aide/PCA?	Yes	No
What are the barriers to having available supports assist with med administration?		

Residential Care/Group Home Situation:

Does home have medication certified staff?	Yes	No
If so, are they available on all shifts, 7 days per week?	Yes	No
If yes, why is RN involved in medication administration?		

Rationale for Home Health Services

Please check off the box that most closely describes primary reason for medication administration services:

Psychotic/Disorganized Thinking/Disorientation	Suicidal Ideation/Hoarding/Stockpiling Behaviors	Memory Deficit/Forgetfulness
Resistance to Taking Meds (ie: denial of illness, paranoia, cheeking behaviors)	Cognitive Disorder/Mental Retardation/PDD/Asperger's	Misuse of Prescribed Medication

What is preventing member from self administering medications? As evidenced by? Please include current symptomatology:

Independence Testing/Skills Transfer:

Is the member currently taking any pre-poured medications?	Yes	No					
If so, what is the current rate of compliance with these pre-pours:		N/A	0%	25-50%	50-75%	75-100%	

What are you doing to help increase this member's confidence and motivation with regards to self administration of medications?

Date of last independence test AND results:	If member was not successful with independence test, what is the identified barrier?
	How will these barriers be addressed within the next 60 days in the plan of care?

Recovery Goals/Interventions:

What is the recovery goal for this certification period? (eg: ADLs, IADLs, Diet, Exercise, Self-Care, Increased Community Supports, etc.)

How will you help the member meet this goal over the next 60 days?