

Client ID _____ Initial Assess. Date _____

Care Manager _____ Review Date _____

Area Agency on Aging _____ SUA Reviewer _____

ASSESSMENT

Assessed Area	Yes	No	N/A	Comments
1. File Contains Assessment: <i>§81-2231.2; Title 15 NAC 2.006.05</i>	Yes	No	N/A	
2. Each assessment area is completed:	Yes	No	N/A	
Basic Information:	Yes	No	N/A	
Support:	Yes	No	N/A	
Health Status:	Yes	No	N/A	
Meds/Equipment:	Yes	No	N/A	
Health Rating:	Yes	No	N/A	
Cognitive (SLUMS):	Yes	No	N/A	
Mental health sect. scored:	Yes	No	N/A	
Legal Information:	Yes	No	N/A	
Nutrition sect. scored:	Yes	No	N/A	
File has ADL'S completed:	Yes	No	N/A	
Housing:	Yes	No	N/A	
Financial:	Yes	No	N/A	

CARE PLAN

Assessed Area	Yes	No	N/A	Comments
3. File has required care plan: §81-2231.3; Title 15 NAC 2.006.06A	Yes	No	N/A	
Care Plan addresses areas of need identified in the assessment: Title 15 NAC 2.006.06C	Yes	No	N/A	
File/Care Plan indicates appropriate goals, follow up and documentation of evidence towards goals: Title 15 NAC 2.006.06D	Yes	No	N/A	
4. Assessment and Care Plan reviewed at least annually and as appropriate: Title 15 NAC 2.006.06D7 & Title 15 NAC 2.006.06E	Yes	No	N/A	

VALID CONSENTS

Assessed Area	Yes	No	N/A	Comments
5. File has signed consent for services: Title 15 NAC 2.006.02E1	Yes	No	N/A	
6. File contains proof that client was advised of rights: Title 15 NAC 2.006.02E	Yes	No	N/A	
7. File has release of information signed by a qualified individual: Title 15 NAC 2.006.02F	Yes	No	N/A	
8. File has required HIPAA docs (Notice of Privacy Practices and signed Receipt of Notice of Privacy Practices): Title 15 NAC 2.006.02F	Yes	No	N/A	
9. Fee statements use the required fee scale and declared income corresponds to the correct fee % per scale: Title 15 NAC 2.007.03	Yes	No	N/A	

NARRATIVE

Assessed Area	Yes	No	N/A	Comments
10. File contains periodic narrative notes documenting a thorough and comprehensive approach: Title 15 NAC 2.006.06A	Yes	No	N/A	
Communication with family				
Communication with service provider (paid provider)				
Communication with other formal agencies (HHS, DPFS, MOW, Physicians, HHA, etc.)				
Communication with informal supports (clergy, neighbors)				