

Client ID _____ Review Location _____

Care Manager _____ Review Date _____

Area Agency on Aging _____ SUA Reviewer _____

ASSESSMENT

Assessed Area	Yes	No	N/A	Comments
1. Care Management Assessment Completed: <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. Care Plan reviewed as required: §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. Client's input was utilized in evaluating progress of Care Plan: 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. Consent for services was reviewed: Title 15 NAC 2.006.02E1	Yes	No	N/A	
6. Clients rights were reviewed: Title 15 NAC 2.006.02E	Yes	No	N/A	
7. Release of information was reviewed: Title 15 NAC 2.006.02F	Yes	No	N/A	
8. Required HIPAA docs (Notice of Privacy Practices and signed Receipt of Notice of Privacy Practices) was reviewed: Title 15 NAC 2.006.02F	Yes	No	N/A	
9. Evidence of use of 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. Narrative created 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)				
11. Evidence of on-going consultation / exchange of ideas: Title 15 NAC 2.006.06G				

Observations

Assessed Area	Yes	No	N/A	Comments
12. Care Manager conducted interview in a client-centered and collaborative manner:	Yes	No	N/A	
13. Client declined to answer any questions during the interview:	Yes	No	N/A	
14. Others present during interview:	Yes	No	N/A	