

## Care Management File and Plan of Care Maintenance Reminders/ Checklist

(v. 03/13/20)

Plan of care should be updated with each assessment/evaluation.

### Update What Matters Most to the Member and Problem List

- What matters most should be re-addressed with each assessment and updated in the Notes section on the care plan as needed

### Update the Problem List

- Problem list should be updated after with assessment and when applicable after a review of pharmacy, medical claims and receipt of an H&P.
- The date of problem identification and the source of problem identification (when other than the assessment) also need to be updated.
- On the Problem list be sure to update the problems identified as well as the problem status (i.e. active/inactive/stable/monitoring) with each assessment.

### Update the Problems on the Care Plan

- Cross walk the active problems on the problem list to ensure they are reflected on the care plan: Each active problem should have an associated problem, goal and intervention (PGI) on the care plan
- Problems should be reprioritized with each evaluation. There should only be one problem #1, one problem #2, and one problem #3
- UTR and/or Refused evaluation problems should be for 3 months. Once a member has now had an assessment and/or is back in the catchment area, the related UTR problems on the care plan should be closed.
- If there is no active goal or intervention for an identified problem, then the Problem should be closed.

### Goals

- As goals expire and/or are met/not met: make sure to update intervention accordingly.
- If short term goal expires and long-term goal remains open, problem can stay open and you can add short term goal within long term goal date range. NO problem should be open more than one year.
- If a goal/intervention is being initiated, then the goal should not be indicated as met/not met as goal is brand new
- Short term goals are for no longer than 6 months
- Long term goals are for no longer than 12 months
- DO NOT extend dates:** if goal is not met by the due date, then you need to rewrite goal.
- Do NOT prioritize goals.** (Problems not goals are prioritized)
- As goals expire or will expire before next eval, be sure to address the goals or task yourself to address them before they expire.
- DO NOT USE THE DROP DOWN list In CASE TRAKKER for Goals. (Re: they do not contain SMART goals). See if needed your Clinical manager for the latest copy of the PGI Spreadsheet. When using that spreadsheet: tailor the content to the individual member's needs.

### Care Plan Interventions

- Interventions can only be assigned to INTERNAL care team such as Primary owner, NP, GSSC, CHW, BH Clinician etc.
- Interventions need to be updated with each assessment. For example, if goal was initiated at last eval and intervention is initiated and goal is still open, intervention status should be updated to ongoing.

### Care Team Tab

- Care team tab should be kept current; changes in GSSC, PCP, Care manager etc. need to be documented there.

### Review and Approval

- Update date of Review and Approved by Member with each evaluation (if member UTR/refused, leave

date as last face to face eval).

#### Reviewed and Approved by Member

Yes

12/23/2019

- For Level 4 Members: Update date of Review and Approved by RN with each evaluation taken

#### Reviewed and Approved by RN

Yes

12/23/2019

- When a GSSC completes an assessment for a level 3 member, or a CHW for a level 4 member, it is the primary Care Manager job to review the assessment results and update the service and care plan accordingly

### Question of Mailing the IPC and IPC Cover letter (including the Member Summary)

- This is mailed upon all initial and annual assessment, and whenever there are significant changes to the care plan or service. (It does not need to be mailed for routine updates done during the interim assessment process.)