



INSTRUCTIONS FOR THE INSTITUTIONAL CARE COORDINATION DOCUMENTATION FORM

1. Member Name
2. Date of Birth
3. UCare ID#
4. Indicate whether the Care Coordinator reviewed the MDS assessment for the member and if so, the date.
5. Indicate whether the Care Coordinator reviewed the nursing facility plan of care, and if so, the date.
6. Indicate if Care Coordinator agrees with facility plan of care as written.
7. Indicate the date of the initial face to face check-in with member. (CC must see the member face to face).
8. Indicate any modifications to the facility plan of care recommended by the Care Coordinator.
9. Indicate if advance directives have been discussed or documented.
10. Indicate the intervals when the Care Coordinator will provide care coordination activities, for example, “will re-check member’s status in 6 months”, or “will attend care conference in April, 2007”.
11. Indicate when 6 month check-in is done (may be done telephonic or face to face) Document on reverse side of form.
12. Indicate the Care Coordinator attended a care conference. (Notes of care conference or CC review can be documented on the reverse side of the form).
13. Indicate the date the Care Coordinator reviewed the comprehensive re-assessment for this member.
14. Indicate the date of the annual face to face check-in – CC must see the member face to face at least once per year.
15. Indicate that Care Coordinator assessed members desire/or ability to relocate back to the community or other facility.
16. Care Coordinator’s name with date. (this can be typed directly into the text box.)

REVERSE SIDE - CARE COORDINATION NOTES

17. Indicate if Care plan includes preventative focus-Pneumovax, Dental visit, Flu shot, Vision Evaluation etc..
18. Document review and/or discussion of other health risks, prevention of wounds and wound care management if appropriate, other preventive activities, or other general notes.