|  |  |
| --- | --- |
| Area Agency on Aging | SUA Reviewer |
| Care Manager | Review Date |
| Client ID | Initial Assess. Date |

**ASSESSMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessed Area** | **Yes** | **No** | **N/A** | **Comments** |
| 1. File Contains Assessment:   ***§81-2231.2; Title 15 NAC 3.004.14*** | Yes | No | N/A |  |
| 2. Each assessment area is completed:  ***Title 15 NAC 3.004.14 (B)*** | 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 3.004.15*** | Yes | No | N/A |  |
| Care Plan addresses areas of need identified in the assessment:  ***Title 15 NAC 3.004.15(C)*** | Yes | No | N/A |  |
| File/Care Plan indicates appropriate goals, follow up and documentation of evidence towards goals:  ***Title 15 NAC 3.004.15(D)*** | Yes | No | N/A |  |
| 4. Assessment and Care Plan reviewed at least annually and upon a significant change in status:  ***Title 15 NAC 3.004.15(E)*** | Yes | No | N/A |  |

**VALID CONSENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessed Area** | **Yes** | **No** | **N/A** | **Comments** |
| 5.File has signed consent for services:  ***Title 15 NAC 3.004.11(E)(i)*** | Yes | No | N/A |  |
| 6. File contains proof that client was advised of rights:  ***Title 15 NAC 3.004.11(E)*** | Yes | No | N/A |  |
| 7. File has a release of information signed by a qualified individual:  ***Title 15 NAC 3.004.11(F)*** | 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 3.004.11(F)*** | 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 3.010.00*** | 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 3.004.15(A)*** | Yes | No | N/A |  |
| Communication with family |  |  |  |  |
| Communication with a service provider (paid provider) |  |  |  |  |
| Communication with other formal agencies (HHS, DPFS, MOW, Physicians, HHA, etc.) |  |  |  |  |
| Communication with informal supports (clergy, neighbors) |  |  |  |  |