

HOMECARE CLIENT PROFILE

DATE OF VISIT:

HMPC ___ HSCH ___
(Check Service)

(Weekly Hours) _____

PROVIDER AGENCY: _____

CASE MANAGER: _____

PROGRAM OFFICER : _____

CLIENT NAME (OR ID#): _____

1. Look for the last supervisory visits within the last 6 months.
Date of last visit _____

2. Look for documentation of supervisor's finding in the client's case record.

3. Is it clear from the record that the supervisor supervised the worker during the visit (observed and documented performance; demonstrated correct performance; provided instruction where needed)?

4. Note the date of the last referral from the case management agency and is it current within the last 12 months?

YES, CURRENT REFERRAL FORM	No, LAST REFERRAL RECEIVED

5. Check to see if client has had the same homecare worker for the past year or that the client has not had major disruption in service due to changing the homecare worker.

Major Disruption_____

No disruption_____

PERMANENT AIDE	REPLACEMENT AIDE

6. During the past year when the assigned worker was absent, was a replacement worker sent or offered?

7. Review client/worker timesheet for the last two months, did the client receive their authorized level of homecare service.

AUTHORIZED HOURS	RECEIVED IN MONTH ONE	RECEIVED IN MONTH TWO

8. Review the client's file for the cost-share or contribution letter. If it is not in client's file ask to see the most current letter sent to the client.

Cost-Share Amount_____

Contribution Amount_____