Division of Medicaid ● Home and Community-Based Services Waiver

Case Management Home Visit Note

Client's Name:	Date of Visit:
RN Signature:	LSW Signature:
Type of Visit: ☐ Monthly ☐ Quarterly ☐ Recertification completed	

Client's Appearance: ◯ Clean ◯ Dirty	Client's Dress: ◯ Appropriate ◯ Inappropriate

Client's Gait: ☐ Steady ☐ Unsteady ☐ Steady with assistance of: ☐ Non-Ambulatory

☐ Client denies any recent falls ☐ Client reports:

Client's Mental Status: ☐ Alert ☐ Oriented ☐ Confused ☐ Memory impairment ☐ Hallucinates ☐ Other:

Home Environment: ☐ Clean ☐ Dirty ☐ Neat ☐ Odor ☐ Safe ☐ Unsafe ☐ Cluttered ☐ Uncluttered ☐ Adult Day Care

Present during visit: ☐ Caregiver ☐ Provider ☐ Family/Friend ☐ None

Caregiver System: (provide primary caregiver's name)

☐ Supportive ☐ Adequate ☐ Strained ☐ Inadequate ☐ Other:

Medical:

☐ Client denies seeing MD since last CM visit

☐ Client has seen MD since last CM visit. The following reported:

☐ Hospitalization since last CM visit. The following reported:

Medicaid Eligibility:

☐ Denies receiving any letters or phone calls from Medicaid about their eligibility.

☐ Denies receiving any letter from Social Security about losing benefits.

☐ Client has received the following:

Case Manager Information: ☐ Client has Case Managers' names and telephone numbers.

☐ Client was provided with Case Managers' names and telephone numbers.

Review of results or concerns identified in previous visit:

SERVICES	Frequency	Days	Name of person usually scheduled	Client rating G = Good F = Fair P = Poor	Meets Needs	Changes Needed
HDM				☐ G ☐ F ☐ P		
PCS				☐ G ☐ F ☐ P		
				☐ G ☐ F ☐ P		
HHA				☐ G ☐ F ☐ P		
SN				☐ G ☐ F ☐ P		
IHR				☐ G ☐ F ☐ P		
ADC				☐ G ☐ F ☐ P		
Inst. Respite				☐ G ☐ F ☐ P		
Transportation				☐ G ☐ F ☐ P		
Non-Waivered				☐ G ☐ F ☐ P		
				☐ G ☐ F ☐ P		
				☐ G ☐ F ☐ P		
Other				☐ G ☐ F ☐ P		

- ☐ Client wishes to continue with current Plan of Care.
- ☐ Client wishes to change (increase/reduce) services provided.
- ☐ Client wishes to change service provider(s).
- ☐ Client verbalizes that he/she is pleased with services received.
- ☐ Client verbalizes that he/she has a problem with:

General comments:

Client/Representative Signature:	Date Signed: