

Pocket Card

Determining participant need and providing the model of care

RN or SW phone call or home visit to participant: If “YES” to questions 1-6, participant could benefit from the model of care.		
1. Was participant a new admission to MI Choice?	YES NO	N/A
2. Did the participant just get discharged (hospital/nursing home)?	YES NO	N/A
3. Is the participant cognizant and able to communicate?	YES NO	N/A
4. Did the participant have a desire or need?	YES NO	N/A
5. Is the participant ready to change?	YES NO	N/A
6. Is the participant motivated to change?	YES NO	N/A
If “YES” to questions 7-10, may need OT or increased RN or SW home visits briefly.		
7. Is there a need for the OT to assist with function?	YES NO	N/A
8. Does the participant have DME they do not know how to use?	YES NO	N/A
9. Does the RN need to review the medication list?	YES NO	N/A
10. Does the SW need to evaluate the participant’s depression?	YES NO	N/A
SC decision after considering above questions: - Participant has a desire or need that the model of care is likely to improve - Participant would benefit from additional home visits		
Recommendation for additional home visit(s): - OT to conduct an assessment to determine how to improve function - RN to evaluate medications, and/or manage pain, incontinence, or other health needs - SW to evaluate depression and/or assist with community resources		
*Tailor PCSP Add the model of care to Arranged Services		
Additional Home Visits	OT 1 to 6	Assessment and observation, conduct safety tour and brainstorm how to improve function, working with participant to problem solve
	RN 1 to 4	Review medications using App and modify regimen as needed, and/or brainstorm how to manage pain, incontinence, or other needs, working with participant to problem solve Provide Toolkit and fall prevention materials
	SW 1 or 2	Brainstorm how to manage depression and/or assist with community resources, working with participant to problem solve
**Coordinate Care OT-RN-SW jointly as needed (in person, phone, or email)		
Supplies, DME, Home Modification per usual process at waiver agency		
Document per usual process in assessment(s), PCSP, or PN (COMPASS or electronic record)		