Division of Medicaid ● Home and Community-Based Services Waiver

Case Management Home Visit Note

Client's Name:	Date of Visit:
RN:	LSW:
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: ☐ Client denies any recent falls ☐ Client reports:	
Client's Mental Status: ☐ Alert ☐ Oriented ☐ Confused ☐ Memory impairment ☐ Hallucinates	
Home Environment: ☐ Clean ☐ Dirty ☐ Neat ☐ Odor ☐ Safe ☐ Unsafe ☐ Cluttered ☐ Uncluttered	
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		
HDM				☐ 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: