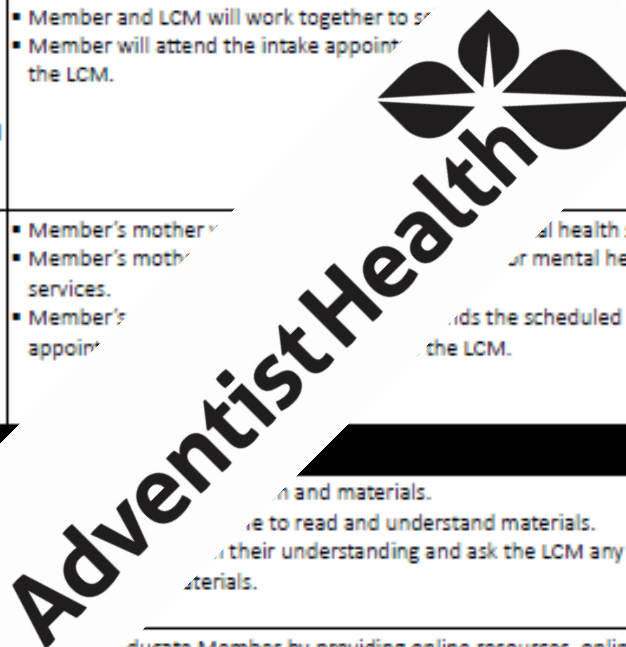


Pathway	Goals	Interventions	Updates
GENERIC TEMPLATE	<ul style="list-style-type: none"> Member will [indicate goal] for [indicate reason] by [indicate date]. 	<ul style="list-style-type: none"> LCM will [indicate action]. Member will [indicate action]. 	<ul style="list-style-type: none"> Member [indicate goal] on [indicate date].
Adult Learning			
Adult Learning	<ul style="list-style-type: none"> Member will obtain their GED by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide resources on where Member can obtain their GED. Member will register for classes to work towards obtaining their GED. 	<ul style="list-style-type: none"> Member obtained their GED on [indicate date].
Behavioral Health			
TEMPLATE	<ul style="list-style-type: none"> Member will establish care with [indicate agency] for [indicate condition] by [indicate date]. 	<ul style="list-style-type: none"> Member and LCM will work together to schedule appointment. Member will attend appointment and provide an update to the LCM. Member will maintain care with [indicate agency] and provide updates to the LCM. Member will ask to have medications refilled. Member will ask to reevaluate medications. 	<ul style="list-style-type: none"> Member attended appointment with [indicate agency] on [indicate date] and [indicate outcomes].
Example #1	<ul style="list-style-type: none"> Member will establish care with Sutter Yuba Behavioral Health for Depression and PTSD by [indicate date]. 	<ul style="list-style-type: none"> Member and LCM will work together to schedule appointment. Member will attend the intake appointment with the LCM. 	<ul style="list-style-type: none"> Member attended SYBH intake appointment on [indicate date] and scheduled a follow-up visit for [indicate date].
Example #2	<ul style="list-style-type: none"> Member will establish care with Behavioral Health for developmental delay and ADHD by [indicate date]. 	<ul style="list-style-type: none"> Member's mother will attend behavioral health services. Member's mother will attend behavioral health services. Member's appointment was rescheduled to [indicate date] and the LCM. 	<ul style="list-style-type: none"> Member attended appointment with Behavioral Health on [indicate date] and was prescribed medications for ADHD.
Education			
TEMPLATE	<ul style="list-style-type: none"> Member will verbalize understanding of [indicate topic] by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide materials and resources to read and understand materials. Member will read and understand materials and verbalize their understanding and ask the LCM any questions about the materials. 	<ul style="list-style-type: none"> Member verbalized understanding of [indicate topic] on [indicate date].
Advanced Directives	<ul style="list-style-type: none"> Member will understand advanced directives by [indicate date]. 	<ul style="list-style-type: none"> LCM will educate Member by providing online resources, online educational sessions, and consulting with PCP to understand the importance, options, and process of creating advanced directives. Member will spend time to read and understand materials provided. If Member decides to create advanced directives, LCM will provide assistance if needed. 	<ul style="list-style-type: none"> Member verbalized understanding of advanced directives on [indicate date].
Diabetic Meal Plan	<ul style="list-style-type: none"> Member will verbalize understanding of a diabetic meal plan and begin to implement by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide materials on healthy eating for a diabetic. Member will spend time to read and understand materials. Member will decide what diabetic friendly foods they prefer and develop a menu and grocery list. Member will begin to implement the diabetic meal plan. LCM will follow up on progress towards goals, provide support and praise for successes. LCM will refer Member to a Medically Tailored Meals provider to determine eligibility to receive meals appropriate for the Member's condition. 	<ul style="list-style-type: none"> Member verbalized understanding of a diabetic meal plan and began to implement on [indicate date]. Member qualified for Medically Tailored Meals and began receiving meals on [indicate date].



Healthy Living – Diet	<ul style="list-style-type: none"> Member will demonstrate understanding of the importance of living a healthy lifestyle by [indicate date]. 	<ul style="list-style-type: none"> LCM will assist member in adopting a healthier diet by providing education and support. This will include assessing and understanding current diet and offering practical strategies for incorporating healthier eating into daily routines. Member will spend time to read and understand materials and ask the LCM any questions. Member will decrease fast food intake. Member will increase fruits and vegetable intake. Member will practice portion control when plating their meals. Member will decrease the consumption of processed foods. Member will decrease their sodium intake by not adding additional salt to food. 	<ul style="list-style-type: none"> Member verbalized understanding of the importance of living a healthy lifestyle on [indicate date]. Member improved their lifestyle by [indicate diet change] on [indicate date].
Healthy Living – Soda	<ul style="list-style-type: none"> Member will decrease their soda consumption from [indicate current frequency] to [indicate desired frequency] by [indicate date]. 	<ul style="list-style-type: none"> LCM will educate member on the harm soda can cause. Member will identify alternative beverages. Member will stock their home with alternative beverages. Member will order water if eating at a restaurant. Member will replace 1 soda a day with water. 	<ul style="list-style-type: none"> Member decreased their soda consumption to [new frequency] by [indicate date].
Healthy Living – Fast Food	<ul style="list-style-type: none"> Member will decrease the number of times they eat at fast food restaurants from [indicate current frequency] to [indicate desired frequency] by [indicate date]. 	<ul style="list-style-type: none"> Member will ensure their home is stocked with food. Member will develop a list of quick and easy meal options as a substitute for fast food. Member will identify alternative foods they can eat to replace fast food cravings. 	<ul style="list-style-type: none"> Member decreased the number of times they ate at fast food restaurants to [new frequency] by [indicate date].
Healthy Living – Exercise	<ul style="list-style-type: none"> Member will demonstrate understanding of the importance of exercise by [indicate date]. 	<ul style="list-style-type: none"> LCM will assist member in adopting exercise routines by providing education and support. This will include assessing and understanding current exercise routines and offering practical strategies for incorporating healthy physical activity into daily routines. Member will spend time to read and understand materials and ask the LCM any questions. Member will try new exercises and decide which ones they prefer. Member will begin to implement the new exercise routine. Member will walk for 20 minutes per day. Member will set reminders on their phone to stand for 5 to 10 minutes every hour. Member will do arm exercises for 10 minutes twice daily. 	<ul style="list-style-type: none"> Member verbalized understanding of the importance of exercise on [indicate date]. Member improved their lifestyle by [indicate exercise change] on [indicate date].
Healthy Living – Water	<ul style="list-style-type: none"> Member will increase water intake from [indicate current frequency] to [indicate desired frequency] by [indicate date]. 	<ul style="list-style-type: none"> LCM will educate member on the benefits of drinking enough water regularly. Member will drink 4 to 8 ounces of water every hour. Member will resist the urge to drink beverages that aren't water. Member will keep home stocked with bottles and gallons of water. Member will track their water intake each day in a journal. Member will provide updates to LCM on progress towards increasing their water intake. 	<ul style="list-style-type: none"> Member increased their water consumption to [new frequency] by [indicate date].

Lead Testing for Pediatrics	<ul style="list-style-type: none"> Member will verbalize understanding of the importance of lead testing for children and adolescents by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide education on the importance of lead testing for children and adolescents. This education will include information on the sources of lead exposure, the potential health effects of lead poisoning, and the importance of regular lead testing for young children. Member will spend time to read and understand materials and ask LCM any questions. LCM will educate Member on how to obtain lead test results from pediatrician. Member will obtain lead test results from their pediatrician. 	<ul style="list-style-type: none"> Member verbalized understanding of the importance of lead testing for children and adolescents on [indicate date].
Risks of not being vaccinated for the flu and Covid-19	<ul style="list-style-type: none"> Member will verbalize understanding of the risks of not being vaccinated for the flu and Covid-19 by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide education on flu and Covid-19 vaccines. Member will spend time to read and understand materials. Member will decide if they will get vaccinated. LCM will provide the Member with a list of vaccination locations. Member will discuss with their PCP if it is appropriate for them to get vaccinated considering their health conditions. 	<ul style="list-style-type: none"> Member verbalized understanding of the risks of not being vaccinated for the flu and Covid-19 on [indicate date]. Member was vaccinated for the flu on [indicate date]. Member was vaccinated for Covid-19 on [indicate date].
Sleep Habits for Pediatrics with ADHD	<ul style="list-style-type: none"> Member will verbalize understanding of methods to facilitate better sleep habits for children and adolescents with ADHD by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide information on sleep habits for children and adolescents with ADHD. Member will spend time to read and understand materials. Member will implement better sleeping habits with their child. 	<ul style="list-style-type: none"> Member verbalized understanding of methods to facilitate better sleep habits for children and adolescents with ADHD on [indicate date].
Parenting	<ul style="list-style-type: none"> Member will verbalize understanding of what good parenting is by [indicate date]. Member will verbalize understanding of how they can improve their parenting skills by [indicate date]. 	<ul style="list-style-type: none"> LCM will educate Member on how to register their child for school. Member will work with LCM to create a transportation plan and schedule to ensure children arrive at school on time and make it home safely each day. LCM will educate Member on the importance of regular medical care for children including staying current on vaccinations and attending checkups annually. LCM will educate Member on how to maintain proper dental care for children including brushing teeth twice a day and attending dental checkups bi-annually. LCM will educate Member on how to establish and maintain good routines for children such as daily bedtime routines including brushing teeth and reading a book before bed. LCM will educate Member on how to meet all basic needs of the children in their care. 	<ul style="list-style-type: none"> Member verbalized understanding of what good parenting is on [indicate date]. Member verbalized understanding of how they can improve their parenting skills on [indicate date]. Member started implementing a regular bedtime routine for their child on [indicate date].
Stress Management	<ul style="list-style-type: none"> Member will reduce the number of times they experience severe stress from [indicate current frequency] to [indicate desired frequency] by [indicate date]. 	<ul style="list-style-type: none"> LCM will educate Member on reducing perceived stress. LCM will provide education on coping skills for stress management. Member will practice stress reducing coping skills such as breathing, yoga, listening to music, drawing, crocheting, and other calming activities. Member will practice removing themselves from stressful environments so they can reset. LCM and Member will work together to assess stress causing triggers in their environment. LCM and Member will work together to develop a plan to reduce stress causing triggers. 	<ul style="list-style-type: none"> Member reduced the number of times they experienced severe stress to [indicate desired frequency] on [indicate date].

Family Planning	<ul style="list-style-type: none"> Member will practice safe birth control methods by [indicate date]. 	<ul style="list-style-type: none"> Member will discuss birth control options with their PCP. LCM will provide resources on where to get free condoms. LCM will provide education on abstinence. Member will schedule an appointment with an OBGYN. 	<ul style="list-style-type: none"> Member started taking birth control pills on [indicate date]. Member attended their OBGYN appointment on [indicate date] and decided on a birth control method.
Pharmacy	<ul style="list-style-type: none"> Member will demonstrate understanding of how to refill their prescriptions at the pharmacy by [indicate date]. 	<ul style="list-style-type: none"> LCM will connect Member to a pharmacy that has delivery service. Member will enroll in automatic refills for their prescriptions. Member will call the pharmacy to request to refill their prescriptions. Member will pickup their prescriptions from the pharmacy. 	<ul style="list-style-type: none"> Member demonstrated understanding by picking up their refilled prescription on [indicate date].
Budgeting	<ul style="list-style-type: none"> Member will verbalize understanding of managing their budget by [indicate date]. Member will demonstrate understanding of managing their budget by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide blank budgeting forms to Member. Member will complete budgeting form by filling in their income and expenses for each of the categories on the budget form. LCM and Member will review the budget together to ensure no income or expenses have been overlooked. LCM and Member will work together to identify where expenses can be reduced. LCM and Member will work together to prioritize all expenses so that the most important expenses get paid first if there is not sufficient income to cover all expenses. LCM and Member will work together to identify what expenses are most appropriate to spend surplus of income on. Member will maintain a spending log and will review with LCM. 	<ul style="list-style-type: none"> Member verbalized understanding by explaining in detail their plans on managing their budget on [indicate date]. Member demonstrated understanding of managing their budget on [indicate date] by paying all their bills on time.
Oxygen Safety	<ul style="list-style-type: none"> Member will verbalize understanding of oxygen safety by [indicate date]. 	<ul style="list-style-type: none"> LCM will educate Member on oxygen safety. LCM will provide Member with educational material on oxygen safety. Member will spend time to read and understand materials and ask LCM any questions. Member will identify changes they may need to make to stay safe. Member will take oxygen safety precautions by avoiding things such as cigarettes, candles, gas stoves, and other heat sources. 	<ul style="list-style-type: none"> Member verbalized understanding by listing oxygen safety tips on [indicate date].
Pain Management	<ul style="list-style-type: none"> Member will verbalize understanding of pain management by [indicate date]. 	<ul style="list-style-type: none"> LCM will educate Member on holistic ways to manage pain including over the counter medications, stretches, exercises, diet, sleep, and posture. LCM will provide Member with educational material on managing pain. Member will spend time to read and understand materials and ask LCM any questions. Member will practice the pain management skills they learn. 	<ul style="list-style-type: none"> Member verbalized understanding by listing ways to manage their pain on [indicate date].

Employment			
Employment Readiness	<ul style="list-style-type: none"> Member will achieve employment readiness by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide job training and skill building resources such as resume building workshops or job interview coaching. LCM will provide job leads for employers that welcome justice involved applicants and are open to hiring felons. Member will obtain adequate child care. Member will utilize child care to attend employment readiness classes. Member will purchase appropriate work attire. Member will go to clothes closets to get appropriate work attire. Member will determine their transportation methods and route to and from work. Member will determine the amount of time it takes to travel to work and establish when they will leave for work each day to ensure punctuality. Member will develop or update their resume. Member will maintain proper hygiene by showering, brushing teeth, and brushing hair daily. 	<ul style="list-style-type: none"> Member began submitting employment applications on [indicate date].
Obtain Employment	<ul style="list-style-type: none"> Member will obtain employment by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide job seeking resources such as employment sites and job fairs. Member will submit employment applications. Member will participate in employment interviews. LCM will educate Member on how to search for jobs online. Member will use the public library as a resource to job search online. 	<ul style="list-style-type: none"> Member obtained employment on [indicate date].
Housing			
Obtain Housing	<ul style="list-style-type: none"> Member will obtain housing by [indicate date]. 	<ul style="list-style-type: none"> LCM will connect Member to housing navigation providers including community-based organizations and government agencies. LCM will assist Member in completing rental applications. Member will participate in housing navigation services and provide LCM with updates monthly. Member will obtain all proof of income. 	<ul style="list-style-type: none"> Member obtained housing on [indicate date].
Medication Management			
Medication Management	<ul style="list-style-type: none"> Member will take medication as prescribed regularly by [indicate date]. Member will establish a medication plan with their PCP by [indicate date]. 	<ul style="list-style-type: none"> Member will obtain a pill box from their PCP. Member will set reminders to take their medications as prescribed. Member will identify a safe place to store their medication. LCM will educate Member on their medications including the purpose, frequency, amount prescribed, and any side effects they should watch for and what to do if they have severe side effects. Member will refill their prescriptions before they run out. Member will request for pharmacist to provide reading material regarding their prescription in their preferred language. Member will ask pharmacist to provide prescription information verbally. 	<ul style="list-style-type: none"> Member has taken their medication regularly as prescribed for 3 months. Member met with their PCP and have established a medication plan on [indicate date].
Medical Referrals			
TEMPLATE	<ul style="list-style-type: none"> Member will establish medical care for [indicate condition] by [indicate date]. 	<ul style="list-style-type: none"> Member will ask [indicate who] for a referral to a [indicate specialist]. Member will attend scheduled appointment and inform LCM of outcome. 	<ul style="list-style-type: none"> Member attended appointment on [indicate date]. Outcomes achieved include [indicate outcomes].
Dietitian	<ul style="list-style-type: none"> Member will be connected to a Dietitian for [indicate condition] by [indicate date]. 	<ul style="list-style-type: none"> Member will ask PCP for a referral to a Dietitian. Member will attend scheduled appointment and inform LCM of outcome. 	<ul style="list-style-type: none"> Member attended appointment on [indicate date]. Outcomes achieved include [indicate outcomes].

Primary Care	<ul style="list-style-type: none"> Member will establish a Primary Care Provider by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide a list of PCPs in the area. Member will call to schedule an appointment with a Primary Care Provider. Member will attend scheduled appointment with the Primary Care Provider. Member will provide updates to LCM. 	<ul style="list-style-type: none"> Member attended scheduled PCP appointment on [indicate date] and [indicate outcomes].
Specialty Care for COPD	<ul style="list-style-type: none"> Member will establish medical care for COPD by [indicate date]. 	<ul style="list-style-type: none"> Member will ask PCP for a referral to a Pulmonologist. Member will attend scheduled Pulmonologist appointment and inform LCM of outcome. Member will maintain their follow up appointments. Member will maintain medication compliance. Member will follow their plan of care. 	<ul style="list-style-type: none"> Member attended Pulmonology appointment on [indicate date] and was scheduled a follow-up appointment for [indicate date].
Specialty Care for CHF	<ul style="list-style-type: none"> Member will establish medical care for CHF by [indicate date]. 	<ul style="list-style-type: none"> Member will ask PCP for a referral to a Cardiologist. Member will attend scheduled Cardiology appointment and inform LCM of outcome. Member will maintain their follow up appointments. Member will maintain medication compliance. Member will follow their plan of care. 	<ul style="list-style-type: none"> Member attended Cardiology appointment on [indicate date] and was scheduled a follow-up appointment for [indicate date].
Dental	<ul style="list-style-type: none"> Member will be connected to a Dentist for a check-up by [indicate date]. 	<ul style="list-style-type: none"> Member and LCM will work together schedule a dentist appointment. Member will attend scheduled dentist appointment and inform LCM of outcome. Member will maintain their follow up appointments. Member will follow their plan of care. 	<ul style="list-style-type: none"> Member attended their scheduled dental check-up appointment on [indicate date].
Vision	<ul style="list-style-type: none"> Member will be connected to an Optometrist for glasses by [indicate date]. 	<ul style="list-style-type: none"> Member and LCM will work together to call the Optometrist for an appointment. Member will attend scheduled Optometry appointment and inform LCM of outcome. Member will maintain their follow up appointments. Member will maintain medication compliance. Member will follow their plan of care. Member will refill their glasses prescription. 	<ul style="list-style-type: none"> Member attended their scheduled Optometry appointment on [indicate date].
Substance Use	<ul style="list-style-type: none"> Member will be connected to a Substance Use Navigator by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide education and resources on substance use. Member will schedule appointment with a Substance Use Navigator. Member will attend appointment and inform LCM of the outcome. 	<ul style="list-style-type: none"> Member attended their scheduled appointment for substance use on [indicate date].
Pain Management	<ul style="list-style-type: none"> Member will obtain care for pain management by [indicate date]. 	<ul style="list-style-type: none"> Member will schedule PCP appointment to request pain management referral. Member will attend PCP appointment and request pain management referral. Member will schedule pain management appointment. Member will attend pain management appointment and inform LCM of the outcome. 	<ul style="list-style-type: none"> Member attended their scheduled appointment for pain management on [indicate date].
Social Services Referrals			
TEMPLATE	<ul style="list-style-type: none"> Member will [indicate action] for [indicate reason] by [indicate date]. 	<ul style="list-style-type: none"> Member will ask [indicate who] for a referral to a [indicate specialist]. Member will attend scheduled appointment and inform LCM of outcome. 	<ul style="list-style-type: none"> Member [indicate action] on [indicate date] and [indicate outcome].

Clothing/Baby Items	<ul style="list-style-type: none"> Member will express confidence in how to access free clothing resources by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide a comprehensive list of clothing resources in the community which may include thrift stores, clothes closets, cold weather clothing distributions, and other agencies such as day shelters that assist with clothing. Member will go to clothes closet and select several outfits. 	<ul style="list-style-type: none"> Member expressed confidence in how to access free clothing resources on [indicate date].
Domestic Violence Assistance	<ul style="list-style-type: none"> Member will be connected to domestic violence services by [indicate date]. 	<ul style="list-style-type: none"> LCM will discuss domestic violence resources available to them including DV shelters, support groups, and hotlines. Member will determine a plan for fleeing domestic violence. 	<ul style="list-style-type: none"> Member started staying at a Domestic Violence shelter on [indicate date]. Member began receiving services from Casa de Esperanza on [indicate date].
Education Assistance	<ul style="list-style-type: none"> Member will obtain Math tutoring resources for ADHD by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide tutoring resources to Member. Member will attend appointment scheduled for [indicate date] at [indicate agency] to verify eligibility for services. LCM will educate member on how to obtain their GED. LCM will educate Member on how to begin the process of registering for college. LCM will educate member on supports provided through college or other vocational training programs such as assistance from school counselors to get registered for college and childcare services. LCM will connect Member to Children Home Society of California for childcare assistance. Member will complete the "Ability to Succeed" test for placement into college without diploma or GED. LCM will educate Member on how an IEP or 504 can assist their child at school. 	<ul style="list-style-type: none"> Member attended appointment on [indicate date] and is eligible for services.
Food Assistance	<ul style="list-style-type: none"> Member will express confidence in how to access food resources by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide a comprehensive list of food resources in the community which may include food banks, soup kitchens, farmers' markets, community gardens, and government assistance programs, along with details on their locations, operating hours, eligibility criteria, and types of assistance provided. Member will spend time to read and understand the list of resources. LCM will connect Member to CalFresh benefits. LCM will connect Member to WIC program. LCM will refer Member to CAN for food assistance. LCM will work with Member to reestablish their CalFresh benefits. 	<ul style="list-style-type: none"> Member verbalized understanding of how to access food resources on [indicate date].
Government Benefits & Services	<ul style="list-style-type: none"> Member will obtain a government issued ID by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide the Member with DMV's No Fee Identification Card Verification Form. Member will complete the form, turn it in to DMV, and inform LCM. Member will inform LCM when ID is obtained. 	<ul style="list-style-type: none"> Member obtained ID on [indicate date].
Government Benefits & Services	<ul style="list-style-type: none"> Member will obtain a Social Security card by [indicate date]. 	<ul style="list-style-type: none"> Member will go to the Social Security Administration office to obtain a new card. Member will inform LCM when new card is obtained. 	<ul style="list-style-type: none"> Member obtained Social Security card on [indicate date].
Government Benefits & Services	<ul style="list-style-type: none"> Member will obtain a birth certificate by [indicate date]. 	<ul style="list-style-type: none"> Member will contact the County Clerk in the county where they were born to ask how they can obtain a certified copy of their birth certificate. Member will go down to the County Clerk to apply for a copy of their birth certificate. Member will inform LCM when ID is obtained. 	<ul style="list-style-type: none"> Member obtained birth certificate on [indicate date].

Legal Assistance	<ul style="list-style-type: none"> Member will be connected to legal services for [indicate barrier] by [indicate date]. Member will be connected to California Rural Legal Assistance for their eviction by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide free or low-cost legal assistance resources for fines, tickets, evictions, etc. Member will find out if they can participate in community services to reduce their fines. Member will attend expungement workshops. LCM will connect Member to free legal services to assist in applying for Social Security benefits. 	<ul style="list-style-type: none"> Member met with a legal counselor on [indicate date].
Parenting Assistance	<ul style="list-style-type: none"> Member will be connected to parenting assistance by [indicate date]. 	<ul style="list-style-type: none"> LCM will connect Member to FamilySOUP for parenting counseling. LCM will provide information on any free parenting classes in the community. LCM will work with Member to find a mediator for custody disputes. Member will follow through with obtaining parenting assistance and inform LCM of outcome. 	<ul style="list-style-type: none"> Member received parenting assistance from [indicate agency] on [indicate date]. Member attended a parenting class on [indicate date].
Substance Use	<ul style="list-style-type: none"> Member will verbalize understanding of the risks of substance use by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide substance use education to Member, focusing on raising awareness about the risks associated with substance abuse and promoting healthy behaviors. This education will include information on the effects on physical and mental health, and local resources for treatment and support. Member will be open to understanding the risks. 	<ul style="list-style-type: none"> Member verbalized understanding of the risks of substance use on [indicate date].
Transportation Assistance	<ul style="list-style-type: none"> Member will express confidence in how to access transportation services for appointments by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide a comprehensive list of transportation resources including public transportation, Dial-a-Ride, and ride share services. Member will spend time to understand transportation resources. Member will schedule medical transportation through their Managed Care Plan for their next PCP appointment. LCM will educate Member on where to find the transportation scheduling phone number on the back of their insurance card. LCM will educate Member on how to navigate the bus system in their community. 	<ul style="list-style-type: none"> Member explained accurately how to get from their home to Ampla Health via Yuba Sutter Transit on [indicate date].
Utilities Assistance	<ul style="list-style-type: none"> Member will obtain financial assistance for utilities by [indicate date]. 	<ul style="list-style-type: none"> LCM will provide a list of utility assistance resources available to the Member in the community. LCM will assist Member in scheduling an appointment with KCAO. Member will attend scheduled appointment and inform LCM of outcome. Member will call REACH for utility assistance. Member will call HEAP for utility assistance. Member will call PG&E to get on an Arrearages Management Plan (AMP) or payment plan. Member will call PG&E to apply for CARE or FERA discount for income qualifying households. Member will call PG&E to apply for Medical Baseline Program for residential customers who depend on power for certain medical needs. Member will call PG&E to apply for vulnerable customer status if their health or safety is at risk if their services are disconnected. 	<ul style="list-style-type: none"> Member attended scheduled appointment on [indicate date] and was approved for utility assistance.

Tobacco Cessation

<p>TEMPLATE</p>	<ul style="list-style-type: none"> Member will decrease [indicate habit] from [indicate current frequency] to [indicate desired frequency] by [indicate date]. 	<ul style="list-style-type: none"> Member will [indicate action]. LCM will help motivate Member by providing education and praise for decreased [indicate habit]. 	<ul style="list-style-type: none"> Member decreased [indicate habit] to [new frequency] by [indicate date].
<p>Vaping</p>	<ul style="list-style-type: none"> Member will decrease vaping from 5 times a day to 3 times a day by [indicate date]. 	<ul style="list-style-type: none"> Member will keep track of how often she vapes each day using a journal or an app. LCM will help motivate Member by providing education and praise for decreased tobacco use. 	<ul style="list-style-type: none"> Member decreased vaping to 4 times a day by [indicate date]. Member decreased vaping to 3 times a day by [indicate date].
<p>Cigarette Use</p>	<ul style="list-style-type: none"> Member will decrease tobacco use from 1 pack a day to ½ pack a day by [indicate date]. 	<ul style="list-style-type: none"> Member will increase the amount of time between each cigarette each day. LCM will help motivate Member by providing education and praise for decreased tobacco use. 	<ul style="list-style-type: none"> Member decreased tobacco use to ½ pack a day by [indicate date].





MDT Tool

The purpose of the MDT:

The purpose of the MDT is to provide the LCM with support in the care of their members. The goal is to address prevention strategies, listen to challenges for the member, provide suggestions in overcoming those challenges, provide possible interventions for the member and to suggest referrals for the members. This MDT meeting provides care coordination for the member and support to the LCM as they care for their member.

The goal for the MDT:

- To come prepared to make each meeting as efficient as possible.
- For the information in CCS to be as comprehensive as possible for the RN's and the supervisors to review before the meeting
- Each member should take 15 minutes to discuss
 - 5 min for LCM to present
 - 5 min for MDT to discuss
 - 5 min to wrap up recommendations
- The LCM will feel supported and have a plan of action

LCM to do before the meeting:

- Review CCS
 - Assessment Completed
 - Medication Assessment Completed
 - Required Tools completed
 - MDT Tool completed 1 day prior to meeting
 - Pathways open with recent documentation
- *Any missing information in CCS is added prior to the MDT
- Review members record in Cerner
 - Medication Reviewed
 - Any recent H&Ps are reviewed
 - All recent DC paperwork is reviewed
 - Review Report notes
 - CM notes
 - DC Summary
 - Homeless DCP
- Have a list of the client's needs ready
 - What resources are needed
 - What does the member see as the priority for their needs
 - What does the LCM see as the priority for the members needs
 - What are the barriers to meeting the needs of the member
 - What is the LCM's biggest struggle/concern
 - What are the LCM's wins
- Review last MDT Tool if one was held
 - LCM's next steps

- Read MDT Notes
- Review resources given for completeness

LCM present during the meeting:

- Present all medical, behavioral, educational, and social barriers. (No matter how small the LCM may think it is, every detail matters)
 - Chart/notes from the hospital or medical clinic that the LCM would like help understanding
 - Differing information from what the client is sharing with the LCM with what is in the medical files
 - Discuss the members situation based on premeeting findings
 - Seek suggestions from the RN
 - Note interventions and referrals suggested

LCM after the meeting:

- LCM Required follow up Post MDT within 1 week
 - Provide needed information to the member
 - Document interventions, resources, and outcomes in the MDT tool
 - Document in Pathways medical or behavioral updates
 - Document expected completion dates of the Next Steps in the MDT tool in the Intervention box
 - Follow up on / record incomplete items identified in CCS
 - Read final RN MDT Note

RN after the meeting:

- RN Required follow up Post MDT
 - Create successful MDT Contact note (within 24 hours)
 - Ensure that MDT note is placed by RN

ECM Internal Chart Audit

Enhanced Care Management Internal Chart Audit



Member Information

Member Name	Reviewer Name	LCM Name
Member CIN	Review Date	Due Date

Eligibility

Met	Unmet	Measure	Notes
<input type="checkbox"/>	<input type="checkbox"/>	Opt-in to ECM Date	
<input type="checkbox"/>	<input type="checkbox"/>	Population of Focus	

Profile

Best practice is to complete profile within first 3 interactions and within 60 days of enrollment.

Met	Unmet	N/A	Measure	Notes
<input type="checkbox"/>	<input type="checkbox"/>		Date of Birth	
<input type="checkbox"/>	<input type="checkbox"/>		Gender Identification	
<input type="checkbox"/>	<input type="checkbox"/>		Preferred Name and/or Pronouns	
<input type="checkbox"/>	<input type="checkbox"/>		Nationality/Tribe/Ethnicity	
<input type="checkbox"/>	<input type="checkbox"/>		Preferred Language (spoken/written)	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Preferred Method of Contact <input type="checkbox"/> Phone Number <input type="checkbox"/> Email Address	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PCP Clinic <input type="checkbox"/> Phone <input type="checkbox"/> Address	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Relationship <input type="checkbox"/> Phone	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insurance Information <input type="checkbox"/> Medi-CAL ID/CIN <input type="checkbox"/> Plan	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Family Member <input type="checkbox"/> Caregiver <input type="checkbox"/> Support Person ROI	
<input type="checkbox"/>	<input type="checkbox"/>		ROI for ECM Services and Data Sharing	
<input type="checkbox"/>	<input type="checkbox"/>		LCM Provided Name and Contact Information to Member	

Assessment

Met	Unmet	NA	Measure	Description	Notes
<input type="checkbox"/>	<input type="checkbox"/>		Culture	<input type="checkbox"/> Cultural beliefs <input type="checkbox"/> Religious beliefs <input type="checkbox"/> Spiritual beliefs	
<input type="checkbox"/>	<input type="checkbox"/>		Health Literacy	<input type="checkbox"/> Understands medical problems <input type="checkbox"/> Fills out medical forms <input type="checkbox"/> Follows instructions for taking medications	

<input type="checkbox"/>	<input type="checkbox"/>		Physical Health	<input type="checkbox"/> Allergies/reactions <input type="checkbox"/> Current (acute/chronic) medical conditions/treatments <input type="checkbox"/> Past (inactive) medical conditions/treatments <input type="checkbox"/> Current medical providers/specialists name and phone <input type="checkbox"/> Ongoing medications <input type="checkbox"/> Vaccinations <input type="checkbox"/> Tuberculosis history <input type="checkbox"/> A1C Levels	
<input type="checkbox"/>	<input type="checkbox"/>		Oral Health	<input type="checkbox"/> Last dental visit <input type="checkbox"/> Dental Provider Name <input type="checkbox"/> Dental Office <input type="checkbox"/> Next Visit Date	
<input type="checkbox"/>	<input type="checkbox"/>		Vision & Hearing	<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Diabetic vision exam	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medications	<input type="checkbox"/> Name <input type="checkbox"/> Dose <input type="checkbox"/> Purpose or reason prescribed <input type="checkbox"/> Prescriber (name and phone)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain Management	<input type="checkbox"/> Pain experience <input type="checkbox"/> Pain management specialist care, provider, and last visit <input type="checkbox"/> Impacted condition or body part and treatment response	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Health	<input type="checkbox"/> Anxiety (GAD-7) <input type="checkbox"/> Depression <input type="checkbox"/> Trauma and stress <input type="checkbox"/> Cognitive functioning <input type="checkbox"/> Developmental factors <input type="checkbox"/> Any other mental health history	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Use Disorder	<input type="checkbox"/> Information about last use <input type="checkbox"/> Referrals needed for counseling	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing	<input type="checkbox"/> Location of housing <input type="checkbox"/> Concern about losing housing <input type="checkbox"/> Assistance with housing <input type="checkbox"/> Safety of housing environment	
<input type="checkbox"/>	<input type="checkbox"/>		Safety	<input type="checkbox"/> Physical and emotional safety <input type="checkbox"/> Using residence without permission <input type="checkbox"/> Someone using their money without permission	
<input type="checkbox"/>	<input type="checkbox"/>		Food Security	<input type="checkbox"/> Enough food <input type="checkbox"/> Frequency of hunger <input type="checkbox"/> Amount of food	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Benefits and Other Services	<input type="checkbox"/> Government benefit programs <input type="checkbox"/> Employment status <input type="checkbox"/> Community based and social services <input type="checkbox"/> Long Term Services and Supports	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Involvement	<input type="checkbox"/> Court ordered services <input type="checkbox"/> APS or CPS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life/End of life planning	<input type="checkbox"/> Advanced planning in place <input type="checkbox"/> Ways to improve health <input type="checkbox"/> Priorities and goals for the next year	

				<input type="checkbox"/> Barriers to implementation of plan	
<input type="checkbox"/>	<input type="checkbox"/>		Member priorities	<input type="checkbox"/> Member concerns about overall health <input type="checkbox"/> Member chosen first steps to improve health <input type="checkbox"/> Member chosen first steps to work on in ECM	

Tools

Tool	Notes	Met	Unmet	NA
ADL + IADL*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth Information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver PAM 13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edinburgh		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ED/ER Information Tool		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GAD-7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduation Questionnaire		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Safety		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Satisfaction Survey*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDT*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Assessment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Client Details-HH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAM*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHQ-9 (Partnership*)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure Screening Tool (Partnership*)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Required Tool

Documentation & Reporting

Met	Unmet	Component	Description	Notes
<input type="checkbox"/>	<input type="checkbox"/>	Assessment	<ul style="list-style-type: none"> Comprehensive assessment completed within 90 days of ECM consent/enrollment. Best practice is to complete assessment within first 3 interactions and within 60 days of enrollment. ECM Provider utilized an in-person approach to complete the assessment when necessary 	
<input type="checkbox"/>	<input type="checkbox"/>	Reassessment	Reassessment occurred due to a major change in health status according to the member's risk tier (see below)	
<input type="checkbox"/>	<input type="checkbox"/>	Care Plan	<ul style="list-style-type: none"> Care plan created and updated according to member's individual progress or changes in needs as they are identified per risk tier. ECM Provider utilized an in-person approach to complete the care plan when necessary 	
<input type="checkbox"/>	<input type="checkbox"/>	Contacts	ECM Provider maintains documentation of all outreach (whether successful or unsuccessful) attempts within their EHR	

Risk Tiers

Tier 1	Tier 2	Tier 3
High Contact Care Management <ul style="list-style-type: none"> Contact member 3-4 times per month Contact every 7-14 days In person visit or attempt once per month Update Assessment and Care Plan every 3 months 	Medium Contact Care Management <ul style="list-style-type: none"> Contact member 2 times per month Contact every 14-21 days In person visit or attempt once per month Update Assessment and Care Plan every 6 months 	Low Contact Care Management <ul style="list-style-type: none"> Contact member at least once a month Update Assessment and Care Plan every 12 months or as needed

Comprehensive Assessment

Met	Unmet	Measure	Description	Notes
<input type="checkbox"/>	<input type="checkbox"/>	Communication	<ul style="list-style-type: none"> Provided communications to member appropriately, consistently, and primarily in-person as available Utilized alternative methods of communication as necessary ECM Provider makes 2 additional outreach attempts within 30 days at different times during the day and on different days of the week if unable to reach the member during initial outreach 	
<input type="checkbox"/>	<input type="checkbox"/>	Annual Assessment	Annual comprehensive assessment completed to confirm eligibility and appropriateness for ECM enrollment	
<input type="checkbox"/>	<input type="checkbox"/>	Gaps in Care	Gaps in care are identified through the comprehensive assessment and address gaps in care within the care plan as appropriate. Complete list of gaps in care per DHCS	
<input type="checkbox"/>	<input type="checkbox"/>	Caregiver / Emergency Contact	Member's chosen caregiver or support person is incorporated in the creation of the care plan as member allows	
<input type="checkbox"/>	<input type="checkbox"/>	Readiness to Change	Member's readiness to change is assessed (PAM)	
<input type="checkbox"/>	<input type="checkbox"/>	Consent	Consent received from member or authorized representative to engage in services and to contact Caregiver / Emergency Contact	

Care Management Plan – Pathways

Component	Description
Goals	<ul style="list-style-type: none"> Goals are chosen by the member based on the problems identified Priority is assigned to each goal by the member Goals are written in the SMART (specific, measurable, achievable, relevant, and timely) format
Interventions	Planned interventions to accomplish this goal are identified: <ul style="list-style-type: none"> What the member does for themselves What you do for the member What you do with the member
Dates	Date the goal was initiated and date the goal was completed
Updates	Best practice is to update pathway notes monthly
Strengths	Strengths are self-identified by member and are incorporated when providing services to the member to remind and reinforce during readiness to change talks
Barriers	Potential barriers that may prevent the accomplishment of the intervention are identified
Encouraged & supported	Encouraged and supported member to make lifestyle choices based on healthy behavior and support the member's efforts to do so
Linked to Resources	Linked member to resources such as smoking cessation, self-help recovery and chronic condition management as appropriate
Evidence-Based Practices	Utilized evidence-based practices, such as motivational interviewing to engage and encourage the member to participate in their care and treatment plans

Pathways

Met	Unmet	Pathway	Goals	Interventions	Strengths	Barriers	Dates	Updates	Encouraged & supported	Linked to Resources	Evidence Based Practices	Notes
<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Met if all 9 boxes are checked

Outreach & Engagement

Met	Unmet	Measure	Description	Notes
<input type="checkbox"/>	<input type="checkbox"/>	Culturally Appropriate Communications	All communications were provided to the member in a culturally and linguistically appropriate manner (interpreter or translation used as appropriate)	
<input type="checkbox"/>	<input type="checkbox"/>	Outreach	ECM Provider outreached to member within 30 days of member being assigned	

Enhanced Coordination of Care

Met	Unmet	Measure	Description	Notes
<input type="checkbox"/>	<input type="checkbox"/>	MDT/ICT Collaboration	Presented member's care plan, needs and preferences to MDT/ICT Team within 90 days of ECM enrollment and annually to ensure safe, continuous, and integrated care among all providers	
<input type="checkbox"/>	<input type="checkbox"/>	PCP Collaboration	Shared care plan, member's conditions, health status, medication usages and side effects to other PCP (if AH site is not the PCP)	
<input type="checkbox"/>	<input type="checkbox"/>	Care Plan Review	Reviewed the care plan with the member and offered a copy of the Care plan to the member, parent, caregiver, guardian, other family member(s), and/or other authorized support person(s) in their preferred language and format (i.e., Print, Email).	
<input type="checkbox"/>	<input type="checkbox"/>	Care Coordination	Coordinated essential aspects of care. Examples: <ul style="list-style-type: none"> • Medication reconciliation • Providing appointment reminders • Coordinating transportation • Accompaniment to critical appointments 	
<input type="checkbox"/>	<input type="checkbox"/>	Referral Follow-up	Care coordination team followed-up on referrals in a timely manner with appropriate parties	

Comprehensive Transitional Care (only used if ED/ER is utilized)

Met	Unmet	NA	Measure	Description	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post Discharge Follow-Up	Followed up with member with post-discharge follow-up care coordination contact within 48 hours of discharge from treatment facility	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transition Plan Coordination	Coordinated transition plan with discharge facility and member, member's chosen caregiver and/or support person upon receiving notification of member admit or discharge from treatment facility	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referrals & Services	Coordinated appropriate referrals and services, including, but not limited to medication reconciliation to meet individualized member needs upon discharge	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospital DC PCP Follow-Up	PCP visit within 7 days post hospital discharge	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospital DC SMI Follow-Up	Follow up visit with mental health provider within 30 days of hospital discharge for treatment of mental illness or intentional self-harm diagnosis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post ED Visit Follow-up	Contacted member following ED visit to discuss visit and provide discharge follow up appointment	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMI ED Visit Follow-Up	Follow up visit with any practitioner within 30 days of ED visit with discharge	

				diagnosis of mental illness or intentional self-harm	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUD ED Visit Follow-Up	Follow up visit with any practitioner within 30 days of ED visit with discharge diagnosis of alcohol or other drug (AOD) use or dependence	

Narrative Summary (document in coordinator notes section of assessment)

Met	Unmet	Measure	Description	Notes
<input type="checkbox"/>	<input type="checkbox"/>	Narrative Summary	<p>Member has a complete narrative summary in this format:</p> <p><u>[insert member name]</u> is a <u>[insert age and gender]</u> with dx/acuity of <u>[insert dx/acuity]</u>. Completed initial assessment with the member and identified areas to support the member: <u>[list needs identified in the assessment]</u>. Developed an action plan with the member prioritizing these goals of care: <u>[list 2-3 goals including any referrals generated with details of who, where, when, why]</u>. Will continue to meet with the member to build rapport and to learn more about member SDoH and ability to self-manage (understanding of health condition, definition of success, motivation/readiness to change, social environment, coping skills, list out the elements from the audit that are missing including plans for health promotion/education). Based upon member needs, will schedule calls/meetings on a <u>[insert weekly/bi-weekly/monthly]</u> basis to start transitioning to once a month as we complete goals and member reports greater confidence and self-efficacy in managing their health. At next meeting, will meet with the member to discuss <u>[list goals/interventions]</u> within <u>[identify 1 week/2 weeks/1 month]</u>. Reviewed plan with the member. Member agreed to plan.</p>	

Additional Notes

Adventist Health