## New Participant Checklist (Care Management)

After Ir	nitial Assessment: Care Management
	Complete Assessment in COMPASS
	<ul> <li>Must be completed within 2 business days</li> </ul>
	<ul> <li>Update Progress Notes w/ Summary</li> </ul>
	<ul> <li>See charting example</li> </ul>
	Complete Person-Centered Service Plan in COMPASS
	<ul> <li>Must be completed within 5 business days – cannot start services before finalized</li> </ul>
	<ul> <li>Ensure all goals are linked to appropriate interventions</li> </ul>
	<ul> <li>Make sure informal caregivers/supports are listed under Informal interventions</li> </ul>
	Review with other SC discipline and finalize Assessment
	Complete Participant Case File
	<ul> <li>Ensure Address, Phone Number, DOB, and Social Security Number are correct</li> </ul>
	<ul> <li>Complete Medicare Information and Effective dates</li> </ul>
	<ul> <li>Enter due dates</li> </ul>
	Submit completed COMPASS Status Report to Case Tech
	<ul> <li>Care Management designation (ACLS-CM)</li> </ul>
	Submit completed Well-Sky form to Mary Ross-Dubord
	Mail or fax Dr. Letter and Medical Release
	Mail Referral Source Notification/Letter – place copy in file
	Complete Cost Share Worksheet
	<ul> <li>Notify participant of cost share amount</li> </ul>
	<ul> <li>Submit to Director of LTC Programs for billing</li> </ul>
	Request optional funding (202) funding if appropriate
	<ul> <li>Submit 202 Funding Request form and Care Plan Cost Review to Director of LTC Programs</li> </ul>
	Contact agencies for available grant services or resources – make referrals
	Assist with creating budget and arranging for privately paid services if appropriate