Lutheran Medical Center's Customized Case Management Assessment

Language						
😐 English	🔲 Spa	anish	Russian		🛄 Chii	nese Cantonese
Chinese Mano	larin 🛄 Per	rsian	🔲 Sign Language		Othe	er
Notes:						
Admitted From						
ED		nic	Derivate MD Office		Ambulatory S	urgery
LMC Unit		lvary	Other Acute Care F	acility	Other	
Notes:						
Significant prior medi	cal history					
Angioplasty	🛄 Be	havioral Health	CABG	_	Cancer	
Cardiomyopa	thy 🖸 CH	IF	COPD		Deaf	
Diabetes		V/AIDS	□ Hypertens	sion	Pacemaker	
🔲 Paraplegia	🔲 Qu	adraplegia	🔲 Renal Fai	lure	Stroke	" o '
U Vent Depende	ent 🛄 Otl	her	Blind	_	Retirement Co	ally Occurring mmunity)
Notes:						
Can patient return to	prior living arrang	gement				
I Yes	D No	Unknown at	present			
Notes:						
🔲 Insurance						
Medicare	Managed Me	dicare 🛄 M	edicaid 📃 Managed	Medicaid	Commercial	
Medicare Blue Cross	Managed Me No Fault		edicaid 🛄 Managed forker's Compensation	Medicaid Other	Commercial	
					Commercial	
Blue Cross					Commercial	
Blue Cross			orker's Compensation	Other	Commercial	Pending
Blue Cross Notes: Medicaid Eligible	No Fault	_ w	orker's Compensation	Other		Pending
Blue Cross Notes: Medicaid Eligible Yes	No Fault	_ w	orker's Compensation	Other		Pending
Blue Cross Notes: Medicaid Eligible Yes Notes:	No Fault	_ w	ble D Not Know	Other		
Blue Cross Notes: Medicaid Eligible Yes Notes: Mental Status prior to	No Fault	W Not Applica	ble D Not Know	_ Other	Referred	
Blue Cross Notes: Medicaid Eligible Yes Notes: Mental Status prior to Alert	No Fault No Admission Not Alert	W Not Applica	ble D Not Know	_ Other	Referred	
Blue Cross Notes: Medicaid Eligible Yes Notes: Mental Status prior to Alert Notes:	No Fault No Admission Not Alert	W Not Applica	ble D Not Know	_ Other	Referred	
Blue Cross Notes: Medicaid Eligible Yes Notes: Mental Status prior to Alert Notes: Ability to make needs	No Fault No Admission Not Alert Known	Not Applica Oriented: x1	ble Not Know	_ Other	Referred	
Blue Cross Notes: Medicaid Eligible Yes Notes: Mental Status prior to Alert Notes: Ability to make needs Good	No Fault No Admission Not Alert Known	Not Applica Oriented: x1	ble Not Know	_ Other	Referred	
 Blue Cross Notes: Medicaid Eligible Yes Notes: Mental Status prior to Alert Notes: Ability to make needs Good Notes: Living Arrangements Apartment: 	No Fault No Admission Not Alert Known Fair Own Own	Not Applica Oriented: x1 Poor Rent	ble Not Know	Oriented: x3	Con	
Blue Cross Notes: Blue Cross Notes: Yes Notes: Mental Status prior to Alert Notes: Good Notes: Living Arrangements	No Fault No Admission Not Alert Known Fair	Not Applica Oriented: x1 Poor Rent	ble Not Know	Oriented: x3	Con	fused
Blue Cross Notes: Blue Cross Notes: Yes Notes: Alert Notes: Ability to make needs Good Notes: Living Arrangements Apartment:	No Fault No Admission Not Alert Known Fair Own Own	Not Applica Oriented: x1 Poor Rent	ble Not Know	Oriented: x3	Referred Con Rent	fused
Blue Cross Notes: Medicaid Eligible Yes Notes: Mental Status prior to Alert Notes: Ability to make needs Good Notes: Ability to make needs Adult Home Notes: Adult Home Notes: Lives	No Fault No Admission Not Alert Known Fair Own Group Home	Not Application Not Application Oriented: x1 Poor Rent Assisted Live	ble Not Know	Oriented: x3 Own Elevator	Referred Con Rent Stairs	fused Nursing Home
Blue Cross Notes: Blue Cross Notes: Yes Notes: Alert Notes: Good Notes: Good Notes: Ability to make needs Ability to make needs	No Fault No Admission Not Alert Known Fair Own Group Home	Not Applica Oriented: x1 Poor Rent	ble Not Know	Oriented: x3	Referred Con Rent Stairs	fused
Blue Cross Notes: Medicaid Eligible Yes Notes: Mental Status prior to Alert Notes: Ability to make needs Good Notes: Living Arrangements Adult Home Notes: Lives	No Fault No Admission Not Alert Known Fair Own Group Home	Not Applica Not Applica Oriented: x1 Poor Rent Assisted Liv th Spouse/Significa	iorker's Compensation	Oriented: x3 Own Elevator	Referred Con Rent Stairs	fused Nursing Home

Lutheran Medical Center's Customized Case Management Assessment (cont.)

Yes	D No						
otes:							
amily							
D None	Dependent Children	Adult Children	Spouse	Other Dependent			
D No Care Give	r Available for Children/Dependents V	While Hospitalized	Other				
otes:							
Pets							
Dog	Cat	Other	None				
otes:							
eeds Help with Pet W	hile Hospitalized						
U Yes	D No						
otes:							
Dependent							
otes:							
ssistive Device							
D No	□ Yes	Cane		U Walker			
Oxygen	□ Other	Dependent		Independent			
otes:							
rior Resource Use							
🔲 Adult Day Ser	vices 🔲 APS (Adult	Protective Services)	🔲 ACS (Adm	ninistration of Children's S			
🔲 Behavioral He	alth Services 📃 Non-Medica	al Home Care	Dialysis C	enter			
□ Home Health	□ Home Health Care Services- Certified □ Infusion Therapy			Meals on Wheels			
Medication As	Medication Assistance Program Outpatient Center/Clinic Support Groups						
Other							
iotes:							
Social Work Trigger	s						
Hospice Place	ment	Shelter Placement		Guardianship			
🔲 Medicaid Hon	ne Care- Increase Hours, New Referra	Adjustment to Illness/Difficult Coping					
□ Major Illness	Causing Lifestyle Change	Behavioral Management Problems Deor Prognosis					
	rns and/or Conflicts	Cultural and/or Language Issues					
		Non-Compliance Issues Ethical Concerns					
Family Concer	cial and/or Financial Supports	Non-Compliance Issu	Abuse and/or Neglect of Elder/Adult Abuse- Domestic Violence				
Family Concer			t of Elder/Adult	Abuse- Domestic Violen			
Family Concer Inadequate So	Neglect Child		t of Elder/Adult _	- ,			
 Family Conce Inadequate So Abuse and/or I Abuse- Sexual 	Neglect Child	Abuse and/or Neglect		Abuse- Domestic Violer D Multi-System Tra ETOH abuse			

Lutheran Medical Center's Customized Case Management Assessment (cont.)

Discharge Plan							
I Home	Home with Home	care 🔲 H	ospice inpatient		Hospice Home		
Unclear at prese	aclear at present		ubacute Rehab		SNF- Chronic Care Facility		
SNF- Chronic C	Care Facility with Hemodialysis		NF – Skilled		SNF - Custodial		
🔲 TBI- Traumatic	Brain Injury		dult Home		Assistive Living		
🔲 Medicaid Home	Care 🔲 None						
Notes:							
Dest DC Needs							
D No D/C Needs I	Noted – at present	Patient/Family Declin	ne Referral	Acute	Care – Transfer		
□ Adult Day Serv	ices 🛄	Assisted Living Resid	lence	🔲 Behav	ioral Health Hospital or Unit		
🔲 Behavioral Heal	lth Services	Non-Medical Home O	Care	Crime	Victim Referral		
Dialysis Center		Durable Medical Equ	ipment	Group	Home		
🔲 Home Health A	id 🗖	Home Health Care Se	rvices	L Home	less Shelter		
Hospice		Infusion Therapy		🔲 Meals	on Wheels		
D NORC (Natural	ly Occurring Retirement Commu	unity)		D Medic	ation Assistance Program		
PERS- Personal	Emergency Response System	Outpatient Center/Cli	nic	🗋 Rehab	ilitation Hospital		
Retirement Hon	ne 🛄	Skilled Nursing Facil	ity	□ Sub-A	cute		
Support Groups		Transportation Servic	es	Other			
Notes:							
Mode of Transportati	on at discharge						
Auto	🖵 Public 🔲 Taxi/Ca	r Service 🔲 A	mbulette	🔲 Ambu	lance		
Notes:							
□ Who will accompany patient at discharge?							
No one	□ Family/I	Friend	□ HA/HHA				
Notes:							
C Keys For Home Available							
□ Yes	D No						
Notes							
D Patient/Family Informed to Have Keys/Clothes Available at Discharge							
U Yes	□ No						
Notes:							
Medical Follow up wit	th						
	🔲 Private I	MD	□ Other				
Notes:							
]				
	gn Clear		Data		Time		
			Date		Time		

Source: Lutheran Medical Center, Brooklyn, NY; Post-Acute Care Collaborative interviews and analysis.