

Inspire® SNBC 6 Month Review Checklist

Outreach

- Best Practice is 3 outreach attempts at different dates/times
- If unable to reach member, review reports (ER, Registry, and inpatient) and any other information you may have regarding this member and document in case notes.
- If outreach successful and member was previously Unable to Reach or Refusal, see if they would be willing to complete an HRA with you telephonically now or be open to a face to face visit

Care Plan Review

- Review Goals per Target Date with member
- Complete Care Plan Review Note – include summary of patient’s progress with goals *(medical & mental health status, services/supports offered and/or declined, review of current supports/services etc.)*
- Create follow-up reminders if additional work or activities are needed based on member review and/or risks identified
- Update Care Plan; add review date of Goal(s) in Care Plan Review column. Determine if new Goals are needed, new dates for follow-up/review, new services/equipment determined
- Document any interdisciplinary collaboration efforts that have taken place with progress notes *(if appropriate)*

Referrals/Interventions *(when applicable)*

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| <input type="checkbox"/> Home Care Services | <input type="checkbox"/> RideCare |
| <input type="checkbox"/> Behavioral Health (BH & CD needs) | <input type="checkbox"/> HealthPartners Programs Referral Form <i>(Medical Disease or Condition Mgmt, Rare and Chronic Disease Mgmt, RRP, Behavioral Health, Tobacco Cessation, Weight Loss or Medication Therapy Mgmt)</i> |

<input type="checkbox"/> Interdisciplinary Care Team – other providers or care team members <i>(if appropriate)</i>	<input type="checkbox"/> Community Resources <i>(including Waiver/PCA Assessment Referrals)</i>
<input type="checkbox"/> Complete and submit Homecare Inquiry form for authorization of equipment/homecare services to HealthPartners for approval. <i>(if applicable)</i>	
<input type="checkbox"/> Other educational info provided	