

HOME CARE VISIT CALENDAR AND PATIENT CENTERED CARE PLAN

Client Name: _____

SN - Skilled Nursing _____

SLP - Speech Language Therapy _____

PT - Physical Therapy _____

MSW - Social Worker _____

Date: From _____ To _____

OT - Occupational Therapy _____

HHA - Home Health Aide _____

SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	

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SAMPLE

(800) 247-2343

CALENDAR AND CARE PLAN INSTRUCTIONS

The calendar and the care plan are completed at the start of care. They are left in the patient's home for the patient/caregiver and/or representative to reference. After completing the calendar, the care plan and attaching the medication list with instructions, this document satisfies the five components necessary to meet §484.60(e)(1)-(5) of the CoPs. CMS expects the information will be revised/updated as needed.

1. Visit schedule, including frequency of visits by HHA personnel and personnel acting on behalf of the HHA, including therapy services.
2. Patient medication schedule and instructions.
3. Any treatments to be administered by HHA personnel and personnel acting on behalf of the HHA, including therapy services.
4. Any other pertinent instructions related to the patient's care and treatments that the HHA will provide, specific to the patient's care needs.
5. Name and contact information of the HHA clinical manager.

DIRECTIONS FOR FILLING OUT THE CALENDAR

The calendar informs the reader about the visit schedule, the specific home health team member making the visit and the reason for the visit. The upper left corner of each calendar day provides a place to write the date of that day. The calendar should be updated as needed.

For example, SN for dressing change / PT for walking exercise.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	1	2	3	4
	SN 10:30A-11A Dressing change	PT 1P-1:30P Walking exercise	SN 10A-10:30A Dressing change	PT 10A-10:30A Walking exercise	SN 1:30P-2P Dressing change	

DIRECTIONS FOR FILLING OUT THE PATIENT CENTERED CARE PLAN

Complete questions 1-3. Provide a medication list with instructions and the name of the Clinical Manager with their phone number.

Include the patient's personal goals and the home health services goals in an understandable manner. Include the expected outcome(s) and the anticipated end point(s).

Use behavioral verbs such as: Demonstrate, Choose, Describe, Explain, Express, Identify, List, Name, Participate, Perform, Recall, Recognize, State, Verbalize.

For example:

- *(Patient name)* will practice her/his exercise walking program using the walker for safety, to be able to walk 50 feet, so they can go to their granddaughter's wedding in five weeks.
- *(Patient name)* will be able to name three foods that helps them to not experience low blood sugar, within two weeks.

