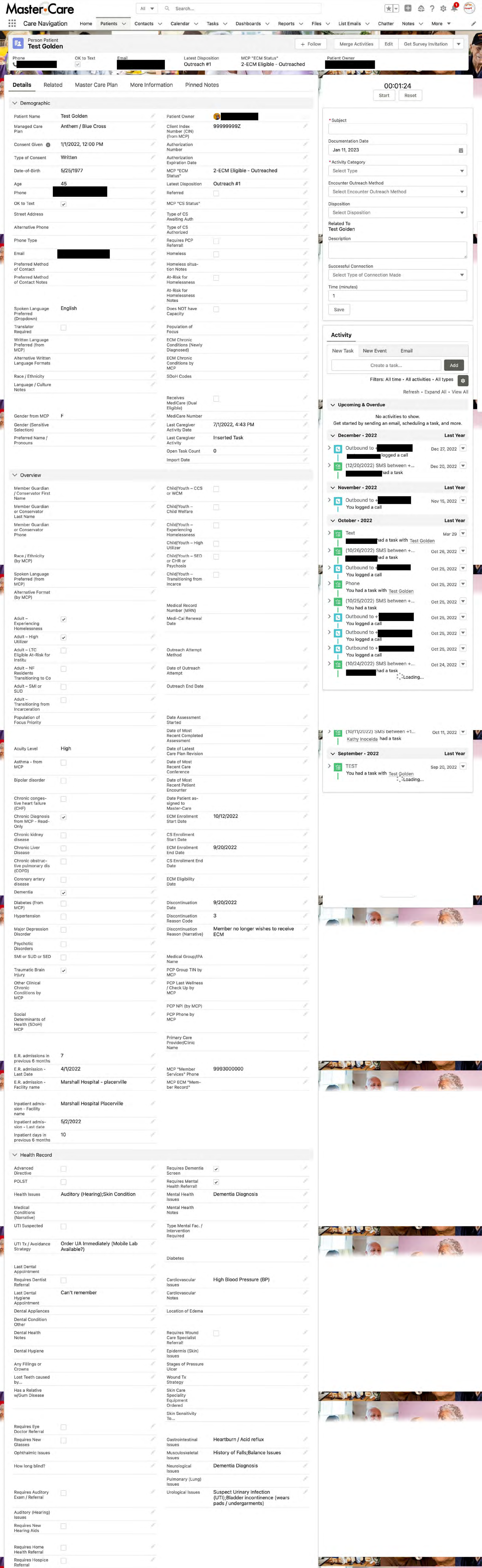

Person Patient
Test Golden

Phone	OK to Text	Email	Latest Disposition	MCP "ECM Status"	Patient Owner
[redacted]	☑	[redacted]	Outreach #1	2-ECM Eligible - Outreached	[redacted]

Demographic

Patient Name	Test Golden	Patient Owner	[redacted]
Managed Care Plan	Anthem / Blue Cross	Client Index Number (CIN) (from MCP)	99999999Z
Consent Given	1/1/2022, 12:00 PM	Authorization Number	
Type of Consent	Written	Authorization Expiration Date	
Date-of-Birth	5/25/1977	MCP "ECM Status"	2-ECM Eligible - Outreached
Age	45	Latest Disposition	Outreach #1
Phone	[redacted]	Referred	☐
OK to Text	☑	MCP "CS Status"	
Street Address		Type of CS Awaiting Auth	
Alternative Phone		Type of CS Authorized	
Phone Type		Requires PCP Referral!	☐
Email	[redacted]	Homeless	☐
Preferred Method of Contact		Homeless situation Notes	
Preferred Method of Contact Notes		At-Risk for Homelessness	☐
		At-Risk for Homelessness Notes	
Spoken Language Preferred (Dropdown)	English	Does NOT have Capacity	☐
Translator Required	☐	Population of Focus	
Written Language Preferred (from MCP)		ECM Chronic Conditions (Newly Diagnosed)	
Alternative Written Language Formats		ECM Chronic Conditions by MCP	
Race / Ethnicity		SDoH Codes	
Language / Culture Notes			
		Receives MediCare (Dual Eligible)	☐
Gender from MCP	F	MediCare Number	
Gender (Sensitive Selection)		Last Caregiver Activity Date	7/1/2022, 4:43 PM
Preferred Name / Pronouns		Last Caregiver Activity	Inserted Task
		Open Task Count	0
		Import Date	

Overview

Member Guardian / Conservator First Name		Child/Youth – CCS or WCM	☐
Member Guardian or Conservator Last Name		Child/Youth – Child Welfare	☐
Member Guardian or Conservator Phone		Child/Youth – Experiencing Homelessness	☐
		Child/Youth – High Utilizer	☐
Race / Ethnicity (by MCP)		Child/Youth – SED or CHR or Psychosis	☐
Spoken Language Preferred (from MCP)		Child/Youth – Transitioning from Incarce	☐
Alternative Format (by MCP)			
		Medical Record Number (MRN)	
Adult – Experiencing Homelessness	☑	Medi-Cal Renewal Date	
Adult – High Utilizer	☑		
Adult – LTC Eligible At-Risk for Institu	☐	Outreach Attempt Method	
Adult – NF Residents Transitioning to Co	☐	Date of Outreach Attempt	
Adult – SMI or SUD	☐	Outreach End Date	
Adult – Transitioning from Incarceration	☐		
Population of Focus Priority		Date Assessment Started	
		Date of Most Recent Completed Assessment	
Acuity Level	High	Date of Latest Care Plan Revision	
Asthma - from MCP	☐	Date of Most Recent Care Conference	
Bipolar disorder	☐	Date of Most Recent Patient Encounter	
Chronic congestive heart failure (CHF)	☐	Date Patient assigned to Master•Care	
Chronic Diagnosis from MCP - Read-Only	☑	ECM Enrollment Start Date	10/12/2022
Chronic kidney disease	☐	CS Enrollment Start Date	
Chronic Liver Disease	☐	ECM Enrollment End Date	9/20/2022
Chronic obstructive pulmonary dis (COPD)	☐	CS Enrollment End Date	
Coronary artery disease	☐	ECM Eligibility Date	
Dementia	☑		
Diabetes (from MCP)	☐	Discontinuation Date	9/20/2022
Hypertension	☐	Discontinuation Reason Code	3
Major Depression Disorder	☐	Discontinuation Reason (Narrative)	Member no longer wishes to receive ECM
Psychotic Disorders	☐		
SMI or SUD or SED	☐	Medical Group/IPA Name	
Traumatic Brain Injury	☑	PCP Group TIN by MCP	
Other Clinical Chronic Conditions by MCP		PCP Last Wellness / Check Up by MCP	
		PCP NPI (by MCP)	
Social Determinants of Health (SDoH) MCP		PCP Phone by MCP	
		Primary Care Provider/Clinic Name	
E.R. admissions in previous 6 months	7		
E.R. admission - Last Date	4/1/2022	MCP "Member Services" Phone	9993000000
E.R. admission - Facility name	Marshall Hospital - placerville	MCP ECM "Member Record"	
Inpatient admission - Facility name	Marshall Hospital Placerville		
Inpatient admission - Last date	5/2/2022		
Inpatient days in previous 6 months	10		

Health Record

Advanced Directive	☐	Requires Dementia Screen	☑
POLST	☐	Requires Mental Health Referral!	☑
Health Issues	Auditory (Hearing);Skin Condition	Mental Health Issues	Dementia Diagnosis
Medical Conditions (Narrative)		Mental Health Notes	
UTI Suspected	☐	Type Mental Fac. / Intervention Required	
UTI Tx / Avoidance Strategy	Order UA Immediately (Mobile Lab Available?)		
		Diabetes	
Last Dental Appointment			
Requires Dentist Referral	☐	Cardiovascular Issues	High Blood Pressure (BP)
Last Dental Hygiene Appointment	Can't remember	Cardiovascular Notes	
Dental Appliances		Location of Edema	
Dental Condition Other			
Dental Health Notes		Requires Wound Care Specialist Referral!	☐
Dental Hygiene		Epidermis (Skin) Issues	
Any Fillings or Crowns		Stages of Pressure Ulcer	
Lost Teeth caused by...		Wound Tx Strategy	
Has a Relative w/Gum Disease		Skin Care Speciality Equipment Ordered	
		Skin Sensitivity To...	
Requires Eye Doctor Referral	☐		
Requires New Glasses	☐	Gastrointestinal Issues	Heartburn / Acid reflux
Ophthalmic Issues		Musculoskeletal Issues	History of Falls;Balance Issues
How long blind?		Neurological Issues	Dementia Diagnosis
		Pulmonary (Lung) Issues	
Requires Auditory Exam / Referral	☐	Urological Issues	Suspect Urinary Infection (UTI);Bladder incontinence (wears pads / undergarments)
Auditory (Hearing) Issues			
Requires New Hearing Aids	☐		
Requires Home Health Referral	☐		
Requires Hospice Referral	☐		

00:01:24

* Subject	
Documentation Date	Jan 11, 2023
* Activity Category	Select Type
Encounter Outreach Method	Select Encounter Outreach Method
Disposition	Select Disposition
Related To	Test Golden
Description	
Successful Connection	Select Type of Connection Made
Time (minutes)	1

Activity

Filters: All time • All activities • All types

Upcoming & Overdue

No activities to show.
Get started by sending an email, scheduling a task, and more.

December • 2022 — **Last Year**

- Outbound to +[redacted] — Dec 27, 2022
  [redacted] logged a call
- (12/20/2022) SMS between +... — Dec 20, 2022
  [redacted] had a task

November • 2022 — **Last Year**

- Outbound to +[redacted] — Nov 15, 2022
  You logged a call

October • 2022 — **Last Year**

- Text — Mar 29
  [redacted] had a task with Test Golden
- (10/26/2022) SMS between +... — Oct 26, 2022
  [redacted] had a task
- Outbound to +[redacted] — Oct 25, 2022
  You logged a call
- Phone — Oct 25, 2022
  You had a task with Test Golden
- (10/25/2022) SMS between +... — Oct 25, 2022
  You had a task
- Outbound to +[redacted] — Oct 25, 2022
  You logged a call
- Outbound to +[redacted] — Oct 25, 2022
  You logged a call
- Outbound to +[redacted] — Oct 25, 2022
  You logged a call
- (10/24/2022) SMS between +... — Oct 24, 2022
  [redacted] had a task

Loading...

- (10/11/2022) SMS between +1... — Oct 11, 2022
  Kathy Inocelda had a task

September • 2022 — **Last Year**

- TEST — Sep 20, 2022
  You had a task with Test Golden

Loading...

Requires O2 / DME Referral	☐		
Requires Podiatry Referral	☐		
Requires Specialist Referral	Neurology;Orthopedics		
Specialist Referral Notes			

Medications and Treatments

Requires Medication Management!	☑		
Medication Self-Administer Ability		Medications: Oxygen (O2)	
Number of Routine Meds / Day		O2 Assistance Required	
Number of PRN Meds / Day			
Number of Daily Med Passes		Colostomy	☐
Prescribed Services / Treatments	Physical Therapy	Colostomy Assistance Required	
Strategy & Process for filling Rx			
		Gastrostomy	☐
Diabetes Controlled...		Gastrostomy Assistance Required	
Diabetes Monitoring: Blood Sugar Checks			
Diabetes Treatment: Special Diet		Ileostomy	☐
Diabetes Treatment: Injectable Insulin		Ileostomy Assistance Required	
Diabetes Treatment: Oral Medication			
		Enema / Suppository	☐
Medications: Eyedrops	☐	Enema / Suppository Assistance Required	
Eyedrop Assistance Required			
		Tracheostomy	☐
Medications: Inhalers / Nebulizer Tx	☐	Tracheostomy Assistance Required	
Inhaler / Nebulizer Assistance Required			
		CPAP Assistance Required	
Medications: Topical	☐	CPAP Device	☐
Topical Medication Assistance Required			
		Urinary Catheter	☐
Medications: Receives Injections		Catheter Assistance Required	
Injections: Frequency, Strategy &Process		Catheter Type	
Pain Treatment		Medication Notes	
Chronic Pain	☐	Other Treatment Details	
In Pain Now?	☐		
Number on Pain Scale			
Pain Cause and Location			
Pain Management Notes			

Financial

Requires Assistance — Apply for Medi-Cal	☐	Veteran	☐
Requires Assistance to Apply for SSI	☐	Branch of Military	
Cash on Hand		Honorably Discharged	☐
Social Security Income (monthly)		Date of Discharge	
Additional Insurance Coverage		Spouse is a Veteran	☐
Current Receives VA Benefits (amount)		Spouse's Branch of Military	
Value of Assets		Spouse was Honorably Discharged	☐
Description of Assets		Spouse's Discharge Date	
Medi-Cal Share of Cost		Financial / VA /Insurance Notes	
Other Income (monthly)		Funds available — Family / Friends	
Source of Other Income			

Housing / Programs / Support

County / State / Federal Programs		Fin. Contributions (Fam / Friends) Notes	
Social and Healthcare Programs		Family / Friend Support Notes	
Previously Enrolled In...			
Program Notes			

Personality / Psychosocial / Behaviors / Considerations

Substance Use Disorder (SUD) Notes		Dementia Diagnosis	☑
Requires "Twelve-Step" Call	☐	Exhibits Behaviors	☐
Co-Occurring SUD	☐	Capacity / Dementia Notes	Needs cueing and redirection
Co-Occurring SUD Details		Behaviors: Mental Health / Dementia	Sun Downing;Awake at Night
Drinks Alcohol with this Frequency		Awake at Night Plan	Do not allow patient to take naps in afternoon / late afternoon
Date of Last Drink		Awake at Night Plan Notes	
Smokes...		Delusions Plan	
		Delusions Plan Notes	
Smokes with this Frequency		Depression Plan	
Unsafe while Smoking Plan		Depression Plan Notes	
Unsafe while Smoking Plan Notes		Easily Worried / Anxious Plan	
Date of Last Cigarette (Cigar, Vape...)		Easily Worried / Anxious Plan Notes	
		Exit Seeking Plan	
Snacks Between Meals		Exit Seeking Plan Notes	
Sugary Drinks		Hallucinations Plan	
		Hallucinations Plan Notes	
Cultural Affiliations		Hoarding / Hiding Behavior Plan	
Cultural Concerns		Hoarding / Hiding Behavior Plan Notes	
Cultural Needs / Requirements		Inappropriate Toileting Plan	This is a new behavior
Cultural Restrictions		Inappropriate Toileting Plan Notes	contact PCP - Need UA
Cultural Notes		Obsessive Behavior Plan	
Ethnicity / National Origin Affiliations		Obsessive Behavior Plan Notes	
Ethnicity / National Origin Concerns		Paranoid Plan	
Ethnicity / National Origin Needs		Paranoid Plan Notes	
Ethnicity / National Origin Restrictions		Physically Aggressive Plan	
Ethnicity / National Origin Notes		Resistive to Care Plan	
Religion / Creed Affiliations		Resistive to Care Plan Notes	
Religion / Creed Concerns		Sexually Acting Out Plan	
Religion / Creed / Personal Belief Needs		Sexually Acting Out Plan Notes	
Religion / Creed Restrictions		Verbally Aggressive Plan Notes	
Religion / Creed / Personal Belief Notes		Verbally Aggressive Plan	
History of personalized trauma		Wandering Plan	
Apprehension to Receiving Personal Care		Wandering Plan Notes	
Personal Caregiver Gender Preference		Withdrawn (Behaviors) Plan	
Personal Caregiver Gender Pref. Notes			
Prefers to be called....			
Personality - Really likes doing...			
Personality - Greatly dislikes doing...			
Previous career / profession			
What was patient's "Best Day Ever"?			
Personality - Social Preferences	Introvert		
Spiritual preference			
Would like to attend spiritual services	☐		
Barriers to attending services			
Favorite band / music / artist			
Hobbies			
Favorite color			
Favorite Foods			
Favorite Restaurants			
Long Term Goals			
Master-Care Plan Notes			

ADLs / IADLs

Communication	Occasionally able, but frequent difficulty to make simple requests regarding needs and preferences	Requires Assistance Bathing	☑
Communication Notes		Type of Bathing	
		Bathing - Number of Times / Week	
Assistance Required for Ambulation	Requires Escorting / Stand-by Assist for ambulation	Bathing - Preferred Time of Day	
Uses Assistive Device for Mobility	Walker	Bathing Notes	
Ambulation / Mobility	Non-Ambulatory		
Ambulation Limits - Safety Consideratio	Unable to ascend and descend stairs regardless of assistance or device	Requires Assistance Dressing	☐
Ambulation / Mobility Notes		Type of Dressing Assistance Required	
		Dressing Notes	
Transfers			
Transfer Notes		Requires Assistance Grooming	☐
		Type of Grooming Assistance Required	Requires reminders for make-up;Moderate assistance for shaving
Repositioning Required		Grooming Notes	
Frequency of Repositioning			
Bed Mobility		Food Insecurity	☐
Bed Mobility Notes		Diet	
		Dietary Notes	
Requires Toileting Assistance	☐	Thickened Liquids	
Type of Toileting Assistance Required		Eating Considerations	
Incontinence Products		Eating Frequency	
Toileting Notes		Eating Notes	
		Food Dislikes	
		Food Allergies	
		Dining Notes	
		Dining Preferences	

Home Environment

Permission to take photos	☐	Recommend Home Modification	☐
Requires Housing Assistance	☑	Home Areas Requiring Modification	
Current Housing / Living Situation		Home Modification Items	
Desired Living / Housing Situation		Requires Home Cleaning	☐
Willing to be flexible with...		Areas Requiring Cleaning	
Requires Assistance Caring for Pet(s)	☐	Type of Cleaning / Safety Required	
Type of Pet Care Assistance Required		Front yard / Entrance	
Pet Considerations			
Pet Notes			
Pets			

Address Information

		Mailing Address	

System Information

Created By	[redacted], 1/4/2022, 2:27 PM	Last Modified By	[redacted] 1/11/2023, 2:30 AM

Custom Links

Administrative Only

County	Amador County	ECM Provider by MCP	
Billing Code	G9012	ECM Provider TIN by MCP	
Billing Code Modifier	U2, GQ	ECM Provider NPI	
		MCP "Primary Payer" Identifer	135
Contracted Rate	$0.00		