Appendix 28 ▪ Nurse Care Manager Alternate Discipline Visit (ADV) Assessment

Participant Name: _____ MSSP ID: _____
ADV Date: _____
Staff Name/Title: _____ Staff Signature: _____

Description of Participant and Home Environment:

Changes in Participant Condition
Please indicate below if there have been any changes since the last nursing visit.

1. Diagnoses: ☐ Yes ☐ No

If yes, describe:

2. Health: ☐ Yes ☐ No

(Note: Include changes in general health status and practices, cognition, behavior, health practices, medical compliance, nutrition, physical activity, continence, and problematic signs or symptoms)

If yes, describe:

3. Medications: ☐ Yes ☐ No

If yes, describe:

4. Hospitalizations, SNF admissions, or ER visits: ☐ Yes ☐ No

If yes, describe:

5. Falls: ☐ Yes ☐ No

If yes, have fall incidents been reported on the CIR: ☐ Yes ☐ No

If yes, describe:

6. IHSS/Caregiver hours:

Indicate if there was a change in the last 12 months ☐ Yes ☐ No

List current IHSS hours: _____

Are current hours adequate to meet participant's personal care and chore needs?

☐ Yes ☐ No

If not, describe:

7. Care Plan: ☐ Yes ☐ No

(Note: Review the status of any ongoing participant need statements and ensure the care plan adequately and appropriately addresses the participant's changing needs and personal goals. If the nurse ADV assessment replaces the progress note for the month, it is important that all of the participant's need statements are addressed within the assessment or in the section below)

If yes, describe:

Vital Signs (If not taken, explain in comments):

BP: _____ ☐ Supine ☐ Sitting ☐ Standing **Pulse:** _____ **Respirations:** _____

Height: _____ **Weight:** _____

Pain: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Very Severe ☐ Worst Possible

Temperature (optional)**:** _____

Additional Comments: