

Face Sheet: NOMs Baseline, Reassessment and Discharge

Staff Completing Face Sheet: _____ **DATE** _____

Circle all that apply for this packet: **Level of Care: Low Moderate High**

Baseline Basic Baseline (informed consent, demographics, and health indicators)

Reassess: 6 Month 12 month 18 month 24 month 30 month 36 month 42 month 48 month

Basic Reassess: 6 Month 12 month 18 month 24 month 30 month 36 month 42 month 48 month

Evaluation and Service Discharge: {close in EMR and file}

- **Transfer from** _____ **to** _____ **case load (optional)**

Evaluation Discharge with continued Aftercare: {do not close in EMR and file}

- Change to Dixies' case load: patient is receiving primary care only
- **Transfer from** _____ **to** _____ **case load (optional)**
- Add AC to the client name and put on _____ care managers caseload

Aftercare Service Discharge: {close in EMR and file}

Evaluation Admin Discharge (no contact) with Service Aftercare: {do not close in EMR and file}

Evaluation and Service Administrative Discharge (no contact) {close in EMR and file}

Circle if removing participant completely: **DELETE ALL RECORDS**

For participants who do not show up for services within 90 days of baseline data collection.

Care Manager Action- fill out face sheet and circle delete all records

Admin. Action: 1. remove participant from the enrolled master-list, 2. place participant on the deleted participant master-list, 3. remove participant paper file and, 4. place paper file in deleted participant file. 5. Close Program episode in the EMR.

Create a copy of the face sheet and send to Gwen

1. On page 1 of the NOMS in the field "Consumer ID" document the Participant ID from Program EMR.

Consumer ID: _____ **Consumer Name:** _____

- | | | | |
|---|-----|----|------|
| 1. Document the PCP name: _____ | YES | NO | DATE |
| 2. PCP site: _____ | YES | NO | DATE |
| 3. Name of the Care Manager: _____ | YES | NO | DATE |
| 4. Health indicators vitals included: | YES | NO | DATE |
| 5. Health indicators blood work included: | YES | NO | DATE |

NOTES TO DATA ENTRY STAFF: (Any other clarifications needed)