

Quick Reference: Intakes and Scheduling SOC

Prospect Referral

On the **Intakes** tab, click **Add Prospect** and add available information. Items with a * symbol are required. Items with a † symbol are required if you are checking insurance for the prospect. When a prospect is ready for full referral, select **Convert**.

Full Referral

1. On the Intakes tab, click **Add Intake**.
2. Complete at least the following. (Remember items entered during Intake flow to the clinician assessment.)
 - a. Enter demographic information.
 - b. Enter Medicaid/Medicare ID numbers if applicable.
 - c. Residence Type and County if you need CBSA and Hipps codes for billing
 - d. Case Record information.
 - e. Referral Source.
 - f. Patient Physician - including verifying Fax numbers and preferred delivery method for Forcura, and mark at least one MD as primary
 - g. Insurance coverage (must be identified on every single patient, can add multiple if applicable).
 - h. Leave SOC date blank and allow clinician to set while completing the assessment.
Exception: If you are transitioning your patients into PCC for the first time please review the *Recertifying patients into PCC* guide
 - i. Check admission order box, if applicable.
3. Click *Save* until Initial/Start of Care appointment is completed.
4. Navigate to patients' chart that the intake created
5. Enter Diagnosis codes for patient via case details>> diagnosis tab>> Save/accept
6. Enter F2F order encounter entering the original F2F encounter date, save and close, then bypass order as F2F reason
7. Enter Admission Order: entering details of referral under Notes to provider section, save and close and use bypass option as Admission order
8. Enter meds as pending, if desired
9. Schedule SOC appt
10. After the Initial/Start of Care appointment is complete, navigate to Intake tab, edit the intake and mark as **Complete** when you have confirmation the patient will be admitted.

Schedule Start of Care/Initial Appointment

1. Navigate to the patient schedule.
2. Click **Add**.
3. On the **Service** tab, fill in drop downs. Be sure to enter information starting at top left and moving left to right, top to bottom since one field determines the next field.
 - Select the correct case record, especially if the patient has multiple cases.
 - Enter the start and end date/time.
 - Select Discipline (this determines the next field listing services this discipline is allowed to do).
 - Select Service - SOC or initial eval (this determines what documentation the clinician receives in the Care at Home application).
4. On the **Employee** tab, select from previous employees or search for employee.
5. **Accept** appointment.

Held appts and open appts workflows:

Held appts- shows appts that have been synced back from the app and are ready to be reviewed.

Unreviewed appts – shows held appts and open appts that are in the past

For any appt showing open in the past it can mean a few things:

Appt has been started on cah 1 app but clinician has not synced it back yet (once you fully switch to cah clinical this will no longer be an issue because clinical appts once started show status as “in progress”)

Appt is open and has never been attempted- you will need to determine next steps

Is the appt still in the correct medicare work week for orders-

i. If yes, appt can and should be moved to a different day to complete the appt

ii. If no, this appt is past the appropriate medicare work week to complete this appt in and we need to change the status to missed or cancelled visit (keep in mind appropriate documentation re: missed visits for survey purposes)

****Open appts should be reviewed every day and determine one of these 3 scenarios:**

if the appt needs to be moved to a different day (clinicians can use the scheduling app to drag appts to different days easily and this will sync up with clinical app

If it needs to be synced back from cah 1

Or if it needs to be marked as missed/cancelled

I like the appt details report because I can use filters easily and even sort by clinician. Ideally if your clinicians are managing their schedules it should be rare you have an open appt lingering out there, especially true once everyone is on new clinical app.