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| **Care for Older Adults (COA) Assessment** –*For SNP Members Only* |

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**Member Name : DOB: PCP NAME:**

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| DOES PATIENT HAVE AN ADVANCE DIRECTIVE?  YES  NO  (*If No, check box to indicate that patient has been advised of their need to have an Advance Directive in place.)* |

**Medication Reconciliation – CPT Codes: 90862, 99605, 99606 Category II Codes: 1159F, 1160F**

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| NAME OF MEDICATION | PRESCRIPTION | O-T-C | DOSAGE |
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**Current Level of Function** *(Compare to initial assessment.)*  **Category II Codes: 1170F**

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| **ADL** | INDEPENDENT  MINIMAL ASSISTANCE  NEEDS ASSISTANCE  TOTAL ASSIST |
| **MOBILITY** | CONTROLS/MOVES ALL LIMBS AT WILL AND SAFELY INDEPENDENT CONTROLS/MOVES ALL LIMBS WITH MIN. ASSISTANCE w/FWW  REQUIRES 2 PERSONS FOR XFER  UNABLE TO POSITION CHANGE/MECHANICAL LIFT XFER |
| **BALANCE** | NORMAL  MIN. ASSISTANCE WITH BALANCE UNSAFE BALANCE AND NEEDS MODERATE ASSISTANCE  MAXIMUM ASSISTANCE NEEDED WITH 1-2 PERSONS |
| **MENTAL STATUS** | ORIENTED x3  ORIENTED x2 – FOLLOWS SIMPLE COMMANDS  ORIENTED x1 – INCONSISTENLY RESTLESS, AGITATED OR NERVOUS  UNRESPONSIVE TO VERBAL COMMANDS |
| **COMMUNICATIONS** | IMPROVED  DECLINED  UNCHANGED |

**Pain Assessment – Category II Codes: 0521F, 1125F, 1125F**

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| **Location:** | **Intensity:** On a scale of 0 to 10, with 0 being no at all and 10 being the worst pain you can imagine, how much does it hurt right now?  Results : 1-10- with 0 = No Pain, 5 = Moderate Pain, 10 = Worst Pain  Pain Result: 1 2 3 4 5 6 7 8 9 10 |
| IS PAIN CONSTANT?  YES  NO | TYPE OF PAIN (Example: ache, deep, sharp, hot, cold, dull, like sensitive skin)  Ache |
| ONSET, DURATION, VARIATIONS | WHAT RELIEVES PAIN? |
| OTHER COMMENTS: |  |

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| Provider Signature/ Credentials: |  | MD  DO  NP  PA |  |