

LIFE CARE INSTRUCTIONS FOR MISSED/ATTEMPTED/INTERRUPTION OF SERVICES VISIT REPORT (LC-290)

PURPOSE

This form is used to document the missed, attempted, and interruption of services visits for the Waiver clients of the Alabama Department of Public Health (ADPH).

DISTRIBUTION

This form is printed as an original only. After completion, a photocopy of the form is sent to the Waiver case manager every Monday. The original of this form will be filed in the client's clinical record. A separate form is to be completed for each client. Multiple missed, attempted, and/or interruption of service visits for the same client in the same week may be documented on the same form.

GENERAL INSTRUCTIONS

1. Enter the full name of the client.
2. Circle either **YES** or **NO** if the client is an "**At Risk**" or "**Priority**" client.
3. Enter the name of the Life Care office.
4. Enter the dates of the week that the visit(s) were missed, attempted, and/or interrupted.
5. Enter the page number(s).
6. Enter the date of the scheduled visit.
7. Circle either **Missed, Attempted, and/or Interrupted** as appropriate.
8. Circle the type of service.
9. Enter the number of hours/days missed, attempted, and/or interrupted as appropriate.
10. Document a brief reason/explanation of why the visit was missed, attempted, or interrupted.
11. Enter the name of the Waiver case manager that this Missed/Attempted/Interruption of Services Visit Report is being faxed/mailed/emailed to.
12. Enter the name of the person completing this form.
13. Circle whether the form was mailed/faxed/emailed to the Waiver case manager.
14. Enter the date the form was mailed/faxed/emailed to the Waiver case manager.