

Local Contact Agency (LCA) Contact Checklist

Referral # _____ Date contact initiated _____ Appointment Date _____

		QUESTIONS OR TASKS	NOTES
Pre-Visit	Contact Facility	1. What is already in place to assist with transition and the status of the discharge plan?	
		2. Where does the person want to move?	
		3. What is their financial status?	
		4. Is there a Guardian or Power of Attorney?	
		5. What are the “known” challenges or barriers?	
		6. Is the individual able to speak with you by phone to set up a face-to-face meeting?	
		7. Does the individual have the capacity to comprehend and retain the information you would likely share?	
		8. Does the individual have the capacity to communicate the information discussed during the interview with others?	
		9. When is the best time to visit?	
	Schedule Visit	Contact the individual by phone if possible to schedule the visit; you may work with staff to schedule as well.	
	Gather Resources	Gather the material you believe you will need for the face-to-face meeting, including any need for accommodation.	

Visit	Past	Let's talk about your move to this place...	
		Where were you living before you moved here? (Location / Type of residence / With whom)	
		Did you come to the nursing home directly from the hospital? If yes, why were you in the hospital and for how long? If no, where were you living before being admitted to the nursing home?	
		In addition, what changes occurred in your life that led to your move here? (For instance, were there changes in your medical condition or physical capacity or changes in family supports?)	
		How was the decision made for you to move here? Whose idea was it? Why? If it was someone else's idea, were you involved in making the decision?	
		Why did you choose this place over others? What other options did you know about or consider?	
		Did anyone help you learn about other places or options?	
	Present	Let's talk about the services and supports (care) you receive here...	
		What medical services, personal assistance, or therapies are you receiving?	
		What activities do you participate in (formal and informal)? Are there benefits to living here beyond the services and activities, such as friends, social life, or your family lives nearby?	
		What do you like most about living here? Please explain or give examples.	
		What do you like least about living here? Please explain or give examples.	
		What were your expectations or plans when you moved here? Did you think this would be a long- or short-term move? How well have your expectations been met?	
		Have you carried out your original plan? If yes, how? / If no, why not? Have you considered moving before now? If so, have you talked about it with anyone? If so, what happened?	

Visit, continued		Let's talk about moving to the community...	
		What would be your ideal living situation? Do you have a place to live? Location / Type of residence / Living with whom?	
		What kind of help do you think you would need to achieve your ideal living situation?	
		What problems, concerns, or fears do you anticipate about such a move?	
	Future	Let's talk about services and supports that are available for you...	
		<ul style="list-style-type: none"> • Discuss local supportive living options and costs. • Discuss consumer-directed options. • Discuss home and personal care options and associated costs. • Discuss transportation services and associated costs. • Provide information about medical home (CCNC) if applicable. • Other transition programs and services. • Other community living supports such as Respite, CDSMP, Adult Day Programs, Congregate Nutrition, Support Groups, etc. 	

Post-Visit	Gather additional resources as needed	If during the course of the meeting, information was requested that you did not have access to or information about during the interview; provide the individual a timeline for when they may expect follow-up	
	Follow-up as needed	Note information the individual and/or facility needs as follow-up. If you have concern about the individual's capacity, discuss who they want as a support or surrogate contact.	
	Make Referrals as needed	If you are going to make a referral on the individual's behalf (at their request), have the individual sign the consent form. The consent form is not needed to share information with the facility. However, you must discuss with the individual everything you plan to share with the facility.	
	Close Contact	Note in tracking system the date of the visit and results, referral, etc.	

Date completed _____

Disposition date _____

North Carolina Department of Health & Human Services | Division of Aging and Adult Services

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