

## INTAKE SPECIALIST COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
Driver's license number:	Evaluation date:
Driver's license renewal date:	Specialty certification (if applicable): Expiration date:
Other:	

Key for met/not met categories and self-needs assessment:

1. Able to perform independently
2. Able to perform after review of information
3. Able to perform with assistance only
4. Unable to perform

Time frame:

3 months = 3m  
 6 months = 6m  
 1 year = 1 yr

\* = Annual evaluation required

Task/Behavior	References: A. Review policy/procedure B. Manufacturer's manual C. Video review D. Skills lab E. Written test F. Self-study packet G. Direct observation	A	B	C	D	E	F	G	Date	Instructor Initials	Time Frame	Met	Not met	Self-needs Assessment
<b>A. DEPARTMENT OVERVIEW</b>														
Tour of ( <i>PACE program</i> )	Guided tour										3m			
"PACE" training	PACE manual, P&P manual, Preceptor orientation										3m			
Dress code	Policy #										3m			
Clock-in/out or sign in/out	Policy #										3m			
Beeper paging	Preceptor orientation										3m			
Telephone & intercom system	Tour, policy #										3m			
Location of manuals	Guided tour										3m			
PACE training	PACE manual, P&P manual, preceptor orientation										3m			
Review organizational chart	Review P&P										3m			
Review personnel procedures for travel, tardiness, absenteeism, leave requests, incident & accident reports, employee screening requirements, pay procedures, supplies	Review policies & procedures										3m			
<b>B. DEPARTMENT SAFETY PROCEDURES</b>														
Annual mandatory safety training (includes corporate compliance)*	Safety training manual and video										3m			
Review of emergency procedures and equipment, both medical and non-medical*														
♦ Fire safety procedure*	Disaster manual, P&P										3m			
♦ Disaster plan, evacuation plan*	Disaster manual, P&P										3m			
♦ Location of safety manuals*	Guided tour										3m			
♦ Hazardous materials*	Hazardous materials manual										3m			
♦ Body mechanics*	Policy #, PT orientation										6m			
<b>C. INFECTION CONTROL</b>														
Handwashing	Policy #										3m			
Standard precautions*	Policy #										3m			
Immunizations: ♦ PPD (mandatory)* ♦ Flu vaccination (counseling)	Policy #										3m			

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<b>D. RESOURCE MANAGEMENT</b>														
Ordering of supplies	Preceptor										3m			
Scheduling of home visits	Preceptor										3m			
Coordination/scheduling of intake presentations	Preceptor										3m			
<b>E. ASSESSMENT OF PARTICIPANTS</b>														
Intake and enrollment policies & procedures	P&P manual, ( <i>State</i> ) Medicaid program handbook, ( <i>PACE program</i> ) enrollment handbook										3m			
Explanation of PACE concept	" , PACE manual										3m			
Screening criteria	"										3m			
♦ Age	"										3m			
♦ Geographical location	"										3m			
♦ Financial resources	( <i>State</i> ) Medicare & Medicaid, private pay eligibility guidelines										3m			
♦ Explanation of benefits and coverage	( <i>PACE program</i> ) handbook										3m			
♦ Explanation of exclusions and limitations of coverage	( <i>PACE program</i> ) handbook										3m			
♦ Explanation of contracts with other community resources & agencies	( <i>PACE program</i> ) handbook										3m			
♦ Explanation of charges & payment	( <i>PACE program</i> ) handbook										3m			
♦ Explanation of emergency plan including out-of-state care	( <i>PACE program</i> ) handbook										3m			
♦ Explanation of participant rights	( <i>PACE program</i> ) handbook										3m			
♦ Explanation of participant and caregiver responsibilities	( <i>PACE program</i> ) handbook										3m			
Ineligibility for enrollment	( <i>PACE program</i> ) handbook										3m			
Referral to other resources	( <i>PACE program</i> ) handbook										6m			
Home visit	( <i>PACE program</i> ) handbook										3m			
♦ Assesses Medicaid eligibility and completes Medicaid applications as appropriate														

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<b>F. PARTICIPANT SPECIFIC COMPETENCIES</b>														
♦ Age specific*	Self study module										3m			
♦ Cultural diversity*	Self study module										3m			
♦ Latex allergy*	Self study module										3m			
♦ Limitation of participant movement*	Self study module										3m			
<b>G. MANAGEMENT OF INFORMATION</b>														
Referral information	Completion of telephone referral form										3m			
Maintenance of intake record	Preceptor										3m			
Participant confidentiality*	P&P manuals										3m			
Release of medical information	P&P manuals										3m			
Maintenance of PACE data	P&P manuals										3m			
♦ Intake study information	P&P manuals										3m			
♦ Biographical information	P&P manuals										3m			
♦ (State) information	P&P manuals										3m			
Review of participants' rights*	P&P manuals										3m			
Review of marketing policy to include prohibited marketing practices*	P&P manuals										3m			
<b>H. QUALITY IMPROVEMENT</b>														
Chart review	P&P manual										3m			
QI committee	Meeting minutes										3m			

Date competency profile completed: \_\_\_\_\_

Action plan initiated:    Yes    No  
(If yes, please add action plan to competency profile.)

I understand that it is my responsibility to notify my immediate supervisor if at any time I am unable to perform the basic competencies required to practice in my assigned clinical area.

Employee signature: \_\_\_\_\_

Preceptor signature: \_\_\_\_\_

*(Attach the competency profile action plan here.)*