

INTAKE COORDINATOR COMPETENCY PROFILE

Name:	Date of hire:
Title:	Employee number:
License number:	Evaluation date:
License renewal date:	Specialty certification (if applicable): Expiration date:
BLS renewal date (every two years)*:	
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
A. DEPARTMENT OVERVIEW								
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			
Department meetings (staff, in-service)	Clinical ladder manual				3m			
Log Books ♦ Grievance log ♦ Maintenance log ♦ CLIA-waived testing log*	Preceptor orientation				3m			
Review Organizational chart	Preceptor orientation				3m			
Review personnel procedures for travel, tardiness, absen- teeism, leave requests, incident & accident reports, employee screening requirements, pay procedures, supplies	Review policies & proce- dures				3m			
B. DEPARTMENT SAFETY PROCEDURES								
Annual mandatory safety train- ing (includes corporate compli- ance)*	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			
♦ MSDS notebook-agents used*	Hazardous materials manual				3m			
♦ Hazardous waste precautions*	Hazardous materials manual				3m			
♦ CPR/basic life support (every 2 years)*	Policy #				6m			
♦ "911" system	Preceptor/guided tour				3m			
♦ Use of restraints*	Policy #				3m			

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C. INFECTION CONTROL														
Handwashing	Infection control manual										3m			
Standard precautions*	Infection control manual										3m			
Location and use of personal protective equipment (PPE)	Safety training manual & video										3m			
Immunizations ♦ PPD yearly (mandatory)* ♦ Flu vaccination	Policy #										3m			
D. RESOURCE MANAGEMENT														
HR management of intake specialist	P&P manual										3m			
Ordering of supplies	Preceptor										3m			
Scheduling of home visits	Preceptor										3m			
Coordination/scheduling of intake presentations	Preceptor										3m			
E. ASSESSMENT OF PARTICIPANTS														
Intake and enrollment policies & procedures	P&P manual, (State) Medicaid program handbook, (PACE program) enrollment handbook										3m			
Explanation of PACE concept	“, PACE manual										3m			
Screening criteria	“										3m			
♦ Age	“										3m			
♦ Geographical location	“										3m			
♦ Financial resources	(State) Medicare & Medicaid, private pay eligibility guidelines										3m			
♦ Level of care determination	Form #										3m			
♦ Certification of level of care	Form #, preceptor										3m			
Home visit	Preceptor										3m			
♦ Explanation of benefits and coverage	(PACE program) handbook										3m			
♦ Explanation of exclusions and limitations of coverage	(PACE program) handbook										3m			
♦ Explanation of contracts with other community resources & agencies	(PACE program) handbook										3m			
♦ Explanation of charges & payment	(PACE program) handbook										3m			

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♦ Explanation of emergency plan including out-of-state care	(PACE program) handbook				3m			
♦ Explanation of participant rights	(PACE program) handbook				3m			
♦ Explanation of participant and caregiver responsibilities	(PACE program) handbook				3m			
Ineligibility for enrollment	(PACE program) handbook				3m			
♦ Appeal rights	(PACE program) handbook				3m			
Referral to other resources					6m			
Presentation of new intakes to interdisciplinary care teams	Preceptor				3m			
Signing of enrollment agreement	(PACE program) handbook				3m			
Team denial of enrollment	(PACE program) handbook				3m			
J. PARTICIPANT SPECIFIC COMPETENCIES								
♦ Age specific*	Self-study module				3m			
♦ Cultural diversity*	Self-study module				3m			
♦ Latex allergy*	Self-study module				3m			
K. MANAGEMENT OF INFORMATION								
Referral information	Completion of telephone referral form				3m			
Communication of assessment findings to potential participant & caregiver	Preceptor				3m			
Maintenance of intake record	Preceptor				3m			
Participant confidentiality*	P&P manuals				3m			
Release of medical information	P&P manuals				3m			
Completion 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			
Participants' rights	P&P manuals				3m			
Review of marketing policy to include prohibited marketing practices*	P&P manuals				3m			
L. UNIT SPECIFIC								
Administrative call	P&P manual, section #				6m			
Management team	P&P manual, section #				3m			
Billing	P&P manual, section #				6m			

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M. QUALITY IMPROVEMENT								
Chart review	QI manual				3m			
QI committee	Site QI 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.)