MA Home Care Nursing Assessment Instructions

Prior to completing the HCN Assessment
- Complete a data collection tool such as OASIS or your agency tool.
- Other forms which need to be submitted with the assessment:
  - The CMS485/CMS 486 or a similar form
  - Physician’s Orders
  - Service Agreement

Review of Systems
Check each system that requires a nursing intervention.

Nursing Interventions Required
- Identify the nursing interventions required based on the person’s diagnosis or health status.
- Identify episodes of instability that require nursing interventions.
- Describe the nursing interventions required to alleviate these episodes.

Regular/Complex HCN
Indicate the type of HCN based on your assessment of the episodes of instability and complexity of the interventions required.

Time Determination
- Based on professional judgement, indicate the amount of time required to accomplish the required nursing interventions.
- If appropriate, time may be divided between RN, LPN and shared.
- Indicate the time span requested. (This may be up to one year).

Signatures
- The consumer or the responsible party must sign.
- The nurse completing the assessment must sign

Agency Information
- Agency Name
- Agency Address
- NPI/UMPI

Fax all supporting documentation to: 651-431-7447