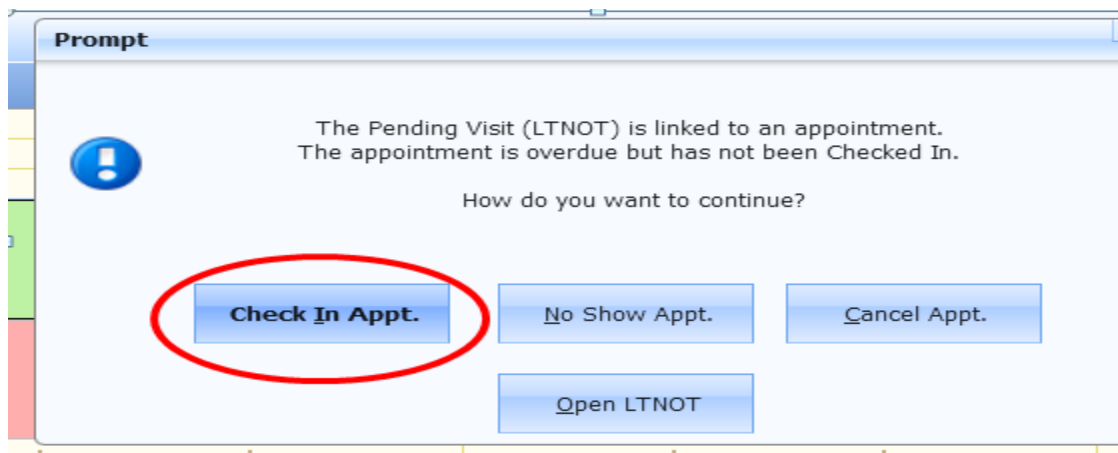


Primary and Secondary Evaluation

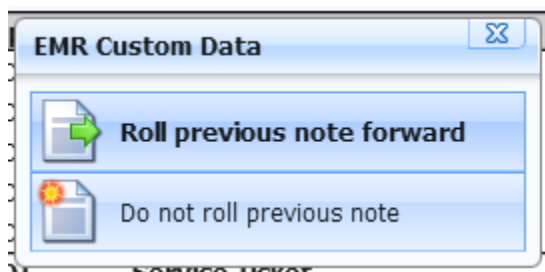
Note: These directions assume you have an evaluation appointment scheduled in your Raintree calendar.

Go to DASHBOARD. Double-click on the appointment from the dashboard.

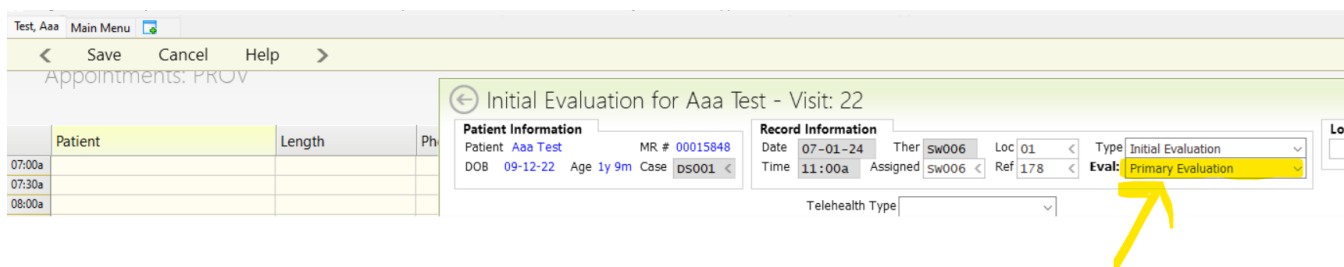
The Prompt box will appear, click on Check In Appt.



Note: select **"Do Not Roll Forward"** (only roll forward IFSPs)



If you are the primary on the evaluation, you need to select that from the drop down menu



Select Child Evaluation tab:

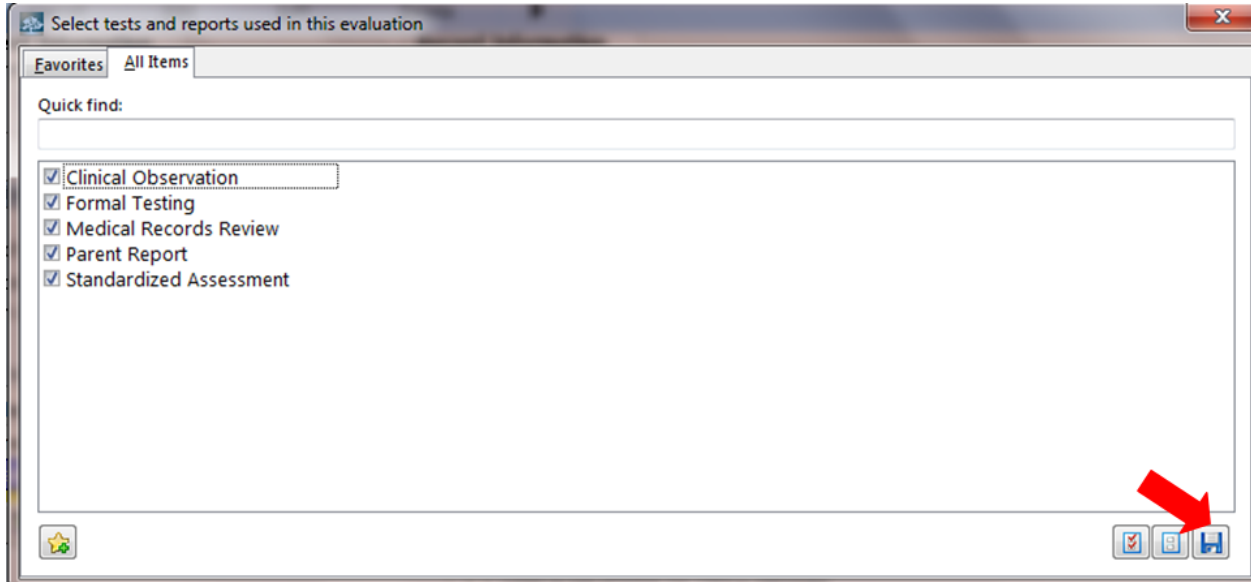
Note: Secondary evaluator need only complete the following:

- Background Information: only enter information collected during the eval.

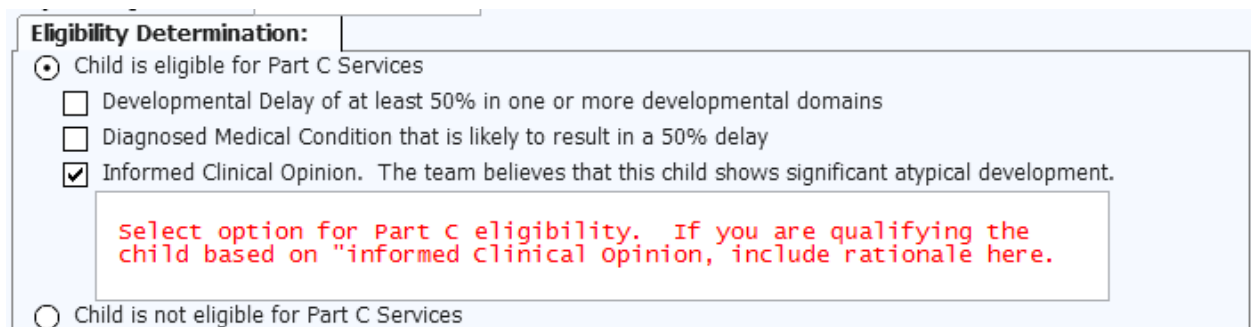
- Functional Evaluation: The areas of the evaluation completed and include recommended activities for the parents to address how this child could be supported.
- Standardized tests or assessments completed in the Objective Findings tab

Click in the **Evaluation/Assessment tools and Methods used** box then click 

Make Selections by checking boxes and then save by clicking on the save icon



If you are the Primary Evaluator complete the Eligibility Determination area



Complete tabs across bottom of page using Pull from Intake button

Note:

- Scroll to bottom of page if you do not see the button.

- If an evaluation is completed on two separate dates, use the first date for the evaluation record, and make a note of both dates in the Background Summary tab on this page.
 - The provider will complete an additional FSC note for the additional date(s)
- For each area in the Functional Eval you may right-click and select edit; this allows you to expand the box and increase your writing area

Background Information	Functional Outcome	Eval Summary And Recommendations
------------------------	--------------------	----------------------------------

This information will be populated from the Intake Note.
 Select Pull from Intake to draw content to this section. |

Background Information	Functional Outcome	Eval Summary And Recommendations
------------------------	--------------------	----------------------------------

What are the child's abilities, strengths and needs pertaining to social emotional skills, including positive social relationships?
Complete for Social Emotional functioning and select Child Outcome Rating below.

☒ not yet
 ☐ =<emerging
 ☐ =emerging
 ☐ =<somewhat
 ☐ =somewhat
 ☐ =<completely
 ☐ =completely

What are the child's abilities, strengths and needs pertaining to acquiring and using knowledge and skills?
Complete for Acquiring and Using Knowledge and Skills functioning and select Child Outcome Rating below.

☐ not yet
 ☐ =<emerging
 ☐ =emerging
 ☐ =<somewhat
 ☐ =somewhat
 ☐ =<completely
 ☐ =completely

What are the child's abilities, strengths and needs pertaining to taking appropriate actions to meet needs?
Complete for Taking Appropriate Actions to Meet Needs functioning and select Child Outcome Rating below.

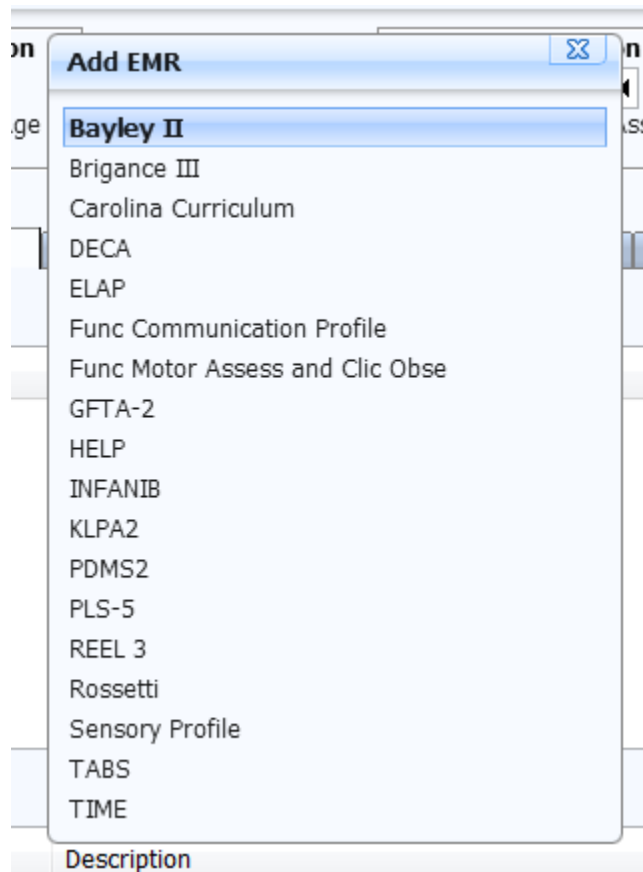
☐ not yet
 ☐ =<emerging
 ☐ =emerging
 ☐ =<somewhat
 ☐ =somewhat
 ☐ =<completely
 ☐ =completely

Background Information	Functional Outcome	Eval Summary And Recommendations
------------------------	--------------------	----------------------------------

Recommendations for enrollment and other follow-up assessments here.

Select Objective Findings Tab to record test scores for both the Objective Findings for Hearing and Vision and the Standardized Tests for scores Ex: IDA-2

To select the tool used from the dropdown, click:



Choose and complete scoring protocols one assessment at a time.

Note:

- Each provider enters the scores for the areas they completed for a given protocol.
- If providers completed a test not on the list such as AIMS, enter the test scores in the Other Tests section of the Objective Findings page:

Other Tests (S)
<div></div>

Complete scoring your sections and F10 to save.

Complete the rest of the tabs

- **If primary, you'll need to complete the Risk Factors and State Diagnosis tab as well. Even if "none" you will need to check the box.**

- If an OT/PT then you'll need to complete the Complexity

Complete Charges tab for appropriate evaluation clock times.

Telehealth Type

Objective Findings **Charges** Charge Recap Tracking Child Evaluation Complexity Risk Diag

Evaluation Services

OT Evaluations

Select Service	Time in	Time out
<input type="checkbox"/> 97165 - Eval Low Comple...	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 97166 - Eval Moderate Co...	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 97167 - Eval High Complex.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 97168 - Re-Evaluation	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 96112 Developmental Eval	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 96156 Health and Beh Ass...	<input type="text"/>	<input type="text"/>

F10 and the Primary or Secondary Evaluation document will appear.

File Edit Insert Format Paragraph View Tools Help

Tahoma 11 B / U A


Initial Evaluation

Date of Visit:	10-02-14	Provider:	
Patient Name:	Test, PIC	Referring MD:	James Foster MD
Patient #:	00005522		
Date of Birth:	12-12-2012		
Age:	21 month		

Look to lower left corner of document to save and sign off.


Once you e-sign your evaluation note, your clock times/units will automatically go to Billing Review.

Enter password



User ID: User Name: Maggie Wright

Password:

 Save and Sign Off