



BEFORE MAC VISIT 1

PCP Identifies cognitive impairment and refers to MAC; MAC contacts patient



MAC VISIT 1

Care partner: Initial visit with Community Services Educator; Assessment: FAQ, CNA, BRI



INTERIM AND HUDDLE

Interim: Pt has imaging, labs, other workup and MAC Providers review results to make dx

Huddle: MD/ CSE should discuss case and dx prior to the second visit



MAC VISIT 2

MD reviews dx with patient and patient care partner

CSE meets with patient and patient care partner: Identify patient goals



CARE PLAN DEVELOPED

RETURNS TO PCP

Patient returns to care of PCP with diagnosis and finalized Care Plan

EDUCATE FAMILY

CSE finalizes the Care Plan and sends/-mails to the family

REFERRAL TO COMMUNITY CARE

CSE to send referral (Face Sheet, Consent, Care Plan Summary) to AA and AAA

FOLLOW UP WITHIN 1-MONTH OF 2ND VISIT

CSE to call Pt/Care Partner to check in post visits, ensure they have been contacted by AA and AAA and to answer any questions