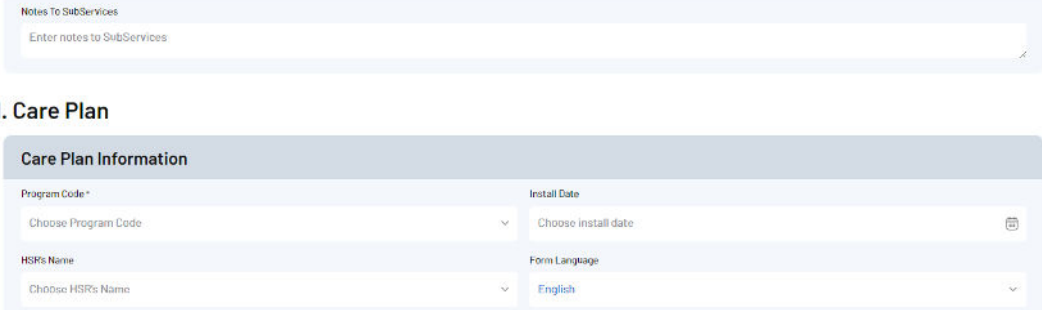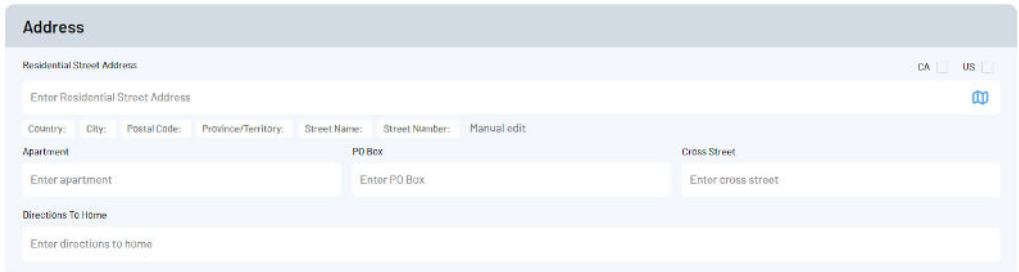# Partner Portal- Care Plan Tab

In the Care plans tab, there are two options; Create a New Careplan or List. New Careplan is adding a new subscriber to your program and List reviews the progress of the Care plans entered.
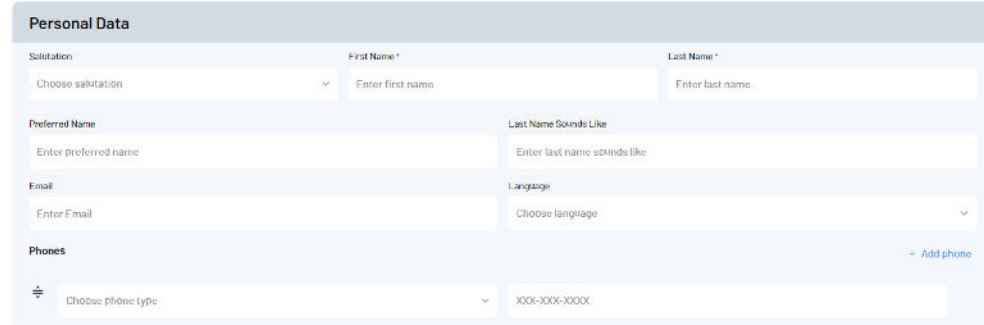
Care Plan

New Careplan – select New Careplan to add a new subscriber to your program.

Section	Detail

1	**Adding a new site (subscriber)**
	
	Notes to SubServices – not mandatory. Opportunity to give information to Program Services team. **If you are adding a State Funded subscriber, you should note this here.**
	
	Care Plan Information – enter information according to program specifics. * indicates a mandatory field
	
	      Program Code – enter appropriate program code
	      Install Date – if known, enter the install date
	      HSR's Name – enter HSR's name who will complete the install
	      Form Language – enter language of the subscriber

2	**Site** – Details the location where the equipment will utilized. All information will be utilized in the Response Center. Residential Street Address – enter the subscriber's street address Apartment - enter the apartment number if appropriate PO Box – enter PO Box if appropriate Cross Street – enter cross street if available Directions To Home – enter directions to the subscriber's home if available
3	**Subscriber Details** – Enter subscriber details as appropriate. Ability to add additional subscriber to the site. * indicates mandatory fields.

3. Subscriber

+ Add subscriber   1st subscriber

Personal Data

Salutation	First Name *	Last Name *
Choose salutation	Enter first name	Enter last name

Preferred Name	Last Name Sounds Like
Enter preferred name	Enter last name sounds like

Email	Language
Enter Email	Choose language

Phones   + Add phone

Choose phone type	XXX-XXX-XXXX

Salutation – select appropriate salutation, not a mandatory field
First Name – enter first name
Last Name – enter last name
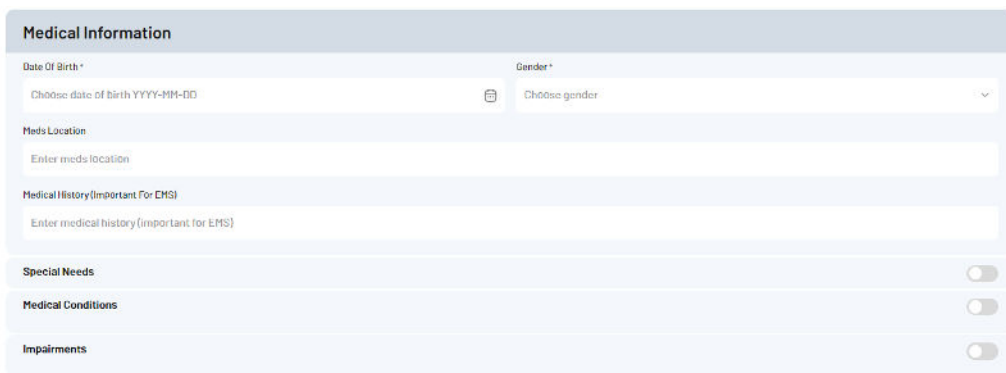Preferred Name – enter preferred name utilized by the Response Center
Last Name Sounds Like – enter sounds like information as appropriate
Email – enter subscriber email address
Language – enter subscriber's language
Phones – enter subscriber phone numbers; indicate type of phone and the number

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Medical Information – enter the subscriber medical information. * indicates mandatory fields.

Medical Information

Date Of Birth *	Gender *
Choose date of birth YYYY-MM-DD	Choose gender

Meds Location
Enter meds location

Medical History (Important For EMS)
Enter medical history (important for EMS)

Special Needs	⚪
Medical Conditions	⚪
Impairments	⚪

Date Of Birth – enter DOB in appropriate format
Gender – choose appropriate gender
Meds Location – enter location of meds in the subscriber's home if available
Medical History (Important for EMS) – enter any medical history that would be important for EMS to know in an emergency situation
Special Needs – if the subscriber has any special needs, push the toggle for a pick list of Special Needs
Medical Conditions – if the subscriber has any medical conditions, push the toggle for a pick list of Medical Conditions
Impairments – if the subscriber has any impairments, push the toggle for a pick list of the impairments

Responder Details – enter the subscriber's responders

Type Of Responder – select appropriate responder type. Responder – Notify would be selected for someone who can be a responder and does wants to be notified of any incidents. Notify would be selected for someone who is not a responder but does want to be notified of incidents.

First Name – enter the first name of the responder
Last Name – enter the last name of the responder
Authority – enter the type of authority the responder should have. This is relevant to Away Service and Administrator on the account

Relation – choose the appropriate relationship to the subscriber
Email – enter the responder's email address
Communication Preferences – enter responder communication preference; Email or SMS text messages

Language – choose the appropriate responder's language
Minutes Away – enter the number of minutes away from the subscribers home
Hours Of Work – enter the responders hours of work; seen by Response Center associates

Has Key – check box if the responder has a key to the subscribers home
Phones – enter in responder phone details; type of phone and phone number

6	**Equipment Information –** select the equipment for subscriber. In this section you can select equipment from inventory, add a Serial Number or CS# if the inventory is not loaded. Another option is to select the service and indicate that the device will be selected later. Select Service Type and Device Type using the visuals or drop downs in Service Type and Device Type Select Serial Number or CS# via dropdowns if inventory is entered in MAS Select Create New to enter the ID information or To Be Selected to call the ID information when installing Note: it is an option to leave the device ID information and have the Installer call in with the equipment ID by using the To Be Selected option
7	**Site Optional Information –** opportunity to add additional household information to better support emergency situations. Special instructions – enter any special instructions Note – add any notes for the account (notes be visible by the Emergency Response Center Team) Household Hidden Key/Lock Box Location – enter hidden key or lock box location details Entry Code – enter entry code Lock Box Code – enter lock box code Location of Unit – enter location of the unit

Care Plan- List

List – this is a view of activity of the Care plans (subscribers) added in the portal, but have not been installed.

Section	Detail
1	**List –** Any Care plan that is entered into the portal will be visible as it goes through the stage of completion **Columns in the list** ID – The number of the Careplan entry Type – hover over the picture symbol and it will show you the type of Care plan entry Care Plan Change Request Cancellation Request Status – status of the Care Plan Draft – program started the Care plan, but has not submitted it Submitted – Care plan has been submitted to be reviewed by Program Services Processing – Program Services is working on processing the Care Plan Completed – The Care plan is completed; if a new install it is ready for install Program Code – Program code for the Care plan First Name – first name of the subscriber Last Name – last name of the subscriber City – city address for the subscriber Phone – phone number of the subscriber CS # - ID for the equipment Serial Number – serial number for the equipment Created Date – date the Care plan was created Effective Date – Actions – hover over the symbols to see option to view or delete the Care plan

2	**Filter** – you can filter the Care Plan to allow quicker access to the Care plan you are working on. Filters × Active Only ☐ Name CS Includes Enter Name Enter CS includes Field Name Condition Field Name ⌄ Condition ⌄ Reset **Apply**