Client needs an ongoing source of primary care.
Start Date ____________________________

Determine client's healthcare payment source:
___Medicaid
___Medicare
___Private Insurance
___Marketplace
___Dual Eligible (Medicare and Medicaid)
___Military
___Self Pay
___Other ____________________________

Select healthcare provider and schedule appointment.
Provider______________________________
Appointment Date______________________

Use Learning Pathways to document all education related to medical home.

Confirm that appointment was kept.
Completion Date_______________________
Supervisor Signature___________________
If Pathway finished incomplete:

Date: _______________________

Reason: ___ Declined further services
        ___ Lost to follow-up
        ___ Moved out of the area
        ___ Transferred to another program
        ___ No longer eligible for services
        ___ Service or intervention not available
        ___ Client did not reach outcome goal
        ___ Other __________________________________________________