

**CareChoices**  
**Nursing Home Diversion Project**  
**Care Coordinator Manual**

# CareChoices

## ***What Is It?***

CareChoices is a twelve month pilot program that starts March 1, 2008. It is a Nursing Home Diversion Program that allows grant funds to provide a greater range of service options.

In this program frail elders have the option to manage a flexible budget and decide for themselves what mix of good and service will best meet their personal care needs.

A monthly cash allowance is based on a professional assessment of need. People are able to stay at home for a longer period of time being cared for by family, friends, or trusted workers.

## **Nine Elements of the CareChoices Program**

### **Five Service Elements**

- 1) To provide funding for use to pay for services not covered by another source and that are necessary in order to avoid nursing home placement.
  - 2) To target consumers who require at least one (1) of the (3) activities of daily living (ADL) with extensive assistance, or at least two (2) of the three (3) activities of daily living (ADL) with limited assistance.
- ADL's**

  - 1) Transferring/Locomotion
  - 2) Eating
  - 3) Toileting

See pg. 3 for more information
- 3) To give consumers the control over decisions affecting the type of services and support they receive.
  - 4) To target consumers with income as well as assets that are each less than \$48,000 individually.
  - 5) To fill in the gaps in services and not fully find the costs of all services and support needed by the consumer.

### **Four System Elements**

- 1) To act upon referrals, and provide pre/present assessments in order to determine the needs of the consumer.
- 2) To offer the consumer the option of training in managing their own budget, hiring of workers, and purchasing of necessary goods and services.
- 3) To continue to improve the quality of the program by sharing information with program administrators.
- 4) To monitor the performance of the program to ensure it is achieving its goals and objectives.

# ADL

## (Activities of Daily Living)

- 1) **Mobility in Bed** – including moving to and from lying position, turning from side to side, and positioning body while in bed.
- 2) **Transfer** – Including moving to and between surfaces – to/from bed, chair, wheelchair, standing position. [excludes to and from bath/toilet]
- 3) **Locomotion in Home** - [Note: if in wheelchair, self-sufficiency once in chair.] How client gets around in the home environment. (excludes stairs)
- 4) **Locomotion Outside of Home** – [Note: If in wheelchair, self-sufficiency once in chair.] How client gets around outside of the home.
- 5) **Dressing Upper Body** – How client dresses and undresses (street clothes, underwear) above the waist. Includes prostheses, orthotics, fasteners, pullovers, ect.
- 6) **Dressing Lower Body** – How client dresses and undresses (street clothes, underwear) from the waist down. Includes prostheses, orthotics (e.g., antiemoolic stockings) belts, pants, skirt, shoes, and fasteners.
- 7) **Eating** – Including taking in food by any methods, including tube feeding.
- 8) **Toilet Use** – Including using the toilet room or commode, bedpan, urinal; transferring on/off toilet; cleaning self after toilet use (includes cleansing after incontinence episode); managing any special devices required (ostomy or catheter), and adjusting clothes.
- 9) **Personal Hygiene** – Including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands, [EXCLUDE baths and showers]
- 10) **Bathing** – How client takes full body bath/shower or sponge bath (EXCLUDE washing of back and hair). Includes how each part of body is bathed.

# Guidelines of CareChoices

## Eligibility

- Live in Faulkner County
- Are age 60 years or older
- Are not on any Medicaid programs
- Are in need of assistance to remain at home
- Are not using Hospice Assistance
- Want to be responsible for and direct their own personal care

## Income

- **Annual Income** cannot be over **\$48,000 individually**, or **\$68,000 per couple**.
- **Resources** cannot be over **\$48,000 individually**, or **\$68,000 per couple**.
  - Savings
  - Checking
  - Stocks/Bonds
  - CD's
  - Home cannot be more than \$500,000 in equity value
    - **Excluded** only if:
      - There is a spouse that lives in the home.
      - There is a child under the age of 21 that lives in the home.
      - There is a disabled or blind child that lives in the home.
  - Vehicles
    - **Exclude** any one vehicle
  - Burial Contract
    - Cannot be more than \$1500.00 unless irrevocable

## **Forms to be Completed**

### **Enrollment Forms**

Consent Form  
Responsibilities and Agreement  
Backup Worker  
Privacy Practices Receipt  
HIPPA Privacy Practices Disclosure  
Consumer Registration Form  
Release of Information  
Client Bill of Rights  
Case Management Service Plan

### **Employer Forms**

Limited Power of Attorney  
Application for Employer ID  
Employer Appointment of Agent  
Employer Appointment of Agent (not dated)  
Tax Information Authorization  
Tax Information Authorization (not dated)  
Consumer Change Reporting Form  
Disenrollment Form  
CareChoices Timesheet  
Pay Schedule

### **Employee Forms**

Employment Application  
Consumer and Consumer's Employee  
Federal Employee's W/H Exemption  
Employment Eligibility Verification  
Earned Income Credit Adv. Pmt. (Optional)  
Provider Agreement

### **Representative Forms**

Designation for Authorized Representative  
Participant Self-Assessment

## Procedure

### Initial Contact

- 1) Receive referral
- 2) Call potential consumer to schedule a Home Visit

### Home Visit/Assessment

- 1) Complete Assessment Forms
  - a) Pre Assessment
  - b) Regular Assessment
- 2) If needed complete Representative Forms
- 3) Email Assessment for to Deb Warrington [deb.warrington@arkansas.gov](mailto:deb.warrington@arkansas.gov)

### Home Visit/Cash Expenditure Plan

- 1) Contact consumer to schedule Home Visit
- 2) Discuss Cash Expenditure Plan with Consumer
  - a) Provide pre addressed envelopes if necessary
- 3) Discuss Employer & Employee Forms

### Home Visit/Employer & Employee Paperwork

- 1) Contact consumer to schedule Home Visit if not already set up
- 2) Email forms to Helen at [hthigpen@care-link.org](mailto:hthigpen@care-link.org)
- 3) File forms in Laserfiche & SAMS

### If...And...or but....

- 1) If the consumer adds supplies to their cash expenditure plan...
  - a) When you receive the receipt complete a *Check Request* form and email it to finance
- 2) If the consumer does not have a caregiver set up at initial contact visit...
  - a) Call weekly to discuss ways of hiring/finding a caregiver

NOTE: It is important that the Care Coordinator is **NOT** involved in the process of hiring a caregiver and completing the forms for Employer & Employee. However, if there are questions you can answer them about completing the forms only.

## **SAMS**

- 1) Find Consumers Account
- 2) Click on Care Enrollment
- 3) Click on Left Menu Activities and Referrals
- 4) Click Add Activity/Referral
- 5) Put in Action NHDG: Initial, Services Not Started, Enroll, Disenrollment
- 6) Put Status as Completed
- 7) Satus Date is Date Assessment was done
- 8) Date Completed is Date Assessment was done

## **LASERFICHE**

- 1) Create Folder in Alphabet List Last Name, First Name Initial, SAMS ID
- 2) Drag File into Folder and File Appropriately
  - a. Template: CareChoices
  - b. First Name
  - c. Last Name
  - d. SAMS Id
  - e. Date you did Assessment
  - f. Initials in Capital Letters XXX
  - g. Document Type

## **What Do You Do When You Get A Referral?**

- 1) You need to call the client and make an appointment
- 2) You need to create:
  - a. Folder for consumer
  - b. Documents into the folder and name them appropriately
    - i. Beacon                      BEA Last Name, First Name 01012000
    - ii. Hippa                        HIPPA Last Name, First Name 01012000
    - iii. Release                    REL Last Name, First Name 01012000
    - iv. Registration                REG Last Name, First Name 01012000
    - v. Enrollment                 ENROLL Last Name, First Name, 01012000
    - vi. Responsibility              RESP Last Name, First Name, 01012000
    - vii. Service Plan               SERP Last Name, First Name, 01012000
  - c. Assessment Packet
  - d. Checklist Form
  - e. CareLink Folder for consumer
- 3) You need to update:
  - a. Nursing Home Diversion Grant Report
  - b. Notes
  - c. All documents in consumers folder



## **What Do You Do After Initial Visit?**

- 1) You need to update:
  - a. Notes
  - b. Checklist
- 2) You need to copy loose papers and save with appropriate name in file:
  - a. MDSHC      MDSHC Last Name, First Name 01012008
  - b. Intake      INTAKE Last Name, First Name 01012008
  - c. Prescreen      SCREEN Last Name, First Name 01012008
  - d. Income      INCOME Last Name, First Name 01012008
- 3) You need to e-mail:
  - a. Deb Warrington the MDSHC, SCREEN, & INTAKE
  - b. Helen Thigpen the REG
- 4) You need to file:
  - a. Laserfiche
  - b. SAMS

## **What Do You Do After Assessment Results?**

- 5) You need to create tax forms and print them off for each individual.
  - a. Employer
  - b. Employee
  - c. Authorized Representative
- 6) You need to contact the consumer to schedule a second visit.
- 6) You need to create their Cash Expenditure Plan.

## **What do You Do at the End of the Month?**

- 1) File previous months notes in LaserFiche