



**COUNTY OF LOS ANGELES
COMMUNITY AND SENIOR SERVICES**



PROGRAM MEMO

Number: AAA 16-02

Date: March 18, 2016

SUBJECT: REASSESSMENT REQUIREMENTS FOR OLDER AMERICANS ACT (OAA) TITLE III AREA AGENCY ON AGING (AAA) PROGRAMS

PURPOSE

The purpose of this program memo is to implement new reassessment requirements for all Older Americans Act (OAA) Title III Area Agency on Aging (AAA) programs that utilize the Universal Intake Form (UIF). These programs include the Elderly Nutrition Program – Congregate Meals and Home Delivered Meals, Nutrition Counseling, Family Caregiver Support Program, and Supportive Services Program.

BACKGROUND

California Department of Aging (CDA) requires client data to be reported each Fiscal Year (FY) (July 1st to June 30th). AAA reports client data based on information collected on the UIF and assessments or reassessments entered into the AAA Management Information System (MIS). New AAA clients must have a completed UIF on file and assessments entered into AAA MIS within fourteen (14) days of initial contact. Reassessments must be completed using a new UIF and entered into the AAA MIS within fourteen (14) days of reassessment date. Since data is reported to CDA each FY, an assessment or reassessment must be entered into the AAA MIS in the same FY for each client who receives services during that FY.

POLICY/PROCEDURE

Effective immediately, a reassessment must be entered into the AAA MIS during the first quarter (July 1st to September 30th) of each FY for all continuing clients who will receive services during that FY. This requirement supersedes their initial enrollment date as the determining factor for reassessment due dates. For example, if an assessment for a new client was entered into MIS in May of FY 2015-2016 and the client will continue to receive services in FY 2016-2017, a reassessment must be conducted and entered into MIS between July 1, 2015 and September 30, 2015.

The frequency of reassessments is dependent on each program. This requirement can be found in each program's Statement of Work. For example, reassessments are still required every six (6) months for Supportive Services Program (SSP) clients. If an SSP client receives a reassessment in July 2015, a reassessment must be conducted in January 2016.

Assessments for new clients must continue to be entered into the AAA MIS within fourteen (14) days of the initial contact with client and prior to service delivery. All assessments and reassessments must be locked in the AAA MIS to properly capture data. Please refer to the GetCare help sheet, Completing Assessments (Attachment I), for additional information.

It is imperative for AAA Contractors to maintain accurate records of clients, including an updated enrollment status. AAA Contractors must properly dis-enroll clients who are no longer receiving services. This includes inputting proper dis-enrollment dates and selecting an appropriate reason. Please refer to the GetCare help sheet, Enrolling a Client in a Service (Attachment II), for more information.

For technical assistance regarding how to enter assessments and/or reassessments into the AAA MIS, please contact AAA Information Technology Help Desk at (213) 739-7381 or css_aaa_techsupport@css.lacounty.gov.

Questions regarding this program memo may be directed to the appropriate AAA Program Analyst listed below.

Program	Analyst	Telephone	Email
Elderly Nutrition	Denise Ward	(213) 639-6353	dward@css.lacounty.gov
Nutrition Counseling	Denise Ward	(213) 639-6353	dward@css.lacounty.gov
Supportive Services	Cynthia Ear	(213) 738-4031	cear@css.lacounty.gov
Family Caregiver Support	Cynthia Ear	(213) 738-4031	cear@css.lacounty.gov


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Attachments

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Completing Assessments – Training Guide

Performing an Assessment

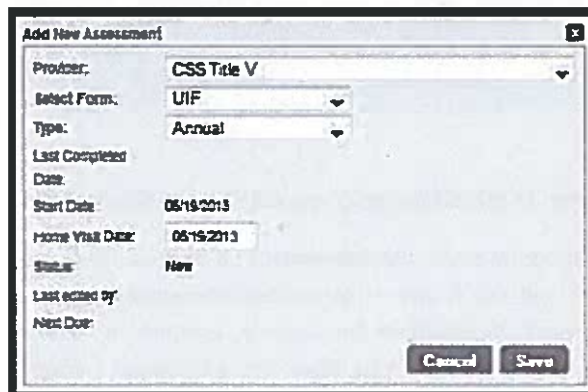
This Training Guide will cover performing an assessment on a client in the GetCare system. It is intended to be used in concert with the training video of the same name. In these materials, you will learn how GetCare can help you to more efficiently fill out new assessments and work with existing assessments.



Creating a New Assessment

To create a new assessment, you will navigate to the Client File in the CareTool module. You will select a client and scroll down to the assessments section.

You have two options for creating an assessment. The first is to click the "Add New Assessment" button. (This will create a new blank assessment. Note that some information will be carried over from the Client File.) The second is to select an assessment from the assessment list and click the "Copy to New" link. (In addition to the information taken from the Client File, this will copy the answers on that existing assessment into a new assessment. The existing assessment will not be changed if you edit these answers. It simply provides a starting point so that you can avoid entering information that has not changed. However, it is important to not accidentally leave information that is now inaccurate in the new assessment when you save it.



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Either of these options will open an overlay, inside of which, you will: -

- Select a provider. (if you have more than one)
- Select a type of assessment (Initial, Annual, 6 Month)
- Select a "Home Visit Date"(the day the assessment was performed, which may not be the same as the day it is entered into the system)
- Click Save. This will open the assessment.

Working with an Assessment

The assessment is divided into sections, which default to closed. You can open or close a section by clicking the white arrow in the header for that section.

The screenshot shows a web interface for a 'Universal Intake Form'. At the top, it displays 'Home Visit Date' as '05/19/2013'. Below this is a header bar with 'Review Assessment' and 'Assessment Status : Due' on the right, and 'Draft', 'Lock', and 'Cancel' buttons on the left. The main area contains a list of ten assessment sections, each with a blue header and a white arrow on the right side. The sections are: Identification, Demographics, Contacts, Financial / Benefits, Referral Information, Nutritional Risk Factors, ADL / IADL Risk Factors, TITLE III E Care Receiver Demographics, TITLE III E Care Receiver ADL / IADL (Grandchildren exempt), and Certification. At the bottom of the list, there are 'Draft', 'Lock', and 'Cancel' buttons.

At the top and bottom of the assessment, you will find the following buttons:

- Draft: This button saves the assessment so that you keep working on it or so that you can close it and edit it later. Use this button regularly as you fill out an assessment to save your work. (Remember! For security, GetCare will automatically log you out after 20 minutes during which you have not exchanged information with the server by clicking a button. The "Draft" button renews your session.) You should also use this button if you have partially completed an assessment and plan to return to it later to

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finish up. The draft assessment will not affect other parts of the system (like service eligibility).

-Lock: This button saves the assessment and locks it so that it can never be changed. Use this button when you have completed the assessment.

-Cancel: This button closes the assessment without saving any of the changes you have made.

The Identification, Demographics, and Contacts sections will open with the current information from the Client File. (They will open with the current information from the client file, even if the assessment was copied from an existing assessment where this information was different.) It is important to make sure that all of it is accurate. Please note that when you save the assessment, these sections of the Client File will update to reflect the information entered in the most recent assessment.

In the Nutritional Risk Factors and ADL/IADL Risk Factors sections, please try to answer all questions. The CDA will reward you for Yes, No, and Declined to State answers. "Declined to State" means that you asked the question and the client chose not to answer. The answer of "Unknown" indicates that the question was not asked.

The Certification section will save information on who completed the assessment and when. Signatures will need to be typed in.

When you are done, be sure to save the assessment using the "Lock" button (if you have completed the assessment and would like it to become valid) or the "Draft" button (if you have not finished answering the assessment). If you have accidentally deleted information or entered the wrong information (for instance if you open the wrong client's file), chose "Cancel" to discard your changes since your last save.

Conclusion

This guide should leave you familiar with GetCare's assessment tool and the functionality it provides for assessing clients, managing assessments, and recording information for NAPIS reporting. If it applies to you, the separate FCSP training video will explain how to work with the Title III sections of the assessment.

Enrolling a Client in a Service– Training Guide

Service Enrollments

This Training Guide will cover enrolling a client in a service in the GetCare system. It is intended to be used in concert with the training video of the same name. In this session, you will learn how GetCare allows you to easily manage client service enrollments, how the system links clients and services to allow easy recording and reporting of units.

It is important to enroll a client in services because a service enrollment serves as the link between a client and a service within GetCare. It is this link that allows you to record services delivered and make rosters. In service recording, you will add the units delivered, but that functionality is covered in another training guide.

You can access a client’s service enrollments by going to the CareTool tab and selecting Client File. Here you will search for and select a client. You will then scroll down to the Service Enrollments header, and click the white arrow to expand the section.

You will have filters, a list of enrollments, and buttons to edit an existing enrollment or add a new enrollment.

The screenshot shows the 'Service Enrollments' interface. At the top, there are filter fields: 'Service Code', 'Provider Code', and 'Enrollment Status'. Below these are date pickers for 'From' (07/01/2012) and 'Thru' (06/30/2013), and a 'Fiscal Year' dropdown set to 'Current FY'. There are 'Apply' and 'Reset' buttons. Below the filters is a table with the following data:

Service Name	Fund/Member	Service Detail	Provider	Status	Enrollment Period	Authorized Period From - Thru	Authorized Quantity
Congregate Meals	III-C1	AMERICAN STYLE	Torrance/South Bay YMCA	Enrolled	08/01/2011-08/30/2013	08/01/2011-06/30/2013	0.0

At the bottom of the table, there are 'Edit Enrollment' and 'Add New Enrollment' buttons.

Filters

The filters will limit the enrollments in the list for the client. If you would like to view or edit an existing enrollment, these filters will help you to narrow the list. Filters include:

- Fiscal Year: This will default to current fiscal year.
- From and Through Dates: These will default and appear be grayed out. If you select a period other than a single fiscal year, this field will cause the list to display all enrollments where any day of the enrollment’s validity falls within the specified date range.
- Service Code, Provider Code, and Enrollment Status: These can be useful if you are looking for a specific enrollment or type of enrollment and the client has many enrollments.

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Adding an Enrollment

You can add an enrollment by clicking the "Add New Enrollment" button. This will open an overlay containing all of the fields in the enrollment.

Add New Enrollment:
SOP# 0

General

Client: ALTO, ADELHEID
Provider:
Service:
Fund Identifier:
Service Desc:
Service Code:

Optional:
Site:
Assigned Staff:
Route:
Note:

Enrollment

Status:
Enrollment Period From: Thru:

Authorization

Authorization Period From: Thru:
Authorized Qty:
Period:
Monthly Quantity: .00
Rate: .00
Monthly Amount: .00
Cost Share Cplan:
Cost Share Total: [0]

Schedule

Occurrence Type:
Occurrence Period From: Thru:

Optional:
Site:
Route:
Assigned Staff:
Note:

[Add Additional Schedule](#)
[Add Additional Authorization](#)

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There are four sections in the overlay: General, Enrollment, Authorization and Schedule. Each section contains fields covering a different area of the service enrollments. The colors on the section headings denote the type of field contained in the section. Red headers, like for General and Enrollment, are for sections that have the most important fields. The light blue headers, like for Authorization and Schedule, denote sections with fields that add functionality but are not necessary when adding an enrollment.

-General: In this section, you will select the Provider, Service, Fund Identifier, and other information designating the service received and who will be providing it.

-Enrollment: This section designates whether the client is actively enrolled in the service and for what period. This is useful if the client will be placed on a waiting list or, for one reason or another, will not receive the service now. The dates specify the period during which that status is valid. On Hold allows a client to be put on hold for a service but stay enrolled. They will drop off rosters. A client who is disenrolled from a service, drops off the roster from the disenrollment forward. If they wish to return you must complete a new enrollment.

GetCare generates useful reports on services based on enrollment status. (For instance a list of all clients who are waitlisted for a service.

-Authorization: This section is optional. It allows you to specify how much of a service someone is allowed to receive. It is unlikely many LACSS services will need to use the function. Note, while leaving it blank is fine, filling out any information will have an effect on the enrollment.

-Schedule: This section is also optional. It allows you to schedule, in detail, the client's receipt of a service. Note, while leaving it blank is fine, filling out any information will have an effect on the enrollment.

When you are done, click the "Save" button. This will close the overlay and update the client's service list. (At this point the client and the service are linked: The service will display in the client's service list, and, if you go to Service Enrollments, the client will also display in the service for recording for that period.)

Editing an Enrollment

To edit an enrollment, select it from the enrollment list and click the "Edit Enrollment" button. This will bring up the same overlay as the "Add New Enrollment" button did, and all of the current information for the service enrollment will still be there. The most common reason for editing an enrollment is to disenroll the client from the service. You can do this by simply changing the Status field in the Enrollment section of the overlay from "Enrolled" to

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"Disenrolled" and selecting the appropriate reason. Now click "Save" and GetCare will update the client and the service.

Conclusion

This guide should leave you familiar with the Service Enrollments section of GetCare's Client File page and the nature of the service enrollment as link between a client and a service.