SAMS DATA ENTRY REQUIREMENTS

OPTIONS consumer information and transactions are recorded in SAMS. This information includes consumer details and National Aging Program Information System (NAPIS) data, care enrollments, care plans, service allocations, service orders, journal notes, assessments and actions.

The table below provides details about OPTIONS program data collection in SAMS for new consumers and consumer reassessments as of January 1, 2018.

Level of Care	• Not Applicable – Level of care is not applicable in OPTIONS care enrollment. All OPTIONS consumers are treated the same with respect to enrollment, regardless of level of care. • Needs are initially assessed using the NAT (Needs Assessment Tool) or NAT-E (Express). These tools do not provide a level of care determination. • If a consumer has had a level of care determination, using the LCD or the FED (Functional Eligibility Determination), the level of care is entered into the NAT, Question 19.A.1. This will automatically transfer the answer into SAMS Consumer Details. The data is recorded in a custom field “Assessed and Determined NFCE”, in the Care Management section.
Care Enrollment	• OPTIONS – care enrollment used for all OPTIONS consumers. • Emergent Services – care enrollment used for emergent services delivered to consumers not currently enrolled in OPTIONS.

Care Enrollment Status	• Active – All OPTIONS consumers shall have an active OPTIONS care enrollment regardless of placement on the waiting list. When applicable, use the following reason codes for active enrollment status:
	  o Referred by Independent Enrollment Broker
	  o Referred by UPMC CHC
	  o Referred by PA Health & Wellness
	  o Referred by AmeriHealth Caritas
	• Terminated – when enrollment is terminated, identify reason for termination by using one of the following reason codes:
	  o Voluntary closure by consumer
	  o Consumer moved out of PSA
	  o Transfer to another PSA
	  o Consumer placed in facility

	o Terminated - Enrolled in MA LTSS o Consumer refused services o Deceased o Other/Unknown (Journal entry required)
Care Plan	• The OPTIONS care plan shall be created upon enrollment into the program.
Care Plan Status	• Active – All OPTIONS consumers shall have an active OPTIONS care plan regardless of waiting list placement. This is because all OPTIONS consumers shall be care managed, even if on the Waiting List for other services. • Care plans with monthly costs exceeding $765 must have a reason code of “Cap Exception Approved”. For all other active OPTIONS care plans, the reason code is current. • Terminated – when care plan is terminated, the status code shall be Terminated. Each Terminated Care Plan shall preserve the reason code which was entered for the active care plan: o Terminated Current o Terminated Cap Exception Approved
Service Plans	• Complete service allocations are entered for each service in the OPTIONS care plan. • All OPTIONS care plans shall include Care Management as a service allocation. • Each service allocation shall include “Special Instructions” which outline details about the provision of the service (i.e. 2 hours of Home Support provided on Wednesdays for grocery shopping). Special instructions will transfer to service orders when orders are generated.
Service Plan Status	• The status of the Care Management service allocation shall be active, regardless of waiting list placement for other OPTIONS services. • Service allocations that are able to start immediately shall be placed in active status. • Each service allocation must have an associated Reason Code that identifies the payment model for that specific service. The choices are: o Agency o Consumer Reimbursement o Fiscal Agent • Service allocations for which the consumer is on a waiting list are placed in one of three “waiting” statuses. (See below)

	• A status of “Waiting” or “Active” is only indicated in the status codes for the service allocation, not in the care enrollment or care plan.
	• Terminated – Upon termination of an individual service within the service plan, the status code shall be terminated. Each terminated service within the service plan shall preserve the payment model data by allowing the reason code to remain as the appropriate payment model:
	  o Terminated - Agency
	  o Terminated - Consumer Reimbursement
	  o Terminated - Fiscal Agent

Waiting List/
Waiting List Status
	• Waiting list status is entered within each individual service allocation in the consumer care plan.
	• The Care Management service allocation is always active for a consumer with an active OPTIONS care enrollment.
	• Identification of a provider is not required when consumer is waiting for a service.
	• When a consumer is waiting for services, each individual service allocation shall be assigned one of the three following status codes:
	  o Waiting – No Funding (no reason code required)
	  o Waiting – No Provider (no reason code required)
	  o Waiting – Other (select appropriate reason code to further define)
	• When “Waiting – Other” is selected as the waiting status, select one of the following reason codes:
	  o Consumer in hospital
	  o Short-term nursing facility
	  o Consumer away or out of town
	  o Other – Journal Entry required
	• Upon removal from the waiting list, individual service allocations shall be assigned one of three status codes:
	  o Waiting Terminated – Funding Available (no reason code required)
	  o Waiting Terminated – Provider Available (no reason code required)
	  o Waiting Terminated – Other (select appropriate reason code to further define)
	• When “Waiting Terminated – Other” is selected as the waiting terminated status, select one of the following reason codes:

	o Consumer enrolled in another program o Consumer no longer in hospital o Consumer no longer in rehab/short-term facility o Consumer passed o Consumer returned home o Consumer refused service o Other – Required Journal Entry • If consumer waiting is terminated because services are made available, then only that individual service allocation status changes. The consumer should already have an active OPTIONS enrollment, active care plan and active service allocation for care management. • Upon termination of service allocations in waiting status, new service allocations for those services shall be created with a status of active. • If there is not a waiting list for services, then service allocation status is active for all services in a consumer's care plan.
Service Order/ Service Delivery	• Service orders shall include "Special Instructions" which outline details about the provision of the service (i.e. 2 hours of Home Support provided on Wednesdays for grocery shopping). • Service orders shall have a completed Service Allocation Schedule that details days and units of service per day. • Upon generating service orders, the service order shall be sent to the service provider. • Service orders will not be generated for Care Management service. Note: Although service orders for services under payment models of consumer reimbursement and fiscal agent may not be sent to a provider, the service order will still be created. • Service Deliveries including Service Delivery Daily Unit Details shall be entered for all OPTIONS services rendered.
Service Delivery of Care Management	• Every contact with an OPTIONS consumer or on a consumer's behalf shall be documented in a journal entry and shall be included in a Care Management service delivery. • There shall be one Care Management service delivery entered for each calendar month that a care manager has contact with, or on behalf of an OPTIONS consumer.

	• Each contact with a consumer, or on their behalf, during that calendar month shall be entered into the daily unit details of the service delivery for Care Management. • Units of care management are counted in hours or fractions of an hour. • Care Management service deliveries shall be entered with a unit price of $0.00.
Journal Entries	• Journal entries shall be entered for each contact with or related to the care management of an OPTIONS consumer. • In addition to regular journal entries for each contact related to a consumer, the following Journal Entry Types shall be used as indicated below for these specific activities: o OPTIONS – 90 Day Extension o OPTIONS – Average Care Plan Cost Determination o OPTIONS – Cost Cap Exception o OPTIONS – Authorization for Emergent Service o OPTIONS – Insurance Denial Home Health Services o OPTIONS – Insurance Denial Medical Equipment, Supplies, Assistive/Adaptive Devices o OPTIONS – Bid Solicitation o OPTIONS – Income Calculation Exception
Activities and Referrals (Actions)	• Activities and Referrals are required to be entered for the following: o Supervisor approval of an OPTIONS cost cap exception. Status codes for this Activity and Referral include: ▪ Submitted – Care manager has entered the activity. ▪ Completed – Supervisor has reviewed and approved the exception. ▪ Denied – Supervisor has reviewed and denied the exception.
File Attachments	• The care manager will scan and attach any relevant document to the OPTIONS consumer record in SAMS. Examples of documents to be scanned include, but are not limited to: o Financial documentation for verification of cost share o Insurance denials, if available

	o Powers of Attorney o Release of information form o Accepted bid for home modifications o Landlord approval agreement for home modification
Consumer Details Custom Fields	• Needs Assessment Score (NAS) – field self-populates based upon results of decision logic embedded in the Needs Assessment Tool (NAT), and is used for placement on waiting list, if applicable. • Assessed and Determined NFCE – field self-populates based upon assessment results, if applicable. • OPTIONS Lifetime Home Mod Amount – care manager shall enter and as needed, update the running total of OPTIONS home modification dollars used by consumer in order to track spending not to exceed 15K lifetime max.

Running the Wait List Report

While not a new process with the release of the 01-01-2018 OPTIONS Chapter, following are the steps to run the local AAA Wait List Report:

1. In SAMS, go to the menu bar and select “Reports”.
2. Navigate to the report entitled: OPTIONS WL-1 Waiting List
3. Click to open the report.
4. Enter a title for your report.
5. Select your agency from the report filters.
6. Click preview to view report.