

Caregiver Support Program – Appendix D

SAMS DATA ENTRY REQUIREMENTS

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

The table below provides details about CSP data collection in SAMS for new Caregivers and Caregiver reassessments as of July 1, 2018.

<p>Level of Care</p>	<ul style="list-style-type: none"> • Not-Applicable – Level of care is selected as not applicable in Caregiver Support care enrollment. • Caregiver needs are assessed using the CAT (Caregiver Assessment Tool) as part of the CSP enrollment process. This tool does not provide a level of care determination. • Level of care is not required for Caregivers enrolled in CSP.
<p>Caregiver Assessment Tool (CAT)</p>	<ul style="list-style-type: none"> • Caregiver needs are assessed using the CAT. • Prior to enrollment in CSP, the CAT is service delivered under the Caregiver’s Non-Caremanaged Care Enrollment. • Upon enrollment in CSP, follow-up CAT reassessments are service delivered under the Caregiver’s CSP enrollment. • The CAT service delivery date shall be the date the CAT was approved by the supervisor in CAT question 8. D.4.
<p>Consumer Details Custom Fields</p>	<ul style="list-style-type: none"> • Caregiver Assessment Score (CAS) – This field self-populates based upon results of decision logic embedded in the Caregiver Assessment Tool (CAT), the CAS score is a score used to evaluate the Caregiver’s overall wellbeing and is used for placement on waiting list, if applicable. <ul style="list-style-type: none"> ○ This score is calculated in question 8. C.2. The Care Manager manually enters this score in Question 8. C.3 to allow the score to present in the Caregiver Assessment Score field on the Caregiver’s details screen. • Caregiver Reimbursement Amount (%) - The Caregiver’s calculated reimbursement percentage (see Appendix F.2 CSP Reimbursement Percentage Guide) which populates from the CAT. <ul style="list-style-type: none"> ○ This score is calculated in question 4. C.3. The Care Manger manually enters this score in Question 4. C.4 to allow the score to present in the Caregiver Reimbursement Amount field on the Caregiver’s details screen.

	<ul style="list-style-type: none"> • CSP Lifetime Home Mod Amount – Care Manager shall manually enter and, as needed, update the running total of CSP home modification dollars used by Caregiver to track spending. The accumulation begins at \$0.00 for new Caregivers and is not to exceed the \$2,000 lifetime max. <ul style="list-style-type: none"> ○ The CSP Lifetime Home Mod Amount is subject to the Caregiver’s reimbursement percentage. ○ The Caregiver Home Mod Amount shall be updated after the Caregiver is reimbursed for the service.
Care Recipient Linkage	<ul style="list-style-type: none"> • In the Caregiver’s record, the care receiver shall be identified in the CSP-Federal and CSP-State Programs. • The CSP-Grandparent/Older Adult Relative Program does not link to a Care Recipient • To Add a Care Recipient to all new Caregivers in the Consumer Details screen: <ul style="list-style-type: none"> ○ Select the green search button to search ○ Enter Care Recipient name to search ○ Select the Care Recipient’s name and select OK ○ Identify the Caregiver’s relationship to Care Recipient ○ Enter the Start Date of the enrollment into the CSP Program ○ Select Primary ○ Select the CSP Program type ○ Care Receiver is “At Risk for Abuse or Neglect”, this field is not used. Follow the Protective Service Guidelines to report any Abuse or Neglect.
Care Enrollment	<ul style="list-style-type: none"> • The Caregiver shall be enrolled as the consumer in Caregiver Support Program. • CSP care enrollments include: <ul style="list-style-type: none"> ○ CSP – State ○ CSP – Federal ○ CSP – Grandparent/Other Older Relative Caregiver • The Care Receiver record shall have an active Non-Caremanaged Care Enrollment for CSP-State and CSP-Federal Programs. • Care Receivers shall receive a NAT-E as part of the Caregiver enrollment process, except for Care Receivers under age 18. • The Caregiver record shall have an active Non-Caremanaged Care Enrollment. • NOTE: A crosswalk to assist with selection of correct enrollment for the Caregiver is contained in Appendix A.1 of the Caregiver Support Program Chapter.

<p>Co-Pay</p>	<ul style="list-style-type: none">• Co-Pay is defined as the percent paid by the Caregiver, not the Caregiver Reimbursement Amt, as calculated in the CAT, for service(s) within a Care Plan<ul style="list-style-type: none">○ The Co-Pay percent documented in Co-Pay + Caregiver Reimbursement Amount MUST = 100%• A Co-Pay amount shall be identified in the CSP Caregiver Details.• The Co-Pay and Reimbursement Amount shall only be the same amount if both are 50%.• The Co-Pay grid on the Caregiver details page shall be manually updated and contain the following:<ul style="list-style-type: none">○ Start Date of Co-Pay○ Co-Pay○ Care Program○ The Relations field shall be blank
<p>Care Plan</p>	<ul style="list-style-type: none">• The CSP Care Plan shall be created upon enrollment into the program.
<p>Care Plan Status</p> <p><u>Active Care Plan:</u></p> <p><u>Terminated Care Plan:</u></p>	<ul style="list-style-type: none">• Active – All CSP Caregivers shall have an Active CSP Care Plan, regardless of wait list service(s). All CSP Caregivers shall have the Service Plan of Care Management and Caregiver Care Plan Cost Share Service Plan, even if they are waiting for other services.• The Active Care Plan shall include:<ul style="list-style-type: none">○ Status: Active○ Reason: Current• The Active Care Plans with monthly costs exceeding \$200 shall include:<ul style="list-style-type: none">○ Status: Active○ Reason: Cap Exception Approved• NOTE: The Cap Exception Approval is done by the Care Manager with a CSP Journal Entry in the Caregiver’s Consumer Record. <ul style="list-style-type: none">• When the Caregiver’s Care Enrollment <i>and</i> Care Plan are terminated, the care plan shall have:<ul style="list-style-type: none">○ Status: Terminated○ Reason:<ul style="list-style-type: none">▪ Terminated Current; or▪ Terminated Cap Exception Approved <p><i>This preserves the reason the Care Plan was Active</i></p>

<p><u>Expiring Care Plans:</u></p>	<ul style="list-style-type: none"> • When a Caregiver has a reassessment, the expiring care plan shall include: <ul style="list-style-type: none"> ○ Status: Inactive ○ Reason: <ul style="list-style-type: none"> ▪ CP Complete; or ▪ CP Complete-Cap Exception Approved
<p>Service Plans – also known as Service Allocations</p>	<ul style="list-style-type: none"> • Service Plans are also known as Service Allocations. • All CSP Care Plans shall include a Service Plan for Care Management and Caregiver Care Plan Cost Cap <ul style="list-style-type: none"> ○ Status: Active ○ Reason: Agency • Service Plans shall be entered for each service in the CSP Care Plan. • Service Plan Unit Prices shall be entered as \$0 for all Service Plans except Caregiver Care Plan Cost Cap and Respite-future Use. • Service Plans may include “Special Instructions” which outlines details about specific items that are not defined as a service or Respite-Future Use (Example, for the Service of Respite-Other, the special instructions may indicate the purchase of a Busy Apron).
<p>Service Plan (Allocation) Status</p> <p><u>Active Service Plans:</u></p> <p><u>Wait List Service Plans:</u></p> <p><u>Expiring Service Plans:</u></p>	<ul style="list-style-type: none"> • The status of the Care Management and Caregiver Care Plan Cost Cap Service Plans are as follows, regardless of wait list placement for other CSP services: <ul style="list-style-type: none"> ○ Status: Active ○ Reason: Agency • Service Plans that are able to start immediately shall be placed in Active Status. • Each Service Plan shall have an Active Status and a Reason Code that identifies the payment model for that specific service: <ul style="list-style-type: none"> ○ Status: Active ○ Reason: Caregiver Reimbursement • Service Plans for which the Caregiver is on a Wait List are placed in one of three “Waiting” statuses. (See Wait List/Wait List Status below) • When a Caregiver is reassessed, <u>the Status and Reason Codes for the Expiring Service Plans do not need to be changed.</u>

<p><u>Terminated Service Plan:</u></p>	<ul style="list-style-type: none"> • Terminated Service Plan – When a Service Plan is terminated due to a change in provider or service is no longer needed, the Status Code of the terminated Service Plan shall be changed to the one of the following Status Codes below to preserve the original payment model: <ul style="list-style-type: none"> ○ Status: Terminated – Caregiver Reimbursement ○ Status: Terminated – Agency ○ Reason: None • Manually enter the End Date as of the last date of service.
<p>Wait List/ Wait List Status</p> <p><u>Wait List Service Plan Status Code:</u></p> <p><u>Wait List Service Plan Termination:</u></p>	<ul style="list-style-type: none"> • Wait List status is entered within each individual Service Plan in the Care Plan. • The Care Management and Caregiver Care Plan Cost Cap Service Plans are always active for a Caregiver with an active CSP Care Enrollment. • When a Caregiver is waiting for services, each individual service allocation shall be assigned one of the three following: <ul style="list-style-type: none"> ○ Status: Waiting – No Funding (no reason code required) ○ Status: Waiting – No Provider (no reason code required) ○ Status: Waiting – Other (select appropriate reason code to further define) • When “Waiting – Other” is selected as the waiting status, select the following reason code and make a journal entry noting the reason: <ul style="list-style-type: none"> ○ Status: Waiting – Other ○ Reason: Other – Journal Entry required • Upon removal from the Wait List, individual Service Plans shall be assigned one of three Status Codes: <ul style="list-style-type: none"> ○ Status: Waiting Terminated – Funding Available (no Reason Code required) ○ Status: Waiting Terminated – Provider Available (no Reason Code required) ○ Status: Waiting Terminated – Other (select appropriate Reason Code below) • When “Terminating – Other” is selected as the waiting status, select the following reason code and make a journal entry noting the reason: <ul style="list-style-type: none"> ○ Status: Waiting Terminated – Other ○ Reason: Other – Journal Entry required • When a service plan is terminated, the end date shall be manually entered as the last date of service.

	<ul style="list-style-type: none"> • When the service becomes available, only that Service Plan with waiting status shall be updated to the appropriate “Waiting Terminated” status. • Upon termination of the Waiting Service Plan, a new Service Plan for those services shall be created: <ul style="list-style-type: none"> ○ Status: Active ○ Reason: Caregiver Reimbursement
Service Orders	<ul style="list-style-type: none"> • No Service Orders shall be created for Caregiver Reimbursement services.
Service Delivery	<ul style="list-style-type: none"> • Service Deliveries for CSP Services shall include daily unit details. <ul style="list-style-type: none"> ○ Care Management shall have multiple monthly daily unit details when applicable. • Service Delivery is one (1) unit of reimbursement per service, regardless of the number of receipts submitted for the service. • Service Delivery for CSP services except for Care Management shall be entered on the last calendar day of the month in the daily unit details with a unit of service = 1 • Service Delivery for the service, Caregiver Care Plan Cost Cap, is not required • The unit price entered is the same amount as the approved service total on the receipt(s). • All receipts for reimbursable services shall be scanned and stored in the File Attachment Folder: General Consumer Information • The Naming Convention for Scanned Receipts: <ul style="list-style-type: none"> ○ CSP-YYYY-MM-Receipts
Service Delivery of Care Management	<ul style="list-style-type: none"> • Every contact with a CSP Caregiver or on a Caregiver’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 a CSP Caregiver. This service delivery shall contain multiple daily units throughout the service delivery month.

	<ul style="list-style-type: none"> • Units of Care Management are counted in hours or fifteen-minute increments of an hour: <ul style="list-style-type: none"> ▪ 15 minutes = 0.25 ▪ 30 minutes = 0.50 ▪ 45 minutes = 0.75 ▪ 60 minutes = 1.0 • Care Management service deliveries shall be entered with a Unit Price of \$0.00. • There shall be no service delivery for Caregiver Care Plan Cost Cap Service.
CSP Reimbursement Guide Reports	<ul style="list-style-type: none"> • The CSP Reimbursement Guide Reports are available under Reports in SAMS, to assist with the validation of service and calculation of reimbursement: <ul style="list-style-type: none"> ○ CSP Reimbursement Guide – Detail ○ CSP Reimbursement Guide – Summary
Journal Entries	<ul style="list-style-type: none"> • Journal entries shall be entered for each contact with or related to the care management of a CSP Caregiver. • In addition to regular journal entries for each contact related to a Caregiver, the following Journal Entry Types shall be used as indicated below for these specific activities: <ul style="list-style-type: none"> ○ CSP – Out-of-State Caregiver Verification ○ CSP – Late Receipt Submission ○ CSP – Authorization for Agency Model ○ CSP – Bid Solicitation ○ CSP – Insurance Denial Med/Eq/Sup/Adapt Dev ○ CSP – Care Plan Cost Cap Justification ○ CSP – Planned Accumulation of Benefits ○ CSP – Income Calculation Exception
Activities and Referrals (Actions)	<ul style="list-style-type: none"> • Activities and Referrals shall be entered for the following: <ul style="list-style-type: none"> ○ Awaiting income documentation ○ CAT – Initial ○ CAT – Reassessment

<p>File Attachments</p>	<ul style="list-style-type: none"> • The Care Manager shall scan and attach any relevant documentation to the CSP Caregiver record in the SAMS File Attachment General Consumer Information folder. Examples of documents to be scanned include, but are not limited to: <ul style="list-style-type: none"> ○ Financial documentation for verification of reimbursement ○ Conditions of Participation/Certificate of Accountability Form ○ Self-Employed/Independent Contractor Declaration Form ○ Insurance denials, if applicable ○ Accepted bid for home modifications ○ Landlord approval agreement for home modification • The scanned Receipts shall be stored in the General Consumer Information folder. • The naming convention for each scanned document containing CSP reimbursed services: <ul style="list-style-type: none"> ○ CSP-YYYY-MM-Receipts • In the case of multiple scanned receipt documents <ul style="list-style-type: none"> ○ CSP- YYYY-MM-Receipts -1 ○ CSP- YYYY-MM-Receipts -2 ○ NOTE: The scanned receipt documents shall be less than 5MB in size or it shall require two separate scanned documents.
<p>Accumulated Benefits Respite-Future Use</p> <p><u>Manual Monthly Updates:</u></p>	<ul style="list-style-type: none"> • Accumulated benefits for respite are captured in the Caregiver’s care plan, as a single service plan, updated monthly under the service name: <ul style="list-style-type: none"> ○ Respite – Future Use • The Caregiver Cost Cap Service Plan is reduced by the monthly amount accumulated during the accumulation of benefits. • The service plan is created for the first month of the accumulation period (up to six months without crossing fiscal years) in the same Service Plan. • The Care Manager shall manually update: <ul style="list-style-type: none"> ○ Unit Price ○ Service Plan End Date until the planned accumulated benefit for respite is reached. • The Service Plan Schedule shall have an Allocation Type of Duration Specified (the end date updates automatically in the schedule when the end date of the Service Plan is manually updated monthly by the Care Manager).

Special Instructions:

Example:

- Special Instructions shall be entered to include:
 - Identify the planned event and the date of the planned event
 - Identify the total amount to be accumulated for the event
 - The dollar amount to be accumulated each month
 - The number of months of the accumulation of benefits

For example, the Caregiver is saving \$100 per month for four months for a total of \$400 for a planned event taking place in May. Since the accumulation of Respite-Future Use begins in January, the Respite-Future Use service plan would progress as follows:

- First Month of Accumulation of Respite-Future Use Service Plan:
 - Start Date: January 1
 - End Date: January 31
 - Unit Price = \$100
 - The End Date and Unit Cost shall be manually updated monthly. For January, this would take place on or about February 1st, as benefit has now been earned for the month of January.
- Month Two of Accumulation of Respite-Future Use Service Plan:
 - Start Date: January 1
 - End Date: February 28
 - Unit Price = \$200
 - The End Date and Unit Cost shall be manually updated monthly. For February, this would take place on or about March 1st, as benefit has now been earned for the month of February.
- Month Three of Accumulation of Respite-Future Use Service Plan:
 - Start Date: January 1
 - End Date: March 31
 - Unit Price = \$300
 - The End Date and Unit Cost shall be manually updated monthly. For March, this would take place on or about April 1st, as benefit has now been earned for the month of March.
- Month Four of Accumulation of Respite-Future Use Service Plan:
 - Start Date: January 1
 - End Date: April 30
 - Unit Price = \$400
 - The End Date and Unit Cost shall be manually updated monthly. For April, this would take place on or about May 1st, as benefit has now been earned for the final month, April.
- Caregivers may use any earned accumulated benefits, if necessary, by presenting receipts for reimbursement for the planned event.

- The CSP Reimbursement Guide Reports may assist with validating the service delivery entered for the “Respite-Future Use” against the dollars of accumulated benefits in the service plan.
- There can be more than one service delivery of accumulated benefits during a care plan period, as long as the service delivery does not exceed the total funds accumulated in the month(s) preceding the service delivery.

For example: In a six-month care plan in which accumulated benefits are being saved at a rate of \$100 per month, it is allowable for a service delivery of \$300 for the service “Respite–Future Use” in month four, as three full months of planned respite would have been accumulated.

- Respite-Future Use benefits that are not used during the care planning period in which they were planned are forfeited and cannot be carried into a new care plan.
- When the Respite-Future Use planned event has occurred and reimbursed, the Respite-Future Use Service Plan shall be terminated:
 - Status: Terminated-Caregiver Reimbursement
- When Respite-Future Use planned event has occurred and reimbursed, the Caregiver Cost Cap Service Plan shall be terminated:
 - Status: Terminated-Agency
 - Based on our example above, Caregiver Care Plan Cost Cap Service Plan:
 - Unit Price: \$200
 - End Date: 4/30/2018
- When Respite-Future Use planned event has occurred and reimbursed, a new Caregiver Care Plan Cost Cap Service Plan shall be created to reflect the full Caregiver Cost Cap Amount with a start date of the first day of the month following the completion of accumulation.
 - Based on our example above, Caregiver Care Plan Cost Cap Service Plan:
 - Unit Price: \$300
 - Start Date: 5/1/2018

Terminating Respite-Future Use:

Termination of Caregiver Cost Cap Service Plan:

New Caregiver Care Plan Cost Cap Service Plan:

<p>Tracking Caregiver Outreach Activities</p>	<ul style="list-style-type: none"> • Caregiver community outreach conducted by agencies shall be service delivered in the consumer groups already created by PDA for your agency. <ul style="list-style-type: none"> ○ Consumer Group Name: XX (AAA Number)-Caregiver Community Outreach ○ The four services available: <ul style="list-style-type: none"> ▪ Community Outreach-Edu Materials ▪ Community Outreach-Edu Training ▪ Community Outreach-Event ▪ Community Outreach-Marketing • The instructions for entering Community Outreach are available on the Secure FTP Site in the Shared Information Folder.
<p>CSP Provider Records</p>	<ul style="list-style-type: none"> • Caregivers shall have a provider record in SAMS that reflects the AAA and the needed services for which the Caregiver shall be reimbursed. • The CSP Provider Request Form is to be used to establish and update the Caregiver Provider Records. • The CSP Provider Request Form and instructions are located on the Secure FTP Site in the Shared Information Folder.

Running the Wait List Report

While not a new process with the release of the 07-01-2018 CSP 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: CSP 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.