

PENNSYLVANIA DEPARTMENT OF AGING



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Consumer Care Plan Report Instructions  
June 4, 2020

# Consumer Care Plan Report

The Consumer Care Plan Report was originally created as a Care Plan document for the Area Agencies on Aging (AAAs) as part of the upcoming Care Management Chapter. During the Care Management Workgroup, it became evident a Care Plan consisting of services, acknowledgements of receipt of forms, and signatures were needed for the OPTIONS and Caregiver Support Program (CSP). The option for the Domiciliary Care Program will be forthcoming.

You will find this report referenced in the AAA guidance document titled, “Guidance for Consumer Contact and Return to In-Home Visits,” under the Best Practices sections. This report will be beneficial to the AAAs by alleviating the need for several signatures on multiple forms.

Please find the step-by-step instructions for utilizing the report in the following slides.

**NOTE: For this report to run correctly, there MUST be an OPTIONS Co-Pay or CSP reimbursement percentage entered in the consumers record in SAMS**

My Dashboard Consumers Calls Routes Activities Rosters **Reports** Tools More

- Click on the Reports tab in SAMS

The screenshot shows a software interface with a header bar labeled 'Reports'. Below the header, it says 'Sorted By Title (Filtered)'. There is a table with columns: 'Row Actions', 'Type', 'Title', and 'Description'. The 'Type' column has a value 'Care Plans' and the 'Title' column has 'Consumer Care Plan'. A filter dialog box is open over the 'Description' column, titled 'Title'. It contains three radio buttons: 'Value Starts With' (selected), 'Value Contains', and 'Value Does Not Contain'. Below the radio buttons is a text input field containing 'Consumer Care Plan'. At the bottom of the dialog are three buttons: 'Apply Filter', 'Clear Filter', and 'Close'. Red boxes highlight the filter icon in the table header, the 'Value Starts With' radio button, the text input field, and the 'Apply Filter' button.

- Click on the filter icon in the Title section
- Choose “Value Starts With”
- Type “Consumer Care Plan”
- Click “Apply Filter”

Reports		
Sorted By Title (Filtered)		
Row Actions	Type	Title
	Care Plans	Consumer Care Plan

- Click on  beside the report

ave | Save and Close | Close | Make a Copy | Open Audits | **Preview** ▾

- Enter Title
- Enter SAMS ID
- Enter Date of Report
- Select Program (OPTIONS or CSP)
- Enter your AAA#
- Click Preview

### Comments

OK | Expand All | Collapse All

### Details

<b>Title</b> <input type="text" value="test"/>	<b>Subtitle</b> <input type="text"/>	<b>Description</b> <input type="text"/>
<b>Shared With</b> <input type="text" value="(All)"/>	<b>Modifications Allowed</b> <input type="text" value="(All)"/>	

### Report Filters (3/4)

<b>Enter SAMS ID of Consumer</b> <input type="text" value="123456789"/>	<b>Enter Date of Report</b> <input type="text" value="5/30/2020"/>	<b>Select Program</b> <input type="text" value="OPTIONS"/>
<b>Enter your AAA# (i.e.AAANN)</b> <input type="text" value="AAA10"/>		

# Consumer Care Plan Report

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## CONSUMER CARE PLAN

### CONSUMER INFORMATION

Name of Consumer (Last, First, Middle):

SAMS ID:

Date:

1234567890

4/8/2020

Address:

Zip Code:

County:

Primary Telephone Number:

Birth Date:

Sex:

Race:

Language:

Co-Pay

999 %

\*No CoPay Record\*  
Create CoPay then  
Reprint

If there is no CoPay record for a consumer in SAMS, the report will display an error message. You must enter the CoPay in SAMS and rerun the report.

# Test Example of Consumer Care Plan Output

## CONSUMER CARE PLAN

### CONSUMER INFORMATION

Name of Consumer (Last, First, Middle):		SAMS ID:	Date:
Jones, Jeanette M		1234567890	4/8/2020
Address:		Zip Code:	County:
402 Rt. 235			
Town	PA	17845	Union
Primary Telephone Number:	Birth Date:	Sex:	Care Program:
(570) 222-5555 Home	2/20/1930	F	OPTIONS
Race:	Language:	Co-Pay	
Non-Minority (White, non-Hispanic)	English	0%	

### REPRESENTATIVE CONTACT(S)/RELATIONSHIPS (Cohabitant Contact(s) in Bold)

CONTACT NAME		DESCRIPTION	RELATIONSHIP
Scott K. Smith, MD		Business	
Business	(570) 111-5555		
Mary Jones	Primary Contact	Home	Daughter/POA
Home	(570) 222-4444		
Mobile	(570) 333-6666		

# Test Example of Consumer Care Plan Output cont.

## NON PROGRAMMATIC SERVICES

Informal Supports Provider

Informal Support Activity

Start Date: 05/01/2019 End Date: 03/06/2020

7.00 Units Weekly

Desired Outcome: provide informal support

Special Instructions: Csr's dtr Mary Jones, assists csr with her IADLs and ADLs. Other family members are local and provide assistance PRN.

Third Party Payer

TPP-Home Health

Start Date: 05/01/2019 End Date: 03/06/2020

1.00 Units Bi-Weekly

Desired Outcome: Reduce hospitalizations, remain in the home

Special Instructions: csr enrolled in Geisinger At Home Program, which provides RN visits bi-weekly and Physician Assistance visit monthly.

Allocation Type New

## PROGRAM SERVICES

Jeanette Jones

Personal Care

Desired Outcome: remain in the home; maintain hygiene and nutrition

Special Instructions: Csr approved for 17 hrs/wk at \$10/hr as follows to provide personal care, dressing, transfers, toileting, medication reminder/assistance, lotions application, walking and meal prep assistance, as needed. Light cleaning assistance as time allows.

Mon/Tues/Thur -4 hrs

Wed-2 hrs

Fri-3 hrs

(Csr's paid caregivers as listed: Laura Jones, Jennifer Smith, Vanessa Smith, and Rosanna Peachey, Linda Davis)

Start Date: 05/01/2019

End Date:

03/06/2020

Mo

Tu

We

Th

Fr

SaSu

Units:

17.00

Weekly

4.00

4.00

3.00

4.00 2.00

# Test Example of Consumer Care Plan Output cont.

Test AAA

Care Management

Desired Outcome:

Special Instructions:

Start Date: 05/01/2019 End Date: 03/06/2020

Units: 1.00Monthly

HAVE YOU ADDRESSED ALL OF YOUR NEEDS AND RISKS IN THE CARE PLAN

Yes

No

If No, complete the next section

Unaddressed Needs/Risks/Barriers identified during the assessment process:

Mitigation Strategy (How are barriers being addressed/reduced?)

Additional Supports (Are additional supports needed?)

Discussion of mitigation strategies. Do you Agree/Disagree with the mitigation strategy?

Care Plan Type:

Initial

Annual

RevisionDate Completed

NOTIFICATION OF RIGHT TO APPEAL  
PROVIDER CHOICE FORM  
VETERANS REGISTRY (IF APPLICABLE)

HIPAA

HOW TO REPORT INCIDENTS OF ABUSE, NEGLECT/EXPLOITATION  
CONTACT PLAN RESPONSIBILITIES

VOTER REGISTRATION FORM

AVAILABLE SUPPORTS (BOTH PROGRAMMATIC AND NON-PROGRAMMATIC)

OTHER

I HAVE BEEN INFORMED OF, UNDERSTAND, AND AGREE TO MY CARE PLAN

# Test Example of Consumer Care Plan Output cont.

*Your signature acknowledges that you received, reviewed, and/or discussed the above information.*

Date: Consumer Signature:

Date: Representative Signature designated by consumer:

Date: Signature of others who participated in developing the plan:

Date: Signature of others who participated in developing the plan:

Date: Care Manager Signature:

Date: Care Manager Supervisor Signature:

# Questions and Contacts

**Dom Care, OPTIONS and CSP Policy Questions**

[RA-PAAgingServices@pa.gov](mailto:RA-PAAgingServices@pa.gov)

**SAMS Data Entry Questions**

[RA-AISAMSTECHASSIST@pa.gov](mailto:RA-AISAMSTECHASSIST@pa.gov)