

Training: Job Aid

SAMS Training Social Assistance Management System

Service Coordination, Education and Information Roles for Services to Older Individuals and Caregivers



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SPURS

Department of Aging and Disability Services (DADS)

Version 3.1 Final – January 11, 2012

Version Control: Job Aid – Service Coordination Data Entry

Version	Release Date	Changes and Comments
2.0	5/4/2010	Initial Release in FINAL Format
3.0	5/29/2011	Renamed, combined for Service Coordinator role for older individuals and caregivers, released with expanded content
3.1	1/11/2012	Released with minor revisions



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Symbols Used in this Training Manual

	<p><u>TIP</u> Tips provide general recommendations on how to make it easier or more productive to use SPURS.</p>
	<p><u>CAUTION</u> Caution highlights areas of note where special attention to detail may be important to your success with SPURS.</p>
	<p><u>NOTE</u> Notes provide additional information of general interest about a specific function or process of the SPURS application.</p>
	<p><u>EXAMPLE</u> Examples are provided to help you develop a better understanding of how SPURS may be used in a “real life” situation.</p>
	<p><u>MINIMUM DATA REQUIREMENTS</u> Minimum Data Requirements are provided to give you a list of the minimal data to be entered into SPURS to meet the Department of Aging and Disability Services (DADS) requirements. How to enter the data into SPURS follows the Minimum Data Requirements list. Minimum Data Requirements fields are in boldface type. Area Agencies on Aging (AAA) may choose to enter additional data concerning the consumer and services and are not limited by DADS minimum requirements.</p>
	<p><u>QUICK LIST</u> Quick Lists are provided as a fast reference listing of steps to take to access SPURS or enter data, without in-depth detail.</p>

Introduction

This manual provides “quick reference” information for State Unit on Aging Programs Uniform Reporting System (SPURS) users serving in the role of Service Coordinator, and is a supplement to the SPURS User Training for the entry of consumer and service delivery data. Service Coordinators, as used in this Job Aid, work with both older individuals and caregivers as defined under the Older Americans Act of 1965 (OAA), as amended. Caregiver Education and Training, and Caregiver Information Services are also covered in this manual.

Scope of Job Aid

This Job Aid is designed to supplement SPURS User Training for the entry of Service Coordination and other data. The content documents the ideal work flows for Service Coordinators assisting older individuals and caregivers. The material serves as a reference and outlines “when” and “how to”:

- Log in to Agingnetwork.com.
- Log in to SPURS.
- Document inquiries.
- Document Client Intake data required by DADS.
- Document Service Coordination.
- Document Service Deliveries.
- Enter Assessments.
- Enter Care Plans.



NOTE: Users of this Job Aid should be familiar with the structure of Consumer Records in SPURS and DADS’ client intake procedures for older individuals and caregivers meeting the requirements of the Older Americans Act of 1965 (OAA), as amended.

Illustrations and Graphics

Screen shots provided in this manual may show a view or system configuration that is slightly different from the screens and configuration in use at your organization.

Additional Resources

This training manual only provides a general overview to entering service data in SPURS in the subject areas relevant to this Job Aid. It does not attempt to provide complete system information.



TIP: SPURS has an online help system and printable manual. After logging in, press F1, or use the Help menu to access an indexed help system with step-by-step procedures.



NOTE: “SAMS” refers to Harmony Information Services, Inc.’s Social Assistance Management System. “SPURS” refers to the project implementation of SAMS in the State of Texas, known as the State Unit on Aging Programs Uniform Reporting System. **In Texas, the system is referred to as “SPURS.”**

For questions, please contact your Area Agency on Aging SPURS Administrator. When the Area Agency on Aging SPURS Administrator cannot assist you, the Administrator should send questions to the DADS Help Desk at T3Ahelp@dads.state.tx.us (use control+click to follow this link).



Quick List – Login and Signing in to SPURS

1. Launch **Internet Explorer**.
2. Go to <http://www.agingnetwork.com>.
3. Click **Go to Customer Login**.
4. Enter your assigned *AgingNetwork* **Username** and **Password**.
 - Your Username is your “TXDADS” number.
 - If you forget your Password, your local SPURS administrator must contact Harmony Information Systems to request a password reset.
5. Click on the **Log In** button.
6. Click on the **Harmony for Aging** folder.
7. Click on the **SAMS** icon to start the application.
8. Enter your assigned SPURS **Username** and **Password**.
 - If you forget your SPURS Password, your local SPURS administrator must contact DADS to request a reset.
9. Click **OK**.



DADS MINIMUM DATA REQUIREMENTS

Information, Referral & Assistance

- a. Assign the correct **Caller Type**.
- b. Show caller as **Consumer**, if applicable.
- c. Select the applicable **Age Group**.
 - Age group is a program qualifier for persons 60/+, caregivers, and consumers receiving services funded by the Centers for Medicare and Medicaid Services. This element is required for all callers for whom units of service are reported.
- d. Record the **Start Date**.
 - If data entry is occurring after the event, ensure that the date reflects the date of service rather than the date of entry to the system.
- e. Enter details under **Call Notes** for every communication with or on the behalf of an eligible individual, regardless of the type of contact (initial, follow-up, accessing services).
- f. Record **Service Deliveries**.
- g. Mark Call as **Complete** when activities are final. **Call Notes** must be sufficient to indicate the reason for the inquiry, actions taken, whether follow-up is needed and was provided, and the final resolution of the call.
- h. **Report** total Contacts and Estimated Persons Count.
- i. Enter **Service Groups** when the AAA is tracking the above information through a different Information, Referral and Assistance system. All minimum requirements must be documented if a different system is used for Information, Referral and Assistance calls.



Quick List – Information, Referral & Assistance

Entering Data to meet DADS Minimum Requirements

1. Once you are in SPURS, click the **New Call** button.
2. Click on **Caller Type** and select from the drop down menu. If the default selection of **(Self)** is retained, the **Consumer** selection will populate the caller automatically.
3. Click on **Consumer** if caller is different from the person needing assistance.
4. Click on **Age Group** and select from the drop down menu. The Age Group selected is for the person needing assistance. Age Group and Gender will populate automatically if the consumer's Date of Birth and Gender are already in SPURS.
5. Note the **Start Date**. Adjust if data is being entered on a date which is later than the date of service by clicking on the date field.
6. Click the **Complete?** field to set the call completion status. Mark complete when all activities for the caller are final.
7. Click the **Notes** field to enter any comments about the call session.
8. Click **Save and Close**.
9. Record **Service Deliveries** by clicking the box on the appropriate template, using the template screen.
10. Click **OK** to generate the delivery record for the call's consumer.



NOTE: Refer to your “Call Sessions” Job Aid for more comprehensive information for entering Information, Referral and Assistance. The “Quick List” above is provided to give you a brief reference to entering data to meet the minimum requirements for Information, Referral and Assistance for DADS.



DADS MINIMUM DATA REQUIREMENTS

Care Coordination

- a. Complete **Consumer Details**. Required fields are in boldface type on DADS Client Intake and Service Request Form:
 - Release of Information explained to consumer
 - Date of Intake
 - First Name, Middle Initial (if known), Last Name
 - Address (Residential/Street Address, City, State, Zip Code)
 - County
 - Phone
 - Gender
 - Date of Birth
 - Ethnicity
 - Race
 - Live Alone Status
 - Poverty status **and** Income Level – Low, Moderate, High (User Defined Field)
 - Emergency Contact Name and Contact Phone Number
 - Emergency Contact Relationship
 - Primary Care Physician and Phone Number
- b. Record all **Service Deliveries** for every communication with or on behalf of an eligible individual, as well as other activities allowed within a unit of service. Record **Service Deliveries** under the correct **Provider** (you, the Care Coordinator), using the appropriate **Care Program > Service Category** and **Service > Fund Identifier**. Record all **Service Deliveries** on the **Date** on which the activity occurred, rather than the date of data entry into the system.
- c. Develop **Care Plans** and complete **Assessments** when required by the Texas Administrative Code (TAC).
- d. Record **Narratives** using **Topics**. Detailed narratives for all consumer activities must be sufficient to justify the service(s) being provided to the consumer, and support the time being entered. Narratives “tell a story” about the consumer from beginning of service to the time the file is closed. Narratives should indicate required documents were provided to consumer, include information about **Service Authorizations** and reflect case closure activities when all activities are final.
- e. Record **Time** for each entry using the Time Conversion Chart.
- f. Record **Service Deliveries** for all directly purchased services.
- g. **Report** total **Units** and **Unduplicated Persons Count** for Care Coordination and for all directly purchased services in compliance with the Quarterly Performance Report (QPR).



Quick List – Care Coordination

Entering Data to meet DADS Minimum Requirements

1. Once you are in SPURS, click the **New Call** button.
2. **Open** a Consumer Record from a Call Session to **enroll** a new consumer:
 - Click **New Call**.
 - Click Consumer > Search for Consumer.
 - Consumer = System brings in Consumer Name.
 - Caller = Consumer's Name.
 - Go to Consumer > Open Consumer.
 - Click **Enroll** for Services.

or

- Open** a Consumer Record from a Call Session to **access** a current consumer:
- Click **New Call**.
 - Click **Consumer > Search for Consumer**.
 - **Consumer** = System brings in Consumer Name.
 - **Caller** = Consumer's Name.
 - Go to Consumer > **Open Consumer**.
3. Enter or update consumer information in **Consumer Details** and select "Low, Moderate or High Income in **User Defined Fields**.
 4. Record **Service Deliveries**.
 - Click **Service Delivery > Add Service**.
 - Confirm Month/Year of Service Delivery.
 - Record **Care Program > Service Category**.
 - Record **Service > Fund Identifier** (see Definitions).
 - **Provider**: Is you, the Care Coordinator.
 - Select **Topic > Add Topic**.
 - Select Topic(s) discussed and record the **narratives and time** you spent handling each particular topic.
 - When all **Topics** have been entered – click blue button "**Add Sum**" and time will be calculated and inserted in the Service Delivery Record.
 - When finished, select **Apply and Close**.
 - Then **Save and Close**.
 - Record **Service Deliveries** for all directly purchased services.
 5. Enter **Assessments** and **Care Plan**, as applicable.



DADS MINIMUM DATA REQUIREMENTS

Caregiver Support Coordination

- a. Complete **Consumer Details**. Required fields are in boldface type on DADS Caregiver Intake and Service Request Form:
 - Release of Information explained to consumer
 - Date of Intake
 - First Name, Middle Initial (if known), Last Name
 - Address (Residential/Street Address, City, State, Zip Code)
 - County
 - Phone
 - Gender
 - Date of Birth
 - Ethnicity
 - Race
 - Relationship to Care Recipient
- b. Complete **Consumer Details** for **every** Care Recipient who will be associated with the Caregiver.
- c. Enter the **relationship** between the caregiver and care recipient.
- d. Record all **Service Deliveries** for every communication with or on behalf of the Caregiver, as well as other activities allowed within a unit of service. Record **Service Deliveries** under the correct **Provider** (you, the Service Coordinator), using the appropriate **Care Program > Service Category** and **Service > Fund Identifier**. Record all **Service Deliveries** on the **Date** on which the activity occurred, rather than the date of data entry into the system.
- e. Develop **Care Plans** and complete **Assessments** when required by the Texas Administrative Code (TAC).
- f. Record **Narratives** using **Topics**. Detailed narratives for all consumer activities must be sufficient to justify the service(s) being provided to the consumer, and support the time being entered. Narratives “tell a story” about the consumer from beginning of service to the time the file is closed. Narratives should indicate required documents were provided to consumer, include information about **Service Authorizations** and reflect case closure activities when all activities are final.
- g. Record **Time** for each entry using the Time Conversion Chart and **Contacts** as **Service Deliveries**.
- h. Record **Service Deliveries** for all directly purchased services.
- i. **Report** total Units and Unduplicated Persons Count for Caregiver Support Coordination and for all directly purchased services.



Quick List – Caregiver Support Coordination

Entering Data to meet DADS Minimum Requirements

1. Once you are in SPURS, click the **New Call** button.
 2. **Open** a Consumer Record from a Call Session to **enroll** a new consumer:
 - Click **New Call**.
 - Click Consumer > Search for Consumer.
 - Consumer = System brings in Consumer Name.
 - Caller = Consumer's Name.
 - Go to Consumer > Open Consumer.
 - Click **Enroll** for Services.
- or
- Open** a Consumer Record from a Call Session to **access** a current consumer:
 - Click **New Call**.
 - Click **Consumer > Search for Consumer**.
 - **Consumer** = System brings in Consumer Name.
 - **Caller** = Consumer's Name.
 - Go to Consumer > **Open Consumer**.
 3. Enter or update consumer information in **Consumer Details**.
 4. **Repeat** steps 1 through 3 for each **Care Recipient**.
 5. Enter the **relationship** between the caregiver and care recipient in either consumer record. The relationship only needs to be entered in one of the two records in **Consumer Details**.
 6. Record **Service Deliveries**.
 - Click **Service Delivery > Add Service**.
 - Confirm Month/Year of Service Delivery.
 - Record **Care Program > Service Category**.
 - Record **Service > Fund Identifier** (see Definitions).
 - **Provider**: Is you, the Service Coordinator.
 - Select **Topic > Add Topic**.
 - Select **Topic(s)** discussed and record the **narratives and time** you spent handling each particular topic using the Time Conversion Chart.
 - When all **Topics** have been entered – click blue button “**Add Sum**” and time will be calculated and inserted in the Service Delivery Record.
 - When finished, select **Apply and Close**.
 - Then **Save and Close**.
 - Record **Service Deliveries** for all “contacts” and directly purchased services.
 7. Enter **Assessments** and **Care Plan**, as applicable.



DADS MINIMUM DATA REQUIREMENTS

Caregiver Education and Training

- a. Complete **Consumer Details**. Required fields are in boldface type on DADS Caregiver Intake and Service Request Form:
 - Release of Information explained to consumer
 - Date of Intake
 - First Name, Middle Initial (if known), Last Name
 - Address (Residential/Street Address, City, State, Zip Code)
 - County
 - Phone
 - Gender
 - Date of Birth
 - Ethnicity
 - Race
 - Relationship to Care Recipient/Caregiver
- b. Complete **Consumer Details** for **every** Care Recipient who will be associated with the Caregiver, and link **every** Care Recipient to the Caregiver.
- c. Record all **Service Deliveries** under the correct **Provider** (you, the Service Coordinator), using the appropriate **Care Program > Service Category** and **Service > Fund Identifier**.
- d. Record all **Service Deliveries** on the **Date** on which the activity occurred, rather than the date of date entry into the system.
- e. **Report** total Units and Unduplicated Persons Count.



Quick List – Caregiver Education and Training

Entering Data to meet DADS Minimum Requirements

1. Once you are in SPURS, click the **New Call** button.
2. **Open** a Consumer Record from a Call Session to **enroll** a new consumer:
 - Click **New Call**.
 - Click Consumer > Search for Consumer.
 - Consumer = System brings in Consumer Name.
 - Caller = Consumer's Name.
 - Go to Consumer > Open Consumer.
 - Click **Enroll** for Services.

or

Open a Consumer Record from a Call Session to **access** a current consumer:

- Click **New Call**.
 - Click **Consumer > Search for Consumer**.
 - **Consumer** = System brings in Consumer Name.
 - **Caller** = Consumer's Name.
 - Go to Consumer > **Open Consumer**.
3. Enter or update consumer information in **Consumer Details** and link **every** Care Recipient who will be associated to the Caregiver.
 4. **Repeat** steps 1 through 3 for each **Care Recipient**, if not already in the database, and link each Care Recipient to the Caregiver. The relationship only needs to be entered in one of the two records in **Consumer Details**.
 5. Record **Service Deliveries** for each "Session per Participant."
 - Click **Add Service**.
 - Select the appropriate Service Period.
 - Select the **Care Program** NAPIS – All Funding Sources and the appropriate **Fund Identifier**, as well as the appropriate **Service**. Select the appropriate **Agency** and **Provider**, and reference the **Care Recipient** who is the reason for the caregiver having received the service.
 1. Enter the **Units** for the services received either as a **Monthly Total** for each Caregiver (or under the **Daily Unit Details** if preferred).
 2. Click **Apply and Close** to create the **Service Delivery** record.



DADS MINIMUM DATA REQUIREMENTS

Caregiver Information Services

1. Use the correct **Consumer Groups**.
2. Enter all **Service Deliveries**.
3. Be sure all **Service Deliveries** entered reflect the service period for which the service was provided, rather than when data entry occurred.
4. Use the appropriate **Care Program** NAPIS – All Funding Sources, the appropriate **Fund Identifier** as well as the appropriate **Service**.
5. Be sure the **Agency** and **Provider** are correct.
6. Report the number of **Consumers Served** and the **Total Units** for the services, either as a **Monthly Total** (or under the **Daily Unit Details** if preferred).
7. Report **Units** and **Estimated Audience**.



Quick List – Caregiver Information Services

Entering Data to meet DADS Minimum Requirements

1. Click **Consumers** to open the Consumer List.
2. Use the **Consumer Type** Quick Filter in the upper left view to select **Consumer Groups**.
3. Select and open the appropriate aggregate group.
4. Click **Service Deliveries** in the Navigation pane.
5. Click **Add Service**.
6. Select the appropriate Service Period. If data entry is occurring after the event, ensure that the date reflects the date of service rather than the date of entry to the system.
7. Select the **Care Program** NAPIS – All Funding Sources and the appropriate **Fund Identifier** as well as the appropriate **Service**. Select the appropriate **Agency** and **Provider**.
8. Enter the number of **Consumers Served** and the **Total Units** for the services received either as a **Monthly Total** (or under the **Daily Unit Details** if preferred).
9. Click **Apply and Close** to create the service delivery record.

Definitions and Other Information

Information, Referral and Assistance (IR&A)

1. Definition

Information, Referral and Assistance consists of activities such as assessing the needs of the inquirer, evaluating appropriate resources, assessing appropriate response modes, indicating organizations capable of meeting those needs, providing enough information about each organization to help inquirers make an informed choice, helping inquirers for whom services are unavailable by locating alternative resources, when necessary, actively participating in linking the inquirer to needed services, and following up on referrals to ensure the service was provided.

- **Unit of Service:** One Contact. Count one contact for every communication with or on the behalf of an eligible individual, regardless of the type of contact (initial, follow-up, accessing services).

and

- **Estimated Persons Count:** Count only the initial contact during a reporting month for each eligible individual.

2. **What funds may be expended for Information, Referral and Assistance?**

Users should refer to the “Services and Allowable Funding Sources” available on the DADS website. In 2012, the following funds may be expended for Information, Referral and Assistance:

- Title III-B
Title III-E
Title VII-Elder Abuse Prevention (EAP)
Centers for Medicare and Medicaid Services (CMS)
Disaster Relief, as approved by DADS
Medicare Improvements for Patients and Providers Act (MIPPA)
State General Revenue (SGR)
State General Revenue Additional Other (SGR Other)

3. Who is eligible for Information, Referral and Assistance?

Different funding sources result in different eligibility requirements for people served by the AAA. How the AAA budgets its funds under IR&A determines how the AAA will collect and report eligible units of service to DADS.

Title III-B (AoA) or State General Revenue (SGR): Record and report contacts and estimated persons for the following:

- Eligible individuals include persons who are age 60 or older, and individuals calling on behalf of a person who is 60 or older. Examples of other individuals include family, friends, caregivers, neighbors, and health or social services staff.

Title III-E (AoA) and State General Revenue (SGR) used to match Title III-E (State): Record and report contacts and estimated persons for the following:

- Eligible individuals include persons who are:
 - Age 18 or older caring for an individual age 60 or older;
 - Age 18 or older caring for an individual of any age who has Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
 - Age 55 or older and are grandparents or older relative caregivers of persons up to age 18; or
 - Age 55 or older and are grandparents or older relative caregivers of persons who are age 19 to 59 with a disability.

Title VII-Elder Abuse Prevention (AoA/EAP): Record and report contacts and estimated persons for the following:

- Eligible individuals include persons who are age 60 or older, and individuals calling on behalf of a person who is 60 or older. The issue discussed must relate to Elder Abuse Prevention (EAP).

Centers for Medicare and Medicaid Services (CMS): Record and report contacts and estimated persons for the following (count for **NAPIS only if 60 or over**):

- Eligible individuals include persons who are:
 - Medicare beneficiaries;
 - New to Medicare enrollees;
 - Dual Eligible Medicare beneficiaries; or
 - Beneficiaries who are disabled as determined by Social Security Administration (SSA) criteria.

The issue discussed with an eligible individual must be related to a CMS topic.

- Eligible individuals who are **age 60 and over** will be reported using a template in SPURS which maps the unit of service to a NAPIS activity.
- Eligible individuals who are **under age 60** will be reported using a template in SPURS which does not map the unit of service to a NAPIS activity, if the AAA wishes to track these units in SPURS.



NOTE: Units of service, provided for an **individual of any age who meets CMS criteria**, must be reported on the Individual Client Contact (ICC) form in SPURS.

Medicare Improvements for Patients and Providers Act (MIPPA): Record and report contacts and estimated persons for the following:

- Eligible individuals include persons who are Medicare beneficiaries, or a new to Medicare enrollee, or a beneficiary who is disabled as determined by SSA criteria.
- Eligible individuals who are **age 60 and over** will be reported using a template in SPURS which maps the unit of service to a NAPIS activity.
- Eligible individuals who are **under age 60** will be reported using a template in SPURS which does not map the unit of service to a NAPIS activity, if the AAA wishes to track these units in SPURS.

The issue discussed with the caller must be related to Low Income Subsidy (LIS), Medicare Savings Program (MSP) or other MIPPA issues.



NOTE: Units of service provided for an **individual of any age who meets CMS criteria**, must be reported on the Individual Client Contact (CC) form in SPURS.

4. What data does DADS require to be reported for the Quarterly Performance Report (QPR) for Information, Referral and Assistance?

- Units of Service
- Estimated Persons Count (Initial Contact)
- When funded by Title III-E, the AAA must report:
 - “Estimated Unduplicated Caregivers”
 - “Estimated Unduplicated Grandparents/Other Older Relatives”

5. What data does the Administration on Aging (AoA) require to be reported for Information, Referral and Assistance?

The Administration on Aging (AoA) requires data be reported annually using the National Aging Program Information System (NAPIS) in accordance with AoA’s “Reporting Requirements for Title III and VII.” The following is a list of AoA terms and reporting requirements for Information, Referral and Assistance:

- Service Name: Information and Assistance
- Unit of Service: 1 Contact
- When funded by Title III-E, the AAA must report:
 - “Estimated Unduplicated Caregivers”
 - “Estimated Unduplicated Grandparents/Other Older Relatives”

Care Coordination

1. Definition

Care Coordination is an ongoing process, including assessment of the needs of an older individual and effectively planning, arranging, coordinating and following up on services which most appropriately meet the identified needs as mutually defined by the older individual, the access and assistance staff, and where appropriate, a family member(s) or other caregiver(s).

- **Unit of Service:** One Hour. A unit is defined as the time which is spent by the caseworker, or qualified designee, engaged in working on an eligible case. A unit does not include travel time, staff training, program publicity or direct services other than care coordination.

and

- **Unit of Service:** One Contact. If funded by Title III-E, Contacts must be reported in addition to Hours. A unit is defined as providing an eligible older individual or caregiver with information or linking the individual to the services and resources available through a one-on-one contact via face-to-face contact, email contact, written/fax contact or telephone contact. Activities such as records maintenance are not counted as a contact.

2. What funds may be expended for Care Coordination?

Users should refer to the “Services and Allowable Funding Sources” available on the DADS website. In 2012, the following funds may be expended for Care Coordination:

- Title III-B
Title III-E
Disaster Relief, as approved by DADS
State General Revenue (SGR)
State General Revenue Additional Other (SGR Other)

3. Who is eligible for Care Coordination?

Different funding sources result in different eligibility requirements for people served by the AAA. How the AAA budgets its funds under Care Coordination determines how the AAA will collect and report eligible units of service to DADS.

Title III-B (AoA) or State General Revenue (SGR): Record and report units of service (hours) and unduplicated persons count for the following:

- Eligible individuals include persons who are age 60 or older.

Title III-E (AoA) and State General Revenue (SGR) used to match Title III-E (State): Record and report units of service (hours) and unduplicated persons count for the following:

- Eligible individuals include persons who are:
 - Age 18 or older caring for an individual age 60 or older;
 - Age 18 or older caring for an individual of any age who has Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;
 - Age 55 or older and are grandparents or older relative caregivers of persons up to age 18; or
 - Age 55 or older and are grandparents or older relative caregivers of persons who are age 19 to 59 with a disability.

“**Contacts**” must also be captured in SPURS for annual NAPIS reporting when Care Coordination is provided using Title III-E. “Contacts” are defined above.

4. What data does DADS require to be reported for the Quarterly Performance Report (QPR) for Care Coordination?

- Units of Service
- Unduplicated Persons Count
- Units and Unduplicated are reported separately for grandparents or older relative caregivers

5. What data does the Administration on Aging (AoA) require to be reported for Care Coordination?

The Administration on Aging (AoA) requires data be reported annually using the National Aging Program Information System (NAPIS) in accordance with AoA's "Reporting Requirements for Title III and VII." The following is a list of AoA terms and reporting requirements for Care Coordination **when supported with Title III-B** funds:

- Service Name: "Case Management"
- Unit of Service: One Hour (Title III-B)
- Count: Deficiencies in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)

Refer to the Caregiver Support Coordination Definition and Other Information, below, when the Area Agency on Aging budgets Caregiver Support Coordination under the Care Coordination category. All information relevant to Title III-E Caregiver Support Coordination must be captured in SPURS, regardless of how this service is budgeted.

Caregiver Support Coordination

1. Definition

Caregiver Support Coordination is an ongoing process, including assessment of the needs of a caregiver and care recipient, and effectively planning, arranging, coordinating and following up on services which most appropriately meet the identified needs as mutually defined by the caregiver, the care recipient and the access and assistance staff. If Title III-B funds are expended for this service the caregiver must be 60 or older.

- Unit of Service: One Hour. A unit is defined as the time which is spent by the caregiver specialist, or qualified designee, engaged in working on an eligible caregiver's case. A unit does not include travel time, staff training, program publicity or direct services other than caregiver support coordination. If Title III-B funds are expended for this service, counting "contacts" is not required. Units provided to grandparents and older relative caregivers are reported separately.

and

- Unit of Service: One Contact. If funded by Title III-E, Contacts must be reported in SPURS in addition to Hours. A unit is defined as providing an eligible caregiver with information or linking the individual to the services and resources available through a one-on-one contact via face-to-face contact, email contact, written/fax contact or telephone contact. Activities such as records maintenance are not counted as a contact. Units provided to grandparents and older relative caregivers are reported separately.

2. What funds may be expended for Caregiver Support Coordination?

Users should refer to the "Services and Allowable Funding Sources" available on the DADS website. In 2012, the following funds may be expended for Caregiver Support Coordination:

- Title III-B
Title III-E
Title VII – EAP
Disaster Relief, as approved by DADS
State General Revenue (SGR)
State General Revenue Additional Other (SGR Other)

3. Who is eligible for Caregiver Support Coordination?

Different funding sources result in different eligibility requirements for people served by the AAA. How the AAA budgets its funds under either Care Coordination or Caregiver Support Coordination determines how the AAA will collect and report eligible units of service to DADS.

Title III-B (AoA) or State General Revenue (SGR): Record and report units of service (hours) and unduplicated persons count for the following:

- Eligible individuals include caregivers who are age 60 or older.

Title III-E (AoA) and State General Revenue (SGR) used to match Title III-E (State): Record and report units of service (hours) and unduplicated persons count for the following:

- Eligible individuals include persons who are:
 - Age 18 or older caring for an individual age 60 or older;
 - Age 18 or older caring for an individual of any age who has Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;
 - Age 55 or older and are grandparents or older relative caregivers of persons up to age 18; or
 - Age 55 or older and are grandparents or older relative caregivers of persons who are age 19 to 59 with a disability.

“Contacts” must also be captured in SPURS for annual NAPIS reporting, even when you budget Title III-E funds under the category of Care Coordination. “Contacts” are defined above.

4. What data does DADS require to be reported for the Quarterly Performance Report (QPR) for Caregiver Support Coordination?

- Units of Service
- Unduplicated Persons Count

NOTE: Units and unduplicated are reported separately for grandparents or other older relative caregivers.

5. What data does the Administration on Aging (AoA) require to be reported for Caregiver Support Coordination?

The Administration on Aging (AoA) requires data be reported annually using the National Aging Program Information System (NAPIS) in accordance with AoA's "Reporting Requirements for Title III and VII." The following is a list of AoA terms and reporting requirements for Caregiver Support Coordination **when supported with Title III-B** funds:

- Service Name: "Case Management"
- Unit of Service: 1 Hour (Title III-B)
- Unduplicated Persons Count
- Deficiencies in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) of care recipient except Service Authorization

The following is a list of AoA terms and reporting requirements for Caregiver Support Coordination **when supported with Title III-E** funds:

- Service Name: "Access Assistance"
- Unit of Service: 1 Contact
- Estimated Unduplicated Caregivers

While AoA does not require Unduplicated Persons Count for "Access Assistance" services for NAPIS, many of the services provided to Caregivers under Caregiver Support Coordination *do* require this count and other information for NAPIS. Those include Caregiver Education and Training, Respite, all Supplemental Services and Vouchers.

DADS requires a complete Caregiver Intake to be entered in SPURS using consumer details, as this service includes activities similar in nature to Care Coordination. The resulting unduplicated persons count is reported to AoA as "Estimated Unduplicated Caregivers."

DADS also requires a complete Client Intake be entered in SPURS using consumer details to ensure reporting to the Administration on Aging (AoA) for Caregiver services is complete and accurate. **Every** care recipient must be associated in SPURS to the Caregiver to whom services are being provided.

Caregiver Education and Training

1. Definition

Caregiver Education and Training provides counseling to caregivers to assist in making decisions and solving problems related to their caregiver roles. This includes providing counseling to individuals and support groups; and caregiver training for individual caregivers and families.

- **Unit of Service:** One Session per Participant. A session is counted for each individual attending a focus group, support group or training session and for each one-on-one counseling session with an eligible caregiver. If Title III-B funds are expended for this service, the caregiver must be 60 or older.

2. What funds may be expended for Caregiver Education and Training?

Users should refer to the “Services and Allowable Funding Sources” available on the DADS website. In 2012, the following funds may be expended for Caregiver Education and Training and activities must adhere to the funding requirements:

- Title III-B
Title III-D
Title III-E
Title VII – EAP
Disaster Relief, as approved by DADS
State General Revenue (SGR)
State General Revenue Additional Other (SGR Other)

3. Who is eligible for Caregiver Education and Training?

Different funding sources result in different eligibility requirements for people served by the AAA. How the AAA budgets its funds under Caregiver Education and Training determines how the AAA will collect and report eligible units of service to DADS.

Title III-B (AoA) or State General Revenue (SGR): Record and report units of service (sessions or “contacts”) and unduplicated persons count for the following:

- Eligible individuals include caregivers who are age 60 or older.

Title III-E (AoA) and State General Revenue (SGR) used to match Title III-E (State): Record and report units of service (sessions or “contacts”) and unduplicated persons count for the following:

- Eligible individuals include persons who are:
 - Age 18 or older caring for an individual age 60 or older;
 - Age 18 or older caring for an individual of any age who has Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;
 - Age 55 or older and are grandparents or older relative caregivers of persons up to age 18; or
 - Age 55 or older and are grandparents or older relative caregivers of persons who are age 19 to 59 with a disability.

4. What data does DADS require to be reported for the Quarterly Performance Report (QPR) for Caregiver Education and Training?

- Units of Service
- Unduplicated Persons Count

5. What data does the Administration on Aging (AoA) require to be reported for Caregiver Education and Training?

The Administration on Aging (AoA) requires data be reported annually using the National Aging Program Information System (NAPIS) in accordance with AoA’s “Reporting Requirements for Title III and VII.” The following is a list of AoA terms and reporting requirements for Caregiver Education and Training:

- Service Name: “Counseling”
- Unit of Service: 1 Session per Participant
- Unduplicated Persons Count
- Relationship to Care Recipient
- Demographics

DADS requires a complete Caregiver Intake to be entered in SPURS using consumer details. The resulting unduplicated persons count is reported to AoA as “Unduplicated Caregivers.”

DADS also requires a complete Client Intake be entered in SPURS using consumer details to ensure reporting to the Administration on Aging (AoA) for Caregiver services is complete and accurate. **Every** care recipient must be associated in SPURS to the Caregiver to whom services are being provided.

Caregiver Information Services

1. Definition

Caregiver Information Services includes the dissemination of accurate, timely and relevant information for informal caregivers, grandparents or relatives caring for children 18 years of age and under; and the public through publications, large group presentations, seminars, health fairs and mass media. Developing a resource library and other informational resources for use in the dissemination of caregiver information is a component of this service. If Title III-B funds are expended for this service the caregiver must be 60 or older.

- Unit of Service: One Activity. Count one activity for each event.

2. What funds may be expended for Caregiver Information Services?

Users should refer to the “Services and Allowable Funding Sources” available on the DADS website. In 2012, the following funds may be expended for Caregiver Information Services and activities must adhere to the funding requirements:

- Title III-B
Title III-D
Title III-E
Title VII – EAP
Disaster Relief, as approved by DADS
State General Revenue (SGR)
State General Revenue Additional Other (SGR Other)

3. Who is eligible for Caregiver Information Services?

Different funding sources result in different eligibility requirements for people served by the AAA. How the AAA budgets its funds under Caregiver Information Services determines how the AAA will collect and report eligible units of service to DADS.

Title III-B (AoA) or State General Revenue (SGR): Record and report units of service and estimated audience:

- Eligible individuals include caregivers who are age 60 or older.

Title III-E (AoA) and State General Revenue (SGR) used to match Title III-E (State):
Record and report units of service and estimated audience:

- Eligible individuals include persons who are:
 - Age 18 or older caring for an individual age 60 or older;
 - Age 18 or older caring for an individual of any age who has Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;
 - Age 55 or older and are grandparents or older relative caregivers of persons up to age 18; or
 - Age 55 or older and are grandparents or older relative caregivers of persons who are age 19 to 59 with a disability.

4. What data does DADS require to be reported for the Quarterly Performance Report (QPR) for Caregiver Information Services?

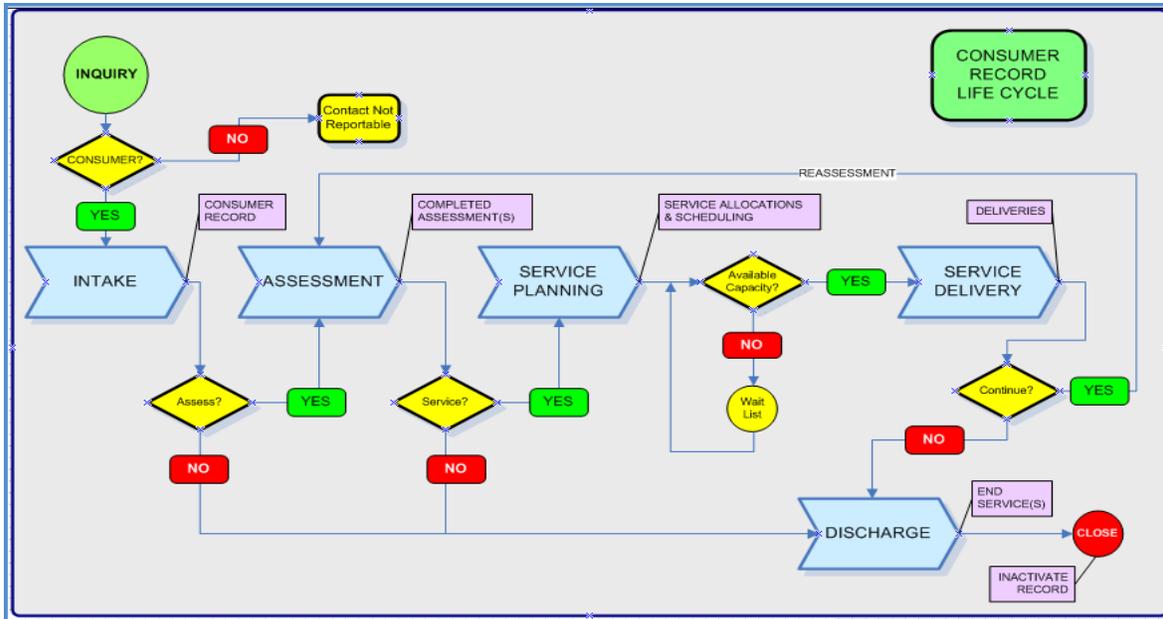
- Units of Service
- Estimated Audience

5. What data does the Administration on Aging (AoA) require to be reported for Caregiver Information Services?

The Administration on Aging (AoA) requires data be reported annually using the National Aging Program Information System (NAPIS) in accordance with AoA’s “Reporting Requirements for Title III and VII.” The following is a list of AoA terms and reporting requirements for Caregiver Information Services:

- Service Name: “Information Services”
- Unit of Service: 1 Activity
- Estimated Audience

Process Overview and Intake



Work Flows and Data Entry

To illustrate how to use SPURS to record intake, assessment, service planning, service delivery and closure of file, this Job Aid walks through some typical scenarios and shows how various activities would be recorded in SPURS. The scenarios are from the perspective of a Service Coordinator and it is assumed the request for assistance has been received directly by the Service Coordinator. Depending upon the circumstances, the Service Coordinator’s activities could result in data entry for Information, Referral and Assistance. The scenarios illustrate recording contacts for Information, Referral and Assistance.

The term “Service Coordinator” is used for Area Agency on Aging (AAA) staff who provide Care Coordination, Caregiver Support Coordination, Caregiver Education and Training and Caregiver Information Services.

For Service Coordination, AAA staff must enter consumer information, service deliveries for older persons and eligible caregivers, assessments and care plans when required by the Texas Administrative Code, as well as service deliveries for services or goods purchased for the consumer.

Scenarios – Anonymous, Incoming and Outbound Calls

Scenario 1: Anonymous Calls

Documenting Information, Referral and Assistance

An anonymous call is usually very brief with the Service Coordinator providing very limited information.



Notice the following entries reflect DADS Minimum Requirements for Information, Referral and Assistance (IR&A). Refer to the “Job Aid: Call Sessions” for more detailed information.

- Anonymous Caller – An individual calls who simply wants the phone number to the Community Clinic & Physicians Group.
 - Click **New Call**.
 - Enter **Caller Type** as Anonymous.
 - Enter **Age Group**, if known.
 - Enter **Date**.
 - Enter details into **Call Notes** section, such as “Provided Community Clinic & Physicians Group phone number.”
 - **Save** and **Close** the call.
 - The system will bring up the Service Delivery Template for IR&A.
 - Select the applicable service delivered, and then click **Save**.
 - If no “countable” service was delivered, click **Cancel**.

	<p><u>CAUTION:</u></p> <p>You may not record the call as Information, Referral and Assistance (IR&A) for NAPIS unless you collected enough information to determine the caller is 60, older, or otherwise eligible (Caregivers). If caller age is not determined, or not > 60, or care relationship and age is not determined, click Cancel on the Service Delivery Template. The system will not record the unit of service. If the AAA wishes to track IR&A units of service in SPURS delivered to people not countable in NAPIS, it must use a Service Delivery Template that does not map to NAPIS.</p>
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Scenario 2: Incoming Call

For purposes of illustration, an “incoming call” occurs when you have more details for a named caller or the call is from a consumer who is already in the database. This scenario illustrates *how to schedule an appointment* for your dashboard.



- Virginia Reston, who is 63 years old, calls the Service Coordinator to ask about help with purchasing her medication. She also states she is having difficulty paying her electric bill since it has been so hot recently.

Together, you decide to set an appointment for her to come in to the office to talk about her situation further and to complete an intake.

- Click **New Call**.
- Click **Caller** > Search for Caller.
- If in database, bring up existing record. If not, **Add New**.
- Collect or verify **Name, Age Group, Gender, and Phone Number**. **Caller Type** is required if this is a new Consumer.
- Enter **Date**.
- Enter details into **Call Notes** section, such as “Discussed need for assistance in buying medications and paying utility bills, and set up office appointment for intake.”
- Indicate “Yes” for **Complete?**
 - **Care Coordination** services **will begin** at the time of the appointment.



- Add **Activity**:
 - Set the appointment, selecting **yourself as the Provider**.

Add Activities	
Consumer/Caller	Consumer (Reston, Virginia)
Action	INTAKE DUE
Subject	Help with Medication
Agency	North Texas Area Agency on Aging
Provider	Rocky Carr
Subprovider	
Services	Health Maintenance
Care Program	NAPIS All Funding Sources
Site	
Status	Not Started
Reason	
Status Date	05/19/2011
Due Date	05/26/2011
Start Date	05/19/2011
Start Time	08:17 AM
Date Completed	
Time Completed	
Follow-Up Status	Required
Follow-Up Date	
Follow-Up Time	

- The follow up item will appear in your Dashboard.
- You will begin the intake process during the appointment.



- **Save** and **Close** Call. When the service delivery template appears, record **Service Delivery** as Information, Referral and Assistance (IR&A). Be sure to include all required information.

HOW SHOULD THIS ACTIVITY BE REPORTED?

Information, Referral & Assistance

1. On February 2, an individual calls and asks for the telephone number for the Dandy Durable Equipment Company. You provide the telephone number and the caller hangs up.

ANSWER: This contact cannot be reported to DADS or AoA through NAPIS. There is not enough information to determine eligibility. If the AAA wishes to track this anonymous call, it must record the call using a template that does not track to DADS/NAPIS.

2. On February 2, you receive a call from a female who tells you her mother, who just turned 60, is interested in congregate meals and some senior center activities. She wants the address of the Community Center of Cardona. You provide the address and the telephone number of the Center. She prefers to not give you her name or her mother's name.

ANSWER: This may be counted as a 60+ IR&A contact as the individual was calling on behalf of a person 60 or over. Let's take a look at the DADS minimum requirements (DMRs), page 6 in your Job Aid, and walk through how to enter all of the information you need into SPURS.

Caller Type	Child
Age Group	60 - 64
Start Date	February 2, 2011
Complete?	Yes. You are unable to follow up with this individual as you have no contact information.
Notes	Enter notes, example: "Provided address and telephone number to Cardona Community Center."
Save and Close	
Service Delivery	Click on the box for the appropriate template.
Click OK	Saves Service Delivery
How many contacts?	1

3. On February 17, Bonny Sox calls and says she heard on TV about a charity drive at a local church. She wants to donate but needs a ride to the church. When you ask if she is over or under 60, she says "Honey, I'm 78 years old and I'm cleaning house! Why do you ask?" You briefly tell her about Older Americans Act eligibility. You provide the number to the nearest transportation provider and ask for her phone number so you can be sure she got a ride. She provides the number.

ANSWER: This may be counted as 60+ IR&A contact as individual is 78 years old.

What is the Caller Type?	Self
What is the Age Group?	65+
What would you enter for the Start Date?	2/17/11
Would you mark this as complete? Why?	No, follow up is needed.
What would you enter in Notes?	[Description]
How many contacts?	1

4. On February 24, you call Bonny Sox to see if she was able to get a ride to the local church to make her donation. She replies "They were the nicest people, and I want to say I'm so glad I called you! Now I think I'll start going to the Senior Center too because they are starting ukulele classes and I'm from Hawaii!" You ask if there is anything else you can help her with. She says no, but she sure knows who to call if she ever needs help again, and she's going to tell all her friends about the AAA!" You thank her for the information and end the call.

ANSWER: This may be counted as 60+ IR&A contact as individual is 78 years old.

What is the Caller Type?	Self/Already in system
What is the Age Group?	65+/Already in system
What would you enter for the Start Date?	2/24/11
Would you mark this as complete? Why?	Yes, follow up is complete.
What would you enter in Notes?	[Description]
How many contacts?	1

5. On February 25, John Fender calls about his need for help with food and utility bills. He had to buy some very expensive medicines after a recent surgery and he's afraid he will not be able to afford his electric bill which he expects in a week or so. His Social Security check will not be in the bank for two more weeks. "I'm just an old guy who in my 89 years has never had to ask for help. Usually, everything's fine, it's just the medicines really took a lot of money. I hate to ask, but is there any help available?" Once you have taken his contact information, you contact three charitable organizations in town to find out the status of their programs and all can help with food or utilities. You call Mr. Fender back and provide the information.

ANSWER: This may be counted as 60+ IR&A contact as individual is 89 years old.

What is the Caller Type?	Self
What is the Age Group?	65+
What would you enter for the Start Date?	2/25/11
Would you mark this as complete? Why?	No, follow up is needed.
What would you enter in Notes?	[Description]
How many contacts?	5
	Original call = 1
	Calls to
	charities = 3
	Call back to
	consumer = 1

6. For the month of February using these five calls, how many of each of the following would you report on your Quarterly Performance Report?

Total number of Contacts: 8 (1 + 1 + 1 + 5)

Total Estimated Persons Count: 3
 Anonymous Female
 Bonnie Sox
 Johnny Fender

Scenario 3: Outbound Call

For the purposes of illustration, an “outbound call” occurs when you have more details, a named caller or a consumer already in the database. Outbound calls can occur under Information, Referral and Assistance (IR&A) or Service Coordination. The purpose of this scenario is to illustrate how to log a call when it is initiated by you, the Area Agency on Aging (AAA) staff.



- Georgia Valdosta contacts the AAA on March 3, 2011 and reports she has scheduled surgery in two weeks and would like someone to set up an in-home visit to talk about her independence during her recovery. You have received the message as the Service Coordinator and you are returning Ms. Valdosta’s call. You’ll need to record the call, the service delivery/deliveries, and set the intake appointment.
 - Click **New Call**.
 - Click **Caller** > Search for Caller.
 - If in database, bring up existing record. If not, **Add New**.
 - If New, register **New Caller**:
 - Collect or verify **Name, Date of Birth, Gender, and Phone Number**.
 - Obtain as much information as possible.

Register New I & R Caller	
Details	
<input type="checkbox"/> Personal	
Prefix	Ms
First Name	Georgia
MI	
Last Name	Valdosta
Suffix	
AKA Name	
Gender	Female
Birth Date	02/01/1951
SSN	
Area Code	613
Home Phone	765-1819
Default Agency	North Texas Area Agency on Aging
Info Release Authorized	Yes
Date Registered	05/19/2011

- Create an Activity and assign the Intake to yourself (or another Service Coordinator).
- Add **Activity**.

- Set an appointment, selecting **yourself as the Provider**.
- The follow up item will appear in your Dashboard.

Add Activities	
Consumer/Caller	Consumer (Valdosta, Georgia)
Action	INTAKE DUE
Subject	Medication help
Agency	North Texas Area Agency on Aging
Provider	Rocky Carr
Subprovider	
Services	Health Maintenance
Care Program	NAPIS All Funding Sources
Site	
Status	Not Started
Reason	
Status Date	05/19/2011
Due Date	05/26/2011
Start Date	
Start Time	
Date Completed	
Time Completed	
Follow-Up Status	Required

- Next, record the contact as Information, Referral and Assistance (IR&A).
- **Save** and **Close** the Call.
 - **Select** service template for IR&A.
 - **Record** the Service Delivery for the Call.

In real-life, your work with a new consumer can go in a thousand directions. For simplicity, we're going to explain how to do outbound calls *and* referrals in the next section, recognizing that true scenarios are not usually so "cut and dried." Let's say you want to check some resources before an appointment with a consumer.

- To document each outbound call, (to local pharmacy for special discount program, or church organization for groceries):
 - Click **New Call**
 - **Caller Type** = Agency
 - **Call Type** = Outgoing
 - **Consumer** > Search Consumers > Enter Consumer's Name

Enrolled?	Client Id	Full Name	AKA Name	Agency	DOB	SSN	Town	Home Ph...
<input type="checkbox"/>	1329964846	Valdosta, George		North Texas Area Agen...	02/01/1951			(613) 765...
<input checked="" type="checkbox"/>	1327017718	Valdosta, Georgia		North Texas Area Agen...	02/01/1951			(613) 765...

- Double-click to bring in Caller/Consumer data.
 - Enter **Notes** about the call.
 - Enter any **Activity** records needed for follow up.
 - Complete the **Referral** section if a referral is made.
 - **Save** and **Close** the Call.
 - Record the **Service Delivery**. If the Caller was not previously a Consumer, the system should convert the caller to a Consumer.
- If you wish to make and document a referral:
 - **Search** for Services (referral search).
 - Enter search terms.
 - Add referral.

Scenario 4: Care Coordination – Intake and Follow-up

Documenting Care Coordination



Let's assume Ms. Valdosta, our consumer in Scenario 3, has decided she would prefer completing her intake by phone rather than waiting for someone to come to her home. She calls you the next day, March 4, to begin the intake process. At this point Care Coordination begins.

- Open the Consumer Record from the Call Session.



- Click **New Call**.
- Click **Consumer > Search for Consumer**.
- **Consumer** = System brings in Consumer Name.
- **Caller** = Consumer's Name.
- Go to Consumer > **Open Consumer**.
- Click **Enroll** for Services.



- Using **Consumer Details** in SPURS, enter information about the consumer in the appropriate fields. Fields required to be completed in SPURS are reflected in boldface type on the DADS "Client Intake and Service Request Form."



- Record **Service Deliveries**.

- Click **Service Delivery > Add Service**.
- Confirm **Month/Year** of Service Delivery.
- Record **Care Program > Service Category**.
 - NAPIS All Funding Sources
 - Care Coordination, assumes Unit of Service equals 1 Hour



- Record **Service > Fund Identifier** (see Definitions).
- **Provider**: Is you, the Service Coordinator.



- Select **Topic > Add Topic**
 - Select **Topic(s)** discussed and record the time you spent handling each particular topic.
 - When all **Topics** have been entered – click blue button **Add Sum** and total time will be calculated and inserted in the Service Delivery Record.

- When finished, select **Apply and Close**.

- **Then Save and Close**.



Now let's assume Ms. Valdosta wasn't able to provide complete details and she calls you two days later, March 6, with the information needed to complete the process. Keep in mind she has already been established as a consumer in the system.

- Open the Consumer Record from the Call Session.
 - Click **New Call**.
 - Click **Consumer > Search for Consumer**.
 - **Consumer** = System brings in Consumer Name.
 - **Caller** = Consumer's Name.
 - Go to Consumer > **Open Consumer**.



- Enter required client intake data in SPURS using **Consumer Details**.



- Record **Service Deliveries**.

- Click **Service Delivery > Add Service**.
- Confirm **Month/Year** of Service Delivery.
- Record **Care Program > Service Category**.



- NAPIS All Funding Sources
 - Care Coordination, assumes Unit of Service equals 1 Hour



- Record **Service > Fund Identifier** (see Definitions).

- **Provider:** Is you, the Care Coordinator.



- Select **Topic > Add Topic**.

- Select Topic(s) discussed and record the time you spent handling each particular topic.

- When all topics have been entered – click blue button **Add Sum** and time will be calculated and inserted in the Service Delivery Record.

- When finished select **Apply and Close**.

Then Save and Close.

HOW SHOULD THIS ACTIVITY BE REPORTED?

Care Coordination – Title III-B

1. Ms. Valdosta, our consumer in Scenario 3, has decided she would prefer completing her intake by phone rather than waiting for someone to come to her home. She calls you on March 4 to begin the intake process. You talk to Ms. Valdosta for 15 minutes to gather more information for intake purposes. She remembers her daughter, who is her emergency contact, moved recently and she will have to find her daughter's new telephone number. She's going to the doctor tomorrow, so she says she will call you in two days with the information. You enter the information into SPURS and it takes 10 minutes. **Let's walk through this call in SPURS.**

- New Call
- Search for Consumer – Always search for the consumer!
- Open Consumer Record
- Be sure your date is on March 4
- Complete the fields in Client Details with any new information
- Enter your Narrative for the consumer contact using Topics
- Enter time for Narrative for 15 minutes (.25)
- Enter your Narrative for records maintenance using Topics
- Enter time for Records Maintenance for 10 minutes (.17)
- When all Topics are complete click the blue button, Add Sum, to calculate and insert in the Service Delivery Record
- Be sure to Save and Close the record

2. On March 6, Ms. Valdosta calls you, as promised, to provide you with her daughter's telephone number. Her daughter's name is Jessi Montana. You schedule the in-home appointment and Ms. Valdosta gives you directions to her home. You schedule the appointment for March 10 at 9:00 a.m. Ms. Valdosta tells you she's looking forward to meeting you. You talked to Ms. Valdosta for 25 minutes. On March 7, you enter the new information into SPURS and it takes you 15 minutes.

What are the areas/fields in SPURS you need to access?

- Consumer Details to update the emergency contact
- Check the date of the service! The conversation was on March 6 but the data entry was on March 7.
- Topics for your narratives
- Be sure to sum the topics

How much time would you enter into SPURS for March 6?

25 minutes (.42)

How much time would you enter into SPURS for March 7?

15 minutes (.25)

What would you include in the narrative?

Ms. Valdosta called to provide name of daughter and new telephone number. Scheduled in home visit for March 10 at 9:00 a.m. Directions to home were provided as client lives in rural area and it is difficult to locate home. Ms. Valdosta also talked more about her surgery. Anything else?

3. On March 10, you conduct the in-home visit with Ms. Valdosta. It takes you 45 minutes to reach her home. When you arrive at 9:00 a.m., you provide more information about the AAA's services. You review the Client's Rights and Responsibilities with her and review her intake to double check the information. You conduct a Consumer Needs Evaluation and a Nutrition Risk Assessment to determine Ms. Valdosta's current functionality. You also discuss more details on Ms. Valdosta's upcoming hip replacement surgery and rehabilitation. You gather information about her medications, informal supports and together you walk through the house to identify possible barriers to her independence after surgery. Ms. Valdosta tells you she is worried about not having an Advanced Directive for her daughter and asks for help with getting this done before surgery. It is 11:30 a.m. when you leave Ms. Valdosta's home.

It is now March 12 and you are entering information into SPURS. What date would you enter for the service delivery?

March 10

How much time would you enter into SPURS?

2.5 Hours – travel time is not counted as part of the unit of service. You would also enter records maintenance time on March 12 for documenting the in-home visit.

Other than intake information, is there other information to be entered into SPURS? If so, what?

Narrative – Include a general overview of the status of the consumer during the home visit. Document the review of Client’s Rights and Responsibilities and review of personal information. Discuss the CNE and provide a high level summary of the consumer’s situation. Review briefly the goals for the individual. Include referral to benefits counselor certified to prepare Advance Directives.

Open the CNE “assessment” in SPURS and answer each question. The form will automatically give you the score and count ADLs and IADLs – this is a DADS requirement.

Include observations in your narratives – narratives should reflect objective observations, never judgments of the individual. Also include actions agreed upon between you and the consumer.

Time entry. Be sure to sum your topics!

Would this situation require a Care Plan in SPURS?

Yes.

Discuss the items which should be included in Topics for this in-home visit:

In-Home Visit

Required Forms

General Observations

Arranging for Services – as applicable

Service Planning

Records Maintenance

Any others?

Scenario 5: Caregiver Support Coordination – Intake and Follow-up

Documenting Caregiver Support Coordination

Caregivers and care recipients are SPURS **Consumers**. All users need to create a Consumer record for both caregiver(s) and care recipient(s), and enroll them into the same **Care Program**. Once caregivers and care recipients have been enrolled in the same **Care Program**, the two records need to be associated using either **Care Recipients** or **Caregivers** in **Consumer Details**. Once the caregivers/care recipients have been set up, users can enter services in a number of ways, depending on the type of reporting required.

SPURS requires that every service record have a **Provider**. A caregiver is a **Consumer**, and *should not be set up as a SPURS Provider*. Setting each Caregiver up as a Provider in SPURS Administrator would make the Provider table too long and would require intervention from the AAA Administrator each time a Caregiver needed to be added.

TIP



The selection of a Caregiver indicates that the Caregiver, not the Provider, delivered the service.

Caregivers are SPURS consumers who have been associated with another consumer in a caregiver role. For purposes of illustration, we will **walk through a scenario in SPURS** to cover the data requirements for Caregiver Support Coordination. The scenario is from the perspective of you, the Service Coordinator. You entered one contact for Information, Referral and Assistance (IR&A) and will enroll the new consumer, Mr. Caregiver, based on the nature of the call.

Here's the background:



- Johnny Caregiver takes care of his wife who is 62 years of age and has Alzheimer's disease. She did not develop Alzheimer's until after Mr. Westbrook was retired, so he did not need assistance with the care of his wife, Jane. Their daughter, Judy, lives in another state and visits several times a year. Mr. Caregiver recently found himself becoming increasingly stressed, frustrated, and agreed to go with a friend to a AAA sponsored event entitled "The Joy of Caregiving." Although he was reluctant to go, it proved to be a valuable event in that he had no idea there were any options other than placing his wife in a nursing home.
- The next day, April 15, Mr. Caregiver called you and requested an appointment to discuss his situation and to inquire if he would be eligible to receive services. An Intake was conducted over the phone, and a time was scheduled for the following Tuesday. You, the Service Coordinator, talked to Mr. Caregiver for 20 minutes on the telephone, and then spent 15 minutes to set up a file and prepare for the appointment.

Let's see how to enter the new caregiver into SPURS.



- Open the Consumer Record from the Call Session.
 - Click **New Call**.
 - Click **Consumer** > Search for Consumer.
 - **Consumer** = System brings in Consumer Name.
 - **Caller** = Consumer's Name.
 - Go to **Consumer > Open Consumer**.
 - Click **Enroll** for Services.
- Search  **Consumers** to ensure the Caregiver's record does not already exist in the database.
- Click **Add New** on the search consumer screen.



- Using **Register New Consumer**, add the **Caregiver** information. Be sure to fill out all required fields. Refer to your DADS Caregiver Client Intake and Service Request for required information, which is in bold typeface. Also see the DADS Minimum Requirements in this Job Aid.

- Click **OK** to create the Caregiver record.
- In **Search Consumers**, make sure the caregiver is highlighted in the bottom part of the window, and click **OK** to open the record.

Enrolled?	Client Id	Full Name	AKA Name	Agency	DOB	SSN	Town	Home Ph...
<input checked="" type="checkbox"/>	1343484133	Caregiver, Johnny		Area Agency on Aging ...	08/23/1950			(617) 22...



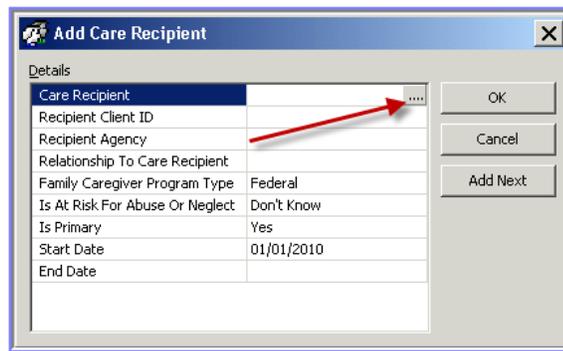
- From the Caregiver’s **Details** section, click **Care Recipients**.
- Click **Add Care Recipient** in the toolbar.



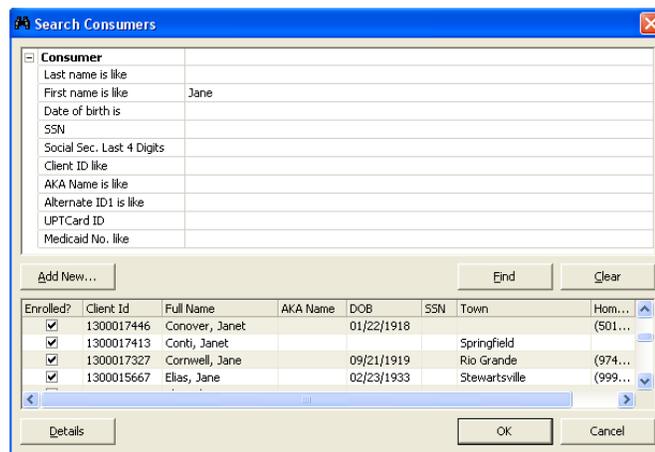
NOTE

Users can enter the relationship between the caregiver and care recipient in either consumer record. The relationship only needs to be entered into one of the two records.

- Click the **Browse** button in **Care Recipient**.



- Use **Search Consumers** to find the appropriate consumer.



NOTE



If the record for the **Care Recipient** has not yet been created, follow the process to add the **Consumer Record** for the care recipient. Attributes such as the **Birth Date** of the recipient are important to capture for accurate NAPIS reporting. Because each care recipient is a **Consumer**, a full Client Intake must be completed and entered into SPURS.



- Select the care recipient and click **OK**.
- Select the applicable **Relationship to Care Recipient, Family Caregiver Program Type, and the Dates** of the association.



Details	
Care Recipient	Recipient, Jane
Recipient Client ID	1314953250
Recipient Agency	Area Agency on Aging of North Texas
Relationship To Care Recipient	Husband
Family Caregiver Program Type	Federal
Is At Risk For Abuse Or Neglect	Don't Know
Is Primary	Yes
Start Date	01/01/2010
End Date	

- Click **OK** to create the care recipient association and click **Save** to commit the changes to the caregiver record.



You also have the option of viewing Caregivers for a Consumer:

- Click **Consumers** to open the **Consumer List**.
- Locate the record of the care recipient and click the **Caregiver** button on the toolbar to display a summary of the associations to **Caregivers**.

ID	Name	Date Recg.	Address	Town of Residence	County of Residence	Client ID	Full Name	Start date	End date	DOB	SSN	Town	Primary Phone
1314953250	Recipient, Jane	01/01/2010				1349484133	Caregiver, Johnny	01/01/2010		8/23/1950			(617) 222-5555

- Click **Summary** to view information about the caregiver.

The screenshot shows a software window titled "Recipient, Jane associated Caregivers" with a table of client information. Below it, a "Consumer Summary" window is open for "Caregiver, Johnny (1343484133)". The summary includes a "Summary" button (highlighted with a red box and arrow), an "Edit Notes" link, and several data sections: Personal, Characteristics, Insurance, User Fields, Routes, and Current Care Recipients.

Client ID	Full Name	Start date	End date	DOB	SSN	Town	Primary Phone
1343484133	Caregiver, Johnny	01/01/2010		8/23/1950			(617) 222-5555

Caregiver, Johnny (1343484133) H.		(Not Indicated)	
(617) 222-5555		Primary Care Manager: (Not Assigned)	
Area Agency on Aging of North Texas			
(Edit Notes)			

Personal		Characteristics		Insurance	
Social Sec. No.		Language	English	Medicaid #	
Date of Birth	08/23/1950	Homebound	No	Medicaid Policy#	
Age	59	Frail	No	Medicare #	
Status: Active	Status Date: 05/04/2010	Disabled	No	Medical Assistance ID	
AKA Name		Is Abused/ Neglected/ Exploited	No	User Fields	
Info Release?	No	NAPIS		Routes	
Date Registered	01/01/2010	Ethnicity	Unknown	Current Care Recipients	
		Is In Poverty	Don't Know	Recipient, Jane (1314953250)	

Entering Service Deliveries for Caregiver Support Coordination is similar to entering Service Deliveries for Care Coordination under Title III-B. However, if your AAA budgets and reports Caregiver Support Coordination under the category of "Care Coordination" you must still adhere to all of the data and reporting requirements under Title III-E of the Older Americans Act.



Let's review how to enter Service Deliveries, being sure to include all of the information needed for Title III-E services.

- Open the Consumer Record from the Call Session.



- Click **New Call**.
- Click **Consumer > Search for Consumer**.
- **Consumer** = System brings in Consumer Name.
- **Caller** = Consumer's Name.
- Go to Consumer > **Open Consumer**.



- Enter required client intake data in SPURS using **Consumer Details**. Be sure to include the **Relationship!**



- Record **Service Deliveries**.
 - Click **Service Delivery** > Add Service.
 - Confirm Month/Year of Service Delivery.
 - Record **Care Program** > **Service Category**.
 - NAPIS All Funding Sources
 - Caregiver Support Coordination, Unit of Service equals 1 Hour (**not reported in NAPIS**)

and

- Caregiver Support Coordination, Unit of Service equals One Contact, when applicable (see Definitions).



- Record **Service** > **Fund Identifier** (see Definitions).



- **Provider:** Is you, the Service Coordinator.



- Select **Topic** > **Add Topic**.

- Select Topic(s) discussed and record the time you spent handling each particular topic.



- When all topics have been entered – click blue button **Add Sum** and time will be calculated and inserted in the Service Delivery Record.

- When finished select **Apply and Close**.

Then Save and Close.

Contacts may be reported “as you go” or using **Consumer Groups** at the end of the month.

Contacts must be entered as a **Service Delivery** under each **Caregiver’s** record using a template which maps to NAPIS Access/Assistance services.

HOW SHOULD THIS ACTIVITY BE REPORTED?

Caregiver Support Coordination – Title III-E

1. Mr. Caregiver met with a Caregiver Support Coordinator to see what services were available. All required documentation was completed. By completing the Caregiver assessment, Mr. Caregiver realized how much of his stress was from not taking care of himself. The Caregiver Coordinator spends 20 minutes discussing the pros and cons of not taking care of the “caregiver” first. Mr. Westbrook stated that he felt guilty for wanting some time for himself. He said that he knew if the circumstances were reversed that his wife would never leave his side. After talking with the Care Coordinator, Mr. Westbrook realized that with assistance he would be able to keep his wife at home longer. Respite Care was authorized for three days a week for two hours.

Let’s walk through this call in SPURS.

- New Call
- Search for Consumer – Always search for the consumer!
- Open Consumer Record
- Be sure your date is on March 4
- Complete the fields in Client Details with any new information
- Enter your Narrative for the consumer contact using Topics
- Enter time for Narrative for 15 minutes (.33)
- Enter your Narrative for records maintenance using Topics
- Enter time for Records Maintenance
- When all Topics are complete click the blue button, Add Sum, to calculate and insert in the Service Delivery Record
- Be sure to Save and Close the record
- Enter Service Delivery for “contacts” – in this case, 1 contact was made
- Caregiver Assessment in SPURS
- Service authorization for Respite Care for three days a week for two hours

IMPORTANT: Consumer Details (intake) MUST be entered for care recipient and the caregiver and care recipient must be associated!

NAPIS will not report properly with the association between the care recipient and caregiver.

2. Donna Garcia lives in Amarillo, Texas and her mother, 89 years of age, lives in Victoria, Texas. Donna drives to Victoria each weekend and tends to her mother's needs. Donna cleans her mother's home, takes her mother grocery shopping and any other shopping needs. Donna worries about her mother falling or being in a situation where the mother needs assistance and is alone. Donna calls the AAA nearest Victoria and requests emergency response services. After talking about her mother's health and functionality, home delivered meals were also recommended. Ms. Garcia has already received Caregiver services and is enrolled in the system.

What are the areas/fields in SPURS you need to access?

Consumer details – verify the information is correct for caregiver and care recipient

Topics for narratives

Service deliveries for "contacts"

Caregiver Assessment in SPURS

Service Authorization information

How much time would you enter into SPURS?

Unknown as this example does not show any time. It's important to always track your time spent working with a consumer. You will need narrative time and number of "contacts" for data entry.

How many contacts would you enter into SPURS?

1 contact

Who is/are the consumer(s)?

Donna Garcia – the caregiver

In whose record do you record service delivery?

Donna Garcia – the caregiver

3. Sophia Lorenza moved in with her mother when she realized that her mother was having trouble concentrating and getting through normal daily activities. Sophia works during the day and cannot afford to quit her job. She calls you on March 10 and says there is an adult day care center, sponsored through a local church nearby. Sophia could take her mother there in the morning and pick her up on her way home. You talk for 25 minutes about Ms. Lorenza's situation and that she is worried about her taking her mother anywhere because the steps to the front door are very steep. She also expresses concern about her mother falling at night time while Ms. Lorenza is asleep. You schedule an in-home visit.

It is now March 12 and you are entering information into SPURS. What date would you enter for the service delivery?

March 10

How much time would you enter into SPURS?

25 minutes (.42)

Would you enter any time on a different date?

Yes, for records maintenance on March 12

Other than intake information, is there information to be entered into SPURS? If so, what?

Consumer details – verify the information is correct for caregiver and care recipient
Topics for narratives
Service deliveries for "contacts"
Caregiver Assessment in SPURS
Schedule an appointment if the AAA chooses to use this function

Would this situation require a Care Plan in SPURS?

Yes

Scenario 6: Caregiver Education and Training

Caregiver Education and Training services are “session services” in the Title III and Title VII NAPIS reporting specifications. Session services are unique in the manner in which they are reported. Each session is counted as one service despite the attendance of more than one consumer. These types of services are typically reported in consumer groups. However, the Administration on Aging (AoA) requires an unduplicated count of consumers receiving these services.



SPURS users need to enter Caregiver Education and Training (Counseling/Support Groups/Caregiver training) service as a delivery with **each** registered **Consumer** to meet reporting requirements.

CAUTION

In the past, the federal government allowed Counseling, Support Groups and Caregiver Training Services to be entered into a Consumer Group.

Recently issued regulations now require that these Services be reported as *individual* services with a named Consumer. This means that you will need to collect basic information about each individual Consumer at the time of Service delivery.



Users record services to caregivers in a similar manner as with typical service deliveries. However, users need to reference the **Care Recipient** within the **Caregiver Service Delivery** record to ensure the delivery is reported as a Title III-E service on the AoA NAPIS report.

CAUTION

Users **must** specify the **Care Recipient** on a Caregiver Service Delivery in order for the delivery to be correctly reported in NAPIS. If **Care Recipient** is not specified, the service will be tracked to the **Caregiver Serving the Elderly** category with **missing Relationship** data.





3. From the **Caregiver** record, click **Service Deliveries** in the *Navigation* pane.

4. Click **Add Service**.



5. Select the appropriate **Service Period**.

Select Service Period.

Enter service delivery date:
 ...

OK
 Cancel



6. Select the **Care Program** NAPIS – All Funding Sources, the **Fund Identifier** and the appropriate **Service**. Select the appropriate **Agency** and **Provider**, and reference the **Care Recipient** who is the reason for the caregiver receiving the service.

Service Delivery	
Care Program	NAPIS - All Funding Sources (01/01/2010) - Active
Service Category	
Service	Caregiver Education and Training
Subservice	
Fund Identifier	Title III-E
Topics	(0 Items)
Service Month	03/2010
Agency	Area Agency on Aging of North Texas
Provider	NORTH TEXAS AREA AGENCY ON AGING
Subprovider	
Caregiver	
Care Recipient	
Site	
Place of Service	Recipient, Jane (By Caregiver, Johnny - Federal)
Units	1.00
Unit Price	\$0.00
Daily Unit Details	(0 Items)



7. Enter the **Units** for the services received either as a **Monthly Total** (or under the **Daily Unit Details** if preferred).

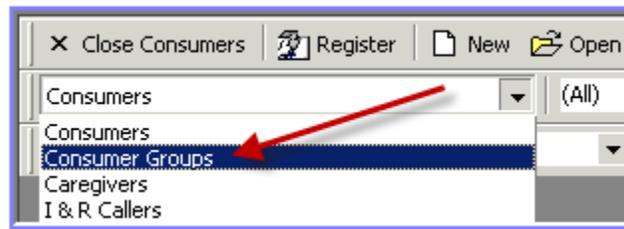
8. Click **Apply and Close** to create the service delivery record.

Scenario 7: Caregiver Information Services

Caregiver Information Services require estimated numbers of consumers served, or "Estimated Persons Count." Where individual consumer information is not known or required, use consumer groups to record services.



1. Click **Consumers** to open the **Consumer List**.
2. Use the **Consumer Type** Quick Filter in the upper left view to select **Consumer Groups**.



3. Select and open the appropriate aggregate group.
4. Click **Service Deliveries** in the **Navigation** pane.
5. Click **Add Service**.
6. Select the appropriate **Service Period**.





7. Select the **Care Program** NAPIS – All Funding Sources, the **Fund Identifier**, and the appropriate **Service**. Select the appropriate **Agency** and **Provider**.

Care Program	NAPIS - All Funding Sources (01/01/1980) - Active
Service Category	Caregiver Support
Service	Caregiver Information Services
Subservice	
Fund Identifier	Title III-E
Topics	(0 Items)
Service Month	03/2010
Agency	Area Agency on Aging of North Texas
Provider	NORTH TEXAS AREA AGENCY ON AGING
Subprovider	
Site	
Place of Service	
Consumers Served	12
Total Units	12.00
Units/Consumer	1.00000000
Unit Price	\$0.00
Daily Unit Details	(0 Items)



8. Enter the number of **Consumers Served** and the **Total Units** for the services received either as a monthly total or under the **Daily Unit Details**.
9. Click **Apply and Close** to create the service delivery record.

Service Deliveries

Service deliveries in SPURS represent actual units of care provided to the consumer and are a basis for service reporting. For **Service Coordination Hour** services, SPURS offers functionality to allow the time spent to be accounted using **Topics**.

Search Consumer must be used every time you open a consumer file to avoid entering duplicate consumers. The default AAA is determined by the consumer's county of residence for each Planning and Service Area.

Recording Service Deliveries Using Topics

Service Deliveries can be recorded in SPURS in a variety of methods from direct service entry to Rosters and the Delivery Confirmation Wizard; however it is important to note that regardless of the method of entry, all service records reside in the **Service Delivery** section of the consumer records.

Service Coordination services in SPURS will track the narrative documenting the visits and time spent on the client care by utilizing **Topics**. Below are the steps to track a service to a consumer using the topic functionality.

To add a new service delivery using topics:

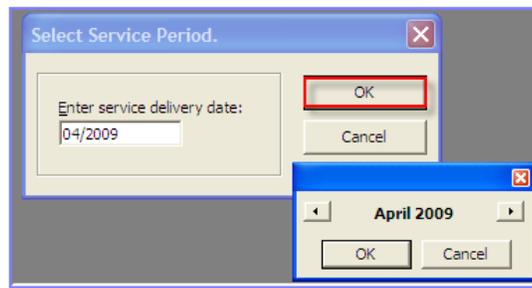


1. From within the consumer record, click on the **Service Delivery** button in the *Navigation* pane.
2. Click **Add Service** in the toolbar.



Note: Some of the data fields may be pre-populated based on defaults selected for the user. The defaults can be overridden where necessary.

3. Select the **Service Period** for the month of the service and click **OK**.



4. Select the appropriate attributes for the **Care Program, Agency, Provider, and Service**. The provider reflects the *Case Manager*, the program *NAPIS All Funding Sources*, and the service will be selected by you.

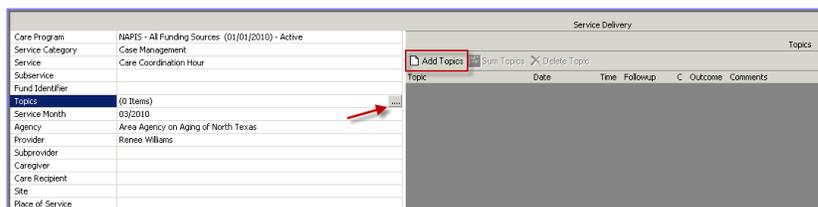


Note: The dropdowns for most service attributes will be filtering based on the service setup in SPURS to maintain the integrity of the data entered by only allowing valid selections to be made.

5. Click the browse button to the right of the **Topics** field to expand the topics section.



6. Click the **Add Topics** button.



7. Check to **Include** the *Narrative* topic for the service.





8. Select the **Topic Date** and enter the **Topic Time** corresponding to the date.

Topics: (82 Items)

Include?	Topic	Category
<input type="checkbox"/>	Family Issues	Miscellaneous
<input type="checkbox"/>	Socialization	Miscellaneous
<input checked="" type="checkbox"/>	Volunteer Coordination	Miscellaneous
<input type="checkbox"/>	Congregate Meals	Nutrition
<input type="checkbox"/>	Food Shelf	Nutrition
<input type="checkbox"/>	General	Nutrition
<input type="checkbox"/>	Home delivered meals	Nutrition
<input type="checkbox"/>	Other	Other
<input type="checkbox"/>	Medication Education-distribute info packet	Pharmaceutical Assistance
<input type="checkbox"/>	Other Pharmaceutical Discount Card Consultation	Pharmaceutical Assistance
<input type="checkbox"/>	Disability (SSSI, Medicaid, SS)	Public Benefits
<input type="checkbox"/>	Essential Persons	Public Benefits
<input type="checkbox"/>	Food Stamps	Public Benefits
<input type="checkbox"/>	Fuel Assistance	Public Benefits
<input type="checkbox"/>	General Assistance	Public Benefits
<input type="checkbox"/>	HICAP	Public Benefits
<input type="checkbox"/>	Long Term Care Medicaid	Public Benefits

Topic Date: 03/01/2010
 Topic Time: 0.50 Use Default Topic Times

9. Click the **Add** button to create the topic item.
10. Click **Close** to return to the list of topics.



11. Click the browse  button on the right side of the **Comments** field and enter any notes documenting the Care Coordination services, and click **OK** when complete.

Topic	Date	Time	Followup	C	Outcome	Comments
Volunteer Coordination	03/01/2010	0.50		<input checked="" type="checkbox"/>		

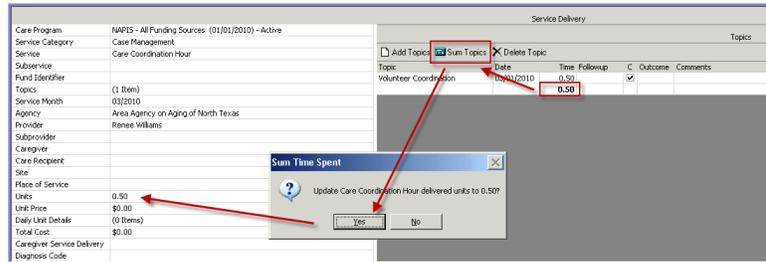
Comments - Narrative
 These are case note narratives...

Spell Check OK Cancel

12. Repeat steps 6 – 11 for other topic dates for the service period, or click **Close** if complete.



- Click the **Sum Topics** button to transpose the topic time total to populate the **Units** field. Click **Yes** when prompted to confirm.



- Click **Apply and Close** in the toolbar to commit the service record to the database.

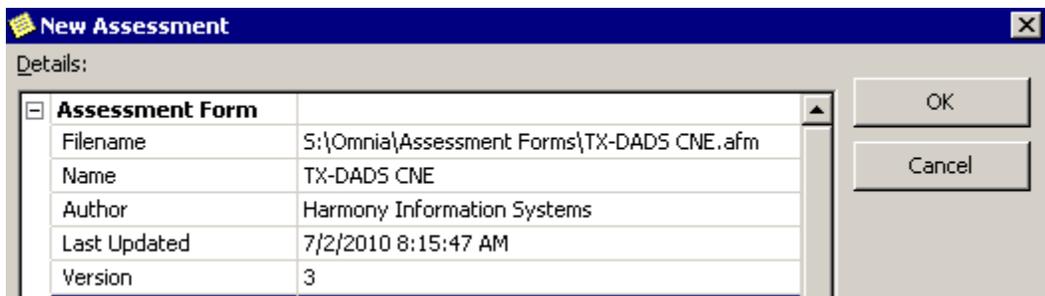
Assessments

In SPURS, an “assessment” is a data collection instrument that enables capture of information in a question-response format. To demonstrate how to complete an “assessment” in SPURS, we will use the **Consumer Needs Evaluation (CNE)**. The **CNE** is located in the “Assessments” section of a **Consumer Record**.

It is important to understand while the specially designed data collection instrument in SPURS is referred to as an “assessment,” provision of *certain services to Consumers* requires an evaluation of certain Consumer characteristics, which is also usually referred to as a form of “Assessment.” This type of Assessment may be functional, nutritional, or designed to determine specific needs within a service such as Residential Repair. All required Assessments must be entered fully into SPURS.

Entering Data into the Consumer Needs Evaluation (CNE) Assessment in SPURS

1. In a **Consumer Record**, click the Assessments icon, located in the Navigation Pane.
2. In the Assessments Toolbar, click **New Assessment**.
3. In the **New Assessment** window, the Consumer Needs Evaluation (CNE) form may already appear in the Filename field.



4. If the CNE doesn't appear in the Filename field when the **New Assessment** window is opened, click the dropdown arrow and select the form.



NOTE: The file extension .afm stands for “assessment form.” You will see the label “Omnia” because the form is created for SPURS in a related module called “Omnia Designer.”

5. The CNE will open in a standard SPURS Assessment format, with a **Navigation** Pane on the left and a **Data Entry** Pane on the right.

6. The method for data entry in the CNE will vary from field to field.
- If an arrow appears on the right side of a field when clicked, an item must be selected from a dropdown list.
 - If an ellipsis button appears when a field is clicked, an item or items must be selected from a pop up window.
 - If the response area remains blank when a field is clicked, free text entry is required.



NOTE: Each field marked with a red exclamation point is a required field. All required fields must contain a response before the form can be closed, even if the value is "0" or "No."

7. After all required fields have been completed, the form can be saved or saved and closed by clicking the appropriate button in the toolbar. Required questions can be located by using the red flags in the toolbar.



8. If all of the required fields haven't been completed and you attempt to save or save and close the form, you will see a warning message.
9. Review the form and complete all of the questions that contain the required questions prompt.
10. You will then be able to **Save** or **Save and Close** the form.

Care Plans

This section relates to when a Care Plan should be completed for a Consumer, and how to enter the Care Plan when it is required.

Title 40, Texas Administrative Code, Rule §83.3(o)(2)(C)(ii)(II), Care Management, states: "Care Plan. Care Managers shall develop a written plan that is based upon the client's preferences, as supported by identified priority needs and within available public/private resources. The care plan must specify the amount, frequency and duration of each service to be provided and identify the outcomes to be achieved.

Care Plans are not required to be entered into SPURS for simple service authorizations. Care Plans are required for consumers who will receive comprehensive "Case Management" services.

A Care Plan outlines a set of actions the Service Coordinator plans to be coordinated, including purchasing services, for a Consumer. It is a set of actions the Service Coordinator will implement to resolve issues identified by a functional, nutritional, medical, environmental or other comprehensive assessment. The actions outlined in the Care Plan are agreed upon by the Service Coordinator and the Consumer, and when permitted by the Consumer, the Consumer's caregiver.

It is an intermediate stage of the Service Coordination process and it guides in the ongoing provision of care and assists in the evaluation of that care. It includes resources already being accessed by the Consumer, resources or interventions to be coordinated or accessed by the Service Coordinator, and identifies outcomes of the holistic approach to serve the Consumer. The Care Plan outcomes are realistic for the Consumer, based on risk factors identified during the assessment process. It is a product of a deliberate systematic process which relates to the future.

"Case Management" does not focus on isolated purchases of service for a Consumer; it broadly evaluates a Consumer's status and seeks to improve that status to support independence to greatest extent possible.

Case Management does not require a Service Coordinator to purchase any service(s) for the Consumer. In fact, the purchase of service using Older Americans Act funds may be a minor facet of the entire process.

In SPURS, each Care Plan is based on a care enrollment. The Care Plan and any planned services must fall within the dates of the Consumer's care enrollment.

AAAs are not limited to entering only the minimum requirements for the Care Plan in SPURS:



➤ Start Date and End Date.



➤ For a service to be provided **by the AAA**; for a service to be provided by a source **other than the AAA**; and for a service **already provided** to the individual by a source **other than the AAA**:

- the type of service the individual will receive or is receiving;
- the estimated amount, frequency, and duration of the service;
- the outcomes to be achieved from provision of the service; and
- the name of the entity or person that provides the service.

➤ What does "amount, frequency and duration" mean?

Amount: A quantity, sum, total, volume, expanse, extent, aggregate – how much service will the Consumer receive?

Frequency: An incidence, occurrence, regularity, rate, rate of recurrence – how often will the Consumer receive the service?

Duration: A period, length, extent, time, interval, spell – how long will the service be provided to the Consumer?

Creating a New Care Plan for a Consumer

1. From within the consumer record, click on the **Care Management** Button in the Navigation pane.



2. Click **New Care Plan** in the toolbar.

The Start and End Dates of the care plan cannot overlap any other Care Plan with the same **Level of Care** and **Service Program**.

Agency Filter	North Texas Area Agency on Aging
Primary Care Manager	
Provider Role	Care Manager
Service Program	NAPIS All Funding Sources (Active)
Start Date	05/19/2011
End Date	11/18/2011
Status	Active
Reason	
Status Date	05/19/2011
Prior Authorization No.	

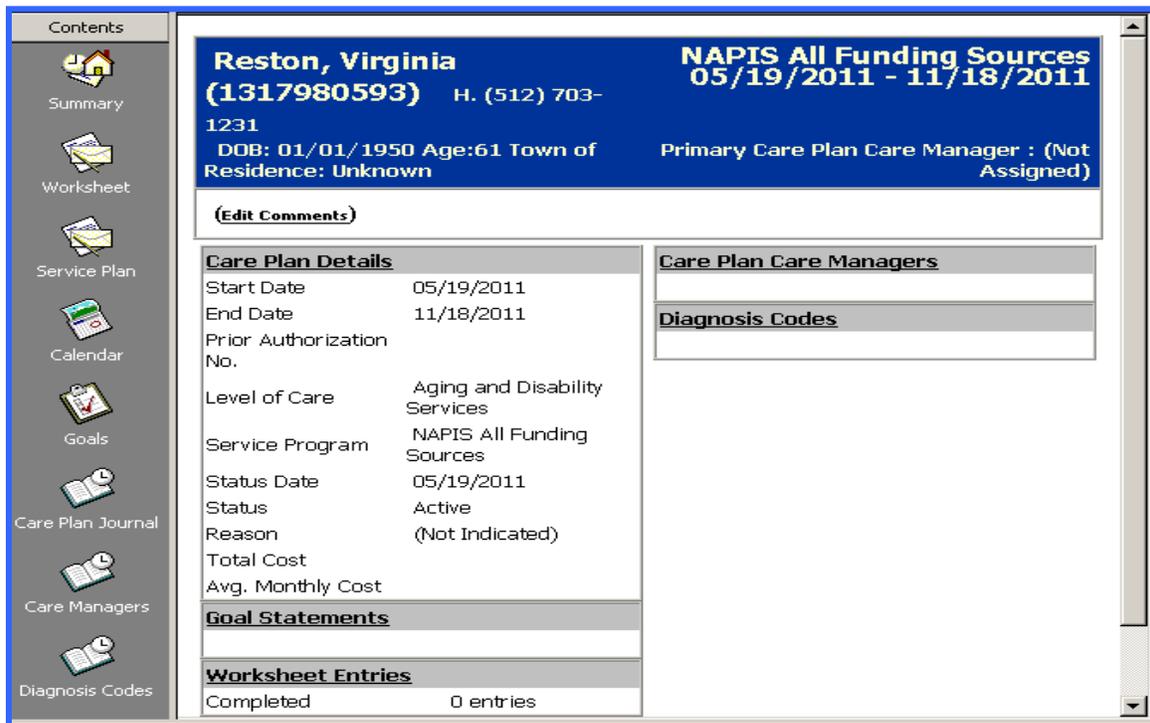
Comments

OK

Cancel

3. Enter **Start Date, End Date, Status Date**, and any Comments as needed. Click **OK**.

- SPURS brings you to the **Care Plan Summary** screen. Enter additional information as outlined in the other areas of the **Care Management Navigation Pane**.



5. Care Management Subareas

Summary - a read-only view of key points of the Care Plan, including Cost Cap Utilization which can help you manage your budget.

Worksheet - a form that details consumer needs. Use to help in Care Planning and as a way to document informal supports.

Service Plan - a plan of services based on worksheet results. Generate service orders directly from a service plan.

Calendar - schedule and review services within a Care Plan using a real-time calendar that can be printed. View a calendar based on all services, or based on one service. Double-click any Service Item in the calendar to be taken to the Service Plan, where necessary adjustments can be made.

Goals - an indication of what should be achieved through the Care Plan.

Care Plan Journal - a care journal kept separately from the general consumer journal. SPURS features a security setting that limits the viewing of journal entries to users within an organization, even if a Consumer is being shared between agencies. If this setting is enabled, users can only view journal entries created by users within their agency.

Care Managers - a listing of people responsible for delivering or managing services to a Consumer.

Diagnosis Codes - a record of ICD-9 Diagnosis Codes for the Care Plan.

Directly Purchased Services

Service Deliveries

Service Deliveries in SPURS represent actual units of care provided to the Consumer and are a basis for service reporting to DADS.

Recording "Health Maintenance" as a Service Delivery

Service Deliveries can be recorded in SPURS in a variety of methods from direct service entry to Rosters and the Delivery Confirmation Wizard; however it is important to note that regardless of the method of entry, all service records reside in the **Service Delivery** section of the Consumer records.

1. From within the consumer record, click on the **Service Delivery** Button in the Navigation pane.



2. Click **Add Service** in the toolbar.



NOTE: Some of the data fields may be pre-populated based on defaults selected for the user. The defaults can be overridden where necessary.

3. Select the **Service Period** for the month of the service and click **OK**.

A screenshot of a software dialog box titled "Add Service." with a blue header bar and a close button (X) in the top right corner. The dialog has a light grey background. On the left, there is a text label "Enter service delivery date:" above a text input field containing "05/2011" and a small calendar icon. To the right of the input field are two buttons: "OK" and "Cancel", both with black outlines and white text.

- Select the appropriate attributes for the **Care Program, Agency, Provider, and Service**. The provider reflects the Case Manager, the program NAPIS All Funding Sources, and the service will be Health Maintenance.



NOTE: The dropdowns for most service attributes will be filtered based on the service setup in SPURS to maintain the integrity of the data entered by only allowing valid selections to be made.

Service Period	Service	Provider	Care Program Name

Service Delivery	
Care Program	NAPIS All Funding Sources (05/19/2011) - Active
Service Category	Other Services
Service	Health Maintenance
Subservice	[Dropdown]
Fund Identifier	
Topics	(0 Items)
Service Month	05/2011
Agency	North Texas Area Agency on Aging
Provider	
Subprovider	
Caregiver	
Care Recipient	
Site	
Place of Service	
Units	1.00
Unit Price	\$0.00

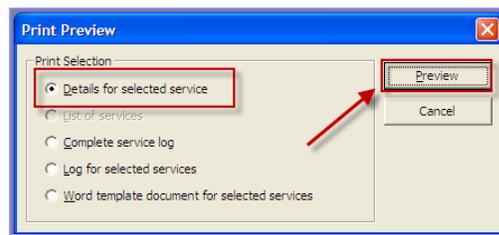
- Click **Save and Close** in the toolbar to commit the service record to the database.

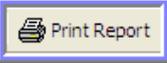
Reports

The following are selected Reports which may be useful to Service Coordinators. Please refer to your User Guide for a full list and description of Reports available in SPURS.

1. To print case narratives from a service delivery:

- Find and open the desired consumer record.
- Click on the **Service Delivery** button in the Navigation pane.
- Select the appropriate service and click **Print Preview** in the toolbar.
- Select the option *Details for selected service*, and click **Preview**.



- Click the **Print**  button in the toolbar to send the result to a printer, or click **Export Report**  to send the report to an electronic file such as PDF.

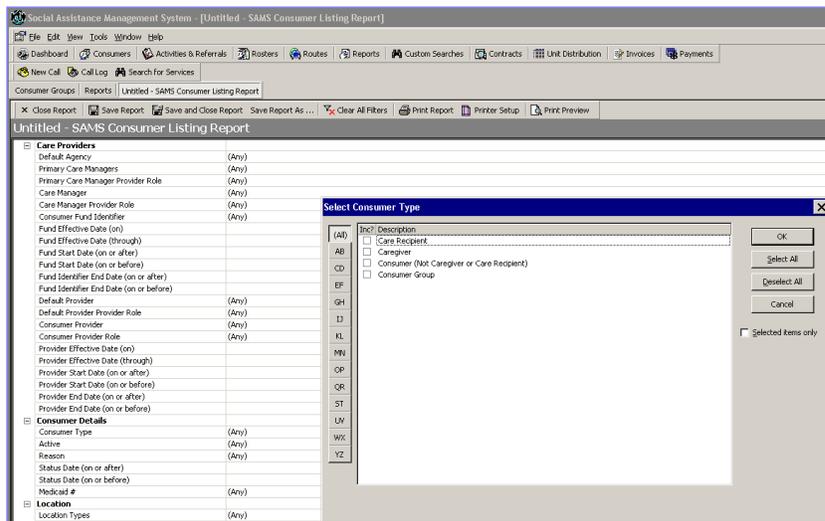


Caution: Although multiple export file options are available, the rendered image of most reports in SPURS best translates to an Adobe PDF file.

- SPURS offers a caregiver/care recipient filter of Consumer Type on most consumer based reports. Use this filter to create custom caregiver reports.

Using the **Consumer Type Filter**:

- Click **Reports**.
- Create a new consumer-based **Report Definition** by highlighting a report in the upper pane and clicking **New Report**.
- If you need to report on all services, leave the filter set to (Any).
- Otherwise, highlight **Consumer Type**.
- Click **Browse**.



- Check **Consumer** (Not Caregiver or Care Recipient) to leave out all data related to caregivers.
- To report only on services that have been delivered to caregivers, check **Caregiver**.
- Check **Care Recipients** to see services related only to care recipients.
- Click **Save Report**.
- Click **Print Preview** to see the SPURS report.

For Your Information

Single Unit Services NAPIS SRT, a Harmony Information Systems NAPIS reporting program, combines "Group 1" services that match using the criteria listed below and reports them as one unit of service.

Care Program	Service	Subservice
Fund Identifier	Service Month/Date	Agency
Provider	Sub Provider	Site

You may find that SPURS reports higher unit counts of these services than the annual NAPIS SRT. This is just a side effect of how SPURS and NAPIS SRT report on the same services. The unduplicated count of consumers will be correct in both programs.