

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

708



FROM: Office on Aging

SUBMITTAL DATE:
July 6, 2010

SUBJECT: 2010 SCAN Health Plan Community Giving Grant to the Riverside County Office on Aging, Aging and Disability Resource Connection to Establish a Basic Needs and Food Security Emergency Assistance Fund for FY 2010-2011.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify and authorize Chair of the Board to approve the 2010 Scan Health Plan Community Giving Award to establish a Riverside County Office on Aging, Aging and Disability Resource Connection Emergency Assistance Fund for older adults and disabled persons (aged 18 years and older) for FY 2010-2011 (July 1, 2010 to June 30, 2011).
- 2) Direct the Auditor-Controller to increase the Estimated Revenue and Appropriations by \$15,000, as outlined in Attachment A.

BACKGROUND: SCAN Health Plan has awarded Riverside County Office on Aging, Aging and Disability Resource Connection a Grant of \$15,000 for the establishment of an Emergency Assistance Fund to help meet and provide for basic needs and food security necessities of Riverside County's older adult and disabled populations. (Continued on next page...)

Edward F. Walsh

Edward F. Walsh, Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$15,000	In Current Year Budget:	No
	Current F.Y. Net County Cost:	-0-	Budget Adjustment:	Yes
	Annual Net County Cost:	-0-	For Fiscal Year:	10/11

SOURCE OF FUNDS: 2010 SCAN health Plan Community Giving Grant	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input checked="" type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE
BY: *Lani Sioson*
Lani Sioson

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Tavaglione and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone, Benoit and Ashley
Nays: None
Absent: None
Date: August 10, 2010
xc: Office on Aging, Auditor, EO

Kecia Harper-Ihem
Clerk of the Board
By: *Kecia Harper-Ihem*
Deputy

3.50

FISCAL PROCEDURES APPROVED
 ROBERT E. BYRD, AUDITOR-CONTROLLER
 BY: *Samuel Wong* 7/22/10
 SAMUEL WONG
 FORM APPROVED COUNTY COUNSEL
 BY: *NEAL R. KIPNIS* 7/16/10
 DATE
 Departmental Concurrence
 ATTACHMENTS FILED WITH
 THE CLERK OF THE BOARD
 Dept. Recommendation
 Consent
 Policy
 Per Exec. Ofc.:

SUBJECT: 2010 SCAN Health Plan Community Giving Grant to the Riverside County Office on Aging, and Disability Resource Connection to Establish a Basic Needs and Food Security Emergency Assistance Fund for FY 2010-2011.

July 6, 2010

Page 2

BACKGROUND: (continued)

These funds will be used to purchase and/or arrange for a variety of comprehensive supportive services necessary to meet the basic needs and food security necessities of frail elderly and functionality impaired adult (aged 18 years and older) clients who are at-risk of premature or unnecessary institutionalization.

The agreement is from July 1, 2010 to June 30, 2011 with the Riverside County Office on Aging, Aging and Disability Resource Connection. Attachment A reflects revenues and appropriations for FY 2010-2011 only.

There is no impact to County General fund and we are requesting no matching requirements.

July 6, 2010

OFFICE ON AGING
ATTACHMENT A

INCREASE ESTIMATED REVENUE

21450 5300100000 781850 Grants-Nongovtl Agencies 15,000

TOTAL INCREASE ESTIMATED REVENUE 15,000

INCREASE APPROPRIATION 2

21450 5300100000 525440 Professional Services 15,000

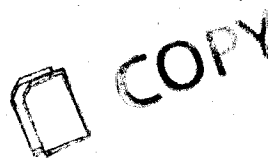
TOTAL INCREASE APPROPRIATION 2 15,000



3800 Kilroy Airport Way
Suite 100, P.O. Box 22616
Long Beach, CA 90801-5616

TEL 562 989.5100
FAX 562 989.5200

Edward Walsh
Riverside County Office on Aging
6296 Rivercrest Drive, Suite K
Riverside, CA 92507

 COPY

June 3, 2010

Mr. Walsh,

On behalf of the SCAN Health Plan Community Giving Committee, I am pleased to enclose a \$15,000 grant award for the administration and distribution of the SCAN Health Plan Emergency Assistance Fund.

As reminder you are required to complete and submit, on a quarterly basis, the Summary Report and Expense Report.

Due dates for the Summary and Expense Reports:

September 30, 2010

December 31, 2010

March 31, 2011

June 30, 2011

SCAN Health Plan is dedicated to supporting community organizations serving older adults and caregivers. It is our hope that through the Emergency Assistance Fund, and in partnership with your organization, older adults in the community will continue to receive vital services.

If you have any questions please feel free to call Lena Perelman at 562-308-2885.

Sincerely,



Sherry Stanislaw
Chair, SCAN Health Plan Community Giving Committee

Please note that the funds being provided to you pursuant to this grant are being provided by SCAN Health Plan solely for the purpose of advancing the charitable purpose and mission of SCAN Health Plan. SCAN Health Plan's mission is to continue to find ways of enhancing seniors' ability to manage their health and to continue to control where and how they live. Accordingly, the funds being provided to you are without restriction, are not contingent or conditioned on any use, other than as set forth above in this letter -- including without limitation the following: (i) restrictions or preferences on the use of such funds to benefit SCAN members; (ii) to the extent your agency currently holds a contract with SCAN, continuation of such contract or agreement on any particular terms or on any terms at all, and (iii) referrals or recommendations to your clients that are not currently SCAN members to become SCAN members.



VENDOR 0011572 County of Riverside CHECK 0000185027 06/21/2010 AMOUNT 15,000.00

INVOICE NO	DATE	APPLY TO	COMMENT	AMOUNT	DISCOUNT	NET AMOUNT
2010/2011	6/14/2010	0000056729		15,000.00	0.00	15,000.00

537930

VENDOR 0011572 County of Riverside CHECK 0000185027 06/21/2010 AMOUNT 15,000.00



SCAN Health Plan (C06)
3800 Kilroy Airport Way
P.O. Box 22616
Long Beach, CA 90806-5616

CHECK NO. 0000185027

US Bank
633 West Fifth Street
Los Angeles, CA 90071

90-3582
1222

PAY Fifteen thousand and xx / 100 Dollars

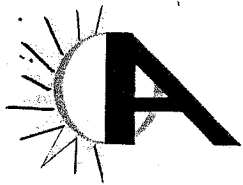
DATE 06/21/2010 AMOUNT \$**15,000.00
Void After 90 Days

TO THE ORDER OF COUNTY OF RIVERSIDE
6296 RIVERCREST DR. STE K
RIVERSIDE, CA 92507

David G. Schmidt

[Signature]

⑈0000185027⑈ ⑆122235821⑆ 165717291794⑈



RIVERSIDE COUNTY OFFICE ON AGING



Our Core Value...the right to age with dignity

May 13, 2010

SCAN Health Plan
C/o SCAN Health Plan Community Giving
3800 Kilroy Airport Way, Suite 100
Long Beach, CA 90806

Attention: Sherry Stanislaw, Chair,
SCAN Health Plan Community Giving Committee

Dear Ms. Stanislaw:

We are in receipt of your correspondence dated May 6, 2010, wherein you are informing us that our Agency has been selected by your organization to receive a one-time community grant in the amount of \$15,000 to administer an Emergency Assistance Fund for older adults and caregivers. On behalf of all of us here with the Office on Aging, Aging and Disability Resource Connection, I would like to thank you and your entire organization for this award and for your recognition.

Per your request, we are pleased to submit for your review the following grant administration plan, which includes the processes and mechanisms by which the Riverside County Office on Aging, Aging and Disability Resource Connection (ADRC) will administer this grant, and includes methods of responding and resolving client issues in a timely manner, the process for determining client need, expenditure approval sign-off, as well as tracking of grant expenditures. Please refer to Attachment 1 for a detailed description of the screening and assessment process we utilize for determining client need. In addition, please refer to Attachment 2 for a detailed description of the grant tracking procedure we also utilize.

Thank you once again for your recognition and support in our goal of service and commitment to Riverside County's senior population. If you have any questions, or require additional information, please do not hesitate to contact me.

Respectfully,

Hilary Clark for Edward Walsh

Edward F. Walsh, Director

Enclosures

Edward F. Walsh, Director

For Information/Assistance, Call:

1-800-510-2020 T.T # (951) 697-4699

◆ **Hemet Office**

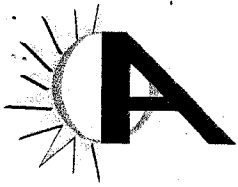
1075 North State Street, Hemet, CA 92543
(951) 791-3565 (951) 791-3553 - FAX

◆ **West County Office**

6296 River Crest Drive, #K,
Riverside, CA 92507
(951) 867-3800
(951) 867-3830 - FAX

◆ **East County Office**

7370 Catalina Way
Palm Desert, CA 92260
(760) 341-0401
(760) 340-9585 - FAX



RIVERSIDE COUNTY OFFICE ON AGING



Our Core Value...the right to age with dignity

LETTER OF INTENT FOR FUNDING USE

May 13, 2010

Organization: Riverside County Office on Aging,
Aging and Disability Resource Connection
6296 River Crest Drive, Suite K
Riverside, CA 92507

Contact: Michele Haddock, Deputy Director, Senior Programs
Ph. (951) 867-3800, E-mail: mhaddock@co.riverside.ca.us

Organization Description:

Riverside County Office on Aging, Aging and Disability Resource Connection (ADRC) was designated on June 18, 1974 by the Board of Supervisors as a County Department on Aging for Planning and Service Area (PSA 21). It serves as the official Area Agency on Aging throughout Riverside County, California. The Riverside County Office on Aging, under the Federal Older Americans Act and Older Californians Act, is charged to provide leadership in developing a system of care services for older persons and adults with disabilities in Riverside County. Under the governance of the Riverside County Board of Supervisors and a seventeen-member citizen advisory council, the Office on Aging provides customer-centered services based on the vision, purpose, core value, and promise statement defined in our Strategic Plan.

Source and Amount of Funding: SCAN Health Plan Community Giving Grant; \$15,000.

Target Population: Riverside County residents age 60 years and older, and adults with disabilities.

Use of Funds: TO ESTABLISH AN EMERGENCY ASSISTANCE FUND TO PURCHASE AND/OR ARRANGE FOR SERVICES TO MEET AND PROVIDE FOR DIVERSE BASIC NEEDS

The SCAN Health Plan Community Giving Grant (Grant) funds would be used for the purchase and/or the arrangement of a variety of comprehensive supportive services required to meet and provide for diverse basic needs, including, but not limited to, food and/or nutritional necessities, of frail elderly adults and their caregivers, and functionally impaired adult (aged 18 years and older) clients—who are at-risk of premature or unnecessary institutionalization—through existing solution-focused care management and comprehensive information and assistance programs and services. Accordingly, the programs CareLink, Access and the Family Caregiver Support Program have been identified as the primary focus for delivery of these services.

Edward F. Walsh, Director

For Information/Assistance, Call:

1-800-510-2020 T.T # (951) 697-4699

◆ **West County Office**
6296 River Crest Drive, #K,
Riverside, CA 92507
(951) 867-3800
(951) 867-3830 – FAX

◆ **Hemet Office**
1075 North State Street, Hemet, CA 92543
(951) 791-3565 (951) 791-3553 – FAX

◆ **East County Office**
73750 Catalina Way
Palm Desert, CA 92260
(760) 341-0401
(760) 340-9585 - FAX

Summary of SCAN Health Plan Grant Criteria:

- Total Grant award: \$15,000
- Office on Aging's recoverable administrative costs: 5%, or \$750
- Net Grant funds available for disbursement: \$14,250
- One-time-only use, with a maximum payment per client of: \$500
- Contract term: July 1, 2010 to June 30, 2011

Note: with a one-time-only, maximum payment per client of \$500, a minimum of twenty-eight (28) eligible clients will receive funding as a result of this Grant.

SCAN Health Plan Grant funds would be used only when no other community resources are available, or when the time to provide services through other community resources exceeds the reasonable accommodation of the client relative to his/her assessed need.

Summary of Agency Goals:

The goal of the Office on Aging, Aging and Disability Resource Connection (ADRC) Program will be to purchase and/or arrange for a variety of supportive services described in, but not limited to, the following service categories:

- 1) Housing Assistance (e.g. minor home and home equipment repairs or permanent modifications that are necessary to insure client's independence; emergency move and relocation (by moving companies or individuals who can guarantee safe transfer of client's possessions), temporary lodging for clients who must travel long distances and stay overnight for medical treatments not available in their home area; emergency or unusual utility costs);
- 2) Home-Delivered Nutrition Service (e.g. home delivered meals for homebound clients);
- 3) Assistive Devices (e.g. rental or purchase of electronic communication devices, emergency response equipment, smoke detectors; access ramps, grab bars);
- 4) Transportation (e.g. bus, dial-a-ride, cab services for health appointments and social service resources);
- 5) Assisted Transportation (e.g. provide one-to-one client escort transportation services to persons who have physical and/or cognitive difficulty using regular vehicle transportation);
- 6) Respite Services for family caregivers;
- 7) Special Needs (e.g. food staples, food vouchers; interpreter services; essential clothing, toiletries and personal care items);
- 8) Medical Services (e.g. filling or refilling of prescriptions, medi-sets, incontinence supplies);
- 9) Personal Care (e.g. non-medical personnel services for bathing, grooming, etc.);
- 10) Homemaker (e.g. household care such as cleaning, laundry, shopping, food preparation);
- 11) Chores (e.g. periodic maintenance for chores, heavy cleaning, washing windows, mowing lawns);
- 12) Employment/Recreation/Education (e.g. expenses for participation in job-training; specialized training in Braille, sign language, in-home skills training);
- 13) Protective Services (supervision/protection for clients who are unable to protect their own interests); and
- 14) Other (e.g. approved purchases of a specialized nature that are not included in the above categories).

Process for Determining Client Need to Receive SCAN Health Plan Grant Emergency Assistance Fund Resources:

The Office on Aging will utilize a screening/assessing process for clients for the purpose of determining need for purchase of service with SCAN Health Plan Grant Emergency Assistance Fund resources, as outlined on Attachment 1. Also, please refer to Exhibits 1-4 for a detailed description of the standardized screening process our staff utilizes to assess risk and to establish priorities in our responses to clients and caregivers.

Procedures for Administering and Tracking of the SCAN Health Plan Grant Emergency Assistance Fund:

The Office on Aging utilizes a procedure for administering and tracking the SCAN Health Plan Grant Emergency Assistance Fund, as outlined on Attachment 2. In addition, the Office on Aging utilizes an integrated accounting system (PeopleSoft) that has the ability to track both expenditures and revenues by funding source. The basis for tracking these expenditures are done at the project grant level.

Check payable to: Riverside County Office on Aging.

Signature: *Hilary J. Clarke for Edward Walsh*
Edward F. Walsh, Director

Enclosures

The Office on Aging, Aging and Disability Resource Connection (ADRC) will utilize a screening/assessing process for determining need for purchase of service with SCAN Health Plan Community Giving Grant Emergency Assistance Fund resources.

A three (3) Tier screening/assessment process for determining need for purchase of service with SCAN Health Plan Grant funding will be utilized, as described below:

1. Office on Aging (OoA) customers are screened and determined to need care management via in-home assessment (or occasionally an in-depth phone assessment for the Family Caregiver Support Program) by a social worker. Please refer to Exhibits 1-4 for a more detailed description of the screening and assessment process.
2. The Care Manager will then assess the client's specific needs with a plan to assist the client in arranging for the needed services or items.
3. The Care Manager will always utilize available resources in the community, or in client's personal/social resource system, such as family, friends, church, etc. If no other resources are available, then the Care Manager may utilize SCAN Health Plan Grant funds to purchase services/items identified using the following Purchase of Service (POS) Protocol:
 - a) The Care Manager first ensures the needed purchase is identified on the client's individual plan of care.
 - b) The Care Manager completes the POS form (front and back side) explaining why purchase is necessary, and submits to Supervisor or Program Manager.
 - c) The Supervisor or Program Manager reviews the POS form, discusses any questions or concerns with the Care Manager, then signs form and returns to the Care Manager.
 - d) The Care Manager then arranges for the purchase of service, or item, and documents in the client's record.

Note: If the Care Manager becomes aware of an immediate or emergency need (via regular monthly contact with the client, or via a call from the client's or family member), the Care Manager assesses the situation, and then follows the POS Protocol, as detailed above.

Currently, it is part of the Care Management process at OoA to assist clients in meeting vital needs via service arrangement and/or purchase of service in a quick, yet reasonable amount of time depending on the urgency of the need. The response time depends on the situation (the risk to the client's health and safety) and the needed steps involved, and can be anywhere from within a day (food purchase; utility bill payment to avoid shut-off; medication purchase, etc.) to a few weeks (purchase & installation of home safety equipment such as bathroom grab bars, raised toilet seat or wheelchair ramp; air conditioning/heating/plumbing repair; transportation to necessary medical appointment that is out of the area; payment of relocation expenses, etc.).



3800 Kilroy Airport Way
Suite 100, P.O. Box 22616
Long Beach, CA 90801-5616

TEL 800 559.3500
FAX 562 989.5200

Michele Haddock
Riverside County Area Agency on Aging
6296 River Crest Drive, Suite K
Riverside, CA 92507

May 6, 2010

Ms. Haddock,

On behalf of the SCAN Health Plan Community Giving Committee, I am pleased to inform you that the Riverside County Area Agency on Aging has been selected to receive a one-time, community grant from SCAN Health Plan to administer an Emergency Assistance Fund for older adults and caregivers. Your organization has been selected to receive \$15,000.

SCAN Health Plan's Community Giving program is focused on providing funds to assist organizations providing Basic Need support programs serving the senior population. This grant has been awarded to the Riverside County Area Agency on Aging for the sole purpose of development and administration of an Emergency Assistance Fund that provides one-time financial support to older adults and their caregivers faced with unexpected expenses.

Restrictions placed on the funding are:

- Must be utilized for one-time Emergency Assistance
- No more than 5% can go towards administrative services

In order to receive the grant, written plan that includes a process and mechanism to respond and resolve problems quickly to individual needs.

At a minimum, this plan must include:

- Process for determining need
- Sign off
- Tracking

The process that is developed must be submitted to SCAN Health Plan prior to funding distribution.

Please send the completed letter to:
SCAN Health Plan Community Giving
c/o Sherry Stanislaw
3800 Kilroy Airport Way, Suite 100
Long Beach, CA 90806

Additionally, you will be required to submit quarterly reports that include dollar for dollar accounting, including individual expense reports and a summary sheet that includes a roll up of total expenses. These will be sent to you electronically

Congratulations on your selection to receive a Community Giving grant from SCAN Health Plan. The Committee and I are pleased to recognize your organization for its commitment to the senior population.

Thank you for the continued service you provide to the senior community.

If you have any questions please feel free to call Lena Perelman at 562-308-2885.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sherry Stanislaw', with a long horizontal flourish extending to the right.

Sherry Stanislaw
Chair, SCAN Health Plan Community Giving Committee

Please note that the funds being provided to you pursuant to this grant are being provided by SCAN Health Plan solely for the purpose of advancing the charitable purpose and mission of SCAN Health Plan. SCAN Health Plan's mission is to continue to find ways of enhancing seniors' ability to manage their health and to continue to control where and how they live. Accordingly, the funds being provided to you are without restriction, are not contingent or conditioned on any use, other than as set forth above in this letter - including without limitation the following: (i) restrictions or preferences on the use of such funds to benefit SCAN members; (ii) to the extent your agency currently holds a contract with SCAN, continuation of such contract or agreement on any particular terms or on any terms at all, and (iii) referrals or recommendations to your clients that are not currently SCAN members to become SCAN members.

RISK ACUITY SCREEN

Client Name _____

Completed by _____

DATE _____

PRIORITY RESPONSE TO REFERRAL

ACTUAL NEEDS	N/A	Stable/Early Deteriorating 1	Potential Crisis 2	Actual Crisis 3
<input type="checkbox"/> Lives alone and age 85+				
<input type="checkbox"/> Absent or weak support system				
<input type="checkbox"/> Hospice				
<input type="checkbox"/> ADL assistance needed				
<input type="checkbox"/> IADLS				
<input type="checkbox"/> Abuse issues				
<input type="checkbox"/> Dementia/cognitive impairment				
<input type="checkbox"/> At risk for falls				
<input type="checkbox"/> Multiple hospitalizations w/in the past 12 months				
<input type="checkbox"/> Altered ability: medications				
<input type="checkbox"/> Altered ability: decision making				

SCORE

/33

Q entry _____ Date _____

Case Management Program Referred to: Access [] Care Link [] MSSP [] FCSP []

Risk Acuity Screening

Actual Needs	N/A	1	2	3
Lives alone and age 85+	Under age 85 and/or does not live alone	None of the following <ul style="list-style-type: none"> • Homebound – unable to leave home • No help at home • No neighbors close by, or rural • No phone • Blind and or severely hearing impaired • Serious medical condition (could be life threatening) such as oxygen dependent, diabetic, etc. 	And – one or two of the following <ul style="list-style-type: none"> • Homebound – unable to leave home • No help at home • No neighbors close by, or rural • No phone • Blind and or severely hearing impaired • Serious medical condition (could be life threatening) such as oxygen dependent, diabetic, etc. 	And 3 or more of the following: <ul style="list-style-type: none"> • Homebound – unable to leave home • No help at home • No neighbors close by, or rural • No phone • Blind and or severely hearing impaired • Serious medical condition (could be life threatening) such as oxygen dependent, diabetic, etc.
Absent or Weak Support System	Needs no support OR Adequate support in place	<ul style="list-style-type: none"> • Limited support in home. • Informal support is limited or inconsistent 	<ul style="list-style-type: none"> • Care needs exceed existing support system. • Financial inability to pay for services. • Loss of informal support system. 	<ul style="list-style-type: none"> • No Support – Informal or Formal sudden loss of formal support and/or informal systems.
Hospice	<ul style="list-style-type: none"> • With Cg • Support system in place (medical case mgr or hospice services) • No Hospice needed 	<ul style="list-style-type: none"> • Need for additional support not available through hospice services 	<ul style="list-style-type: none"> • No caregiver • Limited support system (hospice visit 1x/wk, limited hospice caregivers to visit) • Unable to handle own care needs • In denial of needing hospice services • Needs DME 	<ul style="list-style-type: none"> • End stages of disease/final days • Lack adequate support system • Cg in Crisis/at risk of burnout
ADL assistance needed	No ADL assistance needed	Assistance with 1 ADL needed	Assistance with 2 ADLs needed	Assistance with 3 ADLs needed
IADLS	No IADL Assistance needed	<ul style="list-style-type: none"> • Housekeeping • Stair climbing 	<ul style="list-style-type: none"> • Laundry • Mobility IN/OUT • Shopping • Transportation • Use of telephone 	<ul style="list-style-type: none"> • Medication mgmt • Meal preparation • Money mgmt

Risk Acuity Screening

Actual Needs	N/A	Stable/Early Deteriorating	Potential Crisis	Actual Crisis
Abuse issues	0 No abuse issues	1 Referral from APS worker #2 and #3 can only be marked if APS report made	2 Reports someone currently physically hurts person OR Reports someone currently takes person's money and uses it for other than client's well being OR Caregiver currently neglectful (doesn't provide food, take to medical appointments)	3 Same as #2 AND relies on abuser for basic food and shelter/lives with abuser OR Self-neglecting (doesn't seek necessary medical treatment, doesn't have adequate food or self-protection, hoarding/clutter addiction)
Dementia/Cognitive Impairment	No impairment noted	<ul style="list-style-type: none"> With Caregiver or other support system "Early stage"/ recent symptoms of memory loss Still handles all ADLs and most IADLs with prompting 	<ul style="list-style-type: none"> Potential to wander Disoriented to time, person or place Is home alone – lack of supervision Access to potential dangers (stove, vehicle, tools) Neglectful (resistant) of personal care Lives in isolated/rural area Can't use phone themselves Still driving Cognitive impairment not reported to physician Sudden change in behavior or eating habits 	<ul style="list-style-type: none"> No caregiver Caregiver burnout Aggressive or socially inappropriate behavior Wandering behavior Awake throughout the night Non-compliant with care of meds Change in behavior or eating habits
At Risk for Falls	No falls/fall risk	Fall(s) more than 6 months ago but not since <ul style="list-style-type: none"> Address risk eg: wheelchair bound, missing limb, stroke, equilibrium problems, medical condition diagnosis 	Fell within past six months <ul style="list-style-type: none"> Address risk eg: wheelchair bound, missing limb, stroke, equilibrium problems, medical condition diagnosis 	Fell 2 or more times within past 6 months <ul style="list-style-type: none"> Address risk eg: wheelchair bound, missing limb, stroke, equilibrium problems, medical condition diagnosis
Multiple Hospitalizations within the past 12 months	No hospitalization in past 6 months	1-2 hospitalizations in past 6 months	1-2 hospitalizations in past 6 months AND one of the following: <ul style="list-style-type: none"> ER visit Emergency surgery 	3 or more hospitalizations in past 6 months (includes ER visits as well as hospital admissions)

Risk Acuity Screening

Actual Needs	Stable/Early Deteriorating	Potential Crisis	Actual Crisis
<p>Altered ability: medications</p>	<p>N/A</p> <p>0</p> <p>NA:</p> <ul style="list-style-type: none"> • Able to self-administer daily • Support system in place 	<p>1</p> <p>Stable/Early Deteriorating:</p> <ul style="list-style-type: none"> • Inconsistent routine with meds • Lacks understanding of meds and use (what meds are for and when to take them) • Requiring information on health insurance coverage for medications 	<p>2</p> <p>Potential Risk:</p> <ul style="list-style-type: none"> • Limited or no support system (no one check meds or well being at least weekly) • Lack of transportation to obtain necessary meds • Lack of financial resources • Requiring information on health insurance coverage for meds • Signs of confusion/cognitive impairment • Taking 5 or more prescription or OTC medications
<p>Altered Ability: decision making</p> <ul style="list-style-type: none"> ➤ Memory ➤ Orientation ➤ Judgment 	<p>3</p> <p>Actual Crisis:</p> <ul style="list-style-type: none"> • No caregiver or support system • Statement implicating non-compliance with meds • Self-medicating • Taking another person's medications • Mixing meds with alcohol 	<p>3</p> <p>Actual Crisis:</p> <ul style="list-style-type: none"> • No caregiver or support system • Statement implicating non-compliance with meds • Self-medicating • Taking another person's medications • Mixing meds with alcohol 	<p>Actual Crisis:</p> <ul style="list-style-type: none"> • No caregiver or support system • Statement implicating non-compliance with meds • Self-medicating • Taking another person's medications • Mixing meds with alcohol

RISK ACUITY SCREEN FOR CAREGIVERS

Client Name _____

Completed by _____

DATE _____

PRIORITY RESPONSE TO REFERRAL

ACTUAL NEEDS	N/A	Stable/Early Deteriorating 1	Potential Crisis 2	Actual Crisis 3
<input type="checkbox"/> Cg is 60+				
<input type="checkbox"/> Absent or weak support system				
<input type="checkbox"/> Cg reports financial strain				
<input type="checkbox"/> CG with own health issues				
<input type="checkbox"/> Recent hospitalization of CG				
<input type="checkbox"/> Hospice				
<input type="checkbox"/> CG at risk of burnout	XX			
<input type="checkbox"/> CR is 80 +	XX	XXXXXXXXXX	XXXXXXXXXX	
<input type="checkbox"/> CR has DX of Dementia		XXXXXXXXXX	XXXXXXXXXX	

SCORE / 27

Referred to FCSP [] Yes [] No Q Entry _____ Date _____

Dual [] Yes [] No

If Yes , CR referred to: Access [] Care Link [] MSSP []

Risk Acuity Screen for Caregivers

Actual Needs	N/A	Stable/Early Deteriorating	Potential Crisis	Actual Crisis
Cg is 60+	0	1	2	3
Absent or Weak Support System	Under age 60 and/in good health Needs no support OR Adequate support in place	Cg is 60 - 79 years old with 1 disabling condition Limited support in home Informal support is limited or inconsistent.	Cg is 60- 79 years old with 2 or more disabling conditions Care exceeds the existing support needs. Financial inability to pay for services Loss of informal support system	Cg is 80 + years of age No Support - Informal or Formal Sudden loss of formal support system
Cg reports Financial strain	Cg and CR are independent of each other financially and or there is no financial strain reported.	Cg maintains job and/or has own source of income. Pays for some of CR needs and reports financial strain.	Cg has taken on expenses related to Care Recipient needs such as drug coverage, food, shelter, utilities and reports to be under financial hardship Cg gave up job recently due to increased care needs or monthly income has decreased substantially due to job loss, reduction of hrs or loss of compensation from CG role	Cg has no personal income OR own place of residence. Cg/CR is facing homelessness CR cannot be placed outside home due to lack of finances
Cg has own health issues	Cg in good health -- No reported health conditions noted	Cg reports health problems or functional/physical limitations and is under Dr care	Cg has health problems or functional/physical limitations exasperated by CG role and is unstable medically at time of call.	Cg has more than one medical conditions and is not under Dr care due to lack of resources and time Cg has a chronic debilitating condition which interferes with ability to provide care
Hospitalization of Cg	None noted	Hospitalization of Cg in past 6 months	Multiple hospitalizations of CG in past 6 months	Hospitalization of Cg in past 3 months
Hospice (CG or CR)	Not applicable	Hospice need indicated or pending or In denial of needing hospice services	Need for additional support not available through hospice services Limited support system (hospice visit 1x/wk, limited hospice caregivers to visit) or Unable to handle own care needs Needs DME	End stages of disease Lack adequate support system Cg in Crisis/at risk of burnout

Risk Acuity Screen for Caregivers

Actual Needs	N/A	Stable/Early Deteriorating 1	Potential Crisis 2	Actual Crisis 3
Cg at risk of burnout	XXXXXXXXXXXXXXXXXXXX	Cg provides assistance with 1 ADL Good coping skills Has received/read information on disease Cg linked to support network	Cg provides assistance with 2 ADL's Cg assists with transfer Minimal respite time taken in past 2 months Lacking coping skills Lacks understanding of disease CR at risk of inappropriate institutionalization	Cg provides assistance with 3 or more ADL's Cg can no longer provide level of care needed Cg reports inadequate sleep Minimal respite time taken in past 4 months Cg tearful/emotional during call Cg monitors CR activities 24/7
CR is over 80 years old	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	CR is 80+
CR has signs or dx of Dementia or Cognitive Impairment	No report of dementia or cognitive impairment	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	Cg reports diagnosis or signs of dementia or related cognitive impairment

The Office on Aging, Aging and Disability Resource Connection (ADRC) will utilize the following procedure for tracking the SCAN Health Plan Community Giving Grant Emergency Assistance Fund disbursements for Fiscal Year 2010-2011:

I. Care Manager

1. Identify prospective client's need for emergency assistance, for which no other resources are available.
2. Ensure need is identified on client care plan.
3. Complete a SCAN Health Plan POS form (*yellow*, to identify SCAN Health Plan funding), with justification written on back of form (same as RPOS process).
4. Submit SCAN Health Plan POS to Supervisor or Program Manager for review and signature.

Processing of POS

5. Fax to vendor -OR-
6. Submit POS and RFP to Accounting Tech for check if not using regular vendor, such as utility company, apartment complex, grocery store, etc.

Submission of POS; Documentation and Follow-up

7. Submit original POS to Billing/Accounting Tech.
8. Submit copy of POS to Supervisor.
9. Place copy of POS and fax cover sheet in client file.
10. Document purchase in client progress notes, and on care plan.
11. Follow-up with client to determine that service/item was received and is satisfactory, or met the client's need; document file.

II. Accounting

1. Enter authorization into accounting system.
2. Note/enter when invoice is received and paid.
3. Provide monthly report to supervisor regarding:
 - a) Amount of SCAN Health Plan POS money authorized,
 - b) Amount paid at end of each month, and
 - c) Amount remaining/unauthorized available for use.
4. Email monthly to all program Care Managers, Supervisor and Program Manager the amount of SCAN Health Plan POS money available for use.

III. Supervisor

1. Review the report and discusses with Care Managers and Accounting staff, as needed.