

Aging and Disability Resource Centers (ADRCs) Training



Senior Resource Alliance
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(407) 228-1800
Contact: Sarah Lightell

August 1, 2005

Dear Colleague,

Thank you for your participation in the new Aging and Disability Resource Center training module, presented to you by the Senior Resource Alliance.

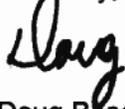
Your very presence means that you are on the cutting edge of exciting developments within the national aging network – and your participation in this module means that you are serving Floridians as a true trailblazer. As Ralph Waldo Emerson said, “Do not go where the path may lead, go instead where there is no path and leave a trail.” If you master the information and skills presented in this training module, you will indeed be equipped to “leave trails” – and to make history – in a new chapter within the aging network.

The Senior Resource Alliance is honored to be the first location in Florida to merge aging and disability resources to better serve the needs of older adults, individuals with severe and persistent mental health problems, and their caregivers. We have developed a training program that will equip you with the information and skills necessary for interacting with these two special populations and those who care for them.

Through this training module, you will gain important information on: the evolution of the ARC/ADRC; interviewing skills; the CARES Program; eligibility for Medicaid and other assistance programs; and the Adult Mental Health Program. Not only will this training facilitate your understanding of how the ADRC is designed to operate, but it will also prepare you to act as a key player within the new ADRC system.

I encourage you to view this training as the first step in your personal quest to serve persons who are aging and/or disabled. May it inspire you to be ever mindful of ways to innovate, to refine and to “leave trails” that will lead future travelers within the ADRC system to the desired destination – the best possible care for their clients and loved ones.

Sincerely,



Doug Beach, Ph.D.
Chief Executive Officer
Senior Resource Alliance
988 Woodcock Road, Suite 200
Orlando, FL 32803
(407) 228-1800

Chapters Index

Chapters 1 - 5 contain three levels of training designed to address the various levels of involvement of the participants in the Aging and Disability Resource Centers.

Chapter One – Evolution of the ARC/ADRC..... Tab One
The overall goal of this training is to provide the participant with background information on the Older Americans Act, Area Agencies on Aging and Senior Resource Centers. They will become familiar with how an ADRC is supposed to function and how the triage plan will work. An information sheet on various public assistance programs will be distributed.

Chapter Two – Interviewing Skills Tab Two
The overall goal for this training is to increase the interview skills of professional staff, staff of the various agencies that will serve as access points and for staff and volunteers in those community programs that have contact with seniors. The interviewer will learn various techniques that are effective in eliciting responses from diverse clients.

Chapter Three – CARES Tab Three
The overall goal for this training is to increase a participant’s knowledge of the CARES Program so: 1) they will be able to determine when a client should be referred to the CARES Program, and 2) they can speak knowledgeably in general terms about CARES to clients and their families.

Chapter Four – Eligibility for Medicaid and Other Assistance Programs Tab Four
The overall goal for this training is to increase a participant’s knowledge of the Medicaid eligibility determination by the Department of Children & Families and Office of Social Security and familiarize participants with services provided by Medicaid programs for eligible seniors so: 1) they will be able to determine when a client should be referred to the Department of Children & Families for an evaluation and/or if they should contact the area Medicaid Office or Social Security Office, and 2) they can speak knowledgeably in general terms about programs available to serve older individuals with limited income who are in need of medical assistance.

Chapter Five - Mental Health (Severe and Persistent) Tab Five
The overall goal for this training is to increase a participant’s knowledge of the Adult Mental Health Program under the Department of Children & Families and be familiar with the legal specifications of the Baker Act so: 1) they will be able to determine when a client should be referred to the Department of Children & Families Adult Mental Health Program Office or if an emergency call should be made to instigate the Baker Act Process, and 2) they can speak knowledgeably in general terms about programs available to serve individuals with severe and persistent mental health problems.

Chapter Six – HelpWorks..... Tab Six
The overall goal of this training session is to assist staff of ADRC/ARC organizations and other agencies that are responsible for inputting data on senior clients into the statewide database system. HelpWorks creates a single point of entry to the numerous geographically dispersed caregivers in the long-term care network.

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Chapter One

Evolution of the ARC/ADRC

Overview of ADRCs Training

Training Goal:

The overall goal for this training is to increase a participant's knowledge of the history of Aging Resource Centers (ARCs) and Aging and Disability Resource Centers (ADRCs), their function and services provided, so:

- 1) They will be able to have a clear understanding of why the Centers exist and the role they play in the aging and disabled community, and
- 2) They can speak knowledgeably about services provided to assist older individuals and persons with certain disabilities obtain the care and financial assistance for which they are eligible.

Objectives for Level One training:

This session will target persons who either work or volunteer at facilities and/or agencies that serve seniors. When the participant completes this training, they will:

- Understand the purpose of the programs developed under the Older Americans Act.
- Be aware of the goal of the Aging and Disability Resource Centers and have a general understanding of how Centers meet this goal.
- Be aware of how an individual can access the services of the Aging and Disability Resource Center.
- Be aware of the programs clients may be referred to in order to receive services.

Objectives for Level Two training:

This session will target staff of various aging related service providers who come in frequent contact with elder clients. When the participant completes this training, they will:

- Understand the purpose of the programs developed under the Older Americans Act.
- Understand the goal of the Aging and Disability Resource Centers and how the goal will be achieved.
- Be aware of how an individual can access the services of the Aging and Disability Resource Center.
- Have knowledge of the services provided by the Aging and Disability Resource Center.
- Be aware of the programs clients may be referred to in order to receive services.

Objectives for Level Three training for professional staff:

This session will target professional staff of the Aging and Disability Resource Center. This handbook provides general information about Area Agencies on Aging, Aging Resource Centers and Aging and Disability Resource Centers. The participant will:

- Understand the purpose of the programs developed under the Older Americans Act.
- Understand the goal of the Aging and Disability Resource Centers and how the goal will be achieved.
- Have knowledge of how an individual can access the services of the Aging and Disability Resource Center.
- Have an in-depth understanding of the screening and eligibility determination provided by the Aging and Disability Resource Center.
- Be knowledgeable about which programs eligible clients will be referred to in order to receive services.

Training on Aging and Disability Resource Centers Level One

Facilitator's Role:

- | | | |
|----|---|------------|
| 1. | Welcome/Introductions and Housekeeping | 10 minutes |
| 2. | Go over the Purpose of this training session.
Distribute handouts. Answer any questions. | 5 minutes |
| 3. | Using the PowerPoint presentation, go over the information provided on the development, purpose and services provided by Aging and Disability Resource Centers. | 15 minutes |
| 4. | Allow time for follow up questions. | 5 minutes |
| 5. | Pass out quiz on material covered.
Participants may use their notes. | 5 minutes |
| 6. | Go over quiz, follow up on areas where participants need additional information/understanding. | 10 minutes |
| 7. | Collect evaluations. | |

Training on Aging and Disability Resource Centers

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. PowerPoint Presentation
4. Questions & Answers
5. What did you learn?
6. Follow up information
7. Evaluations
8. Adjourn

**ARCs & ADRCs
Level One**

Topic	Information (Script) for Trainer
<p>Title Slide</p> <p><i>Slide 1</i></p>	<p style="text-align: center;">ADRCs Aging & Disability Resource Centers</p>
<p>Evolution of ARCs & ADRCs</p> <p>Older Americans Act</p> <p><i>Slide 2</i></p>	<p><u>The Older Americans Act (OAA)</u> was originally signed into law on July 14, 1965 by President Lyndon Baines Johnson.</p> <p>It created the Administration on Aging and authorized grants to States for community planning and services programs. It also provided for research, demonstration and training projects in the field of aging.</p>
<p>Older Americans Act (cont.)</p> <p><i>Slide 3</i></p>	<p><u>The Older Americans Act Amendments of 2000</u> were signed on November 13, 2000 by President Bill Clinton.</p> <ul style="list-style-type: none"> - Extend the OAA programs through FY 2005. <ul style="list-style-type: none"> • Targeting services • Change in direct service waivers • Established the National Family Caregiver Support Program - Established a White House Conference on Aging to take place in 2005.
<p>Older Americans Act (cont.)</p> <p>State Agency Department of Elder Affairs</p> <p><i>Slide 4</i></p>	<p>The Older Americans Act intends that the State agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the State. This means that the mission of the state agency (Department of Elder Affairs) shall be to:</p> <p>1) Proactively carry out a wide range of functions related to advocacy, planning and evaluations, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving communities throughout the State.</p>

	<p>2) Designate area agencies on aging for the purpose of carrying out the mission described above for the State agency at the sub-State level.</p> <p>3) Assure that the resources made available to area agencies on aging under the Older Americans Act are used to carry out the mission described in law</p>
<p>Area Agencies on Aging</p> <p><i>Slide 5</i></p>	<p>The Older Americans Act intends: that the Area Agency on Aging shall:</p> <ul style="list-style-type: none"> - Be the leader relative to all aging issues on behalf of all older persons in the planning and service area. - Have a wide range of functions that include: advocacy and public awareness, planning and coordination of contract management, inter-agency linkages, information sharing and brokering, monitoring and quality assurance as well as capacity building and information and referral services. - Purpose - These systems shall be designed to assist older persons in leading independent, meaningful lives in their own homes and communities as long as possible.
<p>Creation of Aging Resource Centers (ARCs)</p> <p><i>Slide 6</i></p>	<p>Legislation passed in 2004 required three of Florida's 11 Area Agencies on Aging to transition into Aging Resource Centers (ARCs) and begin operating by July 1, 2005.</p> <p>Future legislation is anticipated that will require all ARCs to transition to ADRCs.</p>
<p>What is an Aging Resource Center?</p> <p><i>Slide 7</i></p>	<p><u>An Aging Resource Center</u></p> <ul style="list-style-type: none"> - integrated service delivery system - serves elders and their care givers - administrative entity - is accessible through multiple entry points, has "no-wrong door" - enhanced information and referral services - public and privately funded services

<p>Difference between an ARC and an ADRC</p> <p><i>Slide 8</i></p>	<p>The most striking difference between ARCs and ADRCs is that in addition to serving elders, ADRCs also provide a one-stop link to long-term care for adults 18 years and older with severe and persistent mental illness.</p>
<p>ADRCs</p> <p>Goal</p> <p><i>Slide 9</i></p>	<p>The goal of an ADRC is to provide elders and adults over 18 with severe and persistent mental illness, and their care-giver with customer-friendly services, seamlessly and efficiently.</p>
<p>ADRCs (cont.)</p> <p>Points of Access</p> <p><i>Slide 10</i></p>	<p>ADRCs will be accessible through a number of local providers, including:</p> <ol style="list-style-type: none"> 1) Senior centers 2) Lead Agencies 3) Health Care Provider 4) Other Community Agencies, i.e. libraries <p>Citizens will also be able to access ADRC services by phone or through the internet.</p>
<p>ADRCs (cont.)</p> <p>Primary functions</p> <p><i>Slide 11</i></p>	<p>The primary functions of an ADRC are:</p> <ol style="list-style-type: none"> 1) Information and referral – Obtain information on the client in order to determine what program would best meet their needs. Need to understand services provided by programs in order to make that determination. 2) Financial and functional eligibility determination – Evaluate the client’s financial income and assets and determine if the client meets the age and physical or mental level of need necessary to qualify for certain programs. 3) Triaging – The process of determining financial eligibility, screening for level of care, determining what program options are available and referring a client to the appropriate program. 4) Budget authorization – Authority to handle financial needs and requirements. 5) Options counseling – Elders and their care givers will receive information necessary to make informed choices about their care. 6) Waitlist management – Persons in need of services for whom there is currently insufficient funding or lack of space will be kept on a waitlist

	<p>and placed as funding and space is available. Other options for care will be used in the interim.</p> <p>Other services that will be accessible include: health and wellness, employment initiatives, food stamps and Medicaid.</p>
<p>Triage Program for the ADRC</p> <p>“No Wrong Door”</p> <p><i>Slide 12</i></p>	<p>The access points will initially include:</p> <ol style="list-style-type: none"> 1) CARES – Comprehensive Assessment and Review for Long Term Care Services unit of the Department of Elder Affairs. Responsible for determining functional eligibility for a number of public programs. 2) 211 – Combines calls to First Call for Help and Elder Helpline in Central Florida and directs 211 calls from persons in need of assistance. 3) Lead Agencies – Community based agencies, contracted through the Area Agency on Aging to provide case management and other program services. 4) OAA Providers – Older Americans Act providers are federally funded, non-means tested programs that provide a wide variety of services to elders. 5) ADI Providers – Alzheimer’s Disease Initiative programs are publicly funded to address the needs of those persons diagnosed with dementia. <p>These access points will be increased over time.</p>
<p>Triage (cont.)</p> <p>Connecting consumers to services</p> <p><i>Slide 13</i></p>	<p>Referrals will be made to:</p> <ol style="list-style-type: none"> 1) Programs that require a fee for service 2) Programs under the Older Americans Act 3) Community Care for the Elderly 4) Alzheimer’s Disease Initiative 5) Medicaid Waiver Programs 6) Long-term Care Diversion Programs
<p>Triage (cont.)</p> <p>Follow Up</p>	<p>Follow up: Triage Specialist will - Contact the client or the referral agency within</p>

<i>Slide 14</i>	14 working days after initial referral was made. - Determine status of service delivery and client satisfaction with services being delivered. - Determine if additional services are needed.
Policies and Procedures <i>Slide 15</i>	The following handouts are provided: <ul style="list-style-type: none">• ADRC Protocols• Flow Charts• Utilization (Care Plan) Review• Client Satisfaction• Continuous Quality Improvements

ADRCs

Aging & Disability Resource Centers

1

Older Americans Act of 1965

- Established the “Aging Network” – helping elders maintain health and independence
- National Administration on Aging
 - State Units on Aging
 - Area Agencies on Aging
 - Local Service Providers

2

Older Americans Act (cont.)

OAA Reauthorization

- Year 2000
 - Targeting services
 - No direct service waiver needed for information and referrals
 - National Family Caregiver Support Program
- Year 2005
 - White House Conference on Aging
 - Intervention and Prevention Strategies for Healthy Aging

3

Older Americans Act (cont.)

- Intends State Agency (Department of Elder Affairs) to be the leader for all aging issues.
 - Proactive
 - Designate area agencies on aging
 - Assure mission of Older Americans Act is carried out

4

Area Agencies on Aging

- Leader in planning and service area
- Functions:
 - Advocacy & Public Awareness
 - Planning, coordination of contact management
 - Inter-agency linkages
 - Information sharing and brokering
 - Monitoring and quality assurance
 - Capacity building, information and referral services
- Purpose
Assist older persons in leading independent, meaningful lives in the community

5

Aging Resource Centers ARCs

- Legislation passed in 2004 that required three of Florida's 11 Area Agencies on Aging to become Aging Resource Centers (ARCs) by July 1, 2005.
- It is expected that all AAA's will transition to an ARC or ADRC when future legislation is passed

6

ARCs

- An Aging Resource Center:
 - Integrated service delivery system
 - Serves elders and their care givers
 - Administrative entity
 - Multiple entry points - No wrong door
 - Enhanced information and referral services (One stop shopping)
 - Public and privately funded services

7

ARCs vs. ADRCs

- Difference between an ARC and an ADRC:
 - An ADRC also serves adults 18 years and older with severe and persistent mental illness.

8

Aging and Disability Resource Centers ADRCs

- Goal - Provide elder clients and their caregivers with customer-friendly services, seamlessly and efficiently.
- ADRC will achieve this by:
 - Minimizing service fragmentation
 - Reducing duplicative paperwork & procedures
 - Enhancing individual choices
 - Supporting informed decision-making
 - Increasing cost effectiveness of long-term care

9

ADRCs (cont.)

- **Points of access include:**
 - Senior centers
 - Lead agencies
 - Health care providers
 - Other community agencies
- **Citizens also can access ADRCs through:**
 - Phone
 - Internet

10

ADRCs (cont.)

- **Primary Functions of an ADRC:**
 - Information and Referral
 - Financial and functional eligibility determination
 - Triage screening process
 - Budget Authorization
 - Options counseling
 - Waitlist management
 - Other services, i.e., training & monitoring

11

Triage

- **No Wrong Door**
 - Access Points:
 - CARES
 - 211
 - Lead Agencies
 - Older Americans Act (OAA) Providers
 - Alzheimer's Disease Initiative (ADI) Providers

12

Triage (cont.)

- Connecting consumers to services
 - 1) Fee for Service
 - 2) Older Americans Act
 - 3) Community Care for the Elderly
 - 4) Alzheimer's Disease Initiative
 - 5) Medicaid Waiver Program
 - 6) Long-term Care Diversion Programs

13

Triage (cont.)

- Follow up
- Triage Specialist will:
 - Contact client or referral agency within 14 working days.
 - Determine status of service delivery
 - Determine client satisfaction
 - Determine if additional services needed

14

Policies and Procedures

(Handouts)

- ADRC Protocols
- Flow Charts
- Utilization (Care Plan) Review
- Client Satisfaction
- Continuous Quality Improvements

15

Quiz on ARCs & ADRCs

Level One

1. When was the Older Americans Act signed into law and by whom?

2. What is the name of the agency that the Older Americans Act intends to be the leader relative to all aging issues in the state?

3. What is the most striking difference between an Aging Resource Center and an Aging Disability Resource Center?

4. What is the goal of an Aging Disability Resource Center?

5. List four ways a client can access an ADRC.

1) _____

2) _____

3) _____

4) _____

6. The primary functions of an ADRC are:

1) _____

2) _____

3) _____

4) _____

Quiz on ARCs & ADRCs (cont.)

7. Access points for an ADRC's no wrong door policy will initially include:

1) _____

2) _____

3) _____

4) _____

5) _____

8. Who will Triage Specialists be able to make referrals to?

1) _____

2) _____

3) _____

4) _____

9. Triage Specialists will follow up after an initial referral within _____ days.

Chapter One - Evolution of the ARC/ADRC

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Training on Aging and Disability Resource Centers Level Two

Facilitator's Role:

- | | | |
|----|---|--------------|
| 1. | Welcome/Introductions and Housekeeping | 10 minutes |
| 2. | Go over the Purpose of this training session.
Distribute handouts. Answer any questions. | 5 minutes |
| 3. | Using the PowerPoint presentation, go over the information provided on the development, purpose and services provided by Aging and Disability Resource Centers. | 20 minutes |
| 4. | Allow time for follow up questions. | 5-10 minutes |
| 5. | Pass out quiz on material covered.
Participants may use their notes. | 5-10 minutes |
| 6. | Go over quiz, follow up on areas where participants need additional information/understanding. | 10 minutes |
| 7. | Collect evaluations. | |

Training on Aging and Disability Resource Centers

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. PowerPoint Presentation
4. Questions & Answers
5. What did you learn?
6. Follow up information
7. Evaluations
8. Adjourn

**ARCs & ADRCs
Level Two**

Topic	Information (Script) for Trainer
<p>Title Slide</p> <p><i>Slide 1</i></p>	<p style="text-align: center;">ADRCs</p> <p style="text-align: center;">Aging & Disability Resource Centers</p>
<p>Evolution of ARCs & ADRCs</p> <p>Older Americans Act</p> <p><i>Slide 2</i></p>	<p><u>The Older Americans Act (OAA)</u> was originally signed into law on July 14, 1965 by President Lyndon Baines Johnson.</p> <p>It created the Administration on Aging and authorized grants to States for community planning and services programs. It also provided for research, demonstration and training projects in the field of aging.</p>
<p>Older Americans Act (cont.)</p> <p><i>Slide 3</i></p>	<p><u>The Older Americans Act Amendments of 2000</u> were signed on November 13, 2000 by President Bill Clinton.</p> <ul style="list-style-type: none"> - Extend the OAA programs through FY 2005. <ul style="list-style-type: none"> • Targeting services • Change in direct service waivers • Established the National Family Caregiver Support Program - Established a White House Conference on Aging to take place in 2005.
<p>Older Americans Act (cont.)</p> <p>Declaration of Objectives for Older Americans</p> <p><i>Background information no slide</i></p>	<p>The original OAA sets forth the <u>Declaration of Objectives</u>.</p> <p>Sec. 101 states that it is the responsibility of the government of the United States as well as state and local governments to “assist our older people to secure equal opportunity to the full and free enjoyment of :</p> <ol style="list-style-type: none"> 1) <u>An adequate income</u> in retirement in accordance with the American standard of living. 2) The best possible <u>physical and mental health</u> which science can make available and without regard to economic status. 3) <u>Suitable housing</u>, independently selected,

	<p>designed and located with reference to special needs and available costs which older citizens can afford.</p> <p>4) Full restorative services for those who require institutional care.</p> <p>5) Opportunity for employment with no discriminatory personnel practices because of age.</p> <p>6) <u>Retirement in health, honor, dignity</u> – after years of contribution to the economy.</p> <p>7) <u>Pursuit of meaningful activity</u> within the widest range of civic, cultural, and recreational opportunities.</p> <p>8) Efficient, <u>community services</u> which provide social assistance in a coordinated manner and which are readily available when needed.</p> <p>9) <u>Immediate benefit from proven research</u> knowledge which can sustain and improve health and happiness.</p> <p>10) <u>Freedom, independence</u> and the free exercise of individual initiative in planning and managing their own lives.”</p>
<p>Older Americans Act (cont.)</p> <p>State Agency Department of Elder Affairs</p> <p><i>Slide 4</i></p>	<p>The Older Americans Act intends that the State agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the State. This means that the mission of the state agency (Department of Elder Affairs) shall be to:</p> <p>1) Proactively carry out a wide range of functions related to advocacy, planning and evaluations, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving communities throughout the State.</p> <p>2) Designate area agencies on aging for the purpose of carrying out the mission described above for the State agency at the sub-State level.</p> <p>3) Assure that the resources made available to area agencies on aging under the Older Americans Act are used to carry out the mission described in law.</p>

<p>Area Agencies on Aging</p> <p><i>Slide 5</i></p>	<p>The Older Americans Act intends: that the area agency on aging shall:</p> <ul style="list-style-type: none"> - Be the leader relative to all aging issues on behalf of all older persons in the planning and service area. - Have a wide range of functions that include: advocacy and public awareness, planning and coordination of contract management, inter-agency linkages, information sharing and brokering, monitoring and quality assurance as well as capacity building and information and referral services. - Purpose - These systems shall be designed to assist older persons in leading independent, meaningful lives in their own homes and communities as long as possible.
<p>Creation of Aging Resource Centers (ARCs)</p> <p><i>Slide 6</i></p>	<p>Legislation passed in 2004 required three of Florida's 11 Area Agencies on Aging to transition into Aging Resource Centers (ARCs) and begin operating by July 1, 2005. Future legislation is anticipated that will require all ARCs to transition to ADRCs.</p>
<p>What is an Aging Resource Center?</p> <p><i>Slide 7</i></p>	<p><u>An Aging Resource Center</u></p> <ul style="list-style-type: none"> - integrated service delivery system - serves elders and their care givers - administrative entity - is accessible through multiple entry points, has "no-wrong door" - enhanced information and referral services - public and privately funded services
<p>Difference between an ARC and an ADRC</p> <p><i>Slide 8</i></p>	<p>The most striking difference between ARCs and ADRCs is that in addition to serving elders, ADRCs also provide a one-stop link to long-term care for adults 18 years and older with severe and persistent mental illness.</p>
<p>ADRCs Goal</p> <p><i>Slide 9</i></p>	<p>The goal of an ADRC is to provide elders and clients with severe and persistent mental illness, and their families with customer-friendly services, seamlessly and efficiently.</p>

	<p>The ADRC will achieve this by:</p> <ol style="list-style-type: none"> 1) Minimizing service fragmentation 2) Reducing duplication of administrative paperwork and procedures 3) Enhancing individual choices 4) Supporting informed decision-making 5) Increasing the cost effectiveness of long-term care support and delivery systems.
<p>ADRCs (cont.)</p> <p>Points of Access</p> <p><i>Slide 10</i></p>	<p>ADRCs will be accessible through a number of local providers, including:</p> <ol style="list-style-type: none"> 1) Aging Network Service Providers 2) Senior Centers 3) Health care providers 4) Other community agencies, i.e., libraries <p>Citizens will also be able to access ADRC services by phone or through the internet.</p>
<p>ADRCs (cont.)</p> <p>Primary functions</p> <p><i>Slide 11</i></p>	<p>The primary functions of an ADRC are:</p> <ol style="list-style-type: none"> 1) Information and referral – Obtain information on the client in order to determine what program would best meet their needs. Need to understand services provided by programs in order to make that determination. 2) Financial and functional eligibility determination – Evaluate the client’s financial income and assets and determine if the client meets the age and physical or mental level of need necessary to qualify for certain programs. 3) Triaging screening process– The process of determining financial eligibility, screening for level of care, determining what program options are available and referring a client to the appropriate program. 4) Budget authorization – Authority to handle financial needs and requirements. 5) Options counseling – Elders and their care givers will receive information necessary to make informed choices about their care. 6) Waitlist management – Persons in need of

	<p>services for whom there is currently insufficient funding or lack of space will be kept on a waitlist and placed as funding and space is available. Other options for care will be used in the interim. Other services that will be accessible include: health and wellness, employment initiatives, food stamps and Medicaid.</p>
<p>ADRCs (cont.)</p> <p>One Stop Shopping</p> <p><i>Slide 12</i></p>	<p>The ADRCs will be a “one-stop” for all elder services.</p> <ul style="list-style-type: none"> - It is anticipated that 80% of questions and service needs will be handled through individualized, self-directed or personally assisted information and referral to community, faith-based, charitable, for-profit and public non long-term care programs. - Persons needing more intensive assistance or services that require eligibility determination will have a streamlined, simplified system to obtain these services. - Elders will be able to receive a single financial eligibility determination for all services, including Medicaid, food stamps and Supplemental Security Income.
<p>ADRCs (cont.)</p> <p>Efficiency</p> <p><i>Slide 13</i></p>	<ul style="list-style-type: none"> - <u>ADRCs will screen all individuals entering long-term care</u>, no matter the entry point. Currently, only persons entering through some community agencies are screened.
<p>Triage Program for the ADRC</p> <p>“No Wrong Door”</p> <p><i>Slide 14</i></p>	<p>The access points will initially include:</p> <ol style="list-style-type: none"> 1) CARES – Comprehensive Assessment and Review for Long Term Care Services unit of the Department of Elder Affairs. Responsible for determining functional eligibility for a number of public programs. 2) 211 – Combines calls to First Call for Help and Elder Helpline in Central Florida and directs 211 calls from persons in need of assistance. 3) Lead Agencies – Community based agencies, contracted through the Area Agency on Aging to provide case management and other program services.

	<p>4) OAA Providers – Older Americans Act providers are federally funded, non-means tested programs that provide a wide variety of services to elders.</p> <p>5) ADI Providers – Alzheimer’s Disease Initiative programs are publicly funded to address the needs of those persons diagnosed with dementia.</p> <p>These access points will be increased over time.</p>
<p>Triage (cont.)</p> <p>Connecting consumers to services</p> <p><i>Slide 15</i></p>	<p>Referrals will be made to:</p> <ol style="list-style-type: none"> 1) Programs that require a fee for service 2) Programs under the Older Americans Act 3) Community Care for the Elderly 4) Alzheimer’s Disease Initiative 5) Medicaid Waiver Programs 6) Long-term Care Diversion Programs
<p>Triage (cont.)</p> <p>Follow Up</p> <p><i>Slide 16</i></p>	<p>Follow up:</p> <p>Triage Specialist will</p> <ul style="list-style-type: none"> - Contact the client or the referral agency within 14 working days after initial referral was made. - Determine status of service delivery and client satisfaction with services being delivered. - Determine if additional services are needed.
<p>Policies and Procedures</p> <p><i>Slide 17</i></p>	<p>The following handouts are provided:</p> <ul style="list-style-type: none"> • ADRC Protocols • Flow Charts • Utilization (Care Plan) Review • Client Satisfaction • Continuous Quality Improvements

ADRCs

Aging & Disability Resource Centers

1

Older Americans Act of 1965

- Established the “Aging Network” – helping elders maintain health and independence
- National Administration on Aging
 - State Units on Aging
 - Area Agencies on Aging
 - Local Service Providers

2

Older Americans Act (cont.)

OAA Reauthorization

- Year 2000
 - Targeting services
 - No direct service waiver needed for information and referrals
 - National Family Caregiver Support Program
- Year 2005
 - White House Conference on Aging
 - Intervention and Prevention Strategies for Healthy Aging

3

Older Americans Act (cont.)

- Intends State Agency (Department of Elder Affairs) to be the leader for all aging issues.
 - Proactive
 - Designate area agencies on aging
 - Assure mission of Older Americans Act is carried out

4

Area Agencies on Aging

- Leader in planning and service area
- Functions:
 - Advocacy & Public Awareness
 - Planning, coordination of contact management
 - Inter-agency linkages
 - Information sharing and brokering
 - Monitoring and quality assurance
 - Capacity building, information and referral services
- Purpose
Assist older persons in leading independent, meaningful lives in the community

5

Aging Resource Centers ARCs

- Legislation passed in 2004 that required three of Florida's 11 Area Agencies on Aging to become Aging Resource Centers (ARCs) by July 1, 2005.
- It is expected that all AAA's will transition to an ARC or ADRC when future legislation is passed

6

ARCs

- An Aging Resource Center:
 - Integrated service delivery system
 - Serves elders and their care givers
 - Administrative entity
 - Multiple entry points - No wrong door
 - Enhanced information and referral services (One stop shopping)
 - Public and privately funded services

7

ARCs vs. ADRCs

- Difference between an ARC and an ADRC:
 - An ADRC also serves adults 18 years and older with severe and persistent mental illness.

8

Aging and Disability Resource Centers ADRCs

- Goal - Provide elder clients and their caregivers with customer-friendly services, seamlessly and efficiently.
- ADRC will achieve this by:
 - Minimizing service fragmentation
 - Reducing duplicative paperwork & procedures
 - Enhancing individual choices
 - Supporting informed decision-making
 - Increasing cost effectiveness of long-term care

9

ADRCs (cont.)

- Points of access include:
 - Senior centers
 - Lead agencies
 - Health care providers
 - Other community agencies
- Citizens also can access ADRCs through:
 - Phone
 - Internet

10

ADRCs (cont.)

- Primary Functions of an ADRC:
 - Information and Referral
 - Financial and functional eligibility determination
 - Triage screening process
 - Budget Authorization
 - Options counseling
 - Waitlist management
 - Other services, i.e., training & monitoring

11

ADRCs (cont.)

- One Stop Shopping
 - 80% of questions and service needs will be handled through information gathering and referrals to appropriate community programs through triage process.
 - More intensive needs will have a streamlined system.
 - Single financial eligibility determination for all services.

12

ADRCs (cont.)

- Efficiency – ADRCs will screen all individuals entering long-term care, no matter the entry point. Will ensure:
 - Optimal targeting
 - Diversionary programs
 - Services for paying clients

13

Triage

- No Wrong Door
 - Access Points:
 - CARES
 - 211
 - Lead Agencies
 - Older Americans Act (OAA) Providers
 - Alzheimer's Disease Initiative (ADI) Providers

14

Triage (cont.)

- Connecting consumers to services
 - 1) Fee for Service
 - 2) Older Americans Act
 - 3) Community Care for the Elderly
 - 4) Alzheimer's Disease Initiative
 - 5) Medicaid Waiver Program
 - 6) Long-term Care Diversion Programs

15

Triage (cont.)

- Follow up
- Triage Specialist will:
 - Contact client or referral agency within 14 working days.
 - Determine status of service delivery
 - Determine client satisfaction
 - Determine if additional services needed

16

Policies and Procedures

(Handouts)

- ADRC Protocols
- Flow Charts
- Utilization (Care Plan) Review
- Client Satisfaction
- Continuous Quality Improvements

17

Quiz on ARCs & ADRCs

Level Two

1. When was the Older Americans Act signed into law and by whom?

2. What is the name of the agency that the Older Americans Act intends to be the leader relative to all aging issues in the state?

3. List two responsibilities of an Aging Resource Center.

1) _____

2) _____

4. What is the most striking difference between an Aging Resource Center and an Aging Disability Resource Center?

5. What is the goal of an Aging Disability Resource Center?

6. List four ways a client can access an ADRC.

1) _____

2) _____

3) _____

4) _____

Quiz on ARCs & ADRCs (cont.)

7. The primary functions of an ADRC are:

1) _____

2) _____

3) _____

4) _____

8. How will “one stop shopping” help elders with financial eligibility determination?

9. Access points for an ADRC’s no wrong door policy will initially include:

1) _____

2) _____

3) _____

4) _____

5) _____

10. Who will Triage Specialists be able to make referrals to?

1) _____

2) _____

3) _____

4) _____

11. Triage Specialists will follow up after an initial referral within _____ days.

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Training on Aging and Disability Resource Centers Level Three

Facilitator's Role:

1. Welcome/Introductions and Housekeeping 10 minutes
2. Go over the Purpose of this training session.
Distribute handouts. Answer any questions. 5 minutes
3. Using the PowerPoint presentation, go over the
information provided on the development, purpose
and services provided by Aging and Disability
Resource Centers. 30 minutes
4. Allow time for follow up questions. 5-10 minutes
5. Pass out quiz on material covered.
Participants may use their notes. 5-10 minutes
6. Go over quiz, follow up on areas where
participants need additional
information/understanding. 10 minutes
7. Collect evaluations.

Training on Aging and Disability Resource Centers

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. PowerPoint Presentation
4. Questions & Answers
5. What did you learn?
6. Follow up information
7. Evaluations
8. Adjourn

**ARCs & ADRCs
Level Three**

Topic	Information (Script) for Trainer
<p>Title Slide</p> <p><i>Slide 1</i></p>	<p style="text-align: center;">ADRCs Aging & Disability Resource Centers</p>
<p>Evolution of ARCs & ADRCs</p> <p>Older Americans Act</p> <p><i>Slide 2</i></p>	<p><u>The Older Americans Act (OAA)</u> was originally signed into law on July 14, 1965 by President Lyndon Baines Johnson.</p> <p>It created the National Administration on Aging and authorized grants to States for community planning and services programs. It also provided for research, demonstration and training projects in the field of aging.</p>
<p>Older Americans Act (cont.)</p> <p><i>Slide 3</i></p>	<p><u>The Older Americans Act Amendments of 2000</u> were signed on November 13, 2000 by President Bill Clinton.</p> <ul style="list-style-type: none"> - Extend the OAA programs through FY 2005. <ul style="list-style-type: none"> • Targeting services • Change in direct service waivers • Established the National Family Caregiver Support Program - Established a White House Conference on Aging to take place in 2005.
<p>Older Americans Act (cont.)</p> <p>Declaration of Objectives for Older Americans</p> <p><i>Background information (no slide)</i></p>	<p>The original OAA sets forth the <u>Declaration of Objectives.</u></p> <p>Sec. 101 states that it is the responsibility of the government of the United States as well as state and local governments to “assist our older people to secure equal opportunity to the full and free enjoyment of :</p> <p>1) <u>An adequate income</u> in retirement in accordance with the American standard of living.</p>

	<p>2) The best possible <u>physical and mental health</u> which science can make available and without regard to economic status.</p> <p>3) <u>Suitable housing</u>, independently selected, designed and located with reference to special needs and available costs which older citizens can afford.</p> <p>4) Full restorative services for those who require institutional care.</p> <p>5) Opportunity for employment with no discriminatory personnel practices because of age.</p> <p>6) <u>Retirement in health, honor, dignity</u> – after years of contribution to the economy.</p> <p>7) <u>Pursuit of meaningful activity</u> within the widest range of civic, cultural, and recreational opportunities.</p> <p>8) Efficient, <u>community services</u> which provide social assistance in a coordinated manner and which are readily available when needed.</p> <p>9) <u>Immediate benefit from proven research</u> knowledge which can sustain and improve health and happiness.</p> <p>10) <u>Freedom, independence</u> and the free exercise of individual initiative in planning and managing their own lives.”</p>
<p>Older Americans Act (cont.)</p> <p>State Agency Department of Elder Affairs</p> <p><i>Slide 4</i></p>	<p>The Older Americans Act intends that the State agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the State. This means that the mission of the state agency (Department of Elder Affairs) shall be to:</p> <p>1) Proactively carry out a wide range of functions related to advocacy, planning and evaluations, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving communities throughout the State.</p> <p>2) Designate area agencies on aging for the purpose of carrying out the mission described above for the State agency at the sub-State level.</p>

	3) Assure that the resources made available to area agencies on aging under the Older Americans Act are used to carry out the mission described in law.
Area Agencies on Aging <i>Slide 5</i>	<p>The Older Americans Act intends: that the area agency on aging shall:</p> <ul style="list-style-type: none"> - Be the leader relative to all aging issues on behalf of all older persons in the planning and service area. - Have a wide range of functions that include: advocacy and public awareness, planning and coordination of contract management, inter-agency linkages, information sharing and brokering, monitoring and quality assurance as well as capacity building and information and referral services. - Purpose - These systems shall be designed to assist older persons in leading independent, meaningful lives in their own homes and communities as long as possible.
Creation of Aging Resource Centers (ARCs) <i>Slide 6</i>	<p>Legislation passed in 2004 required three of Florida's 11 Area Agencies on Aging to transition into Aging Resource Centers (ARCs) and begin operating by July 1, 2005. Future legislation is anticipated that will require all ARCs to transition to ADRC.</p>
What is an Aging Resource Center? <i>Slide 7</i>	<p><u>An Aging Resource Center</u></p> <ul style="list-style-type: none"> - integrated service delivery system - serves elders and their care givers - administrative entity - is accessible through multiple entry points, has "no-wrong door" - enhanced information and referral services - public and privately funded services
Difference between an ARC and an ADRC	<p>The most striking difference between ARCs and ADRCs is that in addition to serving elders, ADRCs also provide a one-stop link to long-term</p>

<i>Slide 8</i>	care for adults 18 years and older with severe and persistent mental illness.
ADRCs Goal <i>Slide 9</i>	<p>The goal of an ADRC is to provide elders and clients with severe and persistent mental illness, and their families with customer-friendly services, seamlessly and efficiently.</p> <p>The ADRC will achieve this by:</p> <ol style="list-style-type: none"> 1) Minimizing service fragmentation 2) Reducing duplication of administrative paperwork and procedures 3) Enhancing individual choices 4) Supporting informed decision-making 5) Increasing the cost effectiveness of long-term care support and delivery systems.
ADRCs (cont.) Points of Access <i>Slide 10</i>	<p>ADRCs will be accessible through a number of local providers, including:</p> <ol style="list-style-type: none"> 1) Aging Network Service Providers 2) Senior Centers 3) Health care providers 4) Other community agencies, i.e., libraries <p>Citizens will also be able to access ADRC services by phone or through the internet.</p>
ADRCs (cont.) Primary functions <i>Slide 11</i>	<p>The primary functions of an ADRC are:</p> <ol style="list-style-type: none"> 1) Information and referral – Obtain information on the client in order to determine what program would best meet their needs. Need to understand services provided by programs in order to make that determination. 2) Financial and functional eligibility determination – Evaluate the client’s financial income and assets and determine if the client meets the age and physical or mental level of need necessary to qualify for certain programs. 3) Triaging screening process– The process of determining financial eligibility, screening for

	<p>level of care, determining what program options are available and referring a client to the appropriate program.</p> <p>4) Budget authorization – Authority to handle financial needs and requirements.</p> <p>5) Options counseling – Elders and their care givers will receive information necessary to make inform choices about their care.</p> <p>6) Waitlist management – Persons in need of services for whom there is currently insufficient funding or lack of space will be kept on a waitlist and placed as funding and space is available. Other options for care will be utilized in the interim.</p> <p>Other services that will be accessible include: training and monitoring, health and wellness, employment initiatives, food stamps and Medicaid.</p>
<p>ADRCs (cont.)</p> <p>One Stop Shopping</p> <p><i>Slide 12</i></p>	<p>The ADRC will be a “one-stop” for all elder services.</p> <ul style="list-style-type: none"> - It is anticipated that 80% of questions and service needs will be handled through individualized, self-directed or personally assisted information and referral to community, faith-based, charitable, for-profit and public non long-term care programs. - Persons needing more intensive assistance or services that require eligibility determination will have a streamlined, simplified system to obtain these services. - Elders will be able to receive a single <u>financial eligibility determination</u> for all services, including Medicaid, food stamps and Supplemental Security Income.
<p>ADRCs (cont.)</p> <p>Efficiency</p> <p><i>Slide 13</i></p>	<p><u>ADRC will screen all individuals entering long-term care</u>, no matter the entry point. Currently, only persons entering through some community agencies are screened. Increased screening will ensure:</p>

	<ul style="list-style-type: none"> - Optimal targeting - Diversion of more clients to diversionary programs services, thus reducing long-term care nursing home use. - Providing a means to receive services for those who choose to and can afford to pay for services.
<p>ADRCs (cont.)</p> <p>Elder Friendly</p> <p><i>Slide 14</i></p>	<p>Since the process is seamless, elders will be able to:</p> <ol style="list-style-type: none"> 1) Receive consistent and uniform information and referral and service access, regardless of where they enter the system. 2) Receive follow up to ensure their needs are being met. 3) Have more options and choices as a result of self-directed information and referral searches, face-to-face assessments and from a larger range of service providers. 4) Have a reduction in the duplication of efforts.
<p>Triage Program for the ADRC</p> <p>“No Wrong Door”</p> <p><i>Slide 15</i></p>	<p>The access points will initially include:</p> <ol style="list-style-type: none"> 1) CARES – Comprehensive Assessment and Review for Long Term Care Services unit of the Department of Elder Affairs. Responsible for determining functional eligibility for a number of public programs. 2) 211 – Combines calls to First Call for Help and Elder Helpline in Central Florida and directs 211 calls from persons in need of assistance. 3) Lead Agencies – Community based agencies, contracted through the Area Agency on Aging to provide case management and other program services. 4) OAA Providers – Older Americans Act providers are federally funded, non-means tested programs that provide a wide variety of services to elders. 5) ADI Providers – Alzheimer’s Disease Initiative programs are publicly funded to

	<p>address the needs of those persons diagnosed with dementia.</p> <p>These access points will be increased over time.</p>
<p>Triage (cont.)</p> <p>Triage Specialist</p> <p><i>Slide 16</i></p>	<p>Triage Specialists are trained in screening individuals, determining eligibility, option counseling and referring clients. When HelpWorks goes on-line, it will assist them by:</p> <ol style="list-style-type: none"> 1) Providing a guided interview feature 2) Screening for needed services 3) Determining eligibility criteria for any given program
<p>Triage (cont.)</p> <p>Connecting consumers to services</p> <p><i>Slide 17</i></p>	<p>Referrals will be made to:</p> <ol style="list-style-type: none"> 1) Programs that require a fee for service 2) Programs under the Older Americans Act 3) Community Care for the Elderly 4) Alzheimer's Disease Initiative 5) Medicaid Waiver Programs 6) Long-term Care Diversion Programs
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ADRCs

Aging & Disability Resource Centers

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 - State Units on Aging
 - Area Agencies on Aging
 - Local Service Providers

2

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 - Targeting services
 - No direct service waiver needed for information and referrals
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Older Americans Act (cont.)

- Intends State Agency (Department of Elder Affairs) to be the leader for all aging issues.
 - Proactive
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Area Agencies on Aging

- Leader in planning and service area
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- Legislation passed in 2004 that required three of Florida's 11 Area Agencies on Aging to become Aging Resource Centers (ARCs) by July 1, 2005.
- It is expected that all AAA's will transition to an ARC or ADRC when future legislation is passed

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ARCs

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 - Serves elders and their care givers
 - Administrative entity
 - Multiple entry points - No wrong door
 - Enhanced information and referral services (One stop shopping)
 - Public and privately funded services

7

ARCs vs. ADRCs

- Difference between an ARC and an ADRC:
 - An ADRC also serves adults 18 years and older with severe and persistent mental illness.

8

Aging and Disability Resource Centers ADRCs

- Goal - Provide elder clients and their caregivers with customer-friendly services, seamlessly and efficiently.
- ADRC will achieve this by:
 - Minimizing service fragmentation
 - Reducing duplicative paperwork & procedures
 - Enhancing individual choices
 - Supporting informed decision-making
 - Increasing cost effectiveness of long-term care

9

ADRCs (cont.)

- Points of access include:
 - Aging Network Service Providers
 - Senior Centers
 - Health care providers
 - Other community agencies, i.e., Libraries
- Citizens also can access ADRCs through:
 - Telephone and Internet Sites

10

ADRCs (cont.)

- Primary Functions of an ADRC:
 - Information and Referral
 - Financial and functional eligibility determination
 - Triage screening process
 - Budget Authorization
 - Options counseling
 - Waitlist management
 - Other services, i.e., training & monitoring

11

ADRCs (cont.)

- One Stop Shopping
 - 80% of questions and service needs will be handled through information gathering and referrals to appropriate community programs through triage process
 - Consumers with more intensive needs will have a streamlined system.
 - Single financial eligibility determination for all services.

12

ADRCs (cont.)

- Efficiency – ADRCs will screen all individuals entering long-term care, no matter the entry point. Will ensure:
 - Optimal targeting
 - Diversionary programs
 - Services for paying clients

13

ADRCs (cont.)

- Elder Friendly
 - Seamless process
 - Consistent and uniform:
 - Information
 - Referrals
 - Services
 - Follow up
 - Increased options
 - Reduction in duplication

14

Triage

- No Wrong Door
 - Multiple Access Points:
 - CARES
 - 211
 - Lead Agencies
 - Older Americans Act (OAA) Providers
 - Alzheimer's Disease Initiative (ADI) Providers

15

Triage (cont.)

- Triage Specialists
 - Trained in screening
 - Use of HelpWorks
 - Guided interview
 - Screening for services
 - Determine eligibility criteria of all programs

16

Triage (cont.)

- Connecting consumers to services
 - 1) Fee for Service
 - 2) Older Americans Act
 - 3) Community Care for the Elderly
 - 4) Alzheimer's Disease Initiative
 - 5) Medicaid Waiver Program
 - 6) Long-term Care Diversion Programs

17

Triage (cont.)

- Follow up
- Triage Specialist will:
 - Contact client or referral agency within 14 working days.
 - Determine status of service delivery
 - Determine client satisfaction
 - Determine if additional services needed

18

Policies and Procedures

(Handouts)

- ADRC Protocols
- Flow Charts
- Utilization (Care Plan) Review
- Client Satisfaction
- Continuous Quality Improvements

19

Quiz on ARCs & ADRCs
Level Three

1. When was the Older Americans Act signed into law and by whom?

2. List 5 of the Declaration of Objectives in the Older Americans Act that you think are most important.

1) _____

2) _____

3) _____

4) _____

5) _____

3. What is the name of the agency that the Older Americans Act intends to be the leader relative to all aging issues in the state?

4. What year did the Florida Legislature pass a bill requiring three of Florida's Area Agencies on Aging to transition into Aging Resource Centers? _____

5. List two responsibilities of an Aging Resource Center.

1) _____

2) _____

Quiz on ARCs & ADRCs (cont.)

6. What is the most striking difference between an Aging Resource Center and an Aging Disability Resource Center?

7. What is the goal of an Aging Disability Resource Center?

8. List four ways a client can access an ADRC.

1)

2)

3)

4)

9. The primary functions of an ADRC are:

1)

2)

3)

4)

10. How will “one stop shopping” help elders with financial eligibility determination?

Quiz on ARCs & ADRCs (cont.)

11. How will screening all individuals entering long-term care increase efficiency?

- 1) _____

- 2) _____

- 3) _____

12. Access points for an ADRC's no wrong door policy will initially include:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

13. Who will Triage Specialists be able to make referrals to?

- 1) _____
- 2) _____
- 3) _____
- 4) _____

14. Triage Specialists will follow up after an initial referral within _____ days.

Chapter One - Evolution of the ARC/ADRC

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Chapter Two

Interviewing Skills

Overview of Communication and Interview Training

Training Goal:

The overall goal for this training is to increase a participant's ability to conduct effective interviews with elderly individuals who contact Aging and Disability Resource Centers for information and assistance. The participant will learn effective ways to communicate with various segments of the aging community so:

- 1) they will obtain appropriate information from the individual to make necessary referrals.
- 2) the interview experience is pleasant and stress free for the elder individual or caregiver.

Objectives for Level One training:

This session will target persons who either work or volunteer at facilities and/or agencies that serve seniors. When the participant completes this training, they will be able to:

- Understand basic communication skills
- Recognize the importance of patience when communicating with an elderly person or caregiver
- Know how to exhibit respect for an elder while attempting to communicate

Objectives for Level Two training:

This session will target staff of various aging related service providers who come in frequent contact with elder clients. When the participant completes this training, they will be able to:

- Understand basic communication skills
- Recognize the importance of patience when communicating with an elderly person or caregiver
- Know how to exhibit respect for an elder while attempting to communicate
- Be aware of how to effectively communicate with persons from a different culture

Objectives for Level Three training for Professional Staff:

This session will target professional staff of the Aging and Disability Resource Center. This handbook provides general information on effective ways to communicate with elderly individuals and elders who have certain disabilities that may impair their ability to communicate effectively. When the participant completes this training, they will be able to:

- Understand basic communication skills

Chapter Two - Interviewing Skills

- Recognize the importance of patience when communicating with an elderly person or caregiver
- Have knowledge of various ways to elicit responses from individuals with a variety of disabilities
- Know how to exhibit respect for an elder while attempting to communicate
- Understand ways to communicate with elders who have memory problems or difficulty speaking
- Be aware of how to effectively communicate with persons from a different culture

Training on Communication and Interviewing Skills Level One

Facilitator's Role:

1. Welcome/Introductions and Housekeeping 10 minutes
2. Go over the Purpose of this training session.
Distribute handouts. Answer any questions. 5 minutes
3. Go over the information provided on effective
communication skills and how to interview
different segments of the elder community. 10 minutes
4. Have participants engage in role playing and
discussion to enhance their understanding of
materials presented. 10 minutes
5. Collect evaluations.

Training on Communication and Interviewing Skills

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. Presentation
4. Role Playing
5. Follow up information
6. Evaluations
7. Adjourn

Chapter Two - Interviewing Skills

Training on Communication and Interviewing Skills Level One

<p>Communication with an elderly person who is mentally or physically impaired can be a difficult and frustrating task. Good communication skills can prevent catastrophic results when incorrect or partial information is received by staff endeavoring to determine the level of care needed and the eligibility status of elder individuals accessing Aging and Disability Resource Centers.</p>	
Topic	Information (Script) for Trainer
<p>Setting the Stage for communicating with elderly clients in a manner that will elicit the information you seek</p>	<p>Setting the Stage Goal: To establish a favorable context for the interview</p> <ul style="list-style-type: none"> • Welcome the client • Know and use the individual's name, using Mr. or Mrs. /Ms. unless the client invites you to call him /her by their first name • Introduce and identify yourself • Ensure comfort and privacy
<p>Basic Skills</p>	<p>It is important to :</p> <ul style="list-style-type: none"> • Listen • Speak clearly and slowly • Use non-verbal communication (body language) to help convey your message.
<p>Patience</p>	<p>When talking with an older person, either by phone or in person, remember that patience is an essential tool. Patience means listening carefully and empathetically, not rushing the speaker or jumping to conclusions, and NEVER finishing the person's sentences for them. Patience also means not interrupting the speaker. The smallest interruption may prevent the speaker from completing or returning to their original thought. This might result in the interviewer not obtaining valuable information.</p>

Chapter Two - Interviewing Skills

Tone of Voice	To be effective, one must also be aware of vocal quality. If an elder individual becomes agitated, their voice may rise in pitch and volume. Do not mirror that tone or speak in an agitated way. That will only increase the individual's agitation and escalate a situation. Also, do not use a patronizing tone of voice. Do not talk to an elder person in the same tone you would use to address a small child.
Probing Skills	To elicit complete and accurate information from an older individual a question may have to be asked again. The first time you repeat the question try the same language in case the listener only missed one word or phrase. If the elder still does not fully understand try rephrasing and asking the same question in a different way. This process may need to be repeated several times before a response is elicited.
Respect	Every individual must be treated with respect. They should be addressed by their appropriate title. The way you use language reflects your attitude and respect for the person you are speaking with.
Communication Styles	Communication provides an opportunity for persons of different cultures to learn from each other. To enhance communication with a culturally diverse community, be: <ul style="list-style-type: none"> - open and honest - nonjudgmental - willing to listen and learn

Role Playing Exercises for Communication and Interviewing Skills

Patience and Probing Skills

For this exercise, divide participants into groups of three. One person will be the client, one the interviewer and the other the observer. Give the instructions to the role players.

Instructions:

The client is a gentleman. He appears to be about 78, and is not wearing a hearing aid. The interviewer asks the following question:

“Do you live in your own home?”

The individual’s response is, “No I don’t own my house.” *The interviewer should think of a way to rephrase the question. Have them do it wrong one time and right the next. When the interviewer does not rephrase the question, the client will not give the appropriate answer. When the question is rephrased, it is answered correctly.*

The interviewer asks:

“How are you able to do your grocery shopping?”

The client answers.

“I don’t go shopping.”

The interviewer now says _____.

When the group is rejoined, the observer for each group reports on the conversation and how the interviewer asked the question a second time in a way to get the response they wanted. If they were not successful, they suggest how the question could have been rephrased. What is the value of taking the time to rephrase the questions until the client understands what is being asked?

Questions for Discussion:

- 1) How can this same process work with elders who have dementia or other problems that cause them to have a hard time understanding what someone is saying?
- 2) What are some other reasons an individual might not understand an initial question?

Respect/Tone/Assumptions

Select two persons to play the roles. Use staff, if available. Have the entire group serve as observers.

The roles will be an older woman and an interviewer. The woman is bent over, very frail and walks with a shuffle. She has white hair and her dress is a little too large due to her stooped condition. The interviewer will represent the average person who comes in contact with elder clients.

See answers to questions on page 5.

Instruction:

The older woman shuffles into the room. Her appearance is neat, but she is stooped over and frail looking. She is quite old.

The interviewer stands up and comes out from behind the desk to greet her. He/she takes the woman's hand in both of his/hers and says (*in a lilting voice*) "My, My, Sally, don't we look pretty today. That sure is a pretty dress you have on."

The woman cocks her head so she can look at the interviewer, shakes her head and, without saying anything, takes her seat.

Questions for Discussion:

- 1) What do you know about the elderly woman from her appearance?
- 2) What can you tell about her mental capacity from her appearance?
- 3) Did the interviewer treat the woman with respect? Explain what he did to back up your statements.
- 4) What did the woman's body language say?
- 5) Based on her body language, can you tell anything about her mental capacity? If so, what?
- 6) Give an example of how the interviewer should have addressed the woman.
- 7) Give examples of other situations where a person doing an interview might jump to wrong conclusions about a client.
- 8) What do you think is the most important behavior an interviewer should demonstrate to an elder client?

Active Listening Exercise

Break into three member groups. The roles will include a speaker, a listener, and an observer. Each member will take a turn with each role. Provide the observer with the attached list of questions they are to answer when observing the listener.

The speaker will talk about an issue or topic.

The listener will attempt to use active listening to understand the speaker's point of view, without sharing their own opinions.

The observer will watch the listener to see how well they practice active listening techniques to understand the speaker. The observer will give the listener feedback after the role playing is completed. The observer will ask the speaker how they felt about the experience and will ask the listener if they felt the conversation was successful. Ask for specifics. Then the observer will give their feedback.

Example of a possible story the speaker can use: the speaker is requesting assistance with finding appropriate care for a parent. The parent is an elderly man, with a mental condition that prevents him from assimilating well into an assisted living situation. He does not get along well with others and has certain food phobias. He is no longer able to drive and needs assistance with meal preparation, mobility, and housekeeping. The speaker has attempted to have the parent live independently and hire housekeepers, but the parent has treated them badly and they quit. The speaker is obviously frustrated with the situation.

Topics may deal with elder issues, community issues, family issues, or lighter issues, like TV shows, movies, or pets.

Questions for the Observer

Did the listener:

Have appropriate eye contact? Yes _____ No _____

Exhibit positive body language? Yes _____ No _____

Interrupt the speaker? Yes _____ No _____

Show respect? Yes _____ No _____

Impose their own judgment? Yes _____ No _____

Answers to Questions on Role Playing on Respect/Tone/Assumptions

- 1) She is old, frail and walks with a shuffle. You will also know her race. Anything else is an assumption.
- 2) You can make no assumptions of her mental capacity by her appearance.
- 3) No, he/she spoke to her as one would to a child. He called her by her first name and was condescending in his/her remarks about her dress.
- 4) By not acknowledging what the interviewer said to her and the shake of her head indicated that she found his/her remarks inappropriate and not worth dignifying with a response.
- 5) You can tell that her mental capacity is fairly sharp. She is able to express her feelings. She was able to understand that the interviewer was being condescending and she gave an appropriate response.
- 6) The interviewer should have greeted the woman by introducing him/herself. If the interviewer knew her name he/she should have called her by her title and last name. The interviewer could then have offered her a chair and asked if she would like a drink of water or anything else in order to make her comfortable during the interview process. The interviewer should use the same tone of voice that one would use with any other adult person while you are conducting business.
- 7) Examples could include such things as: judging a person due to different ethnic or cultural background; assuming that a person who has difficulty with speaking is developmentally disabled; or deciding that an elder who is not dressed well is either indigent or suffering from a mental condition or both.
- 8) RESPECT

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Training on Communication and Interviewing Skills Level Two

Facilitator's Role:

- | | | |
|----|--|------------|
| 1. | Welcome/Introductions and Housekeeping | 10 minutes |
| 2. | Go over the Purpose of this training session.
Distribute handouts. Answer any questions. | 5 minutes |
| 3. | Go over the information provided on effective communication skills and how to interview different segments of the elder community. | 20 minutes |
| 4. | Have participants engage in role playing and discussion to enhance their understanding of materials presented. | 15 minutes |
| 5. | Collect evaluations. | |

Training on Communication and Interviewing Skills

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. Presentation
4. Role Playing
5. Follow up information
6. Evaluations
7. Adjourn

Training on Communication and Interviewing Skills Level Two

<p>Communication with an elderly person who is mentally or physically impaired can be a difficult and frustrating task. Good communication skills can prevent catastrophic results when incorrect or partial information is received by staff endeavoring to determine the level of care needed and the eligibility status of elder individuals accessing Aging and Disability Resource Centers.</p>	
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<p>Basic Skills</p>	<p>It is important to :</p> <ul style="list-style-type: none"> • Listen • Speak clearly and slowly • Use non-verbal communication (body language) to help convey your message.
<p>Patience</p>	<p>When talking with an older person, either by phone or in person, remember that patience is an essential tool. Patience means listening carefully and empathetically, not rushing the speaker or jumping to conclusions, and NEVER finishing the person's sentences for them. Patience also means not interrupting the speaker. The smallest interruption may prevent the speaker from completing or returning to their original thought. This might result in the interviewer not obtaining valuable information.</p>

Tone of Voice	To be effective, one must also be aware of vocal quality. If an elder individual becomes agitated, their voice may rise in pitch and volume. Do not mirror that tone or speak in an agitated way. That will only increase the individual's agitation and escalate a situation. Also, do not use a patronizing tone of voice. Do not talk to an elder person in the same tone you would use to address a small child.
Probing Skills	To elicit complete and accurate information from an older individual a question may have to be asked again. The first time you repeat the question try the same language in case the listener only missed one word or phrase. If the elder still does not fully understand try rephrasing and asking the same question in a different way. This process may need to be repeated several times before a response is elicited.
Respect	Every individual must be treated with respect. They should be addressed by their appropriate title. The way you use language reflects your attitude and respect for the person you are speaking with.
Communicating with the Hearing Impaired	<p>If an individual is wearing a hearing aid and still has difficulty hearing, or indicates by their behavior that they are unable to hear what you are saying, then:</p> <ul style="list-style-type: none"> - Position yourself directly in front of the individual. Make sure you have their attention before speaking. - Look up at the person when speaking. Avoid looking down at your forms or writing when speaking. - Keep your hands away from your face when speaking.

	<ul style="list-style-type: none"> - Reduce or eliminate background noise, when possible. - Speak in a normal fashion. Do not shout. - Find different ways of saying the same thing if the person has difficulty understanding. Do not keep repeating the same sentence after repeating it one time. - Use simple, short sentences to make your conversation easier to understand. - Allow ample time to converse with a hearing impaired person. Rushing will compound the stress and create an additional barrier.
<p>Communicating with the Visually Impaired.</p>	<p>If a person has limited vision, you may:</p> <ul style="list-style-type: none"> - Invite them to tell you anytime they need assistance. - Ask if they would like additional lighting - Use large motions, when appropriate <p>If a person is either blind or has limited vision, then:</p> <ul style="list-style-type: none"> - Let them know to whom you are addressing your comments if there are additional persons involved in the conversation. - Say the person’s name before touching them. Touching is one way to let them know that you are listening. - Let them touch you. - Treat them like a sighted person as much as possible. - Explain what you are doing as you do it, for example, filling out a form.
<p>Communicating with Individuals Who Have Aphasia (Stroke)</p>	<p>Aphasia is a total or partial loss of the power to understand words. It is often the result of a stroke or brain damage. Expressive aphasics are able to understand what you say but may have difficulty speaking.</p> <p>Some suggestions for communicating with individuals with aphasia are:</p> <ul style="list-style-type: none"> - Be patient. Allow time for responses

	<ul style="list-style-type: none"> - Be honest if you can't quite understand what they are saying. - Ask them how best to communicate. What techniques or devices can assist in communicating? - Allow the individual to complete their thought even if they are struggling with words. - Allow the individual to use gestures. - Use touch, when appropriate, to offer reassurance and encouragement.
<p>Communicating with Individuals Who Have Alzheimer's or Dementia</p>	<p>Persons with Alzheimer's or Dementia are memory impaired. They may not remember a comment made during the present conversation. Some suggestions in communicating with a person with a memory disorder are:</p> <ul style="list-style-type: none"> - Speak in a normal tone of voice (speaking loudly will not enhance their ability to remember). - Face the person as you speak to them. - Avoid a setting with a lot of sensory stimulation, like a large room with other people talking, a high traffic area or a noisy location. - Be respectful of the person's personal space and observe their reactions to your movements. - If the person is a pacer, walk with them while you talk. - Ask only one question at a time. More questions will add to their confusion. - Repeat key words if the person does not initially understand. - Nod and smile in response when you understand the person's answers.

<p>Communicating with elders from different ethnic backgrounds</p>	<p>Culture is a set of learned attitudes and behavior. The way people communicate is a result of their culture. Miscommunication can (and often does) result when an individual's style of communication differs from that of another person. Stereotyping individuals within cultures can lead to false assumptions. Individuals within the same culture or ethnic group may hold very different values, attitudes and practices.</p> <p>Areas where there are often differences due to cultures are:</p> <ul style="list-style-type: none"> - Courtesy – Greeting styles - Objectivity – The way discussions (arguments) are viewed - Assertiveness – Reticence as opposed to forwardness - Candor – Telling it like it is or being discrete - Simplicity – Complex vs. simple sentence structure - Accents – Can lead to assumptions
<p>Respect</p>	<p>Cultural competence is rooted in respect, validation and openness toward someone with different social and cultural perceptions and expectations than your own.</p>
<p>Dealing With Challenging People</p>	<p>If the individual you are working with is upset or becomes angry, you can help prevent the situation from escalating by:</p> <ul style="list-style-type: none"> - Practicing patience and empathy - Listening - Asking specific questions - Focusing on actions and solving the problem - Not becoming angry yourself - Not taking it personally

Role Playing Exercises for Communication and Interviewing Skills

Patience and Probing Skills

For this exercise, divide participants into groups of three. One person will be the client, one the interviewer and the other the observer. Give the instructions to the role players.

Instructions:

The client is a gentleman. He appears to be about 78, and is not wearing a hearing aid. The interviewer asks the following question:

“Do you live in your own home?”

The individual’s response is, “No I don’t own my house.” *The interviewer should think of a way to rephrase the question. Have them do it wrong one time and right the next. When the interviewer does not rephrase the question, the client will not give the appropriate answer. When the question is rephrased, it is answered correctly.*

The interviewer asks:

“How are you able to do your grocery shopping?”

The client answers.

“I don’t go shopping.”

The interviewer now says _____.

When the group is rejoined, the observer for each group reports on the conversation and how the interviewer asked the question a second time in a way to get the response they wanted. If they were not successful, they suggest how the question could have been rephrased. What is the value of taking the time to rephrase the questions until the client understands what is being asked?

Questions for Discussion:

- 1) How can this same process work with elders who have dementia or other problems that cause them to have a hard time understanding what someone is saying?
- 2) What are some other reasons an individual might not understand an initial question?

Respect/Tone/Assumptions

Select two persons to play the roles. Use staff, if available. Have the entire group serve as observers.

The roles will be an older woman and an interviewer. The woman is bent over, very frail and walks with a shuffle. She has white hair and her dress is a little too large due to her stooped condition. The interviewer will represent the average person who comes in contact with elder clients.

See answers to questions on page 5.

Instruction:

The older woman shuffles into the room. Her appearance is neat, but she is stooped over and frail looking. She is quite old.

The interviewer stands up and comes out from behind the desk to greet her. He/she takes the woman's hand in both of his/hers and says (*in a lilting voice*) "My, My, Sally, don't we look pretty today. That sure is a pretty dress you have on."

The woman cocks her head so she can look at the interviewer, shakes her head and, without saying anything, takes her seat.

Questions for Discussion:

- 1) What do you know about the elderly woman from her appearance?
- 2) What can you tell about her mental capacity from her appearance?
- 3) Did the interviewer treat the woman with respect? Explain what he did to back up your statements.
- 4) What did the woman's body language say?
- 5) Based on her body language, can you tell anything about her mental capacity? If so, what?
- 6) Give an example of how the interviewer should have addressed the woman.
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- 8) What do you think is the most important behavior an interviewer should demonstrate to an elder client?

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Break into three member groups. The roles will include a speaker, a listener, and an observer. Each member will take a turn with each role. Provide the observer with the attached list of questions they are to answer when observing the listener.

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Topics may deal with elder issues, community issues, family issues, or lighter issues, like TV shows, movies, or pets.

Questions for the Observer

Did the listener:

Have appropriate eye contact? Yes _____ No _____

Exhibit positive body language? Yes _____ No _____

Interrupt the speaker? Yes _____ No _____

Show respect? Yes _____ No _____

Impose their own judgment? Yes _____ No _____

Answers to Questions on Role Playing on Respect/Tone/Assumptions

- 1) She is old, frail and walks with a shuffle. You will also know her race. Anything else is an assumption.
- 2) You can make no assumptions of her mental capacity by her appearance.
- 3) No, he/she spoke to her as one would to a child. He called her by her first name and was condescending in his/her remarks about her dress.
- 4) By not acknowledging what the interviewer said to her and the shake of her head indicated that she found his/her remarks inappropriate and not worth dignifying with a response.
- 5) You can tell that her mental capacity is fairly sharp. She is able to express her feelings. She was able to understand that the interviewer was being condescending and she gave an appropriate response.
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- 7) Examples could include such things as: judging a person due to different ethnic or cultural background; assuming that a person who has difficulty with speaking is developmentally disabled; or deciding that an elder who is not dressed well is either indigent or suffering from a mental condition or both.
- 8) RESPECT

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

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2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Training on Communication and Interviewing Skills Level Three

Facilitator's Role:

- | | | |
|----|--|------------|
| 1. | Welcome/Introductions and Housekeeping | 10 minutes |
| 2. | Go over the Purpose of this training session.
Distribute handouts. Answer any questions. | 5 minutes |
| 3. | Go over the information provided on effective communication skills and how to interview different segments of the elder community. | 20 minutes |
| 4. | Have participants engage in role playing and discussion to enhance their understanding of materials presented. | 15 minutes |
| 5. | Collect evaluations. | |

Training on Communication and Interviewing Skills

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. Presentation
4. Role Playing
5. Follow up information
6. Evaluations
7. Adjourn

Training on Communication and Interviewing Skills Level Three

<p>Communication with an elderly person who is mentally or physically impaired or in distress can be a difficult and frustrating task. Good communication skills can prevent catastrophic results when incorrect or partial information is received by staff endeavoring to determine the level of care needed and the eligibility status of elder individuals accessing Aging and Disability Resource Centers.</p>	
Topic	Information (Script) for Trainer
<p>Setting the Stage for communicating with elderly clients in a manner that will elicit the information you seek</p>	<p>Setting the Stage Goal: To establish a favorable context for the interview</p> <ul style="list-style-type: none"> • Welcome the client • Know and use the individual's name. Use Mr. and Mrs./Ms. unless the client invites you to call him/her by their first name. • Introduce and identify yourself • Ensure comfort and privacy
<p>Basic Skills</p>	<p>It is important to :</p> <ul style="list-style-type: none"> • Listen • Speak clearly and slowly • Use nonverbal communication (body language) to help convey your message.
<p>Active Listening</p>	<p>Guidelines for Active Listening:</p> <ul style="list-style-type: none"> - Stop talking - Don't interrupt - Focus on the individual speaking - Listen for purpose - Don't jump to conclusions - Take notes (when appropriate) - Look for nonverbal signals

	<ul style="list-style-type: none"> - Send nonverbal signals indicating support - Maintain a listening posture; sit up straight and focus your attention on the speaker.
Patience	When talking with an older person, either by phone or in person, remember that patience is an essential tool. Patience means listening carefully and empathetically, not rushing the speaker or jumping to conclusions, and NEVER finishing the person's sentences for them. Patience also means not interrupting the speaker. The smallest interruption may prevent the speaker from completing or returning to their original thought. This might result in the interviewer not obtaining valuable information.
Tone of Voice	To be effective, one must also be aware of vocal quality. If an elder individual becomes agitated, their voice may rise in pitch and volume. Do not mirror that tone or speak in an agitated way. That will only increase the individual's agitation and escalate a situation. Also, do not use a patronizing tone of voice. Do not talk to an elder person in the same tone you would use to address a small child.
Probing Skills	To elicit complete and accurate information from an older individual, a question may have to be asked again. The first time you repeat the question, try the same language in case the listener only missed one word or phrase. If the elder still does not fully understand, try rephrasing and asking the same question in a different way. This process may need to be repeated several times before a response is elicited.
Respect	Every individual must be treated with respect. They should be addressed by their appropriate title. The way you use language reflects your attitude and respect for the person you are speaking with.

<p>Communicating with the Hearing Impaired</p>	<p>If an individual is wearing a hearing aid and still has difficulty hearing, or indicates by their behavior that they are unable to hear what you are saying, then:</p> <ul style="list-style-type: none"> - Position yourself directly in front of the individual. Make sure you have their attention before speaking. - Look up at the person when speaking. Avoid looking down at your forms or writing when speaking. - Keep your hands away from your face when speaking. - Reduce or eliminate background noise, when possible. - Speak in a normal fashion. Do not shout. - Find different ways of saying the same thing if the person has difficulty understanding. Do not keep repeating the same sentence after repeating it one time. - Use simple, short sentences to make your conversation easier to understand. - Allow ample time to converse with a hearing impaired person. Rushing will compound the stress and create an additional barrier.
<p>Communicating with the Visually Impaired</p>	<p>If a person has limited vision, you may:</p> <ul style="list-style-type: none"> - Invite them to tell you anytime they need assistance. - Ask if they would like additional lighting. - Use large motions, when appropriate. <p>If a person is either blind or has limited vision, then:</p> <ul style="list-style-type: none"> - Let them know to whom you are addressing your comments if there are additional persons involved in the conversation. - Say the person's name before touching them. Touching is one way to let them know that you are listening. - Let them touch you.

	<ul style="list-style-type: none"> - Treat them like a sighted person as much as possible. - Explain what you are doing as you do it; for example, filling out a form.
<p>Communicating with Individuals Who Have Aphasia (Stroke)</p>	<p>Aphasia is a total or partial loss of the power to understand words. It is often the result of a stroke or brain damage. Expressive aphasics are able to understand what you say, but may have difficulty speaking.</p> <p>Some suggestions for communicating with individuals with aphasia are:</p> <ul style="list-style-type: none"> - Be patient. Allow time for responses. - Be honest if you can't quite understand what they are saying. - Ask them how best to communicate. What techniques or devices can assist in communicating? - Allow the individual to complete their thought even if they are struggling with words. - Allow the individual to use gestures. - Use touch, when appropriate, to offer reassurance and encouragement.
<p>Communicating with Individuals Who Have Alzheimer's or Dementia</p>	<p>Persons with Alzheimer's or Dementia are memory impaired. They may not remember a comment made during the present conversation.</p> <p>Some suggestions for communicating with a person with a memory disorder are:</p> <ul style="list-style-type: none"> - Speak in a normal tone of voice (speaking loudly will not enhance their ability to remember). - Face the person as you speak to them. - Avoid a setting with a lot of sensory stimulation, like a large room with other people talking, a high traffic area or a noisy location.

	<ul style="list-style-type: none"> - Be respectful of the person’s personal space and observe their reactions to your movements. - If the person is a pacer, walk with them while you talk. - Ask only one question at a time. More questions will add to their confusion. - Repeat key words if the person does not initially understand. - Nod and smile in response when you understand the person’s answers.
<p>Communicating with elders from different ethnic backgrounds</p>	<p>Culture shapes how people experience the world. Culture is a set of learned attitudes and behavior. The way people communicate is a result of their culture. Miscommunication can (and often does) result when an individual’s style of communication differs from that of another person. Stereotyping individuals within cultures can lead to false assumptions. Individuals within the same culture or ethnic group may hold very different values, attitudes and practices.</p> <p>Areas where there are often differences due to cultures are:</p> <ul style="list-style-type: none"> - Courtesy – Greeting styles - Objectivity – The way discussions (arguments) are viewed - Assertiveness – Reticence as opposed to forwardness - Candor – Telling it like it is or being discrete - Simplicity – Complex vs. simple sentence structure <p>Accents – Can lead to assumptions</p>
<p>Respect</p>	<p>Cultural competence is rooted in respect, validation and openness toward someone with different social and cultural perceptions and expectations than your own.</p>

Communication Styles	<p>Communication provides an opportunity for persons of different cultures to learn from each other. To enhance communication with a culturally diverse community, be:</p> <ul style="list-style-type: none"> - Open and honest - Nonjudgmental - Willing to listen and learn
Nonverbal Communication	<p>Some ethnic groups have their own system of nonverbal means of communication. For example, prolonged eye contact is viewed by Asians, many Hispanic groups and African-Americans as a lack of respect for the elderly and those in authority. Tone of voice is another example. A loud tone of voice is often perceived as sending a message of anger or agitation in Anglo culture; in African-American, Hispanic and Mid-Eastern cultures, it can be an indication of camaraderie.</p>
Building Trust	<p>Letting people know that you are interested in what they have to say is vital to building trust. When dealing with an individual from a culture different from your own, be prepared to listen to needs and concerns expressed. Pay attention to what they say and do not assume you know what they need before they express it.</p>
Core Characteristics of Culturally Competent Service Providers	<p>The following are the core facilitative characteristics of a culturally competent service provider:</p> <ul style="list-style-type: none"> - Warmth – Acceptance, liking, commitment and unconditional regard - Empathy – The ability to perceive and communicate, accurately and with sensitivity, the feelings of an individual and the meaning of those feelings - Genuineness – Openness, spontaneity, and congruence – the opposite of “phoniness”

Dealing With Challenging People	If the individual you are working with is upset or becomes angry, you can help prevent the situation from escalating by: <ul style="list-style-type: none">- Practicing patience and empathy- Listening- Asking specific questions- Focusing on actions and solving the problem- Not becoming angry yourself- Not taking it personally
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Role Playing Exercises for Communication and Interviewing Skills

Patience and Probing Skills

For this exercise, divide participants into groups of three. One person will be the client, one the interviewer and the other the observer. Give the instructions to the role players.

Instructions:

The client is a gentleman. He appears to be about 78, and is not wearing a hearing aid. The interviewer asks the following question:

“Do you live in your own home?”

The individual’s response is, “No I don’t own my house.” *The interviewer should think of a way to rephrase the question. Have them do it wrong one time and right the next. When the interviewer does not rephrase the question, the client will not give the appropriate answer. When the question is rephrased, it is answered correctly.*

The interviewer asks:

“How are you able to do your grocery shopping?”

The client answers.

“I don’t go shopping.”

The interviewer now says _____.

When the group is rejoined, the observer for each group reports on the conversation and how the interviewer asked the question a second time in a way to get the response they wanted. If they were not successful, they suggest how the question could have been rephrased. What is the value of taking the time to rephrase the questions until the client understands what is being asked?

Questions for Discussion:

- 1) How can this same process work with elders who have dementia or other problems that cause them to have a hard time understanding what someone is saying?
- 2) What are some other reasons an individual might not understand an initial question?

Respect/Tone/Assumptions

Select two persons to play the roles. Use staff, if available. Have the entire group serve as observers.

The roles will be an older woman and an interviewer. The woman is bent over, very frail and walks with a shuffle. She has white hair and her dress is a little too large due to her stooped condition. The interviewer will represent the average person who comes in contact with elder clients.

See answers to questions on page 5.

Instruction:

The older woman shuffles into the room. Her appearance is neat, but she is stooped over and frail looking. She is quite old.

The interviewer stands up and comes out from behind the desk to greet her. He/she takes the woman's hand in both of his/hers and says (*in a lilting voice*) "My, My, Sally, don't we look pretty today. That sure is a pretty dress you have on."

The woman cocks her head so she can look at the interviewer, shakes her head and, without saying anything, takes her seat.

Questions for Discussion:

- 1) What do you know about the elderly woman from her appearance?
- 2) What can you tell about her mental capacity from her appearance?
- 3) Did the interviewer treat the woman with respect? Explain what he did to back up your statements.
- 4) What did the woman's body language say?
- 5) Based on her body language, can you tell anything about her mental capacity? If so, what?
- 6) Give an example of how the interviewer should have addressed the woman.
- 7) Give examples of other situations where a person doing an interview might jump to wrong conclusions about a client.
- 8) What do you think is the most important behavior an interviewer should demonstrate to an elder client?

Active Listening Exercise

Break into three member groups. The roles will include a speaker, a listener, and an observer. Each member will take a turn with each role. Provide the observer with the attached list of questions they are to answer when observing the listener.

The speaker will talk about an issue or topic.

The listener will attempt to use active listening to understand the speaker's point of view, without sharing their own opinions.

The observer will watch the listener to see how well they practice active listening techniques to understand the speaker. The observer will give the listener feedback after the role playing is completed. The observer will ask the speaker how they felt about the experience and will ask the listener if they felt the conversation was successful. Ask for specifics. Then the observer will give their feedback.

Example of a possible story the speaker can use: the speaker is requesting assistance with finding appropriate care for a parent. The parent is an elderly man, with a mental condition that prevents him from assimilating well into an assisted living situation. He does not get along well with others and has certain food phobias. He is no longer able to drive and needs assistance with meal preparation, mobility, and housekeeping. The speaker has attempted to have the parent live independently and hire housekeepers, but the parent has treated them badly and they quit. The speaker is obviously frustrated with the situation.

Topics may deal with elder issues, community issues, family issues, or lighter issues, like TV shows, movies, or pets.

Questions for the Observer

Did the listener:

Have appropriate eye contact? Yes _____ No _____

Exhibit positive body language? Yes _____ No _____

Interrupt the speaker? Yes _____ No _____

Show respect? Yes _____ No _____

Impose their own judgment? Yes _____ No _____

Answers to Questions on Role Playing on Respect/Tone/Assumptions

- 1) She is old, frail and walks with a shuffle. You will also know her race. Anything else is an assumption.
- 2) You can make no assumptions of her mental capacity by her appearance.
- 3) No, he/she spoke to her as one would to a child. He called her by her first name and was condescending in his/her remarks about her dress.
- 4) By not acknowledging what the interviewer said to her and the shake of her head indicated that she found his/her remarks inappropriate and not worth dignifying with a response.
- 5) You can tell that her mental capacity is fairly sharp. She is able to express her feelings. She was able to understand that the interviewer was being condescending and she gave an appropriate response.
- 6) The interviewer should have greeted the woman by introducing him/herself. If the interviewer knew her name he/she should have called her by her title and last name. The interviewer could then have offered her a chair and asked if she would like a drink of water or anything else in order to make her comfortable during the interview process. The interviewer should use the same tone of voice that one would use with any other adult person while you are conducting business.
- 7) Examples could include such things as: judging a person due to different ethnic or cultural background; assuming that a person who has difficulty with speaking is developmentally disabled; or deciding that an elder who is not dressed well is either indigent or suffering from a mental condition or both.
- 8) RESPECT

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Chapter Three

CARES

Overview of CARES Training

Training Goal:

The overall goal for this training is to increase a participant's knowledge of the CARES Program so: 1) they will be able to determine when a client should be referred to the CARES Program, and 2) they can speak knowledgeably in general terms about CARES to clients and their families.

Objectives for Level One training:

This session will target persons who either work or volunteer at facilities and/or agencies that serve seniors. When the participant completes this training, they will be able to:

- Understand the purpose, operations and function of the CARES Program.
- Understand the assessment purpose.
- Know the three types of CARES placement recommendations.
- Understand the legal requirement to report suspected abuse or neglect.
- Know how to refer a client to CARES.

Objectives for Level Two training:

This session will target staff of various aging related service providers who come in frequent contact with elder clients. When the participant completes this training, they will be able to:

- Understand the purpose, operations and function of the CARES Program.
- Understand the assessment purpose.
- Know what constitutes Level of Care.
- Know the three types of CARES placement recommendations.
- Have an awareness of the relationship between CARES and the Department of Children and Families.
- Understand the legal requirement to report suspected abuse or neglect.
- Know how to refer a client to CARES.

Objectives for Level Three training for professional staff:

This session will target professional staff of the Aging and Disability Resource Center. This handbook provides general information about the Department of Elder Affairs' CARES Program. When the participant completes this training, they will be able to:

- Understand the purpose, operations and function of the CARES Program.
- Understand the legal mandate behind the CARES Program.

- Be aware of the various State of Florida Departments, Agencies and Programs that are involved with CARES staff in the performance of their duties.
- Understand acronyms related to CARES and other state and federal programs.
- Understand the assessment purpose, circumstances that instigate an assessment, and the assessment process time standards.
- Understand the importance of reviewing all assessment data in order to present a total picture of the client's medical and psychosocial needs.
- Know what constitutes Level of Care.
- Recognize the difference between Skilled, Intermediate I and Intermediate II Levels of Care.
- Know the three types of CARES placement recommendations.
- Have an understanding of available community care programs.
- Understand the legal requirement to report suspected abuse or neglect.
- Know how to refer a client to CARES.

Training on CARES Level One

Facilitator's Role:

- | | | |
|----|---|------------|
| 1. | Welcome/Introductions and Housekeeping | 10 minutes |
| 2. | Go over the Purpose of this training session.
Distribute handouts. Answer any questions. | 5 minutes |
| 3. | Using the PowerPoint presentation, go over the information provided on the CARES Program. | 15 minutes |
| 4. | Allow time for follow up questions | 5 minutes |
| 5. | Pass out quiz on material covered.
Participants may use their notes. | 5 minutes |
| 6. | Go over quiz, follow up on areas where participants are weakest. | 5 minutes |
| 7. | Collect evaluations. | |

Training on CARES

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. PowerPoint Presentation
4. Questions & Answers
5. What did you learn?
6. Follow up information
7. Evaluations
8. Adjourn

CARES

Level One

C = Comprehensive

A = Assessment

R = Review and

E = Evaluation

S = Services

(Slides 1 & 2)

Topic	Information (Script) for Trainer
<p>What is CARES?</p> <p><i>Facilitator will provide this information in conjunction with slide.</i></p> <p><i>Slide 3</i></p>	<ul style="list-style-type: none"> ➤ CARES is a federally mandated nursing home pre-admission assessment program within the Department of Elder Affairs (DOEA) for persons requesting Medicaid reimbursement when applying for admission to a nursing facility or other Medicaid Waiver Programs. ➤ The CARES assessment is also provided to private pay individuals if they request the assessment. ➤ CARES is federally mandated to perform yearly residency reviews in every nursing facility in the state to ascertain inappropriate nursing facility placements.
<p>How did CARES come to be?</p> <p><i>Slide 4</i></p>	<p>Prior to 1982, the Level of Care determination had been performed by Medicaid as a “desk review” using information submitted by the attending physician. In 1982, CARES was established as a pilot program in three field offices in Florida. The purpose was to determine whether an on-site comprehensive assessment administered by an <u>inter-disciplinary team</u> could be more cost effective than the desk review. The program proved to be quite beneficial to clients and cost effective to taxpayers. In October of 1986, the CARES program was expanded statewide and progressed to community placement recommendations of over 20% a year for all Medicaid nursing facility applicants. This represented many thousands of clients being served in their homes or by other community services, rather than in nursing facilities. The savings in costs to both the state and federal government in Medicaid billings was substantial.</p>

<p>What is the purpose of the CARES Assessments?</p> <p><i>Slide 5</i></p>	<ul style="list-style-type: none"> • Encourage individuals to obtain necessary services without having to go into a nursing home. • The purpose of the assessments is to identify the individual’s long term care needs. • It will determine the “Level of Care” the patient requires. • Applicants will be screened for developmental disabilities and mental illness as required for Medicaid reimbursement. • Using the information from the assessment, CARES will recommend the least restrictive, most appropriate placement, with emphasis on community placement.
<p>Who determines financial eligibility for Medicaid?</p> <p><i>Slide 6 (Inform participants that there will be a separate training session on financial eligibility & DCF/ESS)</i></p>	<p>All clients are screened both financially and medically. Financial eligibility is determined by the Department of Children & Families’ (Economic Self Sufficiency) Adult Payment Unit. In order to qualify for the Institutional Care Program (ICP), the client must meet both financial and medical criteria.</p>
<p>What are the three types of placement recommendations?</p> <p><i>Slides 7 & 8</i></p>	<p>CARES recommends placements that are the least restrictive, most appropriate, loving situation in which the individual can receive needed care and services. The three placement options are:</p> <ol style="list-style-type: none"> 1. <u>Alternative Placement</u> – Refers to a community setting placement such as: a private home, assisted living facility (ALF), adult family care home (AFCH), developmental services group home, home for special services (HSS), intermediate care facility for the developmentally disabled (ICFDD) or a psychiatric hospital. Alternative placement is not defined as a hospital or nursing facility. 2. <u>Temporary Placement</u> – For an individual who needs a temporary stay in a nursing facility or rehabilitation center due to medical and psycho-social status. The individual has the potential to return to the community within approximately six months. Once the individual has returned to the community,

	<p>he/she is considered an alternative client and will be tracked until the annual follow-up. A nursing home placement may last up to one year.</p> <p>3. <u>Long Term Nursing Facility Placement</u> – For an individual whose needs can only be met in a nursing facility and has no potential for future return to the community. The person’s need for medical and psycho-social care cannot be provided in a community setting, no informal support systems are in place, appropriate in-home community services are not available or ALF/AFCH placement is not feasible.</p>
<p>What should I do if I think an elder client is being abused?</p> <p><i>Slide 9</i></p>	<p>Chapter 415, FS requires that any person who has knowledge of, or suspects that, an elderly person or disabled adult has been abused, neglected or exploited must report such knowledge or suspicion immediately to the Florida Abuse Hotline Information System (FAHIS) through the 24-hour, toll-free telephone number (1-800-962-2873).</p>
<p>Summary of CARES Goals</p> <p><i>Slide 10</i></p>	<p>The goals of the CARES program are:</p> <ul style="list-style-type: none"> • To prevent unnecessary or premature admission to a nursing home. • To provide more effective coordination of an individual’s medical, social and psychological needs and the resulting level of care.
<p>Referral Information</p> <p><i>Slide 11</i></p>	<p>The Orange County CARES Office is located in the Tedder Building, Suite 200 at 988 Woodcock Road, Orlando, FL. Phone: 407-228-7700.</p> <p>Department of Elder Affairs website: http://elderaffairs.state.fl.us (click on the CARES link).</p>

CARES

A nursing home pre-admission assessment program within the Department of Elder Affairs

1

C
A
R
E
S

Comprehensive

Assessment

Review

Evaluation

Services

2

What is CARES?

- A federally mandated nursing home pre-admission assessment program for persons requesting Medicaid reimbursement when applying for admission to a nursing facility.

3

History of CARES

- **How did CARES come to be?**

- Pilot Program 1982
- Statewide 1986



4

The CARES Assessment

Purpose

- Long Term Care Needs
- Level of Care
- Screening for Developmental Disabilities and Mental Illness
- Placement

5

Financial Eligibility

- **Department of Children and Families**
Adult Pay Unit
 - Economic Self Sufficiency

Institutional Care Program (ICP)

- **Criteria**

- Age
- Financial Resources
- Medical Need

6

Three Types of Placement Recommendations

1. Alternative Placement

- Assisted Living Facility (ALF)
- Adult Family Care Home (AFCH)
- Home for Special Services (HSS)
- Intermediate Care Facility for the Developmentally Disabled (ICFDD)

7

Three Types of Placement Recommendations (cont.)

2. Temporary Placement

- Six months or less

3. Long Term Nursing Facility Placement

8

General Information

- 1. What should I do if I suspect elder abuse or neglect?**
- 2. How do I refer a client to CARES?**

9

GOALS of CARES

- **TO PREVENT UNNECESSARY OR PREMATURE ADMISSION TO A NURSING HOME.**
- **TO PROVIDE MORE EFFECTIVE COORDINATION OF AN INDIVIDUAL'S MEDICAL, SOCIAL AND PSYCHOLOGICAL NEEDS AND THE RESULTING LEVEL OF CARE.**

10

Referral Information

- Orange County CARES Office is located in the Tedder Building, Suite 200 at 988 Woodcock Road, Orlando, FL
- Phone: 407-228-7700
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(click on the CARES link)

11

CARES Quiz
Level One

1. What do the letters in CARES stand for?

- C - _____
- A - _____
- R - _____
- E - _____
- S - _____

2. What Department is CARES within? _____

3. What is the purpose of a CARES assessment?

4. What will CARES use the information from the assessment to accomplish?

5. Who determines financial eligibility for Medicaid? _____

6. What are the three types of placement recommendations?

1) _____

2) _____

3) _____

7. What are the ultimate goals of the CARES program? _____

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

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8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Training on CARES Level Two

Facilitator's Role:

- | | | |
|----|---|------------|
| 1. | Welcome/Introductions and Housekeeping | 10 minutes |
| 2. | Go over the Purpose of this training session.
Distribute handouts. Answer any questions. | 10 minutes |
| 3. | Using the PowerPoint presentation, go over the information provided on the CARES Program. | 25 minutes |
| 4. | Allow time for follow up questions. | 10 minutes |
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Participants may use their notes. | 5 minutes |
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Training on CARES

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1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. PowerPoint Presentation
4. Questions & Answers
5. What did you learn?
6. Follow up information
7. Evaluations
8. Adjourn

CARES

Level Two

C = Comprehensive

A = Assessment

R = Review and

E = Evaluation

S = Services

(Slides 1 & 2)

Topic	Information (Script) for Trainer
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<p>How did CARES come to be?</p> <p><i>Slide 4</i></p>	<p>Prior to 1982, the Level of Care determination had been performed by Medicaid as a “desk review” using information submitted by the attending physician. In 1982, CARES was established as a pilot program in three field offices in Florida. The purpose was to determine whether an on-site comprehensive assessment administered by an <u>inter-disciplinary team</u> could be more cost effective than the desk review. The program proved to be quite beneficial to clients and cost effective to taxpayers. In October of 1986, the CARES program was expanded statewide and progressed to community placement recommendations of over 20% a year for all Medicaid nursing facility applicants. This represented many thousands of clients being served in their homes or by other community services, rather than in nursing facilities. The savings in costs to both the state and federal government in Medicaid billings was substantial.</p>

Chapter Three - CARES

<p>What is the purpose of the CARES Assessments?</p> <p><i>Slide 5</i></p>	<ul style="list-style-type: none"> • Encourage individuals to obtain necessary services without having to go into a nursing home. • The purpose of the assessments is to identify the individual's long term care needs. • It will determine the "Level of Care" the patient requires. • Applicants will be screened for developmental disabilities and mental illness, as required for Medicaid reimbursement. • Using the information from the assessment, CARES will recommend the least restrictive, most appropriate placement, with emphasis on community placement.
<p>What is the Key for meeting the Level of Care?</p> <p><i>Slide 6</i></p>	<p>"Level of Care" is a legal term defining a medical condition. It is a "snapshot in time" based on the client's medical condition and needs. It encompasses the individual's cognitive functioning, psycho-behavioral condition, social supports, economic status, health status and daily living capabilities as seen at the time of the assessment. It is the result of on-site observation, interviews with the patient, their family and facility staff as appropriate. Medical files are reviewed and any relevant background information that can be gathered prior to staffing is examined.</p>
<p>Who determines financial eligibility for Medicaid?</p> <p><i>Slide 7 (Inform participants that there will be a separate training session on financial eligibility & DCF/ESS)</i></p>	<p>All clients are screened both financially and medically. Financial eligibility is determined by the Department of Children & Families' (Economic Self Sufficiency) Adult Payment Unit. In order to qualify for the Institutional Care Program (ICP), the client must meet both financial and medical criteria.</p>
<p>What are the basic requirements for the Institutional Care Program?</p> <p><i>Slide 7continued</i></p>	<ul style="list-style-type: none"> ➤ Individuals aged 65 or older or an individual who is blind or disabled. ➤ Having resources that total \$2000 or less (\$3000 for a couple, if both spouses are applying for or receiving nursing facility care under Medicaid or are living in the same facility).

	<ul style="list-style-type: none"> ➤ Having income that totals \$1536 or less per month (\$3072 for couples that follow the above criteria). This is subject to yearly increases. ➤ Being in medical need of nursing facility care as determined by CARES.
<p>What are the three types of placement recommendations?</p> <p><i>Slides 8 & 9</i></p>	<p>CARES recommends placements that are the least restrictive, most appropriate, loving situation in which the individual can receive needed care and services. The three placement options are:</p> <ol style="list-style-type: none"> 1. <u>Alternative Placement</u> – Refers to a community setting placement such as: a private home, assisted living facility (ALF), adult family care home (AFCH), developmental services group home, home for special services (HSS), intermediate care facility for the developmentally disabled (ICFDD) or a psychiatric hospital. Alternative placement is not defined as a hospital or nursing facility. 2. <u>Temporary Placement</u> – For an individual who needs a temporary stay in a nursing facility or rehabilitation center due to medical and psycho-social status. The individual has the potential to return to the community within approximately six months. Once the individual has returned to the community, he/she is considered an alternative client and will be tracked until the annual follow-up. A nursing home placement may last up to one year. 3. <u>Long Term Nursing Facility Placement</u> – For an individual whose needs can only be met in a nursing facility and has no potential for future return to the community. The person’s need for medical and psycho-social care cannot be provided in a community setting, no informal support systems are in place, appropriate in-home community services are not available or ALF/AFCH placement is not feasible.
<p>What Department of Children & Families Programs interact with CARES?</p> <p><i>Slide 10</i></p>	<ul style="list-style-type: none"> ➤ <u>Adult Services</u> – People over age 60, or disabled adults age 18 and over, may need one or more services to help them retain dignity and privacy as they strive to live as independently as possible. If a frail or impaired elderly person or a disabled adult cannot or does not want to live alone, Adult Services can help. They can direct the person to Assisted Living Facilities, Adult Family Care Homes or, if necessary, they can provide persons with information on nursing homes.

	<ul style="list-style-type: none"> ➤ <u>Specialized programs</u> enable many frail elderly or disabled adults to remain in their homes. These programs include: The Displaced Homemaker Program, the Domestic Violence Program and the Adult Protective Services Program. ➤ <u>The Substance Abuse and Mental Health Program</u> helps individuals of all ages with mental health related problems and substance abuse. ➤ <u>Adult Payments Program</u> determines eligibility for financial and medical assistance, food stamps and other support services to needy persons of all ages.
<p>What should I do if I think an elder client is being abused?</p> <p><i>Slide 11</i></p>	<p>Chapter 415, FS requires that any person who has knowledge of, or suspects that, an elderly person or disabled adult has been abused, neglected or exploited must report such knowledge or suspicion immediately to the Florida Abuse Hotline Information System (FAHIS) through the 24-hour, toll-free telephone number (1-800-962-2873).</p>
<p>Summary of CARES Goals</p> <p><i>Slide 12</i></p>	<p>The goals of the CARES program are:</p> <ul style="list-style-type: none"> • To prevent unnecessary or premature admission to a nursing home. • To provide more effective coordination of an individual's medical, social and psychological needs and the resulting level of care.
<p>Referral Information</p> <p><i>Slide 13</i></p>	<p>The Orange County CARES Office is located in the Tedder Building, Suite 200 at 988 Woodcock Road, Orlando, FL. Phone: 407-228-7700.</p> <p>Department of Elder Affairs website: http://elderaffairs.state.fl.us (click on the CARES link).</p>

CARES

A nursing home pre-admission
assessment program within the
Department of Elder Affairs

1

C
A
R
E
S

Comprehensive

Assessment

Review

Evaluation

Services

2

What is CARES?

- A federally mandated nursing home pre-admission assessment program for persons requesting Medicaid reimbursement when applying for admission to a nursing facility.

3

History of CARES

- How did CARES come to be?
 - Pilot Program 1982
 - Statewide 1986



4

The CARES Assessment

Purpose

- Long Term Care Needs
- Level of Care
- Screening for Developmental Disabilities and Mental Illness
- Placement

5

Level of Care

- A legal term
- Snapshot in time based on
 - Observations on-site
 - Interviews
 - Medical history

6

Financial Eligibility

- **Department of Children and Families**
Adult Pay Unit
 - Economic Self Sufficiency

Institutional Care Program (ICP)

- **Criteria**
 - Age
 - Financial Resources
 - Medical Need

7

Three Types of Placement Recommendations

1. **Alternative Placement**
 - Assisted Living Facility (ALF)
 - Adult Family Care Home (AFCH)
 - Home for Special Services (HSS)
 - Intermediate Care Facility for the Developmentally Disabled (ICFDD)

8

Three Types of Placement Recommendations (cont.)

2. **Temporary Placement**
 - Six months or less
3. **Long Term Nursing Facility Placement**

9

**Department of Children & Families
&
CARES**

- Adult Services
- Specialized Programs
- Substance Abuse & Mental Health Program
- Adult Payments Program
- Agency for Persons with Disabilities (APD)

10

General Information

1. What should I do if I suspect elder abuse or neglect?
2. How do I refer a client to CARES?

11

GOALS of CARES

- TO PREVENT UNNECESSARY OR PREMATURE ADMISSION TO A NURSING HOME.
- TO PROVIDE MORE EFFECTIVE COORDINATION OF AN INDIVIDUAL'S MEDICAL, SOCIAL AND PSYCHOLOGICAL NEEDS AND THE RESULTING LEVEL OF CARE.

12

Referral Information

- Orange County CARES Office is located in the Tedder Building, Suite 200 at 988 Woodcock Road, Orlando, FL
- Phone: 407-228-7700
- Department of Elder Affairs Website:
<http://elderaffairs.state.fl.us>
(click on the CARES link)

13

CARES Quiz
Level Two

1. What do the letters in CARES stand for?

C - _____

A - _____

R - _____

E - _____

S - _____

2. What Department is CARES within? _____

3. What is the purpose of a CARES assessment?

4. What will CARES use the information from the assessment to accomplish?

5. Explain the term "Level of Care".

6. Who determines financial eligibility for Medicaid? _____

7. What are the three types of placement recommendations?

1) _____

2) _____

3) _____

CARES Quiz (cont.)

8. List four programs under the Department of Children & Families that interact with CARES.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

9. What are the ultimate goals of the CARES program? _____

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Training on CARES Level Three

Facilitator's Role:

- | | | |
|----|---|--------------|
| 1. | Welcome/Introductions and Housekeeping | 10 minutes |
| 2. | Go over the Purpose of this training session.
Distribute handouts. Answer any questions. | 10 minutes |
| 3. | Using the PowerPoint presentation, go over the information provided on the CARES Program. | 45 minutes |
| 4. | Allow time for follow up questions. | 10 minutes |
| 5. | Pass out quiz on material covered.
Participants may use their notes. | 5-10 minutes |
| 6. | Go over quiz, follow up on areas where participants are weakest. | 10 minutes |
| 7. | Collect evaluations. | |

Training on CARES

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. PowerPoint Presentation
4. Questions & Answers
5. What did you learn?
6. Follow up information
7. Evaluations
8. Adjourn

CARES

Level Three

C = Comprehensive

A = Assessment

R = Review and

E = Evaluation

S = Services

(Slides 1 & 2)

Topic	Information (Script) for Trainer
<p>What is CARES?</p> <p><i>Facilitator will provide this information in conjunction with slide.</i></p> <p><i>Slide 3</i></p>	<ul style="list-style-type: none"> • CARES is a federally mandated nursing home pre-admission assessment program within the Department of Elder Affairs (DOEA) for persons requesting Medicaid reimbursement when applying for admission to a nursing facility or other Medicaid Waiver Programs. • The CARES assessment is also provided to private pay individuals if they request the assessment. • CARES is federally mandated to perform yearly residency reviews in every nursing facility in the state to ascertain inappropriate nursing facility placements.
<p>How did CARES come to be?</p> <p><i>Slide 4</i></p>	<p>Prior to 1982, the Level of Care determination had been performed by Medicaid as a “desk review” using information submitted by the attending physician. In 1982, CARES was established as a pilot program in three field offices in Florida. The purpose was to determine whether an on-site comprehensive assessment administered by an <u>inter-disciplinary team</u> could be more cost effective than the desk review. The program proved to be quite beneficial to clients and cost effective to taxpayers. In October of 1986, the CARES program was expanded statewide and progressed to community placement recommendations of over 20% a year for all Medicaid nursing facility applicants. This represented many thousands of clients being served in their homes or by other community services, rather than in nursing facilities. The savings in costs to both the state and federal government in Medicaid billings was substantial.</p>

<p>What is the purpose of the CARES Assessments?</p> <p><i>Slide 5</i></p>	<ul style="list-style-type: none"> • Encourage individuals to obtain necessary services without having to go into a nursing home • The purpose of the assessments is to identify the individual’s long term care needs. • It will determine the “Level of Care” the patient requires. • Applicants will be screened for developmental disabilities and mental illness as required for Medicaid reimbursement. • Using the information from the assessment, CARES will recommend the least restrictive, most appropriate placement, with emphasis on community placement.
<p>Who performs the CARES Assessment?</p> <p><i>Slide 6</i></p>	<p>Most assessments are performed on-site by a registered nurse and/or a CARES Assessor. These assessments are completed when:</p> <ul style="list-style-type: none"> • Applicants request services under the Institutional Care Program (ICP) • Private pay individuals make requests • Certain individuals have a developmental disability or mental illness • Supervisor discretion when persons apply for certain Waiver Programs
<p>When is a Medical Case File Review conducted?</p> <p><i>Slide 6 cont.</i></p>	<p>Under the following circumstances, a Medical Case File review is completed:</p> <ul style="list-style-type: none"> • A client is determined to be too sick or is terminally ill. • An individual refuses to sign a consent form or is mentally ill or developmentally disabled. • Individuals applying for a Home and Community Based Services Waiver Program. • Individuals discharged home or deceased prior to receipt or referral to CARES.

Chapter Three - CARES

<p>What is the Key for meeting the Level of Care?</p> <p><i>Slide 7</i></p>	<p>“Level of Care” is a legal term defining a medical condition. It is a “snapshot in time” based on the client’s medical condition and needs. It encompasses the individual’s cognitive functioning, psycho-behavioral condition, social supports, economic status, health status and daily living capabilities as seen at the time of the assessment. It is the result of on-site observation, interviews with the patient, their family and facility staff as appropriate. Medical files are reviewed and any relevant background information that can be gathered prior to staffing is examined.</p>
<p>Who determines financial eligibility for Medicaid?</p> <p><i>Slide 8</i> <i>(Inform participants that there will be a separate training session on financial eligibility & DCF/ESS)</i></p>	<p>All clients are screened both financially and medically. Financial eligibility is determined by the Department of Children & Families’ (Economic Self Sufficiency) Adult Payment Unit. In order to qualify for the Institutional Care Program (ICP), the client must meet both financial and medical criteria.</p>
<p>What are the basic requirements for the Institutional Care Program?</p> <p><i>Slide 8 continued</i></p>	<ul style="list-style-type: none"> • Individuals aged 65 or older or an individual who is blind or disabled • Having resources that total \$2000 or less (\$3000 for a couple, if both spouses are applying for or receiving nursing facility care under Medicaid or are living in the same facility). • Having income that totals \$1536 or less per month (\$3072 for couples that follow the above criteria). This is subject to yearly increases. • Being in medical need of nursing facility care as determined by CARES.
<p>What is the procedure followed by CARES in placing the client in the appropriate facility or</p>	<ul style="list-style-type: none"> • First, the CARES worker completes the assessment, the information is reviewed and a recommendation for Level of Care and placement is made. * • The case is presented at staffing after all relevant DOEA forms have been secured. • Staff shall be assigned to a case within a maximum of 12

<p>program?</p> <p><i>Slide 9</i></p>	<p>working days of receipt of the complete referral information.</p> <ul style="list-style-type: none"> • The CARES worker shall present a comprehensive summary of the client’s medical and social needs. • All barriers to alternative placements are explored and attempts are made to divert from nursing home placement. • Level of Care and appropriate placement recommendations are finalized when the CARES Physician Consultant signs and dates the DOEA CARES form. <p>* Assessed Priority Client List (APCL) - If there is not funding or a vacancy available, persons in need of services may go on a list until the service can be provided.</p>
<p>Who makes up the CARES staffing team?</p> <p><i>Slide 10</i></p>	<p>The staffing team is an inter-disciplinary board. Individuals in staffing include: the CARES Supervisor or designee, the CARES Program Analyst, the CARES Registered Nurse, the Physician Consultant, any representatives from other entities with interest in the cases and other professionals knowledgeable about the individual and/or CARES Program, when appropriate.</p>
<p>What are the differences between the three levels of care for the Institutional Care Program?</p> <p><i>Slide 11</i></p>	<ul style="list-style-type: none"> ➤ <u>Intermediate II</u> <ul style="list-style-type: none"> • Needs 24-hour observation and care, and constant availability of medical and nursing treatment and care, but not to the degree of care and treatment provided in a hospital or that meets the criteria for skilled nursing services. • Requires the administration of medications, treatments or services with an established or predetermined schedule and performed for individuals whose medical needs are stabilized or chronic. • Limited health-related care and services required by an individual who is mildly incapacitated or ill to a degree to require medical supervision. • Does not require the administration of psychotropic drugs on a daily or intermittent basis, nor exhibits periods of disruptive or disorganized behavior requiring 24-hour nursing supervision. ➤ <u>Intermediate I</u> <ul style="list-style-type: none"> • Needs 24-hour observation and care, and constant availability of medical and nursing treatment and care, but

	<p>not to the degree of care and treatment provided in a hospital or that meets the criteria for skilled nursing services.</p> <ul style="list-style-type: none"> • Needs routine administration of medications, treatments or services in accordance with an established or predetermined schedule for individuals whose medical needs are stabilized or chronic. • Extensive health related care and services required by an individual who is incapacitated mentally or physically. <p>➤ <u>Skilled</u></p> <ul style="list-style-type: none"> • Needs 24-hour observation and care, and constant availability of medical and nursing treatment and care, but not to the degree of care and treatment provided in a hospital. • Continuous need for 24-hour care in a skilled nursing facility with professional nursing services. • Professional Services include: audiologists, physicians, occupational therapists, practitioners/therapists, registered nurses, respiratory care and social workers. • Under the supervision or care of a registered nurse on a daily basis. • Needs continuous observation and evaluation for modification of the treatment plan or institution of a critical medical procedure.
<p>What are the three types of placement recommendations?</p> <p><i>Slides 12 & 13</i></p>	<p>CARES recommends placements that are the least restrictive, most appropriate, loving situation in which the individual can receive needed care and services. The three placement options are:</p> <ol style="list-style-type: none"> 1. <u>Alternative Placement</u> – Refers to a community setting placement such as: a private home, assisted living facility (ALF), adult family care home (AFCH), developmental services group home, home for special services (HSS), intermediate care facility for the developmentally disabled (ICFDD) or a psychiatric hospital. Alternative placement is not defined as a hospital or nursing facility. 2. <u>Temporary Placement</u> – For an individual who needs a temporary stay in a nursing facility or rehabilitation center due to medical and psycho-social status. The individual has the potential to return to the community within approximately six months. Once the individual has returned to the community,

	<p>he/she is considered an alternative client and will be tracked until the annual follow-up. A nursing home placement may last up to one year.</p> <p>3. <u>Long Term Nursing Facility Placement</u> – For an individual whose needs can only be met in a nursing facility and has no potential for future return to the community. The person’s need for medical and psycho-social care cannot be provided in a community setting, no informal support systems are in place, appropriate in-home community services are not available or ALF/AFCH placement is not feasible.</p>
<p>What programs are available for community placement?</p> <p><i>Slide 14</i></p>	<ul style="list-style-type: none"> ➤ Alzheimer’s Disease Initiative (ADI) program, which is funded through the Area Agencies on Aging. ➤ Community Care for the Elderly (CCE), which provides community based services organized in a continuum of care to assist 60+ elders at risk of nursing facility placement to live in the least restrictive environment suitable to their needs. ➤ Community Care for the Disabled Adult (CCDA), which provides community based services in a continuum of care to assist disabled adults 59 or younger. ➤ Home Care for the Elderly (HCE) program, which is administered by lead agencies to encourage the provision of care in family type living arrangements in private homes as an alternative to nursing facilities. Area Agencies on Aging contract with Lead Agencies for the HCE program. ➤ Aged & Disabled Adult/Home and Community Based Services (ADA/HCBS), whose clients meet Level of Care criteria or are at risk of nursing home placement within a month or less without this service. ➤ Assisted Living/Home and Community Based Services (AL/HCBS), which provide a wider range of needs than can be met in a less restrictive environment. ➤ Long Term Care Community Diversion Pilot Project (Nursing Home Diversion Program) for clients 65 and older who meet similar requirements for an assisted living facility and have been determined by CARES to be at risk of nursing facility placement.

<p>What Department of Children & Families Programs interact with CARES?</p> <p><i>Slide 15</i></p>	<ul style="list-style-type: none"> ➤ <u>Adult Services</u> – People over age 60, or disabled adults age 18 and over, may need one or more services to help them retain dignity and privacy as they strive to live as independently as possible. If a frail or impaired elderly person or a disabled adult cannot or does not want to live alone, Adult Services can help. They can direct the person to Assisted Living Facilities, Adult Family Care Homes or, if necessary, they can provide persons with information on nursing homes. ➤ <u>Specialized programs</u> enable many frail elderly or disabled adults to remain in their homes. These programs include the Displaced Homemaker Program, the Domestic Violence Program and the Adult Protective Services Program. ➤ <u>The Substance Abuse and Mental Health Program</u> helps individuals of all ages with mental health related problems and substance abuse. ➤ <u>Adult Payments Program</u> determines eligibility for financial and medical assistance, food stamps and other support services to needy persons of all ages.
<p>What should I do if I think an elder client is being abused?</p> <p><i>Slide 16</i></p>	<p>Chapter 415, FS requires that any person who has knowledge of, or suspects that, an elderly person or disabled adult has been abused, neglected or exploited must report such knowledge or suspicion immediately to the Florida Abuse Hotline Information System (FAHIS) through the 24-hour, toll-free telephone number (1-800-962-2873).</p>
<p>Summary of CARES Goals</p> <p><i>Slide 17</i></p>	<p>The goals of the CARES program are:</p> <ul style="list-style-type: none"> • To prevent unnecessary or premature admission to a nursing home. • To provide more effective coordination of an individual’s medical, social and psychological needs and the resulting level of care.
<p>Referral Information</p> <p><i>Slide 18</i></p>	<p>The Orange County CARES Office is located in the Tedder Building, Suite 200 at 988 Woodcock Road, Orlando, FL. Phone: 407-228-7700.</p> <p>Department of Elder Affairs website: http://elderaffairs.state.fl.us (click on the CARES link).</p>

CARES

A nursing home pre-admission
assessment program within the
Department of Elder Affairs

1

C
A
R
E
S

Comprehensive

Assessment

Review

Evaluation

Services

2

What is CARES?

- A federally mandated nursing home pre-admission assessment program for persons requesting Medicaid reimbursement when applying for admission to a nursing facility or for individuals applying for other Medicaid Waiver programs.

3

History of CARES

- **How did CARES come to be?**

- Pilot Program 1982
- Statewide 1986



- **Changes in Assessment Process**

- Desk Review to Team Approach

4

The Care Assessment

Purpose

- Encourage individuals to obtain services in least restrictive environment
- Determine long term care needs
- Determine level of care
- Screen for developmental disabilities and mental illness
- Placement recommendations

5

Who performs the CARES Assessment?

A Registered Nurse or a CARES Assessor



6

Level of Care

- A legal term defining a medical condition
- Snapshot in time based on
 - Observations on-site
 - Interviews
 - Medical history

7

Financial Eligibility

- **Department of Children and Families**
Adult Pay Unit
 - Economic Self Sufficiency

Institutional Care Program (ICP)

- **Basic Requirements that must be met**
 - Age and/or Disability
 - Financial Resources
 - Medical Need

8

CARES Procedures

- **Complete assessment**
- **Recommendation for Level of Care**
- **Case Presented at Staffing**
 - time requirement
 - comprehensive summary
 - barriers explored
- **Placement Finalized**

9

CARES Staffing Team

- **Inter-disciplinary board**
 - CARES Supervisor
 - CARES Program Analyst
 - CARES Registered Nurse
 - Physician Consultant
 - Other representatives of entities with interest in case

10

Three Levels of Care

- Intermediate II
- Intermediate I
- Skilled



11

Three Types of Placement Recommendations

1. **Alternative Placement** (other than nursing homes)
 - Assisted Living Facility (ALF)
 - Adult Family Care Home (AFCH)
 - Home for Special Services (HSS)
 - Intermediate Care Facility for the Developmentally Disabled (ICFDD)

12

Three Types of Placement Recommendations (cont.)

2. Temporary Placement

- Six month or less
- Nursing home placements can be up to a year

3. Long Term Nursing Facility Placement

- Based on assessments
- Criteria must be met

13

Community Programs

- Alzheimer's Disease Initiative (ADI)
- Community Care for the Elderly (CCE)
- Community Care for the Disabled Adult (CCDA)
- Home Care for the Elderly (HCE)
- Aged & Disabled Adult/Home and Community Based Services (ADA/HCBS)
- Assisted Living/Home and Community Based Services (AL/HCBS)
- Long Term Care Community Diversion Pilot Project (Nursing Home Diversion Program)

14

Department of Children & Families & CARES

- Adult Services – Sixty and older or disabled person age 18 or older
- Specialized Programs – Allow frail elderly to remain in home
- Substance Abuse & Mental Health Program for persons 18 and older
- Adult Payments Program – financial eligibility

15

General Information

1. What should I do if I suspect elder abuse or neglect?

CALL -1-800-96-ABUSE

2. How do I refer a client to CARES?

Receive referrals from 211 and other agencies

16

GOALS of CARES

- TO PREVENT UNNECESSARY OR PREMATURE ADMISSION TO A NURSING HOME.
- TO PROVIDE MORE EFFECTIVE COORDINATION OF AN INDIVIDUAL'S MEDICAL, SOCIAL AND PSYCHOLOGICAL NEEDS AND THE RESULTING LEVEL OF CARE.

17

Referral Information

- Orange County CARES Office is located in the Tedder Building, Suite 200 at 988 Woodcock Road, Orlando, FL
- Phone: 407-228-7700
- Department of Elder Affairs Website: <http://elderaffairs.state.fl.us>
(click on the CARES link)

18

CARES Quiz
Level Three

1. What do the letters in CARES stand for?

- C - _____
- A - _____
- R - _____
- E - _____
- S - _____

2. What Department is CARES within? _____

3. What is the purpose of a CARES assessment?

4. What will CARES use the information from the assessment to accomplish?

5. Who generally conducts a CARES assessment?

6. When is a Medical Case File Review conducted?

7. Explain the term “Level of Care”.

8. Who determines financial eligibility for Medicaid? _____

CARES Quiz (cont.)

9. Who makes up the CARES staffing team? _____

10. What are the three types of placement recommendations?

1) _____

2) _____

3) _____

11. List four programs that are available for community placement.

1) _____

2) _____

3) _____

4) _____

12. List four programs under the Department of Children & Families that interact with CARES.

1) _____

2) _____

3) _____

4) _____

13. What do the following acronyms stand for?

DOEA: _____

ALF: _____

CCE: _____

HCE: _____

ICP: _____

CARES Quiz (cont.)

14. What are the ultimate goals of the CARES program? _____

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Chapter Four
Eligibility for Medicaid and Other
Assistance Programs

Overview of Eligibility for Medicaid/Assistance Programs Training

Training Goal:

The overall goal for this training is to increase a participant's knowledge of the Medicaid eligibility determination by the Department of Children & Families and Office of Social Security and be familiar with services provided by Medicaid programs for eligible seniors so:

- 1) they will be able to determine when a client should be referred to the Department of Children & Families for an evaluation, if they should contact the Area Medicaid Office or Social Security Office, and
- 2) they can speak knowledgeably in general terms about programs available to serve older individuals with limited income, in need of medical assistance.

Objectives for Level One training:

This session will target persons who either work or volunteer at facilities and/or agencies that serve seniors. When the participant completes this training, they will:

- Understand the purpose of the Medicaid Program
- Know which agencies of state and federal government have responsibilities for aspects of Medicaid.
- Be familiar with Supplemental Security Income.
- Have an understanding of the eligibility requirements for the major Medicaid programs that are available to the Aged and Disabled.
- Know some of the services available to eligible recipients of Medicaid.

Objectives for Level Two training:

This session will target staff of various aging related service providers who come in frequent contact with elder clients. When the participant completes this training, they will:

- Understand the purpose of the Medicaid Program
- Know which agencies of state and federal government have responsibilities for aspects of Medicaid.
- Be aware of how an individual becomes eligible for Supplemental Security Income.
- Have an understanding of the eligibility requirements for all Medicaid programs that are available to the Aged and Disabled.
- Be aware of the services provided to eligible recipients by Medicaid.

Objectives for Level Three training for professional staff:

This session will target professional staff of the Aging and Disability Resource Center. This handbook provides general information about the Medicaid programs within the Department of Children & Families, Agency for Health Care Administration, and the Office of Social Security. The participant will:

- Understand the purpose of the Medicaid Program
- Know which agencies of state and federal government have responsibilities for aspects of Medicaid.
- Be aware of how an individual becomes eligible for Supplemental Security Income.
- Have an in-depth understanding of the eligibility requirements for all the Medicaid programs that are available to the Aged and Disabled.
- Be familiar with services provided to eligible recipients by Medicaid.

Training on Medicaid/Other Assistance Program Eligibility Level One

Facilitator's Role:

1. Welcome/Introductions and Housekeeping 10 minutes
2. Go over the Purpose of this training session. 5 minutes
Distribute handouts. Answer any questions.
3. Using the PowerPoint presentation, go over the 15 minutes
information provided on the Medicaid
programs and eligibility.
4. Allow time for follow up questions 5 minutes
5. Pass out quiz on material covered. 5 minutes
Participants may use their notes.
6. Go over quiz, follow up on areas where 5 minutes
participants need additional
information/understanding.
7. Collect evaluations.

Training on Medicaid/Other Assistance Program Eligibility

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. PowerPoint Presentation
4. Questions & Answers
5. What did you learn?
6. Follow up information
7. Evaluations
8. Adjourn

Medicaid/Other Assistance Program Eligibility Level One

Topic	Information (Script) for Trainer
<p>Medicaid</p> <p><i>Slide 1</i></p>	<p>Opening Slide</p>
<p>Medicaid</p> <p><i>Slide 2</i></p>	<p>Medicaid</p> <p>Provides medical coverage to low income individuals and families. The state and federal government share the costs of the Medicaid program.</p> <ul style="list-style-type: none"> • The legal basis for the Medicaid program is Title XIX of the Social Security Act of 1965 and Chapter 409, F.S.
<p>Medicaid (cont.)</p> <p><i>Slide 3</i></p>	<ul style="list-style-type: none"> • Medicaid is administered by the Agency for Health Care Administration. • Medicaid eligibility is determined by the Department of Children & Families and the Social Security Administration.
<p>Medicaid Eligibility</p> <p><i>Instructor should emphasize the criteria for eligibility presented is for information but in no case should they determine that a person does not meet the financial criteria. This decision should only be made by either the Department of Children & Families or the Office of Social Security</i></p> <p><i>Slide 4</i></p>	<p>Title Slide</p>

<p>Medicaid Eligibility For Supplemental Security Income (SSI) Related Medicaid Programs</p> <p><i>Slide 5</i></p>	<p>Supplemental Security Income (SSI) Programs Managed by Social Security</p> <ul style="list-style-type: none"> - Provides medical and/or financial assistance to needy individuals who are aged, blind, or disabled. <p>Individuals who are SSI eligible are automatically Medicaid eligible.</p>
<p>Supplemental Security Income Eligibility Criteria</p> <p><i>Slide 6</i></p>	<p>In order to qualify for the services provided by SSI Programs, an individual must:</p> <ul style="list-style-type: none"> - Be sixty-five or older - Be blind or disabled - Be a U.S. citizen or a qualified non-citizen - Have an income level (for an individual) of no more than \$599 per month. - Have an income level (for a couple) of no more than \$889 per month - Have individual assets not exceeding \$2,000 - Have couple assets not exceeding \$3,000
<p>Community Medicaid Programs</p> <p>MEDS-AD</p> <p><i>Slide 7</i></p>	<p>Community Medicaid Programs:</p> <p>1.) <u>Medicaid Expansion Designated by SOBRA for the Aged and Disabled (MEDS-AD)*</u> (SOBRA: Special Omnibus Reconciliation Act of 1986)</p> <p>MEDS-AD Eligibility</p> <ul style="list-style-type: none"> - Over sixty-five or disabled <p>* This program may end 12/31/05 for all Medicaid beneficiaries except those in special programs.</p>
<p>Community Medicaid Programs</p> <p>MEDS-AD (cont.)</p> <p><i>Slide 8</i></p>	<p>MEDS-AD Coverage</p> <p>This program is the most basic and comprehensive Medicaid Program.</p> <p>It provides full Community Medicaid including:</p> <ul style="list-style-type: none"> - Hospital care - Doctor visits

	<ul style="list-style-type: none"> - Other outpatient services - Prescription medicine
<p>Community Medicaid Programs</p> <p>Medically Needy</p> <p><i>Slides 9 & 10</i></p>	<p>Coverage after person pays their designated share of costs:</p> <ul style="list-style-type: none"> - Hospital care - Doctor visits - Other outpatient services - Prescription medicines
<p>Programs for Persons with Medicare</p> <p><i>Slide 11</i></p>	<p>Programs for Persons with Medicare :</p> <ol style="list-style-type: none"> 1.) <u>Qualified Medicare Beneficiaries (QMB)</u> 2.) <u>Special Low Income Medicare Beneficiaries (SLMB)</u> 3.) <u>Qualifying Individual 1 (QI1)</u> 4.) <u>Silver Saver Senior Drug Program*</u> <p>*This program will end 12/31/05</p>
<p>Programs Based on Institutional Policy</p> <p>Institutional Care Program (ICP)</p> <p><i>Slide 12</i></p>	<p>Programs Based on Institutional Policy</p> <p>Person must be 65+ or disabled to qualify.</p> <ol style="list-style-type: none"> 1.) <u>Institutional Care Program (ICP)</u> <p>Provides Medicaid benefits, which include room and board payment to nursing homes and certain other facilities for aged and disabled individuals who are in need of institutional care.</p>
<p>Programs Based on Institutional Policy</p> <p>Home and Community Based Services (HCBS)</p> <p><i>Slide 13</i></p>	<ol style="list-style-type: none"> 2.) <u>Home and Community Based Services (HCBS) (Waiver Program)</u> <p>Designed to prevent the institutionalization of individuals by providing for care in the community with specific providers.</p>

<p>Programs Based on Institutional Policy</p> <p>Hospice</p> <p><i>Slide 14</i></p>	<p>3.) <u>Hospice</u> Provides special services for the care of an individual having a life expectancy of less than six months.</p>
<p>State Funded Programs</p> <p>Optional State Supplement (OSS)</p> <p><i>Slide 15</i></p>	<p>State Funded Programs</p> <p>1.) <u>Optional State Supplement (OSS)</u> Assists individuals with paying for room and board at an Adult Living Facility (ALF).</p>
<p>State Funded Programs</p> <p>Home Care for the Elderly and Disabled (HCE/DA)</p> <p><i>Slide 16</i></p>	<p>2.) <u>Home Care for the Elderly and Disabled (HCE/DA)</u> Provides a monthly support payment to a person providing home care for an individual.</p>
<p>Area 7 Medicaid Office</p> <p><i>Slide 17</i></p>	<p>Medicaid Office Area 7 400 West Robinson Street Suite 309 – South Tower Orlando, Fl 32801 Phone: (407) 317-7851</p>

<p>Contact Information</p> <p><i>Slides 18 & 19</i></p>	<ul style="list-style-type: none">● AHCA: Headquarters Medicaid Office 2727 Mahan Drive Tallahassee, FL 32308 Phone: (850) 488-3560● Department of Children & Families ESS Office 1317 Winewood Blvd. Bldg 3, 4th Floor Tallahassee, FL 32399 Phone (850) 488-3271 http://www.dcf.state.fl.us/ess/● Social Security Administration 1-800-772-1213 http://www.ssa.gov● Medicare 1-800-633-4227 http://www.floridamedicare.org
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Eligibility for Medicaid and Other Assistance Programs

1

Medicaid

- Medicaid provides medical coverage to low income individuals and families.
- The state and federal government share the costs of paying for Medicaid services.
- Medicaid is authorized by Title XIX of the Social Security Act of 1965 and by Chapter 409, F.S.

2

Medicaid (Cont.)

- Medicaid is administered by the Agency for Health Care Administration
- Medicaid eligibility is determined by:
 - The Department of Children & Families
 - Social Security Administration

3

MEDICAID ELIGIBILITY

4

Supplemental Security Income (SSI)

Based on Title XVI of the Social Security Act

- Administered by Federal Government
- Purpose of all SSI-related programs is to provide medical and/or financial assistance to needy persons who are aged, blind or disabled.
- Individuals who are SSI eligible automatically receive Medicaid.

5

SSI Eligibility Criteria

- Sixty-five or older; or Blind or Disabled
- U. S. citizen or qualified non-citizen
- Income Limits:
 - Individual \$ 599.00/month
 - Couple \$ 889.00/month
- Asset Limits:
 - Individual \$ 2,000.00
 - Couple \$ 3,000.00

6

Community Medicaid Programs

1. Medicaid Expansion Designated by SOBRA for the Aged and Disabled (MEDS-AD)

SOBRA: Special Omnibus Reconciliation Act of 1986

Eligibility Criteria:

- 65+ or Disabled
- Income Limit: 88% Federal Poverty Level
- Individual Income Limit \$ 722/month
- Couple Income Limit \$ 961/month
- Individual Asset Limit \$ 5,000
- Couple Asset Limit \$ 6,000

7

Community Medicaid Programs (cont.)

1. Medicaid Expansion Designated by SOBRA for the Aged and Disabled (cont.)

Coverage:

- Hospital care
- Doctor visits
- Other outpatient services
- Prescription medicine

8

Community Medicaid Programs (cont.)

2. Medically Needy (MN)

Eligibility Requirements:

- Over income for MEDS-AD
- No income limit
- Must meet share of costs monthly
- Assets level same as MEDS-AD

9

Community Medicaid Programs (cont.)

2. Medically Needy (cont.)

Coverage when share of cost is met:

- Hospital care
- Doctor visits
- Other outpatient services
- Prescription medicines

10

Programs for Persons with Medicare

1. Qualified Medicare Beneficiaries (QMB)
2. Special Low Income Medicare Beneficiaries (SLMB)
3. Qualifying Individual 1 (QI1)
4. Silver Saver Senior Drug Program

11

Programs Based on Institutional Policy

1. Institutional Care Program (ICP)

Eligibility Criteria:

- 65+ or disabled
- Need institutional care

Income Limits:

- Individual \$1,737/month
- Couple \$ 3,474/month

Asset Limits:

- Individual \$ 2,000 (\$5,000 if MEDS-AD eligible)
- Couple \$ 3,000 (\$6,000 if MEDS-AD eligible)

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Program Based on Institutional Policy (cont.)

2. Home and Community Based Services

Eligibility Criteria:

- 65+ or disabled
- Need institutional care

Income Limits:

- Individual \$1,737 /month
- Couple \$ 3,474/month

Asset Limits:

- Individual \$ 2,000 (\$5,000 if MEDS-AD eligible)
- Couple \$ 3,000 (\$6,000 if MEDS-AD eligible)

13

Program Based on Institutional Policy (cont.)

3. Hospice

Eligibility Criteria :

- 65+ or disabled
- Terminal illness

Income Limits:

- Individual \$1,737 /per month
- Couple \$ 3,474/per month

Asset Limits:

- Individual \$ 2,000 (\$5,000 if MEDS-AD eligible)
- Couple \$ 3,000 (\$6,000 if MEDS-AD eligible)

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State Funded Programs

1. Optional State Supplement (OSS)

Eligibility Criteria:

- Otherwise would need institutionalized care
- Income Limits:

- Individual \$ 657.40 or \$ 764/month
- Couple \$ 1,314.80 or \$1,528/month

Asset Limits:

- Individual \$ 2,000
- Couple \$ 3,000

Coverage:

Assists with payments at Assisted Living Facility (ALF)

15

State Funded Programs (cont.)

2. Home Care for the Elderly & Disabled (HCE/DA)

Eligibility Criteria:

- Otherwise would need institutionalized care

- Income Limits:

- Individual \$ 1,737/month

- Couple \$ 3,474/month

Asset Limits:

- Individual \$ 2,000

- Couple \$ 3,000

Coverage:

Monthly payments to persons to provide home care

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Area 7 Medicaid Office

Medicaid Office

400 West Robinson Street

Suite 309 – South Tower

Orlando, FL 32801

Phone: (407) 317-7851

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Contact Information

• **AHCA: Headquarters Medicaid Office**

2727 Mahan Drive

Tallahassee, FL 32308

Phone: (850) 488-3560

• **Department of Children & Families**

Economic Self Sufficiency

1317 Winewood Blvd. Bldg 3, 4th Floor

Tallahassee, FL 32399

<http://www.dcf.state.fl.us/ess/>

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Contact Information

- **Social Security Administration**
1-800-772-1213
www.ssa.gov
- **Medicare**
1-800-633-4227
www.floridamedicare.org

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Quiz on Medicaid/Other Assistance Program Eligibility

Level One

1. What state department is responsible for the administration of the Medicaid program?

2. What state department is responsible for determining eligibility for the Medicaid program?

3. Who is responsible for administering the Supplemental Security Income (SSI) programs?

4. List four factors in determining if a person is eligible for Supplemental Security Income.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

5. What do the following acronyms stand for?

- 1) MEDS-AD - _____
- 2) SOBRA - _____
- 3) MN - _____

Quiz on Medicaid/Other Assistance Program Eligibility (cont.)

6. Which Medicaid program is the most basic and comprehensive Program?

7. What are the four programs available for persons with Medicare?

1) _____

2) _____

3) _____

4) _____

8. List the three programs based on institutional policy.

1) _____

2) _____

3) _____

9. Describe the following programs:

1) Institutional Care Program (ICP) _____

2) Home Care For the Elderly and Disabled (HCE/DA)

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Training on Medicaid/Other Assistance Program Eligibility Level Two

Facilitator's Role:

- | | | |
|----|--|------------|
| 1. | Welcome/Introductions and Housekeeping | 10 minutes |
| 2. | Go over the Purpose of this training session.
Distribute handouts. Answer any questions. | 10 minutes |
| 3. | Using the PowerPoint presentation, go over the information provided on the Medicaid programs and eligibility | 24 minutes |
| 4. | Allow time for follow up questions. | 10 minutes |
| 5. | Pass out quiz on material covered.
Participants may use their notes. | 10 minutes |
| 6. | Go over quiz, follow up on areas where participants need additional information/understanding. | 10 minutes |
| 7. | Collect evaluations. | |

Training on Medicaid/Other Assistance Program Eligibility

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. PowerPoint Presentation
4. Questions & Answers
5. What did you learn?
6. Follow up information
7. Evaluations
8. Adjourn

Medicaid/Other Assistance Program Eligibility Level Two

Topic	Information (Script) for Trainer
<p>Medicaid</p> <p><i>Slide 1</i></p>	<p>Opening Slide</p>
<p>Medicaid</p> <p><i>Slide 2</i></p>	<p>Medicaid</p> <p>Provides medical coverage to low income individuals and families. The state and federal government share the costs of the Medicaid program.</p> <ul style="list-style-type: none"> • The legal basis for the Medicaid program is Title XIX of the Social Security Act of 1965 and Chapter 409, F.S.
<p>Medicaid (cont.)</p> <p><i>Slide 3</i></p>	<ul style="list-style-type: none"> • Medicaid is administered by the Agency for Health Care Administration. • Medicaid eligibility is determined by the Department of Children & Families and the Social Security Administration.
<p>Medicaid Eligibility</p> <p><i>Slide 4</i></p> <p><i>Instructor should emphasize the criteria for eligibility presented is for information but in no case should they determine that a person does not meet the financial criteria. This decision should only be made by either the Department of Children & Families or the Office of Social Security</i></p>	<p>Title Slide</p>

<p>Medicaid Eligibility For Supplemental Security Income (SSI) Related Medicaid Programs</p> <p><i>Slide 5</i></p>	<p>Supplemental Security Income (SSI) Programs Managed by Social Security</p> <ul style="list-style-type: none"> - Based on Title XVI of the Social Security Act - Administered by the federal government - Provides medical and/or financial assistance to needy individuals who are aged, blind, or disabled. - Individuals who are SSI eligible are automatically Medicaid eligible
<p>Supplemental Security Income Eligibility Criteria</p> <p><i>Slide 6</i></p>	<p>In order to qualify for the services provided by SSI Programs, an individual must:</p> <ul style="list-style-type: none"> - Be sixty-five or older - Be blind or disabled - Be a U.S. citizen or a qualified non-citizen - Have an income level (for an individual) of no more than \$599 per month. - Have an income level (for a couple) of no more than \$889 per month - Have individual assets not exceeding \$2,000 - Have couple assets not exceeding \$3,000
<p>Community Medicaid Programs</p> <p>MEDS-AD</p> <p><i>Slide 7</i></p>	<p>Community Medicaid Programs: 1.) <u>Medicaid Expansion Designated by SOBRA for the Aged and Disabled (MEDS-AD)*</u> (SOBRA: Special Omnibus Reconciliation Act of 1986) MEDS-AD Eligibility</p> <ul style="list-style-type: none"> - Over sixty-five or disabled - 88% of Federal Poverty Level - Individual income cannot exceed \$722 per month. - Income for a couple cannot exceed \$961 per month.

	<ul style="list-style-type: none"> - Individual assets may not exceed \$5,000 - Couple assets may not exceed \$6,000 <p>* This program may end 12/31/05 for all Medicaid beneficiaries except those in special programs.</p>
<p>Community Medicaid Programs</p> <p>MEDS-AD (cont.)</p> <p><i>Slide 8</i></p>	<p>MEDS-AD Coverage</p> <p>This program is the most basic and comprehensive Medicaid Program.</p> <p>It provides full Community Medicaid, including:</p> <ul style="list-style-type: none"> - Hospital care - Doctor visits - Other outpatient services - Prescription medicine
<p>Community Medicaid Programs</p> <p>Medically Needy</p> <p><i>Slide 9</i></p>	<p>Coverage after person pays their designated share of costs:</p> <ul style="list-style-type: none"> - Hospital care - Doctor visits - Other outpatient services - Prescription medicines
<p>Programs for Persons with Medicare</p> <p>Qualified Medicare Beneficiaries (QMB)</p> <p><i>Slide 10</i></p>	<p>Programs for Persons with Medicare :</p> <ol style="list-style-type: none"> 1.) <u>Qualified Medicare Beneficiaries (QMB)</u> 2.) <u>Special Low Income Medicare Beneficiaries (SLMB)</u> 3.) <u>Qualifying Individuals1 (QI1)</u> 4.) <u>Silver Saver Senior Drug Program*</u> <p>* This program will end 12/31/05</p>

<p>Programs for Persons with Medicare</p> <p>Qualified Medicare Beneficiaries (QMB)</p> <p><i>Slide 11</i></p>	<p>1.) <u>Qualified Medicare Beneficiaries (QMB)</u> Coverage pays for Medicare premium, co-insurance and deductibles.</p>
<p>Programs for Persons with Medicare</p> <p>Special Low Income Medicare Beneficiaries (SLMB)</p> <p><i>Slide 12</i></p>	<p>2.) <u>Special Low Income Medicare Beneficiaries (SLMB)</u> Coverage pays Medicare premium only.</p>
<p>Programs for Persons with Medicare</p> <p>Qualifying Individual 1 (QI1)</p> <p><i>Slide 13</i></p>	<p>3.) <u>Qualifying Individual 1 (QI1)</u> Coverage pays Medicare premium only.</p>
<p>Programs for Persons with Medicare</p> <p>Silver Saver Senior Drug Program</p> <p><i>Slide 14</i></p>	<p>4.) <u>Silver Saver Senior Drug Program</u> (Automatically qualify if qualified for QMB and SLMB): Coverage pays up to \$160 per month for prescriptions with a required co-payment for persons sixty-five or older</p>
<p>Programs Based on Institutional Policy</p> <p>Institutional Care Program (ICP)</p>	<p>Programs Based on Institutional Policy Person must be 65+ or disabled to qualify. Financial eligibility requirements same for three programs: - Individual Income may not exceed \$1737</p>

<p><i>Slide 15</i></p>	<p>per month.</p> <ul style="list-style-type: none"> - Couples income may not exceed \$3,474 per month - Individual assets may not be over \$2,000 (\$5,000 if MEDS-AD eligible) - Couple assets may not be over \$3,000 (\$6,000 if MEDS-AD eligible) <p>1.) <u>Institutional Care Program (ICP)</u> Provides Medicaid benefits, which include room and board payment to nursing homes and certain other facilities for aged and disabled individuals who are in need of institutional care. Once eligible, all of an individual’s income, except \$35 for personal needs, must be paid to the facility for their care. If they have a spouse who is still living in the community, some of their income can go to assist the spouse.</p>
<p>Programs Based on Institutional Policy</p> <p>Home and Community Based Services (HCBS)</p> <p><i>Slide 16</i></p>	<p>2.) <u>Home and Community Based Services (HCBS)</u> (Waiver Program) Designed to prevent the institutionalization of individuals by providing for care in the community with specific providers. The HCBS Medicaid waiver program pays for services that are not usually available under other Medicaid programs.</p>
<p>Programs Based on Institutional Policy</p> <p>Hospice</p> <p><i>Slide 17</i></p>	<p>3.) <u>Hospice</u> Provides special services for the care of an individual having a life expectancy of less than six months. The individual must elect Hospice to the exclusion of other Medicaid services unrelated to the terminal illness.</p>

<p>State Funded Programs</p> <p>Optional State Supplement (OSS)</p> <p><i>Slide 18</i></p>	<p>State Funded Programs</p> <p>1.) <u>Optional State Supplement (OSS)</u> Assists individuals, who would otherwise need institutional care, with paying for room and board at an Assisted Living Facility (ALF).</p>
<p>Home Care for the Elderly and Disabled (HCE/DA)</p> <p><i>Slide 19</i></p>	<p>2.) <u>Home Care for the Elderly and Disabled (HCE/DA)</u> Provides a monthly support payment to a person providing home care for an individual who would otherwise need institutional care,</p>
<p>Area 7 Medicaid Office</p> <p><i>Slide 20</i></p>	<p>Medicaid Office Area 7 400 West Robinson Street Suite 309 – South Tower Orlando, FL 32801 Phone: (407) 317-7851</p>
<p>Contact Information</p> <p><i>Slides 21 & 22</i></p>	<ul style="list-style-type: none"> ● AHCA: Headquarters Medicaid Office 2727 Mahan Drive Tallahassee, FL 32308 Phone: (850) 488-3560 ● Department of Children & Families ESS Office 1317 Winewood Blvd. Bldg 3, 4th Floor Tallahassee, FL 32399 Phone (850) 488-3271 http://www.dcf.state.fl.us/ess/ ● Social Security Administration 1-800-772-1213 http://www.ssa.gov ● Medicare 1-800-633-4227 http://www.floridamedicare.org

Eligibility for Medicaid and Other Assistance Programs

1

Medicaid

- Medicaid provides medical coverage to low income individuals and families.
- The state and federal government share the costs of paying for Medicaid services.
- Medicaid is authorized by Title XIX of the Social Security Act of 1965 and by Chapter 409, F.S.

2

Medicaid (Cont.)

- Medicaid is administered by the Agency for Health Care Administration
- Medicaid eligibility is determined by:
 - The Department of Children & Families
 - Social Security Administration

3

MEDICAID ELIGIBILITY

4

Supplemental Security Income (SSI)

- Based on Title XVI of the Social Security Act
- Administered by Federal Government
- Purpose of all SSI-related programs is to provide medical and/or financial assistance to needy persons who are aged, blind or disabled.
- Individuals who are SSI eligible automatically receive Medicaid.

5

SSI Eligibility Criteria

- Sixty-five or older; or Blind or Disabled
- U. S. citizen or qualified non-citizen
- Income Limits:
 - Individual \$ 599.00/month
 - Couple \$ 889.00/month
- Asset Limits:
 - Individual \$ 2,000.00
 - Couple \$ 3,000.00

6

Community Medicaid Programs

1. Medicaid Expansion Designated by SOBRA for the Aged and Disabled (MEDS-AD)

SOBRA: Special Omnibus Reconciliation Act of 1986

Eligibility Criteria:

- 65+ or Disabled
- Income limit: 88% Federal Poverty Level
- Individual Income Limit \$ 722/month
- Couple Income Limit \$ 961/month
- Individual Asset Limit \$ 5,000
- Couple Asset Limit \$ 6,000

7

Community Medicaid Programs (cont.)

1. Medicaid Expansion Designated by SOBRA for the Aged and Disabled (cont.)

Coverage:

- Hospital care
- Doctor visits
- Other outpatient services
- Prescription medicine

8

Community Medicaid Programs (cont.)

2. Medically Needy (MN)

Coverage when share of cost is met:

- Hospital care
- Doctor visits
- Other outpatient services
- Prescription medicines

9

Programs for Persons with Medicare

- 1. Qualified Medicare Beneficiaries (QMB)
- 2. Special Low Income Medicare Beneficiaries (SLMB)
- 3. Qualifying Individual 1 (QI1)
- 4. Silver Saver Senior Drug Program

10

Programs for Persons with Medicare (cont.)

1. Qualified Medicare Beneficiaries (QMB)

Eligibility Criteria:

- 100% of poverty level
- Income Limits:
 - Individual \$ 818
 - Couple \$ 1,090
- Asset Limits:
 - Individual \$ 5,000
 - Couple \$ 6,000

Coverage:

Pays Medicare premium, coinsurance & deductibles

11

Programs for Persons with Medicare (cont.)

2. Special Low Income Medicare Beneficiaries (SLMB)

Eligibility Criteria:

- 120% of poverty level
- Income Limits:
 - Individual \$ 977/month
 - Couple \$ 1,303/month
- Asset Limits:
 - Individual \$ 5,000
 - Couple \$ 6,000

Coverage:

Pays Medicare Part B Premium Only

12

Programs for Persons with Medicare (cont.)

3. Qualifying Individual 1 (QI1)

Eligibility Criteria:

- 135% of poverty level
- Income Limits:
 - Individual \$ 1,097
 - Couple \$ 1,464
- Asset Limits:
 - Individual \$ 5,000
 - Couple \$ 6,000

Coverage:

Pays Medicare Part B Premium Only

13

Programs for Persons with Medicare (cont.)

4. Silver Saver Senior Drug Program

Eligibility Criteria:

- 65 or older
- 88% - 120% of poverty level
- Income Levels:
 - Individual \$ 722.01 - \$ 977/month
 - Couple \$ 961.01 - \$1,303/month
- Assets:
 - No limits

Coverage:

Pays \$160 prescription coverage per month with co-pay

14

Programs Based on Institutional Policy

1. Institutional Care Program (ICP)

Eligibility Criteria:

- 65+ or disabled
 - Need institutional care
- Income Limits:
- Individual \$1,737/month
 - Couple \$ 3,474/month
- Asset Limits:
- Individual \$ 2,000 (\$5,000 if MEDS-AD eligible)
 - Couple \$ 3,000 (\$6,000 if MEDS-AD eligible)

15

Program Based on Institutional Policy (cont.)

2. Home and Community Based Services

Eligibility Criteria:

- 65+ or disabled
- Need institutional care

Income Limits:

- Individual \$1,737 /month
- Couple \$ 3,474/month

Asset Limits:

- Individual \$ 2,000 (\$5,000 if MEDS-AD eligible)
- Couple \$ 3,000 (\$6,000 if MEDS-AD eligible)

16

Program Based on Institutional Policy (cont.)

3. Hospice

Eligibility Criteria :

- 65+ or disabled
- Terminal illness

Income Limits:

- Individual \$1,737 /per month
- Couple \$ 3,474/per month

Asset Limits:

- Individual \$ 2,000 (\$5,000 if MEDS-AD eligible)
- Couple \$ 3,000 (\$6,000 if MEDS-AD eligible)

17

State Funded Programs

1. Optional State Supplement (OSS)

Eligibility Criteria:

- Otherwise would need institutionalized care
- Income Limits:

- Individual \$ 657.40 or \$ 764/month
- Couple \$ 1,314.80 or \$1,528/month

Asset Limits:

- Individual \$ 2,000
- Couple \$ 3,000

Coverage:

Assists with payments at Assisted Living Facility (ALF)

18

State Funded Programs (cont.)

2. Home Care for the Elderly & Disabled (HCE/DA)

Eligibility Criteria:

- Otherwise would need institutionalized care
- Income Limits:
 - Individual \$ 1,737/month
 - Couple \$ 3,474/month
- Asset Limits:
 - Individual \$ 2,000
 - Couple \$ 3,000

Coverage:

Monthly payments to persons to provide home care

19

Area 7 Medicaid Office

Medicaid Office
400 West Robinson Street
Suite 309 – South Tower
Orlando, FL 32801
Phone: (407) 317-7851

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Contact Information

• AHCA: Headquarters Medicaid Office

2727 Mahan Drive
 Tallahassee, FL 32308
 Phone: (850) 488-3560

• Department of Children & Families

Economic Self Sufficiency
 1317 Winewood Blvd. Bldg 3, 4th Floor
 Tallahassee, FL 32399
<http://www.dcf.state.fl.us/ess/>

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Contact Information

- **Social Security Administration**
1-800-772-1213
www.ssa.gov
- **Medicare**
1-800-633-4227
www.floridamedicare.org

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Quiz on Medicaid/Other Assistance Program Eligibility

Level Two

1. What state department is responsible for the administration of the Medicaid program?

2. What state department is responsible for determining eligibility for the Medicaid program?

3. Who is responsible for administering the Supplemental Security Income (SSI) programs?

4. List four factors in determining if a person is eligible for Supplemental Security Income.

1) _____

2) _____

3) _____

4) _____

5. Which Medicaid program is the most basic and comprehensive Program?

Quiz on Medicaid/Other Assistance Program Eligibility (cont.)

6. What are the four programs available for persons with Medicare?

1) _____

2) _____

3) _____

4) _____

7. What benefit is provided by the Silver Saver Senior Drug Program?

8. List the three programs based on institutional policy.

1) _____

2) _____

3) _____

9. What are the eligibility criteria for all three programs based on institutional policy?

1) _____

2) _____

3) _____

4) _____

Quiz on Medicaid/Other Assistance Program Eligibility (cont.)

10. Describe the following programs:

1) Institutional Care Program (ICP) _____

2) Home and Community Based Services (HCBS)

11. What is the Optional State Supplement (OSS) program?

12. What benefit is provided by the Home Care for the Elderly and Disabled (HCE/DA) Program?

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Training on Medicaid/Other Assistance Program Eligibility Level Three

Facilitator's Role:

- | | | |
|----|--|--------------|
| 1. | Welcome/Introductions and Housekeeping | 10 minutes |
| 2. | Go over the Purpose of this training session.
Distribute handouts. Answer any questions. | 10 minutes |
| 3. | Using the PowerPoint presentation, go over the information provided on the Medicaid programs and eligibility | 45 minutes |
| 4. | Allow time for follow up questions. | 10 minutes |
| 5. | Pass out quiz on material covered.
Participants may use their notes. | 5-10 minutes |
| 6. | Go over quiz, follow up on areas where participants need additional information/understanding. | 10 minutes |
| 7. | Collect evaluations. | |

Training on Medicaid/Other Assistance Program Eligibility

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. PowerPoint Presentation
4. Questions & Answers
5. What did you learn?
6. Follow up information
7. Evaluations
8. Adjourn

Medicaid/Other Assistance Program Eligibility Level Three

Topic	Information (Script) for Trainer
<p>Medicaid</p> <p><i>Slide 1</i></p>	<p>Opening Slide</p>
<p>Medicaid</p> <p><i>Slide 2</i></p>	<p>Medicaid</p> <p>Provides medical coverage to low income individuals and families. The state and federal government share the costs of the Medicaid program.</p> <ul style="list-style-type: none"> • The legal basis for the Medicaid program is Title XIX of the Social Security Act of 1965 and Chapter 409, F.S.
<p>Medicaid (cont.)</p> <p><i>Slide 3</i></p>	<ul style="list-style-type: none"> • Medicaid is administered by the Agency for Health Care Administration. • Medicaid eligibility is determined by the Department of Children & Families and the Social Security Administration.
<p>Medicaid Eligibility</p> <p><i>Slide 4</i></p> <p><i>Instructor should emphasize the criteria for eligibility presented is for information but in no case should they determine that a person does not meet the financial criteria. This decision should only be made by either the Department of Children & Families or the Office of Social Security</i></p>	<p>Title Slide</p>

<p>Medicaid Eligibility For Supplemental Security Income (SSI) Related Medicaid Programs</p> <p><i>Slide 5</i></p>	<p>Supplemental Security Income (SSI) Programs Managed by Social Security</p> <ul style="list-style-type: none"> - Based on Title XVI of the Social Security Act - Administered by the federal government - Provides medical and/or financial assistance to needy individuals who are aged, blind, or disabled. - Individuals who qualify for SSI automatically receive Medicaid
<p>Supplemental Security Income Eligibility Criteria</p> <p><i>Slide 6</i></p>	<p>In order to qualify for the services provided by SSI Programs, an individual must:</p> <ul style="list-style-type: none"> - Be sixty-five or older, blind or disabled - Be a U.S. citizen or a qualified non-citizen and reside in the state in which they apply - Have an income level (for an individual) of no more than \$599 per month. - Have an income level (for a couple) of no more than \$889 per month - Have individual assets not exceeding \$2,000 - Have couple assets not exceeding \$3,000
<p>Community Medicaid Programs</p> <p>MEDS-AD</p> <p><i>Slide 7</i></p>	<p>Community Medicaid Programs:</p> <p>1.) <u>Medicaid Expansion Designated by SOBRA for the Aged and Disabled (MEDS-AD)*</u> (SOBRA: Special Omnibus Reconciliation Act of 1986)</p> <p>MEDS-AD Eligibility</p> <ul style="list-style-type: none"> - Over sixty-five or disabled, US Citizen or qualified non-citizen and Florida resident. - 88% of Federal Poverty Level - Individual income cannot exceed \$722 per month. - Income for a couple cannot exceed \$961 per month. - Individual assets may not exceed \$5,000

	<ul style="list-style-type: none"> - Couple assets may not exceed \$6,000 <p>* This program may end 12/31/05 for all Medicaid beneficiaries except those in special programs.</p>
<p>Community Medicaid Programs</p> <p>MEDS-AD (cont.)</p> <p><i>Slide 8</i></p>	<p>MEDS-AD Coverage</p> <p>This program is the most basic and comprehensive Medicaid Program. It provides full Community Medicaid, including:</p> <ul style="list-style-type: none"> - Hospital care - Doctor visits - Other outpatient services - Prescription medicine
<p>Community Medicaid Programs</p> <p>Medically Needy (MN)</p> <p><i>Slide 9</i></p>	<p>2.) <u>Medically Needy (MN)</u> - This Medical coverage is for persons ineligible for MEDS-AD solely because they have too high an income.</p> <p>Eligibility:</p> <ul style="list-style-type: none"> - Over income for MEDS-AD - No income limit - Must meet share of costs on a monthly basis - Assets same as MEDS-AD (Individual assets may not exceed \$5,000, Couple assets may not exceed \$6,000)
<p>Community Medicaid Programs</p> <p>Medically Needy (cont.)</p> <p><i>Slide 10</i></p>	<p>Coverage after person pays their designated share of costs:</p> <ul style="list-style-type: none"> - Hospital care - Doctor visits - Other outpatient services - Prescription medicines
<p>Programs for Persons with Medicare:</p> <p>Qualified Medicare Beneficiaries (QMB)</p>	<p>Programs for Persons with Medicare:</p> <ol style="list-style-type: none"> 1.) <u>Qualified Medicare Beneficiaries (QMB)</u> 2.) <u>Special Low Income Medicare Beneficiaries (SLMB)</u> 3.) <u>Qualifying Individual 1 (QI1)</u>

<p><i>Slide 11</i></p>	<p>4.) <u>Silver Saver Senior Drug Program*</u> * This program will end on 12/31/05</p>
<p>Programs for Persons with Medicare:</p> <p>Qualified Medicare Beneficiaries (QMB)</p> <p><i>Slide 12</i></p>	<p>1.) <u>Qualified Medicare Beneficiaries (QMB)</u> Eligibility:</p> <ul style="list-style-type: none"> - 100% of poverty level - Individual income not to exceed \$818 per month - Couples income not to exceed \$1,090 per month - Individual assets not to exceed \$5,000 - Couple assets not to exceed \$6,000 <p>Coverage pays for Medicare premium, co-insurance and deductibles.</p>
<p>Programs for Persons with Medicare:</p> <p>Special Low Income Medicare Beneficiaries (SLMB)</p> <p><i>Slide 13</i></p>	<p>2.) <u>Special Low Income Medicare Beneficiaries (SLMB)</u> Eligibility:</p> <ul style="list-style-type: none"> - Must be between 100% and 120% of poverty level - Individual income cannot exceed \$977 per month - Couple income cannot exceed \$1,303 per month - Individual assets may not be over \$5,000 - Couple assets may not be over \$6,000 <p>Coverage pays Medicare Part B premium only.</p>
<p>Programs for Persons with Medicare:</p> <p>Qualifying Individual 1 (QI1)</p> <p><i>Slide 14</i></p>	<p>3.) <u>Qualifying Individual 1 (QI1)</u> Eligibility:</p> <ul style="list-style-type: none"> - Must be between 120% and 135% of poverty level - Individual income cannot exceed \$1,097 per month - Couple income cannot exceed \$1,464 per month

	<ul style="list-style-type: none"> - Individual assets may not exceed \$5,000 - Couple assets may not exceed \$6,000 <p>Coverage pays Medicare Part B premium only.</p>
<p>Programs for Persons with Medicare:</p> <p>Silver Saver Senior Drug Program</p> <p><i>Slide 15</i></p>	<p>4.) <u>Silver Saver Senior Drug Program</u> Eligibility (Automatically qualify if qualified for QMB and SLMB):</p> <ul style="list-style-type: none"> - Must be sixty-five or older - Must be between 88% and 120% of poverty level - Individual income must be between \$722.01 and \$977 per month. - Couple income must be between \$961.01 and \$1,303 per month - There is no limit on the amount of assets one may have. <p>Coverage pays up to \$160 per month for prescriptions with a required co-payment.</p>
<p>Programs Based on Institutional Policy</p> <p>Institutional Care Program (ICP)</p> <p><i>Slide 16</i></p>	<p>Programs Based on Institutional Policy</p> <p>Person must be 65+ or disabled to qualify. Financial eligibility requirements same for three programs:</p> <ul style="list-style-type: none"> - Individual Income may not exceed \$1737 per month. - Couples income may not exceed \$3,474 per month - Individual assets may not be over \$2,000 (\$5,000 if MEDS-AD eligible) - Couple assets may not be over \$3,000 (\$6,000 if MEDS-AD eligible) <p>1.) <u>Institutional Care Program (ICP)</u></p> <p>Provides Medicaid benefits, which include room and board payment to nursing homes and certain other facilities for aged and disabled individuals who are in need of institutional care. Once</p>

	<p>eligible, all of an individual’s income, except \$35 for personal needs, must be paid to the facility for their care. If they have a spouse who is still living in the community, some of their income can go to assist the spouse.</p>
<p>Programs Based on Institutional Policy</p> <p>Home and Community Based Services (HCBS)</p> <p><i>Slide 17</i></p>	<p>2.) <u>Home and Community Based Services (HCBS)</u> (Waiver Program)</p> <p>Designed to prevent the institutionalization of individuals by providing for care in the community with specific providers. The HCBS Medicaid waiver program pays for services that are not usually available under other Medicaid programs.</p>
<p>Programs Based on Institutional Policy</p> <p>Hospice</p> <p><i>Slide 18</i></p>	<p>3.) <u>Hospice</u></p> <p>Provides special services for the care of an individual having a life expectancy of less than six months. The individual must elect Hospice to the exclusion of other Medicaid services unrelated to the terminal illness.</p>
<p>State Funded Programs</p> <p>Optional State Supplement (OSS)</p> <p><i>Slide 19</i></p>	<p>State Funded Programs</p> <p>1.) <u>Optional State Supplement (OSS)</u></p> <p>Assists individuals with paying for room and board at an Assisted Living Facility (ALF), Adult Family care Homes, and Mental Health Residential Treatment Facilities.</p> <p>Eligibility:</p> <ul style="list-style-type: none"> - Otherwise would need institutional care - Individual income \$657.40 or grandfathered in at \$764 per month. - Couples income between \$1,314.80 or grandfathered in at \$1,528 per month. - Individual assets may not exceed \$2,000 - Couple assets may not exceed \$3,000

<p>State Funded Programs</p> <p>Home Care for the Elderly and Disabled (HCE/DA)</p> <p><i>Slide 20</i></p>	<p>2.) <u>Home Care for the Elderly and Disabled (HCE/DA)</u></p> <p>Provides a monthly support payment to a person providing home care for an individual.</p> <p>Eligibility:</p> <ul style="list-style-type: none"> - Otherwise would require institutional care - Individual income may not exceed \$1,737 per month - Couple income may not exceed \$3,474 per month - Individual assets may not exceed \$2,000 - Couple assets may not exceed \$3,000
<p>Area 7 Medicaid Office</p> <p><i>Slide 21</i></p>	<p>Medicaid Office</p> <p>Area 7 400 West Robinson Street Suite 309 – South Tower Orlando, Fl 32801 Phone: (407) 317-7851</p>
<p>Contact Information</p> <p><i>Slides 22 & 23</i></p>	<ul style="list-style-type: none"> ● AHCA: Headquarters Medicaid Office 2727 Mahan Drive Tallahassee, FL 32308 Phone: (850) 488-3560 ● Department of Children & Families ESS Office 1317 Winewood Blvd. Bldg 3, 4th Floor Tallahassee, FL 32399 Phone (850) 488-3271 http://www.dcf.state.fl.us/ess/ ● Social Security Administration 1-800-772-1213 http://www.ssa.gov ● Medicare 1-800-633-4227 http://www.floridamedicare.org

Eligibility for Medicaid and Other Assistance Programs

1

Medicaid

- Medicaid provides medical coverage to low income individuals and families.
- The state and federal government share the costs of paying for Medicaid services.
- Medicaid is authorized by Title XIX of the Social Security Act of 1965 and by Chapter 409, F.S.

2

Medicaid (Cont.)

- Medicaid is administered by the Agency for Health Care Administration
- Medicaid eligibility is determined by:
 - The Department of Children & Families
 - Social Security Administration

3

MEDICAID ELIGIBILITY

4

Supplemental Security Income (SSI)

- Based on Title XVI of the Social Security Act
- Administered by Federal Government
- Purpose of all SSI-related programs is to provide medical and/or financial assistance to needy persons who are aged, blind or disabled.
- Individuals who are SSI eligible automatically receive Medicaid.

5

SSI Eligibility Criteria

- Sixty-five or older; or Blind or Disabled
- U. S. citizen or qualified non-citizen
- Income Limits:
 - Individual \$ 599.00/month
 - Couple \$ 889.00/month
- Asset Limits:
 - Individual \$ 2,000.00
 - Couple \$ 3,000.00

6

Community Medicaid Programs

1. Medicaid Expansion Designated by SOBRA for the Aged and Disabled (MEDS-AD)

SOBRA: Special Omnibus Reconciliation Act of 1986

Eligibility Criteria:

- 65+ or Disabled
- Income limit: 88% Federal Poverty Level
- Individual Income Limit \$ 722/month
- Couple Income Limit \$ 961/month
- Individual Asset Limit \$ 5,000
- Couple Asset Limit \$ 6,000

7

Community Medicaid Programs (cont.)

1. Medicaid Expansion Designated by SOBRA for the Aged and Disabled (cont.)

Coverage:

- Hospital care
- Doctor visits
- Other outpatient services
- Prescription medicine

8

Community Medicaid Programs (cont.)

2. Medically Needy (MN)

Eligibility Requirements:

- Over income for MEDS-AD
- No income limit
- Must meet share of costs monthly
- Assets limit same as MEDS-AD

9

Community Medicaid Programs (cont.)

2. Medically Needy (cont.)

Coverage when share of cost is met:

- Hospital care
- Doctor visits
- Other outpatient services
- Prescription medicines

10

Programs for Persons with Medicare

1. Qualified Medicare Beneficiaries (QMB)
2. Special Low Income Medicare Beneficiaries (SLMB)
3. Qualifying Individual 1 (QI1)
4. Silver Saver Senior Drug Program

11

Programs for Persons with Medicare (cont.)

1. Qualified Medicare Beneficiaries (QMB)

Eligibility Criteria:

- 100% of poverty level
- Income Limits:
 - Individual \$ 818
 - Couple \$ 1,090
- Asset Limits:
 - Individual \$ 5,000
 - Couple \$ 6,000

Coverage:

Pays Medicare premium, coinsurance & deductibles

12

Programs for Persons with Medicare (cont.)

2. Special Low Income Medicare Beneficiaries (SLMB)

Eligibility Criteria:

- 120% of poverty level
- Income Limits:
 - Individual \$ 977/month
 - Couple \$ 1,303/month
- Asset Limits:
 - Individual \$ 5,000
 - Couple \$ 6,000

Coverage:

Pays Medicare Part B Premium Only

13

Programs for Persons with Medicare (cont.)

3. Qualifying Individual 1 (QI1)

Eligibility Criteria:

- 135% of poverty level
- Income Limits:
 - Individual \$ 1,097
 - Couple \$ 1,464
- Asset Limits:
 - Individual \$ 5,000
 - Couple \$ 6,000

Coverage:

Pays Medicare Part B Premium Only

14

Programs for Persons with Medicare (cont.)

4. Silver Saver Senior Drug Program

Eligibility Criteria:

- 65 or older
- 88% - 120% of poverty level
- Income Limits:
 - Individual \$ 722.01 - \$ 977/month
 - Couple \$ 961.01 - \$1,303/month
- Assets:
 - No limits

Coverage:

Pays \$160 prescription coverage per month with co-pay

15

Programs Based on Institutional Policy

1. Institutional Care Program (ICP)

Eligibility Criteria:

- 65+ or disabled
- Need institutional care

Income Limits:

- Individual \$1,737/month
- Couple \$ 3,474/month

Asset Limits:

- Individual \$ 2,000 (\$5,000 if MEDS-AD eligible)
- Couple \$ 3,000 (\$6,000 if MEDS-AD eligible)

16

Program Based on Institutional Policy (cont.)

2. Home and Community Based Services

Eligibility Criteria:

- 65+ or disabled
- Need institutional care

Income Limits:

- Individual \$1,737 /month
- Couple \$3,474/month

Asset Limits:

- Individual \$ 2,000 (\$5,000 if MEDS-AD eligible)
- Couple \$ 3,000 (\$6,000 if MEDS-AD eligible)

17

Program Based on Institutional Policy (cont.)

3. Hospice

Eligibility Criteria :

- 65+ or disabled
- Terminal illness

Income Limits:

- Individual \$1,737 /per month
- Couple \$ 3,474/per month

Asset Limits:

- Individual \$ 2,000 (\$5,000 if MEDS-AD eligible)
- Couple \$ 3,000 (\$6,000 if MEDS-AD eligible)

18

State Funded Programs

1. Optional State Supplement (OSS)

Eligibility Criteria:

- Otherwise would need institutionalized care
- Income Limits:
 - Individual \$ 657.40 or \$764/month
 - Couple \$ 1,314.80 or \$1,528/month
- Asset Limits:
 - Individual \$ 2,000
 - Couple \$ 3,000

Coverage:

Assists with payments at Assisted Living Facility (ALF)

19

State Funded Programs (cont.)

2. Home Care for the Elderly & Disabled (HCE/DA)

Eligibility Criteria:

- Otherwise would need institutionalized care
- Income Limits:
 - Individual \$ 1,737/month
 - Couple \$ 3,474/month
- Asset Limits:
 - Individual \$ 2,000
 - Couple \$ 3,000

Coverage:

Monthly payments to persons to provide home care

20

Area 7 Medicaid Office

**Medicaid Office
400 West Robinson Street
Suite 309 – South Tower
Orlando, FL 32801
Phone: (407) 317-7851**

21

Contact Information

- **AHCA: Headquarters Medicaid Office**

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Tallahassee, FL 32308
Phone: (850) 488-3560

- **Department of Children & Families**

Economic Self Sufficiency
1317 Winewood Blvd. Bldg 3, 4th Floor
Tallahassee, FL 32399
<http://www.dcf.state.fl.us/ess/>

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Contact Information

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1-800-772-1213
www.ssa.gov

- **Medicare**

1-800-633-4227
www.floridamedicare.org

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Quiz on Medicaid/Other Assistance Program Eligibility

Level Three

1. What state department is responsible for the administration of the Medicaid program?

2. What state department is responsible for determining eligibility for the Medicaid program?

3. Who is responsible administering the Supplemental Security Income (SSI) programs?

4. List four factors in determining if a person is eligible for Supplemental Security Income.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

5. What do the following acronyms stand for?

- 1) MEDS-AD - _____
- 2) SOBRA - _____
- 3) MN - _____

Quiz on Medicaid/Other Assistance Program Eligibility (cont.)

6. Which Medicaid program is the most basic and comprehensive Program?

7. What are the four programs available for persons with Medicare?

1) _____

2) _____

3) _____

4) _____

8. What is the required level of poverty for the following programs?

1) QI1 - _____

2) QMB - _____

3) SLMB - _____

9. What benefit is provided by the Silver Saver Senior Drug Program?

10. List the three programs based on institutional policy.

1) _____

2) _____

3) _____

Quiz on Medicaid/Other Assistance Program Eligibility (cont.)

11. What are the eligibility criteria for all three programs based on institutional policy?

- 1) _____
- 2) _____
- 3) _____
- 4) _____

12. Describe the following programs:

1) Institutional Care Program (ICP) _____

2) Home and Community Based Services (HCBS)

13. What is the income criterion for a single person to be eligible for the Optional State Supplement (OSS) program?

14. What are the criteria for an individual to qualify for the Home Care for the Elderly and Disabled (HCE/DA) Program?

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Chapter Five

Mental Health (Severe and Persistent)

Overview of Mental Health Training

Training Goal:

The overall goal for this training is to increase a participant's knowledge of the Adult Mental Health Program under the Department of Children and Families and be familiar with the legal specifications of the Baker Act so:

- 1) they will be able to determine when a client should be referred to the Department of Children and Families Adult Mental Health Program Office or if an emergency call should be made to instigate the Baker Act Process, and
- 2) they can speak knowledgeably in general terms about programs available to serve individuals with severe and persistent mental health problems.

Objectives for Level One training:

This session will target individuals who either work or volunteer at facilities and/or agencies that serve seniors. When the participant completes this training, they will be able to:

- Have knowledge of the definition of adults with serious mental illness.
- Be aware of the Florida Statute that provides the legal authority to the Department of Children and Families to provide mental health services.
- Be familiar with the Baker Act's history and intent.

Objectives for Level Two training:

This session will target staff of various aging related service providers who come in frequent contact with elder individuals. When the participant completes this training, they will be able to:

- Have knowledge of the definition of adults with serious mental illness.
- Recognize the "target population" the Department has identified as being a priority for receiving mental health services.
- Be aware of the Florida Statute that provides the legal authority to the Department of Children and Families to provide mental health services.
- Be familiar with the Baker Act's history and intent.
- Understand the assessment a person over 60 must have before they can be admitted under the Baker Act.

Objectives for Level Three training for professional staff:

This session will target professional staff of the Aging and Disability Resource Center. This handbook provides general information about the Substance Abuse and Mental Health Program Office within the Department of Children and Families. It outlines the history of the Baker Act and the way in which an

individual may be either voluntarily or involuntarily detained for assessment and treatment for a severe mental illness. When the participant completes this training, they will be able to:

- Understand the three guiding principles in the development of the system of care in the Mental Health Program.
- Recognize the “target population” the Department has identified as being a priority for receiving mental health services.
- Have knowledge of the definition of adults with serious mental illness.
- Be aware of the Florida Statute that provides the legal authority to the Department of Children and Families to provide mental health services.
- Be familiar with the function of state mental health treatment facilities and be aware of their locations.
- Understand the criteria for admission to a mental health treatment facility.
- Be familiar with the Baker Act’s history and intent.
- Understand the assessment a person over 60 must have before they can be admitted under the Baker Act.

Training on Mental Health Level One

Facilitator's Role:

- | | | |
|----|---|------------|
| 1. | Welcome/Introductions and Housekeeping | 10 minutes |
| 2. | Go over the Purpose of this training session.
Distribute handouts. Answer any questions. | 5 minutes |
| 3. | Using the PowerPoint presentation, go over the
information provided on the Adult Mental Health
Program and Baker Act. | 15 minutes |
| 4. | Allow time for follow up questions. | 5 minutes |
| 5. | Pass out quiz on material covered.
Participants may use their notes. | 5 minutes |
| 6. | Go over quiz, follow up on areas where
participants need additional
information/understanding. | 5 minutes |
| 7. | Collect evaluations. | |

Training on Mental Health

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. PowerPoint Presentation
4. Questions & Answers
5. What did you learn?
6. Follow up information
7. Evaluations
8. Adjourn

Mental Health Handout

Mental Health Contracted Providers

<p>211 Brevard, Inc. (All counties)</p> <p>P.O. Box 417 Cocoa, FL 32923 (Physical Address) 625 Florida Avenue Cocoa, FL 32922 Phone: 321-631-9290 Fax: 321-631-9291</p>	<p>Circles of Care, Inc. (Brevard)</p> <p>400 East Sheridan Road Melbourne, FL 32901-3184 Phone: 321-722-5200 Fax: 321-722-5230</p>	<p>Family Counseling Center of Brevard, Inc. (Brevard)</p> <p>220 Coral Sands Drive Rockledge, FL 32955 Phone: 321-632-5792 Fax: 321-632-5796</p>
<p>Lakeside Alternatives, Inc. (Orange)</p> <p>434 West Kennedy Blvd Orlando, FL 32810 Phone: 407-875-3700 Fax: 407-875-0704</p>	<p>Human Services Associates, Inc. (Orange, Osceola)</p> <p>1703 West Colonial Drive Orlando, FL 32804 Phone: 407-422-0880 Fax: 407-422-0075</p>	<p>Lifeline of Central Florida, Inc. (Orange)</p> <p>P O Box 149083 Orlando, FL 32814 (Physical Address) 3660 Maguire Blvd., Suite 320 Orlando, FL 32803 Phone: 407-425-5201 Fax: 407-425-5592</p>
<p>Mental Health Association of Central Florida</p> <p>7120 Lake Ellenor Drive Orlando, FL 32809 Phone: 407-855-0588 Fax: 407-855-9688</p>	<p>Orlando Regional Healthcare Systems - STRC/Howard Phillips Center for CNF (Orange)</p> <p>601 W. Michigan Street Orlando, FL 32805 Phone: 407-317-7430 Fax: 407-843-9027</p>	<p>Osceola Mental Health, Inc. (Osceola)</p> <p>206 W. Park Place Blvd. Kissimmee, FL 34741-5731 Phone: 407-846-0023 Fax: 407-933-2970</p>
<p>Psychotherapeutic Services of Florida, Inc.</p> <p><u>Brevard County</u> (Physical Address) 1802 South Fiske Blvd. Suite 201 Rockledge, FL 32955 Phone: 321-504-3888 Fax: 321-504-9711</p> <p><u>Osceola County</u> (Physical Address) 809 East Oak Street, Suite 201 Kissimmee, Florida 34744 Phone: 407-931-3155 Fax: 407-931-0955</p>	<p>Seminole Community Mental Health Center, Inc. (Seminole)</p> <p>237 Fernwood Blvd. Fern Park, FL 32730 Phone: 407-831-2411 Fax: 407-831-0195</p>	<p>Wayne Densch Center, Inc. (Orange)</p> <p>100-102 Kingston Court Orlando, FL 32810 Phone: 407-599-3900 Fax: 407-599-2811</p>

** Those in red are the major public facilities**

Mental Health Handout

Substance Abuse Contracted Services

<p>Community Treatment Center, Inc. (Brevard)</p> <p>1215 Lake Drive Cocoa, FL 32922 Phone: 321-632-5958 Fax: 321-632-2533</p>	<p>Circles of Care, Inc. (Brevard)</p> <p>400 East Sheridan Road Melbourne, FL 32901-3184 Phone: 321-722-5200 Fax: 321-722-5230</p>	<p>Human Services Associates, Inc. (Orange, Osceola, Seminole)</p> <p>1703 West Colonial Drive Orlando, FL 32804 Phone: 407-422-0880 Fax: 407-422-0075</p>
<p>Progressive Counseling Centers (BOAT) (Brevard)</p> <p>1127 South Patrick Drive, Suite 24 Satellite Beach, Florida 32937 Phone: 321-773-1111 Fax: 321-773-6571</p>	<p>Specialized Treatment, Education & Prevention Services, Inc. (Orange, Brevard)</p> <p>1033 N. Pine Hills Road Orlando, FL 32808 Phone: 407-522-2144 Fax: 407-522-2148</p>	<p>The Center for Drug Free Living, Inc. (Brevard, Orange, Osceola, Seminole)</p> <p>205 S. Eola Drive Orlando, FL 32801 Phone: 407-245-0045 Fax: 407-245-0049</p>
<p>Seminole Community Mental Health Center, Inc. (Seminole)</p> <p>237 Fernwood Blvd. Fern Park, FL 32730 Phone: 407-831-2411 Fax: 407-831-0195</p>	<p>Osceola Mental Health, Inc. (Osceola)</p> <p>206 W. Park Place Blvd. Kissimmee, FL 34741-5731 Phone: 407-846-0023 Fax: 407-933-2970</p>	<p>PREVENT of Brevard (Brevard)</p> <p>1948 Pineapple Ave. Melbourne Florida 32935 Phone: 321-259-7262 Fax: 321-259-7198</p>
<p>The Grove Counseling Center, Inc. (Seminole)</p> <p>583 East State Road 434 Longwood, FL 32750 Phone: 407-327-1765 Fax: 407-339-2129</p>	<p>The Transition House, Inc. (Osceola)</p> <p>1221 12th Street St. Cloud, FL 34769 Phone: 407-846-0068 Fax: 407-846-0687 And/or 505 N. Clyde Ave. Kissimmee, FL 34741 Phone: 407-891-1551 Fax: 407-891-1670</p>	<p>Central Florida Substance Abuse Treatment Center, Inc. (CFSATC) dba Central Florida Treatment Center (Brevard, Orange)</p> <p>1800 W. Colonial Dr. Orlando, FL 32804 Phone: 407-843-0041 And/or 7 N. Cocoa Blvd. Cocoa, FL 32922 Phone: 321-951-9750</p>

** Those in red are the major public facilities**

DCF Substance Abuse & Mental Health Contacts

Carolann Duncan, Program Administrator
Amarillys Rivera, Adult Mental Health Director
Karen Clark-Lowman, Substance Abuse Director
Phone: 407-245-0420
Fax: 407-245-0583

(All can help with any questions you may have for any services in the district.)

Mental Health Level One

Topic	Information (Script) for Trainer
Florida’s Mental Health System of Care <i>Slide 1</i>	<p>All citizens of Florida have the right to certain publicly funded mental health services, regardless of their ability to pay for the services. However, funds must be available to cover the costs of these services.</p>
Department of Children and Families, Substance Abuse and Mental Health Program Office <i>Slide 2</i>	<p>The Department of Children and Families (DCF) Substance Abuse and Mental Health Program (SAMH) Office is responsible for the planning, evaluation and implementation of a complete and comprehensive statewide program of mental health.</p> <p>The fundamental purpose of the program is to ensure the quality of the mental health and substance abuse service delivery system to adults and children. SAMH contracts for these services in the district four counties: Brevard, Orange, Osceola, and Seminole.</p>
Target Population <i>Slides 3 & 4</i>	<p>The Department has established “Target Populations” and a system to determine which people with mental health, mental illness, emotional disturbances, or behavioral issues have priority to receive services. A person who qualifies must not be able to afford mental health treatment and has to meet the criteria for one of the following categories:</p> <ul style="list-style-type: none"> • <u>Adults with Psychological and/or Psychiatric Disabilities:</u> <ol style="list-style-type: none"> 1. <u>Adults with Serious Mental Illness</u> – (Federal definition) A person eighteen years of age or older who has a diagnosable mental, behavioral, or emotional disorder which results in a functional impairment that substantially interferes with one or more major areas of life. 2. <u>Adults with Severe and Persistent Psychiatric Disabilities</u> – People eighteen and older who have a diagnosis of a mental disorder and meet the following

	<p>criteria:</p> <ul style="list-style-type: none"> - Receive Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Disabled Veteran Income or other type of disability income due to a psychiatric disorder. - Receive SSI for reasons other than a psychiatric disability and have a psychiatric disability as well. - Have documented evidence of a long term psychiatric disability, and do not need, are unable to apply for or refuse to apply for disability benefits. - Do not receive disability income due to a psychiatric disability, but have applied for disability income that is in process due to a psychiatric disability or have received such income in the past five years. <p>3. <u>Adults in Mental Health Crises</u> – Persons eighteen and older who have presented mental health problems and meet criteria for admission to a mental health receiving facility or show evidence of a recent stressful event and problems coping with the event.</p>
<p>District Substance Abuse and Mental Health Program Offices</p> <p><i>Slide 5</i></p>	<p>There are fifteen District Substance Abuse and Mental Health Program Offices located in Florida. These district offices contract with local community based providers, agencies, facilities, and hospitals that serve people with mental health, mental illness, behavioral or other issues.</p>
<p>Mental Health Care Services Provided</p> <p><i>Slide 6</i></p>	<p>The following are examples of the kinds of services that can be provided to people who meet the target population criteria and can be reimbursed:</p> <ol style="list-style-type: none"> 1. Assessment Services – These services assess, evaluate and provide assistance to persons and their families to determine what level of care is needed for a person, what the person’s motivational level is and what the specific needs are for that person or family. 2. Case Management Services –These services consist of activities aimed at identifying a person’s needs and capabilities and planning for

	<p>needed support and services, including monitoring support and services to see if they are achieving the desired outcome in recovery.</p> <p>3. Crisis Stabilization Services –These services are residential acute care services that are provided on a twenty-four hour, seven day a week basis. They involve brief, intensive residential treatment to meet the needs of individuals who are experiencing acute crises and who, in the absence of a suitable alternative, would need inpatient psychiatric hospitalization. Each county has a Crisis Stabilization Unit (CSU), or contracts with a facility to provide that service.</p> <p>4. Crisis Support/Emergency Services – These services are non-residential care services that are usually available twenty-four hours a day, seven days a week, which intervene during a crisis in someone’s life or when someone needs emergency psychiatric care.</p>
<p>Baker Act <i>Slide 7</i></p>	<p>If you think an individual will cause serious bodily harm to themselves or others Call 911.</p>
<p>Information on District 7 Programs and Providers <i>Slide 8</i></p>	<p>See handout</p>

**Florida's Mental Health
System of Care**

1

**Department of Children
&
Families (DCF)
Substance Abuse and Mental
Health (SAMH) Program Office**

2

Target Population

- No Ability to Pay (Indigent)
- Adults With Psychological and/or Psychiatric Disabilities
 - Receive Supplemental Security Income (SSI), Social Security Disability Income (SSDI), or Veterans Income or other disability income due to a psychiatric disorder
 - Receive SSI for reasons other than a psychiatric disability and have a psychiatric disability

3

Target Population (cont.)

- Have documented evidence of long term psychiatric disability.
- Have applied for disability income due to a psychiatric disability.

- Adults in Mental Health Crises

4

District Substance Abuse and Mental Health Program Offices

- Fifteen district offices located in Florida



5

Services Categories

1. Assessment Services
2. Case Management Services
3. Crisis Stabilization Services
4. Crisis Support/Emergency Services

6

Baker Act

- What should you do if you think a client may pose a threat to themselves or others?

CALL 911



7

Information on District 7
Programs and Providers is
contained in your handout.

8

Quiz on Mental Health

Level One

1. What state department is responsible for the statewide program of mental health?

2. Besides not having the ability to pay, list the three criteria for the Target Population.
 - 1) _____
 - 2) _____
 - 3) _____

3. What do the following acronyms stand for?
 - 1) DCF - _____
 - 2) SSI - _____
 - 3) SSDI - _____
 - 4) CSU - _____

4. How many District Substance Abuse and Mental Health Program Offices are there in the state?

5. List three examples of mental health services that District substance Abuse and Mental Health Program Offices may purchase.
 - 1) _____
 - 2) _____
 - 3) _____

Quiz on Mental Health (cont.)

6. Describe the following services:

1) Assessment Services _____

2) Case Management Services _____

3) Crisis Stabilization Services _____

4) Crisis Support/Emergency Services _____

7. If you think someone may be a danger to themselves or others what should you do?

8. In what District is Orlando located? _____

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Training on Mental Health Level Two

Facilitator's Role:

- | | | |
|----|---|------------|
| 1. | Welcome/Introductions and Housekeeping | 10 minutes |
| 2. | Go over the Purpose of this training session.
Distribute handouts. Answer any questions. | 10 minutes |
| 3. | Using the PowerPoint presentation, go over the information provided on the Adult Mental Health Program and Baker Act. | 25 minutes |
| 4. | Allow time for follow up questions. | 10 minutes |
| 5. | Pass out quiz on material covered.
Participants may use their notes. | 5 minutes |
| 6. | Go over quiz, follow up on areas where participants need additional information/understanding. | 5 minutes |
| 7. | Collect evaluations. | |

Training on Mental Health

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. PowerPoint Presentation
4. Questions & Answers
5. What did you learn?
6. Follow up information
7. Evaluations
8. Adjourn

Mental Health Handout

Mental Health Contracted Providers

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<p>Lakeside Alternatives, Inc. (Orange)</p> <p>434 West Kennedy Blvd Orlando, FL 32810 Phone: 407-875-3700 Fax: 407-875-0704</p>	<p>Human Services Associates, Inc. (Orange, Osceola)</p> <p>1703 West Colonial Drive Orlando, FL 32804 Phone: 407-422-0880 Fax: 407-422-0075</p>	<p>Lifeline of Central Florida, Inc. (Orange)</p> <p>P O Box 149083 Orlando, FL 32814 (Physical Address) 3660 Maguire Blvd., Suite 320 Orlando, FL 32803 Phone: 407-425-5201 Fax: 407-425-5592</p>
<p>Mental Health Association of Central Florida</p> <p>7120 Lake Ellenor Drive Orlando, FL 32809 Phone: 407-855-0588 Fax: 407-855-9688</p>	<p>Orlando Regional Healthcare Systems - STRC/Howard Phillips Center for CNF (Orange)</p> <p>601 W. Michigan Street Orlando, FL 32805 Phone: 407-317-7430 Fax: 407-843-9027</p>	<p>Osceola Mental Health, Inc. (Osceola)</p> <p>206 W. Park Place Blvd. Kissimmee, FL 34741-5731 Phone: 407-846-0023 Fax: 407-933-2970</p>
<p>Psychotherapeutic Services of Florida, Inc.</p> <p><u>Brevard County</u> (Physical Address) 1802 South Fiske Blvd. Suite 201 Rockledge, FL 32955 Phone: 321-504-3888 Fax: 321-504-9711</p> <p><u>Osceola County</u> (Physical Address) 809 East Oak Street, Suite 201 Kissimmee, Florida 34744 Phone: 407-931-3155 Fax: 407-931-0955</p>	<p>Seminole Community Mental Health Center, Inc. (Seminole)</p> <p>237 Fernwood Blvd. Fern Park, FL 32730 Phone: 407-831-2411 Fax: 407-831-0195</p>	<p>Wayne Densch Center, Inc. (Orange)</p> <p>100-102 Kingston Court Orlando, FL 32810 Phone: 407-599-3900 Fax: 407-599-2811</p>

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Mental Health Handout

Substance Abuse Contracted Services

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<p>Progressive Counseling Centers (BOAT) (Brevard)</p> <p>1127 South Patrick Drive, Suite 24 Satellite Beach, Florida 32937 Phone: 321-773-1111 Fax: 321-773-6571</p>	<p>Specialized Treatment, Education & Prevention Services, Inc. (Orange, Brevard)</p> <p>1033 N. Pine Hills Road Orlando, FL 32808 Phone: 407-522-2144 Fax: 407-522-2148</p>	<p>The Center for Drug Free Living, Inc. (Brevard, Orange, Osceola, Seminole)</p> <p>205 S. Eola Drive Orlando, FL 32801 Phone: 407-245-0045 Fax: 407-245-0049</p>
<p>Seminole Community Mental Health Center, Inc. (Seminole)</p> <p>237 Fernwood Blvd. Fern Park, FL 32730 Phone: 407-831-2411 Fax: 407-831-0195</p>	<p>Osceola Mental Health, Inc. (Osceola)</p> <p>206 W. Park Place Blvd. Kissimmee, FL 34741-5731 Phone: 407-846-0023 Fax: 407-933-2970</p>	<p>PREVENT of Brevard (Brevard)</p> <p>1948 Pineapple Ave. Melbourne Florida 32935 Phone: 321-259-7262 Fax: 321-259-7198</p>
<p>The Grove Counseling Center, Inc. (Seminole)</p> <p>583 East State Road 434 Longwood, FL 32750 Phone: 407-327-1765 Fax: 407-339-2129</p>	<p>The Transition House, Inc. (Osceola)</p> <p>1221 12th Street St. Cloud, FL 34769 Phone: 407-846-0068 Fax: 407-846-0687 And/or 505 N. Clyde Ave. Kissimmee, FL 34741 Phone: 407-891-1551 Fax: 407-891-1670</p>	<p>Central Florida Substance Abuse Treatment Center, Inc. (CFSATC) dba Central Florida Treatment Center (Brevard, Orange)</p> <p>1800 W. Colonial Dr. Orlando, FL 32804 Phone: 407-843-0041 And/or 7 N. Cocoa Blvd. Cocoa, FL 32922 Phone: 321-951-9750</p>

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Amarillys Rivera, Adult Mental Health Director
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Phone: 407-245-0420
Fax: 407-245-0583

(All can help with any questions you may have for any services in the district.)

Mental Health Handout

Severe and Persistent Mental Illness

The Department of Children and Families (DCF) Mental Health Program Office is responsible for the planning, evaluation and implementation of a complete and comprehensive statewide program of mental health.

The Department has established “Target Populations” and a system to determine which people with mental health, mental illness, emotional disturbances, or behavioral issues have priority to receive services. A person who qualifies must not be able to afford mental health treatment and has to meet the criteria for one of the following categories:

- **Adults with Serious Mental Illness** – (Federal definition) A person eighteen years of age or older who has a diagnosable mental, behavioral, or emotional disorder which results in a functional impairment that substantially interferes with one or more major areas of life.
- **Adults with Severe and Persistent Psychiatric Disabilities** – People eighteen and older who have a diagnosis of a mental disorder and meet the following criteria:
 - Receive Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Disabled Veteran Income or other type of disability income due to a psychiatric disorder.
 - Receive SSI for reasons other than a psychiatric disability and have a psychiatric disability as well.
 - Have documented evidence of a long term psychiatric disability, and do not need, are unable to apply for or refuse to apply for disability benefits.
 - Do not receive disability income due to a psychiatric disability, but have applied for disability income that is in process due to a psychiatric disability or have received such income in the past five years.
- **Adults in Mental Health Crises** – Persons eighteen and older who have presented mental health problems and meet criteria for admission to a mental health receiving facility or show evidence of a recent stressful event and problems coping with the event.

The following are examples of the kinds of services that can be provided to people who meet the target population criteria and can be reimbursed:

1. **Assessment Services** – These services assess, evaluate and provide assistance to persons and their families to determine what level of care is

needed for a person, what the person's motivational level is and what the specific needs are for that person or family.

2. **Case Management Services** –These services consist of activities aimed at identifying a person's needs and capabilities and planning for needed support and services, including monitoring support and services to see if they are achieving the desired outcome in recovery.
3. **Crisis Stabilization Services** –These services are residential acute care services that are provided on a twenty four-hour, seven day a week basis. They involve brief, intensive residential treatment to meet the needs of individuals who are experiencing acute crises and who, in the absence of a suitable alternative, would need inpatient psychiatric hospitalization. Each county has a Crisis Stabilization Unit (CSU), or contracts with a facility to provide that service.
4. **Crisis Support/Emergency Services** – These services are non-residential care services that are usually available twenty-four hours a day, seven days a week, which intervene during a crisis in someone's life or when someone needs emergency psychiatric care.

Other Services Include: employment assistance, housing, out patient services and forensics as well as individual support and support groups.

Residential Treatment:

- **Level One** – Short term treatment facility for persons in need of acute care for an average of 90 days; for persons over 55 with a serious illness who have physical disabilities, are incontinent or are socially regressed. (Also for persons under 55 who meet specific criteria.)
- **Level Two** – These facilities provide a structured rehabilitation environment that includes twenty-four hour, seven day a week supervision for persons who have significant deficits in independent living and need extensive support and supervision.
- **Level Three** – These facilities provide twenty-four hour, seven day a week supervised alternatives, such as supervised apartments for persons who have a moderate functional capacity for independent living. This category also includes Adult Family Care Homes (AFCH).
- **Levels Four and Five** – These facilities include satellite group homes and apartments, which may have services and support available less than twenty-four hours per day, seven days a week, with on-site supervision. These are the least intensive levels of residential care.

Mental Health Level Two

Topic	Information (Script) for Trainer
Florida’s Mental Health System of Care <i>Slide 1</i>	All citizens of Florida have the right to certain publicly funded mental health services, regardless of their ability to pay for the services. However, funds must be available to cover the costs of these services.
Department of Children and Families, Substance Abuse and Mental Health Program Office <i>Slide 2</i>	The Department of Children and Families (DCF) Substance Abuse and Mental Health Program (SAMH) Office is responsible for the planning, evaluation and implementation of a complete and comprehensive statewide program of mental health. The fundamental purpose of the program is to ensure the quality of the mental health and substance abuse service delivery program to both adults and children. SAMH contracts for these services in the district’s four counties: Brevard, Orange, Osceola, and Seminole.
Definitions <i>Slide 3</i>	Severe and Persistent Mental Illness (SPMI) Means an impairment of the mental or emotional processes that exercise conscious control of one’s actions or the ability to perceive or understand reality. The conditions last for a year or longer to meet the guidelines for “persistent”. Severe and Persistent Psychiatric Disability Refers to a variety of conditions related to emotional or behavioral characters that may cause impaired performance.
Target Population <i>Slides 4 & 5</i>	The Department has established “Target Populations” and a system to determine which people with mental health, mental illness, emotional disturbances, or behavioral issues have priority to receive services. A person who qualifies must not be able to afford mental

	<p>health treatment and has to meet the criteria for one of the following categories:</p> <ul style="list-style-type: none"> • <u>Adults with Psychological and/or Psychiatric Disabilities</u> <ol style="list-style-type: none"> <u>1. Adults with Severe and Persistent Mental Illness</u> – A person eighteen years of age or older who has a diagnosable mental, behavioral, or emotional disorder which results in a functional impairment that substantially interferes with one or more major areas of life. <u>2. Adults with Severe and Persistent Psychiatric Disabilities</u> – People eighteen and older who have a diagnosis of a mental disorder and meet the following criteria: <ul style="list-style-type: none"> - Receive Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Disabled Veteran Income or other type of disability income due to a psychiatric disorder. - Receive SSI for reasons other than a psychiatric disability and have a psychiatric disability as well. - Have documented evidence of a long term psychiatric disability, and do not need, are unable to apply for or refuse to apply for disability benefits. - Do not receive disability income due to a psychiatric disability, but have applied for disability income that is in process due to a psychiatric disability or have received such income in the past five years. <u>3. Adults in Mental Health Crises</u> – Persons eighteen and older who have presented mental health problems and meet criteria for admission to a mental health receiving facility or show evidence of a recent stressful event and problems coping with the event.
<p>Three Principles of the Adult Substance Abuse and Mental Health Program</p> <p><i>Slide 6</i></p>	<p>This is a Mental Health system that is based on the following principles:</p> <ol style="list-style-type: none"> (1) <u>Person Centered</u>, with individualized pathways of care. (2) <u>Community Based</u>, with support services located in or strongly linked to the community, in the least restrictive setting supportive of the person’s safety and

	<p>treatment needs.</p> <p>(3) <u>Results Oriented</u>, with quality care leading to improved outcomes for the person and family.</p>
<p>Adult Substance Abuse and Mental Health Program</p> <p><i>Slide 7</i></p>	<p>The Adult Section of the Substance Abuse and Mental Health Program Office includes two units of central program office staff based in Tallahassee, Florida. The two sections are:</p> <ul style="list-style-type: none"> • <u>Institutional Services Section</u>, which works with state mental treatment facilities located around the state. • <u>Community Mental Health Services</u>, which works with community-based providers and others who serve people with mental health, mental illness, emotional and behavioral issues. The focus of this office is to provide leadership and statewide assistance to the district mental health program offices.
<p>District Substance Abuse and Mental Health Program Offices</p> <p><i>Slide 7 cont.</i></p>	<p>There are fifteen District Substance Abuse and Mental Health Program Offices located in Florida. These district offices contract with local community based providers, agencies, facilities, and hospitals that serve people with mental health, mental illness, behavioral or other issues.</p>
<p>Mental Health Care Services Categories</p> <p><i>Slide 8</i></p>	<p>Services generally fall into three categories.</p> <ol style="list-style-type: none"> 1. Assessment Services – These services assess, evaluate and provide assistance to persons and their families to determine what level of care is needed for a person, what the person’s motivational level is and what the specific needs are for that person or family. 2. Case Management Services –These services consist of activities aimed at identifying a person’s needs and capabilities and planning for needed support and services, including monitoring support and services to see if they are achieving the desired outcome in recovery. 3. Crisis Stabilization Services –These services are residential acute care services that are provided on a twenty-four hour, seven day a week basis. They

	<p>involve brief, intensive residential treatment to meet the needs of individuals who are experiencing acute crises and who, in the absence of a suitable alternative, would need inpatient psychiatric hospitalization. Each county has a Crisis Stabilization Unit (CSU), or contracts with a facility to provide that service.</p> <p>4. Crisis Support/Emergency Services – These services are non-residential care services that are usually available twenty-four hours a day, seven days a week, which intervene during a crisis in someone’s life or when someone needs emergency psychiatric care.</p>
<p>Baker Act History</p> <p><i>Slide 9</i></p>	<p>In 1971, the Florida Legislature passed into law the Florida Mental Health Act, which went into effect July 1, 1972. It was a dramatic and comprehensive change in Florida’s 97 year old mental health laws. Before the Baker Act was enacted, a person could be placed in a state hospital if three people signed affidavits and secured approval of a county judge. There was no specific period of commitment before a person’s confinement would be reconsidered by a judge. The Act provided for a patients bill of rights.</p>
<p>Baker Act</p> <p><i>Slide 10</i></p>	<p>If you believe an individual will cause serious bodily harm to themselves or others CALL 11.</p> <p>Do not try to handle the situation yourself or make a determination that a person is mentally ill. Leave that to qualified professionals. Your responsibility for the safety of the individual, yourself and others.</p>
<p>Information on District 7 Programs and Providers</p> <p><i>Slide 11</i></p>	<p>See handout</p>

**Florida's Mental Health
System of Care**

1

**Department of Children
&
Families (DCF)
Substance Abuse and Mental
Health (SAMH) Program Office**

2

Definitions

- **“Severe and Persistent Mental Illness” (SPMI)**
 - Means an impairment of the mental or emotional processes that exercise conscious control of one's actions or the ability to perceive or understand reality.
 - Condition last a year or longer
- **“Severe and Persistent Psychiatric Disability”**
 - Refers to a variety of conditions related to emotional or behavioral characters that may cause impaired performance

3

Target Population

- No Ability to Pay (Indigent)
- Adults With Psychological and/or Psychiatric Disabilities
 - Receive Supplemental Security Income (SSI), Social Security Disability Income (SSDI), or Veterans Income or other disability income due to a psychiatric disorder
 - Receive SSI for reasons other than a psychiatric disability and have a psychiatric disability

4

Target Population (cont.)

- Have documented evidence of long term psychiatric disability.
- Have applied for disability income due to a psychiatric disability.
- Adults in Mental Health Crises

5

Three Principles of Adult Mental Health Program:

1. Person Centered
2. Community Based
3. Results Oriented

6

Adult Substance Abuse and Mental Health Program

- Institutional Services Section
- Community Mental Health Services
- Fifteen district offices located in Florida



7

Services Categories

1. Assessment Services
2. Case Management Services
3. Crisis Stabilization Services
4. Crisis Support/Emergency Services

8

Baker Act

- **Chapter 394 F.S.**
- **History**
 - Took effect July 1, 1972
 - Changed 97 Years of Mental Health Law
 - Established the Patient's Bill of Rights
- **Initiated by:**
 - Law enforcement
 - Physician
 - Certain health care workers
 - Judges order

9

Baker Act

- What should you do if you think a client may pose a threat to themselves or others?

CALL 911



10

Information on District 7
Programs and Providers is
contained in your handout.

11

Quiz on Mental Health

Level Two

1. What state department is responsible for the statewide program of mental health?

2. Besides not having the ability to pay, list the three criteria for the Target Population.

1)

2)

3)

3. What do the following acronyms stand for?

1) DCF -

2) SSI -

3) SSDI -

4) CSU -

4. What are the three principles the Adult Mental Health System is based on?

1)

2)

3)

5. How many District Substance Abuse and Mental Health Program Offices are there in the state?

6. List three examples of mental health services that District Substance Abuse and Mental Health Program Offices may purchase.

1)

2)

3)

7. Describe the following services:

1) Assessment Services

2) Case Management Services

3) Crisis Stabilization Services

4) Crisis Support/Emergency Services

8. What should you do if you think someone may be a danger to themselves or others?

9. In what District is Orlando located?

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Training on Mental Health Level Three

Facilitator's Role:

- | | | |
|----|---|--------------|
| 1. | Welcome/Introductions and Housekeeping | 10 minutes |
| 2. | Go over the Purpose of this training session.
Distribute handouts. Answer any questions. | 10 minutes |
| 3. | Using the PowerPoint presentation, go over the information provided on the Adult Mental Health Program and Baker Act. | 45 minutes |
| 4. | Allow time for follow up questions. | 10 minutes |
| 5. | Pass out quiz on material covered.
Participants may use their notes. | 5-10 minutes |
| 6. | Go over quiz, follow up on areas where participants need additional information/understanding. | 10 minutes |
| 7. | Collect evaluations. | |

Training on Mental Health

Participant Agenda:

1. Welcome/Introductions and Housekeeping
2. Purpose of training session
3. PowerPoint Presentation
4. Questions & Answers
5. What did you learn?
6. Follow up information
7. Evaluations
8. Adjourn

Mental Health Handout

Mental Health Contracted Providers

<p>211 Brevard, Inc. (All counties)</p> <p>P.O. Box 417 Cocoa, FL 32923 (Physical Address) 625 Florida Avenue Cocoa, FL 32922 Phone: 321-631-9290 Fax: 321-631-9291</p>	<p>Circles of Care, Inc. (Brevard)</p> <p>400 East Sheridan Road Melbourne, FL 32901-3184 Phone: 321-722-5200 Fax: 321-722-5230</p>	<p>Family Counseling Center of Brevard, Inc. (Brevard)</p> <p>220 Coral Sands Drive Rockledge, FL 32955 Phone: 321-632-5792 Fax: 321-632-5796</p>
<p>Lakeside Alternatives, Inc. (Orange)</p> <p>434 West Kennedy Blvd Orlando, FL 32810 Phone: 407-875-3700 Fax: 407-875-0704</p>	<p>Human Services Associates, Inc. (Orange, Osceola)</p> <p>1703 West Colonial Drive Orlando, FL 32804 Phone: 407-422-0880 Fax: 407-422-0075</p>	<p>Lifeline of Central Florida, Inc. (Orange)</p> <p>P O Box 149083 Orlando, FL 32814 (Physical Address) 3660 Maguire Blvd., Suite 320 Orlando, FL 32803 Phone: 407-425-5201 Fax: 407-425-5592</p>
<p>Mental Health Association of Central Florida</p> <p>7120 Lake Ellenor Drive Orlando, FL 32809 Phone: 407-855-0588 Fax: 407-855-9688</p>	<p>Orlando Regional Healthcare Systems - STRC/Howard Phillips Center for CNF (Orange)</p> <p>601 W. Michigan Street Orlando, FL 32805 Phone: 407-317-7430 Fax: 407-843-9027</p>	<p>Osceola Mental Health, Inc. (Osceola)</p> <p>206 W. Park Place Blvd. Kissimmee, FL 34741-5731 Phone: 407-846-0023 Fax: 407-933-2970</p>
<p>Psychotherapeutic Services of Florida, Inc.</p> <p><u>Brevard County</u> (Physical Address) 1802 South Fiske Blvd. Suite 201 Rockledge, FL 32955 Phone: 321-504-3888 Fax: 321-504-9711</p> <p><u>Osceola County</u> (Physical Address) 809 East Oak Street, Suite 201 Kissimmee, Florida 34744 Phone: 407-931-3155 Fax: 407-931-0955</p>	<p>Seminole Community Mental Health Center, Inc. (Seminole)</p> <p>237 Fernwood Blvd. Fern Park, FL 32730 Phone: 407-831-2411 Fax: 407-831-0195</p>	<p>Wayne Densch Center, Inc. (Orange)</p> <p>100-102 Kingston Court Orlando, FL 32810 Phone: 407-599-3900 Fax: 407-599-2811</p>

** Those in red are the major public facilities**

Mental Health Handout

Substance Abuse Contracted Services

<p>Community Treatment Center, Inc. (Brevard)</p> <p>1215 Lake Drive Cocoa, FL 32922 Phone: 321-632-5958 Fax: 321-632-2533</p>	<p>Circles of Care, Inc. (Brevard)</p> <p>400 East Sheridan Road Melbourne, FL 32901-3184 Phone: 321-722-5200 Fax: 321-722-5230</p>	<p>Human Services Associates, Inc. (Orange, Osceola, Seminole)</p> <p>1703 West Colonial Drive Orlando, FL 32804 Phone: 407-422-0880 Fax: 407-422-0075</p>
<p>Progressive Counseling Centers (BOAT) (Brevard)</p> <p>1127 South Patrick Drive, Suite 24 Satellite Beach, Florida 32937 Phone: 321-773-1111 Fax: 321-773-6571</p>	<p>Specialized Treatment, Education & Prevention Services, Inc. (Orange, Brevard)</p> <p>1033 N. Pine Hills Road Orlando, FL 32808 Phone: 407-522-2144 Fax: 407-522-2148</p>	<p>The Center for Drug Free Living, Inc. (Brevard, Orange, Osceola, Seminole)</p> <p>205 S. Eola Drive Orlando, FL 32801 Phone: 407-245-0045 Fax: 407-245-0049</p>
<p>Seminole Community Mental Health Center, Inc. (Seminole)</p> <p>237 Fernwood Blvd. Fern Park, FL 32730 Phone: 407-831-2411 Fax: 407-831-0195</p>	<p>Osceola Mental Health, Inc. (Osceola)</p> <p>206 W. Park Place Blvd. Kissimmee, FL 34741-5731 Phone: 407-846-0023 Fax: 407-933-2970</p>	<p>PREVENT of Brevard (Brevard)</p> <p>1948 Pineapple Ave. Melbourne Florida 32935 Phone: 321-259-7262 Fax: 321-259-7198</p>
<p>The Grove Counseling Center, Inc. (Seminole)</p> <p>583 East State Road 434 Longwood, FL 32750 Phone: 407-327-1765 Fax: 407-339-2129</p>	<p>The Transition House, Inc. (Osceola)</p> <p>1221 12th Street St. Cloud, FL 34769 Phone: 407-846-0068 Fax: 407-846-0687 And/or 505 N. Clyde Ave. Kissimmee, FL 34741 Phone: 407-891-1551 Fax: 407-891-1670</p>	<p>Central Florida Substance Abuse Treatment Center, Inc. (CFSATC) dba Central Florida Treatment Center (Brevard, Orange)</p> <p>1800 W. Colonial Dr. Orlando, FL 32804 Phone: 407-843-0041 And/or 7 N. Cocoa Blvd. Cocoa, FL 32922 Phone: 321-951-9750</p>

** Those in red are the major public facilities**

DCF Substance Abuse & Mental Health Contacts

Carolann Duncan, Program Administrator
Amarillys Rivera, Adult Mental Health Director
Karen Clark-Lowman, Substance Abuse Director
Phone: 407-245-0420
Fax: 407-245-0583

(All can help with any questions you may have for any services in the district.)

Mental Health Handout

Severe and Persistent Mental Illness

The Department of Children and Families (DCF) Mental Health Program Office is responsible for the planning, evaluation and implementation of a complete and comprehensive statewide program of mental health.

The Department has established “Target Populations” and a system to determine which people with mental health, mental illness, emotional disturbances, or behavioral issues have priority to receive services. A person who qualifies must not be able to afford mental health treatment and has to meet the criteria for one of the following categories:

- **Adults with Serious Mental Illness** – (Federal definition) A person eighteen years of age or older who has a diagnosable mental, behavioral, or emotional disorder which results in a functional impairment that substantially interferes with one or more major areas of life.
- **Adults with Severe and Persistent Psychiatric Disabilities** – People eighteen and older who have a diagnosis of a mental disorder and meet the following criteria:
 - Receive Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Disabled Veteran Income or other type of disability income due to a psychiatric disorder.
 - Receive SSI for reasons other than a psychiatric disability and have a psychiatric disability as well.
 - Have documented evidence of a long term psychiatric disability, and do not need, are unable to apply for or refuse to apply for disability benefits.
 - Do not receive disability income due to a psychiatric disability, but have applied for disability income that is in process due to a psychiatric disability or have received such income in the past five years.
- **Adults in Mental Health Crises** – Persons eighteen and older who have presented mental health problems and meet criteria for admission to a mental health receiving facility or show evidence of a recent stressful event and problems coping with the event.

The following are examples of the kinds of services that can be provided to people who meet the target population criteria and can be reimbursed:

1. **Assessment Services** – These services assess, evaluate and provide assistance to persons and their families to determine what level of care is

needed for a person, what the person's motivational level is and what the specific needs are for that person or family.

2. **Case Management Services** –These services consist of activities aimed at identifying a person's needs and capabilities and planning for needed support and services, including monitoring support and services to see if they are achieving the desired outcome in recovery.
3. **Crisis Stabilization Services** –These services are residential acute care services that are provided on a twenty four-hour, seven day a week basis. They involve brief, intensive residential treatment to meet the needs of individuals who are experiencing acute crises and who, in the absence of a suitable alternative, would need inpatient psychiatric hospitalization. Each county has a Crisis Stabilization Unit (CSU), or contracts with a facility to provide that service.
4. **Crisis Support/Emergency Services** – These services are non-residential care services that are usually available twenty-four hours a day, seven days a week, which intervene during a crisis in someone's life or when someone needs emergency psychiatric care.

Other Services Include: employment assistance, housing, out patient services and forensics as well as individual support and support groups.

Residential Treatment:

- **Level One** – Short term treatment facility for persons in need of acute care for an average of 90 days; for persons over 55 with a serious illness who have physical disabilities, are incontinent or are socially regressed. (Also for persons under 55 who meet specific criteria.)
- **Level Two** – These facilities provide a structured rehabilitation environment that includes twenty-four hour, seven day a week supervision for persons who have significant deficits in independent living and need extensive support and supervision.
- **Level Three** – These facilities provide twenty-four hour, seven day a week supervised alternatives, such as supervised apartments for persons who have a moderate functional capacity for independent living. This category also includes Adult Family Care Homes (AFCH).
- **Levels Four and Five** – These facilities include satellite group homes and apartments, which may have services and support available less than twenty-four hours per day, seven days a week, with on-site supervision. These are the least intensive levels of residential care.

Mental Health Level Three

Topic	Information (Script) for Trainer
Florida’s Mental Health System of Care <i>Slide 1</i>	All citizens of Florida have the right to certain publicly funded mental health services, regardless of their ability to pay for the services. However, funds must be available to cover the costs of these services.
Department of Children and Families, Substance Abuse and Mental Health (SAMH) Program Office <i>Slides 2 and 3</i>	The Department of Children and Families (DCF) Substance Abuse and Mental Health (SAMH) Program Office is responsible for the planning, evaluation and implementation of a complete and comprehensive statewide program of mental health. The fundamental purpose of the program is to ensure the quality of the mental health and substance abuse service delivery program for both adults and children. The Office is working to alleviate the stigma of mental illness. SAMH contracts for these services in the district four counties: Brevard, Orange, Osceola and Seminole.
Statutory Authority <i>Slide 4</i>	Chapter 394, F.S. outlines the responsibility given to the DCF by the Florida Legislature. F.S. 916 addresses forensics as it relates to mental health involvement. Substance abuse related issues are covered by F.S. 397
Definitions <i>Slide 5</i>	Severe and Persistent Mental Illness (SPMI) Means an impairment of the mental or emotional processes that exercise conscious control of one’s actions or the ability to perceive or understand reality. The conditions last for a year or longer to meet the guidelines for “persistent”. Examples: <ul style="list-style-type: none"> ● Schizophrenia ● Bipolar history with hospitalization and/or medication for maintenance. ● Impairment not due to the manifestation of HIV

<p>Definitions</p> <p><i>Slide 6</i></p>	<p>Severe and Persistent Psychiatric Disability Refers to a variety of conditions related to emotional or behavioral characters that may cause impaired performance. Examples:</p> <ul style="list-style-type: none"> • Anxiety disorder • Bipolar Disorder
<p>Target Population</p> <p><i>Slides 7 & 8</i></p>	<p>The Department has established “Target Populations” and a system to determine which people with mental health, mental illness, emotional disturbances, or behavioral issues have priority to receive services. A person who qualifies must not be able to afford mental health treatment and has to meet the criteria for one of the following categories:</p> <ul style="list-style-type: none"> • <u>Adults with Psychological and/or Psychiatric Disabilities:</u> <ol style="list-style-type: none"> 1. <u>Severe and Persistent Mental Illness</u> A person eighteen years of age or older who has a diagnosable mental, behavioral, or emotional disorder which results in a functional impairment that substantially interferes with one or more major areas of life. 2. <u>Adults with Severe and Persistent Psychiatric Disabilities</u> – People eighteen and older who have a diagnosis of a mental disorder and meet the following criteria: <ul style="list-style-type: none"> - Receive Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Disabled Veteran Income or other type of disability income due to a psychiatric disorder. - Receive SSI for reasons other than a psychiatric disability and have a psychiatric disability as well. - Have documented evidence of a long term psychiatric disability, and do not need, are unable to apply for or refuse to apply for disability benefits. - Do not receive disability income due to a psychiatric disability, but have applied for disability income that is in process due to a psychiatric disability or have received such income in the past five years. • <u>Adults in Mental Health Crises</u> – Persons eighteen

	and older who have presented mental health problems and meet criteria for admission to a mental health receiving facility or show evidence of a recent stressful event and problems coping with the event.
Three Principles of the Adult Substance Abuse and Mental Health Program <i>Slide 9</i>	<p>This is a Mental Health system that is based on the following principles:</p> <p>(1) <u>Person Centered</u>, with individualized pathways of care.</p> <p>(2) <u>Community Based</u>, with support services located in or strongly linked to the community, in the least restrictive setting supportive of the person's safety and treatment needs.</p> <p>(3) <u>Results Oriented</u>, with quality care leading to improved outcomes for the person and family.</p>
Elder Care <i>Slide 10</i>	<p>Problems with not having separate facilities for elder individuals: present systems that may be related to medication, dementia or other medical problems that may go undiagnosed in a facility that is not geared to elders. Elders may face abuse from younger individuals in a facility.</p>
Adult Substance Abuse and Mental Health Program <i>Slide 11</i>	<p>The Adult Section of the Substance Abuse and Mental Health Program Office includes two units of central program office staff based in Tallahassee, Florida. The two sections are:</p> <ul style="list-style-type: none"> • <u>Institutional Services Section</u>, which works with state mental treatment facilities located around the state. • <u>Community Mental Health Services</u>, which works with community-based providers and others who serve people with mental health, mental illness, emotional and behavioral issues. The focus of this office is to provide leadership and statewide assistance to the district mental health program offices.
District Substance Abuse and Mental Health Program	<p>There are fifteen District Substance Abuse and Mental Health Program offices located in Florida. These district offices contract with local community based providers, agencies, facilities, and hospitals that serve</p>

<p>Offices</p> <p><i>Slide 11 cont.</i></p>	<p>people with mental health, mental illness, behavioral or other issues.</p>
<p>Services Purchased by District Substance Abuse and Mental Health Program Offices</p> <p><i>Slide 12</i></p>	<p>Mental health services for adults and children are purchased by the District Substance Abuse and Mental Health Program Offices from public and private providers.</p> <p>The following are examples of the kinds of services that can be provided to people who meet the target population criteria and can be reimbursed:</p> <ul style="list-style-type: none"> • Crisis Stabilization Units (CSUs) • Short Term Residential Care • Residential Care • Outpatient Care and Day Treatment • Case Management and Medical Monitoring • Supportive Housing and Employment • Addiction Recovery
<p>Mental Health Care Service Categories</p> <p><i>Slide 13</i></p>	<p>Services generally fall into the following categories:</p> <ol style="list-style-type: none"> 1. Assessment Services – These services assess, evaluate and provide assistance to persons and their families to determine what level of care is needed for a person, what the person’s motivational level is and what the specific needs are for that person or family. 2. Case Management Services – These services consist of activities aimed at identifying a person’s needs and capabilities and planning for needed support and services, including monitoring support and services to see if they are achieving the desired outcome in recovery. 3. Crisis Stabilization Services – These services are residential acute care services that are provided on a twenty four-hour, seven day a week basis. They involve brief, intensive residential treatment to meet the needs of individuals who are experiencing acute crises and who, in the absence of a suitable alternative, would need

	<p>inpatient psychiatric hospitalization. Each county has a Crisis Stabilization Unit (CSU), or contracts with a facility to provide that service.</p> <p>4. Crisis Support/Emergency Services – These services are non-residential care services that are usually available twenty-four hours a day, seven days a week, which intervene during a crisis in someone’s life or when someone needs emergency psychiatric care.</p>
<p>Residential Treatment Levels</p> <p><i>Slide 14</i></p>	<p>Residential Treatment:</p> <ul style="list-style-type: none"> • Level One – Short term treatment facility for persons in need of acute care for an average of 90 days; for persons over 55 with a serious illness who have physical disabilities, are incontinent or are socially regressed. (Also for persons under 55 who meet specific criteria.) • Level Two – These facilities provide a structured rehabilitation environment that includes twenty-four hour, seven day a week supervision for persons who have significant deficits in independent living and need extensive support and supervision. • Level Three – These facilities provide twenty-four hour, seven day a week supervised alternatives, such as supervised apartments for persons who have a moderate functional capacity for independent living. This category also includes Adult Family Care Homes (AFCH). • Levels Four and Five – These facilities include satellite group homes and apartments, which may have services and support available less than twenty-four hours per day, seven days a week, with on-site supervision. These are the least intensive levels of residential care.
<p>Baker Act History</p> <p><i>Slide 15</i></p>	<p>In 1971, the Florida Legislature passed into law the Florida Mental Health Act, which went into effect July 1, 1972. It was a dramatic and comprehensive change in Florida’s 97 year old mental health laws. Before the Baker Act was enacted, a person could be placed in a state hospital if three people signed affidavits and</p>

	<p>secured approval of a county judge. There was no specific period of commitment before a person’s confinement would be reconsidered by a judge. The Act established the patient’s bill of rights outlining specific treatment that a patient is entitled to. An involuntary examination may be conducted when a person has a mental illness and the person refuses voluntary examination; or is unable to determine if examination is necessary and without care or treatment, is likely to suffer from self-neglect; or without treatment, <u>the person will cause serious bodily harm to themselves or others.</u></p> <p>The involuntary examination can be initiated through a court order based on sworn testimony; or by law enforcement based on observations; or a certified mental health professional may institute an examination. The assessment must occur within 72 hours of the person being detained.</p>
<p>Baker Act <i>Slide 16 cont.</i></p>	<p>The Baker Act can be initiated by:</p> <ul style="list-style-type: none"> • Law enforcement • Physicians • Certain Health care Workers • An order issued by a judge
<p>Baker Act <i>Slide 16</i></p>	<p>If you believe an individual will cause serious bodily harm to themselves or others CALL 11.</p> <p>Do not try to handle the situation yourself or make a determination that a person is mentally ill. Leave that to qualified professionals. Your responsibility for the safety of the individual, yourself and others.</p>
<p>Information on District 7 Programs and Providers <i>Slide 17</i></p>	<p>See handout</p>

**Florida's Mental Health
System of Care**

1

**Department of Children
&
Families (DCF)
Substance Abuse and Mental
Health (SAMH) Program Office**

2

Purpose

- Ensuring quality mental health and substance abuse service delivery to adults and children
- Alleviating the stigma of mental illness
 - The Substance Abuse and Mental Health Office is divided into several units that deliver services to meet the overall goals.
 - The Office contracts for these services in Brevard, Orange, Osceola and Seminole Counties

3

Statutory Authority

- Chapter 394 F.S.
- Chapter 916 F.S.
- Chapter 397 F.S.



4

Definitions

- **“Severe and Persistent Mental Illness” (SPMI)**
 - Means an impairment of the mental or emotional processes that exercise conscious control of one’s actions or the ability to perceive or understand reality.
 - Condition last a year or longer
- **Examples:**
 - Schizophrenia
 - Bipolar history with hospitalizations and/or maintenance medication
 - Impairment not due to the neuropsychiatry manifestation of HIV infection

5

Definitions

- **“Severe and Persistent Psychiatric Disability”**
 - Refers to a variety of conditions related to emotional or behavioral characters that may cause impaired performance
- **Examples:**
 - anxiety disorder
 - bipolar disorder

6

Target Population

- No Ability to Pay (Indigent)
- Adults With Psychological and/or Psychiatric Disabilities
- Receive Supplemental Security Income (SSI), Social Security Disability Income (SSDI), or Veterans Income or other disability income due to a psychiatric disorder
 - Receive SSI for reasons other than a psychiatric disability and have a psychiatric disability

7

Target Population (cont.)

- Have documented evidence of long term psychiatric disability.
- Have applied for disability income due to a psychiatric disability.
- Adults in Mental Health Crises

8

Three Principles of the Adult Substance Abuse and Mental Health Program:

1. Person Centered
2. Community Based
3. Results Oriented

9

Elder Care

- There is a problem providing care for elders with a mental or substance abuse problem separate from younger individuals.
- Elders need specialized programs and services.
- Most receiving facilities are not prepared to deal with elder individuals with either mental or drug related problems.

10

Adult Substance Abuse and Mental Health Program

- Institutional Services Section
- Community Mental Health Services
- Fifteen district offices located in Florida



11

Services Purchased by District Substance Abuse and Mental Health Program Offices

- Crisis Stabilization Units (CSUs)
- Short Term Residential Care
- Residential Care
- Outpatient Care and Day Treatment
- Case Management and Medical Monitoring
- Supportive Housing and Employment
- Addiction Recovery

12

Services Categories

1. Assessment Services
2. Case Management Services
3. Crisis Stabilization Services
4. Crisis Support/Emergency Services

13

Residential Treatment Levels

- **Level One** – Short term (90 days), acute care, twenty four/seven
- **Level Two** – Twenty four/seven, needs assisted living services
- **Level Three** – Twenty-four/seven, moderate capacity for independent living
- **Levels Four & Five** – Least intensive level of residential care

14

Baker Act

- **Chapter 394 F.S.**
- **History**
 - Took effect July 1, 1972
 - Changed 97 Years of Mental Health Law
 - Established the Patient's Bill of Rights
- **Initiated by:**
 - Law enforcement
 - Physician
 - Certain health care workers
 - Judges order

15

Baker Act

- What should you do if you think a client may pose a threat to themselves or others?

CALL 911



16

Information on District 7
Programs and Providers is
contained in your handout.

17

Quiz on Mental Health

Level Three

1. What state department is responsible for the statewide program of mental health?

2. What is the definition for Severe and Persistent Mental Illness?

3. Besides not having the ability to pay, list the three criteria for the Target Population.

1)

2)

3)

4. What do the following acronyms stand for?

1) DCF -

2) SSI -

3) SSDI -

4) CSU -

5. What are the three principles the Adult Mental Health System is based on?

1)

2)

3)

6. How many District Substance Abuse and Mental Health Program Offices are there in the state?

Quiz on Mental Health (cont.)

7. List three examples of Services that District Substance Abuse and Mental Health Program Offices may purchase.

- 1) _____
- 2) _____
- 3) _____

8. Describe the following services:

- 1) Assessment Services _____
- 2) Case Management Services _____
- 3) Crisis Stabilization Services _____
- 4) Crisis Support/Emergency Services _____

9. What is the residential treatment level for persons who have a significant deficit in independent living and need extensive support and supervision?

10. When was the Baker Act Initiated?

11. In what District is Orlando located? _____

SESSION EVALUATION

For each of the statements listed below, please place a check mark in one of the five blocks that best expresses your opinion.

	CATEGORIES	1 Excellent	2 Good	3 Deficient	4 Poor	5 Not Applicable
1.	The trainer's ability to facilitate the group was:					
2.	The trainer's level of preparation for this session was:					
3.	The trainer's ability to communicate was:					
4.	The quality of the materials was:					
5.	The opportunity for participant involvement was:					
6.	In terms of value to me, this training was:					
7.	In terms of overall quality, this training session was:					
8.	The relevancy of the training content was:					
9.	The difficulty level of the training content was:					
10.	The pace of the training session was:					

Please let us know what you think.

What I found most useful: _____

What I would like more of: _____

Additional Remarks: _____

THANK YOU!

Chapter Six

HelpWorks

This section will be provided by DOEA

HelpWorks Professional 4.0

User's Guide

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I. Introduction

Welcome to HelpWorks Professional 4.0. HelpWorks offers a rules-based screening solution that provides a self-service interface for service providers and consumers. It delivers assessment, eligibility screening, provider matching, and electronic referral.

This guide walks the user through conducting a screening using HelpWorks.. It also explains the Expert Eligibility Server (EES)[™], the technology on which HelpWorks is based, for a better understanding of the HelpWorks environment.

II. Using Help Works

HelpWorks makes it easy to assess eligibility for a particular program, a category of programs, or every program in your system. Simply follow the links to run an interview that's dynamically tailored to each individual client.

A. Starting a HelpWorks session

1. If necessary, connect to the Internet. Start your Web browser, and then point your browser to the HelpWorks location, as provided by your system administrator. This location is likely to be or to resemble a standard World Wide Web address.
2. In the HelpWorks Login Screen, type your Username in the **User Name** field and your password in the **Password** field.

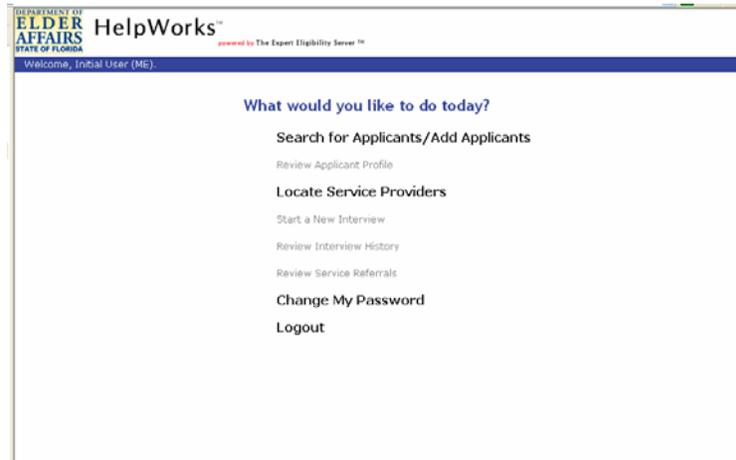
Be sure to use correct spelling and punctuation; capitalization does not matter here, however. If you do not have a username and password, see your system administrator.



3. Click the **Login** link.

B. Getting Started in HelpWorks

1. After logging in, the HelpWorks main page, or the **What would you like to do today?** page, opens as shown below.



2. From here, you have four choices to begin your HelpWorks session:

- a. If you choose **Search for Applicants/Add Applicants**, you can use the **Locate an Applicant** page to search the Individual Casebook for applicants visible with your security level (more details in Section C, **Search for Applicants**).

TIP: In order to Review the Applicant Profile, Start a New Interview, Review Interview History or Review Service Referrals, you must first select an applicant.

- b. If you choose **Locate Service Providers**, you can locate and review provider information (more detail in Section I, **Locate a Provider**).
- c. If you choose **Change Password**, you can change your password.
- d. If you choose **Log Out**, you can log out of HelpWorks and return to the main page.

C. Search for Applicants

1. Once you are ready to start working with a client, select **Search for Applicants** from the **What would you like to do today?** page. Doing so will bring up the **Locate an Applicant** page to help you locate an applicant as shown below:

The screenshot shows the 'ELDER AFFAIRS HelpWorks' interface. At the top, it says 'powered by The Expert Eligibility Server'. Below the header, there's a navigation bar with 'Welcome, Initial User (ME)'. The main content area is titled 'Locate an Applicant' and includes a note: 'NOTE: A search by Internal ID will disregard all other search criteria.' The form is divided into two columns of input fields. The left column contains: Last Name, SSN, City, Zip, Internal ID, and a checkbox for 'Hotlisted'. The right column contains: First Name, Date of birth (MM/DD/YYYY), State (with 'FL' selected), and Phone (with three input boxes). Below these columns are checkboxes for 'Exact name match'. To the right of the form is an 'Actions' tab with three links: 'Search', 'Clear All', and 'Close'.

- To search for an applicant, enter search criteria in the desired field. You can search by **Last name**, **First name**, **Social Security Number**, **Date of Birth**, **City**, **State**, **Zip**, **Phone** and **HelpWorks Internal ID**. There are two other options available to you, which further extend the ability to fine-tune your search.
 - the **Hotlisted** option will limit the result to only those applicants who have been hotlisted.
 - **Exact name match** allows you to search using the full name of the applicant. For example, if you would like to see all applicants whose full name is Jane Doe you would enter Doe in the Last name field and Jane in the First name field.
- When you are satisfied with the applicant criteria, click on the Search link under the Actions tab. If you would like to start over, click on the **Clear All** link in the menu to clear all fields. To exit without performing a search, click on the **Close** link to return to the main page.
- After HelpWorks Web has processed your search, it will display the **Known Applicants** page, displaying a list of clients who meet the search criteria that you entered. An example of this is shown on the following page.

Known Applicants

From the Known Applicants page, you may:

- Select an existing applicant to begin screenings (details on the following page).
- Start an intake for a new client, by clicking **Add New Client**.
- Close the Casebook without selecting an applicant, by clicking Close.
- Re-search or further filter the Casebook, by clicking Locate an Applicant.

The clients matching the search criteria are displayed in a table format. You have the ability to traverse the results set in both directions by clicking on the << **Prior** and **Next** >> links. Above the table is displayed the range of records that you are currently viewing: **Items 1 to 10 of 12**.

The Individual Casebook displays cases visible with your security level. In order to work in most modules in HelpWorks, you must select a case.

To select a case and close the Casebook, click the underlined client name or ID in the list. To browse through the Casebook, click the navigation buttons at the top or bottom of the list.

To start an intake for a new case, click Add New Client.

To search or filter the Casebook, click Locate an Applicant.

To close the Casebook without selecting a case, click Close.

Note: Throughout

Client/ Client ID	Address/ Phone	SSN/SIN/ Date of Birth	Site County
<u>Marino, Eric</u> EDOE.248661	90 Solar Place Tampa, FL 33930	144-55-0939 2/5/1976	HILLSBORO
<u>Marino, Jake</u> EDOE.305225	, FL	9/9/1933	BREVARD
<u>Marino, Kathy</u> EDOE.305120	, FL	2/5/1933	BREVARD
<u>Marino, Lynn</u> EDOE.305166	, FL	9/9/1933	BREVARD
<u>Marino, Nancy</u> EDOE.254761	, FL 813-333-9877	255-55-5555 1/1/1934	ALACHUA
<u>Marino, Nancy</u> EDOE.305364	, FL	9/9/1933	BREVARD
<u>Marino, Nancy</u> EDOE.310339	, FL	9/9/1933	BREVARD
<u>Marino, Nancy</u> EDOE.305339	, FL	9/9/1933	BREVARD

Items 1 to 10 of 12: << < Prior Next > >>

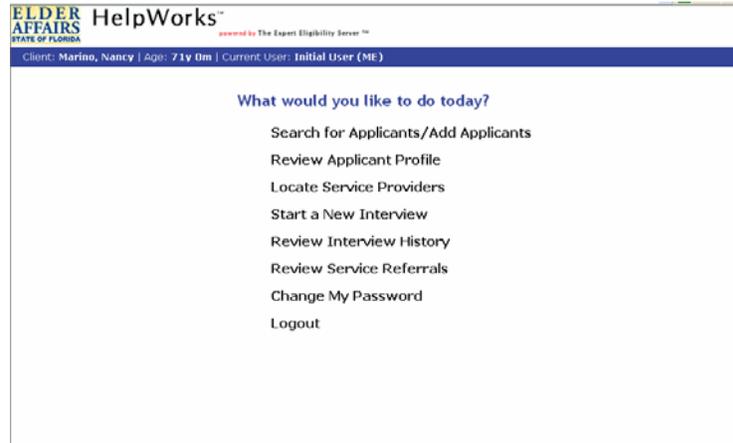
Actions:

- ⊕ Add New Client
- ⊕ Locate an Applicant
- ⊕ Close
- ⊕ Print

To select an existing applicant and close the Known Applicants list, click the underlined client name or ID in the list.

D. Work with an Existing Applicant

1. Now that you have successfully located and selected your target applicant, the client name and age is displayed in the status bar on the **What would you like to do today?** page. On this page, you decide what you would like to do:



- A. You may select **Review Applicant Profile** to access the **Applicant Profile** page, which provides a convenient way to view and edit applicant data.

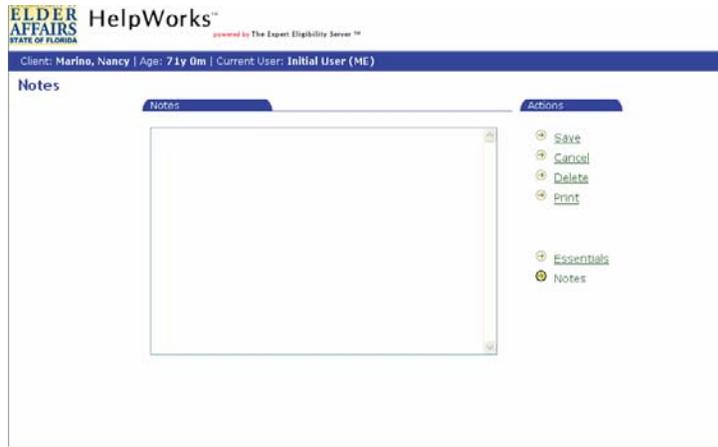
TIP: Since you are arriving at the **Applicant Profile** page as a result of a search, specific information will be pre-populated on the page.

The screenshot shows the 'Applicant Profile' page. At the top left is the logo for the Department of Elder Affairs, State of Florida. The main header reads 'HelpWorks™ powered by The Expert Eligibility Server™'. Below this, a status bar displays 'Client: Marino, Kathy | Age: 72y 9m | Current User: Initial User (ME)'. The main content area is titled 'Applicant Profile' and contains a form with the following fields: Last name (optional) 'Marino', First name (required) 'Kathy', SSN (Optional), Birthdate (MM/DD/YYYY) (required) '2/5/1933', Site Code 'INTERNET', Public access via Internet, Daytime phone, Evening phone, Gender (required) 'F', Race (required) 'ON', Citizenship (required) 'LPR', Marital status (required) 'M'. On the right side, there is an 'Actions' menu with links for Save, Cancel, Delete, Print, Essentials, and Notes. Below the form, there is a note: 'This screen should be filled out with information about the elder applicant, even if you are applying as a caregiver'.

On the **Applicant Profile** page, you have the following choices:

- Clicking **Delete** link on the menu will remove the current applicant from the database. A message asking “Are you sure you want to permanently erase this record?” is displayed. Clicking **OK** will permanently delete the applicant record and after a short pause you will be redirected to the **What would you like to do today?** page.

- Clicking on the **Notes** link opens up a page displaying notes attached to the applicant record:



- Clicking **Cancel** will close the Applicant Profile and return you to the **What would you like to do today?** page.
- After you have reviewed or edited the **Applicant Profile** information, click on the **Save** link in the menu to close the profile and return to the **What would you like to do today?** page.

- B. You may click the **Review Interview History** link to display, in a separate window, a list of previously conducted screenings, as shown below. You have the option of clicking on the **Interview ID** to display detailed information about the screening.

Interview ID	Status	Scheduled	Location	Interviewer	Actions
EDOEA_307215	Completed	11/14/2005 11:36:34 AM		ME	Close
EDOEA_307185	Completed	11/14/2005 11:34:59 AM		ME	
EDOEA_307144	Completed	11/14/2005 11:33:31 AM		ME	
EDOEA_307082	Completed	11/14/2005 11:32:38 AM		ME	
EDOEA_307070	Completed	11/14/2005 11:32:13 AM		ME	
EDOEA_306556	In progress	11/14/2005 11:07:15 AM		ME	
EDOEA_298481	Halted	11/9/2005 1:23:04 PM		ME	
EDOEA_298451	Halted	11/9/2005 1:21:39 PM		ME	
EDOEA_298397	Completed	11/9/2005 1:01:22 PM		ME	
EDOEA_298205	Halted	11/9/2005 1:18:49 PM		ME	

- C. Clicking the **Review Service Referrals** link will display, in a separate window, a list of all referrals made for the current applicant. You have the options of clicking on the **Provider** name to see detailed provider information.

DEPARTMENT OF
ELDER AFFAIRS
STATE OF FLORIDA

HelpWorks™
powered by The Expert Eligibility Server™

Client: Marino, Nancy | Age: 71y 0m | Current User: Initial User (ME)

Service Referrals Outcome Log

The Service Referrals Outcome Log is a list of all referrals for your currently selected client.

- To learn more about the provider for a specific referral, click on the provider's name in the log.
- To add Followup information for a referral and update referral notes, click the Followup link.
- To print the current page of referrals, click Print.
- Click Close to close this page when you are finished with it.

Referral date	Followup date	Outcome	Provider	Actions
11/22/2005 ME	12/31/2006 Jack Forman Followup		2-1-1 COMMUNITY RESOURCE	Print Close

Notes: Please help Nancy with benefits and services 2-1-1 never called Nancy Marino for help with benefits and services. 11/22 - Client was referred to another agency for assistance

Items 1 to 1 of 1: << < Prior Next > >>

- D. The **Start a New Interview** link displays, in a separate window, the **Screening Options** page, which facilitates defining the scope of the screening you would like to perform by asking **What would you like to screen for?**, as shown below:

DEPARTMENT OF
ELDER AFFAIRS
STATE OF FLORIDA

HelpWorks™
powered by The Expert Eligibility Server™

Client: Marino, Nancy | Age: 71y 0m | Current User: Initial User (ME)

What would you like to screen for?

- [Programs by Category](#)
Conduct an interview for all programs in one or more categories, like Health Care or Alzheimer's/Dementia.
- [Specific Programs](#)
Select individual programs and assessments for an interview. If you select more than one program, HelpWorks will merge their interview questions into a single, smoothly ordered interview.
- [All Programs](#)
HelpWorks will screen for every program on file. If you select this option, you cannot exclude any programs from the interview. (There are programs available.)

Actions: [Close](#)

For details on conducting a screening, please refer to Section H, **Conduct a Screening**.

- E. You may also Locate a Service Provider, Change your Password, or Logout, as explained in Section B, **Getting Started in HelpWorks**.

E. Create a New Applicant

1. At the **What would you like to do today?** page click the **Search for Applicant** link. The **Locate an Applicant** page is displayed, which allows you to enter information about the applicant. Enter search criteria into the desired field and click on **Search**. If HelpWorks finds no record on file, click **Add** to enter a new applicant.

The screenshot shows the 'Applicant Profile' form in the HelpWorks system. The form is titled 'Applicant Profile' and is divided into two main sections: 'Essentials' and 'Actions'. The 'Essentials' section contains several fields for entering applicant information. The 'Actions' section contains buttons for 'Save', 'Cancel', 'Delete', and 'Print', along with expandable sections for 'Essentials' and 'Notes'. The form includes the following fields:

Field Name	Requirement
Last name (optional)	Optional
First name	Required
SSN (Optional)	Optional
Internal ID	EDOE.A.345079
Birthdate (MM/DD/YYYY)	Required
Site Code	Optional
Daytime phone	Optional
Evening phone	Optional
Gender	Required
Citizenship	Required
Race	Required
Marital status	Required
Household Size	Required
Dependents (Optional)	Optional

2. You must complete some, but not all, of the fields to add a new client. The following fields are required: **First Name, Date of Birth, Gender, Citizenship, Race, Marital status, Household Size, and County**. If you fail to complete any of these fields, you will be unable to proceed with the interview process. You can complete some or all of the other fields, as desired.

TIP: To move to a field, click with the mouse or press the **[Tab]** key to advance to the next field. You can use the scroll bar to view more of the screen.

TIP: Some fields, such as Citizenship and Marital status, contain a **list arrow**.  Click the list arrow to see a list of choices, and then click the choice you want.

TIP: Although you do not need to complete fields that are not required, you should provide as much information as you can. The more information you provide, the better HelpWorks will be able to determine the applicant's eligibility.

Essentials		Actions
Last name (optional) Marino	First name (required) Nancy	<a>Save <a>Cancel <a>Delete <a>Print <a>Essentials <a>Notes
SSN (Optional) 166-96-6859	Internal ID EDOEAE260534	
Birthdate (MM/DD/YYYY) (required) 10/25/1934	Site Code PSA 7	
Daytime phone 813 555 8659	Evening phone 813 588 5569	
Gender (required) F	Citizenship (required) PRUCOL	
Female	Permanent U. S. Resident	
Race (required) ON	Marital status (required) M	
Other - Not Hispanic/Latino	Married	
Household Size (required) 3	Dependents (Optional) 1	
Hotlist? <input checked="" type="checkbox"/>		
Address		
Street 23 Soler Place	City Tampa	State FL
Address line 2 Apt 5A	ZIP/Postal 23568	County (required) BREVARD

3. When you have finished entering the applicant's information click on **Save** link to proceed to the **What would you like to do?** page.

F. Conduct a Screening

Once you have completed the applicant profile and/or selected a client, you are ready to start a new screening.

1. From the **What would you like to do today?** page, click **Start a New Interview**.
2. Help Works offers three ways to screen an applicant:
 - Programs by Category
 - Specific Programs
 - All Programs

ELDER AFFAIRS HelpWorks™
powered by The Expert Eligibility Service™

Client: Marino, Nancy | Age: 71y 0m | Current User: Initial User (ME)

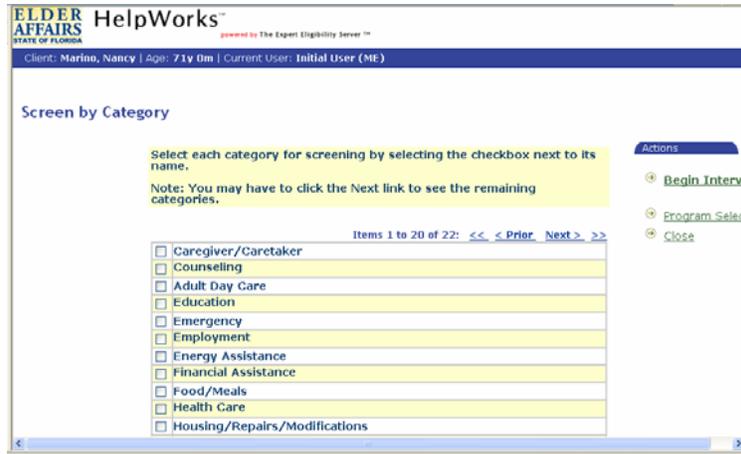
What would you like to screen for?

Programs by Category
 Conduct an interview for all programs in one or more categories, like Health Care or Alzheimer's/Dementia.

Specific Programs
 Select individual programs and assessments for an interview. If you select more than one program, HelpWorks will merge their interview questions into a single, smoothly ordered interview.

All Programs
 HelpWorks will screen for every program on file. If you select this option, you cannot exclude any programs from the interview. (There are programs available.)

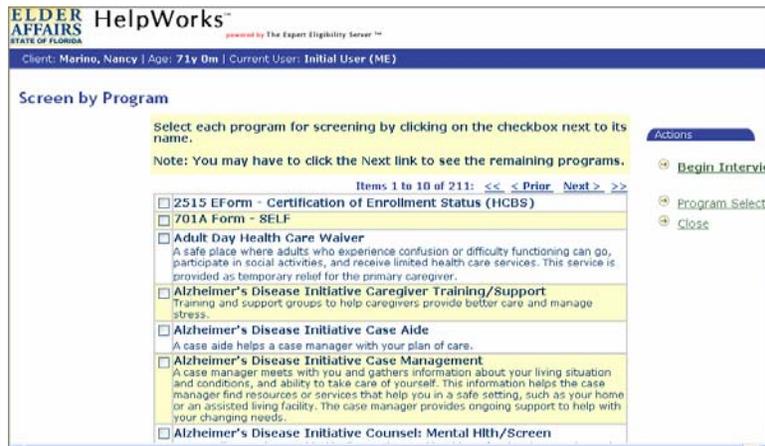
- A. The first option, **Programs by Category**, screens for every program of a particular category, such as Caregiver/Caretaker or Financial Assistance Programs. You can choose as many categories as you like, and HelpWorks will integrate all the questions into one interview. Note: Only categories which actually contain programs will be shown



(see item B, below, for information on selecting options)

- B. With the next option, **Specific Programs**, you can screen for one or more individual programs, such as **AARP Community Service Employment** or **Adult Mental Health**. If you choose more than one program, HelpWorks will combine the questions into one interview.

TIP: The list of programs presented will already exclude those for which the applicant is known to be ineligible based on age or geographical information in the Applicant Profile. This means that the contents of the list will vary depending upon the characteristics of the applicant being screened.



1. To screen for a program or category, click the **check box** next to it. A checkmark next to a program or category indicates that it has been selected and will be added to the interview.
2. If you change your mind and want to remove any program or category before starting the interview, simply click the **check box** again to remove the check mark.

3. To move through list so you can see all your available choices, click **Next** or **Prior** on top of the program list , or use the **scroll bar**.
4. Remember that you can include more than one program or category in an interview.

TIP: You can click **Stop Interview** at any time to cancel the current interview. Clicking this option cancels the interview and returns you to the Login screen. You cannot re-enter the current interview if you click the Stop Interview link.

C. The final option **All Programs**, allows you to screen for every program entered in the system. HelpWorks will run one interview that contains all the applicable questions. With this option, you cannot exclude any program from the interview.

1. Once you have selected the programs for screening, click **Begin Interview** to start the interview.

IMPORTANT: While in the question-and-answer phase of the interview, do not click the **Back** button of your web browser, as this will disrupt the flow of the interview.

2. Answer each interview question as appropriate, then click **Next Question** to proceed.

TIP: Many interview questions contain a few basic options to choose from to complete your answer. As shown in the example below, most questions can be answered with a simple Yes, No, or Don't know.

TIP: At any point in the interview, you can click **My Results So Far** to view the programs for which the applicant may qualify.

My Results So Far

The screening results list displays each program name, such as **Food Stamps** in the example above,, the program category, such as **Financial Assistance**, the Confidence level, which can be **LOW**, **MEDIUM**, or **HIGH**, and a link to the service provider list—if any—which administer this program.

The confidence level is based on how much information the applicant has provided. A **LOW** confidence rating means that there is some indication the applicant is eligible for the program, but not enough information to tell for sure. For example,

the information that the applicant is a woman between the ages of 18 and 36 and that she lives in New York City may lead to a low confidence rating that she is eligible for a local child care program. Because there are additional program requirements, such as income, number of dependents, marital status, and employment status, HelpWorks cannot return a higher confidence level until it has this additional information from the applicant.

As you proceed through the interview, the confidence level for a program changes based on the information you provide. You can click **My Results So Far** at any time to check this list. If you provide information disqualifying you from a program, the program will no longer be listed.

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA HelpWorks™ powered by The Expert Eligibility Server™

Client: Marino, Nancy | Age: 71y 0m | Current User: Initial User (ME)

Qualified Programs

Items 1 to 3 of 3: << < Prior Next > >>

Name/Category	Service Category	Confidence Level	Providers on file	Actions
Community Care for the Elderly Counseling/Mental Hlp/Screen	Counseling	HIGH	Find Provider...	Qualified Programs
Community Care for the Elderly Legal Assistance	Legal	HIGH	Find Provider...	Eliminated Programs
Long Term Care Division: Adult/Medicaid Waiver	Waiver	MEDIUM	Find Provider...	Electronic Forms

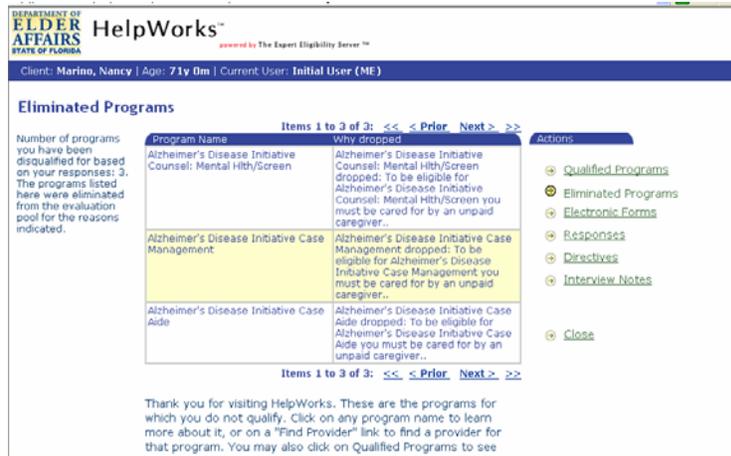
Items 1 to 3 of 3: << < Prior Next > >>

Thank you for visiting HelpWorks. These are the programs for which you might qualify. Click on any program name to learn more about it, or on a "Find Provider" link to find a provider for that program. You may also click on Eliminated Programs to see programs for which you probably don't qualify. If you would like to speak with one of our information specialists, please call 1-800-96ELDER (1-800-963-5337).

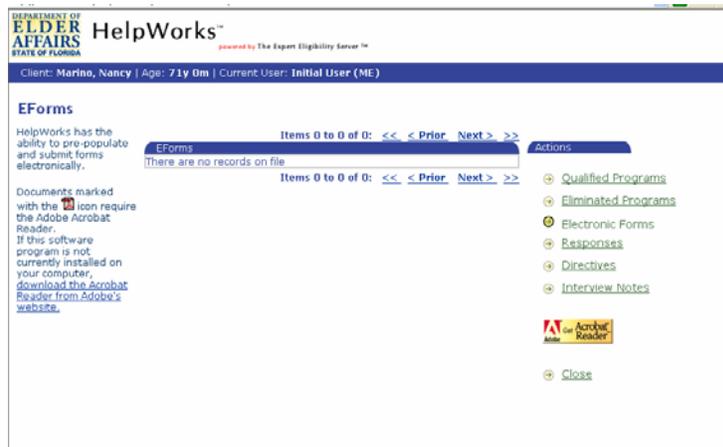
- Responses
- Directives
- Interview Notes
- Close

From the Qualified Programs page, you may:

- Click **Eliminated Programs** to see a list of programs from which the applicant has been disqualified (and the reasons why).



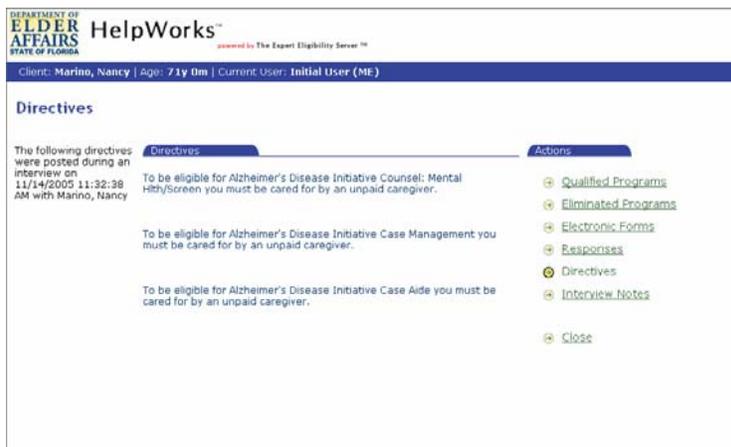
- Click **Electronic Forms** to work with E-Forms (more detail on this in forthcoming sections)



- Click **Responses** to see a list of the applicant responses to the interview questions thus far.



- Click **Directives** to see a list of the Directives that have been displayed thus far during the interview.



- Click **Interview Notes** to see a list of the Interview Notes that have been displayed thus far during the interview.



- Click **Close** to close the window and return to the interview.

NOTE: To print the information on any page, use your browser's **Print command**, usually located on the **File menu**.

5. Once you have answered all the questions in the interview, HelpWorks displays the following **Qualified Programs** screen. You can select any of the **programs** to view more information about the program, or **Close** if you don't wish to view your results.

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA HelpWorks™ powered by The Expert Eligibility Server™

Client: Marino, Nancy | Age: 71y 0m | Current User: Initial User (ME)

Qualified Programs

Items 1 to 3 of 3: << < Prior Next > >>

Name/Category	Service	Confidence Level	Providers on file
Community Care for the Elderly	Counseling	HIGH	Find Provider...
Counseling Mental Hlt/Screen			
Community Care for the Elderly	Legal	HIGH	Find Provider...
Legal Assistance			
Long Term Care Diversion: Adult Medicaid Waiver		MEDIUM	Find Provider...
Day Health			

Items 1 to 3 of 3: << < Prior Next > >>

Thank you for visiting HelpWorks. These are the programs for which you might qualify. Click on any program name to learn more about it, or on a "Find Provider" link to find a provider for that program. You may also click on Eliminated Programs to see programs for which you probably don't qualify. If you would like to speak with one of our information specialists, please call 1-800-96ELDER (1-800-963-5337).

Actions:

- Qualified Programs
- Eliminated Programs
- Electronic Forms
- Responses
- Directives
- Interview Notes
- Close

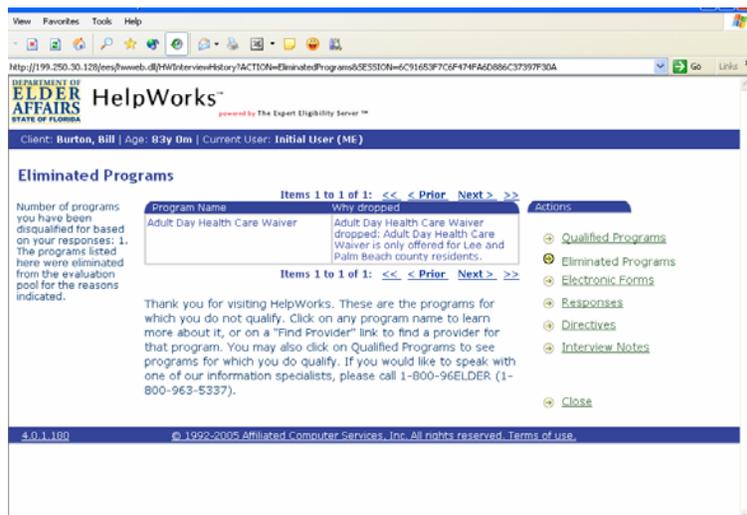
G. Reviewing your results

1. HelpWorks displays the final screening results for an interview after you have finished all the questions. Review the results to see programs for which the applicant may qualify, and to find out how to contact the service provider or providers who administer each applicable program.
2. To see the programs for which the applicant may qualify, click the **Qualified Programs** link:
 - a. To explore further information about a program for which the applicant may be eligible, click the program name.
 - b. To find a provider that administers the qualified program, click the **Find Provider** link to search the Service Provider Registry. A list of matching providers will be displayed.

TIP: If the Service Provider Registry displays "there are no records on file", then no matching service providers were found.

- c. From the list of matching providers, click the provider name to see a description of the provider, including contact information, intake procedures, and other travel directions, as shown below.
- d. From the provider record, you may make a referral for the applicant (see Section J, Make a Referral)

3. Click **Eliminated Programs** to see a list of programs for which the applicant has been disqualified, and the reasons they were dropped.



TIP: To print the information on any page, use your browser's Print command, usually located on the File menu.

4. When you are finished, click **Close** to return to an overview of your results.

H. Electronic Forms

HelpWorks has the ability to pre-populate and submit forms electronically.

1. To view or edit the form, click on **Qualified Programs** then **Electronic Forms**.
2. Click **Edit Eform** to open the form to add additional information.
3. Click, **Save and Return HelpWorks** to close the eform.
4. From the **Eforms** page, click **Send Eform** to email the form the designated recipient.

I. Search for Providers

As explained in Section G, Reviewing Your Results, you may review provider information for providers that administer programs for which an applicant has qualified. You may also search for

providers without conducting a screening. You can base your search on such criteria as geographic location or services provided.

1. From the **What would you like to do today?** page, click **Locate Services Providers**.
2. The **HelpWorks Service Providers** search page is displayed. This page provides a convenient way to find provider information. You can search by **Provider Name**, **Provider ID**, **Community Area**, **Services**, and **Client Also Needs**. To select multiple Services or Client Also Needs, hold the CTRL key while making selections. Clicking on **Exact match** will limit the range of the result set.

3. When you are satisfied with the search criteria, click on the **Search** link under the Actions tab.

TIP: If you would like to start over, click on the **Clear Form** link in the menu to clear all fields. To exit without performing a search, click on the **Close** link to return to the **What would you like to do today?** page.

4. The **Provider Log** provides a list of Service Providers meeting your search criteria will be displayed. If no providers matched your search, click Search again to enter different search criteria.

Provider Name	Address	Contacts
00 test	, FL	Send eMail to: On the web:
2-1-1 COMMUNITY RESOURCE	1940 Traylor Boulevard Orlando, FL 32804-	Mr. Augustine Paz 407-846-2364 Send eMail to: On the web:
A Better Choice Hm Hlth Care	480 E Eau Gallie Boulevard FL	Barbara J. Daniels 321-773-1567 Send eMail to: On the web:
A Max Brewer Memorial Law Library	2725 Judge Fran Jamieson Way Viera, FL 32940	Melania Carlson 321-617-7295 Send eMail to: On the web:
Archi & Frances Lovz Senior Residence	5010 Nob Hill Road Sunrise, FL 33065	954-746-7960 Send eMail to: On the web:

5. Clicking on a provider's name displays detailed information about the selected provider in a separate page. On both **Provider Log** and **Provider Detail** pages you have the option to print the displayed information.

TIP: The **Service Provider Profile** is organized into nine pages. To switch among them, click on Essentials, Service Keywords, Services Provided, Eligibility, etc.

TIP: The **Service Provider Profile** facilitates electronic communication by either clicking on **Make Referral** or browsing the provider's web page by clicking on their web address, where applicable.

J. Make a Referral

Once you have selected a client from the **What would you like to do today?** , you may create a referral for your selected applicant directly to a service provider.

1. From the **What would you like to do today?** page, click Locate Service Providers
2. From the **Locate a Provider** page, enter search criteria and click Search
3. The Service Provider Registry is displayed. Click on the service provider to open the provider profile. From the **Service Provider Profile** page, click **Make Referral**.
4. The **Service Referral** page is displayed. Enter a follow up date or notes and click, the **Email** link under the Action menu. The **Service Referral Email** page is displayed
5. Type the email address into the **To** box and add an email message if necessary. Click send to generate the email.

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA **HelpWorks™** powered by The Expert Eligibility Server™

Client: Marino, Nancy | Age: 71y 0m | Current User: Initial User (ME)

Service Referral

Essentials **Actions**

Provider: A Better Choice Hm Hlth Care

Infoline Service:
 Home Nursing [LT-280.310]
 Errand Running/Shopping Assistance [PH-330.180]
 Homemaker Assistance [PH-330.300]
 In Home Meal Preparation [PH-330.322]
 Home Health Aides [YO-300.500-30]

Referral date: 11/22/2005
 Followup date:

Referral Notes:

[Email](#)
[Save and Close](#)
[Cancel](#)
[Print](#)

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA **HelpWorks™** powered by The Expert Eligibility Server™

Client: Marino, Nancy | Age: 71y 0m | Current User: Initial User (ME)

Service Referral Email

Essentials **Actions**

Email referral to: A Better Choice Hm Hlth Care

Email referral for: Marino, Nancy

From: Initial User ()
 Site:
 To: nancy.marino@bol.com

Please call Nancy Marino

[Send](#)
[Cancel](#)

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- To review a Service Referral, click on Review Service Referrals on the **What would you like to do today?** page.

Client: Marino, Nancy | Age: 71y 0m | Current User: Initial User (ME)

Service Referrals Outcome Log

The Service Referrals Outcome Log is a list of all referrals for your currently selected client.

Items 1 to 1 of 1: << < Prior Next > >>

Referral date	Followed up by	Outcome	Provider Service
11/22/2005	12/31/2006 ME Jack Forman Followup		2-1-1 COMMUNITY RESOURCE

Notes: Please help Nancy with benefits and services 2-1-1 never called Nancy Marino for help with benefits and services. 11/22 - Client was referred to another agency for assistance.

Items 1 to 1 of 1: << < Prior Next > >>

Actions
[Print](#)
[Close](#)

- To learn more about the provider for a specific referral, click on the provider's name in the log.
- To add Followup information for a referral and update referral notes, click the Followup link.
- To print the current page of referrals, click Print.
- Click Close to close this page when you are finished with it.

- The **Service Referral Outcome Log** page displays a list of all referrals for the selected

Client. To add follow up information for a referral or update the referral notes, click **FollowUp**. Click **Save and Close** to save the information.

The screenshot displays the 'Service Referral Followup' page in the HelpWorks Professional 4.0 application. The page is titled 'Service Referral Followup' and is part of the 'Essentials' section. The client information is 'Brown, Charlie | Age: 70y 6m | Current User: Initial User (ME)'. The 'Referred' date is 11/28/2005, and the 'Referred by' is ME. The 'Provider' is 2-1-1 COMMUNITY RESOURCE, and the 'Infoline Service' is blank. There is a 'Comments' field. At the bottom, there are input fields for 'Staff Member', 'Followup date', and 'Outcome', and a 'Notes' text area. The 'Actions' menu on the right includes 'Email', 'Save and Close', 'Cancel', and 'Print'.

7. To learn more about the Service Provider, click on the provider name.
8. To print the current page of referrals, click **Print**.
9. Click **Close** to close the page when you are finished.

II. Behind the Scenes: Understanding HelpWorks

People new to HelpWorks Web Edition sometimes wonder what goes on behind the scenes – how HelpWorks is able to present one seamless interview that screens for several programs at once, and how it is able to rate an applicant’s eligibility in various programs. To provide you with a fuller understanding, this section briefly describes how HelpWorks Web conducts the flow of an interview, and provides a brief look at the software technology on which expert systems such as HelpWorks are based.

A. About the Expert Eligibility Server

The Expert Eligibility Server (EES) is the software building block upon which HelpWorks Web Edition is designed. EES, in conjunction with the EES Software Developer’s Kit, is used to simplify the design of complex, inference-based applications such as HelpWorks. The Expert Eligibility Server enables programmers to incorporate rules-based logic in a software application. Applications built around EES, such as HelpWorks Web, commonly present a user interface based on an interview metaphor, since this is perhaps the most natural way of representing a forward-chaining, inference-based process.

1. Rules Engines and Expert Systems

Broadly speaking, EES is a software component which provides the developer with a powerful and flexible *rules engine*, sometimes also referred to as an *inference engine*. A rules engine, as the name implies, is designed to interpret a set of pre-established rules—stored in a *rulebase*, or a rules database—in order to test various conditions and arrive at one or more *conclusions*. Examples of such conclusions might include:

- A finding that an individual is eligible to receive Social Security benefits
- A score, derived from a chain of inputs and calculations, which determines an individual’s probability of becoming a crime victim
- A score which rates a senior citizen’s competence to live independently
- Several paragraphs of clinical directives (instructions) which lay out a personalized plan for reducing a patient’s risk of heart disease
- An assessment of whether a child is currently at risk of abuse or neglect
- Calculation of a specific tax deduction to be included in an IRS Form 1040
- A list of social service programs that are likely to be of interest to a family, based on information gathered about their circumstances
- A proposed portfolio of retirement plan components tailored to the situation of a specific employee

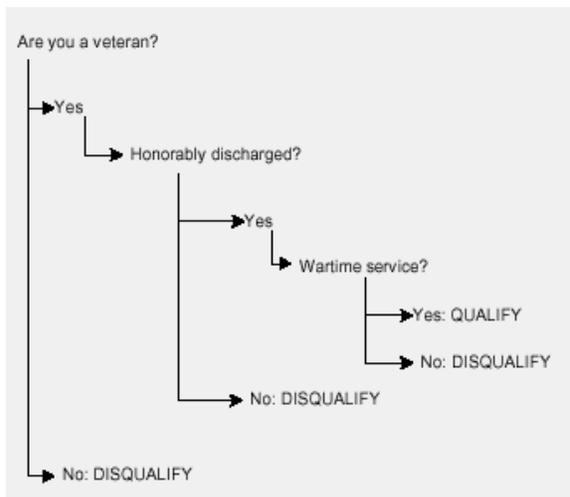
As you can see, EES can be used to create many types of applications. What they all have in common, though, are these elements:

- A flow of control that can most easily be thought of as a *screening*, often presented in the format of an interactive interview, such as the helpWorks online eligibility interview.
- A set of rules—ranging from algebraically precise formulas to “softer” rules of thumb or *heuristics*—which describe single decision points or intermediate calculations.
- A hierarchy of such rules that indicates the order in which they should be evaluated. A defined set of possible outputs, including numeric quantities (e.g., “Adjusted income= \$345 per month”), textual messages (“Based on what you’ve told us, it is recommended that you see a cardiologist for a cardiac stress test”), and/or determinations (“You are NOT eligible for financial aid at this time”). EES can produce any one of these outputs, or all of them, at the conclusion of a given screening.

2. EES as a foundation for building expert systems

An application created around EES can correctly be referred to as an *expert system*, in that it applies human expertise, encoded in a set of database tables, to a set of inputs in order to generate one or more decisions. Within the wide province of artificial intelligence, there are many types of expert systems, each adapted to a specific style of decision-making. EES is best classified as a *forward chaining inference engine*. What this means in practice is that EES dynamically steers each screening based on inputs received so far, deciding which rule to evaluate next based on the chain of inputs and intermediate decisions already made.

For example, this chain of questions collects the inputs needed to make a decision about an individual’s eligibility for a veteran’s program.



If the answer to the initial question, *Are you a veteran*, is false, the engine jumps straight to a termination condition (*No: DISQUALIFY*) and doesn’t need to ask any further questions. If, on the other hand, the applicant is indeed a veteran, the engine presents one or more follow-up questions to refine its decision inputs. At the end of each chain lies a single qualify/disqualify decision, which represents the ultimate conclusion of a sequence of intermediate decisions.

As this example illustrates, one of the great appeals of a forward-chaining inference engine is its ability to reach complex decisions in a minimum of steps. As with any expert system, however, the quality of the decision depends on the quality of the inputs as well as the accuracy of the rules.

From a quality assurance standpoint, the combination of EES and the HelpWorks Enterprise screening logic designer provide a very flexible and powerful means of prototyping, testing and tuning eligibility logic: Since rules can be adjusted at the drop of a hat via HelpWorks, they can be refined continuously until the engine's decisions match those of a human expert.

Sometimes, though, it is desirable to perform a looser and less rigid screening. Suppose, for example, that you were using an EES-based application to do some what-if analysis concerning various college financial aid scenarios. For your speculative purposes, a near match is as interesting and useful as an exact match: in other words, you're interested not only in financial aid programs for which you are resolutely eligible, but also those for which you are nearly eligible.

To accommodate such applications, EES recognizes the concept of a *sensitivity threshold*. By setting the sensitivity threshold to 10%, the user (or the software designer) instructs EES to allow for *near misses*—for example, to keep the user in the running for a given financial aid program as long as his or her income, assets and so on are within 10% of the cutoff limits. Near misses are clearly identified as such, of course, and EES provides copious information of the absolute and percentage disparities between target amounts and actual amounts. This is but one example of the ways in which EES is engineered to support the widest possible range of rules-based applications.

NOTE: For a fuller description of the screening model underlying EES, please consult the *HelpWorks Enterprise User Guide and System Administrator Guide*, included as part of the *EES Software Developer's Kit*.

B. Understanding the Interview Topic Sequence

HelpWorks uses some simple, behind-the-scenes rules to organize its work and present you with a consistent, orderly interview.

Because HelpWorks is an expert system, each HelpWorks interview reflects the unique mix of programs, codes, questions, and applicant information provided to it. The great strength of HelpWorks, in fact, is its ability to mirror the interests of a specific user while maintaining a clear and consistent interface for all users. To do so, it structures the information presented to it according to several basic principles:

Program Categories parallel Categories of Benefits. Programs are categorized by a set of **Program Type** codes. When you do a screening by category, HelpWorks automatically omits from the initial evaluation pool any programs whose Program Type codes don't match the categories you selected.

Questions belong to Topics. In the Question Pool, each question is assigned a single **Topic** code.

The Evaluation Pool is winnowed before the interview even begins. At the outset of each interview, once you complete the application form, HelpWorks automatically checks the fields of

the form for possible disqualifying conditions. If, for example, one of the programs in the Evaluation Pool is restricted to people over 65, HelpWorks verifies that its current applicant meets the test by examining the Date of Birth entry.

HelpWorks ensures that any given question is asked only once. This is true whether one program requests it, or one hundred programs. Once HelpWorks obtains a response from the applicant, it checks the interview logic for each program in the current Evaluation Pool and executes all appropriate response actions, regardless of which program actually triggered the asking of the question.

The Topic Sequence List is the outer framework of every interview. Once it has arrived at an initial, pre-qualified Evaluation Pool, HelpWorks plans the interview. In doing so, it first reviews the **Topic Sequence List**. This list indicates the general order of topics to be covered during the interview. These topics correspond to the topic code assigned to each question in the Question Pool. If the programs you are screening for do not reference any of the questions assigned to a given topic, that topic is simply skipped.

Follow-up relationships trump Topic membership in selecting the next question. The next principle is very important to understand. In selecting the next question to be asked, HelpWorks assigns greater weight to follow-up-question relationships than to the current topic sequence. Let us take as an example a program that asks the question, “Do you receive nursing care in your home” and, upon the answer “Yes,” queues the follow-up question, “How much do you pay every month for home nursing services?” The interview logic looks like this:

Q: Do you receive nursing care in your home?

A: Yes: STORE

Q: How much do you pay every month for home nursing services?

A: No: DISQUALIFY

A: Don't know: STORE

What happens if the two questions above belong to different topics? Suppose that the first question is in a topic called “HEALTH,” while the follow-up question belongs to the “EXPENSES” category. Does HelpWorks wait until it reaches the EXPENSES section of the interview before asking the follow-up question?

No, it does not. The tight dependency between a response and its follow-up questions is given a higher weight than strict adherence to the topic sequence. This means that while moving through the questions in Topic A, you may sometimes be asked questions that belong to Topic B or Topic M. This design assumption, when played out across the infinite possible topics and questions a user might create, helps to ensure a rational, smoothly flowing interview.

Follow-ups can come from multiple sources. The simplest screening scenario is one in which you are screening for one program only. Things are a bit more complicated, though, when you screen for multiple programs, especially multiple related programs. This is because more than one program might request any given question, and each requesting program may specify a different set of response actions for the same response. Many programs, for example, want to know monthly household income. The eligibility decisions made on the basis of the income figure, however, may vary widely. So might the follow-up questions which chain from a given response.

In practical terms, this means that the follow-up question you expect to come next may not always come immediately. Depending on the mix of programs in the pool at that moment of the interview, HelpWorks determines the optimal sequence of follow-up questions using

sophisticated calculations that are not obvious to the outside observer. What you *can* be sure of, however, is that all appropriate follow-ups (for all appropriate programs) will be asked as soon as possible after the question which triggered them. Generally there is no more than one intervening question before the expected follow-up appears; it all depends on the specific contents of each HelpWorks Program Registry, the current applicant's responses so far, and various options selected by the interviewer. In short, always bear in mind that HelpWorks tries to optimize the sequencing of questions based on the dynamic flow of the interview, not just the static interview logic specified for any single program.

Appendix

Frequently Used Contacts:

<p>AARP Phone: (866) 595-7678 flaarp@aarp.org</p>	<p>Florida Adult Day Care Association (FADCA) Phone: (877) 342-3858 FADCA@FADCA.net</p>
<p>Abuse Hotline (800) 962-2873</p>	<p>Florida Alzheimer's Association Phone: (850) 942-0942</p>
<p>Agency for Health Care Administration Phone: (850) 419-3456</p>	<p>Florida Bar, Elder Law Section Phone: (850) 561-5600</p>
<p>Caregiver Online www.caregiving.com</p>	<p>Florida Department of Children & Families, Adult Services Phone: (850) 488-2881 dcf-osc@dcf.state.fl.us</p>
<p>Consumer Hotline Phone: (800) 848-3792</p>	<p>Florida Department of Elder Affairs Phone: (850) 414-2000 information@elderaffairs.org</p>
<p>Elder Helpline Phone: (800) 96-ELDER</p>	<p>Medicare Phone: (800) 633-4227 www.medicare.gov</p>
<p>Elder Update Phone: (850) 414-2000</p>	<p>Medicare Rights www.Medicarerights.org</p>
<p>ElderCare Locator Phone: (800) 677-1116 www.eldercare.gov</p>	<p>SHINE Program Phone: (850) 414-2000</p>
<p>ElderWeb www.elderweb.com</p>	<p>Social Security Administration Phone: (800) 772-1213 www.ssa.gov</p>

Resources used to develop training manual:

1. DOEA CARES Training Modules - June 2000
2. Department of Children and Families, Mental Health Program Office Website:
www.dcf.state.fl.us/mentalhealth
3. Baker Act Handbook and User Reference Guide/2004 - Department of Children & Families
4. www.helpguide.org/mental/depression_elderly.htm
5. www.jobweb.com/resources
6. www.ec-online.net/Knowledge/Articles/communication.html - Communicating With Impaired Elderly Persons, Seniors/Advice, Techniques and Tips
7. Administration on Aging Website, www.aoa.gov - Older Americans Act
8. National Institute on Aging - www.nia.nih.gov
9. Florida Department of Elder Affairs - <http://elderaffairs.state.fl.us>
10. Agency for Health Care Administration - SSI Guide to Medicaid Programs:
<http://ahca.myflorida.com/Medicaid>
11. http://www.jobweb.com/resources/library/Workplace_Culture/Communicating_in_the_12_01.htm - Communicating in the Culturally Diverse Workplace
12. Draft DOEA Aging Resource Center Rule



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