

HEART OF CENTRAL TEXAS

REAL CHOICE

POLICIES AND PROCEDURES



August, 2004

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REAL CHOICE POLICIES AND PROCEDURES

This manual contains policies and procedures related specifically to the Heart of Central Texas Real Choice operations that are not covered in the Heart of Texas Council of Governments (HOTCOG) Policies and Procedures Manual. The Real Choice staff employed by Central Texas Council of Governments (CTCOG) and Heart of Central Texas Independent Living Center (HOCTILC) will be subject to the policies and procedures of their hiring entities. This manual is intended to supplement any HOTCOG policies and procedures and it should be established that the HOTCOG (CTCOG & HOCTILC) policies and procedures will be the ultimate authority.

OVERVIEW

The Real Choice Guiding Principle:

To enable consumers of the Heart of Central Texas Area to be informed of and receive services and benefits of their choice in order to live independently with dignity.

Real Choice Resource Center Pledges to:

1. Be responsive to the problems, needs, and concerns of all consumers, regardless of age or disability;
2. Provide services that maintain or improve a consumer's quality of life;
3. Actively involve consumers in the decision making process;
4. Provide quality, courteous, and accessible services;
5. Be sensitive to cultural differences and preferences in the delivery of services;
6. Ensure that services are made accessible to all disability population groups through adaptive communication technology and language translation services;
7. Respond to consumer inquires or complaints in a timely manner;
8. Work to ensure the greatest array of services that are practical through the formal and informal regional service delivery system;
9. Deliver services that meet the reasonable expectations of the consumer in a manner that is respectful;
10. Work to ensure that services are accessible to the broadest spectrum of consumers within the funding limitations of regional agencies;
11. Respond to telephone inquirers in person 80% of the time during regular business hours;
12. Respond to informational inquires within two working days following receipt of the consumer request;
13. Respond to a request for services within three to five working days following a customer request.

Purpose & Goals

1. Develop and formalize the role and function of the system navigator
2. Implement the operational features of the proposed blended model of access that includes “single entry” and “no wrong door.”
3. Coordinate and integrate the models with any existing other access system or project in the community that has similar goals.
4. Develop and implement training for navigators and person/family centered planners and /or other applicable staff.
5. Develop and implement as appropriate, a common intake, referral, assessment, and follow-up protocols.
6. Develop and implement a valid, reliable client-tracking mechanism.
7. Develop and implement valid methods for gauging consumer satisfaction particularly regarding accessibility of the system.
8. Develop methods for and evaluate personal outcomes.
9. Develop and implement methods for tracking system outcomes.(persons who choose home and community based alternatives over institutional care or transition from institutions into the community).
10. Make adjustments to system design according to evaluation results.

Project Deliverables:

1. Development and delivery of curricula for generic and comprehensive person/family centered training.
2. Development and delivery of curricula for cultural sensitivity/diversity compatible with the Americans with Disabilities Act.
3. Development of protocols for both general and comprehensive referrals and HOCTRC service delivery process training including use of all project forms, documentation, and the Management Information System (Service Point).
4. Consumer Risk Screen
5. Replicable Navigator pilot.
6. Intensive cross agency project involvement
7. Functional Super Community Resource Coordination Group (CRCG)
8. Navigational legal support
9. Multi-agency collaboration
10. Multi-agency service area
11. Consumer satisfaction

I. SYSTEM AND CONSUMER OUTCOMES

The Real Choice Project captures both individual and aggregate outcomes. The system outcome goals include providing information or referrals for consumers and community partners through the area information center. Outcomes are recorded in the management information system. Continuous quality improvement efforts by Real Choice staff and partners incorporate the aggregate data collected. The consumer outcome goals include: (1) helping individuals move from the nursing home to the community or postponing individuals moving into an institution, (2) improving access and assistance to community resources, (3) utilizing person/family centered planning and (4) encouraging the consumer to evaluate the project.

A. System Outcomes:

1. Provide sufficient information for consumers to make informed choices based upon their preferences.
2. Utilize the Regional Management Information System (*Service Point ,Attachment E, pp27*) to provide exchange of information with Long Term Social Service partner agencies through the Real Choice Resource Center (Area Information Center/ 2-1-1).
3. Connect consumers with existing benefits and services in the community. The Regional Management Information Center (Service Point®) will provide referral of consumers to Long Term Social Service partner agencies, Real Choice Resource Center (Call Center/ 2-1-1) and Navigators to assist in accessing current benefits and services in the community. (*Organizational Flow Chart & Consumer Flow Chart, Attachments C&D, pp25-26*)
4. Assure high quality services through continuous quality improvement efforts. Advisory Committee, Leadership Team, HHSC Staff will review outcome measures, meeting records, and service point aggregate data to determine quality improvements.
5. Measure system outputs and outcomes through the Management Information System (*Service Point®, Attachment E, pp27*) in the following areas:
 - a. Aggregate consumer demographics
 - b. Functional impairment information
 - c. Consumer referrals
 - d. Documentation of communities' aggregate met and unmet needs
 - e. Average length of services
 - f. Number of institution diversions
 - g. Number of persons relocated from institutions
 - h. Number of continued independence
 - i. Number of consumers receiving resources and supports from multiple agencies
 - j. Number of services provided consumers by agency and service type
 - k. Agencies not providing resources and supports to Navigation consumers
 - l. Number of staff trained in person/family centered planning and diversity.
 - m. Number of agencies using Service Point
 - n. Agencies participating in Super Community Resource Coordination Groups
 - o. Number of active members of Advisory Committee
 - p. Level of agency staff satisfaction participating in the system
 - q. Number of agency's staff trained in new system process
 - r. Number and kinds of disabilities
 - s. Age ranges of consumers

- t. Presenting needs
- u. Level of consumer satisfaction

B. Consumer Outcomes:

1. Management Information System (*Service Point*®, Attachment E, pp27) will document consumer outcomes
 - a. related to diversions from institutional living and
 - b. relocation to community from institution. (see Information about Service Point)
2. Encourage clients to maintain hope, dignity, independence and control of their lives
 - a. for as long as possible by improving access and assistance to resources.
 - b. Organizational Flow Chart demonstrates how the system works in the agency. (Attachment C, pp25)
 - c. Consumer Flow Chart demonstrates the process for consumers. (Attachment D, pp26)
3. Utilize Person Centered Future Planning to prepare for independence and control of their lives for as long as possible. (*Person Family Centered Assessment, Independent Living Plan & Future Planning, attachments Z, X, AA, pp67-76*)
 - a. All clients will be offered the opportunity for Futures Planning.
 - b. Clients will sign a waiver if they decline Future Planning.(*Waiver, Assessment BB, pp77*)
4. Consumers will be given the opportunity to express their level of satisfaction with the
 - a. Real Choice Project through a Client Satisfaction Survey. (*Satisfaction Survey, assessment NN, pp97-98*)
 - b. All clients will be given the opportunity to fill out a client satisfaction survey.
 - c. A client satisfaction survey will be mailed to each client with a stamped return address envelope.
 - d. Clients will be mailed a survey at close of case or annually.
 - e. All surveys will be anonymous and confidential.
 - f. No client will be required to fill out a survey (*Memo, attachment MM, 96*).
 - g. A copy of the survey will be maintained in the standard forms files.

II. SYSTEM NAVIGATION FUNCTION :

System navigation is a new paradigm for providers of services to persons of disabilities of any age. Navigation with consumers includes but is not limited to the following functions:

- A. Person Family Centered Assessment includes the following:** (*assessment X, pp61-68*)
1. cognitive status
 2. emotional status
 3. physical environment (requires on-site evaluation)
 4. social environment, including informal or family support
 5. physical status
 6. economic status
 7. self-care capacity (TDHS 2060) low, moderate, high function (*assessment CC,pp78-81*)
 8. services presently received.

B. Identify and access all available services and informal support to prolong or sustain independence

C. Independent Living Plan/Care Plan/Service Arrangement (*assessment Z,pp67*)

1. is based on client's (or legal designee's) preferences as supported by identified priority needs and within available public/private resources.
2. Must specify the amount, frequency, and duration of each service to be arranged and identify the outcomes to be achieved.
3. Navigators do not authorize services, they are brokered or arranged.

D. Coordination of Plan:

1. .Brokered or Arranged services identified in the Independent Living Plan/ Care Plan/Service Arrangement are to begin at the earliest possible date, consistent with the capacity of the provider;
2. May include, but are not limited to:
 - a. Exploring the availability and quality of services, eligibility criteria and accessibility of service to the consumer
 - b. Making and documenting referrals to community agencies

E. Implementing the Independent Living Plan:

1. Working with volunteers to provide services
2. Working with family and friends of the client to help achieve service goals.
3. Working with indigenous community resources to meet goals.

F. Broker Community Resources (*Consumer and Organization Flow charts assessments D & C, pp 25-26*)

1. When deemed appropriate by referring to the Agency on Aging or the Independent Living Centers for direct purchase of Service procedures.
2. Referring to Long Term Social Service Providers and Community Partners
3. Referring to Healthcare Partners

G. Overcome legal barriers

1. A contract is arranged with Legal Advocacy Attorney for advising navigators in regard to consumer's legal rights.
2. If a consumer requires legal representation, they are referred to the Legal Advocacy organization for application as a legal client.

H. Community Resource Coordination Group staffing

Community Resource Coordination Groups (known as CRCGs) are local interagency groups comprised of public and private providers and families, who come together to develop individual service plans for children, youth and adults whose needs can be met only through interagency coordination and cooperation. These groups generally meet once a month. With the consumer's permission a navigator can present their case for problem solving by the CRCG. The consumer may choose to be present.

I. Super Community Resource Coordination Group (*assessment M, pp42*)

When Real Choice Navigation encounters a consumer problem that cannot wait (see letter for participation) until the regularly scheduled CRCG meeting, they utilize the "Super CRCG" or "Virtual" CRCG:

1. **Participants:** The public and private provider professionals who wish to participate in the Super CRCG give permission and place their e-mail address on a group list.
2. Staffing a "super" CRCG case
 - a. The Real Choice Navigator prepares a generic description of the scenario.
 - (1) No client identifying information may be used. This is to comply with HIPAA requirements.
 - (2) The problem scenario is sent to all participants on the group list.
 - b. Participants reply with their ideas for resolving the problem or removing the barrier.
 - c. The Navigator tries or rules out the suggestions.
 - d. The Navigator acknowledges the participant's contributions and lets the participants know how the problem was resolved.
 - e. The professional participants will learn about new resources or practical ways to resolve difficult issues.
 - f. Professional participants may be removed or added by request.
 - g. Navigators report monthly, their Super CRCG participation. (At county CRCG meetings and in report to Leadership Team)
 - h. The Super CRCG reports will document use of the CRCG system and multiple agency participation

J Interface Real Choice Resource Center and Navigation Team

(*Organizational chart & Consumer flow chart, attachments B & D, pp24 & 26*)

1. Resource Specialists answer calls and provide information and referral.
2. Resource Specialists screen consumers for navigation
 - a. Regardless of age 60 + or -60.
 - b. Is not appropriate for short-term needs available through AAA.
 - c. Has 2 or more long-term ADL limitations
 - d. Has 2 or more unmet needs that threaten maintaining independence.

- e. May indicate a desire to relocate Nursing facility to community.
 - f. Has inquired about nursing facility placement.
2. Navigators keep Resource Specialists abreast of new resources located.

K. Find non-traditional supports :

Navigators communicate frequently with Super CRCG members and county CRCGs and assist individuals in finding non-traditional and traditional supports for independent living. Navigators also resource with Key Staff Designees. (*attachment L, pp4*)

L. Agency appointments with consumer:

Navigators may accompany the consumer to agency appointments and assist consumers with the completion of service applications and other related documentation.

M. Monitor cultural competency:

The Person Family Centered Assessment and Future Plans and Satisfaction survey will be studied by a research team to assess cultural competency.

N. ADA compliance :

Legal Advocacy Attorney advises Real Choice Staff on all questions of ADA issues.

O. Person/Family Centered Future planning (*attachment AA, pp70-76*)

is provided during the process of closing a consumer case. It includes linking the consumer with resources for long term support if needed.

P. Satisfaction survey (*attachment MM & NN, pp 96-98*)

will be provided to every consumer.

III. DOCUMENTATION AND REPORTING

The Real choice Project uses a variety of tools to measure system and consumer outcomes. A variety of tools are also used in assessment and planning to assure maximum involvement of consumers in Long Term Social Service (LTSS) packages. The LTSS packages are uniquely designed to meet each consumer's needs. The tools also comply with federal and state rules, regulations and requirements. This documentation includes adherence to federal and state funding requirements, client tracking, and administrative functions.

A. Adherence to Federal and State Funding Requirements

1. Real Choice Project will act in accordance with the Americans with Disabilities Act in the provision of services, recruitment and hiring of employees with disabilities and rental of accessible office space.
2. Real Choice Project will comply with The Older Americans Act of 1965 as amended in 2000: US Code, Title 42 The Public Health and Welfare, Chapter 35 "Programs for Older Americans".
3. These policies and procedures have been written to reflect the current requirements for Texas Administrative Code (TAC), Title 40, Part 9, Chapter 260, Rule 260 & 270. The Real Choice Project will abide by the requirements of the Texas Administrative Code.
4. Policies and procedures that are concerned with consumer specific information will fulfill the terms of the Health Information Portability and Accountability Act (HIPAA) of 1996
 - a. Real Choice Project will perform our duty to protect the confidentiality and integrity of confidential protected health information (PHI) as required by law. And shall be safeguarded to the highest degree possible.
 - b. With the exception of uses and disclosures for services, treatments, and program operations and disclosures for purposes identified in HIPAA such as public health, health oversight and certain law enforcement requirements, no Real Choice staff or agent shall use or disclose a client's PHI without written valid authorization from the consumer or his/her legal representative.
 - c. The client has the right to revoke an authorization at any time verbally or in writing.
5. Management Information System:
 - a. Service Point ® is used to collect aggregate demographic data, system outcomes and consumer outcomes. (*attachment E, pp27*)
 - b. Advanced Information Management System is used to collect data for reporting to Texas Department on Aging.
6. The policies and procedures under which HOCTILC operates its state and federally funded projects will comply with all applicable Education Department General Administrative Regulations (EDGAR) and the Rehabilitation Act of 1973, as amended.
7. The Real Choice Project is funded in part by the Texas Department of Aging and Disabilities and will adhere to the regulations therein required.
8. The Real Choice Project is funded in part by the Texas Department of Assistive and Rehabilitation Services and will adhere to the regulations therein required.

B. Client tracking

1. Sample Client Chart (as required by TAC and/or EDGAR)
 - a. Client intake/profile (may be printed from the information management system) should be signed and dated by navigator. (*attachments P & Q, pp46-49*)

- b. Release of Information /Authorization (*attachments R 7 S, pp50-52*)
- (1) Authorization forms must be in plain language
 - (2) Authorization forms must contain the following core elements:
 - (a) Description of the information to be used or disclosed;
 - (b) Name of the covered entity, or class of entities or persons, authorized to use or disclose the PHI;
 - (c) Name of the receiving entity(ies) of the use or disclosure;
 - (d) An expiration date, time period or event;
 - (e) A statement regarding the client's right to revoke the authorization and a description of how the client may revoke the authorization;
 - (f) A statement that the information may be subject to re-disclosure by the receiving entity and may no longer be protected by federal privacy law;
 - (g) The client's signature and date of signature; and
 - (h) If signed by a representative, a description of the representative's authority to act for the recipient and/or relationship to the client.
 - (3) Authorization requests by Real Choice for its own uses and disclosures that are not covered in the Notice of Privacy Practices must contain the core elements along with this additional information:
 - (a) Assure that further treatment is not conditional upon them signing the authorization;
 - (b) A description of the purpose of the use or disclosure
 - (c) State the right of the client to inspect or copy the PHI to be used or disclosed;
 - (d) State the right of the client to refuse to sign the authorization;
 - (e) A statement of any remuneration direct or indirect that the covered entity will receive from a third party as a result of the disclosure.
 - (4) Exceptions: When a client's information may be released without any authorization: (*Use Protected Health Information Disclosure Log,, attachment KK, pp94*)
 - (a) Treatment, Payment, and Health Care, Case management Operations;
 - (b) When required by law in situations involving victims of abuse, neglect or domestic violence, crime committed on premises or against personnel;
 - (c) Public Health Purposes;
 - (d) When required by health or social services oversight activities;
 - (e) Judicial proceedings;
 - (f) Law enforcement purposes;
 - (g) Certain purposes required by coroners, medical examiners and funeral directors;
 - (h) Organ donor purposes, relating to cadaver;
 - (i) Medical research purposes;
 - (j) When necessary to prevent or lessen a service or imminent threat to the health or safety of a person or the public;
 - (k) For certain military and government purposes; and

- (l) To comply with worker compensation.
 - (5) HIPAA Procedure for Authorization of Information or Release of information the individual, entity or Real Choice Staff seeking disclosure of information must:
 - (a) Obtain a blank authorization form “Client Consent to Release Information” or “Release of Information Form”.
 - (b) The completed authorization will be assessed for validity. If any of the following exists it is considered invalid:
 - The expiration date or event has passed;
 - the form has not been filled out completely;
 - It is known by Real Choice to be revoked;
 - If it lacks one or more of the required elements;
 - If is combined with other requests- this is considered a compound authorization (i.e. research); and
 - If any information in the authorization is known to be false
 - (6) The Legality of the individual signing the authorization is the responsibility of the Real Choice staff member to assure either by asking for identification or comparing signatures on the authorization with those on the client record.
 - (7) The staff member who witnesses the signature (if in person) will sign as the witness and give a copy of the authorization form to the person signing.
 - (8) The client may elect to take advantage of their right to inspect the record or documents that will be shared. The Real Choice staff member should give the client or his/her representative a date when the copies will be ready and set a time that they may come in to inspect and receive them.
 - (9) If Real Choice staff seeks an authorization from a client for a use or disclosure of protected health information, the staff must provide the individual with a copy of the signed authorization.
 - c. Clients Rights and Responsibilities are within the parameters of the requirements from the Texas Department on Aging and Texas Administrative Code
 - d. DHS 2060 assessment & instructions are used to determine the physical level of functioning of the client. (*attachment V, pp57-58*)
 - e. Person/Family Centered Assessment is completed in a cooperative effort with client/family and navigator to determine goals and values of the consumer. (*attachment X, pp61-68*)
 - f. Independent Living Plan/Care Plan Service Arrangement explains steps to be taken to reach the goals as agreed upon. It clarifies timelines and person responsible for each goal. The original plan will address presenting issues at begin of navigation. (*attachment Z, pp67*)
 - g. Person/Family Centered Future Planning will address goals and plans for long term issues. (*attachment AA, pp70-76*)
 - h. Waiver: if Future Planning is declined (*attachment BB, pp77*)
 - i. Navigator Narrative Notes/Progress Notes will give a summary of pertinent information on the progress of the case. It will record time spent and category of service given (domain). (*attachment JJ, pp93*)
 - j. Management Information System (AIM or Service Point®) (*attachment E pp27*)
 - k. Protected Health Information Disclosure log (*attachment KK, pp94*)
2. Optional Documents for client chart

- a. Goldberg Depression Scale navigators do not diagnosis depression but may observe symptoms that suggest the need for a medical referral. (*attachment EE, pp84*)
 - b. Short Portable Mental Status Questionnaire is used to determine if the client may need increased support for functioning and decision making. (*attachment DD, pp82-83*)
 - c. Zarit Caregiver Stress Interview is used to help determine if the caregiver is at risk and might benefit from increased support programs. (*attachment FF, pp85*)
 - d. Budget Worksheet helps in planning of finances. (*attachment GG, pp86-90*)
3. Documents reviewed and left with or sent to client
- a. CTEASE Client authorization or HOTRAS Release of information (*attachment R & S, pp50-52*)
 - b. Client Rights and Responsibilities (*attachment V, pp57-58*)
 - c. Independent Living Plan (*attachment Z, pp67*)
 - d. Real Choice Overview (*attachment A, pp22-23*)
 - e. Brochure about abuse & neglect provided by Lone Star Legal Services. (*attachment U, pp54-46*)
 - f. Letter of opportunity to contribute to program (*attachment HH & II, pp91-92*)
 - g. Satisfaction survey & memo is mailed at close of case. The surveys are reviewed by Leadership Team and Advisory Committee for quality improvement. (*attachment MM & NN, pp96-98*)
 - h. Grievance Procedures for Participants in OAA programs & Americans with Disabilities is mailed as soon as a complaint is noted. Grievance Procedures are also to be posted in navigator's offices. (*attachment W, pp59-60*)

C. Administrative forms

- 1. Position Descriptions (*attachments PP-UU, pp 100-111*)
- 2. Geriatric Case Management Ethics to be signed and dated designating compliance. (*attachment VV, pp112-119*)
- 3. Navigator Monthly Report captures project outcomes and staff productivity. (*attachment WW, pp120*)
- 4. Staff Contact Log is used to determine effectiveness of referral sources. (*attachment XX, pp121*)
- 5. Progress Reports are given to the Advisory Committee quarterly and as required by HHSC.
- 6. Invoices are submitted monthly. Forms are provided by HHSC.

IV. SYSTEM ORGANIZATION AND INTEGRATION

The Real Choice Project is a partnership of three primary organizations: Area Agency on Aging of the Heart of Texas, Area Agency on Aging of Central Texas, and Heart of Central Texas Independent Living Centers. In addition, over 30 partner agencies collaborate with system navigators to develop service and support packages to address consumer needs. The partners relate in a diverse manner as Advisory committee members, Service Point users, Key Staff designees, and Healthcare partners.

A. Real Choice Organization

(Organizational chart, attachment B, pp24, Organizational & Consumer Flow charts, attachments C & D, pp 25-26.)

1. Staff Titles and Responsibilities *(Position Description attachments PP-UU, pp 100-111)*
2. Real Choice Resource Center- Resource Specialists *(attachment UU, pp 110-111)*
3. Area Information Center / 2-1-1
4. Primary Partners are Area Agency on Aging of Central Texas, Area Agency on Aging of the Heart of Texas and Heart of Central Texas Independent Living Centers. *(attachment B, pp24)*
5. Leadership Team consists of the Directors of the Primary Partner Agencies. *(attachment B, pp24)*
6. Community Partners have signed letters of support for the project. *(attachment YY, pp122-23)*
7. Advisory Committee Members are representatives from the Community Partner Agencies.
8. Service Point Users have agreed to the terms required by the contract for this participation *(attachment E, pp27)*
9. Key Staff Designees are staff in social service agencies and vested community agencies to help with problem solving consumer's obstacles to service.*(attachment L, pp41)*
10. Healthcare Partners have signed agreements for making and receiving consumer referrals. *(attachments J & K, pp 37-40)*
11. Business Associate Agreements meet the legal requirement by HIPAA for sharing Protected Health Information between agencies and give guidance for ethical and confidential management of consumer information and are exchanged with healthcare entities.

B. Fiscal Responsibilities

1. Budget is set by primary partners and approved by HHSC in the contract.
2. Fiscal Agent is Heart of Texas Council of Governments
3. Health and Human Service Commission – Centers for Medicare and Medicaid Services is the organization vested with oversight and evaluation of the project.
4. Texas Department Of Aging and Disabilities partially funds the project.
5. Sub-Contractors are Lone Star Legal Services and Combridge. Historically Under Utilized businesses were invited to bid on the curriculum
6. Matching Funds will be from TxDADS, TxDARS and in kind services.

C. Compliance with Interagency Agreements for “No wrong door” & “Single Entry point” exemplify a blended access model *(See HOTRAS & CTEASE Partner Participation Agreements, attachments F & G, pp28-33)* and consist of the following entities:

1. Community Partners (letters of support/MOU)*(attachment YY, pp122)*
2. HOTRAS & CTEASE Service Point Users *(attachments F & G, pp28-33)*
3. Healthcare Participation Partnerships *(attachments J & K, pp37-40)*

4. Key Staff Designees (*attachment L, pp41*)
5. CRCG county groups (*attachment M, pp42*)
6. Super CRCGs (*attachment M, pp42*)

D. A liaison with local agencies, organizations and providers of long-term services and supports, includes but is not limited to:

1. Area Information Centers
2. Programs available through TDHS and other HHS offices
3. Community Resource Coordination Groups (CRCGs)
4. Independent Living Centers
5. Area Agencies on Aging
6. Mental Health and Mental Retardation local authorities
7. Public Housing Authorities and other housing resources
8. Children's Services
e.g., Early Childhood intervention services, special education services, and other long-term services and supports for children.
9. Transportation services
10. Employment support services

E. Development of protocols

are developed for both general and comprehensive referrals and Heart Of Central Texas Real Choice service delivery process training includes use of all project forms, documentation, and the Management Information System (Service Point® *attachment E, pp27* "HOTRAS referral protocol" *attachment I, pp35-36*, Healthcare Participation Agreement, *attachments J & K, pp 37-40*)

F. No wrong door and single entry intake process for consumers (*attachments C & D, pp25-26*) may occur in the following manners:

1. Any consumer calling 2-1-1 or walking in to call center will be assisted.
2. Client Intake can occur at HOT 2-1-1, CT 2-1-1, HOCT Independent Living Center, and partners of HOTRAS and CTEASE (Service Point Users).
Basic data has been agreed upon. The forms may be arranged in differing formats. The participating agencies may add information unique to their needs and reporting requirements. (*attachments P & Q, pp46-49*)
3. Below are general eligibility criteria for Real Choice System Navigation:
 - Has (a disability) 2 or more long-term ADL limitations
 - Has 2 or more unmet needs that threaten maintaining independence
 - Consumer may also: indicate a desire to relocate from nursing facility to community;
 - Have inquired about nursing facility placement
(*attachment A, pp23 and attachment O, pp44-45*)

G. Community Referral Protocols for Navigation (*attachment A, pp22-23*)

1. General Eligibility Criteria:
 - a. Persons wanting assistance to remain independent, or move from an institution to a more independent living setting in the community.
 - b. persons of any age with a disability (at least 2 limitations in activities of daily living)
 - c. Persons who have encountered barriers or obstacles which have threatened their independence.

2. Intake Process: (Organizational & Consumer Flow Charts, *attachments C&D, pp25-26*)
 - a. “Single Entry point”- Individuals or Professionals from the community may call 2-1-1 and ask for Real Choice Navigation.
 - The consumer may be screened for appropriateness of referral. (*attachment N, pp43*)
 - The 2-1-1 operator/Resource Specialists completes the intake
 - b. “No wrong door” Multiple access entry- Regional Information Management System Users (Service Point® users) may complete intake at their agency,
 - determine appropriateness of referral
 - notify navigator of referral.

H. Internal Referral Protocols for Navigation: (*attachment O, pp44-45*)

(includes 2-1-1/Area Information Centers and RMIS Users (Service Point®, Heart of Texas Regional Access System, and Central Texas Easy Access Service Entry))

1. Criteria:
 - Regardless of age;
 - The consumer is clearly not eligible for AAA services;
 - Has (a disability) 2 or more long-term ADL limitations;
 - Has 2 or more unmet needs that threaten maintaining independence;
 - Consumer may also: indicate a desire to relocate from nursing facility To community;
 - Have inquired about nursing facility placement.
2. Process:
 - Complete Intake on Regional Information Management System
 - On Regional Information Management System make referral
 - Notify navigator of referral.

I. Follow-up protocols

1. Resource Specialists follow-up on consumers per Information Center protocols.
2. Periodically (a least monthly) navigators review and follow-up on consumers to ensure service linkages and assure all aspects of service delivery are provided in a culturally competent and sensitive manner.
3. At 6 months following the closing of a case. The navigator is to contact the consumer via, letter, call or visit to determine if the consumer has unmet needs that threaten their independence. The Navigator will review the Independent Living Futures Plan to assess how it is evolving. The Navigator will check to see if new unmet needs are present.

V. TRAINING

Comprehensive training is provided to System Navigators concerning consumer outcomes, system navigation, roles and responsibilities, documentation and reporting systems and project organizational structure. This training includes but is not limited to:

- A. Development and delivery of curricula for generic and comprehensive person/family centered training.** Staff will receive Person/Family Centered Training in assessments and planning with a consumer.
- B. Development and delivery of curricula for cultural sensitivity/diversity** compatible with the Americans with Disabilities Act. The Person Family Centered Training has integrated cultural sensitivity throughout the Person/Family Centered Training curricula.
- C. Information & Referral Specialists :**
Navigators will train and be certified through the Alliance of Information and Referral Systems as a Certified Information and Referral Specialist
- D. Benefits Counseling**
Real Choice navigators will be trained and certified as Benefits Counselor I through the Texas Department of Insurance and the Texas Department on Aging, Texas Legal Services Center in the Health Information Counseling and Advocacy Program.
- E. Regional Management Information System Administrator**
or other designated staff will train employees on use of the software (currently Advanced information Management and Service Point®) to produce accurate client tracking, data for required reports and measurement of outcomes. (*attachment E, pp27*)
- F. The Texas Administrative Code System of Access and Assistance**
will guide compliance for those navigators that report to Texas Department on Aging.
- G. The Overview of Real Choice will explain:**
The Guiding Principle, Goals and Objectives, structure of the organization and relationships within the community. It includes the development of Access and Assistance in the region and state. (*attachment A, pp22-23*)

ATTACHMENT A

Heart of Central Texas Real Choice

Here's an overview:

The Heart of Central Texas Real Choice is a project of the Texas Health and Human Services Commission through a grant and collaboration between the Area Agency on Aging of the Heart of Texas, the Area Agency on Aging of Central Texas, and the Heart Of Central Texas Independent Living Center. The purpose is to provide guidance to persons with disabilities regardless of age and to people over age 60, their families and caregivers, in navigating the maze of long term care services and supports they need to maintain their independence. The other goal of this program is to institute a systems change in the Long Term Support Services (LTSS) area.



This project will attempt to demonstrate a “no wrong door” model in providing access to services through a partnership of over 30 public and private organizations in a 13 county area. The first year the project will focus on McLennan and Bell County...expanding each year to include surrounding counties. Consumers will access the system through any service provider or organization that has committed to the project as a partner. If that agency is unable to meet the consumer’s need through traditional means, they are referred to one of the two Real Choice Resource Centers (RCRC) which have been set up in Belton and Waco. They may also access the system by calling the RCRC or Area Information Center (AIC) directly through 2-1-1.

The AIC staff will enter the consumer’s demographics, unmet needs, and assessment into Service Point (a secured web-based software system). The plan for Service Point use is to condense the amount of repetitious paperwork and questions that the consumer currently goes through in the social service system. The Aging and Disability Resource Specialists (ADRS) will provide basic information and referral to other agencies for services or do a screening to determine whether the consumer will be referred to a Navigator for further assistance.

There are Aging and Disability System Navigators in Waco and Belton. The primary function of Navigator is to perform an extensive, specialized assessment of each consumer with multiple and complex unmet needs; develop, coordinate and implement a care plan tailored to that consumer’s preferences, goals, capacities, and needs. The Navigator will coordinate with community resources to arrange for the services and supports called for in the care plan and follow-up to ensure that the services are being provided. They will assist the consumer in making plans for their long term future.

HEART OF CENTRAL TEXAS REAL CHOICE PROGRAM

WHO QUALIFIES? Persons with a disability (limitations in their activities of daily living) of any age that are attempting to continue living independently in the community, but have encountered an obstacle.

FOR WHAT? **THE GOAL IS INDEPENDENT LIVING**

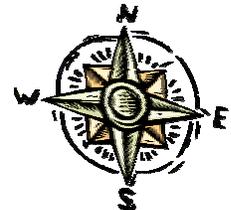
2-1-1 is the Information Center that can help you find out about available resources in the community. The Resource Specialists can help you with referrals to community agencies. If you or your client have multiple needs (including the disability) and are experiencing obstacles to remaining independent, Information Specialists can refer to Navigators. . .

Navigators are the problem solvers who help remove the barriers which threaten the independence of persons (of any age) with disabilities (limitations in ability to care for self). They can help you with a plan to face the current problems and set realistic goals for the long term future. Ask for a navigator.

HOW? CALL OR COME BY:

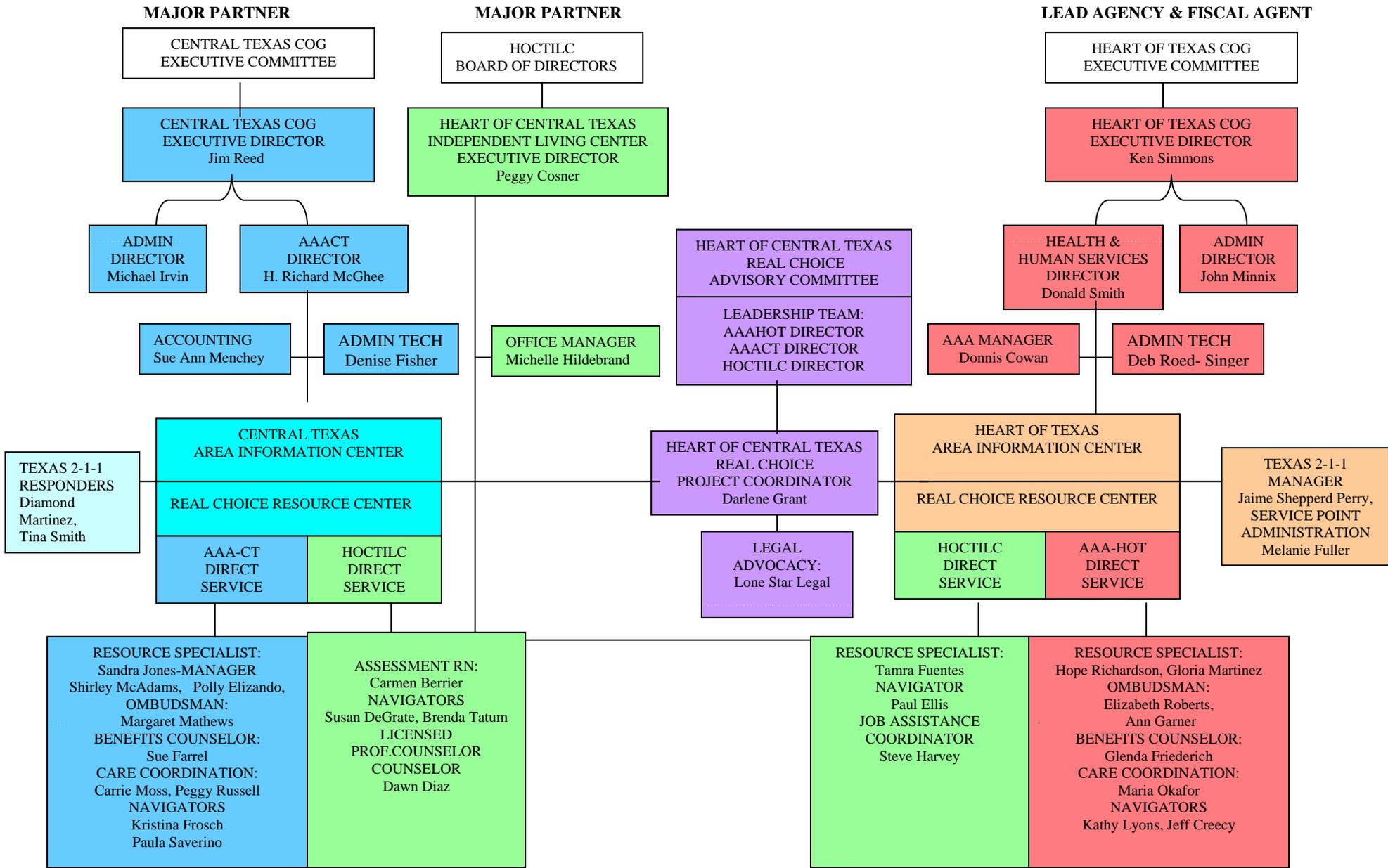
<p>CENTRAL TEXAS COUNTIES: BELL, CORYELL, LAMPASAS, MILLS, HAMILTON, MILAM, SAN SABA</p> <p>REAL CHOICE RESOURCE CENTER</p> <p>302 EAST CENTRAL PO BOX 729 BELTON, TX 76513</p> <p>Call 2 1 1 or 254 939 1886 800 447 7169 TTY 800 735 2989</p>	<p>HEART OF TEXAS COUNTIES: BOSQUE, HILL, FREESTONE, FALLS, LIMESTONE, MCLENNAN</p> <p>REAL CHOICE RESOURCE CENTER</p> <p>300 FRANKLIN AVENUE WACO, TX 76701</p> <p>Call 2 1 1 or 254 772 9600 866 772 9600 TTY 254 772 4958</p>
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REAL CHOICE GUIDING PRINCIPLE: Enable consumers of the Heart of Central Texas Area to be informed of and receive services and benefits of their choice in order to live independently with dignity.



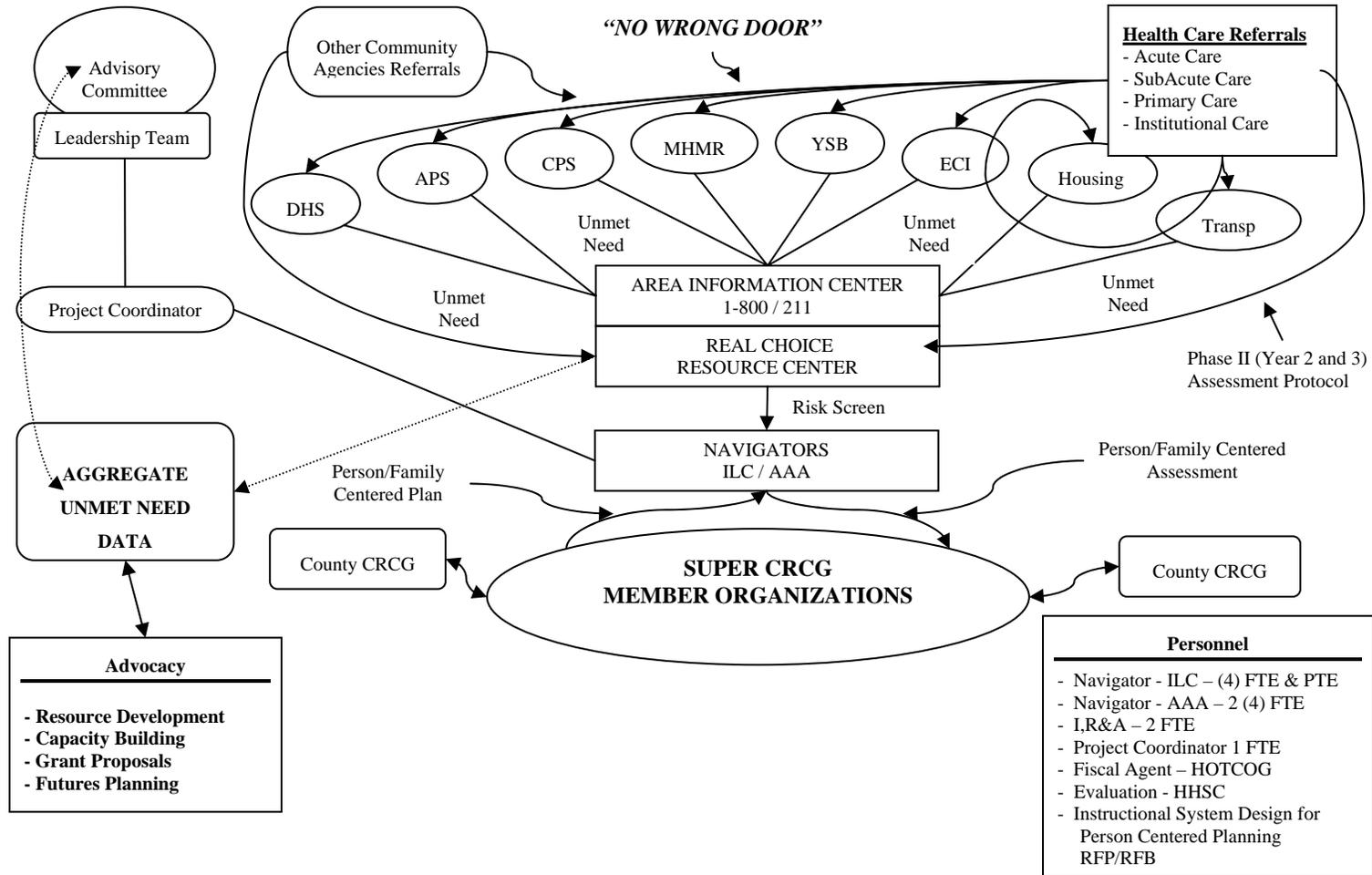
ATTACHMENT B HEART OF CENTRAL TEXAS REAL CHOICE ORGANIZATIONAL CHART

COG- COUNCIL OF GOVERNMENTS AAA- AREA AGENCY ON AGING HOCILC- HEART OF CENTRAL TEXAS INDEPENT LIVING CENTER



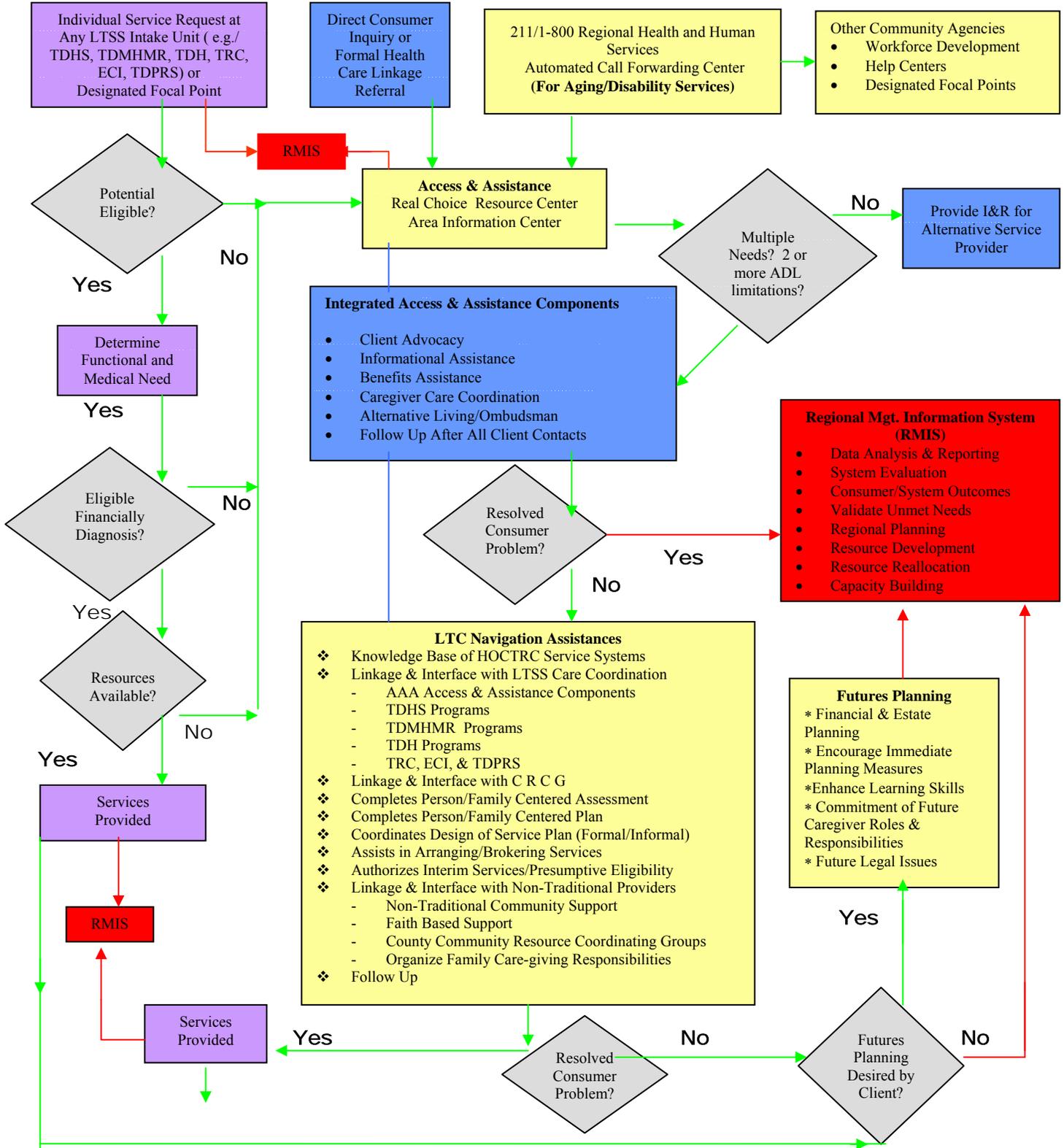
ATTACHMENT C

Real Choice Organizational Flow



ATTACHMENT D HEART OF CENTRAL TEXAS REAL CHOICE – Consumer Flow

Purple: Existing LTC Agencies Blue: Existing AAA Yellow: Expanded AAA Red: Regional MIS Gray: Consumer Decision Points Green: Consumer Flow



ATTACHMENT E

Service Point General Overview

Service Point is a complete information management system for the human services industry. It is a powerful web-based application that allows disparate human service providers to be linked together electronically in order to share information more effectively. This management system provides client tracking, case management, service and referral management, bed availability for shelters, resource indexing, and reporting. Many enhancements that have been recently added with the release of the Service Point 3.0 version include information and referral quick call capability, a mental health module with DSM IV, ICD-9, and CPT codes, and an even more robust case management system with extensive goal and outcome creation and reporting. The software is specifically designed for the needs of today's human service organizations. Service Point allows you to connect your community; it is a total solution.

Eligibility Module

The Eligibility Module is a two-pronged dynamic tool used to compare individuals in need with all of the agencies and programs in a community's database. Based upon the individual's specific situation, a referral is made of the matching eligible agencies. The tool is unprecedented in that it allows the client to enter specific information regarding household and other income, and all agencies and programs can enter and modify within the system their criteria for benefits. The Eligibility Module is sold as an optional add-on to a community's Service Point or Community Guide installation, and has a number of important features:

- **Client Poverty Calculation** – Many agencies and programs base eligibility standards on how a family falls within the federal guidelines for the Poverty Level. Within the Eligibility Module, a person can test their income against the standards as specified by the various agencies and programs in his or her area to determine eligibility.
- **Household Membership** – A client can be entered as part of a household in Service Point's Client Point section, or within the Eligibility Module, specifically. This information is often important in assessing eligibility for certain services, and can be helpful in determining an entire household's eligibility for certain services. *Note: when a household is tested for eligibility, the corresponding report is attached to the initiating member's file in Client Point within Service Point.
- **Qualifying Income information** – Because many different programs specifically assess different "types" of income over varying time frames (i.e. 30 days or 90 days) when calculating the poverty rate, a client will have the opportunity to enter current and historical income information of all types, against which the system will check for matching resources, make the appropriate calculations, etc. Further, every agency and program participating in the module can specify the types of income and the timeframes to be used when creating the agency-specific criteria for eligibility determination.
- **Miscellaneous Criteria** – The Eligibility Module does not limit participating agencies or programs to only utilizing income information when assessing eligibility. Rather, other factors such as gender, veteran status, disability information, etc. can be utilized when an agency or program establishes its own criteria for eligibility determination.

Contact Information

Bowman Internet Systems
333 Texas Street, Suite 300
Shreveport, LA 71101
888.580.3831 x 301
www.bowmansystems.com

ATTACHMENT F CTEASE PARTNER PARTICIPATION AGREEMENT

Central Texas Easy Access Single Entry:

The Central Texas Regional Access and Assistance System (CTEASE) is a network of organizations committed to improving service access and the development of services to address the unmet needs of residents living in the Central Texas Region. CTEASE maintains a database of health and human service resources in the seven county area including Bell, Coryell, Hamilton, Lampasas, Milam, Mills and San Saba. CTEASE also utilizes a client database that allows for tracking of clients to determine the services a client has already received and services the client needs that may be lacking in our community. The goal of the CTEASE Service Point system is to have all organizations that provide a health and human service identified in its database, and to have as many of these service providers as possible using the system.

The CTEASE was created to improve its delivery of health and human services to individuals who have unmet needs. The system is designed to allow for information & referral, evaluating service needs, care coordination (case management), client tracking, creating reports and regional analysis of service delivery. Information in the CTEASE system should be used ONLY for the above stated purposes. Any other use of information is prohibited. Agencies should communicate to users the importance of maintaining the confidentiality of client data in the CTEASE Service Point system. CTEASE partners are expected to share common client demographic and service delivery data according to the CTEASE Intake and Referral Form and as specified via individual customer authorization to release information documents.

The CTEASE utilizes the Service Point software as its automated tool to centrally collect & store client and service delivery data; and to provide seamless referral and follow up of CTEASE clients. Service Point is a product of Bowman Internet Systems. The Service Point software is an Internet-based application providing real-time access. All that is needed to log into the system is Internet access, a web browser, a user ID and password. Real-time access provides immediate update of information entered into the system. Partners who do not have access to the Service Point system will provide client and service delivery data via fax/phone to the designated Service Point contact agency according to agreed upon time frames and in compliance with confidentiality perimeters of the CTEASE.

For an agency to be a CTEASE Partner, the Administrator of that agency/organization must sign this Partner Participation Agreement form detailing the specific expectations of the partner organizations. All workforce members of CTEASE Partners will be required to complete and sign a CTEASE Confidentiality Acknowledgement form. Workforce is defined as any employees, volunteers, trainees, and other persons whose conduct, in performance of work for the partner, is under direct control of such entity, whether or not they are paid by the entity and who is designated and/or authorized to have access to the CTEASE automated data base or same information via manual request and access to customer and/or service delivery information. For a CTEASE partner workforce member to have access to the Service Point software, the user must have a user name and a user license specific to his/her person and agency/organization.

As a CTEASE partner, agencies have certain obligations and requirements that must be followed in order to protect the rights and interests of CTEASE clients. Performance standards required of each partner agency and its employees are outlined in the following sections. It is the agency's responsibility to ensure that all workforce members are familiar with the requirements of the system.

Client Rights

In order for information to be shared in the CTEASE, the client or his/her legal guardian must authorize the release of their information to participating CTEASE partners. The client has the right to refuse to release his/her information. Refusal to authorize the release of his/her information to any or all partners; and to specific community organizations for referral purposes in no way effects the customer's eligibility for services at any agency or organization. Refusal to authorize the release of information requires partner to mark the customer information as RESTRICTED in the system, so those partners and organizations not named in the authorization do not have access to the information. Refusal to authorize the release of information does not negate the need for certain information; however, customers will be responsible to individually access and provide required information to appropriate partners and specific community organizations as necessary to the eligibility and service delivery needs of the customer.

Client information may be used only for purposes specific to the identified needs of the client in order to determine eligibility for various programs, to coordinate the delivery of services in order to meet identified needs, and the subsequent follow up related to eligibility and/or access to those services. Client information may not be shared for purposes other than those related to the specific partner, community organization and to all staffs or workforce member's job duties on a need to know basis as necessary to access appropriate health and human services. Such unauthorized use is prohibited and will result in termination of access to the CTEASE automated and/or manual system by a majority vote of other CTEASE partners.

User Accounts:

As a user of the CTEASE Service Point system will be assigned a user ID and password. The user may not share the ID and password with anyone. This will assure that only authorized persons are using the system. The user will be held accountable for all actions performed by the assigned ID and password and each user is required to read and sign a User Confidentiality Agreement form before he/she is given access to the system. Those partners who do not have access to the Service Point automated system must specifically designate by name and some other confidential identifier, staff who are authorized to access and/or provide client information to and fro the client data and service delivery system via fax/phone communication. Non-Service Point users will be held to the same level of accountability as Service Point System Users.

Training:

It is the responsibility of each partner agency to ensure that each member of its workforce is knowledgeable about the purpose of the CTEASE to include all aspects associated with screen, referral, service delivery, collection, storage, and confidentiality of client information, and all associated agreed upon service delivery and coordination protocols and/or Standard Operating Procedures, to include correct use of all aspects of the Service Point system. It is also the responsibility of each partner agency to assure that each workforce member be trained in various aspects of state and federal confidentiality laws, regulations and guidelines, to include HIPAA.

Each agency is required to assign one person from their agency to be a "Super User" who will serve as contact with the administrators of the CTEASE System which includes the Service Point automated client information & service delivery system. This person will be required to attend

training and is expected to obtain the knowledge necessary to train other users in that agency. This person will also relay problems and suggestions to the administrators of CTEASE System to include than automated Service Point system and/or manual communications and processes associated with assuring seamless service delivery.

Data Integrity:

Partner agencies each have the responsibility of ensuring the accuracy of the information entered into the system. Each agency must be sure that its employees have been properly trained, made aware of the importance of recording accurate data and respect the confidentiality of clients in the CTEASE.

Reporting and Analysis:

One of the goals of the CTEASE centrally collected & stored client and service delivery data system is to track clients and the services they receive. This information can be used to determine what additional services are needed throughout the community. The information in the system will be used to produce reports about programs and services. As a CTEASE partner, it is important to record each and every potential client in the CTEASE Service Point system so that CTEASE Service Point Administrators can track unmet needs as well as those that were met. This is crucial in order for us to perform an accurate analysis of community services and programs.

Fees:

CTEASE members that plan to utilize the automated Service Point system will be required to pay both a one-time and annual maintenance fee for each CTEASE Service Point system user. Future maintenance fees will be determined by a majority vote of CTEASE Service Point Partners. The Area Agency on Aging of Central Texas is providing the administration and maintenance of the CTEASE Service Point system, including administration and maintenance of the databases, coordination of training, software support, negotiation of technology contracts and will serve as liaison to CTEASE Service Point vendors. The fees agreed to by CTEASE Service Point partners will be paid to the Area Agency on Aging of Central Texas in exchange for these services as follows:

1. One Time Fees:
 - Service Point User License Fee \$225.00
 - Protegrity User License Fee \$ 56.00
 - AAA Initial System Administrator Fee \$100.00
 - TOTAL ONE-TIME FEES \$381.00**
2. Annual Support Fees:
 - Service Point Annual Support Fee \$ 56.00
 - Protegrity Annual Support Fee \$ 14.00
 - Central Texas I&R Network Support Fee \$ 30.00
 - AAA Annual System Administrator Fee \$ 50.00
 - TOTAL ANNUAL SUPPORT FEES \$150.00**

There are no fees applied to partner members who do not have access to the automated Service Point system.

1

¹ Fee will be paid to the Central Texas Workforce Development Board for maintaining the Texas Information and Referral Network IRIS Database for the Central Texas region.

² Fee will be used to offset costs for CTEASE Server/System Administration

Termination of Access:

When participating agencies and/or users violate guidelines, CTEASE administrators may terminate access to the Service Point System based on a majority vote of CTEASE partners.

An agency may choose to withdraw from the CTEASE System with a written notice of desire to do so. An agency may choose to withdraw a user from the system for any reason deemed appropriate. In this case, it is required that the partner agency informs the CTEASE administrator of the revocation of the particular user's access to the system.

Agreement Effective Date:

This agreement becomes effective on the date it is signed. Actual access to the system becomes effective once the Service Point Partner Participation Agreement form and Service Point System User Confidentiality Agreements are signed and Service Point user password and other users have been assigned/designated. Once access to the system has been granted, it is effective for the term of the pilot project, unless terminated for disciplinary actions or by written notice of desire to withdraw from the CTEASE system. Access to the system may extend beyond the pilot project, in which case all agreements and access to the system will be automatically renewed with submission of the agreed upon annual fee to CTEASE administration.

This agreement and other CTEASE Service Point documents may be amended to comply with changes in state and federal legislation as needed.

Agreement:

As Executive Director (or equivalent) of _____,
I have read, fully understand, and agree to terms and guidelines set forth in this CTEASE Partner Participation Agreement form. I understand my responsibilities as a CTEASE partner and further understand that failure to follow all guidelines set forth by CTEASE will result in the termination of my agency's access to the CTEASE system.

Choosing only one (1) of the following:

- This agency will utilize the Service Point system for collection and storage of client information and service delivery.
- This agency will NOT utilize the Service Point system but will share client information and service delivery data via manual agreed upon protocols via fax/phone communications.

Agency Name

Executive Director Signature

Date

CTEASE Administrator Signature

Date

ATTACHMENT G

HOTRAS/Real Choice

PARTNER PARTICIPATION AGREEMENT

Heart Of Texas Regional Access System:

The Heart of Texas Regional Access System (HOTRAS) is a network of organizations committed to improving service access and the development of services to address the unmet needs of residents living in the Heart of Texas Region. HOTRAS maintains a database of health and human service resources in the six county area including Bosque, Falls, Freestone, Hill, Limestone, and McLennan Counties. HOTRAS also utilizes a client database that allows for the tracking of clients to determine the services a client has already received and services the client needs that may be lacking in our community. The goal of the HOTRAS system is to have all organizations that provide a health and human service identified in its database, and to have as many of these service providers as possible using the system.

The HOTRAS system was created to improve the delivery of health and human services to individuals who have unmet needs. The system is designed to allow for information & referral, evaluating service needs, care coordination (case management), client tracking, creating reports and regional analysis of service delivery. Information in the HOTRAS system should be used ONLY for the above stated purposes. Any other use of this information is prohibited. Agencies should communicate to users the importance of maintaining the confidentiality of client data in the HOTRAS system.

The HOTRAS system uses the Service Point software, which is a product of Bowman Internet Systems. The Service Point software is an Internet-based application providing real-time access. All that is needed to log into the system is Internet access, a web browser, a user ID and password. Real-time access provides immediate update of information entered into the system.

For an agency to be a HOTRAS partner, the Administrator of that agency/organization must sign this Partner Participation Agreement form detailing the specific expectations the partner organizations. All users of the HOTRAS system will be required to complete and sign a User Confidentiality Agreement form.

As a HOTRAS partner, agencies have certain obligations and requirements that must be followed in order to protect the rights and interests of HOTRAS clients. Below are performance standards required of each agency and its employees who use the HOTRAS system. It is the agency's responsibility to ensure that each user is familiar with the requirements of the system.

Client Rights:

In order for information to be shared in the HOTRAS system, the client or his/her legal guardian must give consent to release their information to participating HOTRAS partners. The client has the right to refuse to release his/her information. If the client refuses to do so, this in no way affects the client's eligibility for services at any agency. Refusal to give consent to release information requires that you enter client information and mark it as RESTRICTED in the system, so that no one, other than your agency and the system administrator, can access this information.

Client information may be used only for purposes specified by the client. Client information may not be shared for purposes other than those related to a user's job duties. Such unauthorized use is prohibited and will result in termination of access to the system by a majority vote of other HOTRAS Partners.

User Accounts:

Each user of the HOTRAS system will be assigned a user ID and password. The user may not share the ID and password with anyone. This will assure that only authorized persons are using the system. The user will be held accountable for all actions performed by the assigned ID and password and each user is required to read and sign a User Confidentiality Agreement form before he/she is given access to the system.

Training:

It is the responsibility of the agency to ensure that each of its users is knowledgeable about the purpose of HOTRAS, and knows how to correctly use the system.

Each agency is required to assign one person from their agency to be a "Super User" who will serve as a contact with the administrators of the HOTRAS system. This person will be required to attend training and is expected to obtain the knowledge necessary to train other users in that agency. This person will also relay problems and suggestions to the administrators of HOTRAS.

Data Integrity:

The agency has the responsibility of ensuring the accuracy of the information entered into the system. The agency must be sure that its employees have been properly trained, made aware of the importance of recording accurate data and respect the confidentiality of clients in the system.

Reporting and Analysis:

One of the goals of the HOTRAS system is to track clients and the services they receive. This information can be used to determine what additional services are needed throughout the community. The information in the system will be used to produce reports about programs and services. As a HOTRAS partner, it is important that you record each and every potential client in the HOTRAS system so that HOTRAS Administrators can track unmet needs as well as those that were met. This is crucial in order for us to perform an accurate analysis of community services and programs.

Fees:

As a member of HOTRAS, each agency will be required to pay an annual maintenance fee. The fee for the first year (2002) has been waived. Future maintenance fees will be determined by a majority vote of HOTRAS Partners. CareLinc Network is providing the administration and maintenance of the HOTRAS system, including administration and maintenance of the databases, training, software support, negotiation of technology contracts and will serve as liaison to HOTRAS vendors. The annual fee agreed to by HOTRAS partners will be paid to CareLinc Network in exchange for these services.

Termination of Access:

When participating agencies and/or users violate guidelines, HOTRAS administrators may terminate access to the System based on a majority vote of HOTRAS partners.

An agency may choose to withdraw from the HOTRAS system with a written notice of desire to do so. An agency may choose to withdraw a user from the system any reason deemed appropriate. In this case, it is required that the partner agency inform the HOTRAS administrator of the revocation of the particular user's access to the system.

Agreement Effective Date:

This agreement becomes effective on the date it is signed. Actual access to the system becomes effective once this Partner Participation Agreement form and System User Confidentiality Agreements are signed and user passwords have been assigned. Once access to the system has been granted, it is effective for the term of the pilot project, unless terminated for disciplinary actions or by written notice of a desire to withdraw from the HOTRAS system. Access to the system may extend beyond the pilot project, in which case all agreements and access to the system will be automatically renewed with submission of the agreed upon annual fee to HOTRAS administration.

This agreement and other HOTRAS documents may be amended to comply with changes in state and federal legislation as needed.

Agreement:

As the Executive Director (or equivalent) of _____, I have read, fully understand, and agree to the terms and guidelines set forth in this Partner Participation Agreement form. I understand my responsibilities as a HOTRAS partner and further understand that failure to follow all guidelines set forth by HOTRAS will result in the termination of my agency's access to the HOTRAS system.

Agency Name

Executive Director Signature

Date

HOTRAS Administrator Signature

Date



ATTACHMENT H

CTEASE System User Confidentiality Agreement

I. Client Confidentiality

The Central Texas Easy Access Single Entry System (CTEASE) is a network of organizations committed to improving service access and the development of services to address the unmet needs of residents living in the Central Texas Region. As a representative of a CTEASE partner organization, I understand I have access to confidential information, some of which is personal and is, by law, considered confidential. I will at all times treat this information as confidential, and will disclose this information only to explicitly authorized individuals and/or organizations for the purpose of service delivery. **I will not access or share confidential information for any reason other than to perform my job duties.**

Initial: _____

I understand that client confidentiality is of utmost importance; therefore, I agree to take the necessary measures to ensure that all client information is handled in strict confidence.

Initial: _____

II. CTEASE System Access

I acknowledge that I have been assigned a user ID and password that is to be used ONLY by myself to access the CTEASE Client System. I understand that I will be held accountable for all actions and activities produced by my user ID. I will not share my ID and/or password with anyone, and I will not use the ID and/or password assigned to someone else/

Initial: _____

I will not enter any unauthorized data or change or alter existing data in a manner inconsistent with my job duties. Under no circumstances will I enter knowingly false data that may compromise the integrity of the system.

Initial: _____

I agree not to attempt to intentionally cause the system to malfunction or knowingly alter data without authorization in an effort to compromise the computer security system. I further agree to report any suspected misuse or lapse in the security system.

Initial: _____

I. Statement of Understanding

By signing this agreement I acknowledge that I understand the purpose and intent of the CTEASE system, and understand the relationship of CTEASE and the organization with which I am employed. I understand that maintaining client confidentiality is my first duty and largest responsibility as a user of the CTEASE system. I acknowledge that I have read, understand, and voluntarily agree to follow the guidelines set forth above. I further understand that failure to follow these guidelines may result in possible termination of CTEASE privileges.

Name

User ID

Signature

Date

Executive Director's Signature

Date

ATTACHMENT I

HOTRAS

REFERRAL PROTOCOL

Protocol

Protocol is a code of conduct, a set of rules or a correct or appropriate behavior for a group of people.

A. Glossary of Terms

AIC: Area Information Center

AIRS: Alliance of Information & Referral Systems

Care Coordination/Case Management: A process which includes assessing the needs of a client and effectively planning, arranging, coordinating and following-up on services which most appropriately meet the identified needs as mutually defined by access and assistance, staff, the client, and where appropriate, a family member(s) or other caregiver.

Community Partner: I & R only – no active “linking” to service

Community Resource Coordination Group (CRCG), Community Resource Coordination Group for Adults (CRCGA): A Community Resource Coordination Group (CRCG) is a local interagency group comprised of public and private providers who meet together on a regular basis to develop individual service plans for individuals whose needs have not been met through existing resources and channels. A CRCGA is the same kind of local interagency group that concentrates on adults age 18 and over. The CRCGs in some counties include planning for both children and adults and thus combine the CRCG and the CRCGA into one, whereas some counties break up the two.

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

Resource Partner: I, R & A plus case management when possible

Super CRCG: The Super CRCG is a “virtual” CRCG which takes place when there is an urgent need that must be met before the next CRCG meeting. The Super CRCG involves a staffing done via email between all of the CRCG members, as opposed to an actual meeting of the members.

System Navigator: A system navigator is a client advocate who works with key designated staff at partner agencies to resolve obstacles and seek alternate solutions to meet the client’s need and develop a plan for future needs.

1. Referral Protocol

- The AIC, Resource Partners, and Community Partners will accept inquiries.
- Any Resource Partner and Community Partner can make referrals.
- Referrals are followed-up per AIRS standards or agency policy.
- The consumer is referred to another agency when there is a known appropriate resource. The consumer is referred to the AIC when there is no known appropriate agency. All consumers are told about the AIC.
- A successful referral happens when a client is linked to the appropriate service. If no service is identified then an unmet need is to be recorded in the database. When there is a caller who represents the consumer, all reasonable efforts will be taken to safeguard confidentiality.

- When there are no resources available for services, the consumer will be informed and the unmet need will be discounted. When there are complex problems, services are not available, or consumers are placed on waiting lists, they will be referred to the CRCG, Super CRCG, or a Resource Partner Care Coordinator/Case Manager or System Navigator.
- The Resource Partner Care Coordinator/Case Manager or System Navigator will take some form of action to link consumer with services within five (5) business days.
- The consumer's "need type" is closed when the referral was made or when an unmet need was recorded in the system.
- When a consumer moves to another region or state, their information will be transferred from AIC to AIC and/or agency to agency.
- Accountability data will be collected through technology, via Service Point.
- The data to be collected will include: volume and nature of calls, intake information, who referral was made to, needs and unmet needs, follow-up, including any unsatisfactory referrals that were reported.
- The AIC will develop curriculums and train trainers. Training will be made available to all HOTRAS partners.
- This system will adhere to diverse cultures, families, local support, and person-family centered philosophies.

Referral Follow-Up Protocol

When an agency makes a referral to another agency, the agency making the referral has the obligation of recording the status of the need. Depending upon your particular agency's policy, you may or may not perform follow up on some or all of your clients. This will dictate how you record the status of the need.

Scenario 1: You do *NOT* perform follow-up

If you do not perform follow-up, then at the time you input the need you will mark the "Need Status" field as "Closed", answer "No" to the question "Was the need met?", and answer "No follow-up performed" in the "Reason for unmet need" field.

Scenario 2: You *DO* perform follow-up

If you do perform follow-up, then at the time you do the follow-up you will appropriately mark the three fields "Need Status", "Was the need met", and "Reason for unmet need" depending upon the client's response.

**ATTACHMENT J Heart of Central Texas Real Choice
HEALTHCARE PARTICIPATION AGREEMENT**

Heart of Central Texas Real Choice Project

Central Texas Region

The Heart of Central Texas Real Choice is a project of the Texas Health and Human Services Commission through a grant and collaboration between The Area Agency on Aging of Central Texas, The Area Agency on Aging of the Heart of Texas and The Heart of Central Texas Independent Living Center. The purpose is to provide guidance to persons with disabilities regardless of age and to people age 60 and over, their families and caregivers, in navigating the maze of long term care services and supports. The Real Choice Guiding Principle is to enable consumers of the Heart of Central Texas area to be informed of and receive services and benefits of their choice in order to live independently with dignity. The other goal of this project is to institute a systems change in the Long Term Support Services (LTSS) area. A network of community partners have committed to improving service access and the development of services to address the unmet needs of residents living in the Heart of Central Texas.

The Real Choice Resource Center has two components:

Area Information Center (AIC) - Resource specialists provide information, referral and access for individuals who have unmet needs in health and human services. They can be reached by calling 939-1886, 1-800-447-7169, TTD/TTY 1-800-735-2989 or just 2-1-1.

System Navigation - Problem solving by System Navigators is available when a consumer does not qualify or cannot locate the needed resources for living independently. Navigators attempt to find alternative solutions to consumers needs. The navigators may consult with a team of Key Staff Designees located in the offices of community partners or at monthly meetings of county Community Resource Coordination Groups with professional service providers. The System Navigators complete a Person/Family Centered assessment and plan of care with the consumer and their family/caregiver. The Navigators will coordinate with community resources to arrange for the services and supports called for in the care plan. Follow-up will ensure that services are being provided. The consumer has an option to be assisted by navigators in making plans for the future consistent with their values and goals.

The Real Choice Resource Center in this area is located at: 302 East Central, Belton ,Texas 76513. This Resource Center serves Hamilton, Mills, San Saba, Lampasas, Coryell, Bell and Milam Counties.

Consumer information is entered into a secure Internet-based application utilizing Service Point™ software, which is a product of Bowman Internet Systems. Real-time access provides immediate update of information entered into the system.

Consumer Eligibility

Clients who need information about health and human service programs can call or walk in to the Real Choice Resource Center. Consumers of any age with a disability (two or more limitations in activities of daily living) and their caregivers, if they have multiple complex needs, will receive a

follow-up call. Consumers that have encountered a barrier to receiving services will be offered an opportunity for system navigation.

Healthcare Participation Partners

Healthcare Participation Partners agree to the following:

1. Health Care partner agencies will select a Key Staff Designee who will be responsible for participation in problem solving unmet needs of consumers. The Key Staff Designee will be accessible to Navigators through phone calls, e-mails and attending the monthly Community Resource Coordination Group in their county.
2. Health Care partners will determine with Real Choice an appropriate protocol for referrals to Real Choice and from Real Choice to the Health Care partner.

Referral Protocol Between Real Choice and Health Care Partner

- a. The AIC, Health Care Partners and Community Partners will accept inquires.
- b. Any Resource Partner, Community Partner or Health Care Partner can make referrals.
- c. Referrals will be followed-up per AIRS (Alliance of Information & Referral Systems) standards or agency policy.
- d. The consumer is referred to another agency when there is a known appropriate resource. The consumer is referred to the AIC when there is no known appropriate agency. All consumers are told about the AIC.
- e. A successful referral happens when a client is linked to the appropriate service. If no service provider is identified, then an unmet need is to be recorded in the database. When there is a caller who represents the consumer, all reasonable efforts will be taken to safeguard confidentiality.
- f. When there are no resources available for services, the consumer will be informed and the unmet need will be documented. When there are complex problems, services are not available, or consumers are placed on waiting lists, they will be referred to the Community Resource Coordination Group (CRCG), Super CRCG (e-mail to CRCG members) or a Health Care Partner, Care Coordinator/Case Manager or System Navigator to develop a Person/Family Centered plan.
- g. The Health Care Partner Care Coordinator/Case Manager or System Navigator will take some form of action to link the consumer with services within five (5) business days.
- h. If the consumer's needs remain unmet, Real Choice will document the data for reporting to Centers for Medicare & Medicaid and developing new community programs. Accountability data will be collected through technology, via Service Point.
- i. The Real Choice system will adhere to diverse cultures, families, local support, and person-family centered philosophies.

Agreement:

As the Executive Director (or equivalent) of _____, I have read, fully understand, and agree to the terms and guidelines set forth in this Health Care Participation Agreement form. Termination of this agreement may be initiated by either party.

Agency Name

Executive Director Signature

Date

Real Choice Administrator Signature

Date

ATTACHMENT K Heart of Central Texas Real Choice
HEALTH CARE PARTICIPATION AGREEMENT

Heart of Central Texas Real Choice Project

Heart of Texas Region

The Heart of Central Texas Real Choice is a project of the Texas Health and Human Services Commission through a grant and collaboration between The Area Agency on Aging of Central Texas, The Area Agency on Aging of the Heart of Texas and The Heart of Central Texas Independent Living Center. The purpose is to provide guidance to persons with disabilities regardless of age and to people age 60 and over, their families and caregivers, in navigating the maze of long term care services and supports. The Real Choice Guiding Principle is to enable consumers of the Heart of Central Texas area to be informed of and receive services and benefits of their choice in order to live independently with dignity. The other goal of this project is to institute a systems change in the Long Term Support Services (LTSS) area. A network of community partners have committed to improving service access and the development of services to address the unmet needs of residents living in the Heart of Central Texas.

The Real Choice Resource Center has two components:

Area Information Center (AIC) - Resource specialists provide information, referral and access for individuals who have unmet needs in health and human services. They can be reached by calling 772-9600, 1-866-772-9600 or just 2-1-1.

System Navigation - Problem solving by System Navigators is available when a consumer does not qualify or cannot locate the needed resources for living independently. Navigators attempt to find alternative solutions to consumers needs. The navigators may consult with a team of Key Staff Designees located in the offices of community partners or at monthly meetings of county Community Resource Coordination Groups with professional service providers. The System Navigators complete a Person/Family Centered assessment and plan of care with the consumer and their family/caregiver. The Navigators will coordinate with community resources to arrange for the services and supports called for in the care plan. Follow-up will ensure that services are being provided. The consumer has an option to be assisted by navigators in making plans for the future consistent with their values and goals.

The Real Choice Resource Center in this area is located at: 300 Franklin, Waco, Texas 76701. This Resource Center serves Bosque, Falls, Freestone, Hill, Limestone and McLennan Counties.

Consumer information is entered into a secure Internet-based application utilizing Service Point™ software, which is a product of Bowman Internet Systems. Real-time access provides immediate update of information entered into the system.

Consumer Eligibility

Clients who need information about health and human service programs can call or walk in to the Real Choice Resource Center. Consumers of any age with a disability (two or more limitations in activities of daily living) and their caregivers, if they have multiple complex needs, will receive a follow-up call. Consumers that have encountered a barrier to receiving services will be offered an opportunity for system navigation.

ATTACHMENT L

Heart of Central Texas Real Choice Key Staff Designation

Date

Dear Mr./Ms. Professional:

The Heart of Central Texas Real Choice (HOCTRC) Project is a partnership of over 30 organizations in a 13 county area organized to provide unprecedented access to persons with disabilities of any age to community-based long-term services and supports. HOCTRC will provide access to services for people with disabilities through a “no wrong door” model. Consumers with complex unmet needs will be able to access these services using the existing system or through two new Aging and Disability Resource Centers. If the consumer is experiencing significant barriers to securing services, Navigators will assist them by meeting with key staff from the partner agencies.

Your agency will provide a vital component for the success of this project by designating key staff. This key staff person should be able to do the following:

1. Make a decision about services for the consumer,
2. Assign staff to the task of arranging services,
3. Ensure that linkage with available resources occurs in an expeditious manner,
4. If resources are not available through your agency, make suggestions for possible alternatives.

Please return the enclosed postcard with the name of the key staff person to represent your agency in both the Central Texas and Heart of Texas regions by May 15, 2003 to Heart of Central Texas Real Choice, 300 Franklin, Waco, Texas 76701 or e-mail darlene.grant@hot.cog.tx.us .

Thank you for your contribution to helping many live independently with dignity.

Sincerely,

Darlene Grant, Project Director

ATTACHMENT M

Super Community Resource Coordination Groups

Purpose: Community Resource Coordination Groups (known as CRCGs) are local interagency groups comprised of public and private providers and families, who come together to develop individual service plans for children, youth and adults whose needs can be met only through interagency coordination and cooperation. These groups meet once a month. When Real Choice Navigation encounters a consumer problem that cannot wait until the regularly scheduled meeting, they utilize the “Super CRCG” or “Virtual” CRCG (via e-mail).

Participants: The public and private provider professionals who wish to participate in the Super CRCG give permission and place their e-mail address on a group list.

Process:

1. The Real Choice Navigator types a generic description of the scenario (with consumer’s permission). No client identifying information may be used. This is to comply with HIPAA requirements & confidentiality. The problem scenario is sent to all participants on the group list.
2. Participants reply with their ideas for resolving the problem or removing the barrier.
3. The Navigator tries or rules out the suggestions.
4. The Navigator acknowledges the participant’s contributions and lets the participants know how the problem was resolved.
5. The participants will learn about new resources or practical ways to resolve difficult issues.
6. Participants may be removed or added by request.
7. The case is staffed and reported at the monthly CRCG meeting.

I understand the purpose and process of the Super CRCG. I am willing to be a participant. I agree to respect confidentiality and abide by HIPAA regulations.

NAME _____
Print Signature

AGENCY _____ DATE _____

E-MAIL ADDRESS _____

CRCG: Bosque Bell Bi-Stone (Freestone/Limestone) Coryell Falls
Hamilton Hill Multi (Mills, SanSaba, Lampasas) McLennan Milam

Date: _____ Time: _____ Staff Name: _____
 Applicant Name (Last, First, MI): _____
 Street Address: _____ City: _____ Zip Code: _____
 County: _____ Telephone: _____ Birth Date: _____ Sex: _____
 Marital Status: _____ SSN: _____ Ethnicity: _____
 Directions to House: _____

ATTACHMENT N Risk Screen

		Alone	Spouse	Family	Non-relatives			
1. What is your current living arrangement?					YES	SOME TIMES	NO DON'T KNOW	
2. Do you have difficulty preparing meals? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
3. Do you have difficulty shopping? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
4. Do you have difficulty doing housework? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
5. Do you have difficulty doing laundry? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
6. Do you have difficulty using the telephone? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
7. Do you have difficulty taking medication? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
8. Do you have difficulty managing money? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
9. Do you have difficulty bathing yourself? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
10. Do you have difficulty dressing yourself? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
11. Do you have difficulty walking? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
12. Do you have difficulty feeding yourself? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
13. Do you have difficulty using the restroom by yourself? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
14. Do you have difficulty getting out of the chair? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
15. Do you have difficulty getting out of bed? A. If "Yes" or "Sometimes" is someone helping you with this activity?								
B. If "Yes" or "Sometimes" who and how often?								
					Poor	Fair	Good	Excellent
16. How would you rate your present health condition as compared to others your age?					Yes	No		
17. Have you had any major health problems in the last year? If so, what condition(s)								
18. Are you being treated for any of the following health conditions? (Check all that apply)							Yes	
		Arthritis						
		Cancer						
		Pain						
		Stress						
		High Blood Pressure						
		Depression						
		Breathing Problems						
		Memory Problems						
		Angina/Heart Condition						
		Diabetes/High Blood Sugar						
		Digestive Problems						
		Bladder or Bowel Control Problems						
19. In the last 12 months, how many times have you visited your doctor?		None	1-5	6-10	11-15	More than 15		
20. In the last 12 months, how many times have you been admitted to the hospital?		None	1-2	3-4	5-6	More than 6		
21. In the last 12 months, how many times have you been to the emergency room?		None	1 time	2 times	3 times	4 times	5 or more	
22. In the last 12 months, have you been admitted to or are you currently in a nursing home?				Yes	Some- Times	No		
23. Are you not taking prescribed medication(s) which you should?								
24. Do you have trouble paying for prescription medications?								
25. How many Prescription medications are you currently taking?		None	1-3	4-7	8-10	More than 10		
26. Do you have medical insurance?					Yes	No		
27. A. If yes, what type of medical insurance?				Yes				
		Medicare						
		Medicaid						
		Veterans						
		Private or Medicare Supplemental Insurance						
		Qualified Medicare Beneficiary						
		Long-Term Care Insurance						

ATTACHMENT O

Making a Referral to Real Choice Navigation Heart of Texas Area Information Center/ Texas 2-1-1 Area Agency on Aging Real Choice Resource Center

Criteria: *(for internal referrals)*

1. Regardless of age (60+ or 60-)
2. The consumer is clearly not eligible for AAA services.
3. Has a disability: Has 2 or more long-term Activities of Daily Living limitations:
 - Bathing
 - Dressing
 - Routine Hair/Skin care
 - Toileting/Hygiene
 - Feeding
 - Transfer
 - Balance
 - Walking
4. Has two or more unmet needs that threaten independence.

May also:

- Indicate a desire to relocate from nursing facility to community
- Have inquired about nursing facility placement

Referral Process:

1. Complete AAA or ILC Intake on Service Point
2. On Service Point refer to Real Choice Navigation
3. Notify navigators of the referral.

There are differences in criteria between Heart of Texas and Central Texas Regions.

ATTACHMENT O

Area Information Center/ 2-1-1/Real Choice Resource Center/AAA-CT Information and Referral

Referral Criteria

Care Coordination Referral	Caregiver Referral	Real Choice Referral
<p>Recent healthcare crisis (within 30 days/ or hospital discharge)</p> <p>Self-declared caregiver involvement with client (10 hours/+ week)</p> <p>Short term need (3 months or less)</p> <ul style="list-style-type: none"> ➤ Emergency Response ➤ Home Delivered Meals ➤ Health Maintenance ➤ Homemaker ➤ Personal Assistance <p>Complete AAA Intake on Service Point</p> <p>On Service Point refer to Care Coordination</p> <p>*****</p> <p>After 3 months if the need still exists, refer to Real Choice</p>	<p>Recent healthcare crisis (within 30 days/ or hospital discharge)</p> <p>Self-declared caregiver involvement with client (10 hours/ + week)</p> <p>Short term need (3 months or less)</p> <ul style="list-style-type: none"> ➤ Caregiver Respite-In home ➤ Mental Health Services ➤ Short-term services for Care Recipient <p>Caregiver seeking assistance for self</p> <p>Completed AAA Intake on Service Point</p> <p>On Service Point refer to Caregiver Support</p> <p>*****</p> <p>After 3 months if the need still exists, Refer to Real Choice</p>	<p>Regardless of age 60+ or 60-</p> <p>Does not meet short-term needs for Care Coordination/Caregiver Support</p> <p>Has 2 or more Long-term ADL limitations</p> <ul style="list-style-type: none"> ➤ Bathing ➤ Dressing ➤ Routine Hair/Skin care ➤ Toileting/Hygiene ➤ Feeding ➤ Transfer ➤ Balance ➤ Walking <p>Has 2 or more unmet needs that threaten maintaining independence</p> <p>Has inquired about nursing facility placement</p> <p>Complete AAA Intake on Service Point</p> <p>On Service Point refer to Real Choice Navigation</p>

There are differences in referral criteria between Central Texas and Heart of Texas Regions

ATTACHMENT P

HOTRAS/Real Choice

Intake and Referral Form

Client Information

Name: _____ DOB: _____

Social Security # _____ Gender: Male Female

Address: _____
Street City State Zip

County: _____

Home phone: _____ Work phone: _____

Caregiver? Yes No Caregiver name: _____

Relationship: _____

Relationship Status: Married Single Separated Divorced
 Widowed Significant other Unknown

Household Income (approximate): _____ Number in household: _____

Language Accommodation: None Spanish American Sign Language
 Other (specify): _____

Benefits: Veteran SSI/SSDI Medicare Medicaid Food Stamps
 TANF WIC Housing Medical Insurance
 Unknown Other (specify): _____

Statement of Need: _____

Inquirer Information

Legally responsible party: _____

Name: _____ Relationship to client: _____

Address: _____
Street City State Zip

Home phone: _____ Work phone: _____

Requests anonymity? Yes No

Comments:

Check the box below if the client has signed a Release Form

II.

Release of Information Form signed

III.

IV. Referral Information

Client Name: _____

V. Referrals Made

Referral Made to: _____

Date: _____ Time: _____

Contact Information: _____

Identified Need: _____

Follow-up (Results):

Referral Made to: _____
Date: _____ Time: _____

Contact Information: _____

Identified Need: _____

Follow-up (Results):

Referral Made to: _____
Date: _____ Time: _____

Contact Information: _____

Identified Need: _____

Follow-up (Results):

Intake Worker Information

Name: _____	Agency: _____
Date: _____	Time: _____
Phone number: _____	

ATTACHMENT
Q

CTEASE, INTAKE, CASE REPORT, AND REFERRAL FORM

Date: _____			
Referring Agency: _____		Contact Name: _____ Title: _____	
		Agency's Phone: _____ Fax: _____	
Release of Information:			
Client is aware of the referral:		Yes <input type="checkbox"/>	No <input type="checkbox"/> (Check One)
Was release of information obtained:		Yes <input type="checkbox"/>	No <input type="checkbox"/> (Check One)
Type of release:		Written <input type="checkbox"/>	Verbal <input type="checkbox"/> (Circle One)
Client Information:			
Name: _____			
Address: _____			
City & Zip & COUNTY: _____			
Telephone: _____			
Social Security: _____		Gender: (Check One)	
Date of Birth: _____		Female <input type="checkbox"/> Male <input type="checkbox"/>	
Marital Status: _____			
Ethnicity: _____		Emergency Contact:	
Monthly Income: \$ _____	Individual over / under \$1656	Name: _____	
(Circle One)	Couple over / under \$3312	Home Phone: _____	
Assets/Resource: \$ _____	Individual over / under \$2000 / \$5000	Work Phone: _____	
\$ _____	Couple over / under \$3000 / \$6000	Relationship: _____	
Number in Household: _____	Medicaid Number: _____	Medicare: _____	
Income Source:	Job: _____	SS: _____	SSDI: _____
	VA: _____	Food Stamps: _____	Other: _____
Admission/Discharge Information:			
Hospital Discharge:	Date: _____	Name of Facility: _____	
Nursing Home Admission:	Date: _____	Name of Facility: _____	
Clinic or ER Visit:	Date: _____	Name of Facility: _____	
Home Health Care Information:			
Agency: _____			
Type of Payment: (Check One)	Medicare Coverage <input type="checkbox"/>	Public Coverage <input type="checkbox"/>	Private Pay <input type="checkbox"/>
	Other <input type="checkbox"/>	Specify _____	
Service Provided:			
Physician Information:			
Name: _____	Phone: _____	Diagnosis: _____	
Supplemental Insurance Information:			
Supplemental Health Insurance: _____			
Benefits Counseling/Legal Assistance/Ombudsman Information:			
Does Client Have The Following: (Write "Y" for Yes and "N" for No in the Blank)			
<input type="checkbox"/> Guardianship	<input type="checkbox"/> Representative Payee	<input type="checkbox"/> Medical Power of Attorney	
<input type="checkbox"/> Do Not Resuscitate	<input type="checkbox"/> Durable Power of Attorney	<input type="checkbox"/> Directive to Physicians	
Caregiver Referral Information:			
Caregiver: (Check One)	Caregiver's Name: _____	Relationship: _____	
Yes <input type="checkbox"/>		Phone: _____	
No <input type="checkbox"/>			
Legal Responsible Party: _____	Request Anonymity: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Language Accommodation: _____	None <input type="checkbox"/>	Spanish <input type="checkbox"/>	American Sign Language <input type="checkbox"/>
	Other <input type="checkbox"/>	Specify _____	
Benefits: (Check all that apply)			
<input type="checkbox"/> Veteran	<input type="checkbox"/> Retirement	<input type="checkbox"/> Medicare	<input type="checkbox"/> TANF
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Housing	<input type="checkbox"/> Medicaid	<input type="checkbox"/> SSI / SSDI
<input type="checkbox"/> Other	Specify _____		<input type="checkbox"/> QMB / SLMB / QI-1
Reported Needs:			
Comments:			
Advocacy/Referral/Follow-up:			
<input type="checkbox"/> I provided requested information with additional assistance			
Advocated with	Referred to	Followed up with	



ATTACHMENT R

CLIENT CONSENT TO RELEASE INFORMATION

I, _____ and _____
 (Name of Applicant or Recipient) (Name of Spouse)

living at _____
 (Address, City, State and Zip Code)

Consent to release my/our information to the Area Agency on Aging of Central Texas (AAACT) and its vendor(s). I/We also authorize persons, organizations, or establishments having information or records concerning my/our circumstances, to release such information to a representative of the AAACT and its vendor(s). I/We also grant permission to the AAACT and its vendor(s) to obtain and/or release information to other human service agencies whose services I/We may qualify for.

By checking below, I grant permission to the AAACT and its vendor(s) to:

- Take pictures of me/us for file purposes and outreach programs.
- Take pictures of my/our place of residence if I am/we requesting residential repairs/modifications.
- I am / We are willing to accept gifts and/or be referred to special holiday programs.
- My/Our information may be released without limitations.
- My/Our information may be released with the following limitations:

This consent to disclose is valid for twelve months; however, I/we have the right to revoke the consent to release at any time. I/we understand the AAACT will not be responsible for information forwarded to agencies prior to my/our revocation.

 Signature of Applicant/Recipient

 Date

 Signature of Spouse

 Date

VERBAL CONSENT

- The Client / Caregiver DOES / DOES NOT agree to release their information to the AAACT and its vendor(s).
- The Client / Caregiver gives the AAACT and its vendor(s) permission to release information to other human service agencies whose services they may qualify for.
- AAACT Staff has read the Client Consent to Release Information to the Client/Caregiver.
- Copy of Verbal Consent Form mailed to Client / Caregiver on (Date) _____

If consent given by Caregiver, list name, relationship, and phone number.

 AAACT STAFF Signature

 Date

ATTACHMENT S

HOTRAS/Real Choice

RELEASE OF INFORMATION

Purpose:

The Heart of Texas Regional Access System (HOTRAS) is a network of organizations committed to improving service delivery to people in need. By giving your consent to release your client information to the HOTRAS network, you are agreeing to participate in the HOTRAS Continuum of Care program and allow the HOTRAS organizations to share and manage this information in an effort to coordinate and improve delivery of needed services, and to avoid duplication in providing basic intake information.

Consent:

This release includes all partners of the HOTRAS network.

I, _____, give my permission to allow HOTRAS organizations and their staff to release and receive client information about (*choose one:*) **me or the client** in order to determine eligibility for various programs and to coordinate the delivery of services. I also give permission for HOTRAS to obtain information which may determine **my or the client's** eligibility for available services and programs. I understand that the information I provide during intake, interviews, and all other correspondence with any HOTRAS organization may be shared with other HOTRAS partners for the purpose of service delivery.

I also understand that the information I provide, as well as information about the services I receive, will be kept confidential by all HOTRAS organizations as required by law. I further understand that any information I provide may be used in a non-identifying manner for statistical purposes by the HOTRAS network and/or any or all of its partner organizations, and that HOTRAS and its partner organizations will maintain the confidentiality of such information as required by law.

I understand that this consent is effective for three years from the date it is signed. Furthermore, I understand that this consent can be revoked at any time by my sending a written notice to any HOTRAS agency requesting revocation of my consent, except to the extent that agencies have already taken action in reliance on it.

I understand that this release is optional, and that I can still apply for and receive services, provided **I am or the client is** eligible, without signing this form. I understand that if I choose not to sign this form, the information will be entered into the HOTRAS system in a manner that will allow no other agency to access these client records. I understand that this information will, however, be used for statistical reporting purposes, in a non-identifying manner.

I have read, understand, and voluntarily consent to the release of **my or the client's** information to HOTRAS partners:

Client (or legal guardian) Signature

Date

Client Social Security Number

Relationship to client (if applicable)

HOTRAS Agency Employee Signature

Date

Check here if verbal consent received. HOTRAS Agency Employee must sign and date above.

HOTRAS

Partner Organizations

(as of January 2003)

Following is a list of the current HOTRAS Partner Organizations. *Please place a check by all of the agencies with whom your information may be shared.*

- ALL OF THE AGENCIES LISTED**
- Area Agency on Aging of the Heart of Texas
- ARC of McLennan County
- Bosque County Senior Services
- CareLinc Network
- Caritas of Waco
- Central Texas Senior Ministry
- Central Texas Veterans Health Care System
- Compassion Ministries
- First Baptist Church - Waco
- Freestone County Senior Services
- Friends for Life
- Heart of Central Texas Independent Living Center
- Heart of Texas Workforce
- Limestone County Senior Services
- Mission Waco
- Salvation Army
- Texas Dept. of Human Services
- Texas Dept. of Protective & Regulatory Services – Adult Protective Services
- Waco Housing Authority
- Other _____

All client profiles will be entered into the system and will be accessible to all HOTRAS organizations as indicated above.

*In the event that my caseworker and I decide to document sensitive information about (**choose one:**) **myself or the client** in the system, I hereby give my permission for this information to be released to other HOTRAS organizations:*

Client (or legal guardian) Signature

Date

Client Social Security Number

Relationship to client (if applicable)

HOTRAS Agency Employee Signature

Date

ATTACHMENT T

Heart of Central Texas Real Choice

Client Revocation of Authorization

I, _____, submit this form as a notice to
Client or Legal Representative
Heart of Central Texas Real Choice to revoke the authorization I previously submitted on

Date of Authorization _____

For any pending or future requests based on the terms of that authorization I understand that:

- Real Choice will respond by stating that they do not have a valid client authorization
- If the request is for payment of services already received, or to the extent that Real Choice has taken action on the reliance of the authorization, Real Choice cannot abide by this.

Client or Legal Representative

Date

~~~~~  
**Authority to Grant or Revoke Authorization**

The authority to grant authorization for disclosure of health information resides with:

1. The client, if the client is a competent adult (Texas age is 18 years old) or an emancipated minor; A legal guardian or custodial parent or parent on behalf of a minor;
2. A power of attorney for health care; and
3. The executor of the estate or a court appointed individual, if the client is deceased.

## **Crimes Against the Disabled and Elderly**

### **Identification and Referral Information**

**Lone Star Legal Aid**  
**512 South Main**  
**Belton, Texas 76513**  
**1-800-234-6606**  
**1-888-674-4529**

*in collaboration with:*  
Area Agency on Aging,  
Department of Protective and Regulatory Services  
and Families in Crisis Shelter.

### **What is Abuse?**

Abuse is an intentional act or attempt to inflict suffering by one person against another. Abuse crosses all social, economic and ethnic lines. An elderly or disabled person could become a victim of abuse. It is important to become aware of abuse and to recognize signs that might suggest its presence. There are four general categories of abuse:

#### **1. Physical Abuse**

Physical abuse is the infliction of physical harm or injury by a person who stands in a position of trust or who has care or custody of the elderly or disabled person. This includes, but is not limited to, direct beatings, sexual assault, unreasonable physical restraint, or prolonged deprivation of food or water.

**Physical signs of abuse could include but are not limited to:**

- Unexplained bruises or welts
- Injuries that are incompatible with explanations
- Cuts, pinch marks, skin tears, lacerations or puncture wounds
- Malnourishment or dehydration
- An untreated serious medical condition
- Injuries that reflect outline of object to inflict it – electric cord, belt, hand
- Bruises or welts in various stages of healing

#### **2. Psychological Abuse**

The willful infliction of mental suffering by a person in a position of trust with the elderly or disabled person constitutes psychological abuses. Examples of such abuse are: verbal assaults, threats, instilling fear, humiliation, intimidation or isolation.

**Behavioral signs of psychological abuse to an elderly or disabled person include but are not limited to:**

- |                |                           |             |
|----------------|---------------------------|-------------|
| * Fear         | * Withdrawn               | * Depressed |
| * Helplessness | * Hesitant to talk freely | * Anger     |

#### **3. Neglect**

Neglect occurs when a caretaker denies an elderly or disabled person food, medication, proper clothing, hygiene or medical attention. Unfortunately, neglect is an all too common occurrence. In many cases, the caretaker who neglects an elderly or disabled person is not aware of or sensitive to how severe the consequences of his/her actions can be.

**Social signs of neglect include but are not limited to:**

- Elderly or disabled person being isolated or lonely with no friends or relatives who visit or to visit
- Elderly or disabled person is exposed to health and safety hazards
- Elderly or disabled person's interaction or activity within the family is restricted or prohibited
- Elderly or disabled person is not given the opportunity to speak for him/herself or see others without the caregiver present.

#### **4. Financial (Fiduciary) Abuse**

Financial abuse occurs when a caretaker or a person in a position of trust with the elderly or disabled person misuses that person's funds or property, commits theft, embezzlement, extortion or fraud.

##### **Signs of financial abuse include but are not limited to:**

- Unusual activity in bank accounts
- Signatures on checks and other documents incompatible with the elderly's or disabled person's signature
- Lack of amenities- TV, personal grooming items, appropriate clothing
- Pattern of spending changes- purchases of things the elderly or disabled person doesn't need or cannot use
- Numerous unpaid bills and overdue rent
- The elderly or disabled person is denied necessary placement and/or services because the caregiver is unwilling to spend the money

##### **Caregiver profile:**

- Caregiver asks only financial questions, not questions related to care
- Caregiver has no obvious means of support
- Caregiver feels overwhelmed by the level of care needed by the elderly or disabled person
- Caregiver has the following problems or behavior:
  - Problems with alcohol or drugs
  - Previous history of abuse of others
  - Anger or indifference toward the elderly or disabled person
  - Emotional or psychiatric problems
  - Unwilling or reluctant to comply with service providers
  - Inappropriate defensiveness
  - Aggressive behavior towards the elderly or disabled person- threats, harassment, insults
  - Concern that too much money is spent for the care of the elderly or disabled person

#### **Preventing Abuse**

Don't be a victim. Don't let other be victims. It's very important for the elderly, disabled, their family members and friends to be a part of the solution to the problem of abuse. Be aware of abuse and the indicators, and report it to proper agencies or law enforcement.

#### **Reporting Abuse**

Reporting suspected abuse is not difficult. The following agencies and law enforcement can often intervene before serious injury occurs. Report what you see or what you hear and the

responsible authorities will take it from there. If you are receiving meals on wheels services, please talk to the person bringing your meals and they will report to the appropriate persons.

## **Bell County Resources**

### **Families in Crisis**

**P.O. Box 25**

**Killeen, Texas 76540**

**(254) 634-8309 (888)799-723**

### **Local Law Enforcement:**

**Police Emergency 9-1-1**

**Bell County Sheriff Dept.  
(254) 933-5400**

**Belton Police Department  
(254) 933-5840**

**Temple Police  
Department  
(254) 298-5500**

**Killeen Police Department  
(254) 526-8311**

**Nolanville Police  
Department  
(254) 698-6334**

**Harker Heights Police  
Dept.  
(254) 699-7600**

**Bell County Attorney's  
Victim Assistance Office  
(254) 933-5144**

**Bell Co .District  
Attorney's  
Victim Assistance  
Office-Resources  
(254) 933-5791**

### **Elder or Disabled Services:**

**Area Agency on Aging 2-1-1  
(254) 939-1886 or  
(800) 447-7169**

**Attorney General of Texas  
Consumer Complaints  
(800) 621-0508**

**Adult Protective Services  
(800) 252-5400**

**Long Term Care  
Ombudsman  
24-hour hotline  
Belton (800) 447-7169**

## **McLennan County Resources**

### **Local Law Enforcement:**

**Police Emergency 9-1-1**

**McLennan Sheriff Dept.  
(254) 757-5222**

**Waco Police Dept.  
(254) 750-7500**

**Woodway Police Dept.  
(254) 772-4470**

**Robinson Police Dept.  
(254) 662-1414**

**McGregor Police Dept.  
(254) 840-2855**

**Lacy-Lakeview Police  
(254) 799-2458  
Hewitt Police Dept.  
(254) 666-1661**

**Beverly Hills Police  
(254) 752-2585**

**Bellmead Police Dept.  
(254)799-0251**

**Attorney General of  
McLennan County  
Victim Assistance  
(800) 252-8011**

### **Elder or Disabled Services:**

**Area Agency on Aging  
McLennan County 2-1-1  
(254) 772-9600 (254)756-7822 (866) 772-9600**

**Long Term Care  
Ombudsman  
24-hour hotline  
Waco (800) 252-2412**

**Attorney General of Texas  
Consumer Complaints  
(800) 621-0508**

**Adult Protective Services**

**(800) 252-5400**

-----Client's Rights & Responsibilities-----

The Heart of Central Texas Real Choice Project welcomes you as a participant in the Navigation Program. This program is a partnership with The Texas Department on Aging and Centers for Medicare and Medicaid. It is administered by the Area Agencies on Aging of Central Texas and Heart of Texas and the Heart of Central Texas Independent Living Center. The program is designed for persons of any age with disabilities and persons over age sixty who desire assistance in remaining in the community despite limited self-care capacities. Statements in this document shall inform you, briefly, of your rights and responsibilities as a participant in this program.

Any information shared between you (*the participant*) and the Real Choice Staff, shall be treated with the highest regard of confidentiality. Information will not be released to any individual or agency without your written or verbal consent, with the exception of records subpoenaed by a court of law as required by the Health Insurance Portability and Accountability Act (HIPAA).

The following rights and responsibilities pertain to all Real Choice participants:

1. You have the right to be treated with respect, consideration and recognition;
2. You have the right to privacy and confidentiality of information;
3. You have the right to have access to needed health and social services;
4. You may not be denied services on the basis of race, religion, color, national origin, sex, handicap, marital status;
5. You have the right to be given a fair and comprehensive assessment of your health and functional, psychosocial and cognitive ability;
6. You shall feel free to voice grievances or recommend changes in policy or service, without restraint, interference, coercion, discrimination or reprisal;
7. You shall have the right to participate in developing a care plan to address all your unmet needs; or refuse any portion of the care and/or service plan;
8. You have the right to be informed in writing (prior to receiving services) of available services and the applicable charges if the services are not covered or unavailable by Medicare, Medicaid, health insurance, Texas Long Term Care programs or Title III.

9. You have the right to make an independent choice of service providers, and have been provided with a list of agencies that provide such services.
10. You shall be informed of any changes in services and/or waiting lists;
11. You shall be provided with the opportunity to make a contribution for care coordinated services;
12. You have a right to address all complaints to the director of the Real Choice Project. Should you have a complaint call 254-756-7822 or 254-939-1886, and ask for the project director or the director of Area Agency on Aging;
13. You have the right to seek services elsewhere if you are not satisfied with the services and /or procedures of the Real Choice Project.
14. You have the right to withdraw from the process at any time and the responsibility of informing the Real Choice Project of your intent to withdraw from the program;
15. You are responsible for informing the Real Choice Project when possible, of any periods of absenteeism from your designated residence;
16. You are responsible for providing Real Choice and its partners with truthful information, when requested.

---

**Participant's Signature**

**Date**

---

**Navigator's Signature**

**Date**

## ATTACHMENT W

### **Heart of Central Texas Real Choice Participant Grievance Procedure**

I. Procedures for participants having a grievance with or complaint about the programs, policies or actions of the Heart of Central Texas Real Choice Project, its employees or volunteers:

First:

A If possible, discuss the problem with the staff person directly responsible for the situation about which you have a grievance:

- a) Resource Specialist
- b) Navigator
- c) Volunteer
- d) Service provider
- e) Community partner

B If this does not lead to a resolution of the problem,

**II. THEN SECOND:**

A Appeal the matter to:

Project Coordinator  
Heart of Central Texas Real Choice Project  
300 Franklin Avenue  
Waco, Texas 76701-2244  
(254) 756-7822

B If this does not lead to a resolution of the problem,

**VI. THEN THIRD:**

A Appeal the matter to:

Real Choice Leadership Team  
Heart of Central Texas Real Choice Project  
300 Franklin Avenue  
Waco, TX 76701-2244  
(254) 756-7822

B If this does not lead to a resolution of the problem,

**VII. THEN FOURTH:**

A Appeal the matter to:

Executive Director  
Heart of Texas Council of Governments

300 Franklin Avenue  
Waco, Texas 76701-2244  
(254) 756-7822

B If this does not lead to a resolution of the problem,

V. THEN FIFTH:

A Appeal the matter to:

Texas Department of Health & Human Services  
P.O. Box 13247  
Austin, Texas 78711-3247

- 2 Complaints and grievances will be kept in strict confidence by the staff of the Heart of Central Texas Real Choice Project and by the Heart of Texas Council of Governments. No participant will be denied services for the filing of a complaint.
- 3 A copy of this complaint procedure will be provided to every program participant as soon as a participant acknowledges a complaint. A copy of this will be prominently displayed in each Real Choice staff office.



Heart of Central Texas Real Choice Project is a demonstration project of the  
Texas Health and Human Services Commission  
With funding from the Federal  
Centers for Medicare and Medicaid Services

Partner Agencies Include:

Area Agency on Aging of Central Texas  
302 East Central, Belton, Texas 76513

\*

Area Agency on Aging of the Heart of Texas  
300 Franklin Avenue, Waco, Texas 76701

\*

Heart of Central Texas Independent Living Center  
1605 North Main, Belton, Texas 76513  
or 300 Franklin Avenue, Waco, Texas 76701

Funded in part by: Texas Department on Aging,  
Central Texas Council of Governments &  
Heart of Texas Council of Governments

**ATTACHMENT X**

**Heart of Central Texas Real Choice  
Person / Family Centered Assessment**

Client Name \_\_\_\_\_ Name preferred \_\_\_\_\_  
Date \_\_\_\_\_ Staff completing \_\_\_\_\_

*Complete only those questions that pertain to this client's needs and interests.  
Mark other questions N/A if inappropriate for this client's person centered planning.*

**Life Situation**

1. Please describe the concern that brought you to Real Choice \_\_\_\_\_  
\_\_\_\_\_
2. What are your most critical needs at this point in your life? \_\_\_\_\_  
\_\_\_\_\_
3. What have you already tried to meet those needs? \_\_\_\_\_  
\_\_\_\_\_
4. What need do you want to pay most attention to or receive most help with right now?  
\_\_\_\_\_
5. How did you find out about Real Choice? \_\_\_self \_\_\_ physician \_\_\_ neighbor /friend \_\_\_ family  
\_\_\_ community service provider \_\_\_ clinic \_\_\_ Area Information Center \_\_\_ nursing home staff  
\_\_\_ hospital staff other \_\_\_\_\_

**Physiological Needs**

**Nutrition Health Screening Questions**

- |                                                                       |    |                   |
|-----------------------------------------------------------------------|----|-------------------|
| 1. Do you have a condition that alters the kind/amount of food eaten? | No | Yes(score2) _____ |
| 2. Do you have a condition that makes it hard to eat?                 | No | Yes(score2) _____ |
| 3. Do you eat alone most of the time?                                 | No | Yes(score1) _____ |
| 4. Does not always have money to buy food?                            | No | Yes(score4) _____ |
| 5. Do you drink alcohol 3 or more times a week?                       | No | Yes(score2) _____ |
| 6. Do you eat 2 or less meals a day?                                  | No | Yes(score3) _____ |
| 7. Do you eat few fruits, milk, vegetables?                           | No | Yes(score2) _____ |
| 8. Has your weight changed 10 lbs. in the last 6 months?              | No | Yes(score2) _____ |
| 9. Physically not able to shop, cook, feed self?                      | No | Yes(score2) _____ |
| 10. Do you take 3 or more legal drugs a day?                          | No | Yes(score1) _____ |

TOTAL NUTRITIONAL ASSESSMENT (0-2=mild, 3-5=moderate, 6-more=severe) \_\_\_\_\_

Nutrition Need: \_\_\_Nourishment \_\_\_Special Diet \_\_\_Supplemental Nutrition \_\_\_Declined MOW

**Activities of Daily Living**

- 1. Is there something you wish you could do, but can't because you don't have the proper equipment or modifications? (Ex: using kitchen, telephone, bathroom, personal care)?    Yes    No
- 2. Is there anything that could make it easier for you to accomplish tasks? \_\_\_\_\_  
\_\_\_\_\_
- 3. Do you need assistance with daily care? Yes    No    (See Client Needs Assessment Questionnaire DHS 2060)  
If yes, do you have sufficient care to attend to your daily needs? Yes    No
- 4. What types of assistance do you need? \_\_\_\_\_
- 5. Is transportation available when you want/need to go somewhere? Yes    No

**Housing** 1. What is your current living situation?

- \_\_\_\_\_
- 2. Is it satisfactory for you at this time? If no, what do you want to change?  
\_\_\_\_\_
- 3. What concerns if any, do you have with the following:  
Running water \_\_\_\_\_    Toilet \_\_\_\_\_    Water heater \_\_\_\_\_  
Plumbing \_\_\_\_\_    Electricity \_\_\_\_\_    Natural Gas \_\_\_\_\_  
Stove \_\_\_\_\_    Heating \_\_\_\_\_    Cooling \_\_\_\_\_  
Roof, doors, windows, locks \_\_\_\_\_    Energy efficiency \_\_\_\_\_    Pest infestation \_\_\_\_\_  
Unsanitary conditions \_\_\_\_\_    Unkempt interior/exterior \_\_\_\_\_    Multiple pets \_\_\_\_\_  
Weatherization \_\_\_\_\_    Stairs, floors, railings \_\_\_\_\_    Small home repairs \_\_\_\_\_  
Home adaptation needs \_\_\_\_\_    Wheelchair inaccessible \_\_\_\_\_    Assistive devices \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

**Financial** 1. What is(are) your source(s) of income?

Salary \_\_\_\_\_ Retirement \_\_\_\_\_ SSI \_\_\_\_\_ SSDI \_\_\_\_\_ Medicare \_\_\_\_\_  
Medicaid \_\_\_\_\_ Insurance \_\_\_\_\_ Other \_\_\_\_\_

- 2. Do you have enough finances to pay for your expenses (food, rent, clothing, health care insurance, Transportation, medication, leisure)? Yes    No    If not, what do you regularly do without?

\_\_\_\_\_  
\_\_\_\_\_

**Work/Activities**

1. What kind of work activities do you do? \_\_\_\_\_
2. Did you choose this work/activity? Yes \_\_\_\_\_ No \_\_\_\_\_
3. What options did you have? \_\_\_\_\_
3. How satisfied are you with your work/activity situation? Not At All Not Very Somewhat Satisfied Very Satisfied
4. If you could have any job/activity you wanted right now, what would it be? \_\_\_\_\_
5. What do you need to achieve the job/activity of your choice, and what's available? \_\_\_\_\_  
\_\_\_\_\_

- Medical**
1. Do you feel healthy? Yes No
  2. What do you do to stay healthy? \_\_\_\_\_  
\_\_\_\_\_
  3. What health concerns (physical/mental) do you have? \_\_\_\_\_  
\_\_\_\_\_
  4. Do you discuss your health concerns with anyone? Yes No Who? \_\_\_\_\_
  5. Are you seeing a doctor or other healthcare professional? Yes No Who \_\_\_\_\_
  6. Are you satisfied with their services? Yes No  
If not, why not? \_\_\_\_\_
  7. Does someone monitor your medications? Yes No Who?

| <u>Medication</u> | <u>Dosage</u> | <u>Does it help?</u> | <u>Illness</u> | <u>Physician</u> |
|-------------------|---------------|----------------------|----------------|------------------|
|                   |               | Yes No               |                |                  |

8. Are you following you healthcare professional's advise? Yes No Is it working? Yes No
9. If you don't think it's working, what can be done? \_\_\_\_\_
10. What do you do to relieve stress? \_\_\_\_\_
11. Do you have trouble sleeping? Yes No How often in a night do you awaken? \_\_\_\_\_
12. Do you drink alcohol, use tobacco and/or drugs? Yes No Do you need help? Yes No  
If yes, what \_\_\_\_\_ frequency \_\_\_\_\_
13. Do you have any advanced directives such as : Living will and/or durable power of attorney? Yes No

If so where is it located? \_\_\_\_\_

If no, would you be interested in more information about it? Yes No

**Emotional**

*May supplement with Goldberg Depression Scale*

1. Would you say you are happy or sad most of the time? Happy \_\_\_\_\_ Sad \_\_\_\_\_

2. What do you look forward to everyday? \_\_\_\_\_

3. What is the most important emotional issue to concentrate on right now? (greatest perceived need)

\_\_\_\_\_

**Safety Needs (Dignity & Abuse Issues):** *Give client brochures about abuse/neglect & rights.*

1. Are you familiar with your rights as a citizen, (client, alien, resident)? Yes No

2. Have you been informed of your rights? Yes No (*Give client copy of Rights & Responsibilities*)

3. Are you interested in learning more about your rights or how to advocate for your rights? Yes No

4. Do you need any help exercising your rights? Yes No What kind of help do you need?

5. Do you have concerns about how you are treated by anyone? Yes No

Comments \_\_\_\_\_

6. Have there been time when you thought you were :

a. treated unfairly Yes No b. rights violated Yes No

c. been hurt Yes No d. taken advantage of Yes No

Comments \_\_\_\_\_

Would you fear telling anyone? Yes No (*Give client abuse & neglect brochure, discuss if needed*)

7. Are any of your rights formally limited (*such as payee, guardianship, etc ...*)? Yes No

If yes, what are the limitations? \_\_\_\_\_

Do you agree with the limitation? Yes No

8. Who can you talk to about you questions and concerns about your rights? \_\_\_\_\_

9. Do you know what abuse and neglect are? Yes No

Have you ever been abused or neglected? Yes No

Comments \_\_\_\_\_

10. Where are the safe places, people, or other resources that you can get in touch with if you have been abused, mistreated, or feel threatened? \_\_\_\_\_

11. Do you feel safe at home? Yes No In your neighborhood? Yes No

If no, what concerns do you have? \_\_\_\_\_

12. What would you do if there was an emergency (fire, illness, injury, severe weather)? \_\_\_\_\_

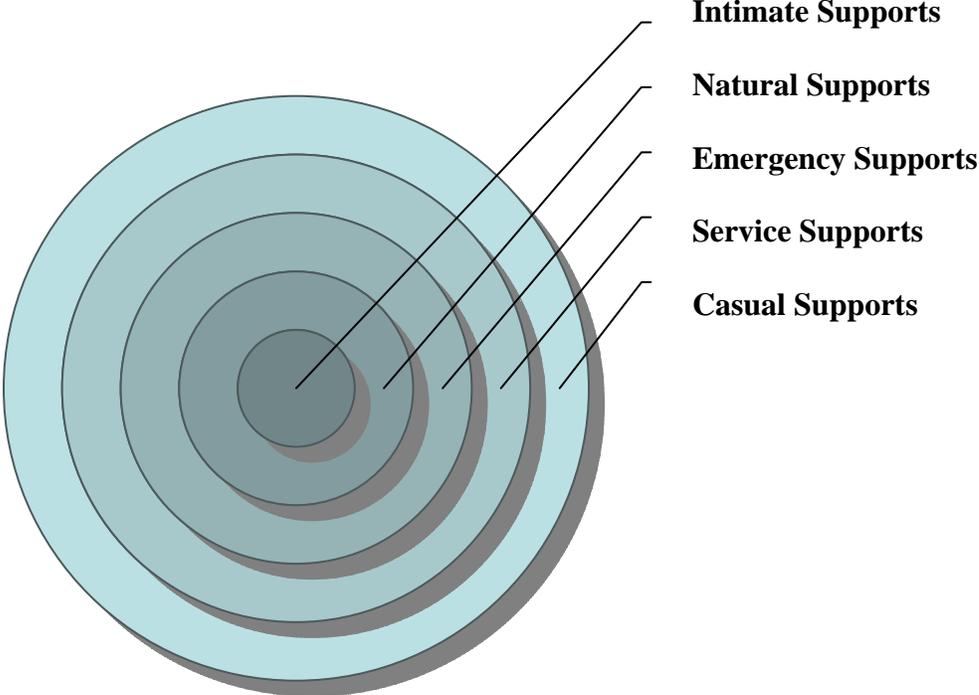
\_\_\_\_\_

13. Do you have safety or adaptive equipment at home (ex: emergency response system, smoke alarms, fire extinguisher, peephole, grab bars, shower chair, flashlight, wheelchair accessibility, nightlights, emergency numbers posted)? Yes No If no, what do you need?

---

**Belongingness & Love Needs (Support Systems: Natural Supports, Friendships and Relationships)**

**Circles of Support** Who are the people in your life that you can count on and what do you count on them for?



**PERSON(S)--RELATIONSHIP**

**WHAT DO YOU COUNT ON THEM FOR?**

Intimate Supports (*Family in the home, Roommates, Very close friends, Pets & Service Animals*)

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Natural Supports (*Close Friends, Family, Neighbors, Church Friends, Social Clubs*)

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Emergency Supports (*Life line responders, Doctors, Hospital, Pharmacy, Electric Company, EMS, Friends/family*)

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---

Service Supports (*Friends/family, Home health care, housing authority, personal care attendants, landlord, bank, insurance, transportation assistance, AAA/HOCTIL,*)

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---

Casual Supports (*Employer, grocer, clothier, thrift shop, HELP center, barber/beauty, friends/family*)

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1. How often do you see friends/family? \_\_\_\_\_ Is the contact you have enough for you? Yes No  
If not, what is the reason? \_\_\_\_\_
2. Is your family available to you in an emergency? Yes No \_\_\_\_\_
3. Have you lost contact with family members or friends? Yes No \_\_\_\_\_
4. Do you want to reestablish contact? Yes No \_\_\_\_\_
5. Do you have any pets? Yes No How many? \_\_\_\_\_ What kind? \_\_\_\_\_  
How do you feel about them? \_\_\_\_\_
6. Is there someone with whom you share your personal thoughts and feelings? \_\_\_\_\_
7. Who is there when you need to talk? \_\_\_\_\_ Is this enough for you? Yes No
8. With whom do you like to spend time? \_\_\_\_\_
9. Do your friends or family assist you with any of your care needs, (ex: shopping, cooking, transportation to the doctor)? Yes No What & How \_\_\_\_\_
10. Are there additional activities with which you would like more help? Yes No \_\_\_\_\_
11. Who are you closest to? \_\_\_\_\_

**Services Presently Received:**

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## **Instructions: Person Family Centered Assessment**

Navigators shall develop a written care plan based upon client preferences, prioritized needs, and available resources. The Independent Living Plan/Care Plan & Service Arrangement will specify the amount, frequency and duration of each service and identify the outcomes to be achieved. Navigators shall explore availability, quality, and eligibility criteria of services, make and document referrals, work with family or volunteers as applicable to achieve service goals.

Additional Assessments may be completed when Navigator has identified problems in the following areas.

Cognitive status:                    memory loss,                    disorientation,  
                                                 learning disability,                    other cognitive impairment

***The Short Portable Mental Status Questionnaire may be used for additional assessment***

Emotional status:    depression                    anxiety                    behavioral problems  
                                                 suicidal                    sadness                    emotional abuse,

***The Goldberg Depression Scale maybe used to determine appropriateness of making a referral.***

If the client answers yes to all three of the following questions, then it is mandatory that the client receive professional care.

- (1) Are you having thoughts of suicide?
- (2) Have you made a plan?
- (3) Are you going to act on the plan?

Social Environment:

|                    |                       |                                     |
|--------------------|-----------------------|-------------------------------------|
| neglect            | exploitation          | disability discrimination           |
| burdened caregiver | caregiver respite     | patient/caregiver support/Education |
| lives alone        | no family involvement | visitation/socialization education  |
| child care         | age discrimination    | ADA non-compliance                  |
| family conflict    | consumer dispute      | emergency response                  |

Physical Status:

|                   |                      |                     |
|-------------------|----------------------|---------------------|
| physical abuse    | wheel chair mobility | bed bound           |
| falls easily      | dizziness            | weakness            |
| blackouts         | limited dexterity    | missing limbs       |
| numbness          | obesity              | pain                |
| arthritis         | paralysis            | shortness of breath |
| asthma            | Alzheimer's          | Diabetes            |
| Vision impairment | hearing impairment   | speech impairment   |
| seizures          | tremors              | incontinence        |
| dental care       | special diet         |                     |

Economic Status

***A budget may be completed to develop a financial plan.***

|                             |                              |             |                         |
|-----------------------------|------------------------------|-------------|-------------------------|
| Considerations:             | Financial abuse/exploitation | Employment  | Job skills training     |
| Money management,           | Utility assistance           | bill paying | Prescription assistance |
| Food/food stamps            | Indigent healthcare          | Retirement  | Healthcare coverage     |
| Medicaid, QMB, SLMB, QI-1/2 | Social Security, SSI, SSDI   |             | VA                      |
| Bill reduction              | Collection                   |             | Bankruptcy              |
| Rent/Mortgage assistance    | Long term care policy        |             | Life/auto ins.          |
| Guardianship, POA           | Supplemental insurance       |             | CBA/CCAD                |

***Client receives one copy of Independent Living Plan/Care Plan & Service Arrangement***

*and one copy is placed on client's chart.*

## ATTACHMENT Y

### New Client Letter

September 30, 2003

Mr./Ms. Lucky Client  
2214 Independence Lane  
Temple, Texas 76503

Dear Mr./Ms. Client

It was indeed a pleasure visiting with you during my assessment. Thank you for your assistance and cooperation as I completed all the necessary paperwork associated with the Heart of Central Texas Real Choice (HOCTRC) - System Navigator Program.

The guiding principal of this program is to enable consumers to be informed of and receive services and benefits of their choice in order to live independently with dignity.

Please find enclosed a copy of the Independent Living Plan we discussed. I will be monitoring these plans and will call you to determine the outcomes of each agency's assistance.

Again, it was a delight visiting with you during today's assessment. If you should have any questions, please contact me at our office by calling 254-939-1886 or 800-447-7169 extension #30.

Sincerely,

Real Choice System Navigator

## Heart of Central Texas Real Choice Person / Family Centered Future Planning

I (name) \_\_\_\_\_ verify this is my Futures Planning.

Date Initiated \_\_\_\_\_ Staff Assisted: \_\_\_\_\_

*Complete only those questions that pertain to this client's needs and interests.  
Mark other questions N/A if inappropriate for this client's person centered planning*

**1. The Dream** In the best of all worlds, in the next 3-5 years (or time appropriate)

1.1. Where would you like to live, and with whom? \_\_\_\_\_

1.2. Will you be working? Where? Doing what? \_\_\_\_\_

1.3. How will you be involved in the community? \_\_\_\_\_

1.4. What friends or family do you spend time with? \_\_\_\_\_

1.5. Who decides your daily routine (when you get up, sleep, eat , hobbies, bathe, cooking, cleaning, shopping, etc...)? \_\_\_\_\_

1.6. What kind of transportation will you be using? \_\_\_\_\_

1.7. Is there anything you would like to improve about your personal life? \_\_\_\_\_

1.8. Other \_\_\_\_\_

**2. The Goals** In one to two years from now, what will have occurred to help you get closer to your vision?

2.1. Living situation \_\_\_\_\_

2.2. working situation \_\_\_\_\_

2.3. Community involvement \_\_\_\_\_

2.4. Friends/family \_\_\_\_\_

2.5. Daily Activities/Recreation \_\_\_\_\_

2.6. Transportation \_\_\_\_\_

2.7. Other \_\_\_\_\_

### 3. Choosing work/activities

- 3.1 What kind of work or activities do you do?
- 3.2 Did you choose this work/activity? What options did you have?
- 3.3 How satisfied are you with your work/activity situation

1            2            3            4            5  
not at all   not very   somewhat   satisfied   very satisfied

- 3.4 If you could have any job/activity you wanted right now, what would it be?

---

- 3.5 What do you need to achieve the job/activity of your choice, and what's available?

---

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### 4.0 Planning for special needs

- 4.1 Do you have any advanced directives such as: living will and/or durable power of attorney? If so, where is it located? If no, would you be interested in more information about it?

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- 4.2 Do you have a burial policy? If no, would you be interested in looking into it?

---

- 4.2 Do you have home/renters insurance? If no, would you be interested in looking into it?

---

- 4.4 Do you have an emergency plan for fire, illness, injury, severe weather? If no, would you be interested in looking into it?

---

---

## **5.0 Social Roles and Community Participation**

5.1 What kind of involvement and responsibilities do you have in your neighborhood or community (for example, neighborhood watch, civic groups, social clubs, volunteering)?

---

---

5.2 Is there something that you would like to do that you don't do now?

---

---

5.3 What kinds of things do you do or have you done in the community (shopping, banking, church, synagogue, school, hair care, etc...)? How often?

---

---

5.4 What kind of recreational or fun things do you do or have you done in the community (movies, sports, restaurants, special events)? How often?

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---

## **6.0 Natural Supports, Friendships, and Relationships**

6.1 Who are the people in your life that you can count on and what do you count on them for?

---

6.2 Have you lost contact with family members or others? Do you want to reestablish contact?

---

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6.3 Is the contact you have enough for you? If not, what is the reason?

---

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6.4 What do you think could be done to change the situation?

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6.5 Do you have any pets? What kind? How many?

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---

6.6 How do you define "friendship"?

---

---

6.7 With whom do you like to spend time?

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6.8 How often do you see your friends? Do you spend enough time with them?

---

---

6.9 Do you have enough friends? Would you like more?

---

---

6.10 Who are you closest to? \_\_\_\_\_

---

---

6.11 Is there someone with whom you share your personal thoughts and feelings? Who?

---

---

6.12 Who is there when you need to talk? Is this enough for you?

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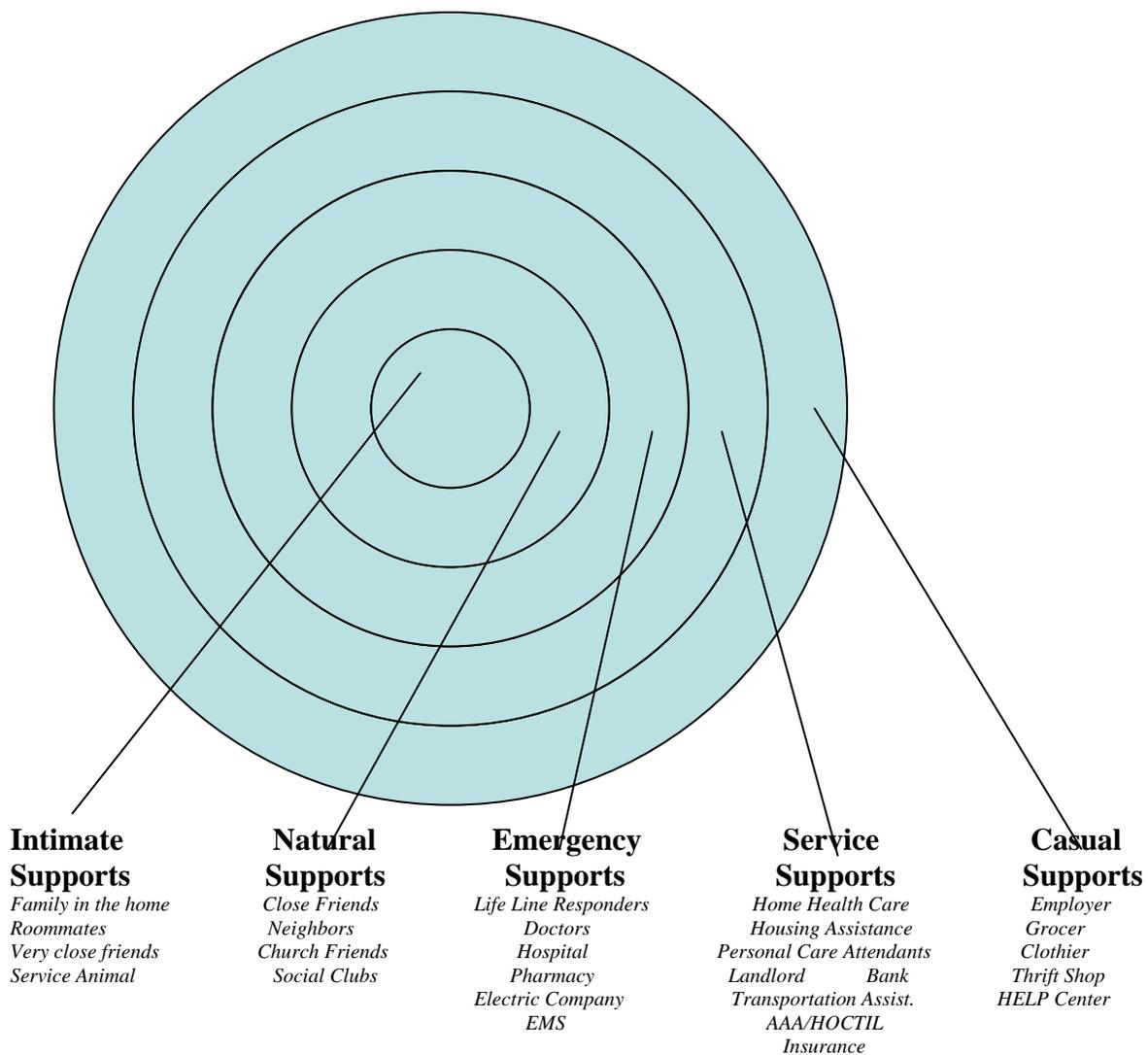
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6.12 Is there anything you would like to improve about your personal life?

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## 7. Circles of Support









**Waiver of Person/Family Centered Future Planning or  
*Life Choices: Connecting Choices Independent Living Plan***

I, \_\_\_\_\_ have received information regarding **Future Planning** or **Life Support: Connecting Choices workbook**, (and had the workbook and **Life Support Plan**) as it relates to Independent Living. This was explained to me and I understand my choices and options. I choose to exercise my right to waive **Future Planning** and/or use of the **Life Choices: Connecting Choices Independent Living Plan**. I understand that any and all services arranged by The Real Choice Project will continue to be available to me and at any time I can choose to implement the **Future Planning** and/or **Life Choices: Connecting Choices Independent Living Plan Workbook**.

\_\_\_\_\_  
Signature of Consumer or Guardian

\_\_\_\_\_  
Date(s)

\_\_\_\_\_  
Witness/Title

\_\_\_\_\_  
Date

**ATTACHMENT CC**

**CLIENT NEEDS ASSESSMENT QUESTIONNAIRE & TASK/HOUR GUIDE**

(See Instructions on Page 3)

DHS Form 2060 / September 2003

|                     |                                                              |                                                            |
|---------------------|--------------------------------------------------------------|------------------------------------------------------------|
| Client Name         | Client No.                                                   | Date <input type="checkbox"/> A <input type="checkbox"/> B |
| Companion Case Name | Update <input type="checkbox"/> A <input type="checkbox"/> B |                                                            |

|                                                              |                                                                                                                |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>IMPAIRMENT</b><br>0=None<br>1=Mild<br>2=Severe<br>3=Fatal | <b>SERVICE ARRANGEMENT</b><br>C=Caregiver P=Purchased N=Not Applicable to this Client<br>S=self A=Other Agency |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

**SUPPORT SCORE (PHC/FC) 1=Good thru 4=Very Poor**

**PART B-TASK/HR. GUIDE (FC, PHC, & CBA)**

| MINUTES PER DAY                                                 | DAYS PER WEEK | TOTAL MINS./WK |
|-----------------------------------------------------------------|---------------|----------------|
| (Max.=45)                                                       | X             | =              |
| (Max.=30)                                                       | X             | =              |
| (Max.=30)                                                       | X             | =              |
| (Max.=30/meal)                                                  | (Meals/Week)  | X              |
| (Max.=30)                                                       | X             | =              |
| (Female=45; Male=30)                                            | X             | =              |
| <b>* Max. Tot. Daily Time for tasks 1, 2, 5a, 5b is 90 min.</b> |               |                |
| (Max.=30)                                                       | X             | =              |
| (Max.=30)                                                       | X             | =              |

**PART A-FUNCTIONAL ASSESSMENT (Boxes related to priority factors are in bold.)**

- Do you have any problems taking a bath or shower?**  
¿Tiene alguna dificultad para bañarse en la tina o regadera? ..... Bathing
- Can you dress yourself?**  
¿Puede vestirse sin ayuda? ..... Dressing
- ..... Exercise (walking only)
- Can you feed yourself?** (0-3) Enter score of "3" if client requires total assistance. (If tube fed/gastrostomy feeding, Do not purchase.)  
¿Puede alimentarse sin ayuda? ..... Feeding, Eating
- Can you shave yourself, brush your teeth, shampoo and comb your hair?**  
¿Puede rasarse, lavarse los dientes, lavarse el pelo, peinarse? ..... Grooming
- 5a. .... Shaving, Oral Care
- 5b. .... Routine Hair & Skin Care
- Do you have any problems getting to the bathroom and using the toilet?**  
¿Tiene dificultades para llegar al excusado a tiempo y para usarlo? ..... Toileting
- Do you have trouble cleaning yourself after using the bathroom?**  
¿Tiene dificultades para limpiarse después de usar el excusado? ..... Hygiene in Toileting
- Can you get in and out of your bed or chair?**  
¿Puede cambiarse de la silla a la cama y de la cama a la silla? ..... Transfer
- Are you able to walk without help?**  
¿Puede andar sin ayuda? ..... Walking
- Can you clean your house (sweep, dust, wash dishes, vacuum)?**  
¿Puede hacer el aseo de la casa? (sacudir, barrer, lavar trastes, usar la aspiradora) ..... Cleaning
- Can you do your own laundry?**  
¿Puede lavar la ropa?..... (x in box if has):  Washer  Dryer ..... Laundry
- Can you fix your meals?**  
¿Puede prepararse las comidas?  
(x in box if purchased):  Breakfast  Lunch  Supper  HDM ..... Meal Prep.
- Escort ..... Escort
- Can you do your own shopping?**  
¿Puede hacer sus compras? ..... Shopping
- Can you take your own medicine?**  
¿Puede tomar las medicinas sin ayuda? ..... Assistance with Medications
- Can you trim your nails?**  
¿Puede cortarse las uñas? ..... Trim Nails
- Do you have any problems keeping your balance?**  
¿Tiene alguna dificultad para mantener el equilibrio? ..... Balance
- Can you open jars, cans, bottles?**  
¿Puede abrir frascos, latas, y botellas? ..... Open Jars, etc.
- Can you use the telephone?**  
¿Puede usar el teléfono? ..... Telephone
- During the last month, have you often been bothered by little interest or pleasure in doing things? Have you felt down, depressed, or hopeless?**

**CHECK BOX IF COMPANION CASE HAS TIME:**

|                            |   |   |                          |
|----------------------------|---|---|--------------------------|
| (See Page 2, #10)          | X | = | <input type="checkbox"/> |
| (See Page 2, #11)          | X | = | <input type="checkbox"/> |
| (Max.=90; 45 if companion) | X | = | <input type="checkbox"/> |
| (See Page 2, #13)          | X | = | <input type="checkbox"/> |
| (Max.=90/wk.)              |   |   | <input type="checkbox"/> |

|                                                                                          |  |
|------------------------------------------------------------------------------------------|--|
| <b>GRAND TOTAL MINUTES</b>                                                               |  |
| - 60 = Hours Needed (round up to next half unit)                                         |  |
| Less A & A Hours (show calculations below)                                               |  |
| <b>TOTAL AUTHORIZATION (round up to next half unit, max. 50; explain if less than 6)</b> |  |

Durante el último mes, ¿a menudo le ha molestado sentir poco interés o gusto en hacer cosas? ¿Se ha sentido triste, deprimido o sin esperanzas?

In the last two weeks, most of the day, nearly every day:

¿Se ha sentido así durante las últimas dos semanas, la mayor parte del día o casi todos los días?

Have you had problems sleeping?

¿Ha tenido problemas para dormir?

Have you lost the ability to enjoy things that once were fun?

¿Ha perdido la habilidad de disfrutar cosas que antes le divertían?

**A. Do you feel that you have little value as a person?**

¿Siente que tiene poco valor como persona?

Have you had a significant change in your appetite?

**B. ¿Ha cambiado drásticamente su apetito?**

21. During the last two weeks, on how many days have you had trouble concentrating or making decisions?  
 Durante las últimas dos semanas, ¿cuántos días ha tenido dificultad para concentrarse o tomar decisiones?
22. **Does the client have the ability to make decisions independently?**  
 ¿Puede tomar decisiones independientemente el cliente?
23. **Does the client appear to have short-term memory impairment?**  
 ¿Parece tener el cliente problemas de memoria a corto plazo?

|  |
|--|
|  |
|  |
|  |
|  |

**A & A CALCULATIONS:**

|                                                                               |  |
|-------------------------------------------------------------------------------|--|
| Monthly Amount of A & A                                                       |  |
| ÷ 4.33 =                                                                      |  |
| ÷ Max. Attendant Care Rate:<br>(subtract amt. of last line from hours needed) |  |

TOTAL SCORE .....

|                                                                                |          |
|--------------------------------------------------------------------------------|----------|
| PRIORITY STATUS ..... <input type="checkbox"/> Yes <input type="checkbox"/> No | UPDATE   |
| Signature—Caseworker                                                           | Initials |
| Signature—Supervisor: Extra Time <input type="checkbox"/> Telephone OK (Date)  | Initials |

Comments:

**TASK/HOUR GUIDE INSTRUCTIONS**  
**(Family Care, Primary Home Care, and Community Based Alternatives)**

**GENERAL—The times shown for each task are maximums and you should not routinely authorize this amount.**

The amount of time you allow for any particular task should be determined by taking into account:

- the amount of assistance the client will usually need
- the availability of anyone else to assist with the task
- which specific activities need to be purchased (see examples below)
- environmental/housing factors that may hinder (or facilitate) service delivery
- the client's own unique circumstances

In general, if there is a companion case, time for each household task (cleaning, laundry, meal preparation, and shopping) should be allocated to **each** client.

**SPECIFIC TASKS**—Each task has one or more activities or sub-tasks which form the overall purchased task. When calculating times, carefully consider which activities will be purchased.

1. Bathing .....  Drawing water in sink, basin, or tub     Hauling/heating water     Laying out supplies     Assisting in/out of tub/shower  
 Sponge bathing and drying     Bed bathing and drying     Tub bathing and drying     Standby assistance for safety
2. Dressing .....  Dressing client     Undressing client     Laying out clothes
3. Exercise .....  Taking client for a walk
4. Feeding .....  Spoon feeding     Bottle feeding     Assistance with using eating & drinking utensils, adaptive devices  
 Standby assistance/encouragement    **NOTE:** Tube feeding cannot be purchased
- 5.a. Shaving, Oral Care .....  Shaving     Brushing teeth     Shaving underarms, legs when client requests it as a necessary grooming activity  
 Caring for nails     Laying out supplies
- 5.b. Routine Hair and Skin Care  Washing hair     Drying hair     Assisting with setting/rolling/braiding hair—does NOT include styling, permanents, cutting or chemical processing of hair     Combing/brushing hair     Applying nonprescription lotion to skin  
 Washing hands and face     Applying makeup     Laying out supplies
- 6.&7. Toileting .....  Changing diapers     Changing colostomy bag/empty catheter bag     Assisting on/off bedpan     Assisting with use of urinal  
 Assisting with feminine hygiene needs     Assisting with clothing during toileting     Assisting with toilet hygiene; includes use of toilet paper and washing hands     Changing external catheter     Preparing toileting supplies and equipment—does NOT include preparing catheter equipment     Standby assistance
- 8.&9. Transfer and Ambulation (Walking) .....  Non-ambulatory movement from one stationary position to another (transfer)     Adjusting/changing client's position in bed/chair (positioning)     Assisting client in rising from a sitting to a standing position and/or position for use of walking apparatus  
 Assisting with putting on and removing leg braces and prostheses for ambulation     Assisting with ambulation/using steps  
 Standby assistance with ambulation     Assistance with wheelchair ambulation
10. Cleaning .....  Cleaning up after other personal care tasks, e.g., bathing, meal preparation, toileting, etc.     Emptying and cleaning bedside commode  
 Cleaning bathroom; i.e., tub/shower, toilet, sink, floor     Changing bed linens     Making bed     Cleaning floor of living areas used by client     Dusting     Carrying out trash, setting out garbage for pick up     Cleaning stove-top, counters, washing dishes  
 Cleaning refrigerator and stove    **NOTE:** If companion case is also receiving some cleaning tasks, the maximum time allowed is 3 hours per week for each client.  
Max.=240 per wk. or 300 if 2 or more of these tasks are purchased: 1, 6, or 12; Max.=180 if companion.
11. Laundry .....  Doing hand wash     Gathering and sorting     Loading and unloading machines in residence     Using laundromat machines  
 Hanging clothes to dry     Folding and putting away clothes

**Maximum WEEKLY times for laundry**

| CLIENT HAS         | ↘ | ↗ | No Special Laundry Needs | Special Laundry Needs |
|--------------------|---|---|--------------------------|-----------------------|
| Washer & Dryer     |   |   | 60*                      | 120*                  |
| Washer – No Dryer  |   |   | 90*                      | 180*                  |
| No Washer or Dryer |   |   | 120                      | 240                   |

**\* Up to 30 minutes per week may be added if a manual wringer washer is used.**

12. Meal Preparation ..... Cooking full meal    Warming up prepared food    Planning meals    Helping prepare meals    Cutting client's food for eating  
Serving food    Grinding and pureeing food    **NOTE:** If companion case, the maximum time allowed is 45 minutes per day per client.
13. Escort ..... Arranging for transportation    Accompanying client to clinic, doctor's office or other trips made for the purpose of obtaining medical diagnosis or treatment    Waiting in the doctor's office or clinic with a client when necessary due to client's condition and/or distance from home    **NOTE:** The caseworker must document specific client need for escort. If it occurs at least once a month, time may be allocated. If escort occurs once a month, divide the time by 4.33 to arrive at a weekly figure. If escort occurs more than once a week, a discussion with the regional nurse is suggested.
14. Shopping ..... Preparing shopping list    Going to store and purchasing or picking up items    Picking up medication    Putting food away
15. Assistance with Medications..... Reminder Only    **Note:** Although this task can be purchased, time is not allotted for this.



## INTERVIEWER SCORING GUIDELINES

Ask the subject questions 1 through 10 in this list and record all answers. In order to be scored as correct, all responses must be given by the subject without reference to calendar, newspaper, birth certificate, or other aid to memory.

- Question 1** Scored as correct only when the exact month, exact date, and the exact year are given correctly.
- Question 2** Is self-explanatory.
- Question 3** Should be scored as correct if any correct description of the location is given. “my home”, correct name of the town or city of residence, or the name of the hospital or institution if subject is institutionalized, are all acceptable.
- Question 4** Should be scored as correct when the correct telephone number can be verified, or when the subject can repeat the same number at another point in the questioning.
- Question 5** Is scored as correct when stated age corresponds to date of birth.
- Question 6** Is to be scored as correct only when the month, exact date and year are all given.
- Question 7** Requires only the last name of the President.
- Question 8** Requires only the last name of the previous President.
- Question 9** Does not need to be verified. It is scored as correct if a female first name plus a last name other than subject’s last name is given.
- Question 10** Requires that the entire series must be performed correctly in order to be scored as correct. Any error in the series or unwillingness to attempt the series is scored as incorrect.

\* **Adjustment Factor** – Subtract 1 from Error Score if subject had only grade school education. Add 1 to Error Score if subject has had education beyond high school.

Instructions: You might reproduce this scale and use it on a weekly basis to track your moods. It also might be used to show your doctor how your symptoms have changed from one visit to the next. Changes of five or more points are significant. This scale is not designed to make a diagnosis of depression or take the place of a professional diagnosis. If you suspect that you are depressed, please consult with a mental health professional as soon as possible.

**The items below refer to how you have felt and behaved DURING THE PAST WEEK.**

**For each item, indicate the extent to which it is true, by circling one of the numbers that follows it.**

**Using the following scale:**

**0 = Not at all    1 = Just a little    2 = Some what    3 = Moderately    4 = Quite a lot    5 = Very much**

|     |                                                                          | Not at All | Just a Little | Somewhat | Moderately | Quite a lot | Very Much |
|-----|--------------------------------------------------------------------------|------------|---------------|----------|------------|-------------|-----------|
| 1.  | I do things slowly.                                                      | 0          | 1             | 2        | 3          | 4           | 5         |
| 2.  | My future seems hopeless.                                                | 0          | 1             | 2        | 3          | 4           | 5         |
| 3.  | It is hard for me to concentrate on reading.                             | 0          | 1             | 2        | 3          | 4           | 5         |
| 4.  | The pleasure and joy has gone out of my life.                            | 0          | 1             | 2        | 3          | 4           | 5         |
| 5.  | I have difficulty making decisions.                                      | 0          | 1             | 2        | 3          | 4           | 5         |
| 6.  | I have lost interest in aspects of life that used to be important to me. | 0          | 1             | 2        | 3          | 4           | 5         |
| 7.  | I feel sad, blue, and unhappy.                                           | 0          | 1             | 2        | 3          | 4           | 5         |
| 8.  | I am agitated and keep moving around.                                    | 0          | 1             | 2        | 3          | 4           | 5         |
| 9.  | I feel fatigued.                                                         | 0          | 1             | 2        | 3          | 4           | 5         |
| 10. | It takes great effort for me to do simple things.                        | 0          | 1             | 2        | 3          | 4           | 5         |
| 11. | I feel that I am a guilty person who deserves to be punished.            | 0          | 1             | 2        | 3          | 4           | 5         |
| 12. | I feel like a failure.                                                   | 0          | 1             | 2        | 3          | 4           | 5         |
| 13. | I feel lifeless - - - more dead than alive.                              | 0          | 1             | 2        | 3          | 4           | 5         |
| 14. | My sleep has been disturbed - - - too little, too much, or broken sleep. | 0          | 1             | 2        | 3          | 4           | 5         |
| 15. | I spend time thinking about HOW I might kill myself.                     | 0          | 1             | 2        | 3          | 4           | 5         |
| 16. | I feel trapped or caught.                                                | 0          | 1             | 2        | 3          | 4           | 5         |
| 17. | I feel trapped or depressed even when good things happen to me.          | 0          | 1             | 2        | 3          | 4           | 5         |
| 18. | Without trying to diet, I have lost, or gained, weight.                  | 0          | 1             | 2        | 3          | 4           | 5         |
|     | Total                                                                    | 0          |               |          |            |             |           |

*Scoring: This scale is for information purposes only. The material is in no way intended to replace professional medical care or attention by a qualified practitioner. If your total score is \_\_\_\_\_*

*Symptoms may suggest:*

|                                         |                                            |
|-----------------------------------------|--------------------------------------------|
| <i>0-9 Depression unlikely</i>          | <i>21-35 Minor to moderate depression</i>  |
| <i>10-17 Possibly minor depression</i>  | <i>36-53 Moderate to severe depression</i> |
| <i>18-21 On the verge of depression</i> | <i>&gt; 54 Severe depression</i>           |

**ATTACHMENT FF**  
**CAREGIVER STRESS INTERVIEW**

Steven H. Zarit Ph.D.- modified version)

***Read to Caregiver: The following is a list of statements which reflect how people sometimes feel when taking care of another person. After each statement, indicate how often you fell that way: never, rarely, sometimes, quite frequently, or nearly always. There are no right or wrong answers.***

| QUESTION                                                                                                                           | Never | Rarely | Sometimes | Quite Frequently | Nearly Always |
|------------------------------------------------------------------------------------------------------------------------------------|-------|--------|-----------|------------------|---------------|
| 1. Do you feel that your relative asks for more help than he/she needs?                                                            |       |        |           |                  |               |
| 2. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?                 |       |        |           |                  |               |
| 3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?        |       |        |           |                  |               |
| 4. Do you feel embarrassed over your relative's behavior?                                                                          |       |        |           |                  |               |
| 5. Do you feel angry when you are around your relative?                                                                            |       |        |           |                  |               |
| 6. Do you feel that your relative currently affects your relationship with other family members or friends in a negative way?      |       |        |           |                  |               |
| 7. Are you afraid of what the future holds for your relative?                                                                      |       |        |           |                  |               |
| 8. Do you feel your relative is dependent on you?                                                                                  |       |        |           |                  |               |
| 9. Do you feel strained when you are around your relative?                                                                         |       |        |           |                  |               |
| 10. Do you feel your health has suffered because of your involvement with your relative?                                           |       |        |           |                  |               |
| 11. Do you feel that you don't have as much privacy as you would like because of your relative?                                    |       |        |           |                  |               |
| 12. Do you feel that your social life has suffered because you are caring for your relative?                                       |       |        |           |                  |               |
| 13. Do you feel uncomfortable about having friends over because you are caring for your relative?                                  |       |        |           |                  |               |
| 14. Do you feel that your relative seems to expect you to take care of him/her as if you were the only one he/she could depend on? |       |        |           |                  |               |
| 15. Do you feel that you don't have enough money to care for your relative in addition to the rest of your expenses?               |       |        |           |                  |               |
| 16. Do you feel that you will be unable to take care of your relative much longer?                                                 |       |        |           |                  |               |
| 17. Do you feel you have lost control of your life since your relative's illness?                                                  |       |        |           |                  |               |
| 18. Do you wish you could just leave the care of your relative to someone else?                                                    |       |        |           |                  |               |
| 19. Do you feel uncertain about what to do about your relative?                                                                    |       |        |           |                  |               |
| 20. Do you feel you should be doing more for your relative?                                                                        |       |        |           |                  |               |
| 21. Do you feel you could do a better job of caring for your relative?                                                             |       |        |           |                  |               |
| 22. Overall, do you feel burdened caring for your relative?                                                                        |       |        |           |                  |               |
|                                                                                                                                    | 0     | 0      | 0         | 0                | 0             |

*Scoring Instructions: The stress Interview is scored by summing the responses of the individual items. Higher scores indicate greater caregiver distress. The Stress Interview, however should not be taken as the only indicator of the caregiver's emotional state. Clinical observations and other instruments such as measures of depression should be used to supplement this measure. Estimates of the degree of stress can be made from preliminary findings. These are:*

*0-20 = Little/No Stress      21-40 = Mild/Moderate*  
*41-60 = Moderate/Severe      61-88= Severe Stress*

**ATTACHMENT GG**

**Budget Worksheet**

Name \_\_\_\_\_

Date \_\_\_\_\_

| <b>BUDGET</b>                        |                 | <b>4.3<br/>WEEKS/MONTH</b> |                 |
|--------------------------------------|-----------------|----------------------------|-----------------|
| <b>EXPENSES</b>                      | <b>PER WEEK</b> | <b>PER MONTH</b>           | <b>PER YEAR</b> |
| Alimony                              |                 |                            |                 |
| Allowance Children                   |                 |                            |                 |
| Member                               |                 |                            |                 |
| Spouse                               |                 |                            |                 |
| Auto Insurance                       |                 |                            |                 |
| Auto License                         |                 |                            |                 |
| Auto Payment                         |                 |                            |                 |
| Auto Registration                    |                 |                            |                 |
| Auto Repairs                         |                 |                            |                 |
| Auto Taxes/Tolls                     |                 |                            |                 |
| Babysitter                           |                 |                            |                 |
| Cable TV                             |                 |                            |                 |
| Car Fare                             |                 |                            |                 |
| Child Support – Day Care             |                 |                            |                 |
| Children’s Activities                |                 |                            |                 |
| Christmas-Hanukah-<br>Kwanza Gifts   |                 |                            |                 |
| Cigarettes                           |                 |                            |                 |
| Clothing                             |                 |                            |                 |
| Coal, wood, kerosene                 |                 |                            |                 |
| Dentist                              |                 |                            |                 |
| Doctor                               |                 |                            |                 |
| Donations: church, temple,<br>mosque |                 |                            |                 |
| Drugs & Toiletries                   |                 |                            |                 |
| Dry Cleaning & Laundry               |                 |                            |                 |
| Electricity                          |                 |                            |                 |

|                                      |          |          |          |
|--------------------------------------|----------|----------|----------|
| Emergencies (home repair)            |          |          |          |
| Eye Glasses – contacts               |          |          |          |
| Family entertainment                 |          |          |          |
| Film & Developing                    |          |          |          |
| Food                                 |          |          |          |
| Food – Eating out                    |          |          |          |
| Garbage removal                      |          |          |          |
| Gas (home)                           |          |          |          |
| Gasoline (auto)                      |          |          |          |
| Gifts- Birthdays, Anniversaries, etc |          |          |          |
| Haircuts – Beauty salon              |          |          |          |
| Home or renter’s insurance           |          |          |          |
| Life Insurance (term)                |          |          |          |
| Life-liner Contribution              |          |          |          |
| Lunches (work)                       |          |          |          |
| Medical Insurance                    |          |          |          |
| Mortgage – First                     |          |          |          |
| - Second                             |          |          |          |
| - Third                              |          |          |          |
| Music Lessons                        |          |          |          |
| Newspapers – Magazines               |          |          |          |
| Oil Heat                             |          |          |          |
| Pet Care                             |          |          |          |
| <b>Total</b>                         | <b>0</b> | <b>0</b> | <b>0</b> |





| <b>INCOME</b>             | <b>Per Month</b> | <b>Per Week</b> |
|---------------------------|------------------|-----------------|
| Primary Job               |                  |                 |
| Secondary Job             |                  |                 |
| Pensions                  |                  |                 |
| Child Support             |                  |                 |
| Alimony                   |                  |                 |
| Property Income           |                  |                 |
| Spouse's Income Available |                  |                 |
| Other Income              |                  |                 |
| <b>Total</b>              |                  |                 |

| <b>FINANCIAL</b>               | <b>SUMMARY</b> |
|--------------------------------|----------------|
| TOTAL INCOME                   |                |
| SUBTRACT TOTAL EXPENSES        |                |
| AMOUNT AVAILABLE FOR REPAYMENT |                |



**ATTACHMENT HH**

**HEART OF CENTRAL TEXAS REAL CHOICE**

**VOLUNTARY CONTRIBUTION POLICY**

*Please read and sign. Keep one copy and return one copy.*

The Heart of Central Texas Real Choice Program is pleased to assist you in regaining or maintaining your independence in your own home. You have been authorized to receive the following:

Real Choice arranges for the services which you will receive, funded in part by The Texas Department of Aging and Disability Services, local governments and community resources, through the Area Agency on Aging and Independent Living Center.

The money from these agencies may not pay the full cost of services which you receive. Guidelines established for this program provide for each individual, the opportunity to contribute towards the cost of the services you so require.

To accomplish this, we have enclosed a self addressed envelope and donation form. Please know this is not a mandatory contribution, but an opportunity to contribute if you so desire. Services and or the arrangement of services will not be denied because of inability to contribute. Any and all monetary contributions are accepted. Contributions are placed back into the program, enabling others like you to receive assistance from the Real Choice Program.

We also have a lending closet and will accept donations of medical equipment and adaptive technology devices. Call 772-9600 to make arrangements.

Should you have any questions or comments regarding our programs, please feel free to contact The Heart of Central Texas Real Choice Program at 254-772-9600 or toll free at 866-772-9600.

**For Assistive Technology Participants:**

**I understand that this is a loaner program and I or my survivors agree to return the equipment when it is no longer needed.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Central Texas**

*P.O. Box 729  
302 East Central Ave  
Belton, Texas 76513*

*Business Office:*

*(254) 939-1886*

*(800) 447-7169*

*Fax: (254) 939-0087*

**Heart of Texas**

*300 Franklin  
Waco, Texas 76701*

*Business Office:*

*(254) 756-7822*

*Fax (254) 756-0102*

*E-mail:*

*Darlene.grant@hot.cog.tx.us*

*Aging & Disability  
Resource Center  
2-1-1*

*Information &  
Referral 2-1-1*

*Risk Screening*

*Extensive Assessment*

*Care Plan Development  
Tailored to Consumer*

*Arrangement of Services*

*Monitoring*

*Follow-up Review*

*Future Planning*

Revised 6/24/2004



ATTACHMENT II

HEART OF CENTRAL TEXAS  
REAL CHOICE

**VOLUNTARY CONTRIBUTION**

*Central Texas*  
P.O. Box 729  
302 East Central Ave  
Belton, Texas 76513

*This is not a mandatory contribution but an opportunity to give. All contributions are placed back into the program, enabling others like you to receive assistance from The Heart of Central Texas Real Choice Project.*

*Business Office:*  
(254) 939-1886  
(800) 447-7169  
Fax: (254) 939-0087

*Heart of Texas*  
300 Franklin  
Waco, Texas 76701

Name of Donor \_\_\_\_\_

Address \_\_\_\_\_  
Street or Mailing City Zip

*Business Office:*  
(254) 756-7822  
Fax (254) 756-0102

Name of person receiving services through The Real Choice Project \_\_\_\_\_

*E-mail:*  
Darlene.grant@hotmail.com

*Aging & Disability*  
*Resource Center*  
**2-1-1**

Monetary donation \$ \_\_\_\_\_ Date \_\_\_\_\_

*Information &*  
*Referral*  
**2-1-1**

Assistive technology equipment donated: \_\_\_\_\_

*Extensive Assessment*

Estimated value of equipment \$ \_\_\_\_\_

*Care Plan Development*  
*Tailored to Consumer*

\_\_\_\_\_ I would like a receipt. \_\_\_\_\_ I do not require a receipt.

*Arrangement of Services*

**Thank you for allowing Real Choice to assist you. And thank you for sharing the expense so that we can help others.**

*Monitoring*

*Follow-up Review*

*Future Planning*



**ATTACHMENT KK**

**HEART OF CENTRAL TEXAS REAL CHOICE**

**PROTECTED HEALTH INFORMATION DISCLOSURE LOG**

| Date of Disclosure | Name and Address of Recipient | Brief Description of Information Disclosed | Brief Statement of the Purpose for Disclosure |
|--------------------|-------------------------------|--------------------------------------------|-----------------------------------------------|
|                    |                               |                                            |                                               |
|                    |                               |                                            |                                               |
|                    |                               |                                            |                                               |
|                    |                               |                                            |                                               |
|                    |                               |                                            |                                               |
|                    |                               |                                            |                                               |
|                    |                               |                                            |                                               |
|                    |                               |                                            |                                               |

Client/ Participant Name: \_\_\_\_\_ ID# (if applicable) \_\_\_\_\_

[ATTACHMENT LL](#)

## Client Letter: closing of case

Client/Caregiver Name  
Client/Caregiver Address

(Date)

Dear (Client/ Caregiver Name):

It has been a pleasure working with you through the Real Choice Navigation Program. It has been our goal to help you regain or maintain your independence, and live with dignity in the community. I hope we were able to find the services you wanted and needed.

If your ability to live independently is challenged in the future please call **2-1-1** or 772-9600 for the Area Information Center. We have over 300 helping agencies with more than 800 programs in our data base. We will try to find what you need. If we do not currently have the resource you need, be assured that we will try to develop a responsive program in our six county region (Bosque, Falls, Freestone, Hill, Limestone and McLennan counties).

Thank you for giving us the privilege of serving you. We are closing your case at this time. We can reopen it if you encounter new problems or if you desire assistance in planning for successful independent living.

Sincerely,

System Navigator  
Heart of Central Texas Real Choice

## Memorandum

To: Heart of Central Texas Real Choice Clients

From: Darlene Grant, Project Coordinator  
Heart of Central Texas Real Choice  
254-939-1801 Belton, TX  
254-756-7822 Waco, TX

Subject: Survey

Date: September 2, 2004

~~~~~  
I am conducting a survey to see if our Real Choice Resource Center is meeting the needs of our clients.

You have had the opportunity to participate in the Navigation program and hopefully, you have received the help you need. Your input is important. It will help us to continue to provide a quality program for our clients.

Please complete the attached survey and return it in the enclosed stamped envelope as soon as possible.

Thank you for allowing us to work with you,

ATTACHMENT NN

**HEART OF CENTRAL TEXAS REAL CHOICE
CLIENT SATISFACTION SURVEY**

Name (optional) _____ County of Residence _____

Information you provide will only be used to improve services.

Please circle the appropriate response:

1. The Real Choice staff explained that your records and this survey are confidential. Yes No Not sure

Comments _____

2. Did Real Choice help you find the services and supports that you needed? Yes No Not sure

Comments _____

3. Do you have a need that did not get met? Yes No Not sure

If you answered "yes", what was the need? _____

4. Did your living environment: Improve Remain the same Decline Not sure

Comments _____

5. Did your work environment: Improve Remain the same Decline Not sure

Comments _____

6. Have the services and supports you received helped you to regain or maintain your independence?

Yes No Not sure Comments _____

7. Did your quality of life: Improve Remain the same Decline Not sure

Comments _____

8. Were you satisfied with the assistance Real Choice provided? Yes No Not sure

Comments _____

9. If you were to seek help again, would you contact the Real Choice Resource Center?

Yes No Not sure Comments _____

10. If a friend or relative were in need of similar help, would you recommend Real Choice to him/her?

Yes No Not sure Comments _____

11. Did Real Choice give you adequate information to make successful choices? Yes No Not sure

Comments _____

12. Did you feel empowered during your involvement with Real Choice? Yes No Not sure

Comments _____

13. Are you satisfied with your level of community participation? Yes No Not sure

Comments _____

14. Do you feel your life is free from abuse and neglect? Yes No Not sure

Comments _____

15. Evaluate the Real Choice Staff in the following areas:

Were they helpful? Yes No Not sure

Did they listen to what you wanted? Yes No Not sure

Did they respond to you in a timely manner? Yes No Not sure

Did they demonstrate professionalism? Yes No Not sure

Did they respect your rights, health, and safety? Yes No Not sure

Did they honor the confidentiality of your information? Yes No Not sure

Comments _____

Thank you for taking time to complete this survey. Your responses are very important in helping us evaluate and improve our program. Please return the survey in the stamped envelope.

ATTACHMENT OO

Case File Documentation Check-List

File Documentation:

- 1. Intake Form/ Referral N/A Yes No Date(s):_____
- 2. Client Authorization (Release of Information) N/A Yes No Date(s):_____
- 3. Client Rights and Responsibilities N/A Yes No Date(s):_____
- 4. Client Needs Assessment (2060) Form N/A Yes No Date(s):_____
- 5. Risk Identification Screen (optional) N/A Yes No Date(s):_____
- 6. Person/Family Centered Assessment N/A Yes No Date(s):_____
- 7. Service Arrangement(s) N/A Yes No Date(s):_____
- 8. Independent Living Plan/ Care Plan N/A Yes No Date(s):_____
- 9. Case Narrative/ Navigator notes N/A Yes No Date(s):_____
- 10. AIM/Client Information Page
(print out, signed & dated) N/A Yes No Date(s):_____
- 11. HIPPA Disclosure Log N/A Yes No Date(s):_____
- 12. Future Plan or Waiver N/A Yes No Date(s):_____

Documents reviewed and left with/sent to Client:

- 1. Client Rights and Responsibilities N/A Yes No Date(s):_____
- 2. Care Plan/ Independent Living Plan N/A Yes No Date(s):_____
- 3. Release of Information/Authorization N/A Yes No Date(s):_____
- 4. Client Satisfaction Survey N/A Yes No Date(s):_____
- 5. Real Choice Brochure N/A Yes No Date(s):_____
- 6. Abuse & Neglect Brochure N/A Yes No Date(s):_____

Other Documents May Be Included in File:

- Correspondence _____
- Upon receipt of a complaint, client is sent "Client Grievance Procedures" _____
- Goldberg Depression Scale _____
- Short Portable Mental Status Questionnaire _____
- Caregiver Stress Interview _____
- Budget _____

Comments: _____

Chart Review by _____ Date _____

ATTACHMENT PP

POSITION DESCRIPTION

TITLE: Heart of Central Texas Real Choice (HOCTRC) Project Coordinator

SALARY: B8 - 31,068 – 39,708

FSLA STATUS: Exempt

SUMMARY OF POSITION

Serves in leadership capacity to oversee the management and administration of Heart of Central Texas Real Choice Project throughout 13 county area including Bell, Bosque, Coryell, Falls, Freestone, Hamilton, Hill, Lampasas, Limestone, McLennan, Milam, Mills, and San Saba Counties.

ORGANIZATIONAL RELATIONSHIPS

1. Reports to: HOCTRC Leadership Team and HOTCOG Executive Director. Position subject HOTCOG personnel policies and procedures.
2. Coordinates: System navigators located in Waco and Belton.
3. Other: Has regular contact with a diverse range of public and private agencies and organizations, service providers, and the general public.

PRINCIPLE DUTIES AND RESPONSIBILITIES

- Coordinate from four to eight Navigators located at two Real Choice Resource Centers located in Belton and Waco and assist in the evaluation of Navigators.
- Meet on at least a monthly basis with the HOCTRC Leadership Team and organize staff meetings of the HOCTRC Advisory Committee on at least a quarterly basis.
- Coordinate the submission of all required reports to the Texas Health and Human Services Commission by aggregating all financial data and program data (from meeting records and Service Point™).
- Provide project monitoring, evaluation, continuous quality improvement, and analysis of aggregate unmet need data generated by the community Intranet system and assist in the development of recommended changes to systems design, based upon areas of progress and barriers encountered to the Leadership Team for consideration.
- Monitor and evaluate Real Choice referral process and recommend change to the Leadership Team.
- Monitor all HOCTRC Project Developments on a daily basis and develop weekly reports for the Leadership Team and quarterly reports for the Advisory Committee.
- Assist the HOCTRC Leadership Team in developing a semi-annual Project Status Report for presentation to the Advisory Committee, stakeholders and the community at large.
- Assist in the development of grant proposals to generate funding for a flexible pool of resources to address system-wide needs.
- Establish formal relationships with major hospitals in the area, sub-acute care facilities, primary care physicians, clinics, and long-term care facilities.
- Coordinate provision of person/family-centered planning and cultural sensitivity training throughout the HOCTRC service delivery system.
- Oversee the person-centered planning and cultural sensitivity training.
- Supervise delivery of training curricula for both general and comprehensive referral protocol and the HOCTRC service delivery process training including use of all project forms, documentation, and the MIS system (Service Point™).

- Oversee the development, implementation and modification of consumer risk screen, a replicable Navigator Pilot, intensive cross agency project involvement, a functional Super CRCG, navigational legal support services, multi-agency collaboration, and consumer satisfaction process.
- Assist HOCTRC Leadership Team and the Texas Health and Human Services Commission in project evaluation process and setting policy for the HOCTRC.
- Coordinate the development of Community Resource Coordination Groups (CRCGs) for Adults or Families throughout 13 counties.
- Coordinate the development of Promoting Independence (Community Awareness Relocation Services) throughout 13 counties.
- Develop forms, standards and procedures, and provide training and evaluation to assure uniformity throughout the project.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

Required knowledge: Should possess or demonstrate the ability to acquire a thorough understanding of all local, state and federal health and human services programs with an emphasis on programs which serve persons with disabilities of all ages.

Skills and Abilities: Should possess exceptional ability to communicate effectively both orally and in writing; negotiate agreements and build partnership with a wide range of individuals and organizations; utilize PC software and e-mail to develop reports, agreements and budgets; manage a high performance team of professionals, and handle multiple simultaneous task within time constraints.

ACCEPTABLE EXPERIENCE AND TRAINING

Minimum qualifications for the full time Project Director will include:

- masters degree in degree in a field of study related to social services and at least two (2) years experience providing services to persons with disabilities; or
- a bachelor's degree in a field of study related to social services with at least five (5) years experience providing services to persons with disabilities; or
- at least 2 years of college in a field of study related to social services with at least ten (10) years experience providing services to persons with disabilities.

All Candidates must possess at least two years of experience in a supervisory position.

CERTIFICATIONS AND LICENSES REQUIRED

Texas licensing and/or certification in a health and human services discipline is recommended. driver's license is required.

Texas

ATTACHMENT QQ

POSITION DESCRIPTION

TITLE: Heart of Central Texas Real Choice System Navigator (Aging) - Waco

SALARY: B3 \$23,432 – \$31,068

FSLA STATUS: Non-Exempt

SUMMARY OF POSITION

Serves as primary direct service staff for 13 county Heart of Central Texas Real Choice Project (HOCTRC). The Navigator performs comprehensive consumer interviews and extensive person/family-centered and futures planning, brokers and coordinates a wide range of community-based long-term services and supports, staffs cases with the Real Choice Resource Center (RCRC) and Community Resource Coordination Groups (CRCGs); serves as an advocate in guiding consumers over age 60 through a complex and fragmented service delivery system; and ensures expedited delivery of services to meet consumer needs. The System Navigator (Aging) will be attached to the RCRC located in Waco.

ORGANIZATIONAL RELATIONSHIPS

1. Reports to: Area Agency on Aging Manager. Person will be an employee of the Heart of Texas Council of Governments (HOTCOG) and will be subject to HOTCOG Personnel Policies and Procedures
2. Directs: This is a non-supervisory position.
3. Other: Has regular contact with a diverse range of public and private agencies and organizations, service providers, and the general public.

PRINCIPLE DUTIES AND RESPONSIBILITIES

- Provide comprehensive consumer (over age 60/caregiver) interviewing and information gathering and perform extensive person/family-centered assessment(s) that include: functional, financial, social supports, health status, family supports, mental/cognitive status, risk identification, and consumer goals.
- Meet with or contact lead staff designated by partner agencies for input on person/family-centered plan development.
- Develop, coordinate and implement person/family-centered care plans which address: living arrangement, employment, daily routine, environments, participation in community, confidentiality issues; privacy concerns; degree of service and life satisfaction, consumer rights, safety, fair treatment, health and wellness, abuse and neglect, continuity, security and connection to natural support networks.
- Meet with or contact lead staff designated by HOCTRC partner agencies to ensure plan implementation and serve as broker to coordinate all available community resources needed to address supports called for in plan.
- Meet with or contact Navigation Legal Advocacy Attorney as needed to address and overcome legal barriers to plan implementation.
- Attend county Community Resource Coordination Groups (CRCGs) and present cases for staffing when indigenous local resources are needed to implement person/family-centered plan.
- Assist in the development and implementation of Promoting Independence (Community Awareness Relocation Services) program.
- Meet frequently with Heart of Texas Real Choice Resource Center (RCRC) staff and Navigation team.
- Communicate frequently with Super CRCG members and county CRCGs and assist individuals in finding non-traditional and traditional supports for independent living.
- Accompany the consumer to agency appointments and assist consumer with the completion of service applications and other related documentation.
- Periodically review and follow-up on consumers to ensure service linkages and assure all aspects of service delivery are provided in a culturally competent and sensitive manner.
- Act as resource to RCRC staff to ensure compliance with Americans with Disabilities Act.

- Meet on a weekly basis with HOCTRC Project Director and system navigators to staff cases and coordinate services.
- Work with RCRC Benefits Counselors to provide futures planning which includes: encouraging participate in the planning process and learn skills and techniques that may ultimately enhance their ability to live independently or in a supported living environment; finding non-traditional supports for independent living; and financial and estate planning.
- Utilize Service Point™ web-based system to exchange of consumer information between Long-Term Services and Support (LTSS) agencies and the RCRC, refer consumers between LTSS partner agencies, the RCRC, and Navigators; document unmet need; track of Navigation consumers and services delivered and to measure consumer outcomes including consumer satisfaction.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

Required knowledge: Should possess or demonstrate the ability to acquire a thorough understanding of all local, state and federal health and human services programs with an emphasis on programs which serve persons with disabilities of all ages.

Skills and Abilities: Should possess ability to communicate effectively both orally and in writing; negotiate agreements and build partnership with a wide range of individuals and organizations; utilize web-based and PC software and e-mail to develop reports and document services provided; work as part of a high performance team of professionals, and handle multiple simultaneous task within time constraints.

ACCEPTABLE EXPERIENCE AND TRAINING

Minimum qualifications for the full time Navigator will include:

1. master’s degree in a field of study related to social services with at least one (1) year of experience providing services to persons with disabilities; or
2. a bachelor’s degree in a field of study related to social services with at least five (4) years experience providing services to persons with disabilities; or
3. at least 2 years of college in a field of study related to social services with at least eight (8) years experience providing services to persons with disabilities.

CERTIFICATIONS AND LICENSES REQUIRED

Texas licensing and/or certification in a health and human services discipline is recommended. T

Texas driver’s license is required.

ATTACHMENT RR

POSITION DESCRIPTION

TITLE: Heart of Central Texas Real Choice (HOCTRC) System Navigator - Waco

SALARY: B3 \$23,432 – \$31,068

FSLA STATUS: Non-Exempt

SUMMARY OF POSITION

Serves as primary direct service staff for 13 county Heart of Central Texas Real Choice Project. The Navigator performs comprehensive consumer interviews and extensive person/family-centered and futures planning, brokers and coordinates a wide range of community-based long-term services and supports, staffs cases with the Real Choice Resource Center (RCRC) and Community Resource Coordination Groups (CRCGs); serves as an advocate in guiding them through a complex and fragmented service delivery system; and ensures expedited delivery of services to meet consumer needs. The Navigator will be attached to the RCRC located in Waco.

ORGANIZATIONAL RELATIONSHIPS

4. Reports to: Area Agency on Aging Manager. Person will be an employee of the Heart of Texas Council of Governments (HOTCOG) and will be subject to HOTCOG Personnel Policies and Procedures
5. Directs: This is a non-supervisory position.
6. Other: Has regular contact with a diverse range of public and private agencies and organizations, service providers, and the general public.

PRINCIPLE DUTIES AND RESPONSIBILITIES

- Provide comprehensive consumer/caregiver interviewing and information gathering and perform extensive person/family-centered assessment(s) that include: functional, financial, social supports, health status, family supports, mental/cognitive status, risk identification, and consumer goals.
- Meet with or contact lead staff designated by partner agencies for input on person/family-centered plan development.
- Develop, coordinate and implement person/family-centered care plans which address: living arrangement, employment, daily routine, environments, participation in community, confidentiality issues; privacy concerns; degree of service and life satisfaction, consumer rights, safety, fair treatment, health and wellness, abuse and neglect, continuity, security and connection to natural support networks.
- Meet with or contact lead staff designated by HOCTRC partner agencies to ensure plan implementation and serve as broker to coordinate all available community resources needed to address supports called for in plan.
 - Meet with or contact Navigation Legal Advocacy Attorney as needed to address and overcome legal barriers to plan implementation.
- Attend county Community Resource Coordination Groups (CRCGs) and present cases for staffing when indigenous local resources are needed to implement person/family-centered plan.
- Assist in the development and implementation of Promoting Independence (Community Awareness Relocation Services) program.
- Meet frequently with Heart of Texas Real Choice Resource Center (RCRC) staff and Navigation team.
- Communicate frequently with Super CRCG members and county CRCGs and assist individuals in finding non-traditional and traditional supports for independent living.
- Accompany the consumer to agency appointments and assist consumer with the completion of service applications and other related documentation.
- Periodically review and follow-up on consumers to ensure service linkages and assure all aspects of service delivery are provided in a culturally competent and sensitive manner.
- Act as resource to RCRC staff to ensure compliance with Americans with Disabilities Act.
- Meet on a weekly basis with HOCTRC Project Coordinator and System Navigations to staff cases and coordinate services.

- Work with RCRC Benefits Counselors to provide futures planning which includes: encouraging participation in the planning process and learning skills and techniques that may ultimately enhance their ability to live independently or in a supported living environment; finding non-traditional supports for independent living; and financial and estate planning.

- Utilize Service Point™ web-based system for exchange of consumer information between Long-Term Services and Support (LTSS) agencies and the RCRC, refer consumers between LTSS partner agencies, the RCRC, and Navigators; document unmet need; track Navigation consumers and services delivered and measure consumer outcomes including consumer satisfaction.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

Required knowledge: Should possess or demonstrate the ability to acquire a thorough understanding of all local, state and federal health and human services programs with an emphasis on programs which serve persons with disabilities of all ages.

Skills and Abilities: Should possess ability to communicate effectively both orally and in writing; negotiate agreements and build partnership with a wide range of individuals and organizations; utilize web-based and PC software and e-mail to develop reports and document services provided; work as part of a high performance team of professionals, and handle multiple simultaneous task within time constraints.

ACCEPTABLE EXPERIENCE AND TRAINING

Minimum qualifications for the full time System Navigator will include:

1. a masters degree in a field of study related to social services with at least one (1) year of experience providing services to persons with disabilities; or
1. a bachelor's degree in a field of study related to social services with at least four (4) years experience providing services to persons with disabilities; or
2. at least 2 years of college in a field of study related to social services with at least eight (8) years experience providing services to persons with disabilities.

CERTIFICATIONS AND LICENSES REQUIRED

Texas licensing and/or certification in a health and human services discipline is recommended.

Texas driver's license is required.

ATTACHMENT SS

POSITION DESCRIPTION

TITLE: Heart of Central Texas Real Choice (HOCTRC) System Navigator – AAA Belton

SALARY: B3 \$23,432 – \$31,068

FSLA STATUS: Non-Exempt

SUMMARY OF POSITION

Serves as primary direct service staff for 13 county Heart of Central Texas Real Choice Project. The Navigator performs comprehensive consumer interviews and extensive person/family-centered and futures planning, brokers and coordinates a wide range of community-based long-term services and supports, staffs cases with the Real Choice Resource Center (RCRC) and Community Resource Coordination Groups (CRCGs); serves as an advocate in guiding them through a complex and fragmented service delivery system; and ensures expedited delivery of services to meet consumer needs. The Navigator will be attached to the RCRC located in Belton.

ORGANIZATIONAL RELATIONSHIPS

- 1 Reports to: Area Agency on Aging Director. Person will be an employee of the Central Texas Council of Governments (CTCOG) and will be subject to CTCOG Personnel Policies and Procedures
- 2 Directs: This is a non-supervisory position.
- 3 Other: Has regular contact with a diverse range of public and private agencies and organizations, service providers, and the general public.

PRINCIPLE DUTIES AND RESPONSIBILITIES

- Provide comprehensive consumer/caregiver interviewing and information gathering and perform extensive person/family-centered assessment(s) that include: functional, financial, social supports, health status, family supports, mental/cognitive status, risk identification, and consumer goals.
- Meet with or contact lead staff designated by partner agencies for input on person/family-centered plan development.
- Develop, coordinate and implement person/family-centered care plans which address: living arrangement, employment, daily routine, environments, participation in community, confidentiality issues; privacy concerns; degree of service and life satisfaction, consumer rights, safety, fair treatment, health and wellness, abuse and neglect, continuity, security and connection to natural support networks.
- Meet with or contact lead staff designated by HOCTRC partner agencies to ensure plan implementation and serve as broker to coordinate all available community resources needed to address supports called for in plan.
- Meet with or contact Navigation Legal Advocacy Attorney as needed to address and overcome legal barriers to plan implementation.
- Attend county Community Resource Coordination Groups (CRCGs) and present cases for staffing when indigenous local resources are needed to implement person/family-centered plan.
- Assist in the development and implementation of Promoting Independence (Community Awareness Relocation Services) program.
- Meet frequently with Heart of Texas Aging and Disability Resource Center (RCRC) staff and Navigation team.
- Communicate frequently with Super CRCG members and county CRCGs and assist individuals in finding non-traditional and traditional supports for independent living.
- Accompany the consumer to agency appointments and assist consumer with the completion of service applications and other related documentation.
- Periodically complete consumer review and follow-up to ensure service linkages and assure all aspects of service delivery are provided in a culturally competent and sensitive manner.
- Act as resource to RCRC staff to ensure compliance with Americans with Disabilities Act.

- Meet on a weekly basis with HOCTRC Project Coordinator and System Navigators to staff cases and coordinate services.
- Work with RCRC Benefits Counselors to provide futures planning which includes: encouraging participate in the planning process and learn skills and techniques that may ultimately enhance their ability to live independently or in a supported living environment; finding non-traditional supports for independent living; and financial and estate planning.
- Utilize Service Point™ web-based system to exchange of consumer information between Long-Term Services and Support (LTSS) agencies and the RCRC, refer consumers between LTSS partner agencies, the RCRC, and Navigators; document unmet need; track of Navigation consumers and services delivered and to measure consumer outcomes including consumer satisfaction.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

Required knowledge: Should possess or demonstrate the ability to acquire a thorough understanding of all local, state and federal health and human services programs with an emphasis on programs which serve persons with disabilities of all ages.

Skills and Abilities: Should possess ability to communicate effectively both orally and in writing; negotiate agreements and build partnership with a wide range of individuals and organizations; utilize web-based and PC software and e-mail to develop reports and document services provided; work as part of a high performance team of professionals, and handle multiple simultaneous task within time constraints.

ACCEPTABLE EXPERIENCE AND TRAINING

Minimum qualifications for the full time System Navigator will include:

3. masters degree in degree in a field of study related to social services and at least one (1) year of experience providing services to persons with disabilities; or
4. a bachelor's degree in a field of study related to social services with at least five (4) years experience providing services to persons with disabilities; or
5. at least 2 years of college in a field of study related to social services with at least eight (8) years experience providing services to persons with disabilities.

CERTIFICATIONS AND LICENSES REQUIRED

Texas licensing and/or certification in a health and human services discipline is recommended. Texas driver's license is required.

ATTACHMENT TT

POSITION DESCRIPTION

TITLE: Heart of Central Texas Real Choice (HOCTRC) System Navigator – ILC Belton & Waco

SALARY: B3 \$23,432 – \$31,068

FSLA STATUS: Non-Exempt

SUMMARY OF POSITION

Serves as primary direct service staff for 13 county Heart of Central Texas Real Choice Project. The Navigator performs comprehensive consumer interviews and extensive person/family-centered and futures planning, brokers and coordinates a wide range of community-based long-term services and supports, staffs cases with the Real Choice Resource Center (RCRC) and Community Resource Coordination Groups (CRCGs); serves as an advocate in guiding them through a complex and fragmented service delivery system; and ensures expedited delivery of services to meet consumer needs. The Navigator will be attached to the RCRC located in Belton.

ORGANIZATIONAL RELATIONSHIPS

6. Reports to: Heart of Central Texas Independent Living Center Executive Director. Person will be an employee of the Heart of Central Texas Independent Living Center(HOCTILC) and will be subject to HOCTILC Personnel Policies and Procedures
7. Directs: This is a non-supervisory position.
8. Other: Has regular contact with a diverse range of public and private agencies and organizations, service providers, and the general public.

PRINCIPLE DUTIES AND RESPONSIBILITIES

- Provide comprehensive consumer/caregiver interviewing and information gathering and perform extensive person/family-centered assessment(s) that include: functional, financial, social supports, health status, family supports, mental/cognitive status, risk identification, and consumer goals.
- Meet with or contact lead staff designated by partner agencies for input on person/family-centered plan development.
- Develop, coordinate and implement person/family-centered care plans which address: living arrangement, employment, daily routine, environments, participation in community, confidentiality issues; privacy concerns; degree of service and life satisfaction, consumer rights, safety, fair treatment, health and wellness, abuse and neglect, continuity, security and connection to natural support networks.
- Meet with or contact lead staff designated by HOCTRC partner agencies to ensure plan implementation and serve as broker to coordinate all available community resources needed to address supports called for in plan.
- Meet with or contact Navigation Legal Advocacy Attorney as needed to address and overcome legal barriers to plan implementation.
- Attend county Community Resource Coordination Groups (CRCGs) and present cases for staffing when indigenous local resources are needed to implement person/family-centered plan.
- Assist in the development and implementation of Promoting Independence (Community Awareness Relocation Services) program.
- Meet frequently with Heart of Texas Real Choice Resource Center (RCRC) staff and Navigation team.
- Communicate frequently with Super CRCG members and county CRCGs and assist individuals in finding non-traditional and traditional supports for independent living.
- Accompany the consumer to agency appointments and assist consumer with the completion of service applications and other related documentation.
- Periodically complete consumer review and follow-up to ensure service linkages and assure all aspects of service delivery are provided in a culturally competent and sensitive manner.
- Act as resource to RCRC staff to ensure compliance with Americans with Disabilities Act.

- Meet on a weekly basis with HOCTRC Project Coordinator and System Navigators to staff cases and coordinate services.
- Work with RCRC Benefits Counselors to provide futures planning which includes: encouraging participate in the planning process and learn skills and techniques that may ultimately enhance their ability to live independently or in a supported living environment; finding non-traditional supports for independent living; and financial and estate planning.
- Utilize Service Point™ web-based system to exchange of consumer information between Long-Term Services and Support (LTSS) agencies and the RCRC, refer consumers between LTSS partner agencies, the RCRC, and Navigators; document unmet need; track of Navigation consumers and services delivered and to measure consumer outcomes including consumer satisfaction.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

Required knowledge: Should possess or demonstrate the ability to acquire a thorough understanding of all local, state and federal health and human services programs with an emphasis on programs which serve persons with disabilities of all ages.

Skills and Abilities: Should possess ability to communicate effectively both orally and in writing; negotiate agreements and build partnership with a wide range of individuals and organizations; utilize web-based and PC software and e-mail to develop reports and document services provided; work as part of a high performance team of professionals, and handle multiple simultaneous task within time constraints.

ACCEPTABLE EXPERIENCE AND TRAINING

Minimum qualifications for the full time System Navigator will include:

9. masters degree in degree in a field of study related to social services and at least one (1) year of experience providing services to persons with disabilities; or
10. a bachelor's degree in a field of study related to social services with at least five (4) years experience providing services to persons with disabilities; or
11. at least 2 years of college in a field of study related to social services with at least eight (8) years experience providing services to persons with disabilities.

CERTIFICATIONS AND LICENSES REQUIRED

Texas licensing and/or certification in a health and human services discipline is recommended. Texas driver's license is required.

ATTACHMENT UU

POSITION DESCRIPTION

TITLE: Aging and Disability Resource Specialist

SALARY: B3 (\$23,052 – 31,120)

FLSA STATUS: Non-Exempt

SUMMARY OF POSITION:

Assist in the management, implementation and coordination of the information and assistance program whose primary function is to link persons with disabilities in need or their advocates with the appropriate services designed to eliminate or alleviate that need. Also screens consumers for possible assistance by system navigators and other staff of Heart of Texas Real Choice Resource Center.

ORGANIZATIONAL RELATIONSHIPS:

1. Reports to: Call Center Manager
2. Directs: This is a non-supervisory position.
3. Other: Has regular contact with public and private agencies and organizations, service providers, and other program personnel, private contractors, and the general public.

PRINCIPLE DUTIES AND RESPONSIBILITIES:

Maintains telephone coverage from 8-5 p.m. for the Information and Assistance program for the Heart of Texas Region.

Assists consumers in selecting from alternative choices.

Completes risk screening assessments for those consumers with complex presenting problems.

Identifies and diagnoses specific needs and problems, establishes service requirements, and plays a pro-active role in helping to arrange service access.

Contacts a wide range of health and human service agencies, schedules appointments, assisting in completing paperwork.

Provides follow-up for all consumer contacts to ensure that consumer received needed services.

Develops and maintains current information about services and programs available to older persons, especially those provided by the Area Agency on Aging and Real Choice Resource Center.

Responsible for maintaining all client data and documentation of services for the client tracking system. Completes monthly reports as required. Maintains strict confidentiality on all information and assistance records.

Assist in the development of the Area Plan and any necessary amendments by providing input based on evaluation of the information and assistance program.

Develops, implements and maintains the information and assistance section of the policy and procedures manual.

Attends meetings, conferences, workshops, and/or other in-service training programs related to the information and assistance program.

Provides technical assistance to subcontractors regarding service delivery to the elderly in the region.

Attains a working knowledge of the care coordination, benefits counseling, nursing home advocacy, navigation assistance and the Heart of Central Texas Real Choice program and provides assistance to the system navigators as needed.

Performs other duties related to the general administration and program operations of the Area Agency on Aging as assigned and as needed.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of: should possess or be able to demonstrate the ability to acquire a thorough knowledge of HOTCOG policies and procedures and general office procedures and practices.

Skill/Ability to: communicate effectively in both oral and written forms; listen effectively to incoming telephone calls for information and assistance and be able to direct the person to a source of help; make decisions in regard to appropriate referrals; establish and maintain effective working relationships with other employees, clients, and work related public; use PC software and web based software; prepare reports and individual work plan; handle multiple, simultaneous tasks with limited time constraints and prioritize importance of a specific task as needed; and work as a member of a team within the Aging and Disability Resource Center.

ACCEPTABLE EXPERIENCE AND TRAINING:

A Bachelor's degree in business administration, social work, gerontology or related field is preferred, plus one year of experience of progressively responsible experience in programs or services related to persons with disabilities;

At least two years of college, plus two years experience of progressively responsible experience in programs or services related to persons with disabilities;

or any equivalent combination of experience and training which provides the required knowledge, skills, and abilities.

CERTIFICATION AND LICENSES REQUIRED:

Must have or obtain certification from the Alliance of Information of Information and Referral Systems as an Information and Referral Specialist within the first year of employment.

An appropriate Texas driver's license or available alternate means of transportation.

[ATTACHMENT VV](#)

Ethical Standards of Practice for Professional Geriatric Care Managers

National Association of Professional Geriatric Care Managers www.caremanager.org

1604 N. Country Club Road Tucson, AZ 85716-3102

(520) 881-8008 (520) 325-7925 Fax TDD: (520) 326-2467

**These Standards were adopted by the National Association of Professional Geriatric Care Managers on October 20, 1990 at the 6th Annual Meeting held in Washington, DC, and revised June 1991, October 1992, June 1996, March 1997, October 1999, June 2002, August 2003.*

Preamble

These Standards have been developed because professional geriatric care management is a human service specialty provided by professionals from diverse backgrounds and academic preparations to a vulnerable and often frail population. No one profession can claim exclusive domain over the knowledge and skills required to provide geriatric care management services. Thus, professional geriatric care managers may be members of formal professions, such as social work, nursing or psychology, or may hold advanced degrees in gerontology, counseling, public health administration, or other fields of human service specialization.

In addition, these Standards have been developed because certain issues of particular concern to professional geriatric care managers have not always been included in the standards developed by other organizations. Thus, the purpose of these Standards is to supplement already existing standards of other professions and organizations and to provide guidance to the members of the National Association of Professional Geriatric Care Managers, (GCM), in the many complex situations presented by their practices. Members of GCM are expected to abide by the standards of their respective professions, as well as to these Standards developed specifically for their practices in professional geriatric care management.

Contents Standards and Practice Guidelines

Regarding the Client Relationship:

1. Who is the Client?
2. Fostering Self-Determination
3. Right to Privacy
4. Personal Integrity of the Older Person and Professional Geriatric Care Manager
5. Professionalism of the Relationship

Regarding the Professionalism of the Practice:

6. Definition of Role to Other Professionals
7. Development of Plans of Care
8. Knowledge of Employment Laws
9. Undertaking Fiduciary Responsibilities
10. Continuing Education

Regarding Business Policies:

11. Fees for Service
12. Advertising and Marketing
13. Disclosure of Business Relationships

Regarding the Client Relationship:

Standard 1 - Who is the Client?

Standard While the primary client usually is the older person whose care needs have instigated the referral to a professional geriatric care manager, all others affected by his/her care needs should be considered part of the client system.

Rationale In the area of professional geriatric care management, the care needs of the older persons often have significant consequences for others. The professional geriatric care manager's goal is to arrive at a solution that allows maximum decision-making autonomy for the person receiving care and for the other persons involved with or affected by these care needs.

Guidelines

- A. The primary client may not necessarily be the person who makes the initial contact or the person responsible for payment for services rendered.
- B. Members of the client system may include:
 - o the older person
 - o a family member within or outside of the older person's household
 - o a paid caregiver
 - o friends, neighbors or community agencies
 - o a third party with fiduciary responsibilities
 - o other professionals, such as a physician, a nurse from a home health care agency, an attorney, etc.
 - o the professional geriatric care manager
- C. In the event of conflicting needs within the client system, the goal of professional intervention should be to strive for resolution through a process of review and discussion among the parties, facilitated by the professional geriatric care manager.
- D. The professional geriatric care manager should request assistance of appropriate peers, as needed, to help the client system find an acceptable solution when conflicts occurs.

Standard 2 - Fostering Self-Determination

Standard To the greatest extent possible, the professional geriatric care manager should foster self-determination on the part of the older person, to enable the person to live in accordance with his or her personal values and goals.

Rationale All too often, health care professionals and family members feel they know what is best for the older person. Professional geriatric care managers have a responsibility to respect the older person's right to make decisions regarding his/her care.

Guidelines

- A. The professional geriatric care manager (PGCM) must attempt to involve the older person in all decisions that impact his/her life regardless of the determination of competence.
- B. As the older person makes decisions on his/her own behalf, the PGCM should see that the following conditions are met:
 - 1. The specific information needed to make a certain decision has been given, discussed to the greatest extent possible, and understood by the elder.
 - 2. The consequences of alternative decisions are understood by the elder.
 - 3. The elder can communicate, verbally or non-verbally, his/her wishes.
- C. If the older person has not comprehended the factors involved in the decision-making process and, therefore, cannot make a responsible decision, then the PGCM should see that all decisions concerning the older person are made by the person(s) with the legal authority to do so.

Standard 3 - Right to Privacy

Standard The professional geriatric care manager should respect the older person's and, when applicable, the family's right to privacy by protecting all information that is given in confidence and all information of a confidential nature. It should be made clear to the client the limits of confidentiality as appropriate.

Rationale The professional geriatric care manager (PGCM) generally needs to share information with others in order to fulfill his/her responsibilities. The PGCM utilizes knowledge of the older person's physical and mental status, financial and legal affairs, and family and community supports to assist her/him to achieve maximum well-being. Due care must be exercised at all times to protect the privacy of this information.

Guidelines

- A. The information contained in case files should be considered confidential by the care manager.
- B. The care manager is responsible to abide by all state and federal regulations.
- C. The professional geriatric care manager (PGCM) should obtain an authorization to release information that covers all actions taken on the behalf of the client so that pertinent information can be shared for the benefit of the older person.
- D. The PGCM should act judiciously when sharing information within families and with other professionals.
- E. The PGCM should insure that all consultations and interviews are held in locations that allow for the maximum amount of privacy.
- F. Confidentiality is waived when the PGCM has good reason to believe life is threatened or the laws of the State, in which the PGCM practices, require the reporting of suspected abuse or neglect.

Standard 4 - Personal Integrity of the Older Person and PGCM

Standard The professional geriatric care manager should act in a manner that insures his/her own integrity as well as the integrity of the client system.

Rationale One of the professional geriatric care manager's (PGCM) most important roles is to be an advocate for the older person. At the same time, the PGCM's own values and beliefs must be taken into consideration when working with the older person and client system.

Guidelines

- A. The professional geriatric care manager (PGCM) can appropriately refuse to accept a new case or continue in a case in which she/he is already involved if the PGCM believes that remaining in the situation would require compromising his/her own values, beliefs or standards. The PGCM can terminate his/her involvement in an ongoing case by providing timely written notice to allow for alternate arrangements to be made. She/he is obligated to make an effort to refer those cases that she/he is unable to accept to an appropriate resource.
- B. If the PGCM finds her/himself in a circumstance in which the integrity and safety of the older person is at risk (e.g. abuse, neglect or self-neglect) she/he must make a report to the appropriate authority in accordance with national and state laws and regulations.

Standard 5 - Professionalism of the Relationship

Standard The professional geriatric care manager should not exploit professional relationships with clients and families for personal gain.

Rationale The professional geriatric care manager needs to be alert to and resist the influence and pressures that interfere with the exercise of professional discretion and impartial judgment required for the performance of professional functions. The best interests of the client are the focus of the PGCM.

Guidelines

Professional geriatric care managers:

- A. charge fees as reimbursement for services rendered.
- B. avoid personal relationships with clients and families that may impair judgment or lead to exploitation.
- C. under no circumstances engage in sexual contact with the client or family members.

Regarding the Professionalism of the Practice:

Standard 6 - Definition of Role to Other Professionals

Standard The professional geriatric care manager should define his/her role clearly to other professionals.

Rationale Since the specialty of professional geriatric care management (PGCM) is a relatively new one, other professionals may not have worked with PGCMs. Thus, uncertainty may exist as to how each can complement the other's role. It is of utmost importance for all professionals involved in the care of the older person to have a clear understanding of each other's areas of expertise and responsibility.

Guidelines

- A. Professional geriatric care managers (PGCM) should act only in the roles for which they have the appropriate skills, knowledge and training. She/he should recommend consultations with specialists as needed.

- B. With proper consent the PGCM should share information concerning the needs of the older person or client system with professional colleagues in a forthright, clear and timely manner.

Standard 7 - Development of Plans of Care

Standard The professional geriatric care manager should strive to provide quality care using a flexible care plan developed in conjunction with the older person and other persons involved in his/her care.

Rationale A plan of care with the stated recommendations, goals and appropriate interventions must be flexible enough to deal with the older person's changing status. The overall goal is to strive to assist the older person to attain the highest level of health and quality of life that is possible within his/her particular set of circumstances.

Guidelines

The care plan should:

- A. be documented and included in the client file,
- B. have a systematic and concise format.
- C. Specific goals should be based on the needs of the client as determined during the assessment process.
- D. In on going management, goals of the care plan must be agreed to by the older person or the substituted decision maker acting on behalf of the older person.
- E. These goals should foster self-determination of the older person with due consideration of the person's need for safety.

Standard 8 - Knowledge of Employment Laws

Standard The professional geriatric care manager should be familiar with laws relating to employment practices and should not knowingly participate in practices that are inconsistent with these laws.

Rationale Professional geriatric care managers (PGCM) are often concerned with private duty caregivers, either in screening and recommending them to clients for hire, or in coordinating and/or supervising their work. In addition, PGCM may employ other professionals or service providers. In either case, they need to be aware of applicable employment and tax laws.

Guidelines

- A. Professional geriatric care managers (PGCM) should recommend or employ only persons who are legally permitted to work. The PGCM should not condone non-payment of wage taxes, or wages that do not meet minimum wage requirements.
- B. Professional geriatric care managers should use, and recommend that clients use, the appropriate legal and accounting professionals to ensure that applicable laws are followed.
- C. Professional geriatric care managers may also want to be familiar with the appropriate State and Federal agencies that handle employment practices.

Standard 9 - Undertaking Fiduciary Responsibilities

Standard The professional geriatric care manager who accepts a fiduciary responsibility should act only within his/her knowledge and capabilities and should avoid any activities that might comprise a conflict of interest.

Rationale When, due to physical frailties or cognitive losses, an older person is not able to handle certain financial transactions, e.g. balancing a checkbook or paying bills and there is no family member or other party to accept these responsibilities the professional geriatric care manager may act as a "pay agent." The role of the care manager in handling fiduciary issues will be further determined by the competence of the older person.

Guidelines

- A. When undertaking "pay agent" responsibilities the professional geriatric care manager (PGCM) should obtain written consent from the older person or a responsible third party.
- B. When asked to take responsibility for a purchase (of goods or services) not commonly within the "pay agent" agreement, the PGCM should conduct appropriate comparative pricing and make the purchase only with the agreement of the older person or a responsible third party. If the older person becomes incompetent, and has appointed a financial power of attorney (POA), then all bill paying responsibilities should be assumed by the POA. If the PGCM is the financial POA, then the PGCM will assume bill-paying responsibilities. Third party oversight of self-payment should continue.
- C. The PGCM, in the role of "pay agent," should not act as a financial advisor regarding client's assets or investments, unless qualified to do so. (See Standard 11.)
- D. The PGCM should avoid, where possible, self-payment. If the PGCM has no alternative than to assist the competent client to pay for his/her services, it is recommended that a third party provide oversight for these transactions. (See Standard 11.)
- E. If the client has been determined to be incompetent, the PGCM may be appointed as guardian, or conservator. If so appointed, the PGCM will be required to follow all the legal requirements of this court appointed role. It is also recommended that if a PGCM takes on such a role, the PGCM should be knowledgeable and adhere to the National Guardianship Association's Standards of Practice.
- F. Records of all transaction should be kept current in a format recognized by standard accounting practices, and should be open to inspection by appropriate parties.

Standard 10 - Continuing Education

Standard The professional geriatric care manager should participate in continuing education programs and be a member of his/her respective professional organization in order to enhance professional growth and to provide the highest quality care management.

Rationale To remain up to date with scientific, cultural, political, legal and social changes in the area of gerontology it is incumbent upon the professional geriatric care manager (PGCM) to continually take part in educational programs that will enable her/him to provide the highest quality care management. In addition, both the PGCM and those persons to whom she/he provides services will benefit from the PGCM's participation in his/her respective professional organization. The PGCM thus will practice in accord with that organization's standards, in addition to those specific to professional geriatric care management.

Guidelines

Professional geriatric care managers should:

- A. be certified, if applicable, and/or licensed, as required, in his/her area of expertise,

- B. seek peer supervision, as needed,
- C. seek consultation with other professions, as needed.

Regarding Business Policies:

Standard 11 - Fees for Service

Standard All fees for professional geriatric care management services are to be stated in written form and discussed with the person accepting responsibility for payment prior to the initiation of services.

Rationale The older person and the family often contact the geriatric care manager at a time of great stress. To prevent any misunderstandings regarding fees it is in the best interest of all parties to have information in written form prior to the initiation of services. If time does not allow for this then all information should be verbally presented and followed in writing.

Guidelines

- A. Fees should be charged for services rendered and presented in a clearly itemized statement. These fees should not be based on a percentage of a person's assets.
- B. At intake, older people or families determined to be unable to pay for care management services can be referred to publicly supported agencies that can provide the necessary services. An older person with an established relationship with a professional geriatric care manager (PGCM), but who can no longer pay for services, should not be abandoned. The PGCM must make every effort to provide linkage with a community agency suited to his/her client's needs, or continue to provide services pro bono.
- C. Professional geriatric care managers are encouraged to provide free services as a professional responsibility. Free services are to be of equal quality as for a person paying for services.
- D. To the extent that the practices of fee splitting and receiving referral fees from vendors/professionals who are providing services to the older client are legal, they will not form the basis of any disciplinary enforcement. Nevertheless, GCM does not support these practices, and in the view of GCM, they may raise significant ethical and conflict of interest issues.
- E. Professional geriatric care managers should only bill third party payers who are known to cover geriatric care management services.

Standard 12 - Advertising and Marketing

Standard Advertising and marketing of services should be conducted within all guidelines and laws governing the advertising of professional management services.

Rationale Families facing the stresses of coping with complications of aging, dementia, chronic illness or death are vulnerable to claims which suggest a rescue or immediate relief of stressful circumstances. Older persons faced with debilitating illnesses, decreased capacity for judgment and limited financial resources are likewise vulnerable to unrealistic claims.

Guidelines

- A. The professional geriatric care manager (PGCM) has a responsibility to educate clients and the public about the nature of care management as a profession, in order to establish realistic expectations of the service.

- B. Only the individual who is the member in GCM may advertise this fact.
- C. Each PGCM has a responsibility to protect and enhance the reputation of the profession of geriatric care management.

Standard 13 - Disclosure of Business Relationships

Standard The professional geriatric care manager should provide full disclosure regarding business, professional or personal relationships she/he has with each recommended business, agency or institution.

Rationale When developing a plan of care, the professional geriatric care manager (PGCM) often will need to make referrals to businesses, agencies or institutions that can provide needed services. It is important for the older person and his/her family to be informed if the PGCM has a relationship other than objective third party with that agency, e.g. Board of Trustees, ownership, investor, family member.

Guidelines

- A. When a referral is made the professional geriatric care manager (PGCM) should clarify to the client any special relationship that exists with the recommended business, agency or institution.
- B. When the PGCM has a business, professional or personal relationship with a recommended business, agency or institution, she/he should provide to the client information regarding alternative choices.
- C. When a PGCM sells his or her practice, the client will be notified in writing of the opportunity to use the GCM services of the buying party or to use alternative services.

The mission of the National Association of Professional Geriatric Care Managers is to provide dynamic leadership, education and collaborative relationships, to promote the development of clinical expertise, excellence in service delivery and high ethical standards for the practice of care management.

I have read and understand the standards. I agree to uphold these standards.

Name _____ **Date** _____



National Association of Professional Geriatric Care Managers
 1604 N. Country Club Road
 Tucson, AZ 85716-3102
 520-881-8008

ATTACHMENT WW

Navigation Monthly Report

Name _____ **Date** _____

_____ unduplicated consumers YTD # _____ open cases carried for current month
~~~~~

# \_\_\_\_\_ referrals for current month & referring agency/entity:

\_\_\_\_\_ new referrals      \_\_\_\_\_ new referrals  
# \_\_\_\_\_ over age 60      # \_\_\_\_\_ under age 60

Types presenting needs/unmet needs of new referrals: \_\_\_\_\_

# \_\_\_\_\_ risk screens completed (optional)

# \_\_\_\_\_ PFC assessments completed (needs to be face to face)

Types of barriers encountered:

~~~~~  
_____ PFC care plans completed this month

_____ community entities involved in collaboration this month (who helped to meet client's needs/)
Types of diversions planned:

_____ Nursing home diversions attempted # _____ successful diversions

_____ Nursing home relocations to community completed
~~~~~

# \_\_\_\_\_ PFC future plans completed      # \_\_\_\_\_ PFC future plans declined (& why?)

# \_\_\_\_\_ cases closed      # client satisfaction surveys sent \_\_\_\_\_

# \_\_\_\_\_ cases reopened & reasons      # \_\_\_\_\_ six month follow-ups

# \_\_\_\_\_ Client hours for the month (attach AIM or Service Point summary)

# \_\_\_\_\_ Contact hours for the month (attach copy of contact log)

# \_\_\_\_\_ Virtual CRCG problems attempted this month  
(attach print out of e-mails & responses)

Did you set up any Virtual CRCG group-emails or get new participants \_\_\_\_Yes \_\_\_\_No



**ATTACHMENT YY**

**TEXAS REAL CHOICE PROJECT  
PARTNERSHIP COMMITMENT**

Name of Agency/Organization: \_\_\_\_\_

Type of Agency/ Organization:

- State Agency
- Sub-recipient of State Agency
- Private Non-Profit
- Public Non-Profit
- Private For Profit
- Regional Access Plan Committee Member
- Historically Underutilized Business
- Other – Please Specify: \_\_\_\_\_

Contact Person - Name and Title; \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail #1 \_\_\_\_\_ E-Mail #2 \_\_\_\_\_

Please Check Your Type of Commitment to the Project (One or More):

- Fiscal Management
- Project Management
- Membership of Advisory Committee
- Development of the System Navigator Function
- Development of Aging/Disability Resource Centers
- Development of Community Resource Coordination Groups
- Personnel Support for the System Navigator Functions
- Personnel Support for Aging/Disability Resource Center Operation
- Personnel Support of Texas I & R 2-1-1 Implementation
- Personnel Support for Community Resource Coordination Groups
- Personnel Support for Person Centered – Family Centered Training
- Personnel Support for Promoting Independence Initiative (Community Awareness/Relocation Services)

- Designation of Key Staff to Represent Agency and Interface with Project Staff and Consumers
- Allocation of office space to accommodate project staff
- Allocation of Resources to Support Home and Community Based Services
- Allocation of Resources to Support Housing Options in the Community
- Usage of Common Client Intake
- Adherence to Developed Referral and Follow-up Protocols
- Usage of Common Management Information System of Support Sharing of Client Information, Reliable Client Tracking System, and Adherence to HHSC Client Confidentiality Guidelines
- Development and Implementation of System to Measure Consumer Satisfaction
- Development and Implementation of Methods to Evaluate Consumer Personal Outcomes
- Development and Implementation of Methods to Evaluate Systemic Changes and System Outcomes

Briefly describe any other role or contribution that your agency will commit to the overall success of the project: \_\_\_\_\_

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Will your agency or staff require any equipment to support your commitment to the project? Per HHSC, allowable equipment costs are extended only to computers, printers, and fax machines. Please specify equipment needs:

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Thank you for your committed support to the Texas Real Choice Project on behalf of long-term care consumers in the Central Texas and Heart of Texas regions.

\_\_\_\_\_  
Signature of Authorized Agency Representative

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date