Vermont's Guide to Aging & Disabilities Database on SAMS2000™

A Step by Step Guide for using SAMS2000™
For Providers Choices for Care (VT LTC Waiver)

Vermont Department of Disabilities, Aging and Independent Living
Division of Disability and Aging Services
103 South Main Street
Waterbury VT 05671-1601
http://www.dail.vermont.gov/
Telephone (802) 241-2214

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Introduction

From the Vermont Department of Disabilities, Aging and Independent Living:

Uses of the SAMS Database by Providers

The purpose of this guide is to support providers of Long Term Care services in accessing data about their clients in the Vermont Choices for Care program.

DAIL is allowing service providers limited access to the Choices for Care (CFC) database in SAMS. If a provider is listed in a care plan or as the case management agency, that provider will be able to see the available information for that client. If a provider is not listed in a care plan or as the case management agency, that provider cannot see any information about the client. Clients in a waiting status without a plan of care can be seen by the assigned case management agency.

We hope that this access to the CFC data will improve communication with providers about the current status of their clients in the CFC program. The database is accessible 24 hrs a day and 7 days a week to approved providers via internet access. SAMS contains up to date information on enrollments and care plans, and allows providers to send secure messages to DAIL staff (and to other providers who also have a plan of care connection to the same client). SAMS also allows providers to run reports on their clients in the CFC database.

What is the SAMS Choices for Care Database?

The SAMS database is a software product from Synergy Software of Essex Junction, Vermont. DAIL/DDAS uses SAMS to manage Choices for Care and some other programs. It is accessible on the Internet though a website called Agingnetwork.com. This website is hosted by Synergy and meets all HIPAA requirements for security.

The CFC database in SAMS includes client demographics, enrollments and approved care plans SAMS action fields can be used to send client-specific messages to other SAMS users.

The CFC database in SAMS does not currently include client assessment data, although plans are underway to add this data. Similarly, SAMS does not have data on actual service delivery.

Client demographics include:

Name DOB, SSN, residence and mailing address, other locations, contacts, case manager, marital status, phone ethnicity and more.

Care enrollment data includes:

Level of care, service program, and enrollment. The level of care possibilities are Highest, High and Moderate. The service programs are Nursing Home (NH), Home and Community-Based services (HCBS), Enhanced Residential Care (ERC), and Flexible Choices. PACE will soon be added as another service program. The possible status of an enrollment is Received, Pending Medicaid Eligibility, Waiting, Active, and Terminated.

Care Plan data includes:

Service program and care plan, start and end date of care plan, status of care plan and status reason of care plan (i.e. active-initial, change, reassessment), services, and units of service. Providers of services in care plan, rates and costs of care plan. Each care plan also has an allocation type: monthly (the number of units is over a month), duration specified (the number of units is a one time occurrence such as PERS installation) and care plan (the number of units over the length of the care plan. Currently we do not have a weekly or biweekly allocation type but that has been requested and will be available in future enhancements.

AgingNetwork.com logins and SAMS logins:

In order to get to the SAMS CFC database, two logins are required. The first login is to Agingnnetwork.com. The second login is to the SAMS CFC database. Each login requires a user ID and a password.

The organizational login to Agingnetwork.com is managed by Synergy software and requires a hosting subscription service fee. This fee is about $30/organization per month or about $360/user per year. Subscriptions must be paid to Synergy for at least one user from each provider organization. Each subscription allows one user from that organization to access SAMS at a time; additional subscriptions allow multiple users to access SAMS simultaneously. Note that Agingnetwork.com logins are generic to an organization, such as CVAAuser1. Users from each organization must use an organizational password when accessing SAMS. This password must be changed periodically.

The login to the SAMS CFC database is managed by DAIL and requires no fee. This login represents a specific person. Each person must log in as her/himself, using a unique password that must be changed periodically.

To streamline the process for adding and terminating users, DAIL will manage the requests for all logins and will instruct Synergy to invoice each provider directly. When a person is no longer authorized by the provider (due to termination, reassignment, etc.) the provider must notify DAIL so that the user can be deactivated from SAMS access.

Hardware & Software Requirements:

Minimum configuration

- Pentium II class 400 MHz processor
- 256 MB of RAM (memory)
- CD ROM
- Windows 98/Me/XP or Windows 4.0 NT/Windows 2000 Professional
- Display resolution of 800X600

Recommended configuration

- Pentium III class 400 MHz processor or better
- 384 MB of RAM
- CD ROM
- Windows 98/Me/XP or Windows 4.0 NT/Windows 2000 Professional
- Display resolution of 800X600

***** It is not recommended to use Microsoft Vista with SAMS/Omnia. Vista contains Citrix Version 10 which will cause issues with SAMS/Omnia. If you must use Microsoft Vista, you will need to uninstall Citrix 10 and install Citrix 9.2.**

Requesting AgingNetwork.com Logins & SAMS Logins:

Call or email Tracey Harrington or Dick Laverty at DAIL/DDAS with user name, organization and job title and start date (and end date) for access to SAMS. Please see the chart below for contact information.

DAIL/DDAS will contact you by phone with the login information of user IDs and passwords.

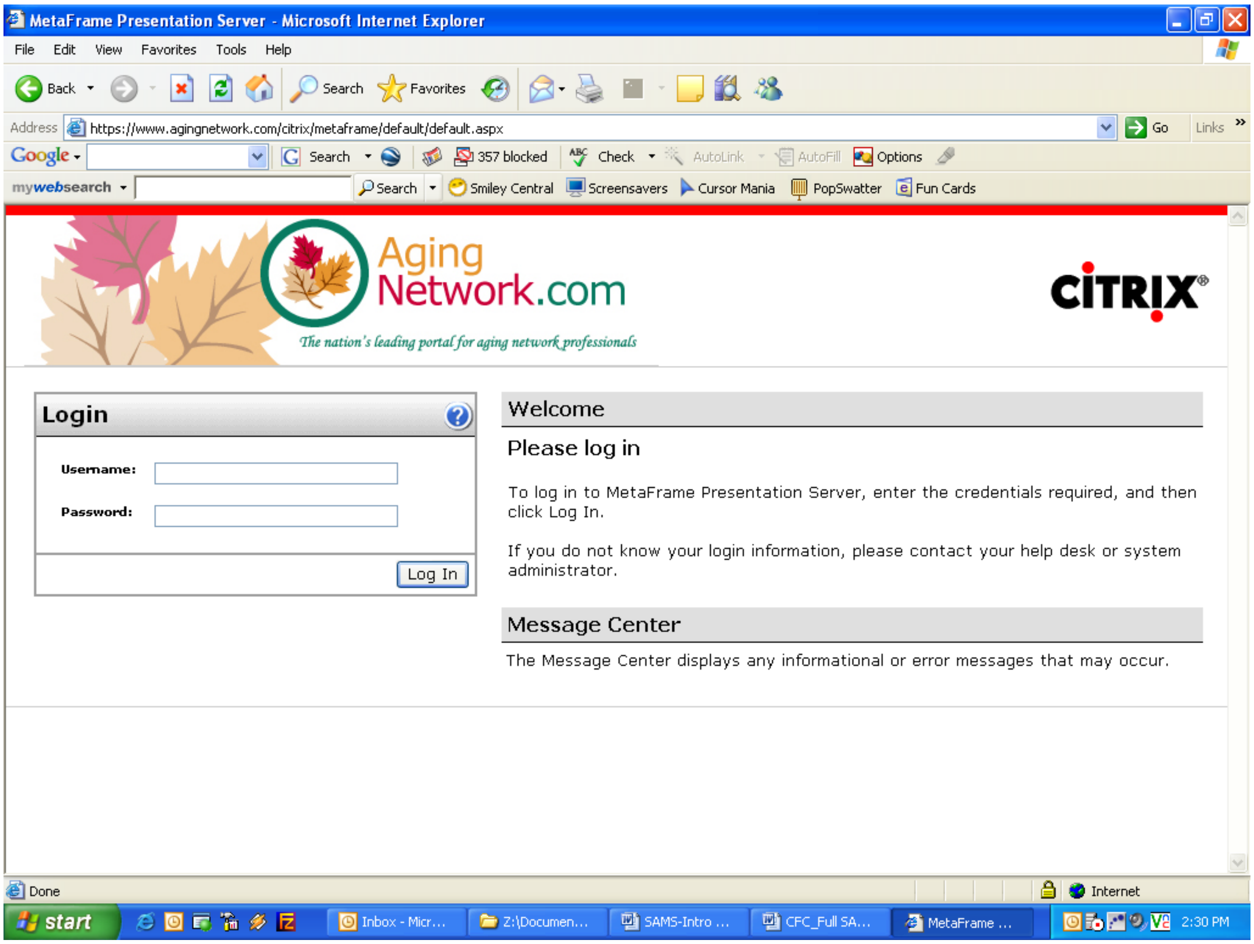
Contact Information for Agingnetwork/SAMS Questions & Issues:

Types of Problems	Contact	Phone	Email	Organization
Initial Login Setup	Tracey Harrington	241-2629	tracey.harrington@ahs.state.vt.us	DAIL/DDAS
	Dick Laverty	241-2425	Dick.Laverty@ahs.state.vt.us	DAIL/DDAS
Forgetting password	Tracey Harrington	241-2629	tracey.harrington@ahs.state.vt.us	DAIL/DDAS
Adding/deleting users	Tracey Harrington	241-2629	tracey.harrington@ahs.state.vt.us	DAIL/DDAS
How to find data in SAMS	Tracey Harrington	241-2629	tracey.harrington@ahs.state.vt.us	DAIL/DDAS
General SAMS questions	Tracey Harrington	241-2629	tracey.harrington@ahs.state.vt.us	DAIL/DDAS
CFC policy issues	Nancy Marinelli	241-4431	nancy.marinelli@ahs.state.vt.us	DAIL/DDAS
Specific CFC client issues	Local LTCCC			DAIL/DDAS
Agingnetwork.com down	Synergy helpline	800-294-8514	support@synergysw.com	Synergy
SAMS error messages	Synergy helpline	800-294-8514	support@synergysw.com	Synergy

Login Instructions

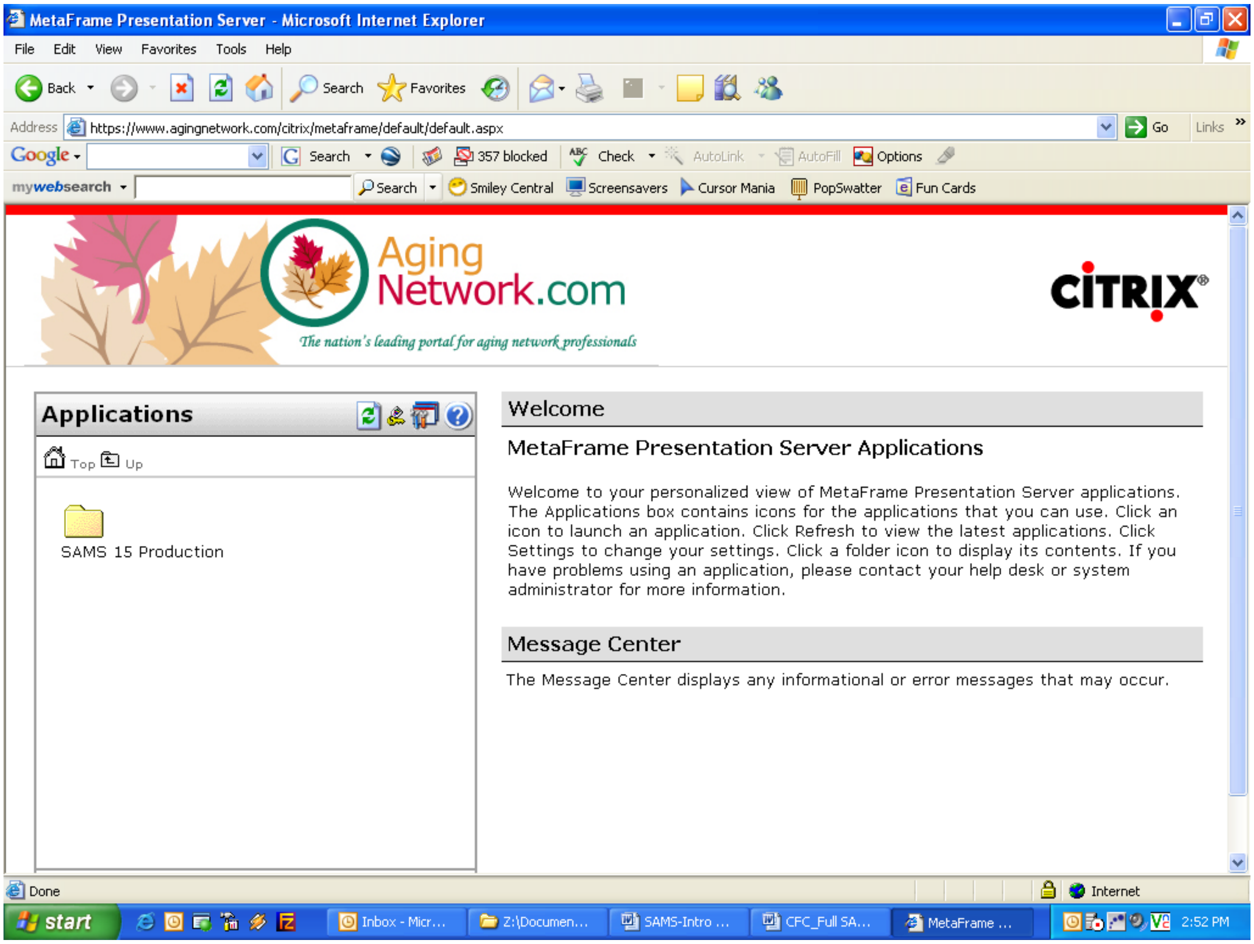
From Internet Explorer, go to the AgingNetwork Web Page at www.agingnetwork.com. Click the link "AgingNetwork.com Login".

Clicking on the “Agingnetwork.com Login” link will take you to the following screen, which gives access to the Agingnetwork. Note that the first time you login, the Citrix Web Client will need to be installed. If you do not have administrative privileges on your computer, please contact your local IT department to have this done. The install is completed by clicking on the installation link in the lower right hand corner of the Agingnetwork.com login screen. Login using the username and password assigned to you by Synergy or by DAIL/DDAS.

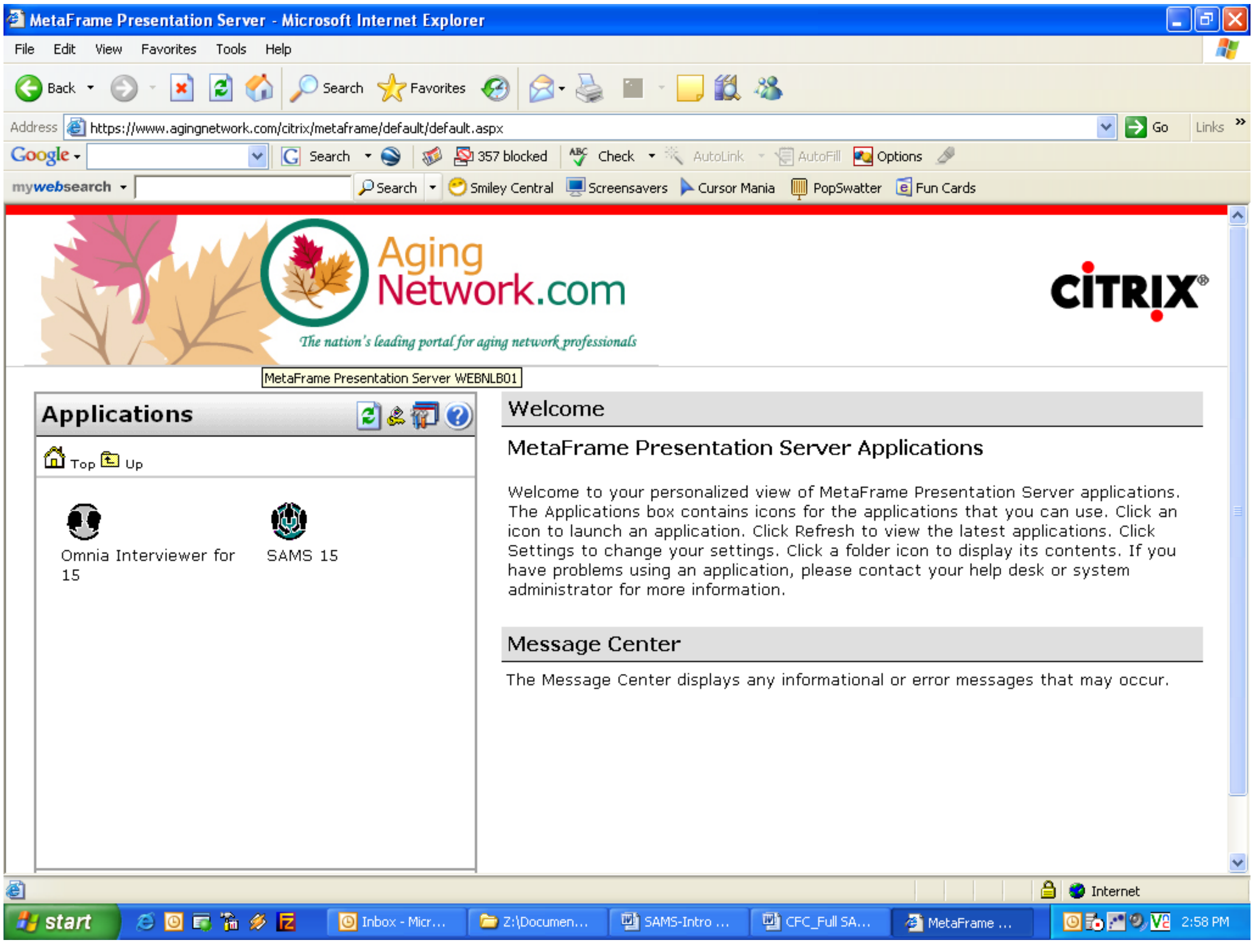


Once logged into Agingnetwork, click on the “SAMS 15 Production” folder.

SAMS 15 refers to version 1.5 of SAMS 2000. As SAMS is updated with new versions, this reference will change.



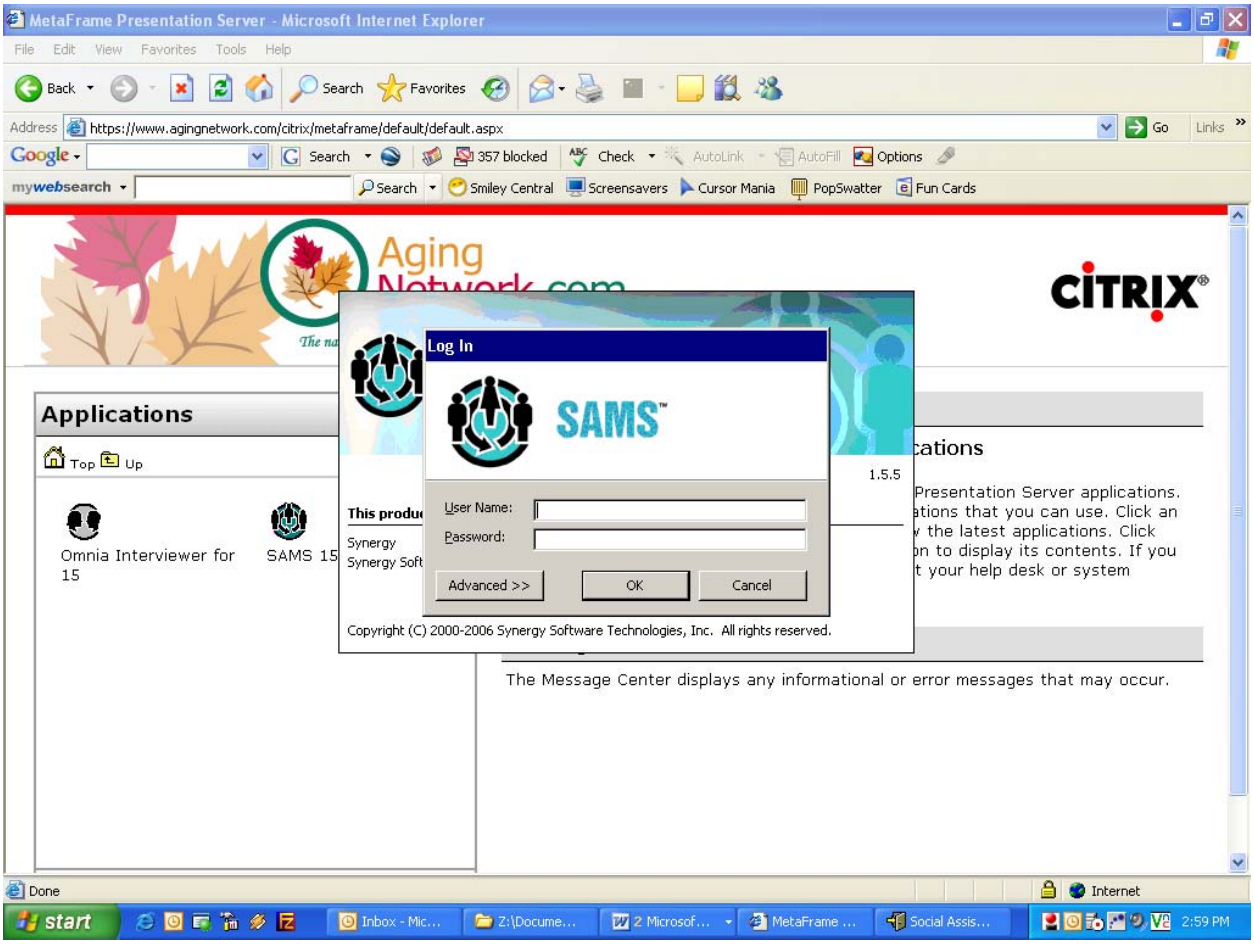
After clicking on the SAMS 15 Production folder, you will see those applications available to you (based on your permissions).



1. Omnia Interviewer	Provides ability to enter/edit and import/export Omnia assessments (For case managers using SAMS for assessments, or for data entry of assessments)
2. SAMS	Provides ability to view clients, plans of care, services, assessments, etc. May also be used for reporting. (For all database users)

*This manual will focus on SAMS users.

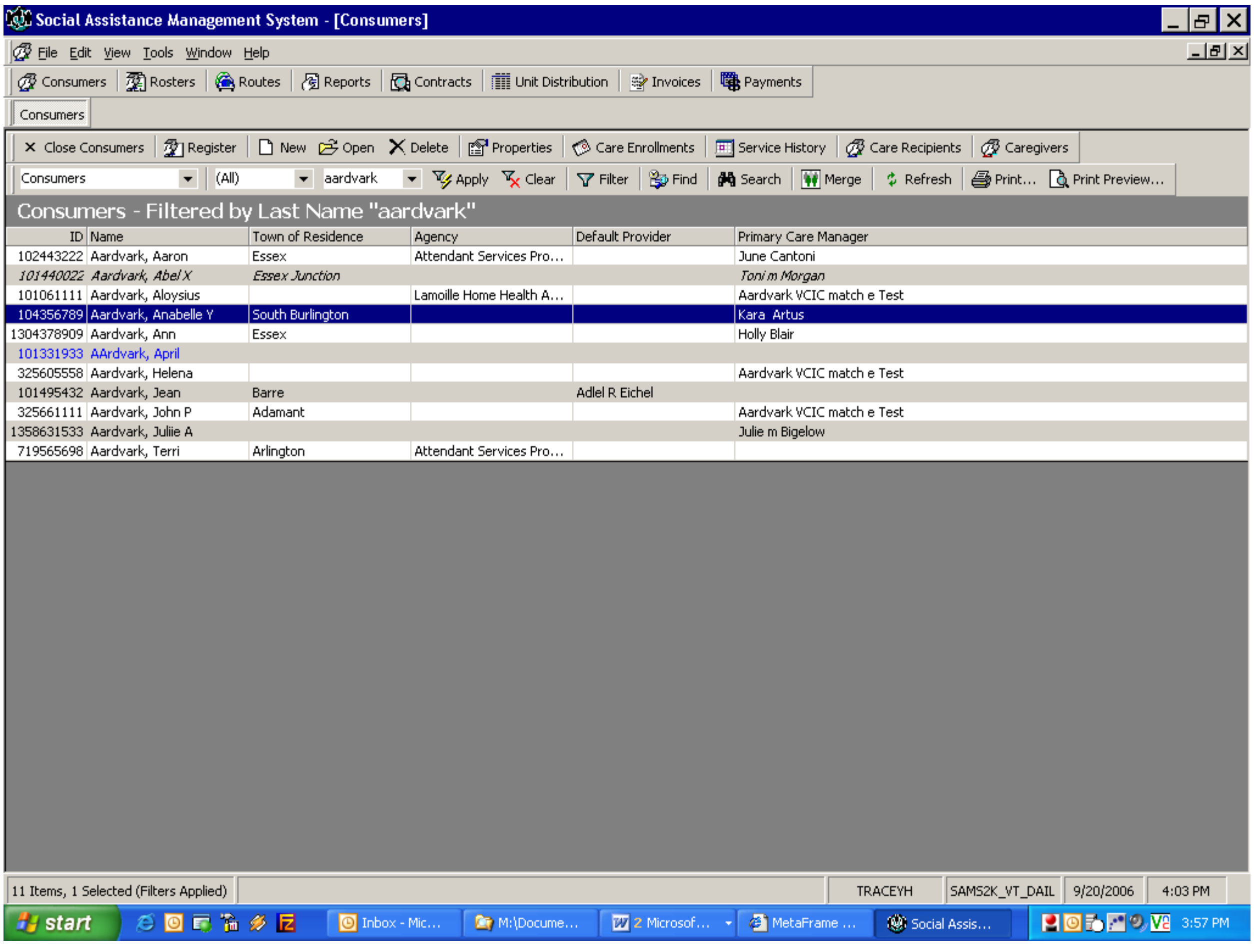
Login to SAMS by clicking on the SAMS icon, as viewed below   You must login using the username and password assigned to you by Synergy or by DAIL/DDAS.



1. Finding/Searching for Individual Consumers
Opening Consumer list

After you login, the first page you will see is the Consumer list. You should see a list of consumers, as shown below. If you don't see any individual consumers, click on the "Consumers" button in the upper left corner.

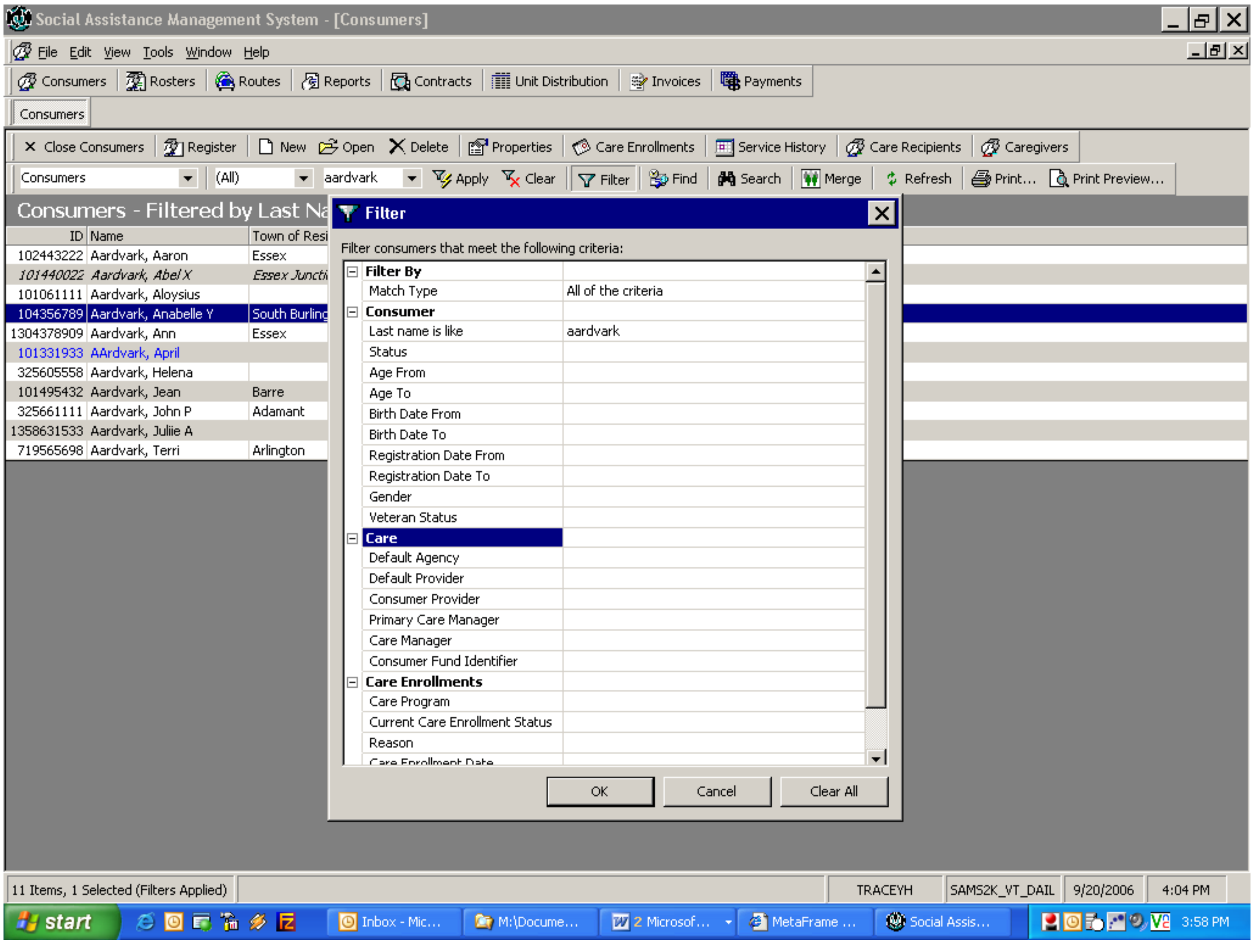
(The consumer list below shows test data only.)



Filtering Consumer List

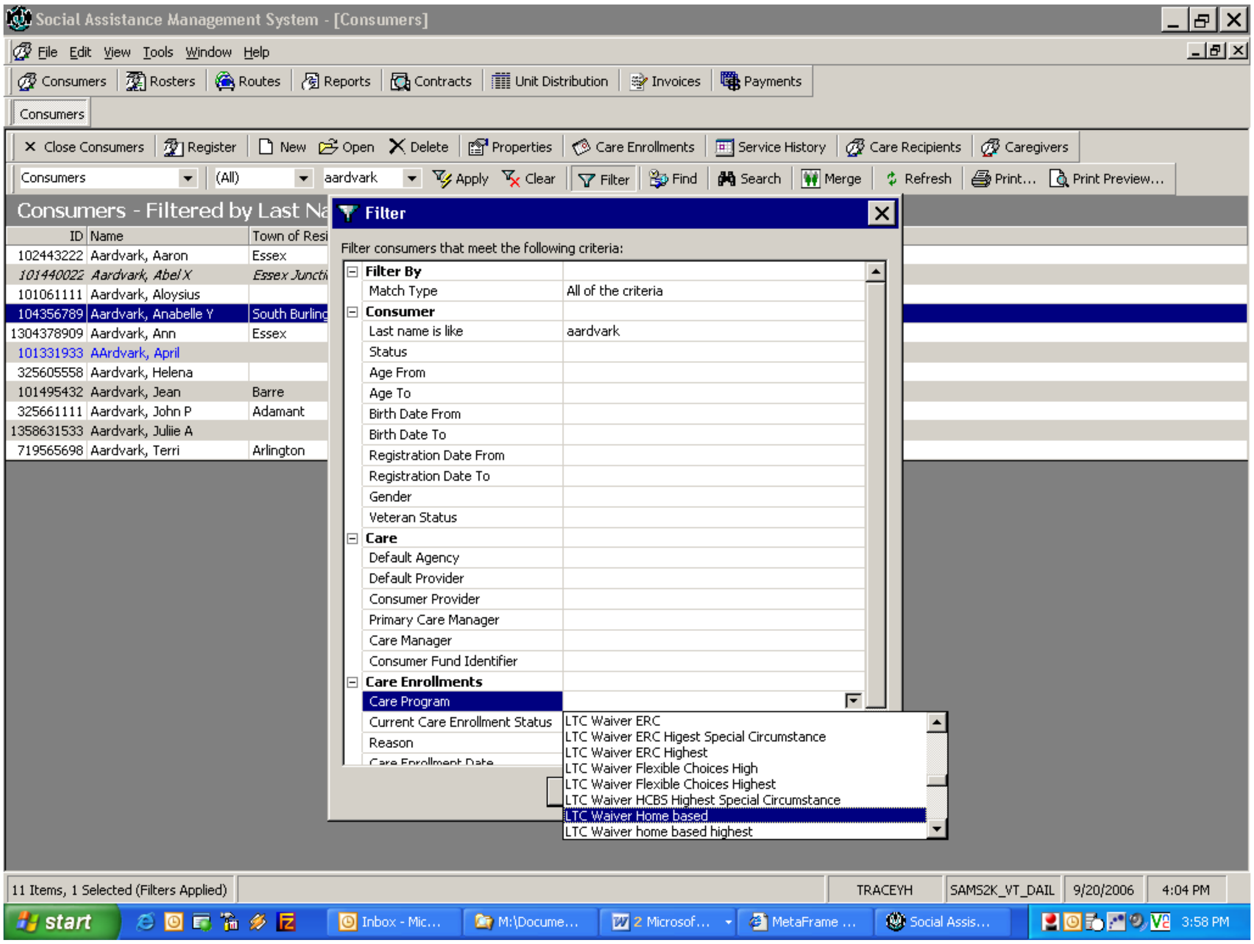
You can select which consumers appear on your list by filtering. Click on the "Filter" button (with a picture of a funnel) in the center of the toolbar and you will see the 'Filter' dialogue box below. Note that you can filter by multiple criteria at a time. For instance, if you wanted to find all consumers with the last name of "Aardvark" in an Active Status, enter Aardvark for the last name and choose Active in the Status choice.

Note that the first field, "Match Type" says "All of the criteria". If this is chosen, all of the selected criteria must be met for the consumers to appear in the filtered list. If "At least one of the criteria" is chosen, the consumer must meet at least one of the selected criteria to appear in the filtered list. This is useful for filtering in situations to see consumers who are residing in a certain county or a certain town. The last option is "None of the criteria". If this Match Type is chosen, the resulting filtered list will not include consumers who meet the criteria chosen in the filtering process.



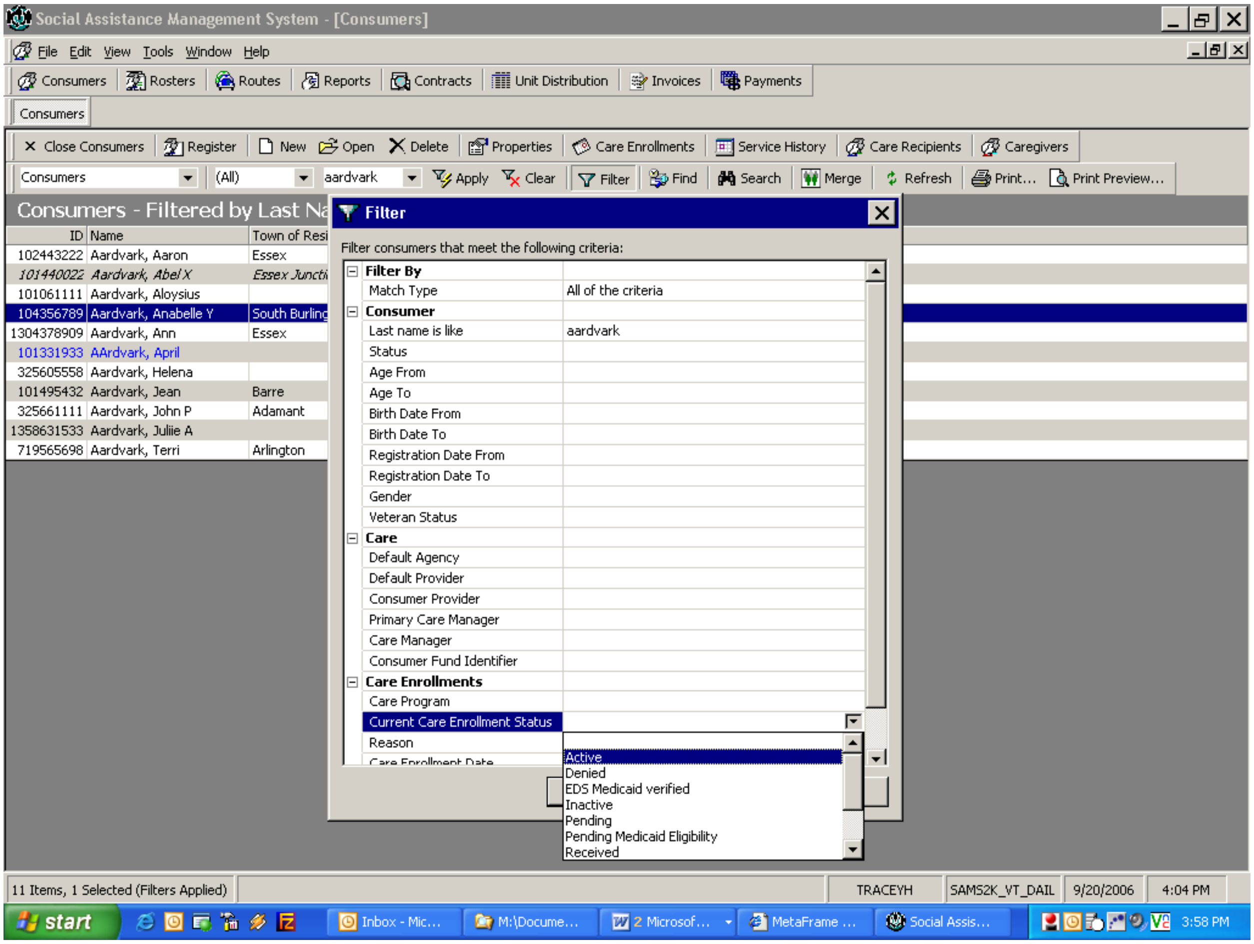
Filtering (by care program)

When clicking on the row to the right of "Care Program", a drop down arrow will appear to the right of the row. You can select only those consumers who are associated with a specific program (such as LTC Waiver ERC, LTC Waiver home based, or LTC Waiver Nursing Home) by clicking this arrow and choosing the specific program.



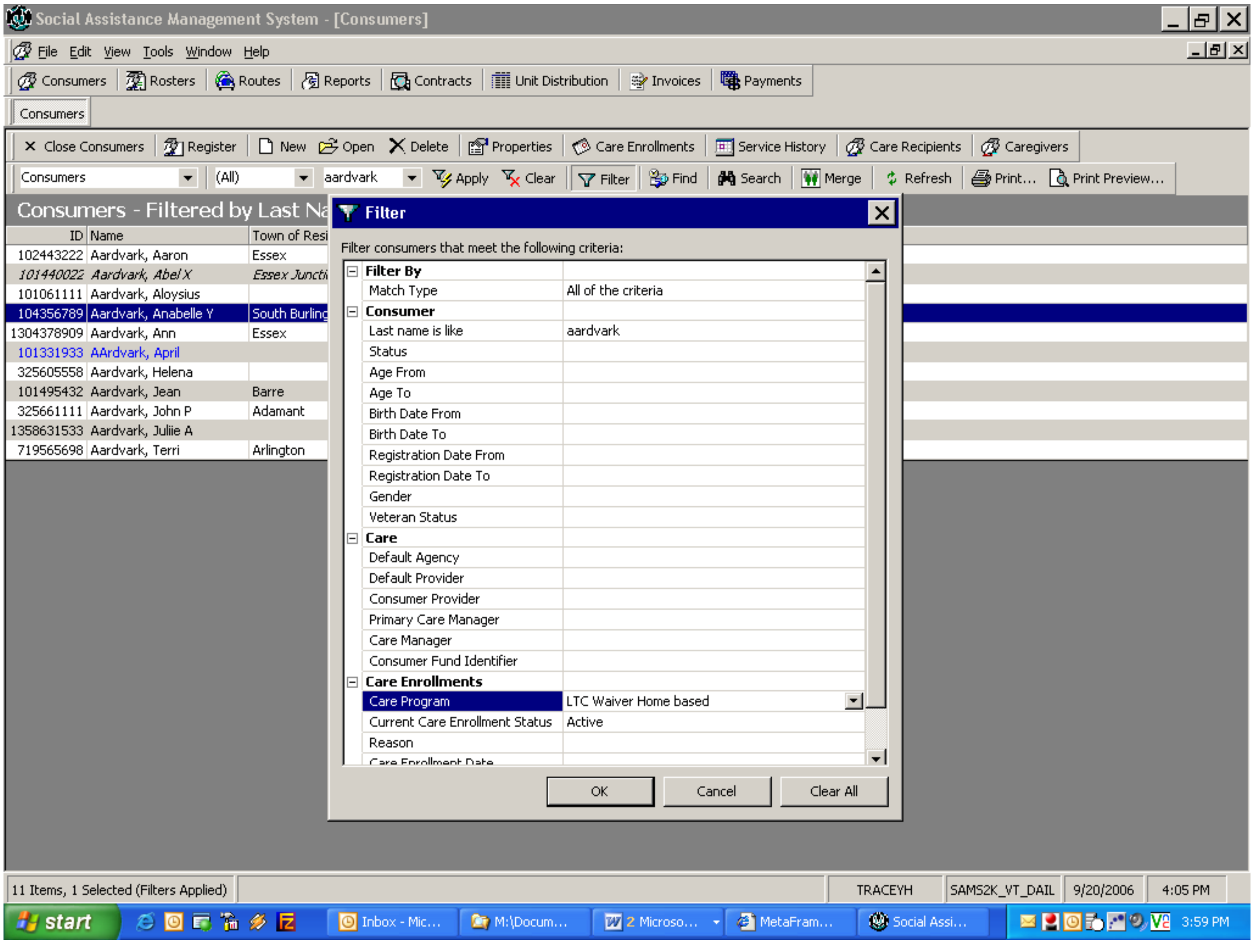
Filtering (by status)

You can also select only those consumers who are in a specific status (e.g. “Active”) by clicking on the row to the right of current care program status. Clicking in the Current Care Enrollment Status row will make a drop down arrow appear to the right of the row. Click the arrow to bring up the drop down list.



Filtering (care program and status)

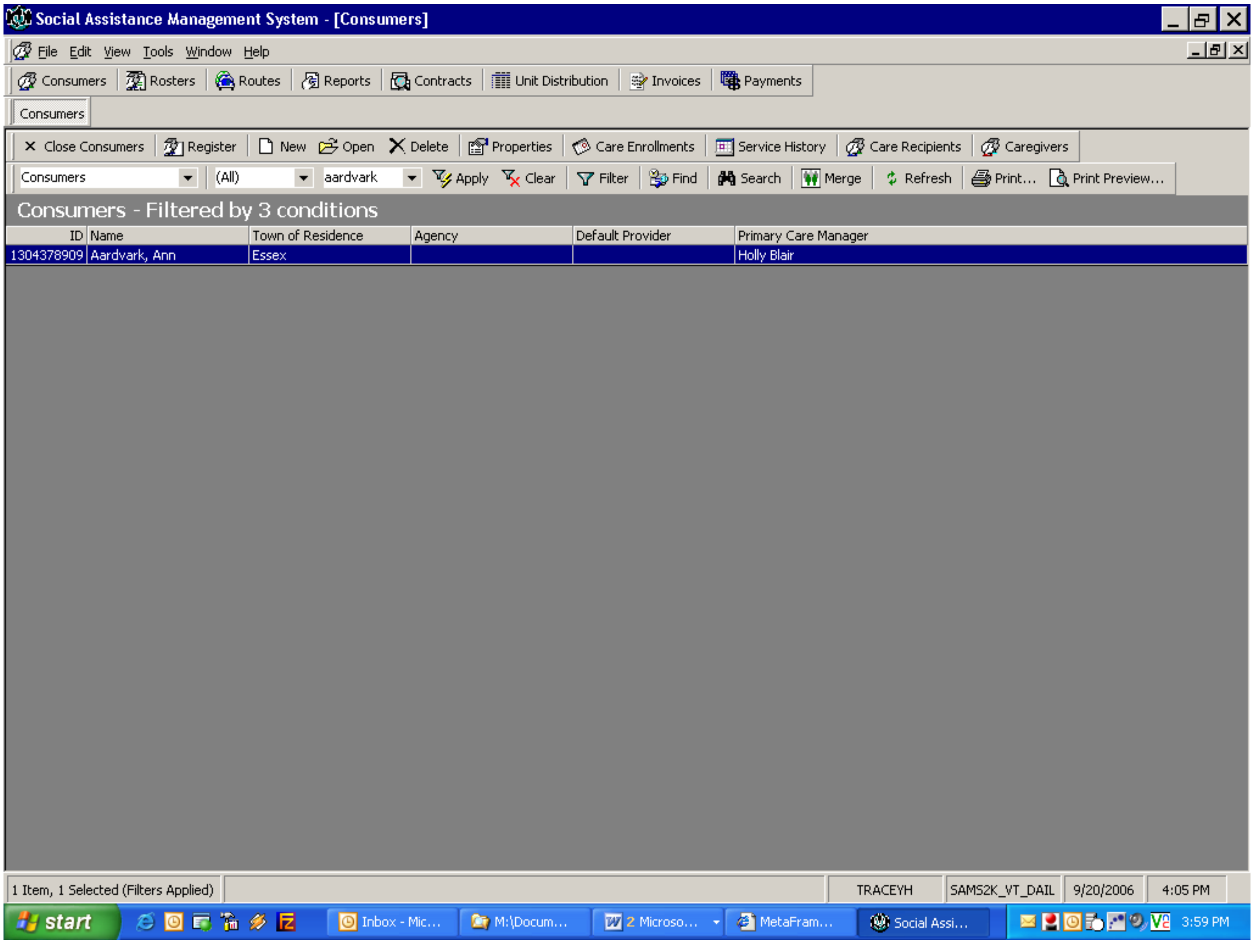
In the example below, the filter is set to select only those consumers who are associated with one program (LTC Waiver home based) and one status (Active). After you have chosen your desired filter criteria, click "OK" at the bottom of the Filter dialogue box.



Filtering (filtered consumer list)

When this filter is applied, only those consumers who meet all the criteria will be shown. The example below shows the subset of consumers who are associated with LTC Waiver home based and are Active.

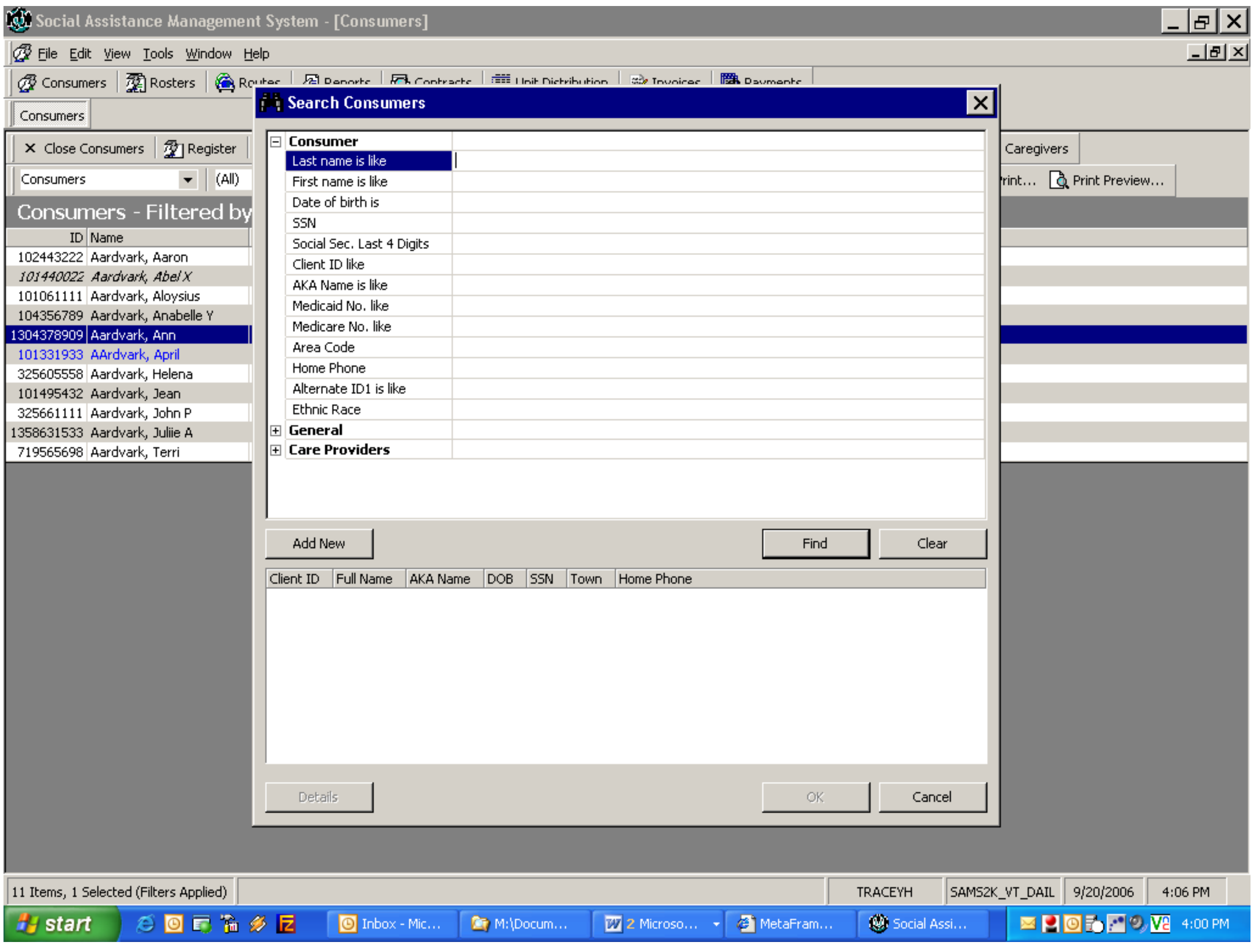
(The filtered consumer list below shows test data only.)



Search for a consumer

The search feature will find all consumers in the database who meet your specified search criteria. Click on the 'Search' button (the picture of a pair of binoculars) near the middle of the toolbar, and you will see the 'Search Consumers' dialogue box below. You can search by any of the search options or a combination of the options. For instance, if you enter the Last Name of Aardvark and the First name of Aaron, the only consumers the system will find must have both a first name of Aaron and a last name of Aardvark. You can also only enter part of a field. You could also type in "Aard" and SAMS would find those Consumers whose last names begin with the letters Aard.

(The consumer list below shows test data only.)

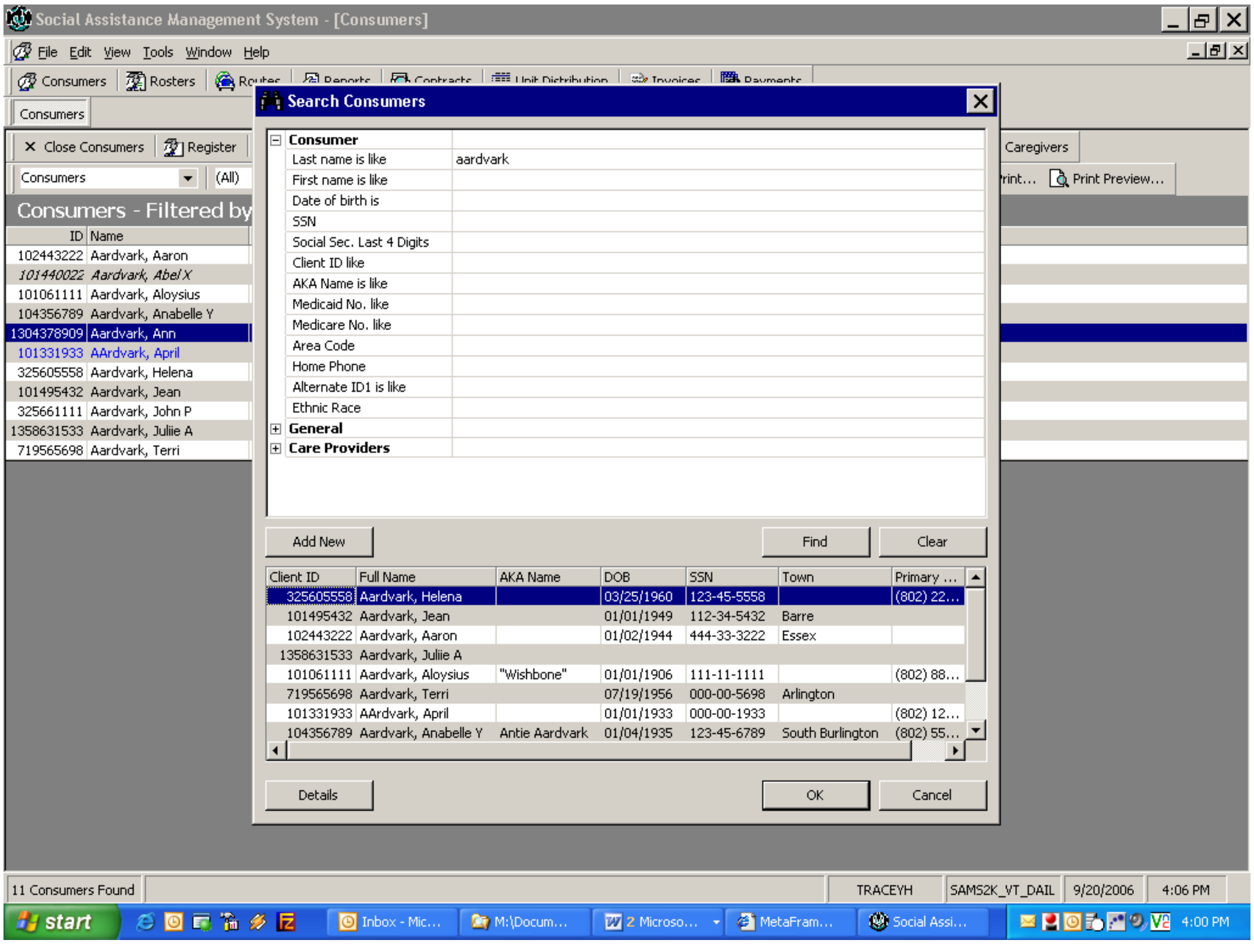


Search (by consumer name)

You can search on any of the criteria in the dialogue box.

If you find a consumer with the wrong Social Security Number contact the LTCCC for that specific district to determine the correct SSN.

As shown below, the search feature can be used by typing the last name of “aardvark”, and then clicking the “FIND” button near the middle of the dialogue box.



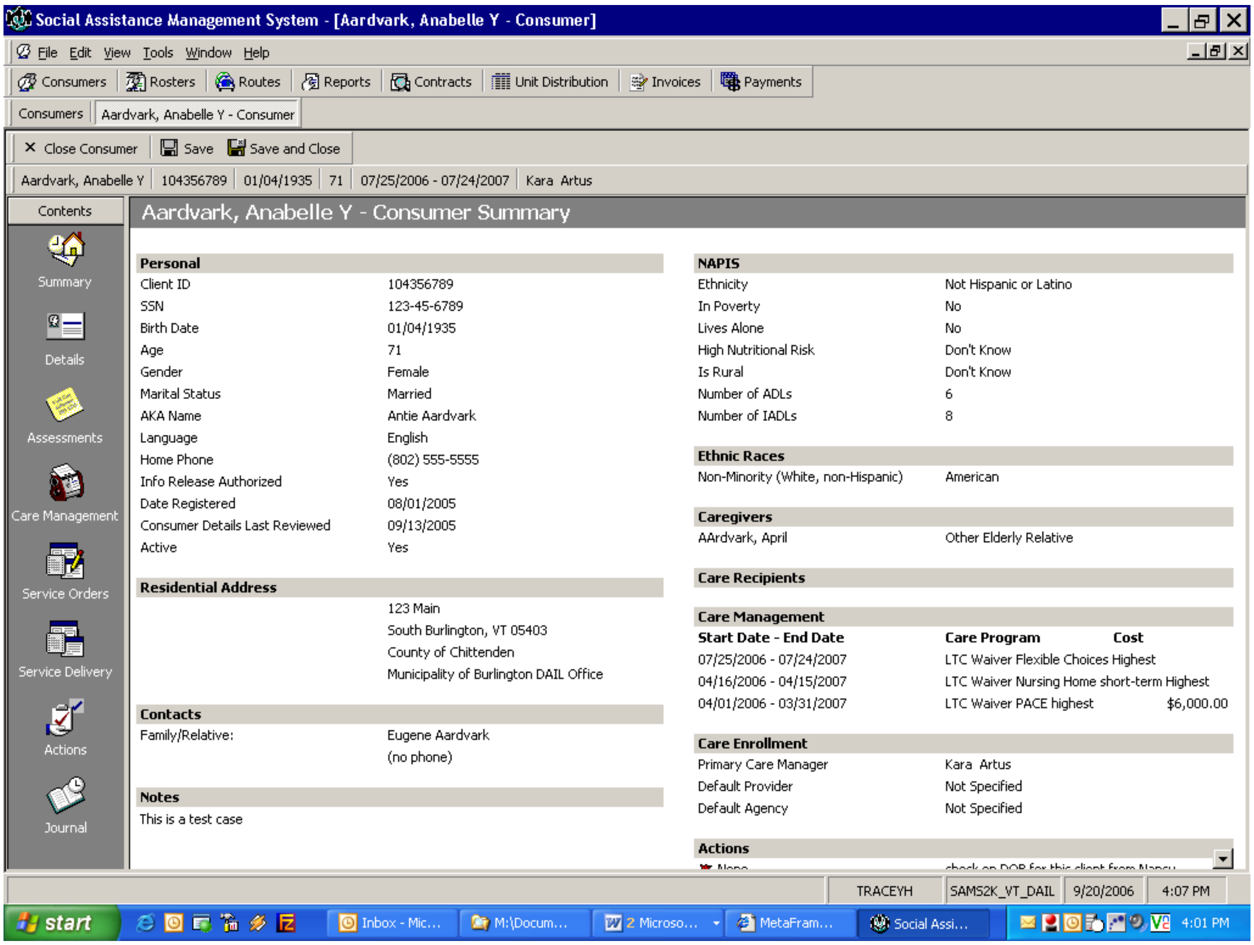
Search results

This search found many people with the last name of Aardvark. You can select the person that you are looking for by double clicking on the person’s name- this will open the consumer record.

If no one on the list meets your criteria, contact the LTCCC for that specific district to determine why you cannot find the desired consumer.

2. Demographic Details on Individual Consumers
General Details on Consumer

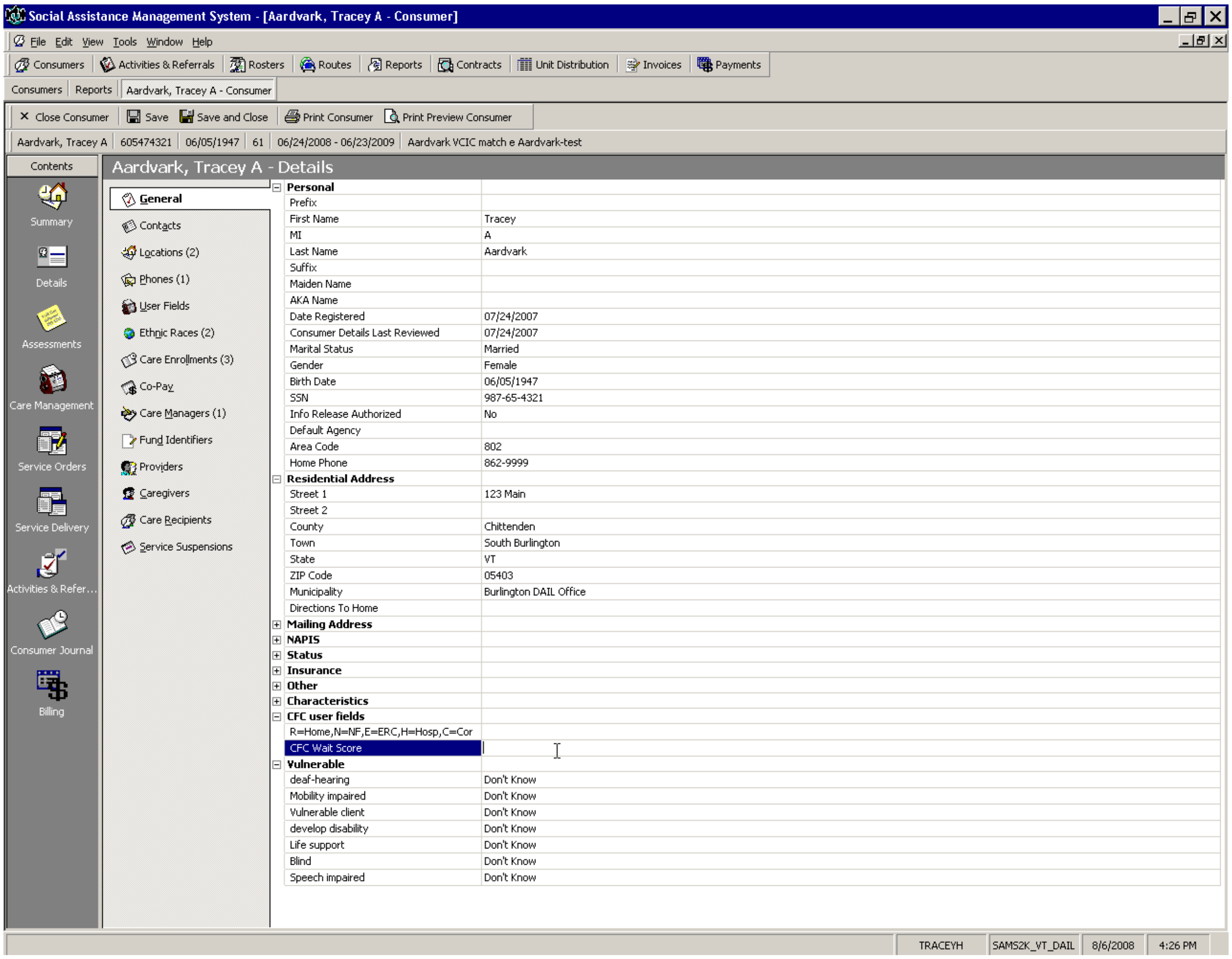
After double clicking on the person's name, you will see a consumer record summary screen as shown below.



The summary screen provides a quick overview of the consumer's details, including SSN, birth date, phone numbers, address, contacts and basic information on care enrollments and plans of care. Clicking on the "Details" button in the 'Contents' column on the left will bring up details for each section.

CFC User Fields and Vulnerable Client Information

To enter the Setting Before Application, Wait List Score and whether the client vulnerable (and why), see the CFC User Fields and Vulnerable section under Details after entering the Dail District Office. It will be easier to enter on this screen rather then in the User Fields section.



Contacts, Locations, Phones & Care Managers

After you click on the 'Details" button, the Details section for the consumer will appear, as shown below. The separate sections shown in the Summary page appear in a column to the right of the Contents column. Clicking on any of these sections will bring up a different screen with different information.

The General section will show general information on the consumer such as name, gender, birth date, SSN.

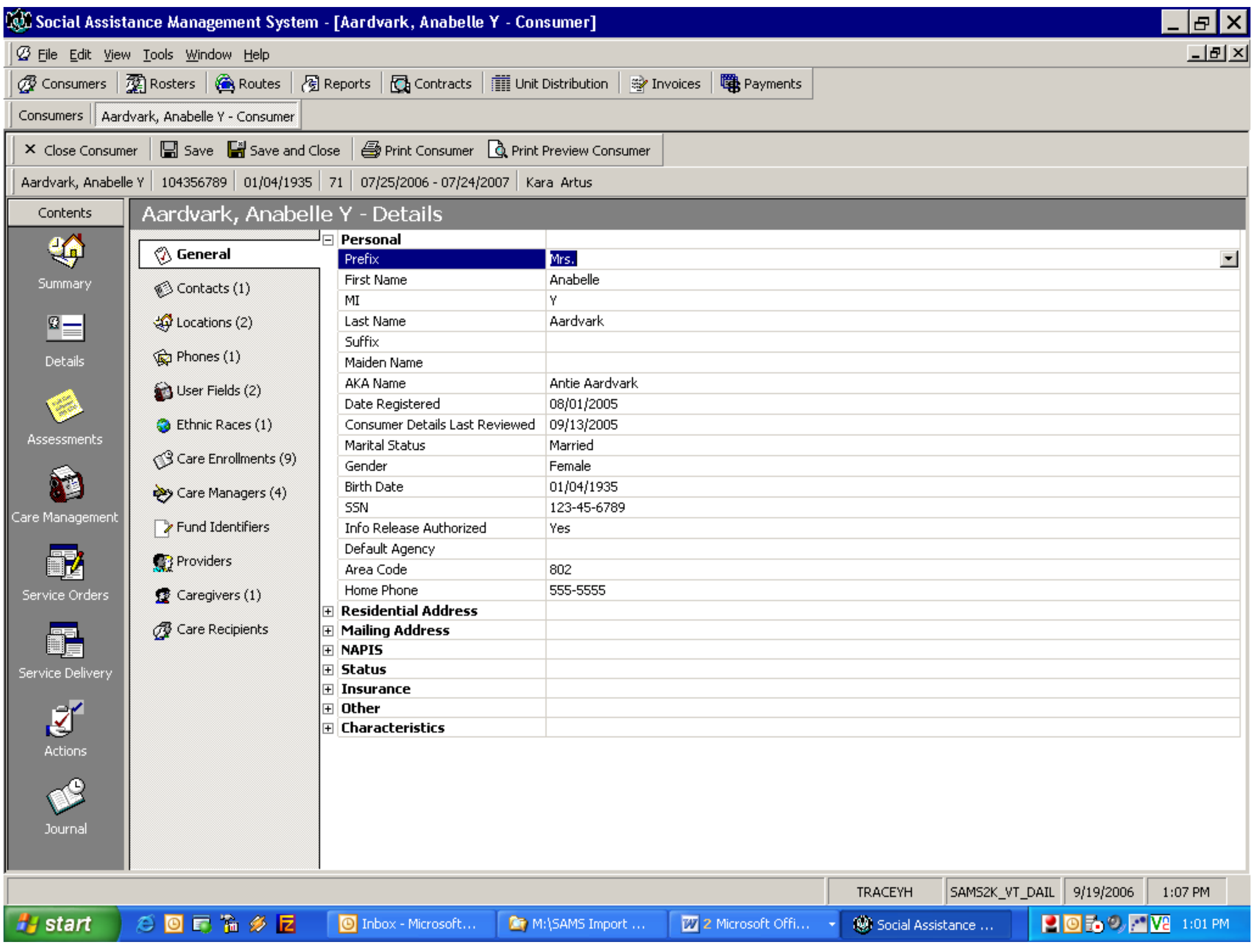
The Contacts section shows contact names for the consumer, the type of contact, the relationship of that contact to the consumer and the contact's phone number and email address.

The Locations section lists known addresses for the consumer, whether the address is a residence or mailing address and what county and municipality in which the address is located.

The Phones section lists known phone numbers for the consumer and if the phone is a home, business, mobile, etc.

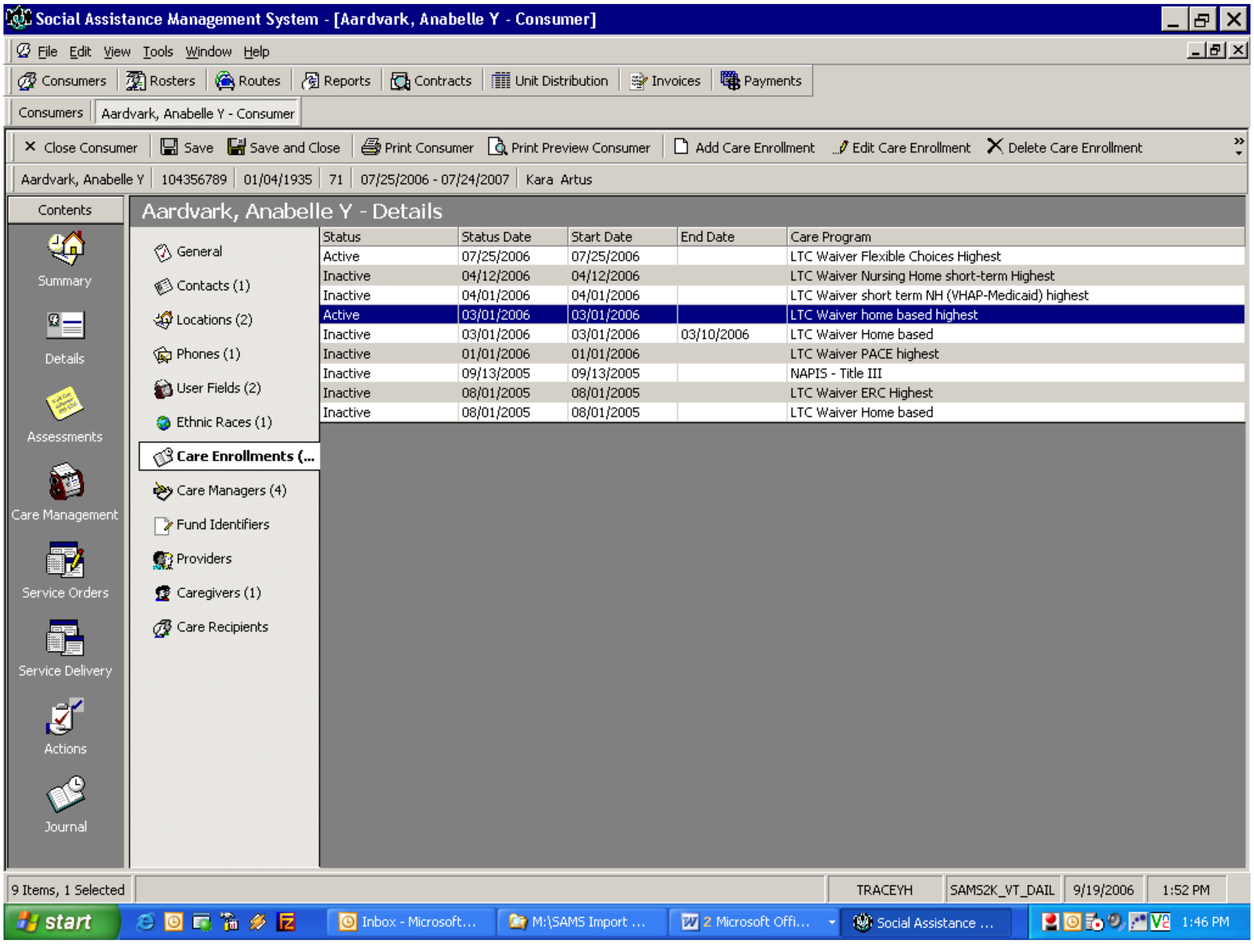
The Care Managers section lists all Care Managers (Case Managers) associated with this consumer.

CFC providers will be most interested in Care Enrollments discussed in the next section. This manual will not describe the complete contents of the Details section.



3. Care Enrollments for Individual Waiver Consumers
Viewing Level of Care, Service Program & Care Program

To view a Care Enrollment (or Program Enrollment), double click on "Care Enrollment" in the column to the right of the 'Contents' column. This will show the Status, Status Date, Start Date, End Date, and Care Program, as shown below. Below, LTC Waiver home based highest is selected.



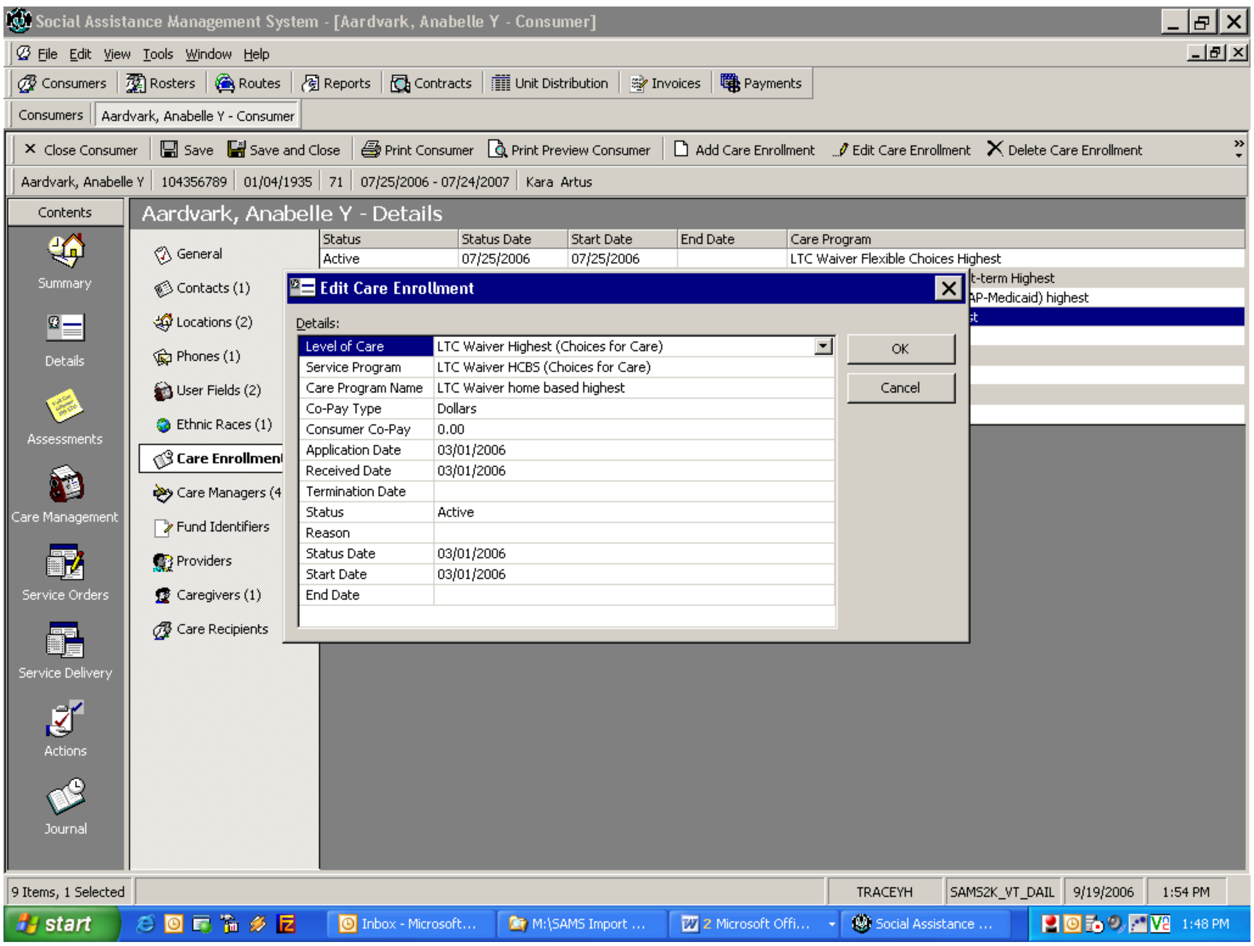
Double-click to select the Care Program of interest. In the screen below, LTC Waiver home based highest has been selected.

Level of Care indicates the consumer's CFC level of care (Highest, High, or Moderate)

Service Program indicates the care setting (Nursing Home, Home and Community Based (HCBS), ERC, etc.)

Care Program Name is a combination of the Level of Care and the Service Program.

This screen also includes other information of interest: Application Date, Received Date of the application, Status, Status Reason, Status Date, Start Date, End Date, and Termination Date. These are defined on the following page.



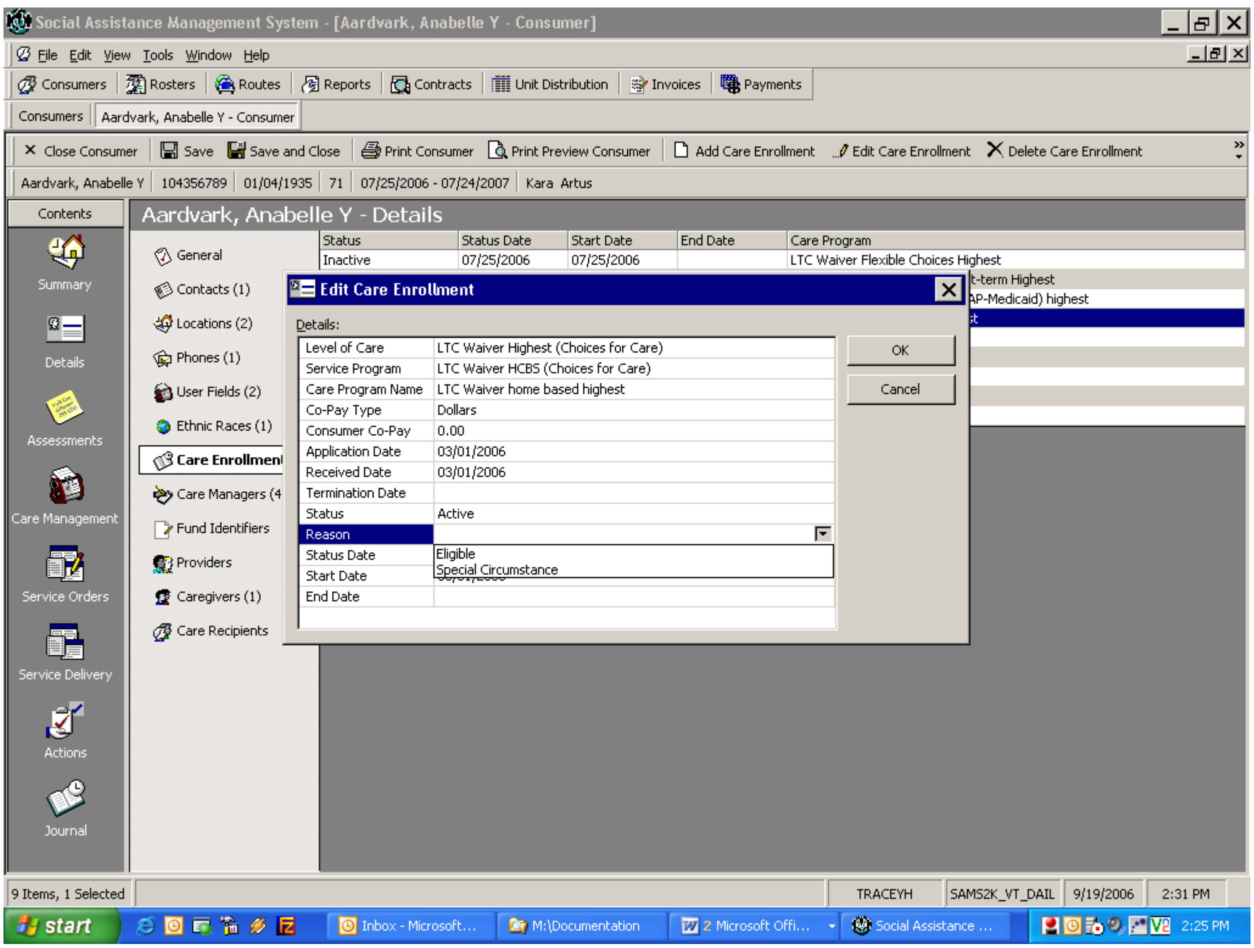
Dates on Care Enrollment

There are various dates on the Care Enrollment as seen on the previous page. The definitions of the dates are as follows:

Application Date:	The date the application was signed by the consumer.
Received Date:	The date the application was received by DAIL/DDAS.
Termination Date:	The date that a consumer is terminated (or 'disenrolled') from a care program (e,g, a change in setting or level of care, voluntary withdrawal, move to another state, death).
Status Date:	The date of the current Status. (i.e. If the Status is 'Active', this date is when the consumer became active).
Start Date:	The date that Care Enrollment and services begin.
End Date:	The date that Care Enrollment and services end. This field is usually left blank until the consumer terminates from the care program.

Status & Reason

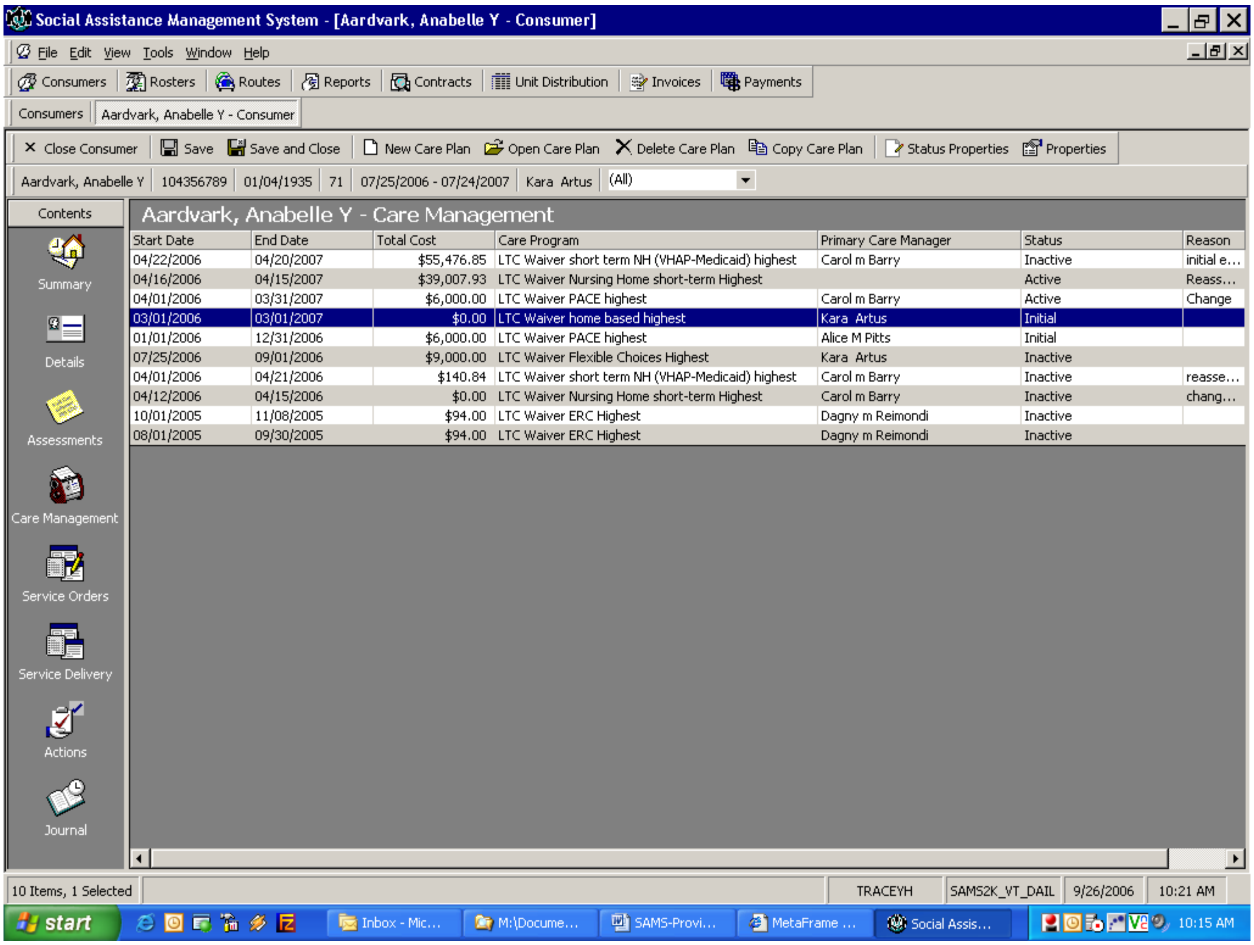
Multiple statuses may be linked to Care Enrollment. The Reason explains the Status, and is directly related to a specific Status. Below, note that 'Eligible' and 'Special Circumstance' are the only two Reasons available for 'Active' status. When a status of 'Terminated' is chosen, a different and longer list of reasons appears



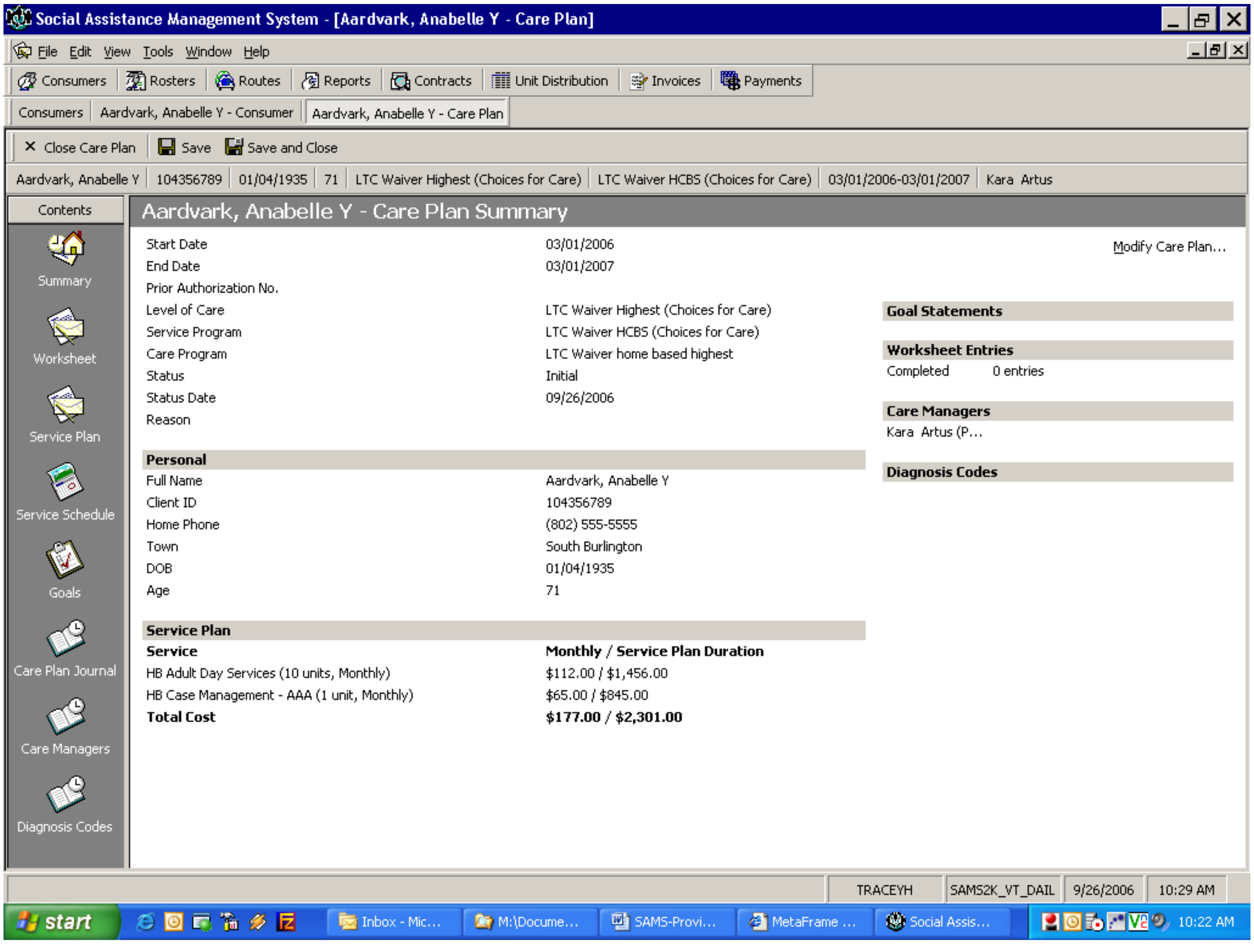
4. Consumer Plan of Care & Service Plan

Care Management/Care Plan

Click on Care Management in the Contents column to open the Plan of Care screen. This screen, as shown below, provides a variety of information for each Plan of Care: Start Date, End Date, Total Cost, Care Program, Primary Care Manager, Status, and Reason. Note that if a consumer's Care Enrollment is in a Received, Waiting or Pending Medicaid Eligibility status, there will not be a Plan of Care.



Double Click a single Plan of Care to view a summary of that specific plan, as shown in the screen below. Note the Service Plan listing in the lower left corner. This is where the individual services the consumer receives under the Plan of Care will be listed.



Plan of Care Status & Reasons

Each Plan of Care has its own Status and Reason, which are related. See the table below for details.

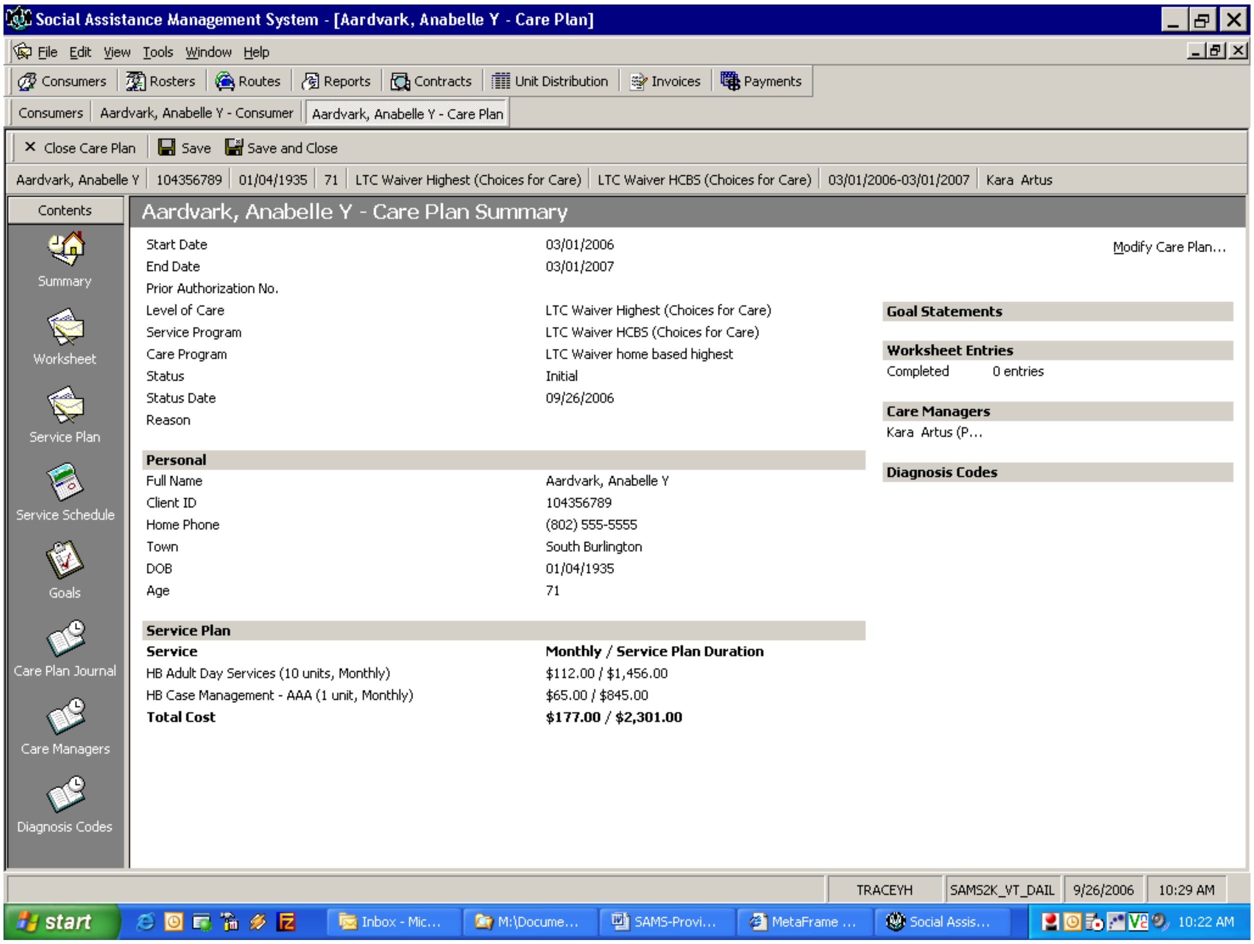
Status	Reasons
Active	Change – Change to existing Care Enrollment. Initial - First Plan of Care for Care Enrollment
Change	n/a
Inactive	Change Ended, Initial Ended, Reassessment Ended
Initial	n/a
Reassessment	n/a
Temporary	n/a

Service Plan Details

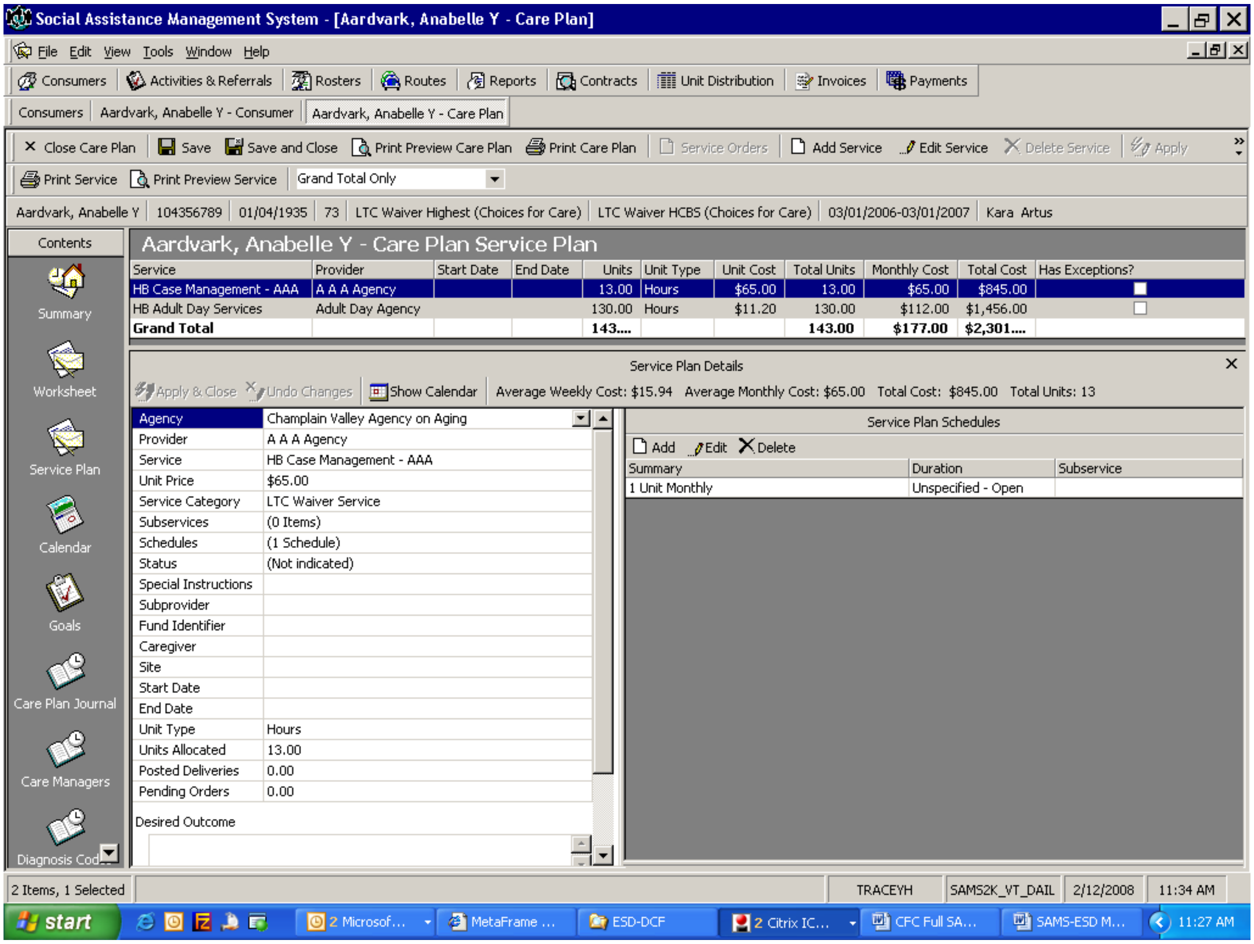
The Service Plan details may be viewed in two ways:

1. From the Plan of Care listing, highlight the Plan of Care and click ‘Service Plan’ in the Contents column on the right.

2. From the summary of the Plan of Care, as shown below, click on the ‘Service Plan’ heading above the service listing.



Entering into the Services as described previously, the top portion of the screen contains a summary of each service. To view the details of a Service Plan, it is necessary to double click the service in the service listing. Once this is done, the below screen shown appears containing the details on the lower portion of the screen.



This screen includes the following pertinent information:

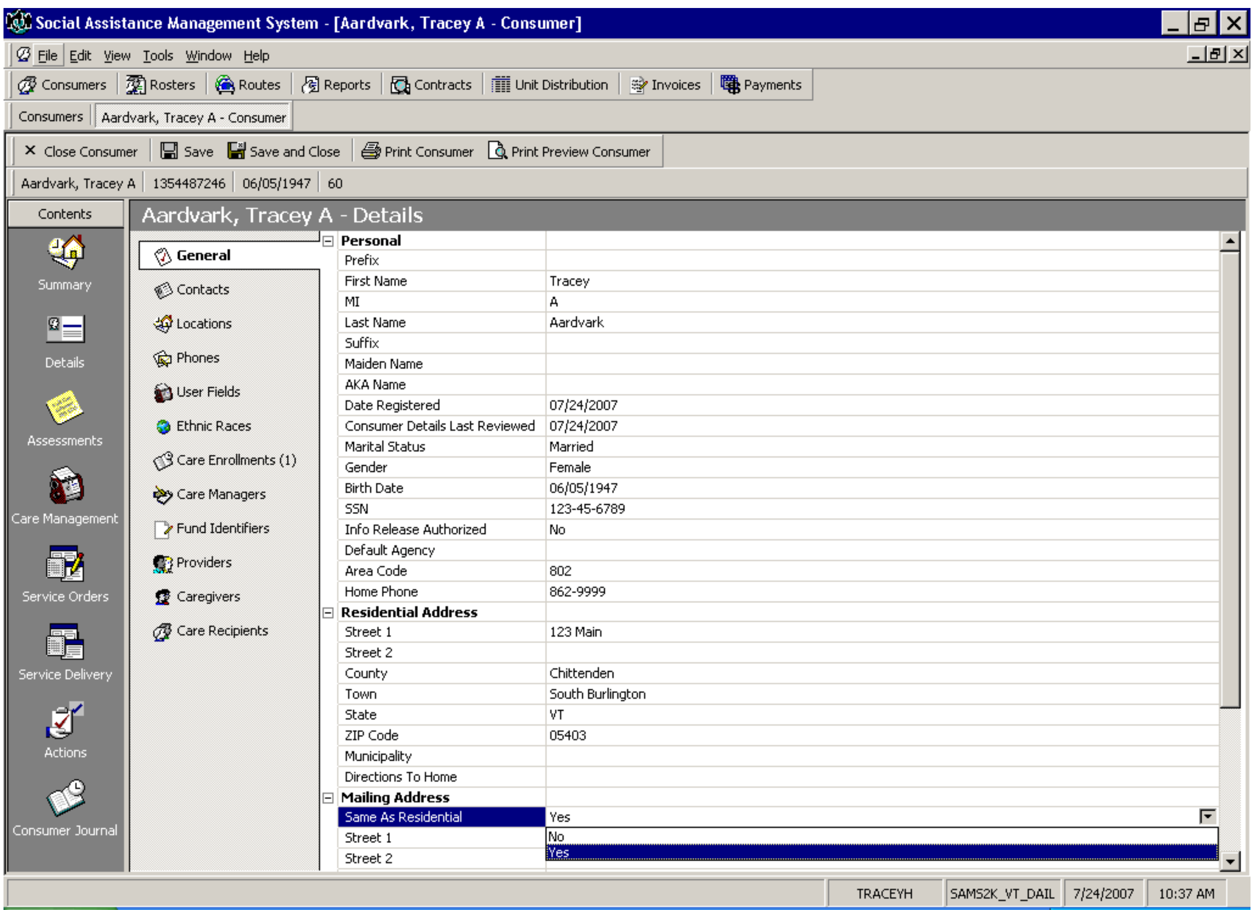
Allocation type	Refers to the time frame for the service allocation. In other words, this is the timeframe the unit allocation refers to. This is directly related to the Units field.
Units:	The number of the Unit Type allocated to the consumer within the Allocation Type.
Unit Price:	Cost of each Unit Type specific to the Provider.
Agency:	Organizational unit governing over a single or multiple providers.
Provider:	Person or organization providing services to a consumer. The Provider may be the same as the Agency in cases such as nursing homes.

5. Private-Pay/Non-Waiver Consumers

Adding a Consumer

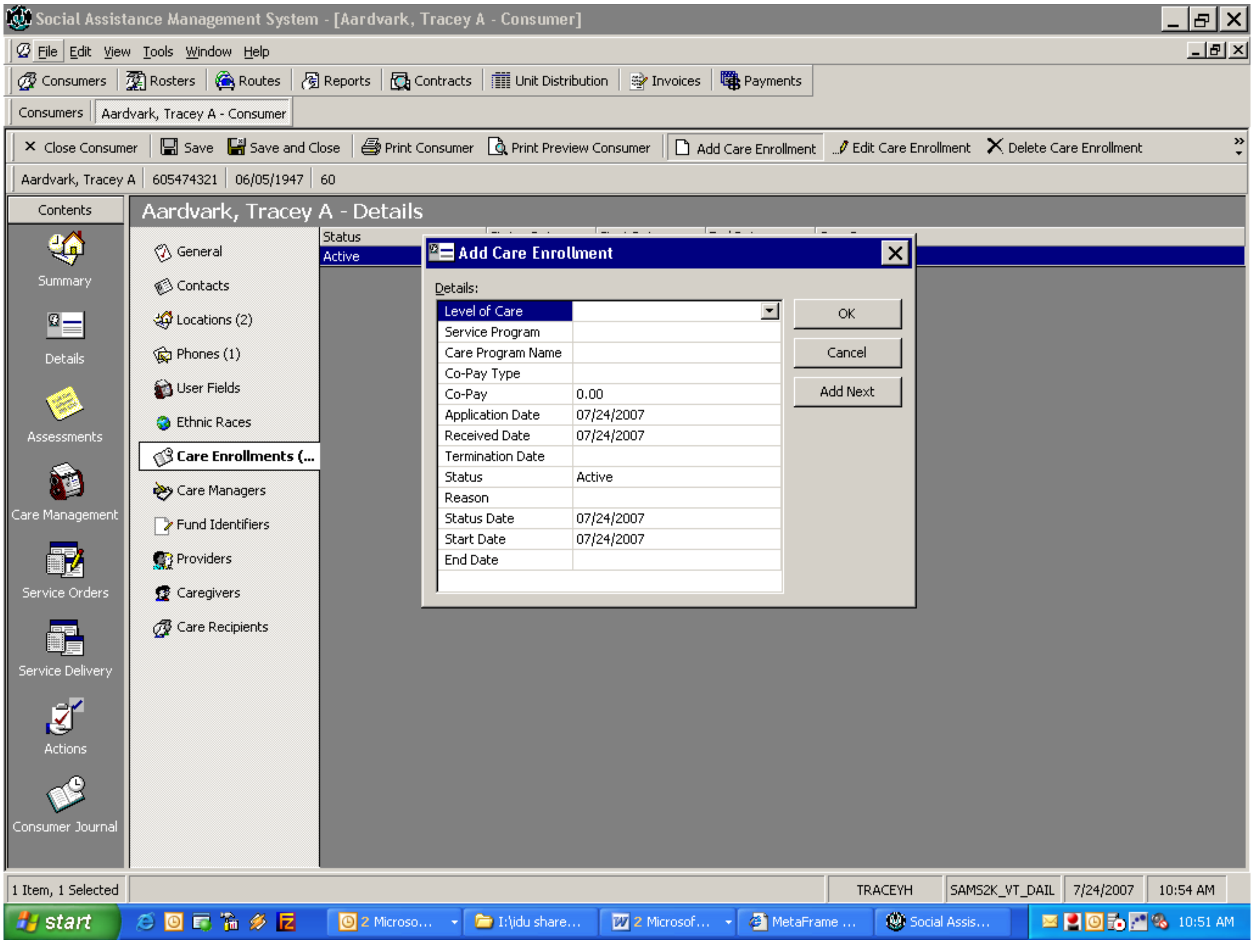
The first step before adding a new consumer is to Search to see if that consumer is already present in the database. Follow the steps outlined in the first topic "Finding/Searching for Individual Consumers" to search for the consumer in question. If the person already exists, review the information and proceed with the next steps. If the person does not exist in the database, follow these steps to add the consumers.

While on the Consumer Listing screen, click New on the toolbar. The following screen will appear. Enter the information requested. When entering the mailing address, you have the option of making it the same as the residential, or choosing a different address. If they are the same, choose 'Yes' for the "Same as Residential" question. This will cause the mailing address to automatically populate with the residential address information.

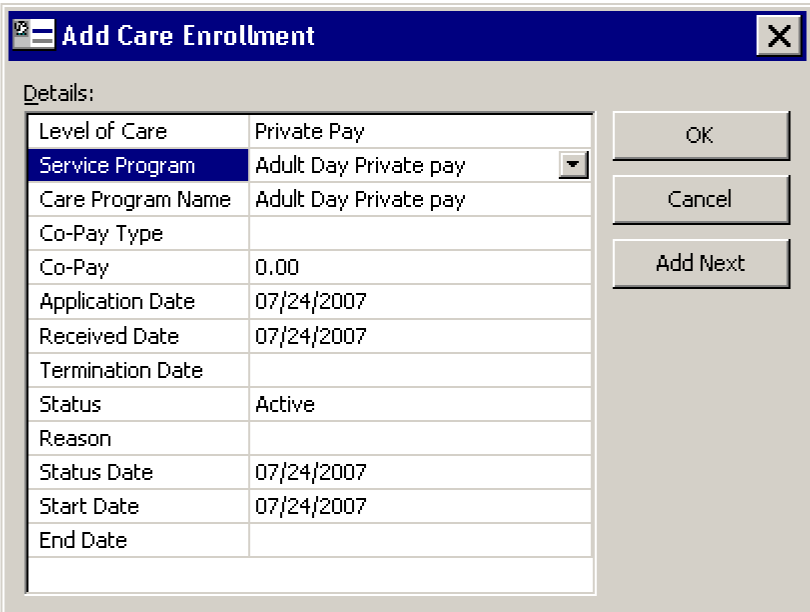


Adding Private Pay/Non-Waiver Care Enrollment

Once the consumer information is added, you can begin entering the Enrollment. Click on Care Enrollments under the Details section and then click Add Care Enrollment from the toolbar. You will then see the following screen:



If the Consumer is on ACCS, the Level of Care will be Other State and Federal. The Service Program will be ACCS. If the consumer is an Adult Day Private Pay person, choose Private Pay for the Level of Care and Adult Day Private Pay for the Service Program. The Care Program Name will automatically populate based on what was chosen for the Level of Care and Service Program.



Dates on Care Enrollment

There are various dates on the Care Enrollment as seen above. The definitions of the dates are as follows:

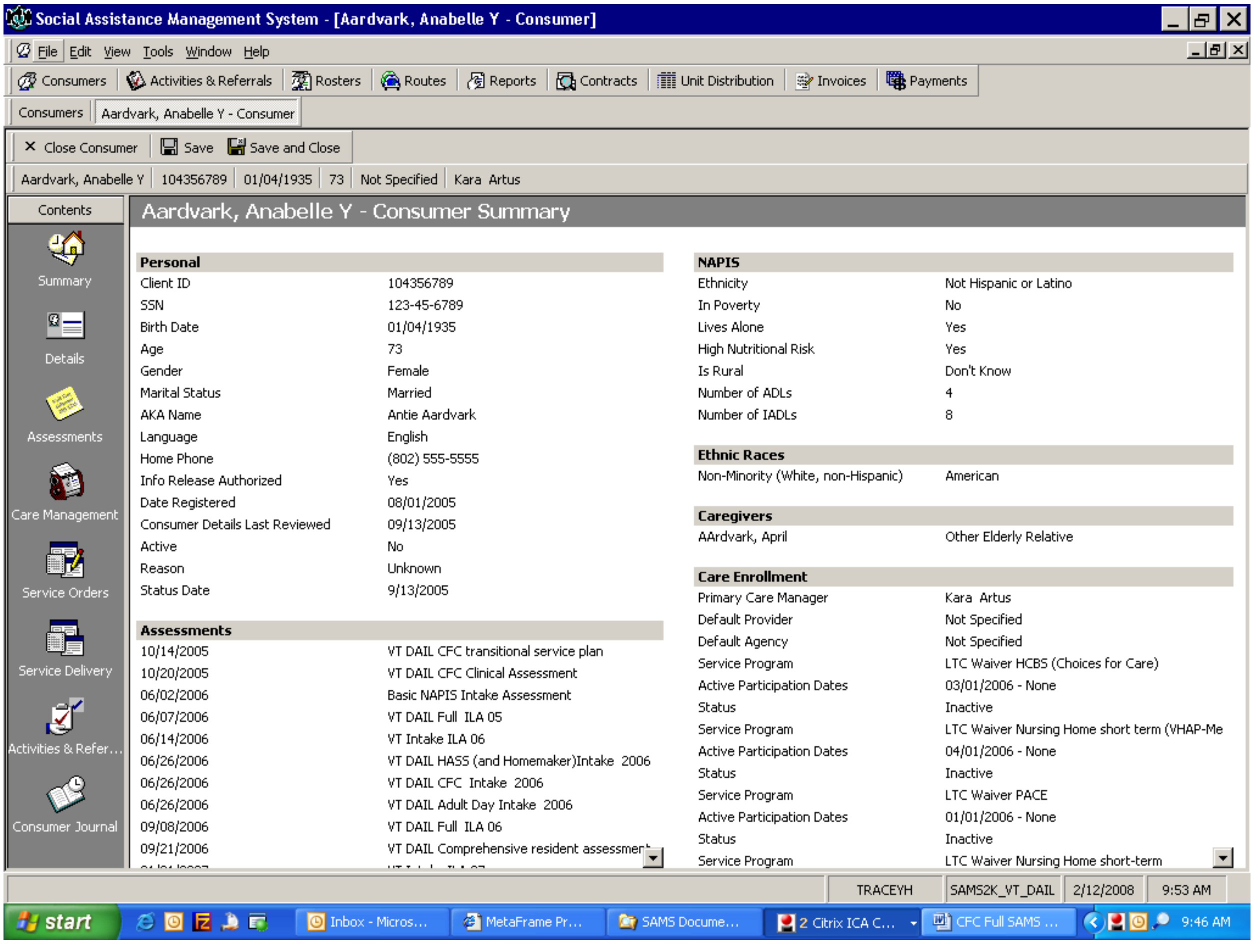
Application Date:	This date the application was signed by the consumer.
Received Date:	The date that application was received by your organization.
Termination Date:	This date that a consumer is terminated (or 'disenrolled') from a care program (e,g, a change in setting or level of care, voluntary withdrawal, move to another state, death).
Status Date:	This is the date of the current Status. (i.e. If the Status is 'Active', this date is when the consumer became active)..
Start Date:	The date that Care Enrollment and services begin.
End Date:	The date that Care Enrollment and services end. This field is usually left blank until the consumer terminates from the care program.

Status & Reason

Multiple statuses may be linked to Care Enrollment. The Reason explains the Status, and is directly related to a specific Status. Below, note that 'Eligible' and 'Special Circumstance' are the only two Reasons available for 'Active' status. When a status of 'Terminated' is chosen, a different and longer list of reasons appears.

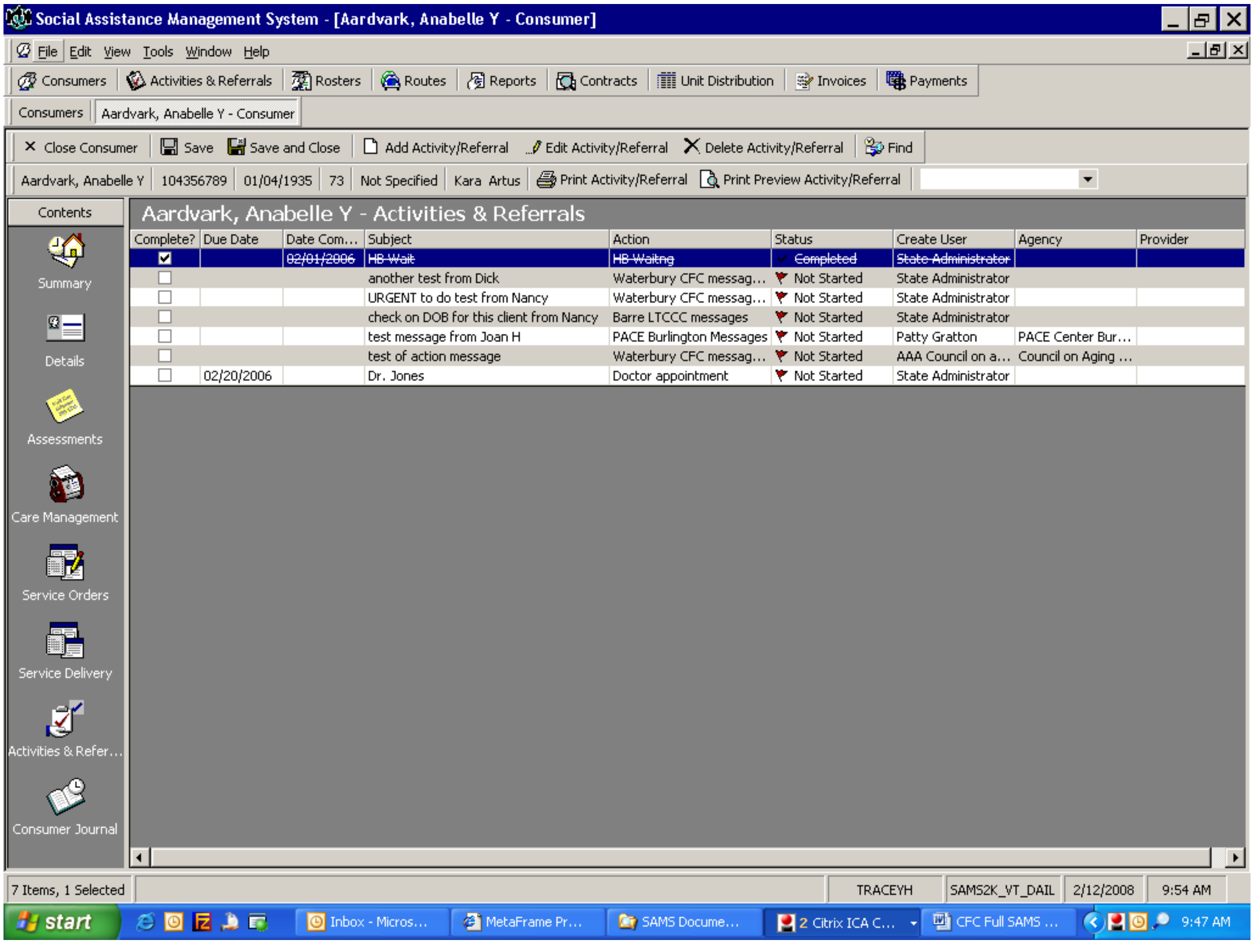
6. Activities & Referrals

The Activities & Referrals section can be used to send messages to other SAMS users, as well as to track waiting time history on the wait list. To perform either task, click on the Activities & Referrals button in the Contents column.



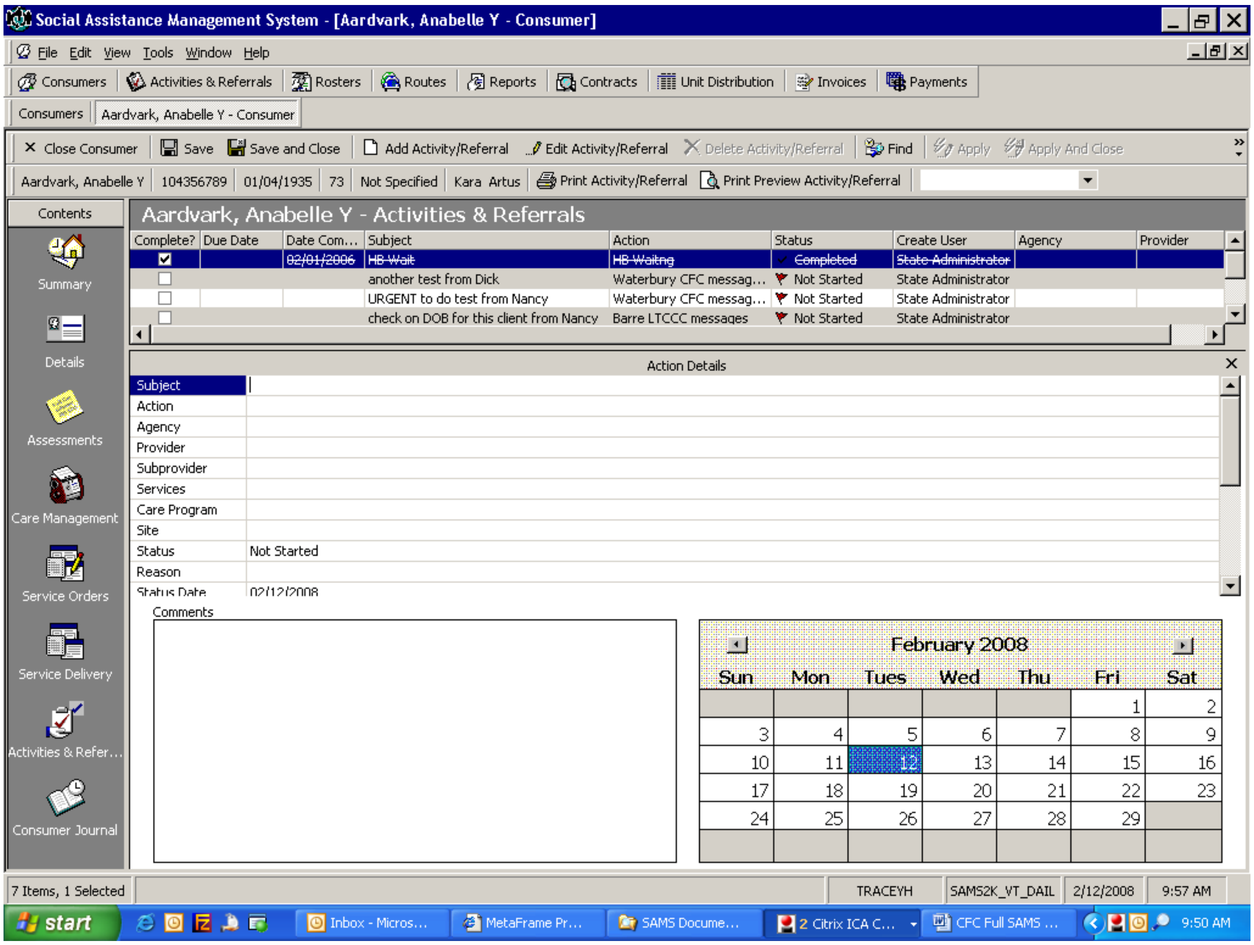
Adding a Message

The resulting screen shows existing activities and referrals for a consumer. The example below shows three messages for Waterbury, a message for PACE, one for Barre and one message regarding a doctor's appointment.

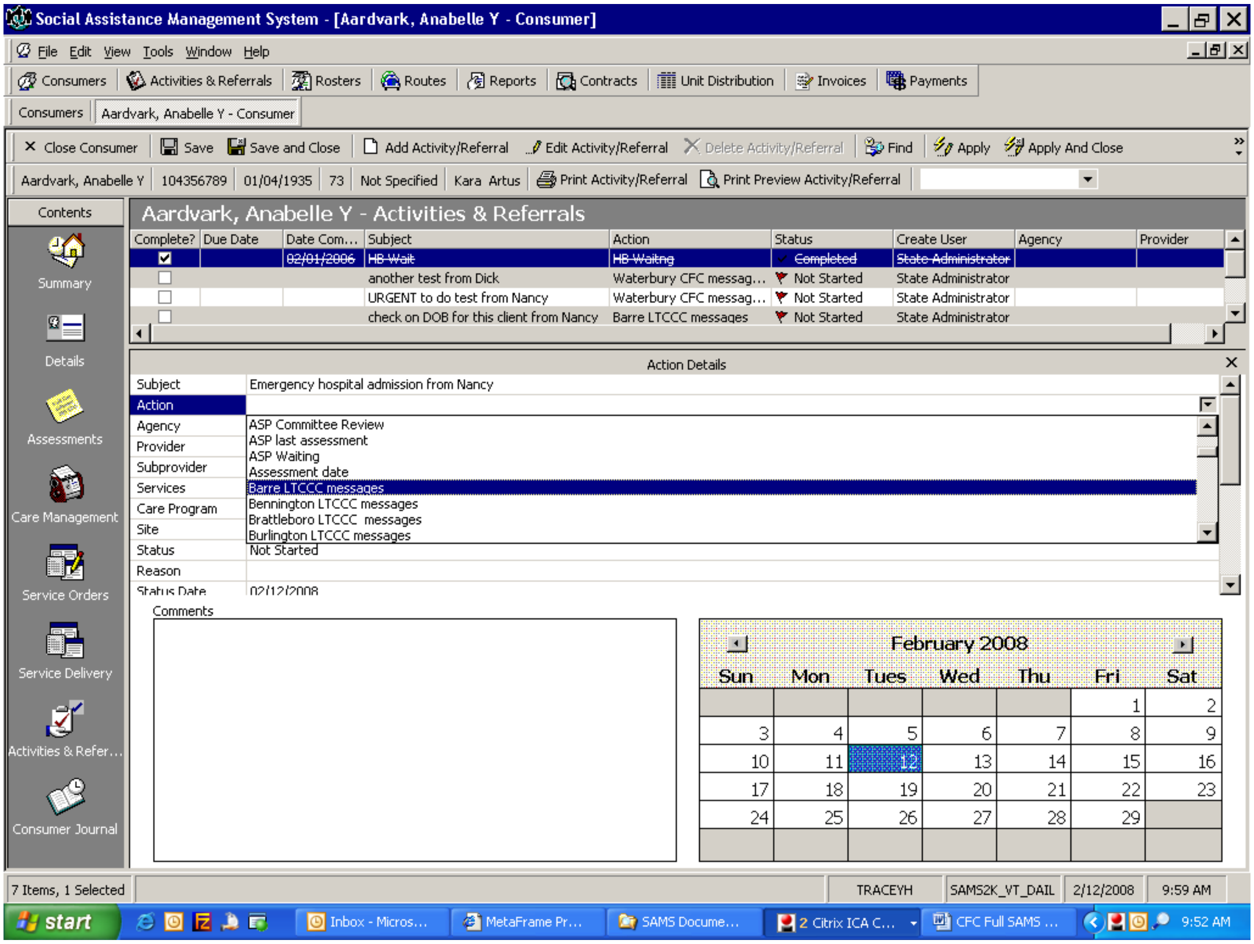


Click on the Add Activity/Referral button near the center of the toolbar and the following screen will appear. In the Subject field, type a description for the message followed by the word 'from' and your name. The Action field is where the message should be directed. Click on the down arrow to see all the choices. If you know the name of the action (such as Waterbury CFC message) you can type in W and the first choice in the list starting with that letter will fill in. You can then use your right and left arrows to navigate through the list.

There are action items in the drop down list for each LTCCC district, Agency and for Waterbury. This identifies to whom you wish to send the message.



The screen below shows the drop down list for Actions. Barre LTCCC is highlighted, meaning the message is intended for the LTCCC in the Barre district office. The Status Date will auto fill with today's date. Choose the applicable Status and click Save on the left of the toolbar to save the message.



Receiving/viewing messages must be done by running a report, which is discussed in the reports section of this manual.

The Calendar in the lower right corner can be used to enter dates in the date fields. When in the date field (such as due date), simply double click the date on the calendar. It will automatically populate the field for you. Due dates are only used for Activities & Referrals that track time, such as Waiting List.

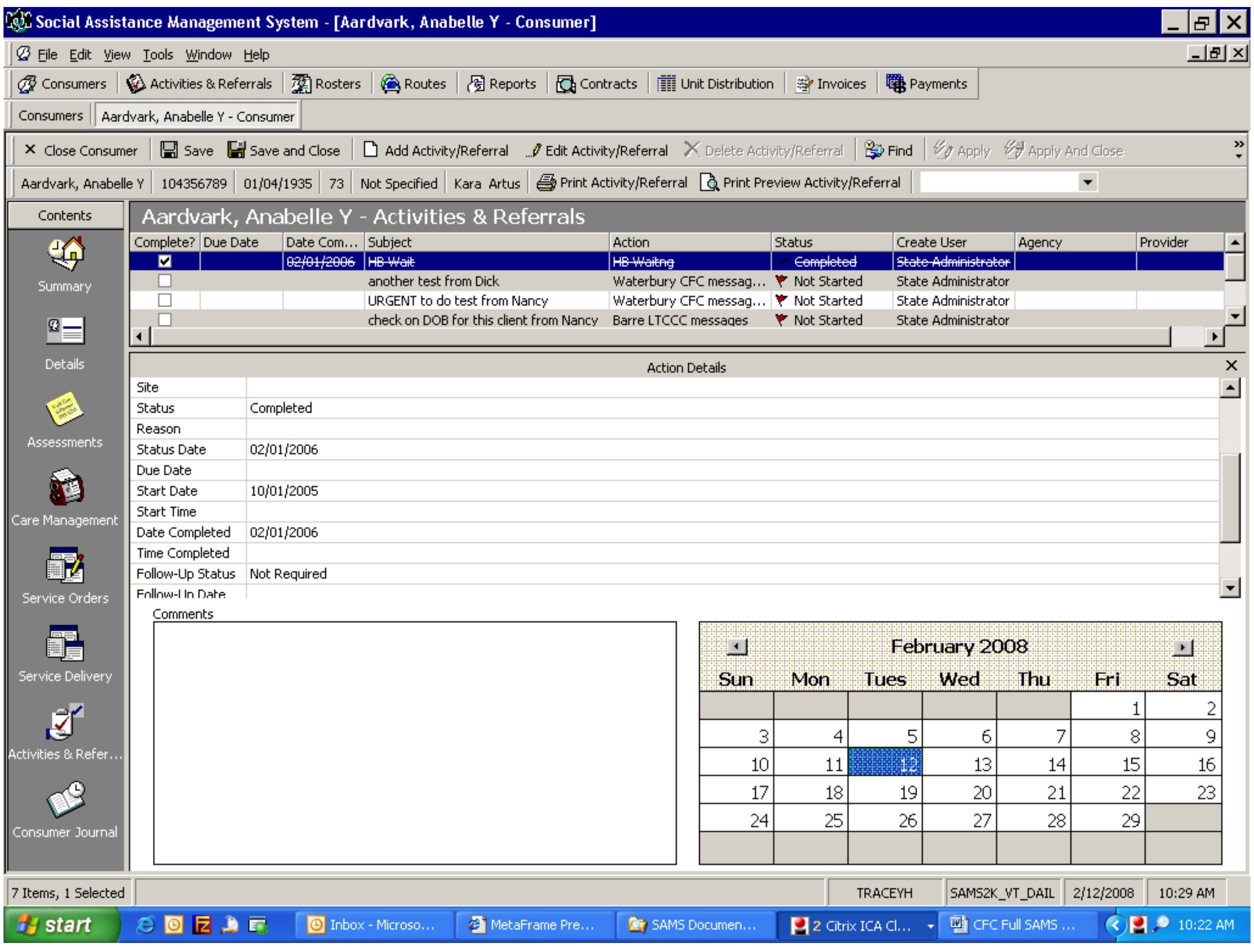
Wait list

Wait list history for consumers also appears in the Activities & Referrals section of the Contents column. The primary wait list data comes from the Care Enrollment section; this section only tracks waiting time on the wait list.

Below, note that the Subject 'HB Wait' appears, but has been crossed out with a status of completed. This means the consumer was once on the wait list, but is no longer waiting.

When a consumer goes onto the Wait list, it is imperative to enter a Start Date. This identifies when the consumer began waiting.

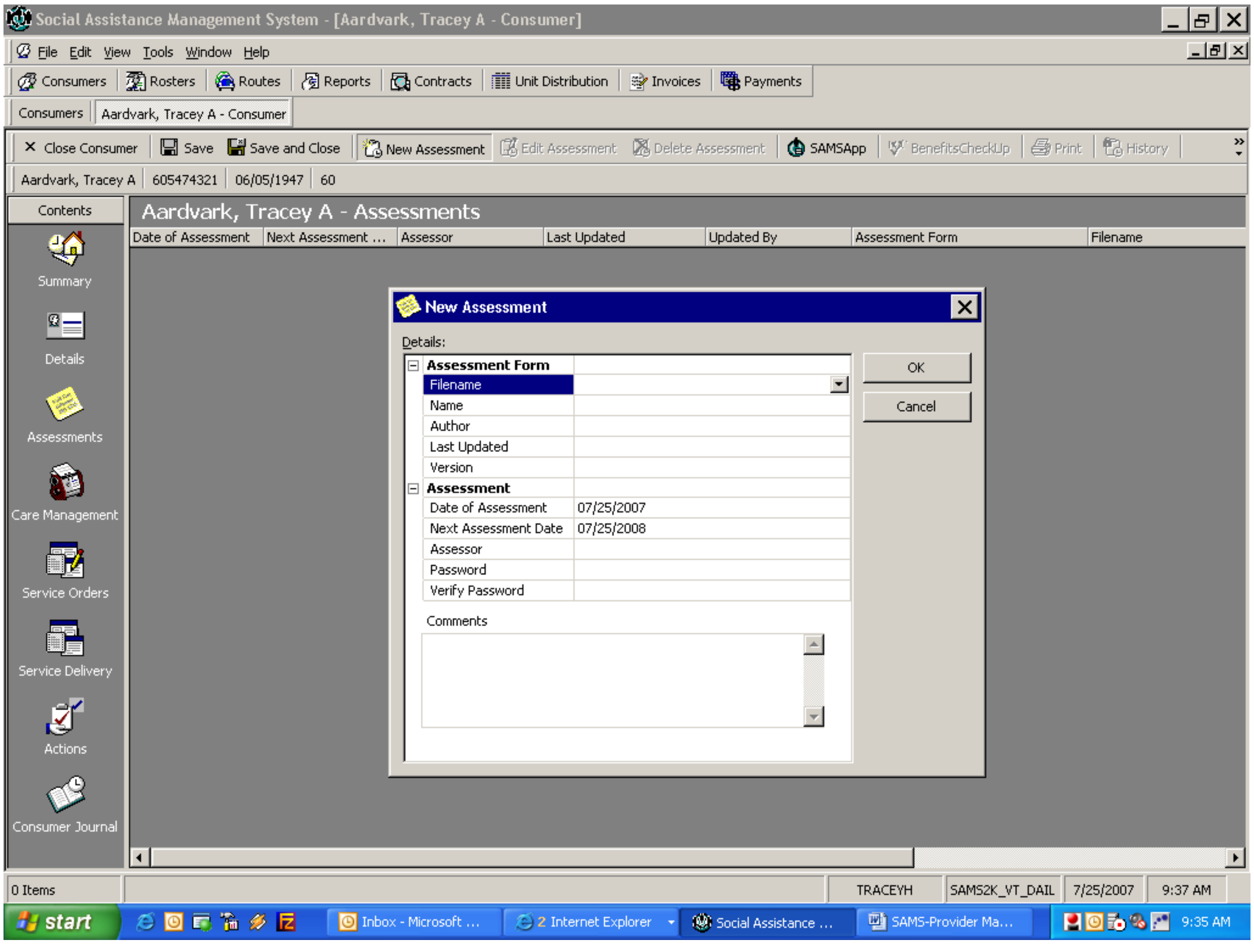
When the consumer is taken off the wait list, it is important to enter a Date Completed. This allows for reporting as to how long consumers are on the waiting list.



7. Assessments

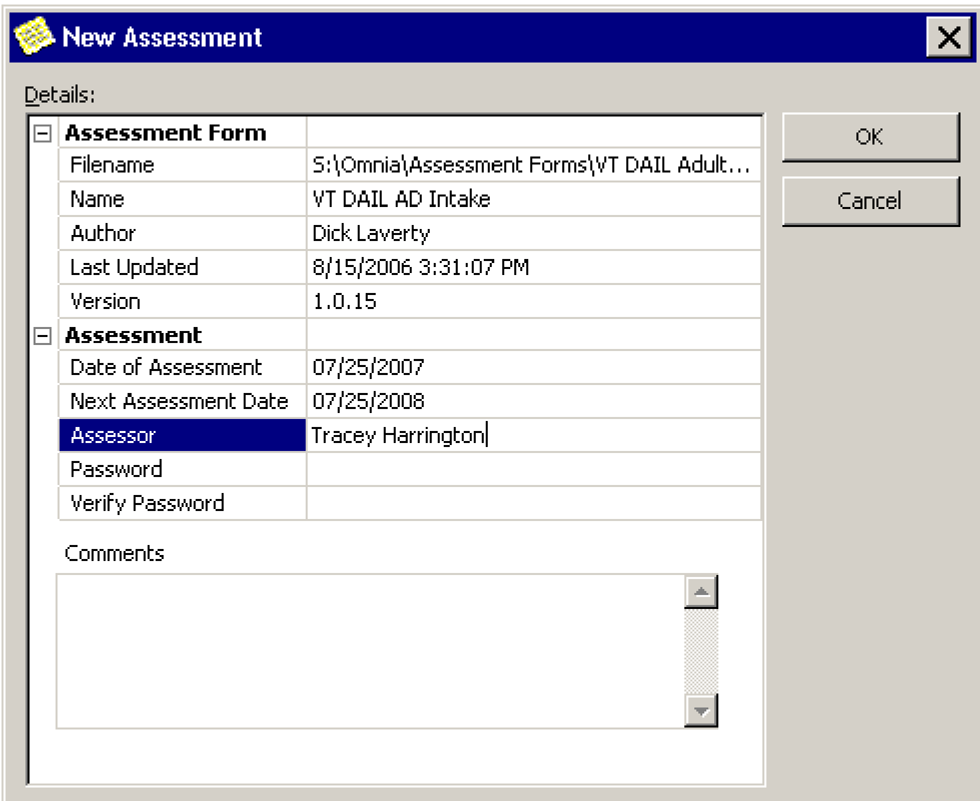
Types of Assessments

To access the assessments, click the Assessments button in the Contents column. Once getting to the Assessments screen, if this is the first assessment for the consumer, click “New Assessment”. For reassessments, there is another process you may use that is defined under the Reassessments section of this topic. However, you may always use the “New Assessment” to add a new assessment regardless of whether it is a reassessment or a new assessment.

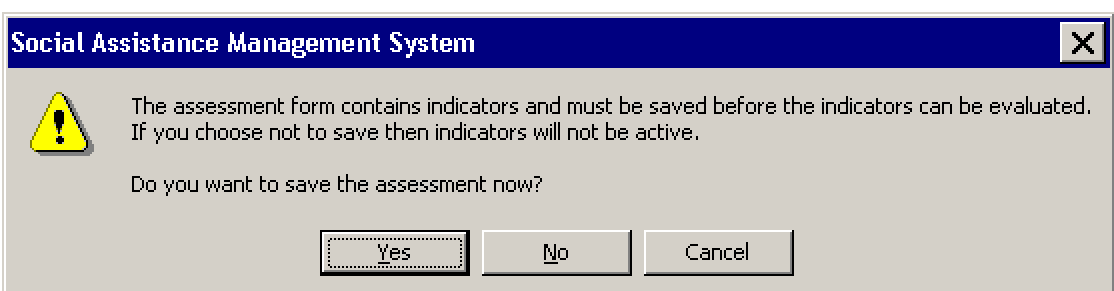


Once clicking “New Assessment”, the following box will appear. Pull down the arrow in the Filename line in the Assessment Form section. This is the form you will be using to perform the assessment. Below, I have chosen the VT Dail Adult Day Intake 2006. If you do not see the desired form in the drop down, you will need to choose “Browse” and look on S:\Omnia\Assessment Forms for the appropriate form. The rest of the information in the Assessment Form section will automatically populate.

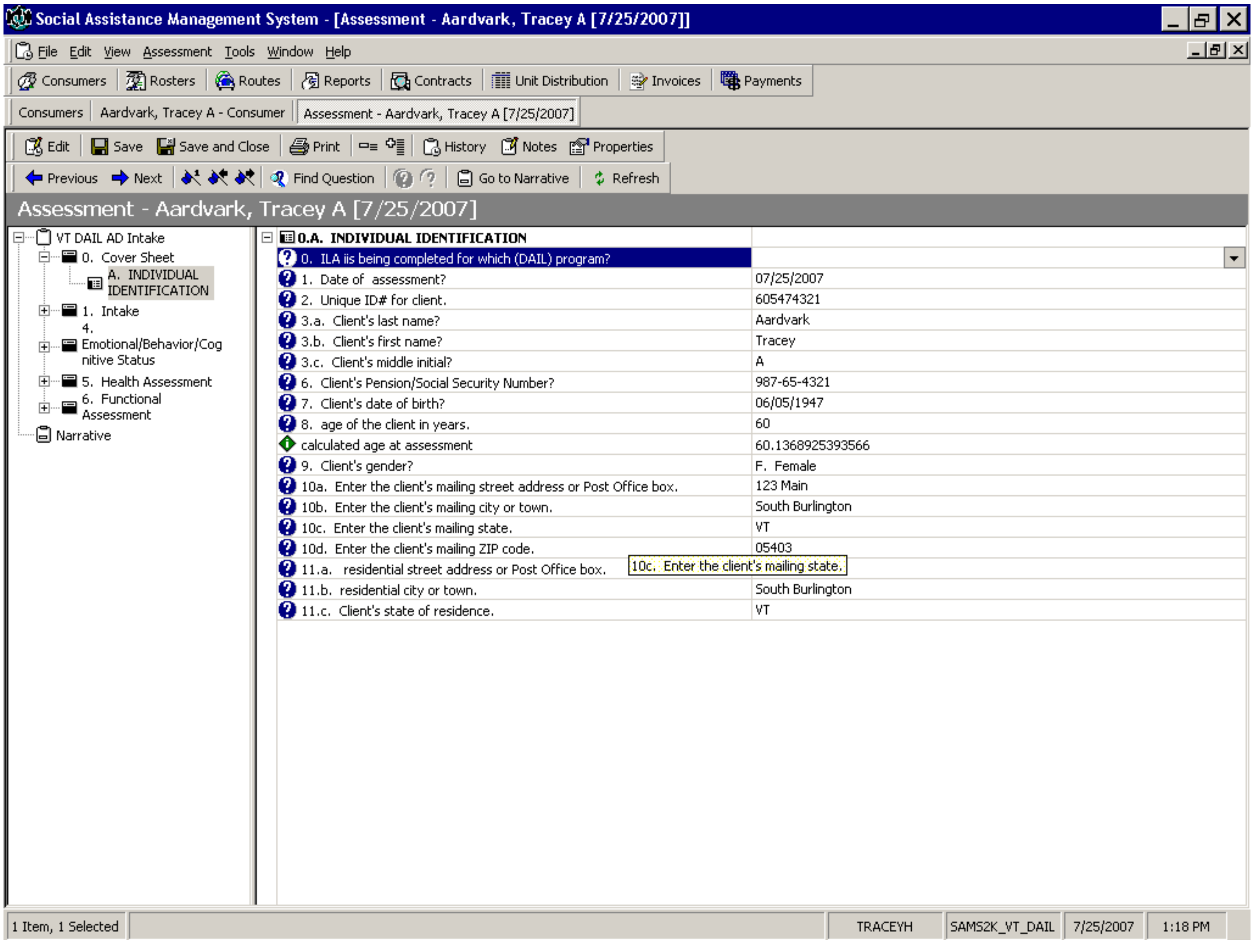
The next step is to enter the date the assessment is being completed. The Next Assessment Date should automatically populate based on your settings for when reassessments are due (6 months, 1 year, etc). Then, enter the Assessor, or the person who performed the assessment. ***Do NOT enter a password on this screen. If you enter a password and forget it, there will be NO way to access the information in the future.***



Click OK and the following message will appear.



Say "Yes" to save and the assessment will open.



General Description of Form Layout

On the screen above there are two major areas. The left hand column shows each section of the form. The right hand column shows the specific questions in each section. See Appendix A for examples of Assessment Forms.

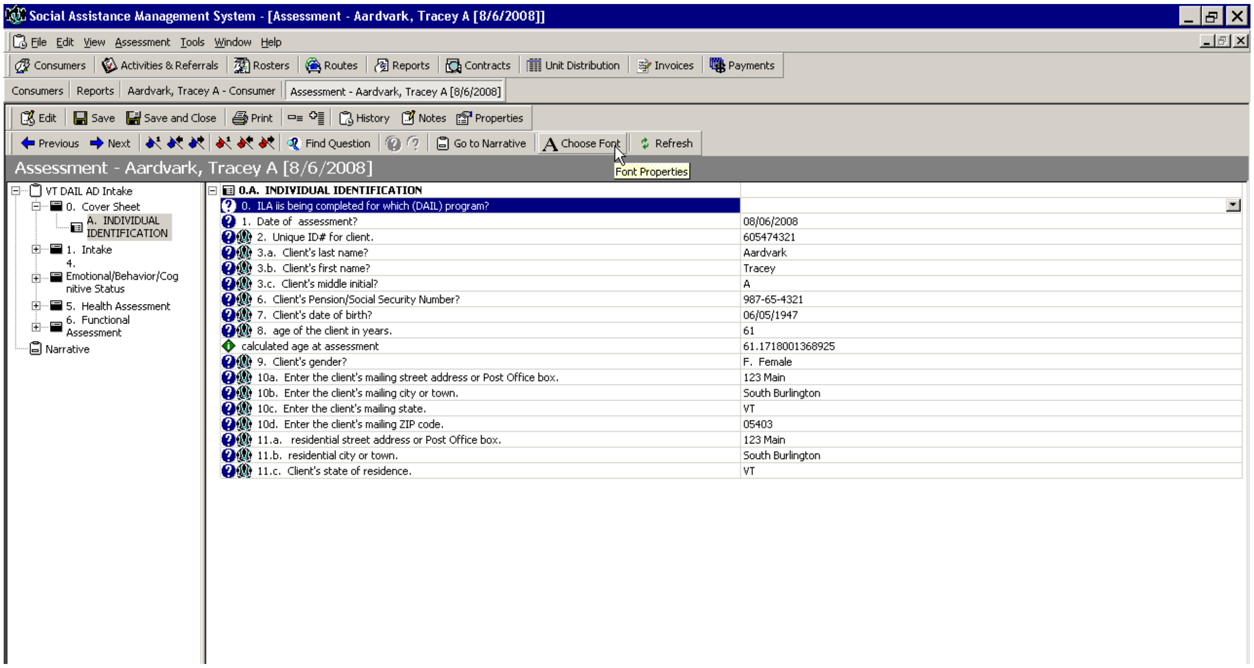
If you click on the right hand section, all the questions in the form will be shown in the right hand area. You can go down sequentially through these questions using the down arrow on the keyboard or go back up with the up arrow.

If you want to go to a particular section, you can click on that section on the left hand side and only those questions in that section will appear on the right hand side. You can continue to go backwards or forwards anywhere you want and answer questions in any order you want.

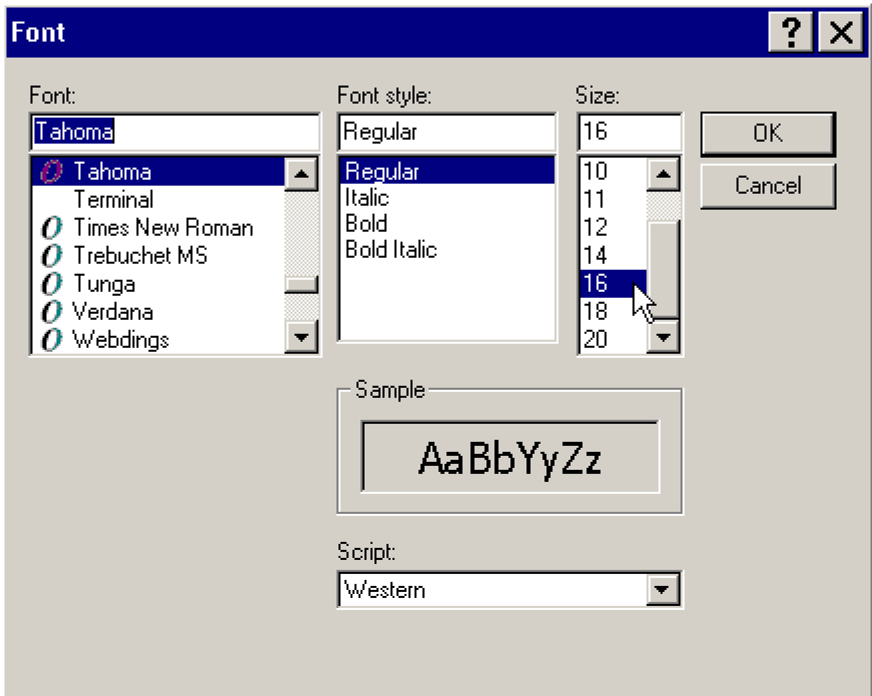
Skip functions are built in so that some questions will be skipped if they are not relevant based on a previous answer. For example if someone says they do not have a legal guardian the questions asking about the name of the guardian will be skipped. However, the system will still allow the user to go back and ask that question again and enter answers if appropriate.

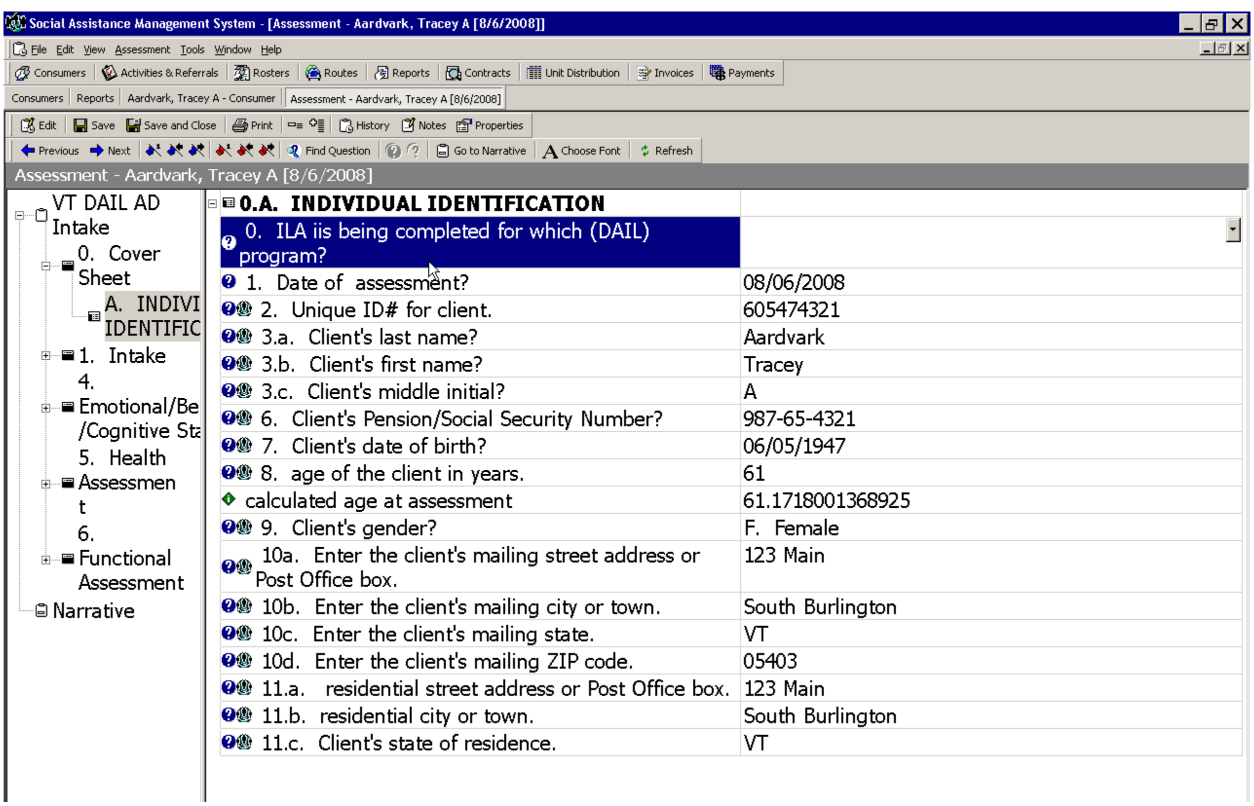
Changing Size of Assessment Questions

If the text on the assessment is too small to read, there is a way to enlarge the font size. With the assessment open, click Choose Font on the lower Toolbar.



The following box will appear. Choose the font and font size you wish to see and click OK.

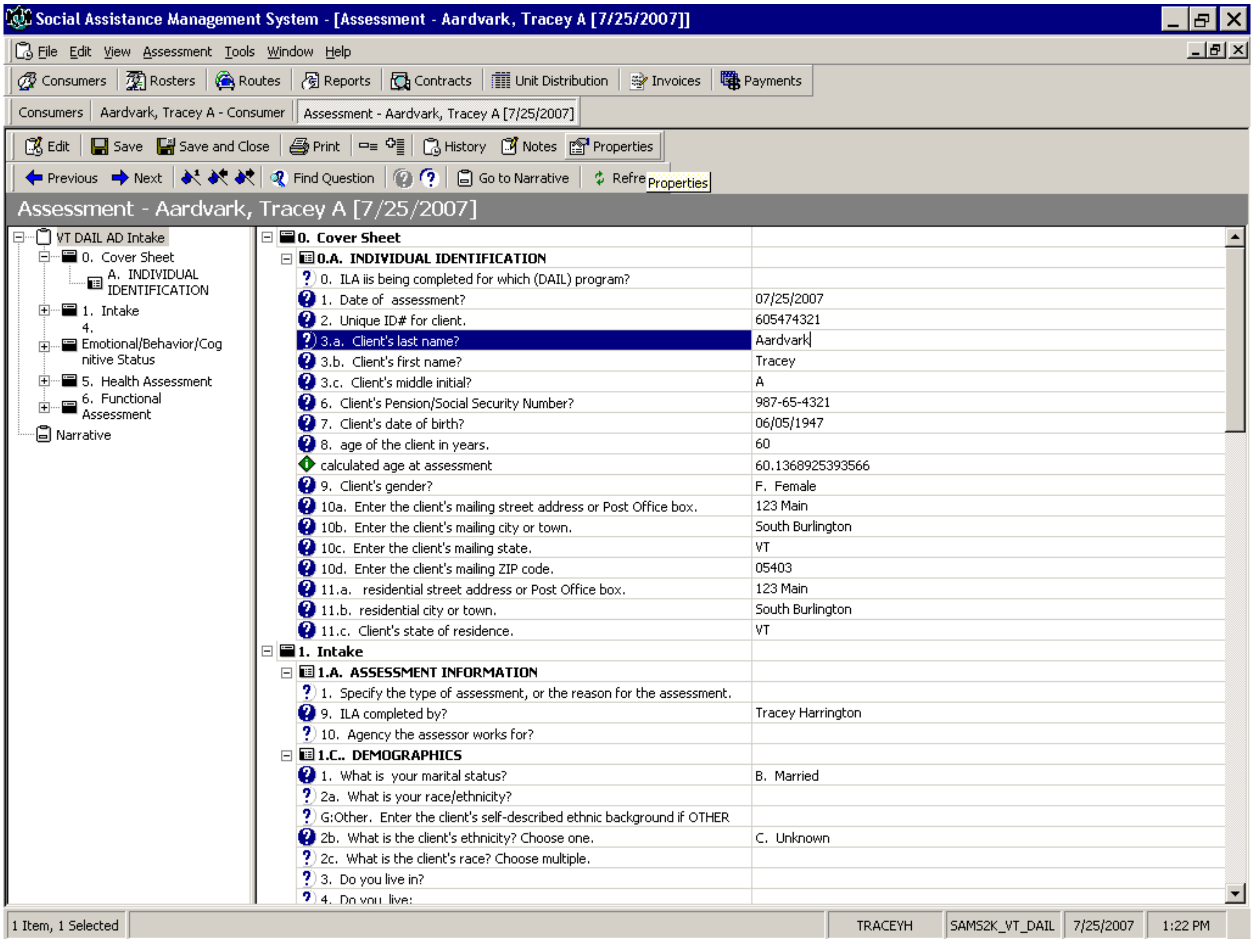




As you can see, the text in the assessment is much more readable after changing the font size.

Entering Text Question Answers

If the question requires a text answer (such as "Client's last name?", simply type in the answer. See below:

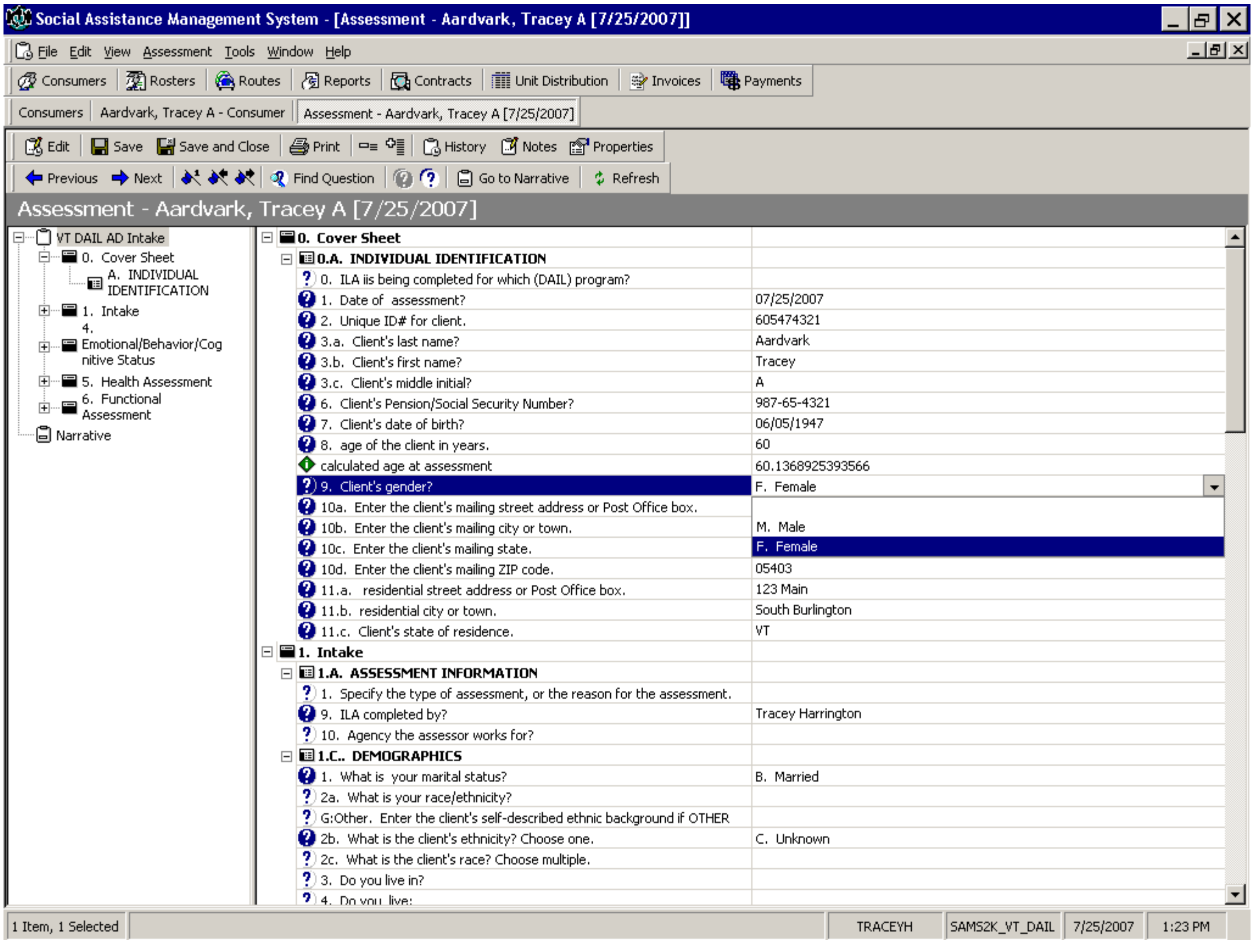


Entering Single Choice Question Answers

If the question is a single choice answer, click on the arrow box for that question and move the mouse to the choice you want and click. When on a single choice question, you can also use the left and right arrow keys to move through the choices for that question.

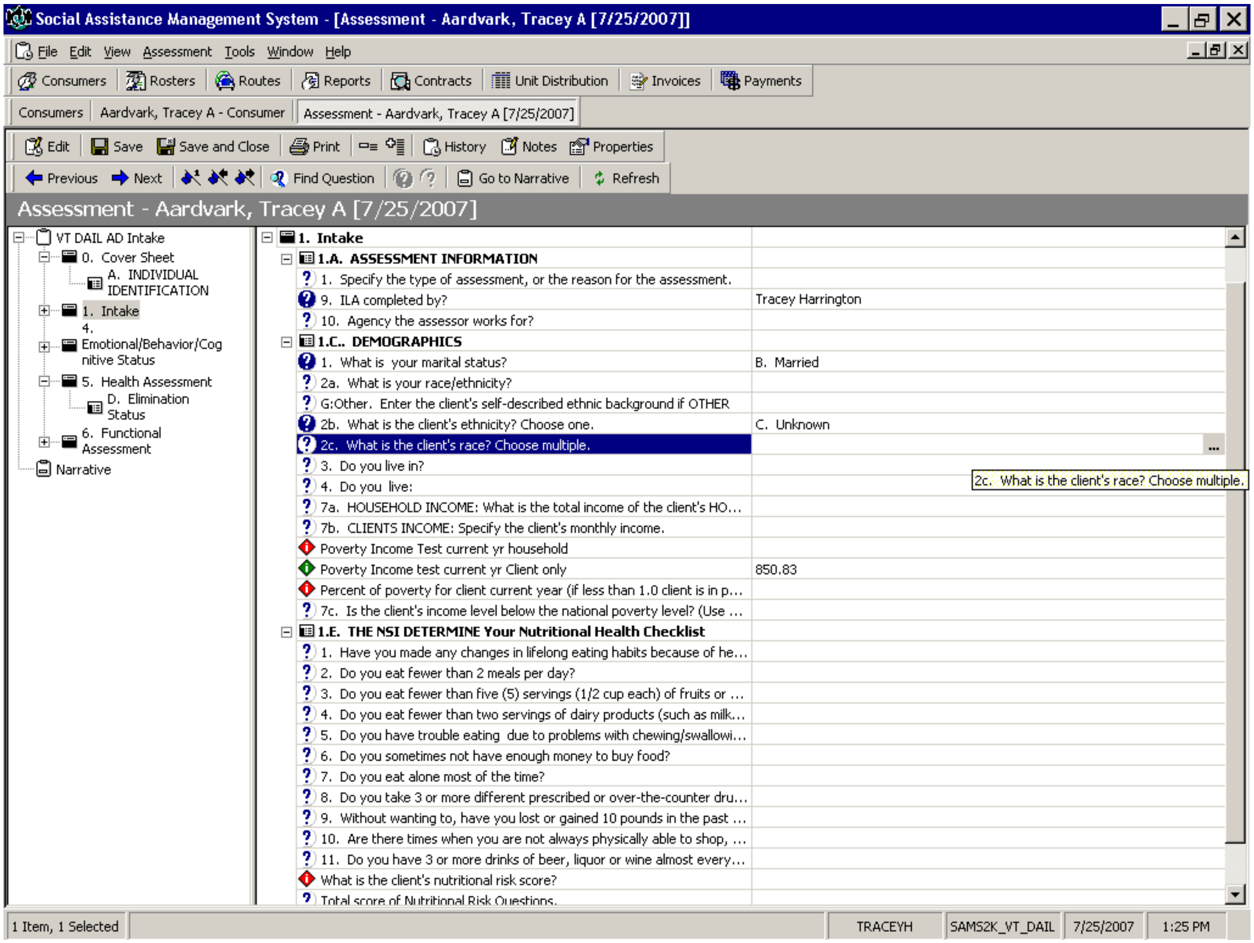
If the choice has a letter or number designation in front of it you can simply type in that letter or number to get the answer.

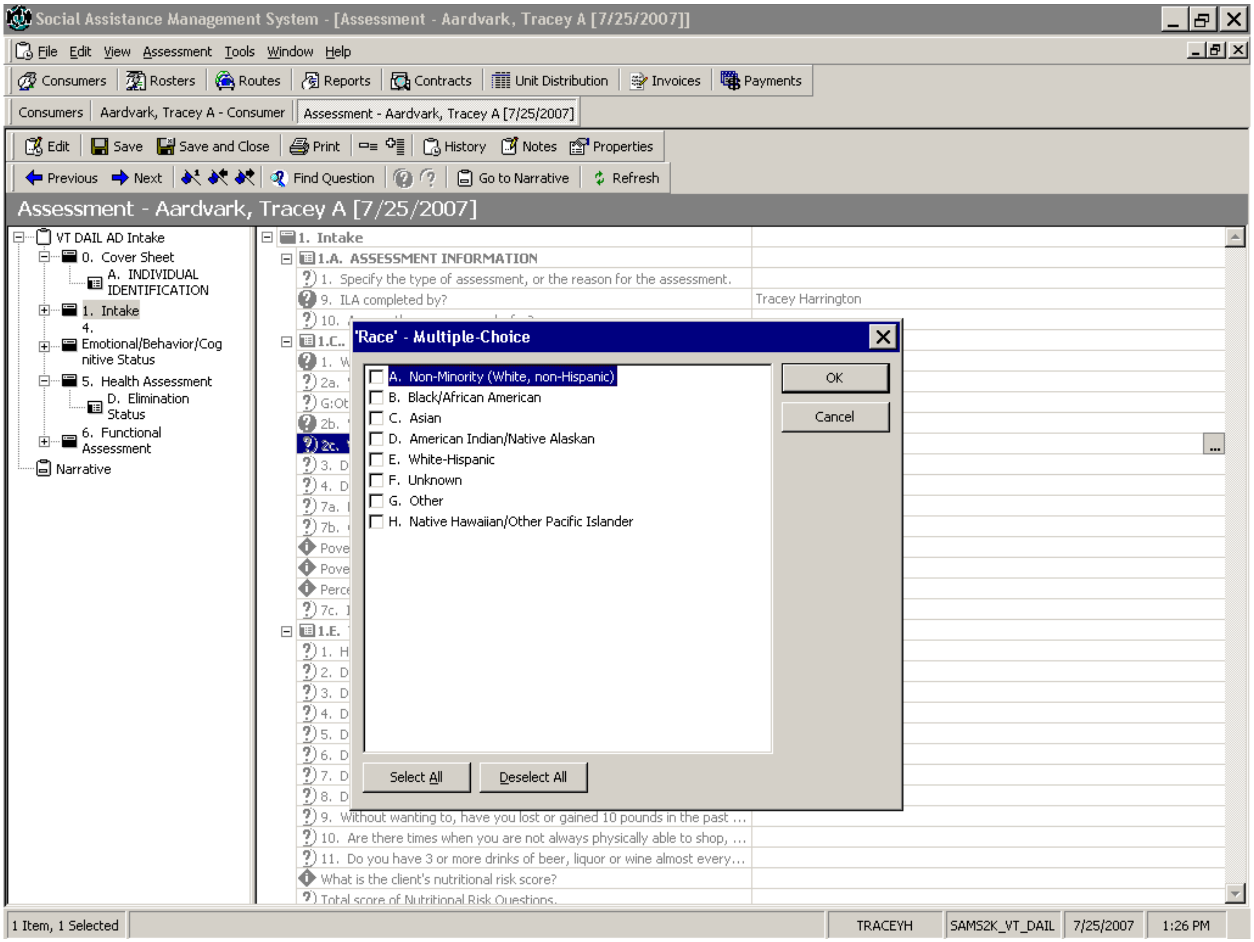
As you become familiar with the form this is the fastest way to enter data. For example, all "Yes" answers have a letter designation of "A" and all "No" answers have a letter designation of "B". So, f you know the answer is Yes, enter "A" on your keyboard and Yes will be entered for that question. See below for example of single choice question.



Entering Multiple Choice Question Answers

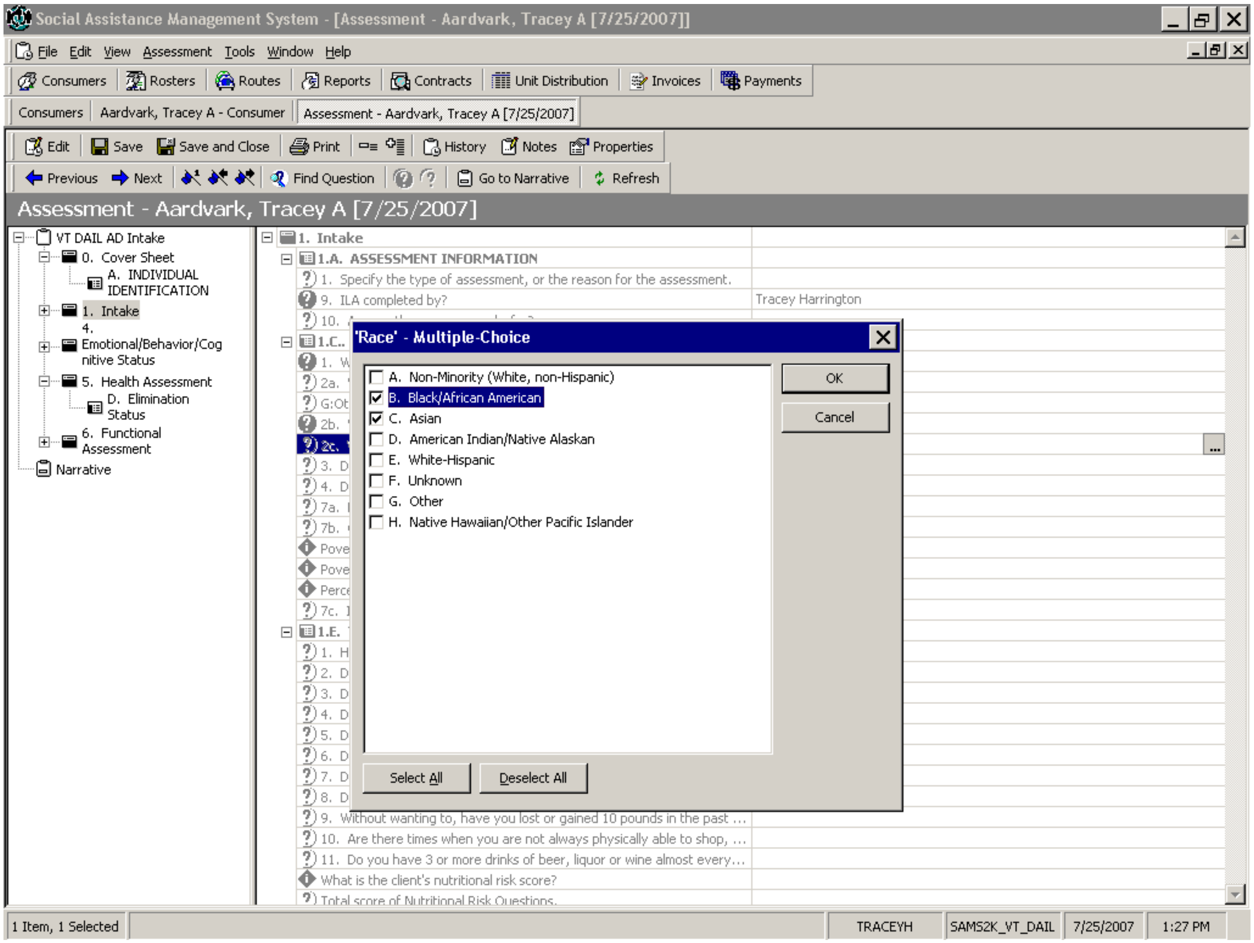
Multiple choice answers will have "…" in a box at the end of the highlighted question line. When you click this box, or simply press the space bar, the choice list will appear. See below for an example.



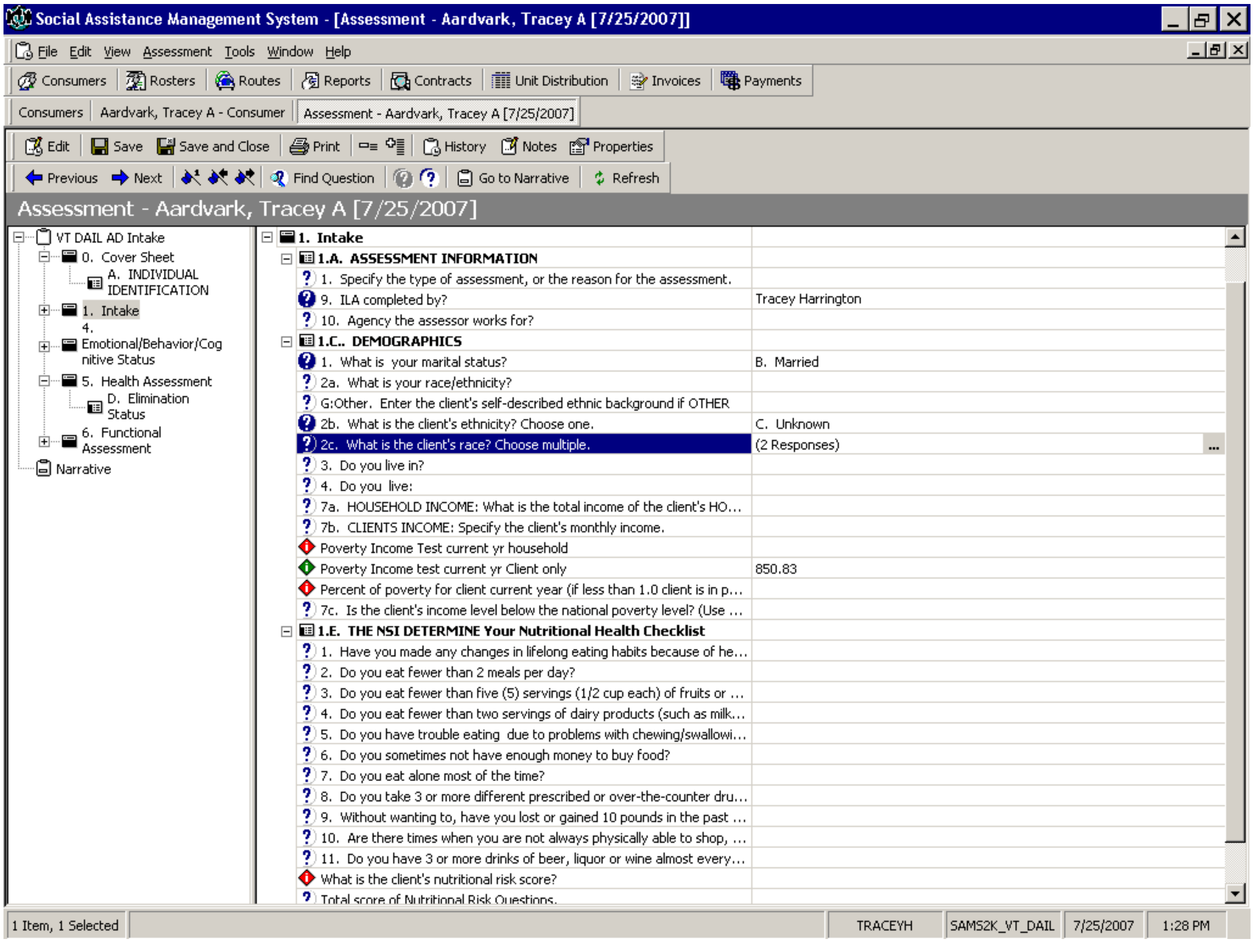


To enter a choices, use the down (or up) arrow key to move to the choice you want and hit the space bar to check the choice. You can also use your mouse and check off the desired choices.

Choose as many choices as are applicable and click OK when finished. See below:

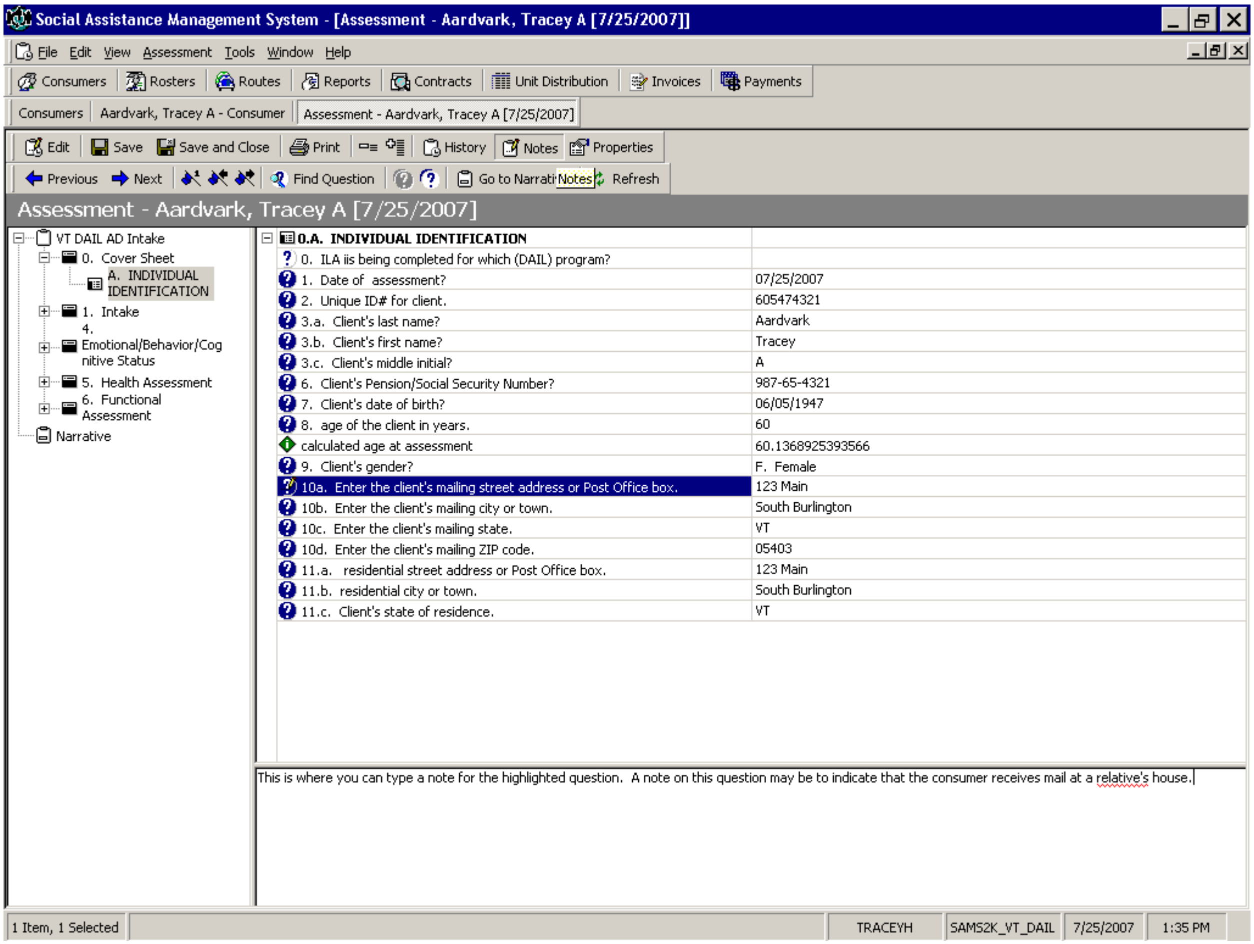


After making your choices and clicking OK, the choices are saved and you will see the number of responses you chose for that question. See below:



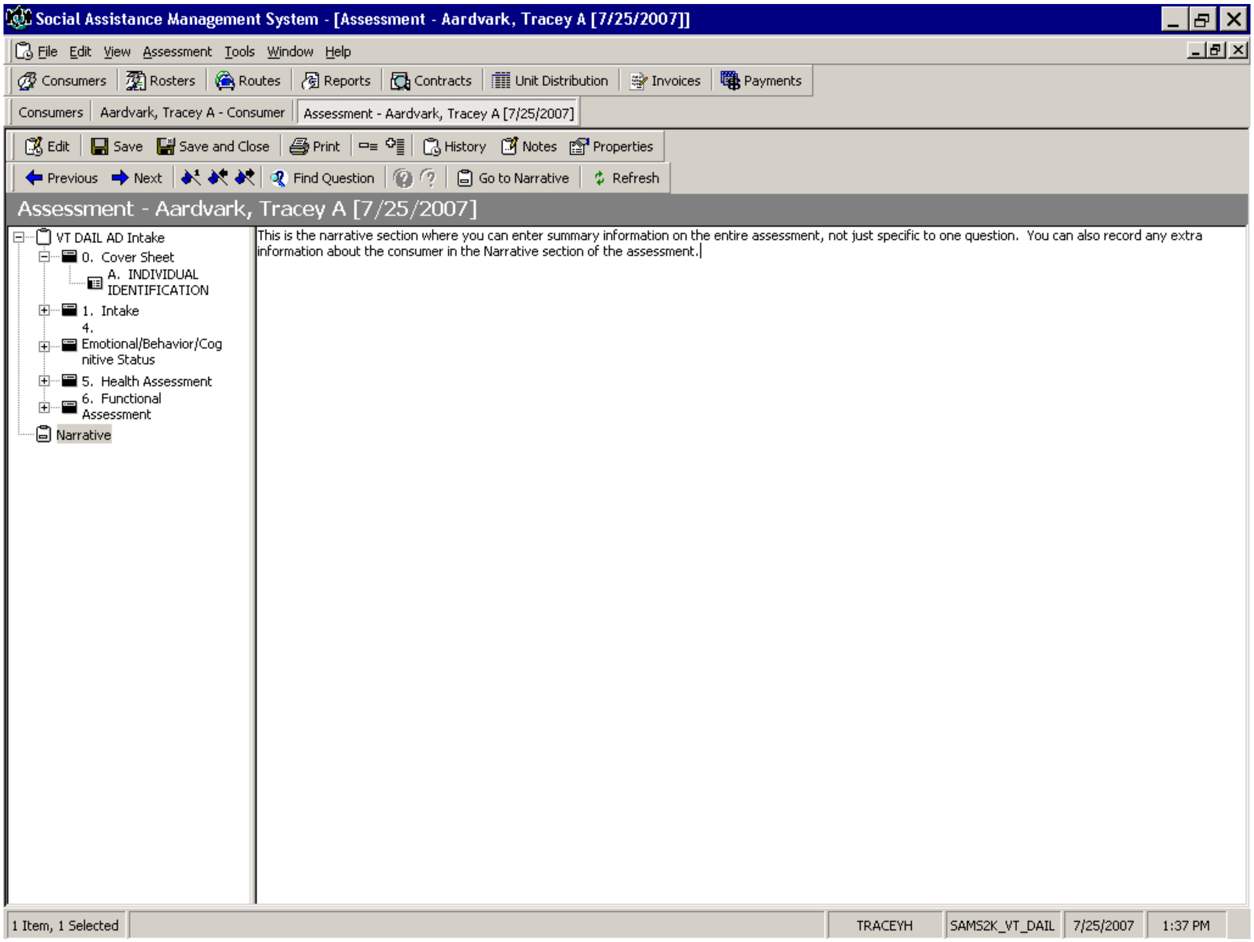
Using Notes

You can write notes for any and all questions. If you want to write a note, click on the Notes button and a note section will appear below the question list. That note will be tied to the highlighted question. Notes can be toggled on or off by clicking the Notes button. If notes are showing and you do not want them to show, click on Notes and they will toggle off. Conversely if the notes are not showing and you would like to see them, click on the Notes button. See screen below:



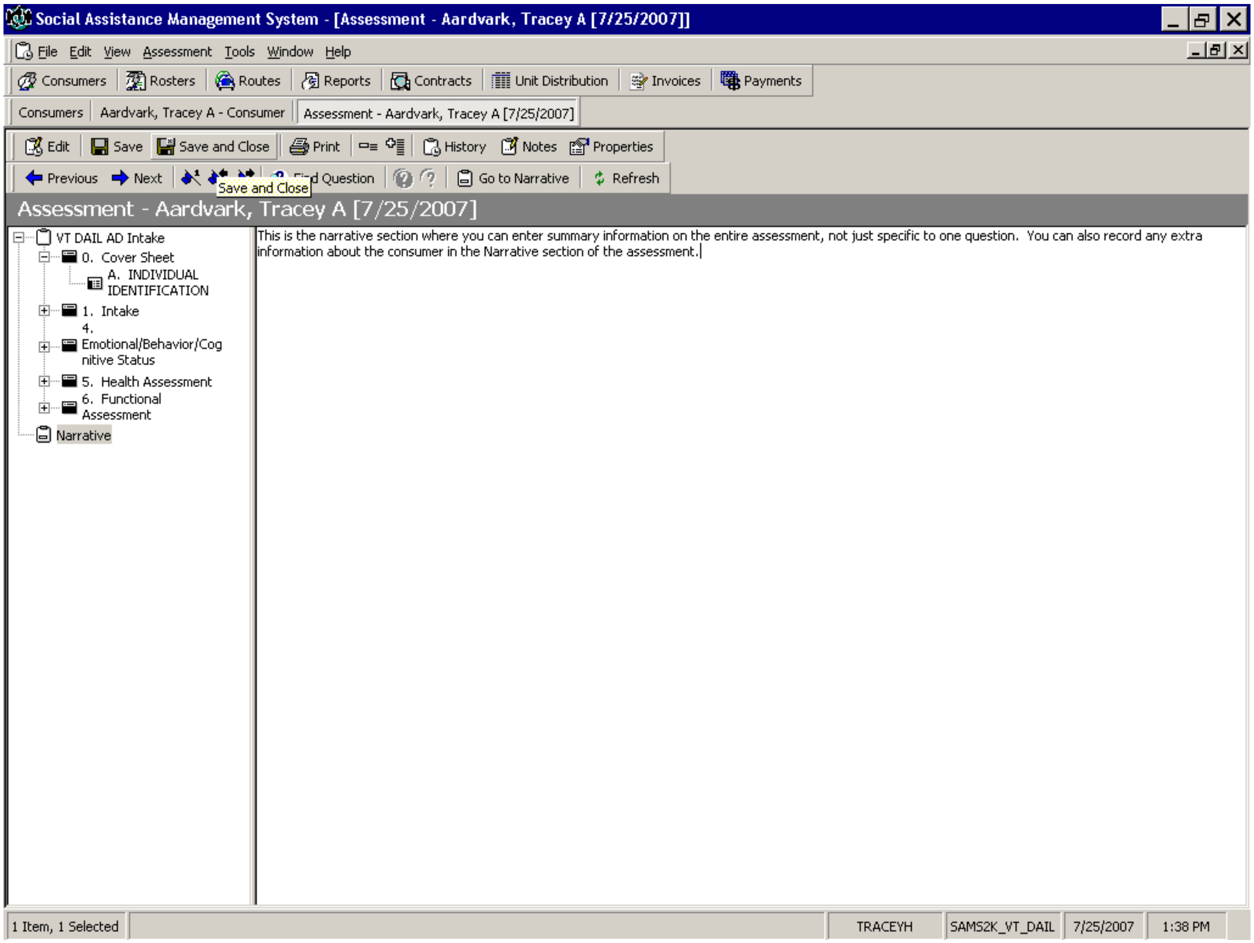
Using Narrative

You can write a running narrative on the whole assessment for the consumer. The last section of the assessment form is a narrative section. If you would like to write a narrative, click on the "Go to Narrative" button and a narrative section will appear in the question area. When you would like to leave the narrative section, simply click on another section (left hand column) that you want to go to. See example below:

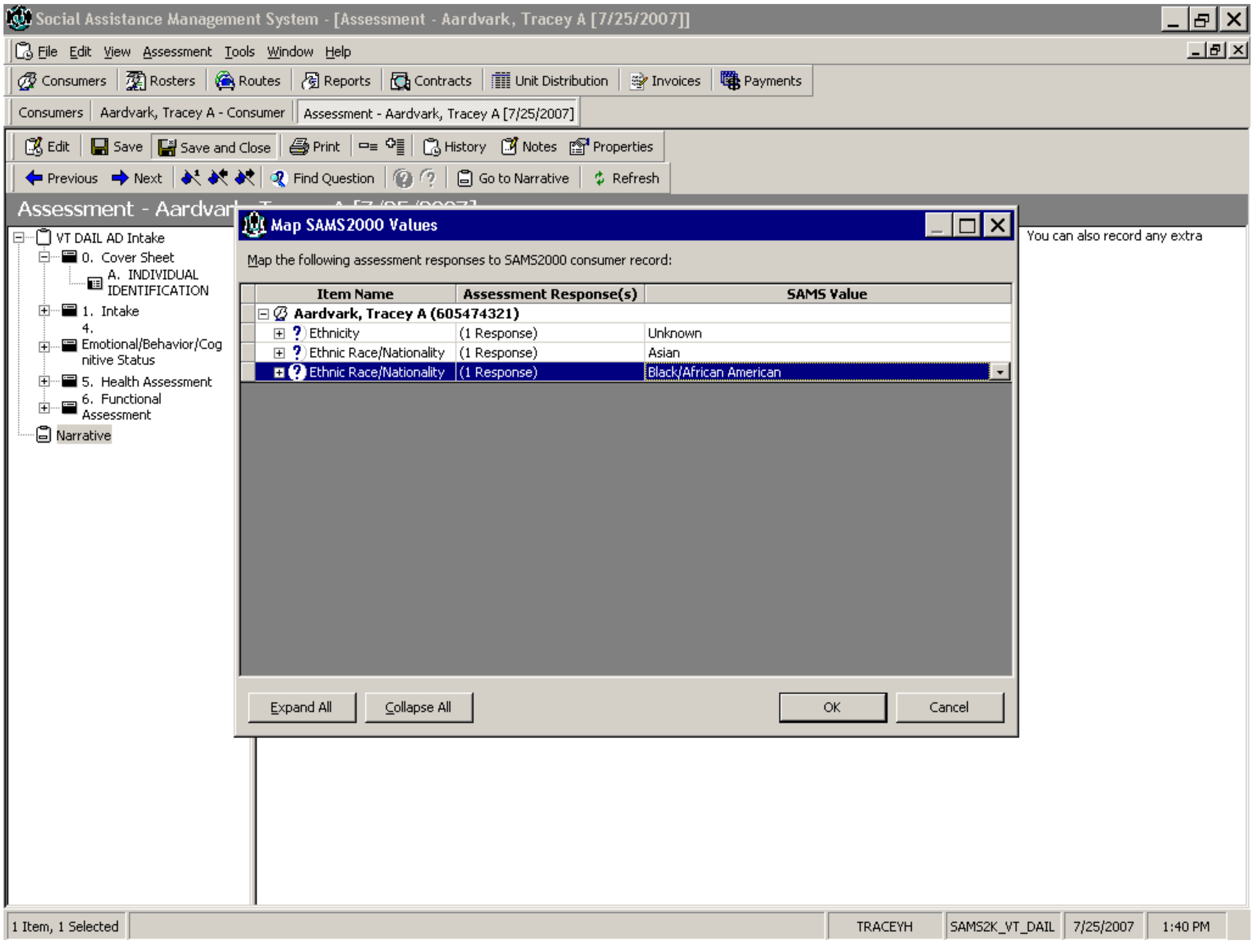


Saving the Assessment

If you want to save and keep working on the assessment you can click on Save anytime and the form will stay open. When you want to save and exit the interview, click on Save and Close and the assessment will be saved and the form will be closed taking you back to the previous screen. See below:

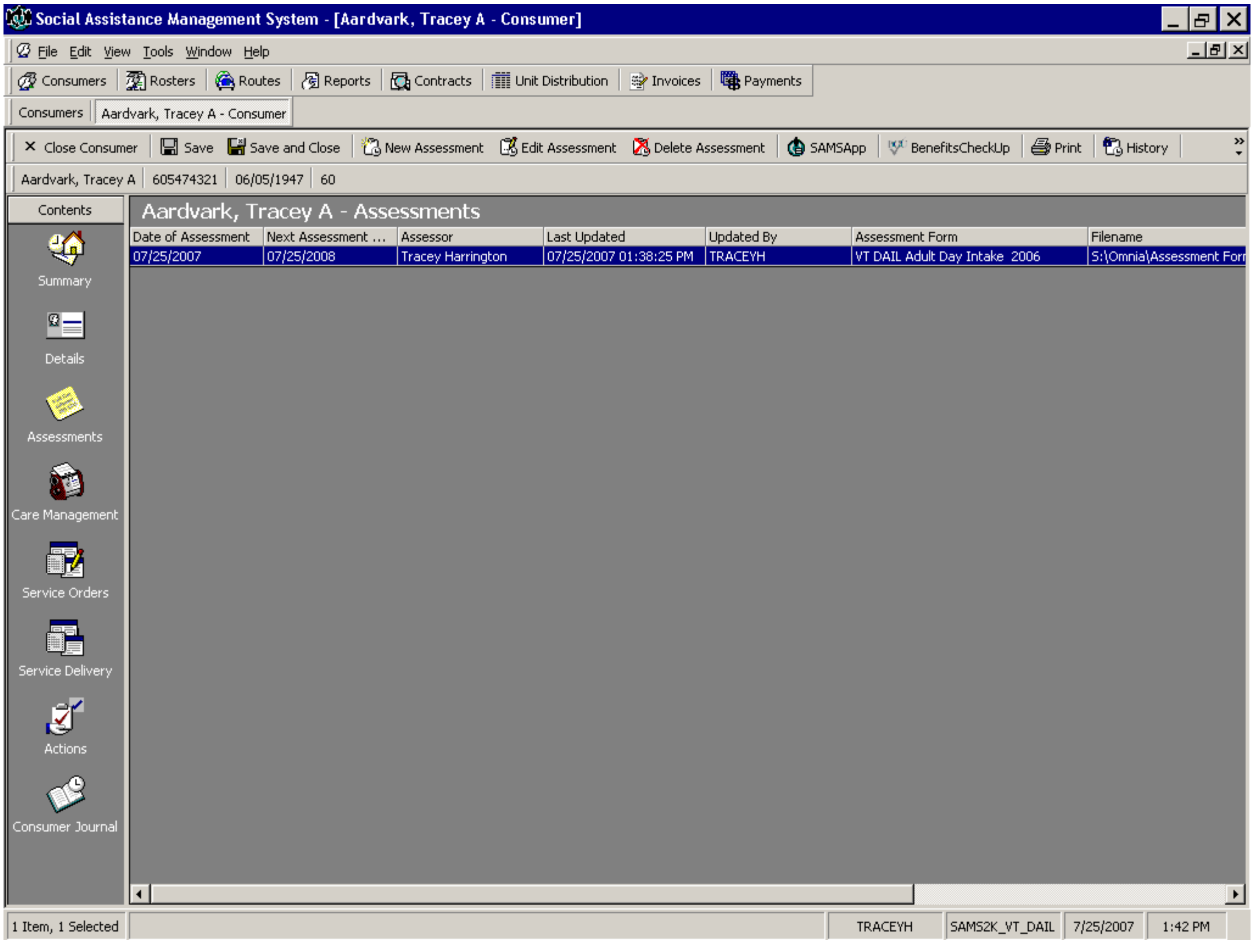


After clicking Save and Close you will be at this screen. See below:



This screen is simply matching the information contained within the assessment to the information in the SAMS database. Use the '+' signs to the left to see which information is in each. The data should be equal. Once done, click OK.

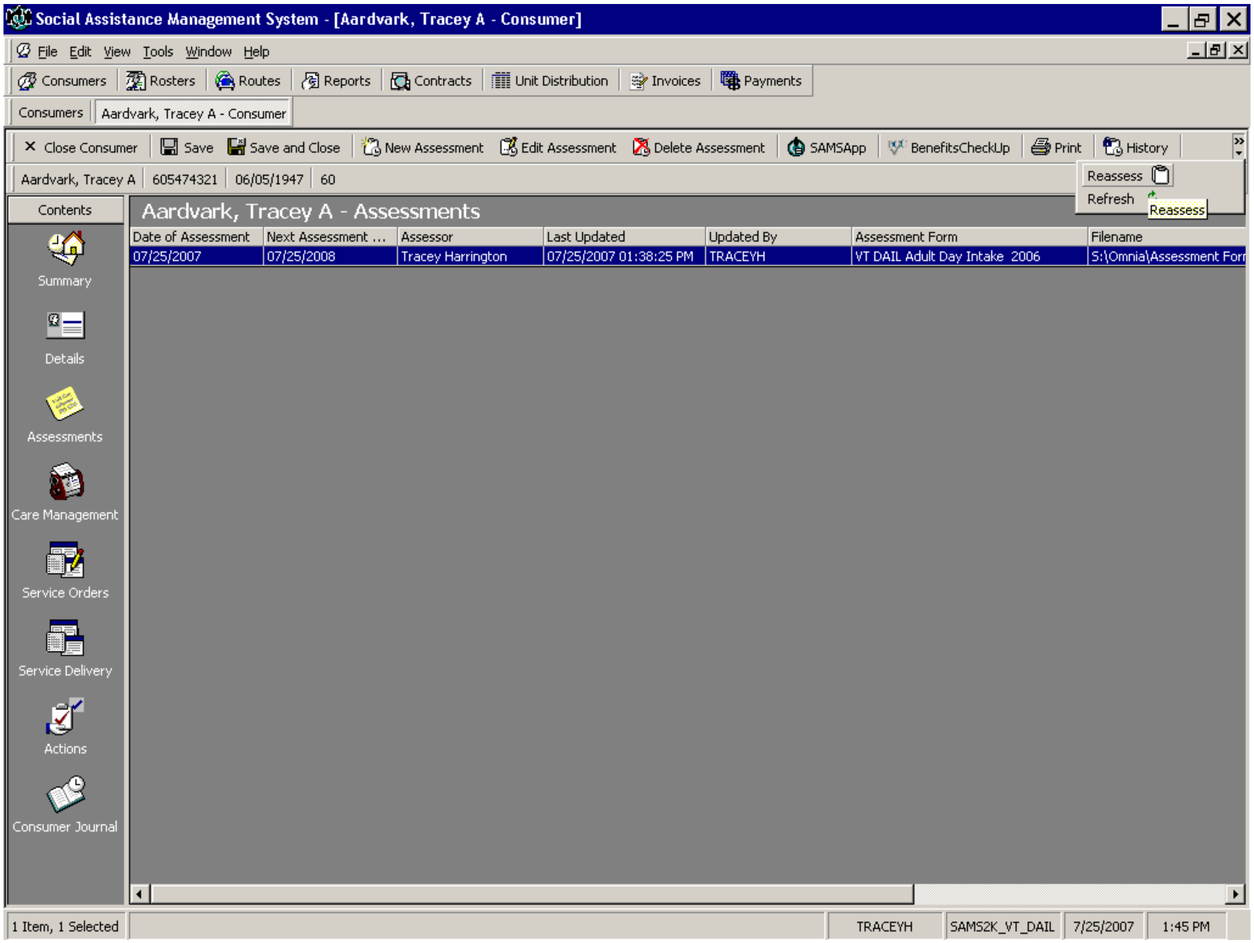
You will then be brought to this screen:



If you are finished with the assessment, you should save and close this screen also.

Reassessments

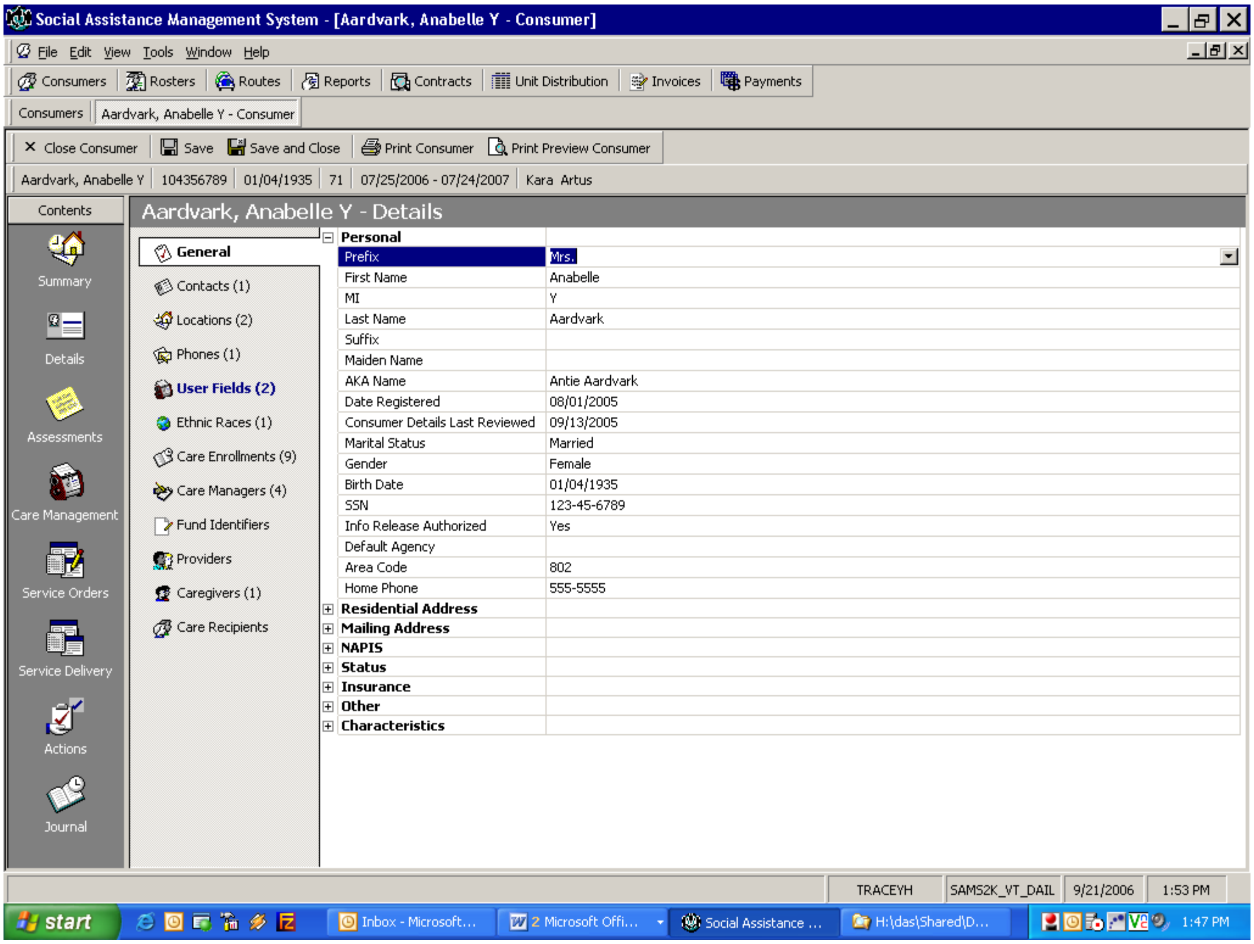
Reassessments work the same as a regular assessment does. However, in stead of click “New Assessment”, click “Reassess” as seen below.



When asked for the assessment form, chose the form you are using to reassess with. You will then follow the steps outlined in this section for adding an assessment. All responses that were given to question in the previous form will be carried over. All that needs to be done is to alter the information that has changed since the last assessment.

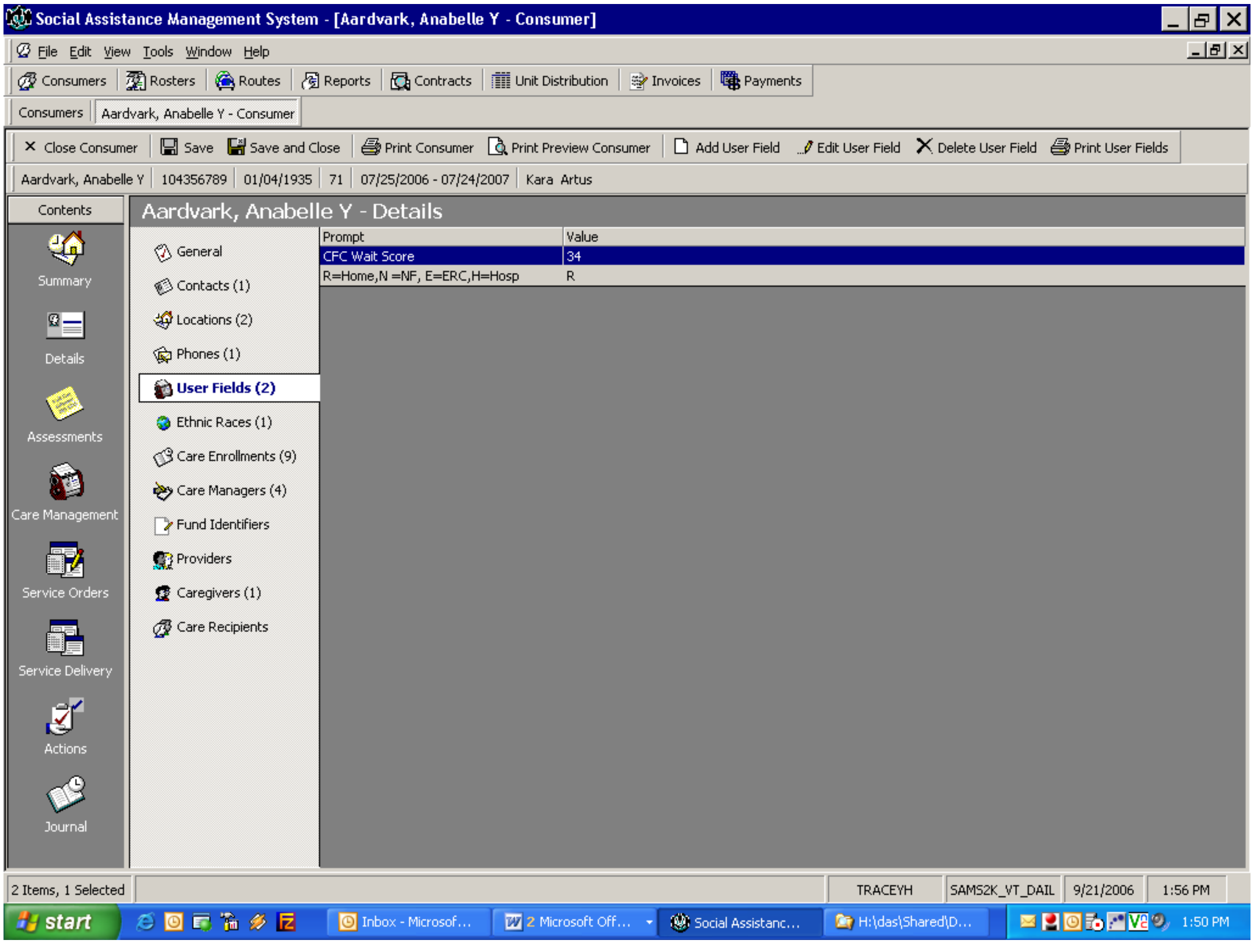
8. User Fields

Under the Details button in the Contents column, there is a link for User Fields, as seen below. Click it to view entries regarding wait score for the wait list and the consumer's setting at application. However, keep in mind that this information is easier to enter from the details screen, CFC User Fields and Vulnerable sections.



Wait Score

The CFC Wait Score, as shown below is given a value. This value represents the consumer's needs as represented on the High Needs Waiting List.



Setting at Application

The second item on the list shown above represents the setting the consumer was in when applying for Choices for Care services. The Prompt lists the choices of R for home (Residence), N for a Nursing Facility, E for an Enhanced Residential Care facility and H for a hospital.

Vulnerable Client Information

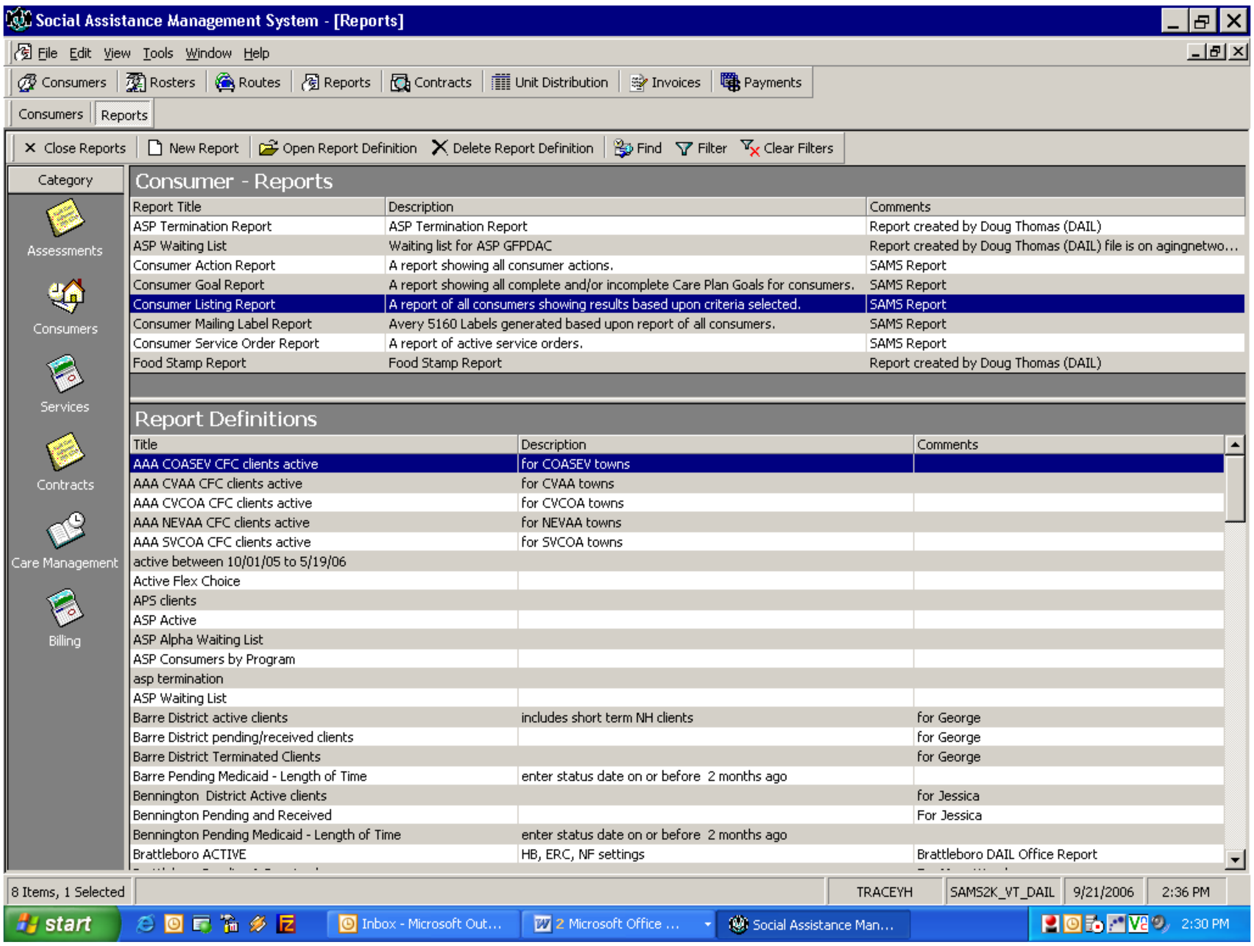
Information on Vulnerable Clients is also found in the User Field section. Simply double click the vulnerable choices and choose Yes or No depending on whether the client is vulnerable for the reason chosen.

9. Running Reports
Report Categories

To run reports, click on Reports from the main SAMS screen

Show a screen shot for this

After clicking the Reports button, you will see the screen below. Notice that there are many different categories of reports, as shown in the Category column.

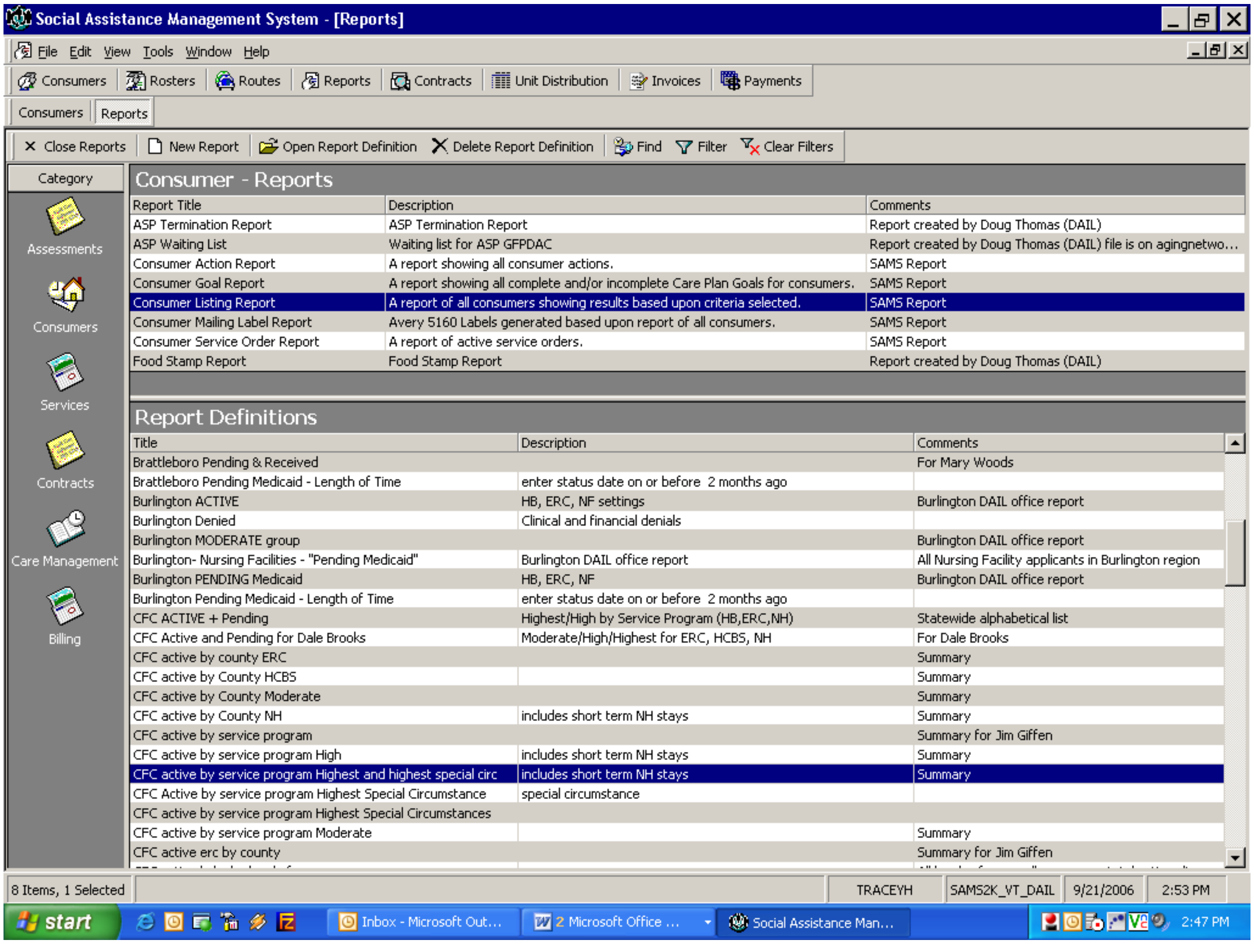


Assessment reports show next assessment dates, Consumer reports show consumer demographic and program data, Service reports shows service delivery data and Care Management reports show plan of care data.

The upper portion of the screen below represents the different types of reports under each category. When you click on the report category Consumer, for example, all of the consumer report templates will appear in the upper section. The Consumer List Report type has multiple Report Definitions as shown on the lower portion of the screen.

After single clicking on the Consumer report template called Consumer Listing, all previously saved reports created with that template will appear in the lower portion of the screen.

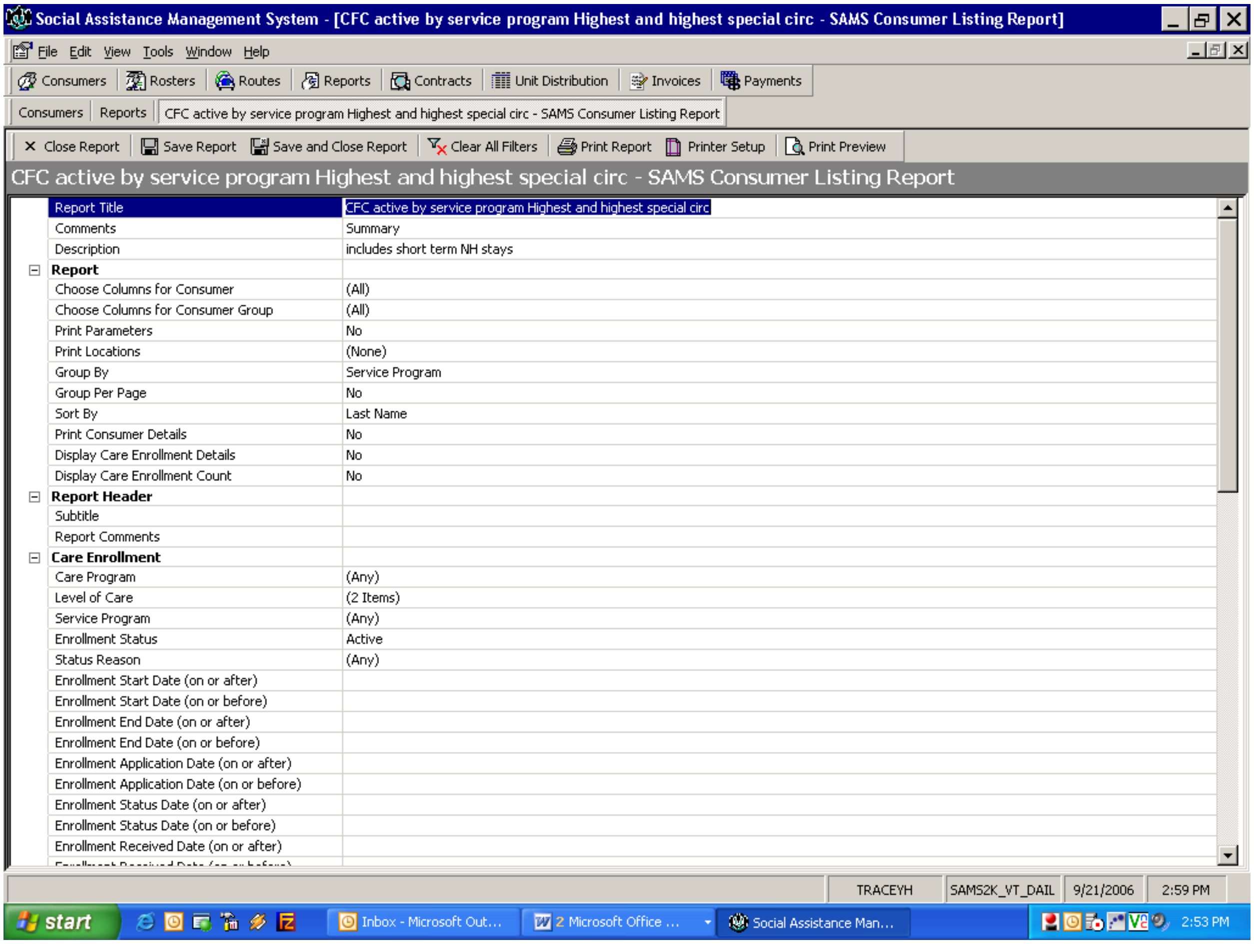
For this example, double click on CFC Active by Service Program Highest and Highest Special Circumstances, you will see the report definition for consumers in the CFC Program.



Report Selection Criteria

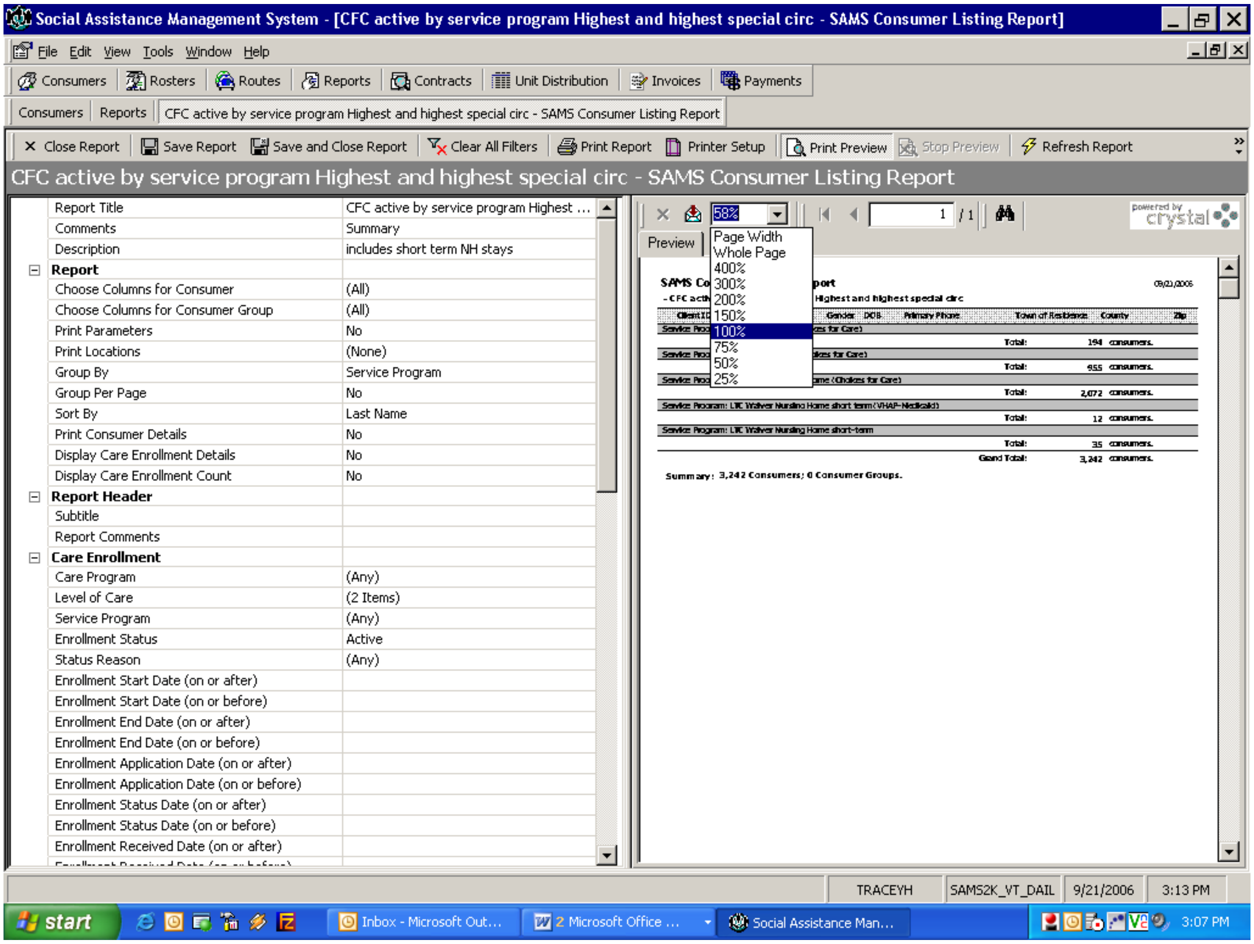
The selection criteria for the example report are listed below. This report has selected 2 levels of care for CFC and it allows any service program in any of those levels. Specific service programs such as ERC, Nursing Home or HCBS may also be chosen. Other criteria include status such as active or waiting, any provider or agency, start date or end date, town of residence or municipality, which is the DAIL district office.

Change selection criteria by simply clicking on the field and using the drop down arrow to the right or the "…" symbol. This will bring up more choices.



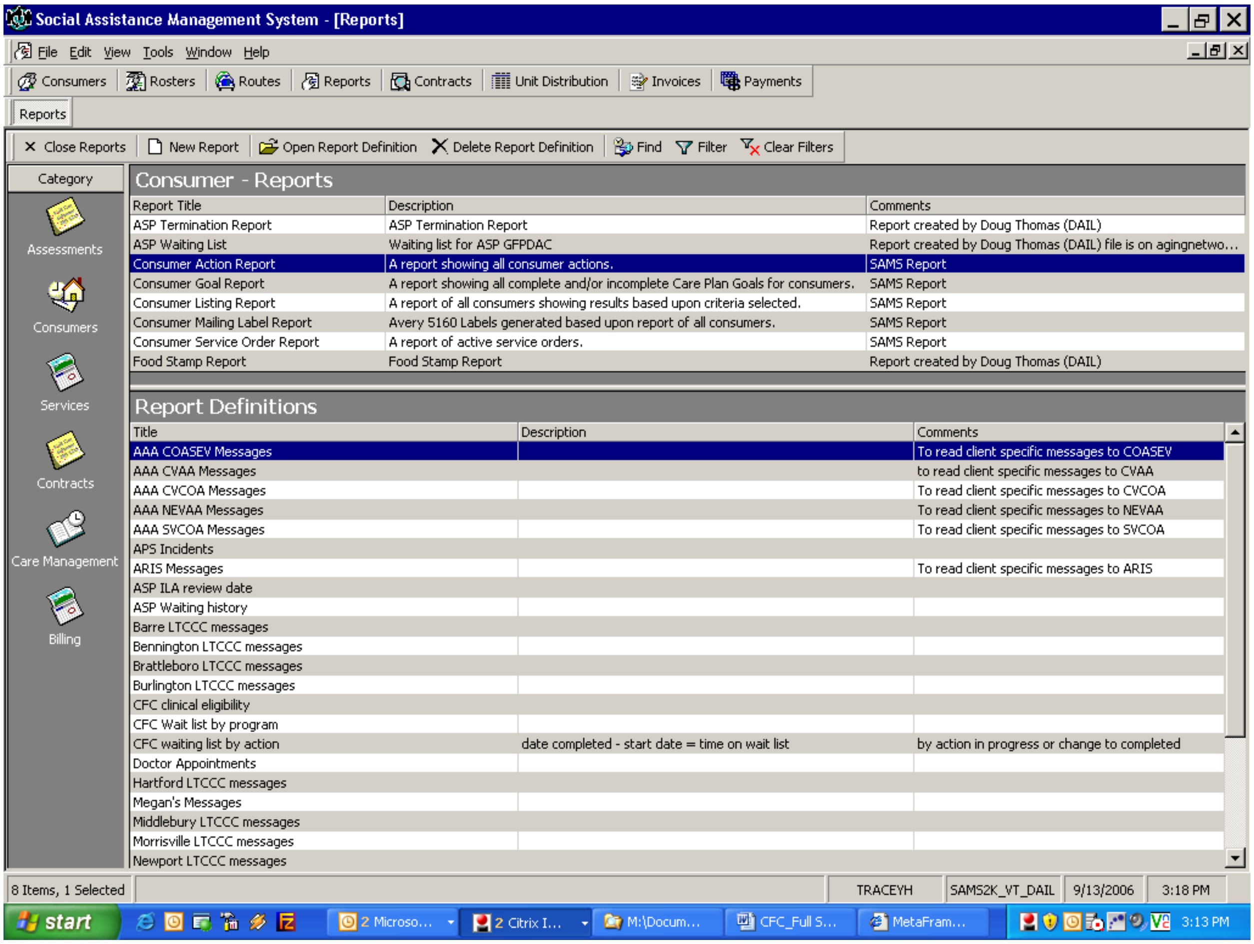
Print Report/Print Preview

After clicking Print Preview, an onscreen view of the report will show as seen below. The size of the preview can be changed by altering the number in the box showing the %. If parameters of the report need to be changed (a date, service, status, etc), make the change on the left hand side of the screen and hit Refresh Report to preview the report with the new parameters. To print the report, click on the Print Report button. If you want to save the new parameters you can click Save and Close or if you just want to quit you can click Close report.



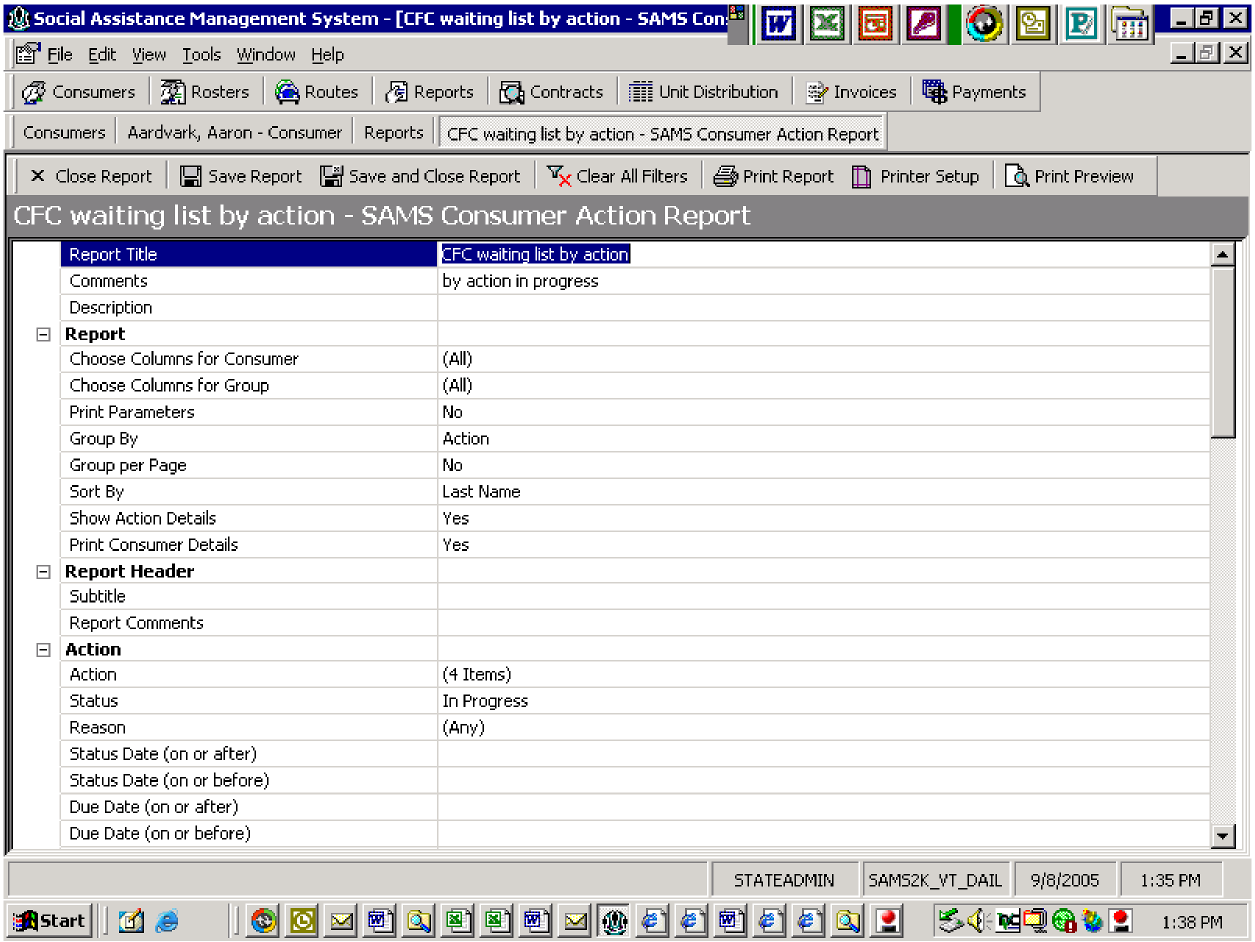
Consumer Action Reports

When you click on Consumer Action Reports you see all previously defined reports. Most significant for this manual are the waitlist reports and the messaging reports.



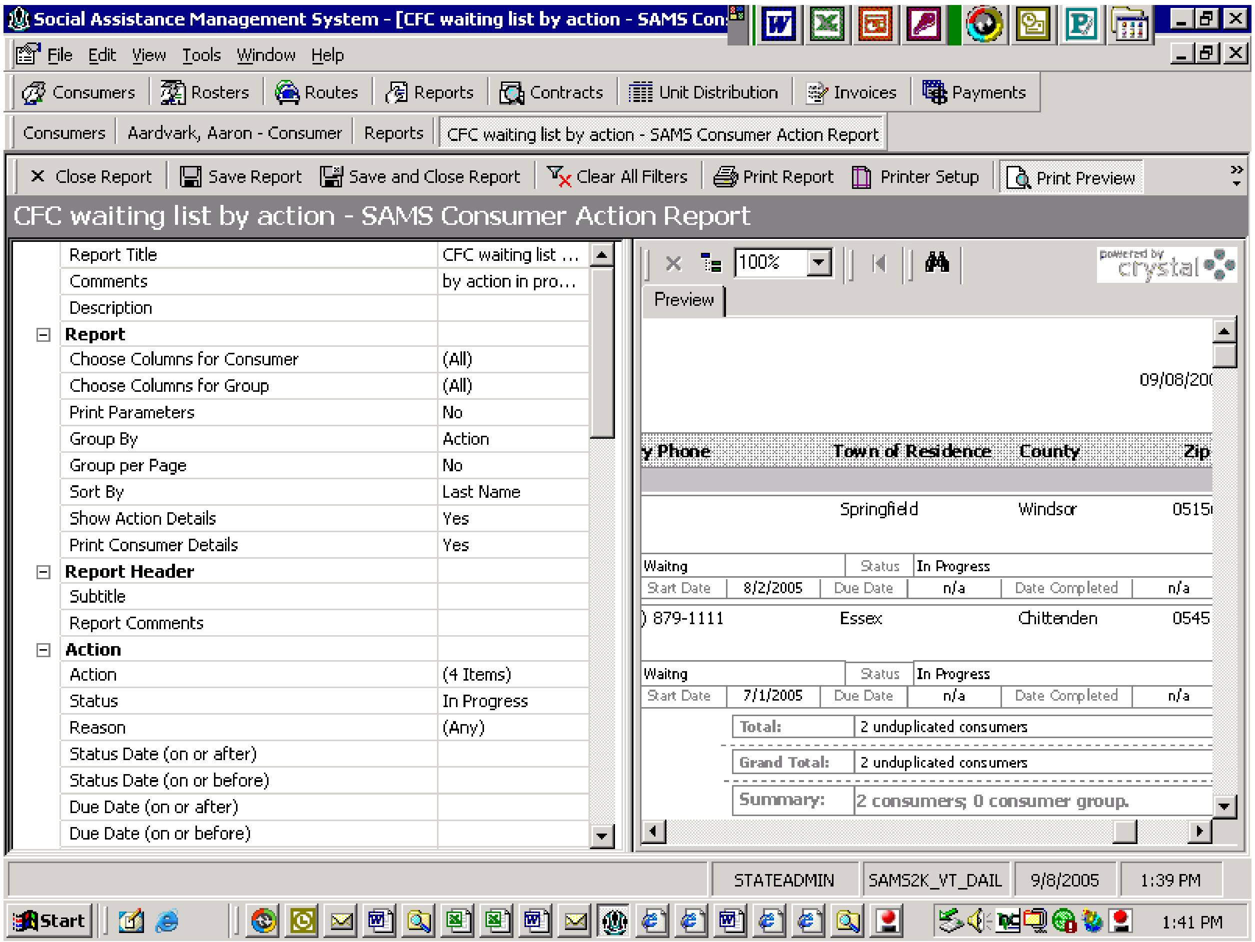
CFC Wait List Report

Double clicking on the CFC wait list by action in progress will show the selection criteria for consumers currently on the wait list.



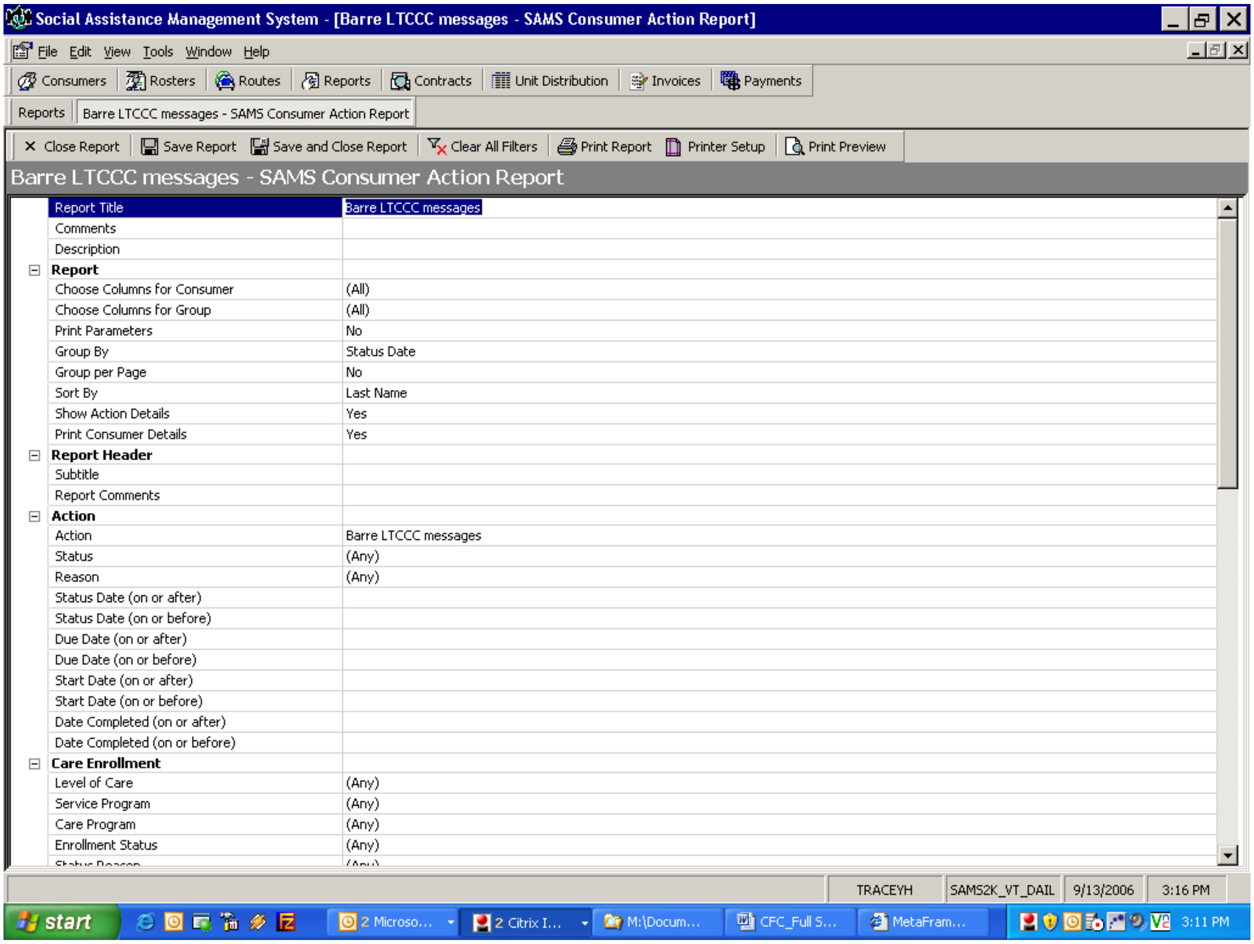
CFC Wait List Preview

The report is shown when preview is clicked and it is sorted by last name according to the criteria chosen below. It also shows totals. This report can be used for historical data on waiting list by selecting dates for the action. There will need to be some custom reports written to show consumers by waiting list score.



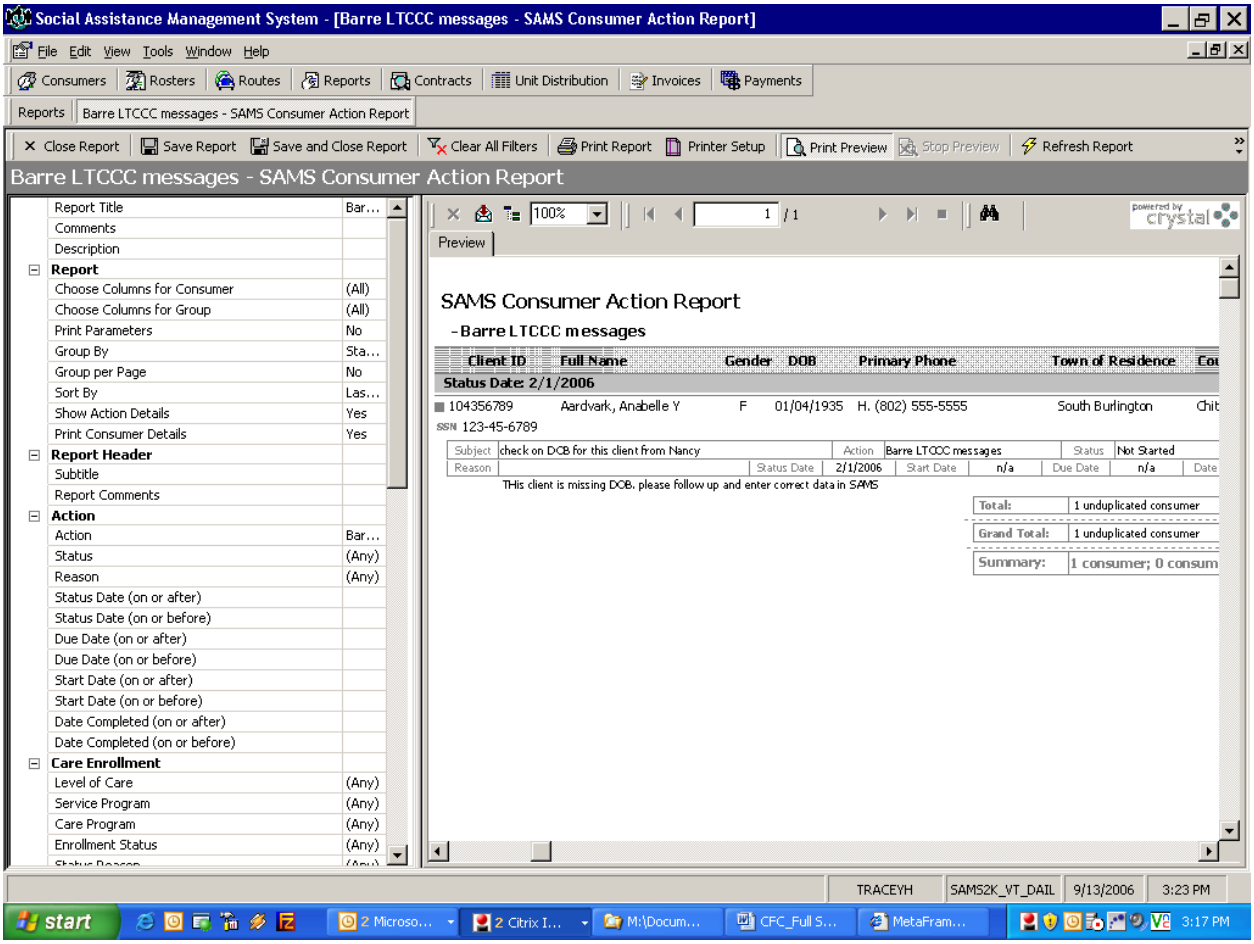
LTCCC Messaging Reports

For this example, we'll use the Barre LTCCC messages report. Double clicking on the Barre LTCCC messages will show the selection criteria for messages waiting to be read by the Barre LTCCC.



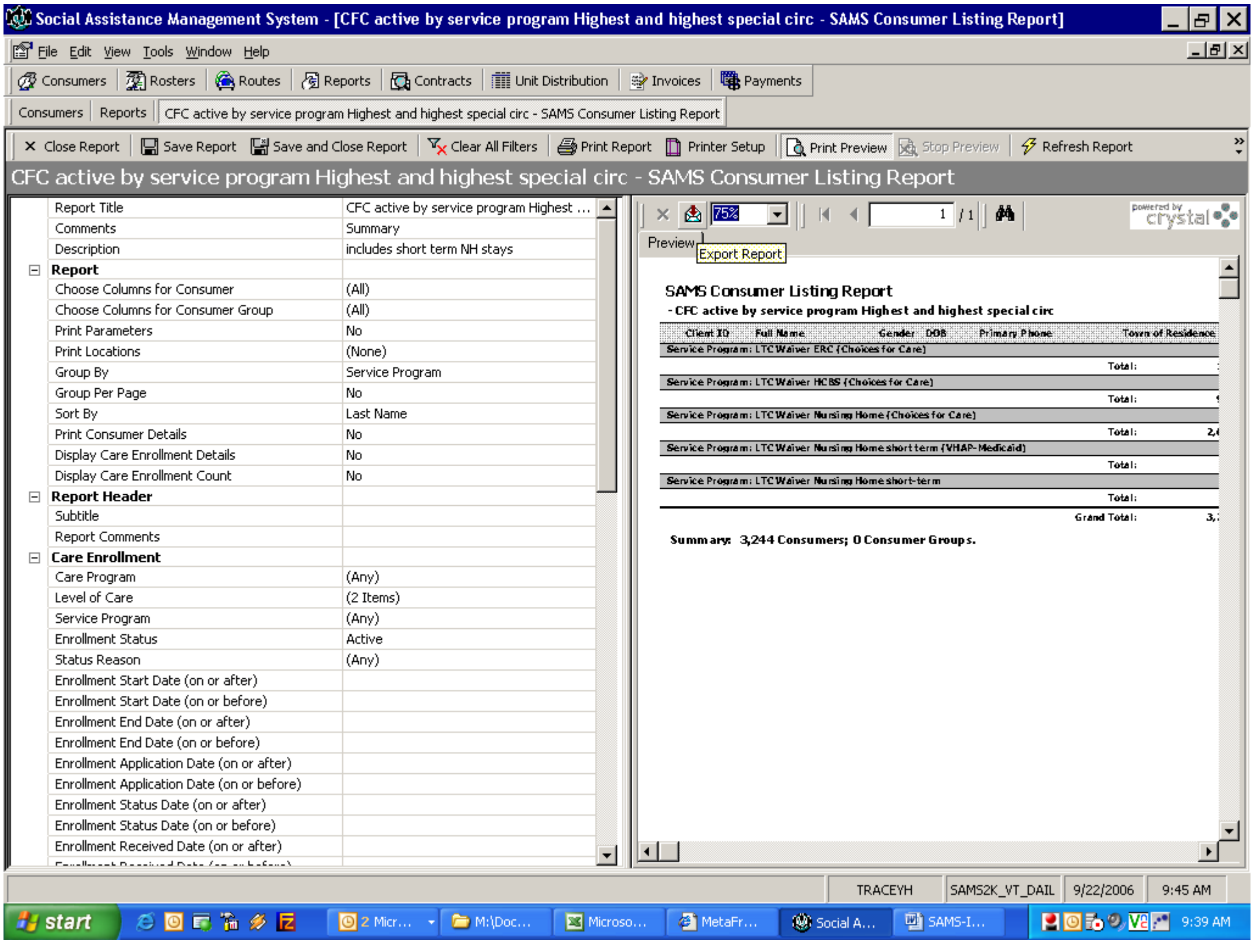
Messaging Reports preview

The report is shown when preview is clicked and it is sorted by last name according to the criteria chosen below. It also shows totals. These reports are used to transfer messages regarding consumers between LTCCCs and their supervisors in a confidential manner.



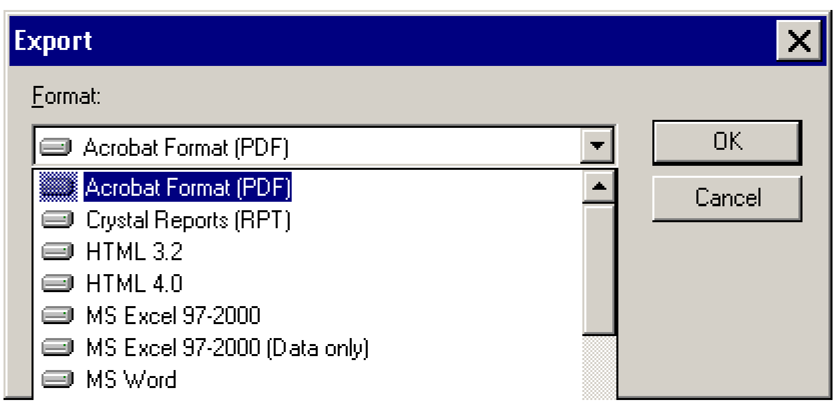
Exporting Reports

Another option is to export the report (save it to a file) by clicking on the envelope.



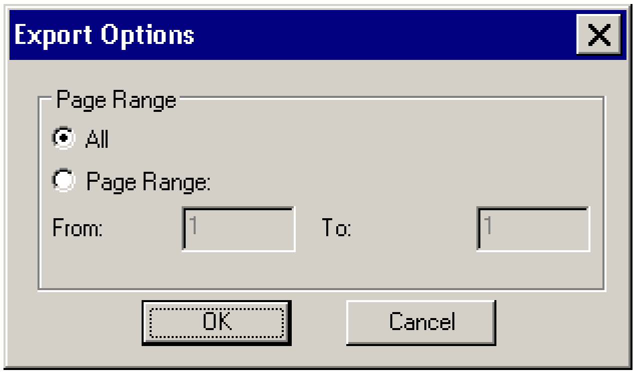
Format Option

After clicking the export envelope, the following dialogue box will appear. Choose which format to save as and click OK. Options include formats such as PDF (Adobe) and Microsoft Excel and Word.



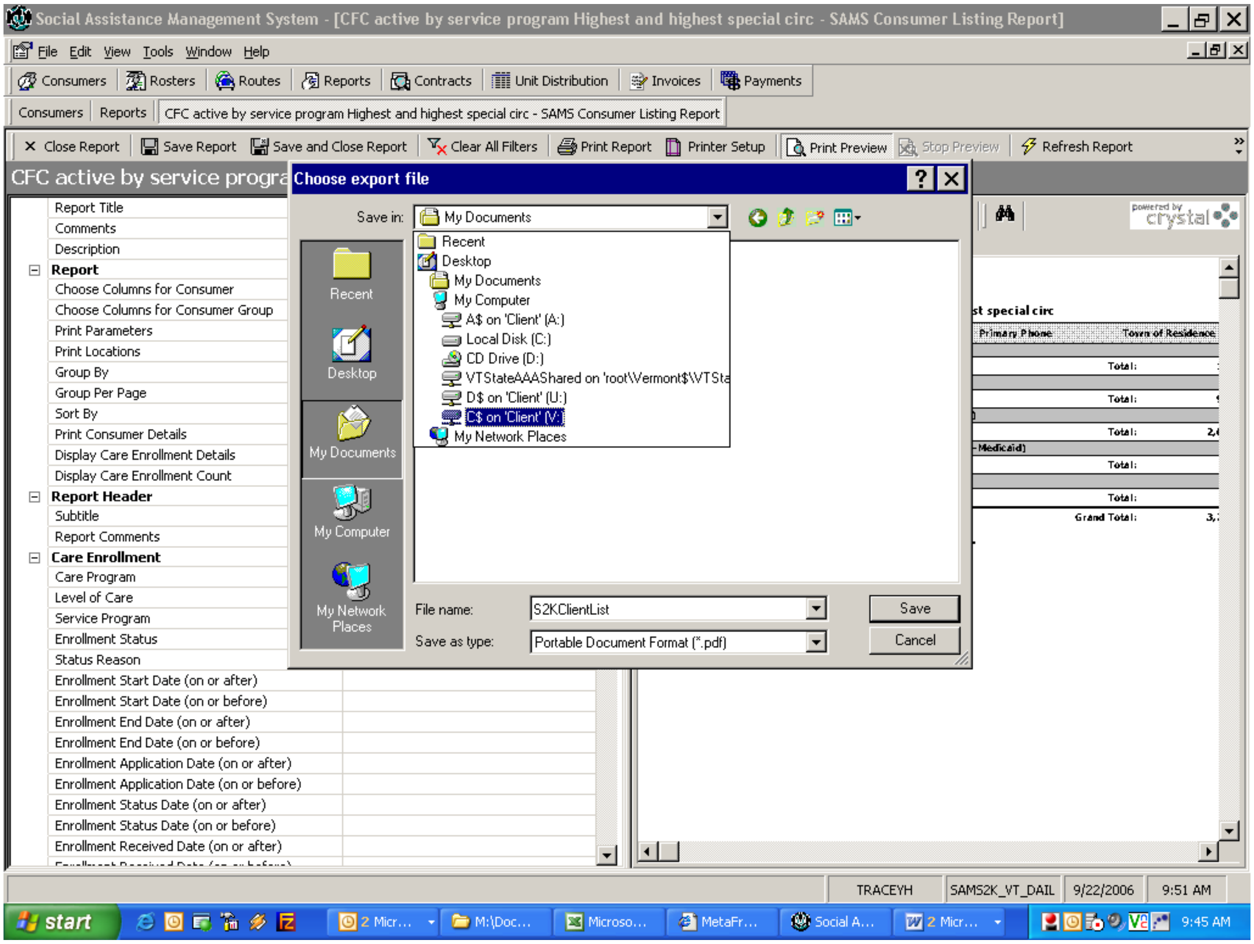
Export Page Range Options

Clicking OK will cause the dialogue box below to appear. Here, it is possible to export or save all pages in the report or just a specified range of pages. Once the appropriate options is chosen, click OK.



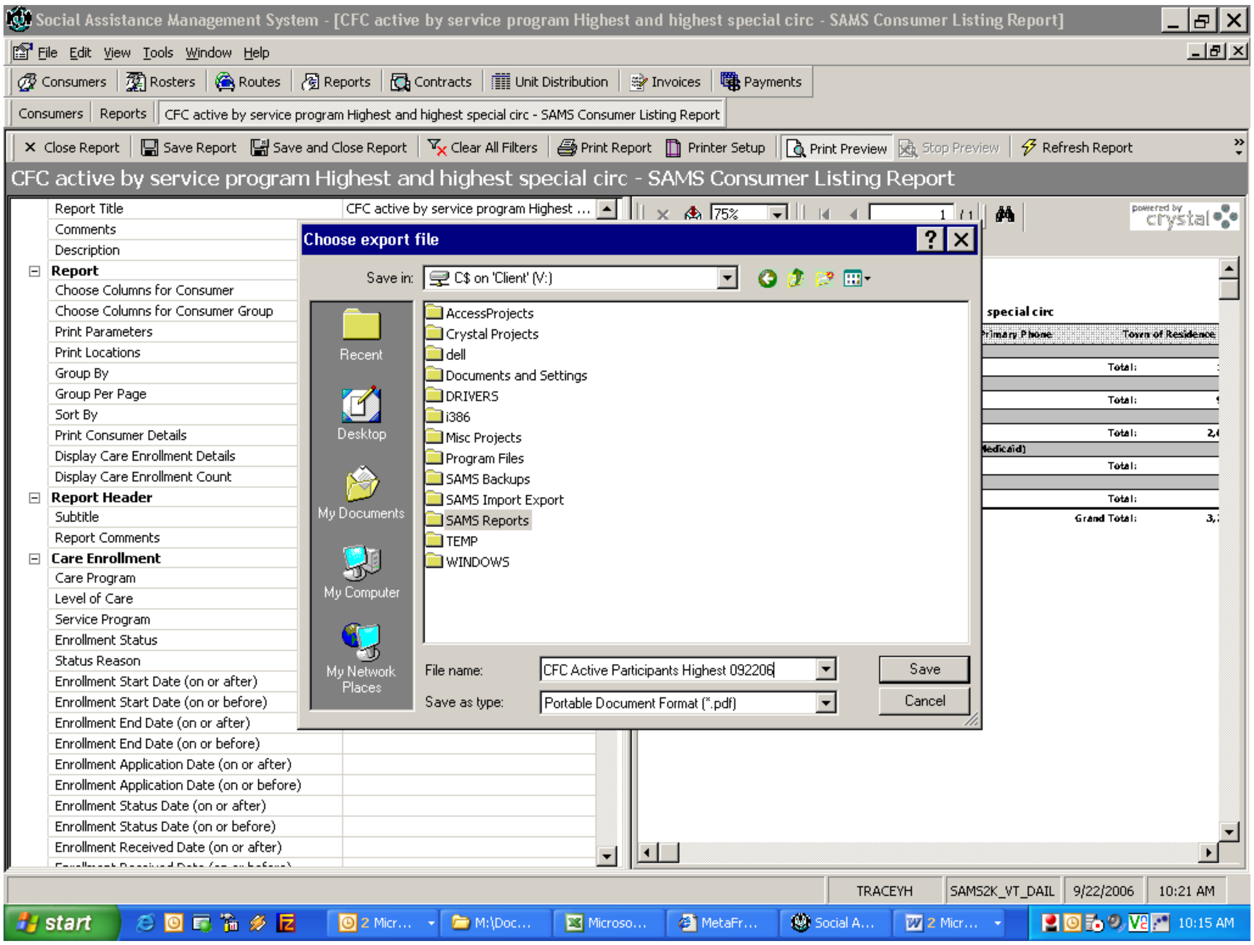
File Location Options

The screen below will appear once the Page Range option is chosen. First, choose where to save it by clicking in the save in arrow. Usually, files will be saved on “C$ on Client V:” as shown below. This will save the file to computer’s C: drive hard disk. Files may also saved to a floppy disk in the computer’s A: drive by choosing “A$ on Client A:” in the choices below.



In this example, the file will be saved on the C: drive of the computer. After choosing “C$ on Client V:”, the folder under the C: drive will appear in the folder list. To save in a folder under the C: drive, double click the folder to open. Below, the folder “SAMS Reports” has been highlighted. After double clicking the folder in which to save the file, give the file an appropriate file name in the File Name field, such as a description of the report and the date the report was run. For this example, the file has been named “CFC Active Participants Highest 092206”.

After the File name has been entered, click Save to save the file. The file can then be printed from another program such as Microsoft Word or Adobe Acrobat. The file can also be sent electronically via email attachment. For email attachments, it is required that the file be zipped and password protected.

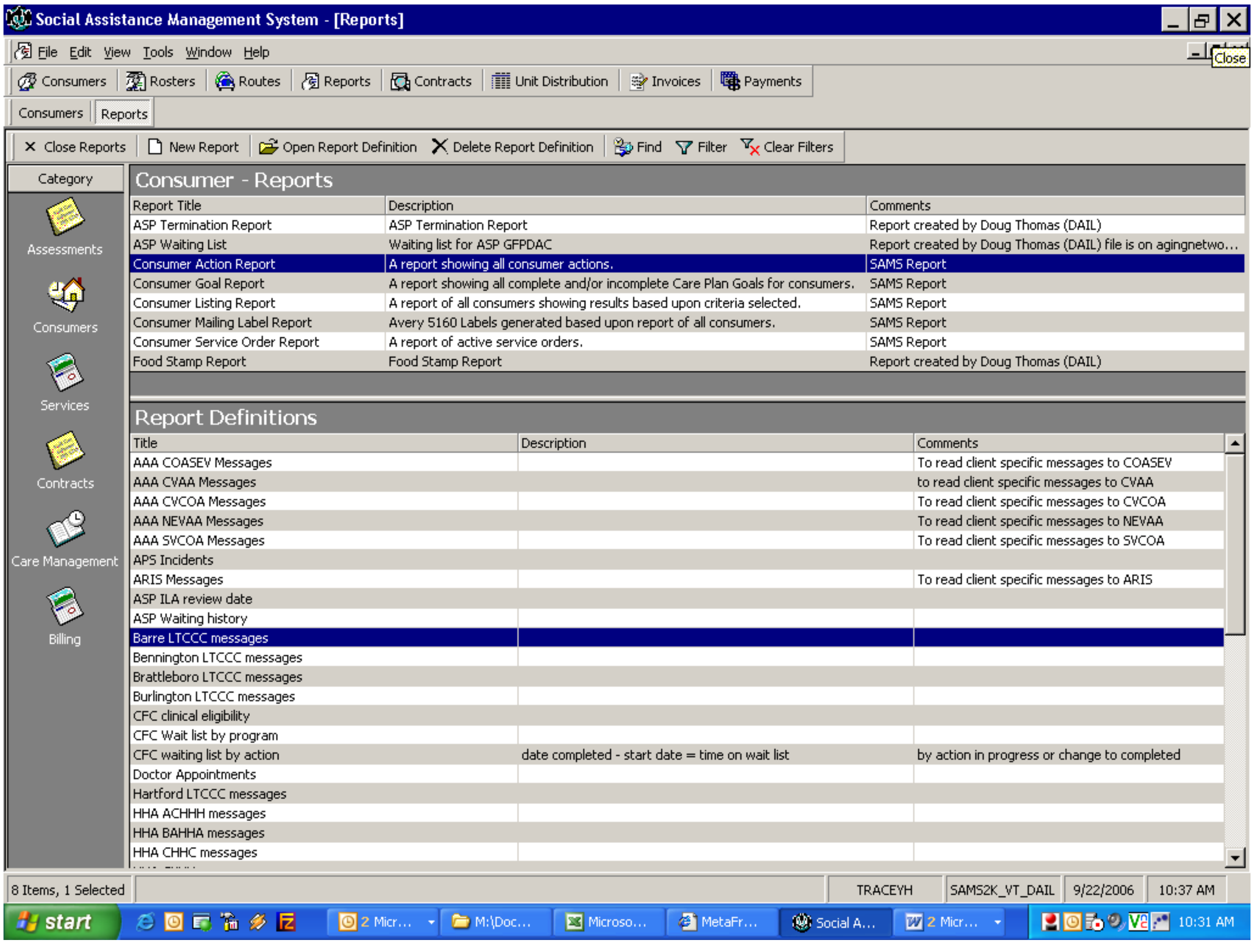


Close Reports

To exit the report, click Close Report in the upper left of the screen above the report criteria.

10. LOGOFF or Exit SAMS

To logoff at any time, simply click the highest X in the top right corner. If you get a message to save data, click Yes to save.



Glossary of Terms

<u>AAA</u>: Area Agency on Aging

<u>Activities of Daily Living (ADL)</u>: ADL means dressing and undressing, bathing, personal hygiene, bed mobility, toilet use, transferring, mobility in and around the home, and eating.

<u>Agency</u>: A private non-profit organization which provides care or services.

<u>Agency of Human Services</u>: The Vermont state agency responsible for oversight of the Department of Disabilities, Aging and Independent Living (DAIL).

<u>Applicant</u>: An individual who has applied to the Choices for Care, VT Long-Term Care Medicaid program to receive services.

<u>Area Resource for Individualized Service (ARIS)</u>: A private non-profit organization currently under contract with the State acting as the Intermediary Service Organization (ISO) for consumer and surrogate directed services.

<u>Assessment</u>: The tool and process used to document an individual's strengths, needs, and unmet needs as they relate to health, social and functional status. The assessment is used to determine clinical eligibility for Choices for Care, VT Long-Term Care Medicaid.

<u>Caregiver</u>: A person who provides personal care (for reimbursement or as a volunteer).

<u>Choices for Care (CFC)</u>: The program name used to identify the new Vermont Long-Term Care Medicaid, (1115 Waiver) program.

<u>Choices for Care Team</u>: Previously known as the "Medicaid Waiver Team", the group of local provider agencies and other relevant organizations which meets on a regular basis to collaborate in managing Choices for Care, VT Long-Term Care Medicaid services, in accordance with the local/regional protocol.

<u>Consumer/Client</u>: A person who has applied for services or who receives services.

<u>Consumer-Directed Service</u>: Services directed by the participant, functioning as an employer of paid caregivers.

<u>Department for Children and Families (DCF)</u>: The state department within the Vermont Agency of Human Services (AHS) with primary authority for the state financial eligibility determination for Choices for Care, VT Long-Term Care Medicaid services. DCF is also responsible for administration of other state health care and financial benefits for Vermonters.

Department of Disabilities, Aging and Independent Living (DAIL): The state department within the Vermont Agency of Human Services (AHS) with primary authority for the state management, approval, and oversight of Choices for Care, VT Long-Term Care Medicaid services.

Division of Disability and Aging Services (DDAS): The division within the Department of Disabilities, Aging and Independent Living (DAIL) that is responsible for managing the Choices for Care, Long-Term Care Medicaid program.

Employee: A person who provides care or services and receives reimbursement from another individual or organization.

Employer: A consumer, surrogate, or organization that manages and supervises Choices for Care, VT Long-Term Care Medicaid services employees.

Estate Recovery: The process in which the Office of Vermont Health Access (OVHA) may recover the cost of Choices for Care, Long-Term Care Medicaid services that have been provided to an individual and paid for by the State of Vermont. The process of Estate Recovery occurs after the individual has passed away and is done through the probate court process.

High Needs Group: Individuals who have been found to meet the high needs group clinical eligibility criteria and have been authorized to receive services.

Highest Needs Group: Individuals who have been found to meet the highest needs group clinical eligibility criteria and have been authorized to receive services.

Home Health Agency (HHA): A Medicare Certified home health care agency authorized to provide Choices for Care, VT Long-Term Care Medicaid services.

Instrumental Activities of Daily Living (IADL): Means meal preparation, medication management, phone use, money management, household maintenance, housekeeping, laundry, shopping, transportation, and care of adaptive equipment.

Independent Living Assessment (ILA): An assessment tool used to document an individual's strengths and needs as they relate to health, social and functional status in the home-based setting.

Individual: A person who has applied for or is participating in "Choices for Care", VT Long-Term Care Medicaid.

Legal Representative: An individual who has the legal authority, via a power of attorney document or court appointed guardianship, to make decisions or perform certain activities on behalf of another person.

Long-Term Care: Care and services provided to an individual on an ongoing basis for the purpose of accomplishing Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's). Long-term care is "non-acute" in nature.

Office of Vermont Health Access (OVHA): The State agency responsible for the management of Medicaid and other publicly funded health insurance programs.

Participant: A person who has been found eligible and receives Choices for Care, VT Long-Term Care Medicaid services.

Patient Share: An individual's monthly share of the cost of Choices for Care, Long-Term Care Medicaid services as determined by the Department for Children and Families (DCF). The amount of an individual's patient share (if any) is based on the individual or couples monthly income.

Personal Care Attendant (PCA): A person who is employed to provide personal care services.

Personal Care Worksheet: The tool used together with the Independent Living Assessment (ILA), to estimate the amount of personal care services that may be provided in the home-based setting.

Primary Caregiver: A person who provides personal care and/or supervision on an ongoing basis, without pay.

Provider: An individual, organization, or agency that has been authorized by the Department to provide Choices for Care, Long-Term Care Medicaid services.

Recipient: A person who receives services.

Reimbursement: Payment for services which have been provided by a person or organization.

Service Plan: A form which identifies the Choices for Care, Long-Term Care Medicaid services which may be provided to a participant within a specified time period, and which when approved by DAIL gives provider organizations authority to provide services and submit claims for reimbursement.

Special Circumstances: Consumer would not normally meet eligibility criteria; however there are special circumstances which allow consumer to be enrolled in Choices for Care.

Surrogate: A person who acts as an employer and manages employees on the behalf of the participant.

Surrogate-Directed Services: Services which a surrogate directs on behalf of a participant, functioning as the employer of paid caregivers (employees).

Utilization Review (UR): A Department of Disabilities, Aging and Independent Living (DAIL) review process intended to assure that the Choices for Care, VT Long-Term Care Medicaid service type and volume are appropriate to meet the needs of eligible individuals, while remaining as efficient as possible.