

# Jeopardy

For Service Coordinators!



Intake Process	Service Plans	Monitoring	Pre-Screening Procedures	
<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	FINAL JEOPARDY
<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	
<u>30</u>	<u>30</u>	<u>30</u>	<u>30</u>	
<u>40</u>	<u>40</u>	<u>40</u>	<u>40</u>	
<u>50</u>	<u>50</u>	<u>50</u>	<u>50</u>	

# Question 1 - 10

The term used for any resident/member who is receiving services and/or monitoring from the SC.

# Answer 1 – 10

## “ACTIVE CLIENT”

All residents/members are potential clients of the SC.



# Question 1 - 20

The frequency in which the SC should offer services to residents/members.

# Answer 1 – 20

“ANNUALLY”

SCs should keep record of these outreach dates, along with monitoring schedules for active case loads.



# Question 1 - 30

According to our current case management procedures, what verbiage is used on the confidentiality form in addition to your signature?

# Answer 1 – 30

## “HANNAN SERVICE COORDINATION TEAM”

All confidentiality forms need to be updated with this verbiage. The release will apply to all Hannan/QA staff and co-SCs.



# Question 1 - 40

What two entities should have signed consent to release information forms in every active client's file?

# Answer 1 – 40

## “HUD AND THE EMERGENCY CONTACT”

Releases must be updated every 180 days. The resident/member may work with the SC even if they refuse to release their file to HUD. This should be noted on the outside of their hard file and in a progress note.



# Question 1 - 50

What 4 types of forms need to be printed for an active client's hard file?

# Answer 1 – 50

1. RESIDENT INTAKE
2. MONITORING ASSESSMENT  
(SPMSQ/MOOD SCALE)
3. CONSENT TO RELEASE INFORMATION  
FORM(S)
4. CONFIDENTIALITY AGREEMENT

The other forms completed in AASC Online are maintained electronically.



## Question 2 - 10

The Service Plan is included in this section of the client's file.

# Answer 2 – 10

## “PROGRESS NOTE”

The service plan should be labeled with a header within a progress note.



## Question 2 - 20

How often should the Service Plan be updated?

## Answer 2 – 20

“ ANNUALLY, UPON HOSPITALIZATION, OR ANOTHER SIGNIFICANT CHANGE IN THE CLIENT’S CIRCUMSTANCES”

The current goals/tasks of the client should be identified in the updated service plan entry, including new and old goals. If all goals have been achieved this should be noted, along with a monitoring plan.



# Question 2 - 30

**TRUE OR FALSE:** The following areas should be addressed when drafting a progress note with an ISP:

1. Where did the meeting take place?
2. Who was present at the meeting?
3. What was the main reason the client sought SC Services?
4. What documents were signed/completed (and by whom)?
5. What assessments were started/completed?

# Answer 2 – 30

## “TRUE”

A summary of these areas are vital to be able to provide effective and goal-oriented case management services. The ISP identifies and prioritizes the client's needs.



# Question 2 - 40

What HUD criteria is important to document in the Service Plan for active clients?

# Answer 2 – 40

“THE CLIENT’S FRAIL OR AT-RISK STATUS”

This information is determined through use of the ADL assessment.



# Question 2 - 50

Who should be involved in the implementation of the Service Plan?

## Answer 2 – 50

“THE CLIENT, THE SERVICE COORDINATOR,  
AND OUTSIDE AGENCIES”

Since it is a goal of the SC to empower clients, the Service Plan should include some activities that the client is responsible for completing. The support of outside agencies may also be important.



## Question 3 - 10

What assessment is used to determine the frequency of monitoring an active client?

# Answer 3 – 10

## “THE MONITORING ASSESSMENT”

This tool is *not* available in AASC Online. The SC will need to make copies of the tool to use with clients. The hard copy is kept in the client’s folder.



## Question 3 - 20

If an active client has 2 ADL needs selected on the monitoring assessment, how often does the client need to be monitored by the SC?

# Answer 3 – 20

“EVERY 90 DAYS/QUARTERLY”

The ADL assessment is used to complete the Monitoring Assessment. Three ADL needs (bathing, continence, dressing, eating, toileting, transferring) on the Monitoring Assessment form indicates that the client should be monitored every 30 days.



# Question 3 - 30

According to the Monitoring Assessment what two circumstances require the member to be monitored every 30 days for 3 months?

# Answer 3 – 30

- “1. RECENT HOSPITAL DISCHARGE
- 2. RECENT DISCHARGE FROM NURSING HOME”

A client is more vulnerable upon discharge from these facilities and monthly monitoring from the SC supports the member during these care transitions.



## Question 3 - 40

Name four areas on the Monitoring Assessment that require monthly monitoring.

# Answer 3 – 40

- “1. DIAGNOSIS OF DEMENTIA
2. IMPAIRED COGNITION
3. LIMITED OR NO FORMAL CARE NETWORK
4. SOCIAL ISOLATION
5. UNDERTREATED/UNTREATED MENTAL HEALTH ISSUES
6. DEPENDENCY IN 3 OR MORE ADL CATEGORIES
7. LACK OF ACCESS TO HEALTHCARE
8. SIGNIFICANT FINANCIAL STRUGGLES
9. SUSPECTED ABUSE, NEGLECT, OR EXPLOITATION OF CLIENT”



# Question 3 - 50

What is the purpose of the Mood Scale and Short Portable Mental Status Questionnaire (SPMSQ)?

# Answer 3 – 50

“TOOLS THAT ASSIST THE SERVICE COORDINATOR WITH ASSESSING THE CLIENT’S COGNITION AND MENTAL HEALTH ISSUES.”

These are optional tools that the SC can use to assess potential cognitive and mental health issues.



# Question 4 - 10

When should the SC use the prescreening procedures?

# Answer 4 – 10

## “WHEN A SC IS CONSIDERING THE ADDITION OF A SERVICE PROVIDER TO THEIR RESOURCE DIRECTORY”

The following providers require prescreening:

1. Home Health Care Agencies (insurance and private duty.
2. Hospice Agencies
3. Physicians
4. Ancillary medical service providers (dentist, podiatrist, counseling)
5. 5. Housekeeping agencies



# Question 4 - 20

How should the SC screen a homecare provider that is private-pay and does not accept health insurance?

## Answer 4 – 20

“THE SC SHOULD MEET WITH THE SERVICE PROVIDER AND ASK THE INTERVIEW QUESTIONS”

Three prescreened referrals of this nature should be in the SC’s resource directory, so that the SC is not perceived as recommending a single provider.



# Question 4 - 30

What is the protocol if a service provider does not sign and return the Vendor Solicitation Agreement form?

# Answer 4 – 30

“THE SC MAY NOT USE THIS RESOURCE AS A REFERRAL”

It is to the service provider’s advantage to be on the SC’s Resource Directory. The SC needs to have a total of 3 service providers per resource category.



# Question 4 - 40

The AAA in the area has a home care program on their preferred provider list. Should the home care program be vetted?

# Answer 4 – 40

“NO. THE PROGRAM DOES NOT NEED TO BE VETTED.”

SCs only need to vet individual providers that provide the services listed in the pre-screening procedures, if they are not already vetted by the AAA.



# Question 4 - 50

What is the purpose of the Prescreening Procedures?

# Answer 4 – 50

“TO DECREASE THE PROBABILITY OF UTILIZING SERVICE PROVIDERS WHO ARE NOT ACTING IN THE CLIENT’S BEST INTEREST.”

Although these procedures may have some limitations, they are a standardized way of evaluating services across the state.



# FINAL JEOPARDY!

Name one organization—other than HUD—that sponsored early demonstration programs in the 1990s to support Service Coordination.

# FINAL JEOPARDY ANSWER

“ROBERT WOOD JOHNSON FOUNDATION,  
NATIONAL ASSOCIATION OF STATE HOUSING  
AUTHORITIES, U.S. ADMINISTRATION ON  
AGING”



All case management procedures are located on the Remote Desktop Shared files under:

**Program Staff--Service Coordination-- Case Management Procedures**

Please touch base with your supervisor if you have questions! We are here to help support you!