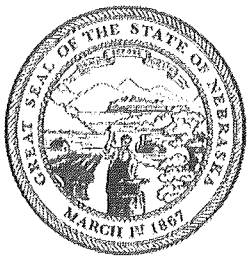
NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

NEBRASKA STTE UNIT ON AGING

APPLICATION

FOR RECERTIFICATION OF A CARE MANAGEMENT UNIT

Applicant Name: Aging Office of Western Nebraska

Street Address: 1517 Broadway Suite 122

City/State/Zip: Scottsbluff, NE 69361

Contact Person (Include Address and Telephone if different from above): Cheryl Brunz 308-635-0851

DIRECTIONS FOR APPLICATION FOR RECERTIFICATION

1) Complete this form, attach necessary information, and submit no later than March 31, 2021 to: DHHS.Aging@nebraska.gov

2) A. If the Provider is a corporation, attach a resolution that has been adopted by the Governing Unit of the Care management Unit's Provider Organization approving Application for Recertification; and

   Provide for the signature of the chairperson of the Governing Unit to the statement below:

   I, **Larry Engstrom** chairperson of the **Aging Office of Western Nebraska** certify that the Governing Board has authorized application for recertification of the Care Management Unit with Planning and Service Area **PSA Letter L.**

   Date: Signature: Larry G. Engstrom
   Title:

   B. If the Provider of a Care Management Unit is a sole proprietorship or partnership. Provide for the signature of the duly authorized person to the statement below:

   I, **(Name and Title)**, of **(Name of Agency)**, certify that I am the authorized agent of the above organization and am authorized to apply for recertification of the Care Management Unit within Planning and Service Area **(PSA Letter)**.

   Date: Signature:
   Title:

3) Attach to this application form your current Care Management Unit Plan of Operations as well an attachment indicating any change proposed to the Care Management Unit's current certified Plan of Operation which is to be effective with Recertification, along with explanation supporting the reasons for any proposed change.

Choosing Home Or In Community Elder Services

CHOICES

Welcome to the exciting and rewarding career of Care Management!

You have chosen to enter a very unique and challenging field of Gerontology. Enclosed is summary of Care Management and a brief outline of your position as a care manager. Also included are some helpful hints and training pointers.

As our population grows older, the demands on care systems are changing. Need is increasing rapidly, the costs are increasing even more rapidly, and the resources available are dwindling in relation to the growing field.

The structure of a Long-Term Care service system is one of the predominately private entities operating in a free enterprise, fee-for-service, and competitive environment. In such an environment, the consumers of long-term care are predominately vulnerable individuals of advanced age who need to be accurately informed of their right to make their own choices regarding their care. Within Care Management, highly skilled caseworkers work to provide this information regarding choice through guidance and individually coordinated services.

CHOICES for long term care has been developed to be a modification and improvement to the current long term care system. CHOICES establishes a review process which coordinates the use of public and private resources to the maximum benefit, and strives to maintain elderly independence in a safe, least restrictive environment. Both consumers and taxpayers are greatly benefitted as these services drastically lessen the cost for long term care, which is primarily a public cost.

The established system will employ several components which are necessary for the success of the program-

1. Visibility – Program existence awareness;
2. Referral – Client identification;
3. Pre-screening – Determination of need(s);
4. Individual Assessment/evaluation – Comprehensive client review of:
    - Economic status;
    - Medical status;
    - Emotional status;
    - Functional status;
    - Mental status;
    - Environmental status; and
    - Nutritional status;
5. Care-Plan – Identification of necessary support systems to meet needs;
6. Coordination – Arrangement and assurance of service delivery; and
7. Follow-up – Verify effectiveness and determine need for change.

This represents a very brief statement of the coordination within the Care Management System assisting AOWN in developing its philosophy.

STATEMENT OF PHILOSOPHY

The Statement of Philosophy is the promotion of creative, positive interdependence for the elderly within the Panhandle by utilizing appropriate community resources when total independence is no longer a reality.

AOWN maintains the philosophy of developing a community based long-term-care system which enables individuals to live their lives with the most independence and choices possible when faced with the problems related to deteriorating health, financial and social status. This is philosophy is attainable with the coordination within the Care Management System as it is sensitive, systematic, and affordable when responding to the needs of older individuals whose personal resources are overwhelmed or limited.

The overall expected outcome of care management is that the client will be empowered as much as possible all the while utilizing community resources to maintain as much as possible. Creativity in this program is also pivotal as barriers arise. At times, self-sufficient individuals struggle when faced when they begin losing their independence and learning to ask for and accept help. The Care Management staff is mindful regarding these barriers as the purposed of the CHOICES is to allow and individual to feel a sense of control over their life and subsequent choices.

The mission of CHOICES is as follows:

1. To find those individuals, primarily 60 years old and older, who need assistance to remain safely in their homes or the homes of family members.
2. To help those individuals, 60 years old and older, by coordinating community services to prevent premature institutionalization.
3. To network with all existing community resources and informal support groups on behalf of the client.
4. To help establish community resources which are needed for full implementation of care plans to be used in Care Management.
5. To be person centered, allowing the client to maintain as much independence as possible over the choice and direction of their lives.

GETTING TO KNOW AOWN

AOWN is just one of eight Agency Areas on Aging (AAA) designated in the State of Nebraska. It maintains the mission of providing a comprehensive and coordinated services delivery system to assist elderly citizens to remain safe and independent on their home and community.

AOWN is created as a unit of local government by a consortium of counties of the Panhandle of Nebraska (known as PSA-L) who are concerned for the well-being of their older residents.

The AOWN is an agency formed by a Governing Board of County Commissioners and managed by our Executive Director. The AOWN has several programs available as we fund Handyman, the Nutrition Program, and coordinate many other services.

Below is a brief summary of some of the most used programs and agency of which AOWN utilized.

Medicare:

Medicare is the primary health insurance for the majority of persons over the age of 65. Part A is hospital insurance and Part B is for physicians, x-rays, and medical equipment. Supplemental policies are usually designed to cover what Medicare does not cover. Each policy is different and clients need to be sure that the policy is worth the additional premium. Contact your local SHIIP office or insurance company of choice for more information.

Social Security:

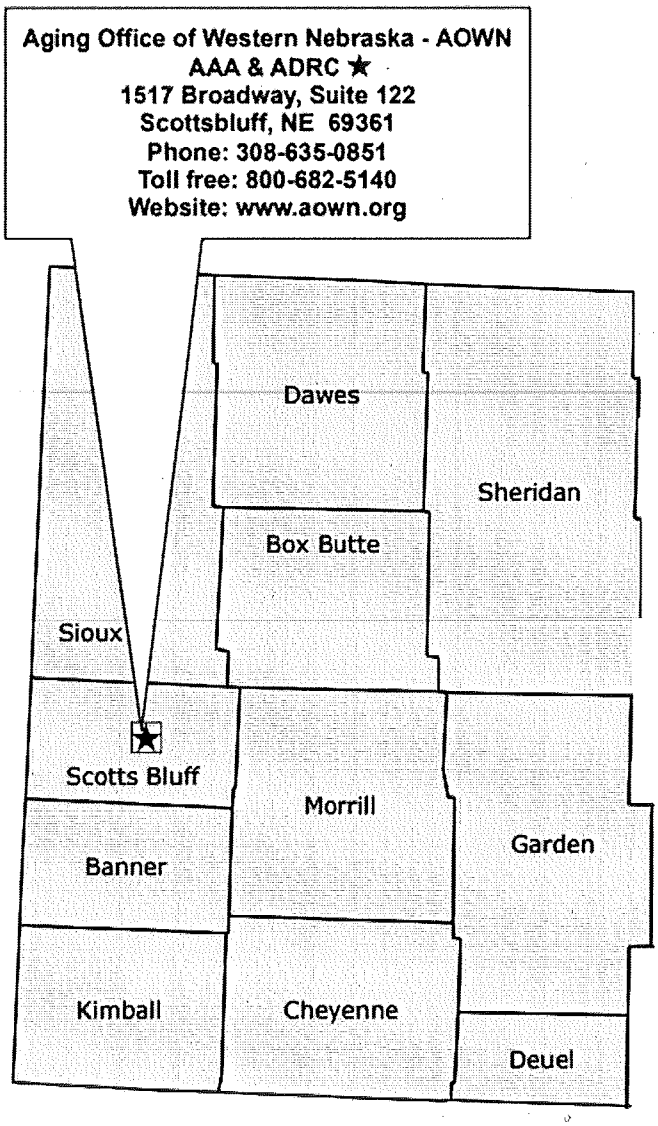
Social Security is a program which pays monthly benefits after the age of 62 or 65 in most cases. There is also Social Security available for younger persons who are disabled. The amount of the benefit depends on how much was paid through years worked. This is the primary source of income for the majority of elderly clients, and in most cases, the only source of income.

Medicaid (Title XIX):

This is a State funded program through DHHS which provides medical assistance and assistance for individual needs for those with low income at no additional co-insurance**. It can** pay for glasses, dental, medications, and for personal caregivers. Income guidelines and asset guidelines are low.

Medicaid Wavier:

This is a federally funded program that supplies clients with services to give them the ability to choose their place of domicile as a primary goal is to prevent placement in a nursing facility. Services rendered include meal assistance, caregiving, transportation, and housekeeping. All referrals are given to the CHOICES Supervisor whereupon eligibility would be determined as clients must meet certain criteria. Needs are continually reassessed by the Services Coordinator.



Title XX:

This program is administered through DHHS. It can provide meals, caregiving, housekeeping, yard work, and other needs. Guidelines for this program are less restrictive.

Adult Protective Services (APS):

This program is administered through DHHS to protect the safety of clients in situations where abuse or neglect is suspected. When abuse or neglect are suspected, referrals are made to the APS worker or to the Nebraska Abuse and Neglect Hotline at 1800-652-1999. Once referrals are received, the APS

worker follows their set of guidelines to determine if the referral is indicative of abuse or neglect, and case management services will be rendered if applicable.

Department of Health and Human Services (DHHS):

This is an agency through the State of Nebraska. Its function is to service low-income individuals or families with various programs. Programs can include Title XIX, Title XX, Medicaid Waiver, Energy Assistance, Supplemental Nutrition Assistance, and several more. Income guidelines are determined on individual basis in accordance with the state budget.

Community Action Partnership of Western Nebraska (CAPWN):

This agency provides weatherization, emergency food supplies, and additional supports. Commodities for the elderly can be obtained monthly by signing up for this program.

Disabled Persons and Family Support (DPFS):

This program is through DHHS and is designed to assist families with caregiving in their home, medication management, respite, and more.

Emergency Response System (ERS):

The ERS is a device that can be utilized in the case of an emergency. The ERS can come in the form of a necklace or a watch. When the individual activates the device, they are either routed to an emergency response team or 911 depending on their location. Costs vary on a sliding fee scale and can be determined by a Services Coordinator.

Handyman –Handibus:

This program offers housekeeping assistance, chore assistance, and snow removal. They can also do minor repairs. The fee is based on a sliding scale. There is also the Handibus to help assist clients to and from a desired location. The fee for this service is nominal and based upon on a one way trip.

Nutrition Sites:

Senior Centers throughout the Panhandle offer daily meals for a suggested contribution. These meals do not include special diets. The Nutrition Site will have a list of locations where meals are prepared. Some sites have meals that are delivered to the home and/or some have congregate meals.

Meals on Wheels:

This is a program through the RWMC Volunteer Bureau which delivers meals that are either regular or specialized in their diet. The Volunteer Bureau can be contacted at 308-632-3736 for a current price list.

Housing Authority:

The housing authority has special housing units which are subsidized in part by the Federal government. Clients pay 1/3 of their income to rent these units.

Section 8 is a program that allows private landlords to rent apartments and homes to qualified, low-income tenants. Section 8 is funded though the U.S. Department of Housing.

Legal:

The Legal Aid program provides a wide variety of legal assistance. Individuals seeking legal aid can begin their request by calling the Legal Aid Hotline number at 1-800-527-7249.

Care Management:

Assessment of the clients: use the standardized assessment form from the Nebraska State Unit on Aging. Try to get all the forms filled out on the first visit, if possible. Use professional judgment, when it calls for you to assess the client.

Determine the need and discuss this with the client, usually this can be done right away. If in doubt, tell the client you will get back with them as soon as you determine if there are any programs available to assist. **Never** promise the client anything. If you break a promise, you lose the trust of the client, and it tarnishes the image of the agency! You must earn the trust and respect of the client, and breaking promises is not the way to do that. Be sure to send the physicians letter and summary, note it on the chart, and be sure to send a self-addressed stamped envelope.

Write a care plan at the time of the interview, with observations, and needs that the clients request. We cannot help in every aspect, but we certainly look into every alternative that is available.

You may make telephone calls for follow-up visits or as directed by the client when appropriate. Some clients need to be seen more often such as monthly and bi-monthly. You can use your professional judgment. Certain times call for reassessment, like in the case of a death of a spouse, or hospitalization. If a

client dies, send the spouse or family a sympathy card. Also clip the obituary from the paper and place in client's file. Record this change of status on the monthly status form. If the client goes to a nursing home or moves out of the panhandle, these also need to be recorded on a change of status form.

You are responsible for scheduling your assessments and follow-up visits. All files and charting are to be complete by staff meeting. Also your monthly logs are to be completed.

Be sure to chart anything you do for the client and all contact made on behalf of the client. Remember—if it's not charted, you didn't do it. Document your work carefully! Utilize your resources. Make referrals to the appropriate agencies or providers and check with them to assure that coordination has been started.

We are not an emergency referral service, but we do try to get something in place as soon as we can. When a referral is received, it is best practice to reach out to the potential client as soon as possible.

We also do not provide skilled nursing. This is a function of Home Health. If a client needs the services, refer them to Home Health in that area. They work very well with us, and they give us referrals.

When you are doing the initial assessment, be sure to check the client's medications carefully. This includes medications, dosage, frequency, date of the prescription and physician. Many clients often see more than one doctor, and we need to make sure that each doctor is aware of what the other is prescribing in order to prevent a drug reaction. Also encourage the client to use generic medicines whenever the doctor will allow. They can really save the client money.

Use brochures, pamphlets and, recommend support groups when appropriate. Educating the client and or caregiver is essential to good care management.

Encourage Veterans and their spouses to make application to the V.A. home. There is a waiting list of approximately 1 year for veterans, and about 3 years for their spouses. If they are not ready to go in when their name comes up on the list, they can have their name moved down on the client list.

Remember that you are the client's advocate in Care Management. They depend on you to search out and protect their rights and to help them with their needs. Dignity and independence is our primary goal for them as long as it is safe for them, and they are usually better off in their own home.

There are pharmacy handbooks and a PDR in the CHOICES supervisor's office.

***Remember, what you learn from your clients, and about them is confidential!!! This point is very critical for you to understand and as a breach in confidentiality will result in immediate termination.

Hopefully, you have received a very general concept of what Care Management is and what care managers do. What is expected of you in this position is simple: professionalism.

Don't be afraid to talk to your supervisor for help or advice. If you have questions, please ask, there are no dumb questions. To not ask and then waste your time and the supervisor's time trying to correct an error that could have been prevented. IF YOU ARE NOT SURE ASK!!! WE CAN NOT AFFORD TO LOSE ANY ONE FROM "BURNOUT" SO INSTRUCT YOUR CLIENTS AND THEIR FAMILY MEMBERS THAT YOU DO NOT TAKE CALLS ON THE WEEKENDS, EVENINGS, HOLIDAYS OR ANY OF YOUR SCHEDULED DAYS OFF. If you are having trouble with this, please let me know and I will talk to them personally. You will be given a personal orientation by your supervisor, and you may be working with other care managers as needed.

This is a team effort and with all of us working together we can be assured of having the best Care Management Unit.

For a more detailed approach of AOWN's Plan of Operation, please see AOWN's 4 Year Plan for the most current fiscal year.

PROCEDURE TO RECEIVE INPUT

The procedure to receive input from local citizens in the formulation and implementation of the Plan of Operation will be to consult with the Advisory Council in addition to the Governing Board representative of the Aging Office of Western Nebraska consistent with The Older American's Act, Sections 306(a)(6)(D) and 307(a)(11)(A), respectively.

The Advisory Council meets on the Monday preceding the second Thursday of each month. These meetings are open to the general public. The Advisory Council is comprised of persons age 60 or older, with one representative from each participating county.

The Governing Board meets on the second Thursday of each month. These meetings are also open to the general public, unless otherwise specified for precise and confidential related topics to be released to the public at a later date. The Governing Board is comprised of one County Commissioner from each participating County.

The Plan of Operation and any recommended amendments are initially presented to both the Advisory Council and the Governing Board before being submitted to the State Unit on Aging (SUA) for final approval if so approved.

PROCEDURE TO INFORM

The procedure to inform eligible individuals on a regular schedule and in a comprehensive manner will be to:

1. Continue regular contact with social workers, discharge planners, and interested individuals/organizations at nursing homes, hospitals, or other suitable facilities, both in person and with the use of applicable brochures.
2. Continue regular contact in person and with brochures or resources with senior center and nutrition site managers, as well as persons who attend senior centers.
3. Continue regular contact with VA representatives and case workers at DHHS, both, in person and with the use of brochures and other applicable aids.
4. Continue to make pertinent professional, educational, and other resourceful speakers available to significant and interested organizations.
5. Continue regular contact with clergy and church groups, and other faith or spiritual based organizations.
6. Make appropriate press/media releases available, utilizing the newspaper, radio, TV, and various social media resources when conducive for optimal outreach.
7. Informing physicians is accomplished by sending a letter and a form requesting a physician summary as each client is assessed, with the CHOICES brochure and the card of the Care Manager enclosed.

PROGRAM EVALUATION

The methods used to evaluate the attainment of goals and objectives are as follows:

1. Review the written goals, objectives, and projections at the beginning of each fiscal year with the Care Managers and the Executive Director.

2. The evaluation findings will be documented by monthly and year-to-date reports which are presented to the Advisory Council and Governing Board.

3. A review of goals and objectives will be conducted with the Executive Director as well as the Care Managers annually, at the very least.

4. Performance deficiencies noted by review will be addressed through a documented plan of correction.

5. Annual surveys regarding client satisfaction will be distributed to 5% of the Care Management population through both providers for additional assurances.

6. Quality assurances will also be conducted quarterly, consisting of 5% of the Care Management populations utilizing the SUA's most current Care Management QA Review Form. The forms are to be kept within the client's file, detailing strengths in addition to areas requiring immediate correction.

SEPARATION OPERATION

OF CARE MANAGEMENT UNIT

The Care Management Unit shall be operated separately from Direct Care Programs of AOWN or the Direct Care Program of any other provider of a Care Management Unit. The Care Management Unit is a separate, yet widely recognized neutral component within AOWN as recognized and defined by Title 15 NAC and OAA regulations.

Although a part of the CHOICES program, the Care Management Unit is operated as an entirely separate entity within the AOWN organizational structure. All staff employed by the CMU will be governed by approved AOWN personnel policies and procedures, of which have had previous on-going review from the Governing Board. The policies are inclusive of:

1. Hiring, selection, compensation, evaluation, discipline, grievance, supervision, and training;
2. Equal opportunity; and
3. Affirmative action.

Any proposed AOWN Personnel Policy modification will have prior approval by the Governing Board and State Unit on Aging before affecting the CMU.

INTERDISCIPLINARY APPROACH AND PROCEDURE

The Interdisciplinary Team Shall be composed of both formal and informal support systems if client consents to their involvement. Whenever possible and permission is granted to share confidential information, the Interdisciplinary Team will be included in the assessment process, as well as the development and implementation of the Care Plan for the express benefit of the client in need.

The Support Systems to be used for the Interdisciplinary Team approach may include:

Informal Supports include but are not limited to:

1. Family members geographically near or far away;
2. Neighbors and friends;
3. Groups of which the client is/has been a part; and
4. Any other unpaid source of support.

Formal Supports include but are not limited to:

1. Department of Health and Human Services;
2. Nursing homes or assisted living facilities which may be available as creative alternative service providers;
3. Housekeeping services;
4. Transportation services;
5. Nutrition services;
6. Pharmacists;
7. Assistance with insurance claims sometimes provided by doctor's offices or pharmacies;
8. Doctors and their staff;
9. Hospitals, Particularly Discharge Planners; and
10. Any other formal delivery system(s) not otherwise listed.

SERVICE PRIORITY

AND PROCEDURE

All individuals 60 years and older within AOWN's area of operation are entitled to access to Care Management Services. In the event of insufficient funds, clients will be prioritized utilizing the following:

1. All clients at risk for immediate nursing home placement;
2. All clients who are referred by DHHS, hospital, discharge planners, home health care, or physicians;
3. All Clients who are referred by a family member or caregiver who is indicating the need for help;
4. All clients who show any indication of confusion with probable cause traceable to inadequate nutrition or improperly administered medications;
5. Any client with one or more functional problems requiring assistance.
6. All clients who are on 10 or more medications;
7. Any client who has suffered the recent death of a spouse or other major caregiver;
8. All clients over the age of 85; and
9. Anyone who may be able to leave a nursing home/institutionalized setting and be able to return to a more independent style of living.

The aforementioned priorities are considered for individual clients on a case-by-case basis, per the discretion of the Care Management Unit Supervisor, and as the caseload and budget may allow.

All Care Management clients are eligible for Fee for Services (15 NAC 3.010) based on a sliding fee scale as defined by the Poverty Index from the State Unit on Aging. Prior to signing the consent for care, the client will be notified of their required Fee for the services we provide.

GRIEVANCE PROCEDURE

The AOWN strives to ensure that all employees are treated fairly. This policy seeks to support the achievement of this goal by providing a just and equitable method for resolving grievances without discrimination, coercion, or reprisal against employees who may submit or be involved in a grievance.

A grievance is defined as any dispute concerning corrective action (suspension or discharge only) or written policy/procedure interpretation or application between an employee and the AOWN. The grievance procedure will not be used to change but rather to clarify expressed provisions of AOWN and/or department policies and procedures. An appeal of a corrective action (suspension or discharge only) starts at Step 3 of this procedure. If the grievance is a complaint of unlawful harassment or retaliation for reporting or supporting a claim of harassment, the employee must follow the complaint procedure in the No-Harassment Policy and Complaint Procedure instead of this grievance procedure.

The AOWN will use a Grievance Board consisting of five (5) people. The department head and employee involved in the grievance will each select two people from a pre-designated list. The four people selected will then select the fifth member from the list. The Grievance Board will designate a Grievance Board Chair. The **Executive Director** shall create the pre-designated list of people to serve on the Grievance Board.

Step 1: Employees who feel the AOWN has violated a written policy(ies) or procedure(s) may request to meet with their immediate supervisor within **30** working days from the date the alleged violation took place. The immediate supervisor shall review the employee's concerns and advise the employee, in writing, of his or her decision regarding the grievance, normally within five (5) working days of receipt of the grievance.

Step 2: If the employee is not satisfied with the immediate supervisor's response, the employee may appeal the grievance to the appointing authority within five (5) working days from the date of the immediate supervisor's response. In submitting the grievance to the department head, the grievance must be in writing and contain the following information:

- Name of person filing the grievance.
- Details of the alleged grievance.
- Names of persons violating AOWN policy.
- Dates of alleged violation.
- Names of witnesses.
- Citation of the AOWN policy(ies)/procedure(s) that have allegedly been violated.
- Requested remedy.

The appointing authority may meet with the employee to discuss the grievance but must respond to the grievance, in writing, normally within five (5) working days from the date of receipt of the grievance.

Step 3: If the employee is not satisfied with the appointing authority's response, the employee may request a review of this decision by the Executive Director. Employees shall submit a written request to the Executive Director, indicating their desire to appeal the decision of the department head within **5** working days of receipt of the department head's response. This written request must include all information as indicated in Step 2 and, in addition, the written response of the department head. The Executive Director may conduct a hearing concerning the grievance within **15** working days from receipt of the appeal. The hearing shall be conducted under the rules adopted by the Board. The Executive Director's decision is final.

CONSUMER COMPLAINT POLICY AND PROCEDURE

A consumer shall be defined as any recipient, client, or advocate of said person receiving services provided directly or through contract by the Aging Office of Western Nebraska (AOWN). Consumers shall have the right to grieve in accordance with this policy, knowing that failure to comply with the below stated procedure will be grounds to deny addressing such grievance until the filing party has complied with said procedures.

Should the complaint address regulatory issues of the Long Term Care System as provided by the Aging Office of Western Nebraska through contract with the Nebraska Department of Health and Human Services Division, the grieving party has the option to file the complaint directly with the Nebraska Department of Health and Human Services Central Office.

Step 1: The complaining party verbally addresses the issue with the Supervisor and appropriate program staff of the service or program that the complaint is about. If the complaint concerns the AOWN at large, the complaining party will verbally discuss the issue with the Director of the AOWN.

Step 2: Should the complaining party not be satisfied with the results of Step 1, a written grievance will be filed with the Supervisor or Director as identified in Step 1. In submitting a written complaint, the following information must be stated with reasonable clearness:

- The name and address of the grieving party.
- Explanation of the issue.
- The remedy which is sought.

At this time, and by the request of the grieving party, a member of the AOWN Affirmative Action Committee may be appointed to act as an advocate for both the grieving complaining party and the AOWN. This appointment is to assist in the channeling the grievance in an appropriate and efficient manner.

Step 3: Upon receipt of the written complaint, the filing party, the Affirmative Action member if appointed, and the AOWN staff member identified in step 1, shall meet within five (5) working day of receipt, to discuss the issue fully.

Step 4: The Aging Office of Western Nebraska shall respond in writing to the filing party within six (6) working days from the meeting established in Step 3, as to the determination of the AOWN. This written response shall be sent by certified mail to the filing party.

Step 5: If the complaint is about a program or service, and not the agency at large, and the grieving party is not satisfied with the response in step 4, the grieving party may file a written complaint with the Director of the AOWN within six (6) working days of the receipt of the certified mail from step 4.

Step 6: The Director, the Affirmative Action Committee member if appointed, and the grieving party shall meet within five (5) working days of the receipt of the written complaint to the Director, to address the issue fully.

Step 7: The Director shall respond in writing to the filing party within six (6) working days from the meeting date established in step 6, as to the determination of the Director. This written response shall be sent by certified mail to the filing party.

Step 8: If the grieving party is not satisfied with the response in step 7, the grieving party shall be granted a full hearing with the Governing Board of the AOWN as follows:

- The grievance is filed in writing with the AOWN Governing Board Chairperson, the Affirmative Action Committee, and the Director within six (6) working days after the receipt of the written response from the Director.
- At the discretion of the Governing Board, the Board shall arrange a special fact-finding meeting or act on the grievance at their next scheduled meeting following the date that the grievance was filed with the Governing Board Chairperson.
- All parties involved shall be entitled to the right of counsel, presentation of evidence, cross-examination, and confrontation of witnesses.
- The decision of the Governing Board of the AOWN will be final and will be presented to the grieving party in writing by certified mail within six (6) working days following the decision of the Governing Board of the AOWN.

ANNUAL BUDGET

PROCEDURE FOR CASE WORK TIME UNITS

The Aging Office of Western Nebraska Care Management Unit staff will record the actual case work units provided to each client on their monthly case management log (3.004.10). Each unit is a representation of one hour's work. Recording work will be balanced by rounding up to 15-minute increments.

Examples of work to be recorded can include but are not limited to:

- Communication with the client, care providers, authorized representatives, or any other formal or informal support;
- Developing Care Plans;
- Reassessments;
- Assessing file compliance with the CMS Supervisor;
- Narrating communication and pertinent events; and
- Reviewing medical documentation.

For a more inclusive look at the budget, please see AOWN's Annual Plan in addition to the State Unit on Aging's Program Instructions for the most current year.

RECORING OF SERVICES LOG

Care Manager	Active Follow-Ups	Month: 2021

#	CLIENT NAME		CASE #	Disaster	DATE	CODE/TIME	CNTY
1 %	**Last Name, First Name** Address Phone Number ERS CA Meals HM/Chore 4/2	0 — —	3114	M Rx	____ ____ ____	_____ _____ _____	SB No Med
2 %	**Last Name, First Name** Address Phone Number ERS CA Meals HM/Chore 4/2	0 — —	3099	M	____ ____ ____	_____ _____ _____	SB No Med
N E W	_____ _____ _____ ERS Meals HM/Chore	— — —			____ ____ ____	_____ _____ _____	SB
N E W	_____ _____ _____ ERS Meals HM/Chore	— — —			____ ____ ____	_____ _____ _____	SB

ACTIVITY CODE	ACTIVITY DESCRIPTION
HV	Home Visit
IP	In Person
PC	Phone Call
O	Office Visit
RA	Re-assessment
IA	Initial Assessment
CC/PC	Case Closed via PC
CC/HV	Case Closed via HV
PPC	Pandemic PC
FR	File Review
QA	Quality Assurance

DISASTER CODES	DESCRIPTION
O	Oxygen
M	Meals
Rx	Medications
NF	No Family in area
WC	Wheel Chair
B	Blind
H	Hearing
R	Restricted Mobility
P	Pandemic
D	Dementia

CODE	ERS
P	Phillips
CA	Connect America (Waiver only)
C	CST (Waiver only)
S	Sidney Regional
PP	Private Pay

OPERATIONS PROCEDURES

CARE MANAGEMENT UNIT SUPERVISOR RESPONSIBILITIES:

Care Management services for clients, as outlined 15 NAC rules and regulations, are the exclusive responsibility of the Care Management Unit Supervisor (CHOICES Supervisor) and Care Manager. The supervisor or Care Manager may, however, delegate to staff of the Care Management Unit the performance of the services of referral, coordination of the Long-Term Care Plan, and monitoring of the delivery of services to clients if supervision is provided by the supervisor or Care Manager.

The Care Management Unit Supervisor is responsible to implement the Care Management Plan of Operation and to supervise the activities of the staff and contractors.

CARE MANAGEMENT POSITION DESCRIPTIONS:

TITLE: CHOICES SUPERVISOR

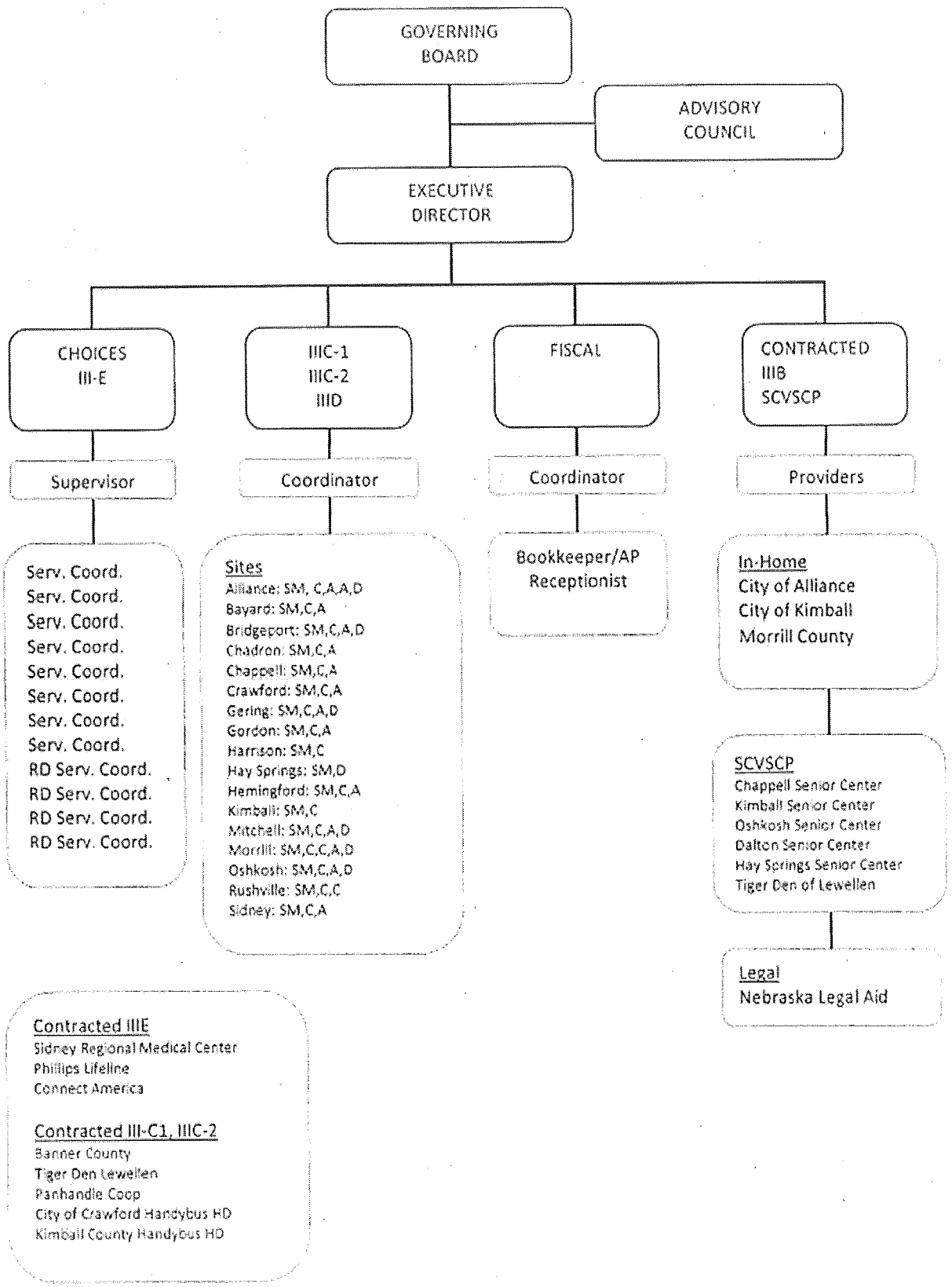
Responsible for the supervision and management of the CHOICES programs for the AOWN. This is inclusive of the Long-Term Care Management, Senior Care Options, and the Aged Medicaid Waiver programs. Extensive supervisory responsibilities in hiring, training and supervision of Case Managers applicable to the CHOICES programs.

TITLE: CARE MANAGER

Under the supervision of the CHOICES Supervisor performs the assessment, development, implementation, authorization, processing, and evaluation of community-based services for the elderly throughout the Panhandle of Nebraska.

Please, see AOWN's Handbook for further descriptions of each position as well as AOWN's Personnel Policy and Procedure.

AOWN ORGANIZATIONAL CHART



Introductory Period

The introductory period is used by the department head to observe the employee's ability to satisfactorily perform assigned duties and responsibilities. During the introductory period, employees are expected to demonstrate the necessary skills and abilities to perform the duties for which they have been employed. The department head, when assessing each employee's performance and suitability for continued employment, will pay attention to punctuality, attendance, willingness to work with others, and positive response to supervision. Successful completion of an introductory period does not guarantee continued employment with the AOWN. Employees and the AOWN both retain the right to end the employment relationship for any lawful reason, as we are an at-will employer.

- **New Hire (Including Rehire).** All new employees must serve an introductory period of **6 months** from date of hire. An employee shall be removed from introductory status on the day following the end of the introductory period, unless notified of extension or termination by the department head.

A. **Introductory Period for Promotions.** All employees who are promoted must serve an introductory period of **6 months** in the new job classification before being confirmed in the new position.

B. **Transfer During Introductory Period.** The introductory period of an employee who is transferred (promotion, demotion, lateral move, or move to a lower position) within a department while serving an introductory period may be extended at the department head's discretion.

C. **Transfer Outside of Introductory Period.** In the case of personnel actions (lateral move or move to a lower position), employees may be required to serve an introductory period. The length of the introductory period is at the department head's discretion but will not normally exceed six (6) months, beginning on the date of the transfer. If an employee cannot or does not perform satisfactorily in the position to which he/she is transferred, the employee may be involuntarily transferred to another position of either the same salary grade or a lower salary grade. If no other position is available for transfer, the duties of the employee may be reassigned, the employee may be reclassified to a lower salary grade, or the employee may be terminated.

Extension of Introductory Period. A department head may extend the introductory period of an employee for reasons of performance or transfer for a period not to exceed a total of one (1) year from the date of hire or rehire or transfer. The employee will normally be notified, in writing, of the extension.

This notification of extension will include the specific period of extension. In cases of extension for performance reasons, the employee may be provided specific performance improvement requirements.

Completion of Introductory Period. Completion of the introductory period in no way implies a contract of continued employment with the AOWN nor does it create a property interest in employment with the AOWN. The employee and employer relationship is for the mutual benefit of both parties and either party may sever the relationship, at will, at any time.

Promotions/Job Postings

The AOWN believes in promoting employees from within when possible. As a result, we have a job-posting program designed to give all employees an opportunity to apply for positions in which they are interested and qualified. While most vacancies will be posted on the AOWN's bulletin boards, there may be some cases where the AOWN will determine it is in the AOWN's best interests to seek outside candidates for a position, and outside candidates may be recruited simultaneously with an internal posting.

All applicants for a vacancy to be filled through the promotional process must complete an AOWN Application for Employment to be eligible for promotion.

All applications must be filed with the appropriate department head or their designated representative on or before the closing date specified in the job announcement.

Performance Evaluations

Your work performance will usually be evaluated after completion of your introductory period. Additional evaluations usually occur on your first anniversary date and annually thereafter.

In addition to the performance evaluations described above, special performance evaluations may be conducted by your supervisor at any time to advise you of the existence of performance or disciplinary problems.

Wage adjustments are not automatic and will be based on the AOWN's evaluation of your performance, as well as economic and market conditions.

Separation from Employment

We hope that your association with the AOWN will be a long and mutually beneficial one. However, sometimes personal affairs force a change in occupation or residence.

Employees deciding to resign should submit a written resignation to their department head, stating the reason for resigning and the termination date. The AOWN encourages all employees to submit this written notice at least fourteen (14) calendar days in advance of the final workday to provide the AOWN with adequate time to fill the position. All compensation and fringe benefits accrued up to the resignation date will be paid to the employee as outlined in this handbook.

Reemployment

Former employees of the AOWN are not eligible for re-hire without prior approval of the AOWN Board.

Performance and Conduct Rules

The following examples illustrate what the AOWN considers unacceptable behavior. This is not a complete list and the AOWN reserves the right to investigate, make judgments, and take appropriate disciplinary action in each individual incident. The level of severity of any infraction and the disciplinary action to be taken is solely at the AOWN's discretion.

Examples of Infractions:

1. Working under the influence of alcohol or any illicit drug, which interferes with expected job performance.
2. Conviction of a felony or any other job-related crime.
3. Sexual or other unlawful harassment or unlawful discrimination of any kind.
4. Violation of a safety rule or engaging in unsafe behavior.
5. Theft, including either AOWN property or another person's property.
6. Violation of the AOWN's Drug-Free Workplace Policy OR Possession, distribution, being under the influence of or use of drugs and/or alcohol on AOWN property or while performing work as a AOWN employee.
7. Falsification of time keeping records with intent to defraud.
8. Falsification of personnel or AOWN records or providing false or misleading (including omitting) information to the AOWN in connection with AOWN business, job duties, benefits, etc.
9. Deliberate or willful misrepresentation of AOWN policy.
10. Willful damage or destruction of AOWN property.
11. Fighting, attempting, or threatening bodily injury to another person on AOWN property or while on working time.
12. Insubordination or willful refusal to follow an order.
13. Loafing, loitering, or sleeping during work time.
14. Failure to report on-the-job injuries.
15. Unauthorized or improper use of any type of leave.
16. Neglect of duty or incompetence.
17. Habitual or excessive tardiness.
18. Absenteeism determined to be excessive under the AOWN's attendance guidelines.
19. Work performance that is below the standards of performance required by the department.
20. Violation of the AOWN's Solicitation and Distribution Policy.
21. Dishonesty.
22. Violation of the AOWN's Use of AOWN Equipment and Services Policy.
23. Disrespectful behavior, belligerence, and/or use of excessive profanity.
24. Violation of the AOWN's Code of Ethics.
25. Any other behavior the AOWN considers to be inconsistent with reasonable rules of conduct or is inconsistent with the AOWN's best interests.

26. Failure to maintain satisfactory working relationships with the public, Governing Board members or other employees.
27. Failure to obtain or maintain a current license or certification required by law or AOWN standards as a condition of employment.

Discipline and Discharge

At any time, an employee has the right to terminate employment with the AOWN, for any reason or for no reason, and the AOWN retains the same right to terminate an employee for any lawful reason, as we are an "at-will" employer.

However, it is **Aging Office of Western Nebraska's** policy to treat all employees fairly, with dignity, and respect. If the AOWN feels it is appropriate given all the circumstances, progressive discipline will normally be used. This means that employees who are not performing their jobs up to expectations or who break rules or exhibit improper behavior may be subject to discipline. For minor problems, a verbal warning may be all that is needed to solve the problem. If there is no significant improvement or if the action is more serious, the employee could receive a written warning, suspension with pay, suspension without pay, or termination.

Verbal Warning

A verbal warning is the normal first step when your supervisor becomes aware of a problem warranting correction/improvement. The warning must be documented in writing and forwarded to the appointing supervisor. In the event the warning is documented, the employee shall receive a copy upon the employee's request.

Written Warning

Unfortunately, a verbal warning is not always enough to prompt improvement. Also, there are times when a written warning without a prior verbal warning is necessary and appropriate. Documented written discipline will normally be issued by the appointing authority in those cases. The warning will state the action that caused the warning to be issued and the corrective action that must be taken by the employee to ensure the violation does not reoccur. The employee will receive a copy of the written warning upon request. A copy of the written warning, signed by the employee, will be submitted to the employee's personnel file. A written warning is not grieve-able.

Suspension With Pay

The Appointing Authority may suspend any employee with pay for a period pending the outcome of an investigation into a complaint or possible policy violation. The department head shall notify the employee, in writing, of the reasons for the action and the number of days of suspension. An employee who is suspended has the option to file a grievance once the suspension has ended and a decision has been made regarding the disposition of the complaint, following the procedure outlined in the policy entitled "Grievance Procedure".

Suspension Without Pay

The Appointing Authority may suspend any employee without pay for a period not exceeding sixty (60) calendar days in any twelve (12) month period. The Appointing Authority shall notify the employee, in writing, of the reasons for the action and the number of days of suspension. An employee who is suspended has the option to file a grievance, by following the procedure outlined in the policy entitled "Grievance Procedure".

Employees on suspension shall not be granted any type of leave time during the suspension period. If allocations are unsubstantiated through the investigation, the employee will be retroactively paid for the time suspended and leave time earned during the suspension will be reinstated.

Trial Period

A supervisor may place any employee on Trial Period for a period up to six (6) months, which may be extended for up to a total of one (1) year. The supervisor shall notify the employee, in writing, of the reasons for the action and the time frame of the trial period. This is a designated time during which the employee must improve. Improvement standards and time frames shall be set by the appointing authority, put in writing, and a copy given to the employee.

Discharge/Termination

The Appointing Authority may dismiss any employee by delivering a written statement to the employee concerned. The written communication will usually indicate the reasons for the action, any relevant supporting evidence, or a summary thereof, and the date the dismissal is effective. Prior to the termination taking effect, the employee will be provided with an opportunity to explain circumstances. An employee who is dismissed has the option to file a grievance, by following the procedure outlined in the policy entitled "Grievance Policy and Procedure".

Again, while we generally follow the above steps in applying progressive discipline, there are times when deviation from this policy is appropriate. In other words, circumstances may warrant skipping steps or even immediately terminating an employee. This is especially true in situations that reveal basic character flaws that will not improve. Theft or threats of violence are examples of conduct that may justify immediate termination. Also, it is important for you to realize that it does not take violation of the same rule to proceed to the next step of the discipline process. Violations of different rules or reasonable management expectations can result in moving to the next step.

ABSENTEEISM AND TARDINESS

Attendance will be measured by "occurrences". An occurrence is any absence, late arrival, or early leave. However, no call/no shows are not tolerated and will be considered as abandonment and result in termination.

Occurrences are not disciplined and will not cause discipline unless they become excessive as explained below. AOWN is committed to meeting and exceeding its clients' expectations in both service and quality. You are important to the overall success of this commitment. When you are not at work, someone else must do your job and meeting our service and quality goals becomes more difficult.

AOWN believes we are entitled to regular attendance by all our employees and considers attendance to be an essential job function for all jobs. AOWN views your attendance and punctuality as a reflection of your commitment to the job.

Regardless of the reason for your absence, you must notify your supervisor as soon as you know you will be absent. If you become ill during work hours, you must report to your supervisor prior to leaving the work premises. If you know one or more days in advance that you will be absent from work, you must obtain your supervisor's prior approval. You must continue to notify your Supervisor every day about the continuation of leave and your expectation of return. Excessive absenteeism and tardiness are not tolerated.

Rarely is tardiness excusable. If you must be late, make every effort to contact your supervisor. A "tardy" is any time you arrive later than five (5) minutes after your starting time. Excessive tardiness may result in disciplinary action, up to and including discharge.

Work Hours

Most AOWN employees normally work Monday through Thursday from 8 a.m. to 5 p.m. and Friday 8 a.m. to 4 p.m. Employees are normally given a one-hour

unpaid lunch period. At the department head's discretion, employees may be given a one-half (½) hour unpaid lunch period and two (2) fifteen-minute paid break periods during each workday. Due to the nature of our organization and to meet the needs of our citizens, it may be necessary to work at times or on days other than those listed above.

Recording Work Hours

To ensure that accurate records are kept of the hours you work (including overtime hours where applicable), all nonexempt hourly employees are required to record their time on timesheets. You must record your time before beginning work, at the beginning of your lunch period, upon returning from lunch, and after finishing work. All time worked must be included. No employee is permitted to work "off the clock", that is, work without recording the hours worked. No supervisor is permitted to ask any employee to work off the clock.

We will round your time to the nearest **1/4** of an hour. Unless you are working overtime, you should not begin work more than **7** minutes before your starting time or end work more than **7** minutes after your quitting time.

If you make an error, please correct and initial it. Falsifying a time record or recording time for another employee will lead to discipline, up to and including discharge. Discipline, up to and including discharge, may also result if employees make excessive errors in recording their time or repeatedly forget to record their time.

Pay Day

Pay day for salaried AOWN employees will be the last working day of the month. Pay periods for full-time and part-time are bi-weekly and will end on the second Friday of the pay period. Pay day for full-time hourly and part-time hourly employees is every two weeks. The AOWN is required by federal law to make certain deductions from your wages. Such deductions include Social Security taxes, as well as federal, state, and any local withholding taxes. Additionally, all voluntary deductions authorized in writing will be made as directed by the employee. Voluntary deductions may include the employee's share of the insurance premium.

If you have any questions about your paycheck or believe a mistake has been made on your paycheck (underpayment or overpayment), tell the **Fiscal Coordinator** immediately. We want you to receive everything you have earned.

Rate Determination and Job Description

Job classifications have been evaluated according to the type of work performed and the amount of responsibility. Job descriptions are generally provided to all AOWN employees and are found at the back of this Manual. A Notice of Appointments are generally provided to AOWN employees to ensure an equitable pay rate based on comparisons with jobs of similar duties and ability requirements.

Overtime

Employees who are deemed nonexempt under the Fair Labor Standards Act (FLSA) and who work in excess of forty (40) hours per week will receive overtime pay or compensatory time at a rate of time and one-half (1 ½) for all hours worked over forty (40) in a work week.

For the purpose of computing overtime, the work week will commence at 12:01 a.m. Saturday and end at 12:00 midnight on Friday. Days off (with or without pay), such as vacation, sick leave, and holidays, will not be included in the accumulation of hours worked for purposes of computing overtime.

Adjustments may be made to an employee's hours to maintain the hours worked by an employee at or below forty (40) hours in a week. Such adjustments must be made prior to the time that an employee works over forty (40) hours in a week. Once an employee has worked over forty (40) hours, payment for time more than forty (40) hours must be at time and one-half (1 ½) or given in compensatory time at time and one-half (1 ½). The department head and the employee shall agree to the method in which payment is to be made prior to working the overtime hours.

Authorization to work overtime must be obtained from the employee's immediate supervisor prior to working overtime hours. Failure to obtain this authorization before working overtime may subject the employee to disciplinary action. Employees working more than forty (40) hours per week must be credited overtime during the week in which it was earned and paid for it during the same pay period, if possible, or no later than the subsequent pay period

COMPENSATION (COMP) TIME

The Choices Supervisor will identify the on-call holidays at the beginning of each calendar year and assign coverage for identified holidays. Employees of AOWN are selected and are required to be "On Call" for holidays for which they were selected, to provide crisis response to elderly clientele, shall receive Comp time off according to the following.

- 2 hours Comp time per Holiday

All Comp time will be reviewed and approved by the Choices Supervisor and/or the Director. The Comp time will need to be pre-approved by the appointing authority.

If the holiday falls on Friday, the Comp time will need to be used on the prior Monday through Thursday. If the holiday falls on a Monday, the Comp time will need to be used the following Tuesday through Friday.

Crisis Response Comp Time

AOWN staff may need to provide crisis response in the event of severe weather, natural disaster, community emergency and any identified disaster. Comp time will be determined by the Executive Director during and/or after the event.

Travel Time

Generally, travel from home to work and work to home is non-compensable. Travel that is required by the AOWN during an employee's workday ordinarily is compensable (such as travel from one work site to another).

For travel away from home community for non-exempt employees:

- For special ***one-day assignment*** to another city, all travel time is compensable (except travel between home and local airport).
- For ***overnight*** travel away from home community, all travel time which occurs during the normal workday hours for the employee involved is compensable (even if travel time occurs on Saturday, Sunday or holiday). Thus, if an employee
- works from 9 a.m. to 5 p.m., only the travel time during these hours is compensable work time, even on non-working days such as Saturday, Sunday, and holidays. However, meal period time is not counted.
- While away from home, non-work time is non-compensable (i.e., sightseeing, meal periods, etc.).
- If an employee is required to drive, all such travel time will be compensable for the employee who drives.

All compensable travel time is included in hours worked for purposes of determining any overtime pay due during a workweek. Employees must accurately record compensable travel time hours just as they record other hours worked. Please contact **your immediate Supervisor,** if you have any other questions about recording or being compensated for travel-related time.

CLIENT INFORMATION AND CONFIDENTIALITY

A CMU shall maintain client confidentiality in release of information to and obtaining from third parties. Client consent forms will be signed by clients and third-party receivers. All release forms and/or documents legally approving the release of information shall be maintained in the client's file.

Client records shall be maintained at AOWN. Client files and records shall include all documents relating to the client, including the assessment, documentation, the Long-Term Plan of Care, and proper release forms. Access of these records shall be limited to the Care Mangers, the CMU Supervisor, and appropriate third parties within the scope of the law when indicated. Storage of such case records, including computerized case data, shall have the same restricted access.

Client Confidentiality shall be maintained when staff and contractors participate in Long Term Care Plan conferences or consolations involving outside persons.

Funding and certification entities of the CMU may inspect, audit, and review client files and records.

CLIENTS' RIGHTS: POLICIES AND PROCEDURES

Each client is in full possession of his or her civil rights who individually maintains primary responsibility for his or her life, with the ultimate authority to make decisions regarding that life. As such, the CHOICE Care Management Unit adopts the following (see following page):

CONSENT FOR CARE MANAGEMENT ASSESSMENT/SERVICES

PART I: I agree to participate in an assessment to evaluate what services may be available to meet my needs.

PART II: I agree to participate in the Care Management Program including the planning and coordination of services I have chosen. I understand that some of the information gathered in the assessment may need to be shared with other agencies and/or providers for the coordination of my services.

I understand there may be a sliding scale fee for Care Management services based on income. My Care Manager will inform me of my share of cost if this applies to me, my share will be: _____%.

CLIENT RIGHTS AND RESPONSIBILTIES

As a client of the Care Management Program, you have the right to:

1. Each client has the right to accept or reject care management services.
2. Each client has the right to be consulted in the development and to approve or disapprove of his or her Long-Term Care Plan.
3. Each client has the right to choose available services and providers of services.
4. Each client has the right to receive care management services without regard to race, color, sex, national origin, religion, or disability.
5. Each client has the right to be informed of the name of the care manager responsible for their case.
6. Each client has the right to receive a description of available care management services, fees charged, and billing mechanisms.
7. Each client has the right to have access to his or her care management service file and record unless restricted by law, state, or federal regulation.
8. Each client has the right to register complaints and the right to file grievances without discrimination from the Care Management Unit.

A client may be discharged from the Care Management Program by the Care Manager when:

1. Requested by the client.
2. The client is receiving similar services through another program (i.e., Medicaid Waiver).
3. The client becomes a permanent resident of a nursing facility, assisted living, or other facility.
4. The client has passed away.
5. The Care Manager and the CHOICES Supervisor have identified that an unsafe environment exists for services to continue. Reasons may include but not be limited to lack of providers, unstable health, lack of participation in the program, and/or noncompliance with plan care.

If you have any questions, concerns, or complaints, contact the CHOICES Supervisor at (308)635-0851 or

1-800-682-5740

_____ Date_____

Client / Representative Signature

_____ Date_____

Care Manager Signature / Phone number

Others present at the time of this assessment: _____

Revised January 2021

CLIENT FILES AND REVIEW OF CLIENT FILES

Each care manager will utilize the revised Care Management File Checklist to assure their files are in accordance with SUA, OAA, and NAC guidelines.

All files will be made available for SUA to review during their annual monitoring process or at any other time they request.

CASE OPENED: _____

Client Name_____ Social Security # _____

Peer Place ID#_____

Date of Birth _____

Medicaid # _____ Medicare # _____

Referral Date _____

Care Plan_____

Assessment_____

Consent Form/Rights and Responsibilities_____

HIPAA_____

POA/Guardianship_____

Medical Summary Received/ Completed from Physician_____

Fee Scale_____

Disclaimer_____

Conflict of Interest_____

LIFELINE (AOWN ERS) _____

Congregate/HD Meals_____

Change of Status Information Entered on Monthly Log_____

CASE CLOSED:

Reason for Closure: _____ **Date Closed**_____

Please complete each blank with the requested information or a date when the information was completed. If the information is non-applicable to your client, please put NA in the blank. Please remember to include any supportive documentation.

Revised January 2021

TRAINING PLAN

The AOWN CMU Supervisor shall conduct program orientation for all Care Management personnel and contractors. The AOWN CMU Supervisor shall participate in training provided on an initial and ongoing basis.

The AOWN In-Service Training shall include at least bi-monthly In-Service Training. These trainings shall be on policies and procedures of the CMU techniques, methods and research on Care Management and proper use of the standardized Long Term Care assessment as provided by the SUA.

Training Materials and Format:

1. CHOICES Manual;
2. Resource manual for own area;
3. Calendar, appointment book, legal pad, chart, forms;
4. Personnel orientation with the Care Management Unit Supervisor on an individual basis, and continued as needed;
5. Monthly staff meetings to review resources and input on individual case load; and
6. All forms in the CM Checklist in addition to any other pertinent document as it relates to the care of the client.

STANDARDIZED LONG-TERM CARE ASSESSMENT DOCUMENT

The AOWN Care Management Unit shall use the Long-Term Care Assessment document issued by the SUA.

The AOWN Care Management Unit Supervisor shall provide training for Care Managers prior to the use of the assessment as the assessment is to be completed in its entirety. After the development of the Long-Term Care Plan, annual reviews are to be completed as well as any needed reassessments at times when there is a significant change in health or functional status (15 NAC 3.002.36).

LONG TERM CARE PLAN

Development of a Long-Term Plan for clients shall include consultation and participation of the client utilizing an interdisciplinary approach which is also person centered. Family participation, and other formal and informal supports, will be utilized as so long as the Client Consent form advises as such.

CHOICES Care Management Unit shall coordinate appropriate, available resources when reasonably possible so that the client's care reflects the client's need and direction of services. Each Long-Term Care Plan will assess and utilize the most significant of resources as a means to assist the client in maintaining as much independence as possible, as well as improving their overall quality of life.

Requirements of the Long-Term Care plan are as follows:

1. Establish individual goals and objectives agreed to by the client;
2. Establish a time frame for implementation of the Long-Term Care Plan;
3. Define the services which are needed, including any equipment or supplies,
4. Define who provides each service;
5. Specify the availability of services, supplies and equipment;
6. Specify the costs and methods of service delivery; and
7. Provide for reassessment upon change in client status.
8. Individual goals and objectives agreed to by the client and/or major caregiver and will be established, as well as a tentative time for implementation.

CHOICES Care Management Unit shall monitor the delivery of services to the client to reasonably assure continued appropriateness and effectiveness of the services being delivered under the Long-Term Care Plan. This includes services that are needed and not available, and services that are identified by the Care Manager and/or Interdisciplinary Team and declined by the client. These Long-Term Care Plans shall be reviewed on an annual basis or as needed when a client experiences a significant change. Client contact, and ongoing consultation with formal and informal supports will be conducted on a monthly basis or as otherwise directed by the client.

ACCESSABILITY OF SERVICES

AOWN, CMU shall maintain a comprehensive directory of available public and private resources that include both formal and informal community-based services and institutions for use in referral activities of the CMU.

This directory shall be available at AOWN.

All Care Managers are provided with that part of the resource directory as it relates to the area they serve.

HOME HEALTH/HOME-MAKERS

Gordon Memorial Hospital
300 E. 8th St.
Gordon, NE 69343
308-282-0401

Legend Buttes Health Services
11 Paddock St.
Crawford, NE 69339
308-665-1770

Morrill County Home Health
1309 R St.
Bridgeport, NE 69336
308-262-1600

Regional West Medical Center
4021 Ave. B
Scottsbluff, NE 69361
308-635-3711

Regional West Home Health Hospice
coming soon in 2021!

Sidney Regional Medical Center
1000 Pole Creek Crossing
Sidney, NE 69162
308-254-5825

HANDYMAN COORDINATORS

Alliance Handyman
212 Yellowstone
Alliance, NE 69301
308-761-1133

Kimball County
4342 Link 53 E.
Kimball, NE 69345
308-235-2688

Morrill County
320 8th St.
Bridgeport, NE 69336
308-262-1846

RSVP

Alliance RSVP
Senior Center
212 Yellowstone Ave.
Alliance, NE 69301
308-762-1293

Chadron RSVP
Northwest Community Action
270 Pine St.
Chadron, NE 69337
308-432-3393

LIFE LINE

Connect America
One Belmont Ave.
Bala Cynwyd, PA 119007
800-215-4208

Critical Signals Technologies
2756 Meadowbrook Rd.
Novi, MI 48377
888-557-4462

Phillips Lifeline
111 Lawrence St.
Framingham, MA 01708
855-655-4400 ext. 55311

Sidney Regional Medical Center
1000 Pole Creek Crossing
Sidney, NE 69162
308-254-5825

HOSPITAL DISCHARGE PLANNERS

Gordon Memorial Hospital
300 E. 8th St.
Gordon, NE 69343
308-282-401

Box Butte General Hospital
2101 Box Butte Ave.
Alliance, NE 69301
308-762-660

Morrill County Hospital
1313 S St.
Bridgeport, NE 69336
308-262-1616

RWMC/Garden County Hospital and Nursing Home
Highway 27 North Oshkosh
Oshkosh, NE 69154
308-772-3283

PHYSICIANS/CLINICS

Box Butte General Hospital
2101 Box Butte Ave.
Alliance, NE 69301
308-762-6660

Chadron Community Hospital and Health Services
825 Centennial Dr.
Chadron, NE 69337
308-432-5586

Gordon Clinic
807 North Ash St.
Gordon, NE 69343
308-282-1442

Gordon Memorial Health Services
300 E. 8th St.
Gordon, NE 69343
308-282-0401

Hemingford Clinic
812 Laramie Ave.
Hemingford, NE 69348
308-487-3322

Legend Buttes Health Services
11 Paddock St.
Crawford, NE 69339
308-665-1770

Rushville Clinic
309 West 3rd St.
Rushville, NE 69360
308-327-757

Sidney Regional Medical Center
1000 Pole Creek Crossing
Sidney, NE 69162
308-254-5825

Regional West Physicians Clinics-Family Medicine

758 2nd St.
Chappell, NE 69129
308-874-2549

1275 Sage St.
Gering, NE 69341
308-436-2101

302 Center Ave.
Morrill, NE 69358
308-247-3475

3911 Ave. B #1110
Scottsbluff, NE 69361
308-630-2100

830 Pine St.
Sidney, NE 69162
308-254-9192

NURSING HOMES

Chimney Rock Villa
106 E. 13th
Bayard, NE 69334
308-586-1142

Crest View Manor Nursing Home
420 Gordon
Chadron, NE 69337
308-432-3355

Gordon Country Side Care
Route #1 500 East 10th
Gordon, NE 69343
308-282-0806

Heritage Estates
2325 Lodge Dr.
Gering, NE 69341
308-436-5007

Kimball County Manor
810 E 7th
Kimball, NE 69145
308-235-4693

Mitchell Care Center
1723 23rd St.
Mitchell, NE 69357
308-632-1212

Monument Care and Rehab
111 W. 36th St
Scottsbluff, NE 69361
308-635-2019

Parkview Lodge-Rushville
Community Hospital
307 Conrad-P.O. Box 129
Rushville, NE 69343
308-327-2248

Pioneer Manor Nursing Home
P.O. Box 310
Hay Springs, NE 69347
308-638-4483

Ponderosa Villa
11 Paddock
Crawford, NE 69339
308-665-1224

The Residency
2100 Circle Drive
Scottsbluff, NE 69361
308-632-4342

RWMC/Garden County Hospital and Nursing Home
1100 W. 2nd St.
Oshkosh, NE 69154
308-772-3283

Skyview of Bridgeport
505 O St. Street
Bridgeport, NE 69336
308-262-0725

AOWN NUTRITION CENTERS

Banner County
Banner County Public School
200 School St.
Harrisburg, NE 69345
308-436-5262

Box Butte County
Alliance Senior Center
212 Yellowstone
Alliance, NE 69301
308-762-8774

Treasured Grounds
712 Box Butte Ave.
Hemingford, NE 69348
308-487-3444

Cheyenne County
Cheyenne Cty Community Center
627 Toledo St.
Sidney, NE 69162
308-254-4835

Dawes County
Dawes County Senior Center
404 2nd St.
Crawford, NE 69339
308-665-1515

Senior Citizens Community Center
251 Pine St.
Chadron, NE 69337
308-532-2734

Deuel County
Chappell Senior Center
245 Matlock
Chappell, NE 69139
308-874-2954

Garden County
Tiger Den
504 W. 26 Hwy.
Lewellen, NE 69147
308-775-0102

Oshkosh Senior Center
303 Main St.
Oshkosh, NE 69154
308-772-3400

Kimball County
Friendship Senior Center
107 S. Oak
Kimball, NE 69156
308-778-0102

Morrill County
Bayard Senior Center
511 Main
Bayard, Ne 69334
308-586-1966

Prairie Winds Community Center
251 Pine St.
Bridgeport, NE 69336
308-262-1868

Scottsbluff County

Gering Senior Center
2006 Depot
Gering, NE 69341
308-436-3233

Main Street Market
401 S. Beltline Hwy. W.
Scottsbluff, NE 69361
308-632-5303

Mitchell Senior Center
1257 Center Ave.
Mitchell, Ne 69357
308-623-1145

Morrill Manor
343 W. Charles St.
Morrill, NE 69358
307-247-3323

Sheridan County

Gordon Senior Center
113 3rd St.
Gordon, NE 69343
308-282-2939

Hay Springs Senior Center
125 N. Main
Hay Springs, NE 69347
308-638-4534

Senior Center of Rushville
210 S. Main St.
Rushville, NE 69360
308-327-2061

Sioux County

Sunshine Senior Center
Highway 20
Harrison, NE 69346
308-668-2261