Caregiver Support Program – Appendix D.1

SAMS DATA ENTRY REQUIREMENTS

Caregiver Support Program (CSP) information and transactions are recorded in SAMS. This information includes Caregiver details and National Aging Program Information System (NAPIS) data, Care Enrollments, Care Plans, Service Deliveries, Service Plans, Journal Entries, Assessments, and Actions. The table below provides details about CSP data collection in SAMS.

Registering a New Consumer	• When registering a consumer in SAMS, the following fields at a minimum will be entered in the consumer details field in SAMS:
	  ○ First and Last Name
	  ▪ This will be their Legal Name, not a nickname.
	  ○ Social Security Number (SSN)
	  ▪ Enter the complete 9-digit SSN if known.
	  ▪ If the full SSN is unknown, leave the field blank. Do not enter a partial SSN.
	  ○ Default Agency
	  ▪ See the Consumer Details / Custom Fields section of this Appendix D (pg 3) for additional guidance.
	  ○ Default provider
	  ▪ This will be your AAA/Provider.
	
	• For additional information on how to search for and/or register a consumer in SAMS, please refer to and review the following training modules which are available on WellSky's Training site (accessed via the WellSky Portal).
	  ○ A_D Consumer Records - Part 1.mpg
	  ○ A_D Consumer Records - Part 2.mpg

Level of Care	• A level of care determination is not required for Caregivers enrolled in CSP.
Caregiver Assessment Tool (CAT)	• Caregiver needs are assessed using the CAT as part of the CSP enrollment process and reassessment process. • Prior to enrollment in CSP, the initial CAT will be service delivered under the Caregiver's non-care managed Care Enrollment. • After enrollment in CSP, CAT reassessments will be service delivered under the Caregiver's CSP Enrollment. • The CAT service delivery date will be the date the face-to-face interview was completed by the Care Manager (CAT question 1.A.1).
Consumer Details / Custom Fields	• **Caregiver Assessment Score (CAS):** This field self-populates based upon results of decision logic embedded in the Caregiver Assessment Tool (CAT). The CAS score is a score used to evaluate the Caregiver's overall well-being and is used for placement on Wait List, if applicable. ○ This score is calculated in question 8.C.2. The Care Manager will manually enter the score in Question 8.C.3 to allow the score to

present in the Caregiver Assessment Score field on the Caregiver's details screen.

- **Caregiver Reimbursement Amount (%):** The Caregiver's calculated reimbursement percentage (see Appendix F.2, CSP Reimbursement Percentage Guide) is populated directly from the CAT.
  - The Caregiver Reimbursement Percentage is calculated in question 4.C.3. The Care Manager will manually enter this percentage in Question 4.C.4 which in turn will populate the Caregiver Reimbursement Amount field on the Caregiver's details screen.

- **CSP Lifetime Home Mod Amount (CSP Lifetime Home/Asst Dev Amt):** The Care Manager will manually enter and as needed, update the running total of CSP Home Modification and Assistive Device dollars used by Caregiver to track spending.
  - Purchases will count against the CSP Lifetime Home Mod Amount.
  - The CSP Lifetime Home Mod/Assistive Device Amount is subject to the Caregiver's Reimbursement Percentage.
  - The accumulation begins at $0.00 for new Caregivers and will not exceed the $5,000 lifetime max.
  - This amount will be increased by the actual receipt/purchase amount until the lifetime max of $5,000 is reached.
  - The Caregiver Home Mod Amount will be updated ***after*** the caregiver is reimbursed for the service.

NOTE: Rental fees (including installation of rental items) will not count against the CSP Lifetime Home Mod Amount.

- **Co-Pay:** A field for Co-Pay amount (%) is identified on the CSP Caregiver's details screen.
  - A Co-Pay is defined as the percent paid by the Caregiver, not the Caregiver Reimbursement Amt (%), as calculated in the CAT, for service(s) within a Care Plan.
  - The Co-Pay amount (%) must be manually entered and updated by the Care Manager and contain the following:
    - Start Date of Co-Pay
    - Co-Pay Amount
    - Appropriate CSP Care Program
    - The Relations field will be blank
  - The Co-Pay amount (%) percent documented in Co-Pay + Caregiver Reimbursement Amount **MUST** = 100%.
  - The Co-Pay and Reimbursement Amount will only be the same amount if both are 50%.

- **Default Agency:** A field indicating which Agency / Planning and Service Area (PSA) is responsible for the provision of services.
  - If the Caregiver resides in the same County/PSA area as the Care Receiver:
    - The default agency for both the Caregiver and the Care Receiver will match the County/PSA where the Care Receiver resides.

Default Agency Examples:	○ If the Caregiver resides <u>in PA but in a different County/PSA area</u> than the Care Receiver: ▪ The Caregiver's default agency will represent the area in which the Caregiver resides. ▪ The Care Receiver's default agency represents the area in which the Care Receiver resides. ▪ The PSA where the Care Receiver resides is responsible for managing the CSP case. ○ If the Caregiver <u>resides outside of PA:</u> ▪ The default agency for both the Caregiver and the Care Receiver will match the County/PSA where the Care Receiver resides. • Caregiver and Care Receiver both reside in Somerset County: ○ Caregiver Default Agency: AAA of Somerset County ○ Care Receiver Default Agency: AAA of Somerset County • Caregiver resides in Blair County, but the Care Receiver resides in Somerset County: ○ Caregiver Default Agency: AAA of Blair County ○ Care Receiver Default Agency: AAA of Somerset County • Caregiver resides in West Virginia, but Care Receiver resides in Somerset County: ○ Caregiver Default Agency: AAA of Somerset County ○ Care Receiver Default Agency: AAA of Somerset County ***NOTE: The individual services related to the Care Receiver within the Caregiver's Care Plan will always reflect the Care Receiver's PSA.***
Care Receiver Linkage <u>Terminating Care Receiver Linkage:</u>	• In the Caregiver's record, the Care Receiver will be identified in CSP-Caregiver Support Program Care Enrollments only. ○ The linkage process is not required when Care Receivers are under age 18. • To link a Care Receiver to a Caregiver in the Consumer Details screen: ○ While in the Caregiver's record, enter Care Receiver's name to search. ○ Select the green search button to search. ○ Select the Care Receiver's name and select OK. ○ Identify the Care Receiver's relationship to Caregiver. ○ Enter the Start Date of the Caregiver's enrollment into the CSP Program. ○ Select Primary. ○ Select the appropriate CSP program type. ○ Select the appropriate response to indicate if the Care Receiver is "At Risk for Abuse or Neglect.

	• Deactivate the Caregiver/Care Receiver association by end dating the Care Recipient linkage. The end date should align with the Care Enrollment's termination date.
Care Enrollment	• The Caregiver record will have an active Non-Care Managed Care Enrollment and will be enrolled as the consumer in Caregiver Support Program. • CSP Care Enrollments include: o CSP-Caregiver Support Program o CSP-Grandparent/Other Older Relative Caregiver • The Care Receiver's record will have an active Non-Care Managed Care Enrollment. • Enrollment into CSP will be determined by the Care Receiver's PSA. If the Caregiver resides in a different PSA or out of state, the designated agency for each **Service Plan** in the Caregiver's Care Plan in SAMS will be changed to match the Care Receiver's PSA. o A crosswalk to assist with selection of correct enrollment for the Caregiver is contained in Appendix A.1 of the Caregiver Support Program Chapter. • Not-Applicable – Level of care is selected as not applicable in Caregiver Support Program Care Enrollments.
Care Enrollment: Status <u>Active Care Enrollment:</u> <u>Terminated Care Enrollment:</u>	• Active – All CSP Caregivers will have an active CSP Care Enrollment regardless of placement on the Wait List. • Terminated – When a Caregiver enrollment is terminated, identify reason for termination by using one of the following Reason Codes. Only the reason codes contained in the list below should be used: o Voluntary closure by Caregiver o Care Receiver moved out of PSA o Caregiver or Care Receiver placed in facility o Caregiver or Care Receiver Enrolled in MA LTSS o Caregiver refused services o Deceased o Failure to submit receipts o Other/Unknown (Journal entry required) o Change in Service Program/Same Level of Care
Care Enrollment: Start Date	• The Care Enrollment Start Date will be the date on or after the Care Management Supervisor signs the initial assessment and approves the care plan in CAT question 8.D.4.

Care Plan: Status Active Care Plan: Expiring Care Plan: Terminated Care Plan:	• The CSP Care Plan will be created upon enrollment into the program. • Active – All CSP Caregivers will have an Active CSP Care Plan, regardless of Wait List service(s). All CSP Care Plans will have active Care Management and Caregiver Care Plan Cost Cap Service Plans, even if they are waiting for other services. • The Active Care Plan will include: o Status: Active o Reason: Current • When a Caregiver has a reassessment, the Expiring Care Plan will have: o Status: Inactive o Reason: CP Completed • When the Caregiver's Care Enrollment ***and*** Care Plan are terminated, the Care Plan will have: o Status: Terminated o Reason: Terminated Current
Care Plan Cost Cap   <

Service Plans (also known as Service Allocations) Health and Safety Plans:	• All CSP Care Plans will include a Service Plan for Care Management and Caregiver Care Plan Cost Cap: o Status: Active o Reason: Agency • Service Plans will be entered for each service in the CSP Care Plan. • Service Plan Unit Prices will be entered as $0 for all Service Plans except Caregiver Care Plan Cost Cap and Respite-Future Use. • The Agency identified in the Service Plan will match the county of residence/PSA of the Care Receiver, regardless of where the Caregiver resides. • All Service Plans will include “Special Instructions” which outlines specific details about approved caregiving-related services and supplies, including services not specifically defined, such as Other Services and Supplies or Respite-Future Use. • If health and safety concerns are identified, a Health and Safety Service Plan will be created. • If consumer refuses to address the identified health and safety concerns, the Care Manager will document this refusal in a journal entry. • When entering the Health and Safety Service Plan: o Service Category: Care Management o Service: Health and Safety o Unit Price: $0.00 o Schedule Allocation Type: Care Plan o Related health and safety concerns and measures will be documented in the Special Instructions of the Health and Safety Service Plan
Service Plan (Allocation) Status Active Service Plans:	• The Status and Reason Codes of the Care Management, the Health and Safety Plan, and the Caregiver Care Plan Cost Cap Service Plans, *regardless of Wait List placement for other CSP services*, are: o Status: Active o Reason: Agency • Service Plans that are able to start immediately will be placed in Active Status. • Each Service Plan will have an Active Status and a Reason Code that identifies the payment model for that specific service: o Status: Active o Reason: Caregiver Reimbursement

Wait List Service Plans:	• Service Plans for which the Caregiver is on a Wait List are placed in one of three "Waiting" statuses (see Wait List/Wait List Status below).
Expiring Service Plans:	• When a Caregiver is reassessed, the Status and Reason Codes for the Expiring Service Plans do not need to be changed.
Terminated Service Plans:	• Terminated Service Plan – When a Service Plan is terminated due to a change in provider or service is no longer needed, the Status Code of the terminated Service Plan will be changed to one of the following Status Codes below to preserve the original payment model: o Status: Terminated-Caregiver Reimbursement o Status: Terminated-Agency o Reason: None • Populate the End Date as of the last date of service.
Wait List/ Wait List Status	• Wait List status is entered within each individual Service Plan in the Care Plan. • The Care Management and Caregiver Care Plan Cost Cap Service Plans are always active for a Caregiver with an active CSP Care Enrollment. • Identification of a provider is not required when a Caregiver is waiting for a service.
Wait List Service Plan Status Code:	• When a Caregiver is waiting for services, each individual Service Allocation will be assigned one of the three following: o Status: Waiting-No Funding (no reason code required) o Status: Waiting-No Provider (no reason code required) o Status: Waiting-Other (select appropriate reason code to further define) • When "Waiting-Other" is selected as the Waiting Status, select the following Reason Code, and make a journal entry noting the reason: o Status: Waiting-Other o Reason: Other-Journal Entry required
Wait List Service Plan Termination:	• Upon removal from the Wait List, individual Service Plans will be assigned one of three Status Codes: o Status: Waiting Terminated-Funding Available (no Reason Code required) o Status: Waiting Terminated-Provider Available (no Reason Code required) o Status: Waiting Terminated-Other (select appropriate Reason Code below) • When "Terminating-Other" is selected as the waiting status, select the following Reason Code, and make a journal entry noting the reason: o Status: Waiting Terminated-Other o Reason: Other-Journal Entry required

	• When the service becomes available, only that Service Plan with Waiting Status will be updated:
	  o Status: Use appropriate “Waiting Terminated” status code
	  o End Date: Last day Service Plan in “waiting” status
	
	• For new Caregivers, upon termination of the Waiting Service Plan, a new Service Plan for those services will be created with a Status = Active.
	
	• For current Caregivers, if the Waiting Service is an increase to an existing service or a new service, the current Care Plan Cost Cap Service Plan will be terminated as of the last day of the Service Plan’s “waiting” status and a new Care Plan Cost Cap Service Plan will be created reflecting the new Care Plan Cost Cap amount and date the services are available.

<u>Example: New Caregiver is Awaiting Enrollment into CSP:</u>	For Caregivers who are awaiting enrollment into the program, the following example may be followed:
	
	It is determined on 7/1/2026 that the Caregiver is eligible for CSP and needs $250 of Personal Care, but no funding is available.
	• Service: Care Management
	  o Start Date: 7/1/2026
	  o End Date: 12/31/2026
	  o Status: Active
	  o Reason: Agency
	  o Cost: $0
	
	• Service: Caregiver Care Plan Cost Cap
	  o Start Date: 7/1/2026
	  o End Date: 12/31/2026
	  o Status: Active
	  o Reason: Agency
	  o Cost: $250
	
	• Service: Personal Care
	  o Start Date: 7/1/2026
	  o End Date: 12/31/2026
	  o Status: Waiting – No Funding
	  o Reason: Blank
	  o Cost: $0

<u>Example: Current Caregiver is Already Enrolled in CSP:</u>	For Caregivers who are already enrolled in CSP and are waiting for an increase to an existing service or new service, the following example may be followed:
	
	Caregiver is receiving $250 of Personal Care since 7/1/2026.
	• Service: Care Management
	  o Start Date: 7/1/2026
	  o End Date: 12/31/2026

	○ Status: Active ○ Reason: Agency ○ Cost: $0 • Service: Caregiver Care Plan Cost Cap ○ Start Date: 7/1/2026 ○ End Date: 12/31/2026 ○ Status: Active ○ Reason: Agency ○ Cost: $250 • Service: Personal Care ○ Start Date: 7/1/2026 ○ End Date: 12/31/2026 ○ Status: Active ○ Reason: Caregiver Reimbursement ○ Cost: $0 It is then determined that the Caregiver needs an additional $50 of Personal Care starting 9/1/2026, but no additional funding is currently available. • The current Personal Care and Care Plan Cost Cap Service Plans are **NOT** changed. • A new Waiting Service Plan for the increased/new service will be created. • Service: Personal Care **(No Change)** ○ Start Date: 7/1/2026 ○ End Date: 12/31/2026 ○ Status: Active ○ Reason: Caregiver Reimbursement ○ Cost: $0 • Service: Caregiver Care Plan Cost Cap **(No Change)** ○ Start Date: 7/1/2026 ○ End Date: 12/31/2026 ○ Status: Active ○ Reason: Agency ○ Cost: $250 • Service: Personal Care **(New)** ○ Provider: Blank ○ Reason: Blank ○ Start Date: 9/1/2026 ○ End Date: 12/31/2026 ○ Status: Waiting-No Funding ○ Reason: Blank ○ Cost: $0

	• A new journal entry will be entered to explain the circumstances involving the Wait List placement. • Funding becomes available on 10/1/2026 and the Caregiver can now receive an additional $50 of Personal Care. • The current Personal Care Service Plan is **NOT** changed. • The Waiting Service Plan and current Care Plan Cost Cap Service Plan will be terminated. • A new Care Plan Cost Cap Service Plan is created. • Service: Personal Care **(No Change)** o Start Date: 7/1/2026 o End Date: 12/31/2026 o Status: Active o Reason: Caregiver Reimbursement o Cost: $0 • Service: Caregiver Care Plan Cost Cap **(Terminated)** o Start Date: 7/1/2026 o End Date: 9/30/2026 o Status: Terminated-Agency o Reason: Blank o Cost: $250 • Service: Personal Care **(Waiting Service Plan Terminated)** o Provider: Blank o Reason: Blank o Start Date: 9/1/2026 o End Date: 9/30/2026 o Status: Waiting Terminated-Funding Available o Reason: Blank o Cost: $0 • Service: Care Plan Cost Cap **(New)** o Start Date: 10/1/2026 o End Date: 12/31/2026 o Status: Active o Reason: Agency o Cost: $300 • A new journal entry will be entered to explain the removal from the Wait List due to availability/increase in funding.
Service Orders	• Service Orders will not be created for Caregiver Reimbursement services.
Service Delivery	• All Service Deliveries will be recorded in SAMS no later than the last day of the month following the month in which services were rendered.

	• Service Deliveries for CSP services will include Daily Unit Details.
	  ○ Care Management will have multiple monthly Daily Unit Details when applicable.
	
	• Service Delivery for CSP will be entered on the last calendar day of the month with a unit of service = 1.
	
	• Service Delivery is one (1) unit of reimbursement per service, regardless of the number of receipts submitted for the service.
	
	• Service Deliveries will not be created for the Caregiver Care Plan Cost Cap service.
	
	• The service of “Health and Safety” does not require a service delivery in SAMS.
	
	• Enter the total amount listed on the receipt(s) for each pre-approved service in the Unit Price field.
	
	• All receipts for reimbursable services will be scanned and stored in the File Attachment Folder: General Consumer Information.
	
	• The Naming Convention for Scanned Receipts:
	  ○ CSP-YYYY-MM-Receipts
	
	• Receipts for monthly expenses will be submitted to the AAA no later than the 15th of the following month.

Service Delivery of Care Management	• Every contact with a CSP Caregiver or on a Caregiver’s behalf, including activities related to Care Management, will be documented in a journal entry AND will be included in a Care Management Service Delivery.
	
	• There will be one Care Management Service Delivery entered for each calendar month a Care Manager has contact with, or on behalf of a CSP Caregiver. This Service Delivery will contain multiple daily units throughout the Service Delivery month.
	
	• Units of Care Management are counted in hours or fifteen-minute increments of an hour:
	  ▪ 15 minutes = 0.25
	  ▪ 30 minutes = 0.50
	  ▪ 45 minutes = 0.75
	  ▪ 60 minutes = 1.0
	
	• Care Management Service Deliveries will be entered with a Unit Price of $0.00.

Service Delivery of Respite with Topic	• Five Respite Services will include capturing respite hours via Topics during service delivery data entry: 1. Respite-Day Camp

<u>Adding Topic in Service Delivery:</u>	2. Respite-In Home Day 3. Respite-Out of Home Day 4. Respite-Out of Home Overnight 5. Respite-Overnight Camp • Topic: Respite Hours • Category: Respite • Date: Last calendar day of the serviced month • Default Time: Number of respite hours
CSP Reimbursement Guide Reports	• The CSP Reimbursement Guide Reports are available under Reports in SAMS, to assist with the validation of services and calculation of reimbursement: o CSP Reimbursement Guide-Detail o CSP Reimbursement Guide-Summary
Journal Entries	• Journal entries will be entered for each contact with, for, or about a CSP Caregiver. • Indicate the date the activity occurred in the body of the narrative if this date is different than the entry date. o Example: A voicemail came in on Sunday, 6/21/26 but the Care Manager was not able to input the related Journal into SAMS until the afternoon of Monday, 6/22/26. ▪ Journal Entry Date: 6/22/2026 ▪ Journal Entry Time: 12:53 PM ▪ The Journal Comments contain the actual date of activity; Consumer called on Sunday, 6/21/2026 and left a voicemail. • In addition to regular journal entries for each contact related to a Caregiver, the following Journal Entry Types will be used as indicated below for these specific activities: o 3 months-Telephone Contact o 6 months-Home Visit-Reassessment o 9 months-Telephone Contact o 12 months-Home Visit-Reassessment o Back-Up Plan o CSP-Authorization for Agency Model o CSP-Bid Solicitation o CSP-Care Plan Cost Cap Justification o CSP-Income Calculation Exception o CSP-Initial Referral o CSP-Insurance Denial Med/Eq/Sup/Adapt Dev o CSP-Late Receipt Submission o CSP-Out-of-State Caregiver Verification o CSP-Planned Accumulation of Benefits o Grandchild-Age 18-Reassessment o Timeframe Extension

Activities and Referrals (Actions)	• The use/entry of Activities and Referrals into SAMS are not mandatory for the CSP program.
File Attachments	• The Care Manager will scan and attach any relevant documentation to the CSP Caregiver record in the SAMS File Attachment General Consumer Information folder. Examples of documents to be scanned include, but are not limited to: o Accepted bid(s) for Home Modification(s) o Caregiver Reimbursement Form(s) o Conditions of Participation/Certificate of Accountability Form o Draft Care Plan o Financial information for the Care Receiver's household o Insurance denials, if applicable o Landlord approval agreement for Home Modification(s) o Self-Employed/Independent Contractor Declaration Form o Verification of expenses (receipts) for reimbursement • The scanned receipts for the Caregiver's approved caregiving-related expenses will be stored in the SAMS File Attachment General Consumer Information folder. • The naming convention for each scanned document related to reimbursement for CSP services will be: o CSP-YYYY-MM-Receipts o In the case of multiple scanned receipt documents, use the following naming convention: o CSP-YYYY-MM-Receipts-1 o CSP-YYYY-MM-Receipts-2 o NOTE: The scanned receipt documents will be less than 5MB in size or two separate scanned documents will be required.
Accumulated Benefits Respite-Future Use <u>Manual Monthly Updates:</u>	• Accumulated benefits for respite are captured in the Caregiver's Care Plan, as a single Service Allocation, updated monthly under the service name: o Respite-Future Use • The Caregiver Cost Cap Service Plan is reduced by the monthly amount accumulated during the accumulation of benefits. • One service allocation is created for the first month of the accumulation period (up to six months without crossing fiscal years) in the same Service Plan. • The Care Manager will manually update: o Unit Price o Service Plan End Date until the planned accumulated benefit for respite is reached. • The Service Plan Schedule will have: o Allocation Type = Duration Specified

	▪ The end date updates automatically in the schedule when the end date of the Service Plan is manually updated monthly by the Care Manager) o Unit Allocated = 1
Special Instructions:	• Special Instructions will be entered to include: o Identify the planned event and the date of the planned event o Identify the total amount to be accumulated for the event o The dollar amount to be accumulated each month o The number of months of the accumulation of benefits
Example:	For example, the Caregiver is saving $100 per month for four months for a total of $400 for a planned event taking place in May. The accumulation of Respite-Future Use will begin in January; the Respite-Future Use Service Plan would progress as follows: • First Month of Accumulation of Respite-Future Use Service Plan: o Start Date: January 1 o End Date: January 31 o Unit Price = $100 ▪ The End Date and Unit Cost will be manually updated monthly. For January, this would take place on or after February 1st, as benefit has now been earned for the month of January. • Month Two of Accumulation of Respite-Future Use Service Plan: o Start Date: January 1 o End Date: February 28 o Unit Price = $200 ▪ The End Date and Unit Cost will be manually updated monthly. For February, this would take place on or after March 1st, as benefit has now been earned for the month of February. • Month Three of Accumulation of Respite-Future Use Service Plan: o Start Date: January 1 o End Date: March 31 o Unit Price = $300 ▪ The End Date and Unit Cost will be manually updated monthly. For March, this would take place on or after April 1st, as benefit has now been earned for the month of March. • Month Four of Accumulation of Respite-Future Use Service Plan: o Start Date: January 1 o End Date: April 30 o Unit Price = $400 ▪ The End Date and Unit Cost will be manually updated monthly. For April, this would take place on or after May 1st, as benefit has now been earned for the final month, April.

	• Caregivers will use any earned accumulated benefits, if necessary, by presenting receipts for reimbursement for the planned event. • The CSP Reimbursement Guide Reports may assist with validating the Service Delivery entered for the "Respite-Future Use" against the dollars of accumulated benefits in the Service Plan. • There can be more than one Service Delivery of accumulated benefits during a care plan period, as long as the Service Delivery does not exceed the total funds accumulated in the month(s) preceding the Service Delivery. For example: o Six-month care plan in which accumulated benefits are being saved at a rate of $100 per month for a total accumulation of $600. o In month three, it is allowable for a Service Delivery of $200 for the service "Respite-Future Use" to be entered as two full months of planned respite would have been accumulated. o Assuming the remaining benefits are saved over the next four months, another "Respite-Future Use" Service Delivery may be entered for o $400 in the final month of the care plan period to satisfy the total funds accumulated. • Respite-Future Use benefits that are not used during the care planning period in which they were planned are forfeited and cannot be carried into a new Care Plan. • When the Respite-Future Use planned event has occurred and reimbursed, the Respite-Future Use Service Plan will be terminated: o Status: Terminated-Caregiver Reimbursement • When Respite-Future Use planned event has occurred and a reimbursement of the costs associated with the event has been issued, the Caregiver Cost Cap Service Plan will be terminated: o Status: Terminated-Agency • When Respite-Future Use planned event has occurred and a reimbursement of the costs associated with the event has been issued, a new Caregiver Care Plan Cost Cap Service Plan will be created to reflect the full Caregiver Cost Cap Amount with a start date of the first day of the month following the completion of accumulation.
Termination of Respite Future Use: Termination of Caregiver Cost Cap Service Plan: New Caregiver Care Plan Cost Cap Service Plan:	
Tracking Caregiver Outreach Activities	• Caregiver community outreach conducted by agencies will be service delivered in the consumer groups already created by PDA for your agency. o Consumer Group Name: XX (AAA Number)-Caregiver Community Outreach o The four services available: ▪ Community Outreach-Edu Materials ▪ Community Outreach-Edu Training

	▪ Community Outreach-Event ▪ Community Outreach-Marketing • The instructions for entering Community Outreach Activities are available on the Secure FTP Site in the Shared Information Folder.
CSP Provider Records	• Caregivers will have a provider record in SAMS that reflects the AAA and the needed services for which the Caregiver will be reimbursed. • The CSP Provider Request Form is to be used to establish and update the Caregiver Provider Records. • The CSP Provider Request Form and instructions are located on the Secure FTP Site in the Shared Information Folder.
SAMS Reports <u>Wait List Report:</u> <u>Consumer Care Plan Report:</u>	• The following steps will help you run your local AAA Wait List Report: o In SAMS, go to the menu bar and select “Reports”. o Navigate to the report titled: **CSP WL-1 Waiting List.** o Click to open the report. o Enter the following information: ▪ Title (not required unless report definition is saved). ▪ Your agency. ▪ Select Summary or Detail. o Click preview to view report (and print if desired). • The following steps will help you run Consumer Care Plan Report: o In SAMS, go to the menu bar and select “Reports”. o Navigate to the report titled: **Consumer Care Plan.** o Click to open the report. o If running report for an **initial assessment / initial care plan**, ▪ Date of Report = Today’s date. ▪ Program = Appropriate CSP program. ▪ Click preview to view report and print. ▪ Please note this will produce a blank report you can print, complete during the assessment visit, and obtain the consumer’s signature. o If running report for **reassessment,** ▪ Title = Not required unless report definition is saved. ▪ Consumer ID = SAMS ID of consumer. ▪ Date of Report = Today’s date. ▪ Program = Appropriate CSP program. ▪ Enter Your AAA Number (AAA##) = Your AAA number in AAA## format. ▪ Click preview to view report and print. ▪ This will produce a report you can print containing the current care plan details, update as needed during the reassessment visit, and obtain the consumer’s signature.

	Please note that the consumer's Co-Pay must be populated on the Consumer Details screen for the report to display correctly.

Additional Resources	• Official Pennsylvania Department of Aging website
	  ○ https://www.pa.gov/agencies/aging
	  ▪ Contains extensive sources of information and access to PDA's policies and procedures.
	  ▪ Includes official chapters, manuals, appendices and regulations that can be viewed or downloaded for offline use.
	• PDA-LMS training website
	  ○ https://www.pda-lms.org/
	  ▪ Contains numerous SAMS/A&D and CSP trainings, documents, and webinars that can be viewed and downloaded for offline use.