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INTRODUCTION

The mission of the Arkansas Spinal Cord Commission (ASCC) is to administer a statewide program to identify and meet the unique and lifelong needs of Arkansans with spinal cord disabilities. An integral component of the success of this mission is the Case Management Program. Since its inception in 1975, the ASCC has provided case management services including advocacy, resource development, support and guidance, technical assistance, and purchased services to facilitate independence and quality of life in Arkansans with spinal cord disabilities. Moreover, the personal interaction and involvement of the ASCC Case Manager serves as a vital link to ensure the individual client and family receive needed services and do not "fall through the cracks".

This Case Management Services Procedures Manual is designed as a resource to assist the Case Manager in providing that vital link. When this manual is used with the ASCC Policy and Procedure Manual and the Department of Human Services Social Services Block Grant Manual, the Case Manager will find guidance and direction in the provision of consistent, quality services. This revision of the manual is designed to be user-friendly, to make needed information easily identified and usable, and to provide resources for the Case Manager.

The ASCC Case Managers are some of our State's most valuable resources and this manual, prepared by and for them, is a reflection of the quality consumer driven services that they provide every day.

Case Management Services Procedures

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PURPOSE

The ASCC Case Management Program is the cornerstone of the Arkansas Spinal Cord Commission. Case Managers provide a wide range of services for individuals with spinal cord disabilities. It is the responsibility of the Case Manager to facilitate and coordinate these services in the most efficient manner, enabling individuals to adjust to their disability and maintain independence within their community. Coordination of services can be a perplexing problem, and involves multiple duties. The Case Management Procedures Manual has been developed to serve as a guide to assist the Case Manager with effective case management intervention, planning, and implementation. This manual provides detailed instructions and procedures from the initial referral to closing a case.

CASE MANAGEMENT PROCESS

Case management has often been defined as "the process by which responsibility for implementation of the client's individual case plan is established." In order to effectively implement this process, the Case Manager must attend to the total spectrum of client needs, including but not limited to family relationships, medical needs, education, finances, employment, health, recreation and records. In respect to these areas the Case Manager determines not only whether or not the client's needs are being met but how the needs are being met. This process can be broken down into four major areas: Assessment, Planning, Implementation, and Evaluation/Review.

Assessment

The initial referral is received and the Case Manager begins case coordination by determining medical eligibility and implementing entry into the system. It is at this time that the Case Manager also provides information on available services.

Planning

The development of a good case plan requires the Case Manager to carefully assess the client's needs. Identification of resources to meet those needs is a critical piece in the case plan. The more resources available to a client, the easier returning to the community becomes. The client is encouraged to play an active part with the planning and implementation of the Independent Living Plan. It is during this period that short and long term goals are developed by assessing a client's strengths and weaknesses.

Case Managers often provide guidance and counseling to the client and family. However, they must also be aware of immediate situations and recognize that there may be a need for additional professional services such as marriage counseling, mental health services and occasionally drug and alcohol rehabilitation. Monitoring the service delivery system is of the utmost importance as

needs change frequently. A good Case Manager will facilitate an individual's independence in the most optimal manner.

Implementation
Linking client services together is an integral part of case management. The Case Manager must often advocate on behalf of the client to ensure timely service efforts and will often provide technical assistance making sure the services are implemented appropriately. Case Managers soon learn to provide needed in-service training on spinal cord disabilities to schools, other professional staff, and within the community. Continuous monitoring of the service delivery system will facilitate the Independent Living Plan more smoothly.

Evaluation and Review
The final area includes evaluating progress and reviewing an individual's situation on a regular basis to assess and revise objectives when necessary. Redefining these goals and objectives are based upon any changes in the individual's needs when they are discovered. The Case Manager and the client should sit down together and choose the best avenue to implement a revised plan.

ROLE OF THE CASE MANAGER

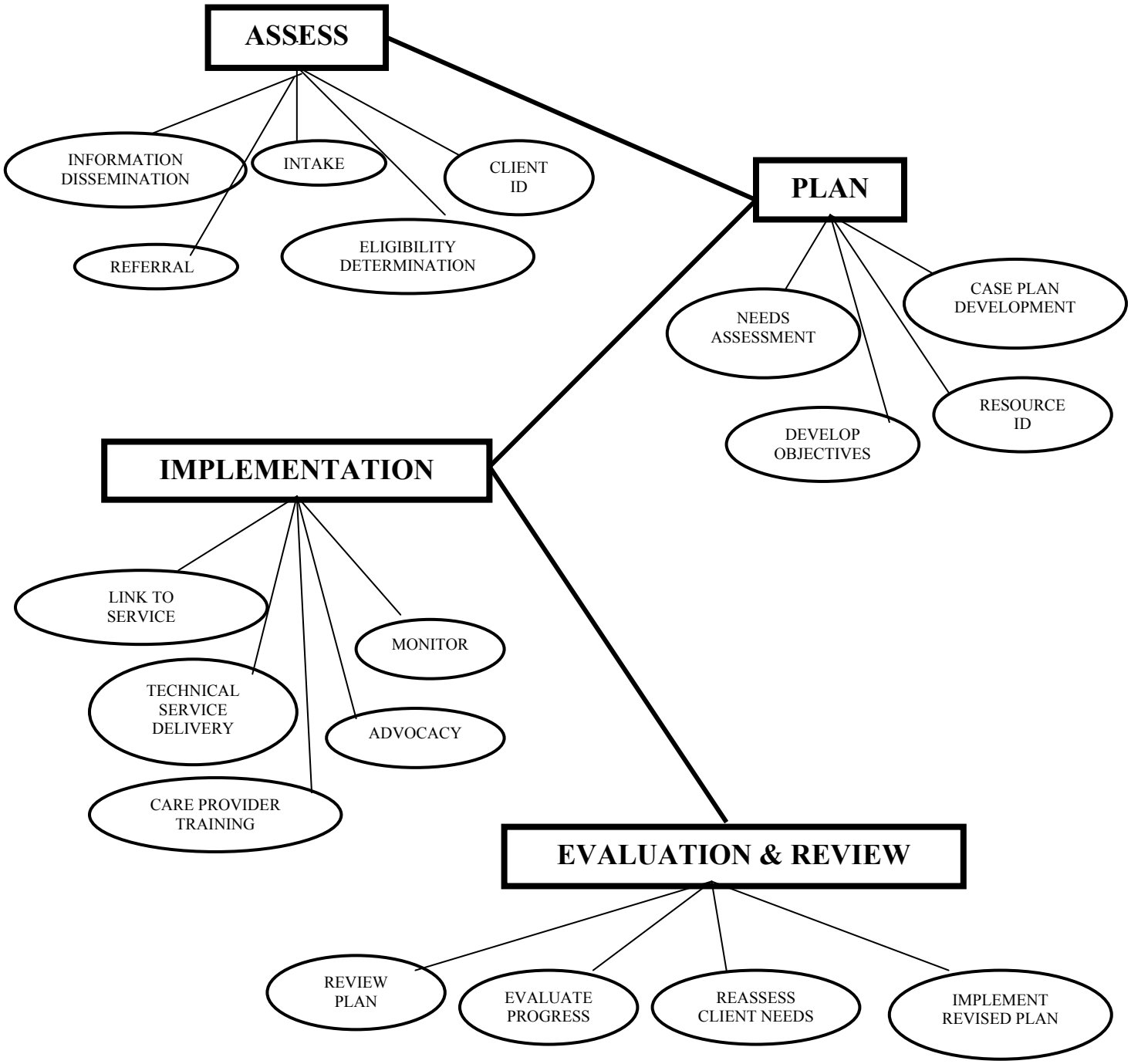
Flexibility, persistence, and the ability to listen are key qualities a successful Case Manager must develop. Coordination of client services involves a multitude of duties and many tasks must be accomplished to successfully maintain good case management. Listed below is a brief outline of the basic tasks that define a successful case and describes the role of the Case Manager in the overall case management process:

1. Complete initial interviews with the client and family to assess the client's eligibility for services.
2. Gather relevant, useful data from the client's family and other agencies to formulate a psychosocial assessment of client and family.
3. Assemble and guide group discussion and decision-making sessions among relevant professionals, client, family and significant others to identify goals and design an integrated intervention plan.
4. Monitor adherence to service plan and manage the flow of information within the system to maintain orientation of goals and coordinate efforts.
5. Provide follow along to the client and family to speed identification of unexpected problems in service delivery and to serve as a general troubleshooter on client's behalf.
6. Provide counseling and information to help the client and family in situations of crisis and conflict.
7. Provide ongoing emotional support to the client and family so they can better cope with problems and utilize professionals and services.

8. Complete necessary documentation of the client progress, effectiveness of the plan, changes, need for reassessment of plans, goals and objectives.
9. Act as a liaison between the client, family and all relevant professionals, programs, and resources to assist the client in making preferences known and to secure needed services.
10. Act as a liaison between the client and the service provider to ensure smooth flow of information and minimize conflict.
11. Establish and maintain credibility and good public relations with resource system to maintain quality services for current and future clients.
12. Performs effectively and as a "good bureaucrat" within the organization to be in a position to develop and modify policies and procedures positively affecting clients and the service delivery system.
13. Secure and maintain the respect and support of those in authority so their influence can be enlisted on client's behalf to develop and coordinate efforts with other agencies to provide appropriate services.

More specific guidelines and detailed information are outlined in the chapters of this manual. As each Case Manager becomes more familiar with the contents of this manual, a better perspective of the overall case management process will occur. Remember, successful case management is only as effective as the Case Manager providing it.

CASE MANAGEMENT PROCESS



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PURPOSE

The purpose of the Registry and Referral Process Chapter of this manual is to provide appropriate information regarding implementation of the referral, procedures and time frames, the establishment of the Central Registry, and it's intent.

CENTRAL REGISTRY OF SPINAL CORD DISABLED PERSONS

Mandate

Act 330 of 1977 provided "for the establishment and maintenance by the Arkansas Spinal Cord Commission of a Central Registry of Spinal Cord Disabled Persons." The Central Registry is the oldest legislatively mandated spinal cord injury registry in the country. It is also one of the most comprehensive in the number of elements of information collected, as well as the scope of spinal cord disabilities (trauma, non trauma and congenital).

The intent of the Central Registry is to ensure the referral of all persons with spinal cord disabilities to the Arkansas Spinal Cord Commission in order that they might obtain appropriate rehabilitative services. Referral to the Commission allows the individual access to Commission services (i.e., case management, purchased services) as well as to needed services provided by other State agencies, departments and organizations.

Act 330 requires that "every public and private health and social service agency and attending physician shall report to the Commission within five (calendar) days after identification of any spinal cord disabled person...The report shall contain the name, age, residence and type of disability of the individual and such additional information as may be deemed necessary by the Commission."

In addition, the Act further specifies that "within fifteen days of the report and identification of a spinal cord disabled person, the Commission shall notify the spinal cord disabled person and/or most immediate family member(s) of their right to services from the state, the services available and the eligibility requirements...The Commission shall refer severely disabled persons to the appropriate divisions, departments and other state agencies to assure the maximum available rehabilitative services, if desired, are obtained by the spinal cord disabled person....All other agencies of the state shall cooperate with the Commission to insure that appropriate total rehabilitative services are available as well as access to records."

Since 1977, over 3500 cases of spinal cord disability have been referred to and served by the Commission. All cases are maintained on the Central Registry, even after the case has been closed due to medical ineligibility, death or moving from the state.

In addition to serving as the primary referral mechanism for Commission services, the Central Registry provides a wealth of information about the people included on it. This information is invaluable in identifying trends in the incidence of spinal cord injury in the state, as well as in the development of prevention efforts. Since 1988, the Commission has worked collaboratively with Centers for Disease Control and Arkansas Department of Health in analyzing data from the Central Registry.

Internal registry reports are disseminated each month to the Case Manager for their counties. Once a year, each Case Manager receives an alphabetical copy of the complete registry. Additional reports can be requested from the Information Technology Manager.

Monthly Activity and Surveillance Report
An internal document, published monthly for the exclusive use of ASCC staff. Includes information on new injuries/referrals, etiologies, total referrals for year, caseloads and totals per status code. This report is not to be disseminated to anyone outside the Agency because it includes client identification. However, summary information gleaned from the report (i.e., number of new referrals, number of total cases) may be provided for outside requests.

Case Manager Role
- The Case Manager is responsible for accepting referrals made by reporting agencies and individuals.
- The Case Manager is responsible for making contact with the referred individual within 10 calendar days.
- The Case Manager is responsible for reporting all changes in client status to the Central Office (using ASCC-30, see Chapter 8 Case Monitoring) to assure comprehensive, complete records.
- The Case Manager is the primary liaison with referral sources (hospitals, physicians, rehabilitation facilities) and has the responsibility of maintaining communication to facilitate reporting of new referrals.
- The Case Manager is responsible for disseminating referral posters (available from the Central Office) to all referral sources on an annual basis.
- The Case Manager may request information regarding registry information at any time for dissemination, presentations or planning purposes. It is the responsibility of the Case Manager to ensure that all registry related (i.e., statistical) information that he or she disseminates is current and correct.

UPDATING THE REGISTRY

Computerization of the Central Registry has enabled the Commission to maintain current, up-to-date information on each individual with a spinal cord disability. Each Case Manager receives a

registry printout of all of his/her open cases listed by county on a monthly basis. A printout of the registry with all cases listed alphabetically is also received on an annual basis. Case Managers are responsible for monitoring the monthly registry printout for accuracy. When it is necessary to make changes, additions, or corrections to the data items, a Client General Information Sheet (CGIS, ASCC-30) must be submitted to the Central Office. Once the updates are made, a corrected copy will be sent back to the Case Manager to be placed in the case file in the summary/change section (see Chapter 7, The Case File).

Detailed information for the appropriate procedure in completing the Client General Information Sheet (CGIS, ASCC-30) and the form may be found in Chapter 8, Case Monitoring, of this manual.

REFERRAL PROCEDURES

The majority of referrals are reported to the ASCC Central Office. Once a referral is received, written contact with the appropriate Case Manager is made using a Central Registry Referral Form (ASCC-1). From time-to-time a referral will be reported directly to the Case Manager. When this occurs, the Case Manager will complete a Central Registry Referral Form (ASCC-1) and fax to the Central Office. The Case Manager will then proceed with the initial intake process (see Chapter 6, The Initial Assessment).

Initial Contact

Contact with new referrals must be established within ten (10) calendar days. However, Case Managers are encouraged to make contact within five (5) calendar days if at all possible, particularly with newly injured individuals. These individuals are in the greatest need of assistance and support.

Referral Reporting and Forms

After the initial contact has been made with the referral, the Case Manager will submit the following forms to Central Office within ten (10) calendar days from the date of initial intake:

ASCC-22 - Initial Interview/Assessment Form

The Initial Interview/Assessment form includes the initial case narrative detailing the Case Manager's findings including preliminary eligibility determinations, client identification information, anticipated client needs, and plan of action.

ASCC-3 - Surveillance Form
All referrals will have a completed Surveillance form. The Surveillance form provides a summary outlining background information pertaining to the individual's spinal cord injury/disability.

Chapter 6, The Initial Assessment, provides a comprehensive overview of completing the ASCC-22 and the ASCC-3. Both of the above forms should be submitted together so that the appropriate information is entered into the Central Registry.

REFERRAL REPORTING GAPS

Although Act 330 specifically mandates that hospitals and health care professionals report spinal cord injuries/disabilities to the Commission within five (5) days of identification, this does not always happen. The Commission has developed a system to monitor the elapsed time between date of injury and date of referral in an attempt to ensure timely referrals. Case Managers should pay particular attention to these two dates. If there is a gap of fifteen (15) days or more, Case Managers are requested to contact the referring hospitals to:

1. Determine who was responsible for making the referral.
2. Contact the referral source directly to find out why there was a delay in reporting.
3. Remind the responsible person of the State law requiring all health care professional/facilities to report any spinal cord injuries within five (5) days of identification.

Each month, the Client Services Administrator will contact Case Managers who have a referral that was received fifteen (15) days or more after the date of injury to obtain the above information. A Referral Reporting Gap Log is completed by the Client Services Administrator to monitor these problems. If reporting problems persist with a particular facility, the Case Manager will be requested to coordinate in-service training with appropriate hospital personnel.

It is imperative that each Case Manager visit all local hospitals in their area and become familiar with the personnel who work with their clients. Visiting each hospital on a regular basis and establishing positive working relationships with these personnel is essential.

REFERRAL SERVICE CODES

The referral service codes are used to specifically identify the type of facility or agency making a referral to the Commission. These codes are to be utilized by the Case Manager when completing the Surveillance Form, ASCC-3 (See Chapter 6, The Initial Assessment).

0 Acute Care Hospital
1 Self Referral
2 Other Individual
3 Other Hospital (not Acute or Rehabilitation)
4 Physician
5 Rehabilitation Hospital
6 State Vocational Rehabilitation
7 Public Health Department
8 Other
9 Unknown

FORMS

ASCC-1	Central Registry Referral Form

ARKANSAS SPINAL CORD COMMISSION
Central Registry Referral Form

ASCC-1
8/12

5800 W 10th St, Suite 108
Little Rock, AR 72204

501-296-1788
800-459-1517
501-296-1787 (fax)

CLIENT INFORMATION

Name _____ **Parent/Guardian** _____

Address _____ **Phone No.** _____

_____ **Date of Birth** _____

City State Zip Code County

SSN _____ **Sex** _____ **Marital Status** _____ **Dependents** _____

Veteran **Yes** ◯ **No** ◯ **Service Connected** **Yes** ◯ **No** ◯

Worker's Comp **Yes** ◯ **No** ◯

MEDICAL INFORMATION

Disability _____ **Date of Onset** _____

Cause of Disability _____ **Level of Disability** _____

Extent of Disability _____

Referred By _____ **Agency** _____ **Phone No.** _____

Attending Physician _____ **Phone No.** _____

Hospital _____ **Room No.** _____

MEMORANDUM

TO: _____
FROM: _____
DATE: _____

Contact must be made no later than 10 working days from the date of this referral (contact due _____). A written response [Initial Assessment (ASCC-22) and Surveillance Questionnaire (ASCC-3)] must be submitted to Central Office with 10 working days of the initial interview.

Case Management Services Procedures

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PURPOSE

Eligibility for services provided by the Arkansas Spinal Cord Commission is based upon meeting established medical eligibility criteria. It is the Case Manager's responsibility to assess, determine, and document the eligibility status of each individual referred to the Commission. This will allow those individuals who qualify to receive appropriate services. This chapter provides procedures to assist the Case Manager with eligibility determination, obtaining medical records, and completing necessary documentation.

BACKGROUND

Prior to 1987, the only requirement for eligibility for Arkansas Spinal Cord Commission (ASCC) services was the presence of a lesion in the spinal cord. In 1986 the Medical Eligibility Criteria for ASCC services were modified to limit services to individuals who have functional impairments severe enough to cause significant disability and to be subject to the severe and expensive complications that are commonly associated with spinal cord disability, such as recurrent pressure sores and urinary infections. The revised criteria apply only to those individuals applying for services after January 1, 1987. Clients accepted under the original criteria are considered 'grandfathered' into eligibility, and these cases are maintained on the ASCC registry and receive services whether or not the medical eligibility criteria below are met.

A. MEDICAL ELIGIBILITY DETERMINATION

The spinal cord may be damaged by trauma, infection, tumor, disease, developmental defect, or degenerative disorder. The damage to the spinal cord may be complete (i.e., no transmission of nerve impulses past the damaged area, no function below level of injury) or incomplete (i.e., some messages below the damaged area are still able to get to or from the brain, some function below level of injury). In order to be medically eligible for ASCC services, the damage to the spinal cord must be of a severity to impair basic functions, resulting in a limitation in the individual's ability to accomplish basic activities of daily living. While these limitations may also result from other causes, only those directly related to spinal cord function will be considered for eligibility.

In order to assess the severity of limitations, four major criteria are considered. Lack of what would generally be considered normal function in three (3) of the four (4) following areas would qualify an individual as medically eligible for ASCC services.

NOTE: *The International Standards of Neurological Classification of Spinal Cord Injury* manual (rev. 2011) American Spinal Injury Association (ASIA) Impairment Scale (AIS)

will be used when available to assess paralysis and sensation. These classifications are referred to interchangeably as ASIA or AIS A, B, C, D or E.
For the purpose of this policy, normal will describe the individual's level of function previous to injury or onset.

1. **Paralysis -** A lack of normal voluntary motor function. There should be enough weakness and/or spasticity to significantly interfere with normal self-care activities and/or mobility. In most cases this will require the use of a wheelchair, scooter, walker, braces (including AFOs, KAFOS), crutches or cane for mobility. In some cases, particularly those with a diagnosis of central cord syndrome, the paralysis may be more severe in the arms and hands than in the legs to the point that adaptive devices or assistance is required for completing activities of daily living such as feeding, dressing, and hygiene.

   The following are indicators of paralysis:

   a. If an individual is classified as an AIS (ASIA Impairment Scale) A, B or C, the paralysis is significant enough to prevent normal mobility.

   b. Those with Central Cord Syndrome, who may have upper extremity paralysis only will also meet the paralysis definition of their upper extremity paralysis prevents normal activities of daily living without equipment or assistance.

   c. In reviewing manual muscle test scores, if muscles in the upper and or lower extremities are graded below 4 (of 5), lack of normal motor function is indicated. Note: spinal shock may impair motor function initially after injury and may resolve or improve with time. **The most recent Manual Muscle Tests scores, completed closest to discharge, should be used to determine eligibility**.

   d. The individual is unable to walk 25 feet without assistive device or hands on assistance (holding on wall or rail or another person).

2. **Sensation -** A lack of normal sensation at or below the level of lesion that results in absent or impaired ability to discern touch, pressure, pain (the ability to tell sharp from dull), or temperature (the ability to tell hot from cold). The individual should have enough loss of sensation to have more than normal risk to skin and musculoskeletal structures.

   The following are indicators of lack of normal sensation, at or below the level of lesion:

a. If an individual is classified as an AIS (ASIA Impairment Scale) A or B the loss is significant enough to prevent normal sensation. AIS C will require additional investigation but may meet eligibility.

b. In reviewing AIS sensory testing:

Scores of 0 – absent or 1 - altered reflect lack of normal sensation.

i. The inability to determine the difference between sharp and dull sensation. This typically means if the sensation upon pinprick at distal (arms, legs, hands, feet) areas of the body are not recognized as the same as those on the cheek.

ii. Cannot determine pressure (thumb pressure) in distal areas of the body (arms, legs, hands, feet).

iii. Cannot determine hot or cold sensations in distal areas of the body (arms, legs, hands, feet). This would mean he or she cannot accurately tell the temperature of bath or shower water by hand or foot.

iv. Lack of proprioception, inability to determine the position or movement in a part of the body without visual contact.

3. **Loss of NORMAL Bladder Control -** The lack of ability to voluntarily empty the bladder in a timely manner without accidents or use of equipment or medication. Frequently, individuals with spinal cord injury will present with a neurogenic bladder. When this condition is present, it is usually obvious with symptoms of either urinary incontinence (involuntary voiding) or urinary retention (inability to void). However, with minimal spinal cord damage, the symptoms may be subtler. In addition to a patient's history, a neurogenic bladder may be identified by urodynamics testing by an urologist.

The following are indicators of a neurogenic bladder, or lack of normal bladder function:

a. If an individual is classified as an AIS (ASIA Impairment Scale) A, B or C, the loss is significant enough to prevent normal bladder function.

b. Use of any type of bladder emptying device, including:

i. Indwelling or external catheter (will have a leg bag for collection),

ii. Intermittent ('in and out') catherization,

iii. External collection device (diapers or padding),

iv. Urinary diversion/urostomy/ileostomy (surgical procedures to allow urine to be diverted through an abdominal stoma directly to an external collection device).

c. Occasional involuntary urination including:

i. Bladder accidents,

ii. Urgency (urge to urinate comes on quickly and intensely, often not allowing time to make it to the toilet)

iii. Inadvertent urination upon lifting, bending, transferring, coughing, or laughing.

These may be exacerbated by use of caffeine or alcohol or a full bladder.

d. Frequent urinary tract infections (two or more in one year)

The individual's assessment of changes in their ability to urinate post injury as compared with pre-injury may provide additional insight into his or her bladder function.

4. **Loss of NORMAL Bowel Control -** The lack of ability to voluntarily empty the bowel in a timely manner without accidents or use of equipment or medication. Frequently, individuals with damage to the spinal cord will present with a neurogenic bowel. This is often difficult to define or to confirm because the individual with spinal cord damage may have a well regulated *bowel program* that is not much different from normal function and prevents accidents and impactions.

The following are indicators of a neurogenic bowel:

a. If an individual is classified as an AIS (Asia Impairment Scale) A, B or C, the loss is significant enough to prevent normal motility.

b. Inability to prevent a bowel accident when diarrhea occurs.

c. Frequent bouts of diarrhea.

d. Digital stimulation, manual evacuation, regular use of suppositories, enemas, and/or oral medications is required to empty the bowel.

e. Chronic constipation or bowel impaction. This symptom alone is not enough to make a diagnosis because many otherwise normal individuals have constipation, which can be caused by diet, some medications, poor bowel habits, etc.

f. Bowel diversion to an external stoma (i.e. colostomy, cecostomy).

g. If bowel function is unable to be determined based on medical records or client report of a – f above, a physical examination by a physician will determine whether the patient has voluntary control over the anal sphincter and normal sensation in the rectal area.

The individual's assessment of changes in their ability to defecate post injury as compared with pre-injury may provide additional insight into his or her bowel function.

EVEN IF ALL OF THE ABOVE SYMPTOMS ARE PRESENT, THERE MUST BE A CLEAR INDICATION THAT THEY ARE DUE TO DAMAGE TO THE SPINAL CORD AND NOT DUE TO BRAIN OR PERIPHERAL NERVE PATHOLOGY.

B. SPECIAL CONSIDERATIONS IN DETERMINING MEDICAL ELIGIBILTY

In some cases, the presence of the above criteria is not discernible or there is question related to the etiology of the symptoms. Therefore, the following procedures have been established to assure that all prospective clients receive needed services as well as to prevent the possibility of further injury or disability.

1. **Brainstem Lesions** - The anatomical dividing line between the brain and the spinal cord is not easily discernible, and damage in this area may affect both. An examination and review of results of neurological testing such as an MRI or CAT scan by a physician may be required to discern the level of the lesion. A cervical level of injury must be documented in the medical report or record. If the damage is clearly documented to be in the brainstem and not the cervical spinal cord, the patient is not medically eligible. If the medical records are inconclusive related to

the presence of a spinal cord injury, the case will be referred to the ASCC Medical Director for review and determination.

2. **Cauda Equina Lesions -** Although the cauda equina is not technically part of the spinal cord, damage to these nerves can cause a paraplegia identical to that caused by a lumbar or sacral spinal cord injury. For the purpose of determining medical eligibility, a cauda equina injury will be treated as a spinal cord injury. Therefore, anyone with a cauda equina injury who meets the three (3) of four (4) criteria will be considered medically eligible.

3. **Combined Brain and Spinal Cord Trauma** – An individual who has sustained severe trauma to the neck may have injuries to both the brain and the spinal cord. When the patient has a severe head injury or is comatose, it may not be possible to assess the spinal cord damage. In this infrequent situation, the case will be sent to the ASCC Medical Director for review and determination. Medical records will be obtained and forwarded to the Medical Director with a cover memo requesting a determination and describing the Case Manager's best assessment of the status of the three (3) of the four (4) medical eligibility criteria.

4. **Multiple Sclerosis -** Individuals with this diagnosis frequently present a difficult challenge to determine their eligibility because of the nature of the disease. The clinical findings regarding medical criteria (paralysis, sensory loss, etc.) may be present, but it may not be clear whether they are due to lesions on the spinal cord or on the brain, since both are often involved. In many cases it is virtually impossible to determine which lesions impact which losses. **If the individual meets three (3) of four (4) criteria, he/she will be determined medically eligible**.

   For the purposes of determining medical eligibility, once a client is determined medical eligible and added to the registry, the case will remain active regardless of any improvement in symptoms. The progression of multiple sclerosis is unpredictable. Some individuals experience temporary exacerbations (relapses) followed by complete or partial (remitting) recovery. Typically, the improvements are temporary. Utilizing the initial medical eligibility determination will prevent unneeded case closure and reopening based on temporary improvements.

5. **Spina Bifida** – It is very difficult to determine medical eligibility on newborn infants with spina bifida, who are unable to respond to testing, especially for bowel and bladder control. Therefore, all babies with a diagnosis of spina bifida are determined medically eligible for ASCC services until they are 3 years of age.

Within 90 days of the child's third birthday, medical eligibility should be assessed and the four (4) criteria applied. Clients who do not meet the medical criteria at that time will be closed as "No Longer Medically Eligible (73)". A Certificate of Medical Eligibility (ASCC-13) with accompanying medical records for verification will be completed on those clients who do meet medical eligibility criteria.

DOCUMENTING MEDICAL ELIGIBILTY

The Case Manager will be responsible for documenting in the Initial Interview/Assessment (ASCC-22) that the client meets the medical eligibility criteria. The determination of the prospective client's medical eligibility based on the four medical criteria must be based on medical records or input. This will include a brief description of symptoms in each of the four criteria, including reference to medical records or reports used to make the determination. This will include Case Manager's review of medical records, input from the physician and/or the interdisciplinary rehabilitation team.

A client's self report of or a Case Manager's observation of the symptoms of paralysis, loss of normal sensation, loss of normal bladder control and/or loss of normal bowel control, may be useful in determining the appropriateness of a referral and, consequently, the need to obtain supporting medical records or other documentation to confirm the client's medical eligibility. However, these reports or observations are not sufficient by themselves to make a determination of medical eligibility.

More specific guidelines for disability documentation may be found in Chapter 6, The Initial Assessment.

VERIFICATION OF MEDICAL ELIGIBILITY

When the Case Manager has questions or concerns regarding an individual's medical eligibility, the ASCC Medical Director will be consulted. Documentation will be forwarded to the Medical Director for review. Case Managers should include all medical reports, the initial assessment (ASCC-22), and any other narratives reflecting documentation of the four medical criteria (see Chapter 6, The Initial Assessment, and Chapter 8, Case Monitoring, for medical eligibility documentation). The Medical Director will make the final determination concerning the eligibility status of these individuals. In cases where the Case Manager has question or concern about the medical eligibility status, he or she will contact the Client Services Administrator or the Medical Director.

OBTAINING MEDICAL RECORDS

To assist the Case Manager with medical eligibility determination of a referral, complete medical records must be obtained from the hospital or individual's physician(s). Case Managers should obtain a signed Authorization to Disclose Health Information (ASCC-20) from each new referral during the initial interview. A copy of the Authorization to Disclose Health Information (ASCC-20) will accompany all requests for medical records or information to physicians and hospitals from which medical documentation regarding the individual's spinal cord injury/disability is requested.

Individual is hospitalized
When a prospective client is in the hospital, the Case Manager will work with appropriate hospital staff (Social Worker, Case Coordinator, Nursing staff) to obtain access to the individual's medical chart or record. Once the client/legal representative has signed an Authorization to Disclose Health Information, the Case Manager should request the assistance of the appropriate hospital staff (i.e., social workers) in obtaining the individual's chart for review. The Case Manager will review the chart to locate physician reports that document the presence of damage to the spinal cord and of symptoms reflecting presence of 3 or 4 medical criteria. The Case Manager will document in the initial interview/assessment the verification of presence of the disability and eligibility criteria, referencing the document specifically (i.e., UAMS history and physical by Dr. Tom Kiser dated January 2, 2012), surgical report by Dr. John Jones dated December 26, 2011). The same information will be used to complete the Certificate of Eligibility (ASCC-13). The Case Manager should request printed copies of the verifying documents at the time of review. If these are not available, the Case Manager will request these documents upon discharge.

Individual is Not Hospitalized
To obtain medical records to verify medical eligibility, the Case Manager will submit a letter of request accompanied by a signed copy of the ASCC-20 to the appropriate hospital, clinic or physician's office. Case Managers will never send the ASCC-20 to a hospital or physician without an accompanying letter. The letter should be formatted using the ASCC-23 and should include the following:

1. Full name and social security number of the individual

2. Purpose for the request (to determine medical eligibility for services)

3. Dates of hospitalization or last visit (may use approximate dates, i.e. June - July, 2012)

4. The names of the specific records that you are requesting. Do not request 'all reports or the patient's chart'. Records that are very useful in determining medical eligibility include:

a. History and Physical (acute and or rehabilitation)

b. Acute or Rehab Discharge Summary,

c. Physician progress notes,

d. Social Work / Case Coordination Intake and progress notes

e. PM&R or Urology consults,

f. Last radiological report (MRI / CAT Scan) Surgical Reports,

g. Physical or Occupational Therapy evaluations, discharge summaries

h. Medication Administration Record (MAR) – at discharge or most recent

i. Plan of Care or patient summary

5. Where the records are to be sent – your name and address

6. Reference to the attached Authorization to Disclose Health Information

7. A telephone number where you can be reached for questions

8. When possible, the letter should be addressed to specific individual (contact the hospital Medical Records department to determine who to address, for a physician's office, direct to the physician or designated medical records staff).

If medical records have not been received within 30 days of client's discharge, the Case Manager should follow up by contacting the hospital's Medical Records Department. Contact should be documented in the Case Narrative. Examples of letters to hospitals and physicians are in the Forms section of this chapter. Authorization to Disclose Health Information and procedures may be found in Chapter 15, Client Confidentiality and Release of Information.

MEDICAL ELIGIBILITY DETERMINATION FORM (ASCC-23)

The Medical Eligibility Determination Form may be used by the Case Manager as another method to verify medical eligibility of a referral (while waiting for complete medical records). **This form is not to be used as the only source of medical eligibility documentation.**

Complete medical records are still required and must be requested and placed in the client's file.

MEDICAL ELIGIBILITY DETERMINATION FORM INSTRUCTIONS

The ASCC-23 is to be, completed by the physician, to assist the Case Manager in determining the medical eligibility of a referral. The physician should be the individual's personal physician who is most familiar with the case. Frequently, this will be a physiatrist, neurosurgeon, neurologist or personal care physician. The form must be completed and signed by the physician, not staff.

The Case Manager will complete the following sections before sending to the physician:

Page 1

Name: Enter individuals' full name.

Date of Birth: Enter date of birth.

Address: List the individual's address of residence or PO Box.

Social Security Number: Enter the individual's full social security number.

Page 2

Return completed form to: Enter the Case Manager name, mailing address and contact telephone number in the box.

The Case Manager will complete no other section of the form.

A copy of the ASCC-23 is in the Forms section at the end of this chapter.

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION (ASCC-20)

The Case Manager will attach a copy of the signed Authorization to Disclose Health Information to the form. See Chapter 15 for directions.

COVER LETTER

The Case Manager will include a cover letter to the physician, asking him or her to complete the ASCC-23 in order to determine medical eligibility for ASCC services. The cover letter will be printed on agency letterhead (print and scan if emailed) and will be addressed with proper salutation to the physician. This letter should never be addressed to 'Dear Physician'.
A sample cover letter may be found in the Forms section at the end of this chapter.

CERTIFICATE OF MEDICAL ELIGIBILITY (ASCC-13)

The Case Manager is required to complete a Certificate of Medical Eligibility on each individual determined to be medically eligible for Commission services. This form documents that the established medical eligibility criteria has been met. The Case Manager will complete and sign this form, after reviewing medical records, certifying that the individual is medically eligible for ASCC services. The certificate will reflect that he/she has sustained an injury, defect, damage or disease of the spinal cord and at least three of the four symptoms of spinal cord impairment are present, OR that the child has sustained Spina Bifida and is under the age of three (3).

All clients, including infants with Spina Bifida, will have a completed ASCC-13 in their case file under the Eligibility tab (see Chapter 7, The Case File, for procedures regarding filing case records).

Certificate of Medical Eligibility Instructions (ASCC-13)

1. **Client's Name:** Enter client's full name.

2. **Social Security No.:** Enter client's social security number (last 4 digits are acceptable)

3. **The available medical evidence has been reviewed in order to determine applicant's eligibility for services from the Arkansas Spinal Cord Commission. This medical evidence includes (list by report title, facility, (if applicable), date and author):**

   The Case Manager will list all documents that s/he has reviewed in determining eligibility. These documents should be listed by report title, facility, (if applicable), date and author.

   For example:

   History and Physical, Baptist Health Rehabilitation Hospital, March 3, 2012 by Dr. Tom Smith.

Surgical Report, Northwest Medical Center, February 20, 2013, Dr. James Jones.

Physician Progress Note, Central Arkansas Neurology, May 10, 2013, Dr. Kathryn Shaw.

Spina Bifida Clinic Note, AR Childrens Hospital, April 1, 2012, Dr. Ed Asher.

ASCC-23 completed by Dr. David Davis, June 30, 2013 (requires additional medical documentation)

All medical documents used in the determination should be listed. Copies of the documents should be filed under the Medical Tab in the Case File.

4. **According to this medical evidence, applicant has a diagnosis of _____ with deficits at the neurological level of _____. This medical evidence also documents that applicant meets the following ASCC medical eligibility criteria (check all that apply):**

Diagnosis: Enter Client's clinical diagnosis

Examples: Spinal cord injury, Multiple Sclerosis, Spina Bifida, metastatic cancer of the spinal cord.

Level of injury: Enter the client's vertebral level of injury and when available, ASIA Impairment Scale (AIS)

Examples: T_{12} AIS A, C_2 AIS B, thoracic level (in cases of Spina Bifida or Multiple Sclerosis when exact lesion level is not discernable).

Criteria: Place a check next to each of the medical criteria that the client exhibits, as reflected in the medical records.

5. **Applicant is certified medically eligible for ASCC services, as medical evidence documents that s/he has sustained injury, defect, damage or disease of the spinal cord and at least three of the four medical criteria of spinal cord impairment are present.**

If 3 or 4 medical criteria are checked, and diagnosis listed that the medical evidence reflects that the client meets the criteria listed in the statement above, place a check on the line next to the statement.

6. **The applicant is a child with spina bifida under the age of three (3) and is therefore conditionally eligible until re-evaluation at age three can fully determine eligibility.**

   If the medical diagnosis and date of birth reflect that the client meets the criteria listed in the statement above, place a check on the line next to the statement.

7. **RE-EVALUATION DATE DUE:**

   Enter the date of the child's third (3rd) birthday, month, date and year.

8. **Case Manager's Signature:** The Case Manager will manually sign the form.

9. **Date:** Enter date the form was signed by the Case Manager.

Original form is placed in the Case File under the Eligibility tab

FORMS

ASCC-13	Certificate of Medical Eligibility
ASCC-20	Authorization to Disclose Health Information
ASCC-23	Medical Eligibility Determination Form
	Example – Medical Records Request Letter – Hospital
	Example – Medical Records Request Letter – Physician
	Example – ASCC-23 Cover Letter

ARKANSAS SPINAL CORD COMMISSION

CERTIFICATE OF MEDICAL ELIGIBILITY

Client: _____ Social Security No.: _____
Last Name First Name MI

The available medical evidence has been reviewed in order to determine applicant's eligibility for services from the Arkansas Spinal Cord Commission. This medical evidence includes (list by report title, facility, (if applicable), date and author):

According to this medical evidence, applicant has a diagnosis of _____ with deficits at the neurological level of _____. This medical evidence also documents that applicant meets the following ASCC medical eligibility criteria (check all that apply):

☐ **Paralysis -** A lack of normal voluntary motor function. There should be enough weakness and/or spasticity to significantly interfere with normal self-care activities and/or mobility.

☐ **Loss of normal bladder control -** The lack of ability to voluntarily empty the bladder in a timely manner without accidents or use of equipment or medication.

☐ **Loss of normal bowel control -** The lack of ability to voluntarily empty the bowel in a timely manner without accidents or use of equipment or medication

☐ **Loss of sensation -** A lack of normal feeling at or below the level of lesion that results in absent or impaired ability to discern touch, pressure, pain or temperature.

☐ Applicant is certified medically eligible for ASCC services, as medical evidence documents that he/she has sustained injury, defect, damage or disease of the spinal cord and at least three of the four criteria of spinal cord impairment are present.

☐ The applicant is a child with spina bifida under the age of three (3) and is therefore conditionally eligible until re-evaluation at age three can fully determine eligibility.

RE-EVALUATION DUE DATE: _____.

_____
Case Manager Signature

_____
Date

ARKANSAS SPINAL CORD COMMISSION

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Client Name: _____

Date of Birth: _____

Mailing Address: _____

_____

This Section pertains to Release of Health Information including treatment for drug and alcohol and for psychiatric conditions.*

_____
Dates of Hospitalization

_____
Dates of Outpatient Care

_____
Clinic or Chart Number if Known

I, _____ hereby authorize
(Client or Authorized Representative)

_____ to disclose specific health information from
(Name of Provider)

the records of the above named client to: _____

_____

_____
(Recipient Name/Address/Phone/Fax)

for the specific purpose(s): _____

_____

Specific information to be disclosed: _____

_____

This release expires twelve (12) months following the date signed by me. I understand that I may revoke this authorization at any time.

I further understand that I may request a copy of this signed authorization.

_____	_____	_____
(Signature of Client)	***(Date)***	***(Witness-If Required)*****

_____	_____	_____
(Signature of Authorized Representative)	***(Date)***	***(Authorized Representative Relationship/Authority)***

NOTE: This authorization was revoked on _____ _____
(Date) ***(Case Manager Signature)***

*Complete only if Request is for Health Information.
**ASCC Case Manager may only sign as witness if no other witness is available.

ARKANSAS SPINAL CORD COMMISSION

MEDICAL ELIGIBILITY DETERMINATION

Name _____ Date of Birth _____

Address _____ SSN _____

This individual has been referred to the Arkansas Spinal Cord Commission for services in accordance with ACA 20-8-206. In order to be medically eligible for ASCC services, the damage to the spinal cord must be of a severity to impair functional abilities, resulting in a limitation in the individual's ability to accomplish basic activities of daily living. ***While these limitations may also result from other causes, only those directly related to spinal cord function will be considered for eligibility.***

Does this individual have damage to or a disease of the **SPINAL CORD**? ☐ Yes ☐ No

If no, please sign and date this form on page 2 and return to the address listed there.

IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION:

1. What is the cause of the damage or disease to the spinal cord?

   _____

2. Date of onset? _____

3. What is the level of injury (lowest vertebral segment) with intact motor and sensory function? Include AIS/ASIA classification, if available

   _____

4. Does this individual have paraplegia (thoracic, lumbar or sacral damage)? ☐ YES ☐ NO

   Does this individual have tetraplegia/quadriplegia (cervical damage) ☐ YES ☐ NO

5. Does the individual have following symptoms, **caused by the spinal cord damage**?

   a. **LOSS of NORMAL MOTOR CONTROL/PARALYSIS:** ☐ YES ☐ NO

      A lack of normal voluntary motor function. There should be enough weakness and/or spasticity to significantly interfere with normal self-care activities and/or mobility. In most cases this will require the use of a wheelchair, scooter, walker, braces (including AFOs, KAFOs), crutches or cane for mobility. In some cases, particularly those with a diagnosis of central cord syndrome, the paralysis may be more severe in the arms and hands than in the legs to the point that adaptive devices or assistance is required for completing activities of daily living such as feeding, dressing, and hygiene.

b. **LACK of SENSATION:** ☐ YES ☐ NO

A lack of normal feeling at or below the level of lesion that results in absent or impaired ability to discern touch, pressure, pain (the ability to tell sharp from dull), or temperature (the ability to tell hot from cold). The individual should have enough loss of sensation to have more than normal risk to skin and musculoskeletal structures.

c. **LOSS of NORMAL BLADDER CONTROL:** ☐ YES ☐ NO

The lack of ability to voluntarily empty the bladder in a timely manner without accidents or use of equipment or medication. Frequently, individuals with spinal cord damage will present with a neurogenic bladder. When this condition is present, it includes symptoms of urinary incontinence (involuntary voiding) or urinary retention (inability to void). However, with minimal spinal cord damage, the symptoms may be subtle.

d. **LOSS of NORMAL BOWEL CONTROL:** ☐ YES ☐ NO

The lack of ability to voluntarily empty the bowel in a timely manner without accidents or use of equipment or medication. Frequently, individuals with damage to the spinal cord will present with a neurogenic bowel. This may be difficult to define or to confirm because the individual with spinal cord damage may have a well regulated *bowel program* that appears to be normal function and prevents accidents and impactions. However, if digital or medical bowel stimulation is required to empty, this will be considered loss of normal bowel control.

Physician's signature: _____

_____
Print Physician's Name

Return completed form to:

_____
Date Signed

_____
Address

_____
Telephone Number

Thank you!

Medical Records Request
SAMPLE – HOSPITAL

March 1, 2013

Medical Records Department
ATTN: Jane Smith
Miraclemakers Hospital
1200 Divine Drive
Anytown, AR 71234-567

RE: JOHN MICHAEL DOE
SSN: 456-78-9012
DOB: 12-12-12

Dear Ms. Smith,

This individual has been referred to the Arkansas Spinal Cord Commission for services in accordance with ACA 20-8-206. In order to be medically eligible for ASCC services, the damage to the spinal cord must be of a severity to impair functional abilities, resulting in a limitation in the individual's ability to accomplish basic activities of daily living.

In order to determine his eligibility, I am in need of his medical records from your hospital. He was hospitalized from May 1, 2011 to June 13, 2011.

Please send the following records on Mr. Doe as soon as possible:

- **Informational face sheet**
- **Admitting History and Physical**
- **All Physician Progress Notes**
- **Operative Reports**
- **Radiological reports (including X-ray, MRI, CAT)**
- **All additional diagnostic reports**
- **Most recent Medication Administration Report**
- **All Physical/Occupational Therapy Evaluation Reports**
- **Physical Medicine and Rehabilitation Consultation Reports**
- **Operative Reports**
- **Hospital Discharge Summary**

All Authorization for Release of Information, signed by Mr. Doe, is attached for your use.

Please forward the reports to me at:

I.M. Great
Case Manager
Arkansas Spinal Cord Commission
1234 Wonderful Way
Sun City, AR 23456-7890

Mr. Doe is awaiting services from our Commission, and I would like to complete medical determination as soon as possible. Your immediate attention to this request will be greatly appreciated. If you require additional information, please contact me at (501) 987-6543.

Thank you very much for your assistance.

Sincerely,

Ima M. Great
Case Manager

Medical Records Request
SAMPLE – PHYSICIAN

March 1, 2013

John Q. Doctor, M.D.
100 Doctor Drive
Doctorville, AR

RE: JOHN MICHAEL DOE
SSN: 456-78-9012
DOB: 02-02-02

Dear Dr. Doctor,

This individual has been referred to the Arkansas Spinal Cord Commission for services in accordance with ACA 20-8-206. In order to be medically eligible for ASCC services, the damage to the spinal cord must be of a severity to impair functional abilities, resulting in a limitation in the individual's ability to accomplish basic activities of daily living. ***Medical evidence is required to document medical eligibility for services.***

Please provide the following medical records on Mr. Doe as soon as possible:

- **Admitting History and Physical**
- **All Physician Progress Notes**
- **Operative Reports**
- **Radiological reports (including X-ray, MRI, CAT)**
- **All additional diagnostic reports**
- **Most recent Medication Administration Report**

An Authorization for Release of Information, signed by Mr. Doe, is attached for your use.

Please forward the reports to me at:

I.M. Great
Case Manager
Arkansas Spinal Cord Commission
1234 Wonderful Way
Sun City, AR 23456-7890

Mr. Doe is awaiting services from our Commission, and I would like to complete medical determination as soon as possible. Your immediate attention to this request will be greatly appreciated. If you require additional information, please contact me at (501) 987-6543.

Thank you very much for your assistance.

Sincerely,

Ima M. Great
Case Manager

Medical Eligibility Determination
SAMPLE – COVER LETTER

(This should be printed on letterhead)

March 31, 2013

John James, M.D.
Ortho Arkansas
1234 Back Street
Little Rock, AR 72222

RE: Cheryl L. Vines
430-66-0000

Dear Dr. James,

The individual named above has been referred to the Arkansas Spinal Cord Commission (ASCC) for services. The Commission assists Arkansans with spinal cord disabilities in living as independently as they choose. Our services include life long follow up, counseling, guidance, advocacy, information and referral, education, technical assistance and in some cases, assistance with purchase of durable medical equipment, minor home modifications and other medical needs.

In order to be certified as eligible for our services, an individual must meet our medical criteria. Ms. Vines has listed you as her physician of record. Please complete the attached ASCC Medical Eligibility Determination form and return it to me as soon as possible. The form must be manually signed by the physician.

Should you have any questions or concerns, please do not hesitate to contact me at 501-296-1788 or case.manager@arkansas.gov.

Thank you for your assistance and immediate attention to this matter.

Sincerely,

Reggie Good
Case Manager

Case Management Services Procedures

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Mike Beebe
Governor

ARKANSAS SPINAL CORD COMMISSION
1501 N. University, Suite 470
Little Rock, Arkansas 72207-5233
501-296-1788
501-296-1787 (FAX)
501-296-1794 (TDD)
www.spinalcord.ar.gov

Patti C. Rogers
Executive Director

Executive Directive
April 8, 2014

Re: Revised procedures regarding completion of Financial Resources Information Form (ASCC 16)

Due to the difficulty Case Managers are experiencing in obtaining the appropriate documentation from clients in order to accurately complete the annual Financial Resources Information Form and the Liquid Assets Worksheet (ASCC 16 and ASCC 16A), it has become necessary to amend Chapter 5, Determining the Financial Eligibility procedures, . Multiple phone calls and home visits are occurring during the process of determining financial eligibility for purchase services. This is decreasing time management efficiency and increasing additional cost for travel. To alleviate this problem the following Directive will be implemented.

Effective this date:

1. Case Managers will contact the client by phone two weeks prior to the date the ASCC 16 and ASCC 16A are due to be updated. At this time the Case Manager will inform the client what documentation will be needed. A home visit will be scheduled during this phone contact.
2. A follow up letter indicating the documentation that the client must provide, in order to have his or her eligibility for purchased services determined, during the upcoming scheduled home visit will be mailed.
3. A copy of the letter will be placed in the case file.
4. During the scheduled home visit, should the Case Manager determine that sufficient documentation/verification of income and assets has not been provided to allow the ASCC 16 and/or the ASCC 16A to be completed correctly, the client will be requested to mail/email/fax the necessary documentation to the case manager within 15 days. The case manager should, using what documentation the client has available during the scheduled home visit, complete as much of the ASCC 16 and/or the ASCC16A as possible and retain it in the client's case file.
5. If the case manager receives the needed documentation/verification of income and assets to complete the ASCC 16 and/or the ASCC 16A within the 15 days, he or she may then finish completing them and mail them, with a return self addressed stamped envelope, to the client for signing.

"The Arkansas Spinal Cord Commission does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services."

Mike Beebe
Governor

ARKANSAS SPINAL CORD COMMISSION
1501 N. University, Suite 470
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Patti C. Rogers
Executive Director

6. If the documentation/verification is not received within 15 days a letter will be sent to the client indicating that until the information is received the client will not be eligible for purchased services. A copy of the letter will be place in the case file. Should the case manager receive the needed documentation/verification any time after the mailing of this letter, the case manager will complete the ASCC 16 and/or the ASCC 16A at that time and mail the completed forms, with a return self addressed stamped envelope , to the client for signing.
7. Case Narratives will reflect detailed documentation of the above attempts to update the clients annual Financial Resources Information Form (ASCC 16).

This Directive will remain in affect until Chapter 5 is revised and a copy of the Directive should be placed in the Case Managers Procedures Manual.

ALL ASPECTS OF CHAPTER 5 NOT DIRECTLY AFFECTED BY THIS EXECUTIVE DIRECTIVE WILL REMAIN IN EFFECT PENDING THE REVISION OF CHAPTER 5.

Patti Rogers

"The Arkansas Spinal Cord Commission does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services."

Case Management Services Procedures

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PURPOSE

There are two categories of services that may be provided to medically eligible clients by the Commission: direct services and purchased services. Purchased services require that a client meet ASCC financial eligibility criteria. Direct services such as counseling, guidance, advocacy, resource identification, referral, etc., are provided without regard to financial eligibility. This chapter will guide the Case Manager in determining financial eligibility of individuals in need of ASCC purchased services.

CLIENT RESOURCES AND FUNDING

In determining a client's financial eligibility, all financial resources must be considered. A financial resource is considered to be any money that is available for an individual to spend to include cash and liquid securities. A resource is considered available only if it is actually and readily at the disposal of the client at the time it is needed. In determining the financial circumstances of the individual, the Case Manager will identify all available resources, however derived, including all resources of the client, spouse, dependents (minor and adult) and if the client is a minor, the parent(s)/guardian**. The Case Manager must also identify and take full advantage of all funding resources available to the client prior to using Commission funds for purchased services.** These are important and routinely include benefits available through Medicaid, Medicare, Children's Medical Services, private insurance, Workers' Compensation, VA, Waiver Programs, Arkansas Rehabilitation Services and other resources. If the client refuses to apply for services for which he/she may be eligible or if they fail to accept other benefits for which they are entitled, the Case Manager is prohibited from providing the service with Commission funds.

Criteria for Determining Eligibility for Purchased Services

The Commission uses a standard for measuring the financial resources of a client (see Normal Living Requirement Table). It is the responsibility of the Case Manager to determine the financial resources available to each client who is likely to need purchased services. Information relative to the financial resources of the client will be obtained from the client or from the parents or guardian (if applicable). The client/family will provide reliable documentation such as check stubs, W-2 and 1099 forms; checking/savings account statements and official documents/letters, etc. The Case Manager will document in the case narrative what documentation was provided. The Financial Resources Information form (ASCC-16) is used to itemize the financial data of the client and family unit. In determining the normal living requirements, the client's obligations for the support of the family unit must be recognized. When a client (minor) has been placed in foster care, the foster care board payment and SSI will only be counted as income for the client. The foster parents income will not be included unless the child is legally adopted.

Additionally, the standards also contain provisions for meeting special financial needs in unusual circumstances (see Normal Living Requirements). The resources and assets of the family unit will be considered in the establishment of financial eligibility. It is the responsibility of the Case Manager to determine the family unit and identify all financial resources available to the client.

Definition of Dependent:

- Adult Client, spouse, client's minor children, client's adult children (18 but no older than 26) who is attending school, not working and living in the home, Client's adult child with a disability.
- Minor client, parent/ guardian of client (if applicable) and minor siblings of client, adult sibling with a disability, adult sibling (over 18 but no older than 26) who is attending school, not working, and living in the home.
- A client who is 18 years or older, not attending school and receiving SSI/SSDI benefits will be considered a family unit of one regardless of whether they are residing with their parents or other family members **(unless guardianship has been established)**.
- Other individuals who only share the residence should not be considered part of the family unit.

The client should be informed of a right to appeal any decision. The Case Manager should provide the client a copy of the Client Services Appeal Process from the ASCC Policy and Procedure Manual (CS.1) should the client decide to appeal a decision.

ASSETS

Liquid Assets

It is understood that some assets are necessary to meet normal living requirements. Liquid Assets are considered to be any asset a client/family own that can be liquidated to obtain immediate cash. Liquid assets include, but are not limited to, cash, stocks, bonds, Certificates of Deposit (CD), negotiable securities, savings accounts, money market accounts, trust fund, and whole life insurance (whole life insurance accumulates a cash value that the policyholder can withdraw or borrow against). Any property other than the primary residence with its adjoining property shall be considered liquid assets. Other examples of liquid assets would include, recreational vehicles (ATV, RV/campers, boat), farm machinery (tractors, combines, farm trucks), and livestock.

Fixed Assets

Fixed assets are assets considered necessary to enable an individual/family to carry on their normal living. Fixed assets include, but are not limited to, the primary residence with adjoining property and primary vehicles. Fixed assets are not subject to asset determination.

Allowable Assets
In determining financial eligibility, the maximum cash or other liquid assets allowable for an individual is $4,000. For a family of 2 or more, the maximum allowable is $6,000. These amounts will be subtracted from the total liquid asset amount. The Case Manager will complete the Liquid Assets Work Sheet (ASCC-16A) to determine the total liquid asset amount. See Liquid Assets Work Sheet Instructions, pg. 5-12.

NORMAL LIVING REQUIREMENTS (NLR)

The Commission has established the Normal Living Requirement (NLR) as the applicable need standard in determining financial eligibility for purchased services. The standard is based on the NLR of 116% of Poverty Income Guidelines in 2012.

Normal Living Requirement Table

Person(s) in Family Unit	Maximum Monthly Net Income
1	$1,053
2	$1,422
3	$1,791
4	$2,160
5	$2,530
6	$2,899
7	$3,260
8	$3,737

(Add $369 for each additional family member)

A. Spinal Cord Disability Related Expenditure Deductions

Disability related expenses will be considered those expenses that are directly related to the client's spinal cord disability and will be deducted from the client's income.

Examples of spinal cord disability related deductions include:

- prescribed medication/over the counter medications/supplements;
- medical supplies and equipment;
- physician expenses;
- hospital expenses;
- essential personal care

- other actual expenditures directly related to the spinal cord disability.

Actual expenditures means the amount spent (i.e., monthly payment on a hospital bill) not the amount owed (i.e., total hospital bill). These are actual out of pocket paid expenses not what services provided to the client (i.e., by family) at no cost would be worth.

Example: If the client has co-pays of $20 on 4 monthly spinal cord related prescriptions and purchases OTC suppositories for $27 a month, this totals $107 for medications. Medicare Co-pay is $53 per month for urological supplies, monthly hospital bill payment is $20 and pays out of pocket for personal care services on the weekends at $8.00/hr x 5 hrs/day x 8 days ($320/month), totaling $500. Subtracting $500 from the monthly income of $1,253 would result in an adjusted income of $753 making the client eligible for purchased services.

B. Expenditures, Which are not Deductible in determining financial eligibility

Expenditures not deductible in determining financial eligibility are those expenses not directly related to a spinal cord disability.

Examples include:

- food;
- clothing;
- shelter;
- taxes;
- insurance premiums;
- recreation;
- household maintenance utilities;
- car repairs;
- credit card and loan payments;
- medical costs for another medical condition, i.e., medication or doctors visit for heart condition.

C. Client Contribution

1. Purchased Services

If, after the consideration of all allowable expenses, the family income still exceeds the NLR, the Case Manager will require the family contribute that amount above the NLR to total cost; with ASCC paying the balance, if any. The

amount exceeding the NLR will be contributed by the client on any given month when a purchase is necessary.
Example: A family of one (1) with an income of $1,350 and no deductible costs. This client would have an amount of $297 above the NLR of $1,053. If the individual needed to purchase a $700 piece of equipment, the individual would be expected to pay the first $297 and ASCC would pay the remaining balance of $403.

2. **Long Term Attendant Care (LTAC)**
Clients who receive LTAC are, by definition, our most severely disabled clients. All are tetraplegic and have many needs. For those receiving LTAC, the incentive not to work is increased. We do not want to be one of those agencies that puts barriers between a client and self-sufficiency. A similar situation often exists if the client is married and the spouse works. We know it is in the best interest of the family when the spouse is not the primary care provider. However, we penalize the spouse for bringing in an income - another disincentive. In order to provide an equitable alternative to the client contribution guidelines, an LTAC sliding scale has been established, with increased client contributions as income increases. The income increase amounts would be the same, regardless of the family size, as it is based on the LTAC expenditure. The client contribution would be the percentage amount listed or the actual amount the client/family is over ASCC guidelines; **whichever is less.** The LTAC guidelines are for LTAC only. All other purchases (including short term attendant care) will utilize the regular financial guidelines.

Long Term Attendant Care Program
Financial Income Sliding Scale

Available Income Above Normal Living Requirement (net income) in dollars	Percent of LTAC Cost Assessed to Client
up to 250	10%
251 to 500	20%
501 to 750	30%
751 to 1,000	40%
1,001 to 1,251	50%
1,251 to 1,500	60%
1,501 to 1,750	70%
1,751 to 2,000	80%
over 2,000	100%

Example:

1. A family of three, including the client who receives LTAC, has an income of $2,441 with no deductible costs. This is $650 over the NLR of $1,791. Utilizing the LTAC sliding scale for $650, the family would be required to pay 30% of the LTAC cost each month. For maximum LTAC reimbursement of $930 for one month, the family would pay $279, and ASCC would pay $651. The family's portion is paid directly to the Personal Care Attendant (PCA).

2. A single client who receives LTAC has an available income of $1,103 after deductible costs. This is $50 over NLR of $1053. Utilizing the LTAC sliding scale, she would pay 10% of the LTAC cost each month. For maximum LTAC reimbursement of $930 for one month, she would pay $50; the lesser amount over NLR and ASCC would pay $880. Her portion is paid directly to the PCA.

FINANCIAL RESOURCES INFORMATION FORM (ASCC-16)

Prior to purchasing any item for an individual, the Case Manager must determine financial eligibility. It is the Case Manager's responsibility to complete a Financial Resources Information form (ASCC-16) during the initial interview. To assist with the completion of the ASCC-16, the client/family must provide documentation verifying monthly income and all liquid assets. The Case Manager will review these documents and enter the amounts reflecting monthly net income and liquid assets on the ASCC-16.

The ASCC-16 is maintained in the individual's case file under the Financial Tab (see Chapter 7, The Case File, for filing procedures) and should be updated annually on each client in Status 40. Clients in Status 50 must have an updated (less than 12 months old) Financial Resources Information form (ASCC-16) in their case file before purchased services are authorized. When a client has a change in financial status (increase or decrease) a new ASCC-16 must be completed prior to authorizing a purchase, even if it is before the 12-month period.

Examples of changes in financial status would include:

- client begins receiving SSI/SSDI;
- client or spouse obtains a job or loses a job;
- change in marital status (the loss of a spouse, divorce).

If a client or family chooses not to disclose their financial status or provide verification, an ASCC-16 cannot be completed. The client will not be eligible for ASCC purchased services. Should the family not wish to release their financial information, the statement at the bottom of the ASCC-16 indicating this should be signed by the client/guardian, and the form placed in the file as documentation. Occasionally the client/family will not want to sign the ASCC-16, indicating they do not wish to disclose their income. When this occurs, the Case Manager will write "refused" across the ASCC-16 and place the form in the case file. The Case Manager will document in a case narrative the client/family's refusal to sign the ASCC-16.

Financial Resources Information Instructions:

Name of Client: Enter the client's name.

SS#: Enter the client's social security number (last four digits are acceptable).

Parent/Guardian: If the client is a minor (less than 18 years old and unmarried), enter the name of the parent/guardian with whom he/she resides.

A client who is 18 years old, not attending school and receiving SSI/SSDI benefits will be considered a family unit of one regardless of whether they are residing with their parents **(unless guardianship has been established)** and the parent's signature ~~name~~ is not required.

A. Family Unit:
Number of Children: Enter the number of children in the family unit.
Number of Adults: Enter the number of adults in the family unit.
Total: Enter the total number of individuals in the family unit.
Other individuals who only share the residence are not considered part of the family unit and should not be included in this total.

B. Family Monthly Net Income and Source:

Amount: Enter the amount of net monthly income from each source listed in Section B. **Net income refers to the amount received after taxes and all other deductions are subtracted from the gross income.**

Total: Enter the total family income added from each source listed below in Section B.

1. Earned Income: List monthly income from client or other member of family unit who is employed.

2. Social Security Benefits: List monthly income received from Social Security Administration such as SSDI or retirement for all members of family unit.

3. Veterans Administration: List monthly income from VA pension/retirement, survivor benefits or aid for personal care (aid and attendant) for all members of family unit.

4. Child Support: List monthly child support payment amount received by all members of the family unit.

5. State Security Supplemental Income (SSI): List monthly income received from the Social Security Administration for all members of the family unit.

6. Workers Compensation: List monthly income received from compensation due to an on the job injury.

7. Unemployment: List monthly income received from State or Federal unemployment benefits.

8. Liquid Assets: List monthly income available from any asset which can be liquidated for immediate cash. Monthly amount is determined by completion of Liquid Assets Worksheet. See Liquid Assets Worksheet (ASCC-16A) Instructions pg. 5-12.

9. Other (must specify): List income from any other source not listed previously, i.e., monthly rental payment. Source must be specified on ASCC-16.

C. Spinal Cord Disability Related Expenditures

The client or parent/guardian must provide the Case Manager with documentation (receipts, statements cancelled checks, etc.) confirming out-of-pocket payment for any expenditure listed below before these expenditures may be deducted for determining financial eligibility.

1. **Medical Supplies:** Medical Supplies must be directly related to spinal cord disability. Medical supplies may include but are not limited to:

   - Bladder Management Supplies (catheters, leg bags, urostomy supplies),
   - Bowel Management Supplies (ostomy supplies, blue pads and gloves)
   - Wound Care Supplies (bandages, dressings, gauze, tape)

2. **Medical Bills:** Medical bills must be directly related to spinal cord disability. List the cost of client's monthly medical bills, i.e., hospital, physician, and clinics. Include only the amount that the client pays monthly on client medical bills and not the amount owed or the amount paid by other sources such as private insurance, Medicaid/Medicare, etc.

3. **Medications:** Medications must be directly related to spinal cord disability. It is the Case Manager's responsibility to verify with a Pharmacist or ASCC Medical Director that the medications are related to the client's spinal cord disability. Over the Counter Medications which are directly related to the client's spinal cord disability may be included. Enter the amount the client/family pays out of pocket. This amount does not include what other sources such as private insurance or Medicaid/Medicare pay

4. **Personal Care Services:** Enter the amount the client/family pays out-of-pocket for personal care. These must be actual payments not the unpaid value of services provided. This amount does not include what Medicaid, ASCC or any other outside source pays.

5. **Medical Equipment:** Enter the amount the client spent (out-of-pocket expenses) for equipment related to spinal cord disability purchased in the past 12 months, i.e., wheelchair co-pay, lift for van, repairs to equipment. Do not include amounts paid by insurance, ASCC, other sources outside family unit. This total should be divided by 12 and entered.

6. **Other (specify):** List any other SCD related medical expenses such as travel expenses for medical appointments, or any additional spinal cord disability related expenses not previously listed, i.e., monthly loan payment for SCD specific items such as home modifications, van modification. To determine travel expenses for medical appointments use total amount per year spent and divide by 12 to determine monthly amount. Enter monthly amount and specify what the amount is for on the ASCC-16.

D. Available Income: Subtract Section C Total Expenditures from Section B Total Income to obtain available income.

E. Normal Living Requirements: Enter the total number in family unit and the amount of income allowed for that number of persons in the family unit as shown on the Normal Living Requirements Table.

F. Amount over NLR: **(Subtract Line D (available income) from Line E (Normal Living Requirements). Enter 0 if less than 0.**

G. Liquid Assets: **Do Liquid Assets exceed the allowable amount of $4,000 for individual or $ $6,000 for family?** *Complete the Liquid Asset Work Sheet (ASCC-16A) and mark yes or no. See instructions for completion of Liquid Assets Work Sheet on page 5-12. The Liquid Assets allowance of $4,000 will be subtracted from the total amount of Liquid Assets. Divide the total by 12 to obtain the monthly amount of assets and enter in Section B.8, Liquid Assets. Example: $5,000 (liquid assets) minus, $,4,000 (allowance) equals $1,000. $1,000 divided by 12 equals $83 (monthly total). Monthly total added in Section B.8. Liquid Assets.*

F. Resources Available: Enter appropriate information from numbers 1 through 8 on resources available to the client.

The client or parent/guardian (when applicable) and Case Manager will manually sign the form.

The Case Manager will not sign for the client. The client must sign or make a mark on the ASCC-16 if physically possible. Another individual may sign for the client if the client is unable, but only as specified in the instructions in Chapter 15, page 15-4 to 15-5, Client's Inability to Sign. Always enter the actual date that the form is signed.

A copy of this form will be provided to the client. The original will be placed in the client's file under the Financial Tab.

LIQUID ASSETS WORKSHEET (ASCC-16A)

In order to determine the amount of liquid assets to be included in the monthly income, the Case Manager must complete the Liquid Assets Work Sheet (ASCC-16A). The value of all liquid assets will be entered on the ASCC-16A. The client must provide documentation verifying the value of all liquid assets.

Liquid Assets Work Sheet Instructions:

Name of Client: Enter the client's name

Parent/Guardian: If the client is a minor enter the name of the parent or guardian.

Liquid Assets: Review the list of Liquid Assets with Client.

Check all that apply: Check all the appropriate Liquid Assets that apply.

Amount/Value: Enter the amount or value of each Liquid Asset checked.

Liquid Assets Total: Enter the total amount of Liquid Assets.

Allowable: Enter the appropriate Allowable ($4,000 for individual and $6,000 for family of 2 or more).

TOTAL: Subtract Allowable from the Liquid Assets Total and enter in Total Box.

Monthly Amount: Divide Liquid Assets Total by 12 for monthly amount and enter. Place monthly amount on ASCC-16, Line B8.

Client/Parent/Guardian/Date: Client or Parent/Guardian (if applicable) will manually sign Work Sheet.

Case Manager Signature/Date: Case Manager will manually sign Work Sheet.

FORMS

ASCC-16	Financial Resources Information
ASCC-16A	Liquid Assets Work Sheet

ARKANSAS SPINAL CORD COMMISSION
FINANCIAL RESOURCES INFORMATION

Name of Client: _____ SS Number: _____

Parent or Guardian (If applicable): _____

A. Family Unit: # of Children: _____ # of Adults: _____ Total: _____

B. Family Monthly Net Income and Source:

1. Earned Income _____
2. Social Security Benefits (SSDI, retirement) _____
3. Veterans Administration _____
4. Child Support _____
5. State Supplemental Income(SSI)_____
6. Workers' Compensation _____
7. Unemployment _____
8. Liquid Assets _____
9. Other (must specify source) _____
_____

Total Income _____

C. Disability Related Expenditures (documentation required):

1. Medical Supplies _____
2. Medical Bills _____
3. Medications/OTC _____
4. Personal Care Services _____
5. Medical Equipment _____
6. Other (must specify) _____
_____

Total Expenditures _____

D. Total Available Income (Subtract Line C from Line B) _____

E. Normal Living Requirement for a family of _____ is _____

F. Amount Over NLR (subtract Line E from Line D, enter 0 if less than 0) _____

G. Liquid Assets: Do Liquid Assets exceed the allowable amount of $4000 for an individual or $6000 for a family Yes ☐ No ☐ (Complete Liquid Assets Work Sheet)

H. Resources Available (list company and/or identifying number):

1. Private Insurance _____
2. Medicare _____
3. Medicaid _____
4. Workers' Compensation _____
5. Medicaid Waiver _____
6. Arkansas Rehab Services _____
7. Veterans Administration _____
8. Other (specify) _____

I hereby certify that the information on this form relative to my resources is true and correct to the best of my knowledge. I also grant permission for the Arkansas Spinal Cord Commission to investigate the accuracy of this report. If my financial condition changes, I agree to notify the Case Manager.

_____ _____ _____ _____
Client Signature Date Case Manager Signature Date

I have chosen not to release financial information. I realize this precludes my eligibility for purchased services from ASCC. I understand that I may request financial assistance at any time in the future by providing necessary financial information.

_____ _____ _____ _____
Client Signature Date Case Manager Signature Date

ARKANSAS SPINAL CORD COMMISSION
LIQUID ASSETS WORKSHEET

Name of Client _____

Name of Parent/Guardian *(if applicable)* _____

Check All that Apply	Liquid Assets	Amount/Value
☐	Checking Account	
☐	Savings Account	
☐	Certificate of Deposit	
☐	Money Market	
☐	Trust Fund	
☐	Stocks	
☐	Bonds	
☐	Negotiable Securities	
☐	Whole Life Insurance	
☐	Land/Property *(Other than primary residence w/ adjoining land)*	
☐	Recreational Vehicles *(ATV, boat, RV/Camper)*	
☐	Farm Machinery *(tractors, combines, farm trucks)*	
☐	Live Stock	
☐	Other	
		Liquid Assets Total _____
		Enter Allowable _____
		TOTAL *Subtract Allowable from Liquid Assets Total* _____
		Monthly Amount (Divide Total by 12) *Enter amount on Line B8* _____

_____ _____ _____ _____
Client Signature Date Case Manager Signature Date

Case Management Services Procedures

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PURPOSE

The first few days, weeks and often months after a spinal cord injury are very difficult for the individual and the family. A Case Manager's guidance, counseling, and support can play an integral role in the client's adjustment to their disability and in obtaining needed services and information. The initial interview and assessment completed by the Case Manager will receive the utmost priority, as it will become the primary focal point in developing goals and plans for the future. The initial interview/assessment will provide the Case Manager with pertinent information regarding the client and family. This chapter will guide the Case Manager through the initial interview/assessment process and assist with the development of an appropriate service plan.

TIME FRAME

Case Managers are encouraged to see a new referral within five days of receiving the referral but must establish contact no later than 10 calendar days. The Initial Interview/Assessment form (ASCC-22), Referral Form (ASCC-1), and the Surveillance Questionnaire (ASCC-3) must be submitted to the Central Office within 10 calendar days of the initial interview. A Case Manager may elect to complete the client identification box of the ASCC-22 and forward to the Central Office before completion of the initial assessment to ensure timely efforts in getting an individual on the Registry.

INITIAL INTERVIEW/ASSESSMENT INSTRUCTIONS (ASCC-22)

The ASCC-22 is a document used to obtain information on each individual served by the Arkansas Spinal Cord Commission. In many instances, it is the most significant form contained in the individual case record. This form contains basic information from which decisions affecting the individual's independent living plan will be made. The ASCC-22 is intended to be a working document utilized by the Case Manager and the individual/family in the development of the independent living plan, which is part of this form.

Upon completion of the Initial Interview/Assessment form (ASCC-22), a copy will be forwarded to the Central Office, along with the completed original Surveillance Questionnaire (ASCC-3) and Referral Form (ASCC-1), within 10 calendar days. The original ASCC-22 will be maintained in the Client's file.

Each section will be completed in detail according to the following directions:

Client Identification - Page One
The Case Manager must complete all blocks in this section.

1. **Case Manager:** Record assigned case manager's name and two-digit identification number.
2. **Date Referred:** Record the month, day, and year the client is referred. Date will be entered in two digits. **Example:** 01-01-06.
3. **Status:**
   - **Status 20**
     If the referral does not have a spinal cord disability, or does not meet three of the four medical criteria, a case will not be opened. All cases determined to be not medically eligible upon initial assessment will be placed in Status 20, even if initially opened in Status 30. Case Managers will complete the Client Identification Box of the ASCC-22, indicate Status 20, and forward to the Central Office. A memo to Client Services Administrator will be completed with an explanation based on diagnosis and/or medical criteria and how determined, i.e., client report and review of medical records. Any referrals that were not evaluated due to death, moved from state, or not enough information to locate will also be placed in Status 20.
   - **Status 30**
     All referrals that appear and/or report to meet medically eligible criteria will be placed in Status 30. Cases may remain in Status 30 for up to 45 days. Once eligibility is verified, the case will be moved to Status 40.
   - **Status 40**
     When medical eligibility has been determined, the case will be placed in Status 40.
4. **Social Security Number:** Record individual's social security number.
5. **Medicaid Number:** Record individual's Medicaid number, or indicate if an application has been made.
6. **Medicare Number:** Record individual's Medicare number, or indicate if an application has been made.
7. **Name: Last, First, MI:** Record individual's complete name. Note nickname, if used.
8. **Physical Address:** Record the address by street and number, or rural route and box number.
9. **Mailing Address:** Record the mailing address, if different from physical address.
10. **City:** Enter the name of the city or town of the individual's physical address.
11. **State:** Enter the name of the state of the individual's physical address.
12. **Zip Code:** Enter appropriate zip code.
13. **Telephone:** Enter the individual's telephone number or a number where the individual may be reached.
14. **County:** Enter the county of residence.

15. **Employed:** Mark Yes or No. (Was client working at the time disability occurred? Is client on leave of absence but still receiving benefits from employer?)
16. **Health Insurance:** Mark Yes or No if the individual has health insurance.
17. **Veteran:** Mark Yes or No.
18. **Service Connected:** Mark Yes or No. (Did injury/disability occur while on active duty?)
19. **Referral Source:** Record the referral source. (Name of individual/facility)
20. **VA Benefits:** Mark Yes or No.
21. **Education:** Record years of education completed or degree, if applicable.
22. **Marital Status:** Indicate married, single, divorced, separated, or widow.
23. **Number in Household/Dependents:** Record number of individuals living in the client's home and record actual number of dependents (i.e., 6 in household, 3 dependents). **Definition of Family Unit:** A family unit will consist of those individuals living in the same household who are related by blood, marriage or adoption. **Other individuals (i.e., friends, unmarried partners, or other lodgers) living in the residence will not be considered part of the family unit nor counted as a dependent.** (To determine dependent, see Definition of Dependent, Chapter 5, page 5-3.)
24. **Date of Birth:** Record the individual's birth date by month, day, and year.
    Example: 01-01-1956
25. **Sex:** M = Male or F = Female.
26. **Race:** Enter the appropriate race from below:
    American Indian/Alaskan Native
    Asian or Pacific Islander
    African-American
    Caucasian
    Hispanic
    Other
    Unknown
27. **Onset:** Record month, day, and year of onset of injury, disability or disease process. **Example: 01-01-2010**
28. **Level:** Record level of spinal cord injury (i.e., C-5, T-6), if known.
29. **Etiology:** Indicate cause of injury or disease.
30. **Disability:** Enter the disability as reported by the referral or other source (i.e., paraplegic). The disability described in this item may not necessarily be the major disabling condition described later after the medical information is obtained. Use the blank section under disability to enter any other disability as reported.
31. **Mobility Status:** Record your assessment of client's mobility status (i.e., uses wheelchair, ambulates with a walker).
32. **Physician 1:** Enter name of the primary care physician.
33. **Physician 2:** Enter name of any other physician currently treating the individual **(i.e., surgeon, neurologist, physiatrist)**.

Family Unit
Record name, date of birth, relationship, and social security number of all family members residing at the home of the client on a permanent basis. (A family consists of those individuals living in the same household who are related to one another by blood, marriage or adoption.) **Friends, unmarried partners, or other lodgers are excluded**. (To determine dependent, see Definition of Dependent, Chapter 5, page 5-3.)

Directions to Client's Home
Record clear, detailed directions to the home. Obtain specific instructions that would enable a person from outside the area to find the individual's home.

Contact Person
Obtain two contacts with separate addresses and telephone numbers other than those of the client. Indicate relationship to client (i.e., aunt, friend). These should be individuals who have regular contact with the client.

Initial Case Narrative/Social History - Pages Two and Three
The initial case narrative/social history will document all pertinent information regarding the individual and family. On new SCIs, the focus will include information prior to injury. Whenever possible, secure the admitting history and physical, social history, and insurance information from the hospital records or social worker. This information will be used in addition to information obtained during personal interviews to construct an initial case narrative. The initial narrative will be a detailed summary of the client prior to and since injury.

Initial Case Narrative/Social History
Good documentation is essential when completing the ASCC-22, and will be thorough and detailed. The Initial Case Narrative will include the following information:

Referral Source: Document in the narrative the date the referral was received and who provided the information.

History of Injury/Disease: Detailed and specific description of the individual's traumatic injury or disease process. How did the injury occur, or what does the disease process entail at this point?

Medical Services: What services have been provided at this point? Include acute care summary, discharge date, and any surgeries performed. What hospitals has the individual been in, and who were the attending physicians?

Background Information (Social, Educational, Vocational): Describe the individual's social/economic environment prior to the injury. Does the individual have a history of drug or

alcohol abuse? What educational level has been obtained? Was the individual gainfully employed prior to the occurrence of the disability?

Financial Information (income sources, needs): List previous and present source of income (employment, VA benefits, insurance, settlements, SSI, Social Security), or if any benefits have been applied for since onset of disability.

Insurance/Benefits: Does the individual have insurance either through employment, parent, spouse, Medicaid, Medicare, or has the individual applied for any benefits since onset of disability? If an insurance case manager has been assigned, list name and contact information.

Family/Family Dynamics/Support System: Describe the individual's family dynamics and indicate family involvement and support. Is the individual single, married, divorced, or have a significant other? Who are the key players in the family? Who outside family is a support?

Functional Disability Documentation: Medical disability documentation will be included in this section. Specific details regarding the areas of functional impairment must be written. The Case Manager's written observation of the status of the client in the four (4) areas of functional impairment (motor, sensory, bowel and bladder) that determines medical eligibility (see Chapter 4, Determining Medical Eligibility). The Case Manager must provide a written description of the status of the client in the four (4) areas of functional impairment that determine medical eligibility. This information can be obtained from a physician's report or medical records. The Case Manager may ask the client for clarification. The Case Manager should also rely on his/her own judgment and observations. Asking questions is essential in determining appropriate information to document a disability.

Examples of questions and descriptive statements are listed under each of the four medical criteria to serve as a guide in documenting the individual's functional status.

Paralysis

- Do you have weakness or paralysis anywhere?
- What part of your body are you unable to move? Arms? Hands? Legs?
- Can you stand or walk? (If yes, unassisted or with braces or other equipment?)
- Describe severity of any weakness or paralysis. (Use the patient's words and/or your own observations.)

  Use descriptive sentences such as:
  - Client is unable to move below shoulders.
  - Client has some movement in legs, can move but not lift legs.

Sensory Loss

- Do you have numbness anywhere?
- Can you feel hot, cold, pressure, or sharp, dull pain?
- Point to the part of your body where normal feeling stops.

Use descriptive sentences such as:

- Client cannot feel touch or pressure below waistline.
- Client has some sensation on top of right foot.

Bladder Function

- Do you know when you need to empty your bladder?
- Do you empty your bladder without needing equipment or having accidents?

Use descriptive sentences such as:

- Client states he/she uses intermittent catheterization every four hours.
- Client can feel the urge to go to the bathroom, but seldom is able to get to the bathroom in time.

Bowel Function

- Can you tell when you need to have a bowel movement?
- Can you empty your bowels (defecate) without help and without accidents?

Use descriptive sentences such as:

- Client uses digital stimulation daily.
- Client has a bed program and uses suppositories.
- Bowel program presently done by staff.

Written documentation of the four medical criteria does not have to be complex. However, the more information a Case Manager is able to obtain, the better the justification will be. With practice, each Case Manager will develop the skills for getting the desired information.

Case Manager Initial Assessment - Page Four

This section will be a summary of the information collected, as well as an assessment and overview of the client's strengths, current needs, attitudes, and support systems. The initial assessment will reflect a direction for future case management. Short term and long term goals will also be reflected here. Short term goals will be considered those which can be accomplished in six (6) months or less. Long term goals will be considered those which will be accomplished within a time period greater than six (6) months. Goals will reflect direction for both the Case Manager and client. Present or potential problem areas will be documented in detail in the initial assessment.

After obtaining initial case narrative information, the Case Manager will document an assessment of the client/family, identifying the following when completing the initial assessment section of the ASCC-22:

Assessment of Needs
Immediate and Future
Describe current immediate needs (apply for Medicaid, identify rehabilitation program) and anticipated future needs (i.e., accessible housing, medical equipment, attendant care, etc).

Strengths and Weaknesses
Be specific and describe strengths which may be a positive advantage to the individual and any weakness which may cause problems or limitations. **Examples of strengths:** good upper extremity motor function, good family support system**,** ability to return to work, positive attitude. **Examples of weakness:** No family support, currently has no source of income, substance abuse history, ventilator dependent, traumatic brain injury.

Summary
The case manager must provide a written summary of the status of the referral upon intake interview completion. **Examples:** Referral placed in status 30 pending receipt of medical records to support functional disability documentation. Referral moved to status 40 based on review of H&P notes provided by UAMS.

INDEPENDENT LIVING PLAN INSTRUCTIONS (ASCC-28)

The Independent Living Plan (ASCC-28) is a tool by which the Case Manager and client develop a set of goals, objectives, and services necessary for a client to pursue his maximum potential. The Case Manager will take into consideration all available medical, social, psychological, financial, and other information in order to construct a realistic course of action. The plan will be carefully explained so that the client will have a clear understanding of the objectives and services outlined in the Independent Living Plan. A copy of the completed plan will be given to the client.

Case monitoring, advocacy, technical assistance, and other appropriate information will be included here. In the case of new SCIs, the short-term goals may be expressed with regard to immediate planning; with long term goals to be evaluated at a future date.

Examples:
1. Case Manager will provide guidance and counseling.
2. Resources will be identified to assist family with attendant care.
3. Case Manager will evaluate home for necessary modifications.

4. Client will be referred to Vocational Rehabilitation Services for job placement evaluation.

APPLICATION FOR SERVICES

The Case Manager will make sure the client reads the statement and understands before signing. If the client is unable to provide his/her own signature, the procedures in Chapter 15, page 15-4 to 15-5, Client's Inability to Provide His/Her Own Signature, will be followed. The Case Manager will always sign his/her name and date the application for services in the appropriate space.

The Case Manager will explain to the individual/family that all information concerning the individual and the family will remain confidential under the guidelines of the ASCC Client Confidentiality/HIPAA Privacy Practices policy (see Agency Policies and Procedures Manual**,** Section CS.2, Client Confidentiality/HIPAA Privacy Practices, pp. 1-8).

Copies of the Initial Interview/Assessment (ASCC-22), Independent Living Plan and Application for Services (ASCC-28) are located in the Forms section at the end of this chapter.

NEW CLIENT CHECKLIST (ASCC-8)

The New Client Checklist (ASCC-8) is a document utilized to assist Case Managers in the management of new referrals. The majority of the checklist refers to the information that will be obtained or included in the initial intake process and will assist the Case Manager in completing appropriate procedures (i.e., completion of initial interview/assessment, obtaining medical records). The checklist will also serve as a record of dates for case narrative documentation. The remaining items will be considered a guide for Case Managers that reflects the basic topics requiring discussion or completion during the first year (i.e., discuss in-home assistance, transportation issues). This checklist is not meant to be all-inclusive. Initially, the checklist will be maintained on the left side of the client file on top of all other records. This will allow for quick review of possible client needs when the file is opened. Once the Case Manager has completed the checklist, it will be filed under the blank tab section of the case file. A copy of the New Client Checklist (ASCC-8) is located in the Forms section at the end of this chapter.

INTAKE COORDINATOR RESPONSIBILITIES

Purpose

The Intake Coordinator has the responsibility for conducting initial assessments and providing follow-up for clients in Pulaski County hospitals. The primary function of the Intake Coordinator will serve to expedite assessments and coordinate comprehensive services that could not be provided by remote field Case Managers.

Initial Assessments

The Intake Coordinator is responsible for completing the initial assessment on all new referrals in Pulaski County hospitals. A copy of the initial assessment will be provided to the Client Services Administrator within 10 calendar days of the initial interview. The Intake Coordinator will send a copy of the initial assessment and all narratives detailing the injury, weekly progress, equipment, discharge plans and service needs to the field Case Manager on a weekly basis. The Intake Coordinator will maintain the case file until the client is discharged from a designated hospital. Clients in the following facilities will be the responsibility of the Intake Coordinator:

- Arkansas Children's Hospital (ACH)
- Baptist Health Medical Center Little Rock (BHMC)
- Baptist Health Medical Center North Little Rock (BHMCNLR)
- Baptist Health Rehabilitation Institute (BHRI)
- CHI St. Vincent Infirmary Medical Center
- CHI St. Vincent Medical Center/North
- CHI St. Vincent Rehabilitation Hospital
- University of Arkansas for Medical Sciences (UAMS)
- VA Medical Center (Little Rock & North Little Rock)

Medical Records

The Intake Coordinator will obtain a copy of the History and Physical at the time of the initial interview. The Intake Coordinator will document functional disability and discussions of client's medical status with the medical staff in case narrative form. The Intake Coordinator will assume the responsibility for completing the Certificate of Eligibility (ASCC-13) and obtaining signatures on the Authorization to Disclose Health Information (ASCC-20). If medical records are not available at the time of the initial interview, the Intake Coordinator will inform the field Case Manager and he or she will obtain medical records from the hospital and/or physician after the client's discharge.

Medical/Rehabilitation Staffings

The Intake Coordinator will attend the weekly Medical and Rehabilitation Team staffings on all new referrals. Should a conflict occur, telephone contact or written summaries will be obtained

from the Social Worker. Summaries of Medical/Rehabilitation staffings will be documented in case narrative form and copies forwarded to the field Case Manager on a weekly basis.

Client Contact/Service Provision
The Intake Coordinator will maintain weekly contact and coordinate services for all ASCC clients in Pulaski County hospitals, working closely with the medical staff, rehabilitation team, field Case Manager and the client/family. Equipment purchases will be coordinated with the field Case Manager. Only minor emergency purchases will be made by the Intake Coordinator from the Intake Coordinator's reserve fund. The Intake Coordinator will forward all prescriptions, reports, case narratives, authorizations and other needed documentation to the field Case Manager on a weekly basis.

Discharge Planning
The Intake Coordinator will be involved in the planning and coordination of the client's discharge from the hospital. The Intake Coordinator will discuss the client's needs with the rehabilitation team to determine equipment needs. The Intake Coordinator and Case Manager will discuss the best course of action regarding equipment needs. Needs that will affect the client's return home will be addressed by the Intake Coordinator (i.e., wheelchair cushion, wheelchair rental). If a wheelchair rental is necessary, the Intake Coordinator will contact the field Case Manager immediately so that the Case Manager may authorize for the rental. The Intake Coordinator will obtain a list of medications and supplies the client will need upon discharge. This list will be included with the case file so the Case Manager can coordinate the provision of these medications and supplies. The Intake Coordinator will contact the Case Manager to inform them of the scheduled discharge date. The Intake Coordinator will summarize in a transfer memo any needs, problems, purchases or other pertinent information and forward the case file to the field Case Manager within five (5) calendar days of the discharge date.

SURVEILLANCE QUESTIONNAIRE (ASCC-3)

Significance
The Case Manager is responsible for collecting data and information for the Registry as mandated by Act 330 of 1977 (see Chapter 3, Registry and Referral Process). The Case Manager will complete an ASCC-3 on all new referrals and provide background information on the individual's spinal cord injury/disability. An example of the ASCC-3 is located in the Forms section at the end of this chapter. The ASCC-3 will be completed at the initial interview.

Time Frame
Upon completion of the initial assessment, the Surveillance Questionnaire (ASCC-3) with the Initial Interview/Assessment (ASCC-22) and Referral Form (ASCC-1) will be forwarded to the Central Office within ten (10) calendar days of the initial interview date.

Etiology (for Trauma Cases)
Trauma cases will be coded by the Central Office once the Surveillance Questionnaire has been completed and submitted. Case Managers will complete the disease classification. However, if the classification code is 81, Other Disease Process, or 99, Unknown, the Case Manager will request assistance from the Medical Director to determine classification. A memo requesting assistance will be sent to the Medical Director with copies of all medical documentation and the initial case narrative attached.

County, State, and Federal Codes
These codes will be entered on the Surveillance Questionnaire (ASCC-3) by the Central Office. A complete list of the county, state and federal codes are located at the end of this manual in Appendix G.

SURVEILLANCE QUESTIONNAIRE INSTRUCTIONS (ASCC-3)

VARIABLE NAME

1. **Social Security Number**
   Description: Enter the social security number of the client.
   Codes: If client does not have a social security number, **leave blank** and the Central Office will assign a number.
   Example: 123-45-6789 (Code assigned to John Doe)

2. **Date of Birth**
   Description: The client's date of birth.
   Codes: Date is reported in the MM-DD-YYYY format.
   Example: 07-11-1967 represents July 11, 1967.

3. **Last Name**
   Description: Enter the last name of the client. Include Jr., Sr., II, or III here, if applicable.
   Example: Doe, Jr.

4. **First Name**
   Description: Enter the first name of the client.

5. **Middle Name**
   Description: Enter the middle name of the client.
   Code: If middle name is unknown or client has no middle name, then leave blank.

6. **Mailing Address**
   Description: The street name or post office box where the client receives mail.
   Code: If the client prefers to receive mail at a P.O. Box, list it here. If unknown then leave blank.
   Example: 1847 Round Robin Court

7. **Mailing City**
   Description: The city where the client receives mail.
   Example: North Little Rock

8. **Mailing State of Residence**
   Description: The state where the client receives mail.
   Example: Arkansas

9. **Mailing Zip Code**
   Description: The zip code where the client receives mail.
   Codes: Enter a nine-digit zip code, if available, otherwise enter five digits and leave the remaining four blank.

10. **County of Residence**
    Description: The Arkansas county where the client currently resides.
    Code: Enter the Arkansas county on the line provided.
    Example: Pulaski

11. **Physical Address**
    Description: The street number and name of the client's physical residence.
    Codes: If a P.O. Box was listed previously, indicate the physical street address. If unknown or not applicable, then leave blank.
    Definition: Physical address is the place where the client physically resides. This may be a family member or friend's home, a vacation home or, perhaps, a community shelter.

12. **Physical City**
Description: The city of the client's physical residence.
Codes: If unknown or not applicable, then leave blank.

13. **Physical State**
Description: The state of the client's physical residence.
Codes: If unknown or not applicable, then leave blank.

14. **Physical Zip Code**
Description: The zip code of the client's physical residence.
Codes: Enter a nine-digit zip code if available, otherwise enter five digits and leave the remaining four blank.

15. **E-mail Address**
Description: Enter the client's email address.
Example: **john_doe@comcast.com**

16. **Primary Telephone Number**
Description: The primary telephone number where the client can be contacted, including area code.
Example: 501-123-4567

17. **Whose Primary Phone?**
Description: The person to whom the primary number belongs.
Codes:

h-client	Client's home
w-client	Client's work
c-client	Client's cell
h-spouse	Client's spouse at home
w-spouse	Client's spouse at work
c-spouse	Client's spouse's cell
h-mom	Client's mom at home
w-mom	Client's mom at work
c-mom	Client's mom's cell
h-dad	Client's dad at home
w-dad	Client's dad at work
c-dad	Client's dad's cell

message	Client's message phone
other	If not one of the above listed

Example: "w-mom" is entered for a working mother for her seven-year-old client son with Spina Bifida.

18. Secondary Telephone Number

Description: A secondary telephone number where the client can be contacted, including area code.

Example: 501-123-4567

19. Whose Secondary Phone?

Description: The person to whom the secondary number belongs.

Codes:

h-client	Client's home
w-client	Client's work
c-client	Client's cell
h-spouse	Client's spouse at home
w-spouse	Client's spouse at work
c-spouse	Client's spouse's cell
h-mom	Client's mom at home
w-mom	Client's mom at work
c-mom	Client's mom's cell
h-dad	Client's dad at home
w-dad	Client's dad at work
c-dad	Client's dad's cell
message	Client's message phone
other	If not one of the above listed

Examples: "c-client" is entered for the cell phone number of a client.
"message" is entered for the phone of the client's neighbor.
"other" is entered for the phone of the client's brother.

20. Gender

Description: The sex of the client.

Codes:

1	Male
2	Female
9	Unknown

21. Race

Description: The race of the client.

Codes:

1	American Indian/Alaskan Native
2	Asian or Pacific Islander
3	African-American

5 Caucasian
8 Other
9 Unknown

22. Hispanic

Description: Hispanic descent.

Codes:
1 Yes
2 No
9 Unknown

23. Veteran Status

Description: This variable indicates if client is a veteran.

Codes:
1 Client is veteran (includes those with service in the Reserves)
2 Client is not a veteran.
9 Unknown.

24. Date of Disease Injury/Onset

Description: For trauma cases, this is the date of the spinal cord injury. For non-trauma cases, this is the date the disease was diagnosed.

Codes: Date is reported in the MM-DD-YYYY format. If day is unknown, use '15'. If month is unknown, use '06'.

Example: 01-15-1988 represents January 15, 1988

25. Date of Referral

Description: The date the client was referred to ASCC.

Codes: Date is reported in the MM-DD-YYYY format.

Example: 02-16-2006 represents a case reported to ASCC on February 16, 2006.

Definition: The date referred to ASCC is the date of the initial referral.

26. Date of Intake

Description: The date on which the initial intake was completed with the referred client/family member.

Codes: Date is reported in the MM-DD-YYYY format.

Example: 01-22-1997 represents January 22, 1997.

27. Service Status

Description: This code indicates the ASCC service status of the case.

Codes: 30 Initial referral
40 Active intensive

28. Neurological Level of Lesion

Description: This variable reflects the level of the spinal cord injury as reflected by the level of impairment.

Codes:
1 Paraplegia
2 Tetraplegia
9 Unknown

Paraplegia is defined as motor deficit, sensory deficit, and/or bowel/bladder dysfunction as a result of injury to neural elements of the thoracic, lumbar, or sacral regions in the spinal cord.

Tetraplegia is defined as motor deficit, sensory deficit, and/or bowel/bladder dysfunction as a result of injury to neural elements of the cervical region in the spinal cord.

Note: Injuries to the cauda equina and conus are included under paraplegia. Do not include nerve roots outside the spinal canal.

29. Vertebra Level

Description: This variable indicates the highest Vertebra Lesion level.

Codes:

C1	T1	L1	COC - COCCYX
C2	T2	L2	999 - UNKNOWN
C3	T3	L3	
C4	T4	L4	
C5	T5	L5	
C6	T6		
C7	T7	S1	
	T8	S2	
	T9	S3	
	T10	S4	
	T11	S5	
	T12		

Example: T12 represents an injury at the 12th thoracic segment.
C3 represents an injury at the 3rd cervical segment.

30. Extent of Spinal Lesion

Description: This variable describes the extent of the lesion, i.e., complete, incomplete, or normal function at the time of discharge from the treating, acute care hospital.

Codes:
1 Complete
2 Incomplete, nonfunctional
3 Incomplete, functional
4 Normal function
9 Unknown

Definition: **Complete** is defined as a lesion having no preserved motor or sensory function below the level of the injury.

Incomplete, nonfunctional is defined as an injury having any preserved motor or sensory function below the level of the injury, but without useful preservation of motor function below this level. Most key muscle groups in the affected segments are too weak to perform against gravity.

Incomplete, functional is defined as a lesion that leaves functionally useful voluntary motor activity below the neurological level of injury. Most key muscle groups in the affected segments have sufficient strength to perform against gravity.

Normal function refers to the full return of all motor, sensory, and autonomic function.

31. ASCC Case Manager Number

Description: Identifies the ASCC Case Manager to whom the client is currently assigned.

Codes: Current Case Manager numbers.

Example: 55

32. Level of Education

Description: The level of education attained by the client at the time of injury/onset. Education is to be measured in the highest grade completed.

Codes:
1 Elementary/Middle (K to 8th grade)
2 Jr. High/High School (9th to 12th grade)
3 High School Diploma/GED
4 Some College, No Degree

5 Associate Degree
6 Bachelor Degree
7 Graduate Degree
8 Not School Age
9 Unknown

33. Employment Status

Description: The employment status of the client at the time of injury/onset. Select employment status before other categories. If the client was employed 20 hours per week and also a student, then enter "2" for employed part time.

Codes:
1 Employed full time (40 hours per week or more)
2 Employed part time (less than 40 hours per week)
3 Student
4 Homemaker
5 Retired
6 Unemployed, but of working age
7 Child/infant, not of working age
8 Other
9 Unknown

34. Gross Income of your household

Description: This is the annual income level of the client's household at the time of injury/onset.

Codes:
01 Less than $5,000
02 $5,000 to $9,999
03 $10,000 to $14,999
04 $15,000 to $19,999
05 $20,000 to $24,999
06 $25,000 to $29,999
07 $30,000 to $34,999
08 $35,000 to $39,999
09 $40,000 to $44,999
10 $45,000 or more
88 Refused
99 Unknown

35. Source of Referral

Description: The source of the referral to ASCC.

Codes:

0	Acute care hospital
1	Self referral
2	Other individual
3	Other hospital (not acute or rehab)
4	Physician
5	Rehabilitation hospital
6	State vocational rehabilitation
7	Public health department
8	Other
9	Unknown

36. <u>Trauma/Non-trauma Etiology</u>

Description: This variable indicates if the cause of the spinal cord dysfunction is of traumatic origin.

Codes:

1 Etiology is traumatic (injury or medical-surgical misadventure/mishap)
If this is a trauma case, go to Question 38 now.

2 Etiology is not traumatic (disease process)
If this is a disease case, Question 37 below will be your final survey question.

37. <u>ASCC Non-trauma Classification</u>

Description: This variable identifies the spinal cord disease or defect.

Codes:

11	Poliomyelitis
12	Transverse Myelitis
13	Guillain-Barré
14	Spinal Abscess
21	Multiple Sclerosis
22	Amyotrophic Lateral Sclerosis (ALS)
23	Friedreich's Ataxia
31	Spina Bifida
41	Spinal Cord Tumors
51	Hemorrhage/Thrombosis of Cord
61	Spondylosis (Stenosis)
62	Herniated Disk
*81	Other disease processes
*99	Unknown

***Note: If classification code is 81 or 99, submit medical information to Medical Director for detailed classification.**

This ends the survey for non-trauma cases. For trauma cases, continue with question 38.

38. Injury Description

Description: This is a written description of the exact circumstances under which the injury took place. Indicate if personal protection was worn, the road type, and surfaces and their height in relation to each other.

Example: "Client was driving '57 Chevrolet pick-up truck alone. Fell asleep at wheel. Truck left State Highway 67 and hit tree. Client was returning from party where he consumed 5-6 beers. No alcohol test administered. No seat belt worn."

Reformat and Coding by Administrative Office

This space is to be left blank.

CDC Etiology, ASCC Etiology, External Cause Codes

These items will be completed by Central Office.

39. State Where Injury Occurred

Description: The state/territory **where the injury occurred**. If the injury occurred in Arkansas, check the box. If the injury occurred outside of Arkansas, write in the name of the state.

Example: Other: Mississippi

40. County Where Injury Occurred

Description: The county **where the injury occurred**. Write in the name of the county where the injury occurred.

Example: St. Francis

41. State of Residence at Injury

Description: The client's state of residence at the time of injury.

Example: Arkansas

42. County of Residence at Injury

Description: The client's county of residence at the time of injury.

Example: Saline

43. Time of Injury

Description: The time (by hour) that the injury occurred. A twenty-four hour clock is used. For afternoon times, add 12.

Codes: Code range is 00 to 23. If the time is unknown, use "99". Injuries occurring in time period midnight to 12:59 A.M. are coded "00"; injuries occurring in time period 1:00 A.M. to 1:59 A.M. are coded "01"; etc.

Example: Codes and their ranges are:

Time	A.M.	P.M.
Midnight/Noon to 12:59	00	12
1:00 to 1:59	01	13
2:00 to 2:59	02	14
3:00 to 3:59	03	15
4:00 to 4:59	04	16
5:00 to 5:59	05	17
6:00 to 6:59	06	18
7:00 to 7:59	07	19
8:00 to 8:59	08	20
9:00 to 9:59	09	21
10:00 to 10:59	10	22
11:00 to 11:59	11	23

44. Military Service Connected

Description: This variable indicates if client's injury was military service connected **(sustained while on active duty)**.

Codes:
1 Injury is service connected
2 Injury is not service connected
9 Unknown

45. Intentionality

Description: This variable specifies whether the injury was intentional or unintentional. If intentional, injury will be designated as self-inflicted or not self-inflicted. (Intentional injuries include intention to do bodily harm.)

Codes:
1 Self-inflicted, intentional
2 Self-inflicted, unintentional
3 Self-inflicted, intent unknown
4 Inflicted by other, intentional
5 Inflicted by other, unintentional
6 Inflicted by other, intent unknown

8 Not applicable, not relevant
9 Unknown

Example: 4 - injury was a result of assault.

46. Work-related

Description: This variable specifies whether the injury occurred in the course of employment. Transportation to and from work is not included. Transportation-related events will be coded as work-related if transportation was a part of the job. Students are not considered employed if injury occurred as a result of student activities. If student was injured while employed, code as any other employment injury. Homemakers in their own home are not considered work-related.

Codes:
0 Work related
1 Not work related
9 Unknown

Example: 0 - injury occurred in a motor vehicle crash while client was driving from one work site to another.

47. Acute Care Discharge Disposition

Description: The disposition of the client at the time of discharge from the treating acute care hospital.

Codes:
0 Another acute care facility
1 Home, independent in self-care
(Could live alone if necessary)
2 Home, requires non-skilled assistance
(Assistance can be provided by family members or paid attendant for an essential activity. Need not be a daily activity but must be at least weekly.)
3 Home, requires skilled home health care
(Includes essential activities which require RN, LPN, or other professional. Frequency can be daily or monthly. Does not include non-essential maintenance.)
4 Residential facility without skilled nursing
(Primarily a boarding home arrangement where meals and housekeeping services are provided but no personal services. This could be ACTI if patient is in vocational training and lives in regular dormitory.)
5 Residential facility with skilled care (including nursing home)
(Where personal care services are provided for ADL services.)

6 Inpatient rehabilitation facility
7 Died
8 Other
9 Unknown

Example: 5 - Patient was discharged to a nursing home that provided skilled services.

48. Rehabilitation Discharge Disposition

Description: This variable reflects the disposition of the client at the time of discharge from the treating rehabilitation facility.

Codes:
0 Another rehabilitation facility
1 Home, independent in self-care
(Could live alone if necessary)
2 Home, requires non-skilled assistance
(Assistance can be provided by family members or paid attendant for an essential activity. Need not be a daily activity but must be at least weekly.)
3 Home, requires skilled home health care
(Includes essential activities which require RN or other professional. Frequency can be daily or monthly. Does not include non-essential maintenance.)
4 Residential facility without skilled care
(Primarily a boarding home arrangement where meals and housekeeping services are provided but no personal services. This could be ACTI if patient is in vocational training and lives in regular dormitory.)
5 Residential facility with skilled care (including nursing home)
(Where personal care services are provided for ADL services.)
6 Inpatient acute care facility
7 Died
8 Other
9 Unknown

49. Alcohol Involvement - Injured Person

Description: This variable reflects whether alcohol was involved in the occurrence of the injury by evidence in the client.

Codes: (Actual Level) Blood alcohol level done. Actual level of blood alcohol content if less than 700 mg/dl.

700	Blood alcohol level done. Blood alcohol content over 699 mg/dl.
777	No blood alcohol determination done. Clinical or other evidence of intoxication is present.
888	No blood alcohol determination done. **No** evidence of intoxication.
999	Alcohol intoxication unknown.

Clinical evidence of intoxication is defined as smell of alcohol on breath, behavioral disturbance in functions and responses, or difficulty in coordination. Other evidence of intoxication may include breathalyzer tests, saliva dipstick tests, or admission of alcohol intoxication by client at time of injury.

Example: Blood alcohol concentration is reported in a variety of formats depending on the laboratory used. A blood alcohol concentration (BAC) of ".08%" = ".08" = .08g/100ml = .08g/dl = 80mg/dl.

If the blood alcohol level is listed as a decimal point (in grams/deciliter), multiply the level by 1000 to arrive at the figure needed here. Use this conversion chart as a guide:

.05=50	.20=200
.08=80	.50=500
.10=100 (legal intoxication level in AR)	.68=680

777 No blood alcohol test done, but client states he had four beers at the party before he fell.

50. <u>Alcohol Involvement - Other Person</u>

Description: This variable reflects whether alcohol was involved in the injury by evidence in a person other than the client.

Definition: The term "other person" is a person or persons at the immediate scene of the injury who is most responsible for causing or contributing to the cause of the injury.

Codes: (Actual Level) Blood alcohol level done. Actual level of blood alcohol content if less than 700 mg/dl.

700	Blood alcohol level done. Blood alcohol content over 699 mg/dl.

777	No blood alcohol determination done. Clinical or other evidence of intoxication is present.
888	No blood alcohol determination done. **No** evidence of intoxication.
900	No other person was involved.
999	Alcohol intoxication unknown.

Example: 124 - client was attacked with a knife by robber on street. The assailant's blood alcohol test was positive at 124 mg/dl (or .124 g/dl).
777 - client's car hit by another car driven by intoxicated driver (no test, self-admission)

Clinical evidence of intoxication is defined as smell of alcohol on breath, behavioral disturbance in functions, and responses or difficulty in coordination. Other evidence of intoxication may include breathalyzer tests, saliva dipstick tests, or admission of alcohol intoxication.

51. <u>Does this traumatic case involve a motor vehicle crash?</u>

Description: This variable indicates if a motor vehicle was involved in the injury of the client.

Definition: The term vehicular accident includes victims driving in or on cars, trucks, buses, motorcycles, mopeds, ATV's, or any other licensed or unlicensed motorized vehicle. It does not include bicycles, skates, skateboards, horse-drawn vehicles; nor does it include pedestrians hit by motorized vehicles.

Codes:	1	Yes	**(Answer questions 52 to 58)**
	2	No	**(Stop, you are finished)**

This ends the survey for non-vehicular injuries.

52. <u>Type of Vehicle</u>

Description: A description of the vehicle that the client was driving or riding in at the time of injury.

Codes:	1	Passenger car
	2	Pick-up truck
	3	Van/minivan
	4	Sport utility vehicle
	5	Commercial truck or bus

6 Motorcycle, motorized bicycle or moped
7 ATV, go-cart
8 Other
9 Unknown

Example: 1 - Ford Focus
4 - Chevrolet Tahoe
5 - UPS truck
5 - 18-wheeler

53. Position in the Vehicle

Description: This variable identifies whether the client was the driver or a passenger (at any location in the vehicle).

Codes:
1 Client was driver/operator of vehicle.
2 Client was passenger.
9 Position of client in vehicle unknown.

Example: 2 - Client injured while riding in the back of a pick-up truck.
2 - Client injured while riding in passenger seat of a car.

54. Number of Vehicles Involved

Description: This variable identifies the number of vehicles involved in the collision.

Codes:
1 Single vehicle involved.
2 Two vehicles involved.
3 Three vehicles involved.
4 Four or more vehicles involved.
9 Unknown number of vehicles involved.

55. Personal Protective Equipment Used

Description: This variable applies only to non-pedestrian vehicular causes of injury; and reflects whether safety belts, child restraints, airbags, or helmets were in use by the client at the time of injury. Safety belt, child restraint, and airbag use is relevant to automobile and truck vehicular-related trauma. Helmet use is relevant to motorcycle-related trauma.

Codes:
0 Safety belt/child restraint, airbag, or helmet not in use
1 Safety belt/child restraint, or helmet in use
2 Safety belt/child restraint and airbag in use
3 Airbag only in use
4 Other equipment used

9 Unknown whether safety belt/child restraint, airbag, or helmet was used

Example: 1 - Safety belt worn by client involved in automobile crash.
1 - Client in motorcycle crash was wearing a helmet.

56. Road Conditions

Description: This variable identifies the road surface conditions at the time of the vehicle collision.

Codes:
1 Dry, hard
2 Dry, loose/gravel
3 Mist/fog
4 Wet
5 Ice/sleet/hail
6 Snow
7 Other
8 Not applicable
9 Unknown

57. Rollover

Description: During the crash, did the vehicle rollover?

Codes:
1 Yes
2 No
9 Unknown

58. Ejected from Vehicle

Description: During the crash, was the client ejected from the vehicle?

Codes:
1 Yes
2 No
8 Not Applicable
9 Unknown

FORMS

ASCC-3	Surveillance Questionnaire
ASCC-8	New Client Checklist
ASCC-22	Initial Interview/Assessment
ASCC-28	Independent Living Plan and Application for Services

Arkansas Spinal Cord Commission
SURVEILLANCE QUESTIONNAIRE

REVISED 04.2016
ASCC-3

1. Social Security Number

2. Date of Birth MM - DD - YYYY

3. Last Name

4. First Name

5. Middle Name

6. Mailing Address

7. Mailing City

☐ Arkansas
☐ Other: _____
8. Mailing State of Residence

9. Mailing Zip Code+4

11. Physical Address

12. Physical City

☐ Arkansas
☐ Other: _____
13. Physical State

14. Physical Zip Code+4

☐ **10. County of Residence**

15. E-mail Address

16. Primary Phone Number

17. Whose Number?

18. Secondary Phone Number

19. Whose Number?

☐ **20. Gender**

☐ **21. Race**

☐ **22. Hispanic**

☐ **23. Veteran Status**

MM-DD-YYYY
24. Date of Injury/Onset

MM-DD-YYYY
25. Date Referred to ASCC

MM-DD-YYYY
26. Date of Intake

☐ **27. Service Status**

☐ **28. Neurological Level**

29. Vertebra Level

☐ **30. Extent of Lesion**

31. Case Manager

☐ **32. Education Level (AT ONSET)**

☐ **33. Employment Status (AT ONSET)**

☐ **34. Household Income (AT ONSET)**

☐ **35. Source of Referral to ASCC**

☐ **36. Is this a Trauma Case?**

☐ **37. Disease Classification (Answer, & stop)**

Note: Nontraumatic cases **STOP** here!

Traumatic cases, **CONTINUE** to question 38.

38. Injury Description

Reformat and coding by Administrative Office

CDC Etiology ☐☐

ASCC Etiology ☐☐

External Cause Codes:

A. ☐☐☐☐☐☐ B. ☐☐☐☐☐☐

Note: Complete questions 39 through 51 for all traumatic cases.

☐ **39. State Where Injury Occurred**
- ☐ Arkansas
- ☐ Other State: _____

☐ _____ **40. County Where Injury Occurred**

☐ **41. State of Residence at Injury**
- ☐ Arkansas
- ☐ Other State: _____

☐ _____ **42. County of Residence at Injury**

☐☐☐☐ (24 Hr. Clock) **43. Time of Injury**

☐ _____ **44. Military Service Connected**

☐ _____ **45. Intentionality**

☐ _____ **46. Work Related**

☐ _____ **47. Acute Care Discharge Disposition**

☐ _____ **48. Rehabilitation Discharge Disposition**

☐ _____ **49. Alcohol Involvement - Injured Person**

☐ _____ **50. Alcohol Involvement - Other Person**

Note: A blood alcohol concentration (BAC) of ".08%" = ".08" = .08g/100ml = .08g/dl = 80mg/dl. So, a BAC of any one of these would be reported as "080" BAC in mg/dl (if less than 700).

Note: Complete questions 52 through 58 for all motor vehicle crashes.

51. Does this traumatic case involve a motor vehicle crash?

52. Type of Vehicle

53. Position in Vehicle

54. Number of Vehicles Involved

55. Personal Protective Equipment Used

56. Road Conditions

57. Rollover

58. Ejected From Vehicle

The motor vehicle crash questions should be completed for all clients who were injured **while in/on** a motorized land transport vehicle. This includes falls from / jumps from / pushed from all such vehicles.

It does **not** include injuries involving trains, air craft or water craft. It does **not** include pedestrians / bicyclists / skate boarders / sleders / skaters struck by a motorized vehicle.

Road Conditions refers to condition of the public roadway where the crash occurred. If the crash did not occur on a public roadway, then indicate "(7) Other / Off Road."

Note: Most crashes involving two-wheeled vehicles, ATV's and Go-carts involve a "roll-over" and "ejection" from the vehicle.

NEW CLIENT CHECKLIST

The following is to be utilized to assist in the case management of new referrals. It is not meant to be all-inclusive.

Date

HIPAA Information

- Provide copy and review ASCC Privacy Practice Notice (ASCC-21). _____
- Obtain client signature on Notice of Privacy Practices Acknowledgement (ASCC-7). _____
- Protected Health Information (PHI) Tracking Log (ASCC-9) in case file. _____

New Referral Information

- Provide and review new client information packet. _____
- Complete Initial Interview/Assessment (ASCC-22). _____
- Complete Surveillance Questionnaire (ASCC-3). _____
- Place client in Status 30 until medical information is received and complete written assessment. _____

Medical/Healthcare Information

- Complete and review Authorization to Disclose Health Information (ASCC-20). _____
- Obtain medical information/medical eligibility determination. _____
- Certificate of Medical Eligibility (ASCC-13). _____
- Discuss healthcare coverage (Medicaid, Medicare, VA, Private Ins./COBRA). _____

Financial Information

- Complete ASCC Financial Resources Information (ASCC-16). _____
- Complete Title XX (if appropriate). _____
- Discuss other financial benefits (SSA, VA, Workers Comp., etc.)/need to apply. _____

Equipment Needs/Information

- Complete Home Evaluation (ASCC-37). _____
- Obtain wheelchair evaluation. _____
- Identify DME vendors for equipment supplies. _____
- Transportation issues (hand controls, disabled parking, Medicaid/public sources. _____

Community Resources/Services

- Discuss in-home assistance (Home Health, Alternative Waiver, Independent Choices, Elder Choices). _____
- Discuss SCI support groups (if available). _____
- Arkansas Rehab Services (TAP Program, Independent Living, Vocational Training, SEAT, etc.). _____
- Complete Voter Registration. _____

ARKANSAS SPINAL CORD COMMISSION
INITIAL INTERVIEW/ASSESSMENT

ASCC-22
12/15

Case Manager: **Date Referred:** **Date Initial Contact:** **Status:**

CLIENT IDENTIFICATION

Social Security No: Medicaid No: Medicare No:

Last First MI	DOB Mo Day Yr	Sex	Race
Physical Address	Onset Mo Day Yr	Level	
Mailing Address			
City State Zip	Etiology:		
Phone	County	Disability	
Employed Yes ☐ No ☐	Referral Source		
Health Insurance Yes ☐ No ☐	VA Benefits Yes ☐ No ☐	Mobility Status	
Veteran Yes ☐ No ☐	Education:	Physician 1:	
Service Con. Yes ☐ No ☐	Marital Status:	Physician 2:	
No. in Household:	No. Dependents:		

FAMILY UNIT DOB RELATIONSHIP SSN

DIRECTIONS TO CLIENT'S HOME: (Detailed)

CONTACT PERSONS: (Minimum 2)

Name Relationship to Client

Address Phone

Name Relationship to Client

Address Phone

INITIAL CASE NARRATIVE/SOCIAL HISTORY

Referral Source

History of Illness/Disease

Medical Services

BACKGROUND INFORMATION

Social:

Educational:

Employment:

INITIAL CASE NARRATIVE/SOCIAL HISTORY

FINANCIAL INFORMATION

Income Sources:

Insurance/Benefits:

FAMILY/SUPPORT SYSTEM DYNAMICS:

FUNCTIONAL DISABILTIY DOCUMENTATION

Paralysis:

Sensory:

Bladder:

Bowel:

ARKANSAS SPINAL CORD COMMISSION
INITIAL INTERVIEW/ASSESSMENT

CASE MANAGER INITIAL ASSESSMENT (Case Manager assessment of needs, strengths, weaknesses, family dynamics, attitudes re: client/family, short and long term independent living goals; includes statement of ASCC medical eligibility.

ASSESSMENT OF NEEDS

Immediate:

Future:

Strengths:

Weaknesses:

Summary:

_____
Case Manager Signature

_____
Date

ASCC INDEPENDENT LIVING PLAN AND APPLICATION FOR SERVICES

_____
NAME

INDEPENDENT LIVING PLAN: (Explain role of case manager in general terms and include areas such as follow-up, advocacy, evaluation, technical assistance, resource identification, etc.)

APPLICATION FOR SERVICES

I have read, and I am in agreement with the initial independent living plan, and I hereby make application for services with the Arkansas Spinal Cord Commission. I understand that services will be provided according to the Commission's established medical and financial criteria and in consideration of other available resources.

I am aware that all programs administered and services provided by the Arkansas Spinal Cord Commission are rendered on a non-discriminatory basis without regard to sex, race, color, creed, or national origin in compliance with Title VI of the Civil Rights Act of 1964.

I understand that I may request an administrative review and/or fair hearing if I am not satisfied with decisions made by the Commission staff.

_____
Client Signature

_____
Date

_____
ASCC Representative Signature

Case Management Services Procedures

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Filing Case Records and Information	7-5

PURPOSE

A case file will be established for each individual client and will be maintained in the local field office as long as the individual is eligible for ASCC services. It is the Case Manager's responsibility to develop, organize, and ensure that each case file reflects current documentation, goals, and plans for each individual. This chapter will provide guidelines for the Case Manager to use in case file development, documentation, data organization, and appropriate filing methods.

DEVELOPMENT/ORGANIZATION OF THE CASE FILE

A case file will be established as soon as possible after a new referral is received. The case file will remain in the Case Manager's field office as long as the individual is eligible for ASCC services and will be protected under the Agency's Confidentiality Policy (see Chapter 15, Client Confidentiality and Release of Information). All appropriate forms, billing, reports, and case narratives are to be placed in the case file.

Each individual case file folder will be setup with a tabbing system to organize all documents placed in the file. Tabs will be setup in the order listed below, from bottom to top.

Left Side:
The following tabs should be placed on the left side of the case file folder in order, as listed, from bottom to top.

Blank Tab:	To be used for miscellaneous information not tabbed already including Voter Declaration Statement, PHI Tracking form (ASCC-9), Notice of Privacy Practices Acknowledgement (ASCC-7, Home Evaluation (ASCC-37), Case Review Form.
Title XX:	All forms pertaining to Title XX billing and certification (DHS 100, 160).
Purchases:	Invoice, Co-Pay Request Memo, all information pertaining to bids: Prior Approval Memo, Invitation To Bid Letter (ASCC-32), Wheelchair Price Quote Form (ASCC-33), Request To Purchase Memo, Wheelchair Purchasing Checklist (ASCC-41), Authorization/Statement of Account (ASCC-10), Cancellation Order (ASCC-12), STAC/LTAC time sheets, and Code 90 memos.
Financial Need:	Financial Resources Information Form (ASCC-16), Wheelchair Repair Agreement (ASCC-35) with copy of client follow-up letter.

Initial: Completed Initial Interview/Assessment (ASCC-22) including the written initial narrative part of the form, Independent Living Plan (ASCC-28), and Central Registry Referral Form (ASCC-1).

Summary/Change: Client General Information Sheet (ASCC-30) and Surveillance Questionnaire (ASCC-3).

Right Side:
The following tabs should be placed on the right side of the case file folder in order, as listed, from bottom to top.

Eligibility: Certificate of Medical Eligibility (ASCC-13), Medical Eligibility Determination (ASCC-23).

Medical: Authorization to Disclose Health Information (ASCC-20), all medical reports, clinic reports, and discharge summaries - with most current on top.

Prescription: All prescriptions, Attendant Care Evaluation and Independent Living Analysis (ASCC-43).

Loan/Title: All Equipment Title Retention forms (ASCC-29) on equipment purchased by ASCC, all Equipment Loan Agreement forms (ASCC-26), and Equipment Return Receipt (ASCC-27).

Correspondence: Written communication (all letters, memos, notes, etc.) in chronological order.

Case Narratives: All case narratives, except Initial Interview/Assessment (ASCC-22), which is filed on the left side of the case file folder under Initial. Narratives are always filed with most current narrative on the top. Client Annual Review Summary (ASCC-14) and emails from clients (see pg. 8-16, Client Contact).

MAINTAINING THE CASE FILE

All case file records must be kept up-to-date. It is essential that the case file records accurately reflect the history of the client/Case Manager relationship, and that a review of the file provides current status information. The Case Manager will efficiently maintain the case file so that at any given point someone else could assume the responsibility of managing a client's case without any difficulty or interruption of services.

Periodically, it will be necessary to break a case file down into more than one volume. This occurs when the case file becomes too thick to be handled easily (case file is over 2" deep). When a file is divided into more than one case file folder, the procedure is as follows:

1. Indicate on the outside front cover of the file folders how many volumes there are (i.e., Volume I of II, Volume II of III).
2. The most current information should be retained in the working case file:
   - Client General Information Sheet (ASCC-30)
   - Surveillance Questionnaire (ASCC-3)
   - Initial Assessment (ASCC-22)
   - Independent Living Plan (ASCC-28)
   - Central Registry Referral Form (ASCC-1)
   - Financial Resources Information Form (ASCC-16), most current
   - Title XX forms, most current
   - Wheelchair Repair Agreement (ASCC-35)
   - All case narratives and purchase forms from the previous 12 months
   - All Equipment Title Retention forms (ASCC-29)
   - All Equipment Loan Agreement forms (ASCC-26)
   - All Equipment Return Receipt (ASCC-27)
   - Certificate of Medical Eligibility (ASCC-13)
   - Medical Eligibility Determination (ASCC-23)
   - Voter Declaration Statement
   - PHI Tracking form (ASCC-9)
   - Notice of Privacy Practices Acknowledgement (ASCC-7)
   - Most current medical reports, clinic reports, discharge summaries, and prescriptions
3. File case folder with old information separate from current case folder.
4. When a case is closed, all volumes must be sent to Central Office to be retained.

FILING CASE FILE FOLDERS

The individual case files will be filed in one location in each field office. The following information should be considered when setting up the system for filing case file folders:

1. Cases will be filed in alphabetical order.
2. All case files will have a typed label with the client's name and last four digits of the social security number placed on the tab at the top of the folder.
3. A color code system will be used to easily denote case status as follows:
   - **Status Code 30 – Blank, No Dot**
   - **Status Code 40 – Red Dot**
   - **Status Code 50 – Blue Dot**
   - **Status Code 60 – Green Dot**
   - **Status Code 80 – Yellow Dot**

4. It is recommended that $^{1}/_{4}$" colored dots are used and placed in the corner of the client's name tab. $^{1}/_{4}$" dots take up less space on the name tab and will not overlap onto typed information.
5. A color code key will be placed on the outside of the filing cabinet to assist with easy identification of which color denotes what status (i.e., red dot = Status Code 40).
6. Whenever a status change occurs, the color of the dot will be changed to reflect the new status.

FILING CASE RECORDS AND INFORMATION

All case narratives and all information or reports received will be filed in the case file weekly. Timely efforts are essential in maintaining an up-to-date case. Refer to Development/Organization of the Case File in this chapter to determine the appropriate placement of information or records when filing. Information that was not written by the Case Manager should be stamped with the date received prior to filing information in the case file.

Case Management Services Procedures

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PURPOSE

In order to provide good quality case management, a case must be monitored appropriately. An assessment of an individual's progress and needs must be made by the Case Manager to determine the frequency of personal contact. This chapter provides the Case Manager an overview of case monitoring and will assist with the appropriate status code determination, case narrative documentation, frequency of contact, and implementing changes in client information.

STATUS CODE DEFINITIONS

This section defines the various status codes used in the case management system. A status code identifies the progress, needs, and disposition of an individual case. Status codes are used routinely in case correspondence and on agency forms.

REFERRAL CODES

Initial Referral Opened

Code 30: Initial Referral
The initial referral status will be used to accept applicants for diagnosis and evaluation prior to eligibility determination by the Case Manager. All new referrals that appear and/or report to meet ASCC medical criteria will be placed in Status 30. No individual may remain in this status for more than 45 days. Prior to, or at the end of the 45 days, the initial referral must be coded in a Status 20 or Status 40 code. Purchased services may be provided in Status 30 while medical eligibility is pending.

Initial Referral Not Opened

Status 20: No Spinal Cord Disability/Inappropriate Referral
Occasionally, an individual is referred to ASCC who does not have a spinal cord disability at all. These referrals are often self-referrals and result from a misunderstanding of the cause of the symptoms, particularly paralysis. If it is determined by stated diagnosis (i.e., traumatic brain injury, stroke, muscular dystrophy) the case will be placed in status 20.

In addition, if the Case Manager determines from medical records that the individual has no spinal cord injury, damage or defect of the spinal cord or disease process of the spinal cord, the case will be placed in status 20.

Status 21: Spinal Cord Disability/Does Not Meet Medical Eligibility
If the individual is determined to have a spinal cord injury, damage or defect of the spinal cord or a disease process of the spinal cord, but, based on medical documentation, does not meet three of the four medical criteria, the case will be placed in status 21. All SCD referrals determined to be not medically eligible upon initial assessment will be placed in Status 21.

If a case is opened in status 30 and the individual's spinal cord disability resolves to the point he or she no longer meets medical criteria *before the case is moved to status 40*, the case will be placed in status 21.

Status 22: Spinal Cord Disability/Unable to Evaluate
If an individual is referred to the Commission, the Case Manager will evaluate that case within 10 calendar days. However, in some cases, circumstances preclude this evaluation. These may include individuals who die before an evaluation can be completed, those who leave the hospital and after every effort to find him or her, the Case Manager is unsuccessful or an individual who is determined to be a resident of a state other than Arkansas. These cases will be placed in status 22.

NOTE: Individuals who are Arkansas residents and leave the state for rehabilitation treatment but are Arkansas residents or whose clinical status (i.e. coma, ventilator dependent, cognitive deficits) precludes them from being able to respond to an interview WILL NOT be placed in status 22. These cases will be opened in 30 and assessed as soon as the individual is able to be evaluated.

Status 23: Spinal Cord Disability/Refuses Intake
In some cases, an individual with a documented spinal cord disability will refuse to meet with the Case Manager. This may be due to their unwillingness to recognize the disability, choice not to work with a state agency or other personal choice (i.e., terminal illness). Every effort should be made to collect enough information to open a case. If, at the end of the assessment period the individual remains unwilling to apply for services, the case will be closed in status 23. All cases placed in Status 23 will be reviewed by the Client Services Administrator.

For cases closed in statuses 20, 21, 22, 23, Case Managers will complete only the Client Identification box of the ASCC-22, indicate the status, and forward to the Central Office. The ASCC-1 and a memo to the Client Services Administrator will accompany the ASCC-22 with a detailed explanation of why the case was not opened, including documentation of efforts made to complete assessment or documented lack of medical eligibility.

OPEN CASES

Code 40: Open, Intensive, 90-Day Contact
Individuals will be placed in this status when eligibility is established, evaluation is completed, and service **needs** are identified. Individuals in Status 40 are those new injuries requiring more intense case management, clients without many resources who **need** the Case Manager's assistance, clients who still lack independence and have continuing **needs** for comprehensive services. Case must be monitored no less than every 90 days. Four contacts per year are required; however, two contacts must be face-to-face and two contacts may be made via telephone. Written correspondence is not considered a monitoring contact. Initial referrals placed in Status 40 must remain in this status as long as there is a documented need identified for intense case management prior to any open status change (i.e., to Status 50).

Long Term Care and Correctional Facility Residents
All individuals who are residents of LTC and correctional facilities will be placed in Status 40 and must be contacted face-to-face every 90 days. While these clients receive round-the-clock nursing care, they frequently have few visitors and sometimes no familial support. Often these clients require intervention, assistance, and advocacy with chronic medical and/or psychological needs. Case Managers can serve as a vital link to the quality of care for these individuals if frequent visits occur, as well as taking a participatory role in care plan meetings. When a client is admitted to a LTC or correctional facility, status should be changed to 40 immediately. Phone or written contacts are not considered a monitoring contact for these residents. Although information may be obtained from the facility social worker or director of nursing, this will not constitute a client contact. Case Managers must always visit the client.

Code 50: Open, Transitional, 365-Day Contact
Individuals may be placed in this status when they demonstrate independent functioning, self-sufficiency, lack of need for comprehensive services, and/or lack of need for frequent monitoring. A discussion with the client and written follow-up notification of placement in Status 50 will be provided by the Case Manager. Cases in Status 50 will require one personal contact per year in the form of a phone contact or a face-to-face contact. A written assessment update (Client Annual Review Summary, ASCC-14) will be completed annually on all clients in Status Code 50. Once placement in Status 50 has occurred, Title XX must be closed, as clients are no longer eligible for these services. Purchased services may be made if financial eligibility is documented with a current Financial Resources Information Form, ASCC-16. Client must remain in Status 50 as long as they continue to show a need for yearly follow up.

Code 60: Open, Independent, No Contact Initiated
Individuals may be placed in this status when they have attained a high level of independence. These clients have no need for ongoing case management services identified by the Case

Manager or the individual/family unit. In order to be considered for this status, the individual/family unit will have demonstrated the following requirements:

1. At least one year since the ASCC referral/initial assessment.

2. Client has not requested, nor has Case Manager recognized, a need for services in at least one year.

3. Client is self-reliant, has knowledge, skills, and abilities to access resources and services to meet personal needs.

4. Client has adequate financial resources, support system, and health benefits to meet personal needs.

5. The Case Manager must discuss moving the client to Status 60. During this discussion, the Case Manager must show the client has demonstrated the above referenced requirements (1 – 4) justifying a move to Status 60.

Monitoring requirements for Status 60 are minimal but the Case Manager will be responsible for the following:

1. After discussion with the client for the case to be placed in independent status, the Case Manager will complete a case narrative reflecting a move to Status 60. The narrative must include a statement that the client meets the above requirements for Status 60. Documentation will include the Case Manager's verbal contact with the client/family unit to discuss and explain the status change, and will also include the date of contact. A follow-up letter summarizing contact with the client/family regarding placement in Status 60 will be sent and a copy placed in the individual's file under the correspondence tab.

2. No purchases or authorizations will be made for clients in Status 60. In order to authorize purchased services, the case must be moved to status 40 or 50. EXCEPTION: Children desiring to attend Spina Bifida Camp may remain in Status 60.

3. Case files for Status 60 clients will be maintained in the Case Manager's field office.

4. Informal contacts with individuals in Status 60 (i.e., recreational, educational events, or for information and referral) do not require documentation in the case file.

5. When the Case Manager becomes aware of an client's telephone or address change or other pertinent information, an updated CGIS form should be submitted to the Central Office.

6. The Central Office will send a letter annually to clients in Status 60 reminding them of the name and address of their local Case Manager and the availability of ASCC services.

7. Status 60 clients will continue to receive the *Spinal Connection* and may participate in all ASCC educational, recreational, or special events.

8. When the Case Manager becomes aware that a Status 60 case meets the requirements for closure (i.e., death, moved out of state), then the normal procedures found in Chapter 16, Case Closure, will be followed.

9. When a client is in Status 60, home visits are made when requested by the client.

10. A child placed in Status 60 will be re-evaluated at age 18 to ensure he/she continues to meet independent status criteria.

Code 80: Open, Requests No Further Contact
When an individual requests no further contact by a Case Manager, the case will be sent to the Client Services Administrator. The Client Services Administrator will conduct a case review and determine if further contact with the client to discuss the request for no further contact is warranted. The Client Services Administrator, after evaluation of the case, will provide the Case Manager written instructions regarding the status of the case. Upon CSA approval, the case will be placed in Status 80. The Case Manager will send written notification to the client indicating status change. Clients will be encouraged to contact the Case Manager at any time should they need services. The Case Manager will initiate no further contact with these clients. Clients in Status 80 will no longer receive the Spinal Courier and will no longer receive information regarding ASCC educational, recreational or special events.

CLOSED STATUS CODES

A Case Closure Notification form (ASCC-2) must be completed on all closed cases (70, 71, 72, and 73). See instructions in Chapter 16, Case Closure, for completing Case Closure Notification form.

Code 70: Closed: Deceased
Upon receiving notice of a client's death, the Case Manager will place the case in the closed, deceased status. The case file should be forwarded to the Central Office within 10 days of notification of a client's death. See Chapter 16, Case Closure, for procedures.

Code 71: Closed: Moved Out of State
Any client who no longer lives in Arkansas is no longer eligible for ASCC services. Upon notification that a client has moved out of state, the case will be placed in Status Code 71. The case file should be forwarded to the Central Office within 10 days of notification of a client's move. See Chapter 16, Case Closure, for procedures.

Code 72: Closed: Unable to Locate
When a Case Manager has attempted to locate a client, utilizing all available resources, and has documented three (3) unsuccessful attempts over three (3) months, the case should be placed in Status Code 72. Attempts to contact must a letter sent by certified mail (unless mail has previously been returned). See Chapter 16, Case Closure, for procedures.

Code 73: Closed: No Longer Medically Eligible
When a client is in an open status and his/her condition improves to the point he/she no longer meets medical eligibility criteria (i.e., spina bifida children at age 3 years), the Case Manager will close the case in Status 73. See Chapter 16, Case Closure, for procedures.

CASE REPORTING

Case Managers are required to complete specific forms and provide documentation in the form of case narratives. It is the responsibility of the Case Manager to expedite documentation in order to effectively manage each case. The following is an outline of the forms and other information required.

Code 20: No Spinal Cord Disability/Inappropriate Referral

1. Referral memo (ASCC-1).

2. Completion of memo to Client Services Administrator with explanation based on diagnosis and/or ASCC medical criteria (4 symptoms) and how ineligibility was determined (i.e., physician report, review of medical records).
3. Complete Client Identification Section of ASCC-22.

4. Forward the above (1 – 3) to the Client Services Administrator with medical information attached, if available.

Code 21: Spinal Cord Disability/Does Not Meet Medical Eligibility

1. Referral memo (ASCC-1).

2. Completion of memo to Client Services Administrator with explanation based on diagnosis and/or ASCC medical criteria (4 symptoms) and how ineligibility was determined (i.e., client report, review of medical records).

3. Complete Client Identification Section of ASCC-22.

4. Forward the above (1 – 3) to the Client Services Administrator with medical information attached, if available.

Code 22: Spinal Cord Disability/Unable to Evaluate

1. Referral memo (ASCC-1).

2. Completion of memo to Client Services Administrator with explanation based on diagnosis and/or ASCC medical criteria (4 symptoms) and detailed efforts of attempts to complete initial assessment

3. Complete Client Identification Section of ASCC-22.

4. Forward the above (1 – 3) to the Client Services Administrator with medical information attached, if available.

Code 23: Spinal Cord Disability/Refuses Intake

1. Referral memo (ASCC-1).

2. Completion of memo to Client Services Administrator with explanation based on diagnosis and/or ASCC medical criteria (4 symptoms) and how ineligibility was determined (i.e., client report, review of medical records).

3. Complete Client Identification Section of ASCC-22.

4. Forward the above (1 – 3) to the Client Services Administrator with medical information attached, if available.

Code 30: New Referral

1. Referral memo (ASCC-1).

2. Completion of Initial Interview/Assessment (ASCC-22).

3. Authorization to Disclose Health Information (ASCC-20).

4. ASCC Notice of Privacy Practices (ASCC-21).

5. Notice of Privacy Practice Acknowledgement (ASCC-7).

6. ASCC Independent Living Plan/Application for Services (ASCC-28).

7. Surveillance Questionnaire (ASCC-3).

8. Case Narrative (ASCC-18).

9. Financial Resources Information (ASCC-16).

10. Title XX Certification, DHS-0100, if appropriate.

11. Certificate of Medical Eligibility (ASCC-13).

12. Voter Registration Form.

Code 40: Open, Intensive, 90-Day Contact

1. Case Narrative every 90 days (minimum).

2. Title XX Recertification, if appropriate, annually.

3. Financial Resource Information (ASCC-16) updated annually (unless non-disclosure is signed).

4. Up-to-date Client General information Sheet (ASCC-30).

5. Voter registration upon recertification.

Code 50: Open, Transitional, 365-Day Contact

1. Up-to-date Client General information Sheet (ASCC-30).

2. Written notification to client/family (copy to case file).

3. Close Title XX (where applicable) (DHS-0160).

4. Up-to-date Financial Resources Information sheet (ASCC-16) if requesting or anticipates purchased services.

5. Annual Case Narrative.

6. Client Annual Review Summary (ASCC-14).

Code 60: Open, Independent, No Contact Initiated

1. Client General Information Sheet (ASCC-30).

2. Written notification to client/family (copy to case file).

3. Case Narrative (ASCC-18).

4. Client initiates contact.

5. Annual letter from Central Office.

Code 80: Open, Requests No Further Contact

1. Client General Information (ASCC-30).

2. Case Narrative (ASCC-18).

3. Notification to Client indicating no further contact request (copy to case file).

Code 70, 71, 72, 73: Closures

For specific detail regarding closure procedures, see Chapter 16, Case Closure.

CLIENT GENERAL INFORMATION SHEET (CGIS) ASCC-30

Maintaining up-to-date information on each client is essential to good case management and to maintenance of the Arkansas Spinal Cord Disability Registry. Based upon the information gained from the Initial Interview/Assessment (ASCC-22) and the Surveillance Questionnaire (ASCC-3), comprehensive client information is entered into the registry database and a report, the Client General Information Sheet (CGIS), is printed out on each client. When it is necessary to add, change, or correct any client data, the Case Manager will use the CGIS (ASCC-30) for this purpose. The most current CGIS should always be used when submitting updates to the Central Office. All CGIS forms should be placed in the client's case file in the Summary/Change section (see Chapter 7, the Case File).

Client General Information Sheet Instructions – ASCC-30
The ASCC-30 is to be used for making changes, additions and corrections to the data items. The ASCC-30 indicates, for selected data items, the information stored on the Arkansas Spinal Cord Disability Registry for a particular client. Initial entry of data to the registry for new clients is made using the ASCC-3, Surveillance Questionnaire, and the original ASCC-30 for that client is created. Thus, no completely blank ASCC-30 forms should have to be used to report changes. A copy of the most recent CGIS should be used to make changes.

1. **All changes will be made in red ink.**

2. In the identification section at the top of the form, your two-digit Case Manager number and name should appear under the **Case Manager – Now** item. If your number and name are not present, then fill them in. Also, write in the present date in the **Date Submitted** item.

3. In the identification section, check one box to indicate the transaction type (change, closure, transfer, or reactivation).

4. Mark the changes, additions, and corrections on the form.
   Make updates to the data items found in the identification section (client social security number and client name) and to those in the information section (middle of the form) using red ink to draw a line through the old information and print the new information in the blank space next to the data item. The code for a particular data item does not have to be supplied, just the category is sufficient. For example, to change a client's address, line out the old street/city and print the updated information. A list of valid codes and categories for the ASCC-30 data items appears at the end of these instructions.

5. Make a copy of the form (with the changes indicated), and retain in the case file until the updated ASCC-30 is returned from the Central Office. Send the "red ink" original to the

Central Office. An updated ASCC-30 form will be returned and should be filed in the case file immediately.

CGIS ASCC-30 CODES/CATEGORIES

The following codes and categories will serve as a guide in completing the CGIS form.

Social Security Number - If the client is a child or an individual who does not have a social security number, then write none on the form. A temporary identification number will be assigned by the Central Office.
Case Manager - New - In a transfer situation, the Case Manager to whom the client is being transferred.
Client Name - The client's legal name. If there is no middle name or initial, leave blank.
Mailing/Street Address - The postal address where the client receives mail. This can be a street address or a P. O. Box.
City - The city where the client lives.
State - Arkansas.
Zip +4 - The nine-digit zip code.
County - The Arkansas county where the client resides. See Appendix G for a list of valid codes.
Alternate Street Address – If applicable, the alternate/secondary street address of the client. This may be used to indicate the client's street address (i.e., where the client actually resides) if the mailing address is a P. O. Box.
City – If applicable, the alternate/secondary city where the client lives.
State – If applicable, the alternate/secondary state where the client lives.
Zip +4 – If applicable, the alternate/secondary nine-digit zip code.
Primary Phone - The primary telephone number used to contact the client.
Secondary Phone - The secondary telephone number used to contact the client.
Who (Primary Phone) – A note indicating who "owns" the primary phone number.
Who (Secondary Phone) – A note indicating who "owns" the secondary phone number.
E-mail Address – The e-mail address of the client, if applicable.

Who's (phone is it?) – Codes

h-client	Client's home
w-client	Client's work
c-client	Client's cell
h-spouse	Client's spouse at home
w-spouse	Client's spouse at work
c-spouse	Client's spouse's cell
h-mom	Client's mom at home

Race - Codes

1. American Indian, Alaskan native
2. Asian or Pacific Islander
3. Black
5. White
8. Other
9. Unknown

w-mom	Client's mom at work
c-mom	Client's mom's cell
h-dad	Client's dad at home
w-dad	Client's dad at work
c-dad	Client's dad's cell
message	Client's message phone
_____	(other, short note)

Gender – Codes

1. Male
2. Female
9. Unknown

ASCC Status - Codes

20	Not Opened, No Spinal Cord Disability/ Inappropriate Referral
21	Not Opened, Spinal Cord Disability/ Does Not Meet Medical Eligibility
22	Not Opened, Spinal Cord Disability/ Unable to Evaluate
23	Not Opened, Spinal Cord Disability/ Refuses Intake
30	Initial Referral
40	Open, Intensive, 90-Day Contact
50	Open, Transitional, 365-Day Contact
60	Open, Independent, No Contact Initiated
70	Closed, Deceased
71	Closed, Moved Out of State
72	Closed, Unable to Locate
73	Closed, No Longer Medically Eligible
80	Open, Client Requests No Further Contact

Non Trauma Classification - Codes

11	Poliomyelitis
12	Transverse Myelitis
13	Guillain-Barré
14	Spinal Abscess
21	Multiple Sclerosis
22	Amyotrophic Lateral Sclerosis (ALS)
23	Friedreich's Ataxia
31	Spina Bifida
41	Spinal Cord Tumors
51	Hemorrhage/Thrombosis
61	Spondylosis (Stenosis)
62	Herniated Disk
81	Other Disease Process
99	Unknown Disease

Hispanic – Codes

1. Yes
2. No
9. Unknown

Veteran - Codes

1. Yes
2. No
9. Unknown

Extent of Lesion - Codes

1. Complete
2. Incomplete, Nonfunctional
3. Incomplete, Functional
4. Normal Function
9. Unknown

Level of Lesion – Codes

1. Paraplegia/Paraparesis
2. Tetraplegia/Tetraparesis
9. Unknown

Vertebra Level – Codes
C1 to C7
T1 to T12
L1 to L5
S1 to S5

Vertebra Level – Codes (continued)
COC
NAP (not applicable)
UNK (unknown)

Trauma – Codes
1. Yes
2. No

Acute Care Discharge Disposition
0. Another Acute Care Facility
1. Home, Self-Care
2. Home, Non-Skilled Assistance
3. Home, Skilled Home Health Care
4. Resid. Facility Without Skilled Care
5. Resid. Facility With Skilled Care
6. Inpatient Rehabilitation Facility
7. Died
8. Other
9. Unknown

Rehabilitation Discharge Disposition
0. Another Rehabilitation Facility
1. Home, Self-Care
2. Home, Non-Skilled Assistance
3. Home, Skilled Home Health Care
4. Resid. Facility Without Skilled Care
5. Resid. Facility With Skilled Care
6. Inpatient Acute Care Facility
7. Died
8. Other
9. Unknown

Date of Birth - The month, day, and year of the client's birth date.
Date Onset - The month, day, and year of the client's injury for trauma cases. The month, day, and year of diagnosis or onset of symptoms for disease cases. The date of onset for spina bifida cases is the date of birth except for rare later life diagnoses.
Date Referral - The month, day, and year the client was reported to ASCC.
Date of Death - The month, day, and year of the client's death.
Date Closed - The month, day, and year the client was placed in a closed status.
Last Update - The month, day, and year changes were last made to the registry record.
Form Print Date - The month, day, and year the ASCC-30 form was printed.
Injury Circumstances – For traumatic cases, a description of the circumstances surrounding the injury situation.
CM Notes - An area for Case Manager notes, completion is optional. These notes are not computerized.

CASE NARRATIVES (ASCC-18)

Case narratives are the primary method of documentation used by the Case Manager. Narratives record the ongoing activity of a case including problems, solutions, progress or lack of progress.

The case narrative should contain a summary of all significant contact with a client or concerning a client (i.e., phone contact, personal visits, contact with other agencies or vendors regarding services). Information that should be documented includes:

1. Nature of recent hospitalization - include dates, medical problems, change in medicine, attending physician, etc.
2. Document specific needs, such as new equipment, concerning wheelchair repairs, needs, etc.
3. Justification of purchased services. Document what vendor provided the service, cost and item purchased.
4. Summarize hospital staffings, IEP conferences, etc.
5. Document requests for medical records - include date requested, name of physician or hospital to who request was made.
6. Document when Title XX and/or financial resource information are updated.
7. Always document any status change - include reason for status change, and indicate that status change was discussed with the client/family**.** Status changes should never be made without discussing with the client or family.
8. Other significant events regarding the client's health, disability, independence, life, etc.

Case narratives should be detailed and provide a clear descriptive summary of the events that have occurred. All narratives should include the date the events occurred (i.e., home visit), **not the date the narrative was written**. The status code the client is in should be placed in the margin under the date. It is important for a Case Manager to remember that documentation is the best asset to have when justifying a decision, action, or service provided. The old adage "If it isn't written down, it didn't happen" holds true more often than not. Case narratives serve as a vital reference, as it is difficult to remember specific details for every case. A copy of the Case Narrative form (ASCC-18) is located in the Forms section at the end of this chapter. Computer generated case narrative forms (ASCC-18) will be formatted to be identical to the ASCC-18 form.

Initial Case Narrative

Initial case narratives will be very detailed and provide as much information as possible concerning the individual's spinal cord injury/disability, social, educational and vocational background, support system, attitude, etc. The more information obtained about an individual's circumstances, the better the assessment of needs for appropriate services can be made (see Chapter 6, the Initial Assessment, for additional information).

Client Contact
All personal and telephone contacts should be documented in written case narrative form. As described in the Status Code Definitions of this chapter, personal contact with an individual depends upon their needs and status. The Case Manager is responsible for determining how often an individual needs to be contacted. Some individual's need will fluctuate during the year requiring more or less contact than usual. This does not always mean a status change is necessary (i.e., Status 50 client may be contacted more often than once a year and still remain in Status 50). Telephone contacts do not replace required personal contacts, i.e., Status 40 (two contacts must be face to face, two contacts may be by phone). Personal contact must still be made according to the status an individual is in, even if frequent contact by telephone is made.

Contact by email will be considered a client contact only if a response is received from the client. Emails will not replace required face-to-face contacts. Copies of the Case Manager's and client's email must be printed and placed in the client file under the Case Narrative tab.

Texting is not considered a form of client contact.

Client Annual Review Summary (ASCC-14)
The Client Annual Review Summary (ASCC-14) is a tool to assist Case Managers in obtaining pertinent or needed information on those clients who are in a status, which requires one personal contact per year (Status 50). This summary will enable the Case Manager to update client information, note any changes or needs that may have occurred since the last contact. Based on the information obtained on the client's annual review, the Case Manager may determine the client needs to be placed in a more intensive status code. The Case Manager may complete the summary on any client regardless of their status. The Client Annual Review Summary must be completed either by phone or direct face-to-face contact. It is not acceptable for the Case Manager to mail the summary to the client for completion. Upon completion, the Client Annual Review Summary will be filed under the Case Narrative section of the client file. A copy of the Client Annual Review Summary (ASCC-14) is located in the Forms section at the end of this chapter.

CASE MONITORING OF CLIENTS IN PULASKI COUNTY HOSPITALS

Upon notification of a client's admittance to Pulaski County hospitals, the Intake Coordinator will assume the responsibility of monitoring and providing follow-up on these clients. The Intake Coordinator will maintain regular follow-up contact, complete appropriate documentation, attend staffings, coordinate services and discharge planning with field Case Managers. The procedures discussed in this section will outline both the Intake Coordinator and the field Case Manager responsibilities.

Case Manager Responsibilities
The field Case Manager will notify the Intake Coordinator by memo of any clients being admitted to Pulaski County hospitals and will provide appropriate documentation to assist with case monitoring. A **"ghost file"** will be compiled to include copies from the client case file of the following:

- Initial Assessment (ASCC-22)
- Case Narratives for the previous one year (12 months)
- Current financial information (ASCC-16)
- Pertinent medical records, prescriptions and correspondence

The **"ghost file"** will be provided to the Intake Coordinator within five (5) days of notice.

Wheelchair Clinic at BHRI
When a client is scheduled for a BHRI wheelchair clinic, the field Case Manager will contact the Intake Coordinator regarding the scheduled wheelchair evaluation. The Case Manager should provide the Intake Coordinator with any documentation of client's status, recommendation of equipment needs and home assessment information. The Intake Coordinator will be present for the wheelchair evaluations and provide the field Case Manager copies of the prescriptions, supporting documentation, and case narratives documenting the wheelchair evaluation within one week of the scheduled clinic.

Intake Coordinator Responsibilities

Client Contact/Follow-up
The Intake Coordinator will provide weekly follow-up visits and maintain contact on all clients in Pulaski County hospitals.

The Intake Coordinator will attend weekly medical/rehabilitation team staffings on all new referrals and established clients. If this is not possible due to a scheduling conflict, telephone contact or written updates will be obtained from the Social Worker. Results of the staffings will be documented in case narrative form.

The Intake Coordinator will document all contacts, needs, problems, requests for services and provide field Case Manager with copies of narratives on a weekly basis.

All case narratives, authorization for purchases, prescriptions, medical and staffing reports will be maintained in the ghost file.

The Intake Coordinator will assist the field Case Manager in completing the annual Financial Information Sheet (ASCC-16) as needed.

CASE MONITORING OF CLIENTS AT ARKANSAS CAREER TRAINING INSTITUTE (ACTI) IN HOT SPRINGS

The Hot Springs field Case Manager will assume the responsibility of monitoring and providing follow-up on clients who are in residence at ACTI. The Hot Springs field Case Manager will maintain regular follow-up contact and coordinate any purchased services required while the client is a student at ACTI.

Case Manager Responsibilities

The field Case Manager will notify the Hot Springs Case Manager by memo of when a client being admitted to ACTI and will provide appropriate documentation to assist with case monitoring. The Hot Springs Case Manager will meet the client within 5 days of arrival and assess the anticipated duration of stay. If the stay is short (less than 30 days), the Hot Springs Case Manager will communicate with the field Case Manager to coordinate services. Services (including purchased services if needed) will be coordinated by the field Case Manager.

If the client is expected to be at ACTI longer than 30 days, the Hot Springs Case Manager will contact the referring Case Manager and he or she will transfer the case to the Hot Springs Case Manager (see Case Transfer). Upon discharge from ACTI, the Hot Springs Case Manager will transfer the case to the appropriate Case Manager, depending on the client's discharge plan.

Wheelchair Clinic at ACTI

When a client is scheduled for an ACTI wheelchair clinic, field Case Manager will contact the Hot Springs Case Manager regarding the wheelchair evaluation, *as soon as the appointment is scheduled*. The Case Manager should provide the Hot Springs Case Manager with all documentation of client's status, recommendation of equipment needs and home assessment information at least one week before the scheduled evaluation. The Hot Springs Case Manager will be present for the wheelchair evaluations and provide the field Case Manager copies of the prescriptions, supporting documentation, and case narratives documenting the wheelchair evaluation within one week of the scheduled clinic.

Hot Springs Case Manager Responsibilities

Client Contact/Follow-up
The Hot Springs Case Manager will:

- Contact all ASCC clients who are in the ACTI vocational training program within 5 days of arrival.

- Contact field Case Manager within 10 days of arrival to apprise him or her of the anticipated length of stay.
- Assist the field Case Managers in preparing case narratives, completing the annual Financial Information Sheet (ASCC-16), coordinating purchased services and other required documentation as needed on clients who will be at ACTI less than 30 days.

- Transfer all clients who will be at ACTI longer than 30 days to the Hot Springs caseload.

- Contact field Case Manager immediately when an ACTI client has left the Center before completion of the training program and transfer the case to the Case Manager.

- Contact appropriate field Case Manager when the ACTI client has established a discharge date and coordinate transfer in a timely manner.

CASE TRANSFERS

To avoid interruption of services and ensure quality case management, case files should be transferred within 10 days from the date it is discovered an individual has moved to another Case Manager's area. The Case Manager transferring the case file will verify the new address and implement the following procedures.

1. All documentation in the case file will be up-to-date (i.e., case narratives, authorizations).

2. Process all outstanding authorizations prior to transfer.

3. A case narrative must be written indicating the case is being transferred.

4. Complete an updated CGIS (ASCC-30) with individual's new address, county, and telephone number (if known), and the Case Manager's name receiving the file. Place a copy in the case file, and submit original CGIS to the Central Office.

5. Personally communicate with the receiving Case Manager. Provide him/her with any pertinent information that will facilitate a smooth transition.

6. Complete a Transfer Memo reiterating pertinent information that will facilitate a smooth transition.

7. Mail up-to-date case file to new Case Manager.

Timely contact of a transferred case is an essential requirement. Any individual whose case is transferred must be contacted by the Case Manager receiving the case within 15 calendar days of receipt of the case file. It is important that the new Case Manager establish a positive working relationship with the individual as soon as possible. Delays in contacting the individual could interrupt the flow of services and create difficulties for the client.

CASE REACTIVATION

If a Case Manager reactivates a closed case, the closed case file may be requested from the Central Office. Should the file not be available, the Case Manager will create a new file.

It will be necessary to obtain the following documentation for a case that is reactivated:

1. Complete client identification page of ASCC-22 (Initial Interview/Assessment).

2. Complete ASCC-28 (Independent Living Plan and Application for Services).

3. Obtain current ASCC-16 (Financial Resource Information).

4. Determine Title XX eligibility (if applicable).

5. Submit an updated Client General Information Sheet (ASCC-30) to the Central Office (if available).

6. Complete a narrative summary documenting the client's injury/disease history, background information since reactivation, needs or any other pertinent information to assist with service provision.

7. If the previous case file with medical eligibility determination no longer exists, the Case Manager will request medical records and complete Medical Eligibility Determination form (ASCC-23).

When a closed case is reactivated, it will be necessary for the Case Manager to reassess the client's needs in order to determine the appropriate monitoring status. Once the level of current need for assistance has been identified, the Case Manager will place the client in the status that is deemed most suitable for that level of identified need. The Case Manager may determine if less frequent contact will be needed after a six (6) month period of time.

Case Management Services Procedures

FORMS

ASCC-14	Client Annual Review Summary
ASCC-18	Case Narrative
ASCC-30	Client General Information Sheet (CGIS)

Arkansas Spinal Cord Commission

CLIENT ANNUAL REVIEW SUMMARY

Date: _____

Client's Name: _____ Case Manager: _____

Address: _____ Phone No. _____

_____ Status: _____

Email Address: _____

Insurance: _____ PCP: _____

Case Manager must complete the following questions by either direct phone or personal contact with client. If additional space is needed, use back of form.

1. Compared to last year, is your condition ☐ worse, ☐ better, or ☐ the same?

2. Have you been hospitalized in the last year? ☐ Yes ☐ No
   If yes, why: _____

3. Are you currently experiencing any medical problems? ☐ Yes ☐ No
   SCI related (i.e., pressure sore, UTI): _____
   _____
   Non-SCI (i.e., diabetes, hypertension, heart disease): _____
   _____

4. What is your current method of bladder management? _____

5. What is your current method of bowel management? _____

6. Is your durable medical equipment satisfactory? ☐ Yes ☐ No

7. Have you obtained any new equipment in the past year? ☐ Yes ☐ No
   If yes, please list item and vendor name: _____

8. Are you receiving personal care services? ☐ Yes ☐ No
   Number of Hours/Day _____ What agency provides these services? _____

9. Have there been any significant changes in your social support system (marriage, divorce, separation, loss of significant other)? ☐ Yes ☐ No

10. Any current issues or concerns requiring ASCC intervention? ☐ Yes ☐ No

Comments:

Plan of Action:

Date & Status	Arkansas Spinal Cord Commission **Case Narrative** Last Name First Name Middle Name SSN

Social Security # Last First Middle

CM # Case Manager – Now Date Submitted ☐ Change ☐ Closure ☐ Transfer ☐ Reactivation

Street Address City State Zip + 4 Telephone

Alt. Street Address Alt. City Alt. State Alt. Zip + 4

County Status Case Manager – New

Race Hispanic Gender Trauma Vertebral Level

Extent Level ASCC Etiology Disease Class. Veteran

Date of Birth Date of Onset Date Referred Date of Intake Medicare Medicaid

Date of Death Date Closed Last Update Form Print Date

CM Notes

Medicare: Medicaid:

For Change, update individual items that need correction. For Transfer, update Street, City, State, Zip, County, Telephone, Case Manager. For Closure or Reactivation, update Status & Date Closed.

Case Management Services Procedures

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PURPOSE

The primary responsibility of the Case Manager is coordination of services. Becoming familiar with community resources helps to develop skills necessary to know the services available in their own area and throughout the State. It is the Case Manager's assessment of individual needs and the ability to locate or provide appropriate resources that greatly assist with improving the individual's quality of life and independence within the community.

This chapter provides the Case Manager with an overview of the two major categories of services (Direct and Purchased) provided by the Commission:

1) **Direct Services –** The Case Manager is able to provide services directly to the individual.
2) **Purchased Services** - Services which the Commission must contribute financial assistance to obtain.

A brief descriptive summary of the various types of services is outlined in this chapter.

DIRECT SERVICES

Based upon their educational background, experience, and training, the Case Manager will personally provide much needed supportive services. These services include guidance/counseling, advocacy, referral, and technical assistance.

Guidance/Counseling

A catastrophic injury such as a spinal cord injury creates many changes in both the individual's and family's lives. An emotional, social, and economic crisis often occurs, becoming overwhelming and creating the need for intervention. Case Managers often provide guidance and counseling to the entire family to assist with understanding, coping, and accepting the drastic changes which have occurred. The Case Manager will assist the family on working together as a team and provide support until the family can effectively adapt to the changes which have disrupted their lives. Sensitivity and communication skills are two attributes the Case Manager must possess, but often the role of effective listener becomes the most important service provided.

Advocacy

Frequently, it is necessary for a Case Manager to intercede on behalf of an individual to ensure that timely and appropriate services are rendered. Advocacy efforts include a wide variety of activities such as attending an individual education plan (IEP) conference, care plan meetings, negotiating with insurance companies, on accessing services from other agencies or durable medical equipment suppliers. It is important that the Case Manager learn when it's time to

advocate on the client's behalf, and when it is time to encourage the client to self-advocate. The Case Manager should always remember that providing support is essential, but facilitating independence and self-reliance in the client should be the primary goal.

Referral
With a multitude of service organizations and professionals available, the client or family often becomes confused and unsure where to obtain the most appropriate service. It is the Case Manager's responsibility to assist the client in obtaining these benefits or services. A good rapport and positive working relationship should be established between the Case Manager and service providers in the area. The more knowledgeable a Case Manager is about the various services available, the easier the access. Formal referrals by the Case Manager to other government agencies or to community service organizations are often more effective than an individual seeking services alone. Establishment of a contact person in each agency is a must for a good Case Manager. The referral process is often smoother when a Case Manager has established a good working relationship with other professionals.

Technical Assistance
Case Managers are often called upon to provide technical assistance to other agencies, schools, families, or community businesses. This technical assistance may include providing information concerning accessibility, home modifications, ramping, or training regarding spinal cord disabilities.

PURCHASED SERVICES

Clients who meet medical and financial eligibility criteria qualify for financial assistance from the Commission (see Chapter 5, Determining Financial Eligibility). The Case Manager may authorize purchased services based upon the individual's needs, services, and funds available, after all third party benefits have been utilized. Below is a list of services that may be purchased for an individual by the Case Manager:

- Diagnosis and evaluation
- Prosthetic and orthotic devices and repairs
- Medication and medical supplies
- Home modifications
- Exterior ramps
- Emergency services (prior approval)
- Transportation services
- Outpatient medical treatment and medically directed therapies
- Wheelchairs and other durable medical equipment and repairs

More details regarding purchased services policies and procedures may be found in Chapter 10, Purchasing Services for Your Client

RESOURCE OVERVIEW

The coordination of services for individuals with spinal cord disabilities involves the utilization of many resources. Resources may be provided by state, federal and local government agencies, private organizations, community services, hospitals, or clinics. The following overview has been completed on resources most utilized by the Case Manager. Case Managers should realize this is not an all-inclusive list, and that each Case Manager may have additional resources they access only in a particular area.

Arkansas Children's Hospital/Spina Bifida Clinic
The Arkansas Children's Hospital (ACH) operates a Spina Bifida Clinic weekly on Thursdays. An interdisciplinary team provides comprehensive medical care for those children with spina bifida or SCI. The clinic also provides the Case Manager information and reports concerning clinic assessment. Case Managers may contact the Spina Bifida Clinic should they have any questions. Although the Commission does not reimburse for Spina Bifida Clinic, assistance with transportation to clinic visits may be authorized by the Case Manager.

Children's Medical Services (CMS)
Children's Medical Services (CMS) is a division of the Department of Human Services. Children's Medical Services provides diagnostic evaluations, treatment services, and medical case coordination services to children with disabilities who are under age 18. Case Managers should contact the particular CMS county office when making referrals or requesting assistance.

Hot Springs Rehabilitation Center (HSRC)
The Hot Springs Rehabilitation Center (HSRC) is operated by Arkansas Rehabilitation Services (ARS). Hot Springs Rehabilitation Center provides inpatient medical rehabilitation, and a residential program of vocational rehabilitation. In addition, HSRC provides outpatient therapy, driver's training, and a wheelchair seating clinic, as well as specialized programs. Referrals to HSRC must be made through the local Arkansas Rehabilitation Services (ARS) field counselor to the vocational rehabilitation programs. The ASCC Case Manager can refer directly to the medical program, and outpatient appointments may be made directly with HSRC admissions.

Arkansas Rehabilitation Services (ARS)
Arkansas Rehabilitation Services is a division of the Department of Workforce Education. Services are provided to individuals who have a disability and are eligible for rehabilitation services, either under the vocational or independent living programs. Services provided to eligible clients include vocational assessments, employment training, education and placement,

adaptive equipment, and durable medical equipment to assist with independence. Case Managers should contact the local Rehabilitation Services counselor to make a referral (see agreement in Appendix F).

Veteran's Administration (VA)
The John L. McClellan VA Medical Center in North Little Rock operates a SCI Clinic for Veterans in need of medical follow-up. The VA Medical Centers in Memphis, TN and Houston, TX have been designated as the Regional Spinal Cord Injury Centers providing inpatient services for eligible veterans. Case Managers should contact the VA SCI Coordinator in North Little Rock or Fayetteville to make referrals on all veterans, and obtain information regarding services.

Other Resources
A listing of additional rehabilitation centers providing inpatient and outpatient rehabilitation in Arkansas is included in Appendix J.

CLIENT SERVICES APPEALS PROCESS

The Arkansas Spinal Cord Commission strives to administer quality services for individuals with spinal cord disabilities. Should any individual or family member feel that an inappropriate decision has been made on their behalf, they may request a review of any decision made by the Case Manager. Case Managers should inform clients of their right to appeal and provide them with a copy of the Client Services Appeals Process policy. Additional information and the actual policy may be obtained from the ASCC Policy and Procedures Manual, Section CS.1, Client Services Appeals Process, pp.1-3.

Case Management Services Procedures

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Arkansas Spinal Cord Commission
A Division of the Arkansas Department of Health
5800 W 10th St. • Suite 108 • Little Rock, AR 72204 • (501) 296-1788 • ascc.ar.gov
Governor Asa Hutchinson
José R. Romero, MD, Interim Secretary of Health
Terra Patrom, CRC, Executive Director, Arkansas Spinal Cord Commission

Executive Memorandum

To: All ASCC Staff
From: Terra Patrom, CRC
Re: PEER Requests
Date: July 20, 2020

As per the Arkansas Spinal Cord Commission (ASCC) Case Management Services Manual, Chapter 10, (Purchasing Services for Your Clients) page 10-18, "All purchases made with state funds must follow Department of Finance and Administration (DF&A) Office of Procurement policies and procedures".

After further review and guidance from the DF&A-Office of State Procurement, ANY purchases which costs in excess of $5,000 should be capitalized (which means it will be tagged as an asset in AASIS).

From a fundamental stand point, it is essentially impossible for ASCC Leadership to determine a set amount of Capital that is necessary each Fiscal year as each ASCC Client has different level(s) of functional needs which must be addressed on an individualized basis. Insurance sources, access to various resources for assistance, access to assets, etc., also hold a fundamental role in how much assistance ASCC can provide toward a service for a client.

Though ASCC wishes to continue to provide for the basic fundamental needs of our uninsured and under-insured clients, any client that is or has requested assistance with an item which cost in excess of $5,000 or more in which ASCC must complete a Title Retention Agreement (as the only source of payment), in order to fulfill the requirement of following DF&A-Office of State Procurement, and must proceed through additional steps of ALC-PEER (Arkansas Legislative Council). This will allow the exact amount of the item to be capitalized through the necessary procurement process.

Hence, this will create additional delays in the approval or denial process for the requested service item. It should also be known, if ALC-PEER denies the request to move the funds to Capital Outlay, the request will be subsequently denied.

The process to request Capital Outlay is outlined below:

1) The Case Manager will follow the ASCC Case Management Service Procedures in regard to an Administrative Exception Request.
2) Once reviewed and approved by the Executive Director, the Case Manager will submit an Invitation to Bid Letter to a minimum of 3 vendors following the guidelines of 'Invitation to Bid Process'.

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3) When the bid deadline has arrived, the Case Manager will submit a 'Request for PEER Approval for Capital Outlay' (follow the Purchase Request Memo as a template/ guide). All documents related to and pertaining to the Bid Packet must be submitted to the Executive Director for review and approval.

4) Once reviewed and approved by the Executive Director to go before ALC-PEER (with necessary redactions for confidentiality purposes), the Executive Director will contact the Case Manager once the date has been established for the request to go before ALC-PEER.

5) The Executive Director will notify the Case Manager if the request to move Capital Funds is approved or denied through ALC-PEER. If approved through the ALC-PEER process, the Executive Director will notify the Case Manager when the funds are moved to Capital Outlay. Once this notification takes place, a PO can be issued and the normal purchasing process continues per policy and procedures. If the request is denied through the ALC-PEER process, the item is denied.

6) At delivery of approved items, the Case Manager MUST tag the item with an AASIS Asset tag and complete an Equipment Title Retention Agreement.

"The Arkansas Spinal Cord Commission does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services."

PURPOSE

The Arkansas Spinal Cord Commission provides financial assistance to those individuals with spinal cord disabilities who meet medical and financial eligibility criteria (see Chapter 4, Medical Eligibility and Chapter 5, Determining Financial Eligibility, for specific information). This financial assistance is provided by purchasing services based upon an assessment of the client's needs. Case Managers must follow established procedures and complete appropriate forms as required by the Commission and the State. The Case Manager will make every viable attempt to utilize other resources (i.e., Medicaid, Medicare, insurance coverage, Medicaid Waiver, Arkansas Rehabilitation Services) prior to authorizing any purchases. Services should only be purchased when no other resource exists to assist the client with the purchase. If other resources exist, those should be utilized before ASCC funds are expended.

Some clients have needs for medications and equipment for other conditions not related to the spinal cord disability. While the Case Manager should assist the client in obtaining these, ASCC only purchases items that are related to the spinal cord.

PURCHASED SERVICES SUMMARY

Clients with spinal cord disabilities have significant needs for durable medical equipment and assistive technology. ASCC cannot meet all of these needs or wants. The Case Manager must assess and evaluate the need for a purchase (i.e., condition of current equipment, circumstances surrounding the request) to determine whether the purchase is needed. The Case Manager must also consider what the end result will be if the item is not purchased (i.e., functional ability will be limited/decreased).

It is the responsibility of the Case Manager to obtain the most appropriate and cost effective item/product that will meet the client's needs. Any items costing $1,000 or less (excluding tax) may be purchased at the Case Manager's discretion without bids. Case Managers should keep in mind that competition is cost effective and requests for verbal bids on these items will ensure the lowest purchase price. When purchasing any equipment/product for the client, the Case Manager should always consider the following:

- The purchase meets a specific need, which is caused by the client's spinal cord disability.
- The purchase will increase the client's independence and level of function.
- No other funding resource is available to encumber the cost of the purchase.
- No purchases will be made for items costing $20 or less. The client will assume the responsibility for these purchases. The Case Manager will not purchase multiple items under $20 (i.e., a years supply) to circumvent this policy.

GENERAL FUNDS

Client Service funds are budgeted on an annual basis. In order to assure funding is available for large purchases throughout the year and that those funds are available equitably to all eligible clients, a portion of the Client Service funds are placed in the General Funds. These funds are allocated quarterly and administered by the Client Services Administrator.

Wheelchairs, shower chairs, braces, home modifications, low air loss mattresses, wheelchair repairs/modifications and ramps with cost of $500 or more are authorized from General Funds. If during the fiscal year General Funds are not available, the Case Managers may opt to purchase these items from their Reserve Fund.

Purchases from General Funds require prior authorization from the Client Services Administrator. See Prior Approval Request section, pages 10-19 – 10-20.

All authorizations for the use of General Funds must be submitted with the General Fund box checked in the upper left hand corner of the Authorization/Statement of Account.

RESERVE FUNDS

A portion of the Client Service funds allocated each year is placed in Reserve Funds to be administered by each Case Manager. The Reserve Funds are allocated on July 1 of each fiscal year. The amount of each Case Manager's Reserve Fund is based on the number and status code assignment of the clients on each caseload. The Case Manager is responsible for administering these funds in accordance with agency procedures.

Reserve funds are utilized throughout the entire year for all purchases other than the purchase of wheelchairs, low air loss mattresses, shower chairs, braces, home modifications, ramps and wheelchair repairs costing over $500. However, if at any time during the fiscal year General Funds are not available, the Case Manager may opt to purchase the above items from his/her Reserve Fund. Items purchased from Reserve Funds do not require prior authorization. The Case Manager should use their discretion to determine whether the purchase is an immediate need or can wait until such time General Funds become available.

All authorizations for the use of Reserve Funds must be submitted with the Reserve Fund box checked in **upper left hand corner** of the Authorization/Statement of Account.

EQUIPMENT TITLE RETENTION AGREEMENT (ASCC-29)

When ASCC purchases equipment costing over $500 for a client (excluding items used for personal hygiene or items where incontinence/cross-contamination are concerned), the Agency retains ownership of that equipment. The client may keep any equipment purchased by ASCC as long as there is a continued need. When the client no longer needs the equipment, it must be returned to the ASCC. In order to ensure the client is aware of this policy, he/she is asked to sign an Equipment Title Retention Agreement (ASCC-29) upon receipt of the equipment. The Case manager will complete the Equipment Title Retention Agreement (for any single item of medical equipment costing $500 or more), review the ASCC-29 with the client and have the client sign the form. The Case Manager will then sign and date in the appropriate place. The client will receive a copy, and the original will be placed in the case file under the Loan/Title tab. A copy will be sent to Central Office with the signed Authorization/Statement of Account.

It is the Case Manager's responsibility to ensure the client reads or is read the Equipment Retention Agreement and then signs it. This responsibility cannot be delegated to the vendor/provider delivery person or therapist.

An Equipment Title Retention Agreement will not be completed on any equipment that is jointly purchased by the ASCC and a third party resource. This includes insurance, Medicare, Arkansas Rehabilitation Services, Workers' Compensation, donations or any other third party resources. The client will retain ownership of this equipment (see Purchasing Procedures, pages 10-18 – 10-21, Joint Equipment Purchases).

A copy of the Equipment Title Retention Agreement (ASCC-29) is located in the Forms section at the end of this chapter.

DOCUMENTATION OF PURCHASED SERVICES

The Case Manager will document in the client's case file all information regarding purchases authorized. The narratives will include the following information:

1. Reason for purchase.
2. Verbal authorization – include the item ordered, cost of item, date of authorization, name of vendor and person receiving the order.
3. Prior authorization request (when appropriate) – date submitted and date approval/denial received.
4. Request for Bids – date bid requests sent to vendors.
5. Purchase Request – date purchase request submitted, include bid selection.
6. Completion of Authorization/Statement of Account.

7. Completion of ancillary forms, i.e., title retention, wheelchair verification, wheelchair repair agreement.
8. Discussion with client regarding abuse policy.

Documentation should be completed by the Case Manager as each step of the purchase process occurs. A case narrative should be written to reflect the exact date when each step of the purchase process has been completed (i.e., 1/11/11 - Submitted a prior approval memo requesting approximately $1,800 for the purchase of a Quickie II wheelchair; 1/15/11 – Received approval to submit for bids for the Quickie II wheelchair).

CASE SERVICE CODE SUMMARY

A Case Manager may authorize various types of services based upon the client's needs. Each item purchased falls under a specific case service code. When authorizing these services, the Case Manager must provide specific details on the Authorization/Statement of Account regarding the items purchased (see page 10-28 – Section B, Service Description). A summary of the case service codes is listed below.

Medical Evaluation and Treatment (10 – 13)
Medical Evaluation and Treatment will assist the Case Manager in determining medical eligibility, equipment needs, or other needed diagnostic services related to the client's spinal cord disability. These services may be obtained from a physician, physical therapist, occupational therapist, psychologist or other outpatient provider.

Medical Evaluation (10)
An evaluation by a physician may be authorized to determine medical eligibility of an individual referred to ASCC. This evaluation is normally obtained during the initial assessment but may be authorized any time further medical evaluation is needed.

Wheelchair/Seating Evaluation (11)
Wheelchair evaluations for new wheelchairs or modifications to existing wheelchairs, seating evaluations for cushions are authorized under this service code. A prescription must be obtained from a physician prior to scheduling a Wheelchair/Seating Evaluation.

Rehabilitation Evaluation/Treatment (12)
Based on a client's needs it may be necessary for the Case Manager to authorize Medical Rehabilitation Treatment. These services would normally be authorized on a limited basis and must be related to the client's spinal cord disability. Services may be provided by a psychologist, physical therapist or other outpatient provider. Examples of these services may include an assessment completed by an occupational therapist for LTAC, assessment or fitting for braces or

orthoses, outpatient therapy sessions, or an assessment by an occupational therapist or rehabilitation engineer for assistive technology.

Driver's Evaluation (13)
A driver's evaluation may be authorized in order to assist a client learning to use hand controls. This may include visual motor testing or therapy and/or in vehicle driver's training. If a client has never used hand controls, a driver's evaluation must be obtained prior to authorizing the installation of the hand controls.

Wheelchair Purchase (20 - 23)
In order for the ASCC to assist with the purchase of either a manual (20) or power (21) wheelchair, a prescription must be signed by the client's physician. The Case Manager must also schedule a wheelchair evaluation to be completed by a physical therapist, occupational therapist or rehabilitation physician (physiatrist). It is essential that a Case Manager be present at the wheelchair evaluation. The wheelchair evaluation will include justification for the model selected and describe in detail, the needs for non-standard options. **All non-standard options must be evaluated for therapeutic necessity.** This means that there must be a documented need (how the client would be detrimentally affected without it), not just something that the client wants or the therapist or physician feels would be useful. To assist with procedures, see Wheelchair Purchasing Procedure Checklist (ASCC-41), page 10-14.

Wheelchair Modifications (22)
Additions made to a wheelchair after the initial purchase which are not considered repairs. These would include jay back, head or lateral supports, power assist for manual wheelchairs.

Wheelchair Rental (23)
Occasionally it will be necessary for the Case Manager to rent a wheelchair for a client. These instances would often include when a client is discharged from the hospital without a wheelchair or when the client's wheelchair is being repaired. Rental of a wheelchair should always be the choice of last resort, as it is very expensive. The Case Manager should always check their regional loan closet or explore other options before renting a wheelchair. As with any equipment, rental should not be for more than three (3) months without the Client Services Administrator's approval. The Case Manager must submit a request for extension to the Client Services Administrator documenting the need for any rental longer than three (3) months. The memo must include anticipated length of additional rental and the reason for the extension request.

Adaptive Equipment Purchase (30 – 38)
Adaptive equipment is utilized to allow or to maintain the client's highest level of independence. A prescription must be obtained from a physician prior to authorizing the purchase of any adaptive equipment.

Ambulation Equipment (30)
Ambulation Equipment is used to support, align, prevent or correct deformities, and to improve residual functions. For clients with spinal cord disabilities, these items typically include crutches, walkers, lower extremity braces/splints.

Braces should never be purchased for an individual without an evaluation by a therapist or physician and a prescription from a physician. If the shoe is attached to a brace, it should be considered a part of the brace and may be included in the purchase. However, if the shoe is not attached to the brace (i.e., AFO, KAFO), the purchase of the shoe is the client's responsibility.

Braces are exempt from the bid procedure if prescribed and custom fit to the client's body.

Activities of Daily Living Supplies (31)
Activities of Daily Living supplies are purchased to assist and increase a client's independence in their daily activities. The Case Manager must obtain a prescription from the client's physician prior to purchasing these items. Activities of Daily Living supplies would typically include but not be limited to items such as: electric leg bag emptier, deltoid sling, pressure garments, mouth sticks, upper orthoses, quad utensils, wheelchair gloves, inspection mirrors, knee abductors, position wedges, transfer boards, spenco boots, over bed table, lap tray, reachers, and shampoo tray.

Bathroom Equipment (32)
Bathroom equipment typically includes rolling shower chairs, tub transfer benches, padded commode seats, grab bars and hand held shower/hoses.

Cushions and Covers (33)
Therapeutic cushions are integral to preventing pressure sores in clients with spinal cord disabilities. Selection of a cushion should be based on a seating evaluation by a qualified professional. Pressure mapping should be used whenever possible to assure the cushion provides adequate pressure relief. Cushion covers will also be included under this service code. This will include replacement covers and second covers to assist with hygiene. Cushions should never be issued without a cover.

Hand Controls (34)
Case Managers may authorize the purchase and installation of hand controls in one vehicle per client. This does not preclude the Case Manager replacing or reinstalling hand controls if the client changes the one vehicle. In order for an authorization to be approved, the following items must be received by the Case Manager prior to the purchase:
1. A copy of the client's current valid driver's license or valid permit.
2. Proof of insurance on the vehicle in which hand controls will be used.

A copy of the client's current driver's license or permit and a copy of the proof of insurance must accompany the Authorization/Statement of Account.

It is recommended that the individual using the hand controls complete a driver's evaluation to assess their ability to drive and ability to use the hand controls. If the client cannot afford to pay or assist with payment of the evaluation and no other resource exists, Case Managers may authorize payment for the driver's evaluation under the Driver's Evaluation (13) service code.

Parts for hand controls, i.e., spinner knob will also be included under this case service code.

Reinstallation of Hand Controls
When a client is no longer using or replaces the vehicle in which hand controls were originally installed (i.e., vehicle not operable, sold, or new vehicle purchased), the Case Manager may authorize the removal and reinstallation of the hand controls from one automobile, truck or van to another. Prior to this authorization, the client must again provide a copy of current valid driver's license or valid permit and proof of insurance on the vehicle in which hand controls will be installed. Should the client no longer use his/her vehicle or is no longer able to drive, the Case Manager will authorize the removal of the hand controls from the vehicle and reassign the hand controls to another client or return to the Regional Loan Closet.

Hospital Beds (35)
Electric or semi electric. Parts for hospital beds (i.e., trapeze bars) will also be included under this case service code.

Mattress/Overlays (36)
Roho, low air loss, alternating pressure pad (APP), eggcrate, gel, waterbed.

Lifts (37)
Hoyer, Transaid, includes slings and parts.

Adaptive Equipment Rental (38)
There are occasions when it is necessary for the Case Manager to rent adaptive equipment rather than purchase the equipment. These would include when a client is discharged from the hospital without the equipment, when insurance coverage is pending, when the client's equipment is being repaired, or a client has a temporary need for equipment (i.e., a hospital bed is needed while a client has a broken leg). Equipment rental should always be the choice of last resort as it is very expensive. The Case Manager should always check the Regional Loan Closet, and all other options before renting equipment. No equipment will ever be rented for more than three (3) months without the Client Services Administrator's approval. The Case Manager must submit a memo **request for extension** to the Client Services Administrator documenting the need for

rental of equipment for longer than three (3) months. The memo must include anticipated length of additional rental.

Medical Maintenance and Supplies (40-44)
Medication and medical supplies may be purchased for a client on an emergency basis only. It is beyond the Commission's intent or ability to provide these items for extended periods. When provided, the medication or medical supplies must be needed as a direct result of the spinal cord disability, (i.e., insulin would not be purchased because the need for insulin is not a result of the spinal cord disability). A prescription must be obtained from a physician prior to purchasing medications or medical supplies.

Prescription Medication (40)
Medications authorized by the Case Manager must be listed by name and dosage on the Authorization/Statement of Account under Section B, Service Description (i.e., Oxybutynin, 5mg; Ditropan, 10mg.) Medications must be needed as a direct result of a client's spinal cord disability.

Bladder Management Supplies (41)
Bladder management supplies authorized by the Case Managers must be listed by name, description, and size (when applicable) (i.e., Condom Catheters, size large; Intermittent Catheters, 14 French; Depends, size medium; rubber leg bags)

Bowel Management Supplies (42)
Includes ostomy supplies, blue pads and gloves.

Wound Care Supplies (43)
Includes bandages, dressings, gauze, tape (i.e., 4x4 gauze pads, 2" roll of surgical tape).

Other (specify) (44)

Equipment Repair (50 – 51)
In order to assist the client in maintaining their equipment, repairs may be authorized by the Case Manager.

Wheelchair Repairs (50)
Would include such things as repairing flat or worn out tires, broken parts, repairs to electronic components of electric wheelchairs, and replacement of parts such as upholstery or batteries.

Adaptive Equipment Repairs (51)
Would include replacing wheels or seats on roll-in shower chairs, repairing leaks in cushions or repairing braces/splints.

The Case Manager should assure that no other source will provide the repair, that the part or repair needed is not under warranty, and that the cost of repair does not exceed the value of the equipment, before authorizing the repair. Equipment repairs are exempt from bids. Should a client have more than one wheelchair, ASCC will assume responsibility for maintenance and repair for only one of the wheelchairs. See Designated Wheelchair Repair section of this chapter, pages 10-14 – 10-15.

Attendant Care (60 - 61)

The Commission may authorize attendant care services for short-term attendant care **(60)** or for long-term attendant care **(61)**. Specific procedures may be found in Chapter 11, Personal/Attendant Care.

Modifications (70 - 72)

Modifications will include those to the interior of the home and ramps necessary for making entrances to the home accessible. Modifications will only be made on the actual permanent residence of the client. Occasionally visiting or staying with family members does not meet the criteria of a permanent residence (i.e., stays at grandmother's occasionally on weekends).

Home Modifications (70)

Case Managers may authorize minor internal modifications to privately owned homes in order to make the home accessible to a client with a spinal cord disability. These services may include widening of doorways, bathroom modifications, relocating appliances, etc. Authorizations for home modifications may not exceed $2,000 on one home.

All bids for ramps and home modifications must include an itemized list of all materials the vendor will use, and the cost of each of these items (i.e., 20 2' x 4's @ $2.99 each =$58.40, two gallons exterior latex @ $18.00 per gallon = $36.00, etc.). The Case Manager should inform individuals or companies bidding that bids will not be accepted without an itemized list of materials.

Case Managers should assess the stability of the client's living situation when determining the feasibility of completing home modifications on rental property. If an individual moves frequently (i.e., more than once a year), the Case Manager may need to determine if another alternative is more appropriate.

Written permission from the landlord is required before home modifications can be authorized or submitted for prior approval. A Rental Property Agreement for Home/Ramping Modifications (ASCC -39) must be completed and signed by the landlord.

All purchasing and bid procedures must be followed as outlined in this chapter.

Home modifications must be completed according to ASCC guidelines and procedures found in Chapter 18, Home Modifications and Ramping Specifications and Criteria.

Ramps (71)
Case Managers may also authorize for the construction of an exterior ramp when necessary. Specifications for ramp construction must be completed according to ASCC guidelines and procedures found in Chapter 18, Home Modifications and Ramping Specifications and Criteria.

All purchasing and bid procedures must be followed as outlined in this chapter.

Case Managers should assess the stability of the client's living situation when determining the feasibility of building a ramp on rental property. If an individual moves frequently (i.e., more than once a year), the Case Manager may need to determine if another alternative is more appropriate (i.e., portable ramp).

Written permission from the landlord/owner is required before ramp construction can be authorized or prior approval received. A Rental Property Agreement for Home/Ramping Modifications (ASCC -39) must be completed and signed by the landlord.

Repairs to Ramps or Home Modifications (72)
Repairs to permanent ramps may be authorized to maintain safety and usability of the ramp. Prior to authorizing these repairs, the Case Manager should inspect the ramp and assess the cost effectiveness of the repairs. Every effort should be made to repair a functional ramp unless the cost of the repair exceeds the replacement cost.

It is not often necessary to complete repairs on home modifications, but there may be occasions when the Case Manager may authorize these repairs (i.e., repairing tile on a roll-in shower).

Cost of repairs are not included in the $2,000 home modification limit.

Transportation (80)
Case Managers may assist the client/family with transportation costs to medical/therapy appointments. The Case Manager may also authorize transportation for the pickup or delivery of ASCC equipment. The cost of travel by private automobile may be reimbursed at the State reimbursement rate or at an actual cost agreed upon by the client and Case Manager in advance of authorization. Taxi or paratransit fares within a city may also be reimbursed at prevailing rates when this service is medically necessary. All transportation costs must have prior authorization from the Case Manager.

Other Goods and Services (99)

On occasion, other spinal cord disability related equipment or services may be required to maintain health and independence. For those that do not fall under a specific Case Service Code, Other Goods and Services may be used. Other Goods and Services may include spinal cord disability related items such as: window air conditioners, generator for clients who are dependent on the use of ventilators, exercise equipment, standing frames, environmental systems, fans, etc. Case Managers must request prior approval from the Client Services Administrator for these purchases and justify specifically how they will benefit the client. All Code 99 purchases must be needed as a direct result of the client's spinal cord disability. Prior approval from the Client Services Administrator must be received before these items may be purchased.

Prior to the purchase of a standing frame, a client must be evaluated by a Physical Therapist to determine if the client is physically able to utilize and would benefit from a standing frame. This is essential if a client has not previously used a standing frame or has been confined to a bed for a lengthy period of time.

WHEELCHAIR PURCHASE GUIDELINES

Individuals with spinal cord disabilities require specialized wheelchairs prescribed to meet their specific functional needs. A prescription obtained from a physician and a wheelchair evaluation completed by a physical therapist, occupational therapist or physiatrist must be obtained prior to the purchase of any wheelchair.

Wheelchairs purchased by ASCC will meet the following criteria:

Cost effective - the wheelchair will be the least expensive model that meets the client's functional needs.

Durability – The wheelchair will be of maximum durability and stability in order to optimize utilization of funds. It is expected that the wheelchair should last the client for at least five (5) years.

Frame Warranty - All manual wheelchairs will have a lifetime warranty on the frame, all power wheelchairs or scooters will have a minimum 5-year warranty.

Proximity of Dealers - Purchases will be made only from authorized dealers who can service the warranty and provide repairs, maintenance and parts for the life of the wheelchair at a location within 200 miles of the client's residence.

Any wheelchair request not meeting above criteria will require administrative exception.

The following types of wheelchairs will always require administrative exception in order to purchase.

Manual Wheelchairs
- Any wheelchair customized to the point it limits adjustability
- Any wheelchair made of high-end components such as titanium
- Standing wheelchair
- Power assisted manual wheelchairs

Power Wheelchairs
- Power wheelchairs for clients with functional levels at or below T1
- Tilt *and* recline (both)
- Standing wheelchairs

Second Wheelchair - One of the primary commitments of the Commission is to assure that each client meeting medical and financial eligibility criteria who needs a wheelchair for mobility has **one.** Consideration may be given to the use of Commission funds for the purchase of a second wheelchair. For consideration to be given, the following criteria must be met:
1. No Commission funds were used to pay for the first wheelchair.
2. The second wheelchair must be manual.
3. The second wheelchair would meet a significant need, which could not be met by the first wheelchair.
4. There is no other funding source for the second wheelchair.

If the above criteria are met, the Case Manager may request prior approval to purchase a second wheelchair. The Commission will only maintain one wheelchair (see designated wheelchair repairs, pages 10-14 – 10-15).

Occasionally a situation may arise in which the physician and/or Case Manager would recommend the purchase of a second wheelchair even though the above criteria has not been met. These requests will be brought before the Commission members for review.

To request a review by the Commission members, the Case Manager must submit a prior approval memo to the Client Services Administrator. See prior approval request section of this chapter, pages 10-19 – 10-20.
Upon receipt of the request, the Client Services Administrator will submit the request for review at the next scheduled Commission meeting. Should the Executive Director and Client Services Administrator determine it necessary, the Case Manager may be requested to attend the Commission meeting. Within five (5) days after the Commission meeting, the Case Manager and Client will receive written notice from the Executive Director regarding the decision of the Commission.

Wheelchair Purchasing Procedure Checklist (ASCC-41)
Purchasing a wheelchair for a client is a detailed, time-consuming process that requires a number of steps to complete. To facilitate this process, the Wheelchair Purchasing Procedure Checklist (ASCC-41) was developed. When completing procedures for purchasing a wheelchair, the Case Manager will utilize the Wheelchair Purchasing Procedure Checklist as a guide. This checklist will assist the Case Manager in completing appropriate procedures and serve as a record of dates to assist the Case Manager with the completion of the appropriate case narratives. Narratives must be written to document the procedures recorded on the checklist.

A checklist must be completed on any client needing a wheelchair. Upon completion, a copy of the Wheelchair Purchasing Procedure Checklist will be filed with a copy of the Authorization/Statement of Account under the Purchase tab of the client's case file. A copy of the Wheelchair Purchasing Procedure Checklist (ASCC-41) is located in the Forms section at the end of this chapter.

Designated Wheelchair Repairs
ASCC will assume responsibility for repairs and maintenance of ONE wheelchair for a client. If the client has multiple wheelchairs (i.e., a power and manual wheelchair, an older "back up" wheelchair, a "transport wheelchair", or a wheelchair used for recreation or long distance transportation only), a determination must be made on which one will be the wheelchair that ASCC assists with repairs and maintenance.

The ASCC designated wheelchair cannot be changed from one wheelchair to another, as repairs are needed on different wheelchairs. The designation will remain in place for the life of the wheelchair.

Case Managers will consider the following issues when making the determination:
- If the client has another payment source for wheelchair repairs, ASCC will NOT pay for any repairs or maintenance, even if to do so will "expedite" repairs.
- ASCC should be responsible for repairing the most recent wheelchair purchased by ASCC.
- ASCC will NOT make repairs on a wheelchair if we have purchased a replacement for the wheelchair (i.e., a "back up").
- ASCC will assume responsibility for repairs and maintenance on a wheelchair purchased by another provider ONLY IF the client no longer has coverage from the payment source of the wheelchair (i.e., private insurance purchased wheelchair, but client no longer has that insurance) and there is no other coverage available.

The Case Manager should review these options with the client/family and determine together which wheelchair ASCC will assist with in the maintenance and repair. Once the options are reviewed, the Case Manager and client will agree that the determination will remain in place for the life of the designated wheelchair. Designations cannot be changed from one wheelchair to

another, as repairs are needed. Once an agreement has been reached, the Case Manager and the client will complete the Wheelchair Repair Agreement (ASCC-35).

Wheelchair Repair Agreement (ASCC-35)
The Wheelchair Repair Agreement will be utilized to document which wheelchair has been designated as the one ASCC will assume responsibility for repairs and maintenance. The Case Manager will review and complete this form in the presence of the client.

Instructions for completion of the Wheelchair Repair Agreement (ASCC-35)

Description of Wheelchair: Enter the model name, brand, color, and size of the designated wheelchair (i.e., Quickie P220, black opal, 18x18).

Power/Manual: Check the appropriate box indicating type of wheelchair.

Date of Purchase: Enter the date the designated wheelchair was purchased.

Purchase Source: Enter the payment provider, i.e., ASCC, Medicaid, insurance company.

Serial Number: Enter the serial number of the designated wheelchair.

Client and Case Manager Signature: The client and Case Manager will sign and date the completed form.

A follow-up letter will be sent to the client summarizing the agreement with a copy of the Wheelchair Repair Agreement attached. A copy of the letter and the original Wheelchair Repair Agreement will be filed in the client file under the Financial tab.

The serial number must be recorded on the Authorization/Statement of Account under Section B, Service Description when authorizing wheelchair repairs. A copy of the Wheelchair Repair Agreement must be submitted with the Authorization/Statement of Account.

A copy of the Wheelchair Repair Agreement (ASCC-35) is located in the forms section at the end of this chapter.

Wheelchair Delivery Procedures
It is the Case Manager's responsibility to ensure that any wheelchair purchased for a client meets the specifications of the prescription and order form. Each wheelchair purchase and delivery requires the completion of documentation and specific forms. In order to complete the required steps the following procedures were developed:

1. The Case Manager will coordinate with the client, physical therapist and vendor to schedule a time for the wheelchair to be delivered to the clinic where the evaluation was performed. It is essential that the client return to the clinic to ensure proper fitting occurs and that the correct wheelchair has been received.
2. The Case Manager will **personally** inspect the wheelchair and verify the wheelchair matches the prescription before it is delivered to the client. If the Case Manager is unable to be present for the wheelchair delivery, arrangements will be made for another Case Manager to accompany the vendor to complete the inspection/verification, deliver the wheelchair, and actually see the client seated in the new wheelchair.
3. The Prescription should be rechecked with the client seated in the new wheelchair. Any variation from the prescription should be corrected by the vendor prior to acceptance of the wheelchair. Do not sign the Statement of Account until the wheelchair meets the prescription and has been adjusted to the client's satisfaction.

When the chair is received as prescribed, the Case Manager will complete the following documentation:

1. **Wheelchair Verification Receipt form (ASCC-34):** The Wheelchair Verification Receipt form documents that the wheelchair matches the prescription and was delivered in good operating condition. A copy of the ASCC -34 will be submitted to Central Office with the signed Authorization/Statement of Account. The original ASCC-34 will be placed in the client file under the Purchase tab.
2. **Equipment Title Retention Agreement (ASCC-29)** – An Equipment Title Retention Agreement must be completed by the Case Manager at the wheelchair delivery (see Equipment Title Retention Agreement (ASCC-29), page 10-4.

A copy of the Wheelchair Verification form and the Equipment Title Retention Agreement must be sent to Central Office with the signed Authorization/Statement of Account.

A copy of the Wheelchair Verification form (ASCC-34) and a copy of the Equipment Title Retention Agreement (ASCC-29) are located in the Forms section at the end of this chapter.

EXCLUSIONS

Wheelchair Purchase Exclusions

The following wheelchairs, options and accessories will not be purchased by ASCC. A client may choose to purchase the accessory. If a client wants a specialized option or accessory on a wheelchair purchased by ASCC and is willing to pay for it (i.e., special paint, seat elevator, backpack), the specialized option may be purchased by the client. The client will pay the vendor directly for the extra charges. The wheelchair will not be released to the client until the vendor has received payment for the extra accessories. Except for frame color, most accessories can be added on later by client purchase.

Manual Wheelchairs

Any wheelchair designed specifically for participation in sports
Spinergy wheels and rims
Aluminum side and fender guards
Impact guards
Spoke guards
Custom frame color
Frog leg casters
Titanium quick release axles
Turbo spoke wheels

Power Wheelchairs

Off-road suspension package
Headlights
Custom frame color
Seat Elevators

Other Accessories

Backpacks
Seat or arm rest pouches
Gel arm or frame covers
Luggage carriers
Light up casters
Monograms or emblems

Other Purchase Exclusions

Inpatient Hospitalization

Inpatient hospitalization is never a service purchased by the Commission.

Van Lifts and Modifications

Due to the significant cost and liability, the Commission rendered the decision on June 25, 1981 regarding the purchase of van lifts: "It is the policy of this Agency that no ASCC funds will be authorized for the purchase, repair, maintenance, or modifications of van lifts." The only exception to this decision will be to assist a client with modifications in the form of a **standard** wheelchair tie-down system.

ADMINISTRATIVE EXCEPTION

Occasionally the Case Manager receives a request for the purchase of a wheelchair, options, or accessories, which would not normally fall under the purchasing policy. Case Managers must obtain an administrative exception in order to purchase any of these items.

To request an administrative exception, the Case Manager must submit a memo to the Executive Director. The memo should contain the following:

1. Client's Status: name, age, injury level, cause of injury.
2. Financial Status: financial eligibility, availability of other resources (list all other benefits, i.e., Medicare, Medicaid Waiver, insurance).
3. Condition of Current Wheelchair: describe condition of existing wheelchair, age, type/brand, repair needs and repair costs.
4. Reason for Purchase: new wheelchair, replacement wheelchair, change in client's condition warranting replacement of current wheelchair.
5. Reason for Administrative Exception Request and Type of Wheelchair Requested: document, in detail, specific therapeutic reasons why the model normally purchased by the agency does not meet client needs.

When applicable, the following documentation will be submitted with the administrative exception request memo:

- Copy of prescription
- Physician's medical justification
- Therapist's wheelchair evaluation summary
- Copy of wheelchair order form
- Other justifications or documentation

The Executive Director will review the request and documentation and render a decision within seven (7) working days of receipt of request.

If approved, the Administrative Exception Request will serve as a prior approval request and will be forwarded to the Client Services Administrator.

PURCHASING PROCEDURES

All purchases made with state funds must follow Department of Finance and Administration Office of State Procurement policies and procedures. ASCC undergoes a Legislative Audit annually to assure these procedures are followed. The procedures include checks and balances to protect the client, Case Manager, ASCC and the State. While these procedures may seem

cumbersome, it is essential that all ASCC employees carry out their purchasing role in an accurate and expedient manner.

In order to assist a Case Manager with the documentation of purchases, specific procedures have been developed to ensure all criteria are met and appropriate information is recorded. This section outlines requesting prior approval for purchases, procedures for completing the bid process, and procedures for authorizing purchases and recording expenditures.

Prior Approval Request
When a Case Manager becomes aware of a client's need for an item with the cost of $500 or more to be taken from General Funds, a memo must be submitted to the Client Services Administrator requesting prior approval. Case Manager must submit a memo requesting approval of the purchase prior to sending out for bids or authorizing the purchase. The prior approval request memo must document the following, in this order:

Client Status
1. Name
2. Age
3. Injury level
4. Cause of injury
5. Date of injury/disability
6. Living situation (i.e., lives alone, with parents, wife, nursing home)

Financial Status
1. ASCC financial criteria/eligibility (source of income and amount).
2. Availability of similar benefits (Insurance, Alternative Waiver, Medicaid, Medicare, ARS, client contribution, etc.) and description of attempts to secure alternate payment.

Reason for Purchase
1. Provide a detailed justification of need for purchase (i.e., first wheelchair, low air loss mattress is needed as the client is susceptible to decubitus and currently has a stage 3 decubitus, or client cannot gain access to his home without a ramp).
2. If applicable, provide written estimates of cost of repairs vs cost of purchase.
3. Replacement wheelchair: If the request for purchase is a replacement wheelchair, the Case Manager must describe the condition of existing wheelchair, age, type, repair needs and repair costs.
4. Change in client's medical condition/status (i.e., client has gained over 50 pounds and wheelchair no longer meets needs.)

Approximate Amount of Purchase

1. The Case Manager will provide a realistic cost estimate (i.e., the cost of the low air loss mattress is estimated at approximately $1,800).
2. The Case Manager may look back through other clients' records to determine cost of similar purchases, may request actual cost estimates from vendor (i.e., for repairs), may take retail cost less an average discount of 25% of new wheelchair purchases or utilize other available resources to determine cost.

Medical Justification

1. Provide wheelchair evaluation, physical therapist report, physician's detailed prescription or progress note or other pertinent documentation or narrative.
2. A prescription must be submitted with the memo (except home modifications/ramps).

Fund

The Case Manager must also include in the memo which fund is to be utilized, General or Reserve. Denote if P-Card is to be used for purchase.

Within five (5) days of receipt, the Client Services Administrator will review the request, determine approval status, and send the Case Manager a memo indicating approval, denial or request for additional information. If the request is approved, the Case Manager may authorize the purchase or submit for bids on those items requiring bids. A copy of the approval memo should accompany the purchase request with bids.

When quarterly General Funds have been depleted and a Case Manager has already submitted a prior approval memo, the Client Services Administrator will review this request and determine approval status. If the request is approved, the Client Services Administrator will send the Case Manager a memo indicating that an authorization for purchase or submission for bids may be completed at the beginning of the next quarter.
An example of a prior approval request memo is located at the end of this chapter in the forms section.

Arkansas State Sales Tax Exemption for Durable Medical Equipment, Mobility Enhancing Equipment Prosthetic Devices and Disposable Medical Supplies

In accordance with ACA 26-52-433, physician prescribed medical equipment and repairs, prosthetics and medical supplies are exempt from all state and local sales and use tax. The exemption is available for a wide variety of equipment and supplies used by our clients (see ACA 26-52-433 in Forms section). These exemptions apply only to items sold in the state of Arkansas. Since the exemption requires a prescription, Regional Loan Closet equipment purchases or repairs are not tax exempt.

It is the responsibility of the vendor/equipment supplier to determine sales tax. It is also their responsibility to assure that a prescription is provided in order to provide the tax exemption.

Since the savings from the sales tax exemption constitutes a significant savings to ASCC, it is the responsibility of the Case Manager to obtain a physician's prescription for purchases of applicable items and provide it to the vendor at purchase. The Case Manager should work with the client and the vendor to obtain the prescription from the physician, but it is ultimately the Case Manager's responsibility to provide the prescription for any applicable ASCC purchase. It is not the responsibility of the Case Manager to obtain the prescription for purchases by other agencies.

In some cases, the vendor will not charge sales tax, even when a prescription is not provided or the item does not appear to meet the definition. It is the responsibility of the vendor to comply with applicable tax laws. ASCC staff is not responsible for adding tax to these purchases.

Completion of W-9 for New Vendor
According to Arkansas Department of Finance and Administration (DFA) policy, a W-9 form for the service provider must be on file with DFA and a state vendor identification number issued before ASCC can make a purchase. ASCC fiscal staff can determine if an individual, client/family, company, or organization has been assigned a vendor identification number. If not, an account must be set up. In order to expedite this process, the Case Manager will obtain a completed W-9 form from the vendor and fax or mail it to Central Office before authorizing a purchase. It is important to submit the W-9 immediately as it often takes 3 – 5 days for a vendor identification number to be issued. If a vendor has questions or concerns regarding the state vendor identification process, he or she should be referred to ASCC fiscal staff for additional information.

BID PROCESS PROCEDURES

If ASCC is primary funding source for a purchase, bids must be obtained for any item with a total cost over $1,000. For the purpose of this procedure, primary funding source is defined as paying more than 50% of the total cost before tax. There are certain items which are exempt from bid procedures due to their specialized nature (see Ambulation Equipment, page 10-7, Activities of Daily Living Supplies, page 10-7 and Equipment Repair, page 10-9).

The following procedures will guide the Case Manager in the bid process:

Items Costing over $1,000 (excluding tax)
1. Obtain a prescription for any durable medical equipment, medical supplies or adaptive equipment (i.e., wheelchairs, cushions, low air loss mattress, shower chairs) from the

client's physician. Items which are not considered durable medical equipment or adaptive equipment, do not require a prescription (i.e., ramps, home modifications, hand controls, and window air conditioners)

2. Prepare written requests for bids (see Invitation to Bid Process section, pages 10-22 – 10-23) with attached prescription for the item to be purchased to a minimum of three (3) vendors. In accordance with state procurement policies, every effort should be made to obtain three bids. In order to obtain three (3) bona fide bids, the Case Manager must send requests to as many qualified bidders as are available.
3. Bona fide bids must be received from and signed by the vendor. (Online order forms or verbal bids transcribed by the Case Manager are not bona fide bids and are not accepted as a competitive bid.)
4. Signed bids will be accepted by mail, fax, or hand delivery or by email with electronic signature.
5. Specifications of the item to be purchased must be clearly stated when requesting bids so that all competitors (vendors) will bid on the exact same item (i.e., Invacare Rehab Shower Commode Chair (model 1100), 24" pneumatic tires, 18 ½" seat).
6. When a vendor fails to return a bid by the deadline or declines to bid on an item, the Case Manager must document the reason in the purchase request memo to the Client Services Administrator and mark "NO BID" on the vendor's bid request letter.
7. Obtain W-9 from vendor with lowest bid (if applicable).
8. Submit a written memo with attached bids, a copy of the prior approval memo, and a copy of the prescription to the Client Services Administrator requesting purchase (see Request for Purchase section, pages 10-24 – 10-25). The original bids will be placed in the client's file under the Purchase tab.
9. The Client Services Administrator will review the bids and documentation and send the Case Manager a purchase approval memo or request additional information.
10. A purchase order will be processed and sent to the vendor with a copy sent to the Case Manager within five (5) working days.
11. The Case Manager will issue an Authorization/Statement of Account (ASCC-10) for amount of the purchase upon receipt of the purchase order and send a copy to Central Office. Include the purchase order number on all copies of the Authorization/Statement of Account.

Invitation To Bid Process

Upon receipt of the approval memo from the Client Services Administrator, the Case Manager will be responsible for preparing a written invitation to bid and must submit invitations to an adequate number of vendors/provides in order to receive at least three bona fide bids (see Bid Process Procedures, pages 10-21 – 10-23) The invitation to bid must include:

1. Date of invitation.
2. Name and complete mailing address of company/individual being invited to submit bid. If a specific staff member has been identified, include his or her name in the address.

3. Include a brief description of the item with an attached prescription/order form or detailed description if no other documentation is provided. See examples below:
   a. Quickie II manual wheelchair per prescription and order form.
   b. 4-foot wheelchair ramp per attached description.
   c. Invacare droparm rolling shower chair (model A137C).
   d. 55 horsepower gas generator.
4. Designate delivery destination, i.e., client's home address, BHRI, or ASCC office.
5. Designate the bid period, date, time and destination for bids to be returned.
   a. The bid period will be no less than three (3) working days and no more than seven (7) working days.
   b. Bid due date should be calculated to exclude weekends and state holidays and designated as a day, date, and time to specific location. (i.e., Bids will be due at ASCC Fayetteville Office, 4058 N. College, Suite 101, Fayetteville, AR 72703 by 4:30 pm on Wednesday, March 2, 2011.)

An example of a letter with general guidelines and an invitation to bid letter are located at the end of this chapter in the Forms section.

Medicare or Private Insurance Co-Pay
The Arkansas Department of Finance and Administration has determined that an exception to the bid requirement will be made when Medicare is the primary payer and ASCC is the co-payer. With this exception, bidding procedures will not be required on purchases if the vendor accepts Medicare assignment. A copy of the exception letter from the Department of Finance and Administration dated November 18, 2010 should be attached to the Authorization/Statement of Account (a copy of the exception letter is located in the Forms section). This exception is not in effect when the wheelchair is purchased by the ASCC and Medicare reimbursement is requested. When a client's insurance carrier is the primary payer, the same procedures as Medicare Co-Pay will apply.

ASCC Co-Pay Agreement
When the Case Manager has committed to pay the client's co-payment responsibility (i.e., 20% Medicare Co-Pay) not covered by third party insurance, the required funds may be encumbered in one of two ways. 1) If the exact amount is known, an Authorization/Statement of Account may be submitted, or 2) when the exact amount is not known, a memo must be submitted to the Client Services Administrator indicating the commitment in order to encumber the required funds. This will allow the Agency to monitor expenditures more effectively. The memo should contain the following information:
1. Client's name
2. Social security number
3. Vendor/Provider
4. Third party benefits provider (insurance, Medicare, ARS)

5. Total cost of item
6. ASCC Co-Pay estimated amount

A copy of the memo should be placed in the client's file **under the Purchase tab.** Approval should be documented in the case narrative.

JOINT EQUIPMENT PURCHASES

When another payment source purchases any portion of the cost of durable medical equipment, ASCC cannot claim this equipment as Agency property. Other payment sources include Medicare, Arkansas Rehabilitation Services, Workers' Compensation, private insurance, donations, or any other third party resources. The client will retain ownership of this equipment. If the client pays a portion of the cost of any major medical equipment other than the amount necessary to make him/her eligible for purchased services, the client will also retain ownership of the equipment. An ASCC Equipment Title Retention Agreement form should NOT be completed. Equipment Title Retention Agreement forms are only to be completed if the ASCC is the sole provider of the equipment (see Equipment Title Retention Agreement, page 10-4).

PURCHASING WITH P-CARDS

Case Managers may utilize the state issued purchasing card (P-Card) to purchase services for clients. The P-Card may not be used for purchasing any item requiring bids or Purchase Orders (PO). Every attempt will be made by the Case Manager to locate the best possible pricing when using the P-Card. All purchases made with the P-Card must be in compliance with ASCC policy, Use of State Purchasing Cards, (F.4). Case Managers should refer to this policy prior to making any P-Card purchases.

REQUEST FOR PURCHASE

Upon receipt of the bids, the Case Manager will submit a request to purchase to the Client Services Administrator. The request will include a memo; copies of quote request letter, price quote bids, a copy of the prescription, wheelchair evaluation (when applicable), wheelchair order form (when applicable), and a copy of the prior approval.

The memo to request a purchase must document the following information:

Bid Statement
Include client's name, type of equipment requested to be purchased (i.e., Bids were submitted to the vendors listed below for a Quickie P220 for Charles Smith).

Bids Received
1. List each bidding company and company's address with the bid price.
2. The company with the lowest bid should be listed first.
3. If recommendation is not to lowest bidder, a detailed justification should be included.
4. Reason for lack of three (3) bids (be specific).
5. Case Manager recommendation of bid to be awarded.

Failure to provide all listed information will result in delayed approval.

An example of a Request for Purchase memo is located at the end of this chapter.

Once the purchase order is received, purchasing procedures for Authorization/Statement of Account should be followed (see pages 10-25 - 10-29).

All information pertaining to the purchase (Prior Approval Request, Request for Purchase memo, Invitation to Bid Letter (ASCC-32), Wheelchair Price Quote form (ASCC-33), prescription, wheelchair evaluation, wheelchair order form,) will be filed behind the corresponding Authorization/Statement of Account under the Purchase tab in the case file.

AUTHORIZATION/STATEMENT OF ACCOUNT (ASCC-10)

In accordance with Arkansas Department of Finance and Administration Office of Procurement policies, the Commission operates on an encumbrance system for the purchase of services. When a Case Manager issues an Authorization/Statement of Account, that authorization creates a legal obligation to pay on behalf of the Commission.

An Authorization/Statement of Account (ASCC-10) is a statement of intent on behalf of the Commission to purchase a service, and certification that the specific service has been delivered. The form consists of one (1) original and two (2) copies, which are to be completed prior to the delivery of service. The ASCC-10 constitutes a written guarantee or agreement with the vendor. A Case Manager may issue a verbal authorization for services. However, verbal authorizations must be verified by a written authorization prior to the delivery of the service in order to assure payment.

Invoices
In accordance with the Department of Finance and Administration Office of Accounting policies, an invoice and a signed Authorization/Statement of Account (ASCC-10) must be submitted before payment can be made. The Authorization/Statement of Account and invoice will be retained by Central Office. A copy of the Authorization/Statement of Account (ASCC-10) and invoice will be placed under the Purchase tab in the client case file. Time sheets are considered the invoice for LTAC and STAC authorizations (see Chapter 11, Attendant Care).

All invoices shall be billed to the appropriate ASCC office and include the following:
1. The name of the business firm printed on it. If the name of the firm is not printed on the invoice but has been placed on it by rubber stamp, typewriter, or in ink, the invoice **must** be signed manually by an official or agent of the business firm and must show his/her official title.
2. The word **Invoice** (printed or typed) must be clearly marked on the invoice.
3. For the purpose of this policy, an invoice may be received by mail, facsimile or electronic transmission. An electronic signature is acceptable.

Invoices for P-Card Purchases
If a purchase is made online with the P-Card, Case Managers will print the final receipt (see ASCC policy, Use of State Purchasing Cards (F.4), for description of acceptable online receipt). The receipt will be attached to the completed Authorization/Statement of Account and submitted to Central Office **after the items purchased have been delivered and inspected by the Case Manager.**

If the purchase is made in person, the Case Manager must obtain an itemized receipt and have the Authorization/Statement of Account signed by the vendor.

Instructions for Authorizing a Purchase
1. Complete ASCC-10 Section A and Section B.
2. Forward a copy to Central Office immediately.
3. When the vendor has provided the service, the vendor submits an invoice to the Case Manager verifying the service has been provided and the cost.
4. Upon receipt of the invoice, the Case Manager completes Section C and obtains the vendor's signature.
5. The Case Manager signs and dates the completed ASCC-10 and places a copy in the client's file.
6. The completed Authorization/Statement of Account with invoice attached is forwarded to Central Office for payment.
7. Payment is processed by Central Office. A check is mailed directly to the vendor (unless instructed otherwise) by the State Auditor. Processing of payment may take 7-10 working days.

Instructions for Authorization/Statement of Account (ASCC-10) Form
The Authorization/Statement of Account, ASCC-10, must be completed by the ASCC Case Manager at the time of, or prior to, the purchase of services or goods. The ASCC-10 and Case Service Codes are located at the end of this chapter in the Forms section.

Funding Source
Check the appropriate box (Consumable, General, Reserve, P-Card, Other) in the upper left hand corner of the Authorization/Statement of Account to indicate what type of funding is to be utilized. If the P-Card is used for the purchase, ALSO mark the P-Card box.

Section A

Authorization Number - The Case Manager will be responsible for assigning an authorization number to each Authorization/Statement of Account as they are completed. Authorizations will be numbered at the top right hand corner of the Authorization/Statement of Account according to the following procedures:

1. Last two (2) digits of current fiscal year will be the first set of numbers (i.e., 16).
2. Case Manager number will follow the fiscal year (i.e., 56).
3. The last three (3) digits will begin with 001 (i.e., 1656001, followed by 1656002, 1656003… continuing in ascending order).
4. At the start of each fiscal year, the first two (2) digits will change to the last two (2) digits of the current fiscal year and last three (3) digits will revert to 001.

Authorization Date - Enter the month, date, and year (i.e., 7/1/2016) the purchase was authorized.

Vendor Name and Address - Enter the complete name and address of the vendor.

Case Manager Name and Address - Enter the complete name and address of the Case Manager who is making the authorization.

Client's Name and Address - Enter the full name and address of the client. **Note:** When authorizing for repairs to regional loan closet equipment or if the case of the client from whom the equipment is returned has been closed, "Regional Loan Closet" should be listed.

Client's Social Security Number - For security purposes, this must be listed using five (5) x's and the actual last four (4) digits of the social security number (i.e., xxx-xx-5321).

Does the client have insurance? Mark "yes" or "no." Medicaid and Medicare are to be considered insurance. This information should be entered even if the insurer does not cover the authorized item.

Section B

Service Description - Enter a specific description of the service or items to be rendered. List items by model name, brand, size, etc. (i.e., Manual Wheelchair, Quickie II, 18 x 18; Male External Catheters, Mentor, Medium; Shipping). When an Authorization/Statement of Account is submitted for wheelchair repairs, the serial number of the wheelchair must be listed in Section B and a copy of the Wheelchair Repair Agreement (ASCC-35) attached to the Authorization/Statement of Account (when applicable).

Effective Date - This date should be the same as the authorization date.

Case Service Code - Enter the appropriate two-digit code from the Case Service Codes for each different item on the Authorization/Statement of Account (i.e., wheelchair repair - 50). **There are no Case Service Codes for sales tax and shipping charges.**

Unit or Payment Period - Enter the type of unit (i.e., ea, bx, or cs), or payment period (i.e., hr, wk, mo).

Quantity of Units - Enter the number of units or payment periods over which the service is to take place.

Unit or Period Cost - Enter the cost per unit/period (i.e., $6.50).

Total Amount Authorized - This column will populate automatically, based on information previously entered.

Case Manager Approval - Case Manager will sign, enter their Case Manager number, and date the Authorization/Statement of Account. If the Case Manager is not available to sign procedures in Chapter 17, page 17-4, must be followed.

Section C: Statement of Account

If there are no changes in the service description, period covered by billing, quantity of units, fees or charges, then enter "same as above" in the Service Description section and the total amount in Total Charges section.

When there is a change in Section B, the correction should be made in the appropriate space in Section C (i.e., sales tax authorized in Section B is $9.26 and invoice states sales tax is $9.27, then the adjustment is noted in Section C).

The amount entered in Section C must be the same as the invoice.

When an Authorization/Statement of Account is submitted for a wheelchair purchase, the serial number of the wheelchair must be listed in Section C and a copy of the Wheelchair Repair Agreement (ASCC-35) attached to the Authorization/Statement of Account.

Vendor Federal ID or Social Security # - Vendor is to complete this section.

Vendor's Signature - The person to whom the warrant is payable will sign his/her name and date. If the payee is a firm, agency, etc., an official, recognized as such, will sign and date.

For online P-Card Purchases, in place of a vendor's signature, "ONLINE PURCHASE" must be written on the vendor ID line. The Case Manager will sign and put the date of purchase on the vendor's signature line. The Statement of Account will not be submitted for payment until the item purchased is delivered and has been inspected by the Case Manager.

The Case Manager must enter the amount of the purchase on the expenditure log. See Expenditure Log section, pages 10-32 – 10-33.

Dissemination of ASCC-10 Copies

- Central Office copy
- Case File copy

CANCELLATION ORDER (ASCC-12)

If an authorization must be canceled prior to the delivery of service, the Case Manager will complete a Cancellation Order (ASCC-12). A copy will be retained in the client's file, attached to the corresponding authorization, with one copy sent to the vendor and one copy sent to the Central Office with a copy of the Authorization/Statement of Account attached.

The Case Manager must credit the amount cancelled back to the appropriate funds (General or Reserve) on the expenditure log. Refer to the Expenditure Log Procedures and Instructions, pages 10-32 – 10-33.

After the cancellation order has been processed funds will become available to reallocate unless the cancellation is at the end of the fiscal year.

LTAC Cancellation – If at the end of each fiscal year a client has not utilized all of their authorized Long Term Attendant Care funds, a Cancellation Order must be completed for the remaining funds.

Cancellation Order Form Instructions (ASCC-12)
Instructions for completion are located on the Cancellation Order form.

Each Case Manager is responsible for keeping up-to-date appropriate financial records in the local field office. These records should be able to provide, at any given time, an accounting of all outstanding Authorization/Statement of Accounts. Authorization/Statement of Accounts outstanding after 90 days should be reviewed with the option of cancellation considered.

Any Authorization/Statement of Account not paid by the last day of a fiscal year must be cancelled and reauthorized in the new fiscal year. Funding for reauthorization will come from the new fiscal year allocations.

ASSIGNMENT OF BENEFITS (ASCC-17)

When the Case Manager authorizes the purchase of an item for a client who has third party benefits (i.e., private insurance, Medicare) to facilitate services, an Assignment of Benefits form will be completed and signed by the client. A copy of the form is located in the Forms section at the end of this chapter. The Case Manager will be responsible for obtaining the refund. To ensure the refund is obtained, the following procedures should be completed:

1. Enter reimbursement request on the Expenditure Log (ASCC-11) in the appropriate section. See Expenditure Log instructions for Reimbursement, page 10-32.
2. A copy of the Authorization/Statement of Account, signed Assignment of Benefits, and invoices, as well as any correspondence pertaining to invoice are to be compiled in a separate file marked Authorizations Awaiting Refund.
3. The Case Manager will follow-up on these authorizations on a monthly basis either in writing, in person or by telephone. The Case Manager will contact the payer and client concerning the expected date of refund.
4. Any anticipated refunds not received within 90 days should be reported to the Client Services Administrator by memo.

Assignment of Benefits Form Instructions (ASCC-17)
The Assignment of Benefits form (ASCC-17) will be completed when a client may be eligible for reimbursement of all or part of the cost of an item purchased for him or her by ASCC. The Assignment of Benefits form serves as an agreement by the client to turn over any reimbursement received from another payor to ASCC to offset the purchase.

Client - Enter client's full name.

Social Security Number - Enter client's social security number (i.e., xxx-xx-5321).

Insurance Reimbursement, Other Agencies or Programs - Enter name of insurance carrier, or name of other agencies or programs who will provide the benefit.

List name of insurance carrier, attorney or agency representative who will be contacted regarding benefits.

Client's Signature - Client or parent, if minor, will sign and date.

Case Manager's Signature - Case Manager will sign and date.

Witness' Signature - If client signs, no witness is required. If client makes a mark, a witness must sign.

PENALTY FOR NOT REIMBURSING AGENCY

When it is suspected the client has received payment but not reimbursed the Agency with expected third party refunds, the Case Manager should clearly document all communications (conversations, written correspondence, etc.) regarding efforts to obtain reimbursement and date client received refund (if known). Based upon the Case Manager's assessment, a written recommendation to suspend purchased services may be made to the Client Services Administrator. The Case Manager should submit copies of all case narratives and written correspondence with the recommendation to suspend purchased services.

Upon review of the request, the Client Services Administrator will provide a written decision to the Case Manager within seven (7) working days of receipt of request to suspend purchased services. Should the decision be made to suspend purchased services, the Client Services Administrator will inform the client in writing within seven (7) working days of this decision. Other services such as counseling, guidance, advocacy, and technical assistance will be provided regardless of the decision concerning purchased services.

The client should be informed of his/her right to appeal any decision he/she feels there is justification to support a contrary decision. The Case Manager should provide the client a copy of the Client Services Appeals Process from the ASCC Policy and Procedures Manual (CS.1).

EXPENDITURE LOG (ASCC-11)

A computerized log of all purchase authorizations will be maintained by each Case Manager to document fund disbursement (General Funds, Reserve Funds, and Long Term Attendant Care Funds) and reimbursement (i.e., from individuals, Medicare, Medicaid, and private insurance). There are two parts to the Expenditure Log (ASCC-11), the Input Data Sheet and the Expenditure Log Form. The instructions below should be followed when completing the expenditure log:

Instructions for completing Expenditure Log Case Manager Input Data Sheet:

A. **Name of Case Manager –** Enter name of Case Manager.
B. **Case Manager Number –** Enter Case Manager's number.
C. **Beginning Date –** Enter beginning date of fiscal year.
D. **Total Reserve Amount Allotted –** Enter beginning balance of reserve amount allotted. At the beginning of each fiscal year, the Reserve Fund amount assigned to the Case Manager should be placed in the blank provided on the computer input data sheet. When Reserve Funds are used to make a purchase, the amount authorized will automatically be subtracted from the Reserve balance and the current balance brought forward to provide a running account of Reserve Funds available.

Instructions for entering expenditures on the Expenditure Log Form:

E. **Date of Authorization** - Enter the actual date the authorization was made verbally or in writing (the date that is on the Authorization/Statement of Account).
F. **Authorization Number** - The number in the top right hand corner of the Authorization/Statement of Account (ASCC-11) should be entered.
G. **Client Name** - Enter client's full name.
H. **Vendor Name** - Name of the individual or company providing the authorized service (i.e., Ajax Medical Supply.)
I. **Service Authorized** - Indicate what service was authorized (i.e., wheelchair repair).
J. **Case Code** – Enter the two-digit code for each item purchased (i.e., 20, 30). (See Forms section for Case Service Codes.)
K. **Date Statement of Account (SOA) is Submitted for Payment** - Enter the date the signed SOA is submitted by the Case Manager to the Central Office for payment.
L. **Fund** - Enter amount authorized under appropriate fund category (General, LTAC {Long Term Attendant Care}, or Reserve).

Instructions for entering reimbursements on the Expenditure Log Form:

M. **Date Reimbursement Requested** - Enter date request is made for reimbursement.
N. **Reimbursement Requested From** - List the name of the insurance carrier from whom reimbursement has been requested (i.e., Medicare, Travelers Ins. Co., etc.).
O. **Received –** Enter amount and date reimbursement is received.

P. **Denied –** Enter date reimbursement is denied.

Instructions for entering cancellations on the Expenditure Log Form:
When it is necessary to cancel an amount authorized, the Case Manager must credit this amount back to the appropriate fund (General or Reserve). The following instructions should be utilized to credit a cancellation of funds authorized back onto the expenditure log:

1. Enter the date of the cancellation in Column E.
2. Enter the number of the Authorization/Statement of Account cancelled in Column F.
3. Enter the client's name in Column G.
4. Enter the vendor name in Column H.
5. Enter the reason authorization cancelled under Column I.
6. Enter Case Service Code in Column J.
7. Enter the date the authorization is submitted to Central Office under Column K.
8. Enter the amount cancelled under the appropriate category (General, LTAC {Long Term Attendant Care}, or Reserve) in Column L as a negative number (i.e., -$152.00).
9. If the amount cancelled is from Reserve Fund, the remaining Reserve balance will increase.

EQUIPMENT ABUSE

The Case Manager will, at times, have a reason to suspect that an individual may be neglecting or abusing durable medical equipment which has been purchased with Commission funds. The following guidelines have been established regarding abuse of equipment:

Examples of abusive behavior that should be documented in the case file are:

1. Pawning the wheelchair.
2. Leaving the wheelchair outside in the rain, or using it as a shower chair.
3. Leaving a chair where it can be run over or fall out of the back of a vehicle.
4. Reporting a chair as stolen, but not willing to file a report with the police.
5. Repeatedly damaging a cushion.
6. Allowing children to play on equipment (Hoyer lift, riding on power wheelchair).

When the Case Manager suspects that the client may be abusing the chair as a means to get a new chair or is irresponsible in maintaining it, the following procedures should be completed:

1. Discuss the suspicions with the client and follow-up with written correspondence indicating if the abuse continues the Commission may not replace or repair the chair.
2. Document all suspicions in case narratives.
3. If the Case Manager feels abuse justifies denial of future purchases, a memo should be submitted to the Client Services Administrator to include:
   a. Documentation of past abuse, and attempts to correct problem.

b. Description of what equipment has been recommended, and cost.
c. Consequences to the client if the purchase is denied.
d. Alternative solutions which might meet the client's needs.

4. The Case Manager will be notified of a decision by the Client Services Administrator in writing within seven (7) working days of receipt of memo.
5. The Case Manager will notify the client, in writing, of the decision rendered within five (5) working days of receipt of Client Services Administrator decision.
6. If the client feels the denial is unwarranted, an appeal may be made according to the Client Services Appeals policy in the ASCC Policies and Procedures Manual.
7. The Case Manager will provide the client with a copy of the ASCC Client Services Appeals policy from the ASCC Policy and Procedures Manual (CS.1). (A copy of the appeals policy is located in the ASCC Policies and Procedures Manual.)

FORMS

ASCC-10	Authorization/Statement of Account
ASCC-11	Expenditure Log (Example) 1. Input Data Sheet 2. Log Pages
ASCC-12	Cancellation Order
ASCC-17	Assignment of Benefits
ASCC-29	Equipment Title Retention Agreement
ASCC-32	Invitation to Bid Letter
ASCC-33	Wheelchair Price Quote Form
ASCC-34	Wheelchair Verification Form
ASCC-35	Wheelchair Repair Agreement
ASCC-41	Wheelchair Purchasing Procedure Checklist
	Case Service Codes
	Medicare Exception Letter (dated 11/18/10)
	Prior Approval Memo Example
	Purchase Request Memo Example
	A.C.A. 26-52-433 (2010) – Medical Equipment Tax Exemption

☐ CONSUMABLE
☐ GENERAL
☐ RESERVE
☐ P-CARD
☐ OTHER _____

ARKANSAS SPINAL CORD COMMISSION
AUTHORIZATION/STATEMENT OF ACCOUNT

ASCC 10
12/15

SECTION A:

Auth. Date _____ Auth. Number _____

VENDOR'S NAME & ADDRESS:	CASE MANAGER'S NAME & ADDRESS:

CLIENT'S NAME: CLIENT'S ADDRESS:

SSN: XXX-XX-

Does client have insurance?

☐ Yes ☐ No

SECTION B: AUTHORIZATION TO FURNISH THE FOLLOWING SERVICES OR ITEMS TO THE CLIENT:

Service Description	Effective Date	Case Service Code	Unit or Payment Period	Qty. of Units	Unit or Period Cost	Total Amt. Authorized
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
					TOTAL	$ -

CASE MANAGER APPROVAL

Signature CM # Date

SECTION C: STATEMENT OF ACCOUNT:

Service Description	Period Covered By Billing	Qty. of Units	Fee or Charges

I certify that the charges above are just and correct and the payment for the services listed has not been received. These charges are considered payment in full and the client will not be billed for any additional amount. I certify that any additional monies received from insurance companies or other sources will be refunded to the Arkansas Spinal Cord Commission.

TOTAL CHARGES

The Arkansas Spinal Cord Commission does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.

I certify that the above services have been rendered and/or the goods received by the client listed above.

Vendor Federal ID or Social Security #

Vendor's Signature Title Date

Case Manager's Signature Date

ASCC-11
8/12

Arkansas Spinal Cord Commission
Expenditure Log

Case Manager 0 0

Date of Auth.	Auth. Number	Client Name	Vendor Name	Service Authorized	Case Code	Dt SOA Subm for Payment	General Fund	LTAC Fund	Reserve Fund	Reserve Balance	Dt Reimburse Requested	Reimbursement Requested From	Reimbursement Received Date	Reimbursement Received Amount	Reimbursement Denied Date
1/1/04		*Beginning Balance*								**$0.00**					
										$0.00					
										$0.00					
										$0.00					
										$0.00					
										$0.00					
										$0.00					
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										$0.00					
										$0.00					
										$0.00					
				Page 1 Totals			**$0.00**	**$0.00**	**$0.00**						

ARKANSAS SPINAL CORD COMMISSION

CANCELLATION ORDER

The Authorization for:	
Authorization No:	
SSN:	

Issued To: Vendor	Case Service Code	Amount to Cancel	Effective Date of Authorization
1.			
2.			
3.			
4.			
5.			

Reason for Cancellation:

Date: _____

_____
Case Manager's Name No.

INSTRUCTIONS

This form will be used to cancel encumbrances for all codes on any one client.

Authorization for—Record the name and address of client.
Authorization Number—Record the number of the authorization you are cancelling.
Issued To: Vendor—Record the name and address of the vendor to whom the authorization was issued.
Case Service Code—Record the code of the service that is to be cancelled.
Amount to Cancel—Record the amount that is to be cancelled.
Effective Date of Authorization—Record the date the service was authorized to begin (same date as the effective date column of the authorization).
Reason for Cancellation—Be as specific as possible.

ARKANSAS SPINAL CORD COMMISSION

ASSIGNMENT OF BENEFITS

Client: _____ Social Security No: _____
Last Name First Name MI

I _____ agree to provide the Arkansas Spinal Cord Commission
Client's Name

any reimbursement received from _____ (insurance, Medicare, legal judgment, other agencies) for the cost of the equipment listed below, which was purchased on my behalf.

Equipment Description:

I understand that failure to abide by this agreement will result in the termination of purchased services by the Arkansas Spinal Cord Commission.

_____ _____
Client (or parent/guardian, if minor) Date

_____ _____
Case Manager's Signature Date

_____ _____
Witness' Signature Date

ARKANSAS SPINAL CORD COMMISSION

EQUIPMENT TITLE RETENTION AGREEMENT

This is to certify that I, _____, have received the equipment listed below for my personal use. I understand that the equipment shall remain the property of the Arkansas Spinal Cord Commission. I agree not to abuse or dispose of this equipment, and to return it to the Arkansas Spinal Cord Commission when I no longer need it.

Description of Equipment	**Serial Number**

_____
Date

_____
Client

_____
Case Manager's Signature

Invitation to Bid Letter

March 19, 2011

John Smith
ABC Medical Supply
1234 Short Street
Conway, AR 72076

RE: Susan Jones
242 Highway 65
Guy, AR 72088

Dear Mr. Smith,

Your firm is invited to submit your written bid on the following item for purchase by the Arkansas Spinal Cord Commission:

Invacare Mariner Rehab Shower Commode Chair
(INV1922) 18.25"x 18.25"

Delivery will be to: 242 Highway 65, Guy AR 72088

Delivery is required within 6 weeks after your receipt of the ASCC purchase order or written notice of winning bid. All warranty repairs will be provided to delivery address.

Please submit your signed bid quotation by **4:30 p.m. on April 1, 2011**. Bids received after that date will be considered a no bid. Bids may be submitted by email, US mail, fax or delivery. Electronic signatures will be accepted.

If you have questions or need additional information, do not hesitate to contact me at Good.Manager@arkansas.gov or 501-296-0000.

Sincerely,

Good Manager
Case Manager

ARKANSAS SPINAL CORD COMMISSION

Durable Medical Equipment Price Quote

Vendor: _____

_____

Date Quote Made: _____ Client Name: _____

F.O.B: _____

_____

_____

Basic W/C Code: _____ Basic W/C Cost: $_____

Accessories:

QTY	ITEM	CATALOG NUMBER	PRICE	TOTAL

		Total Accessory Cost	
		Sub Total	
Percentage Discount	_____	Less Discount	
		Total Before Tax	
Sales Tax Rate	_____	Sales Tax	
		TOTAL PRICE QUOTE	

_____ _____ _____

Certified by Title Date

ARKANSAS SPINAL CORD COMMISSION

WHEELCHAIR VERIFICATION RECEIPT FORM

I am verifying that the wheelchair for _____,
(Client's name)

_____, did match the prescription and was received in
(Serial Number)

good operating condition.

_____
Case Manager

_____
Date

ARKANSAS SPINAL CORD COMMISSION

Wheelchair Repair Agreement

Client's Name _____

Description of Wheelchair

Power ☐ Manual ☐

Date of Purchase _____

Purchase Source _____

Serial Number _____

Vendor _____

I understand and agree that the Arkansas Spinal Cord Commission will authorize payment to maintain and repair only the wheelchair described and indicated above.

_____ _____

Client Date Case Manager Date

Arkansas Spinal Cord Commission
Wheelchair Purchasing Procedure Checklist

Client's Name: _____ Date: _____

Address: _____ Case Manager: _____

City: _____ State: _____ ZIP: _____

Phone: _____

	Procedures	**Date Completed**
☐	Schedule wheelchair evaluation	_____
☐	Obtain copy of wheelchair evaluation/prescription	_____
☐	Review wheelchair evaluation; does wheelchair recommended meet ASCC criteria?	_____
☐	Complete Administrative Exception Request (if necessary)	_____
☐	Send Bid Quote Request Letters to 3 vendors	_____
☐	Deadline date for bids/Choose vendor	_____
☐	Obtain W-9 from vendor	_____
☐	Submit request memo to Client Services Administrator with bids, copies of bid quote letters, prescription, wheelchair evaluation, wheelchair order form	_____
☐	Purchase Approval memo from Client Services Administrator received	_____
☐	Purchase Order number received	_____
☐	Authorization issued for wheelchair purchase	_____
☐	Verify wheelchair matches prescription before delivery to client	_____
☐	Schedule delivery date with vendor	_____
☐	Prescription rechecked with client in new wheelchair	_____
☐	Complete Wheelchair Verification form (ASCC-34)	_____
☐	Review and complete Equipment Title Retention Agreement with client (ASCC-29) (when appropriate)	_____
☐	Obtain signed Statement of Account and Invoice	_____
☐	Forward signed Statement of Account, Invoice, Wheelchair Verification form (ASCC-34) and Title Retention form (ASCC-29) to Client Services Administrator within five days of completion date	_____

Case Service Codes
for Purchased Service Expenditures

Medical Evaluation and Treatment (10 – 13)

10 Medical Evaluation (Physician)
11 Wheelchair/Seating Evaluation
12 Rehabilitation Evaluation/Treatment (Psychologist, Physical Therapist or Occupational Therapist)
13 Driver's Evaluation

Wheelchair Purchase (20 – 23)

20 Manual Wheelchair
21 Power Wheelchair (includes scooters)
22 Wheelchair Modifications (additions to wheelchair after initial purchase that are not considered repairs, i.e., jay back, head or lateral supports, power assist)
23 Rental (Power or Manual)

Adaptive Equipment Purchase (30 – 38)

30 Ambulation Equipment
(i.e., crutches, walkers, lower extremity brace/splints)
31 Activities Daily Living Supplies
(i.e., deltoid sling, pressure garments, electric bag emptier, mouth sticks, upper extremity braces/splints, quad utensils, reachers, wheelchair gloves, transfer boards, inspection mirrors, knee abductors, positioning wedges, spenco boots, overbed table, lap tray, shampoo tray, speaker phone, etc.)
32 Bathroom Equipment
(i.e., shower chairs, tub bench, commode seat, grab bars, shower hose, etc.)
33 Cushions/Covers
(Specify name brand and size)
34 Hand Controls (to include parts, i.e., spinner knobs)
35 Hospital Beds
36 Mattress/Overlays
(i.e., low air loss, alternating pressure pad (APP), eggcrate, gel, roho, waterbed)
37 Lifts (i.e., Hoyer, Transaid, includes slings and parts)
38 Adaptive Equipment Rental

Medical Maintenance and Supplies (40 - 44)

40 Prescription Medications
41 Bladder Management Supplies (includes catheters, leg bags, urostomy supplies)
42 Bowel Management Supplies (includes ostomy supplies, blue pads and gloves)
43 Wound Care Supplies (includes bandages, dressings, gauze, tape
44 Other (specify)

Case Service Codes
for Purchased Service Expenditures

Equipment Repair (50 – 51**)**

50 Wheelchair, Scooters or Power Assist (i.e., batteries, battery charger, parts, tires/tubes, etc.)
51 Adaptive equipment (i.e., cushions, Hoyer, hospital bed, low air loss mattress)

Attendant Care (60 – 61)

60 Short Term Attendant Care
61 Long Term Attendant Care

Modifications (70 – 72)

70 Home Modifications
71 Ramping
72 Repairs to home modifications or ramps

Transportation (80)

80 Transportation
(Specify: i.e., doctor's appointment, wheelchair evaluation, equipment pickup/delivery)

Other Goods and Services (99)

99 Other Goods and Services
(i.e., window air conditioners, fans, generator for homes with clients who use ventilators, exercise equipment, standing frame, environmental systems)
(Requires Prior Approval)

STATE OF ARKANSAS
Department of Finance and Administration

OFFICE OF STATE PROCUREMENT
1509 West Seventh Street, Suite 300
Little Rock, Arkansas 72201-4222
Phone: (501) 324-9316
Fax (501) 324-9311
http://www.arkansas.gov

November 18, 2010

Ms. Cheryl Vines
Executive Director
Arkansas State Spinal Cord Commission
1501 N. University
Suite 470
Little Rock, Arkansas 72207

re: Wheelchair exemption

Dear Ms. Vines,

I have reviewed your inquiry regarding the purchasing of wheelchairs when Medicare is the primary payer and ASSC is the co-payer. Based on the information that you provided in our telephone conversation, it appears that the wheelchairs are exempt under law as per Arkansas Code Annotated §19-11-203(14)(P) since it is a medical item specifically requested by and prescribed by a physician for treatment of a patient in his or her care.

Please contact me if you would like to discuss this matter further.

Sincerely,

Jane Benton

Jane T. Benton, CPPO
Director

Request for Purchase Memo Example

To: Client Services Administrator

From: Case Manager

Date: January 6, 2011

Subject: Request for Purchase for Curtis Simmons – Quickie P220

Bids were submitted for a Quickie P220 for Curtis Simmons to the vendors listed below.

XYZ Medical 1503 Jones Street Little Rock, AR 72203	Bid - $7,125.00
Medi-Fast Medical 7777 I-30 Little Rock, AR 72223	Bid - $8,342.00
Allied Home Care 2234 Center Street Little Rock, AR 72208	Bid - $8,625.00
Rim Rock Medical 2253 Malvern Drive Hot Springs, AR 71901	No Bid

Rim Rock Medical submitted a bid after the deadline and will be considered a no bid. I am recommending that the bid is awarded to XYZ Medical and a purchase order be issued to this vendor in the amount of $7,125.00.

Prior Approval Memo Example

To: Client Services Administrator

From: Case Manager

Date: December 1, 2010

Subject: Prior Approval Request for Simmons Wheelchair Purchase

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Client status: Curtis Simmons is a 52 year old C7 tetraplegic due to an injury sustained in a motor vehicle crash on 9/22/10, who is in need of a power wheelchair with tilt. He currently lives with his wife in an accessible one story single family dwelling in rural Faulkner County.

Financial status: Mr. Simmons receives $1,100 SSDI monthly. His wife is currently unemployed. Mr. Simmons was self-employed at the time of his injury and has no healthcare benefits. He will not be eligible for Medicare until 2012. An application has been made to AAPD, but there is a lengthy waiting list.

Reason for purchase request: Mr. Simmons is currently utilizing a power wheelchair from the ASCC loan closet. This will be his first wheelchair.

Approximate amount of purchase: The cost of a power wheelchair with tilt according to the wheelchair order form is $9,500 less 25% would be approximately $7,125.

Medical justification: Mr. Simmons had a wheelchair evaluation at BHRI on 11/23/10 (see attached). The physical therapist and Dr. Kiser recommended a Quickie P220 with tilt to enable Mr. Simmons to complete his pressure relief.

I am requesting prior approval for the purchase of a Quickie P220 with tilt in the amount of approximately $7,125 to be taken from General Funds.

Title 26 Taxation
Subtitle 5. State Taxes
Chapter 52 Gross Receipts Tax
Subchapter 4 -- Exemptions

A.C.A. § **26-52-433** (2010)

26-52-433. Durable medical equipment, mobility-enhancing equipment, prosthetic devices, and disposable medical supplies.

(a) (1) Gross receipts or gross proceeds derived from the rental, sale, or repair of durable medical equipment prescribed by a physician, mobility-enhancing equipment prescribed by a physician, a prosthetic device prescribed by a physician, and disposable medical supplies prescribed by a physician shall be exempt from all state and local sales and use taxes.

(2) This exemption shall apply only to durable medical equipment, mobility-enhancing equipment, a prosthetic device, and disposable medical supplies sold to a specific patient pursuant to a prescription written before the sale.

(b) As used in this section:

(1) "Disposable medical supplies" includes without limitation the following:

(A) Ostomy, urostomy, and colostomy supplies;

(B) Enemas, suppositories, and laxatives used in routine bowel care; and

(C) Disposable undergarments and linen savers;

(2) (A) "Durable medical equipment" means equipment, including repair and replacement parts for the equipment, that:

(i) Can withstand repeated use;

(ii) Is primarily and customarily used to serve a medical purpose;

(iii) Generally is not useful to a person in the absence of illness or injury;

(iv) Is not worn in or on the body; and

(v) Is for home use.

(B) "Repair and replacement parts" includes all components or attachments used in conjunction with the durable medical equipment;

(C) "Durable medical equipment" does not include mobility-enhancing equipment;

(3) (A) "Mobility-enhancing equipment" means equipment, including repair and replacement parts for the equipment, that:

(i) Is primarily and customarily used to provide or increase the ability to move from one (1) place to another and which is appropriate for use either in a home or a motor vehicle;

(ii) Is not generally used by a person with normal mobility; and

(iii) Does not include any motor vehicle or equipment on a motor vehicle normally provided by a motor vehicle manufacturer.

(B) "Mobility-enhancing equipment" does not include durable medical equipment;

(4) "Physician" means a person licensed under § 17-95-401 et seq.;

(5) "Prescription" means an order, formula, or recipe issued in any form and transmitted by an oral, written, electronic, or other means of transmission by a duly licensed physician or practitioner authorized to issue prescriptions under Arkansas law;

and

(6) **(A)** "Prosthetic device" means a replacement, corrective, or supportive device, including repair and replacement parts for the device, worn on or in the body to:

(i) Artificially replace a missing portion of the body;

(ii) Prevent or correct physical deformity or malfunction; or

(iii) Support a weak or deformed portion of the body.

(B) "Prosthetic device" does not include corrective eyeglasses, contact lenses, and dental prostheses.

(c) **(1)** Notwithstanding subdivision (a)(2) of this section, a patient may claim the exemption under this section for a wheelchair lift or automobile hand controls prescribed for the patient after the sale if:

(A) The wheelchair lift or automobile hand controls are purchased in conjunction with the purchase of a motor vehicle;

(B) The gross receipts or gross proceeds derived from the sale of the wheelchair lift or automobile hand controls are separately stated on the invoice or bill of sale for the purchase of the motor vehicle; and

(C) The patient has a prescription for the wheelchair lift or automobile hand controls at the time the motor vehicle is registered.

(2) A patient purchasing a wheelchair lift or automobile hand controls directly from a vendor of adaptive medical equipment for subsequent installation shall possess a prescription for the wheelchair lift or automobile hand controls prior to the sale in compliance with subdivision (a)(2) of this section.

Case Management Services Procedures

TOPIC	PAGE
Purpose	11-2
Long Term Attendant Care (LTAC)	11-2 – 11-8
Short Term Attendant Care (STAC)	11-8 – 11-12
Personal Care Services Funding	11-12 – 11-14
Personal Care Services Providers	11-14 – 11-18
Resources	11-18
Forms	11-19

PURPOSE

Personal Care Services (PCS), often called attendant care, is the provision of assistance to an individual to accomplish those tasks of daily living that the individual is unable to complete independently. Personal Care Services are provided to many people with physical disabilities but also to people with developmental disabilities, mental illnesses, and to those who are elderly. The required assistance may vary from actually doing a task for the person, assisting the person in doing it him or herself, or providing coaching or safety support for the person to do it.

Many individuals with spinal cord injury will require personal care services at some time. Some will require assistance after they are first discharged from the hospital or rehabilitation center until they gain strength and endurance, or obtain needed home modifications or equipment. Others will need personal care services on a short-term basis, when they have a secondary condition such as a broken leg or pressure sore. For some individuals with spinal cord disabilities, particularly those with quadriplegia, personal care services will be needed on a daily basis for the rest of their lives in order to live independently in the community.

Personal Care Services are provided and funded in several ways. This chapter includes information on two ASCC personal care service programs, and on other options available to our clients.

LONG TERM ATTENDANT CARE (LTAC) PROGRAM

PURPOSE

The purpose of the ASCC Long Term Attendant Care (LTAC) program is to provide clients with quadriplegia with personal care services to allow them to live in the community and to prevent institutionalization. Arkansas Spinal Cord Commission's enabling legislation mandates the LTAC program and its eligibility requirements.

Eligibility

In order to be eligible to apply for LTAC, the individual must:

1. Meet the ASCC medical and financial eligibility requirements (see chapters 4 and 5). (**Note:** there is a separate sliding scale for LTAC client contribution that may effect client's financial eligibility, see Chapter 5, page 5-7.)
2. Have a spinal cord disability resulting in tetraplegia (limitations in use of all four extremities).
3. Have been a resident of Arkansas for the past five (5) years.
4. Sustained a spinal cord disability while a resident of Arkansas (individuals injured while living outside the state are not eligible).

5. The client must accept all responsibility for recruiting, training, managing, and reimbursing the personal care attendant.

Attendant Care Cooperative Agreement (ASCC-25)
It is important the client and attendant(s) have a clear understanding that they have an employment relationship with one another, and not with the ASCC. It is also important for the Case Manager to limit his/her involvement with each client and their attendant(s) to ensure that his/her interactions do not imply an employer/employee relationship between the Commission and the attendant(s).

The following guidelines should be strictly adhered to and presented to the client in a clear and concise manner:

1. The attendant care payment is reimbursement to the client.
2. The attendant care payment will be made to the client and **not** the attendant.
3. The Case Manager will not be involved in any discussions with a prospective attendant concerning rate of pay, work hours, duties to be performed, or any other topic that could be perceived to indicate that the Case Manager or the Commission are the employer.
4. Reimbursements to the client can **only** be made after the attendant service has been performed and the Case Manager has received documentation of the actual hours worked.

At the start of the client's Long Term Attendant Care and at the beginning of each new fiscal year, the Case Manager will obtain a new Attendant Care Cooperative Agreement (ASCC-25). The Case Manager will be responsible for reviewing the Attendant Care Cooperative Agreement (ASCC-25) with each client receiving long term attendant care. The client will sign and date the ASCC-25. A copy of the signed Attendant Care Cooperative Agreement must be submitted to Central Office with the initial Authorization/Statement of Account at the beginning of each fiscal year. A copy of the signed ASCC-25 will be filed with the Authorization/Statement of Account in the client's case file under the Purchasing tab.

Application
Clients who meet all eligibility requirements for the LTAC program may apply for LTAC services. The LTAC program is small and is unable to serve all eligible clients due to limited funding.

To apply for LTAC for a client, the Case Manager must:
1. Assess that the client meets all eligibility requirements.
2. Submit a request to the Client Services Administrator requesting the service for the client. The memo should include:
   a) Date of request
   b) Reason for request
   c) Statement that the client meets all eligibility requirements

3. Upon receipt of request, the eligible client's name will be added to the waiting list, and the Client Services Administrator will send a memo to the Case Manager informing him/her that the client has been placed on the waiting list. This memo should be filed in the case file under correspondence. All applicants will be placed on the LTAC waiting list maintained in the Central Office. The waiting list includes the applicant's name, date of application, and Case Manager.
4. If a client on the waiting list has a change in his/her situation that would no longer make him/her eligible or in need of LTAC (i.e., death, change in financial eligibility, change in living situation), a memo should be submitted to the Client Services Administrator requesting the client's name be removed from the LTAC waiting list.

Reimbursement Policy

1. The LTAC program is a reimbursement program. This means that payment is provided to the client upon submission of a time sheet documenting hours worked by the personal care attendant (PCA). No payment is provided in advance. Processing of the reimbursement request typically takes 7-10 working days.
2. All reimbursement payments are provided to the client to be disbursed to the PCA(s). The client is responsible for all payments to the PCA(s). The ASCC will make no payment to the PCA(s).
3. The client agrees to assume all responsibilities of employer in the client/PCA relationship. The ASCC and its Case Managers will not be involved in any discussion with the client or the PCA regarding work hours, duties to be performed, training, or any other topic that could be perceived to indicate the Commission is the employer.
4. Reimbursement for LTAC will be $10.00 per hour.
5. Long Term Attendant Care funds may not be used to reimburse a family member for personal care services. (For the purpose of this policy, a family member is a spouse, parent, stepparent, grandparent, step-grandparent, sibling, stepsibling, child, stepchild or any person who is related to the client and resides in the home.)
6. An Attendant Care Cooperative Agreement (ASCC-25) must be signed by the client and the Case Manager. A copy must accompany the initial Authorization/Statement of Account before any reimbursement payment can be made.
7. No reimbursement for LTAC will be provided until a completed time sheet is submitted.
8. No reimbursement will be provided for attendant care when the client is hospitalized or institutionalized.

Client Responsibilities

In order to receive LTAC reimbursement, it is the responsibility of the client to:

1. Work with the Case Manager, develop and sign an Independent Living Plan (ASCC-28), which defines all aspects of the LTAC service plan.
2. Participate in an Activities of Daily Living evaluation with an Occupational Therapist in order to assess the appropriate number of hours of personal care needed.

3. Identify, recruit, and certify in writing the name of individual(s) who will provide backup attendant care in emergency situations in which the paid attendant is fired, fails to show up, is ill, is on vacation, or in any other situation that would leave the client without attendant services.
4. Certify the client meets the residency eligibility requirements on the Resident Certification for LTAC form (ASCC-25A).
5. Serve as the employer of the personal care attendant(s), including recruiting, hiring, training, managing, terminating, and paying all attendant care providers. The ASCC will not provide assistance with these responsibilities.
6. Submit an accurate, complete, and signed Attendant Care Time Sheet (ASCC-24) each month to document hours worked by personal care attendant(s). Time sheets should be submitted before the 5th of the month (except for July, when time sheets are requested by June 23).
7. Sign the Authorization/Statement of Account (ASCC-10) as requested by the Case Manager to encumber and disburse LTAC funds.
8. Inform the Case Manager immediately of any changes (i.e., marriage, move, hospitalization) that may effect the client's eligibility for the LTAC Program.
9. If the client requires more than 124 hours per month (4 hrs/day) of attendant care, the individual must identify how the additional hours are to be met and by whom, and certify this in writing.

Case Manager Responsibilities

1. Assess each client in need of personal care/attendant care to identify all resources available to him/her. Assist with application for other services when appropriate. In the absence of services available to the client, assess for eligibility for LTAC.
2. If a client is eligible for and interested in LTAC, the Case Manager will verify the client meets all LTAC eligibility requirements. If so, the Case Manager will submit a request memo to the Client Services Administrator to add the client to the LTAC waiting list.
3. Inform the Client Services Administrator of any changes in the client's status or situation that would merit removing the client from the LTAC waiting list (i.e., death, marriage, a change in financial eligibility).

When the Case Manager is informed that the client has been approved for LTAC, the Case Manager will:

4. Arrange for an Activities of Daily Living (ADL) evaluation to be completed by a qualified Occupational Therapist in order to determine the number of attendant care hours required. The Occupational Therapist will complete and sign the Attendant Care Evaluation and Independent Living Analysis (ASCC-43) and return it to the Case Manager. The ASCC-43 is located in the Forms section of this chapter. The Case Manager will authorize for payment for the evaluation, if no other resources are available.

5. The Case Manager will meet with the client to review the results of the evaluation and determine the number of LTAC hours to be provided each day. The maximum number of hours will be 4 hours per day.
6. In determining the number of hours required, other paid hours (i.e., AAPD waiver or Independent Choices, personal care, home health) should be taken into account. If the evaluation determines that the number of hours per day required does not exceed the available hours from other sources, then no LTAC hours will be assigned. If the hours needed are less than those presently provided by a payment source, then LTAC hours may be assigned. If the client has no other payment source for personal care and the evaluation reflects a need for more than 4 hours per day, the Case Manager and client should discuss how the other needs will be met (by family, client payment, etc.)
7. The Case Manager will submit a copy of the ASCC-43 with a memo to the Client Services Administrator describing the plan for use of LTAC hours. A copy of the completed ASCC-43 with the memo will be filed in the client file under the Prescription tab.
8. Develop and sign, in cooperation with the client, an Independent Living Plan (ASCC-28), which defines all aspects of the LTAC service plan.
9. Verify that the client continues to meet all eligibility requirements and have the client sign the Attendant Care Cooperative Agreement (ASCC-25).
10. Explain to the client the responsibilities accepted by the client to be the employer of the attendant(s), including the recruitment, hiring, management, termination, and payment of the attendant.
11. Document that the client has identified and provided the name of a person to serve as a backup attendant in the absence of the primary LTAC attendant. If the client is unable to name a backup, the Case Manager will not authorize LTAC.
12. If the client requires more attendant care services than provided by LTAC (124 hours per month maximum), the Case Manager will document the client's plan for providing additional services needed. If the client is unable to identify a plan with the Case Manager's assistance, the Case Manager will not authorize LTAC.
13. When the client has identified an attendant(s), the Case Manager will provide the client with a supply of time sheets (ASCC-24) and explain procedures for completing and submitting time sheets.
14. Authorize and encumber the cost of attendant care for the remainder of the fiscal year based on the number of LTAC hours per month, at $10.00 per hour.
15. Upon receipt of the client's LTAC time sheet each month, the Case Manager will review it, authorize payment, and attach the time sheet to the authorization/statement of account. The authorization will be sent to the Central Office within 48 hours of receipt of the time sheet in the field office in order to facilitate timely payment.
16. If the Case Manager is unavailable (i.e., on leave) during the time of month the time sheet and authorization/statement of account are due, the field secretary will send both the time sheet and authorization to the Client Services Administrator for approval and signature.

PROCEDURES

Authorization/Statement of Account

The procedures below should be followed when completing the Authorization/Statement of Account form (ASCC-10) for LTAC.

1. Complete Sections A and B for the entire fiscal year (i.e., effective date: 7-1-06 to 6-30-07) and Vendor ID/Social Security # in Section C (using **only** the last four digits of the client's social security number).
2. The Case Manager signs and dates the authorization (Section B **only**).
3. Section C is left blank. A copy is then forwarded to Central Office.
4. The original ASCC-10 is to be signed by the client. (For instructions regarding client's inability to sign, see Chapter 15, pages 15-4, 5).
5. Do **not** date the client signature section of the ASCC-10.
6. Forward a copy of the signed ASCC-10 (Case Manager **and** Client signatures) and ASCC-25 to the Central Office.
7. Make 11 copies of the ASCC-10 and keep in a file with the original for authorizing attendant care each month.
8. At the end of each month when the time sheet is received, pull one copy of the ASCC-10 and complete Section C according to the time sheet.
9. The Case Manager signs and dates the ASCC-10 in Section C.
10. A copy of the time sheet and signed ASCC-10 are placed in the client's file.
11. The monthly time sheet will serve as the original invoice and should be attached to the ASCC-10 and sent to the Central Office. A fax of the time sheet may also serve as an original invoice.

Time Sheets

The Case Manager will make sure the Long Term/Short Term Attendant Care Time Sheet (ASCC-24) is complete, and signed by both the personal care attendant(s) and the client who is receiving this service. An ASCC-24 must be completed and signed each month a client receives attendant care services.

1. **Client Name** - Name of the client that is receiving the attendant care will always appear here.
2. **Month/Year** - The month and year in which the attendant care is provided will always appear here.
3. The attendant will place his/her initials in the space provided for each day he/she worked and fill in the hours worked that day (i.e., 2:00-4:00 p.m.).
4. At the end of the month, the hours will be added up and the total number of hours entered at the bottom of the sheet.

5. The personal care attendant(s) and client will sign this form, and the client will send the form to the Case Manager.
6. If the client uses more than one attendant, the secondary attendant must complete the number of hours worked per day on this same time form, and place his/her initials in the space provided for each day he/she works. Also, the secondary attendant will verify the information for the month by signing at the bottom of the form where indicated.
7. Upon receipt of the client's LTAC time sheet each month, the Case Manager will review it, authorize payment, and attach the time sheet to the Authorization/Statement of Account. The authorization is to be sent to the Central Office within 48 hours of receipt of the time sheet in order to facilitate timely payment.

Resident Certification for Long Term Attendant Care (ASCC-25A)
State law mandates that recipients of LTAC:
1. Have been residents of Arkansas for at least five years.
2. Sustained his/her spinal cord disability while a resident of Arkansas.

In order to certify the client meets these requirements, each applicant for LTAC must read, agree to, and sign the ASCC-25A.

Documentation
The following documentation must be completed to start Long Term Attendant Care:
1. Revision of the ASCC Independent Living Plan (ASCC-28).
2. Signed Attendant Care Cooperative Agreement (ASCC-25).
3. Resident Certification for LTAC (ASCC-25A).
4. Attendant Care Time Sheet (ASCC-24) issued to client.
5. Certification of backup attendant care and additional attendant care, if needed, by the client.
6. Authorization/Statement of Account form (ASCC-10) for remainder of the fiscal year.

All documentation pertaining to Long Term Attendant Care will be filed together in the client's file under the Purchases tab.

SHORT TERM ATTENDANT CARE (STAC) PROGRAM

PURPOSE

The purpose of the ASCC Short Term Attendant Care (STAC) is to assist clients who need temporary attendant care to allow them to live in the community and prevent hospitalization or institutionalization. The maximum number of STAC hours one client can receive reimbursement for during one fiscal year (July 1-June 30) is 372 total hours. These PCA hours should be scheduled to best meet the client's need.

Eligibility
In order to be eligible for STAC, the individual must:

1. Meet the ASCC medical and financial eligibility requirements (see chapters 4 and 5).
2. Have a prescription from the client's physician describing the quantity (number of hours) and duration (number of days or weeks) that STAC is needed.
3. The client must accept all responsibility for recruiting, hiring, training, managing, and reimbursing the personal care attendant.

Attendant Care Cooperative Agreement (ASCC-25)
See LTAC Section (Page 11-3)

Application
To apply for STAC, the client should contact his/her Case Manager. The client must obtain necessary documentation from his/her physician before STAC can begin. The prescription obtained from the client's physician must include the following:
1. Reason for STAC.
2. Number of hours needed per day.
3. Anticipated duration of STAC.
4. Start date of STAC.

In order to effectively coordinate this request, the Case Manager should contact the physician's office directly. Discussing the STAC request with the client's physician or nurse will enable the Case Manager to answer any questions or clarify any issues which may arise.

To request STAC for a client, the Case Manager must:

Submit a request to the Client Services Administrator requesting the service for the client. The memo should include:
1. Date of request
2. Reason for request
3. Number of hours needed
4. Duration of STAC
5. Total dollar amount requested
8. Statement that the client meets all eligibility requirements

The Client Services Administrator will review the STAC request and provide the Case Manager a written memo indicating approval/disapproval within three (3) days. Short Term Attendant Care will not be authorized by the Case Manager until approval is obtained.

Reimbursement Policy

1. Short Term Attendant Care is a reimbursement program. This means that payment is provided to the client upon submission of a time sheet documenting hours worked by the personal care attendant (PCA). No payment is provided in advance. Processing of the reimbursement request typically takes 7-10 working days.
2. All reimbursement payments are provided to the client to be disbursed to the PCA(s). The client is responsible for all payments to the PCA(s). The ASCC will make no payment to the PCA(s).
3. The client agrees to assume all responsibility of employer in the client/PCA relationship. The ASCC and its Case Managers will not be involved in any discussion with the client or the PCA regarding work hours, duties to be performed, training, or any other topic that could be perceived to indicate the Commission is the employer.
4. Reimbursement for STAC will be $10.00 per hour.
5. Short Term Attendant Care funds may not be used to reimburse a family member for personal care services. (For the purpose of this policy, a family member is a spouse, parent, stepparent, grandparent, step-grandparent, sibling, stepsibling, or any other person related to the client who lives in the home.)
6. An Attendant Care Cooperative Agreement (ASCC-25) must be signed by the client and Case Manager. A copy must accompany the initial Authorization/Statement of Account before any reimbursement payment can be made.
7. No reimbursement for STAC will be provided until a completed time sheet is submitted.

Client Responsibilities

In order to receive STAC reimbursement, it is the responsibility of the client to:

1. Provide a physician's prescription containing the reason STAC is needed, quantity, and duration of the STAC.
2. Identify, recruit, and certify in writing the name of the individual(s) who will provide backup attendant care in emergency situations in which the paid attendant is fired, fails to show up, is ill, is on vacation, or in any other situation that would leave the client without attendant services.
3. Serve as the employer of the personal care attendant(s), including recruiting, hiring, training, managing, terminating, and paying all attendant care providers. The ASCC will not provide assistance for these responsibilities
4. Submit an accurate, complete, and signed Attendant Care Time Sheet (ASCC-24) to document the hours worked by personal care attendant(s). Time sheets should be submitted before the 5th of the month (except for July, when time sheets are requested by June 23).
5. Sign the ASCC Authorization/Statement of Account (ASCC-10) as requested by the Case Manager to encumber and disburse STAC funds.

Case Manager Responsibilities

1. Assess the client's need for STAC and verify physician's prescription for appropriate hours required.
2. Assist the client in identifying/applying for other available personal care service funding, if available.
3. Explain to the client the responsibilities accepted as the employer of the PCA(s), and have the client sign the Attendant Care Cooperative Agreement (ASCC-25).
4. Verify and document the client's certification of a backup PCA in emergency situations where the paid PCA is unable to provide services.
5. Provide the client with a supply of time sheets (ASCC-24) and explain the procedures for completing and submitting time sheets.
6. Authorize and encumber the total STAC hours approved on the ASCC-10.
7. Upon receipt of the client's STAC time sheet each month, the Case Manager will review it, authorize payment, and attach the time sheet to the authorization/statement of account. The authorization will be sent to the Central Office within 48 hours of receipt of the time sheet in order to facilitate timely payment to the client for their attendant cost reimbursement.

PROCEDURES

Authorization/Statement of Account

The procedures below will be followed when completing Authorization/Statement of Account forms (ASCC-10) for STAC:

1. Complete Sections A and B for the entire period STAC is needed (i.e., effective date: 7-1-06 to 8-30-07) and Vendor ID/Social Security # in Section C (using **only** the last four digits of the client's social security number).
2. The Case Manager signs and dates the authorization (Section B **only**).
3. Section C is left blank. A copy is then forwarded to Central Office.
4. The original ASCC-10 is to be signed by the client.
5. Do **not** date the client signature section of the ASCC-10.
6. Forward a copy of the signed ASCC-10 (Case Manager **and** Client signatures) and ASCC-25 to the Central Office.
7. Make the necessary number of copies of the ASCC-10 and keep in a file with the original for authorizing attendant care.

8. When time sheets are received, pull one copy of the ASCC-10 and complete Section C according to the time sheet.
9. The Case Manager signs and dates the ASCC-10 in Section C.
10. A copy of the time sheet and signed ASCC-10 are placed in the client's file.
11. As with LTAC, the STAC time sheet will serve as the original invoice and should be attached to the authorization and sent to the Central Office. A fax of the time sheet may also serve as an original invoice.

12. Short Term Attendant Care authorizations do not have to be submitted monthly. Case Managers may submit sooner if the duration of the STAC is less than an entire month (i.e., two weeks). This will enable the individual providing STAC to receive payment in a timely manner.

Time Sheets
See LTAC Section (Page 11-7)

Documentation
The following documentation must be completed to start Short Term Attendant Care:
1. The original physician's prescription in case file.
2. Signed Attendant Care Cooperative Agreement (ASCC-25).
3. Attendant Care Time Sheet (ASCC-24) issued to client.
4. Certification of backup attendant care by the client.
5. Authorization/Statement of Account (ASCC-10) for duration of STAC.

All documentation pertaining to STAC will be filed together in the client's file under the Purchases tab.

Client Hospitalization
LTAC or STAC will not be provided during the time a client is hospitalized or is a resident of any residential facility. The client will not be eligible for these services until discharged. Time sheets will reflect any interruption in services during the month. The Case Manager will complete case documentation describing the reason for and dates of client's ineligibility.

PERSONAL CARE SERVICES FUNDING

Though personal care services (attendant care) is a cost effective method of providing assistance to individuals with disabilities to keep them independent at home and prevent institutionalization, there are few resources for funding the service.

However, some services do exist for individuals who meet the program criteria of each.

Medicaid
Arkansas Department of Health & Human Services, Division of Medical Services, is the State agency that provides Medicaid. Personal Care Services (PCS) is one of the services provided by Arkansas Medicaid. Clients who have severe disabilities and require assistance for activities of daily living may be eligible for PCS. Medicaid is the funding source, but is not the provider of PCS. The best way to access this service for your client is through a PCS provider, such as Area Agencies on Aging, the Arkansas Department of Health & Human Services or other private home health agencies.

Alternatives for Adults with Physical Disabilities
Alternatives for Adults with Physical Disabilities is a Medicaid waiver program designed to serve a limited number of adults with physical disabilities. Individuals who have a physical disability, 21 to 64 years of age, and meet established financial guidelines (income of no more than 300% of SSI), may be eligible for the Alternatives waiver if they meet intermediate level nursing home placement criteria. The cost of these services cannot exceed the annual cost of nursing home placement. Services offered include environmental modifications (such as ramps, grab bars, widening doors, modifying bathrooms, environmental controls, hand controls, etc.) and personal care assistance. An Alternatives Waiver recipient will also receive a Medicaid card and will be eligible for regular Medicaid services such as: prescription medications, physician and hospital services. An Alternatives Waiver application packet may be obtained by contacting the Department of Health & Human Services, Division of Aging and Adult Services, at 1-800-981-4457.

Independent Choices
Independent Choices is a Medicaid waiver program designed to serve individuals with a medical need for personal care. This is a consumer-directed pilot program to give clients a monthly cash allowance in place of traditional personal care. Individuals age 18 or older who are Medicaid eligible or are receiving Medicaid services may be eligible for these services. Eligible individuals are able to choose, supervise and pay their own personal care aide or use the allowance to purchase other items related to personal care needs. This is a research project and with a service group receiving the allowance segment and a control group receiving traditional services. Enrollees are randomly assigned to either group, meaning if the client applies for Independent Choices, the client may not get consumer directed care. An Independent Choices waiver application packet may be obtained by contacting the Division of Aging and Adult Services at the toll free number 1-888-682-0044.

Elder Choices
Elder Choices is a home and community based program funded by Medicaid as an alternative to nursing home care. Individuals 65 or older who meet established financial guidelines may be eligible for Elder Choices if they meet intermediate level nursing home placement criteria. An Elder Choices recipient may receive a combination of services based on medical need and availability. Services often include:

- Adult Day Care
- Adult Day Health Care
- Homemaker Services
- Chore Services
- Home Delivered Meals
- Personal Emergency Response System (LifeLine)
- Adult Foster Care

- Respite Care

An Elder Choices recipient will also receive a Medicaid card and will be eligible for regular Medicaid services such as: prescription medications and doctor and hospital services.

Application for Elder Choices may be made at the local county Department of Health & Human Services offices. To obtain the number for the appropriate county office, the Case Manager should call (501) 682-9993 or 1-800-285-1121.

Medicare
Many of our clients whose income is from Social Security Disability Income (SSDI) qualify for Medicare. Unfortunately, Medicare **does not** provide PCS. However, Medicare will provide home health services to individuals who are homebound. If your client has Medicare and has needs that are medical (i.e., pressure sores, indwelling catheter changes), he/she may qualify for home health services. These are typically limited in duration and frequency. A referral to a home health provider will allow your client to be assessed for home health services.

Veterans Administration (VA)
The VA provides limited PCS, usually referred to as aide and attendant care. This service is available only to severely disabled service connected veterans. If you think your client may be eligible, contact the Veterans Administration SCI Coordinator at 501-257-3309.

Private Insurance/Workers Compensation
Some third-party carriers (insurance companies) will provide PCS as a cost-effective method of preventing hospitalization for their clients. Unfortunately, these services are usually of short duration. To access these services, it is best to contact the insurance case manager. Most often a physician's prescription will be required.

Out-of-Pocket
Unfortunately, the most common payment source for PCS is the individual or family who is receiving the service. Many individuals will not qualify for the programs listed above, or require more services than are provided, and must pay for the services themselves. These individuals will frequently choose a private provider (individual who is personally paid - not through an agency) for the services. However, some of the Agency providers (i.e., Arkansas Department of Health & Human Services) will provide PCS on a sliding scale based on the individual's income. Clients in litigation for a settlement should be sure to include PCS as a needed component of a planned trust or settlement.

PERSONAL CARE SERVICES PROVIDERS

There are several ways to find someone to provide PCS for your clients. Frequently, provider agencies are excellent resources in assessing and advocating for the client with the funding source. The providers vary in different areas, but the following resources may be useful.

Arkansas Department of Human Services (DHS)
The Division of In-Home Health provides PCS in **most** counties. They will coordinate assessments, prescriptions, billing, scheduling, and requests for extensions. They will also bill Medicaid, Medicare, and private insurance, and provide a sliding scale for private pay clients. Contact through the county health unit in the county where the client resides.

Area Agencies on Aging (AAA)
The AAAs provide PCS in most areas of the State, and will coordinate assessment, prescriptions, scheduling, billing, and requests for extensions. They will also bill Medicare, Medicaid, private insurance, and private pay client. The AAAs primarily serve senior citizens, but will provide services to SCI clients. There are eight regional AAAs in Arkansas:

Region I
Area Agency on Aging of Northwest Arkansas
1510 Rock Springs Road
P.O. Box 1795
Harrison, AR 72602-1795

Phone: 870-741-1144 • Toll free: 1-800-432-9721 • TDD: 870-741-1346

Baxter	Carroll	Newton
Benton	Madison	Searcy
Boone	Marion	Washington

Region II
White River Area Agency on Aging
3998 Harrison Street
P.O. Box 2637
Batesville, AR 72503

Phone: 870-612-3000 • Toll free and TDD: 1-800-382-3205

Cleburne	Izard	Stone	Woodruff
Fulton	Jackson	Van Buren	
Independence	Sharp	White	

Region III

East Arkansas Area Agency on Aging
2005 E. Highland/Fountain Square
P.O. Box 5035
Jonesboro, AR 72403

Phone: 870-972-5980 • Toll free: 1-800-467-3278

Clay	Cross	Lee	Poinsett
Craighead	Greene	Mississippi	Randolph
Crittenden	Lawrence	Phillips	St. Francis

Region IV
Area Agency on Aging of Southeast Arkansas
709 East 8th
P.O. Box 8569
Pine Bluff, AR 71611

Phone: 870-543-6300 • Toll free and TDD: 1-800-264-3260

Arkansas	Chicot	Drew	Lincoln
Ashley	Cleveland	Grant	
Bradley	Desha	Jefferson	

Region V
CareLink, the Central Arkansas Area Agency on Aging
706 West 4th Street
P.O. Box 5988
North Little Rock, AR 72119

Phone: 501-372-5300 • 501-688-7437 • Toll free and TDD: 1-800-482-6359

Faulkner	Monroe	Pulaski
Lonoke	Prairie	Saline

Region VI
Area Agency on Aging West Central Arkansas
905 W. Grand Avenue
Hot Springs, AR 71913

Phone: 501-321-2811 • Toll free: 1-800-467-2170 • TDD: 501-321-2811
Fax: 501-321-2650 (Hot Springs) • 501-967-2401 (Russellville)

E-mail: info@seniorspecialists.org

Clark	Hot Spring	Perry	Yell
Conway	Johnson	Pike	
Garland	Montgomery	Pope	

Region VII
Area Agency on Aging of Southwest Arkansas
600 Columbia, 11E
P.O. Box 1863
Magnolia, AR 71754-1863

Phone: 870-234-7410 • Toll free and TDD: 1-800-272-2127

Website: www.agewithdignity.org

E-mail (Information and Assistance Division): inref@magnolia-net.com

Calhoun	Hempstead	Little River	Ouachita
Columbia	Howard	Miller	Sevier
Dallas	Lafayette	Nevada	Union

Region VIII
Area Agency on Aging of Western Arkansas
524 Garrison
P.O. Box 1724
Fort Smith, AR 72902

Phone: 479-783-4500 • Toll free: 1-800-320-6667

Crawford	Polk
Franklin	Scott
Logan	Sebastian

Private Home Health Agencies
Some private agencies provide PCS, and most provide home health. If they provide PCS, they will coordinate assessment, prescriptions, scheduling, and requests for extensions. These agencies will bill Medicaid, Medicare, private insurance and private pay. Find in your local telephone book under home health or through hospital or rehabilitation center.

Private Providers
Individuals, who provide the services personally, often are off-duty medical workers, students, neighbors, or friends. Most work for direct payment and do not bill any funding source. These are frequently a less expensive option for those paying out-of-pocket.

Local Hospitals and Nursing Homes
Most hospitals have or are affiliated with a home health service, and many hospitals often keep a list of individuals willing to provide personal care services. The Director of Nursing in a nursing home may also know of some capable providers who are willing to provide personal care services.

RESOURCES

The following resources regarding personal care services are available in the ASCC Education and Resource Center on SCI.

Attendant Care Services - Fact Sheet #7, ASCC, 2005 – a short information sheet on what attendant care is and how it is provided.

“Home Health Aides-How to Manage the People Who Help You” by A.H. DeGraft, Saratoga Access Publications, 1988.

Spinal Network 3, by Sam Maddox; Spinal Network, Boulder, Colorado, 2002, pp. 363-91.

"Yes You Can," by M. Hammond et al, Chapter 19, Attendant Management, PVA Publications, 2000, pp. 155-172.

"Partners in Independence: The PCA’s Role in Pressure Sore Prevention", TIRR, 1990 (12 minute video)

Case Management Services Procedures

FORMS

ASCC-24	Attendant Care Time Sheet
ASCC-25	Attendant Care Cooperative Agreement
ASCC-25A	Resident Certification for LTAC
ASCC-43	Attendant Care Evaluation and Independent Living Analysis

ARKANSAS SPINAL CORD COMMISSION

ATTENDANT CARE TIME SHEET

Client Name: _____ Month: _____ Year: _____

Day	Hours Worked	Initials	Day	Hours Worked	Initials
1	_____	_____	17	_____	_____
2	_____	_____	18	_____	_____
3	_____	_____	19	_____	_____
4	_____	_____	20	_____	_____
5	_____	_____	21	_____	_____
6	_____	_____	22	_____	_____
7	_____	_____	23	_____	_____
8	_____	_____	24	_____	_____
9	_____	_____	25	_____	_____
10	_____	_____	26	_____	_____
11	_____	_____	27	_____	_____
12	_____	_____	28	_____	_____
13	_____	_____	29	_____	_____
14	_____	_____	30	_____	_____
15	_____	_____	31	_____	_____
16	_____	_____	**TOTAL HOURS**	_____	

Return this form to your ASCC Case Manager five (5) days after the last working day month. Send to:

_____

_____

_____

_____

_____

I certify that the above information is correct within for the month and year indicated. I understand of the that false reporting could be considered fraud against the State of Arkansas and could result in my termination from the Long Term Attendant Care Program.

Client: _____

Attendant: _____ Total Hrs: _____

Secondary
Attendant: _____ Total Hrs: _____

ARKANSAS SPINAL CORD COMMISSION

ATTENDANT CARE COOPERATIVE AGREEMENT

The terms and policies of the Arkansas Spinal Cord Commission (ASCC) Attendant Care Program have been explained to me, and I agree to comply with these policies. I understand that ASCC will **reimburse** me for actual costs incurred for attendant care. The reimbursement rate for these services will be $10.00 per hour. **I understand that this reimbursement will not be utilized to pay a family member as an attendant.** ***According to the ASCC Long Term Attendant Care policy, a family member is defined as a spouse, parent, stepparent, grandparent, step-grandparent, sibling, stepsibling, child, stepchild, or any person who is related to the client and resides in the same home as the client.***

I understand that I, alone, am responsible for all aspects of the employment of the attendant (including, but not limited to, recruiting, hiring, training, supervising, paying, and terminating attendant) and that the Arkansas Spinal Cord Commission will not assume any of the authority or responsibility associated with the employment of my attendant.

_____

Client (or parent/guardian, if minor) Date

ARKANSAS SPINAL CORD COMMISSION

RESIDENT CERTIFICATION FOR LONG TERM ATTENDANT CARE

I, _____, do hereby certify that I have been a resident of Arkansas for at least five (5) years and was a resident of the state of Arkansas when I was injured or sustained my spinal cord disability.

The above information is true and correct.

_____

Client (or parent/guardian, if minor) Date

ARKANSAS SPINAL CORD COMMISSION

ASCC-43
R 8/12

ATTENDANT CARE EVALUATION AND INDEPENDENT LIVING ANALYSIS

ASSISTANCE:	NOT REQUIRED	REQUIRED	ESTIMATED ALLOTMENT	FREQUENCY
Personal Hygiene:				
Shower				
Bed bath				
Tub bath				
Sponge bath @ tub or sink				
Brush teeth				
Comb hair				
Shampoo hair				
Dressing Routines:				
Underclothes on & off				
Upper outerwear on & off				
Lower outerwear on & off				
Stockings & shoes on & off				
Braces or splints on & off				
Cleaning Duties:				
Change linens, make bed				
Clean room				
Cleaning personal appliances				
Laundry				
Cleanup of wheelchair				
Locomotion:				
Push manual chair				
Learn power chair operation/ maintenance				
Transfer				
Hoyer lift operation				
Urinary Routine:				
Empty leg bag				
Irrigate catheter or bladder				
Change diversion bag				
Transfer to commode & reverse				
Change uro-sheath				
check urinary PH				
Bowel Routine:				
Digital stimulation				
Manual removal				

ARKANSAS SPINAL CORD COMMISSION

ATTENDANT CARE EVALUATION AND INDEPENDENT LIVING ANALYSIS

ASSISTANCE:	NOT REQUIRED	REQUIRED	ESTIMATED ALLOTMENT	FREQUENCY
Suppository insertion				
Skin Care:				
Skin inspection				
Positioning				
Dietary:				
Feeding assistance				
Food preparation				
Grocery shopping				
Kitchen cleanup				
Other:				
Range of Motion				
Administer & set up medications				

Additional Recommendations

_____
OT/PT Signature

_____
Date

Case Management Services Procedures

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PURPOSE

The ASCC Equipment Loan Program was established to maintain Durable Medical Equipment (DME) for use by clients in immediate need. This equipment provides temporary assistance until appropriate permanent equipment is purchased or repaired. This chapter will establish the procedures for maintaining the equipment, completing the necessary documentation, and checking equipment into or out of the Regional Loan Closet.

ASCC REGIONAL LOAN CLOSETS

Arkansas Spinal Cord Commission Regional Loan Closets will be maintained by designated Case Management offices. Each Case Manager who has been designated this responsibility will oversee the acquisition, inventory, and dissemination of all equipment. A monthly check of the Regional Loan Closet Inventory will be completed by the Case Manager. Procedures for documentation of monthly inventory check are located in the Regional Loan Closet report section (see page 12-4).

These loan closets contain durable medical equipment (DME), such as wheelchairs (power and manual), portable ramps, and wheelchair cushions. Loan closets may also contain medical supplies such as catheters, ostomy supplies, chuxs, gloves, etc. Regional Loan Closet items and equipment may be loaned to any ASCC client regardless of their status. However, Case Managers may not transfer inventory equipment from one Regional Loan Closet to another. Only consumable items may be transferred from one Regional Loan Closet to another.

There are two types of equipment/supplies in the Regional Loan Closets:

1. **Inventory Items** - These are items purchased by ASCC. Items in this category remain as property of the State of Arkansas. They are subject to state policies and procedures for acquisition, inventory, and disposal. Inventory items must be accounted for at all times. These items are checked out to individual ASCC clients (not to agencies or facilities) for a maximum of three months. All inventory items are repaired and maintained by the ASCC.
2. **Consumable Items** - These items are donated to or purchased by the ASCC. The cost or value does not require that they be placed on the ASCC Inventory; however, they are to be placed on the Regional Loan Closet Check In/Out Log (ASCC-5). Items in this category are to be given to the client (consumed out) and become the property of the client. The Case Manager may elect to repair an item so that it will be in good working order prior to consuming out to a client. ASCC will not repair or maintain these items after they are consumed out to the client. The **ONLY EXCEPTION** to this policy will be if the **CONSUMABLE** wheelchair is the **PRIMARY** wheelchair the client has to utilize

as their **ONLY** means of mobility. If this exception is met, ASCC will maintain and repair this wheelchair if a Wheelchair Repair Agreement (ASCC-35) is completed.

INVENTORY RESPONSIBILITIES

Regional Loan Closet Inventory

Master Inventory List: All Case Managers will maintain a computer database Master Inventory List (ASCC-4) of items in the designated Regional Loan Closet. The Master Inventory List (ASCC-4) will include all equipment (excluding items designated as consumable), and each type of equipment will have a designated page. The types of equipment will include: **Wheelchairs (Power/Manual), Other**. At the bottom of the computer screen there will be a designated page for each type of individual equipment in the inventory database. The following information will be documented on the Master Inventory List:

A. **Equipment Description:** The description of each piece of equipment must be listed in the specific order as follows:

1. Kind, (i.e., Power, Manual, Scooter)
2. Brand, (i.e., Quickie, Invacare, Jazzy)
3. Model (i.e., P222, 9000, 1470)
4. Size, width x depth of seat (i.e., 16 x 18)
5. Color (i.e., Black Opal)

When writing the description of the equipment, always enter in the exact order as listed above. This will enable the equipment to be sorted/grouped according to the kind of equipment listed (i.e., all power wheelchairs can be listed together) in the inventory database.

B. **Condition:** Choose what condition the equipment is in when added to the Master Inventory List. The choices are: **Excellent, Good, Fair, Poor.** The following definitions will serve as a guide to assist the Case Managers in determining what condition to assign a piece of equipment:

1. **Excellent:** New, appears unused, nothing needed prior to assigning out to a client.
2. **Good:** Slightly used, in working order, requires no cleaning or repairs prior to reassignment.
3. **Fair:** Still in usable condition, older model or has been loaned out frequently, may require some minor repairs or cleaning prior to reassignment.
4. **Poor**: Well used, looks worn, requires extensive cleaning or repair prior to reassignment.

As the equipment is loaned out numerous times, it may be necessary to change the condition of the equipment when it is returned to the Regional Loan Closet. Case Managers should monitor the condition of all equipment and make these changes as necessary. When the condition of the equipment reaches the "Poor" status, the Case Manager should consider requesting the item be deleted from the Master Inventory List.

C. **ASCC Tag Number:** Enter the ASCC Tag Number in the section provided**. Do not leave this section empty.** If the equipment does not have an ASCC Tag Number, put **"None"** in the section.

D. **Serial Number**: Enter the Manufacturer's serial number in the section provided. **Do not leave this section empty.** If the equipment does not have a Manufacturer's serial number, put **"None"** in the section.

E. **Equipment Added or Deleted:** It is the Case Manager's responsibility to ensure all equipment is added to the Master Inventory List. When a new item needs to be added to the Regional Loan Closet, **Add** must be entered into the Add or Delete section of the Master Inventory List. The date that the equipment is added to the Master Inventory List must be entered into the Date section.

When a Case Manager determines it is necessary to delete an item, the procedures in this Chapter regarding reporting Lost, Stolen, Destroyed, or No Longer Usable Equipment must be followed (pages 12-5 – 12-8).

Regional Loan Closet Reports

Monthly Inventory Check: Once the monthly inventory has been completed by the Case Manager, a memo will be submitted to the Client Services Administrator indicating monthly inventory is completed. Equipment on loan must be listed in the memo with the following information included:

A. Name of client.

B. Equipment Description (i.e., Quickie II, Manual Wheelchair, 18 x 18, Red).

C. ASCC tag number and serial number.

D. Date equipment is due to be returned.

The monthly Inventory Check Memo must be submitted to the Client Services Administrator by the 5th of the proceeding month (October memo due November 5th).
At the end of each quarter, the Case Manager will submit:

1. A copy of the Master Inventory List (ASCC–4) electronically to Central Office.
2. A copy of the Regional Loan Closet Check In/Out Log (ASCC–5) submitted by fax or mail.

The Master Inventory List (ASCC-4) and the Regional Loan Closet Check In/Out Log (ASCC–5) will be submitted to Central Office by the following dates:

1st Quarter - October 15	**3rd Quarter - April 15**
2nd Quarter – January 15	**4th Quarter – July 15**

After a review has been completed by Central Office, an updated Master Inventory List will be returned electronically to the Case Manager. An updated copy of the computerized Master Inventory List (ASCC–4) will be placed in each Regional Loan Closet Manual. Each quarter the updated copy of the Master Inventory List (ASCC–4) should replace the previous quarter's copy.

Inspection of Regional Loan Closet by Client Services Administrator

The Client Services Administrator will complete an inspection of each Regional Loan Closet during regular field office visits. The Master Inventory List and Check In/Out Log will also be reviewed during this inspection.

Reporting Lost/Stolen, Destroyed, No Longer Usable Equipment

Case Managers will be responsible for reporting lost, stolen, destroyed or no longer usable equipment. These items will need to be deleted from the Master Inventory List (ASCC–4). Case Managers will use the following definitions as a guide to determine whether an item should be requested for deletion from the Master Inventory List:

Lost: Equipment that has been physically misplaced by the client and/or cannot be located. When the Case Manager is made aware that the client has lost the equipment, a signed statement from the client must be obtained indicating the circumstances surrounding the loss of the equipment.

NOTE: Equipment will also be considered lost if a client moves out of state and fails to return loaned equipment and the Case Manager is unsuccessful in retrieving the equipment. The Case Manager will document attempts to contact client regarding the equipment (i.e., certified letter to client's new address (if available), phone contact with family or client).

Stolen: Equipment that has been physically taken by someone other than the client and is no longer in the client's possession. When the Case Manager is made aware that the equipment has been stolen, the client must be informed that the theft must be reported to the police and a report must be obtained. If the client fails to obtain the police report, it

will be the Case Manager's responsibility to report that the equipment has been stolen and obtain the police report.
If any equipment is stolen from the Case Manager (i.e., office, car) or from the Regional Loan Closet, the Case Manager must also report that the equipment has been stolen and obtain a police report.

Destroyed: A piece of equipment that has been physically destroyed (i.e., destroyed in a fire, run over by a vehicle, destroyed in a vehicle crash). If the client has insurance a copy of the insurance report (i.e., home owners, car insurance), must be obtained by the Case Manager as supporting documentation. When the client does not have insurance, a signed written statement from the client must be obtained by the Case Manager indicating how the equipment was destroyed.

No Longer Usable: A piece of equipment will be considered no longer usable if the condition has deteriorated to the point to where the equipment cannot be repaired or repairs are too costly (i.e., exceeds the worth of the equipment). This equipment must be picked up by the Case Manager and returned to the Regional Loan Closet until arrangements are made to deliver the no longer usable equipment to Central Office. No longer usable equipment may only be disposed of by Central Office.

Procedure for Requesting Equipment Removal

According to DFA Office of Accounting - Financial Management Guide, Subchapter 15 Property and Equipment Inventory, Lost/Stolen the following procedures must be adhered to:

Case Managers Responsibilities:

1. Report lost/missing equipment to the Executive Director as soon as it is determined equipment cannot be located. A detailed description of the equipment will be provided:
   a. Type of wheelchair (i.e., Quickie 2, Manual)
   b. Color (i.e., Black Opal)
   c. Size, width x depth of seat (i.e., 16 x 18)
   d. ASCC tag number
   e. Serial Number
2. The Case Manager will provide a detailed Memo reporting attempts to locate. Memo will include:
   1. Date wheelchair was loaned and to what client.
   2. Date attempts were made to locate missing wheelchair.
   3. Copies of narratives and/or correspondence related to attempts to locate.
   4. Verification that inventory has been completed of loan closet.
   5. Completed Inventory Status Change/Transfer form (ASCC-42).

6. Attach supporting documentation to the memo (i.e., a copy of the police report if equipment was stolen, estimate from vendor indicating that cost of repair will exceed worth of equipment or indication that equipment is no longer usable and cannot be repaired).
7. A copy of this memo and supporting documentation must be placed in the Regional Loan Closet Manual. A copy must also be placed in the case file if the client is responsible for the loss (i.e., lost, stolen, destroyed by client).

Executive Director Responsibilities:

1. When a report is received that equipment is lost/missing the Executive Director will request that the Agency Fiscal Manager conduct a search of the property and transfer documents to see if the equipment was turned in to Marketing and Redistribution (M&R) or transferred to another Case Manager's office.
2. Should the search completed by the Fiscal Manager prove unsuccessful, the Executive Director will submit a memo with information provided by the Case Manager to the Client Services Administrator requesting a thorough investigation.
3. Once the investigation is completed and a report is submitted by the Client Services Administrator, if the Executive Director is satisfied that the missing property cannot be located, a credit for State Property form along with copies of the investigative report will be prepared and submitted to the DFA Office of Accounting Administrator.
4. Upon receipt of approval credit for state property, the Executive Director will submit in writing a request to the Agency Fiscal Manager to remove the missing property from the capital asset records.
5. Executive Director will take appropriate action to prevent any recurrence.

Agency Fiscal Manager Responsibilities:

1. Upon notification from Executive Director that equipment is lost or missing the Agency Fiscal Manager will consider the following:
   a. Determine if property was turned in to the proper disposal agency (M&R) and records were not correctly posted.
   b. Check to see if the location of the property was incorrect or if property was transferred to another location and not recorded.
   c. Agency Fiscal Manager will notify Executive Director, in writing, of the results of the above records search.
   d. Upon receipt of request from Executive Director regarding the need to remove requested property from inventory, Agency Fiscal Manager will complete the appropriate credit for State Property form for the Executive Director's signature.
   e. When notified by Executive Director that approval has been received from DFA, Agency Fiscal Manager will remove property from capital assets records.

Client Services Administrator Responsibilities

1. Upon receipt of the investigation request and Case Manager documentation from the Executive Director, the Client Services Administrator (CSA) will:
   a. Check the last recorded location of missing equipment and adjacent areas.
   b. An interview will be conducted with all individuals assigned to the area where property was last located.
   c. Review of Loan Closet Check In/Out log will be completed.
   d. Review of client file and Equipment Loan/Return Agreements.
   e. CSA will make contact with the last client that equipment/property was loaned to.
   f. CSA, with Case Managers assistance, will complete an inventory of the regional loan closet in an attempt to locate equipment/property.
   g. If above actions fail to locate property a memo with description, ASCC tag number, and serial number will be sent to **ALL** Case Managers requesting a search of their regional loan closets.
   h. If at any time during the investigation it is suspected that property has been stolen, Client Services Administrator will immediately notify Executive Director and request a police report be filed by the appropriate Case Manager.
   i. At the conclusion of the investigation, CSA will submit a final investigation report to the Executive Director outlining the circumstances surrounding the case and recommendations of any actions deemed necessary.

Regional Loan Closet Check In/Out Log

Case Managers will be responsible for maintaining a check in/out system for all equipment loaned or returned to the Regional Loan Closet. All items must be entered on the Regional Loan Closet Check In/Out Log (ASCC-5) at the time it enters or leaves the Regional Loan Closet. The ASCC-5 will be maintained in the Regional Loan Closet. Procedures for completing the ASCC-5 are found in the Check In/Out Procedures, page 8, of this chapter**.**

Regional Loan Closet Maintenance

Equipment Inspection: A thorough inspection of all equipment in the Regional Loan Closet will be conducted by the Case Manager at the end of each quarter prior to submitting Master Inventory List (ASCC-4) and Regional Loan Closet Check In/Out Log (ASCC-5) to the Central Office. Any repairs and/or modifications for Regional Loan Closet equipment will be authorized to the Regional Loan Closet. This includes modifications previous to delivery and any cleaning or repairs needed upon pickup and before return to Regional Loan Closet. Case Managers will inspect equipment prior to placement in their Regional Loan Closet. All equipment must be cleaned and/or repaired prior to it being checked into the Regional Loan Closet. Equipment will also be checked for problems before being placed with a client. Wheelchair tires should be checked for proper air pressure, as should Roho cushions. Power wheelchair batteries should be fully charged.

Regional Loan Closet Equipment Repair Procedure

The purpose of this section is to ensure proper steps have been made to maintain control and track Regional Loan Closet equipment. When the Case Manager determines a Regional Loan Closet wheelchair or other DME needs repair, the procedures below will be followed:

1. The Case Manager will complete and sign the Equipment Repair Statement (ASCC-26A) ***prior*** to transporting the equipment to a DME vendor.
2. The Case Manager will copy the completed ASCC-26A and give that copy to the Administrative Specialist (A.S.) prior to departure.
3. The Case Manager will take the ***original*** ASCC-26A, along with the equipment, to the vendor. A vendor representative **must** sign and date the ASCC-26A verifying receipt of the equipment, the case manager will return the signed ASCC-26A to their office.
4. The original, signed and dated ASCC-26A will be given to the A.S. and the prior copy will be discarded. The A.S. will maintain the ASCC-26A in a "Pending Repair" file.
5. Once repairs have been completed, the Case Manager will complete the Equipment Repair Return Statement (ASCC-27A) to pick up the equipment. The Case Manager **must** obtain a work order from the vendor and attach it to the signed ASCC-27A.
6. The Case Manager will give the ASCC-27A, with the work order attached, to the A.S. ***the day the equipment is returned to the Regional Loan Closet***.
7. The A.S. will match the ASCC-26A to the corresponding ASCC-27A, all completed documents will be filed in the Regional Loan Closet manual.

Authorization for Repairs: Authorizations for repairs to Regional Loan Closet equipment will utilize procedures and guidelines per Chapter 10. Repairs must be authorized and completed before equipment is returned to the Regional Loan Closet. When authorizing for repairs on equipment from Regional Loan Closets, Regional Loan Closet should be listed in Section A under Client's Name on the Authorization/Statement of Agreement (ASCC-10).

Equipment Assessment and Assignment

Case Manager Responsibilities:

1. The Case Manager will assess all requests for equipment and identify the most efficient method to meet the request (loan closet, purchase, rental, etc.). It is the Case Manager's responsibility to only provide loaner wheelchairs to a client who is in immediate need. Case Managers **will not provide more than one wheelchair at a time** to an individual client. Should the Case Manager determine that a loaner wheelchair is inappropriate, the loaner much be returned to the loan closet and the Equipment Return Receipt (ASCC-27) must be completed prior to providing the client with another wheelchair. Every effort must be made by the Case Manager to choose and provide the appropriate loaner wheelchair. Providing

multiple wheelchairs at the same time to one client is not an acceptable practice. There will be no exceptions.

2. The Case Manager will communicate with the prescribing physician, or therapist, and the client to ensure that the request is appropriate and can be filled by ASCC, and to discuss any questions or concerns. The Case Manager should obtain specific information regarding the equipment needs (i.e., for wheelchairs the seat width, depth, height, should be obtained).
3. The Case Manager will coordinate transportation of the equipment to the client and the return of the equipment to the Regional Loan Closet. When it is necessary to authorize payment for equipment transportation, the Case Manager will utilize Reserve Funds. The Case Manager must make arrangements to have equipment delivered or picked up within three (3) days of request.
4. All equipment will be loaned for a maximum of three (3) months.
5. The Case Manager will monitor the client's use of the Regional Loan Closet equipment with contact **at least** every 30 days to ensure:
   a. The client still has the equipment.
   b. The client still needs the equipment.
   c. The equipment is still in working order.
6. Upon each monitoring contact with the client, the Case Manager will document in a case narrative the client still has and needs the loaned equipment and that it remains in working order.
7. If the Case Manager should determine it necessary for the client to retain the equipment longer than three (3) months, a memo requesting an extension must be submitted to the Client Services Administrator ten (10) calendar days before the end of the three (3) month time period. The memo must state the reason the extension is necessary and include a new return date. If the equipment is not returned by the new date, an additional extension request memo is required. Upon review, the Client Services Administrator will send a response to the Case Manager within five (5) days of its receipt in the Central Office. A copy of all memos will be placed in the Regional Loan Closet Manual and the client's case file.

Regional Loan Closet Check In/Out Procedures

Once the most suitable loan equipment is determined for the client's use, the Case Manager loaning the equipment will complete the following until the equipment is returned in working order to their Regional Loan Closet:

A. Regional Loan Closet Check In/Out Log (ASCC–5): Each piece of equipment that is checked in and out of the Regional Loan Closet must be recorded on the Regional Loan Closet Check In/Out Log (ASCC–5). The following information will be recorded on the Regional Loan Closet Check In/Out Log:

1. **Location**: Enter the location of the Regional Loan Closet **(Jonesboro).**
2. **Date Equipment Loaned:** Enter the date the equipment was loaned out **(1/21/05).**
3. **Date Equipment Returned**: Enter the date the equipment is returned to the loan closet **(4/21/05).**
4. **Equipment Description**: Describe the item in detail (use same format as on Master Inventory). Use extra lines if needed **(i.e., Wheelchair, Manual, Quickie II, 16 x 16, Black Opal).**
5. **Serial Number:** Enter the manufacturer's serial number **(Q234567).** Do not leave blank, if there is no serial number enter **"None"** in box.
6. **ASCC Tag Number**: Enter the ASCC Tag Number **(458).** Do not leave blank, if there is no ASCC Tag Number enter **"None"** in box.
7. **Client's Name**: Enter whom the equipment is being loaned to or returned from **(Thomas Jones).**
8. **Due Date:** Enter the date that the equipment is scheduled or due to be returned to Regional Loan Closet **(04/21/05).**
9. **Extension Request Date:** When the due date needs to be extended (over 90 days) and approval is granted, enter the extension due date **(07/21/05).**
10. **Case Manager's Name**: Enter the name of the Case Manager who is checking in/out the equipment **(John C. Manager).**

B. Equipment Loan Agreement: The following steps will be used by each Case Manager to ensure appropriate loan equipment documentation has been completed in regard to the ASCC-26.

1. Once the Case Manager has determined what equipment is needed prior to taking the equipment out of the loan closet, an Equipment Loan Agreement (ASCC-26) or Authorization for Consumable Items will be completed and given to the Administrative Specialist.
2. Upon delivery of the equipment to the client, the Case Manager will obtain the client's signature on the completed ASCC-26. If the client is unable to sign, a family member may sign for them. The person who signs the form accepts responsibility for the equipment. The Case Manager **<u>will not</u>** sign for the client. The Case Manager must always review with the client/family the client's responsibilities listed on the ASCC-26. Completion of ASCC-26 may not be delegated to a non-ASCC employee.

   Distribution of copies of the Equipment Loan Agreement (ASCC-26) is as follows:

   Original – retained in the Regional Loan Closet Manual.
   Copy – given to client as his/her receipt.

Copy – retained in the client's case file.

3. When the Case Manager returns to the office, the signed ASCC-26 must be immediately given to the Administrative Specialist. The Administrative Specialist will discard the first copy and a copy of the signed ASCC-26 will be made for the Regional Loan Closet Manual and the original filed in the client's case file.

C. **Case Narrative:** The Case Manager will complete a case narrative for the client file reflecting the loan of the equipment. The case narrative will state the date the equipment was loaned, a description of the equipment, and any/all identifying numbers (i.e., serial number, ASCC Tag Number).

D. **Client Tracker:** The Case Manager will enter the information of the loaned equipment for that client's name under the LOAN tab of their Client Tracker. The Client Tracker Loan tab information will be completed as follows:

1. **Item Information:** Provide a brief description of the equipment loaned (i.e., Quickie II, 18 x 18, Blue).
2. **Tag Number:** List the ASCC Tag Number in this area.
3. **Serial Number:** List the manufacturer's serial number in this area.
4. **Date Loaned:** List the date the client received the loan equipment.
5. **Date Due Back:** List the date the loaned equipment is due back in your ASCC loan closet.

E. **Equipment Return Receipt:** When picking equipment up from a client, the Case Manager will complete the Equipment Return Receipt (ASCC-27) on each inventory item to be returned to the Regional Loan Closet. A complete description of the item must be provided (i.e., Quickie II, 16 x 16, neon yellow with padded swing away armrest), including serial number and ASCC Tag Number, and condition of equipment (i.e., Excellent, Good, Fair, Poor). A specific description of repairs needed must be included on the ASCC-27.

Distribution of copies of the Equipment Return Receipt (ASCC-27) is as follows:
Original – retained in the Regional Loan Closet Manual.
Copy – given to client as his/her receipt.
Copy – retained in the client's case file.

<u>Consumables</u>

Consumable Supplies

The consumable supplies that a Case Manager may keep in their Regional Loan Closet may include reachers, catheters, chuxs, diapers, etc. These items cannot be reused and should not be

accepted into the Regional Loan Closet after a client has used them. These items are not added to inventory.

Consumable Equipment

Consumable Equipment is durable medical equipment that has usefulness limited to an individual client (i.e., due to size, complexity) or that is typically used by a client for an extended period (i.e., hospital bed, shower chair, sports equipment). These items would not have general usefulness to a large number of clients, thus are not added to loan inventory.

Procedure

A. All equipment and supplies brought into the Regional Loan Closet should be recorded on the Regional Loan Closet Check In/Out Log (ASCC-5).

B. An Authorization/Statement of Account (ASCC-10) should be completed for the item consumed. The sections of the Authorization/Statement of Account (ASCC-10) should be completed as follows:

In the upper left hand corner of the ASCC-10, check the CONSUMABLE box.

Section A

1. **Authorization Date:** Date equipment consumed.
2. **Vendor's Name:** Case Manager's loan closet (i.e., Pine Bluff Loan Closet).
3. **Case Manager's Name & Address:** Authorizing Case Manager and address.
4. **Client's Name:** Client's name that the equipment is being provided to.
5. **SSN:** Enter client's social security number.
6. **Client's Address:** Client's home address.

Section B: Include information for the following columns only.

7. **Service Description:** Provide the type of equipment with each item listed on a different horizontal line.
8. **Qty. of Units:** Number of items.
9. **Total Amt. Authorized:** Type "Consumable".

The Original Copy of the ASCC-10 should be completed and filed in the Loan Closet Manual. A copy should be placed in the client's file and also sent to Central Office.

DONATIONS TO THE REGIONAL LOAN CLOSET

Equipment donations are occasionally made to the Spinal Cord Commission. New or used equipment donated by members of the community make it possible for the Commission to provide clients with much needed equipment. Items that are in good condition and can be used by more than one client are acceptable items to place on the Master Inventory, if the item is

valued at $2,500 or greater. Other equipment that is too specific for general use may be accepted as a Consumable item (i.e., an oversized wheelchair). Items that are "fitted" to the person such as braces, prosthesis, or AFOs are not accepted by ASCC Regional Loan Closet.

Donation Procedure

1. Equipment donated to the Regional Loan Closet **does not** require completion of an Equipment Return Receipt form (ASCC-27).
2. The Case Manager should assess each piece of equipment being donated for its appropriateness and usability in their Regional Loan Closet. If the item(s) are in poor condition or are not appropriate, the Case Manager should assist the person making the donation in finding a more appropriate recipient. The Case Manager will determine disposition of donated equipment:
   A. **Inventory –** Durable medical equipment that is usable by multiple clients valued at $2,500 or greater. These items will be added to the Master Inventory List if approved by the Executive Director.
   B. **Consumable –** Equipment is in good condition with limited use (i.e., due to size) or useful for long-term use by one client (i.e., bed, shower chair, and medical supplies).
   C. **Disposable –** Item determined unusable or inappropriate for general use by ASCC clients.
3. Equipment accepted for donation by the Case Manager should be documented with a memo to the Executive Director. The memo should include:
   A. Name and mailing address of person(s) making the donation.
   B. Description of equipment including:
      1. Size, accessories, brand.
      2. Condition.
      3. Serial number (if available).
   C. Disposition: Indicate whether equipment should be designated as inventory, consumable, or disposal.
4. Upon receipt of the memo, the Executive Director will send a letter of appreciation/receipt to the person making the donation. However, if the individual requests a receipt at the time of delivery of the donation, the Case Manager will prepare a letter of receipt on ASCC stationary. This will list the items donated (**without** an estimated value), dated and signed by the Case Manager.
5. The donated equipment will be added to the Regional Loan Closet Check In/Out Log (ASCC-5) maintained by each Case Manager.
6. Case Manager will complete a case narrative for the client file reflecting items donated.

FORMS

ASCC-4	Regional Loan Closet Master Inventory List
ASCC-5	Regional Loan Closet Check In/Out Log
ASCC-26	Equipment Loan Agreement
ASCC-26A	Equipment Repair Statement
ASCC-27	Equipment Return Receipt
ASCC-27A	Equipment Repair Return Statement
ASCC-42	Inventory Status Change/Transfer Form

Regional Loan Closet Master Inventory List

Wheelchairs

	Condition			Equipment Added or Deleted		
Equipment Description	(Excellent; good; etc.)	ASCC Tag #	Serial #	Add or Delete	Date	Location

Regional Loan Closet Check In/Out Log

Location_____

Date Equip. Loaned	Date Equip. Returned	Equipment Description (Describe item loaned. Use extra lines if needed (i.e., wheelchair, manual, Quickie II; cushion, roho, hi-profile)	Serial #	ASCC Tag #	Client's Name (Who item is being loaned to)	Due Date Date equip. MUST be returned)	Extension Request Date	Case Manager's Name

ARKANSAS SPINAL CORD COMMISSION

Equipment Loan Agreement

This is to certify that I, _____, borrowed the item(s) listed below from the Arkansas Spinal Cord Commission.

It has been explained to me that the listed item(s) shall remain the property of the Arkansas Spinal Cord Commission. Upon accepting responsibility for these items, I agree to the following:

1. To maintain equipment in good working order, not to abuse, modify, loan or discard equipment.
2. To contact the Case Manager when problems arise, or equipment needs repair.
3. To contact the Case Manager when equipment is no longer needed.

I understand this equipment will be loaned to me for a period of no more than three (3) months and will be picked up by the date indicated below.

Description/Condition of Item	ASCC Tag #	Serial Number

Date equipment to be picked up by ASCC: _____

_____
Date Received

_____
Client Signature

_____
Case Manager

Original – Regional Loan Closet
Copy 1 – Case File
Copy 2 - Client

ARKANSAS SPINAL CORD COMMISSION

Equipment Repair Statement

This is to certify that I, _____ , have taken the below listed item(s) to, _____, for repairs.

I understand this form is to be signed by the vendor verifying the listed item(s) have been received for repair.

Equipment Description/Repair(s) Needed	ASCC Tag #	Serial Number

_____ Date Received

_____ Date Taken

_____ Vendor/Representative

_____ Case Manager

First Copy – At Equipment Check-Out
Original – At Equipment Drop-Off

ASCC-27
8/12

ARKANSAS SPINAL CORD COMMISSION

Equipment Return Receipt

This is to certify that I, _____ , am returning the item(s) listed below that was/were loaned to me by the Arkansas Spinal Cord Commission.

Description/Condition of Item	ASCC Tag #	Serial Number

Need for Repairs Yes ☐ No ☐
If yes, list

Description/Repairs needed	ASCC Tag #	Serial Number

_____
Date

_____
Client

_____
Case Manager

Original – Regional Loan Closet Manual
Copy 1 – Case File
Copy 2 - Client

ARKANSAS SPINAL CORD COMMISSION

Equipment Repair Return Statement

This is to certify that I, _____ , have returned the below listed item(s) from, _____, and repairs have been completed.

I have attached a copy of the signed work order to this form verifying repairs.

Equipment Description/Completed Repair(s)	ASCC Tag #	Serial Number

_____
Date Returned

_____
Case Manager

Original – At Equipment Return

ARKANSAS SPINAL CORD COMMISSION
INVENTORY STATUS CHANGE/TRANSFER FORM

The purpose of this form is to account for all inventory items that have been transferred to another employee, another office, another location, lost or stolen. This should be used every time one of the above events has occurred.

Item: _____

ASCC tag # _____

Serial # _____

Description: _____

From: _____ **To:** _____

Location: _____ **Location:** _____

Responsible Person: _____ **Responsible Person:** _____

Reason/Purpose/Condition

Submitted By: _____ **Date:** _____

Approved by Supervisor: _____ **Date:** _____

Entered by/Processed: _____ **Date:** _____

Please return form to Central Office when completed. Keep a copy for your records for the annual inventory count.

Case Management Services Procedures

TOPIC	PAGE
Purpose	13-2
Title XX/SSBG Manual	13-2
Special Services for the Disabled	13-2
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Case Management Services Procedures

PURPOSE

Title XX/Social Services Block Grant (SSBG) services are a federally funded program administered by the Arkansas Department of Health & Human Services (DHS). Title XX/SSBG funds provide a variety of community based programs for low-income adults and children through numerous state and local agencies.

The ASCC contracts each year with DHS to provide services to individuals with spinal cord injuries utilizing Title XX/SSBG funds. Any time programs are administered under the auspices of three government agencies, the procedures become complex, and Title XX is no exception.

The purpose of this chapter is to assist the Case Manager in utilizing the DHS SSBG Manual to provide Title XX services per the ASCC contract with DHS.

Since the ASCC is a contractor of DHS, our Title XX services must be provided under DHS guidelines. Therefore, DHS forms and procedures are utilized. While this may seem to be a cumbersome process, it is worth the difficulty, as Title XX funds make up approximately 10**%** of the ASCC client service program budget.

TITLE XX/SSBG MANUAL

The DHS Social Block Grant Program Manual is to be used by the Case Manager in determining, certifying, and providing Title XX services. It is the responsibility of the Case Manager to maintain and update his/her SSBG Program Manual. The latest version of the SSBG manual is at: **https://static.ark.org/eeuploads/spinal-cord/SSBG_Program_Manual_2018_(working_copy_for_2021).pdf**. The manual is used by many agencies, and includes information that is not applicable to ASCC. This chapter will assist the Case Manager in using the SSBG Manual. The Case Manager may find it useful to print the pages in the SSBG Manual that applies to the ASCC. This chapter **is not** to be used instead of the SSBG Manual, as it does not include all needed information.

All Title XX forms and instructions are found in the DHS Title XX manual. It is the responsibility of the Case Manager to check the website frequently to assure he or she is using the most recent version of the Title XX forms and financial criteria.

SPECIAL SERVICES FOR THE DISABLED

All Title XX/SSBG services provided by ASCC are included under the service code Special Services to the Disabled (Service Code 23). These services are described in Appendix C of the DHS SSBG Manual under Section 23.B, Arkansas Spinal Cord Commission. A variety of ASCC

services are included under the allowable components. Primarily, Title XX services are utilized to fund case management provided by the ASCC.

All services defined on the Title XX Application/Certification should be listed as Special Services for the Disabled, Service Code 23.

ASCC TITLE XX ELIGIBILITY REQUIREMENTS

In order to meet the contractual agreement that ASCC has with DHS in the provision of services to Title XX eligible clients, the client must be monitored on a regular basis. After discussion with DHS contract officials, it has been determined that only individuals in the following ASCC status codes may be considered for Title XX eligibility:

Status Codes: 30 - Initial Referral
40 - Active Intensive, 90 days

DHS TITLE XX ELIGIBILITY REQUIREMENTS

There are three determinants for Title XX eligibility. The case file must document that each has been met before services can be provided (see DHS SSBG Manual Section 4220). These include:

1. **Residence** - See Section 3700. No resident of a long-term care facility (i.e., HSRC, nursing home, developmental center, ICF/MR) may receive Title XX services. In addition, inmates of jails and prisons may not receive Title XX services. The applicant must be an Arkansas resident.

2. **Categorical Requirements** - See Section 4231. Individuals who are recipients of the following services are automatically eligible for Title XX services:
   a. TEA recipients (income eligibility not required)
   b. SSI recipients (income eligibility not required)

   Other individuals in need of services may qualify through as the category **Income Eligible**. These individuals must meet the financial guidelines established in DHS SSBG Manual Section 4232 (use Sections 4233-4238 to determine income). The current median income guidelines can also be found here: **https://static.ark.org/eeuploads/spinal-cord/SSBG_2020_Gross_Median_Income.pdf**

   The categories **Without Regard To Income** or **Status Eligibility - DYS** do not apply to ASCC.

3. **Need for Service** - Clients' need for services under Title XX should be defined by a service goal (see Section 4244). The Case Manager should select the goal that best describes the individual client's status and needs.

APPLICATION FOR TITLE XX SERVICES

All clients who meet ASCC and DHS eligibility requirements for Title XX services should apply for Title XX services. It is the responsibility of the Case Manager to determine eligibility and facilitate the application process.

Application for SSBG Services (DHS-0100 [R. 01/12/10])

An application for SSBG Services (**DHS-0100 [R. 01/12/10]**) should be completed on all eligible clients at the earliest possible opportunity. The Case Manager should meet with the client (and parent or guardian, if applicable) to conduct the application interview and complete the DHS-0100 in accordance with instructions in the Title XX manual. The application and certificate of eligibility for services should be documented in the case narrative. The DHS-0100 form in Appendix D should be copied for use, as the ASCC Central Office does not maintain copies.

The applicant must be provided with a copy of the completed DHS-0100. The Case Manager may complete two applications on site and leave one fully signed copy with the client or may make a copy of the fully signed application upon return to the office and mail the copy to the client.

The DHS-0100 will serve as the initial application and will be used for determination each year.

The completed DHS-0100 will be filed under the Title XX tab in the client file.

Title XX Determination on New Referrals

All new referrals will be assessed for Title XX eligibility. If the new referral is eligible for Title XX services, it will be the responsibility of the field Case Manager to add the client's name to the DHS-0145, Client and Service Data Sheet, as soon as the application is received. A Case Narrative will be written to document that the application for Title XX services has been completed and that the client has been added to the Client and Service Data Sheet (DHS-0145).

The Intake Coordinator will be responsible for determining Title XX eligibility on all new referrals in Pulaski County hospitals and will complete the application process. Once the application has been completed, the Intake Coordinator will forward a copy of the DHS-0100 to the appropriate field Case Manager, who will add the client to his or her DHS-0145.

Effective Date of Service
The effective date is the date the DHS-0100 is completed. The only exception will be if additional information is needed to verify income. In that case, the application is approved the date income verification is completed.

Continuing Eligibility
The responsibilities of the ASCC and the Case Manager regarding the ongoing maintenance of Title XX/SSBG eligibility is described in Section 4600 of the DHS SSBG Manual. It is the responsibility of the Case Manager to monitor the case and evaluate all status changes (i.e., income, residence, loss of SSI or Medicaid benefits) that may effect Title XX eligibility. Issues in Section 4610 regarding fee assessment may be disregarded, as the ASCC does not utilize any fees for services.

REDETERMINATION

If the Case Manager does not become aware of a status change in the interim, a re-evaluation must be completed on an annual basis to redetermine and recertify the client for Title XX services.

SSBG Eligibility Redetermination (DHS-0100**)**
The redetermination (completion of DHS-0100) must be completed by the Case Manager on or before the anniversary of the effective date of service. The redetermination should be completed in person with the client or guardian. The DHS-0100 application form and instructions (behind the form) are found in the SSBG Manual, Appendix D. Redetermination and reapplication should be documented in the case narrative.

The DHS-0100 form in Appendix D should be copied for use, as the ASCC Central Office does not maintain copies.

CLOSING A TITLE XX CASE

If at redetermination, or whenever the Case Manager becomes aware that the client no longer meets Title XX eligibility requirements, the Title XX case should be closed immediately.

Reasons that a Title XX case may be closed include:

1. The ASCC case on client is closed (Status Code 70,71,72,73)
2. The ASCC Status Code is changed to 50, 60 or 80
3. The client enters nursing home, prison, HSRC, or other institution

4. The client/family income increases
5. The family status changes (divorce, marriage, etc.)
6. Unable to locate or contact client for redetermination

Note: A Title XX case should **not** be closed because the Case Manager does not schedule a meeting to complete the redetermination. All redeterminations should be scheduled well in advance (up to 60 days previous to effective date of service) to prevent this problem.

Procedures for closing a Title XX case are described in Section 4634 of the SSBG Manual. When a case is closed, reason and date should be documented in the case narrative, and a Notice of Action form (DHS-0160) should be completed.

Requirements for Notice of Action (DHS-0160 [R. 01/12/10])
Upon closure, it is very important that the Notice of Action form (**DHS-0160 [R. 01/12/10]**) is completed and sent to the client when the following reasons for closure occur:

1. The ASCC Status Code is changed to 50, 60 or 80.
2. The client enters a nursing home, residential facility, or prison.
3. The client/family income increases and exceeds guidelines.

After listing the reason Title XX services were terminated, the Case Manager should include a statement indicating the Title XX closure does not effect the client's right to receive other ASCC services. This statement should be written on the DHS-0160 under Reason(s) for the above. An example has been provided below for clarity.

Reason(s) for above: No longer eligible for Title XX services due to nursing home placement. The termination of Title XX services will not effect your eligibility for any other ASCC services.

A letter from the Case Manager will also accompany a copy of the Notice of Action (DHS-0160). This letter will serve as further explanation of the Notice of Action (DHS-0160).

In the letter, the Case Manager should emphasize that termination of Title XX services will not effect any other ASCC services. Never send the DHS-0160 without a letter of explanation. Receiving this notice without a written explanation may cause the client to misunderstand what services have been terminated. An example of the letter to be sent with the DHS-0160 is in the Forms section of this chapter.

A copy of the Notice of Action (DHS-0160) and a copy of the accompanying letter will be filed in the client's file under the Title XX tab.

The Case Manager will also document this information in a case narrative.

Note: There are certain instances when it is not necessary for the Case Manager to send a Notice of Action (DHS-0160) to the client. These instances include:

1. Death of the client (Status 70).
2. Whereabouts of the client is unknown and has been documented (Status 72).
3. Client is residing in a state other than the State of Arkansas (Status 71).

The Case Manager will complete the Notice of Action (DHS-0160) and place the original in the client's file under the Title XX tab. A case narrative will be written to document the reason for closure and completion of the Notice of Action (DHS-0160).

Procedures for completing the DHS-0160 are described in the SSBG Manual, Section 4630. Please note sections 4630-B and 4630-C, which further describes the specific requirements for when the DHS-0160 should and should not be sent to the client.

The DHS-0160 Notice of Action form and instructions (behind the form) are in the SSBG Manual, Appendix D.

The DHS-0160 form in Appendix D should be copied for use, as the ASCC Central Office does not maintain copies.

Note: When completing the DHS-0160, 'Services' in sections 1 and 3 should be listed as 'Special Services to the Disabled'. The fee should be listed as 'none'.

TITLE XX BILLING

Title XX services are reimbursed services. In order for ASCC to be reimbursed, authorizations must be completed and submitted monthly on each Title XX eligible client. It is essential that the Case Manager monitor all eligible cases and submit the billing in a timely manner, because the **only** record of Title XX cases are maintained by the Case Manager.

DHS-0145 (R. 01/12/10) - Authorization Form for SSBG

The DHS-0145 Authorization form and instructions (behind the form) are found in the SSBG Manual, Appendix D. There are two parts to the DHS-0145, a billing section (page 1) and a data base section.

In addition to the SSBG Manual instructions, the following information may be helpful in completing the DHS-0145:

Completion of "Page 1 of ____"
Name of Provider – Arkansas Spinal Cord Commission/Your Office (CM#) i.e., **Arkansas Spinal Cord Commission/Little Rock (55).**

Contract # - 0022007.

Billing Period – Enter the beginning and ending date of the period of time for which billing is being submitted (month, date, and year), (i.e., **August 1, 2011** through **August 31, 2011***)*. **Billing Period is Not to Exceed One Calendar Month.** ***Please note: Prior months will not be accepted.***

TIN – 71-0576506.

Service Code – 2320.

Number of Clients – Enter the total number of clients receiving services for service code 2320. **(Total of names listed on data section of DHS-0145)**

Number of Units – Enter the total number of units of service provided (should be the same as number of clients).

Unit Rate - Not applicable (leave blank).

Total for Service – Not applicable (leave blank).

TOTAL for all services – Not applicable (leave blank).

Adjustment – Not applicable (leave blank).

Net total for all services, with adjustment – Not applicable (leave blank).

Signature of Provider and Date Submitted – To be signed and dated by the Case Manager.

Page 1 of (blank) – Not applicable (leave blank).

Completion of "Page ____ of ____"
As many pages as necessary will be completed to include all client data for this billing. **Name of Provider**, **Contract #**, **Billing Period**, and **TIN** – this information will be printed on each page automatically.

Client Name – Enter the client's last name, first name, and middle initial (as it appears on the registry, no nicknames).

Client SSN – Enter the client's social security number.

Client DOB – Enter the client's date of birth (month date, year).

Stat Goal – Enter the statutory SSBG goal to which services are addressed. See Section 4244 of the SSBG Program Manual.

Service Code – 2320.

# of Units – 1

Unit Rate - Not applicable (leave blank).

Total – Not applicable (leave blank).

*** -** Not applicable (leave blank).

Page (blank) of (blank) – This information will be printed on each page automatically.

The DHS-0145 form in Appendix D should be copied for use, as the ASCC Central Office does not maintain copies.

Disposition - The original DHS-0145 for the designated month should be signed and sent to the ASCC Central Office, arriving by the 5th of the month.

Maintenance
The DHS-0145 Client and Service Data Sheet for SSBG will serve as the single document to maintain a record of the Title XX cases for each field office. Each time a Title XX case is opened or closed, the appropriate information from the application should be documented on the DHS-0145. Redeterminations completed annually will be documented **only** if it constitutes a change (i.e., statutory goal change, name change). These should be very infrequent. A paper copy as well as the digital (computerized) document should be made and retained when each month's billing is submitted.

DOCUMENTATION

It is essential that appropriate documentation be maintained in the case file for all Title XX cases. In the SSBG Manual, Section 4700 Maintenance of Individual Client Records, describes the documentation required. Please review the case file using this section to assure that the needed forms are maintained in the case file.

FORMS

Notice of Action Letter

ALL TITLE XX FORMS ARE FOUND IN DHS SSBG MANUAL

Case Management Services Procedures

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Case Management Services Procedures

PURPOSE

The mission of the Arkansas Spinal Cord Commission is to administer a statewide program to identify and meet the unique and lifelong needs of people with spinal cord disabilities in our State. To this end, the Commission staff is involved in a variety of programs and activities. Most of these activities directly or indirectly involve the Case Manager.

The purpose of this chapter is to provide the Case Manager with an overview of major ASCC services and programs, and describe the Case Manager's role/involvement in each.

REGIONAL EDUCATION AND RESOURCE CENTERS ON SCI

Regional Education and Resource Centers on SCI were established in each field Case Manager's office. The Regional Centers enable the ASCC Case Managers, individuals with spinal cord injuries and their families, and health care professionals to have immediate access to resources and educational materials statewide.

Case Management Services Procedures

PROCEDURES

The maintenance and utilization of the Regional Resource Center is the responsibility of the field Case Manager(s).

The following procedures are to be adhered to by each Case Manager.

Inventory List
Each Case Manager will be provided a list of all resources located in their regional center. A copy of the inventory list will be kept on file and updated as necessary.

Check out/in Log (ASCC-6) – Instructions
A check-out/in log will be kept by each Case Manager to document and monitor the whereabouts of all resource materials. When a request for a book or video is received, the log will be completed in the following manner:

1. **Checkout date:** Actual date material is taken from the Regional Library.
2. **Resource material:** Complete title of resource material; indicate book or video.
3. **Name, phone number, address:** Name, address, phone number of individual who actually checked out the material.
4. **Check-in date:** When item is returned, record date received.

It is the responsibility of each Case Manager to maintain resource items in good condition. Therefore, checking out any material to a client/family or other health care professionals is done at the Case Manager's discretion. If the Case Manager has any doubts as to whether the individual will accept responsibility for the materials, the Case Manager may choose not to check out the resource material.

Checkout Time Limit
Books and videos may be checked out for two weeks. An extension of the checkout period may be made upon request. No more than two items should be checked out to the individual at a time.

Monitoring
The check out/in log will be monitored on a biweekly basis by the Case Manager. Initial contact to any individual with over-due material will be made by telephone. If the resource material is not returned within five days of telephone contact, a written request for the material will be sent. The written request should include a statement to the effect that if the item(s) is not returned within five (5) days of receipt of written notice, the individual becomes ineligible to use resource materials in the future. The Case Manager is responsible for reclaiming materials by the above process, by picking up the materials while on a routine visit, or by a special trip to pick up the materials.

Loss of Resource Material
Any ASCC resource material loaned to an individual will be the responsibility of that individual to replace, or to reimburse ASCC for the actual cost if the materials are damaged, lost, or destroyed. The Case Manager will inform the individual by letter of the cost and request payment for replacement with a copy to the Client Services Administrator. The individual will have 30 days to pay for the item.

Video Copying
Case Managers are prohibited from making copies of videotapes for another individual.

Copying Material
Copies of magazine articles, or a chapter in a book, etc., may be made upon request. Discretion should be used in quantities of materials copied for an individual.

SPINA BIFIDA CAMP

Each summer since 1978, ASCC has co-sponsored Spina Bifida Camp in cooperation with MedCamps of Arkansas (an affiliate of the Arkansas Chapter of the American Academy of Pediatrics) and Camp Aldersgate (an affiliate of the United Methodist Church).

Spina Bifida Camp is held at Camp Aldersgate, a permanent residential camp facility in west Little Rock. The camp is fully wheelchair accessible and includes air-conditioned cabins, a swimming pool, lake, sports, and arts and crafts areas. The camp is staffed by trained counselors and volunteers (on a one-to-one basis, if needed). Twenty-four hour on-site nursing staff and on call physician support is provided.

Spina Bifida Camp is open to all ASCC clients (with spina bifida, spinal cord injuries, or other disease processes) who are between 6 and 16 years of age and are medically stable. Clients who have significant medical needs and those who require use of oxygen (ventilator, bipap, etc.) will not be eligible for camp.

There is **no** cost to the camper or his/her family to attend Spina Bifida Camp. Arkansas Spinal Cord Commission pays the cost of camp. The Case Manager is not responsible for authorizing payment for the cost of camp. Funds for sending a client to camp will not come from the Case Manager's reserve fund.

Spina Bifida Camp is an excellent opportunity for children with spinal cord disabilities to increase their independence while enjoying outdoor recreation experiences. In addition to arts and crafts, sports, swimming, fishing, music, drama, and nature hikes, the campers learn skills in self care wheelchair mobility and maintenance, and self esteem. For many campers, this is a

unique opportunity to be around other children with similar disabilities (sometimes for the first time).

Camp begins on Sunday afternoon and ends on Friday morning of the designated week. Families are urged to come with the Camper on Sunday to meet the staff and provide information about the Camper's medical needs or medications to the camp nurses and physicians. Families are also invited to a camp awards ceremony on Friday morning. In between, no visitors are allowed at camp. Families may call the Camp Director to be sure that everything is going well, but calls to or from the camper are not allowed.

Case Manager's Responsibilities

1. Upon receipt of a list of prospective campers from the Spina Bifida Camp Coordinator (usually in February), review the list, assure that the address is correct, and provide input regarding the child's appropriateness to be invited to camp. Since MedCamps provides significant medical and staff support, only children who have severe medical problems (i.e., pressure sores that require limited sitting time, use a ventilator, Bipap, or oxygen) cognitive deficits (i.e., severe brain damage, or developmental disability limiting ability to participate in age appropriate activities), or severe behavioral problems should be removed from the list. No child should be deprived an invitation to camp because of an expectation that parents won't allow attendance, transportation problems, or other non-medical reasons. The Case Manager should review, provide input, and return the list as soon as possible.
2. Camp registration is on a first come, first served basis. The Case Manager should remind and assist families who may have difficulty completing the application to get the application in. No space can be "reserved" for your client on the camp list; spaces are assigned only when the application is received in the Central Office.
3. When camp is full, the Case Manager will receive a list of the clients on his/her caseload who have been accepted to attend camp. The Case Manager should contact these families to assure that they have no questions or problems regarding camp, and plan for the child to attend (if not, contact the Central Office so a child on the waiting list can move up). Case Managers should assist in facilitating transportation for clients who are in need by arranging for car pools with other families, authorization for transportation funding, or utilizing other resources.

NATIONAL VOTER REGISTRATION ACT (NVRA)

Introduction

The Arkansas Legislature and Secretary of State have designated the ASCC as an agency-based registration site for the National Voter Registration Act (NVRA) in Arkansas. This means that

ASCC staff may offer the opportunity to clients and applicants for services to register to vote, or change voter registration information utilizing a mail-in application.

The NVRA requires that agencies with this designation offer an individual the opportunity to register to vote, or make a name or address change to voter registration when that individual: 1) applies for services, and/or 2) renews or recertifies for services (i.e., financial need, Title XX).

The Arkansas Office of the Secretary of State, Election Division, is responsible for the coordination of the NVRA in Arkansas. In addition to disability organizations such as ours, libraries, armed forces recruiting offices, state revenue offices, the National Guard, DHHS offices (Medicaid, AFDC, Food Stamps), and the Department of Health and Human Services (WIC) will be agency-based registration sites. The overall goal is to increase the number of registered voters in our county by making the voter registration process more accessible and "user friendly".

PROCEDURES

The *National Voter Registration Act Agency Training Manual* prepared by the Arkansas Secretary of State will provide guidance for eligibility and implementation. This manual is in Appendix L. The following summarizes these procedures.

Requirements to Vote
Any ASCC client or applicant for services who meets the requirements to vote in Arkansas should be offered the opportunity to register to vote. These requirements are:

1. The client must be an U.S. Citizen.
2. The client must be a resident of Arkansas.
3. The client is, or will become, a qualified elector during the 30-day period immediately prior to the next election within the county. (This means the client will celebrate his/her 18th birthday during this time frame).
4. The client must not be adjudicated mentally incompetent by a court of competent jurisdiction.
5. The client must not have been convicted of a felony without his or her sentence having been discharged or pardoned.
6. The client must not claim the right to vote in another county or state.

These requirements should be reviewed with the client if he/she requests a voter registration application. If the Case Manager knows the client does not meet the requirements, but he/she wants to apply to vote, **allow** the client to apply and the County Clerk will make the determination of eligibility.

When to Offer Voter Registration
According to the NVRA, a client should be offered the opportunity to register to vote or change voter registration information when the client:
1. Applies for services.
2. Renews his/her application.
3. Is recertified for services.

For the purposes of the ASCC and the above circumstances, when a client must be offered the opportunity to vote will be described as:
1. Application/acceptance of a new referral (trauma or non-trauma).
2. Certification/recertification of financial eligibility (annual).
3. Certification/recertification of Title XX eligibility (annual).
4. When the Case Manager becomes aware of a change in client's residential status.

Special Circumstances
The first priority of the ASCC is the well being of our clients. The needs of our clients should not be compromised by the administration of this policy. Since ASCC Case Managers frequently accept applications for services from clients who have recently sustained their spinal cord injury and are not in a physical, mental, or emotional condition to discuss voter registration, and for whom a discussion of the topic may be considered inappropriate, the NVRA procedures may be delayed at the discretion of the ASCC Case Manager. The procedures will then be implemented at the first opportunity deemed appropriate by the Case Manager, as long as it is within six months of the initial application.

Forms
There are three forms to be completed in the NVRA procedures. These are:
1. Agency-Based Declaration Statement.
2. Arkansas Voter Registration Application.
3. Agency Weekly Recap Reporting Form.

A supply of these forms is maintained at each Field Office. For additional forms, submit an internal requisition for forms needed to the Central Office. These forms **do not** have ASCC form numbers, and should be requested by the above names.

National Voter Registration Act Procedures
1. When you have ascertained that a client meets the NVRA criteria, the Case Manager should offer the opportunity to register to vote or change voter registration information.
2. Ask the client "**If you are not registered to vote where you live now, would you like to apply to vote here today?"**
3. If the client does not want to register, you must complete the declaration form.

4. The client's name and the date should be entered at the top of the Agency-Based Declaration Statement.
5. The client should be asked to mark the "No" box and sign at the bottom of the form. If the client refuses, the Case Manager will print the client's name on the signature line and note in the comment section "refused to sign".
6. The declaration form must be maintained for two years. This form should be placed in the case file under the blank tab on the left side of the file.
7. If a client says "no" because he/she is already registered to vote, a "No" declaration form must still be completed.
8. If a client says "yes", a declaration form is not required.
9. If the client wants to register to vote, give him/her an Arkansas Voter Registration Application. The client should complete the application, but the Case Manager may provide assistance. The Case Manager may also provide applications to family members or household residents who wish to register. Specific directions for completion of the application are on page 8 of Appendix L.

There are two ways for the client to submit the application.

1. The client may keep the application, complete, and mail it to the Secretary of State's office him/herself. The form is a self-addressed mailer. If the client keeps the form, the Case Manager is not responsible for documenting it or for the cost of postage.
2. The client may complete the application while the Case Manager is present and give it to the Case Manager to send to the Secretary of State's office. The Case Manager must complete an Agency Recap Reporting form and mail the application on the same day the client gives it to the Case Manager.

Agency Weekly Reporting Form

When the Case Manager has one or more completed voter registration applications to send to the Secretary of State, the Case Manager must complete an Agency Weekly Reporting form. The Weekly Reporting Form must be submitted at the end of each week. The Case Manager is not required to send a reporting form for declinations only.

To complete the form:

1. **Agency** - Arkansas Spinal Cord Commission.
2. **Address** – The Case Manager's local office address. Agency contact should list Case Manager's name and local telephone number.
3. **Date** - Enter date the application is completed, under the appropriate day of the week.
4. **Number of Applications –** Enter the number of forms completed under each day of the week. Enter the total number completed for the week under total.
5. **Number of Declinations** - List number of declinations received under each day of the week. Enter the total number of declinations for the week under total.

6. Separate the white and yellow copies. Mail the yellow copies to the Central Office each Friday.
7. Place the completed form(s) and the white copy of the Agency Weekly Reporting form in an envelope and mail to:

   Secretary of State
   Voter Registration
   State Capitol
   Little Rock, AR 72201- 1094

Case Narrative

Documentation regarding the Case Manager's offer of opportunity to register to vote and the client's response should be included in the case narrative for the visit. This should be short and concise. Details regarding the application process or contents are not needed.

Examples

- During the recertification visit, I offered Mr. Jones an opportunity to register to vote under the NVRA. He declined, as he is registered. The declination form was signed and filed.
- During the recertification visit, I offered Ms. Smith an opportunity to register to vote under the NVRA. She completed application, and returned it to me for mailing.

Forms Supply

The following NVRA supplies should be requested from the Central Office when supplies run low. Use the ASCC Internal Requisition form to request the following:

1. Arkansas Voter Registration Applications.
2. Agency Weekly Recap Reporting Forms.
3. Secretary of State Mailing Labels.
4. Agency-Based Declaration Statement.

FORMS

ASCC-6	Regional Resource Library Log
	Agency-Based Declaration Statement
	Arkansas Voter Registration Application
	Weekly Reporting Form

ARKANSAS SPINAL CORD COMMISSION

REGIONAL RESOURCE LIBRARY CHECK OUT / IN LOG

CHECKOUT DATE	NAME OF RESOURCE MATERIAL	NAME, ADDRESS, PHONE NUMBER OF PERSON CHECKING OUT MATERIAL	CHECK-IN DATE
		Name _____ Address _____ Phone _____	
		Name _____ Address _____ Phone _____	
		Name _____ Address _____ Phone _____	
		Name _____ Address _____ Phone _____	
		Name _____ Address _____ Phone _____	
		Name _____ Address _____ Phone _____	
		Name _____ Address _____ Phone _____	
		Name _____ Address _____ Phone _____	

Case Management Services Procedures

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PURPOSE

The ASCC Client Confidentiality/HIPAA Privacy Practices Policy (see ASCC Policy and Procedure Manual, CS.2) ensures that information and records about individuals who receive or have received services from the ASCC are maintained and disseminated in a secure method in order to provide privacy and confidentiality for these individuals. ASCC is a covered entity in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and, as such, maintains confidential records in accordance with the HIPAA Privacy Rule. It is essential that utmost care and consideration be given to the security and safe guarding of client information and records to prevent breaches in confidentiality. In addition, the dissemination of client information must also be conducted with consideration to client privacy and confidentiality. For additional guidance related to HIPAA and client confidentiality, please refer to ASCC Policy & Procedure Manual Client Confidentiality/HIPAA Privacy Practices, CS.2.

DEFINITIONS

The following terminology is used frequently in reference to HIPAA compliance.

Protected Health Information (PHI), is health information which:

1. Identifies an individual or offers a reasonable basis for identification,
2. Is created or received by a covered entity,
3. Relates to past, present or future physical or mental health condition, provision of healthcare or payment for healthcare and is transmitted or maintained in any medium, written, oral or electronic.

Examples of PHI include: First and last name, geographic subdivision smaller than a state, treatment or hospitalization dates, birth dates, date of death, telephone numbers, fax numbers, e-mail address, social security number, medical record number, health plan beneficiary number, vehicle identification and license number, account number, driver's license number, biometric identifiers, photographic images or any other unique characteristic or identifier.

Covered Entity – A health plan that provides or pays the cost of medical care, a healthcare clearinghouse or healthcare provider.

Treatment, Payment and Operations (TPO) –

Treatment – The provision, coordination or management of healthcare and related services, consultation between providers relating to an individual or referral of an individual to another provider for healthcare.

Payment – Activities undertaken to obtain or provide reimbursement for healthcare including determinations of eligibility or coverage, billing, collections, medical necessity determinations and utilization review.

Operations – Functions such as quality assessment, and improvement activities, reviewing competence or qualifications of healthcare professionals, conducting or arranging for medical review, legal services and auditing functions business and administrative activities.

PRIVACY NOTIFICATION

All ASCC clients and applicants for services will be notified of their rights to privacy of protected health information (PHI). Clients receiving services upon implementation of the HIPAA privacy regulations were provided with a general notice (October, 2003). In accordance with ASCC Client Confidentiality/HIPAA Privacy Practices Policy CS.2, applicants for services after the implementation of this policy will be provided a copy of the ASCC privacy notification upon initial assessment.

Completion of Notice of Privacy Practices Acknowledgement, ASCC-7

1. Upon initial assessment, a copy of ASCC Privacy Practice Notice (ASCC-21) will be provided to the client. The notice will be provided in alternate format, if requested, and will be read to the client, if requested.
2. The client will be asked to sign the Notice of Privacy Practices Acknowledgement (ASCC-7).
   a. If the client agrees, the signed ASCC-7 will be filed in the blank tab section of the case file.
   b. If the client refuses to sign, the Case Manager will mark "Refused" across the form, initial and date the form and place it in the blank tab section of the client case file.
3. The client will be informed that failure or refusal to sign the acknowledgement will not impact the individual's ability to receive ASCC services.

CLIENT RIGHTS UNDER HIPAA

Restrict Use and Disclosure of Protected Health Information

An ASCC client or personal representative has the right under HIPAA to restrict the use of his or her protected health information (PHI). This means that if the client requests it, we may not disclose information to specified individuals or entities, even if the PHI would typically be covered under TPO. The client is ***not*** required to provide a reason for the restriction. For

example, a client may request that specific information, such as income or insurance coverage not be provided to another agency. A client may also request that no information about him or her be provided to another agency. In that case, the client will be informed by the Case Manager that while this request will be honored, to do so may prevent the Case Manager or ASCC from providing needed or requested services for the client.

In order to request restriction of use or disclosure the Client will:

1. Submit a written request (no phone or verbal requests will be honored) by hard copy, fax or electronically.
2. The request will be addressed to the ASCC Case Manager or Client Services Administrator and will include:
   a. Full name and social security number of the requestor (if this is not the client, or parent of a minor client, verification of representation must accompany letter, i.e., copy of power of attorney).
   b. A specific description of the PHI ***not*** to be disclosed (i.e., medical information, address, income, insurance coverage).
   c. A list of names and addresses or those individuals or entities to whom the information is not to be disclosed. This should be as specific as possible.
   d. The request must be manually signed (or with appropriate signature, see page 15-13 – 15-14) and dated by the requestor.

Upon receipt of the request:

1. The request will go into effect immediately upon receipt by ASCC.
2. The Case Manager will forward a copy of the request to Client Services Administrator upon receipt.
3. The Case Manager will place the request in the blank tab section of the case file.
4. A case narrative covering the receipt of the request and the description of the request will be completed by the Case Manager.
5. A RESTRICTED DISCLOSURE label will be placed on the outside of the case file, below the client's name.

Any intentional or unintentional release of restricted information may result in civil penalties for the person making the disclosure. Therefore, every effort will be made to safeguard restricted information.

Accounting of Disclosures
The HIPAA Privacy Rule allows an individual to request an accounting of what PHI has been disclosed and to whom. The statute requires that a covered entity such as ASCC maintain that information for 6 years previous to the date of the request (but after April 14, 2003).

Any time that PHI is disclosed for purposes other than TPO, the disclosure will be entered into the tracking log:

1. For the purpose of this policy, disclosure is any release of client information other than for the purposes of TPO. This will include mailing or faxing copies of any contents of the client's file to an outside person or entity. Disclosure should be recorded whether disclosure was with or without client authorization. Examples of disclosures to be logged would include requests for information from attorneys, requests for information from the client, abuse reports, legal proceedings, court orders/subpoenas, public health investigations, case audits by external agencies.
2. Day-to-day disclosures of information for the purposes of purchasing services for the client, making referrals or providing information (i.e., newsletter, spina bifida camp or other recreation flyers, educational opportunity flyers) will not be tracked.

PHI Tracking Log Instructions (ASCC-9)
In order to meet these criteria, ASCC will maintain a Client PHI Tracking Log in each client's case file.

1. Upon opening of a case file, a client PHI Tracking Log (ASCC-9) will be completed for the client.
   a. Enter the client's name.
   b. Enter the client's social security number.
   c. Enter the date of referral.
   d. Upon completion, place the form in the blank tab section of the client's case file.
2. When a disclosure is made, the Case Manager will enter the following information onto the Tracking Log on the same date as the disclosure is made:
   a. Date of disclosure.
   b. Name and address of person or entity receiving disclosed information.
   c. Method of request.
   d. Brief description of information disclosed (be specific, identify by type of information, date of information, other distinguishing characteristics).
   Example: All case narratives from 1/3/01 to 4/04/04, 14 authorizations for services from 2/02/02 to 4/03/03, letter from ARS dated 12/12/02.

e. Brief description of purpose of disclosure (court order, compliance with state law).
f. How information was disclosed (mailed, faxed, hand delivered).
g. Name of person making disclosure.

Client Request for Accounting of Protected Health Information (PHI)
In order to request an accounting of PHI disclosed by ASCC, the client will:

1. Submit a written request (no phone or verbal requests will be honored) by hard copy, fax or electronically.
2. The request will be addressed to the ASCC Case Manager or Client Services Administrator and will include:
   a. Full name and social security number of the requestor (if this is not the client, or parent of a minor client, verification of representation must accompany letter, i.e., copy of power of attorney).
   b. A statement requesting an accounting of all released PHI, with a time period, (if applicable).
   c. The request must be manually signed (or with appropriate signature, see pages 15-13 – 15-14) and dated by the requestor.

Upon receipt of the request:

1. The Case Manager will forward a copy of the request to Client Services Administrator upon receipt.
2. The client's PHI tracking log (ASCC-9) will be copied and mailed to the client with a cover letter and copy of request within five (5) business days of the receipt of the request.
3. The Case Manager will place the request in the blank tab section of the case file.
4. The Case Manager will complete a case narrative covering the receipt of the request and the disposition of the request.

Any intentional or unintentional failure to provide requested information may result in civil penalties for the responsible person. Therefore, every effort will be made to respond in a timely manner.

Client Request to Modify or Revise Record
Under HIPAA Privacy Rule, an individual who believes that there is an error or mistruths in his or her protected health information (PHI) may request to have the record modified. In some cases, simple omissions or errors (i.e., an incorrect date of birth, outdated insurance information) can be easily revised. In other cases, where there is disagreement about the accurate information, additional action may be required.

ASCC may only modify that information in the case file that was generated by ASCC. Any information provided by another agency and included in the case file (i.e., clinic notes, medical records) must be revised by the agency that generated them.

All requests for modification or revision of PHI in ASCC records will be referred to the ASCC Privacy Officer (Client Services Administrator) for determination.

Client Request for Modification or Revision of Protected Health Information (PHI) in ASCC file

In order to request a modification of PHI in an ASCC file, the client will:

1. Submit a written request (no phone or verbal requests will be honored) by hard copy, fax or electronically.
2. The request will be addressed to the ASCC Case Manager or Client Services Administrator and will include:
   a. Full name and social security number of the requestor (if this is not the client, or parent of a minor client, verification of representation must accompany letter, i.e., copy of power of attorney).
   b. A detailed description of the inaccurate information (include date or title of report, if possible) to be removed or changed.
   c. A detailed description of the accurate information to be replaced or changed.
   d. It is the responsibility of the client to document that revision if needed. Documentation of accurate information, through signed affidavits or copies of authentic reports should accompany the request.
   e. The request must be manually signed (or with appropriate signature, see pages 15-13 – 15-14) and dated by the requestor.

Upon receipt of the request:

1. The Case Manager will forward the request to the Client Services Administrator along with the client's case file immediately upon receipt.
2. The Client Services Administrator will evaluate and research the request and render a decision within 10 days of receipt of the request. A 10-day extension of this period may be utilized at the discretion of the Client Services Administrator if additional information must be requested. A request may be denied for the following reasons:
   a. Material not created by ASCC.
   b. Information is not presently part of the case file (not required to add new information).

c. Present information is accurate and complete.

3. The decision of the Client Services Administrator, including specific changes to the case file, will be mailed to the client and to the Case Manager. The case file and all documentation will be returned to the Case Manager.
   a. If the Client Services Administrator determines that information should be revised, the letter will include a date by which the modifications will be made.
   b. If the Client Services Administrator determines that no revision will be made, the client will be informed.
   c. The client will have the option to appeal this decision, following ASCC client appeal process.
5. Upon receipt of the decision, the Case Manager will make the approved changes to the case file (if applicable) and place the request, a copy of the Client Services Administrator's determination and documentation in the blank tab section of the case file.
6. The Case Manager will complete a case narrative covering the receipt of the request and the disposition of the request.
7. The Case Manager will make the revisions approved by the Client Services Administrator within five (5) working days of the receipt of the determination.
8. Within five (5) working days of completion of the revision(s), the Case Manager will send copies of the revised documents to the client and to the Client Services Administrator.

Any intentional or unintentional failure to consider revisions or modifications to PHI requested information may result in civil penalties for the responsible person. Therefore, every effort will be made to respond in a timely manner.

Privacy Complaints

ASCC clients or applicants for services or their legal representatives may complain to ASCC or the U.S. Department of Health and Human Services if they believe their privacy rights under HIPAA have been violated.

A. All complaints must meet the following requirements:
   1. Complaint must be filed in writing, either on paper or electronically.
   2. Complaint must name the covered entity that is subject of the complaint and describe the acts or omissions believed to be in violation of HIPAA privacy regulations.
   3. Complaint must be filed within 180 days of when complainant knew or should have known that the act or omission occurred. This time limit may be waived by ASCC Privacy Officer if good cause can be shown.

B. Complaints made in accordance with above requirements may be made to the following persons:
   1. ASCC Privacy Officer
      Arkansas Spinal Cord Commission
      5800 W 10th St, Suite 108
      Little Rock, AR 72204
      Email: ascc@arkansas.gov
   2. U.S. Secretary of Department of Health and Human Services
      Medical Privacy Complaint Division
      200 Independence Ave., SW
      HHH Building, Room 509H
      Washington, DC 20201
      E-mail: www.hhs.gov/ocr

C. The ASCC Privacy Officer shall investigate each complaint submitted and report findings to the complainant in writing within 30 working days of receipt of complaint.
   1. The Privacy Officer will document all complaints and their disposition and maintain copies in the complainant's case file and in a HIPAA complaint file maintained at Central Office.

Maintaining Client Case Files
ASCC client case files have been deemed by the Arkansas Attorney General as medical records. Therefore, these records must be maintained in a secure environment.

Filing
All case files will be maintained in ASCC file cabinets, in, or in close proximity to the ASCC Case Manager's office.

Security
Care should be taken to ensure that case files are maintained in confidentiality. Case files will not be left in common office areas (i.e., file room, mail room). They may be maintained on the desk *while in use*, but should be filed immediately upon completion. All case files will be secured in a file cabinet or desk drawer at close of business each day.

Access
Only ASCC staff and Commission members may view the ASCC case files without an Authorization to Disclose Health Information signed by the client.

Client Information Safeguard
Information in the case file is to be safeguarded with the same care as the files. Information regarding cases should not be discussed by ASCC staff outside the agency, not even

anonymously (giving information about a case without identifying client), except in reports of ASCC services.

ASCC Confidential Reports
Reports containing client information (i.e., monthly activity reports, monthly surveillance and activity reports) should be maintained confidentially in the Case Manager's files/desk. These reports should not be left in common areas or reviewed by non-ASCC personnel.

Transportation of Case Files
The ASCC client case files will only leave the Case Manager's office:

A. When in personal possession of the Case Manager for official purposes (i.e., taking case file on client visit). If a client's file is removed for official purposes, the file must remain in a locked area (i.e., Case Manager's car or trunk) when not in personal view of Case Manager.
B. The case file may be transferred to another ASCC Case Manager or to the Central Office. Transfer of case files should be by U.S. Mail or by an ASCC staff member. Case files should not be transported by non-ASCC staff.

TRANSFER OF PROTECTED HEALTH INFORMATION (PHI)

All PHI transferred within and outside ASCC will be on a need-to-know basis using the most secure appropriate method available.

A. Email
   1. Protected Health Information (PHI) may be sent within the ASCC email system in a secure manner. PHI should not be emailed using any personal or alternate email system.
   2. Email containing PHI should not be sent to destinations outside the system, as the security of these systems cannot be assured.
   3. The content of email, including PHI, must conform to privacy requirements.
      a. For any email containing PHI, the subject line shall, in whole or part, state 'contains protected information'.
      b. Any email message containing PHI should be sent on a 'need-to-know' basis and should never be sent in a broadcast or mail group.
      c. Email containing PHI should contain only the minimum necessary information to accomplish the purpose of the email.
      d. A privacy warning should be included at the bottom of all email containing PHI. The following warning will be used:

> ***Confidential Notice:*** *The information contained in this email message is the property of the State of Arkansas and may be protected by state and federal laws governing disclosure of private information. It is intended solely for the use of the entity to whom this email is addressed. If you are not the intended recipient, you are hereby notified that reading, copying or distribution of this transmission is strictly prohibited. The sender has not waived any applicable privileges sending this transmission. If you have received this transmission in error, please notify the sender by return and delete the message and any attachments from your system.*

B. Fax

1. All faxed messages containing PHI and sent within ASCC or out of the agency to other covered entities for TPO purposes must be safeguarded for confidentiality and privacy in accordance with federal and state laws.
   a. Faxes may be sent only to a specific person to whom such release has been determined to be authorized.
   b. It should be established, by prior phone contact, that the specific person is present to receive the fax.
   c. Received faxes containing PHI should be handled as client records and maintained and stored confidentially. Faxes should never be left in common areas or on desks or counters.
   d. Fax messages containing PHI shall utilize a cover sheet with the word 'CONFIDENTIAL' appearing near the top of the form.
   e. All fax messages shall include a statement regarding prohibition of disclosure of identifying PHI. The statement shall read as follows:

> ***Prohibition of Redisclosure:*** *This information has been disclosed to you from records that are confidential. You are prohibited from using information for other than the stated purpose, from disclosing it to other parties without specific written consent of the person to whom it pertains and are required to destroy the information after the stated need has been fulfilled or as otherwise permitted by law. A general authorization for release of medical or other information is not sufficient for this purpose.*

Disposal of Case File Information
Any page, paper, report, or personal note that includes any information regarding the client should be maintained with confidentiality. This is also true when disposing of information. Any item that includes confidential client information should be destroyed (shredded or torn by hand) before disposing of it in trash receptacle.

Questions
Should any questions or concerns arise regarding confidentiality of client records, they should be referred to the Client Services Administrator or Executive Director.

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION TO ASCC

It is essential for the ASCC to obtain medical information from a variety of sources in order to determine eligibility and provide appropriate services. In order to ensure confidentiality in the exchange of medical information, the ASCC-20, Authorization to Disclose Health Information, is to be utilized when requesting medical information.

Instructions for Completing the Authorization to Disclose Health Information (ASCC-20)
When it is deemed by the Case Manager that medical information is required, the Case Manager will meet with the individual or parent/guardian if a minor to complete the ASCC-20, Authorization to Disclose Health Information.

Complete the Authorization to Disclose Health Information (ASCC-20), using the following guidelines:
Client Name: Enter Client's full name (no nicknames)
Date of Birth: Enter Client's date of birth
Address: Enter Client's mailing address
Client or Authorized Representative: Enter Client's full name, the name of the parent (if minor) or the person who is the authorized or legal representative for the Client.
Name of Provider: Enter the name of the agency, hospital, physician or others who will be disclosing the medical or health information.
Recipient Name/Address/Phone/Fax: Enter the name of the agency, hospital, physician, or others who will be receiving the medical or health information.
Medical or Health Information Box: Dates of hospitalization, dates of outpatient care (when applicable) and clinic or chart number (if known) should be specified.
Specific Purpose: Enter a specific reason medical or health information is being requested i.e., eligibility determination, obtain treatment and services.
Specific Information to be Disclosed: List specific type of medical or health information requested (i.e., history and physical, discharge summary). Psychological information

should also be specifically requested because psychological information included in medical or health records will not be released unless specified.

This release expires twelve (12) months following the date signed by me. Note: When client is unable to sign for his/her self, refer to specific instructions regarding client's inability to provide his/her own signature in this chapter, pages 15-13 - 15-14.

Date: Enter date request is signed.

Signature of Client: The client must sign or mark the form, if physically possible. Another individual may sign for the client but only as specified in the instructions on Client's Inability to Provide His/Her Own Signature.

Signature of Witness: If it is necessary to have a witness (i.e., when client chooses to make a mark or illegible signature), a family member or nursing staff may do so. If no one else is available, the Case Manager may act as a witness.

Signature of Authorized Representative: A parent of a minor child, an individual who has power of attorney or is the legal guardian should sign on this line.

Authorized Representative Relationship/Authority: Enter the representative's relationship to the client, i.e., parent, legal guardian, power of attorney.

Authorization was revoked on: If the client revokes this authorization at any time the Case Manager should enter the date the authorization was revoked and sign to verify.

Any written request for medical or health information or records should include a copy of the ASCC-20 (Authorization to Disclose Health Information). The original ASCC-20 should be filed in the client's case file under medical tab.

Client's Inability to Provide His/Her Own Signature

There are numerous ASCC forms that require a client's signature (i.e., Authorization to Disclose Health Information, Application for Services, Financial Information). A client is often unable to sign these forms because of a physical disability, lack of cognitive ability or because he/she is a minor. Under no circumstances will a Case Manager sign for the client. The procedures below should be followed when a Case Manager encounters a situation where the client is unable to sign:

1. **Clients who are Cognizant and Cannot Physically Sign.** If the client is cognizant and cannot physically sign, a family member may sign the client's name with the client's permission. A notation 'by the signer's name (i.e., John Johnson by Mary Johnson)' must be indicated on all forms.
2. **Clients who are not Cognizant and Cannot Physically Sign.** There are occasions when a client is not cognizant and cannot physically sign (i.e., client is unconscious). When this occurs, another individual (i.e., wife, husband, girlfriend) may not sign for the client unless that individual has power of attorney or is the legal guardian. The Case Manager may obtain history or background information but should not have anyone other than the client, a legal guardian or an individual with power of attorney sign ASCC forms. These circumstances must

be documented in a case narrative indicating that signatures for the appropriate forms (i.e., Application for Services, Financial Information) will be obtained when the client is able.

3. **Clients who have Legal Guardian or are Minors.** When a client has a legal guardian or is a minor, the legal guardian or parent must sign all forms. The relationship to the client must be indicated on the form (i.e., Mary Jones, legal guardian or Mary Jones, mother).
4. **Clients who Choose to Sign with an Illegible Signature or Mark (X).** Clients who choose to make a mark or sign with an illegible signature must have a witness. This may be witnessed by a family member, nursing staff, or friend. If no one else is available, as a last resort, the ASCC Case Manager may act as a witness. The witness must indicate above the client's signature line, 'this is the mark of (client's name)'.

It is the Case Manager's responsibility to make sure the above procedures are adhered to when obtaining signatures on any ASCC form. Following these procedures will ensure confidentiality is maintained along with the rights and integrity of the client.

OTHER REQUESTS

Referral Information

ACA 20-8-206 (Act 330 of 1977), which established the ASCC Registry, specifically gives the ASCC a legislative mandate to collect information on persons with spinal cord disability, and that these reports will include "name, age, residence and type of disability and such additional information as may be deemed necessary by the Commission". This mandate covers information requests made by the Case Manager in the referral process before meeting the client (see Chapter 3, Registry and Referral Process).

Informational Requests

When requesting medical or other protected health information on an applicant or a client, the Case Manager may be required to comply with confidentiality procedures of the agency from where the information is being requested. In some cases, payment is requested for copying records. If this request is made, the Case Manager should refer to ACA 20-8-206 as stated above, requiring release of information to ASCC, a State agency. If there is continued request, the Case Manager will contact the Client Services Administrator for approval of payment.

Informal Requests

Frequently, the Case Manager will discuss a client informally with a professional from another agency (i.e., Rehabilitation provider, VA SCI Coordinator, Hospital Social Worker). While these communications are integral to the provision of good case management, the Case Manager

should consider confidentiality in all discussions and limit provision of client information to those facts required to accomplish the goals of the interactions. This is consistent with the minimum necessary guidelines of the HIPAA Privacy Rule. In addition, consideration should be given to ensure that information given to these providers is kept confidential. Generally, in accordance with HIPAA, information shared without client's express authorization may only be that related to provision of TPO. For example, when arranging purchase of equipment for a client, it would not be necessary to discuss with the provider the client's family dynamics or financial situation, however, when arranging rehabilitation care or treatment, this information may be essential.

RELEASE OF HEALTH INFORMATION FROM ASCC

As previously stated, all ASCC case files are deemed to be medical records, and therefore are maintained under utmost confidentiality at all times. Responses to requests for information should not breech confidentiality.

Requests for ASCC Records

When a request is received for client information or copies of case records, the client's written permission must be obtained before records can be released. All parts of the case file generated by the ASCC may be released, including, but not limited to, case narratives, correspondence, medical eligibility determination, and fiscal records. This may be done by one of the following:

1. Completion of an ASCC-20 (see pages 15-12 – 15-13 for instructions); OR
2. A letter from the client that includes
   a. What information is to be released
   b. To whom it is to be released
   c. Date of request
   d. Original client signature (parent or guardian for minor); OR
3. Release form from another agency signed by the client (must include a-d above).

Only information in the case file generated by the ASCC may be released. Information in the case file received from another source (i.e., medical reports, clinic notes, prescriptions) will be released to a third party only with a court order.

Medical and other health information in the file may be provided only with a release of information from both the client **and** the originating physician. This release must specifically identify the records to be released. Frequently it is more expedient to request reports directly from the physician/hospital.

All information from the case file may be provided to the client him/her self upon request with or without formal written release. It should be documented in the case narrative as provided.

Requests for Information on Clients
Occasionally, requests for information will be made from interested individuals (i.e., legislators, clergy, school or community representatives). In these informal instances, the Case Manager may discuss the services being provided by the ASCC, general needs of people with spinal cord injuries, and generally known information about the client. However, confidential information regarding medical**,** financial, or personal information will not be provided without the client's permission. In situations of question regarding the release of information, the Case Manager should contact the Client Services Administrator or Executive Director.

Media
The Case Manager will **never** discuss a case with any media representative (i.e., newspaper, television) without the client's written permission. All contact with the media regarding client information should be cleared in advance with the Executive Director.

ARKANSAS FREEDOM OF INFORMATION ACT (FOIA)

The Arkansas Freedom of Information Act (FOIA) ensures the public access to records of the performance of public officials and decisions that are reached in public activity and in making public policy.

As a State agency, the ASCC falls under the FOIA for all records except client case files. Please refer to the ASCC Policy and Procedures Manual for more information on the FOIA.

Arkansas Spinal Cord Commission Case Managers and Secretaries will **not** respond to FOIA requests. All such requests should be referred to the Executive Director immediately upon receipt.

FORMS

ASCC-7	Notice of Privacy Practices Acknowledgement
ASCC-9	Protected Health Information (PHI) Tracking Log
ASCC-20	Authorization to Disclose Health Information
ASCC-21	Privacy Practice Notice

ASCC-7
8/12

ARKANSAS SPINAL CORD COMMISSION

Notice of Privacy Practices Acknowledgement

I _____ hereby acknowledge that I have received and reviewed the Arkansas Spinal Cord Commission Notice of Privacy Practices.

_____

Name **Date**

ARKANSAS SPINAL CORD COMMISSION

ASCC-9
8/12

CLIENT PROTECTED HEALTH INFORMATION (PHI) TRACKING FORM

Client Name _____ **Client SSN** _____ **Date of Referral** _____

Date of Disclosure	Name and Address of Person/Entity Receiving Information	Method of Request	Brief Description of Information Disclosed (be specific, identify by type of information, other distinguishing characteristics)	Description of Purpose of Disclosure (court order, compliance with state law)	How Information was Disclosed (mailed, faxed, hand delivered)	Name of Person Making Disclosure

ARKANSAS SPINAL CORD COMMISSION

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Client Name: _____

Date of Birth: _____

Mailing Address: _____

_____

This Section pertains to Release of Health Information including treatment for drug and alcohol and for psychiatric conditions.*

_____
Dates of Hospitalization

_____
Dates of Outpatient Care

_____
Clinic or Chart Number if Known

I, _____ hereby authorize
(Client or Authorized Representative)

_____ to disclose specific health information from
(Name of Provider)

the records of the above named client to: _____

_____

_____
(Recipient Name/Address/Phone/Fax)

for the specific purpose(s): _____

_____

Specific information to be disclosed: _____

_____

This release expires twelve (12) months following the date signed by me. I understand that I may revoke this authorization at any time.

I further understand that I may request a copy of this signed authorization.

_____	_____	_____
(Signature of Client)	***(Date)***	***(Witness-If Required)*****

_____	_____	_____
(Signature of Authorized Representative)	***(Date)***	***(Authorized Representative Relationship/Authority)***

NOTE: This authorization was revoked on _____ _____
(Date) ***(Case Manager Signature)***

*Complete only if Request is for Health Information.
**ASCC Case Manager may only sign as witness if no other witness is available.

Arkansas Spinal Cord Commission **ASCC-21**
Effective Date: April 14, 2003

NOTICE OF PRIVACY PRACTICES FOR INDIVIDUALS SERVED

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY!

We are required to provide you with this *Notice of Privacy Practices* and to explain our legal duties under the federal Health Insurance Portability and Accountability Act (HIPAA).

We are required by law to maintain the privacy of medical information about you. We call this information "protected health information" or PHI. We are required to give you notice of our privacy practices about your protected health information and required to follow the terms of the notice currently in effect.

This Notice of Privacy Practices will tell you how we may use or disclose information about you. Not all situations will be described.

In the future we may change the Notice of Privacy Practices. Any changes will apply to information we already have and any information we receive in the future. A copy of the new notice will be posted at each ASCC facility and provided to individuals as required by law. You may request a copy of the current notice at any time by contacting ASCC.

WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION

For Treatment: We may use or disclose PHI about you with health care providers who are involved in your health care. For example, information may be shared to make an appointment or referral for evaluation or treatment.

For Payment: We may use or disclose PHI about you to get payment or to pay for health care services you receive. For example, we may provide PHI to order medical equipment or supplies.

For Health Care Operations: We may use or disclose PHI information about you in order to manage our programs and activities. For example, we may use PHI about you to review the quality of services you receive.

OTHER WAYS WE MIGHT USE OR DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION

Appointments and Other Health Information: We may send you reminders for medical care or checkups. We may send you information about health services that may be of interest to you.

For Health Oversight Activities: We may use or disclose PHI about you to inspect or investigate health care providers.

As Required By Law and For Law Enforcement: We will use and disclose PHI about you when required or permitted by federal or state law or by a court order.

For Abuse Reports and Investigations: We are required by law to report any allegations of child abuse or neglect.

For Government Programs: We may use or disclose PHI about you for public benefits under other government programs. For example, we may disclose information for determination of Supplemental Security Income (SSI) benefits.

To Avoid Harm: We may disclose PHI about you to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

For Research: We may use PHI about you for studies and to develop reports. These reports do not identify specific people.

WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION UNLESS YOU OBJECT

Disclosure: We may disclose PHI about you to your guardian, interdisciplinary team members, or other persons who are involved in your medical care.

OTHER USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

For Other Situations: We will ask for your written authorization before using or disclosing PHI about you. You may cancel this authorization at any time in writing, or by other appropriate means of communication if necessary. We cannot take back any uses or disclosures already made with your authorization.

YOUR PHI PRIVACY RIGHTS

Right to See and Get Copies of Your PHI: In most cases, you have the right to look at or get copies of your PHI. You must make the request in writing. You may be charged a fee for the cost of copying and mailing the PHI to you.

Right to Request to Correct or Update Your PHI: You may ask us to change or add missing PHI if you think there is a mistake. You must make the request in writing and provide a reason for your request. However, there are conditions under which we may deny this request.

Right to Get a List of Disclosures: You have the right to ask us for a list of disclosures made after April 14, 2003 and up to six years prior to the date you made the request. You must make the request in writing. This list will not include the times that PHI about you was disclosed for treatment, payment, or health care operations. This list will not include PHI about you provided directly to you or your family, or PHI that you authorized.

Right to Request Limits on Uses or Disclosures of Your PHI: You have the right to ask us to limit how PHI about you is used or disclosed. You must make the request in writing and tell us what PHI you want to limit and to whom you want the limits to apply. We are not required to agree to the restriction. You can request that the restrictions be terminated in writing or verbally.

Right to Revoke Permission: If you are asked to sign an authorization to use or disclose PHI about you, you can cancel that authorization at any time. You must make the request in writing. This will not affect PHI that has already been shared.

Right to Choose How We Communicate With You: You have the right to ask us to share your PHI with you in a certain way or in a certain place. For example, you may ask us to send PHI about you to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

Right to File a Complaint: You have the right to file a complaint if you do not agree with how we have used or disclosed PHI about you.

Right to Get a Paper Copy of this Notice: You have the right to ask for a paper copy of this notice at any time.

CONTACT US TO REVIEW, CORRECT, OR LIMIT YOUR PHI

You may contact us to:

1. Ask to look at or copy your PHI.
2. Ask to limit how PHI about you is used or disclosed.
3. Ask to cancel your authorization.
4. Ask to correct or change PHI about you.
5. Ask for a list of disclosures of your PHI.

We may deny your request to look at, copy, or change your PHI. If we do deny your request, we will send you a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint.

HOW TO CONTACT US

Arkansas Spinal Cord Commission
Central Office
5800 W 10th St, Suite 108
Little Rock, AR 72204

Terra Patrom, Executive Director
Phone: (501) 296-1788
Toll Free: (800) 459-1517
Fax: (501) 296-1787
terra.patrom@arkansas.gov

Diane Francis, Client Services Administrator
Phone: (501) 296-1788
Toll Free: (800) 459-1517
Fax: (501) 296-1787
diane.francis@arkansas.gov

HOW TO FILE A COMPLAINT OR REPORT A PROBLEM

You may contact those listed above if you want to file a complaint or to report a problem with how we have used or disclosed your PHI. **Your services will not be affected by any complaints you make.** We cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

You may also file a complaint with the US Department of Health and Human Services, Office of Civil Rights by contacting:

Region VIII, Office of Civil Rights
Department of Health and Human Services
1961 Stout Street – Room 1185 FOB
Denver, CO 80294-3538
Voice Phone: (303) 844-2024
TDD: (303) 844-3439
Fax: (303) 844-2025

Case Management Services Procedures

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PURPOSE

The ASCC case on any individual with a spinal cord disability who no longer meets the ASCC criteria will be closed immediately. There are four reasons that an ASCC case will be closed.

1. Client is deceased (Status Code 70)
2. Client has moved out of state (Status Code 71)
3. Case Manager is unable to locate the client (Status Code 72)
4. Client is no longer medically eligible (Status Code 73)

These are the **only** reasons that an ASCC case will be closed. Clients who request no further contact, those who have adequate services and resources and do not need ASCC assistance, clients who are difficult to work with, and clients with other unusual situations are to remain in open status. The Case Manager should consult with the Client Services Administrator to identify the most appropriate status code.

PROCEDURES

When the Case Manager learns that there is reason to close a client's case (client deceased, moved out of state, unable to locate, or is no longer medically eligible), the following will be completed:

CASE CLOSURE NOTIFICATION (ASCC-2)

The Case Closure Notification (ASCC-2) must be completed by the Case Manager and submitted to Central Office with appropriate documentation within 10 calendar days of receiving notice of a reason to close the client's case.

1. Client's Name: Enter the client's full name (i.e., James William Smith).
2. D.O.B.: Enter the client's date of birth (i.e., 2/6/58).
3. SSN: Enter the social security number of the client.
4. Date of Closure: Enter the date the reason for closure was determined (i.e., date client moved, ineligibility determined or actual date of death).
5. Reason for Closure; Mark the appropriate reason for closure and list date of death or new address when appropriate.
6. Brief Narrative: Provide written information concerning events leading to case closure. Example: On 6/7/06, medical information was received from Dr. Joe Jones documenting that John no longer meets three (3) of the four (4) medical criteria. His bowel and bladder function has returned to normal.
7. Signature and Title of Person Completing the Form/Date: The Case Manager will sign and date the completed form.

8. Attached Documentation: Any supporting documentation will be attached to the Case Closure Notification (i.e., obituary, medical information).

CLIENT DECEASED (STATUS CODE 70)

When the Case Manager learns that a client has passed away, the case will be closed and the following procedures and documentation will be completed:

Equipment Retrieval
Equipment purchased for the client by the ASCC is the property of the ASCC and will be returned to the Commission upon death of the client. The Case Manager will contact the family within 10 days of notice of death, as families are often anxious to dispose of equipment and personal effects. Pick up of the equipment will be made immediately upon contact with the family to ensure return. It is the responsibility of the Case Manager to obtain this equipment. If the Case Manager makes significant bona fide attempts to obtain the equipment and is unable to do so, he/she will send a memo to the Client Services Administrator describing those efforts and requesting instructions for additional action.

It is never appropriate for the Case Manager to request that the family of the deceased client donate or give equipment that was not ASCC property to the Commission.

However, the Case Manager should assist the family in disposing of equipment and making any other needed arrangements (*including donations to ASCC), if the family requests this assistance.*

Encumbrances
The Case Manager will review the case file to ensure there are no outstanding encumbrances. Any Authorizations/Statements of Account will be completed or canceled. If an authorization is pending, the date of service must be prior to the date of the death of the client in order to be processed. If it is not, the authorization will be cancelled.

Documentation
Upon closing the case, the Case Manager will review the file before transferring it to the Central Office to ensure it includes:

1. **Closing Case Narrative** - Including date and cause of death, equipment transactions, and completion or absence of encumbrances.
2. **Client General Information Sheet, ASCC-30** - Completed CGIS form reflecting status code change to 70-closed-deceased.
3. **Case Closure Notification, ASCC-2** - See above for directions.
4. **Notice of Action, DHS-0160** - Reflecting Title XX case closed**,** if appropriate (see Chapter 13, Title XX**,** pp. 13-5 – 13-7)

MOVED OUT OF STATE (STATUS CODE 71)

When the Case Manager learns that a client has moved from the State of Arkansas, the case will be closed, and the following will be completed:

Equipment
Equipment purchased by ASCC for the individual client that is needed and used by the client at the time of the move may leave the state with the client.

Arkansas Spinal Cord Commission Loan Closet equipment must be returned to the Commission before the client leaves the state. The best way to ensure this happens is to strongly reinforce with each client, upon loan, that the equipment must be returned. It is the responsibility of the Case Manager to monitor Loan Closet equipment regularly and to retrieve Loan Closet equipment before the client leaves the state or to make arrangements for return of loan equipment that has left the state. When the Case Manager is unsuccessful in retrieving loan equipment from a client who has left the state, procedures for Reporting Lost/Stolen Destroyed, No Longer Usable Equipment, Chapter 12, pp. 12-5 – 12-6 and Procedures for Requesting Equipment Removal, Chapter 12, p. 12-6 – 12-8 must be followed.

Encumbrances
Upon notification of a client's move, the Case Manager will review the case file to ensure there are no outstanding encumbrances. Any Authorization/Statement of Account will be completed or canceled. If an authorization is pending, the date of service must be prior to the date the client moved in order to be processed. If not, the authorization will be cancelled.

Documentation
Upon closing the case, the Case Manager will review the file before transferring to the Central Office to ensure it includes:

1. **Closing Case Narrative** - including date and destination of move (new address, if known), equipment transactions, and the completion or absence of encumbrances.
2. **Case Closure Notification, ASCC-2 –** completed Case Closure Notification with appropriate documentation.
3. **Client General Information Sheet, ASCC-30** - Completed CGIS form reflecting status code change to 71-closed-moved out-of-state.
4. **Notice of Action, DHS-0160** - Closing Title XX case (see Chapter 13, Title XX, pp. 13-5 – 13-7), if applicable.

Temporary Moves
Frequently, clients will leave the State for extended, but temporary stays. These would include out-of-state rehabilitation treatment, vocational training, college attendance, etc. In these situations, it is difficult to determine whether or not to close the case. The primary determinant in

this decision will be the client's official residence. If the official residence (the permanent address/home of client for voting, registration with federal government for SSI, SSDI, etc.) is in the state of Arkansas, these cases will not be closed. They will be placed in a less frequent contact status (i.e., Status Code 50). If the client has moved his or her official residence out of the state (even temporarily), the case will be closed. All clients will be informed to contact the Commission/Case Manager upon return to the State to reactivate their case.

UNABLE TO LOCATE (STATUS CODE 72)

Occasionally, clients will leave the local area and cut off contact with ASCC and the Case Manager. In these circumstances, it is the responsibility of the Case Manager to utilize all available resources in attempting to locate the individual. The Case Manager is expected to make bona fide attempts to find the person. Attempts will be documented in the case file and will include:

- Home visit attempt.
- Contact with family members.
- Attempts to contact by mail.
- Contact with local DHS/DMS (Medicaid/Waivers).
- Contact local durable medical equipment vendor.

After three (3) documented attempts, noted above over a 3-month period, to find the client, and the client cannot be located; the case may be closed in Status Code 72-unable to locate. Attempts to contact must include a home visit attempt and a letter sent by certified mail (unless mail has previously been returned).

Equipment

If the client, who is unable to be located, has ASCC Loan Closet equipment, the Case Manager will submit a memo to the Client Services Administrator documenting attempts to find the individual and equipment, and reporting the equipment (include serial number, ASCC tag number, and description) as lost. This memo will be submitted before case closure. When the Case Manager is unsuccessful in retrieving loan equipment from a client who is unable to be located, procedures for Reporting Lost/Stolen Destroyed, No Longer Usable Equipment, Chapter 12, pp. 12-4 – 12-5 and procedures for Deleting Items from the Regional Loan Closet Master Inventory, Chapter 12, p. 12-6 must be followed.

Encumbrances

If the client has been lost to the system for a maximum of three (3) months, it is unlikely that any outstanding encumbrances would exist. However, if there are encumbrances, they will be completed or cancelled before closing the case.

Documentation
Upon closing the case, the Case Manager will review the file before transferring to the Central Office to ensure it includes:

1. **Case Narrative** - There will be at least four case narratives reflecting an ongoing search for the client for at least three (3) months by the Case Manager closing the case, or a current ASCC Case Manager with whom the search can be verified. The closing case narrative will summarize the search attempts.
2. **Client General Information Sheet, ASCC 30** – A completed CGIS form, reflecting status code change to 72-closed-unable to locate.
3. **Notice of Action – DHS-0160 –** Closing Title XX case (see Chapter 13, Title XX, p. 13-5 – 13-7), if applicable.
4. **Case Closure Notification, ASCC-2 –** A completed Case Closure Notification with appropriate documentation.

NO LONGER MEDICALLY ELIGIBLE (STATUS CODE 73)

It is the responsibility of the Case Manager to monitor the client to ensure that he/she meets medical eligibility. In special circumstances, such as babies born with spina bifida, specific time frames are established for evaluation (see Chapter 4-4). All other cases (except those cases accepted before 1987 and covered by the grandfather clause, see Chapter 4) may be re-evaluated at any time.

When a client's neurological status improves to the point that he/she no longer meets ASCC medical eligibility criteria (see Chapter 4), the client's case will be closed, and the following will be completed:

Client Contact
Since this change may be of concern to the client and/or family, it is essential the Case Manager make personal contact with the client (or parent/guardian) to discuss the case closure. If the client agrees they are no longer medically eligible, the Case Manager will follow through with case closure. If the client does not agree with the case closure, the Case Manager must meet~~s~~ face to face with client/guardian to discuss the reason for case closure. The medical eligibility criteria will be discussed with the client during this meeting. The client will have an opportunity to provide additional input regarding their neurological status. If the Case Manager and client/guardian are still in disagreement with the case closure in Status Code 73, the Case Manager must obtain a new, signed ASCC-20 so further medical documentation can be obtained. The decision to close the case in this status will be based on the medical documentation or supporting ASCC-23 information obtained after this meeting. Most clients whose cases are closed in Status Code 73 no longer need services and have no concerns when the case is closed. Clients who do not agree to case closure will be provided with information regarding the ASCC

Client Appeal Policy (see the ASCC Policy and Procedures Manual, Section CS1, Client Services Appeals Process, pp. 1-3).

All clients whose cases are closed in Status Code 73 will be informed that if his/her spinal cord disability changes or becomes worse, he/she may re-apply for services at any time.

Documentation
Upon closing the case, the Case Manager will review the file before transferring to the Central Office to ensure it includes:

1. **Case Closure Notification (ASCC-2) –** Completed Case Closure Notification with supporting medical information reflecting ineligibility, (i.e., ASCC-23 with physician signature or case narrative reflecting client's verbal confirmation of the medical criteria they no long meet). The original ASCC-2 and medical records will be placed in the client file.

2. **Notification to Client –** The Case Manager will send a letter informing the client/guardian that the case will be closed due to no longer meeting medical eligibility. As indicated in the previous section (Client Contact, page 16-6), information regarding the right to appeal and a date for the appeal process will be included in the letter. A copy of the Case Closure Notification (ASCC-2) with attached medical documentation will also be sent with the letter.

3. **Closing Case Narrative –** Will reflect client contact and discussion of case closure as well as evidence used by the Case Manager in the decision to close the case. The case narrative will reflect that a letter, Case Closure Notification (ASCC-2) and supporting medical documentation indicating the reason for closure has been mailed to the client.

4. **Client General Information Sheet (ASCC-30) –** Completed CGIS form reflecting status code change to Status 73 – Closed, No Longer Medically Eligible.

5. **Notice of Action, DHS-0160 –** Closing title XX case (see Chapter 13-5 – 13-7), if applicable.

TIMELY CLOSURE

Once the Case Manager has identified that a case will be closed, he/she will complete all tasks to close the case immediately. This will ensure that services are not inadvertently provided to an ineligible individual (i.e., Newsletter mailed to a client who is deceased).

All documentation will be completed, and the case closed and mailed to the Central Office within 10 calendar days.

TRANSFER OF CLOSED CASE FILES

Upon case closure, the case file will be transported to the Central Office immediately. If the Case Manager can personally transport the case file within 10 calendar days, he/she will do so. If not, the case will be mailed (Priority/Certified/Registered) to the Central Office. Case files of closed cases **will not** remain in the Case Manager's office after 10 calendar days.

REACTIVATION

Should a Case Manager reactivate a closed case, the closed case file may be requested from Central Office. If the file is available, it will be sent to the Case Manager. Should the file not be available, the Case Manager will create a new file. Information to be obtained and included in the new file and the case monitoring procedures for reactivated cases are located in Chapter 8, Case Monitoring, Case Reactivation, page 8-16).

FORMS

ASCC-2	Case Closure Notification

Arkansas Spinal Cord Commission

Case Closure Notification

Case closure notice should be completed and submitted to the Central Office with closed case within fifteen (15) days of the event creating circumstances for closure.

Client Name _____ **D.O.B:** _____

S.S.N: _____ **Date of Closure:** _____

Reason for Closure:

- ○ Death (70) — Date of Death: _____
- ○ Moved Out of State (71) — New Address: _____
- ○ Unable to Locate (72) — _____
- ○ No Longer Medically Eligible (73)

Brief narrative describing closure event:

_____ _____

Signature and Title of Person Completing Form — Date

Attach appropriate documentation (medical records, obituary, mail return card, etc.).

Case Management Services Procedures

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Case Management Services Procedures

PURPOSE

The General Office Procedures chapter entails various procedures to maintain effective communication and transition of necessary documentation between the Case Management Field Offices and the Central Office. This section will assist the Case Managers and Secretaries in preparing documentation, billing, reports, and meeting deadlines.

ANNUAL PERFORMANCE EVALUATION

Performance evaluations are completed on an annual basis normally within a thirty (30)-day period prior to the Case Manager's employment anniversary date.

Performance evaluations are based upon the Case Manager's overall performance during the year. Criteria used by the Client Services Administrator during the year as a basis of evaluation include: quarterly case reviews, monthly reports, review of written initial assessments, cooperation with other agencies, problem solving ability, etc.

Specific information and forms concerning performance evaluation are located in the ASCC Policies and Procedures Manual.

CASE REVIEW

Case reviews will be completed by the Client Services Administrator on a quarterly basis. Each case review will consist of a random selection of approximately 10% of case files. A case review form will be completed on each case file reviewed. After discussing the review forms with the Client Services Administrator, the Case Manager will sign each form. Copies of the Case Review forms will be filed in the correspondence section of each client's case file. A Case Review Summary sheet will also be completed by the Client Services Administrator. This summary sheet will provide an overview of the case review and document the necessary plan of action. When a Case Manager has had two (2) consecutive quarterly reviews with no noted errors, case reviews will then be completed every six (6) months. In order to maintain a six (6) month status, Case Managers must continue to receive error-free case reviews. When this does not occur, case reviews will be completed on a quarterly basis.

DONATIONS

When donations (monetary or equipment) are made to the Agency by clients, family, or other individuals, a memo should be submitted to the Executive Director documenting the following information:

1. Client, family, or individual's name and address.
2. List of equipment with description and serial numbers, if appropriate.
3. Amount of money donated, or estimated value of equipment.
4. If donation is made on behalf of a specific client, include client's or family member's name (i.e., for memorial) and address, if available.

Once the memo is received in Central Office, a letter will be issued by the Executive Director to thank the individual for the donation. This will also serve as a receipt to the donor for income tax records. The donor will be recognized in the next *Spinal Courier*.

EXPENDITURE LOG (ASCC-11)

A log of all purchase authorizations will be maintained on a computerized Expenditure Log (ASCC-11) sheet. Procedures for utilization of the Expenditure Log may be found in Chapter 10, Purchasing Services, of this manual, pp. 10-22 – 10-23.

Copies of the Expenditure Log will be electronically submitted to the Central Office quarterly. If there are reimbursements outstanding, the Log should be held by the Case Manager until the reimbursements can be recorded.

Refunds to Expenditures
Occasionally ASCC purchases an item and receives reimbursement (full or partial) from another source (insurance, Medicare, client co-pay). This reimbursement is deposited back into agency funds and credited as a refund to the specific expenditure. All requests for refunds to expenditures must be recorded on the Expenditure Log (ASCC-11).

Case Managers will be provided with receipt books to provide receipts for any funds received in the Field Office.

Receipts will be issued to the client describing funds received. These will include reimbursements from individuals, Medicare reimbursements, and insurance payments.

The following information will be recorded on all receipts:

Receipts are to be completed in triplicate.

Original: To client.
Second: Accompanies reimbursement to the Central Office.
Third: Remains in receipt book to be sent to the Central Office upon completion of receipt book.

RESERVE FUNDS

Each Case Manager will have an assigned allotment of funds separate from the General Client Services Funds to utilize throughout the year. Field Offices will maintain a computerized record of expenditures from the Reserve Funds during the fiscal year. Procedures for maintaining and recording expenditures from Reserve Funds may be found in Chapter 10, Purchasing Services, page 10-21. A copy of the Expenditure Log (ASCC-11) sheets reflecting authorizations from the Reserve Fund must be electronically submitted quarterly by the following dates:

1st Quarter - October 15	3rd Quarter - April 15
2nd Quarter - January 15	4th Quarter – June 30

SIGNING FOR ANOTHER CASE MANAGER

During the absence of a Case Manager (i.e., annual/sick leave), it may become necessary for another Case Manager to authorize services or complete a Statement of Account to ensure timely payment. When this occurs, a Case Manager may sign another Case Manager's name with a notation 'by signer's name' (i.e., Robert Jones by Sue Wright). A secretary may never sign for the Case Manager under any circumstances. When another Case Manager is unavailable, the Authorization/Statement of Account should be submitted to the Client Services Administrator for signature.

When a Case Manager's position is vacant, the Case Manager who is temporarily covering the caseload should sign with the notation 'Case Manager #59 by Joe A. Case.' Never sign someone's name who is no longer employed by the Agency.

The above procedures will also apply when it is necessary to complete any ASCC forms that require a Case Manager's signature (i.e., Title XX, financial forms).

CENTRAL OFFICE RESPONSIBILITIES

Responsibilities for various agency and case management procedures are assigned to specific Central Office staff. In order to assist Case Managers when questions arise or clarification is needed, a summary of Central Office responsibilities is located in the Forms section of this chapter.

INTERNAL PURCHASE REQUESTS

Any Case Manager needing office supplies, equipment, forms, etc. must complete an Internal Purchase Requisition and submit to the Central Office (refer to Purchasing Policy in the ASCC Policies and Procedure Manual for instructions and appropriate forms).

ITINERARY

By the first day of the month, each Case Manager in a field office will submit a monthly itinerary to the Client Services Administrator and the field secretary. Itineraries should indicate on each working day what counties will be worked and what days the Case Manager will be in his/her office. The Case Manager will leave the field secretary a list of clients scheduled for home visits on field days. It is often essential to contact a Case Manager, particularly in an emergency situation. It is also the Case Manager's responsibility to call into the Field Office and check for messages if he/she does not plan to return to the office by the end of the day.

When planning an itinerary for an entire month, changes or additions may be necessary. When this occurs, the Case Manager should notify the Client Services Administrator.

LEAVE REQUESTS

Annual
All annual leave requests must be approved by the Client Services Administrator before leave may be taken (refer to Agency Policies and Procedures Manual for specific information and appropriate forms).

Sick
Requests to use sick leave for purposes of medical, dental, optical appointments, funerals, etc., should be made in advance, whenever possible.

Case Managers and ASCC Secretaries who are ill must call the Client Services Administrator indicating they will not be at work. Calls should be made as soon after 8:00 a.m. as possible on the first day of illness and each day thereafter until the Case Manager or Secretary returns to work (refer to Agency Policies and Procedures Manual for specific information and appropriate forms).

LONG TERM ATTENDANT CARE

Case Managers who have clients receiving Long Term Attendant Care must send original Monthly Time Sheets and Authorization/Statement of Account to the Central Office within 48

hours of receiving the time sheet in the Case Manager's Office (see Chapter 11, Attendant Care, for complete information and procedures).

MONTHLY REPORTS (ASCC-31)

All monthly reports (ASCC-31), including the monthly activity summary, are to be completed and received in the Central Office by the 5th day of the following month (i.e., June monthly report due July 5). When the 5th of the month falls on Saturday or Sunday, monthly reports are due in Central Office on the preceding Friday.

All Case Managers are expected to complete every item on the ASCC-31.The Monthly Report is reviewed by the Client Services Administrator and the Executive Director each month to obtain information for the Governor's Report. Monthly Reports are also utilized by the Client Services Administrator during the Case Manager's annual performance evaluation. Completion of the detailed information provided in the monthly report also gives the Case Manager an overview and quick reference of their recent contacts and services provided.

MONTHLY REPORT FORM INSTRUCTIONS (ASCC-31)

Please complete Case Manager's name, identification number, and month at top of the report.

A. Total Number of Clients: This number should include every individual on your caseload who has been added to the Central Registry by the end of the reporting month. The total number of individuals should only include those in an open case status code (i.e., 30, 40, 50, 60, 80).

1. **New Referrals:** Total number of new cases received during the month the report covers (excluding those completed by the Intake Coordinator). Referrals should be counted the actual month they are received – not when the initial assessment is completed (i.e., if a new referral is received June 27 and an initial assessment completed on July 2, then the new referral to be counted for the month of June).
2. **Transfers:** Number of cases (+/-) transferred to and from other Case Managers.

   Note: A referral completed and processed by the Intake Coordinator should be counted as a 'Transfer In' the month the client returns to the field Case Manager's area.
3. **Closures:** Number of cases closed during the reporting month.
4. **Reactivations:** Number of closed cases reactivated or reopened during the reporting month.

B. Client Contacts: The totals listed below should correspond with contacts (both personal and phone) entered on the Monthly Activity Summary Sheet.

1. **Total Number of Personal Contacts:** Total number of actual face-to-face visits made during the reporting month. Multiple personal contacts with the same client are reflected in this total. Attempts to visit should not be included in total number of personal contacts.
2. **Total Number of Phone Contacts:** Total number of phone contacts made to or from clients during the reporting month. Multiple phone contacts with the same clients are reflected in this total. Attempts to call or phone messages left will not be counted.
3. **Total Number of Individual Clients Contacted:** Total number of individual clients contacted either by phone or in person or both during the reporting month.

   Note: Attempts made by the Case Manager to contact a client does not constitute an actual contact and should not be counted in the monthly total. These attempts may, however, be reflected on the monthly summary report.

C. **Status Codes:** Indicate the total number of clients currently in each status.

D. **Counties Visited:** Total number - followed by county names.

E. **Third Party Sources Leveraged:** These entries refer to services or goods that the Case Manager obtains or negotiates on behalf of a client. Sources could include private insurance, Medicare, Medicaid, other State agencies (i.e., Arkansas Rehab Services), private agencies, organizations, or donations. Entries should also include estimates of amounts saved through personal skills or ingenuity of the Case Manager. Items from ASCC Loan Closet or consumables should not be included.

1. **Amount:** Indicate dollar amount of benefit; insert A or E in brackets; Actual (A) or Estimate (E).
2. **Client Name:** Last name, first initial.
3. **Type Benefit:** Name of resource (Medicaid, rehab. private insurance, etc.).
4. **Total:** Indicate total dollars leveraged.

F. **Client Service Highlights:** Every monthly report will include at least one highlight. List client's name (last name, first initial), and examples of services provided by the Case Manager that you feel were interesting, noteworthy, successful endeavors, or out of the ordinary occurrences. These should include general information about the client who received the service.

G. **Community Public Relations:** Include any meeting, event, conference, etc., which you attended, conducted, organized, planned, made a presentation, or participated in some manner on behalf of ASCC. Regular contacts with County Administrators, acute care, and rehabilitation hospitals will also be recorded in this section.

H. **Problems Encountered:** This is an opportunity to communicate problems or concerns encountered in your role as a Case Manager. This could also be used to denote a problem you were successful in resolving yourself.

I. **Comments/Suggestions:** Questions, ideas, suggestions, communicate concerns about program operations and daily procedures, or anything else you wish to share.

J. **Equipment Resources/Need (circle one):** Indicate any equipment you have obtained or any equipment you need. Please describe the equipment in detail, especially if it has any specialized features. Example: Put 18" Quickie II wheelchair with swing away leg rests -

not just Quickie Wheelchair. Circle either 'Resources' or 'Need' to indicate if you have the equipment or are looking for the item.

K. **Signature and Date:** All Monthly Reports are required to have a date and the appropriate Case Manager's signature.

Monthly Activity Summary

The monthly activity summary is an excellent tool to assist both Case Managers and supervisory staff in tracking the volume of work completed each month. This summary will reflect multiple contacts with clients. It serves as an easy reference to compare visits or other activities with case file entries. This ensures all activities are appropriately documented. The date the activity was completed should be recorded in the boxes provided under each heading. In many cases there will be multiple dates recorded in one box for a client (see example, page 17-9). The total number of client contacts listed in Section B should correspond with the total client contacts (both personal and telephone) listed on the monthly activity summary sheet.

Client Name: Last name and first initial only.

Initial Intake: Indicate visit made with client to conduct initial assessment and add to the registry.

Personal Visit: Anytime the Case Manager visits a client in person, contact should be recorded.

Phone Contact: This is to only include a phone conversation with client and/or family. Conversations with other individuals, agencies, physicians, social workers, etc., may be placed under Other.

Case Narrative: Any written documentation on ASCC-18 Case Narrative form which pertains to the client, i.e., home visits, phone contacts, authorization of services, contact with other agencies, hospitals, vendors.

Authorized Purchases or Repairs: Contacts made with a vendor regarding purchases or equipment repairs, and authorization for services completed during the month. Submission of client's monthly LTAC/STAC should be indicated in this section.

Financial/Title XX Update: Contact with a client or family to obtain information to determine financial status and completion of appropriate form (ASCC-16). Any task related to Title XX should be included in this section (i.e., billings, eligibility determination, re-determination, completion of forms).

Other (specify): Any task which does not fit appropriately under any other category (i.e., travel time, correspondence, email contacts with client, meetings, referrals to other agencies, contacts on client's behalf or any other casework not included in categories listed that you feel needs to be reflected). List date and specify other (i.e., 18, w/c evaluation; 23, DHS ofc.).

QUICK REFERENCE GUIDE

The Quick Reference Guide was developed to assist Case Managers in determining which original forms must be submitted to Central Office and which original forms must remain in the Case Manager's office. The Quick Reference Guide is located in the Forms section at the end of this chapter.

TITLE XX BILLING

Billing for Title XX must be completed at the end of each month and received in the Central Office no later than the 5th day of the following month (i.e., May Title XX billing due in Central Office by June 5.) When the 5th of the month falls on Saturday or Sunday, Title XX billing reports are due in Central Office on the preceding Friday.

Procedures for eligibility determination and completion of all Title XX forms may be found in Chapter 13, Title XX.

TRAINING REQUESTS

All training and conference requests must be approved by the Client Services Administrator and Executive Director prior to attending. When requesting approval for training and conferences, refer to the ASCC Policies and Procedures Manual, Training and Conference Attendance Policy, for instructions and appropriate forms.

TRAVEL ALLOTMENT

Each Case Manager is assigned a specific amount of money at the beginning of each fiscal year (July 1) to be used during the year for travel reimbursement to carry out client services (i.e., home visits, staffings). It is the Case Manager's responsibility to monitor his/her travel funds on a monthly basis to ensure the funds will last the entire fiscal year. Quarterly travel summary reports will be distributed from the Central Office. A Case Manager may not exceed his/her travel allotment. Any anticipated problems regarding travel allotments should be discussed with the Client Services Administrator immediately.

TRAVEL REIMBURSEMENT (TR-1)

Travel reimbursement forms (TR-1) must be received in the Central Office by the 5th or the 19th day of each month. TR-1's received in the Central Office by the 5th day of the following month (i.e., May travel due in the Central Office by June 5), will be processed on the 6th, and those

received by the 19th will be processed on the 20th day of the month. Travel reimbursements are processed according to State Travel Regulations. Specific information and forms are located in the ASCC Policies and Procedure Manual (see Travel Regulations). Mileage reimbursement for privately owned vehicles for official business is at the current rate determined by the Department of Finance and Administration.

The State of Arkansas uses the guidelines published in the *Federal Travel Directory* for reimbursement of meals and lodging. *Federal Travel Directory* guidelines are available at: http://www.gsa.gov. To identify the daily limits for your destination use the M&IE Rate on the GSA website, less the $3 per day incidental rate, that is not authorized by State law for reimbursement. All amounts are listed before taxes. Reimbursement for meals is only received if there is an overnight stay. Receipts for meals and lodging must be submitted with TR-1. No reimbursement is provided for privately owned vehicle travel unless the employee has a copy of his/her Arkansas driver's license and current car insurance certification on file in the Central Office.

Case Management Services Procedures

FORMS

ASCC-31	Monthly Report
	Central Office Responsibilities
	Quick Reference Guide (Original vs Copy)

ARKANSAS SPINAL CORD COMMISSION

MONTHLY REPORT

MONTH: _____

Case Manager: _____ Case Manager Number: _____

A. Total Number of Clients: _____

New Referrals: _____ Transfers: (+) _____ (-) _____

Closures: _____ Reactivations: _____

B. Total Number of Client Contacts:

Personal: _____ Phone: _____ Individual Clients Contacted: _____

C. Status Codes (indicate number of clients in each status):

Code 30 _____ Code 60 _____

Code 40 _____ Code 80 _____

Code 50 _____

D. Counties Visited (_____) _____

E. Third Party Sources Leveraged:

	Amount	Client Name	Type Benefit
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
	_____	**TOTAL**	

F. Client Service Highlights:

G. Community Public Relations:
DHS Office/County Admin. Visited:

Presentations:

Other:

H. Problems Encountered:

I. Comments/Suggestions:

J. Equipment Resource/Need (circle one)

Signature

Date

ARKANSAS SPINAL CORD COMMISSION

MONTHLY ACTIVITY SUMMARY

CASE MANAGER: _____ #_____ DATE: _____

Client Name	Initial Intake	Personal Visit	Phone Contact	Case Narrative	Authorize Purchase/Rep	Financial Update/ Title XX	Other (Specify)

Forms/Reports Distribution

Please refer to the list below to determine who to send your information to or who to ask if you have questions.

ASCC-1 and CGIS (changes, reprints, etc.)
To: Bradley Caviness
Cc: Diane Francis

Driver's License/Insurance
To: Bradley Caviness
Cc: Denny Combs

Expenditure Logs
To: Bradley Caviness or Denny Combs
Cc: Diane Francis

Intakes (ASCC-22, ASCC-1, ASCC-3)
To: Bradley Caviness
Cc: Diane Francis

Internal Purchase Requisition
To: Bradley Caviness
Cc: Your Supervisor

LTAC
To: Bradley Caviness
Cc: Diane Francis

Master Inventory List and Check In/Out Log
To: Bradley Caviness
Cc: Diane Francis

Monthly Reports
To: Bradley Caviness
Cc: Diane Francis

Monthly RLC Memo
To: Bradley Caviness
Cc: Diane Francis

Voter Registration Report
To: Bradley Caviness
Cc: Diane Francis

TR-1 Forms
To: Bradley Caviness
Cc: Diane Francis

Prior Approval Memo and Purchase Request
To: Bradley Caviness
Cc: Diane Francis

SOA
To: Bradley Caviness
Cc: Diane Francis

W9
To: Bradley Caviness
Cc: Denny Combs

Spina Bifida Camp
To: Bradley Caviness
Cc: Terra Patrom

Title XX
To: Bradley Caviness
Cc: Diane Francis

Training Request
To: Your Supervisor (or designee if supervisor is out of the office)
Cc: Bradley Caviness

Quick Reference Guide

Please refer to the list below to determine the proper procedure to submitting forms.

*** NOTE: If you email or fax documents to Central Office, please DO NOT mail them. ***

Regular Mail to Central Office

SOA (ASCC-10) - **Signed original w/invoice**
Travel Expense Reimbursement (TR-1)

Email or Fax to Central Office

Agreement for Home Mod/Ramp (ASCC-38)
Attendant Care Cooperative Agreement (ASCC-25)
Attendant Care Evaluation and Independent Living Analysis (ASCC-43)
Attendant Care Time Sheet (ASCC-24)
Cancellation Order (ASCC-12)
Central Registry Referral Form (ASCC-1)
Client General Information Sheet/CGIS (ASCC-30)
Comp Time Request Form (ASCC-15)
Employee Leave Request (ASCC-19)
Employee Time Sheet
Equipment Title Retention Agreement (ASCC-29)
Expenditure Log (ASCC-11)
Home Mod/Ramp Construction Checklist (ASCC-36)
Initial Assessment (ASCC-22)
Internal Purchase Requisition
Invoices
Monthly Itinerary
Monthly Reports (ASCC-31)
Monthly Loan Closet Memo
Prescriptions
Rental Property Agreement (ASCC-39)
RLC Check In/Out Log (ASCC-5)
SOA (ASCC-10) - **first copy only**
Surveillance Questionnaire (ASCC-3)
Title XX (DHS-0145)
Voter Registration Report
W-9
Wheelchair Purchasing Procedure Checklist (ASCC-41)
Wheelchair Repair Agreement (ASCC-35)
Wheelchair Verification Receipt Form (ASCC-34)

Email Only to Central Office

Expenditure Log (ASCC-11)
Master Inventory List (ASCC-4)

Case Management Services Procedures

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Case Manager Guidelines	18-2 – 18-6
Contractor Guidelines for Home Modifications/Ramping	18-7 – 18-8
Contractor Bid Procedures	18-7 – 18-8
General Guidelines for Ramps	18-9 – 18-10
Forms	18-11

PURPOSE

Individuals with a spinal cord disability often need assistance in making their home accessible. The Arkansas Spinal Cord Commission provides financial assistance to those who meet eligibility criteria for the completion of home modifications and/or ramping that have been deemed functionally necessary for the individual. Modifications may vary depending upon the individual's needs and capabilities and often include widening doorways, bathroom modifications, relocating appliances, etc.

This chapter is designed to assist Case Managers with uniform specifications and criteria necessary in completing procedures for home modifications and ramping. Sections of these guidelines will also assist the contractor and client/family in developing a better understanding of Agency procedures and what is expected of them. All specifications and criteria utilized in this chapter are compatible with accessibility laws. Modifications should conform to the Americans with Disabilities Act Accessibility Guidelines (ADAAG).

CASE MANAGER GUIDELINES

When authorizing minor internal home modifications or exterior ramping, the Case Manager will utilize the Home Modification/Ramp Construction Checklist (ASCC-36). This checklist will assist the Case Manager in completing appropriate procedures and serve as a record of dates for case narrative documentation. A checklist must be completed on any client needing modifications or ramping. A copy will be filed under the Blank Tab section of the client's case file upon completion. A copy of the Home Modification/Ramp Construction Checklist (ASCC-36) is located in the Forms section at the end of this chapter.

Home Evaluation

When a request is received for modifications to an individual's home or for ramping, a home evaluation must be completed by the Case Manager. The Home Evaluation form (ASCC-37) should be completed during this evaluation. If an evaluation has been previously completed by a therapist from a rehabilitation facility, the Case Manager will obtain a copy to utilize when determining what modifications are essential to make the home accessible. A copy of the Home Evaluation form (ASCC-37) is located in the Forms section at the end of this chapter.

Case Managers should keep in mind that simple changes can make a home accessible without tremendous expense. It is the Agency's philosophy to complete only home modifications and ramping, which are determined to be functionally necessary for the individual (i.e., landing should be designed for turning purposes; to get in and out of doors, and not for a family patio or property enhancement). Common home modifications can often include but are not necessarily limited to:

- Widening exterior, bedroom, and bathroom doors.
- Changing doorknobs to levers.
- Offsetting door hinges.
- Interior ramping.
- Installing roll-in shower.

These modifications can be the most practical and least expensive means in making a home accessible for an individual. Case Managers should always evaluate the feasibility of simple modifications first when accessing an individual's needs.

$2,000 Maximum Limit:
Although the Commission provides financial assistance for home modifications, authorizations may not exceed $2,000 on one home (see pg. 10-10, Home Modifications). It is up to the discretion of the Case Manager to decide the appropriate ASCC contribution to the cost of home modifications. Often simple modifications can be completed for less than $2,000 with adequate accessibility achieved. This $2,000 limit only applies to home modifications. When both home modifications and ramping are necessary for accessibility, the cost of exterior ramps will be authorized separately (it is not included in the $2,000 limit). Case Managers will always check and use other available resources of the client/family (i.e., individuals and organizations who could assist financially or donate labor) prior to utilizing ASCC funds.

Meeting with Family:
After the completion of the home evaluation, the Case Manager will meet with the client/family to review the home modification or ramping needs. The Case Manager and the client/family should work together to develop a list of necessary modifications. Should modification needs exceed resources available, the Case Manager and family should prioritize the modifications to best meet the client's immediate needs. Responsibilities for aspects of the home modifications of both the Case Manager and client/family should be discussed and agreed upon. It is essential that the family understand the Commission approves for purchase only **essential or basic fixtures, flooring, etc.** ASCC will only approve modifications to existing structures and rooms. ASCC will not/nor has any responsibility to create structural changes. The client, family, and/or landlord will be responsible for cost related to building walls, floors, etc. for areas where home modification assistance is being requested which are not currently in existence or not required to complete for accessibility to be achieved. The difference in the cost of nonessential items (i.e., upgraded floor coverings, carpet in other areas of the home) are the client's responsibility. The client will negotiate with the contractor for payment of items not determined to be essential or basic (i.e., tile floor as opposed to vinyl). Once the Case Manager and client have reached an agreement, the Agreement for Home Modifications/Ramping (ASCC-38) will be completed. Case Managers will be very specific when developing the written plan. A detailed description and drawing (where applicable) should be provided. If necessary, indicate which items ASCC will be financially responsible for and which items the client/family will assume payment

responsibility. A copy of the Agreement for Home Modifications/Ramping (ASCC-38) will be sent to the Central Office when bids are submitted. The Case Manager should provide the family with a copy and also place the original in the case file under the Correspondence Section.

EXAMPLE:

> ASCC will replace exterior door in living room and interior doors in client's bedroom and bathroom with 36" doors with lever handles, move bathroom sink to left of commode. John T. Client will purchase raised commode seat and installation of tile for bathroom floor.

A copy of the Agreement for Home Modifications/Ramping (ASCC-38) is located in the Forms section at the end of this chapter. A copy should be sent to the Central Office. A copy should be sent to the client, and the original placed in the client's case file.

Modifications/Ramping for Rental Property:
Home modifications/ramping may only be added to rental property with the written permission of the landlord/owner. The client/family will provide the Case Manager with the name, address, and telephone number of the landlord/owner. The Case Manager will make contact with the landlord to discuss needed modifications or ramping. This should alleviate any misunderstanding that may occur if the client/family is given this responsibility. Upon verbal agreement, the landlord will be sent a Rental Property Agreement for Home Modification/Ramp Installation and Removal (ASCC-39) which has been signed by the Case Manager and client. The Rental Property Agreement (ASCC-39) will be placed in the client's file with copies of the bids and the Agreement for Home Modification/Ramping (ASCC-38). A copy will be attached to the memo and bids submitted to the Central Office. Copies of the ASCC-39 should be provided to the landlord and the client before construction/modification begins.

Case Managers should always assess the reliability and stability of each client prior to authorizing for a home modification/ramp on rental property. It may not be cost effective or feasible to complete a home modification/ramp on rental property when a history of moving frequently (more than one time a year) has been documented. It may be more practical for the client to consider an alternate method, such as a portable ramp/shower.

A copy of the Rental Property Agreement for Home Modification/Ramp Installation and Removal (ASCC-39) is located in the Forms section at the end of this chapter.

Bid Procedures for Home Modifications and Ramps:
Case Managers must follow bid procedures outlined in Chapter 10, pages 10-21 – 10-23 for home modifications and ramps costing $1,000 or more. Although bids are not required for items

costing under $1,000, competition is often cost effective, and, when warranted, should be utilized.

As indicated in the bid procedures outlined in Chapter 10, Case Managers must attempt to secure three bids. In remote or rural areas it is often difficult to locate three builders or contractors, but every effort should be made to do so. Case Managers should always check with the client/family and obtain names of individuals they may know who will bid on the construction job. Local hardware stores or lumberyards may also be a good resource in obtaining names of builders, carpenters, or contractors available in a particular area.

After obtaining the names and addresses of the contractors, Case Managers should send an Invitation to Bid letter (ASCC-32) requesting their bids with the following items attached:

1. Home Modification/Ramp Construction Bid Quote (ASCC-40).
2. Agreement for Home Modifications/Ramping (ASCC-38).
3. Contractor Guidelines.
4. Examples of Ramp Drawings (when applicable).

The contractor's construction requirements, bid process procedures, and examples of ramp drawings are outlined in detail in the section of this chapter entitled Contractor Guidelines.

Meeting with the Contractor:
The Case Manager and contractor who is awarded the bid will discuss specifications and criteria, clarify any questions, and set a construction timeframe prior to construction beginning. It is the Case Manager's responsibility to ensure the contractor understands that any changes or problems should be discussed with the Case Manager prior to completion of the construction. In actuality, the contractor is working for ASCC even though the work is being done on the client's home. The Case Manager should make sure the contractor understands this. The contractor should be instructed to contact the Case Manager upon completion of construction to ensure timely approval and payment.

Material Purchase:
When the cost of the materials is included in the contractor's bid, the contractor will make the purchase arrangements. If the Case Manager or client/family has made arrangements for donated/volunteer labor, then it will be the Case Manager's responsibility to arrange for the purchase and delivery of material from a local hardware store or lumber yard. The ASCC will pay the business directly for the materials purchased.

Once the arrangements for construction and purchase of materials are secured, the Case Manager will complete an authorization(s) according to the procedures in Chapter 10, Purchasing Services for Your Client, pages 10-25 – 10-28.

Inspection of Construction Site:
It is **mandatory** the Case Manager visit the construction site prior to signing the Statement of Account. The completed project should be inspected for construction according to specifications, and to ensure the job is completely finished prior to signing the Statement of Account. Case Managers should never process the Statement of Account without first having personally inspected the home modifications or ramping.

When feasible, it is recommended the Case Manager also visit the construction site during the actual construction. This visit could alleviate problems or errors during the construction, as it is often easier and more cost effective to correct mistakes prior to the completion of the job. Once the home modification or ramping is finished, it may be difficult and time consuming to get the contractor to return and correct any mistakes.

Case Documentation:
Case Managers should thoroughly document in case narratives all activities pertaining to the home modifications or ramping procedures and construction. The Home Modifications/Ramp Construction Checklist (ASCC-36) will serve as a record of dates the procedures were completed and assist in the completion of the necessary documentation. With increasing caseload sizes and multiple projects going on simultaneously, it is often easy to forget significant details that may be needed for reference at a later date should any problems arise. Detailed documentation is the key to problem-free home modifications.

Providing Information to Contractors:
The next section of this chapter, entitled Contractor Guidelines, has been written specifically for the contractor and is formatted to stand alone for copying purposes. All contractors participating in the bid process for any home modification or ramping should receive a copy of the Contractor Guidelines.

CONTRACTOR GUIDELINES FOR HOME MODIFICATIONS/RAMPING

PURPOSE

The Arkansas Spinal Cord Commission provides financial assistance for home modifications and building and installing ramping to individuals with spinal cord disabilities who meet medical and financial criteria. Financial assistance is provided by purchasing building materials and labor, for accessibility and ramping needs. The guidelines are established for the contractor and are specific as to the type of materials to be used, usual types of modifications, and types of ramps. These follow established procedures from the bidding process to the final inspection of the finished project by the Case Manager.

CONTRACTOR BID PROCEDURES:

The following procedures have been developed for contractors to assist in completing the Agency's bid process.

1. Upon receipt of the Bid Packet, review the plans for home modifications or ramping, which are described on the Agreement for Home Modifications/Ramping form. Contact the Case Manager for clarification, if needed, prior to bidding.
2. Submit bid quote on the ASCC Home Modifications/Ramp Construction Bid Quote form for requested job.
   a. Include labor and itemized list of materials in bid price.
   b. If materials are being purchased separately by Case Manager or client, bid on labor only.
   c. Verbal quotes will not be accepted.
   d. Bids must be submitted by deadline in letter.
3. Written bids must be submitted to the ASCC Case Manager within 7 working days, or by the date specified on the invitation for bids. Bids received after the specified date are considered a "No Bid."
4. If for some reason you do not wish to submit a bid, please return a written statement on company letterhead or the bid invitation letter indicating "No Bid".
5. The lowest qualified bidder who meets specified bid guidelines is awarded the bid.
6. If chosen as the contractor, you will be notified by the Case Manager and will receive an Arkansas Spinal Cord Commission Purchase Order for the specified job.
7. Contractor must provide a W-9 in order to receive payment.
8. Coordinate the construction date with the client to ensure someone will be home when you arrive.
9. Contact the Case Manager and notify him or her of the anticipated start and completion dates.

10. Please contact the Case Manager regarding any unforeseen problems or client requests, changes in structure, design or location as soon as identified or notified.
11. Upon satisfactory completion of job:
    a. Notify the ASCC Case Manager.
    b. Send an original **invoice** (not to exceed the agreed bid price).
    c. Invoices must be clearly marked "Invoice" (printed or typed), and include the name and address of the business. The invoice must be billed to "Arkansas Spinal Cord Commission" with the appropriate office address. Handwritten invoices must be signed.
    d. After the Case Manager inspects the completed work, a "Statement of Account" form will be sent to you. Please sign, date, and insert federal tax number or social security number.
12. Payment is generally mailed within 10 working days after the Statement of Account has been received in the ASCC Central Office.
13. Thank you for working with us to help people with disabilities maintain their independence.

Case Manager: _____

Contact: _____

GENERAL GUIDELINES FOR RAMPS

PURPOSE

A wheelchair ramp will provide a safe and easy entry and exit for the wheelchair user and others.

Note: This wheelchair ramp may need to be moved at some future time - use of modular construction when feasible is appreciated.

Materials:

1. All lumber will be factory treated Grade 2 yellow pine; any substitution must be approved by the Client Services Administrator.
2. **No** exterior plywood decking is to be used.
3. Treated decking screws.

Ramp Slope:

Review vertical drop measurement and diagram for the technique on how to measure the vertical elevation drop from the door threshold to the point at the end of the ramp.

Maximum ramp slope is 1:12. For each 1" vertical drop, the ramp is 12" long. The maximum ramp run between level landings is 30 feet on a 1:12 slope. Ramps longer than 30 feet must have a landing between slopes.

Ramps that exceed 1:12 slope will not be acceptable under any circumstances.

Exit/Entry Platform

1. **Entrance Door Platforms:** A 6 feet by 6 feet (6' x 6') or 5 feet by 8 feet (5' x 8') maximum level platform at the exterior door meets all ADA requirements. Where a step-down porch exists, the platform must be level with the threshold. On exterior swinging doors, this platform must allow for a 1/4" door clearance, be as close to a level entry as possible, and have no greater than a 3/4" bump at the threshold. Platforms exceeding 6' x 6' or 5' x 8' must be approved by the Client Services Administrator in advance.
2. **Right Angle/90 Degree Turn Platform:** This should be a six feet by six feet (6' x 6') level platform with entry and exit allowing the maximum turn radius.
3. **Reverse Direction/180 Degree Switch Back Platform:** Using a 40" wide ramp, this should be a level platform 5 feet wide by 8 feet long (5' x 8') with entry and exit on the same side.

Ramp Construction Requirement

1. Railings required on all ramps where drop exceeds 4".

2. Height 34” - 38” at top of rail.
3. Rail ends and corners rounded for safety.
4. Support posts: 2” x 4”s or 4” x 4”s vertical, 4’-6’ apart, standing on 4” x 8” x 16” **solid cap block or equivalent**.
5. End post recessed back from end 12”, and extended into ground for stability.
6. Top railing will extend 12” beyond end railing post (round corners).
7. Use cripple (under 2” x 6” stringer) on inside of all single posts.
8. Cripples not needed with overlapping posts.
9. Knee Boards:
   a. 2” x 4”, with bottom parallel to and 12” above decking boards.
   b. Screw onto inside of vertical rail posts.
10. Stagger joint lines anywhere possible for added strength.
11. Railing top as per specified design (see detailed ramp drawing).

Decking: (all treated material)

KEEP DECK TOP AS SMOOTH AS POSSIBLE WITH IMPERFECTIONS ON BOTTOM AND KNOTHOLES OUT OF WHEEL TRAFFIC AREA.

1. 5/4” thick decking.
2. Decking boards should be flush with each other.
3. Support posts: 2” x 4”s or 4” x 4”s vertical, 4’-6’ apart, standing on 4” x 8” x 16” **solid cap block or equivalent.**
4. End of decking board flush with outside of stringer.
5. Utilize three 2” x 6” stringers on each ramp run.
6. Splices: 2” x 6” x 48” (3 each), secured to inside of 2” x 6”.
7. 40” decking width on ramps. (3 even cuts from 5/4” x 6” x 10” board.)
8. Ensure 1/4” clearance on out-swinging door above platform.
9. Ensure a level transition onto a firm solid surface. Ground transitions: Make three 7’ graduated trenches into ground, and shave ground last 2’ to allow level transition from top of last deck board on to solid ground surface. For very hard ground, the stringers may be diagonally cut on bottom. If end lip exceeds 3/4”, a metal transition plate--same slope must be used or a 5’ x 5’ x 4” concrete platform pad, if ground is very soft.
10. Dirt must be packed back into trenches upon completion.
11. Clean up: contractor is to clean site of all wood pieces, screws, etc.
12. Left over usable materials:
    a. Contractor purchased: dispose of accordingly.
    b. ASCC purchased: notify the Case Manager to determine disposal.

FORMS

ASCC-32	Invitation to Bid Letter
ASCC-36	Home Modification/Ramp Construction Checklist
ASCC-37	Home Evaluation
ASCC-38	Agreement for Home Modifications/Ramping
ASCC-39	Rental Property Agreement for Home Modification Ramp Installation and Removal
ASCC-40	Home Modification/Ramp Construction Bid Quote
	Vertical Drop Measurement and Diagram
	Common Tools Needed for Ramp and Deck Construction
	Materials Guide for Wheelchair Decking
	Materials Guide for Wheelchair Ramp Sections
	Ramping Diagrams
	Decking Diagrams
	Definition of Terms

Invitation to Bid Letter

March 19, 2011

John Smith
ABC Medical Supply
1234 Short Street
Conway, AR 72076

RE: Susan Jones
242 Highway 65
Guy, AR 72088

Dear Mr. Smith

Your firm is invited to submit your written bid on a ramp for purchase by the Arkansas Spinal Cord Commission:

16 foot ramp with a 5x5 platform (see attached description and drawing)

The ramp is to be constructed at: 242 Highway 65, Guy AR 72088

Completion of the ramp should be within 10 days after your receipt of the ASCC purchase order or written notice of winning bid.

Please submit your signed bid quotation by **4:30 p.m. on April 1, 2011** . Bids received after that date will be considered a no bid. Bids may be submitted by email, US mail, fax or delivery. Electronic signatures will be accepted.

If you have questions or need additional information, do not hesitate to contact me at Good.Manager@arkansas.gov or 501-296-0000.

Sincerely,

Good Manager
Case Manager

Arkansas Spinal Cord Commission
Home Modification/Ramp Construction Checklist

Client Name: _____ Date: _____

Address: _____ Contractor: _____

_____ Telephone: _____

Telephone: _____

	Procedures	Date Completed
☐	Home Evaluation	_____
☐	Meet with Family/Client	_____
☐	Develop Written Plan/Drawing	_____
☐	Discuss Plan with Client/Family – Obtain Signatures	_____
☐	Obtain Landlord Approval/Signature	_____
☐	Arrange Free Labor or Send Out Bids with Contractor Guidelines	_____
☐	Deadline Date/Choose Contractor	_____
☐	Obtain W9 from Contractor	_____
☐	P.O. Request to Client Service Administrator with Bids	_____
☐	Authorization Approval Received	_____
☐	Meet with Contractor/Set Construction Time Frame	_____
☐	Arrange for Material Purchase	_____
☐	Complete Authorization with P.O.#	_____
☐	Inspect Completed Construction Per Bid	_____
☐	Process Statement of Account	_____
☐	Case Documentation Completed	_____

ARKANSAS SPINAL CORD COMMISSION
HOME EVALUATION

A. Client Demographics

Name: _____ Phone: _____

Address: _____

_____

Level of Injury: Paraplegia: _____ Tetraplegia: _____

Home Evaluation

B. House: ☐ **Apartment:** ☐ **Mobile Home:** ☐

Own: ☐ Rent: ☐
Multilevel: ☐ Single Story ☐

C. Driveway:

Dirt: ☐ Flat: ☐ Garage: ☐
Asphalt: ☐ Incline: ☐ Carport: ☐
Cement: ☐ Decline: ☐ Open Parking: ☐
Gravel: ☐ Sidewalks: ☐

Description
of Driveway

D. Primary Entrance: Front: ☐ Back: ☐ Side: ☐

Adequate Door Width: _____ # of Steps: _____
Width of Steps: _____ Depth of Steps: _____
Measurement of Platform at Top of Steps: _____
Railings Available: Left ☐ Right ☐ None ☐
Ramps: _____
Door Type: Metal: ☐ Wood ☐
Screen Door: ☐ Storm/Security Door: ☐ Height of Step Into Home: _____
Door Swing: Out ☐ In ☐
Left ☐ Right ☐

Projected Needs:

E. Secondary Entrance: Front: ☐ Back: ☐ Side: ☐

Adequate Door Width: _____ # of Steps: _____

Width of Steps: _____ Depth of Steps: _____

Measurement of Platform at Top of Steps: _____

Railings Available: Left ☐ Right ☐ None ☐

Ramps: _____

Door Type: Metal: ☐ Wood ☐

Screen Door: ☐ Storm/Security Door: ☐ Height of Step Into Home: _____

Door Swing: Out ☐ In ☐

Left ☐ Right ☐

Projected Needs:

F. Bathroom:

	Yes	No
Door Width: _____		
Accessible for Transfer: to toilet?	☐	☐
to tub?	☐	☐
Sink Height: _____		
Knee space under sink?	☐	☐
Faucets Accessible?	☐	☐
Light Switch Accessible?	☐	☐
Outlets Accessible?	☐	☐
Will Client Use Bathtub?	☐	☐
Bathtub Accessible for Transfer?	☐	☐
Will Client Use Shower?	☐	☐
Ample Room in Shower?	☐	☐
Shower size: _____		
Description: _____		
Room Large Enough to Accommodate Chair?	☐	☐
Toilet Height: _____		

Projected Needs:

G. Bedroom:

Door Knob Type _____
Door Width _____
Clothes Rod Height _____
Offset Hinges on Door _____
Light Switch Height _____
Access to Closet? _____

Projected Needs:

H. Kitchen

	Yes	No
Faucet Levers?	☐	☐
Knee Space Under Sink?	☐	☐
Adequate Door Width?	☐	☐
Reach Counter?	☐	☐
Reach Stove Controls Safely?	☐	☐
Front Stove Controls	☐	☐
Rear Stove Controls	☐	☐
Reach Oven Controls Safely?	☐	☐
Front Oven	☐	☐
Rear Oven	☐	☐
Turning Radius OK?	☐	☐
Refrigerator	☐	☐

Projected Needs:

I. Hallways

Width _____
Length _____

Projected Needs:

J. Comments/Concerns:

_____ _____
Case Manager Date

Arkansas Spinal Cord Commission

Agreement for Home Modifications/Ramping

Name _____ Date_____

Address _____

_____

Phone _____

Type of construction: ☐ Home Modification
☐ Ramping

Home Modification/Ramping Description:

I have read and am in agreement with the above description of the home modifications or ramping to be made to my residence. I understand that ASCC will only be responsible for payment of the items indicated in the description above. It is my understanding that the ramp may be removed should I no longer need it or no longer reside at the above address. Upon removal of the ramp, the Arkansas Spinal Cord Commission will ensure the area where the ramp was will be returned to its previous condition.

_____	_____	_____
Client	Date	Case Manager

ARKANSAS SPINAL CORD COMMISSION

RENTAL PROPERTY AGREEMENT FOR HOME MODIFICATION/RAMP INSTALLATION AND REMOVAL

Address of Residence: _____

City _____ State _____ ZIP _____

Name: _____

The above named individual has need of home modifications or ramping to enable him/her safe entrance and exit from the above residence or to provide interior accessibility.

As owner, landlord or legal agent for the landlord (circle one), of the above mentioned property, I give my permission for the Arkansas Spinal Cord Commission to install a ramp or complete home modifications (circle one) at this residence. It is my understanding that the ramp may be removed should the individual no longer need it or no longer resides at the above address. Upon removal of the ramp, the Arkansas Spinal Cord Commission will ensure that the area where the ramp was will be returned to its previous condition.

Home Modification or Ramp and Platform Description: _____

_____ _____
Signature: Client Date

_____ _____
Signature: Owner, Landlord, or Agent Date

Owner's, Landlord's Name: (Please Print) _____
Date

Address: _____

City, State, Zip: _____

Telephone: _____

Signature: Case Manager _____ _____
Date

Arkansas Spinal Cord Commission

Home Modification/Ramp Construction Bid Quote

Contractor:		Client Name:	
Phone:		Phone:	
Address:		Address:	
City ST ZIP:		City ST ZIP:	

Submit Completed Bid Quote To:

Bid Submit Deadline Date

Job Description (attach drawing):

Arkansas Spinal Cord Commission

Home Modification/Ramp Construction Bid Quote

Material Estimate List (attach additional pages if necessary)	Quantity	Item Cost	Total

Labor Estimate (number of hours)	Hourly Rate	Total

Sub Total Material	
Sub Total Labor	
Tax	
Total Cost	

Submitted By	Title	Date

VERTICAL DROP MEASUREMENT

Measuring the vertical drop from the existing door threshold to the end of the ramp will assist in determining the estimated length of the wheelchair ramp.

The diagram page of the Threshold, Checking the Slope and Measuring Grade, should be used as a reference to assist with the following steps:

1. Measure the distance from the threshold (bottom of door) to the ground (Diagram 1, the Threshold).

2. Plan the approximate layout of the ramp using 1:12 rule; 12 inches long for each 1-inch drop.

3. Drive down or have someone hold a tall stake at the approximate termination point of the ramp (Diagram 2, Checking the Slope).

4. Run a string from the door threshold to the termination stake.

5. Use a line level (or suitable alternative) at the midpoint of the string (keeping string tight) to get a level line from the threshold of door of the stake.

6. Measure the distance from the string to the ground at the termination stake to determine the actual vertical drop. If distance is longer than earlier measurement, the new ramp length must be estimated to new ramp termination point determined and the process repeated.

7. If the vertical drop from string to ground is less than the first measurement at the threshold (going up hill), the ramp may be shortened accordingly.

8. Always confirm measurements to ensure accuracy and to verify the ramp slope is never steeper than 1:12 (see below).

COMMON TOOLS NEEDED FOR RAMP AND DECK CONSTRUCTION

1. Two skilled volunteers or a carpenter to work with you.
2. Skill saw and carbide tip blade.
3. Safety glasses and gloves.
4. Square: rigid and adjustable angle.
5. Level: 3' long and a line level.
6. Nylon string – approximately 40'.
7. Tape measure – 16' or longer.
8. Marking pencil and chalk line.
9. Claw hammers, wood rasp or file.
10. Two long electric extension cords and plug adapters.
11. Drills: electric or battery or both and Phillips (or square drive) screw drill bits. (4)
12. Drill bits that are the same or slightly smaller in diameter than the screw to be used.
13. Round nose shovel, pick axe and two saw horses.
14. Crowbar and hand saw.
15. Refreshments.

Nice to have: Nail apron, electric multi-plug distribution adapter and small clawbar for nail removal.

BUILDING TIPS: Once you have determined the layout and location of the ramp and platform decks, it is usually easier to frame out the decks first and get them level at the proper height and location. Next, attach the stringers for the ramps, do any trenching necessary at the end of the ramp and check to ensure that the proper slope is maintained. Place 8" x 16" x 4" concrete cap blocks at desired locations and level same. Add adequate vertical support posts and cripples. Then add decking to the platforms and ramp runs. Utilize your chalk line to determine the top cut on all vertical posts and cut same. Finally, finish off with the horizontal rails and the top cap and file down any sharp corners.

MATERIALS GUIDE FOR WHEELCHAIR DECKING

5 x 5'	**DECK**				
	STRINGERS	2 x 6 x 10'	(3)		
		2 x 6 x 8'	(1)		
	DECKING	5/4 x 6 x 10'	(6)		
	RAILING POSTS	2 x 4 x 8'	(2)	or	4 x 4 x 8' (2)
		2 x 4 x 12'	(4)	or	4 x 4 x 12' (4)
	HORIZONTAL RAILS	2 x 4 x 12'	(2)		
	TOP CAP	2 x 4 x 14'	(1)		
	CONCRETE CAP BLOCKS		(4)		

6 x 6'	**DECK**				
	STRINGERS	2 x 6 x 12'	(3)		
	DECKING	5/4 x 6 x 12'	(7)		
	RAILING POSTS	2 x 4 x 12'	(2)	or	4 x 4 x 12' (2)
		2 x 4 x 10'	(1)	or	4 x 4 x 10' (1)
	HORIZONTAL RAILS	2 x 4 x 12'	(2)		
		2 x 4 x 8'	(2)		
	TOP CAP	2 x 4 x 16'	(1)		
		OR			
		2 x 4 x 8'	(3)		
	CONCRETE CAP BLOCKS		(4)		

5 x 8'	**DECK**				
	STRINGERS	2 x 6 x 10'	(3)		
		2 x 6 x 14'	(1)		
	DECKING	5/4 x 6 x 14'	(6)		
	RAILING POSTS	2 x 4 x 12'	(4)	or	4 x 4 x 12' (4)
		2 x 4 x 8'	(1)	or	4 x 4 x 8' (1)
	HORIZONTAL RAILS	2 x 4 x 14'	(1)		
		2 x 4 x 10'	(2)		
	CONCRETE CAP BLOCKS		(5)		

(All wood is factory treated Grade 2 yellow pine)

NOTE: Add one 2 x 6 x 12' splice board every time two sections are tied together.

MATERIAL COST: Decking average cost is between $4.50 and $5.50 per square foot including screws and 4" x 8" x 16" solid cap blocks.

MATERIALS GUIDE FOR WHEELCHAIR RAMP SECTIONS (40” WIDE)

8’ x 40” RAMP

*	STRINGERS	2 x 6 x 8’ (3)		
	DECKING	5/4 x 6 x 10’ (7)		
	RAILING POSTS	2 x 4 x 8’ (2)	or	4 x 4 x 8’ (2)
		2 x 4 x 12’ (2)	or	4 x 4 x 12’ (2)
	HORIZONTAL RAILS	2 x 4 x 8’ (4)		
	TOP CAP	2 x 4 x 8’ (2)		

10’ x 40” RAMP

*	STRINGERS	2 x 6 x 10’ (3)		
	DECKING	5/4 x 6 x 10’ (8)		
	RAILING POSTS	2 x 4 x 8’ (2)	or	4 x 4 x 8’ (2)
		2 x 4 x 12’ (2)	or	4 x 4 x 12’ (2)
	HORIZONTAL RAILS	2 x 4 x 10’ (4)		
	TOP CAP	2 x 4 x 12’ (2)		

12’ x 40” RAMP

*	STRINGERS	2 x 6 x 12’ (3)		
	DECKING	5/4 x 6 x 10’ (9)		
	RAILING POSTS	2 x 4 x 8’ (2)	or	4 x 4 x 8’ (2)
		2 x 4 x 12’ (2)	or	4 x 4 x 12’ (2)
	HORIZONTAL RAILS	2 x 4 x 12’ (4)		
	TOP CAP	2 x 4 x 12’ (2)		

14’ x 40” RAMP

*	STRINGERS	2 x 6 x 14’ (3)		
	DECKING	5/4 x 6 x 10’ (11)		
	RAILING POSTS	2 x 4 x 8’ (2)	or	4 x 4 x 8’ (2)
		2 x 4 x 12’ (3)	or	4 x 4 x 12’ (3)
	HORIZONTAL RAILS	2 x 4 x 14’ (4)		
	TOP CAP	2 x 4 x 14’ (2)		

(All wood is factory treated Grade 2 yellow pine)

***NOTE:** Add one 2” x 6” x 12’ splice board every time two sections are tied together.

MATERIAL COST: Ramp sections average between $10.00 and $12.00 per running foot, including screws and 4” x 8” x 16” solid blocks.

Revised 03/15

DEFINITION OF TERMS

Stringers: The three 2" x 6" boards that form the base of the ramp. Two stringers are 40" apart outside measurement, and one stringer is in the middle parallel with the other two. More stringers are used on decks to provide adequate strength and support. See drawings for details.

Splices: When the two ramp sections are tied together, three 2" x 6" x 48" splice boards are used to join the stringers together to make one long ramp run. The 48" splice boards are nailed or screwed onto the interior side of the stringers with 24" overlap on each side. One 2" x 6" x 12' board makes the three 48" splice boards.

Decking: The 5/4 x 6" boards that are screwed flat on top of the stringers forming a flat surface. Utilize six nails or screws on each ramp deck board.

Cap Block: A 4" x 8" x 16" solid concrete block that provides a solid base for vertical railing posts. All blocks should be leveled.

Railing Post: Vertical 2" x 4" or 4" x 4" boards that elevate the ramp/deck and support the horizontal rails and top cap. The angle of cut on the top vertical post for a 1:12 pitch is 5 degrees. A chalk line from the upper vertical post to the lower vertical post will determine the angle of cut for the intermediate posts.

Cripple: The short interior 2" x 4" support post that goes from the cap block up to the bottom of the stringer to help support it. It is nailed to the inside bottom of the vertical post.

Top Cap: The 2" x 4" railing board that is on the top laying flat to give extra strength to the railing (optional). Its top is 36" above the deck.

Horizontal Rails: The 2" x 4" boards nailed or screwed flat to the interior side of the vertical railing posts. The bottom of the lower horizontal rail is 12" above the deck, and the top of the top horizontal rail is $34^1/_2$" above the deck. The lower horizontal rail must be on the inside of the vertical railing posts in order to preclude a front wheelchair caster from running off of the decking.

APPENDIX

A ASCC Case Management Offices

B Arkansas Rehabilitation Services Field Offices

C Arkansas Department of Health Units

D Arkansas Department of Health Personal Care Services Offices

E Arkansas Department of Human Services County Offices

F Cooperative Agreement – ASCC and Arkansas Rehabilitation Services

G County, State and Federal Codes

H Guidelines for Enabling and Empowering Families

I How to Build a Standing Frame

J Rehabilitation Centers (Arkansas and Border States)

K Act 330 of 1977

L National Voter Registration Act (NVRA) Agency Based Training Manual

M Ombudsmen – Arkansas State Long Term Care Ombudsman Program – Regions and Counties Served

N The Home Depot Charge Account Program

O Wal-Mart Community and Business Commercial Charge Account Program

Appendix A
ASCC Case Management Offices

Executive Director - Terra Patrom **Client Services Administrator - Diane Francis**

Little Rock Central Hub Office, 5800 W 10th St, Suite 108, Little Rock, AR 72204, Phone: (501) 296-1792, Toll-Free: (800) 459-1517, Fax: (501) 296-1787
Admins: Felicia Rufus (felicia.rufus@arkansas.gov) and Ginger Robertson (virginia.robertson@arkansas.gov)

Case Manager	Service Area(s)
41 – Marneka Creggett	Arkansas County, Cleveland County, Dallas County, Desha County, Grant County, Jefferson County, and Lincoln County
55 – Doug Fish	Pulaski County (North Little Rock, Little Rock [ZIP Codes 72201, 72202, 72203, 72204])
56 – Vacant	Faulkner County, and Pulaski County (Sherwood, Maumelle, Little Rock [ZIP Code 72205])
57 – Vacant	All New Referrals and clients who are admitted to Pulaski County Hospitals
58 – Lynn McMahon	Pulaski County (Little Rock ZIP Codes 72207, 72210, 72211, 72212, 72223, 72227), and White County
59 – Richard Rumpf	Perry County, Pulaski County (Alexander, College Station, Hensley, Little Rock [ZIP Code 72206)], Mabelvale, Roland, Sweet Home), and Saline County
60 – Vacant	Lonoke County, and Pulaski County (Cabot, Jacksonville, Little Rock [ZIP Code 72209], Scott)
63 – Vacant	Garland County, Hot Spring County, Montgomery County, Polk County, and Arkansas Career Training Institute clients

Fort Smith Hub Office, 400 Rogers Avenue, Fort Smith, AR 72901, Phone: (479) 755-3307, Fax: (479) 755-3316
Admin: Position Vacant

Case Manager	Service Area
10 – Dani Glenn	Washington County
15 – Myranda Rowe	Benton County, Boone County, and Carroll County
64 – Lorie Hamilton	Conway County, Johnson County, Madison County, Newton County, Pope County, Searcy County, and Yell County
81 – Brian Kremer	Crawford County, Franklin County, Logan County, Scott County, and Sebastian County

Jonesboro Hub Office, 2920 Longview Drive, Jonesboro, AR 72401, Phone: (870) 802-7624, Fax: (870) 972-1129
Admin: Tracy Deeds (tracy.deeds@arkansas.gov)

Case Manager	Service Area
20 – Darline Tucker	Baxter County, Cleburne County, Fulton County, Independence County, Izard County, Jackson County, Marion County, Sharp County, Stone County, and Van Buren County
31 – Russell Henry	Clay County, Craighead County, Greene County, Lawrence County, Mississippi County, Poinsett County, and Randolph County
34 – Elizabeth Drake	Crittenden County, Cross County, Lee County, Monroe County, Phillips County, Prairie County, Saint Francis County, and Woodruff County

Magnolia Hub Office, 1314 Main Street, Magnolia, AR 71753, Phone/Fax: (870) 234-6219
Admin: Dana Mallory (dana.mallory@arkansas.gov)

Case Manager	Service Area
71 – Janet Hawthorne	Clark County, Hempstead County, Howard County, Lafayette County, Little River County, Miller County, Nevada County, Pike County, and Sevier County
72 – Shawn Bean	Ashley County, Bradley County, Calhoun County, Chicot County, Columbia County, Drew County, Ouachita County, and Union County

Appendix A
ASCC Case Management Offices

Executive Director - Terra Patrom **Client Services Administrator – Diane Francis**

Little Rock Central Hub Office, 5800 W 10th St, Suite 108, Little Rock, AR 72204, Phone: (501) 296-1792 Toll-Free: (800) 459-1517, Fax: (501) 296-1787
Admins: Felicia Rufus (felicia.rufus@arkansas.gov) and Ginger Robertson (virginia.robertson@arkansas.gov)

Case Manager	Email	Phone Number
41 – Marneka Creggett	@arkansas.gov	(870) 850-8709
55 – Doug Fish	douglas.fish@arkansas.gov	(501) 683-1128
56 – Vacant	@arkansas.gov	(501) 683-1129
57 – Vacant	@arkansas.gov	(501) 683-1311
58 – Lynn McMahon	lynn.mcmahon@arkansas.gov	(501) 683-3435
59 – Richard Rumpf	richard.rumpf@arkansas.gov	(501) 683-1130
60 – Vacant	@arkansas.gov	(501) 296-1784
63 – Vacant	@arkansas.gov	(501) 701-6591

Fort Smith Hub Office, 400 Rogers Avenue, Fort Smith, AR 72901, Phone: (479) 755-3307, Fax: (479) 755-3316
Admin: Position Vacant

Case Manager	Email	Phone Number
10 – Dani Glenn	danielle.glenn@arkansas.gov	(479) 521-1463
15 – Myranda Rowe	myranda.rowe@arkansas.gov	(479) 695-2127
64 – Lorie Hamilton	lorie.hamilton@arkansas.gov	(479) 356-1118
81 – Brian Kremer	brian.kremer@arkansas.gov	(479) 755-7294

Jonesboro Hub Office, 2920 Longview Drive, Jonesboro, AR 72401, Phone: (870) 802-7624, Fax: (870) 972-1129
Admin: Tracy Deeds (tracy.deeds@arkansas.gov)

Case Manager	Email	Phone Number
20 – Darline Tucker	darline.tucker@arkansas.gov	(870) 612-1656
31 – Russell Henry	russell.henry@arkansas.gov	(870) 268-0425
34 – Elizabeth Drake	elizabeth.drake@arkansas.gov	(870) 394-2600

Magnolia Hub Office, 1314 Main Street, Magnolia, AR 71753, Phone/Fax: (870) 234-6219
Admin: Dana Mallory (dana.mallory@arkansas.gov)

Case Manager	Email	Phone Number
71 – Janet Hawthorne	janet.hawthorne@arkansas.gov	(870) 299-2295
72 – Shawn Bean	shawn.bean@arkansas.gov	(870) 299-0554

Appendix B

Arkansas Rehabilitation Services
Field Offices

Administrative Offices

1616 Brookwood Drive
P. O. Box 3781
Little Rock, AR 72203
Tel: 501-296-1600
Fax: 501-296-1655
TDD: 501-296-1669

Field Offices

Batesville
1670 White Drive
Batesville, AR 72501
Tel: 870-793-4153
Fax: 870-793-4155
TDD: 870-793-4224
e-mail contact: clbarttelt@ars.state.ar.us

Benton
The Professional Center, Suite 1
1226 Ferguson Drive
Benton, AR 72015
Tel: 501-317-1390
Fax: 501-317-1391
e-mail contact: rlsanders@ars.state.ar.us

Booneville
P.O. Box 660
Booneville, AR 72927
Tel: 479-675-3835
Fax: 479-675-5122
e-mail contact: mulumpkin@ars.state.ar.us

Conway
Museum Plaza, Suite 103
1150 North Museum Road
Conway, AR 72032
Tel: 501-730-9725
Fax: 501-730-9728
e-mail contact: cedaughtery@ars.state.ar.us

El Dorado
708 West Faulkner
El Dorado, AR 71730
Tel: 870-862-5451
Fax: 870-863-8877
TDD: 870-862-4002
e-mail contact: mjdansby@ars.state.ar.us

Fayetteville
4058 N. College Street, Suite 101
Fayetteville, AR 72703
Tel: 479-582-1286
Fax: 479-582-1762
TDD: 479-582-1261
e-mail contact: mulumpkin@ars.state.ar.us

Fort Smith
Essex Place, Suite 207
1115 South Waldron Road
Fort Smith, AR 72903
Tel: 479-452-7131
Fax: 479-452-7108
TDD: 479-452-6801
e-mail contact: csethridge@ars.state.ar.us

Harrison
303 N. Main, Suite 303
Harrison, AR 72601
Tel: 870-741-7153
Fax: 870-741-7231
TDD: 870-741-8194
e-mail contact: csethridge@ars.state.ar.us

Helena
501 Cherry
Helena, AR 72342
Tel: 870-338-2753
Fax: 870-338-2782
TDD: 870-338-2774
e-mail contact: shughes@ars.state.ar.us

Appendix B

Arkansas Rehabilitation Services
Field Offices

Hot Springs
105 Reserve St., Bldg. 54
Hot Springs, AR 71901
Tel: 501-623-4479
Fax: 501-623-1217
TDD: 501-623-9681
e-mail contact: rlsanders@ars.state.ar.us

Hot Springs Rehabilitation Center
P.O. Box 1358
Hot Springs, AR 71902
Tel: 501-624-4411
Fax: 501-624-0019
e-mail contact: clhollinshed@ars.state.ar.us

Jonesboro
2920 McClellan Drive
Jonesboro, AR 72401
Tel: 870-972-0025
Fax: 870-972-1129
TDD: 870-972-1204
e-mail contact: clbarttelt@ars.state.ar.us

Little Rock
#26 Corporate Hill Drive
Little Rock, AR 72205
Tel: 501-686-2800
Fax: 501-686-2830
e-mail contact: rlsanders@ars.state.ar.us

Lonoke
102 Park Street
Lonoke, AR 72086
Tel: 501-676-4490
Fax: 501-676-4492
e-mail contact: cedaughtery@ars.state.ar.us

Monticello
989 Highway 425 North
P.O. Box 450
Monticello, AR 71657
Tel: 870-367-9669
Fax: 870- 367-9247
TDD: 870-367-9719
e-mail contact: mjdansby@ars.state.ar.us

Pine Bluff
2703 West 28th Street
P.O. Box 2560
Pine Bluff, AR 71613
Tel: 870-534-2404
Fax: 870-534-1067
TDD: 870-534-2993
e-mail contact: shughes@ars.state.ar.us

Russellville
1010 North Arkansas
Russellville, AR 72801
Tel: 479-890-5751
Fax: 479-890-5063
TDD: 479-890-5171
e-mail contact: cedaughtery@ars.state.ar.us

Sherwood
208 East Kiehl Avenue, Suite 13
Sherwood, AR 72120
Tel: 501-833-1490
Fax: 501-833-1491
e-mail contact: cedaughtery@ars.state.ar.us

Texarkana
2807 East Broad Street
Texarkana, AR 71854
Tel: 870-773-2807
Fax: 870-772-5181
TDD: 870-773-3074
e-mail contact: mjdansby@ars.state.ar.us

West Memphis
210 Shoppingway Boulevard, Suite D
P.O. Box 2145
West Memphis, AR 72303
Tel: 870-735-4725
Fax: 870-735-0881
TDD: 870-735-7399
e-mail contact: clbarttelt@ars.state.ar.us

Appendix C

Arkansas Department of Health and Human Services
Bureau of Community Health Services
County Health Units and Area Offices in Arkansas

County/Area Office	Address	Telephone	Fax
Arkansas	1616 South Madison, P.O. Box 151, DeWitt, 72042	870-946-2934	870-946-4463
Arkansas	1602 North Buerkle, Stuttgart, 72160	870-673-1609 870-673-6601	870-672-8611 870-673-8821
Ashley	1300 West 5th Avenue, Crossett, 71635	870-364-2115	870-364-3505
Ashley	401 North Cherry, Hamburg, 71646	870-853-5525	870-835-4433
Baxter	206 Bucher Drive, P.O. Box 308, Mountain Home, 72653	870-425-3072	870-424-6646
Baxter (EHS)*	206 Bucher Drive, P.O. Box 308, Mountain Home, 72653	870-425-2545	870-508-6870
Baxter (IHS)**	213 East 6th St., Ste. 40, P.O. Box 308, Mountain Home, 72653	870-424-6655	
Benton	1202 S.W. 14th, Bentonville, 72712	479-271-1055	479-273-1725
Benton	Lowell WIC Clinic, 107-A South Lincoln, Lowell, 72745	479-770-6232	
Benton	221 North Maxwell, Siloam Springs, AR 72761	479-549-3794	
Boone	1622 Campus Drive, Harrison, 72601	870-743-5244	870-743-6003
Bradley	201 Bragg Street, Warren, 71671	870-226-8440	870-226-6291
Calhoun	1119 Prestress, Hampton, 71744	870-798-2808	870-798-2897
Carroll	402 Hailey Road, Berryville, 72616	870-423-2923	870-423-5315
Chicot	600 Pecan, Dermott, 71638	870-538-3336	870-538-9344
Chicot	2132 Hwy 65 N, Eudora, 71640	870-355-2278	870-355-2694
Chicot	1742 Hwy. 65 and 82 S., Lake Village, 71653	870-265-2236	870-265-8001
Chicot (IHS)	608 Suite A, Hwy 65 & 82 South, Lake Village, 71653	870-265-3983	870-265-5445
Clark	605 South 10th Street, Arkadelphia, 71923	870-246-4471	870-246-9619
Clay	301 N. Missouri #8, Corning, 72422 Mailing Address c/o Clay Co. - Piggott Unit, 1009 S. Garfield, Piggott 72454	870-857-6281	870-857-3330
Clay	1009 South Garfield, Piggott, 72454	870-598-3390	870-598-5719
Cleburne	600 South 11th Street, Heber Springs, 72543	501-362-7581	501-362-4684 501-206-0344
Cleburne (IHS)	600 South 11th Street, Heber Springs, 72543	501-362-4602	501-206-0344
Cleveland	409 E. Magnolia, P.O. Box 446, Rison, 71665	870-325-6311	870-325-6159
Columbia	207 W. Calhoun, Magnolia, 71753	870-235-3798	870-235-3755

Appendix C

Arkansas Department of Health and Human Services
Bureau of Community Health Services
County Health Units and Area Offices in Arkansas

County/Area Office	Address	Telephone	Fax
Conway	100 Hospital Drive, Morrilton, 72110	501-354-4652	501-354-3537
Craighead	611 E. Washington, Ave., Ste. B, Jonesboro, 72401	870-933-4585	870-933-6416
Craighead (IHS)	223 W. Jackson, Jonesboro, 72401	870-933-8734	
Crawford	2040 Chestnut, Van Buren, 72956	479-474-6391	479-474-0021
Crittenden	(No mail at this address) 841 Ruth, Earle, 72331	870-792-7393	870-792-7341
Crittendon	901 North 7th Street, West Memphis, 72301	870-735-4334	870-735-1393
Cross	704 Canal Street, Wynne, 72396	870-238-2101	870-238-4569
Cross (IHS)	704 Canal Street, Wynne, 72396	870-238-4349	
Dallas	209 North Clifton, P.O. Box 647, Fordyce, 71742	870-352-7197	870-352-3848
Desha	761 Hwy 65 South, Dumas, 71639	870-382-2377	870-382-5015
Desha	100 East Oak, McGehee, 71654	870-222-3910	870-222-6173
Drew	940 Scogin Drive, Monticello, 71655	870-367-6234	870-367-9130
Faulkner	811 North Creek Drive, Conway, 72033	501-450-4941	501-450-4946 501-329-2607
Franklin	799 W. River Street, Ozark, 72949	479-667-2555	479-667-4274
Fulton	510 S. Main Street, Salem, 72576	870-895-3300	870-895-4340
Garland	1425 Malvern Avenue, Hot Springs, 71901	501-624-3394	501-624-2706
Grant	700 East Center, Sheridan, 72150	870-942-3157	870-942-8941
Greene	801 Goldsmith Road, Paragould, 72450	870-236-7782	870-236-9610
Hempstead	808 West 5th Street, Hope, 71801	870-777-2191	870-777-6607
Hot Spring	2204 East Sullenberger, Malvern, 72104	501-332-6972	501-332-6989
Howard	201 East Hempstead, Suite 2, Nashville, 71852	870-845-2208	870-845-7545
Independence	121 Weaver Avenue, Batesville, 72502	870-793-8848	870-793-8887
Izard	1015 Haley Street, P.O. Box 827, Melbourne, 72556	870-368-7790	870-368-7060
Izard (IHS)	1015 Haley Street, P.O. Box 827, Melbourne, 72556	870-368-4966	
Jackson	1505 N. Pecan, Newport, 72112	870-523-8968	870-523-9551
Jackson (IHS)	1505 N. Pecan, Newport, 72112	870-523-4583	
Jefferson	2306 Rike Drive, P.O. Box 7267, Pine Bluff, 71611	870-535-2142	870-536-3006

Appendix C

Arkansas Department of Health and Human Services
Bureau of Community Health Services
County Health Units and Area Offices in Arkansas

County/Area Office	Address	Telephone	Fax
Johnson	#6 Professional Park Drive, Clarksville, 72830	479-754-2949	479-754-1050
Johnson (IHS)	#6 Professional Park Drive, Clarksville, 72830	479-754-4700	
Lafayette	1113 Chestnut Street, P.O. Box 367, Lewisville, 71845	870-921-5744	870-921-5733
Lawrence	1050 West Free Street, Walnut Ridge, 72476	870-886-3201	870-886-1722
Lee	141 North Hickory, P.O. Drawer 668, Marianna, 72360	870-295-2400	870-295-2803
Lincoln	101 West Wiley Street, Star City, 71667	870-628-5121	870-628-1272
Little River	150 Keller, Ashdown, 71822	870-898-3831	870-898-5853
Logan	721 W. First Street, Booneville, 72927	479-675-2593	479-675-5852
Logan	150 South Lowder, Paris, 72855	479-963-6126	479-963-6674
Lonoke	614 North Grant, Cabot, 72023	501-843-7561	501-843-9371
Lonoke	306 North Center Street, Lonoke, 72086	501-676-2268	501-676-0578
Madison	709 College, P.O. Box 800, Huntsville, 72740	479-738-2612	479-738-1586
Marion	707 Hwy 202 West, P.O. Box 129, Yellville, 72687	870-449-4259	870-449-5922
Marion (IHS)	707 Hwy 202 West, P.O. Box 129, Yellville, 72687	870-449-6363	870-449-6364
Miller	503 Walnut, Texarkana, 71854	870-773-2108	870-773-3292
Mississippi	1299 North 10th St., P.O. Box 1047, Blytheville, 72316	870-763-7064	870-763-9104
Mississippi (IHS)	1299 North 10th St., P.O. Box 1047, Blytheville, 72316	870-763-7064	870-763-4955
Mississippi	720 West Lee Street, Osceola, 72370	870-563-2521	870-563-2741
Monroe	306 West King Drive, Brinkley, 72021	870-734-1461	870-734-1024
Montgomery	346 Luzerne, P.O. Box 695, Mount Ida, 71957	870-867-2331	870-867-3656
Nevada	1501 West First North, Prescott, 71857	870-887-2004	501-887-6407
Newton	506 West Court Street, P.O. Box 451, Jasper, 72641	870-446-2216	870-446-2280
Ouachita	740 California Avenue SW, Camden, 71701	870-836-7395	870-837-1488
Perry	1039 N. Fourche Ave., Perryville, 72126	501-889-5156	501- 889-5484
Phillips	110 Shirley Hicks Dr./Hwy 49 Bypass, P.O. Box 2626, W. Helena, 72390	870-572-9028	870-572-3349
Pike	16 Caddo Drive, Murfreesboro, 71958	870-285-3157	870-285-2156
Poinsett	119 N. Main Street, Harrisburg, 72432	870-578-4480	870-578-9270
Poinsett	102 Liberty Street, Marked Tree, 72365	870-358-3615	870-358-3547

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Arkansas Department of Health and Human Services
Bureau of Community Health Services
County Health Units and Area Offices in Arkansas

County/Area Office	Address	Telephone	Fax
Poinsett	1204 West Main, Trumann, 72472	870-483-5761	870-483-7141
Polk	702 Hornbeck, Mena, 71953	479-394-2707	479-394-6610
Pope	203 Weir Road, Russellville, 72802	479-968-6004	479-964-0928
Prairie	214 Main Street, P.O. Box 249, Des Arc, 72040	870-256-4430	870-256-3783
Pulaski	College Station, 4206 Frazier Pike, College Station, 72053 Mailing address: c/o Pulaski County Southwest	501-490-1602	501-490-0156
Pulaski	Central High School Wellness, 1500 Park Street, Little Rock, 72202	501-324-2330	
Pulaski	Central Little Rock, 3915 W. 8th St., Little Rock, 72204-2028	501-280-3100	501-280-3352
Pulaski	Central STD Clinic, 3915 W. 8th St., Little Rock, 72204-2028	501-280-3125	
Pulaski	Environmental Protection, 3915 W. 8th St., Little Rock, 72204-2028	501-280-3378	
Pulaski	Family Planning Clinic, 3915 W. 8th St., Little Rock, 72204-2028	501-280-3340	
Pulaski (IHS)	In-Home Services, 3915 W. 8th St., Little Rock, 72204-2028	501-280-3386	
Pulaski	Jacksonville, 3000 N. 1st St., Jacksonville, AR 72076	501-982-7477	501-982-0123
Pulaski	North Little Rock, 2800 Willow St., North Little Rock, 72114	501-791-8551	501-791-8615
Pulaski	Southwest Little Rock, 4918 Baseline Road, Little Rock, 72209	501-565-9311	501-565-7960
Pulaski	TB Clinic, 3915 W. 8th St., Little Rock, 72204-2028	501-280-3111	
Randolph	1304 Pace Road, Pocahontas, 72455	870-892-5239	870-892-0790
Randolph (IHS)	1300 Pace Road, Pocahontas, 72455	870-892-8046	870-892-1117
Saline	1612 Edison Avenue, Benton, 72015	501-303-5650	501-303-5602
Scott	316 Featherston, P.O. Box 808, Waldron, 72958	479-637-2165	479-637-2394
Searcy	HC 89, Box 55, Marshall, 72650	870-448-3374	870-448-3782
Searcy (IHS)	HC 89, Box 55, Marshall, 72650	870-448-5060	
Sebastian	3112 South 70th Street, Ft. Smith, 72903	479-452-8600	479-452-7844
Sebastian	Nelson Hall WIC Clinic, 177 Nelson Hall Homes, Ft. Smith, 72904	479-785-8072	
Sevier	304 North 4th Street, DeQueen, 71832	870-624-2535	870-642-5229
Sharp	714 Ash Flat Drive, Ash Flat, 72513	870-994-7364	870-994-7117
St. Francis	413 North Division, P.O. Box 956, Forrest City, 72335	870-633-1340	870-633-6988
St. Francis	503 Love Street, Hughes, 72348	870-339-3206	

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Arkansas Department of Health and Human Services
Bureau of Community Health Services
County Health Units and Area Offices in Arkansas

County/Area Office	Address	Telephone	Fax
Stone	204 Whitfield Street, HC 73, Box 204, Mountain View, 72560	870-269-3308	870-269-3668
Union	301 American Road, El Dorado, 71730	870-863-5101	870- 863-0905
Van Buren	526 Quality Drive, P.O. Box 452, Clinton, 72031	501-745-2485	501-745-2435
Van Buren (IHS)	526 Quality Drive, P.O. Box 452, Clinton, 72031	501-745-2432	501-745-6868
Washington	3270 Wimberly Drive, Fayetteville, 72703	479-521-8181	479-973-8482
White	306 Gum Street, Beebe, 72012	501-882-5128	501-882-7626
White	112 Brantley Road, Searcy, 72143	501- 268-6102	501-268-4445
White (IHS)	112 Brantley Road, Searcy, 72143	501-268-6304	501-268-3194
Woodruff	623 N. 9th Street, P.O. Box 628, Augusta, 72006	870-347-5061	870-347-2153
Woodruff (IHS)	623 N. 9th Street, P.O. Box 628, Augusta, 72006	870-347-5915	
Yell	1309 Highway 10 East, P.O. Box 628, Danville, 72833	479-229-3509	479-495-3750
Yell	719 North 5th Street, Dardanelle, 72834	479-229-3509	479-229-2386
Area 2 Office	107 Bonson, P.O. Box 388, Walnut Ridge, 72476	870-886-3153	
Office of Rural Health	5800 W. 10th, Ste. 401, Little Rock, 72204	501-624-1159	501-280-4706
Area 5 Office	201 East Hempstead-Suite 1, Nashville, 71852	870-845-4512	
Area 6 Office	Hwy 167 South, P.O. Box 630, Hampton, 71744	870-798-3113	870-798-4979
Central Region	5800 West 10th St., Ste. 907, Little Rock 72204	501-280-4950	501-280-4999
Northeast Region	#40 Allen Chapel Road, P.O. Box 4267, Batesville, 72503	870-251-3320	870-251-3449
Northwest Region	27 West Township, Fayetteville, 72703	479-444-7700	479-444-7189
Northwest Region	404 North El Paso, Russellville, 72801	479-968-3254	479-968-5441
Northwest Region (HH)***	404 North El Paso, Russellville, 72801	479-968-4177	
Southeast Region	1501 Dawson Road, Forrest City, 72336	870-633-6812	870-633-0158
Southeast Region	447 West Gaines, Monticello, 71655	870-367-6202	870-367-3013
Southwest Region	2204 East Sullenberger, Malvern, 72104	501-332-6974	

*EHS - Environmental Health Services

**IHS - In-Home Services

***HH - Home Health

Appendix D

Arkansas Department of Health
Coordinators and Specialists List
Regions and Counties Served

CENTRAL REGION

Karen Reed, IHS Coordinator
Pulaski County Health Unit
ATTN: In-Home Services
3915 W. 8th, 3rd Floor
Little Rock, AR 72204
Office: 501-280-3376
Fax: 501-280-3190
Cell: 501-772-4206
Pager: 501-373-2501

Ann Jeffery, HH/SPC
Pulaski County Health Unit
3915 W. 8th, 3rd Floor
Little Rock, AR 72204
Office: 501-280-3326
Fax: 501-280-3190
Cell: 501-658-3986
Pager: 501-373-7859

Elizabeth Billingsley, HH/SPC
Pulaski County Health Unit
3915 W. 8th, 3rd Floor
Little Rock, AR 72204
Office: 501-280-3356
Fax: 501-280-3190
Cell: 501-580-2560
Pager: 501-405-3378
(Grant, Lonoke)
Elizabeth is IHS Adm. for Lonoke County

Lynette Slaughter, HH/SPC
Faulkner County Health Unit
P.O. Box 1726 (811 North Creek)
Conway, AR 72032
Office: 501-450-4959
Fax: 501-450-4946
Cell: 501-733-6933
Pager: 800-264-2535 Pin# 6868
(Faulkner, Perry)
Lynette is IHS Adm. for Faulkner County

Beth Corley, PC/CBCM SPC
Grant County Health Unit
204 No. Oak Suite # "A"
Sheridan, AR 72150
Office: 870-942-7845
Fax: 870-942-2736
Cell: 870-941-6999
Pager: 800-644-2383 Pin# 8032549
(Garland, Grant, Lonoke, Saline)
Beth is IHS Adm. for Grant County

Jan Stewart, PC/CBCM SPC
Perry County Health Unit
1039 N. Fourche Ave.
Perryville, AR 72126
Office: 501-889-5156
Fax: 501-889-5484
Cell: 501-889-3617
Pager: 501-688-9105
(Faulkner, Perry, Pulaski)
Jan is IHS Adm. for Perry County

Dawn Leamon, HSP/SPC
Garland County Health Unit
1425 Malvern Avenue
Hot Springs, AR 71901
Office: 501-624-3397
Fax: 501-624-0480
Cell: 501-282-6437
(Clark, Garland, Hot Springs, Montgomery, Saline)

Tracey Carey, HH/SPC
Saline County Health Unit
1612 Edison Avenue
Benton, AR 72015
Office: 501-776-1606 or 501-315-1675
Fax: 501-315-8484
Cell: 501-580-6557
Pager: 501-405-3297
(Garland, Saline)
Tracey is IHS Adm. for Saline County

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Arkansas Department of Health
Coordinators and Specialists List
Regions and Counties Served

NORTHEAST REGION

Helena Brown, IHS Coordinator
Northeast Regional Office
ATTN: In-Home Services
P.O. Box 4267 or #40 Allen Chaple Road
Batesville, AR 72503
Office: 870-251-2848
Fax: 870-251-3449
Cell: 501-590-8775
Pager: 501-660-0941
(Coordinates All Counties)

Dianna Kay Smith, HH/MIP SPC
Cleburne County Health Unit
600 South 11th Street
Heber Springs, AR 72543
Office: 501-362-7581
Fax: 501-206-0344
Cell: 501-206-1822
Pager: 501-373-7440
(Cleburne, White)
Dianna is IHS Adm. for Cleburne
Rebecca Hickmon is Alternate IHS Adm.

Carolyn Crosby, HH/MIP SPC
Lawrence County Health Unit
1050 West Free Street
Walnut Ridge, AR 72476
Office: 870-886-3201
Fax: 870-886-1722
Cell: 501-412-4162
(Clay, Greene, Poinsett, Randolph)
Carolyn is IHS Adm. for Greene and Poinsett
Louise Evans is Alternate IHS Adm.

Debbie Shelton, HH/MIP SPC
Mississippi County Health Unit
P.O. Box 1047 or 1299 North 10th
Blytheville, AR 72315
Office: 870-763-7064
Fax: 870-763-4955
Cell: 870-759-0046
Pager: 501-660-0541
(Crittenden, Mississippi, Blytheville, Osceola)
Debbie is Alternate IHS Adm.

Sarah Luther, HH/MIP SPC
Stone County Health Unit
204 Whitfield Street
Mountain View, AR 72560
Office: 870-269-2598
Fax: 870-269-3668
Cell: 870-214-0085
Pager: 501-378-9540
(Izard, Stone)
Sarah is IHS Adm. for Stone

Charlotte Dixon, HH/MIP SPC
Stone County Health Unit
204 Whitfield Street
Mountain View, AR 72560
Office: 870-269-2598
Fax: 870-269-3668
Cell: 870-214-8206
Pager: 800-644-2383, Pin# 803-2445
(Independence, Jackson, Sharp)
Charlotte is IHS Adm. for Independence and Sharp
Jeanne Brooks is Alternate IHS

Lee Beth Stracener, HSP/SPC
Cleburne County Health Unit
600 South 11th Street
Heber Springs, AR 72543
Office: 501-362-7581
Fax: 501-206-0344
Cell: 501-282-6438
Pager: 501-660-0891
(Stone, Van Buren, Clinton, Searcy)
Lee is IHS Adm. for Stone

Rebecca (Becky) Hickmon, HSP/SPC
Cleburne County Health Unit
600 South 11th Street
Heber Springs, AR 72543
Office: 501-362-7581
Fax: 501-206-0344
Cell: 501-206-8006
Pager: 800-644-2383, Pin# 803-2643
(Cleburne, Independence, Izard, White)
Rebecca is IHS Alternate Adm. for Cleburne

Arkansas Department of Health
Coordinators and Specialists List
Regions and Counties Served

NORTHEAST REGION, continued

Linda Thompson, PC/CBCM SPC
Mississippi County Health Unit
720 West Lee
Osceola, AR 72370
Office: 870-563-2521
Fax: 870-563-6093
Cell: 870-270-7986
Pager: 870-360-0727
(Crittenden, Cross, Mississippi, Blytheville and Osceola)
Linda is IHS Adm. for All Five Counties

Sonita Knapple, HH/MIP SPC
Cleburne County Health Unit
600 South 11th Street
Heber Springs, AR 72543
Office: 501-362-7581
Fax: 501-206-0344
Cell: 501-206-1821
Pager: 800-264-2535, Pin# 2287
(Craighead, Cross, Woodruff)

Louise Evans, PC/CBCM SPC
Greene County Health Unit
P.O. Box 576 or 801 Goldsmith Road
Paragould, AR 72450
Office: 870-236-1716
Fax: 870-236-9610
Cell: 870-236-0131
Pager: 501-340-5886
(Clay, Craighead, Greene, Lawrence, Poinsett, Randolph)
Louise is IHS Adm. for Clay, Craighead, and Randolph.
Louise is Alternate IHS Adm. for Greene, Lawrence, and Poinsett
Carolyn Crosby is Alternate IHS Adm. for Randolph

Jeanne Brooks, PC/CBCM SPC
Izard County Health Unit
P.O. Box 827
Melbourne, AR 72556
Office: 870-368-4966
Fax: 870-368-7060
Cell: 870-291-0596
Pager: 870-660-0815
(Fulton, Independence, Izard, Sharp and Stone)
Jeanne is IHS Adm. for Izard
Sarah Luther is Alternate IHS for Izard

Linda Martin, PC/CBCM SPC
Northeast Regional Office
P.O. Box 4267 or #40 Allen Chaple Road
Batesville, AR 72503
Office: 870-251-2848
Fax: 870-251-3449
Cell: 870-307-2846
Pager: 501-378-8725
(Cleburne, Jackson, White and Woodruff)
Linda is IHS Adm. for Jackson, White and Woodruff
Charlotte Dixon is Alternate IHS Adm. for White
Sonita Knapple is Alternate IHS Adm. for Woodruff

NORTHWEST REGION

Anne Brisco, IHS Coordinator
Boone County Health Unit
ATTN: In-Home Services
1622 Campus Drive
Harrison, AR 72601
Office: 870-743-6001
Fax: 870-743-6003
Cell: 870-391-1980
(Coordinates All Counties)

Arkansas Department of Health
Coordinators and Specialists List
Regions and Counties Served

NORTHWEST REGION, continued

Deborah Phillippe
Baxter County Health Unit
213 East 6th Street, Suite #40
Mountain Home, AR 72653
Office: 870-424-6655
Fax: 870-424-6965
Cell: 870-405-9005
Pager: 800-644-2383, (801-3505)
(Baxter, Marion)
Deborah is IHS Adm. for Baxter County

Erika Houston, HH/MIP SPC
Boone County Health Unit
1622 Campus Drive
Harrison, AR 72601
Office: 870-743-6001
Fax: 870-743-1351
Cell: 870-688-9488
Pager: 800-664-2383, (801-9780)
(Boone, Carroll)
Erika is IHS Adm. for Boone County

Kathy Taylor, HH/MIP SPC
Newton County Health Unit
P.O. Box 451 (506 Court Street)
Jasper, AR 72641
Office: 870-446-2286
Fax: 870-446-2280
Cell: 870-365-6068
Pager: 800-644-2383, (801-2029)
(Carroll, Newton)
Kathy is IHS for Newton

Pat Lynch, HH/MIP SPC
Northwest Region
404 North El Paso
Russellville, AR 72801
Office: 479-968-4177, ext. 143
Fax: 479-890-7211
Cell: 479-970-7299
Pager: 800-644-2383, (803-2571)
(Conway, Pope)
Pat is IHS Adm. for Pope County

Diana McGuire, HH/HC/MIP SPC
Northwest Region
404 N. El Paso
Russellville, AR 72801
Office: 479-968-4177, ext. 143
Fax: 479-890-7211
Cell: 479-477-0977
(Johnson, Yell/Danville, Yell/Dardanelle)
Diana is IHS Adm. for Johnson County

Lora Forst, HH/MIP SPC
North Logan County Health Unit
150 South Lowder St.
Paris, AR 72855
Office: 479-963-6106
Fax: 479-963-6107
Cell: 479-438-1077
Pager: 800-644-2383, (803-2571)
(Logan/Booneville, Logan/Parris, Scott)
Lora is IHS Adm. for Scott County

Nelma Hancock, PC/CBCM SPC
North Logan County Health Unit
150 South Lowder St.
Paris, AR 72855
Office: 479-963-6106
Fax: 479-963-6107
Cell: 479-849-5593
Pager: 800-264-2535, (0546)
(No. & So. Logan/Paris, Booneville, Scott)
Nelma is IHS Adm. for Logan, Paris & Booneville County

Ellen Wood, HH/MIP SPC
Van Buren County Health Unit
ATTN: In-Home Services
P.O. Box 452 (526 Quality Drive)
Clinton, AR 72032
Office: 501-745-2432
Fax: 501-745-6868
Cell: 501-745-1250
Pager: 800-825-7243, Pin# 52018
(Searcy, Van Buren)
Ellen is IHS Adm. for Van Buren County

Arkansas Department of Health
Coordinators and Specialists List
Regions and Counties Served

NORTHWEST REGION, continued

Lee (Beth) Stracener, HSP/SPC
Cleburne County Health Unit
600 South 11th Street
Heber Springs, AR 72543
Office: 501-362-7581 or 870-251-2848
Fax: 501-206-0344
Cell: 501-282-6438
Pager: 501-660-0891
(Searcy, Van Buren) (Hospice Only)

Betsy Case, PC/CBCM SPC
Yell/Danville & Dardanelle
Northwest Region
404 North El Paso
Russellville, AR 72801
Office: 479-968-4177, ext. 144
Fax: 479-890-7211
Cell: 479-264-0937
Pager: 800-644-2383, Pin# 803-2543
(Johnson, Yell/Danville & Dardanelle)
Betsy is IHS Adm. for Yell/Danville & Dardanelle

Melba Kinard, PC/CBCM SPC
Marion County Health Unit
P.O. Box 129 (707 Hwy 202 West
Yellville, AR 72687
Office: 870-449-6363
Fax: 870-449-6364
Cell: 870-688-9549
Pager: 800-644-2383, Pin# 803-1327
(Baxter, Marion)
Melba is IHS Adm. for Marion

Jeanie Kisner, PC/CBCM
Boone County Health Unit
1622 Campus Drive
Harrison, AR 72601
Office: 870-743-6001
Fax: 870-743-6003
(Boone, Carroll, Newton)
Jeanie is IHS Adm. for Carroll

Debbie Elliott, PC/CBCM SPC
Searcy County Health Unit
ATTN: In-Home Services
HC 89 P.O. Box 55
Marshall, AR 72650
Office: 870-448-5060
Fax: 870-448-3782
Cell: 870-448-6470
Pager: 501-360-3513
(Newton, Searcy, Van Buren)
Debbie is IHS Adm. for Searcy County

Jo Rowbotham, PC/CBCM SPC
Northwest Region
404 North El Paso
Russellville, AR 72801
Office: 479-968-4177, ext. 120
Fax: 479-890-7211
Cell: 479-264-7453
Pager: 800-644-2383, Pin# 803-0060
(Conway, Pope)
Jo is IHS for Conway County

Jo Rowbotham, PC/CBCM SPC
Pope County Health Unit
203 Weir Road
Russellville, AR 72801
Office: 479-890-4834
Fax: 479-968-8738
(Pope)

Leola Lindsey, HSP/SPC
Northwest Region
404 North El Paso
Russellville, AR 72801
Office: 479-968-4177, ext. 145
Fax: 479-890-7211
ADH Cell: 479-337-6791
PC Cell: 479-970-9988
Pager: 800-644-2383, Pin# 801-9738
(Conway, Faulkner, Johnson, Logan/Booneville, Paris, Perry, Pope, Scott, Yell/Danville & Dardanelle

Appendix D

Arkansas Department of Health
Coordinators and Specialists List
Regions and Counties Served

SOUTHEAST REGION

Patti Walton, IHS Coordinator
Arkansas County Health Unit
ATTN: In-Home Services
1602 North Buerkle
Stuttgart, AR 72160
Office: 870-673-6601
Fax: 870-673-8821
Cell: 870-866-0748
Pager: 501-399-6545
(Coordinates All Counties)

Mindy Hollis, HH/SPC
Ashley County Health Unit
401 North Cherry
Hamburg, AR 71646
Office: 870-853-8980
Fax: 870-853-4433 or 870-583-4434
Cell: 870-853-7221
Pager: 501-399-1239
(Ashley/Hamburg, Chicot, Drew)
Mindy is IHS Adm. for Ashley/Hamburg

Karen Hopper, HH/SPC
Phillips County Health Unit
P.O. Box 2627-Shirley Hicks Dr.
West Helena, AR 72390
Office: 870-572-9028
Fax: 870-572-3349
Cell: 870-817-8177
Pager: 501-671-3251
(Phillips)
Karen is IHS for Phillips County

Teresa Whaley, HH/SPC
Phillips County Health Unit
P.O. Box 2627-Shirley Hicks Dr.
West Helena, AR 72390
Office: 870-572-9028
Fax: 870-572-3349
Cell: 870-817-8176
Pager: 501-660-0921
(Arkansas/Stuttgart, DeWitt, Monroe, Prairie)
Teresa is IHS Adm. for Prairie

Teresa Hargis, HH/SPC
Southeast Region-Monticello
ATTN: In-Home Service
447 West Gaines
Monticello, AR 71655
Office: 870-367-6202
Fax: 870-367-3013
Cell: 870-723-7933
Pager: 800-264-2535, Pin# 0229
(Ashley/Crossett, Cleveland, Desha, Jefferson, Lincoln)
Teresa is IHS Adm. for Desha

Tammy Lawson, HH/SPC
Southeast Region-Forrest City
P.O. Box 788
Forrest City, AR 72335
Office: 870-633-6812
Fax: 870-633-0158
Cell: 870-270-7800
Pager: 800-262-2535, Pin# 0169
(Lee & St. Francis)
Tammy is IHS Adm. for St. Francis

Gayle McMahan, PC/CBCM SPC
Chico County Health Unit
1742 Hwy 65 & 82
Lake Village, AR 71653
Office: 870-265-2236
Fax: 870-265-5445
Cell: 870-265-0347
Pager: 501-399-1240
(Ashley/Hamburg, Chicot, Drew)
Gayle is IHS Adm. for Chicot, Drew

Kim Thompson, PC/CBCM SPC
Southeast Region Office
447 South Gaines
Monticello, AR 71655
Office: 870-367-6202
Fax: 870-367-3013
Cell: 870-723-7064
Pager: 870-399-6546
(Cleveland, Desha, Jefferson, Lincoln)
Kim is IHS Adm. for Jefferson, Lincoln, and Cleveland

Arkansas Department of Health
Coordinators and Specialists List
Regions and Counties Served

SOUTHEAST REGION, continued

Judy Brown, PC/CBCM SPC
Southeast Region-Forrest City
P.O. Box 788-1501 Dawson Road
Forrest City, AR 72336-0788
Office: 870-633-6812
Fax: 870-633-0518
Cell: 870-317-5375
Pager: 501-671-2875
(Monroe, St. Francis)
Judy is IHS Adm. for Monroe

Margaret Carnes, PC/CBCM SPC
Lee County Health Unit
P.O. Box 668
Marianna, AR 72360
Office: 870-295-2400
Fax: 870-295-4046
Cell: 870-821-0247
Pager: 800-644-2383, Pin# 803-1283
(Phillips)
Margaret is IHS Adm. for Lee

Spencer Crews, HSP/SPC
Southeast Region-Forrest City
P.O. Box 788-1501 Dawson Road
Forrest City, AR 72336-0788
Office: 870-633-6812
Fax: 870-633-0518
Cell: 870-270-1939
Pager: 501-660-0792
(Crittenden, Cross, Lee, Mississippi, Monroe, Phillips, St. Francis, Woodruff)

Debbie Carnes, PC/CBCM SPC
Arkansas County Health Unit
1602 North Buerkle Road
Stuttgart, AR 72160
Office: 870-673-6601
Fax: 870-673-8821
Cell: 870-830-8161
Pager: 800-264-2535, Pin# 0671
(Arkansas/DeWitt, Stuttgart, Lee, Prairie)
Debbie is IHS Adm. for Arkansas, DeWitt and Stuttgart

Sherry Hayes, PC/CBCM SPC
Bradley County Health Unit
201 Bragg Street
Warren, AR 71671
Office: 870-226-6990
Fax: 870-226-7828
Cell: 870-377-7443
Pager: 800-264-2535, Pin# 0331
(Ashley/Crossett, Bradley)
Sherry is IHS Adm. for Bradley and Crossett

SOUTHWEST REGION

Julie Butler, IHS Coordinator
Hempstead County Health Unit
808 West 5th Street
Hope, AR 71801
Office: 870-777-9424
Fax: 870-722-2049
Cell: 870-703-2991
Pager: 501-399-2288
(Coordinates All Counties)

Barbara Lites, HH/SPC
Sevier County Health Unit
304 North Fourth
DeQueen, AR 71832
Office: 870-642-2535, ext. 232
Fax: 870-642-5229
Cell: 870-703-2601
Pager: 501-688-3726
(Little River, Miller, Pike, Polk, Sevier)
Barbara is IHS Adm. for Polk and Sevier

Bob Lowry, HH/SPC
Hot Spring County Health Unit
2204 Sullenberger
Malvern, AR 72104
Office: 501-332-6996
Fax: 501-332-6989
Pager: 501-321-7991
(Hot Spring, Nevada)
Bob is IHS Adm. for Clark, Hot Springs Montgomery & Nevada

Arkansas Department of Health
Coordinators and Specialists List
Regions and Counties Served

SOUTHWEST REGION, continued

Tina Smith, HH/SPC
Hempstead County Health Unit
808 West 5th Street
Hope, AR 71801
Office: 870-777-9424
Fax: 870-722-2049
Cell: 870-703-7374
Pager: 501-340-5059
(Columbia, Hempstead, Howard, Lafayette)
Tina is IHS Adm. for Columbia, Hempstead & Howard

Jean Duck, HH/SPC
Dallas County Health Unit
P.O. Box 64
Fordyce, AR 71742
Office: 870-352-2911
Fax: 870-352-3848
Cell: 870-814-6597
(Calhoun, Dallas, Ouachita, Union)
Jean is IHS Adm. for Dallas and Union

Margaret Smith, PC/CBCM SPC
Clark County Health Unit
605 South 10th
Arkadelphia, AR 71923
Office: 870-246-4078
Fax: 870-246-9619
Pager: 501-377-0800
(Clark, Hempstead, Hot Spring, Nevada)

Pam Angell, PC/CBCM SPC
Miller County Health Unit
503 Walnut Street
Texarkana, AR 71854
Office: 870-773-2108
Fax: 870-773-3292
Cell: 903-824-9578 or 903-733-2730
Pager: 501-378-9282
(Columbia, Howard, Lafayette, Little River and Miller)
Pam is IHS Adm. for Miller and Lafayette

Johnette Bearden, PC/CBCM SPC
Ouachita County Health Unit
740 California Street
Camden, AR 71701
Office: 870-836-7395
Fax: 870-837-1488
Cell: 870-918-2728
Pager: 800-644-2383, Pin# 803-2449
(Calhoun, Dallas, Ouachita, Union)
Johnette is IHS Adm. for Calhoun and Ouachita

Echo Donahou, PC/CBCM SPC
Montgomery County Health Unit
P.O. Box 695 or 346 Luzerne
Mt. Ida, AR 71957
Office: 870-867-3138
Fax: 870-867-3656
Cell: 870-490-0117
Pager: 501-405-4534
(Montgomery, Nevada, Pike, Polk, Sevier)
Echo is IHS Adm. for Montgomery and Pike

Crys Courson, HSP/SPC
Calhoun County Health Unit
1119 Prestress Drive
Hampton, AR 71744
Office: 870-798-2808
Fax: 870-798-2897
Cell: 501-262-6440
Pager: 501-264-2535, Pin# 6860
(Bradley, Calhoun, Columbia, Ouachita and Union)

Appendix E

Arkansas Department of Health and Human Services
Human Services County Offices

County	Address	Administrator	Telephone	TDD	Fax
Arkansas	100 Court Square, DeWitt 72042	Steve Stillwell	870-946-4519		870-946-4510
Arkansas	P.O. Box 1008; 203 S. Leslie, Stuttgart 72160	Steve Stillwell	870-673-3597		870-673-6591
Ashley	P.O. Box 190; 201 W. Lincoln, Hamburg 71646		870-853-9816	870-853-4306	870-853-9819
Baxter	P.O. Box 408; 204 Bucher Drive, Mountain Home 72654	Beth Tribble	870-425-6011		870-424-5186
Benton	900 Southeast 13th Court, Bentonville 72712	Preston Haley	479-273-9011	479-273-5145	479-273-9055
Boone	P.O. Box 1096; 2126 Capps Rd., Harrison 72601	Jerry Jones	870-741-6107		870-741-6198
Bradley	P.O. Box 509; 902 Halligan, Warren 71671	Dorothy Henderson	870-226-5878	870-226-7368	870-226-5631
Calhoun	P.O. Box 1068; 136 Archer, Hampton 71744	Marion Stokes	870-798-4201		870-798-4202
Carroll	P.O. Box 425; 304 Hailey Rd., Berryville 72616	Janis Miller	870-423-3351		870-423-3521
Chicot	P.O. Box 71; 1736 Hwy. 65 & 82 So., Lake Village 71653	Mary Warfield	870-265-3821	870-265-2503	870-265-2503
Clark	P.O. Box 969; 602 S. 10th St., Arkadelphia 71923	Jack Farr	870-246-9886		870-246-4603
Clay	P.O. Box 366; 187 N. 2nd St., Piggott 72454	Duane Dutka	870-598-2282		870-598-5764
Cleburne	P.O. Box 1140; 1521 W. Main, Heber Springs 72543	Etta Turner	501-362-3298		501-362-2406
Cleveland	P.O. Box 465; 5th and Main, Rison 71665	Tony Echlin	870-325-6218	800-825-1131	870-325-6204
Columbia	P.O. Box 1109; 601 E. University, Magnolia 71754	Rodney Rowe	870-234-4190	870-234-0906	870-234-4199
Conway	P.O. Box 228; #2 Bruce St., Morrilton 72110	Linda Smith	501-354-2418	501-354-0294	501-354-2427
Craighead	2920 McClellan Drive, Jonesboro 72401	Hubert Gray	870-972-1732	870-972-6013	870-972-5506
Crawford	704 Cloverleaf Circle, Van Buren 72956	Paul Ray	479-474-7595	479-474-4526	479-474-3150
Crittenden	401 S. Airport Road, West Memphis 72301	Carole Marcellini	870-732-5170	870-732-1281	870-732-4491
Cross	803 E. Hwy. 64, Wynne 72396	Pat Roberts	870-238-8553		870-238-7522
Dallas	1202 W. 3rd St., Fordyce 71742	James Scott	870-352-5115		870-352-3823
Desha	P.O. Box 1009; 200 N. First St., McGehee 71654	Lerone Thomas	870-222-4144	870-222-6148	870-222-4171
Drew	P.O. Box 1350; 444 Hwy. 425 N., Monticello 71657	Amber Mullis	870-367-6835		870-367-6944
Faulkner	P.O. Box 310; 1000 E. Siebenmorgan Rd., Conway 72033	Lela Alexander	501-730-9900	501-730-9920	501-730-9910
Franklin	800 W. Commercial, Ozark 72949	Yvonne Case	479-667-2379		479-667-5044
Fulton	P.O. Box 650; 222 Byron Rd., Salem 72576	Dwight Sharp	870-895-3309		870-895-3326
Garland	115 Stover Lane, Hot Springs 71913	Richard Sutton	501-321-2583	501-321-4709	501-623-2645

Appendix E

Arkansas Department of Health and Human Services
Human Services County Offices

County	Address	Administrator	Telephone	TDD	Fax
Grant	P.O. Box 158; #16 Opportunity Dr., Sheridan 72150	Kenneth McDearmon	870-942-5151		870-942-5153
Greene	P.O. Box 839; 809 Goldsmith Road, Paragould 72451	H. C. Lemmons	870-236-8723		870-239-6340
Hempstead	116 N. Laurel, Hope 71801	Bill Harris	870-777-8656	870-777-0458	870-777-4025
Hot Spring	P.O. Box 813; 2505 Pine Bluff St., Malvern 72104	Mary Franklin	501-332-2718		501-332-3368
Howard	P.O. Box 1740; 534 N. Main, Nashville 71852	Deborah Hopkins	870-845-4334		870-845-4339
Independence	100 Weaver Avenue, Batesville 72501	Bob Reynolds	870-698-1876	870-698-0561	870-698-2938
Izard	P.O. Box 65; 620 E. Main St., Melbourne 72556	Mitchell Gillihan	870-368-4318		870-368-4737
Jackson	P.O. Box 610; 3rd & Hazel, Newport 72112	Leroy Mansko	870-523-9820		870-523-6107
Jefferson	P.O. Box 5670; 1222 W. 6th, Pine Bluff 71611	Lee Turner	870-534-4200	870-534-8976	870-534-3421
Johnson	P.O. Box 1636; 900 S. Rogers Ave., Clarksville 72830	Carol Blackard	479-754-2355		479-754-6202
Lafayette	2612 Spruce Street, Lewisville 71845	Judy Beatty	870-921-4283		870-921-4285
Lawrence	P.O. Box 69; 400 N.W. 4th St., Walnut Ridge 72476	Judy Videll	870-886-2408		870-886-7716
Lee	P.O. Box 309; 772 W. Chestnut, Marianna 72360	Floyd Williams	870-295-2597		870-295-6337
Lincoln	101 W. Wiley St., Star City 71667	Linda Stephens	870-628-4105		870-628-4101
Little River	90 Waddell St., Ashdown 71822	Mark Muenzmaier	870-898-5155	870-898-8618	870-898-4596
Logan	398 E. 2nd, Booneville 72927	Ron Ford	479-675-3091		479-675-2654
Logan	#17 W. McKeen, Paris 72855	Ron Ford	479-963-2783		479-963-3975
Lonoke	P.O. Box 260; 100 Park St., Lonoke 72086	Janis Matlock	501-676-5643	501-676-6043	501-676-3115
Madison	P.O. Box 128; 1013 N. College Ave., Huntsville 72740	Donna Samples	479-738-2161		479-738-2095
Marion	P.O. Box 447; 114 Old Main, Yellville 72687	Kay Query	870-449-4058		870-449-6720
Miller	3809 Airport Plaza, Texarkana 71854	Steve Mason	870-773-0563	870-772-3813	870-772-0630
Mississippi	1104 Byrum Road, Blytheville 72315	Joe Guy	870-763-7093		870-763-2243
Mississippi	437 S. Country Club Road, Osceola 72370	Joe Guy	870-563-5234		870-563-3081
Monroe	$301^{1}/_{2}$ N. New Orleans, Brinkley 72021	Kay Booker	870-734-1445		870-734-2313
Monroe	P.O. Box 354; Hwy. 302 North, Clarendon 72029	Kay Booker	870-747-3329		870-747-5416
Montgomery	P.O. Box 445; 232 Graham Street, Mount Ida 71957	James Demby	870-867-3184		870-867-3185
Nevada	P.O. Box 292; 355 W. 1st St., Prescott 71857	Elaine Halliday	870-887-6626	870-887-2259	870-887-6628

Appendix E

Arkansas Department of Health and Human Services
Human Services County Offices

County	Address	Administrator	Telephone	TDD	Fax
Newton	P.O. Box 452; 100 Spring Street, Jasper 72641	Mary L. Emmett	870-446-2237		870-446-2249
Ouachita	P.O. Box 718; 222 Van Buren St. NW, Camden 71711	Erma Brown	870-836-8166	870-836-0941	870-836-7441
Perry	213 Houston Ave., Perryville 72126	Greg Spinks	501-889-5105		501-889-5107
Phillips	P.O. Box 277; 104 D'Anna Place, Helena 72342	Ruthie Brown	870-338-8391		870-338-9358
Pike	P.O. Box 200; 331 E. 13th St., Murfreesboro 71958	Jane Kizzia	870-285-3111		870-285-3360
Poinsett	P.O. Box 526; 406 S. Illinois, Harrisburg 72432	Janice Griffin	870-578-5491		870-578-5417
Polk	P.O. Box 1808, 606 Pine St., Mena 71953	Pete Johnson	479-394-3100		479-394-3632
Pope	701 N. Denver, Russellville 72801	Jolayne Coffmann	479-968-5596	479-967-1270	479-968-2102
Prairie	P.O. Box 356; 663 Market St., DeValls Bluff 72041	Sonya Owens	870-998-2581		870-998-2582
Pulaski East	1424 E. 2nd, Little Rock 72203	Vicki Weems	501-371-1300	501-371-1311	501-371-1301
Pulaski Jacksonville	P.O. Box 626; 2636 W. Main, Jacksonville 72078	Boylee Hamilton	501-371-1200	501-371-1211	501-371-1201
Pulaski North	P.O. Box 5791; 1900 E. Washington Ave., N. Little Rock 72119	Boylee Hamilton	501-682-0100	501-682-0102	501-682-0101
Pulaski South	P.O. Box 2620; 1105 Martin Luther King Jr., Little Rock 72203	Vicki Weems	501-682-9200	501-682-9222	501-682-9382
Pulaski SW	P.O. Box 8916; 6801 Baseline Rd., Little Rock 72219	Vicki Weems	501-371-1100	501-371-1111	501-371-1101
Randolph	1408 Pace Road, Pocahontas 72455	Brenda Poindexter	870-892-4475	800-285-1131	870-892-9805
Saline	P.O. Box 608; 1603 Edison Ave., Benton 72018	Albert Marlar	501-315-1600	501-778-1524	501-778-1260
Saline	101 NW 3rd, Suite E, Bryant 72022	Albert Marlar	501-847-6056		501-847-2143
Scott	P.O. Box 840; 131 Hwy 71 Bypass S., Waldron 72958	Linda Tallmadge	479-637-4141		479-637-4143
Searcy	P.O. Box 279; 106 School St., Marshall 72650	Gary Linn	870-448-3153		870-448-5716
Sebastian	616 Garrison Ave., Fort Smith 72901	Gwen Lovelace	479-782-4555	479-782-9873	479-782-6861
Sevier	304 West Collin Raye Drive, Site 108A, DeQueen 71832	Julia Moore	870-642-2623		870-642-2082
Sharp	1467 Hwy 62, 412 Suite B, Cherokee Village 72529	Virginia Schmidt	870-856-1053		870-856-1069
St. Francis	P.O. Box 899; 1200 E. Broadway, Forrest City 72336	Charles Fleming	870-633-1242		870-633-5683
Stone	1821 East Main, Mountain View 72560	Jane Shipman	870-269-4321		870-269-4324
Union	123 W. 18th St., El Dorado 71730	Tammi McKinnon	870-862-6631	870-862-3729	870-862-3907
Van Buren	362 Ingram Street, Clinton 72031	Mark Donald	501-745-4192		501-745-6400
Washington	4044 Frontage Road, Fayetteville 72703	Sandra Allen	479-521-1270	479-521-0103	479-521-2311

Appendix E

Arkansas Department of Health and Human Services
Human Services County Offices

County	Address	Administrator	Telephone	TDD	Fax
Washington	4252 Frontage Road, Fayetteville 72703	Sandra Allen	479-442-4029		479-442-8896
White	608 Rodgers Drive, Searcy 72143	Loyal Crawford	501-268-8696		501-268-4803
Woodruff	P.O. Box 493; 1200 Hwy 33 North, Augusta 72006	Elma M. Brown	870-347-2537		870-347-2539
Yell	P.O. Box 277; 904 M. St./Hwy 10 East, Danville 72833	Pat Pyle	479-495-2723		479-495-3051

Appendix G

Arkansas Spinal Cord Commission

State and Federal Codes for Arkansas Counties

State Code	County	Federal Code
01	Arkansas	001
02	Ashley	003
03	Baxter	005
04	Benton	007
05	Boone	009
06	Bradley	011
07	Calhoun	013
08	Carroll	015
09	Chicot	017
10	Clark	019
11	Clay	021
12	Cleburne	023
13	Cleveland	025
14	Columbia	027
15	Conway	029
16	Craighead	031
17	Crawford	033
18	Crittenden	035
19	Cross	037
20	Dallas	039
21	Desha	041
22	Drew	043
23	Faulkner	045
24	Franklin	047
25	Fulton	049
26	Garland	051
27	Grant	053
28	Greene	055
29	Hempstead	057
30	Hot Spring	059
31	Howard	061
32	Independence	063
33	Izard	065
34	Jackson	067
35	Jefferson	069
36	Johnson	071
37	Lafayette	073
38	Lawrence	075
39	Lee	077
40	Lincoln	079

State Code	County	Federal Code
41	Little River	081
42	Logan	083
43	Lonoke	085
44	Madison	087
45	Marion	089
46	Miller	091
47	Mississippi	093
48	Monroe	095
49	Montgomery	097
50	Nevada	099
51	Newton	101
52	Ouachita	103
53	Perry	105
54	Phillips	107
55	Pike	109
56	Poinsett	111
57	Polk	113
58	Pope	115
59	Prairie	117
60	Pulaski	119
61	Randolph	121
62	St. Francis	123
63	Saline	125
64	Scott	127
65	Searcy	129
66	Sebastian	131
67	Sevier	133
68	Sharp	135
69	Stone	137
70	Union	139
71	Van Buren	141
72	Washington	143
73	White	145
74	Woodruff	147
75	Yell	149

Appendix H

Guidelines for Enabling and Empowering Families

- Be positive and proactive in interactions with families.
- Offer help in response to family-identified needs.
- Permit the family to decide whether to accept or reject help.
- Offer help that is normative.
- Offer help that is congruent with the family's appraisal of their needs.
- Promote acceptance of help by keeping the response costs low.
- Permit help to be reciprocated.
- Promote the family's immediate success in mobilizing resources.
- Promote the use of informal support as the principle way for meeting needs.
- Promote a sense of cooperation and joint responsibility for meeting family needs.
- Promote the family member's acquisition of effective behavior for meeting needs.
- Promote the family member's ability to see themselves as an active agent responsible for behavior change.

Source: Dunst, C.J., Trivette, C.M., & Deal, A.G. (1988). *Enabling and empowering families: Principles and guidelines for practice.* Cambridge, MA: Brookline.

Appendix I

STANDING FRAME INSTRUCTIONS

The standing frame is made from 1" square metal tubing. It can be constructed to fit any height individual from a child to adult. The standing frame in the drawing is 38" high. To determine the height of a standing frame, measure the distance from the person's elbow, when they're standing, to the ground. If, for example, you're constructing this standing frame for a child, have them stand up and measure the distance from the floor to the bottom of their elbow when it is bent (as in shaking hands). This distance will be the total height of the standing frame. The other dimensions for the width and the depth will stay the same.

Attach the standing frame to the plywood base (3/4" cabinet grade plywood) by using 8 carriage bolts 2 1/8" long. It may be necessary to counter bore the spaces for the head of the carriage bolts as they stick into the bottom of the plywood through the standing frame. Attach a lock washer and hex nut to the carriage bolt then apply the second hex nut to work as a locking nut. The back lip of the plywood base should be cut tapered to make it easier to roll or push a wheelchair onto the base.

Information Regarding Support Straps:
The holes drilled in the middle support are for the strap to go around the person's hips and for the knee support strap. These will also need to be customized for the height of the individual. The lower strap should be positioned at the height of the person's knees. This strap is used for front support of the knees. The upper strap should be positioned to fit around the person's hips. This strap should be made so it can be detached from one side of the middle support. Once the person is standing in the frame, reattach to the middle support. This strap will provide support behind the hips. Attach the straps to the standing frame by drilling 1/4" holes 3" apart. The knee strap will be permanently attached to the frame using 1 5/8" round headed carriage bolts. Insert the bolts from inside frame and attach with a lock washer and hex nut. The knee strap must be stretched tightly to prevent it from becoming loose when the person is in the standing frame.

PLEASE NOTE: The drawing for this standing frame is not drawn to scale. The dimensions are accurate, but the drawing should not be used as a model when constructing the standing frame. The Arkansas Spinal Cord Commission will not be held responsible for any defects in the manufacturing of this device.

Appendix J

ARKANSAS REHABILITATION CENTERS

El Dorado
Medical Center of Southeast Arkansas
Physical Medicine Center
460 W. Oak
El Dorado, AR 71730
870-863-2450

Fayetteville
HealthSouth Rehabilitation Hospital
153 E. Monte Painter Dr.
Fayetteville, AR 72703
479-444-2200

Fort Smith
HealthSouth Rehabilitation Hospital
1401 S. J Street
Fort Smith, AR 72901
479-785-3300

Hot Springs
Hot Springs Rehabilitation Center
411 Reserve
Hot Springs, AR 71902
501-624-4411

Jacksonville
RehabCare Unit
Rebsamen Medical Center, Inc.
1400 Braden Street
P.O. Box 159
Jacksonville, AR 72076
501-985-7381

Jonesboro
Northeast Arkansas Rehabilitation Hospital
1201 Fleming Avenue
Jonesboro, AR 72401
870-932-0440

Little Rock
Arkansas Children's Hospital
800 Marshall
Little Rock, AR 72202
501-364-1100

Baptist Health Rehabilitation Institute
9601 Interstate, 630 Exit 7
Little Rock, AR 72205
501-202-7000

Pine Bluff
Jefferson Regional Medical Center
1600 West 40th
Pine Bluff, AR 71603
870-541-7100

Russellville
St. Mary's Rehabilitation Center
1808 W. Main St.
Russellville, AR 72801
479-964-9451

Searcy
RehabCare Unit
Central Arkansas Hospital
1200 S. Main
Searcy, AR 72143
501-278-3100

Sherwood
St. Vincent's Rehabilitation Hospital
2201 Wildwood
Sherwood, AR 72120
501-834-1800

West Memphis
Delta Regional Rehabilitation Center
Crittenden Memorial Hospital
200 Tyler, 3rd floor
West Memphis, AR 72301
870-732-7760

Appendix J

BORDER STATE REHABILITATION CENTERS

Louisiana

HealthSouth Rehabilitation Hospital
1401 Ezell St.
Ruston, LA 71270
318-251-5354
800-548-9157

Premier Rehabilitation
4310 South Grand Street
Monroe, LA 71202
318-812-1000

Missouri

Cox Medical Center South
3801 South National Avenue
Springfield MO 65807
417-269-6000

Lakes Country Rehabilitation Center
2626 W. College Road
P.O. Box 1277
Springfield, MO 65801-1277
417-862-1753

St. John's Regional Health Center
1235 E. Cherokee
Springfield, MO 65804
417-885-2000

Tennessee

Baptist Memorial Hospital -East
Rehabilitation Center
6019 Walnut Grove Road
Memphis, TN 38120
901-226-5180

HealthSouth Rehabilitation Hospital
17 S. Claybrook Street
Memphis, TN 38104
901-278-7434

Texas

Christus St. Michael Rehabilitation Hospital
2400 Saint Michael Drive
P.O. Box 1140
Texarkana, TX 75501
903-614- 4000

HealthSouth Rehabilitation Hospital of Texarkana
515 W. 12th
Texarkana, TX 75501
903-793-0088

Appendix K

ACT 330 of l977

ACA § 20-8-206. Central Registry

SECTION 1. Legislative Intent -- It is the intent of the legislature to insure the referral of all spinal cord disabled persons to the Arkansas State Spinal Cord Commission by appropriate individuals or public and private agencies in order that all spinal cord disabled persons might obtain the appropriate total rehabilitative aspects rendered by existing state agencies, departments, and other organizations and individuals.

SECTION 2. Definitions --- As used in this act:

1. "Spinal Cord Disabled" in this act shall mean any spinal cord disease, injury, congenital or acquired, resulting in partial or total loss of motor or sensory functions and resulting in temporary or permanent, partial or total disability.

SECTION 3. Establishment and maintenance of a central registry:

1. The Arkansas State Spinal Cord Commission shall establish and maintain a central registry of spinal cord disabled persons.
   a. Every public and private health and social agency and attending physician shall report to the Commission within five (calendar) days after identification of any spinal cord disabled person; however, the consent of the individual shall be obtained prior to making this report, except that every spinal cord disease or injury resulting in permanent partial, permanent total, or total disability shall be reported to the Commission immediately upon identification.
   b. The report shall contain the name, age, residence, and type of disability of the individual and such additional information as may be deemed necessary by the Commission.

SECTION 4. Duties and responsibilities of the Commission:

l. Within fifteen (15) days of the report and identification of a spinal cord disabled person, the Commission shall notify the spinal cord disabled and/or the most immediate family members of their right to assistance from the state, the services available and the eligibility requirements.
2. The Commission shall refer severely disabled person to appropriate divisions, departments and other state agencies to assure that maximum available rehabilitative services, if desired, are obtained by the spinal cord disabled person.
3. All other agencies of the state shall cooperate with the Commission to insure that appropriate total rehabilitative and other services are available, as well as access to records, etc.

SECTION 5. All laws and parts of laws in conflict with the Act are hereby repealed.

Voter Registration Agency Training Manual

Charlie Daniels
Arkansas Secretary of State

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I. An Overview of the NVRA
II. Goals and Objectives of the NVRA
III. Requirements to Vote in Arkansas
IV. Voter Qualification Questions and Answers

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- Agency Daily Recap Reporting Form Highlights
- Form Questions and Answers

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- Reviewing the Voter Registration Application Process
- Agency Office Procedure Questions and Answers
- New Application Sites and Codes

An Overview of the National Voter Registration Act

Legislation concerning voter registration outreach has been considered by Congress since the 1970's. These considerations were refined over the years, and finally, on May 20, 1993, President Bill Clinton signed the National Voter Registration Act into law.

Overview cont.

Implementation procedures and funding were passed by the Arkansas Legislature in 1995 and NVRA went into effect on January 1, 1996. Your Secretary of State's office was designated by the Arkansas General Assembly as the coordinator for the implementation of NVRA.

Goals & Objectives of the National Voter Registration Act

- To increase the number of voters.
- To ensure that accurate and current voter registration rolls are maintained.
- To enhance the participation of eligible voters.

Goals & Objectives of the National Voter Registration Act

- To increase the number of registration sites available.
- To require uniform procedures to remove names of ineligible voters.
- To ensure an individual's right to vote through "fail-safe" guidelines.

Requirements to Vote in Arkansas

- The client must be a United States citizen.
- The client must be a resident of Arkansas.
- The client is or will become a qualified elector during the 30-day period immediately prior to the next election within the county.

Requirements to Vote in Arkansas

- The client must not now be adjudged mentally incompetent by a court of competent jurisdiction.
- The client must not have been convicted of a felony without his or her sentence having been discharged or pardoned.
- The client must not claim the right to vote in another county or state.

Voter Qualification Q & A

Q. What if the client is not sure if he/she is eligible to register to vote in Arkansas?

A. Review the eligibility requirements with the client. If he/she still has questions, refer the client to the Elections Division of the Secretary of State's office at 1-800-482-1127.

Voter Qualification Q & A

Q. Who is an Arkansas Resident?

A. An Arkansas resident generally is a person who lives and works in Arkansas. The person might be living and working here temporarily, but can be a resident after having lived here 30 days.

Voter Qualification Q & A

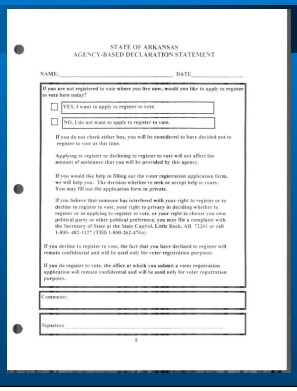
Q. How soon may a new Arkansas resident vote?

A. A new resident must have MOVED HERE 31 calendar days prior to an election and must have APPLIED TO REGISTER to vote 30 calendar days prior to an election to be able to vote in that election.

FORMS SECTION

Agency Based Declaration Statement

(not a requirement for Libraries)



STATE OF ARKANSAS
AGENCY-BASED DECLARATION STATEMENT

NAME:_____ DATE_____

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

☐ YES, I want to apply to register to vote.

☐ NO, I do not want to apply to register to vote.

If you do not check either box, you will be considered to have decided not to register to vote at this time.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose you own political party or other political preference, you may file a complaint with the Secretary of State at the State Capitol, Little Rock, AR 72201 or call 1-800- 482-1127 (TDD 1-800-262-4761).

If you decline to register to vote, the fact that you have declined to register will remain confidential and will be used only for voter registration purposes.

If you do register to vote, the office at which you submit a voter registration application will remain confidential and will be used only for voter registration purposes.

Comments:

Signature_____

5

Declaration Form Highlights

- Ask the client "If you are not registered to vote where you live now, would you like to apply to register to vote here today?"

Declaration Form Highlights

- If the client DOES NOT want to apply to register, print his/her name and the date at the top of the form. Ask him/her to check the "NO" box and sign the form at the bottom.

Declaration Form Highlights

- If the client refuses to sign the form or is unable to sign, print his/her name on the "SIGNATURE" line and make a note of this in the "COMMENTS" section.

Declaration Form Highlights

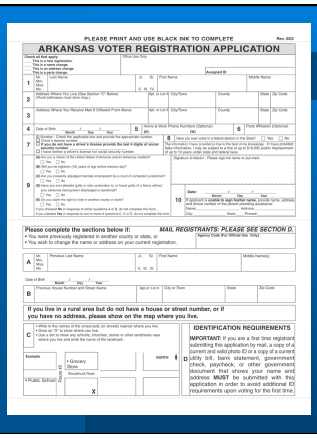
- If the client DOES want to apply to register, move immediately to the VOTER REGISTRATION APPLICATION. It is not necessary to fill out a Declaration Form in addition to an application.

Remember These Important Points

1. Your client's response to this form does not affect the amount of assistance that will be provided by your agency.
2. Your client's decision to apply to register to vote or not is confidential.
3. The location of your client's application site is confidential.

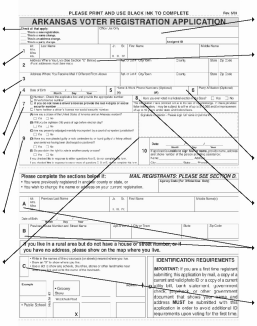
Remember These Important Points

4. Your client may contact the Secretary of State's office if he/she feels that any rights have been interfered with. The 1-800 number is listed on the form.
5. You do not determine the eligibility of your client to register to vote – the county clerk does.
6. You must retain this form for 24 months (Amendment 51, Section 5).



Arkansas Voter Registration Application

Voter Registration Application Highlights



Indicate a choice in the upper left hand corner of the application under "**Check all that apply.**"

CIRCLE the appropriate name or prefix or suffix on **Section 1**.

You should indicate a P.O. Box or a mailing address different from your residence address on **Section 3** if that applies. Otherwise, you may leave Line 3 blank.

Please indicate your date of birth in **Section 4**.

Provide driver's license number or last 4 digits of Social Security number in **Section 7**. If you do not have a driver's license or Social Security number you may be required to provide additional information described in **Section D** upon voting for the first time.

If you checked No to either questions A or B in **Section 9** do not complete this form. If you checked Yes in response to one or more of questions C, D, or E in **Section 9** do not complete this form.

You MUST sign the form in the signature box of **Section 9**. If you are unable to sign the form or provide a mark, someone may sign for you. If you choose someone to provide a mark for you that person MUST provide his or her name, address and phone number in **Section 10**.

Do not write anything in the "**Office Use Only**" or "**Assigned ID**" boxes.

You MUST fill out **Section 2** (residence address) so that the County Clerk may assign the proper precinct. If your address is rural (i.e. a Route and Box number), go to **Section C** at the bottom of the first form. This will allow you to provide additional information to your County Clerk about the location of your home so that they may be placed in the proper precincts.

Sections 5 and **6** are Optional. All or any of this information would be helpful to have, but the information is not required.

Please indicate if you have ever voted in a federal election in the state of Arkansas in **Section 8**.

If you are changing your name of address, you must fill out **Section A** and **Section B** on the bottom half of the form to provide your previous name or address.

Section C is provided so that you may map the location of your residence if it is rural.

Application Highlights

- Indicate a choice in the upper left hand corner of the application under "Check all that apply."
- Do not write anything in the "Office Use Only" or "Assigned ID" boxes.
- CIRCLE the appropriate name or prefix or suffix on Section 1.

Application Highlights

- You MUST fill out **Section 2** (residence address) so that the County Clerk may assign the proper precinct. If your address is rural (i.e. a Route and Box number), go to **Section C** at the bottom of the first form. This will allow you to provide additional information to your County Clerk about the location of your home so that they may be placed in the proper precincts.

Application Highlights

- You should indicate a P.O. Box or a mailing address different from your residence address on **Section 3** if that applies. Otherwise, you may leave Line 3 blank.
- Please indicate your date of birth in **Section 4**.
- **Sections 5** and **6** are Optional. All or any of this information would be helpful to have, but the information is not required.

Application Highlights

- Provide driver's license number or last 4 digits of Social Security number in **Section 7**. If you do not have a driver's license or Social Security number you may be required to provide additional information described in **Section D** upon voting for the first time.

Application Highlights

- Please indicate if you have ever voted in a federal election in the state of Arkansas in **Section 8**.
- If you checked **No** to either questions **A** or **B** in **Section 9** do not complete this form. If you checked **Yes** in response to one or more of questions **C**, **D**, or **E** in **Section 9** do not complete this form.

Application Highlights

- You **MUST** sign the form in the signature box of **Section 9**. If you are unable to sign the form or provide a mark, someone may sign for you. If you choose someone to provide a mark for you that person **MUST** provide his or her name, address and phone number in **Section 10.**
- If you are changing your name of address, you must fill out **Section A and Section B** on the bottom half of the form to provide your previous name or address.

Application Highlights

- **Section C** is provided so that you may map the location of your residence if it is rural.

Voter Registration Site Weekly Reporting Form

State of Arkansas
SECRETARY OF STATE
Voter Registration
P.O. Box 8111
Little Rock, Arkansas 72203-8111
VOTER REGISTRATION SITE
WEEKLY REPORTING FORM

Elections Division
Voter Services
1-501-682-3528
1-800-482-1127

Charlie Daniels, Secretary of State

Agency: _____

Address: _____
Street City

_____
ZIP Code County

_____
Agency Contact Telephone Number

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
Dates								
Number of Applications								
Number of Declinations								

Remember to put your AGENCY Code on all Voter Registration Applications

Please send completed APPLICATIONS to Secretary of State DAILY.
Retain all Declination Forms for 24 months.
Send original of this form to the Secretary of State. Retain yellow copy for reporting purposes to your main office.

Agency Daily Recap Reporting Form Highlights

- This is a NCR 2-part form. You will send the top part of the form to the Secretary of State's office weekly and retain the bottom copy for your office.
- Fill in all requested information concerning your office and its location.

Agency Daily Recap Reporting Form Highlights

- Fill in the Date field.
- Record the "Number of Declinations" you have received – this is the number of Declaration forms upon which your clients indicated "NO, I do not want to apply to register to vote." (In other words, your client is "declining" to apply.

Agency Daily Recap Reporting Form Highlights

- Record the "Number of Completed Voter Registration Applications Enclosed."
- Only one Weekly recap form should be sent by your office per week (at the end of the week) with the applications. Each agency may establish its own internal procedure for compiling the necessary information and submitting it to the Secretary of State.

Agency Daily Recap Reporting Form Highlights

- Send the Recap Form and the Applications to:

Secretary of State
ATTN: Voter Registration
P.O. Box 8111
Little Rock, Arkansas 72203-8111

Form Questions & Answers

Q. What if the client refuses to sign the Voter Registration Application Form?

A. Encourage your client to sign the form. If he/she still refuses, send the incomplete form to the Secretary of State's office. The incomplete application will be dealt with at the local level by the County Clerk.

Form Questions & Answers

The Voter Registration Application form MUST be signed to be valid because the client must swear/affirm that all information on the form is true to the best of his/her knowledge.

Form Questions & Answers

Q. What name should a person use on the forms?
A. The client should always use his/her Full Legal Name.

Q. What agency code should be placed on the forms?
A. This manual provides a listing of agency codes. Find the code for your agency and place it on each application filled out in your office.

Form Questions & Answers

Q. If a client wishes to take an application with him/her, do I place the Agency Code on the form?
A. This is not required.

Form Questions & Answers

Q. What do I do with the daily Recap Reporting Forms?
A. Send the top copy WEEKLY, along with any Voter Registration Applications, to the Arkansas Secretary of State's office.

Form Questions & Answers

Q. What if the client is already registered to vote but needs to change his/her name of address?
A. He/she must fill out the top part of the Voter Registration Application AND Box A or Box B on the bottom half of the form, depending on what type of change is being made.

PROCEDURE REVIEW SECTION

The Application Process

The Client either applies or re-certifies for services, or wishes to change his/her name or address.

Ask the client if he or she would like register to vote today.

YES, I would like to apply to vote

1. Give the client the Voter Registration Application.

2. The applicant may fill out the form at your agency or he/she may take it home to fill out and send it in to the Secretary of State's office directly.

3. If the applicant needs assistance, provide whatever level of assistance you would normally provide.

4. Make sure the application is completed in full and then place the agency's code in the proper place.

5. Send the completed applications DAILY to the Secretary of State's office.

6. Send the completed Agency Based Weekly Reporting Form to the Secretary of state's office at the end of each week.

7. Submit a report to the Legislative Council every 6 months.

The client DOES NOT want to apply

1. Print the client's name and the date at the top of a Declaration form. Ask the client to mark "NO" on the form and to sign it at the bottom.

2. If the client refuses to sign the Declaration form, print the client's name and write "REFUSED TO SIGN" in the "Comments" section.

3. After the Declaration Form is signed, store it in its designated place.

4. Keep Declaration Forms for 24 months.

Agency Codes

FDA01 - DF&A
DIS01 - AR REHABILITATION SERVICES
DIS02 - SCHOOL FOR THE BLIND
DIS03 - SCHOOL FOR THE DEAF
DIS04 - AR SPINAL CORD COMMISSION
DIS05 - DEVELOPMENTAL DISABILITIES SERVICES
DIS06 -DIVISION OF MENTAL HEALTH
DIS07 - DIVISION OF SERVICES FOR THE BLIND
DIS08 - LIBRARY FOR THE BLIND
DIS09 - CHILDREN & MEDICAL SERVICES
DMV01 - DEPT. OF MOTOR VEHICLES (With License)
DMW02 - DEPT. OF MOTOR VEHICLES (W/O License)

LIB01 - ARKANSAS PUBLIC LIBRARIES
LIB02 - AR STATE LIBRARY
MAI01 - MAIL
MAI02 - MAIL IN APPLICATION W/ ID
MIL01 - ARMED FORCES RECRUITMENT OFFICES
MIL02 - AR NATIONAL GUARD
PA01 - WOMEN INFANTS & CHILDREN
PA02 - AID TO FAMILIES W/DEPENDENT CHILDREN
PA03 - MEDICAID
PA04 - FOOD STAMP PROGRAM
PA05 - DIVISION OF CHILDREN & FAMILY SERVICES
VRD01 - REGISTRATION DRIVES
WAL01 - COUNTY CLERK WALK-INS

Any Questions?

Appendix M

OMBUDSMEN

Arkansas State Long Term Care Ombudsman Program
Regions and Counties Served

Kathie Gately, State Ombudsman
Telephone: 501-682-2441

Region I - Northwest Arkansas

Ombudsman Mary Askew
The Area Connection
P.O. Box 1795
Harrison, AR 72601

Phone: 800-432-9721
870-741-1144
email: nwarombudsman@yahoo.com

Baxter	Carroll	Newton
Benton	Madison	Searcy
Boone	Marion	Washington

Region II – White River Area

Ombudsman Peggy Parker
White River Area Agency on Aging
3998 Harrison Street
P.O. Box 2637
Batesville, AR 72503

Phone: 800-382-3205
870-612-3041
Pager: 800-644-2382,
access number 8016356
email: peggy.parker@wraaa.com

Cleburne	Izard	Stone	Woodruff
Fulton	Jackson	Van Buren	
Independence	Sharp	White	

Region III – East Arkansas

Ombudsman David Martin
East Arkansas Area Agency on Aging
P.O. Box 5035
Jonesboro, AR 72401

Phone: 870-930-2238
email: dmartin@eaaa.org

Clay	Cross	Lee	Poinsett
Craighead	Green	Mississippi	Randolph
Crittenden	Lawrence	Phillips	St. Francis

Region IV – Southwest Arkansas

Ombudsman Tonya Rice
Area Agency on Aging of Southeast Arkansas
P.O. Box 8569
Pine Bluff, AR 71611

Phone: 800-264-3260
870-543-6300
Pager: 800-644-2383,
Access Number 8035253

Arkansas	Chicot	Drew	Lincoln
Ashley	Cleveland	Grant	
Bradley	Desha	Jefferson	

Region V – Central Arkansas

Ombudsman Herman Estaun
Ombudsman Tim Allen
Carelink
706 West 4th Street
P.O. Box 5988
North Little Rock, AR 72119

Phone: 800-482-6359
501-372-5300
Pager: 800-644-2383,
Access Number 8035253

Faulkner	Prairie
Lonoke	Pulaski
Monroe	Saline

Region VI – West Central Arkansas

Ombudsman Dana Sorensen
West Central Arkansas AAA
905 West Grand Avenue
Hot Springs, AR 71913

Phone: 800-467-2170
501-321-2811

Clark	Montgomery
Garland	Pike
Hot Spring	

Ombudsman Sally Alvey
West Central Arkansas AAA
1310 West Main, Suite A
Russellville, AR 72801

Phone: 800-467-2171
479-967-9300

Conway	Pope
Johnson	Yell
Perry	

Region VII – Southwest Arkansas

Ombudsman Deborah Hanson
Southwest Arkansas AAA
600 Colombia
P.O. Box 1863
Magnolia, AR 71753

Phone: **800-272-2127**
870-234-7410
email: HansonGrannanny5@aol.com

Calhoun	Hempstead	Little River	Ouachita
Columbia	Howard	Miller	Sevier
Dallas	Lafayette	Nevada	Union

Region VIII – Western Arkansas

Ombudsman Debbie Medley
Western Arkansas AAA
524 Garrison Ave.
P.O. Box 1724
Fort Smith, AR 72902

Phone: **800-320-6667**
479-783-4500
Pager: **479-494-5076**

Crawford	Polk
Franklin	Scott
Logan	Sebastian

Appendix N

Arkansas Spinal Cord Commission

The HOME DEPOT Charge Account Program

Procedures

The purpose of the commercial charge account program is to allow purchases at HOME DEPOT with a minimum of paperwork. Each Case Manager is assigned a HOME DEPOT charge card. The card is to be used only by the assigned Case Manager. Items charged are exclusively for client purchases. The card is not to be used for other office purchases. Any misuse of the credit card will result in your privileges being revoked. The follow procedures will apply when using this card:

1. As with any authorization, no purchases exceeding $500 will be made without following the normal bid and approval procedures.

2. Case Managers should take an Authorization/Statement of Account (A/SOA) to HOME DEPOT to obtain the appropriate signature at the time of purchase. The Authorization/Statement of Account (ASCC-10R) should be typed in advance. The purchase price and tax will be handwritten by the Case Manager at the time of purchase.

3. Purchases will be made at the customer service desk. The clerk or manager should sign the Authorization/Statement of Account.

4. A receipt must be obtained for the purchase. The receipt should be attached to the Authorization/Statement of Account and sent to Central Office.

5. The signed ASCC-10R and receipt should be sent to Central Office immediately. It must be received within seven (7) days after purchase.

6. HOME DEPOT will send one statement to Central Office. The A/SOA and receipt will be placed in a holding file in Central Office until HOME DEPOT's monthly statement is received. Payment will not be made until SOA is compared to the monthly statement.

7. Any HOME DEPOT credit card that is ***lost or stolen*** should be reported to the Accounting Supervisor immediately.

Appendix O

Arkansas Spinal Cord Commission

Wal-Mart Community and Business Commercial Charge Account Program

Procedures

The purpose of the commercial charge account program is to allow purchases at WAL-MART with a minimum of paperwork. Each Case Manager is assigned a WAL-MART charge card with an individual card number. The card is to be used only by the assigned Case Manager. Items charged are exclusively for client purchases. The card is not to be used for other office purchases. Any misuse of the credit card will result in your privileges being revoked. The follow procedures will apply when using this card:

1. As with any authorization, no purchases exceeding $500 will be made without following the normal bid and approval procedures.

2. Case Managers should take an Authorization/Statement of Account (A/SOA) to WAL-MART to obtain the appropriate signature at the time of purchase. The Authorization/Statement of Account (ASCC-10R) should be typed in advance. The purchase price and tax will be handwritten by the Case Manager at the time of purchase.

3. Purchases will be made at the customer service desk. The clerk or manager should sign the Authorization/Statement of Account.

4. A receipt must be obtained for the purchase. The receipt should be attached to the Authorization/Statement of Account and sent to Central Office.

5. The signed ASCC-10R and receipt should be sent to Central Office immediately. It must be received within seven (7) days after purchase.

6. WAL-MART will send one statement to Central Office. The A/SOA and receipt will be placed in a holding file in Central Office until WAL-MART's monthly statement is received. Payment will not be made until SOA is compared to the monthly statement.

7. Any WAL-MART credit card that is ***lost or stolen*** should be reported to the Accounting Supervisor immediately.

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Form Finder

All ASCC forms are filed in a Form Section at the back of the chapter that describes/relates to the form. The instructions are in the chapter (see contents of chapter). This Finder will assist in locating the form in the manual.

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ASCC-4	Regional Loan Closet Master Inventory List	Chapter 12
ASCC-5	Regional Loan Closet Check In/Out Log	Chapter 12
ASCC-6	Regional Resource Library Log	Chapter 14
ASCC-7	Notice of Privacy Practices Acknowledgement	Chapter 15
ASCC-8	New Client Checklist	Chapter 6
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ASCC-26A	Equipment Repair Statement	Chapter 12
ASCC-27	Equipment Return Receipt	Chapter 12
ASCC-27A	Equipment Repair Return Statement	Chapter 12
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ASCC-29	Equipment Title Retention Agreement	Chapter 10
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ASCC-42	Inventory Status Change/Transfer Form (Agency Form)	Chapter 12
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