

Service Summary

Pending Annual

Client Information

Client Name: McGee, Poppy X

Address:

1913 ETHRIDGE AVE NE, , OLYMPIA, WA, 98506

Phone: (360) 555-4545 **Ext:** **Type:** null

Gender: Female **Age:** 62

Primary Spoken Language: English

Speaks English? Yes

Interpreter Required? No

Contacts

Emergency Contacts:

Name: Jones, Beth

Phone: (360) 555-1111

Name: James, Ronald

Phone: (360) 555-6666

Substitute Decision Makers:

Name: James, Ronald

Type:

Phone: (360) 555-6666

Primary Physician: Hansel, Dr.

Phone: (360) 555-9999

Services

Client is functionally eligible for: CFC + COPEs

Recommended Living Situation:

AFH (Adult Family Homes)-Metropolitan Counties

Client Chosen/Planned Living Situation:

AFH (Adult Family Homes)-Metropolitan Counties

The daily rate includes payment for four hours per month of assistance with participation in individualized activities in the local community. Assistance includes the AFH provider helping to make arrangements for preferred activities and/or going along on the activities when needed.

Transportation Reimbursement:

You are eligible to receive the following transportation assistance from your Adult Family Home Provider:

- Additional Medical transportation mileage, not to exceed 50 miles per month, when

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Client ProviderOne ID: 100104653WA

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brokerage transportation will not meet your needs.

- Transportation assist with your identified Community Integration needs, not to exceed the 100 mile limit per month. Community Integration Mileage reimbursement may not be used for services already paid for by Medicaid such as medical and dental appointments, essential shopping, Adult Day Health, DDA Community Inclusion or employment services.

Classification: C Med **Daily Rate:** \$93.34 **Monthly Hours:** N/A

Provider Information

The following schedule(s), if identified, are based on the consumer's preference at the time of the assessment.

Client has declined assistance with the following tasks:

Informal Providers:

Provider: McGee, Poppy

Phone:

Assigned Tasks:

Injections, CPAP or BiPAP, Application of medication, Blood glucose monitoring

Provider Hours: 0

Provider: Hoang, Dr.

Phone: (360) 555-9898

Assigned Tasks:

Diabetic foot care

Provider Hours: 0

Formal Providers:

Provider: PARK PLACE

SSPS#200696 **Phone:**

Assigned Tasks:

Bathing, Dressing, Eating, Locomotion Outside Room, Locomotion In Room, Med. Mgmt., Personal Hygiene, Telephone, Transfers, Toilet Use, Walk In Room, Nails trimmed in last 90 days, Application ointments/lotions, CPAP or BiPAP, Application of medication, Blood glucose monitoring

Provider Hours: 0

Referrals/Indicators

Nursing Service Indicators

Indicator: Immobility issues affecting plan

Refer ? No

Reasons for Referral:

Client declines referral at this time



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Indicator: Pain

Refer ? No

Reasons for Referral:

Client declines referral at this time

Indicator: Unstable/potentially unstable diagnosis

Refer ? Yes

Reasons for Referral:

Discussed referral with client, Caregiver will make referral

Client Goals

Goal Short Description: Get outside more often

Status: Ongoing

Who Acts: Provider

Goal Short Description: Call grandson more often

Status: Ongoing

Who Acts: Client

Goal Short Description: Go to the Community Center

Status: Ongoing

Who Acts: Provider

Worker Information

Assessor: Ames, Rachelle (AmesRL)

Current Case Manager Name: meewes sanchez, andrea sanchac

Phone: (360) 725-2554

Ext:

The role of the Case Manager is to:

1. Determine program eligibility, complete assessments identifying your preferences, strengths and needs and reassess annually or as needs change;
2. Assist you to develop a plan of care that documents your choice of services and qualified providers;
3. Authorize payment for services identified in your plan of care;
4. Monitor that services are provided according to your plan of care.

Clients have the right to waive case management services other than those listed in items 1, 2, 3, and 4 above.



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Client Signature

I am aware of all alternatives available to me and I understand that access to 24-hour care is available only in residential settings, including community residential settings. I agree with the above services outlined on this summary.

- I understand that participation in all ALTSA/LTC paid services is voluntary and I have a right to decline or terminate services at any time.
- I understand that I must notify my case manager if I have a change in my living situation.
- I understand that I have the right to have a lockable entry door, choose my roommate (if I have one), decorate my own room or unit, make my own schedule and choose what activities I want to do, have access to food at any time, and have visitors at times that are convenient to me.
- I understand that if any of these rights increase risk to my health or safety, these rights may be changed with my consent. If changes must be made, they will be specific to my health and safety needs and only after other options have been tried that did not work.
- I understand that if I feel any of my rights are being violated to call the Complaint Resolution Unit at: 1-800-562-6078.

Client/Representative signature

Date

Provider

Date

Social Worker/Case Manager signature

Date



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