

ADvantage Point

Winter 2011/2012



Aging Services Division
Oklahoma Department of Human Services

ADvantage Administration Unit

Upcoming Events

■ Case Management Trainings:

January 9-13, 2012

February 6-10, 2012

March 5-9, 2012

For more information, visit our website

■ 37th Annual Oklahoma Conference on Aging

May 15-17, 2012

Embassy Suites Norman Hotel & Conference Center

www.okdhs.org

S11115

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Member Spotlight: Juanda "Jo" Sawyer

The ADvantage Point is proud to shine its Member spotlight on Juanda "Jo" Sawyer of Tulsa. She is one of the most charming women you could hope to know. A teacher at heart, she is always ready to share life's lessons she has learned along the way. Sawyer

was highlighted in a story about the ADvantage Program on the July 5 broadcast of OETA's Oklahoma News Report. You can view the interview at <http://www.oeta.tv/component/video/2422.html>

Sawyer was also featured in the 2011 OKDHS Annual Report and video. You can find links to the report and videos at <http://www.okdhs.org/library/rpts/default.htm>.

Sawyer was born in Mountain Creek, Okla., which is located between Kellyville and Slick. She says there is actually some contradiction about her age,

depending on which document you look at or whom in her family you ask. She explains that when she was born, birth records were kept in the family Bible. When she later applied for a birth certificate the two documents did not agree. So she says, "I was either born in

1933, 1934 or 1935." A mischievous twinkle appears in her eye when it is suggested that she may just be keeping her true age a secret.

Sawyer comes from a large family with roots in Arkansas and Missouri. Her father was one of 11

siblings, and her mother was one of nine. Sawyer is the oldest of six children - two girls and four boys. All are still alive with the exception of one brother who died as a small child. She reflects about growing up on the farm where she learned to like eating vegetables and how

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to can just about everything. Sawyer raised five children (four daughters, of whom one passed away two years ago, and one son). She has 14 grandchildren and is also a proud great-grandmother. She especially enjoys the large reunions her family has each September. When it comes to family, Sawyer says, "God has blessed me."

Sawyer has had countless interesting life experiences. Her first husband was in the U.S. Air Force, which allowed her the opportunity to visit and live all over the country. She owned a seamstress shop where she would teach people to make their own clothes. She also owned a security company in the Tulsa area.

Sawyer admits that caring for others is her true calling. She spent many years of her life as a paid caregiver taking care of elderly people in their homes. In fact, she is still answering that call today on a voluntary basis with a number of residents at her senior living apartment complex. She gladly watches out for them and helps in any way that she can. She strongly believes in treating everyone the way she wants to be treated and is quick to point out, "One of the nicest things is to smile and say 'thank you.'"

Sawyer has been a Member of the *ADvantage* Program for nearly a decade. While she has several health conditions and has had multiple surgeries, she is quick to point to a plaque hanging by her front door that reads, "God has given me the strength to carry on."

She also gives credit to the *ADvantage* Program's services for her ability to continue to live independently in her home and states, "ADvantage is the best thing in the world that ever happened to me." She says it is important

to her to continue having the choice of where and how she lives, as well as the ability to socialize as she pleases. She especially enjoys being able to have family visit her whenever they can.

Sawyer proudly talks about her granddaughter, Rachel, who is her primary caregiver and source of transportation. She is also very pleased with her case manager who checks in with her frequently to make sure she is doing well and has her medications and groceries. When her old walker was falling apart, her case manager helped her receive a new one the day after the request was submitted.

Sawyer says it is nice to know people are thinking and caring about her. She adds with a tear, "I keep going because I love this old world." Then true to her nature, she delivers the rest of her lesson by adding, "Always keep your faith and don't give up on life." 🌸

"Whether you are
15 or 100, life is
precious."

Nominations to be accepted for Achievement in Aging Awards



- Aging Network Partner of the Year
- Advocate of the Year
- Business Partner of the Year
- Lifetime Achievement (individual)
- Media Partner of the Year
- Professional of the Year
- Program of the Year
- Volunteer of the Year

Nomination deadline is March 30, 2012
For more information, call Brenda Schwartz
at (405) 522-3077

Inside the AAU: Clinical Review Team

The AAU Service Plan Clinical Review Team is a group of nurses headed by Lisa Reuter, programs assistant administrator (spotlighted in the fall 2011 edition). The Clinical Review Team provides oversight and fiscal management by reviewing service plans submitted for identified health and safety issues. They verify the plan meets the individual needs of the Member, assure appropriate services are in place, and meet cost effective standards. We are proud to shine the *ADvantage* Point spotlight on some of the members of this team.

Jill Brown, RN

Health Care Management Nurse III

Jill Brown received her nursing diploma from the Copley School of Nursing of Aurora University in Aurora, Ill., in 1967. She began her nursing career working in the acute care hospital setting. She and her family moved to Oklahoma in 1978.

In 1997, while working as a home health provider agency clinical director, her agency asked her to attend training for the *ADvantage* Program. She fell in love with the program and that year transitioned into full-time *ADvantage* Program case management and eventually became a case management supervisor. Brown started working in the AAU in July 2000. She worked in various areas of the program such as service coordination and the Resource Center Department, and supervised the Service Plan Authorization Department.

In addition to her regular duties with service plan clinical review, she also provided new employee orientation as well as on-going training to the clinical and non-clinical Service Plan Authorization team. Brown has been one of the primary instructors specializing in interdisciplinary team process, service plan

development, health and safety risk indicators, Member monitoring and assessment for the *ADvantage* Program's Case Management Orientation training, Uniform Comprehensive Assessment Tool Assessor training, Consumer Directed Agent training and New Provider Orientation.

Brown retired from the AAU in November, after playing an integral part in the development of the *ADvantage* Program as well as many of its provider agencies. In her retirement, she plans to immerse herself in two of her favorite hobbies: traveling with her amazing husband of 42 years and doting over her five perfect grandchildren. Thank you Jill for your awesome dedication to Oklahoma's aging and disabled populations for the past 14 plus years. We will greatly miss your mentoring.

Emilie Dugan, RN

Health Care Management Nurse III

Emilie Dugan received her Bachelor of Science in nursing from Northwestern Oklahoma State University. Prior to working for the state, she spent most of her career as an RN in a renal, pancreas and liver transplant unit. Dugan has been with OKDHS for more than eight years working as both a long term care nurse and an area nurse for the ASD. She started with the AAU in December 2008. In addition to general clinical review duties, Dugan manages the claims resolution unit and provides oversight of individual providers. She is also specifically responsible for clinical review of service plans requesting environmental modifications. When asked what motivates her most about the *ADvantage* Program, Dugan emphatically replies, "Allowing Members to stay in their own homes." (Continued on page 4)

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Dugan is also incident command trained in the event of bioterrorism or community health emergencies, is a two-time Oklahoma Geriatric Education Center Scholar's Program graduate, and is currently pursuing a certification in Nursing Informatics.

Kathy Kelley, RN

Health Care Management Nurse III

Kathy Kelley received her Bachelor of Science in nursing from Northwestern State University. She has experience working in the critical care hospital setting, as a nurse manager for a skilled nursing facility, and in med-surgery, gero-psychology and Medicare home health.

Kelley started the case management program at Bass Baptist Health Center in Enid as part of her research project during her senior year of nursing school. She started her *ADvantage* Program career in April 1997. Until October 2008, she performed a variety of functions including training, auditing, field work/technical assistance and service plan authorization. She also worked with intake and screening, Member information systems and carried a caseload. Kelley also helped administer LTCA's Living Choice Demonstration Project and later worked with Tulsa homeless providers to develop "A Way Home for Tulsa" – a case management system.

Kelley started with the AAU's Clinical Review unit in August 2011. In addition to her general duties with clinical review of service plans, she is responsible for representing the AAU in the fair hearing process and she is becoming actively involved with case manager training. On a personal note, Kelley is happily ensconced in the woods of rural Oklahoma with her loved one and five four-legged children. In addition, she has two remarkable sons, one lovely daughter-in-law, five exceptional grandchildren, two grand-dogs and one grand-goat.

Marla Copeland, RN

Health Care Management Nurse II

Marla Copeland received her nursing degree from Southwest Missouri State University. Her background is well established in geriatrics having worked predominately in the nursing home setting and home health field. She began her career with the *ADvantage* Program in September 2004 as a certified case manager and later as a case management supervisor for an *ADvantage* case management provider agency.

Copeland came to work for the AAU as a clinical review nurse in August 2010. In addition to her general duties with clinical review, she is specifically responsible for review of all of the service plans that include the assisted living service option. Additionally, Copeland is involved with the *ADvantage* Case Management training.

When asked what motivates her about the *ADvantage* Program she says, "As a case manager seeing the smile on the faces of the Members when they told me what it meant for them to be able to stay in their own home and maintain their dignity and independence. That is what keeps me motivated on those really hectic days still."

Chloe Robinson, RN

Health Care Management Nurse II

Chloe Robinson earned an associate degree at Tulsa Junior College and went on to earn a Bachelor of Science in nursing from the University of Phoenix. She is currently working toward a Master of Science in nursing. Robinson worked in the home health field prior to coming to work at OKDHS in 2000 as a case manager II in Payne County.

Robinson came to the AAU in January 2011. In addition to her regular duties, she is responsible for clinical review of specialized DME service lines as well as cases of spouse/

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OK AuthentiCare

Over the past two years, AAU has worked with the First Data Corporation and ADvantage providers to implement OK AuthentiCare, an electronic scheduling, tracking, reporting and billing system for in-home care providers. This paperless, web-based system also provides real-time access to information needed for Member services management. Provider claims are generated automatically either by a phone call to the OK AuthentiCare Interactive Voice Response (IVR) system from the Member's home by the Member's caregiver, or by the provider staff entering claim information directly to the OKAuthentiCare website. To utilize the IVR, the caregiver should have the following information:

1. The OK AuthentiCare toll-free phone number (1-866-362-4160) located on an OK AuthentiCare key chain
2. Worker ID number, issued by the provider
3. The Member's Medicaid number (optional/ at the discretion of the provider)

4. The phone number of a supervisor in case there is a problem
5. The list of activity codes

OK AuthentiCare's web-based software verifies that the worker is present in the Member's home, records the service performed and compares it to services authorized through the OKDHS service plan authorization process. ADvantage provider staff confirm and submit claims to the Oklahoma Health Care Authority for adjudication. OK AuthentiCare also generates reports which can be used by providers in their business operations. Providers are required to utilize the OKAuthentiCare system for reimbursement purposes if they provide personal care, nursing, advanced supportive/restorative assistance, in-home respite, CD-PASS personal services assistance, advanced personal services assistance, physical, occupational and speech/language therapy, and case management for Members enrolled in the ADvantage Waiver and the State Plan Personal Care programs (refer to OAC 317:30-5-764). For questions or more information, please email authenticare@okdhs.org.

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legal guardian as paid caregiver. On a personal note, Robinson was a Girl Scout leader for many years. Two of her favorite pastimes are doing things with her granddaughters and sewing.

Tonya Faggett, RN

Health Care Management Nurse II

Tonya Faggett has worked for the AAU since March 2010. Prior to coming to OKDHS, she obtained her Bachelor of Science in nursing and was employed as a dialysis nurse. She cared for the aging population as she provided hemodialysis and peritoneal dialysis in the chronic, acute and critical care settings. She is currently on maternity leave and is expected back in December. 🌸

Healthy IDEAS

OKDHS ASD partnered with Oklahoma Department of Mental Health and Substance Abuse Services to offer Healthy IDEAS (Identifying Depression Empowering Activities for Seniors). Healthy IDEAS was developed by Baylor College of Medicine and is an evidence-based program that integrates depression awareness and management to existing case management services provided to older adults. There are four components of Healthy IDEAS: screening for symptoms of depression, educating older adults and caregivers about depression, linking to mental health providers, and empowering older adults to manage their depression. Healthy IDEAS trainings were offered to case management agencies providing services in the Lawton and Miami areas.

UCAT from a Clinical Review Perspective: Avoiding Common UCAT Errors

The Uniform Comprehensive Assessment Tool, more commonly known as the UCAT, is truly a valuable tool that we all access daily in the world of *ADvantage*. The UCAT serves several purposes such as:

- To establish an individual's level of care and eligibility requirements for care within a nursing facility or in the home and community setting.
- To re-determine level of care on an annual or as-needed basis.
- To justify authorization of services requested on the service plans and goals for various programs.

This article focuses on using the UCAT to authorize services for the *ADvantage* Program. The UCAT I and III are used by case managers on a daily basis. The case manager refers to the UCAT I for information related to demographics, household composition, physicians and informal contacts. The case manager can obtain valuable information regarding other resources that could be accessed for services. And of course, UCAT I is the first place to look for directions to the Member's home.

The UCAT III provides a plethora of information from health conditions to environment and everything in between. All of this information provides the foundation for service plan development and also provides necessary supporting documentation for changes to the service plan throughout each service plan year. A comprehensive, up-to-date UCAT is priceless, whereas a poorly prepared UCAT is virtually useless.

The AAU uses the UCAT as a basis for service authorization. Service plan analysts review each UCAT submitted with every new service plan and reassessment service plan. In fact, the UCAT is the very first document to be "touched." Vital information is entered into the Waiver Management Information System from the UCAT. This information is accessed

by AAU staff as well as others within ASD (such as recertification nurses).

It becomes clear why the UCAT is such a valuable tool. Here are some common UCAT problem areas seen in the Service Plan Authorization Unit:

UCAT I

Whenever there is a change in the Member's address, phone number, emergency contact information, etc., an updated UCAT I must be submitted to allow the appropriate OKDHS update(s) to be made. Even if the case manager has no knowledge of changes during the year he or she must review all information with the Member to confirm accuracy. Reassessment is a perfect opportunity to capture information such as changes to a Member's emergency contact information, household composition or living arrangements.

Simply printing out a copy of last year's UCAT I could likely result in outdated information being forwarded to the AAU.

UCAT III

Mental Status Questionnaire (MSQ)

The MSQ must be administered at each reassessment. Although the MSQ may be administered anytime during the service plan year if warranted, the MSQ must be administered between 60 and 30 days prior to the end of the service plan. Any date earlier than this will not be accepted for the reassessment service plan. Please refer to the Annual Reassessment Compliance Date charts now located at www.okdhs.org/divisionsoffices/visd/asd/advadm.

The service plan analyst's routine review for safety and welfare begins with the MSQ score. When the Member scores above 12 and lives alone, or above 18 regardless of living arrangements, the service plan is routinely sent for further review by one of our

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(Avoiding Common UCAT Errors continued)

clinical review RNs. If the Member's MSQ is not indicative of his or her true mental state, additional documentation should be provided in the summary. Providing this additional information not only provides a comprehensive document, but also will likely prevent service plan conditions.

Health Conditions Section

Health conditions must be current and every condition must be reviewed with the Member annually. Members often experience changes in their health conditions which are not discussed during monthly monitoring visits. Never assume the Member's health condition is unchanged.

It is expected that each current health condition will be addressed in the Service Plan Goals with disease management action steps intended to resolve or maintain stability of the condition.

Documentation of falls in the health conditions must always be addressed in the Service Plan Goals by a comprehensive fall prevention plan. Most case managers are now including fall prevention plans in every Member's Service Plan Goals regardless of fall history. Remember that fall prevention must be Member specific.

Medication Use Section

The Medication use section must be completed in its entirety. Do not submit a copy of the RN evaluation as a substitute for this section. All columns must be completed and current.

Medication issues identified by the assessor must be addressed in the Service Plan Goals. Any "yes" checked in this area will be sent for clinical review. If the Member is unable to take medications independently, who is assisting with this task? If a comment in this area reflects that a pill planner is being used, the Service Plan Goals should clearly state how this is accomplished, by whom and how often.

Equipment / Medical Treatments

Any identified need(s) must be addressed in the Service Plan Goals or explained. Maybe the original assessor identified a need for wound care but the initial *ADvantage* RN evaluation determined that the wound was healed and wound care was no longer needed. A comment in this area of the UCAT will clarify the status and prevent a condition requesting that wound care be addressed in the Service Plan Goals.

Nutrition

Height and weight must be current. A person's weight rarely remains the same year after year, but UCATs often reflect no weight change in spite of major health condition changes.

Impaired nutrition status warrants a service plan intervention, but this area is often overlooked or is addressed with only home-delivered meals and/or nutritional supplement. Nutritional education to the Member or caregiver is a key factor but is often lacking in Service Plan Goals.

Health Assessment

Documentation must support the score assigned. Review the UCAT Assessor Manual Clinical Judgment chart prior to assigning a score. Assigning the incorrect score is a common error made by case managers. Conditions will often result when a high risk score is assigned with no supporting documentation or lack of interventions addressed in the Service Plan Goals.

Summary

This section should summarize the information gathered in a completed UCAT, however inadequate summaries are frequently submitted. The summary section should note any changes, improvements or deterioration in the Member's condition, new treatments, etc. Key information from each domain

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(Avoiding Common UCAT Errors continued)

should be included. Concerns related to health and safety of the Member are also summarized in this area. The need for 24-hour support should be clearly documented.

The initial UCAT assessor may include recommendations for services in this area of the ELDERS UCAT. These recommendations should be considered during the initial service planning IDT Meeting, but the final determination of *ADvantage* services to be included in the service plan will be based on the team consensus. Provide supporting documentation if the number of services included on the service plan reflects a significant variation from the assessor's recommendation.

Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) Section

Scoring and comments in this area provide the basis for service plan development related to assistance with personal care and household activities. Scoring should be based on what the Member is actually able to do even if a formal or informal support is assisting. Likewise, service plan development should be based only on the Member's needs. The *ADvantage* Program is intended to enhance, not replace, informal support.

Comments with each ADL/IADL should include what specific assistance is needed and why the assistance is needed. Indicate how the Member manages when assistance is not available.

Consumer Support and Social Resources

All resources currently providing services as noted in this section must be included on the Service Plan Cost Sheet and must be addressed in the Service Plan Goals. If Medicare Home Health or Hospice is listed as a current provider, it is expected that all direct

personal care (bathing, grooming, etc.) services are provided by these resources rather than *ADvantage*.

Mental Health

The emotional well-being questions must be answered by the Member. If the Member is unable to respond to the questions a comment of explanation should be added.

The assessor section includes a question related to supervision. If supervision is required, whether intermittent or 24/7, the Service Plan Cost Sheet and Service Plan Goals must indicate how supervision is being provided. Service plan conditions related to "please include safety supervision in goals" are common. Avoid the condition by addressing any safety support that is provided in the Service Plan Goals.

If mental health concerns are identified in this section (or elsewhere in the UCAT), it is expected that mental health would be addressed in the Service Plan Goals – such as existing mental health services, referrals or ongoing case manager monitoring of mental health status.

Environmental Assessment

Review the UCAT Assessor Manual Environmental Risk chart prior to assigning a score. Assigning the incorrect score is a common error made by case managers. Conditions will often result when the incorrect score is assigned indicating that the Member may not be able to remain in the current dwelling.

If environmental concerns are identified in this section, it is expected they will be addressed in the Service Plan Goals. If the problem cannot readily be resolved or if the Member accepts the risk, monitoring of the situation must be included in the Service Plan Goals.

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(Avoiding Common UCAT Errors continued)

Caregiver Assessment Information

The primary informal caregiver is any individual, usually family or friend, who provides care and support on a regular basis and who does not get paid for their services.

Be sure to clearly document when paid caregivers become informal supports. Is the daughter now providing formal and informal services?

If an informal caregiver is not available when the assessment is completed, a comment should be added indicating that a caregiver is not in place.

If the informal caregiver (usually a family member) is also the paid caregiver (PCA or PSA) do not mark "No" as the response unless the individual does not actually provide any assistance beyond the paid services. If this is the case, please include a comment of explanation.

Identification of the 24-hour caregiver in this area is helpful.


Review the Member Support Clinical Judgment chart found in the UCAT Assessor Manual prior to assigning a Member support judgment score. Assigning the incorrect score is a common error made by case managers.

Scoring Matrix

This is an extremely common source of errors. Review each domain, total the score for the specific domain and transfer the scores correctly to the Matrix. The scores on the Matrix must be totaled correctly – use a calculator if needed.

Signatures

The person completing the UCAT must sign and date the final page. Remember: the date on a reassessment UCAT cannot precede the end of the service plan by more than 60 days. Please refer to the Annual Reassessment Compliance Date charts now located at www.okdhs.org/divisionsoffices/visd/asd/advadm.

An effective service plan is based on the firm foundation of a comprehensive UCAT. 



February 27, 2012

9:30 — 11:30 a.m.

Program, House Chamber

11:30 a.m. — 2 p.m.

Resource Fair, 2nd floor

Visit

www.okseniorday.com

**for more information and
to pre-register**

For more information call,
the Senior Info-Line at
1-800-211-2116
or the OKDHS Aging Services
Division at 405-521-2281



UCAT From a Level of Care Recertification Perspective

The Uniform Comprehensive Assessment Tool (UCAT) Assessor Manual was revised in May to provide a step-by-step guide for collecting data on the UCAT Part I and UCAT Part III. It gives instructions for completing each question and provides service plan and level of care implications.

The UCAT Part I and Part III are tools used by multiple entities such as Oklahoma Health Care Authority, OKDHS ASD and AAU to determine program, financial and service eligibility. This process starts with completing Part I, which is used by the intake coordinators and OKDHS social service specialists to determine which program the Member is requesting and whether they are financially eligible. The OKDHS health care management nurse (HCMN) then schedules a home visit to complete the UCAT Part III and make a program recommendation to the OKDHS area nurse. The area nurse then makes the final decision based on the HCMN recommendation and the information recorded in the UCAT Part III.

The completed Part I and Part III are sent to AAU and forwarded to the provider agency for case management assignment and creation of a Member-specific service plan and goals. The UCAT will be updated by the case manager with changes in the Member's conditions during the service plan year. It is important that everyone use the UCAT uniformly and apply the same criteria.

A new UCAT Part I and Part III are completed on each active *ADvantage* Member at least annually by the assessor, case manager or OKDHS nurse. Financial eligibility is also completed annually by the Member's social service specialist at the OKDHS county office. The Member must remain eligible financially,

medically and categorically to remain on the *ADvantage* Program. Not every Member will remain eligible at reassessment, but it is imperative that we attempt to find another program that can assist with meeting their current needs. Some *ADvantage* Members may come off the program and some may need to transition into a nursing facility as their needs improve or decline. Our goal is to assist Members with meeting their daily needs and remaining safe in their home. The annual reassessment plays a big part in this determination.

The UCAT Part III must be completed in its entirety to make an accurate medical level of care redetermination and also for service plan reassessment. The UCAT should provide the information needed to develop a Member-specific plan to address both the formal (paid) and informal (not paid) services needed to maintain their health and remain safely in their home/community setting.

It is imperative the assessor documents what he or she sees and what a Member or caregiver shares during the assessment. Another assessor should be able to pick up a completed UCAT and know a Member's history, current issues, needs that are being met, and needs that they must have assistance with to be met. The UCAT should also reveal support systems or lack of support. Remember: the UCAT should be Member-specific.

OKDHS is holding area provider meetings. Each of the six areas of the state will have a meeting by the end of 2011. This first round of meetings focused on UCAT refresher training to get everyone on the same page when completing Member UCATs. Plans are being made to have more area provider meetings on a regular basis. 🌿

The Paper Trail...Signatures, Dates and Checks

Almost every *ADvantage* Program document has a place for the Member to sign and date. It is important to keep in mind that when the Member or a legal representative signs and dates the form, it becomes a legal document typically signifying the Member's agreement to something. The Service Plan Cost Sheet (form 02CB011E), Addendum (form 02CB012E) and Goals (form 02CB013E) are examples of forms that require both the Member's and the case manager's signatures.

The service plan is a legal contract between Members and their selected service providers. Therefore a Member should never be asked to sign any one of these documents until it is completely filled in with all pertinent information. Likewise, a Member's signature line should never be predated by the case manager, but rather the Member should

always date the document at the time they are signing it.

Also, any time there are check boxes eliciting a response from the Member, these boxes should only be checked by the Member. For example, the two sets of "Yes" and "No" check boxes found on the final page of the Service Plan Cost Sheet and the Service Plan Cost Sheet Addendum should never be electronically checked or pre-checked.

Both of these statements are addressed specifically to the Member so each statement should be read and discussed with the Member by the case manager. Then the Member should be allowed to freely answer each statement by checking either "Yes" or "No" at the time that they are signing the document. 🌿

Summer Geriatric Institute

The Summer Geriatric Institute is an amazing resource for health care professionals who are dedicated to serving seniors. Having completed its 22nd year, the SGI is held annually in July at the Center for Continuing Education on the University of Oklahoma campus in Norman. Every year 100-150 Oklahoma health professionals gather at the SGI for intensive geriatric care training. The SGI is co-sponsored by the Oklahoma Geriatric Education Center and the Reynolds Department of Geriatric Medicine.

Plenary sessions at the SGI are presented by leading geriatrics and gerontology experts. Multiple break-out sessions on aging topics and networking opportunities with professionals from across the state and nation are a vital part of each year's SGI. There is a cost for attendance and continuing education credits are available for a number of disciplines such as nursing and social work.

This year's keynote speaker was Richard Taylor, Ph.D., a noted neurologist, who nine years ago was diagnosed with dementia "probably of the Alzheimer's type." His address focused on "humanizing dementia care" and discussed viewing those living with dementia as whole and complete human beings. His insights gave food for thought to the professionals present and challenged previously held perspectives. Other topics addressed this year were compassion fatigue, trends in geropsychiatry, person-centered practices, and approximately 20 others. We hope to see you at the SGI next year! 🌿

For more information about the SGI, visit <http://ouhsc.edu/okgec/SummerGeriatricInstitute.asp>

New Forms and AAU Webpage Updates

We would like to point out some recent changes to the AAU Web pages:


Rate Sheet: The rate sheet has been updated with the current service codes and unit rates. Incontinence supplies have also been added. Look under “Links for Case Managers” on the bottom right side of the main page.

Annual Reassessment Compliance Dates: For those of you who have gone through Case Management training recently, you may be familiar with the chart used to determine reassessment dates for service plans. This convenient chart can be printed from the website for quick reference. Look under “Links for Case Managers” on the bottom right side of the main page.

Forms: The forms page has been modified, with links to the instructions included with each form. Click “List of All Forms”, then “view all new OKDHS forms” in the blue title bar to go to the OKDHS library page. Here you can find all *ADvantage* forms in both PDF and Word format, along with the instructions for each form. The “view all old *ADv* forms” links to the forms on the advantage.ok.gov website. As the new forms are officially implemented, the links to the old forms will be removed.

As mentioned before, there is not an official implementation date for the majority of these forms. The exception is the Service Plan Cost Sheet (form 02CB011E, formerly *ADv6e*) and Addendum (form 02CB012E, formerly *ADv6e1*), which are required for use as of July 1, 2011. You can reference the provider update sent on May 17, 2011 for more information. We encourage you to look over the other forms and begin using them now.


Please visit the new AAU Web page at <http://www.okdhs.org/divisionsoffices/visd/asd/advadm/>. Or to quickly find us, go to <http://www.okdhs.org> and click on “A-Z List of

Programs/Services” under the “Quick Links” box on the left hand side of the page. Next, click “*ADvantage* Administration”. Please note “*ADvantage* Program” pages are aimed at providing Members with information about the *ADvantage* program, while “*ADvantage* Administration” pages contain information for providers. 

Adult Maltreatment: New Online Training Available

In July, AAU launched a new online training module for the staff of *ADvantage* Program case management and home care agencies. The first module of the training is now available and can be accessed online through the web-based Learning Management System.

The first training module available is “Adult Maltreatment: The Responsibility to Recognize and Report.” Learners will receive an overview of the legal definitions of adult maltreatment and the responsibility of the case manager and other agency staff to report suspected maltreatment. Scenarios are presented from which the participant is asked to assess and evaluate conditions which may constitute adult maltreatment.

Staff should go to <http://advantageelms.oucpm.org/> to access the training. First-time users will need to create an account including username and password. Returning users may login using their username and password to complete training modules at their convenience. More training modules are being developed for future release. If you have any questions, please feel free to email ASD.ProviderQuestions@okdhs.org. 

Our Lives Outside the Workplace: Darryl Washington

While we love serving others through our work at OKDHS, we do have lives after 5 p.m.! AAU Programs Manager Darryl Washington has a second career as a published illustrator. Prior to moving to Oklahoma, Washington began his career in the human services field as a staff psychologist in Virginia working with people with developmental disabilities. He came to work at OKDHS in 1995 as a case manager for the Developmental Disabilities Services Division. During his employment with OKDHS, he has served in a variety of roles within DDS as well as other divisions. He joined the AAU three years ago as a programs field representative and now serves as program manager responsible for the AuthenticCare and data services departments. He also serves on the AAU employee recognition committee, where his artistic abilities are well used to encourage and show appreciation for his fellow co-workers.

Washington's interest in drawing and writing began at a young age. As a child, he had an active imagination and used writing and drawing as outlets to express his creativity. He wrote his first book in elementary school. Thirty years later, he wrote, illustrated and submitted a children's book to a publisher. The publisher showed the illustrations to author Duane Burritt, who later asked Washington to illustrate his book, which was published in the spring of 2011.

When asked about the challenges of illustrating a book, Washington says the most difficult part was meeting the expectations of another person. While he has always used his artistic talents to share his views, he had to compromise some of his own visions to meet the author's visions for the book. Washington says he has no desire to pursue a full-time career in commercial design, but he still dreams of seeing his own book in print. He is currently writing a book that he hopes to have published. 🌿

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May 15-17, 2012 Embassy Suites Norman, Hotel & Conference Center

(more details to come)