

# Iowa Return to Community Pilot Initiative Manual

December 2020

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## Iowa Return to Community Initiative A Demonstration Pilot December 2020

### OVERVIEW

The Iowa Department on Aging (IDA) in accordance with Senate File 2418, has collaborated with stakeholders to design a pilot initiative to provide long-term care options counseling utilizing support planning protocols. This pilot initiative assists non-Medicaid eligible consumers, age 60 or older who indicate a preference to return to their community and are deemed appropriate for discharge following a nursing facility or hospital stay. The initiative is called Iowa Return to Community (IRTC). Local stakeholders include area hospitals, long-term care facilities, Area Agencies on Aging (AAAs), home- and community-based service providers, Iowa Legal Aid, pharmacies, and other local providers.

#### **Purpose:**

Using evidence-informed interventions, this initiative provides long-term care support planning to assist non-Medicaid eligible seniors who want to return to their community following a nursing facility or hospital stay. This will achieve cost savings for the consumer, the State, and the Medicaid program by delaying or avoiding enrollment in the Medicaid program.

#### **Current Demonstration Pilots:**

- Cass, Mills, Pottawattamie and Woodbury Counties.
- Spencer, Iowa and with a 50-mile surrounding radius (Clay County and portions of Buena Vista, Dickinson, Emmet, O'Brien, and Palo Alto Counties).

#### **Goals:**

- Help seniors to maintain their independence by keeping them in their homes with a comprehensive set of wrap-around services and supports.
- Achieve person-centered planning by enabling seniors to have the information and assistance they need to stay in their homes if they so choose.
- Integrate services through care coordination and management.
- Increase access to primary and preventative care.
- Reduce unnecessary facility placement, unnecessary hospital admissions and readmission, emergency department use.

#### **Objectives:**

- Implement evidence informed interventions for older Iowans who are transitioning from hospitals or nursing facilities by formalizing key referral sources and increasing access to person-centered counseling.
- Connect to other programs and resources such as the family caregiver program to fully optimize available resources.
- Develop and implement a consumer satisfaction survey to document the quantitative and qualitative benefits and outcomes.

### **Performance Metrics:**

- Total Number of Referrals Screened
- Total Number of Ineligible Referrals
- Total Number of Eligible Referrals
- Total Number Admitted
- Total Number Discharged
- Number of Successful Transitions
- Service Referrals Made to Other Partners
- Services Provided by AAA
- Average Length of Time in the IRTC Program
- 30, 60 and 90 day Follow Up Contacts
- Results from Customer Satisfaction Surveys

### **Outcomes:**

- Ensure consumer choice in a care setting by assisting in transitioning consumers to a community setting.
- Increase access to person-centered planning.
- Achieve cost savings for the consumer and the Medicaid program by delaying or avoiding enrollment in the Medicaid Program.

### **Client Eligibility:**

- Individuals age 60 or older.
- Resident of Iowa.
- Being discharged to the community from a hospital, long-term care facility, or skilled nursing rehabilitation facility.
- Medicare and/or Private Pay.
- Desire to return to their community.
- Agree to participate in the Iowa Return to Community (IRTC) Program.

## **HOW IT WORKS**

The Iowa Return to Community (IRTC) Program is a collaborative effort with a variety of partners including hospitals, long-term care facilities, Area Agencies on Aging (AAA), home- and community-based service providers, Iowa Legal Aid, etc. that assists non-Medicaid individuals age 60 or older, return to their community following a long-term care facility or hospital stay. Person centered planning and coordination of services are critical to help individuals and their families navigate the health care system and to ensure that services are in place to meet their care needs and preferences. Potential participants who are in a long-term care facility and meet the criteria of the program are referred to the IRTC Options Counselor at the AAA. Likewise, potential participants who are in the hospital and preparing to be discharged, are referred to the IRTC Options Counselor at AAA by the hospital's care manager. Referrals are made to partner agencies electronically to address the social determinants of health critical to the consumer's long-term health and a successful transition. Referrals may also be received via fax or phone. Referrals are screened prior to meeting with consumers to

determine eligibility. If not eligible for IRTC, referrals are made to other Aging and Disability Resource Center (ADRC) services.

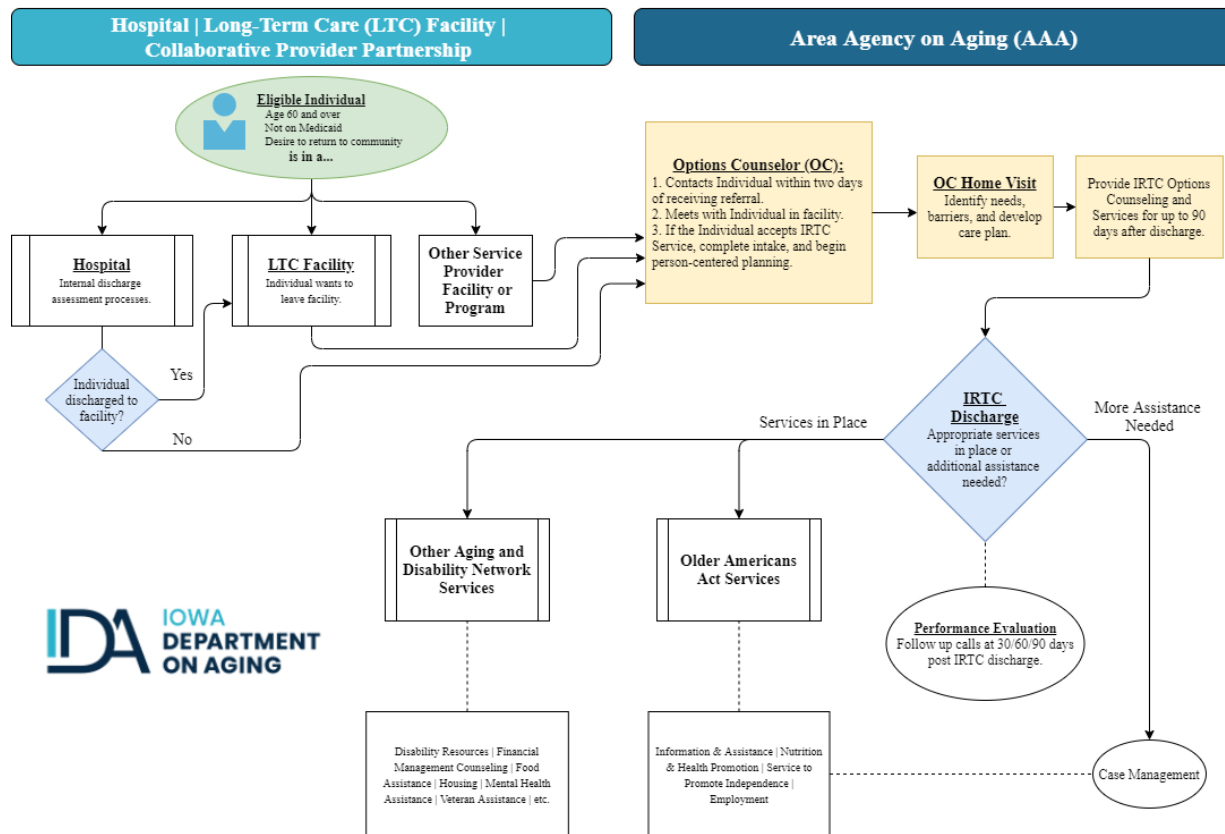
The IRTC Options Counselor meets with the consumer to introduce the program, identify potential needs and barriers and begin person centered planning discussions. When the consumer is dismissed from the long-term care facility or hospital, the implementation of the person-centered plan begins. Person centered planning differs from traditional case management model by allowing the consumer to define their values and preferences that guide all aspects of their healthcare and supporting the consumer's realistic health and life goals. The IRTC program allows for flexibility in following the consumer whether they are discharged to a community setting or a long-term care facility for rehabilitation. The consumer and IRTC Options Counselor work together to identify local/regional service providers to best meet the consumer's preferences and needs, provide information and support during the transition process and secure available funding sources.

The referral stage begins when the IRTC Options Counselor is notified of a consumer who potentially meets the program criteria whether the consumer is in the hospital, skilled nursing facility or in a long-term care facility. The referral period ends once the consumer is admitted into the IRTC Program or chooses not to participate. A consumer meeting the IRTC Program criteria is admitted to the program upon the primary home visit. A consumer is active in the program until supports and services are no longer needed from the IRTC program or after 90 days.

Once contact is made with the consumer, the assessing begins. If there is a sense that the consumer needs ongoing services, make an appropriate referral as soon as possible for a smooth transition to the most appropriate level of care. If that service is case management, the IRTC Options Counselor continues with the consumer through the admission (approximately 30 days) and would also begin the transition. If services and supports are still needed after 90 days on IRTC, a referral is made to the case management program. A referral to case management or other appropriate services may take place any time during the 90-day period. It is not necessary to wait 90 days before transitioning the consumer if there is a need. A visual of the process flow is below and may also be found in **Appendix A**.

## Iowa Return To Community Process Executive Summary

November 2020



**Referrals Received:** While most referrals will come from the hospital case manager, facility administration, or community providers, there may also be referrals received from family members or even self-referrals. Referrals are accepted from any source at any point. Ideally, the IRTC Options Counselor is involved from the point of contact in the hospital or facility until the consumer is discharged from the program. Referrals may be accepted on consumers that have been discharged from a hospital or long-term care facility as long as it is within two weeks of the discharge date. Those referrals received after the two-week timeframe are to be referred to other ADRC services.

**Staffing Qualifications:** IRTC Options Counselors shall meet the requirement of IAC 17-23 for an ADRC Options Counselor, with previous long-term facility or hospital experience a plus. Education and licensing options are as follows:

- Bachelor's degree in a human services field; or
- License to practice as a registered nurse; or
- Bachelor's degree and two years of experience working in the areas of aging, disabilities, community health, or hospital discharge planning; or
- Associate's degree and four years of experience working in the areas of aging, disabilities, community health, or hospital discharge planning; or
- License to practice as a licensed practical nurse and four years of experience working in the areas of aging, disabilities, community health, or hospital discharge planning.

**Decline to Participate:** This program is person centered and a consumer has the right to decline participation or to refuse services at any time.

**Information Sharing / Making Referrals:** A release of information shall be obtained prior to making a referral to another entity for services or before providing any information to another party about the consumer.

**Release of Information:** An example of a Release of Information is included in **Appendix B**; however, the Department on Aging (IDA) does not make any warranties about the completeness, reliability, and accuracy of this document. Any action the AAA takes with this document is strictly at their own risk.

The IDA will not be liable for any losses or damages in connection with the use of this release. The IDA recommends the AAA's independent counsel review the form to ensure it is appropriate for your AAA. Your independent counsel understands the status of your entity, possible variables, and business practices which would need to be considered.

A release of information shall be signed by the consumer or the consumer's legal representative prior to the provision of services or making a referral to another entity for services.

**Legal Representative Documentation:** If a consumer has a legal representative, the legal representative shall provide appointment papers, a court order, or power of attorney documentation to verify the relationship. Once the relationship is verified, the legal representative's signature shall be obtained on the required IRTC program documents.

**Funding For Services:** Every effort shall be made to utilize other funding sources such as Medicare, private pay, local funds, etc. prior to using IRTC service funding.

**Assessment & Monitoring:** A AAA shall monitor the provision of services identified in the person-centered transition care plan. The IRTC Options Counselor shall conduct and document a face-to-face consumer assessment as identified in the person-centered plan. Follow up contacts may be conducted via phone or home visits as needed which will document progress updates, setbacks and barriers. The following are definitions of milestone steps in the program process:

**Referral:** Begins when the AAA is notified of a consumer who potentially meets the IRTC criteria whether the consumer is in the hospital or in a long-term care facility or was discharged within two weeks of receiving the referral. The referral period ends once the consumer is admitted into the IRTC Program or chooses not to participate.

**Admit:** A consumer meeting the IRTC Program criteria is admitted to the program upon the primary home visit.

**Discharge:** A consumer is discharged when services are no longer needed from the IRTC program or after 90 days. If services and supports are still needed after 90 days, a referral



is made to the appropriate program. A consumer is also discharged from IRTC if he/she is readmitted to the hospital.

***Successful Transitions are Categorized as Follows:***

- Services are no longer needed / needs met
- Consumer/Legal authority requested / needs met
- Consumer is referred to case management or other appropriate service
- Moved out of state or out of service area
- Consumer chooses to move into a long-term care facility
- Consumer is admitted to the hospitals with a different illness
- Consumer moves into hospice or dies.

The AAA shall conduct a consumer survey with each IRTC participant within two weeks of being discharged. A AAA staff member, who did not assist the consumer and is a neutral party, will contact the consumer and complete the consumer evaluation/survey located on the IRTC data report. This information is submitted to IDA quarterly along with the data reports.

**Follow Up Contacts:** After a consumer is discharged from IRTC, follow up contacts are to be made at 30, 60 and 90 days. These follow up contacts are done during the IRTC discharge enrollment. The contacts may be a phone call or a home visit and may be conducted by the IRTC Options Counselor or other designated AAA staff. The first and second contact attempt is to be made to the consumer. If no response or cannot get a hold of them, the third contact is to be made to the individual identified as the emergency contact. If a consumer is discharged to a long-term care facility, case management, or hospice, follow up contacts are not needed.

**Case Records & Record Retention:** A case record shall be maintained for each client and shall contain copies of the intake, assessment(s), care plan and any related correspondence or information. Case records shall be maintained for a minimum of five years from the date a case is closed in accordance with Iowa Code chapter 305.

## DATA COLLECTION & ANALYSIS

Data entered into WellSky by the AAA staff is submitted monthly to IDA and a preliminary analysis report is created. The standard length of stay begins from the time the consumer is admitted to the IRTC program to the date of program discharge. This data needs to be entered into WellSky by the 22<sup>nd</sup> of each month. The data reports will be reviewed and discussed between AAAs and IDA to identify items such as, but not limited to the following:

- How the system is performing;
- If there are data entry concerns;
- Areas for technical assistance;
- Marketing analysis and outreach; and
- Techniques for replication.

The financial reports are submitted monthly to IDA for reimbursement. An image of the financial report form is included in **Appendix C**.

## EVALUATION & PERFORMANCE REVIEW

The IRTC program is designed around person-centered planning, thinking, and practice. It is essential to listen to the voice of the consumer when trying to ascertain the value and impact of the system and the person-centered counseling it provides. The methods for monitoring the project to ensure high excellence performance and data driven outcomes, include the following:

- Standardized protocols and tools are utilized to ensure high quality and consistent service provision;
- Response time following receipt of referral, including but not limited to prioritization based on consumer need, immediacy of discharge, or other factors, is followed;
- Documented review of intake, assessment, planning, and follow-up processes, including addressing efficiency and effectiveness of processes, timeliness and methods of documentation, coordination with appropriate entities, clarity of AAA roles that will enhance, not replace other partners functions;
- On site with the consumer and IRTC OC to ensure a person-centered approach is followed in all consumer interactions to establish appropriate and effective local supports and services;
- Monthly conference calls and/or in-person site visits to provide technical assistance, contract review and guidance on the project; and
- A consumer satisfaction evaluation is conducted two weeks after discharge and documents the quantitative and qualitative benefits and outcomes of the consumer's experience. The evaluation is based on the goals developed by the consumer with assistance of the IRTC Options Counselor and captures the reported satisfaction levels regarding access, self-direction, and quality.

## **TRAINING & EDUCATION**

- Options counselors shall be considered mandatory reporters and shall adhere to federal and state law and applicable rules and regulations for mandatory reporters (IAC 17-23.5(2)). Mandatory reporter training pursuant to Iowa Code chapter 235B shall be completed on dependent adult abuse within six months of employment in accordance with Iowa Code 235B.16(5)(b).
- The options counselor shall provide to the AAA documentation of successful completion of the person-centered counseling core curriculum provided through Elsevier, or an equivalent that is approved by the IDA, within 30 days of employment as an options counselor. Documentation shall be included in the individual's personnel record. (IAC 17-23.5(5)). Each AAA has an administrator who will register an employee for the person-centered training and provide the website link.
- Continuing education requirements for an options counselor includes eight hours of relevant training annually as required by the IDA or documented training related to the provision of options counseling if department training is not available. Documentation shall be included in the individual's personnel record. (IAC 23-17.7(6))
- Orientation is provided by the AAA. IDA staff will provide an onsite visit to observe protocol adherence once IRTC Options Counselor has been employed for 90 days

## **MARKETING, OUTREACH & PUBLIC AWARENESS**

The AAA and IDA will work in partnership to create a public awareness and marketing outreach strategy to reach stakeholders and the general public. Techniques to consider include:

- Using data to identify areas and populations to target.
- Community forums, presentations, webinars.
- Information on websites.
- Information booklets for consumers & family caregivers.
- Brochures for hospitals, long-term care facilities, clinics, providers, etc.
- Dashboards.

## IRTC WELLSKY INSTRUCTIONS

### Referrals to IRTC

Referrals may come to the AAA IRTC Options Counselor (OC) through a variety of ways including:

- Hospital
- Long-Term Care Facility or Skilled Nursing Facility
- Self or Family Member Referral
- Other

When a referral is made, enter the information into WellSky and make sure the **IRTC OC** is entered as a Care Manager.

Each AAA will establish a process to determine if the Primary flag is selected.

### Episodes

The first step is to create an **Episode** and all additional information should be entered from within the current Episode. The **Episode** start date does not change regardless of the status.

Episode - Iowa Return to Community x

Save | Save and Close | Close | Reject Changes | Add Next | Print | Open Audits | Add New

Type: Iowa Return to Community | Status: Referred | Reason: | Start Date: 10/26/2019 | End Date: Enter date

Hospital: | Hospital Discharge Date: | Primary Coach: | Lead Agency: Connections Area Agency on Aging | Consumer Risk: |

Hospital Room/Area: | Chief Complaint: | Hospital Admission #: |

- Activities & Referrals (0)
- Agencies (1)
- Assessments (0)
- Care Enrollments (0)
- Coaches (0)
- Dates (0)
- Episode Invoice Batches (0)
- Journals (0)
- Providers (0)
- Service Deliveries (0)

**Purpose:** This prepares the consumer record for the IRTC OC to perform and record Options Counseling activities, assessments, journals and service deliveries prior to being transferred home.

## Care Enrollments

1. The IRTC OC adds a new **IRTC Referred** Care Enrollment from within the Episode.

Care Enrollments (0) Link/Unlink Add New

Care Enrollment - IRTC Referred x

OK | Cancel | Add Next | Open Audits

Level Of Care: Connections Plus

Service Program: IRTC Referred

Care Program: IRTC Referred

Application Date: 4/28/2017

Received Date: 4/28/2017

Termination Date: Enter date

Status: IRTC Referred

Reason: Hospital IRTC

Status Date: 4/28/2017

Start Date: 4/28/2017

End Date: Enter date

Reason: Select the source of the IRTC referral

IRTC Referred Sources
IRTC Hospital
IRTC Skilled Nursing Facility
IRTC Home Health
IRTC MD Office
IRTC Self/Family Member
IRTC Other

- The **IRTC OC** adds a new **IRTC Referral Activity/Referral** from within the Episode. This will count as an instance of IRTC Information and Assistance.

The screenshot shows the 'Activities & Referrals' form with the following fields highlighted in red boxes:

- Subject:** IRTC Referral
- Action:** IRTC Referral
- Agency:** Connections Area Agency on Aging
- Provider:** Methodist Jennie Edmondson Hospital - Council...
- Care Program:** IRTC Referred
- Status:** Completed
- Reason:** (dropdown menu)
- Status Date:** 11/7/2018
- Due Date:** Enter date
- Start Date:** 11/7/2018

### IRTC Referral Outcome

The **IRTC OC** adds a new **Activity/Referral** action **IRTC Referral Outcome** from within the Episode to track the outcome of the IRTC Referral.

The screenshot shows the 'Activities & Referrals' form with the 'Add New' button highlighted in a red box.

The screenshot shows the 'IRTC Referral Outcome' form with the following fields highlighted in red boxes:

- Subject:** IRTC Referral Outcome
- Action:** IRTC Referral Outcome
- Agency:** Connections Area Agency on Aging
- Provider:** Connections Area Agency on Aging
- Care Program:** IRTC Referred
- Status:** IRTC Referred Eligible
- Reason:** Consumer Voluntarily...
- Status Date:** 11/21/2019
- Due Date:** Enter date
- Start Date:** 11/21/2019

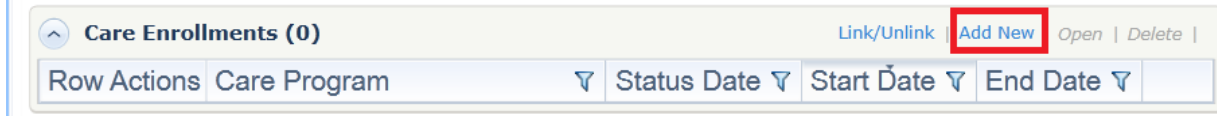
**IRTC Referred Ineligible**  
**IRTC Referred Eligible**

IRTC Referred Eligible	IRTC Referred Ineligible
Pending	Ineligible - on Medicaid
Consumer Died / Hospice	Ineligible - Other
Consumer Voluntarily Admitted IRTC Ref Outcome	Ineligible - Out of Service Area
Consumer Voluntarily Declined	Ineligible - Under 60
Discharge Delayed	
Eligible - Other	
Unable to Staff	

## Admitted

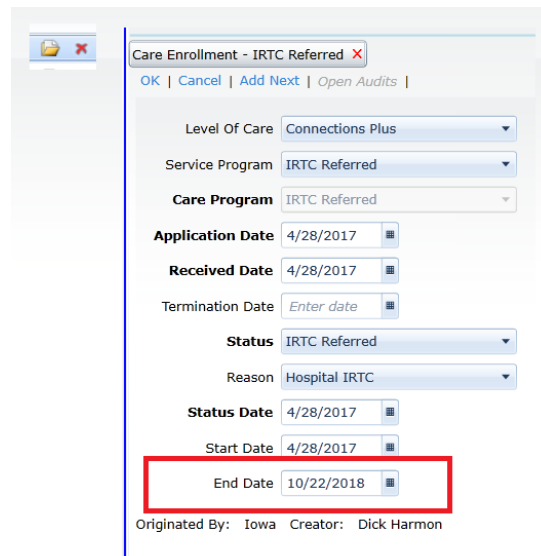
If the Consumer accepts IRTC, the **IRTC OC** adds a new **IRTC Admitted** Care Enrollment from within the Episode at the time the home visit is completed.

Select **Show Current** or **Show All** to see Care Enrollments.



The screenshot shows a table header for 'Care Enrollments (0)'. The header includes a search icon, the title 'Care Enrollments (0)', and action links: 'Link/Unlink', 'Add New' (highlighted with a red box), 'Open', and 'Delete'. Below the header is a table with columns: 'Row Actions', 'Care Program', 'Status Date', 'Start Date', and 'End Date'.

End the current **IRTC Referred** Care Enrollment by selecting the **File Folder** and add an **End date** that is the same as the **IRTC Admitted Start Date**.





The screenshot shows a form titled 'Care Enrollment - IRTC Referred'. The form contains the following fields:

- Level Of Care: Connections Plus
- Service Program: IRTC Referred
- Care Program: IRTC Referred
- Application Date: 4/28/2017
- Received Date: 4/28/2017
- Termination Date: Enter date
- Status: IRTC Referred
- Reason: Hospital IRTC
- Status Date: 4/28/2017
- Start Date: 4/28/2017
- End Date: 10/22/2018 (highlighted with a red box)

At the bottom of the form, it says 'Originated By: Iowa Creator: Dick Harmon'.

Add a new **IRTC Admitted** care enrollment.

**Care Enrollments** Add New [Open](#) | [Delete](#) |  


**Care Enrollment - IRTC Admitted** Details Activities


[OK](#) | [Cancel](#) | [Add Next](#) | [Open Audits](#) |


**Level Of Care**

**Service Program**

**Care Program**


**Application Date**  


**Received Date**  


**Termination Date**  

**Status**

No longer collected

**Status Date**  

**Start Date**  

**End Date**  



## Discharged

**IRTC Discharged** – this care enrollment is entered from within the Episode at the time the consumer is discharged from the admitted phase but the discharge enrollment continues through the follow-up calls:

Row Actions	Care Program	Status	Date	Start Date	End Date
-------------	--------------	--------	------	------------	----------

End the current **IRTC Admitted** Care Enrollment by selecting the **File Folder** and add an **End date** that is the same as the **IRTC Discharged Start Date**.

Level Of Care: Connections Plus

Service Program: IRTC Admitted

Care Program: IRTC Admitted

Application Date: 4/28/2017

Received Date: 4/28/2017

Termination Date: Enter date

Status: IRTC Admitted

No longer collected

Status Date: 4/28/2017

Start Date: 4/28/2017

End Date: Enter date

Add a new **IRTC Discharged** care enrollment.

**Reason:** Select the reason for discharge.

Care Enrollment - IRTC Discharged ✕

OK | Cancel | Add Next | Open Audits |

**Care Program** IRTC Discharged

**Application Date** 4/28/2017

**Received Date** 4/28/2017

**Termination Date** Enter date

**Status** IRTC Discharged

**Reason** Risk of harm to the AAA staff or provider

**Status Date** 4/28/2017

**Start Date** 4/28/2017

**End Date** Enter date

IRTC Discharge Reasons
Services No Longer Needed / Needs Met
Referred to CM
Consumer Moves Out of State or out of Area
Admitted to Hospital_Same Illness
Admitted to Hospital_Different Illness
Consumer moves into a LTC by choice
Consumer moves into a LTC not by choice
IRTC Consumer/Legal Representative Requested
Consumer Died / Hospice

Add a new **Episode Discharge** date to the **Episode Date Panel**.

**Date**

OK | Cancel | Add Next | Open Audits |

**Type** Episode Discharge

**Date** 7/21/2020

**Dates (2)**

Row Actions	Type	Date
	Episode Discharge	07/21/2020
	Home Visit	11/22/2019

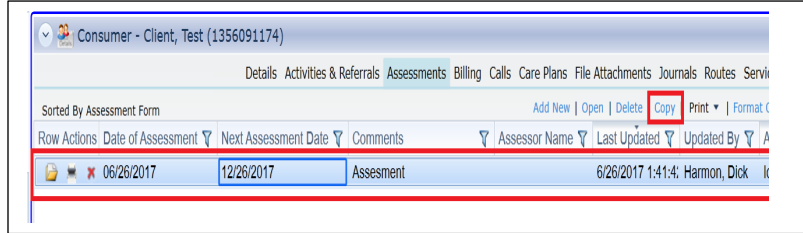
**Assessment (Use the current OAA Service Assessment up through the OC Section)**

1. Select **Assessments Add New** from within the Episode.

Assessments (0) Compare | History | Unk/Unlink | **Add New**

Row Actions	Date of Assessment	Next Assessment Date	Assessor Name	Last Updated	Updated By	Assessment Form	Submit Date
-------------	--------------------	----------------------	---------------	--------------	------------	-----------------	-------------

- If there are **Assessments** in the grid, highlight the most recent **Assessment** select **Copy**.



- Enter **Assessment Information** below.

New Assessment

Import from XML?  No  Yes

**Form Filename** OC Assessment SFY20.afm

Show All Forms?

Author Dick Harmon

Last Updated 7/1/2019 8:03:10 AM

Version 19.01

**Care Program** IRTC Admitted

**Agency** Elderbridge Agency on Aging

**Provider** Elderbridge Agency on Aging

Subprovider

Site

**Date of Assessment** 10/31/2019

**Next Assessment Date** 10/31/2020

OK

Cancel

- Complete the Assessment through the OC Section.

Consumer - Harmon Client, Dick Test d (1356091174)

Episode - Iowa Return to Community x Assessment - 10/31/2019 - Harmon Client, Dick Test [OC Assessment SFY20] x

Save | Save and Close | Close | Make a Copy | Print | Open Audits | Export | Edit | Options | Find Question |

Required Questions: 9 / 29 (31 %) Total Questions: 26 / 92 (28 %)

Sections

- OC Assessment SFY20
  - General Information
    - Assessment Information (Date, type, etc.) (8)
    - Consumer Demographics (29)
    - Disability (Applies only)

Assessment View Narrative

**General Information**

**Assessment Information (Date, type, etc.)**

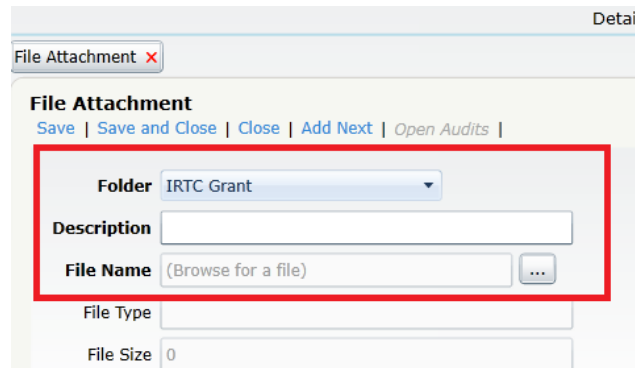
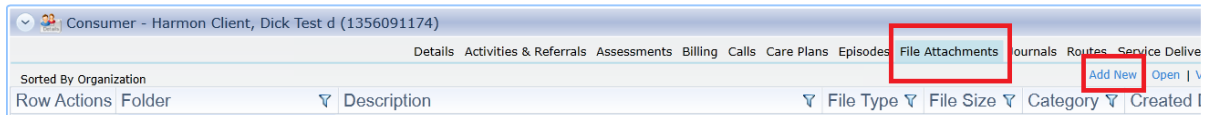
✓ \* What is the date of the assessment?  
10/31/2019

\* Specify the type of assessment, or the reason for the assessment.  
 (Not Answered)  1. Initial assessment

\* Name of person completing this assessment

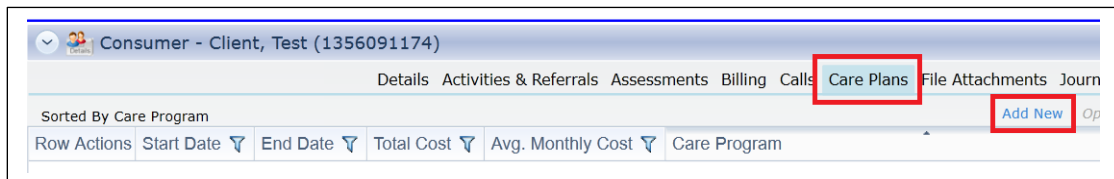
## Release

All consumer releases should be scanned and uploaded as a File Attachment for each Consumer

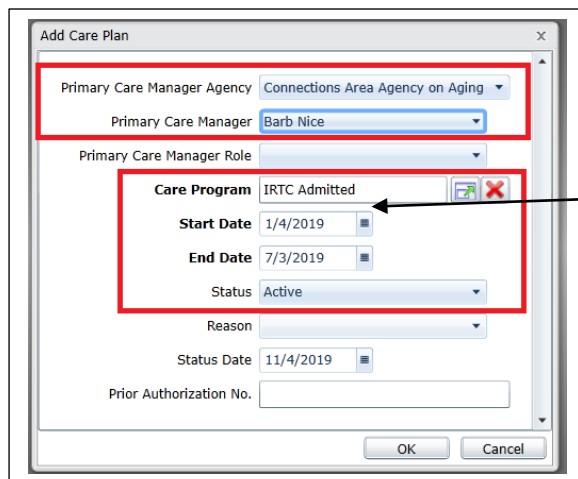


## Care Plan

1. Select **Care Plans** then select **Add New**.

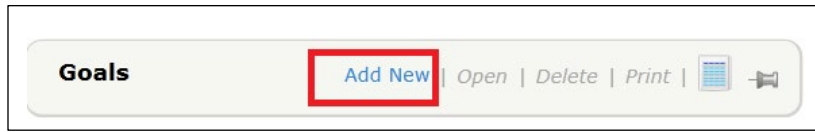


2. Enter the appropriate **Care Plan** information.

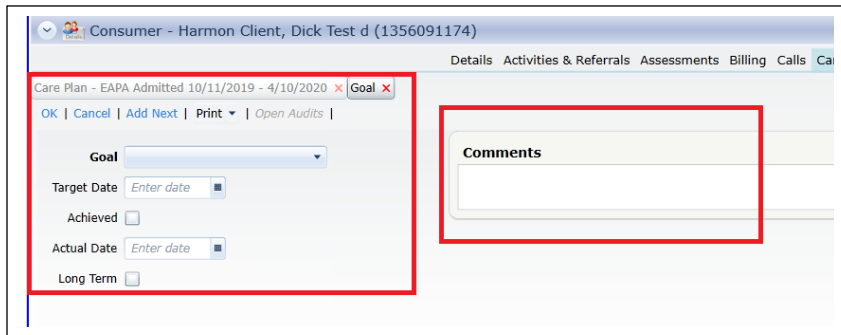


Start Date of Care Plan is the same date as the assessment.

3. Select **Goals** then select **Add New - The only Area of the Care Plan EAPA uses is Goals.**



4. Enter the appropriate IRTC **Goal / Target Date** area.



5. Enter the Action Steps taken to meet the **Goal** in the **Comments**.



6. Enter the appropriate **Achieved** Date.

Consumer - Client, Test (1356091174)

Details Activities & Referrals Asse

Care Plan - EAPA 6/26/2017 - 12/25/2017 ✕ Goal - EAP

OK | Cancel | Add Next | Print ▾ | Open Audits |

**Goal** EAPA Address Emotional Abuse ▾

Target Date 6/28/2017 6/28/2017

Achieved

Actual Date 6/30/2017 6/30/2017

## Case Notes

Case notes may be entered into Journals or Activities as determined by the AAA. Whichever option is selected must be followed consistently throughout the AAA.

Enter under the **Activities and Referral Comment** from within the Episode.

Consumer - Baker, John W (1362378944)

Details Activities & Referrals Assessments Billing Calls Care Plans

Episode - Iowa Return to Community ✕ Activity/Referral - Documentation ✕

Save | Save and Close | Close | Add Next | Make a Copy | Print ▾ | Open Audits | Format Panels |

**Subject**

**Action** Documentation ▾

**Agency** Connections Area Agency on Aging ▾

**Provider** Jeanna Bull ▾

**Care Program** IRTC Admitted ▾

**Status** Not Started ▾

**Comments**

**Services**

## Date Section

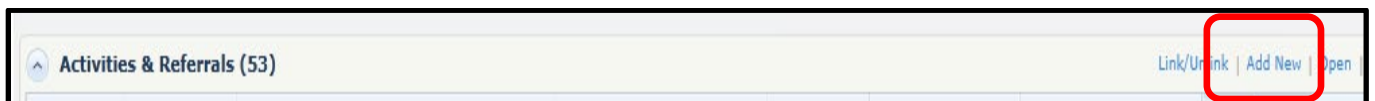
Date Type	Definition of Date Type
30 Day Follow up	The date the 30-day follow-up call is completed
60 Day Follow Up	The date the 60-day follow-up call is completed
90 Day Follow up	The date the 90-day follow-up call is completed
Admission	The date the consumer is admitted to the transition program. This is the same as the Home Visit date
Complete Date	The date that everything is completed on this case. Including the follow up phone calls
Date of Death	Date of death if applicable
ED Visit Admission	The date of ED Visit that lead to admission to the hospital (preadmission to transition admission)
ED Visit Referral	Date of ED visit that lead to the referral to IRTC (preadmission to transition admission)
ED Visit during Episode	Date of an ED visit that occurs during the Episode.
Episode Discharge	The date that the active episode activity is completed and the IRTC discharge enrollment is started
Face to Face	Visit that is face to face with consumer (primarily used for SNF visits)
Home Visit	Date that a home visit is completed.
Hospital Admission	Date the consumer was admitted to the hospital prior to IRTC admission
Hospital Discharge	Date the consumer was discharged from the hospital prior to the IRTC admission
Hospital Visit	Date the coach does a visit at the hospital
PCP Follow-up	Date that the consumer had a follow-up visit with their Primary Care Physician following discharge from the hospital or skilled nursing facility
Phone call 1	Not all calls are documented. This is the call with the consumer that is about 1 week from admission to IRTC
Phone call 2	Not all calls are documented. This is the call with the consumer that is about 2 weeks from admission to IRTC
Phone call 3	Not all calls are documented. This is the call with the consumer that is about 3 weeks from admission to IRTC
Readmission	Date that a consumer readmits to the hospital, after admission into the program
Referral	Date that the agency receives the referral, not the date that the referral is entered into the system.
SNF Admit	Date that the consumer was admitted to the skilled nursing facility

Date Type	Definition of Date Type
SNF Discharge	Date that the consumer was discharged from the skilled nursing facility
SNF Visit	Date that the coach had contact with the consumer in the skilled facility to introduce the program.

## Referrals for Service

### Entering an IRTC Service Referral in WellSky

From within the episode, select “add new” under activities and referrals



Subject and Action: are IRTC Service Referral

Agency: select your agency

Provider: Select the provider the referral went to

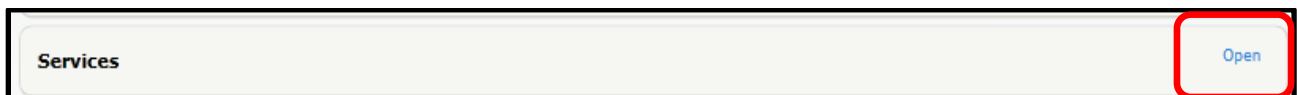
Care Program: Is the care program the consumer is enrolled in

Status: Completed

Start and End date are the date the referral was made.

Comment Box: Enter the provider

Click “Open” in the Services box:



Select the service you made a referral to from the drop-down box and then click OK.



**Services**
OK

290 items
 Selected Items Only

<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Adult Day Care-full day
<input type="checkbox"/> Adult Day Care-half day	<input type="checkbox"/> Adult Daycare EW
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Assisted Living
<input type="checkbox"/> Assisted Transportation	<input type="checkbox"/> Assistive Device
<input type="checkbox"/> BEC Follow Up	<input type="checkbox"/> Behavioral Health Supports
<input type="checkbox"/> Benefit Checkup	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Call Center Information & Assistance	<input type="checkbox"/> Care Coaching
<input type="checkbox"/> Care Coordination	<input type="checkbox"/> Case Management
<input type="checkbox"/> Case Management Waiver Billable	<input type="checkbox"/> Case Managment Non-Billable

The completed activity should look like this:

Activity/Referral - IRTC Service Referral, IRTC SERVICE REFERRAL ✕

**Activity/Referral - IRTC Service Referral, IRTC SERVICE REFERRAL**

[Save](#) | [Save and Close](#) | [Close](#) | [Reject Changes](#) | [Make a Copy](#) | [Print](#) | [Open Audits](#) | [Format Panels](#)

**Subject**

**Action**

**Agency**

**Provider**

**Subprovider**

**Care Program**

**Status**

**Reason**

**Status Date**

**Due Date**

**Start Date**

**Start Time**

**Date Completed**

**Time Completed**

**Follow-Up Status**

**Follow-Up Date**

**Follow-Up Time**

**Comments**

Nutrition

**Services**

Home Delivered Nutrition

## Service Deliveries

Select **Service Deliveries** then select **Add New** from within the Episode.

Service Deliveries (0) Link/Unlink **Add New** Oper

---

Service Delivery - IRTC OC, 5 Units Save | Save and Close | Close | Add Next | Make a Copy | Print | Open Audits | Add New

**Agency** Connections Area Agency on Aging

**Care Program** IRTC Admitted - 11/28/2018 - (No End Date)...

**Provider** Connections Area Agency on Aging

**Subprovider** Griswold Care Center

**Service** IRTC OC

Service Category

Specify units by day in the calendar below:

**Service Month/Year** 12/2018

**Units** 5.00

**Unit Price** \$0.00

Type 1 Hour

Total Cost \$0.00

Diagnosis Code

### December, 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18 5	19	20	21	22
23	24	25	26	27	28	29
30	31					

**Sub Provider:** Select the location where the service is being delivered.

## Consumer Group of IRTC Stakeholder Engagement

1. Change the consumer grid to list **Consumer Groups**.

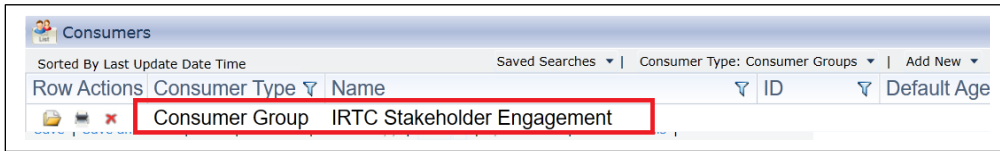
Consumer Type | Add New

**Consumer Type**

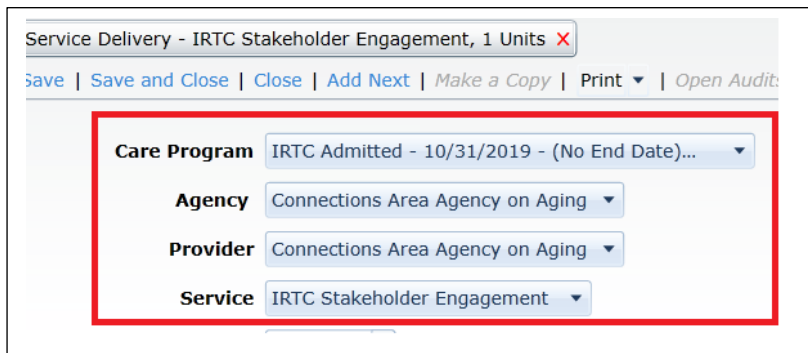
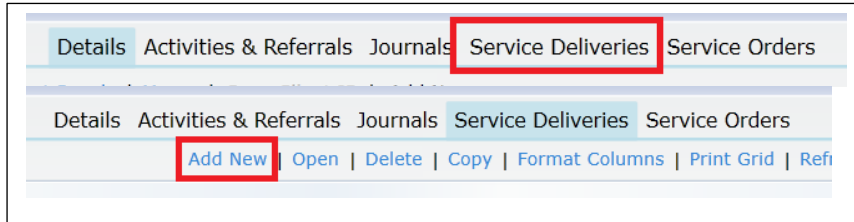
Apply | Cancel | Clear All Filters

- Callers
- Caregivers
- Consumer Groups**
- Consumers

2. Select the Consumer Group **IRTC Stakeholder Engagement**.



3. Select **Service Deliveries** then select **Add New**.

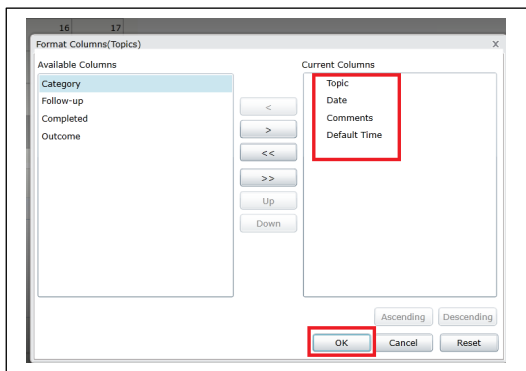


## Format Columns

1. Select **Format Columns** on the **Topics** Grid:



2. Move the appropriate columns to the **Current Columns** box like below and select **OK**:



The **Topics** grid should look like below:

Topics			
Topic	Date	Comments	Default Time

3. Select the appropriate **Topic** and enter data into appropriate columns:

Add Topics - IRTC Stakeholder Engagement

OK | Cancel | Select All | De-select All | Format Columns

Search by Topic Name  clear

Topics: 4 items

<input type="checkbox"/>	Topic	Date	Comments	De
<input checked="" type="checkbox"/>	IRTC Community Partners	11/01/2019	Brief Description	AM
<input type="checkbox"/>	IRTC Hospital			
<input type="checkbox"/>	IRTC LTCF			
<input type="checkbox"/>	IRTC SNF			

Default Date: 11/1/2019

Time to apply to each Topic:

Total Time:

Enter the time to complete the Topic in **Hours** and select **Apply** if required by your AAA.

4. Enter **Service Month/Year**, **Units** and **Consumers Served**. The Calendar feature may be used at AAA discretion.

Service Delivery - IRTC Stakeholder Engagement, 1 Units

Save | Save and Close | Close | Add Next | Make a Copy | Print | Open Audits | Add New

Care Program: IRTC Admitted - 10/31/2019 - (No End Date)

Agency: Connections Area Agency on Aging

Provider: Connections Area Agency on Aging

Service: IRTC Stakeholder Engagement

Service Month/Year: 11/2019

Units: 1.00

Unit Price: \$0.00

Type: Activity

Total Cost: \$0.00

Diagnosis Code:

Service Order No: Order No : (None)

Consumers Served: 1

Units/Consumer: 1.00000000

Specify units by day in the calendar below:

November, 2019						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## Consumer Evaluation Survey

1. Select **Assessments Add New** from within the Episode.

Assessments (0) Compare | History | Link/Unlink | **Add New**

Row Actions | Date of Assessment ▾ | Next Assessment Date ▾ | Assessor Name ▾ | Last Updated ▾ | Updated By ▾ | Assessment Form ▾ | Submit Date ▾

2. Enter **Assessment Information below**.

Import from XML?  No  Yes

**Form Filename** IRTC\_SAT\_SURVEY.afm

Show All Forms?

Author

Last Updated 4/24/2019 2:09:21 PM

Version 1.0

**Care Program** IRTC Discharged

**Agency** Connections Area Agency on Aging

**Provider** Connections Area Agency on Aging

Subprovider

Site

Date of Assessment 11/1/2019

Next Assessment Date 11/1/2020

3. Complete the Assessment.

Details Activities & Referrals Assessments Billing Calls Care Plans Episodes

Episode - Iowa Return to Community x Assessment - 11/01/2019 - Baker, John [IRTC Satisfaction Survey] x

save | Save and Close | Close | Make a Copy | Print | Open Audits | Export | Edit | Options | Find Question | ⏪ | ⏩ | ⏴ | ⏵

Required Questions: 0 / 0 (0%) Total Questions: 0 / 8 (0%) Text Size: A A A

Sections Collapse All | Expand All

- IRTC\_SAT\_SURVEY
  - IRTC Satisfaction Survey
  - IRTC Satisfaction Survey (8)

Assessment View Narrative

**IRTC Satisfaction Survey**

Was your identified goal met?

(Not Answered)  1. Yes

Do you feel you were listened to by the coach?

(Not Answered)  1. Yes

Was the program helpful to you?

(Not Answered)  1. Yes

## Follow Up (30/60/90 Day)

1. It is recommended that you use the **Activity/Referral** area of WellSky to schedule your IRTC Follow UPS so they display on your Dashboards.

Activity/Referral - IRTC 30 Day Follow Up, 30 day follow

Save | Save and Close | Close | Reject Changes | Print | Open Audits

**Subject** 30 day follow up call

**Action** IRTC 30 Day Follow Up

Agency Connections Area Agency on Aging

Provider Jeanna Bull

Care Program IRTC Discharged

**Status** Assigned

Reason

**Status Date** 10/31/2019

**Due Date** 11/30/2019

2. After you have completed the Follow up Change the **Activity/Referral Status**:

Activity/Referral - IRTC 30 Day Follow Up, 30 day follow up call (Due 11/30/2019)

Save | Save and Close | Close | Reject Changes | Print | Open Audits | Format Panels | Seelandt, C

**Subject** 30 day follow up call

**Action** IRTC 30 Day Follow Up

Agency Connections Area Agency on Aging

Provider Jeanna Bull

Care Program IRTC Discharged

**Status** IRTC 30 Day Follow UP

Reason IRTC 30 Admitted to a Skilled Nursing Facility

**Status Date** 10/31/2019

**Due Date** 11/30/2019

**Start Date** 11/1/2019

**Start Time** Enter time

**Date Completed** 11/1/2019

**Time Completed** Enter time

**Services**

Change Status to match the Follow up Type and select the Major Reason that occurred within the Follow up period

Start and Complete date of Follow Up

Activity/Referral - IRTC 30 Day Follow Up, 30 day follow up call (Due 11/30/2019)

Save | Save and Close | Close | Reject Changes | Print | Open Audits | Format Panels | Seelandt, C

Subject: 30 day follow up call

Action: IRTC 30 Day Follow Up

Agency: Connections Area Agency on Aging

Provider: Jeanna Bull

Care Program: IRTC Discharged

Status: IRTC 30 Day Follow UP

Reason: IRTC 30 Admitted to a Skilled Nursing Facility

Status Date: 10/31/2019

Due Date: 11/30/2019

Start Date: 11/1/2019

Start Time: Enter time

Date Completed: 11/1/2019

Time Completed: Enter time

Comments: Y

Services

**Enter Y if the Reason selected was a result of the same Episode illness or N if not**

**Change Status to match the Follow up Type and select the Major Reason that occurred within the Follow up period**

**Start and Complete date of Follow Up**

Repeat the above steps for each follow up.

Add Topics - IRTC 30 Day Follow Up

OK | Cancel | Select All | De-select All | Format Columns

Search by Topic Name Clear

Topics: 7 items

<input type="checkbox"/>	Topic	Comments	Category	Date
<input type="checkbox"/>	IRTC Unable to Contact		Service Delivery	
<input type="checkbox"/>	IRTC SNF		Service Delivery	
<input checked="" type="checkbox"/>	IRTC LTCF	Y	Service Delivery	08/06
<input type="checkbox"/>	IRTC Living at Home in Community		Service Delivery	
<input type="checkbox"/>	IRTC Hospital		Service Delivery	
<input type="checkbox"/>	IRTC ER Visit		Service Delivery	
<input type="checkbox"/>	COVID-19		Service Delivery	

Enter the **End Date** for the IRTC **Discharge Enrollment**

When the follow up calls are completed, go back and enter the **Final End Date** in the IRTC **Discharge Care Enrollment** to close out the case.

## REFERENCES AND DEFINITIONS

### Authority

### Legislation

An annual allocation in the Health and Human Services Appropriations Bill authorizes the initiative. The following language is from the first year in SF 2418, but has remained substantially the same with only dollar amounts and report dates changing.

Of the funds appropriated in this section, \$100,000 shall be used by the Department on Aging in collaboration with the Department of Human Services and affected stakeholders, to design a pilot initiative to provide long-term care options counseling utilizing support planning protocols, to assist non-Medicaid eligible consumers who indicate a preference to return to the community and are deemed appropriate for discharge, to return to their community following a nursing facility stay. The Department on Aging shall submit the design plan as well as recommendations for legislation necessary to administer the initiative, including but not limited to legislation to allow the exchange of contact information for nursing facility residents appropriate for discharge planning, to the Governor and the General Assembly by December 15, 2018.

### Iowa Administrative Code

**17—23.5(231) Options counselors.** An ADRC coordination center shall ensure that options counselors meet the requirements of this chapter and applicable federal and state law.

**23.5(1) Background checks.** All ADRC coordination centers shall establish and maintain background check policies and procedures that include, but are not limited to, the following:

- a. A requirement that, prior to beginning employment, all options counselors, whether full-time, part-time, or unpaid, shall undergo criminal and abuse background checks.
- b. A background check includes, at a minimum, a request that the department of public safety perform a criminal history check and the department of human services perform child and dependent adult abuse record checks of the applicant in this state.
- c. Protocol for how to proceed in the event that an options counselor applicant is found to have a criminal history or history of child or dependent adult abuse.

**23.5(2) Mandatory reporters.** All options counselors shall be considered mandatory reporters pursuant to Iowa Code chapter 235B and shall adhere to federal and state law and applicable rules and regulations for mandatory reporters.



**23.5(3) Options counselor duties.** An options counselor shall provide options counseling that is person-directed and interactive and that allows the consumer to make informed choices about long-term living services and community supports based upon the consumer's preferences, strengths and values.

**23.5(4) Options counselor minimum qualifications.** An options counselor shall possess the following minimum qualifications:

- a. Bachelor's degree in a human services field; or
- b. License to practice as a registered nurse; or
- c. Bachelor's degree and two years of experience working in the areas of aging, disabilities, community health, or hospital discharge planning; or
- d. Associate's degree and four years of experience working in the areas of aging, disabilities, community health, or hospital discharge planning; or
- e. License to practice as a licensed practical nurse and four years of experience working in the areas of aging, disabilities, community health, or hospital discharge planning.

**23.5(5) Position-specific training.** The options counselor shall provide to the ADRC coordination center documentation of successful completion of the person-centered counseling core curriculum provided by Elsevier, or an equivalent that is approved by the department, within 30 days of employment as an options counselor. Documentation shall be included in the individual's personnel record.

**23.5(6) Continuing education requirements for an options counselor.** An options counselor shall:

- a. Obtain during the term of employment eight hours of relevant training annually as required by the department.
- b. Document training related to the provision of options counseling if eight hours of training are not obtained in accordance with paragraph 23.5(6) "a." Documentation shall be included in the individual's personnel record.

## **Definition of Terms**

**Admit:** A consumer meeting the IRTC Program criteria is admitted to the program upon the primary home visit.

**Aging Network:** Individuals working in the field of aging.

**Assessment:** A document designated by the department to be completed by the ERS to determine service needs and address the safety of the consumer.

**Caregiver:** An individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law. "Caregiver" also means a family member or other individual who provides compensated or uncompensated care to an older individual.

**Confidentiality:** Withholding of information from any manner of communication, public or private.

**Department:** The Iowa Department on Aging (IDA).

**Discharge:** A consumer is discharged when services are no longer needed from the IRTC program or after 90 days. If services and supports are still needed after 90 days, a referral is made to the appropriate program. A consumer is also discharged from IRTC if he/she is readmitted to the hospital.

**Legal Representative:** A person appointed by the court to act on behalf of a client.

**Mandatory Reporter:** A person defined in Iowa Code section 235B.3(2).

**Older Individual:** A person aged 60 or older.

**Person Centered:** The values and preferences are defined by the person needing services and once expressed, guide all aspects of their health care, supporting their realistic health and life goals.

**Referral:** Begins when the AAA is notified of a consumer who potentially meets the IRTC Program criteria whether the consumer is in the hospital or in a long-term care facility. The referral period ends once the consumer is admitted into the IRTC Program or chooses not to participate.

**Successful Transitions Include:**

- Services are no longer needed / needs met
- Consumer/Legal authority requested / needs met
- Consumer is referred to case management or other appropriate service
- Moved out of state or out of service area
- Consumer chooses to move into a long-term care facility
- Consumer is admitted to the hospitals with a different illness
- Consumer moves into hospice
- Consumer dies.

**Transition:** The point of time from when a consumer has been discharged from a hospital or long-term care facility and is returning to live in the community.

# APPENDICES

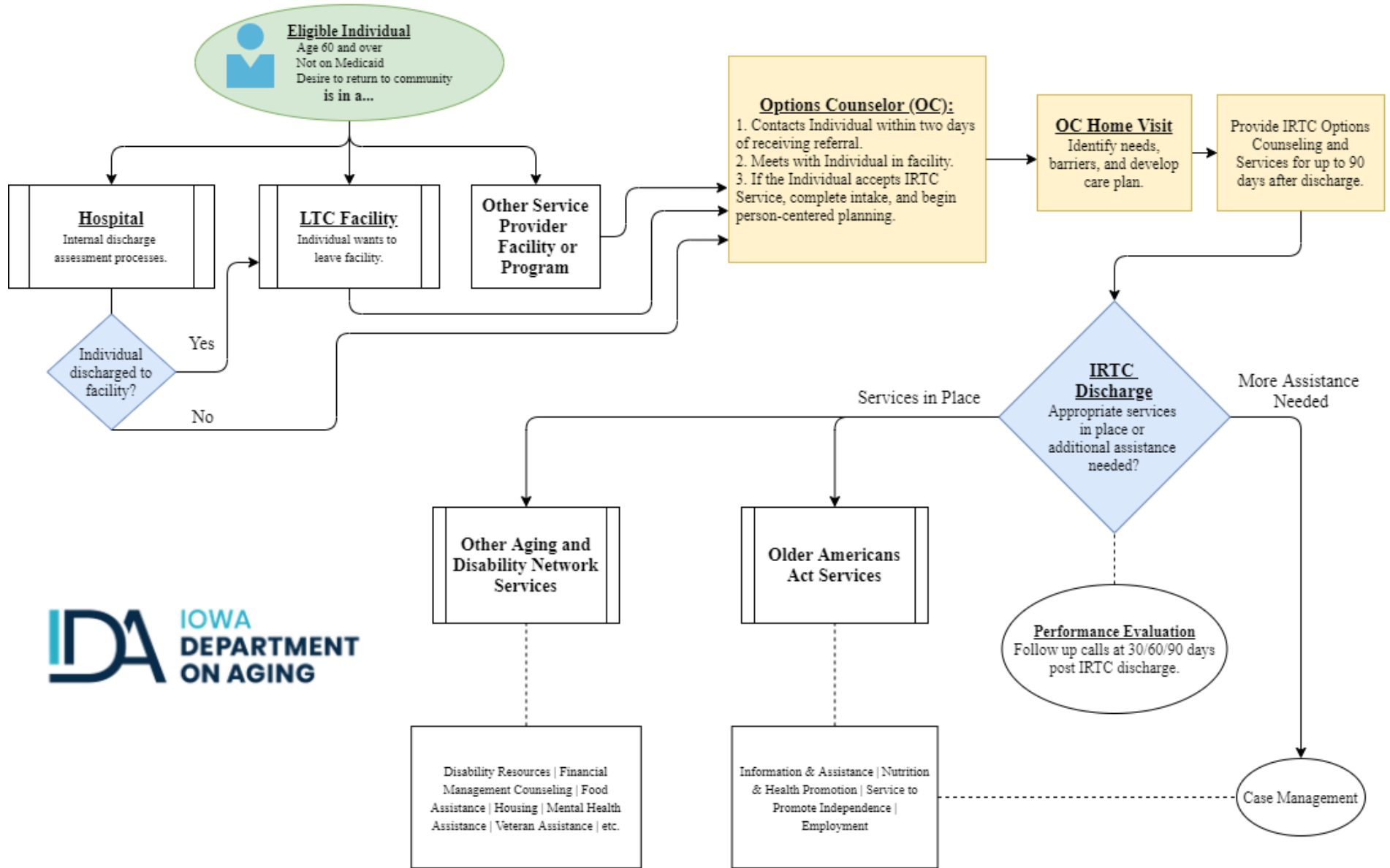
# Iowa Return To Community Process Executive Summary

November 2020

Appendix A

**Hospital | Long-Term Care (LTC) Facility | Collaborative Provider Partnership**

**Area Agency on Aging (AAA)**



Insert AAA Name

Appendix B

**AUTHORIZATION TO OBTAIN OR RELEASE HEALTH CARE INFORMATION**

Client Name:	SID#	SS#
--------------	------	-----

Date of Birth:	Guardian/Agent (Health Care Power of Attorney):
----------------	---

**I authorize the following individual or agency to share written and oral information (two-way or reciprocal release) about my needs and the services I receive...**

Name or agency to release and receive information: Insert AAA Name
--

Address:
----------

City/State/Zip:
-----------------

Phone:	Fax:
--------	------

**With the following individual or agency:**

Name or agency to release and receive information:
--

Address:
----------

City/State/Zip:
-----------------

Phone:	Fax:
--------	------

- The information released or shared may include:**
- Face sheet
  - Admission status
  - Psychological reports
  - Discharge summary
  - Family data photos
  - Social history
  - Lab results
  - Treatment and aftercare plans
  - Diagnosis/allergies
  - X-ray/imaging reports
  - Team notes
  - Medication history
  - History & physical exam
  - Assessments
  - Immunization record
  - School records
  - Court documents
  - Evaluation & recommendations
  - Receiving phone calls

<input type="checkbox"/> Consultation reports from (doctor/specialty name):
<input type="checkbox"/> Other (please specify):

**Other (note exceptions or limits to this release):**

**This information is being used ONLY for (state purpose): Assessment, service and intervention planning, advocacy and access to products and/or services.**

<b><u>SPECIFIC AUTHORIZATION FOR RELEASE</u></b>	<b>Type of Information</b>	<b>Authorizing initials</b>
<b>I authorize the release of the information listed at the right, which requires specific consent under federal law:</b>	Mental Health evaluation/treatment*	
	AIDS/HIV – related	
	Substance Abuse	

This authorization is valid for information already in existence and any information that may be generated while this authorization is effective. I understand that I have the right to see any information that is disclosed pursuant to this authorization for release. I may request to see this information during normal business hours. I understand that I can revoke my authorization at any time, orally or in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization shall expire on the date specified below. If I fail to specify an expiration date, this authorization will expire one-year after the date it is signed. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that if the persons or organization authorized to receive this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. However, there may be other federal or state laws that require the information to remain confidential. If I have questions about disclosure of my health information, I can contact: \_\_\_\_\_ at \_\_\_\_\_. I have read this form, or it has been read and explained to me, and I understand its content.

Authorizing Signature:	Date:	Expiration Date:
Relationship to client: <input type="checkbox"/> Self <input type="checkbox"/> Legal Representative <input type="checkbox"/> Nearest Living Relative <input type="checkbox"/> Other (specify below)		
<input type="checkbox"/> Not Required	Witness Signature:	
<input type="checkbox"/> Required	Witness Signature:	

4/4/2014      A photocopy of this signed authorization shall have the same force and effect as this original.

**RECORD OF DISCLOSURES**  
(Required for mental health information)

Client Name:
SID#:

Date	Name of Recipient	Contents Disclosed	Sent By
1.			
2.			
3.			
4.			
5.			

\* Only a person 18 years of age or older or a person’s legal representative can authorize release of mental health information.

\*\* Only the subject can authorize release of substance abuse information unless the subject is of such age and mental maturity that they are unable to authorize release .

### **Notice to Recipients of Mental Health Information**

In accordance with “Disclosure of Mental Health and Psychological Information” (Iowa Code, Chapter 228), a recipient of mental health information may further disclose this information only with the written authorization of the subject or the subject’s legal representative or as otherwise provided in Chapters 228 and 229. Unauthorized disclosure is unlawful and civil damages and criminal penalties may apply. Federal confidentiality rules (42 CFR Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

### **Notice to Recipients of Substance Abuse Information**

This information has been disclosed from records whose confidentiality is protected by federal law. Iowa Code, Chapter 125 and federal regulations (42 CFR, Part 2) prohibit any further disclosure without the specific written authorization of the person to whom the information pertains, or as otherwise permitted by such statute and regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

### **Notice to Recipients of HIV-Related Testing Information**

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of the information without specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose. (Iowa Code Section 141A.9) Federal confidentiality rules (42 CFR, Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

### **Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity**

It is the policy of [REDACTED] Area Agency on Aging to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status. If you believe you may have been treated unfairly in the areas of employment or accommodations please contact in writing or call:

Privacy Officer  
Insert AAA Name

## Financial Report

Return to Community Financial Report												
1. Name _____									Iowa Department on Aging (IDA) 510 E. 12th St., Suite 2 Des Moines, Iowa 50319			
Address _____												
City, State, ZIP _____												
2. DUNS # _____		4. Report Type			5. Basis of Accounting			6. Reporting Period End Date _____				
3. Award # _____		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final			<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual							
					7. Project/Grant Period _____			From _____ To _____				

11. Line Item	8. Budget				9. Cumulative Expenditures				10. Current Expenditures			
	Total	a. Federal	Non-Federal		Total	a. Federal	Non-Federal		Total	a. Federal	Non-Federal	
			b. Cash	c. In-Kind			b. Cash	c. In-Kind			b. Cash	c. In-Kind
a. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
d. Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
f. Premise	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
g. Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
h. Contractual	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
i.												
j. Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
k. Indirect	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
l. Grand Totals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

12. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amt Charged	f. Federal Share	13. Amount Due	a. Cumulative Receipts	b. Cumulative Expenditures
							0.00			\$0.00
							g. Totals:			\$0.00
									c. Balance:	\$0.00

14. Remarks:

15. Certification: By signing this report, I certify that to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties.

a. Typed or Printed Name and Title of Authorizing Official _____	16. Prepared by: _____
b. Signature of Authorized Certifying Official _____	
c. Date Submitted _____	Version (7/1/2019)