Las Vegas Senior Citizens Advisory Board

July 12, 2012

Home and Community Based Waiver Program, formerly CHIP: Community Home-Based Initiatives Program

What Services can HCBW provide?

Who is eligible for HCBW services?

HCBW caseload report

List of agencies approved by the State of Nevada Division of Aging and Disability Services Division

Incident Reports, Policies and Procedures and Plan of Care provided by the Division of Aging and Disability Services

Adult Day Care, Heather Lankford, Executive Director, Willow Creek Memory Care & Adult Day Care

Home and Community Based Waiver Program

Home Up

The Nevada Aging and Disability Services Division's Home and Community Based Waiver (HCBW - formerly CHIP) provides non-medical services to older persons to help them maintain independence in their own homes as an alternative to nursing home placement. This program is similar to the COPE Program. Please call for more information.

What Services Can HCBW Provide?

HCBW services can include the following non-medical services:

Case Management
Assistance by a licensed social worker in determining the needs of the client, arranging and monitoring services.

Personal Care
Assistance with personal care. Which includes:

- Bathing
- Grooming
- Toileting
- Transferring/Ambulating
- Dressing
- Eating

Homemaker
Assistance with:

- Meal Preparation
- Light Housekeeping
- Laundry
- Shopping

Social Adult Day Care
Provision of supervision and activities in an Adult Day Care center for 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting.

Adult Companion
Non-medical care, supervision and socialization in the senior's home to provide temporary relief for the primary caregiver.

Personal Emergency Response System (PERS)
Electronic device that enables individuals at high risk of institutional placement to secure help in the event of an emergency.

Chore Service
Heavy household tasks, which are intermittent in nature, and may be authorized as a need arises for the completion of a task, which otherwise left undone poses a home safety issue.

Respite
Provides short-term relief up to 24-hours of care for the primary caregiver.

Who is Eligible for HCBW Services?

To be eligible for services, an individual must meet the following requirements:

- Be 65 years of age or older.
- Be at risk of institutionalization (nursing home placement) if services are not provided (meet Level of Care for nursing home placement).
- Be financially eligible (call for current income guidelines).

How Can I Apply?

If you believe that you or someone you know may be in need of HCBW services, contact the Aging and Disability Services Division (ADSD) office nearest you. For a listing of regional offices, click here.

Once a referral is made to the appropriate regional office, a social worker will contact the individual in need of services to determine which services are most appropriate for them.

Once a person is determined eligible for services, a social worker will remain in close contact with the client to assure services are appropriate and are meeting the needs of the client.

ADSD personnel are dedicated to the provision of quality services, which assist individuals to remain independent in their own homes.

HCBW Caseload Report

HCBW Comparison of Budgeted vs. Actual

Questions or Comments for the Aging and Disability Services Division?
Please contact a Regional Office.
We look forward to speaking with you!

Last Updated: 06/18/12

HOME AND COMMUNITY BASED WAIVER (HCBW)

Contact Person: **TAMMY RITTER, SOCIAL SERVICES CHIEF 2**
Division: **AGING AND DISIBILITY SERVICES DIVISION**

The Aging and Disability Services Division (ADSD) Home and Community Based Waiver (HCBW) provides waiver services to seniors to help them maintain independence in their own homes as an alternative to nursing home placement. HCBW services can include the following: Case Management, Homemaker, Social Adult Day Care, Adult Companion, Personal Emergency Response System, Chore, Respite, and Nutrition Therapy and access to State Plan personal care services.

The program accepts applications from persons 65 years and older throughout Nevada who:

- *Are at risk of nursing home placement within 30 days without supports and waiver services to keep them in their home and community;*
- *Have income up to 300% of SSI; and*
- *Meet a level of care criteria for a nursing facility.*

MEDICAID

PCS PROVIDER AGENCIES

A CARING HAND 380-0600
Fax 658-1039
7320 Smoke Ranch Rd, Suite H, Las Vegas, NV 89128

A CARING HAND(Mesquite Office) 345-4065
Fax 345-4077
11 W. Pioneer Blvd., Suite C, Mesquite, NV 89027

A HELPING HAND 839-2060
Fax 839-1240
811 S. Decatur Blvd., Las Vegas, NV 89107

A SIMPLE SOLUTION 388-1700
Fax 948-8759
2865 S. Jones Blvd., Las Vegas, NV 89146

ABSOLUTE HOME HEALTH CARE & NURSING 318-5005
Fax 318-5006
2860 E. Flamingo Rd, Suite K, Las Vegas, 89121

ABSOLUTE PERSONAL CARE 646-2722
Fax 647-2723
5527 S. Rainbow Blvd, Suite C, Las Vegas, NV 89118

ACCESSIBLE SPACE, INC. 259-1903
Fax 259-1240
6375 W. Charleston, Suite L- 200, Las Vegas, NV 89146-1169

ACCLAIMED IN HOME CARE 255-1239
Fax 256-1238
1500 E. Tropicana Ave., Suite 221, Las Vegas, NV 89119-8351

ADDUS HEALTHCARE NEVADA INC 870-8855
Fax 870-8857
4905-4907 W. Alta Dr., Las Vegas, NV 89107

ADL HOME CARE, INC. 933-9770
Fax 933-9773
5028 Alta Dr., Las Vegas, NV. 89017

ADVANCED HOME HEALTH CARE 562-3355
Fax 369-8284
2860 E. Flamingo Rd, Suite C-3, Las Vegas, NV 89121

ADVANCED PERSONAL CARE SOLUTIONS 262-9949
Fax 446-5093
4955 S. Durango Dr., Suite 167, Las Vegas, NV 89113

AFFORDABLE BEST CARE HOME CARE 386-3983
Fax 386-3984
1700 E. Desert Inn #304B, Las Vegas, NV. 89109

ALL VALLEY HOME HEALTH CARE 562-2273
Fax 227-8351
535 S. Decatur - LV, NV 89107

ALL VALLEY HOME HEALTH CARE PAHRUMP (775) 751-8883
Fax (775) 751-8893
41 N Highway 160, Suite 4, Pahrump, NV 89060

ALWAYS THERE 4 YOU 385-1770
Fax 385-1715
3025 Sheridan Street #100, Las Vegas, NV 89102

ALWAYS THERE PERSONAL CARE 385-1770
Fax 385-1715
3025 Sheridan Street #100, Las Vegas, NV 89102

ANGELS HOME HEALTHCARE 823-1712
Fax 478-8672
3690 S. Eastern Ave., Suite 225, Las Vegas, NV 89169

ASIAN PERSONAL CARE 784-0888
Fax 804-5888
5115 W. Spring Mtn. Rd. #221, Las Vegas, NV. 89146

AT HOME CAREGIVERS 240-3800
Fax 240-3001
2770 S. Maryland Pkwy. Suite 310, Las Vegas, NV 89109

AT HOME SENIOR SOLUTIONS 948-4848
Fax 948-4845
1516 E. Tropicana - Suite 250, Las Vegas, NV 89119

AT YOUR SERVICE HOME CARE 562-2348
Fax 598-0010
1301 S.Maryland Pkwy., Las Vegas, NV. 89104 9*5

ATTENTIVE HOME HEALTH CARE 256-9000
Fax 256-6285
8542 Del Webb Blvd., Las Vegas, NV 89134

BEST CHOICE HOME HEALTHCARE INC 207-2200
Fax 314-2075
340 E. Warm Springs Rd. Suite 2B, Las Vegas, NV 89119

CARE 4 LIFE 233-9699
Fax 233-5576
8687 W.Sahara Ave.,#190, Las Vegas, NV. 89117

COMFORT CARE IN HOME 452-0044
Fax 452-0098
3430 E. Flamingo, Suite 300, Las Vegas, NV 89121

COMFORT KEEPERS INC. 360-7475
Fax 655-7475
1300 N. Boulder Hwy. Suite C, Henderson, NV 89011

CONSUMER DIRECT PERSONAL CARE ISO ONLY 894-4435
Fax 792-4435
1830 E. Sahara #207, Las Vegas, NV. 89104

DESERT PCA OF NEVADA 878-3676
Fax 878-3797
2140 W Charleston Blvd, Suite A, Las Vegas, NV 89102

DIGNIFIED CARE 558-2273
Fax 873-8277
807 S. Decatur Blvd, Las Vegas, NV 89107

MEDICAID

PCS PROVIDER AGENCIES

EVERYDAY MIRACLES 932-3500
Fax 932-3501
800 N. Rainbow Blvd, Suite 140, Las Vegas, NV 89107

EXCELLENT PCA 227-9090
Fax 933-9329
2753 S. Highland Drive, Suite 1049, Las Vegas, NV 89109

HAPPY HEALTH SERVICES 257-9638
Fax 974-1653
3611 Lindell Road Suite 107, Las Vegas, NV 89103

HIGH CLASS PERSONAL CARE LLC 733-2890
Fax 733-4951
1415 S. Arville St, Suite 100 F, Las Vegas, NV 89102
Provider # 100516663 **8*5**

HOME HEALTH CARE SPECIALISTS 644-3600
Fax 719-5665
160 E. Horizon Dr. #A, Henderson, NV. 89015

HOME HEALTH SERVICES (775) 727-8390
OF NEVADA, INC. Fax (775) 727-9242
1731 South Highway 160, Pahrump, NV 89048

JLK HOME CARE, INC. 893-2001
Fax 369-3334
900 E. Karen Ave, Ste B-210, Las Vegas, NV 89109

KEEP YOU COMPANY 853-2273
Fax 853-2326
1200 S. 4th Street Ste. 105, Las Vegas, NV 89104

LAS VEGAS HEALTHCARE 202-3184
Fax 202-3587
4350 S. Arville St, Ste 40, Las Vegas, NV 89103

LIVING ASSIST/VISITING ANGELS PCAPA 407-1100
Fax 614-4783
1701 N. Green Valley Parkway, Suite 9A, Henderson 89074

MAXIM HEALTH CARE SERVICES, INC. 733-8533
Fax 733-8498
2235 Renaissance Dr, Suite A and D, Las Vegas, NV 89119

NATIVE HOME HEALTH CARE LLC 862-4177
Fax 862-4185
2235 E. Flamingo Ste. C-7, Las Vegas, NV 89119

NV HOMECARE HELPERS 368-7990
Mailing Address: P.O. Box 82096, LV NV 89180 Fax 252-3767
6950 Via Olivero, Ste. 5, Las Vegas, NV 89117

NEW SUNSET PERSONAL CARE 444-1442
Fax 444-2342
336 S. Jones Blvd, Suite C, Las Vegas, NV89107

PARADISE HOME CARE 320-5222
Fax 320-0366
2450 Chandler Ave. Suite 18, Las Vegas, NV 89120

PERSONAL CAREGIVERS OF NEVADA 696-9774
Fax 696-0685
4850 W Flamingo Rd., Suite 23, Las Vegas, NV 89103

PRECIOUS CARE PRIVATE AGENCY 775 727-2084
Fax 775 727-3764
2090 S. Hwy 160, Suite C, Pahrump, NV 89048

PRIM HEALTH SERVICES 473-9279
Fax 562-8133
7473 W Lake Mead Blvd, Suite 100, Las Vegas, NV 89128

PROFESSIONAL HEALTHCARE STAFFING 362-0711
Fax 362-8222
2820 W. Charleston Blvd. - Suite 36, Las Vegas, NV 89102
Provider # 003002305 **8:30*4:30**

SENIOR SUPPORT SERVICES 617-4470
Fax 617-4471
7975 W. Sahara, Suite 101, Las Vegas, NV 89117

SILVER STATE HOME HEALTH CARE 451-2273
Fax 641-2273
4080 W. Desert Inn Rd., Suite W-116, Las Vegas, NV 89102

SILVER STATE PERSONAL CARE 598-2048
Fax 598-2041
1800 E. Sahara Ave., Suite 106, Las Vegas, NV 89104

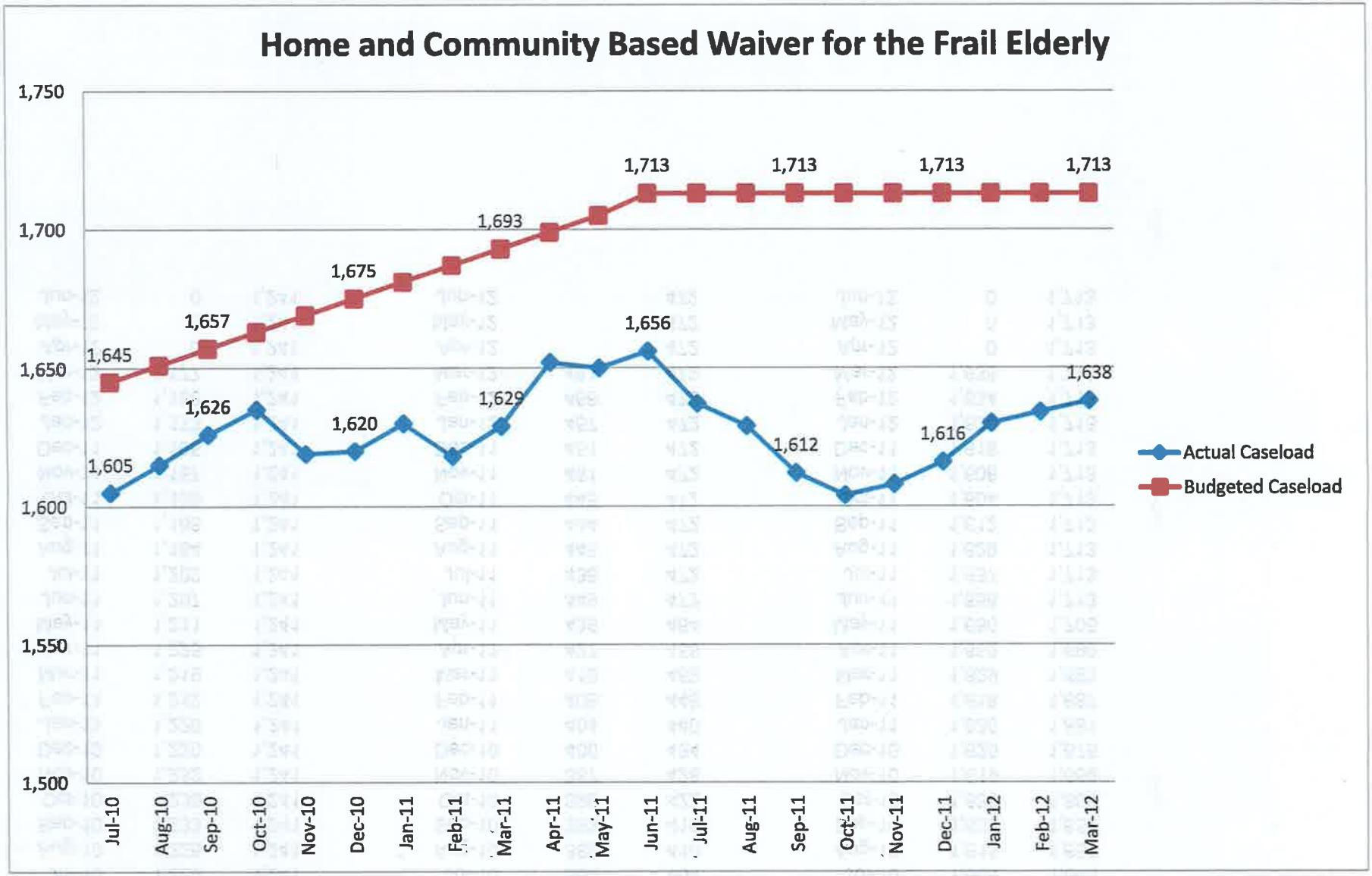
SPECTRUM HOME SERVICES OF NEVADA 214-7928
Fax 214-7929
4079 N Rancho Dr., Ste 195, Las Vegas, NV 89108

SU CASA PERSONAL CARE 868-0355
Fax 868-0307
2140 W. Charleston - Suite B, Las Vegas, NV 89102

TLC HEALTH CARE SERVICES 382-8335
Fax 382-8927
4535 W. Sahara, Suite 209, Las Vegas, NV 89102

VISITING ANGELS LIVING ASSISTANCE 564-1711
Fax 456-1631
4525 Sandhill Rd., Suite 116, Las Vegas, NV 89121

VISITING ANGELS OF NORTH LV (775) 751-9991
& PAHRUMP Fax (775) 751-9981
1230 S.Loop Rd.#4, Pahrump, NV. 89048-4747


Home and Community Based Waiver for the Frail Elderly
1,750
1,700
1,650
1,600
1,550
1,500
1,645
1,657
1,675
1,693
1,713
1,713
1,713
1,713
1,605
1,626
1,620
1,629
1,656
1,612
1,616
1,638
Jul-10
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Actual Caseload
Budgeted Caseload

CHIP

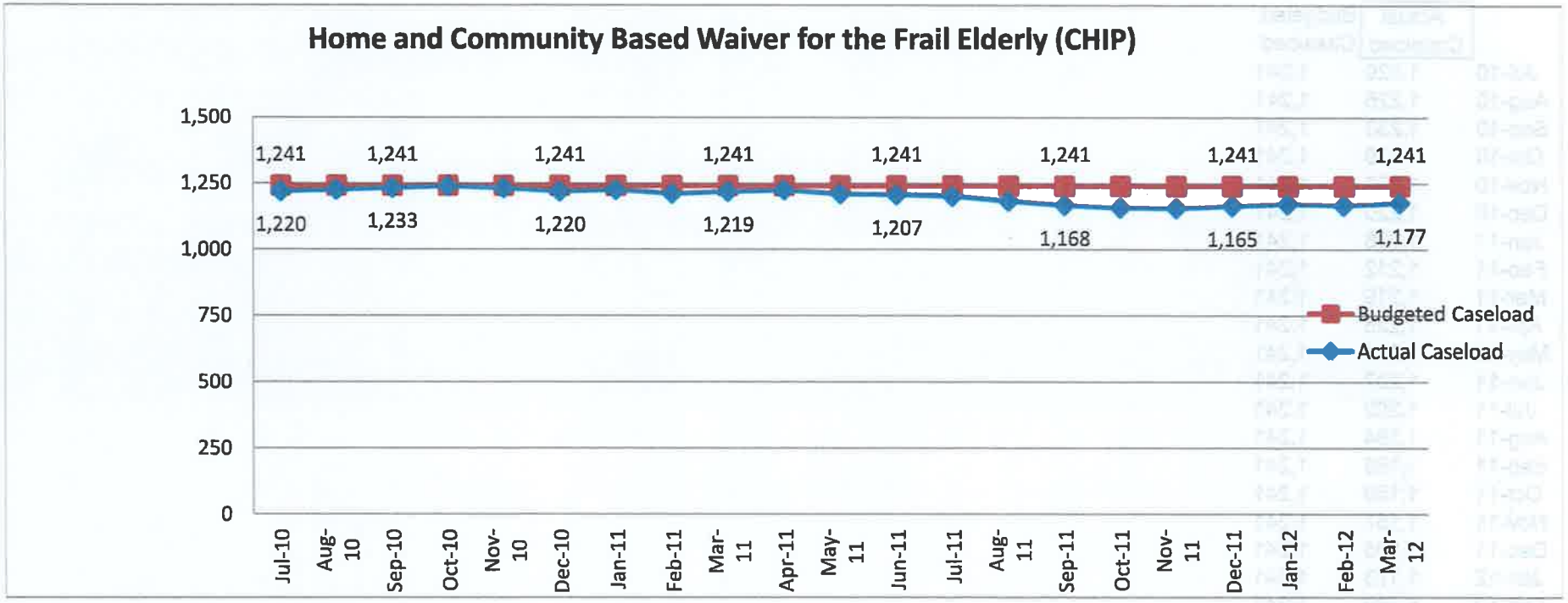
	Actual Caseload	Budgeted Caseload
Jul-10	1,220	1,241
Aug-10	1,226	1,241
Sep-10	1,233	1,241
Oct-10	1,239	1,241
Nov-10	1,232	1,241
Dec-10	1,220	1,241
Jan-11	1,226	1,241
Feb-11	1,212	1,241
Mar-11	1,219	1,241
Apr-11	1,225	1,241
May-11	1,211	1,241
Jun-11	1,207	1,241
Jul-11	1,202	1,241
Aug-11	1,184	1,241
Sep-11	1,168	1,241
Oct-11	1,159	1,241
Nov-11	1,157	1,241
Dec-11	1,165	1,241
Jan-12	1,173	1,241
Feb-12	1,168	1,241
Mar-12	1,177	1,241
Apr-12	0	1,241
May-12	0	1,241
Jun-12	0	1,241

WEARC

	Actual Caseload	Budgeted Caseload
Jul-10	385	404
Aug-10	389	410
Sep-10	393	416
Oct-10	396	422
Nov-10	387	428
Dec-10	400	434
Jan-11	404	440
Feb-11	406	446
Mar-11	410	452
Apr-11	427	458
May-11	439	464
Jun-11	449	472
Jul-11	435	472
Aug-11	445	472
Sep-11	444	472
Oct-11	445	472
Nov-11	451	472
Dec-11	451	472
Jan-12	457	472
Feb-12	466	472
Mar-12	461	472
Apr-12		472
May-12		472
Jun-12		472

HCBW

	Actual Caseload	Budgeted Caseload
Jul-10	1,605	1,645
Aug-10	1,615	1,651
Sep-10	1,626	1,657
Oct-10	1,635	1,663
Nov-10	1,619	1,669
Dec-10	1,620	1,675
Jan-11	1,630	1,681
Feb-11	1,618	1,687
Mar-11	1,629	1,693
Apr-11	1,652	1,699
May-11	1,650	1,705
Jun-11	1,656	1,713
Jul-11	1,637	1,713
Aug-11	1,629	1,713
Sep-11	1,612	1,713
Oct-11	1,604	1,713
Nov-11	1,608	1,713
Dec-11	1,616	1,713
Jan-12	1,630	1,713
Feb-12	1,634	1,713
Mar-12	1,638	1,713
Apr-12	0	1,713
May-12	0	1,713
Jun-12	0	1,713


Home and Community Based Waiver for the Frail Elderly (CHIP)
1,500
1,250
1,000
750
500
250
0
1,241
1,241
1,241
1,241
1,241
1,241
1,241
1,241
1,220
1,233
1,220
1,219
1,207
1,168
1,165
1,177
Budgeted Caseload
Actual Caseload
Jul-10
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12

	Actual Caseload	Budgeted Caseload
Jul-10	1,220	1,241
Aug-10	1,226	1,241
Sep-10	1,233	1,241
Oct-10	1,239	1,241
Nov-10	1,232	1,241
Dec-10	1,220	1,241
Jan-11	1,226	1,241
Feb-11	1,212	1,241
Mar-11	1,219	1,241
Apr-11	1,225	1,241
May-11	1,211	1,241
Jun-11	1,207	1,241
Jul-11	1,202	1,241
Aug-11	1,184	1,241
Sep-11	1,168	1,241
Oct-11	1,159	1,241
Nov-11	1,157	1,241
Dec-11	1,165	1,241
Jan-12	1,173	1,241
Feb-12	1,168	1,241
Mar-12	1,177	1,241
Apr-12	0	1,241
May-12	0	1,241
Jun-12	0	1,241

HOME AND COMMUNITY BASED WAIVER (HCBW)

March-12

HOME AND COMMUNITY BASED WAIVER (HCBW)	Feb-12	Mar-12	Change from Prior Month	FY12 YTD		FY11		FY10	
				Total	Average Per Month	Total	Average Per Month	Total	Average Per Month
Clients Referred									
Referred	362	323	-10.77%	2296	255.11	1675	139.58	1024	85.33
Dropped	98	131	33.67%	842	93.56	1231	102.58	1387	115.58
Clients Waiting									
Screened	38	43	13.16%	610	67.78	754	62.83	N/A	N/A
Pending	94	110	17.02%	730	81.11	1049	87.42	N/A	N/A
Total Clients Waiting	132	153	15.91%	1188	148.50	1803	150.25	1294	107.83
# Clients Waiting Under 90 Days	86	141	63.95%	966	107.33	1576	131.33	1220	101.67
# Clients Waiting Over 90 Days	12	12	0.00%	292	37.78	220	18.33	75	6.25
Average days waiting	38	35	-7.89%	573	63.67	541	45.08	370	30.83
Clients Approved									
Approved	31	46	48.39%	292	32.44	466	38.83	504	42.00
Average Wait time till approved	72	68	-5.56%	78	NA	NA	NA	NA	NA
CASELOAD									
Total Budgeted Caseload	1241	1241	0.00%	NA	NA	NA	NA	NA	NA
Total Current Caseload	1168	1177	0.77%	NA	NA	NA	NA	NA	NA
LEAVERS									
Total # of Closed Cases	62	59	-4.84%	546	60.67	588	49.00	409	34.08

	Referrals (#)	Clients Screened	Clients Pending	Ongoing (#)	Approved (#)	Total # of Closed Cases	Dropped (#)	<=90 Days (#) Under 90 days	>90 Days (#) Over 90 days	Average Days Wait Time	Maximum Days Wait Time	Average wait time till approved	Total Clients Waiting (Screened + Pending)	Total Current Caseload (On Going and Approved)	Total Budgeted Caseload	Total New Applications Received and Processed (Referral, Dropped, Screened, Pending and Approved)
Jul-07	68			1,185	37	33	86	176	214	95	317		390	1,222	1,621	581
Aug-07	64			1,200	28	23	82	172	224	107	348		398	1,228	1,625	570
Sep-07	51			1,195	27	36	92	167	257	120	378		424	1,222	1,629	594
Oct-07	54			1,189	31	34	95	160	290	131	409		450	1,220	1,633	630
Nov-07	41			1,187	24	36	166	151	224	123	439		375	1,211	1,637	606
Dec-07	47			1,178	26	31	103	101	160	120	439		281	1,204	1,641	437
Jan-08	55			1,165	29	34	216	32	73	129	501		105	1,194	1,645	405
Feb-08	92			1,154	30	43	181	40	27	140	530		87	1,184	1,649	370
Mar-08	95			1,147	28	60	100	45	24	101	561		89	1,175	1,653	292
Apr-08	78			1,136	34	46	187	40	16	78	465		56	1,170	1,657	335
May-08	95			1,140	31	38	410	102	47	68	264		149	1,171	1,661	685
Jun-08	92			1,126	28	36	75	123	42	64	294		165	1,154	1,665	360
Jul-08	93			1,125	38	27	117	141	38	63	245		179	1,163	1,241	427
Aug-08	74			1,127	8	35	63	146	62	79	276		208	1,135	1,241	353
Sep-08	60			1,103	4	34	89	175	44	81	303		219	1,107	1,241	372
Oct-08	65			1,059	16	57	89	154	86	76	334		240	1,075	1,241	410
Nov-08	42			1,048	22	75	72	150	48	64	364		188	1,070	1,241	334
Dec-08	45			1,049	98	114	61	102	11	39	403		113	1,147	1,241	317
Jan-09	67			1,106	32	54	62	83	14	50	426		97	1,138	1,241	258
Feb-09	49			1,113	22	65	59	114	13	42	391		127	1,135	1,241	257
Mar-09	46			1,000	29	97	61	122	7	30	317		129	1,119	1,241	285
Apr-09	50			1,080	33	84	84	120	1	24	93		121	1,113	1,241	288
May-09	55			1,075	37	65	84	98	2	25	104		100	1,112	1,241	276
Jun-09	55			1,072	51	35	99	87	3	29	107		90	1,123	1,241	295
Jul-09	77			1,083	37	38	91	95	3	25	123		98	1,120	1,252	303
Aug-09	50			1,084	38	37	136	99	5	27	154		103	1,122	1,263	327
Sep-09	64			1,087	32	28	91	99	3	28	148		102	1,119	1,274	289
Oct-09	68			1,075	29	39	138	121	4	29	177		125	1,104	1,285	352
Nov-09	95			1,076	22	29	91	92	0	35	168		101	1,098	1,296	309
Dec-09	107			1,079	44	29	137	86	13	37	199		99	1,123	1,307	387
Jan-10	95			1,088	60	32	122	88	0	31	230		86	1,128	1,318	363
Feb-10	72			1,095	44	34	103	88	6	36	259		94	1,139	1,328	313
Mar-10	71			1,097	44	39	106	122	5	25	252		127	1,141	1,241	350
Apr-10	100			1,113	46	30	102	107	6	34	282		119	1,159	1,241	381
May-10	124			1,121	44	39	139	104	8	35	312		112	1,165	1,241	419
Jun-10	101			1,126	64	37	137	127	7	28	222		134	1,190	1,241	438
Jul-10	141	28	113	1,171	49	18	101	139	2	31	169		141	1220	1,241	432
Aug-10	108	32	100	1,159	57	48	140	137	1	28	95		138	1226	1,241	453
Sep-10	136	40	102	1,196	37	27	150	135	2	31	115		142	1233	1,241	485
Oct-10	139	50	94	1,196	43	28	106	139	5	38	147		144	1239	1,241	432
Nov-10	135	64	82	1,209	23	12	73	131	15	46	168		146	1232	1,241	377
Dec-10	112	60	98	1,192	28	58	111	140	18	44	135		158	1220	1,241	409
Jan-11	126	82	84	1,184	42	64	86	160	6	41	165		166	1226	1,241	420
Feb-11	138	97	78	1,177	35	66	83	140	35	53	204		175	1212	1,241	431
Mar-11	122	79	86	1,177	42	77	103	133	32	51	234		165	1219	1,241	432
Apr-11	152	67	78	1,182	43	55	74	105	38	60	187		145	1225	1,241	414
May-11	185	73	66	1,181	30	60	75	106	33	60	201		139	1211	1,241	429
Jun-11	181	82	62	1,180	27	55	129	111	33	60	176		144	1207	1,241	481
Jul-11	187	88	64	1,176	26	60	79	104	48	74	235	58	152	1202	1,241	444
Aug-11	201	91	69	1,160	24	62	122	101	59	94	258	73	160	1184	1,241	507
Sep-11	161	97	69	1,142	26	80	80	109	57	78	291	69	166	1168	1,241	433
Oct-11	218	90	75	1,131	28	51	75	108	57	79	319	73	165	1159	1,241	486
Nov-11	254	73	89	1,126	31	57	53	118	44	68	349	67	162	1157	1,241	500
Dec-11	291	52	80	1,128	37	50	63	96	36	64	382	90	132	1165	1,241	543
Jan-12	299	38	80	1,130	43	65	121	103	15	45	232	114	118	1173	1,241	681
Feb-12	362	38	94	1,137	31	62	98	86	12	38	261	72	132	1168	1,241	623
Mar-12	323	43	110	1,131	46	59	131	141	12	35	294	68	153	1177	1,241	653
Apr-12															1,241	
May-12															1,241	
Jun-12															1,241	

TO: Bernadette Zamora
Director of Operations LogistiCare

FROM: Mary Ellen Heise

REGARDING: Marie Simmons, Executive Limo Driver

DATE OF INCIDENT: August 4, 2009

Marie Simmons (702-788-3502) called and said she was out in front of our home to pick up Beth Murnin for her doctor's appointment. I informed her she was going to Willow Creek Memory Care. She said she did not care where she was going; she needed to pick her up and get going. A couple weeks ago, Dennis (702-526-2370), from Executive Limo did not know where he was going. He asked Beth for directions and she had no idea of what to tell him. He called several times to get her from Willow Creek to our house. Amanda Connor filed a compliant with Executive Limo about what he had done. When I walked out with Beth, the driver was parked in the middle of the street. She got out of her car and threw her walker in the trunk. I said the reason I needed to clarify where Mom was going was because she needed to be signed in at Willow Creek. "When you escort her into the facility there is a sign in sheet." She said I needed to contact LogistiCare and have them contact Executive for her to do that. "I don't work for LogistiCare. I work for Executive and they have not put any information for drop off," Simmons explained. I went inside and called Amanda Connor at LogistiCare and left a voice message for her. When I went back outside, there were cars attempting to go around the limo. I asked her to please move the vehicle and she said, "I am not going anywhere until she signs this sheet. You go back in the house and leave me alone. You are insane." I said I could not get a hold of LogistiCare and she needed to escort my Mom into the facility. The driver then yelled, "You big fat pig. Get out of here before I run over your fat ass!" I opened the door and got my Mom out of the car. The entire time this woman is yelling, "You big fat pig. Where did you get all of that fat from?"
I called Las Vegas Metro Police. She turned the limo around and sat in front of the house across the street yelling and cackling, "You insane fat pig." I went inside and waited for LV Metro Police to arrive.
LV Metro Police Officer Ken Viano arrived and was very concerned about the situation comprising Beth's safety. He asked about the dynamics of how the transportation transpired. "You need to protect your Mom. Never let you Mom go into a situation that you have little or no information on. You need to be provided the following information for future transportation:

- Company name and contact information of actual provider transporting her.
- Confirmation of destination, including directions, additional pick-ups, etc.
- Confirmation of what needs to be done to assure her safe arrival at any destination."

Officer Viano further explained the statistics of elder abuse are rising.
The LVMPD Event # 090804-1323 documents the August 4, 2009 incident.

I have contacted Executive Limo as directed by Officer Viano.

1-888-737-0830

AC

Where's My Ride: 888-737-0829

STANDING ORDER FORM for REGULARLY SCHEDULED, REPEATING APPOINTMENTS: Page 1

Lympd Event# 090804-1333

Today Date: 9-9-2008 **County:** CLARK

Facility Name: WILLOW CREEK MEMORY CARE

Medicaid Number: 00001077897 **Name:** BETH MUENTN

Address: 9512 CAPE SABLE LANE

City: LAS VEGAS **State:** NV **Zip:** 89117 **Phone:** 254-7423

Date of Birth: 1-31-1928 **Sex:** FEMALE

Pick-Up

From: ABOVE ADDRESS **Address:**

Suite: **City:** **State:** **Zip:** **Ph:**

Drop Off

To: WILLOW CREEK MEMORY CARE **Address:** 3351 N. BUFFALO

Suite: / **City:** LV **State:** NV **Zip:** 89129 **Ph:** 702-395-31

~~Social Worker~~/Transportation Coordinator: LIZ HORANGIC

Ph: 702-395-3100 **Fax:** 702-396-8978

First Date of Service: **Last Date of Service:**

Appointment Time: / **AM/PM** **Pick-Up Time:** 10:00 (AM)/PM (+

Return Time: 5:30 AM/(PM) (WC)

Appointment Days: ✓Mon ✓Tue ✓Wed ✓Thur ✓Fri ___Sat ___Sun

{ } Ambulatory { } Wheelchair { } Stretcher/Gurney { } Ambulance

Please check if trip is a one way trip ( ) or a two way trip (X)

Please provide any other information helpful or related to this request for transportation (patient Requires an attendant or escort.

DOOR TO DOOR SERVICE.
USES A WALKER. OXYGEN TANK

You may fax the Standing Order form to Social Services at 702-395-1223 or mail it to 3291 N. Buffalo Drive, Suite 7, Las Vegas, NV 89129. Faxing is preferred form of return.

August 18, 2008

Pamela Greenfield
Non Medical Division Manager

Dear Ms. Greenfield:

Effective immediately Natalie Gomez is released from her services as a negligent and unreliable Caregiver of Beth Murnin.

The following documentation notes the severity of her actions and the risks involving her client:

- June 16: Ms. Gomez **did not call to inform anyone of her unavailability.** You informed me she was reprimanded for her "no show" and unavailability during that week. The letter you wrote to the company, where I was scheduled for a job interview on that day, informed me that they would not reschedule my interview. The position which I was interviewing for required dependability and my Caregiver was impeding my availability.

- July 28: Ms. Gomez was **involved with several cell phone calls** during her time with Beth. The week before, Ms. Gomez had requested not to come on July 29 since her friend was flying into Las Vegas. During Ms. Gomez's supervision, Beth brushed her teeth with a compound other than toothpaste. **Beth's gums and tongue turned grayish-black. Ms. Gomez said she had no idea what had happened.** I took Beth to the dentist and to the doctor. Documented at both offices was **"lack of supervision from Caregiver." I was directed by the medical staff to inform the Caregiver that Beth was not to be unsupervised and require her to perform her job responsibly.**

- July 29: Ms. Gomez had for **made no arrangements** Beth to be taken care of while she was on vacation. As discussed, you were unaware she was taking the day off and once again you apologized for the inconvenience and lack of services being provided. **While the "day off" turned into "days off," due to Beth's illness from the compound in her mouth involving blood work and doctor follow up visits,** Ms. Gomez was spoken to about the **negligent incident** on July 28. A report was filed with Heidi L. Mosley, Social Worker, State of Nevada Division For Aging Services. A follow up telephone call on August 13 from Ms. Mosley was made documenting the details of the incident. She requested information about the care Beth was receiving from Ms. Gomez.

- August 16: Ms. Gomez again did not show up to perform her job. **No telephone call.** After **three unreturned telephone calls to Ms. Gomez,** she did not arrive as promised. Ms. Gomez and I had discussed in length about Beth's medical procedures for the morning and she assured me she would be at our home at 7:30 a.m. so Beth could be properly groomed for them. Beth was unable to receive services on August 14 and 15 due to health issues at doctors' offices. Therefore Ms. Gomez said she would come on August 16. As discussed on July 29, I would give her one more chance; she has had it.

- August 17: Ms. Gomez called at 6:00 p.m. She said she was totally ashamed to have to admit the following:
  1. She was off her medications and got back on them Friday. She took them and "it knocked her out."
  2. She apologized for not showing up on August 16. She said she understood how important her services were for Beth.
  3. She recognized how we have depended upon her and she just keeps letting us down.

As a consequence of the above actions and reviewing the Policy and Procedures document from your company, I am requesting the following for my consideration to continue with care from Senior Support Services:

- Three top candidates' names and telephone numbers whom you believe to be ready to step in and care for Beth.

- I will contact the three candidates and interview them in my home.

- Following the interview process, I will make my selection.

- Field Supervisor, Mona Garcia, spoke with me once upon your request pertaining to the "Missed Visit" the week of June 16. While in your office following our conversation, she was forced to speak with me. She could not answer about Ms. Gomez's whereabouts and unavailability for services. Reassignment of a Field Supervisor who will follow-up is required.

Should any further documentation be required, please contact me: 254-7423.

Thank you for your attention to this matter,

Mary Ellen Heise

Mary Ellen Heise

CC: Ms. Heidi L. Mosley
Social Worker
State of Nevada Division For Aging Services.

To Whom It May Concern:

Date: 06/17/08

Re: No Show / No Service on 06/16/08 in the A.M.

This letter is RE: Mary Ellen Heise, daughter of client Beth Murnin. Due to Caregiver who was scheduled to service her mother on 06/16/08 and provide PCA did not show up at the home, Mary Ellen had to be there for her mother and provide the service.

If you need any other information please do not hesitate to call me.

Sincerely,

Pamela Greenfield

Pamela Greenfield – Non Medical Division Manager

Policy and Procedures

Clients Name Beth Murnin

	Yes	No
Schedule of PCA Date and Time Client will be serviced according to the plan of care provided by the Division For Aging Services. If there are no specific days assigned, the PCA and the client will work out a schedule to fit the clients needs. The PCA will continue to service the client on the same date (s) and time (s) unless other specified by an updated plan of care.	✓	
Back up Plan If a PCA can not service the client on the scheduled date (s) and time (s) due to a emergent reason, the area Field Supervisor will take over the care until the permanent PCA can return to regular duty. If the permanent PCA can not return to work for any reason the client will be called immediately and will be notified that he/she will be re-staffed with a new PCA. If the client has family or 911 listed as the back up plans, they will be called immediately. Dr. Girish Daulat 873.5110	✓	
Missed Visit If the PCA does not show for the schedule service the client should immediately call our office at 702-617-4470 to notify us of the missed visit. At this time the back up area Field Supervisor will be called and asked to service the client until the permanent PCA can return back to work. If additional visits are required by the client and authorized by the Division for Aging Services the PCA will be notified. At this time the area Field Supervisor and the PCA will come out to the clients home and will go over the new plan of care.	✓	

Additional Comments

Beth M. Murnin
lients Signature

5.14.08
Date

Mona B. Marcus
ield Supervisors Signature

5-14-08
Date

ent Copy

ASSISTIVE DEVICES H = Has U = Uses N = Needs

H	U	N		H	U	N		H	U	N		H	U	N	
☐	☐	☐	Lift/Hoyer	☐	☐	☐	Slide Board	☐	☐	☒	Walker FWW	☐	☐	☐	Other
☐	☐	☐	Commode	☐	☐	☐	Power Chair	☐	☐	☐	Cane/Crutches	☐	☐	☐	Other
☒	☒	☐	Bath/Shower Bench	☒	☒	☐	Manual Chair	☐	☐	☐	Hospital Bed	☐	☐	☐	Other

PATIENT PROFILE/FUNCTIONAL LIMITATION I = Independent A = Assist D = Dependent

Comments/Frequency Identifies type of service and frequency performed (i.e., bed/bath 3X per week)

TASK	I	A	D	Comments/Frequency	TASK	I	A	D	Comments/Frequency
Bathing		A		PCS 4xwk; Tues cut	Light Housekeeping		A		PCS 1xwk; vacuum, light
Dressing	I			Dtr assist at times	Shopping		A		PCS not Dtr. assists
Exercise		A		PCS 4xwk; walk	Laundry			D	PCS 1xwk; wash dry fold
Grooming		A		PCS 4xwk; lotion nails	*Telephone		A		Dtr assists
Toileting		A		PCS 4xwk; clothing	*Vision	I			
Continence		A		Bladder only incontinent	*Hearing	I			
Transfer	I			uses walker	*Speech	I			
Mobility	I			uses wheelchair at times	*Orientation		A		X2; confused
Assistive Devices	I			uses walker now	*Transportation Arrangements		A		Dtr. takes her
Meal Preparation		A		PCS 4xwk;	*Medication Reminder			D	Dtr. gives her all
Eating	HS	S		Needs reminders to eat					meds.
Escort		A		Dtr. escorts her to MD					

***These services do not have time authorized under the functional assessment.**

OTHER NEEDS/REFERRALS FOR TREATMENT/THERAPIES/SOCIAL SERVICES AND INFORMAL SUPPORT SYSTEMS

R = Receiving N = Needs **If needs are identified, notify NMDO**

R	N		R	N		R	N		R	N	
☐	☒	Respite	☐	☐	Chore Services	☐	☐	Meals on Wheels	☑	☐	Medical/Dental/Ocular
☐	☐	Hospice	☐	☒	CHIPS	☐	☐	Home Health	☐	☐	Legal Services/Guardian
☐	☒	Adult Day Care	☐	☐	Disability Waiver Program	☒	☐	Transportation	☐	☐	OT/PT/Speech
☐	☐	School Based Services	☐	☐	MH/DS	☐	☒	DME/Supplies	☐	☐	Companion
☐	☐	At Risk Recipient	☐	☐	Other:	☐	☐	Other	☐	☐	Other

AUTHORIZED SERVICE HOURS: Identify distribution of service hours according to length of time per visit, number of visits per day, occurrence of visits per day (a.m./p.m.) and number of days per week. (i.e., PCA two (2) hours a.m., one (1) hour p.m., 7 days/week)

2.5 hrs x 5 days per week = 12.5 hrs.

2.0 hrs x 1 day wk = 2.0 hrs. AM 2.5 hrs x 3.75 days week = 7.5 hrs.

Client & Dtr prefer PM hours, if possible.

TOTAL WEEKLY HOURS = 12.5 9.5

Weekly hours are identified for the purpose of the PCA-PA authorization and claims process. Daily hours cannot be combined or reconfigured (i.e., PCA five (5) hours/day seven (7) days/week (35 hours) cannot be changed to PCA seven (7) hours/day five (5) days/week (35 hours). Unused hours cannot be carried over into the following week.

If service needs change, a new assessment should be requested.

Authorization of service does not guarantee provider availability.

COMMENTS:

X _____ 3/3/09 Heidi J. Morley Supt. 3/3/09

Recipient's Signature Date Worker's Signature Date