

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.

The Aging and Disability Services Division observes the provisions of the Americans with Disabilities Act. No person shall be excluded from participation in, denied the benefits of, or be subjected to discrimination in any service or activity because of race, color, national origin, sex, age, or physical or mental disability under these programs.

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

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HOME AND COMMUNITY BASED WAIVER (HCBW)

Contact Person:

TAMMY RITTER, SOCIAL SERVICES CHIEF 2

Division:

AGING AND DISABILITY 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	

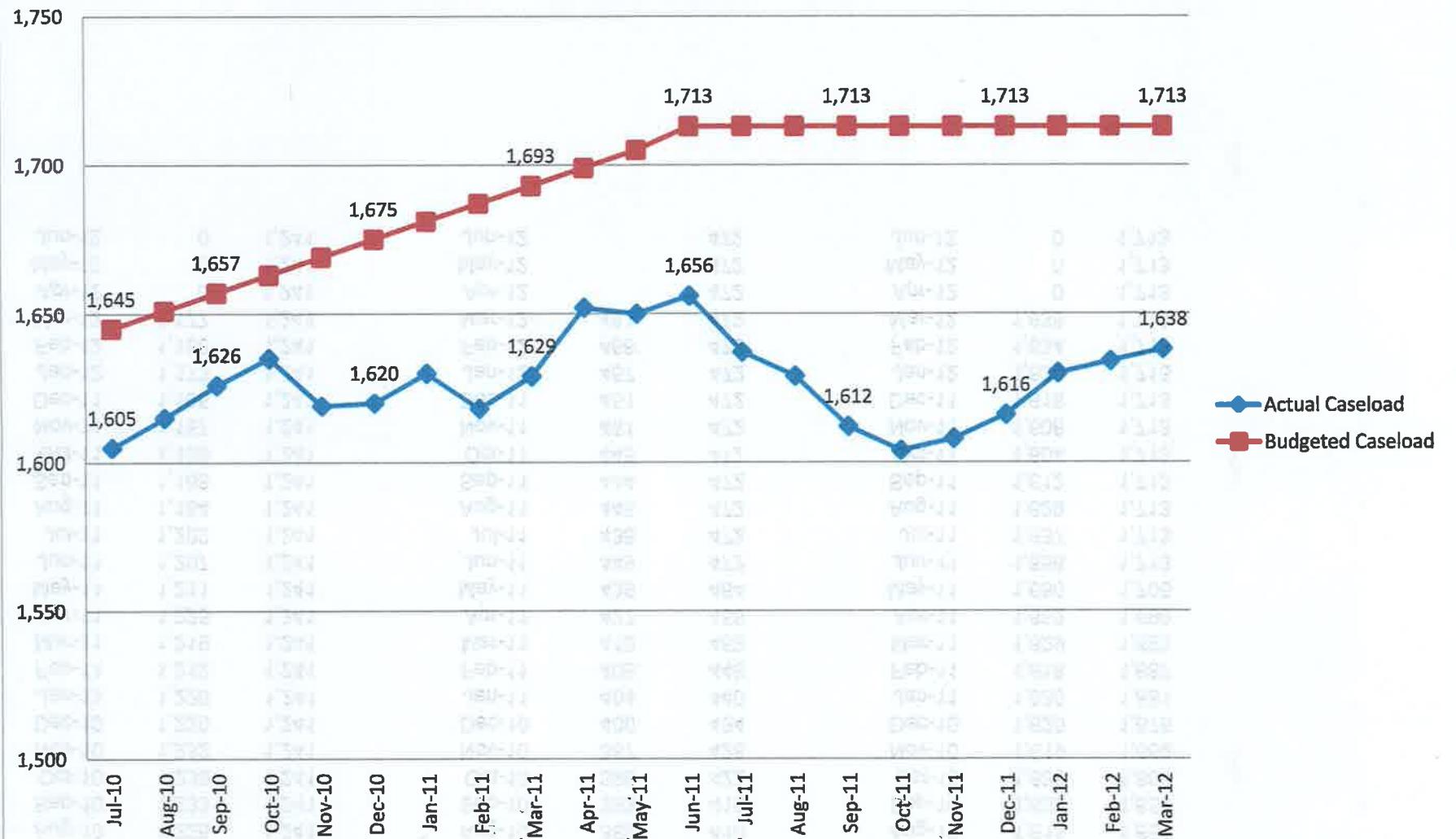
ALWAYS THERE 4 YOU	385-1770 Fax 385-1715
3025 Sheridan Street #100, Las Vegas, NV 89102	
ALWAYS THERE PERSONAL CARE	385-1770 Fax 385-1715
3025 Sheridan Street #100, Las Vegas, NV 89102	
ANGELS HOME HEALTHCARE	823-1712 Fax 478-8672
3690 S. Eastern Ave., Suite 225, Las Vegas, NV 89169	
ASIAN PERSONAL CARE	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 OF NEVADA, INC.	(775) 727-8390 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 Fax 252-3767
Mailing Address: P.O. Box 82096, LV NV 89180 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, NV 89107	
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 & PAHRUMP	(775) 751-9991 Fax (775) 751-9981
1230 S. Loop Rd. #4, Pahrump, NV. 89048-4747	

Home and Community Based Waiver for the Frail Elderly



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

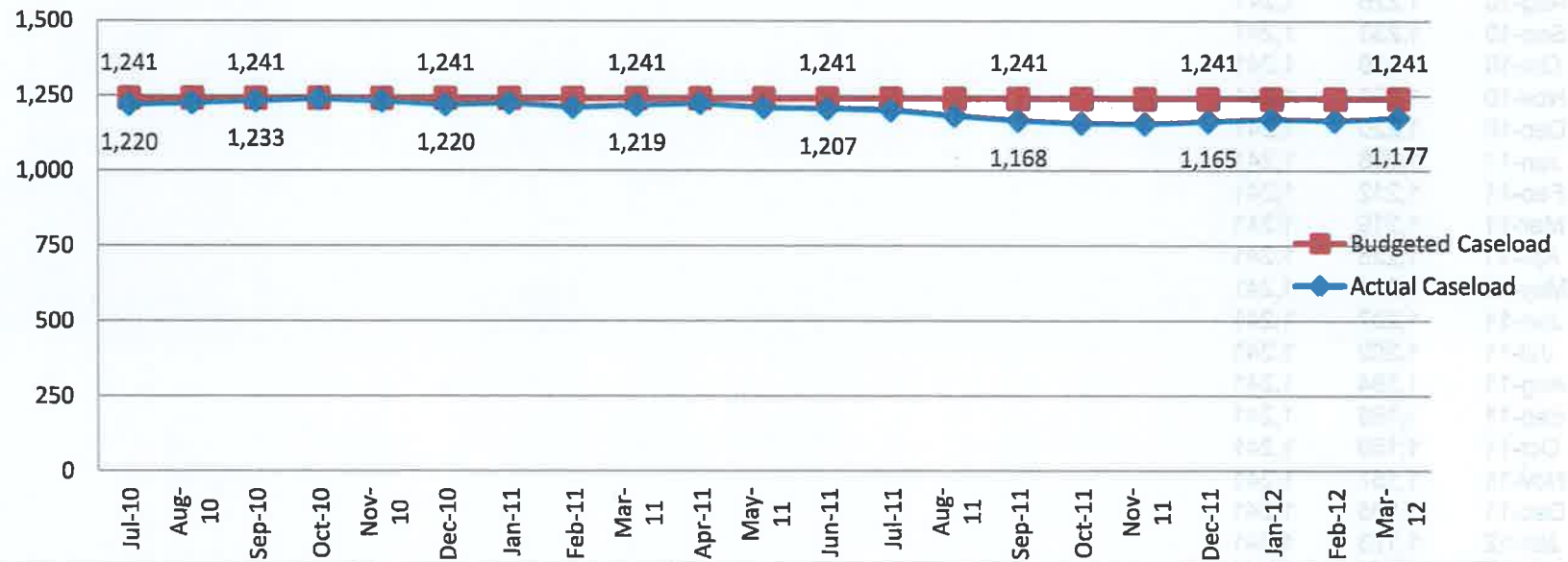
WEARC

	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)



	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 (#)	<=30 Days (#) Under 30 days	>30 Days (#) Over 30 days	Average Days Wait Time	Maximum Days Wait Time	Average wait time till approved	Total Clients Waiting (Screened + Pending)	Total Current Cases (On Going and Approved)	Total Budgeted Case load	Total New Applications Received and Processed (Referral, Dropped, Screened, Pending and Approved)
68	Jul-07		1,195	37	33	95	178	214	65	317		358	1,222	1,621	561
69	Aug-07		1,200	26	23	82	172	224	107	348		368	1,222	1,621	570
70	Sep-07		1,195	27	35	64	167	257	120	378		384	1,222	1,621	585
71	Oct-07		1,169	31	36	65	160	290	131	409		450	1,220	1,633	596
72	Nov-07		1,187	24	30	168	151	224	123	439		375	1,211	1,637	606
73	Dec-07		1,178	26	31	103	101	160	120	430		291	1,204	1,641	637
74	Jan-08		1,165	29	34	218	32	40	120	501		105	1,184	1,645	605
75	Feb-08		1,154	30	43	181	40	27	140	530		67	1,184	1,649	630
76	Mar-08		1,147	28	44	100	45	24	101	561		69	1,176	1,653	663
77	Apr-08		1,136	34	46	187	40	10	78	485		66	1,170	1,657	685
78	May-08		1,140	31	38	410	102	47	64	204		149	1,171	1,661	695
79	Jun-08		1,128	28	30	175	123	42	64	204		165	1,168	1,665	700
80	Jul-08		1,122	17	17	177	141	45	53	245		179	1,163	1,671	727
81	Aug-08		1,123	8	32	103	140	62	30	313		176	1,165	1,674	733
82	Sep-08		1,153	4	34	89	175	44	81	303		240	1,175	1,681	772
83	Oct-08		1,059	16	57	79	154	60	64	384		188	1,070	1,641	834
84	Nov-08		1,040	22	75	72	150	48	60	403		113	1,147	1,641	834
85	Dec-08		1,049	98	114	61	102	11	39	403		97	1,138	1,641	834
86	Jan-09		1,105	32	54	62	83	14	50	426	381	127	1,135	1,641	834
87	Feb-09		1,113	22	65	59	114	13	42	317	317	129	1,118	1,641	834
88	Mar-09		1,000	29	97	61	122	7	24	83	83	121	1,113	1,641	834
89	Apr-09		1,080	33	64	84	120	1	24	104	104	100	1,112	1,641	834
90	May-09		1,075	37	65	84	98	2	25	107	107	90	1,123	1,641	834
91	Jun-09		1,072	51	35	99	87	3	20	123	123	86	1,120	1,641	834
92	Jul-09		1,083	38	30	91	85	3	25	103	103	103	1,122	1,641	834
93	Aug-09		1,083	38	30	91	85	3	25	103	103	102	1,118	1,641	834
94	Sep-09		1,087	32	26	81	98	5	26	147	147	102	1,104	1,641	834
95	Oct-09		1,075	29	39	130	121	4	20	177	177	101	1,086	1,641	834
96	Nov-09		1,070	22	29	91	62	0	35	169	169	98	1,123	1,641	834
97	Dec-09		1,079	44	29	137	86	13	30	198	198	98	1,123	1,641	834
98	Jan-10		1,068	00	32	122	80	0	31	230	230	66	1,128	1,641	834
99	Feb-10		1,095	44	34	103	88	6	30	250	250	94	1,138	1,641	834
100	Mar-10		1,007	44	39	108	122	5	25	252	252	127	1,141	1,641	834
101	Apr-10		1,113	40	30	102	107	6	34	282	282	119	1,159	1,641	834
102	May-10		1,121	44	39	139	104	8	36	312	312	112	1,165	1,641	834
103	Jun-10		1,126	64	40	137	127	7	26	222	222	134	1,190	1,641	834
104	Jul-10	113	1,126	64	37	137	127	2	31	169	169	141	1,220	1,641	834
105	Aug-10	22	1,117	49	18	101	139	1	30	165	165	138	1,228	1,641	834
106	Sep-10	34	1,118	37	16	103	137	2	30	165	165	142	1,233	1,641	834
107	Oct-10	40	1,119	37	20	103	139	5	38	167	167	142	1,233	1,641	834
108	Nov-10	64	1,195	40	26	108	139	6	38	169	169	146	1,232	1,641	834
109	Dec-10	84	1,200	23	12	73	131	15	40	199	199	168	1,232	1,641	834
110	Jan-11	60	1,192	28	58	12	140	18	44	135	135	168	1,220	1,641	834
111	Feb-11	82	1,194	42	64	66	160	6	41	165	165	175	1,212	1,641	834
112	Mar-11	97	1,177	35	60	83	140	35	53	204	204	165	1,218	1,641	834
113	Apr-11	70	1,177	42	77	103	133	32	51	234	234	135	1,225	1,641	834
114	May-11	67	1,162	43	55	74	105	38	60	187	187	149	1,241	1,641	834
115	Jun-11	80	1,181	30	73	75	105	33	60	201	201	144	1,207	1,641	834
116	Jul-11	81	1,180	27	55	60	104	48	74	235	235	152	1,202	1,641	834
117	Aug-11	62	1,190	26	60	79	104	48	90	288	288	160	1,184	1,641	834
118	Sep-11	60	1,160	24	62	122	109	59	94	288	288	168	1,168	1,641	834
119	Oct-11	91	1,150	28	60	57	109	67	75	340	340	172	1,169	1,641	834
120	Nov-11	95	1,131	28	61	51	109	67	75	340	340	172	1,169	1,641	834
121	Dec-11	73	1,120	31	57	53	118	44	69	382	382	132	1,165	1,641	834
122	Jan-12	201	1,120	37	50	83	98	30	44	232	232	119	1,173	1,641	834
123	Feb-12	209	1,130	43	65	62	103	15	46	261	261	132	1,168	1,641	834
124	Mar-12	382	1,137	31	65	61	96	12	50	281	281	132	1,168	1,641	834
125	Apr-12	323	1,131	48	59	131	141	12	35	294	294	163	1,177	1,641	834

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 complaint 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.

Where's My Ride: 888-737-0829

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

Today Date: 9-9-2008 County: CLARK

Facility Name: WILLOW CREEK MEMORY CARE

Medicaid Number: 00001077877 Name: BETH MURKIN

Address: 9512 CAPE SABLE LANE

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

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

From: ABOVE ADDRESS Pick-Up Address: _____

Suite: _____ City: _____ State: _____ Zip: _____ Ph: _____

To: WILLOW CREEK Drop Off Address: 3351 N. BUFFALO
MEMORY CARE

Suite: / City: LV State: NV Zip: 89129 Ph: 702-395-3100

Social Worker/Transportation Coordinator: Liz HORANGIS

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.

LVMPD EVENT#
090804-1323

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

**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 – Non Medical Division Manager

Policy and Procedures

Clients Name

Beth Murnin

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.

Yes

No

✓

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

Clients Signature

Beth M. Murnin

Date

5.14.08

Field Supervisors Signature

Mona B. Bayles

Date

5.14.08

ASSISTIVE DEVICES			H = Has	U = Uses	N = Needs
H	U	N	H	U	N
☐	☐	☐	Lift/Hoyer	☐	☐
☐	☐	☐	Commode	☐	☐
☒	☒	☐	Bath/Shower Bench	☒	☐
☐	☐	☐	Slide Board	☐	☐
☐	☐	☐	Power Chair	☐	☐
☒	☒	☐	Manual Chair	☐	☐
☐	☐	☐	Walker	☒	☐
☐	☐	☐	Cane/Crutches	☐	☐
☐	☐	☐	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; Tricout	Light Housekeeping		A		PCS 1xwk; (u)...
Dressing	I			Dir assist at times	Shopping		A		PCS 1xwk; Dir. assist
Exercise		A		PCS 4xwk; walk	Laundry		D		PCS 1xwk; wash/dry
Grooming		A		PCS 4xwk; lotion	*Telephone		A		Dir. assists
Toileting		A		PCS 4xwk; cloth	*Vision				
Continence		A		Bladder onl	*Hearing				
Transfer				USPS wait	*Speech				
Mobility				USPS walker, dir. sup	*Orientation		A		X2; confused
Assistive Devices				USPS walker, dir. sup	*Transportation Arrangements		A		Dir. takes her
Meal Preparation		A		PCS 4xwk; lunch	*Medication Reminder			D	Dir. gives her all
Eating	H	S		Needs reminder					meds.
Escort		A		Dir. - escorts her to bus					

*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	
☐	☒	Respite	☐
☐	☐	Hospice	☐
☐	☒	Adult Day Care	☐
☐	☐	School Based Services	☐
☐	☐	At Risk Recipient	☐
☐	☐	Chore Services	☐
☐	☒	CHIPS	☐
☐	☐	Disability Waiver Program	☐
☐	☐	MH/DS	☐
☐	☐	Other:	☐
☐	☐	Meals on Wheels	☐
☐	☐	Home Health	☐
☐	☒	Transportation	☐
☐	☒	DME/Supplies	☐
☐	☐	Other:	☐
☒	☐	Medical/Dental/Ocular	☐
☐	☐	Legal Services/Guardian	☐
☐	☐	OT/PT/Speech	☐
☐	☐	Companion	☐
☐	☐	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. 2.5 hrs x 3 days week = 7.5 hrs.
 Client a dir. prefer 2.5 hrs, if possible.

TOTAL WEEKLY HOURS = 12.5 hrs.

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:

Recipient's Signature: [Signature] Date: 3/3/09 Worker's Signature: Heidi J. Masley Date: 3/3/09