

New Client Intake Folder

1. Caregiver Service Assessment Form/ AFCSP Eligibility Form/NFCSP Eligibility Form
2. Release of Information
3. Family Caregiver Needs Assessment
4. Program Evaluation (complete within the first 30 days and at 6-month review or when ending program)
5. ADRC Survey (annually)
6. HDM assessment
7. Risk Assessment for Vulnerable Clients
8. Doctor Diagnosis Form (AFCSP only)
9. PERS
10. Caregiver Connection Brochure, Coffee Flyer (other local resources)
11. Customer Satisfaction Survey (DHS)

Complete After Intake Home Visit

1. Put notes into SAMS
2. Send Dr. Verification Form
3. Call the service provider to see if they have staff to accommodate authorization.
4. Fax the service authorization along with a Fax Cover Page.
5. Enter Service Authorization.
6. Create a Client file
7. Schedule 6 month visit

Alzheimer's Family Caregiver and Support Program (AFCSP) Checklist 2024

New Applicant

- 1) Upon receipt of referral or inquiry obtain:
 - a. ___ Recipient name and ask for correct spelling, DOB, address, phone or contact information, caregiver name, DOB, address and phone or contact information.
 - b. ___ Does the recipient have a diagnosis of Alzheimer's or another non-reversible dementia? Request recent OV notes, AVS, or some form of documentation to verify diagnosis. The letter to PCP is available to be sent and signed for verification.
 - c. ___ Complete Financial Eligibility Screen-Worksheet 1. Request last year's tax return.
 - d. ___ Set up in-person Caregiver Needs Assessment. Date/time _____
 - e. ___ Enter care recipient in REDCAP.
 - f. ___ Enter care recipient in WellSky/SAMS

- 2) At-home/in-person visit:
 - a. ___ Complete Caregiver Needs Assessment (start with 5 questions at the end of the form)
 - b. ___ Complete Family Caregiver Support Program Initial Evaluation Form
 - c. ___ Complete AFCSP General Information Form
 - d. ___ Complete Financial Eligibility Verification and have the recipient or caregiver sign.
 - e. ___ Complete Financial Screening with signatures
 - f. ___ Offer information on additional resources (i.e. support groups, online, classes)
 - g. ___ If receiving home-delivered meals complete the AFCSP Home Delivered Meals Donation Authorization form. ** AFCSP used for HDM is voluntary, not mandatory. If the CG wants to use AFCSP for different services as discussed during the caregiver needs assessment, then those services should be provided via AFCSP funding.*
 - h. ___ Explain the process of reimbursement for incurred expenses and provide forms.
 - i. ___ Document assessment and journal notes in WellSky.
 - j. ___ Enter the initial assessment into REDCAP.

- 3) Follow up for qualifying recipient:
 - a. ___ Mail welcome letter with expense forms (AFCSP expense forms-YELLOW)
 - b. ___ Offer follow-up information and additional resources.
 - c. ___ Process incoming expenses
 - d. ___ Review finances and expenses in June-may have additional funding.
 - e. ___ Enter Pre-Evaluation complete in REDCAP after one week.
 - f. ___ Send Customer Satisfaction Survey after services begin/take place.
 - g. ___ Enter post-evaluation complete in REDCAP after approximately 6 months.
 - h. ___ Every 3-6 months meet with Financial to review available funding.

- i. ___ If additional funds are available mail a letter to CG/Recipient to notify.
- j. ___ Provide ongoing availability for questions/additional info/resources.
- k. ___ Document contacts in Journals in WellSky
- l. ___ Annually Complete Renewal:
 - Caregiver Needs Assessment
 - Update demographic information
- k. ___ Enter reevaluation and updates in WellSky.

4) Process Bills or Expense submissions:

AFCSP Checklist - check off when completed	
Name	
Entered into database	
Initial Contact	
Meeting Scheduled	Date
Release for diagnosis	Faxed
Diagnosis recv'd	
Currently with Curative? Which site?	
Final steps	
Completed Worksheet sent	I&A Notified
Completed worksheet signed	
Financial Documents obtained	
Reimbursement created	
Award letter sent	
Award amount in Access	
Customer satisfaction survey sent	
Ready to Scan	
Wellsky	
ROIs noted	
NAPIS	
Assessment Entered	
CG/CR relationship verified	
AF Participant Noted	
Schedules Plus	
RedCap	RedCap # in Database