FACILITY OUTREACH AND COMMUNITY INTEGRATION SERVICES

Policy Manual, Chapter 2900

AGING AND DISABILITY SERVICES DIVISION

2901 INTRODUCTION

The Aging and Disability Services Division (ADSD) Facility Outreach and Community Integration Services (FOCIS) program was established in Nevada to support individuals in transitioning from institutional settings to the most integrated, community-based environment possible. FOCIS is a voluntary program promoting personal choice and is a pathway to independence, dignity, and self-determination.

The FOCIS program operates statewide in Nevada through a partnership with community providers.

2901.1 GENERAL PROVISIONS

The FOCIS program assists individuals at risk of admission to a long-term care facility or who are pending discharge hospitalization or other care settings with resources to live in the least restrictive community of their choice. This is done through providing:

- Information and referral services;
- Person-centered planning;
- Wrap around care coordination;
- Transition services; and
- Diversion services.

2910 ELIGIBILITY AND INTAKE

To ensure appropriate access to services, the FOCIS program follows a structured intake process to determine eligibility. This process is designed to identify individuals who qualify and benefit from the services. Eligibility and intake activities are carried out by designated FOCIS staff. This section outlines the criteria for program eligibility and the steps involved from referral through the intake process.

2910.1 REFERRALS

Individuals or their authorized representatives (AR) may learn about the FOCIS program through the ADSD website, outreach events, other ADSD programs, or community-based providers (e.g., hospitals, long-term care facilities, county social service programs, etc.). An AR assists in decision-making and communication and may include legal guardians, family members, or other individuals designated by the recipient or by law.

A referral can be made informally by phone, mail, fax, or online via the referral tool (FOCIS-EI-01), or in person at any ADSD District office. Referrals do not initiate the application process.

2910.2 CASE ASSIGNMENT

Intake staff monitor referrals daily. Upon receipt, intake staff creates the individual's record in the designated electronic system of record. Referrals are assigned by intake staff to a Health Care Coordinator (HCC) within three (3) business days based on region and rotation. The HCC contacts individuals to begin intake.

2910.3 ELIGIBILITY CRITERIA

The FOCIS program does not have any age, financial or insurance requirements. However, applicants must meet the following eligibility criteria:

- Be a United States citizen or a qualified alien as defined in 7 CFR 273.4(a)(6)(i);
- Be a Nevada resident; and
- Currently live in a long-term care facility setting or be at risk of long-term placement.

2911 REQUIRED INTAKE DOCUMENTS - RESERVED

2912 INTAKE INTERVIEW

The HCC completes an initial call within five (5) business days with the individual to review the referral details, verify recipient needs and identify transition or diversion services. The HCC reviews the following information for all referrals:

- Recipient name;
- Home or facility address;
- Mailing address; and
- Contact information for recipient and authorized representatives.

For referrals in need of diversion services and support, the HCC will discuss the most recent three (3) calendar months of personal history including (but not limited to) hospitalizations, falls, and repeated paramedic calls. This information is used to determine the need for FOCIS support.

The HCC will make three (3) attempts at contact for all referrals, no less than two (2) business days apart, to verify the recipient's need for services. After verification, an initial face-to-face visit for assessment is scheduled within 45 calendar days of the referral date to determine what community resources the recipient needs to remain safe in the community.

2913 APPLICATION PROCESSING AND EVALUATION (RESERVED)

2920 CASE MANAGEMENT/CARE COORDINATION

FOCIS case management services are provided by the HCC through wrap-around care coordination involving recipients, family support systems, care providers and other available community resources. All services follow the person-centered planning process.

2920.1 INITIAL FACE-TO-FACE VISIT

During the initial face-to-face visit the FOCIS Assessment is completed in the designated electronic system of record with the recipient. If safety concerns or rural travel limitations exist, assessments may be completed remotely with supervisor's approval. The HCC will review the following forms with the recipient during the visit:

- Statement of Choice (FOCIS-CM-01);
- Notice of Privacy Practices (GA-CI-02);
- Acknowledgement of Receipt of Privacy Practices (GA-CI-03);
- Authorization to Release or Request Information (GA-CI-01); and
- Designated Representative Attestation Form (OCL-EI-01), if applicable.

All assessment information is documented within five (5) business days in the designated electronic system of record.

2921 EVALUATION AND ASSESSMENT

The HCC uses the FOCIS Assessment to determine the recipient's needs both at the onset of services and throughout the duration of program participation are appropriate for diversion services or transitional services.

2921.1 ASSESSMENT

The FOCIS assessment provides a person-centered snapshot of the participant. The HCC conducts assessments with the recipient, AR (if applicable), and/or discharge planner of the facility (if applicable) at the recipient's home, long-term care setting or, at the hospital or emergency room. The assessment determines if the recipient can remain in the community, avoid or shorten hospital or long-term care facility admissions, and coordinates necessary services. Additionally, the assessment determines the recipient's needs and identifies goals for the person-centered service plan.

2921.2 UNABLE TO DISCHARGE

If a recipient residing in a long-term care facility cannot be discharged because of their level of care needs, the HCC will document this in the assessment or case notes (if the determination occurs outside of the assessment period). The referral will be closed with documentation that ongoing in-facility support is required as the reason for closure.

2922 ASSESSMENT DETERMINATIONS RESERVED

2923 PERSON-CENTERED SERVICE PLAN

FOCIS uses the person-centered planning process to develop the supports and services based on what is important to and about a person, considering their capacities, location, transportation availability, and desired activities.

A Person-Centered Service Plan (PCSP) is created in the designated electronic system of record within five (5) business days of the assessment date. The PCSP identifies the services or supports the recipient needs to remain safe in their chosen environment.

HCC staff, who are licensed professionals, collaborate with recipients and their support systems to create the PCSP. Support systems include but are not limited to the AR, caregivers, family members, friends, or existing service providers/medical care practitioners.

Every recipient is required to have a PCSP. Recipients and their representatives actively participate in the PCSP development. This ensures that the recipient's goals, needs, and preferences are addressed. Choice of service and providers are integrated in the planning process. The PCSP identifies the recipients' service needs, and the providers required, including type, amount, duration, scope, and frequency of services. Specific tasks, risk factors, or directions are also noted.

Recipients have the right to make changes to their PCSP at any time. Changes can be made to add or remove service(s), to adjust authorized units, or to change service providers. Recipients must sign the amended PCSP at their next face-to-face visit.

The HCC provides the PCSP and the Service Plan Letter (FOCIS-CM-02) to the recipient. The signed PCSP must be returned within 10 business days. The PCSP is sent to the recipient following Health Insurance Portability and Accountability Act (HIPAA) compliant measures, including secure encrypted email, encrypted file transfer, or physical mail with appropriate privacy safeguards. The delivery method will be selected based on the recipient's preference and will be documented accordingly. At the time of receipt, the HCC will sign and upload the PCSP into the designated electronic system of record.

If the recipient does not sign or return the PCSP within 10 business days, the HCC will make at least two documented attempts to follow up. If the PCSP remains unsigned after these attempts, the HCC will notify their supervisor for further guidance and document the delay in the designated electronic system of record. Services may continue based on the most recent authorized plan until resolution.

The PCSP is updated annually or anytime the recipient's needs change and new information is identified.

2923.1 VERBAL CONSENT DOCUMENTATION

In cases where the recipient is unable to sign the PCSP during the face-to-face visit, verbal consent may be accepted temporarily. The HCC must document the verbal agreement in the electronic system of record, including the date, time, and names of individuals present. A signed copy must still be obtained at the next available opportunity.

2924 PCSP SERVICES- RESERVED

2925 MONTHLY CONTACT

Monthly contacts are required with all recipients or their AR via telephone, video call, or secure encrypted email unless a home visit is requested by the recipient. All visits and contacts are documented in the designated electronic system of record within five (5) business days. During the monthly contact the HCC will:

- Review the person-centered service plan;
- Verify if the recipient has been connected to community resources;

- Submit any additional referrals needed for community resources;
- Verify all medical appointments have been followed up on as necessary;
- Discuss whether there have been any hospitalizations, falls, or repeated paramedic calls since the last point of contact; and
- Determine outstanding items such as referrals to community resources; require follow-up to be completed within 10 business days.

Recipients/ARs must respond to monthly contact requests within 10 calendar days.

2925.1 MANDATED REPORTING

All ADSD employees maintain responsibility as mandated reporters under NRS 432B.220. In circumstances where the HCC has a duty to report, information will be provided to the designated entity as identified in the FOCIS Assessment within the required timeline. All necessary information will be recorded within the designated electronic system of record.

Reports may be made (but not limited) to Adult Protective Services (APS), the Long-Term Care Ombudsman Program (LTCOP), the Bureau of Healthcare Quality and Compliance (HCQC), Nevada Medicaid and relevant licensing boards, as appropriate.

2926 CASE CLOSURE - RESERVE

2930 INDIVIDUAL RIGHTS AND APPEALS - RESERVE

2931 INDIVIDUAL RESPONSIBILITIES

2931.1 CODE OF CONDUCT

All recipients and ARs are required to follow the code of conduct standards identified below as well as requirements identified within the Statement of Choice Form (FOCIS-CM-01) to remain on the program. All recipients/ARs must:

- Behave appropriately while on the program and during services.
- Actively participate in the services as identified and agreed upon in the PCSP.

Inappropriate behavior will not be tolerated and may be grounds from termination from the program. Inappropriate behavior is (not all-inclusive):

- Use of loud, suggestive, or offensive language.

- Threatening, in any way, a member of staff or service provider.
- Damaging or destroying property.
- Sending abusive or threatening communications such as emails, text messages, voicemails, phone calls or other written communications to anyone within the service team.
- The use of physical, verbal, or written aggression towards another person.
- The consumption or use of any legal or illegal drugs or alcohol in the presence of the HCC or service provider.

All ARs responsible for the care of the recipient must be present, attentive, and not under the influence of alcohol, illicit drugs, or any substance that may impair their ability to provide safe and effective care during service delivery.

Recipients/ARs are responsible for participating as identified in their PCSP.

2932 REPORTING RESPONSIBILITIES

Recipients/ARs must report any changes to the HCC within 30 calendar days of the change. Reportable changes include:

- Income;
- Insurance status;
- Contact Information (phone number, address, etc.);
- Household composition (family moves in, family moves out, etc.);
- Services and waitlists;
- Provider; and
- Personal information (e.g., phone number, address, household).

Recipients/ARs are responsible for contacting community providers and maintaining open communication regarding the provider’s waitlist status.

During monthly contacts with the HCC, recipients/ARs will provide information to the program regarding any community provider waitlist status changes.

Insurance and income changes do not impact eligibility but may provide additional resources which might change the PCSP. However, failure to meet reporting requirements within the requested timeline may result in case closure.

2933 COMPLAINTS

Complaints should always be addressed at the lowest level possible, starting with the HCC. The HCC is responsible for addressing the recipient's concerns or complaints in a timely manner to reach a satisfactory informal resolution. Recipients who have a specific complaint or are unsatisfied with their HCC may submit a complaint to the HCC supervisor.

Complaints must be submitted by the complainant as soon as possible, but no later than 15 calendar days after the occurrence.

Upon receipt of the complaint, the complaint must be documented in writing, and the HCC supervisor will contact the complainant within 15 business days.

2934 ADMINISTRATIVE REVIEW- RESERVED

2935 APPEALS- RESERVED

2940 ELECTRONIC RECORDS

All FOCIS records are documented in the designated electronic system of record within five (5) business days of the event. Documentation is completed accurately, timely, and in compliance with all state and federal regulations.

2950 QUALITY ASSURANCE AND COMPLIANCE-RESERVED

2960 PROVIDER INFORMATION-RESERVED

2970 BILLING AND FISCAL MANAGEMENT-RESERVED

2980 RESERVED

2990 RESERVED

2998 AUTHORITY

NRS 432B.220

NRS 427A.040

NRS 427A.250

2999 ACRONYMS AND DEFINITIONS

Authorized Representative: Individual who has been designated by a recipient as having authority to act on behalf of the recipient.

Designated Representative: Individual who acts as a representative chosen by a recipient who can sign forms, act on their behalf, receive protected health information and use this information to the benefit of the recipient. This does not replace power of attorney or guardianship.

Diversion: To keep recipient from becoming institutionalized.

Facility Outreach and Community Integration (FOCIS): Program that offers a voluntary service intended to provide recipients with a choice to seek an alternative to institutional placement.

Facility for Long-Term Care: As defined in NRS 427A.028 includes:

- A residential facility for groups
- A facility for intermediate care
- A facility for skilled nursing

- A home for individual residential care
- Any unlicensed establishment that provides food, shelter, assistance and limited supervision to a resident

Health Care Coordinator (HCC): Healthcare professional responsible for facilitating, managing, and improving patient care by acting as a liaison between patients, families and healthcare providers.

Person-Centered Service Plan (PCSP): A written document identifying the recipient's health and welfare needs, along with goals and interventions to meet the identified needs. It specifies the amount, duration, frequency and type of provider for all services, as well as other ongoing community support services that may meet the assessed needs of the recipient, regardless of the funding source.

Recipient: A person who receives services from a facility for Long-Term Care, a day care center or facility for long-term rehabilitation; or living arrangement services. (NRS 427A.0294)

Transition: To assist the recipient from an institutional setting back into the community.