



Steve Sisolak
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SAMS Case Management System Overview

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Unit Chief

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Cheyenne Pasquale
Chief I, Planning

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Who Uses SAMS?

- ADSD Community Based Care programs
 - Medicaid Waivers (FE/PD)
 - Personal Assistance Services
 - Homemaker
- Grantees – Older Adult Programs
 - Social Services
 - Nutrition
- Division of Healthcare Financing and Policy
 - Katie Beckett Program
 - Care Coordination
 - FOCIS Program

SAMS Overview

- Vendor Maintained – WellSky
 - Internet based
 - HIPPA compliant
 - Agency/Vendor supported
 - Interfacing capabilities
 - Robust CM system
- Purposes
 - Case management
 - Data collection
 - User group - customization

Reports

- Custom available
- Standard available
 - Client demographics
 - Consumer/Unit count
 - Referral source
 - Topics/Outcomes

SAMS I & R Module

Call - (Anonymous) - 1/16/2019 7:38 AM

Save | Save and Close | Close | Print | Open Audits | Format Panels | Disable Timer | Pause | Add New

OK

Call Type Incoming

Caller (Anonymous)

Caller Type (Self)

Consumer (Anonymous)

Referred By

Age Group

Gender Unknown

Disabilities

Call Priority

Start Date/Time 1/16/2019 7:38 AM

End Date/Time 1/16/2019 7:38 AM

Seconds Paused 0

Complete? No

Primary Payment Source

Call Topic Count 0

Activities Add New

ADRC Outcomes

Assessments Compare | History | Add New | Open | Copy

Topics Select Topics

Notes

Referrals Generate Activity | Search | Print | Add New

Related Calls

Service Deliveries Add

Client Demographics

Consumer - @Pasquale Test, Cheyenne (1369630495)
P: (702) 486-3831
Notes: (consumer does not have any notes)

Details Activities & Referrals Assessm

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

Open Basic Information

Name	Cheyenne @Pasquale Test
Date Registered	02/10/2017
Information Release Authorized	No
Active	Yes

NAPIS

In Poverty?	Don't Know
Lives Alone?	Don't Know
High Nutritional Risk?	Don't Know
Is Rural?	Don't Know
NSIP Meal Eligible	No
Is Ethnic Race specified	No

Insurance

Medicare Eligible	No
Income Below 300% SSI	Don't Know
Medicaid Eligible	Don't Know
Medicare managed care	Don't Know
Medicare part A	Don't Know
Medicare part B	Don't Know

Care Enr

Directions

Notes

Phones

Consumer - @Pasquale Test, Cheyenne (1369630495)
P: (702) 486-3831
Notes: (consumer does not have any notes)

Details Activities & Referrals Assessments Calls Journals

Save | Save and Close | Close | Reject Changes | Print | Open Audits | Format Panels | Status Wizard |

Other Characteristics

Employment Status	Unknown
Cognitive Impairment	Unknown
Disabled	No
Duplicate Mail	No
Female Head of Household	No
Frail	No
Homebound	No
Receiving Social Security	No
State Resident	No
Tribal	No
Understands English	Yes
U.S. Citizen	No
Veteran?	No
Veteran Dependent	No
Abused/Neglected/Exploited	No
Other Health Ins. Benefits	

Recent Assessments

2/10/2017	Assess My Needs
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Service Delivery

Consumer - @Pasquale Test, Cheyenne (1369630495)
P: (702) 486-3831
Notes: (consumer does not have any notes)

Details Activities & Referrals Assessments Calls Journals Routes Ser

Service Delivery X

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

Care Program

Agency Aging and Disability Resource Center

Provider

Service Category

Service

Service Month/Year 01/2019

Units

Unit Price

Type

Total Cost

Diagnosis Code

Service Order No:

Specify units by day in the calendar below:

January, 2019

Sun	Mon	Tue	Wed
		1	2
6	7	8	9
13	14	15	16
20	21	22	23
27	28	29	30

Format Property List

Referrals

Activity - L1: Mental Health, Referred from Web

Save | Save and Close | Close | Reject Changes | Print | Open Audits | Format Panels | Heard, This is a test Seren |

Subject Referred from Web

Action L1: Mental Health

Agency Aging and Disability Resource Center

Provider

Care Program

Site

Status Not Started

Reason

Status Date 10/9/2018

Due Date Enter date

Start Date Enter date

Start Time Enter time

Date Completed Enter date

Time Completed Enter time

Follow-Up Status Not Required

Follow-Up Date Enter date

Follow-Up Time Enter time

Comments

Web Intake ID: 67832

Services

Assessments

Assessment - 02/10/2017 - @Pasquale Test, Cheyenne [Assess My Needs]

Save | Save and Close | Close | Reject Changes | Make a Copy | Print | Open Audits | Export | Edit | Options | Find Question | | Text Size:

Question Properties | Show Notes **Required Questions: 3 / 3 (100 %)** **Total Questions: 15 / 31 (48 %)**

Sections Collapse All | Expand All

- Level 1 Screen
 - Level 1 Screen
 - 1. Contact Information (7)**
 - 2. Information for Person Needing Assistance (12)
 - 3. Client Living Situation (2)
 - 4. Goals (1)
 - 5. Medicaid coverage (2)
 - 6. Income (1)
 - 7. Information (1)
 - 8. Assistance (1)
 - 9. Mental Health (1)
 - 10. Depression or Anxiety (1)
 - 11. Are you being referred

Assessment View | Narrative

Level 1 Screen

1. Contact Information

Are you completing this assessment for yourself?

(Not Answered) No Yes

Contact's first name?

Contact's last name?

Contact's phone number

Contact's email address?

Relationship to Person Needing Assistance:

(Not Answered) Spouse Parent Child Sibling Friend

Thank You

Questions?