



2017 Care Coordinator CERTIFICATION

January to June Webinar Schedule

CARE COORDINATOR SUPERVISORS:

Complete this form to verify that your new Care Coordinator has met the requirements needed per Administrative Rule 240.1440; and to continue their Certification training via a live webinar and Certification exam.

Attached to this form are the two additional items that must be completed and accompany this registration form:

Check (x) within the boxes for verification of attachment:

- Pre-test answer sheet completed by student (before any training begins)
- Protocol Signature Sheet completed by Training Supervisor

CHECK (x) ONE BOX BELOW:

- Thursday, January 19
- Thursday, February 16
- Tuesday, March 14
- Thursday, April 20
- Thursday, May 25
- Thursday, June 15

NOTE earlier time: 1:30 to 3:30 pm

Agency Name and Address	PSA	First Name	Last Name	Title Code	E-mail Address

Title Code Options: (Choose the most applicable)

Receives Certification: 1 - Care Coordinator 4 - Choices for Care Coordinator 5 - APS Case Manager 6 - Supervisor 9 - AAA staff

Receives Certificate of Attendance Only: 2 - Intake 3 - Information & Referral 7 - Other (with prior approval)
8 - Care Coordinator Assistant 10 - Informational Purposes (with prior approval)

Supervisor's Full Name:	
Phone:	E-mail:

E-mail or Fax the validated form to:

Lori.Brannan2@illinois.gov OR FAX to: (217) 558-3825



2017 Care Coordinator CERTIFICATION

Pre-Test Answer Sheet

(To be completed before ANY training begins)

New Care Coordinator Name: _____

Agency: _____

Date: (Choose date from list) Administering Supervisor:

- | | | |
|-----|-----|-----|
| 1. | 11. | 21. |
| 2. | 12. | 22. |
| 3. | 13. | 23. |
| 4. | 14. | 24. |
| 5. | 15. | 25. |
| 6. | 16. | 26. |
| 7. | 17. | 27. |
| 8. | 18. | 28. |
| 9. | 19. | 29. |
| 10. | 20. | 30. |



2017 Care Coordinator CERTIFICATION Protocol for Pre-Certification Training

Objectives:

Pre-Certification (Pre-CERT) training under the instruction of a Training Supervisor will function as an introduction to Comprehensive Case management and serve as a foundation for the Certification training. It will introduce the new Care Coordinator to the concepts, policies, and procedures of case management. It will include the comprehensive needs-based assessments for older adults as well as the possibilities and services to help meet those needs. The ability of Care Coordinators to successfully demonstrate case management skills at the close of Certification training rest in part on their acquisition of foundation case management skills during the Pre-CERT Training.

Training on these topics by the Care Coordination Unit's Training Supervisor must be completed before the newly hired Care Coordinator may attend the CERT Webinar.

I. Qualifications: Care Coordinator and/or Supervisor Qualifications per Rule 220.605	
Supervisor's Signature:	Date:
II. Orientation: <ul style="list-style-type: none"> • Introduction to CCU, colleagues and staff • Review of job description, agency mission and vision • Understand the Aging Network 	
Supervisor's Signature:	Date:
III. Review of written information of Comprehensive Care Coordination includes: <ul style="list-style-type: none"> • Review of the CCC manual and the completion of the chapter exercises • The latest version of the Comprehensive Assessment Form • Review of most common ailments and how each affects function and MMSE/DON scoring 	
Supervisor's Signature:	Date:
IV. Functional Assessment Tool: <ul style="list-style-type: none"> • Completion of the MMSE/DON Tutorial including task descriptions and scoring guidelines 	
Supervisor's Signature:	Date:
V. In-Home, Adult Day, and Emergency Home Response Services <ul style="list-style-type: none"> • Includes overview of CCP Manual & IDoA's Administrative Rules • CCP services will include eligibility requirements, working within the Service Maximum, Service Authorization, and the completion of required forms. • Include procedures for SIPs, Appeals and MOUs 	
Supervisor's Signature:	Date:
VI. Non-CCP Services and Community Resources <ul style="list-style-type: none"> • Review service eligibility requirements, required forms, benefits and accessibility • Services to be reviewed must include, but are not limited to Title III of the Older Americans Act 	
Supervisor's Signature:	Date:



2017 Care Coordinator CERTIFICATION Protocol for Pre-Certification Training *(continued)*

<p>VII. Nursing Facility Prescreening Program and Long-Term Care Ombudsman Program</p> <ul style="list-style-type: none"> · Assisted or shadowed care coordinator with nursing or supportive living facility prescreen · Conducted the Choices for Care Assessment <p>Supervisor's Signature: _____ Date: _____</p>
<p>VIII. Training on Software Database Information Systems</p> <ul style="list-style-type: none"> · Includes but not limited to Client Forms Manager, Participant Search Screen and eCCPIS <p>Supervisor's Signature: _____ Date: _____</p>
<p>IX. Adult Protective Services</p> <ul style="list-style-type: none"> · Review mandated reporting, local APS investigating agencies · Identify types of abuse of seniors and people with disabilities <p>ADS Supervisor's Signature: _____ Date: _____</p>
<p>X. Demonstration Projects (if applicable)</p> <ul style="list-style-type: none"> · Review of current IDoA demonstration projects, including policies and procedures <p>Supervisor's Signature: _____ Date: _____</p>
<p>XI. Local Adult Day Service Visit (if applicable)</p> <ul style="list-style-type: none"> · Visit and tour one or more local CCP ADS <p>Supervisor's Signature _____ Date: _____</p>
<p>XII. Shadow Two Experienced Care Coordinators</p> <ul style="list-style-type: none"> · Shadowing consists of observing a Care Coordinator working through the case management process. This process, for training purposes, includes receiving the referral, conducting a home visit, conducting the comprehensive assessment, putting a care plan into place, documentation, telephoning and completing the required paper work within the timeframes. · Each new hire is required to shadow two different care coordinators, one day with each chosen care coordinator, and must consist of at least two home visits with initial assessment. <p>Care Coordinator #1: _____ Date: _____</p> <p>Care Coordinator #2: _____ Date: _____</p>

Completed Protocol Sheets

Registration/Verification Form

Pre-Test

Send all three of the above completed forms by E-mail to:

Lori.Brannan2@illinois.gov or FAX to: (217) 558-3825