

12 NOVEMBER 2023

CLIENT CARE WEB- TCL DATABASE

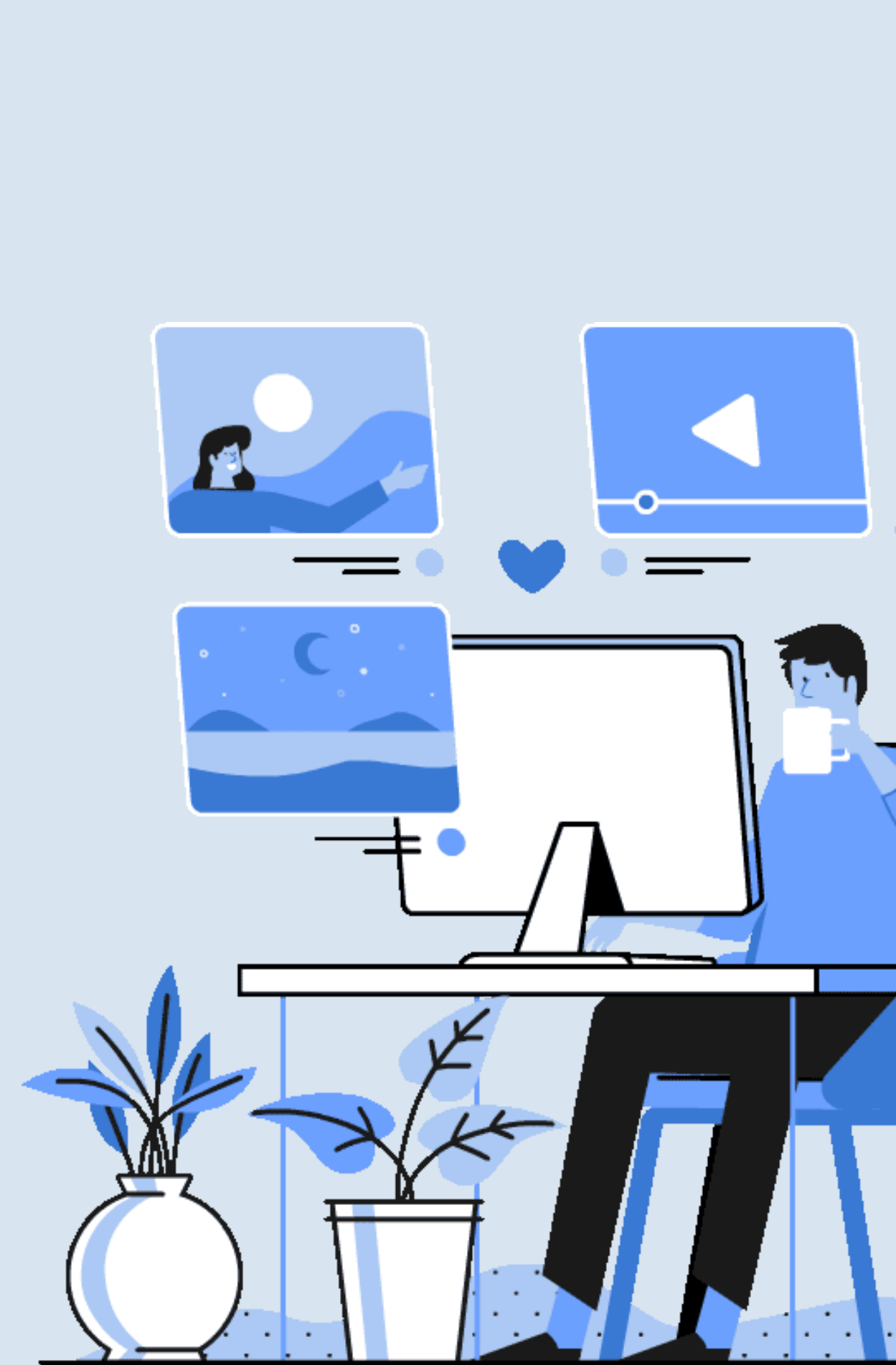
PRESENTED BY



WEB- BASED PLATFORM TO ENTER DATA AND INTERFACE WITH MCO STAFF ON TCL REQUIREMENTS

BASIC OVERVIEW OF DATABASE FUNCTIONALITY

- ENTER, TRACK AND REPORT ON DATA METRICS ON TCL MEMBERS
- DLA-20 ON DESIGNATED TIME FRAMES
- TENANCY CHECKLIST
- MCO & PROVIDER COMMUNICATION ABOUT HOUSING ISSUE, FOLLOW UP (TIED TO EMAIL NOTIFICATIONS/ALERTS)
- HOUSING SEPARATION FORM



Login

Username:

Password:

Login

[Forgotten password?](#)

Rectangular Snip

If you have any problems logging in, please work with your system administrator.

Attention Easter Seals / UCP: You will be redirected to an internal location.
Please click OK if prompted. You will also be required to login again.




CCW LOG ON

**-USER LOG ONS WILL BE ISSUED WITH
TRAINING ROLL-OUT
-CCW WORKS BEST ON GOOGLE
CHROME**

Tosh, Peter

▶ **Face Sheet** ◦ Monthly Checklist ◦ DLA 20 ◦ Provider Response ◦ Housing Separation Form ◦ Upload

TCL Face Sheet

First Name	<input type="text" value="Peter"/>
Last Name	<input type="text" value="Tosh"/>
DOB	<input type="text" value="03/20/1974"/> 
Phone	<input type="text" value="919-403-9876"/>
Population Category	<input type="text" value="3=ACH < 50"/> ▼
HSN	<input type="text" value="45678"/>
Alpha #	<input type="text" value="9876543"/>
GOP Name	<input type="text" value="self"/>
GOP Contact Telephone	<input type="text" value="919-777-9311"/>
GOP Agency/Relationship	<input type="text" value="self"/>
Current Provider Agency Name	<input type="text" value="Tonya Omar, PLLC dba The Aya Center"/> ▼
Provider Email	<input type="text" value="emisha.disney@gmail.com"/>
Provider Phone	<input type="text" value="919-777-0330"/>
Provider Staff Name	<input type="text" value="Rashel Lauret"/>
Provider Staff Email	<input type="text" value="rlauret@ncrapidresource.org"/>
Team Lead Name	<input type="text"/>
Team Lead Email	<input type="text"/>

Manager Tools

◦ TCL Search ◦ New TCL

Marley, Test

Rectangular Snip

◦ Face Sheet ◦ Monthly Checklist ▶ **DLA 20** ◦ Provider Response ◦ Separation Review Form

TCL DLA 20


Activities	WNL behaviors (Scores 5-7)	Eval	R2	R3	R4	R5
Health Practices	Takes care of health issues, manages moods, infections; takes medication as prescribed; follows up on medical appointments.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housing Stability, Maintenance	Maintains stable housing; organizes possessions, cleans, abides by rules and contributes to maintenance if living with others.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Communication	Listens to people, expresses opinions/feelings; makes wishes know effectively.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Safety	Safely moves about community – adequate vision, hearing, makes safe decisions. Safely uses small appliances, ovens/burners, matches, knives, razors, other tools.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Managing Time	Follows regular schedule for bedtime, wake-up, mealtimes, rarely tardy or absent for work, day programs, appointments, scheduled activities.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Managing Money	Manages money wisely (independent source of funds); controls spending habits.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nutrition	Eats at least 2 basically nutritious meals daily.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Problem Solving	Resolves basic problems of daily living, asks questions for clarity and setting expectations.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Relationships	Gets along with family, positive relationships as parent, sibling, child, significant other family member.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alcohol/Drug Use	Avoids abuse or abstains from alcohol/drugs, cigarettes; understands signs and symptoms of abuse or dependency; avoids misuse or combining alcohol, drugs, medication.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DLA-20 IS COMPLETED PER REQUIRED TIMEFRAMES

-OVER TIME COMPLETED DLA-20'S ARE STORED AND ABLE TO BE EXPORTED

Edit	Date of Assessment	Reviewer	Eval	R2	R3	R4	R5
Edit	1/24/2021		3.8	7	0	0	0

TCL Monthly Checklist

Date of Visit 

Provider Name

Staff Completing Form

Peer Support with Tenancy Individual Supports ACTT CST TMS

Access to inside of unit? No Yes

Questions to be answered in first 30 days of Transition and Review as Needed <i>(staff acknowledgment of review of items with member)</i>	Staff's Initials
1. Tenancy Approval Notice been received and reviewed (Total contract amount/Subsidy Amount/Tenant Portion of rent)	<input type="radio"/> No <input type="radio"/> Yes
2. Lease Agreement been reviewed- All Rules and Regulations?	<input type="radio"/> No <input type="radio"/> Yes
3. The pet policy been reviewed if applicable?	<input type="radio"/> No <input type="radio"/> Yes
4. Review of payment responsibilities for utilities been completed?	<input type="radio"/> No <input type="radio"/> Yes
5. Review of maintenance of property and grounds been completed?	<input type="radio"/> No <input type="radio"/> Yes
6. Smoking areas been reviewed if applicable?	<input type="radio"/> No <input type="radio"/> Yes

Questions to be documented monthly <i>(If yes is checked then enter intervention in space below)</i>	
7. Is there evidence/knowledge the individual is not living in the unit?	<input type="radio"/> No <input type="radio"/> Yes

Choose an Item


8. Does the tenant choose NOT to engage or participate in any meaningful daily activities in the community?	<input type="radio"/> No <input type="radio"/> Yes
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Choose an Item

MONTHLY CHECKLIST COMPLETED FOR EACH TCL MEMBER IN CCW -OPEN TEXT BOXES TO ALLOW FOR NARRATIVE COMMENTS

TCL Provider Response

Immediate Intervention Needed-MCO Staff will reach out to agency

Intervention needed by : 

Immediate Response Needed

Respond within 24 hrs.

MCO Comment

Landlord is stating the housing unit has been destroyed recently due to large gathering of people. Member is in jeopardy of loosing housing. Please contact the member and see about unit being cleaned and how to avoid visiting "groups".

- | | | |
|--|---|---|
| <input type="checkbox"/> Mental Health | <input checked="" type="checkbox"/> Health and Safety | <input checked="" type="checkbox"/> Lease Violations |
| <input type="checkbox"/> Notice to Vacate | <input checked="" type="checkbox"/> General Requests | <input type="checkbox"/> Abandoned Unit |
| <input type="checkbox"/> Ongoing Substance Use | <input type="checkbox"/> Abuse / Neglect | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Police / EMS Response | <input type="checkbox"/> Change in BH Status | <input checked="" type="checkbox"/> Property Damage |
| <input type="checkbox"/> Communicating Threats / Aggressive Behavior | <input type="checkbox"/> Reasonable Accommodations | <input type="checkbox"/> Criminal Activity |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Status Update | <input checked="" type="checkbox"/> Disruptive Behavior |
| <input checked="" type="checkbox"/> Unauthorized Guests | <input type="checkbox"/> Documentation Requested | <input type="checkbox"/> Unauthorized Pets |
| <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Unpaid / Late Rent | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Utilities Disconnections / Late Payments | <input type="checkbox"/> Incarceration | <input type="checkbox"/> Infestation |
| <input type="checkbox"/> Inspection Notice | <input type="checkbox"/> Leasing Documents | <input type="checkbox"/> Meeting Requested |

MCO TCL Contact email

Provider email

Private

Targeted Keys (Do not contact the Property Manager)

Housing Type

Other (Do not contact the Property Manager)

WHEN ISSUES ARISE MCO STAFF WILL INITIATE A TCL PROVIDER RESPONSE


- AGENCY STAFF WILL BE NOTIFIED THROUGH AN EMAIL ALERT OR DIRECT CONTACT.

=AGENCY STAFF WILL THEN ADDRESS ISSUE WITH MEMBER AND THEN DOCUMENT AS APPLICABLE

TCL Separation Review

To be completed by Alliance Staff and emailed to the Provider upon notice of separation.


Alliance Staff Name

Date Completed and Sent to Provider 


1. Individual's Name

2. Alliance ID#


3. Medicaid ID

4. DOB 

5. DSM-5 Diagnoses 

6. DOJ Population Category 

7. Housing Slot#


8. Date HSN Assigned 


Name of Person completing form

Provider Name & Service

Title/Position

Contact Number

Date 

1. Date lease signed 

**CONTACT INFORMATION
MEREDITH NEWMAN
& RASHEL LAURET**