
Transition to Community Living TCL

Client Care Web- CCW Guide

Introduction

Rapid Resource for Families (RRFF), in conjunction with our database developer, Client Care Web (CCW), provides a referral and data collection platform to agencies and Managed Care Organizations (MCO) within North Carolina.

Logging onto CCW

1. You may also access the link directly at: <https://www.clientcareweb.com/Login.asp>
 - a. This is the link you should always follow to login onto the agency side of the database.
2. You will see a place to enter your username and password: this can only be issued by Rapid Resource Staff.
3. Your username is your full email address; your password will be temporary for the first log on and then the system will prompt you to change. Keep your passwords safe.


Login

| | |
|--------------------------------------|-------------------------------------|
| Username: | <input type="text"/> |
| Password: | <input type="password"/> |
| <input type="button" value="Login"/> | Forgotten password? |

Rectangular Slip

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.



4. Once logged into the system you will see a “Welcome screen” from time to time there might be announcements- just read and then click “agree”. Please know that the CCW database is a HIPAA compliant site that runs on a 20 minute security loop. Meaning in the top right corner of your screen is a countdown clock that, when idle (no keystrokes) for 20 consecutive minutes the system will log the user off to ensure security. If you are working, making keystrokes then the clock just manually resets with every keystroke. The CCW System will give you a warning when it is about to shut down, just be mindful to save your work and if you walk away from the keyboard logout for security reasons.

Rapid Resource for Families - Home

Rapid Resource for Families

RRFF-TCL RRFF
19:40 Logout
✉ Imail

Manager Tools

Unable to Take EVV Snapshot

Rectangular Snip

Welcome to Client Care Web

Today is 1/14/2022. Have a great day!

In order to move forward into Client Care Web you must read, acknowledge and agree to the statements listed in box below.

Agree? Happy 2022!
Stay well everyone and enjoy the large and small moments today!

Announcements [Click to view all prior News in a new tab](#)

Any questions please contact your Customer service Rep., Thank You.

This website uses pop-up windows - please make sure you allow pop-ups within your browser and any pop-up blocking software.

Please contact us for support at helpdesk@clientcareweb.com if you have any difficulties. Thanks!

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5. Clicking on “Manager Tools” will allow you to enter the database entry portion.

6. Once there you will have two options: **TCL Search & New TCL entry**

TCL Search: Allows the user to search current consumers assigned to the agency or enrolled in the TCL Program for which they have security access. The **New TCL**: allows users to enter a new TCL consumer, after entering the consumer will be accessible through **TCL Search**.

Manager Tools

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RRFF-TCL RRFF
19:52 Logout
✉ Imail

Manager Tools

• TCL Search • New TCL

Rectangular Snip

TCL Search: Searching can be done by using any of the text boxes- any combination will work, once entered click “search” or “clear search” if you need to search a different consumer.

Manager Tools

▶ [TCL Search](#) ◦ [New TCL](#)

TCL Search

TCL:

Last Name First Name TCL ID

Upon entering CCW- for most agency staff a list of consumers will appear. You can click on the blue “Edit” next to the TCL ID to open the file and update or enter new information about the consumer. The TCL ID is unique to the Client Care Web database. The TCL date shown on the screen is the date of entry into the system. The consumer TCL ID is maintained during the length of stay with the assigned Agency. If the consumer switches TCL agencies/entities then a new entry will be completed. MCO Staff will retain access to all TCL consumers at all times (current or discharged/separated).

Manager Tools

▶ [TCL Search](#) ◦ [New TCL](#)

TCL Search

TCL:

Last Name First Name TCL ID

| Edit | TCL ID | Last Name | First Name | TCL Date |
|----------------------|--------|-----------|------------|-----------------------|
| Edit | 36555 | test | test | 12/20/2021 4:37:00 PM |
| Edit | 38268 | Marley | Test | 1/10/2022 11:55:29 AM |

2. New-TCL

When a new consumer needs to be added this section will be utilized. For training purposes we will also utilize this section to explain the main menu page options for data entry, collection and subsequent data analysis over time.

New TCL



RRFF-TCL RRFF
19:44 Logout
✉ Imai

Manager Tools

◦ TCL Search ▶ **New TCL**





Marley, Test

Rectangular Snip

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

Face Sheet

1. Enter the information as requested: do not use special symbols or put n/a this will often cause a “504” error message. After you have entered the information on this screen or any click “save” or “submit” located typically on the bottom of the page. Please ensure data is correct so take a few minutes to look it over after each entry. It is important that the contact information for TCL responsible staff and MCO contact are entered accurately and kept up to date. These data fields are utilized for other notification functions for the Provider Response and Separation forms in the database.

| TCL Face Sheet | |
|--|--|
| First Name | Test |
| Last Name | Marley |
| DOB | 01/05/1970  |
| Phone | |
| Population Category | 2=ACH > 50  |
| HSN | 256324 |
| Alpha # | 465982 |
| GOP Name | Self |
| GOP Contact Telephone | 9103817554 |
| GOP agency/relationship | self |
| Current Provider Name | ESUCP |
| Provider email | riauret@ncrapidresource.org |
| Provider phone | 910-330-9995 |
| Current Service | ACTT  |
| Crisis/afterhours telephone | 910-330-9995 |
| County (Medicaid County) | Wake  |
| Is the member employed? | <input type="radio"/> No <input checked="" type="radio"/> Yes |
| Is member a student? | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Is member receiving Disability? | <input type="radio"/> No <input checked="" type="radio"/> Yes |
| Is the member connected to a Primary Care Physician (PCP)? | <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Yes |
| Has the member seen their PCP in the last 12 months? | <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Yes |
| MCO TCL Contact | Meredith Newman |
| MCO TCL Contact email | mnewman@ncrapidresource.org |

2. Address: this section is meant to keep a running record of address location and important dates associated with leases, inspections, and income verification. You can enter the date by hand or utilize the date picker. The “next location” and “separation date” would be added at a later date if the consumer moves from this current address. Then a new address, “add new” will be clicked to enter the new address.

Add New

| | | | |
|--|---|---|---|
| Address <input type="text"/> | | | |
| City <input type="text"/> | State <input type="text"/> | Choose an Item <input type="button" value="v"/> | Zip <input type="text"/> |
| <input type="radio"/> Targeted <input type="radio"/> Private | | Funding source <input type="text"/> | Choose an Item <input type="button" value="v"/> |
| Lease signing box <input type="text"/> | <input type="text"/> | Current Lease start date <input type="text"/> | <input type="text"/> |
| Inspection date <input type="text"/> | <input type="text"/> | Next Inspection due date <input type="text"/> | <input type="text"/> |
| Annual Income Recertification Received date <input type="text"/> | <input type="text"/> | Biannual Income Recertification due date <input type="text"/> | <input type="text"/> |
| Separation date <input type="text"/> | <input type="text"/> | | |
| Next location | Choose an Item <input type="button" value="v"/> | | |

Save

Monthly Checklist

| ◦ Face Sheet ▶ Monthly Checklist ◦ DLA 20 ◦ Provider Response ◦ Separation Review Form | |
|--|--|
| TCL Monthly Checklist | |
| Date of Visit | <input type="text"/> |
| Provider Name | <input type="text"/> |
| Staff Completing Form | <input type="text"/> |
| | <input type="radio"/> Peer Support with Tenancy <input type="radio"/> Individual Supports <input type="radio"/> ACTT <input type="radio"/> CST <input type="radio"/> TMS |
| Access to inside of unit? | <input type="radio"/> No <input type="radio"/> 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 |
| <input type="text"/> | |
| Choose an Item <input type="text"/> | |
| 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 |
| <input type="text"/> | |
| Choose an Item <input type="text"/> | |

1. Each month as required by the MCO, TCL staff are responsible for entering data and responding to questions regarding current consumer needs and progress in the TCL program.
2. By the required timeframe, enter CCW, find the consumer on the home TCL search screen, click the [blue Edit button](#) then the TCL file will open. Navigate to the Monthly Checklist tab, click and a new form will be on your screen. Select the date of visit, type of staff providing TCL oversight, and if access to the unit was gained during the visit.
3. In the second box TCL staff will enter yes/no to indicate if the question topic was addressed/discussed with the consumer.
4. The third box is a series of questions, when answering and entering data for each area: please note that if the response is “yes” then a concise explanation is needed in the text box along with rating the current intervention/response from the drop down list.

| | | |
|---|--------------------------|--------------------------------------|
| 16. Is the rent overdue? | <input type="radio"/> No | <input checked="" type="radio"/> Yes |
| The Landlord has given Test another 30 day extension but feels a termination/eviction notice if forthcoming | | |
| Choose an Item | | |
| Choose an Item | <input type="radio"/> No | <input type="radio"/> Yes |
| No Progress Made /no effort from tenant | | |
| Minimal Progress- Initial stages | | |
| In Progress | | |
| Successful Completion | | |
| Needs Assistance from Alliance Health | | |
| Choose an Item | | |
| 18. Is there evidence of pests? | <input type="radio"/> No | <input type="radio"/> Yes |

- When complete click “save”. You can always click save and come back if needed. Please be mindful of any idle keystroke time on a larger form such as this menu page and possibility of lost work if you step away from the keyboard.
- The checklist is designed to “queue” at the bottom for historical entries and ongoing data collection/analysis. Prior checklists can always be viewed by clicking on the blue “Edit” button next to the entry desired.

Save

| Edit | Date of Visit | Provider Name | Staff Completing Form |
|----------------------|---------------|---------------|-----------------------|
| Edit | 01/07/2022 | ESUCP | Rashel Lauret |

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test, test

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

TCL DLA 20

Date of Assessment

Clinician/Staff who reviewed 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"/> |
| | Resolves basic problems of daily living, asks questions for | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

1. By the required timeframe, enter CCW, find the consumer on the home TCL search screen, click the **blue Edit button** then the TCL file will open. Navigate to the DLA-20 tab, click, and a new form will be on your screen. Enter the information each time for the assessment period.
2. The “Activities” on the left part of the menu page have “tool tips” that will pop up when the cursor hovers over the word. This is helpful for the anchor points on the scale.

Marley, Test

◦ Face Sheet ◦ Monthly Checklist ▶ **DLA 20** ◦ Provide.

| Activities | WNL behaviors (Scores 5-7) | Eva. |
|------------------|---|----------------------|
| Health Practices | Takes care of health issues, manages moods, infections; takes medication as prescribed; follows up on medical appointments. | <input type="text"/> |
| | cleans, living with | <input type="text"/> |
| | makes wishes | <input type="text"/> |
| | hearing, | <input type="text"/> |
| | es, s. | <input type="text"/> |
| | mealtimes, appointments, | <input type="text"/> |
| | nds); controls | <input type="text"/> |
| Problem Solving | Resolves basic problems of daily living, asks questions for clarity and setting expectations. | <input type="text"/> |
| Family | | <input type="text"/> |

- 1 = None of the time; extremely severe impairment of problems in functioning; pervasive level of continuous paid supports needed
- 2 = A little of the time; severe impairment or problems in functioning; extensive level of continuous paid supports needed
- 3 = Occasionally, serious to moderately severe impairment or problems in functioning; moderate level of continuous paid supports needed
- 4 = Some of the time; moderate impairment or problems in functioning; low level of continuous paid supports needed
- 5 = A good bit of the time; mild impairment, challenge or problems in functioning; moderate level of intermittent paid supports needed
- 6 = Most of the time; strength w/very mild impairment or problems in functioning; low level of intermittent paid supports needed
- 7 = All of the time; independently managed DLA in community; no impairment or problem in functioning requiring paid supports

3. When complete click “save”. You can always click save and come back if needed. Please be mindful of any idle keystroke time on a larger form such as this menu page and possibility of lost work if you step away from the keyboard. The composite score will be summated by the system and shown on the bottom of the screen/page.

- The DLA-20 is designed to “queue” at the bottom for historical entries and ongoing data collection/analysis. Prior Assessments can always be viewed by clicking on the blue “Edit” button next to the entry desired.

Save

| Edit | Date of Visit | Provider Name | Staff Completing Form |
|----------------------|---------------|---------------|-----------------------|
| Edit | 01/07/2022 | ESUCP | Rashel Lauret |

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TCL Provider Response

1. This form will be initiated by the MCO staff. TCL Provider Staff “assigned” to consumer will receive an email alert (staff email associated with CCW log on) notifying them that a response to an issue is needed in the CCW system.

Marley, Test

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

TCL Provider Response

Immediate Response Needed Respond within 24 hrs.

MCO TCL Contact email

Provider email

Housing Type

Private (Can contact Property Manager)
 Targeted Keys (no contact)
 ISHP (no contact)
 Bridge Housing (Contact)

Date of Initial Contact from Alliance

2. The TCL Provider staff will then “respond” to the issue in CCW. By the required timeframe, enter CCW, find the consumer on the home TCL search screen, click the **blue Edit button** then the TCL file will open. Navigate to the Provider Response tab, click, and the form will be on your screen. Enter the information and click save.

Name of Agency

Name and title of the person who contacted the member

Date and time of contact with Member

Type of contact with Member

Discussion of contact with Member

Discussed Landlord concerns over noise level after 11:00pm. In addition trash is being left outside of unit causing unsanitary conditions and blocking stairwell.

Outcome of Discussion

Consumer stated they did not have the mobility to take trash to dumpster but will ask neighbor to help

Date and Time of Response to Alliance

Save

Separation Review Form

1. The first 1-8 questions on the form will be completed by MCO Staff and emailed to Providers upon separation to enter CCW and complete the bottom portion.

Manager Tools

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RRFF-TCL RRFF 19:30 Logout I Mail

Manager Tools

TCL Search New TCL

Marley, Test Rectangular Snip

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

TCL Separation Review

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

| | |
|-------------------------------------|---------------------------------------|
| Alliance Staff Name | mnewman@ncrapidresource.org |
| Date Completed and Sent to Provider | 01/11/2022 |
| 1. Individual's Name | Marley Test |
| 2. Alliance ID# | 256324 |
| 3. Medicaid ID | 46598-5668-6598 |
| 4. DOB | 01/11/2022 |
| 5. Diagnosis Axis I | Bipolar II Disorder, w/mixed features |
| 6. DOJ Population Category | Pop 2 |
| 7. Housing Slot# | 9103 |
| 8. Date HSN Assigned | 09/08/2020 |

2. TCL Provider Staff will complete the bottom portion, click save and notify the MCO of completion.

| | |
|--|--|
| Name of Person completing form | Rashel Lauret |
| Provider Name & Service | ESUCP |
| Title/Position | CST QP |
| Contact Number | 910-330-9995 |
| Date | 01/10/2022 |
| 1. Date lease signed | 06/01/2021 |
| 2. Date left housing | 01/01/2022 |
| 3. Does individual have a | <input type="radio"/> Guardian <input type="radio"/> Payee <input checked="" type="radio"/> Neither |
| 4. This was | <input type="radio"/> Initial Housing <input checked="" type="radio"/> 2 nd Housing <input type="radio"/> 3 rd Housing |
| 5. Is there a housing plan on the PCP? | <input type="radio"/> No <input checked="" type="radio"/> Yes |
| 6. If "No" why not? | |
| 7. Number of Hospitalizations/ED visits while in supportive housing | 2 |
| 8. Medical/Physical Issues (i.e. diabetes, ambulatory issues, etc.) | COPD |
| 9. Smoker? | <input type="radio"/> No <input checked="" type="radio"/> Yes 1 |
| 10. Primary reasons for leaving supportive housing | Eviction-Non-payment |
| a. Secondary reason for leaving supportive housing | Repeated Noise violations |
| b. Provider perspective- please be specific (# of violations, provider interventions, etc.) | Consumer often had visitors who violated noise ordinance. Co |
| c. Briefly describe the Crisis Plan that was put in place to ensure stable housing | Mobile Crisis Team |
| 11. Where was the individual residing prior to transition? | Adult Care Home |