March 2020
**Why keep an advocacy journal?**

Keeping track of what happens with your Community HealthChoices (CHC) plan and your providers can help you get the care you need. If you have good or bad experiences to share, or problems to solve, this journal can help with your advocacy efforts. Caregivers can also use this tool to help advocate on behalf of loved ones.

**How can I share my experiences?**

Contact your CHC plan to ask to join the Participant Advisory Committee (PAC). If accepted as a PAC member, you will be able to share your input at PAC meetings. If you are not able or interested in joining, you can share your experiences with your CHC plan by calling Participant Services, talking with your service coordinator, or by calling CARIE.

**Parts of Journal**

Use the parts of the journal helpful to you.

Pages 2 to 4 - Important Contacts

Write key information about your insurance coverage, providers and others to keep in one place making it easy to find when needed.

Pages 5 to 13 - Advocacy Logs

Track problems and keep notes of your experiences and issues. Use pages 12 and 13 for good experiences.

Pages 14 to 18 - Calendar

Write down important dates like appointments, meetings, and when someone will visit.

Pages 19 to 22 - Notes (Blank pages)

**Get Help**

Need help? Call CARIE at 215-545-5728 or toll-free at 1-800-356-3606. Help is free and confidential.
Your Health Plan Information and Contacts

If You Have Medicare:
___ Original
___ Part D Plan (prescription drugs)
Part D Plan Name:_________________________
   Or
___ Medicare Advantage Plan
Medicare Advantage Plan Name:___________________

Community HealthChoices (CHC) Plan:
___ Keystone First CHC
   AmeriHealth Caritas PA CHC
Keystone First CHC Participant Services: 1-855-332-0729
   (TTY: 1-855-235-4976)

___ PA Health & Wellness
Participant Services: 1-844-626-6813  (TTY: 1-844-349-8916)

___ UPMC CHC
Participant Services: 1-844-833-0523  (TTY: 711)

Primary Care Physician (PCP)
Name: ________________________
Phone: ________________________

Other Doctor/Specialist
Name: ________________________
Phone: ________________________

Pharmacy
Name: ________________________
Phone: ________________________

Behavioral HealthChoices Plan
Name: ________________________
Phone: ________________________
If You Get Long Term Services and Supports (LTSS) From Your CHC Plan

“LTSS” means getting help with daily living activities, such as: dressing, bathing, managing medications, and more. If you need help, or more help, taking care of yourself at home or need nursing home care, call your CHC plan or service coordinator.

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**Other Contacts**

List other people who are important to you and your care.

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How to Use the Advocacy Logs

When sharing your thoughts about your CHC plan, it helps to have notes prepared. Use the “Advocacy Logs” on the following pages to keep track of good and bad experiences. We filled out a sample log on the next page to give an example on how to use the logs. Most problems are not resolved so easily and often take many calls. Do not give up or keep living in a bad situation. Call CARIE whenever you need help. Always remember: you are in charge of your life and you have rights!

When taking notes, you may want to think about the following:

1. What happened?
2. When did it happen?
3. Who was involved? Where are they from?
4. How did this experience affect you?
5. Do I need more help solving the problem?

If you have positive feedback, notes on your experience can help recognize people who did their job well and help the plan provide good service. There are logs included for these times on pages 12 and 13. If you have a problem with your CHC plan or services, you may need an advocate to help you. Information you write in your advocacy journal will not only help you but can also help your advocates resolve the problem. CARIE is a free and confidential service if you need an advocate to help.

If you need more blank log pages, contact CARIE.
Advocacy Log Sample

Date: 05/01/2019

What happened? When did it happen? Who was involved?
My aide who helps me get washed and dressed, and helps make meals, has not been arriving on time and sometimes doesn’t come at all.

Who did you talk to? Where were they from?
Name: Jane Smith  
Phone #: 215-555-5555  
Where from: ABC Homecare

Name: Jim Brown  
Phone #: 267-222-2222  
Where from: XYZ Service Coordination Agency

What did you do to solve the problem?
Called Jane Smith on 5/1/19 and told her about the problem. She said she would send a different worker to my home to help. Also called my service coordinator Jim on 5/8/19 who explained I may want to think about going to an adult day center a few days a week so I don’t have to have my meals alone and could benefit from other services and activities. I am going to consider this option and talk more with Jim.

What was the outcome? List anything that happened to you, such as with your health, daily living, or well-being.
I didn’t like being in my pajamas so long. I felt stress from wondering if my helper would show up. I got headaches and dizzy sometimes, I think from not eating.

Has this problem been resolved?
Yes ___ X ___ Date solved 05/30/2019
No ______

If “no”, what do you need to do?
____________________________________________________________________
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Need help? Call CARIE toll-free at 1-800-356-3606. Help is free and confidential.
Advocacy Log
Use this log to write about problems or concerns.

Date: _____/_____/_____

What happened? When did it happen? Who was involved?

_____________________________________________________________________
_____________________________________________________________________
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Who did you talk to? Where were they from?

Name: __________________________       Name: __________________________
Phone: ____________________________       Phone: __________________________
Where from: ______________________       Where from: ______________________

What did you do to solve the problem?

_____________________________________________________________________
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What was the outcome? List anything that happened, such as with your health, daily living, or well-being.

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Has this problem been resolved?

Yes _____      Date solved _____/_____/_____  
No ______

If “no”, what do you need to do?

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Need help? Call CARIE toll-free at 1-800-356-3606. Help is free and confidential.
Advocacy Log
Use this log to write about problems or concerns.

Date: _____/_____/_____

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Who did you talk to? Where were they from?

Name: __________________________ Name: __________________________
Phone: __________________________ Phone: __________________________
Where from: _____________________ Where from: _____________________

What did you do to solve the problem?
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What was the outcome? List anything that happened, such as with your health, daily living, or well-being.
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Has this problem been resolved?
Yes _____ Date solved _____/_____/_____
No ______

If “no”, what do you need to do?
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Need help? Call CARIE toll-free at 1-800-356-3606. Help is free and confidential.
Advocacy Log

Use this log to write about problems or concerns.

Date: _____/_____/_____

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Has this problem been resolved?
Yes ______ Date solved _____/_____/_____
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If “no”, what do you need to do?
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Need help? Call CARIE toll-free at 1-800-356-3606. Help is free and confidential.
Advocacy Log

Use this log to write about problems or concerns.

Date: _____/_____/_____

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Where from: ______________________    Where from: ______________________

What did you do to solve the problem?
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What was the outcome? List anything that happened, such as with your health, daily living, or well-being.
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Has this problem been resolved?
Yes _____   Date solved _____/_____/_____
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If “no”, what do you need to do?
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Need help? Call CARIE toll-free at 1-800-356-3606. Help is free and confidential.
Advocacy Log
Use this log to write about problems or concerns.

Date: _____/_____/_____

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Has this problem been resolved?
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Need help? Call CARIE toll-free at 1-800-356-3606. Help is free and confidential.
Advocacy Log - Good Experience

Date _____/_____/_____
What happened? When did it happen? Who was involved?
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Who did you speak with? Where were they from?
Name: __________________________     Name: __________________________
Phone: ___________________________     Phone: __________________________
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Need help? Call CARIE toll-free at 1-800-356-3606. Help is free and confidential.
Advocacy Log - Good Experience

Date _____/_____/_____

What happened? When did it happen? Who was involved?

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Who did you speak with? Where were they from?

Name: __________________________   Name: __________________________
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What was the outcome? List anything that happened, such as with your health, daily living, or well-being.

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Need help? Call CARIE toll-free at 1-800-356-3606. Help is free and confidential.
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**4 - Independence Day**

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### December 2020

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The Center for Advocacy for the Rights and Interests of the Elderly (CARIE) is an independent non-profit agency serving older adults since 1977. Please call us for help or if you need another copy of the Advocacy Journal. Let us know about any changes you want for next year’s journal!

To get help or information, contact:
215-545-5728 or 1-800-356-3606
www.carie.org and www.caregivergps.org

Community HealthChoices (CHC) Resources are on CARIE’s website at www.carie.org/chc. Be sure to sign-up to get CARIE’s Advocates Alliance/Grapevine e-newsletter!

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