



Volume

1

CONTRACTOR MANUAL

Florida PASRR Program

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Forward

This manual is designed to assist the reviewer by providing procedural information in performing, documenting and completing the terms of its contract with the Department of Children and Families (DCF) for Preadmission Screening and Resident Review for Mental Illness (PASRR/MI) Level II evaluations. It is intended for use by the:

- APS Healthcare staff (contractor), and
- Evaluators contracted to perform the Level II face to face evaluations

This manual also serves as a deliverable as described in the contract between Department of Children and Families and APS Healthcare.

SECTION I

BACKGROUND AND INFORMATION

CHAPTER 1

INTRODUCTION AND PURPOSE

A. BACKGROUND

Federal law requires that all persons seeking admission or retention in a nursing facility are subject to Preadmission Screening and Resident Review (PASRR) for screening and evaluation of possible mental illness or mental retardation. This process is mandated in the Code of Federal Regulations, Title 42, Volume 3 and Section 483.100 through 483.138.

All persons must have a prescreening (Level I) and if mental illness and/or mental retardation appear to exist, the person must be referred for a further evaluation (Level II). The goal of this evaluation is to ensure appropriate placement of individuals with serious mental illnesses and that Specialized Services, if needed, are identified and provided.

In Florida, the State Mental Health Authority is the Department of Children and Families (DCF) which has contracted with APS Healthcare to carry out the responsibility for Level II for mental illness. The State Mental Retardation Authority, the Agency for Persons with Disabilities (APD) is responsible for the Level II for mental retardation. In those instances where the patient is dually diagnosed or is suspected to have both conditions, both APS Healthcare and APD shall perform independent PASRR Level II evaluations. The policies and procedures contained in this *Contractor Manual* are for the mental illness portion of the PASRR Level II Evaluation, as carried out by APS Healthcare.

B. PURPOSE

The purpose of written policies and procedures contained within this manual is to ensure accurate, comprehensive, and timely PASRR Level II evaluations are conducted for all persons with a suspected mental illness who are seeking nursing facility admission or whose status has changed since their admission to the nursing facility.

The objectives of the Level II evaluation are to:

1. Confirm the presence of serious mental illness (SMI)
2. Determine the individual's need for nursing facility (NF) level of care
3. Determine the individual's need for Specialized Services (SS), and to
4. Determine the individual's need for less-specialized mental health services

Ultimately, this process identifies all applicants with a serious mental illness (SMI), identifies supports needed for community living, diverts the individual from placement in nursing facility that can not meet their reported needs, reports all levels of services needed to guide a plan of care, arranges for provision of Specialized Services if applicable, and monitors these recommendations.

C. LEGAL BACKGROUND

Federal Public Law 100-203, the Omnibus Budget Reconciliation Act (OBRA) of 1987 (Nursing Home Reform Act), effective January 1989, revised statutory provisions governing certification standards and enforcement procedures applicable to nursing homes. These provisions require Preadmission Screening and Resident Review (PASRR) for all individuals initially entering nursing facilities (NFs) to determine if the individual is mentally ill. In the area of mental health the specific concerns regarding the mentally ill were: inappropriate placement in NFs, occupancy of beds needed by the frail elderly, and failure to receive needed psychiatric treatment.

In October 1996, Public Law 104-315 repealed the Annual Resident Review portion of the PASRR requirement. In its place the statute requires states to perform a Resident Review (RR) for a significant change in an individual's physical or mental condition when noticed by the facility through a new PASRR Level I screening document.

The Federal Americans with Disabilities Act ("ADA") prohibits discrimination by governmental entities in the provision or administration of public services, programs or activities. In 1999, the U.S. Supreme Court ruled that the unnecessary segregation of people with disabilities in institutions is a form of disability discrimination. In Olmstead v. LC, the United States Supreme Court concluded that public entities are obliged by the ADA to provide community based services for persons with disabilities who would otherwise be entitled to institutional services when (i) treatment professionals have determined that community placement is appropriate; (ii) the individual does not object to community placement; and (iii) the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities. Under federal regulations implementing Title II of the ADA, persons with disabilities are to be provided services "in the most integrated setting appropriate" to their individual needs.

CHAPTER 2

STAKEHOLDER RELATIONS

A. BACKGROUND

APS Healthcare (APS) is responsible for completing all Level II PASRR referrals for people with a suspected mental illness (PASRR/MI) in accordance with Federal law. Given the complexity of the entire PASRR process and the variety of stakeholders involved, it is vital that APS Healthcare works diligently with all stakeholders to ensure a collaborative, cooperative, and productive working relationship. In its role of acting for the State Mental Health Authority, APS works with the following stakeholders:

- Department of Children and Families (DCF),
- Agency for Health Care Administration (AHCA),
- Department of Elder Affairs (DOEA), CARES Unit Comprehensive Assessment & Review of Long-Term Care Services,
- Agency for Persons with Disabilities (APD),
- Department of Health (DOH), Children's Medical Services (CMA), Comprehensive Children's Multidisciplinary Medical Assessment Team (CMAT)
- Local community mental health centers,
- Regional and federal CMS PASRR representatives,
- Hospitals,
- Nursing facilities, and
- Respective trade associations.

B. PURPOSE

The purpose of this chapter is to identify the roles of the key stakeholders and specific strategies for ensuring optimal communication and cooperation. APS Healthcare recognizes the importance of meeting our stakeholder's expectations and satisfying our contractual obligations. The APS Healthcare Stakeholder Relations policy outlines the plan for facilitating positive interaction with the identified stakeholders, agencies, and associations.

C. PASRRMI STAKEHOLDERS

APS Healthcare staff will work predominately with hospitals, nursing facilities, CARES and CMAT staff and occasionally with APD staff. These entities all play a vital role in identifying persons with mental illness and advocating for the best possible outcomes.

D. ROLES

APS HEALTHCARE:

The purpose of the Level II review is to confirm appropriate consumer referral to a nursing facility and determine if Specialized Services are needed. If needed, APS develops a plan of care for those individuals, and to arrange for the provision of these Specialized Services.

APS HEALTHCARE CLINICAL MANAGER:

Within APS, it is the PASRR/MI Clinical Manager's responsibility to:

1. Build a collaborative relationship with key stakeholder agencies and associations
2. Provide detailed education and training materials to all stakeholders (see APS Healthcare Education and Training policy)
3. Identify and understand stakeholders' issues and expectations, and
4. Actively seek stakeholder input concerning issues that affect them

In order to ensure optimal communication and feedback, the PASRR Clinical Manager:

1. Participates in interagency PASRR Workgroup meetings hosted by AHCA and generally offered on a monthly basis.
2. When requested by DCF, organizes conference calls with stakeholders, compiles an comprehensive and informative agenda identifying the key issues for discussion, and circulates the agenda prior to the call
3. Emails all participants with a copy of the meeting minutes
4. Provide stakeholders with timely and accurate information approved for release by DCF upon request
5. Provide technical assistance to all stakeholders upon request
6. Responds to stakeholder problems, complaints or concerns within 48 hours
7. Coordinates efficient and effective work products within the established time frames

APS HEALTHCARE PROGRAM DIRECTOR:

Within APS, it is the PASRR/MI Program Director's responsibility to:

1. Provide clinical oversight of PASRR/MI program for Florida
2. Provide for coordination of assessments/reporting
3. Coordinate activities with Contract Manager
4. Oversee completion of monthly activity reports, appeals, etc.
5. Participate in case consultations with Medical Director
6. Provide oversight to reviewers as needed
7. Represent the PASRR/MI program and agency at Stakeholder Meetings
8. Oversee program staff and budget
9. Develop policy and procedures and oversee program operations

HOSPITALS

Hospitals are responsible for completing a Level I preadmission screening for any patient seeking admission to a nursing facility who is not applying for Medicaid. If they suspect mental illness, they submit the Level I form, the Request for Level II Evaluation and Determination form and other related forms to the local CARES unit. CARES logs and tracks this referral as a Preadmission Screening (PAS) and faxes the entire packet to APS for completion of the Level II review.

NURSING FACILITIES

Nursing facilities will sometimes complete Level I Pre-Admission Screens for individuals who present for direct admission. Nursing facilities are also responsible for referring any resident with a change in their mental condition directly to APS Healthcare for a Level II Resident Review (RR).

COMPREHENSIVE ASSESSMENT AND REVIEW FOR LONG-TERM CARE SERVICES (CARES)

CARES is the unit within the Department of Elderly Affairs that is responsible for the Level of Care evaluations on all adults, 21 and over, seeking admission to a nursing facility and applying for Medicaid. In addition to this responsibility, they complete the Level I screenings for any patient seeking admission to a nursing facility who is applying for Medicaid. CARES does not track and is not responsible for Resident Reviews.

CHILDREN'S MULTIDISCIPLINARY ASSESSMENT TEAM (CMAT)

CMAT is the unit within the Department of Health that is responsible for Level of Care determinations and PASRR Level I screenings on all children under 21 seeking admission to a nursing facility. The referral packets for Level II reviews are faxed directly to APS.

AGENCY FOR PERSONS WITH DISABILITIES (APD)

APD is the agency responsible for completing Level II reviews for persons suspected of having a developmental disability such as Mental Retardation. Occasionally a person will be diagnosed with both mental illness and mental retardation. In those cases both APS and APD will coordinate the plan of care if Specialized Services are needed.

RESPONSIBILITIES

APS Healthcare is responsible for communicating utilization needs and for facilitating the provision of Special Services as prescribed, and for sharing of information as appropriate. Detailed responsibilities are shown below.

1. APS PASRR Level II responsibilities with AHCA.:
 - a. Information sharing
 - b. Identification of potential fraudulent activities
 - c. Utilization management
2. APS PASRR Level II responsibilities with DOEA.:
 - a. Many of the referrals for Level II evaluations will come through DOEA.
 - b. APS will share evaluation summaries, determinations and quality assurance information in the agreed upon format and time frames.
3. APS PASRR Level II responsibilities with CMAT:
 - a. When there is evidence that any client under the age of 21 seeking admission into a nursing facility may have a serious mental illness, CMAT area office staff make referrals to APS area office staff for Level II evaluation.
 - i. The information shared between CMAT and APS is demographic (including confidential information), medical, mental health related, and psychosocial. This information is generally shared in both directions, CMAT to APS and APS to CMAT.
4. APS PASRR Level II responsibilities with APD:
 - a. When there is evidence that any client is dually diagnosed, APS will work with APD to complete the Level II evaluation.
 - i. The information shared between APS and APD is demographic (including confidential information), medical, developmental, and psychosocial. This information is shared in both directions, APS to APD and APD to APS.

CHAPTER 3

STAKEHOLDER EDUCATION AND TRAINING

A. PURPOSE

The purpose of this chapter is to explain what orientation and training materials are available for key stakeholders, especially hospitals and nursing facilities, to understand and implement the process.

B. APS HEALTHCARE'S ROLE IN STAKEHOLDER EDUCATION AND TRAINING

APS Healthcare believes that open communication and ongoing education are the best ways to ensure program success. Written orientation materials will acquaint stakeholders with our procedures for completion of the PASRR Level II reviews, and there will be a mass distribution prior to implementing the program.

In 2007, AHCA and CARES trained agency staff, hospitals and nursing facilities on the entire PASRR process. In that training, hospitals and nursing facilities were trained to submit Level II referrals for mental illness to the State Mental Health Authority, which is the DCF Mental Health Program Office. The training materials and handouts from those trainings are posted on the DOEA CARES website:

<http://elderaffairs.state.fl.us/english/CARES/PASRR.html>

Now that APS Healthcare has taken on the Level II/MI responsibility, staff need to be trained on the process of submitting referrals via fax to APS Healthcare.

C. PROCESS

Under the guidance of the APS Healthcare Program Director, the Clinical Manager is responsible for developing and disbursing the electronic training materials to educate the stakeholders to the new PASRR Level II Process. Distribution lists such as those comprised of accredited hospitals, nursing facilities, relevant associations, etc. will be used.

Training materials include:

- general informational brochure,
- detailed informational materials for CARES, hospital and nursing home staff,
- new letters and forms that will be used,
- contact information, and
- dedicated web page.

All education and training material will be posted to the APS Healthcare website at: <http://apshealthcare.com>.

APS Healthcare staff will participate in all relevant educational opportunities such as seminars, training sessions, conferences and meetings. This strategy allows for an inclusive, thorough, mass educational process of key stakeholders and agencies, many of whom will serve as sources for referrals or for patient placement.

ONGOING STAKEHOLDER EDUCATION AND TRAINING

APS Healthcare will actively participate in electronic educational forums, discussion groups, conferences, the Florida PASRR monthly workgroup and applicable subgroup meetings, and stakeholder meetings to provide on-going education and training. Monthly teleconferences will be scheduled with stakeholders to address questions and identify problem areas during the initial phases of implementation. In addition, APS Healthcare will provide formal and informal teleconferences and ongoing technical assistance if requested.

APS Healthcare will develop and maintain an email list of interested parties for regular email updates called Informational Spots (Info Spots) to address updates, frequently asked questions, and identified best practices. APS Healthcare will participate in stakeholder conferences and other relevant public forums.

TARGETED EDUCATION AND TRAINING EFFORTS

If specific facilities are noted to have ongoing challenges in compliance regarding the process or associated paperwork, APS Healthcare will provide additional education and training.

Technical Assistance will be provided to all stakeholders who request assistance.

SECTION II

PASRR/MI DETERMINATION PROCESS

CHAPTER 4

PASRR/MI EVALUATION AND DETERMINATION PROCESS

A. PURPOSE

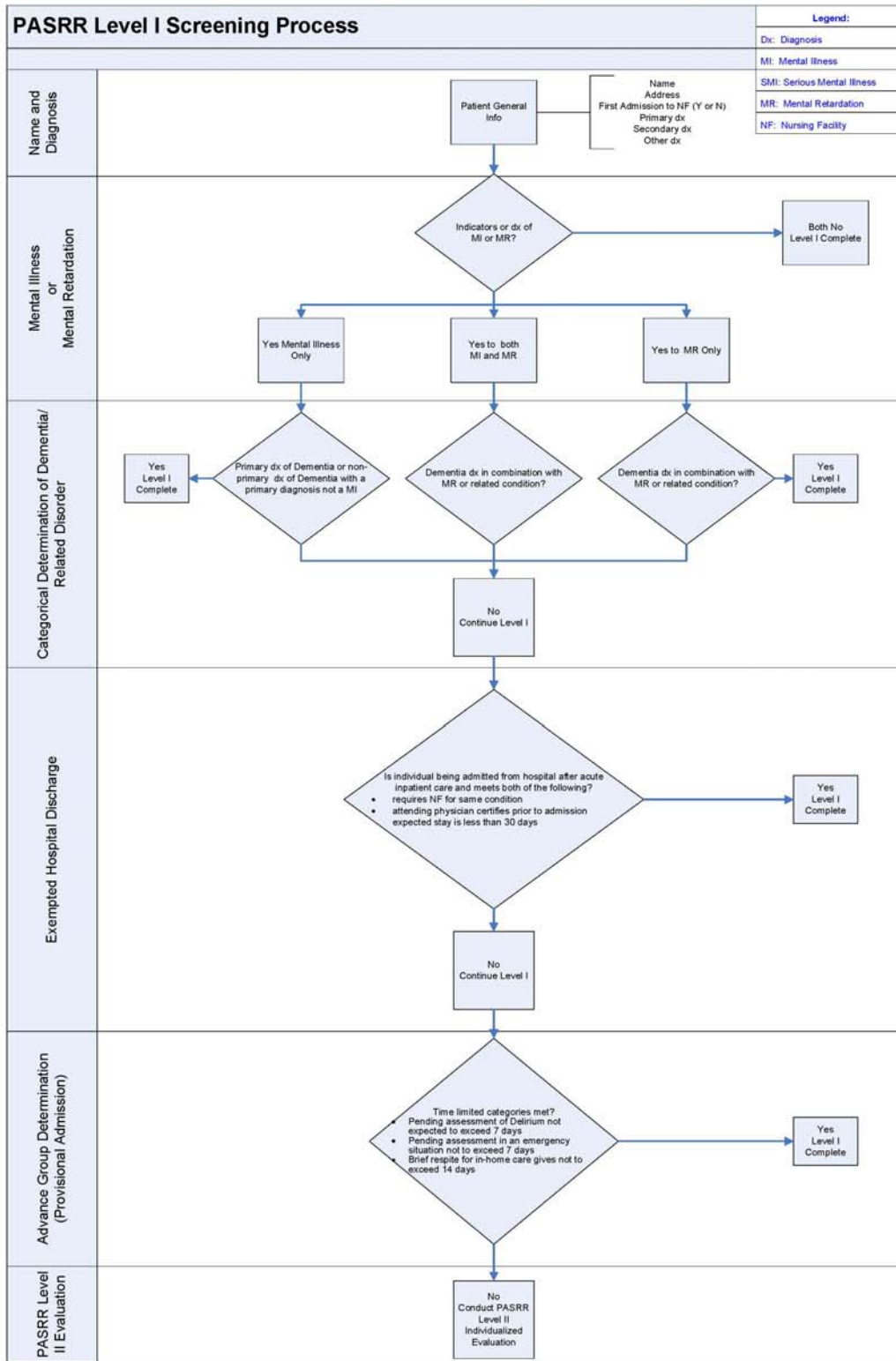
The purpose of this section is to provide APS Healthcare staff with a step-by-step guide to the PASRR/MI determination process. The process is explained for both the Clinical Reviewer and for the Administrative staff. Specific information related to the CareConnection® FL PASRR software program is provided in Attachment 1 of this *Contractor Manual*.

B. PASRR/MI PROCESS ACTION SEQUENCE

The PASRR/MI process involves a number of steps, each interrelated and designed to address key decision making processes and various stages of the determination process. In this chapter, the process is divided into action sequences, including the:

- Referral Intake
- Initiation of the Level II Process
- Determination Process
- Need for Additional Information Process
- Developing Recommendations Process
- Documentation Process
- Arranging for Specialized Services, if needed ,and
- Monitoring Recommendations Process

Before moving on to a detailed description of the Florida PASRR/MI Process, it is helpful to see the Level I Screening Steps that takes place prior to our process. The reason for this is twofold: It provides a foundation to understand the PASRR process as a whole and it is not uncommon to receive a Level II referral that met criteria for an Exempted Discharge, Categorical, or Advanced determination (to be discussed later in this section). Understanding the Level I Screening Process allows staff the opportunity to recognize these conditions and better understand the necessary steps to address these situations in the appropriate manner. The flow chart shown on the next page provides a visual representation of the Level I Screen Process.



REFERRAL INTAKE

Step 1: Receipt of Complete Referral Packet

The Level II Evaluation and Determination process begins when a Request for Level II Referral form is faxed to APS Healthcare from CARES or nursing facility. The turn around time for PASRR/MI Level II evaluations begins with the receipt of the complete referral packet, or on the next business day for packets:

- received after 5 pm on weekdays
- received on State of Florida recognized holidays, and
- received on weekends

APS Healthcare has 9 business days to complete all PASRR Level II evaluations.

Step 2: Patient Look-up

Upon receipt of the electronic faxes, administrative staff searches the data base to determine if the patient exists in the system. The staff compares not only the patient's name, but also their Social Security Number and Date of Birth to ensure an accurate identification. If the patient is found, the administrative staff determines if the current fax is additional information related to a Pended referral, and if so, assigns this information to that referral and changes the status from Pended to Ready for Review. If no referrals are currently open for this patient, the application assigns a unique referral id and staff updates any demographic information. If the patient is not found in the database, the administrative staff enters the referral information, thus creating a unique folder for this patient. All information related to a patient is placed in this folder so that all documentation related to this individual is available in an indexed, easily identified location within the system.

Step 3: Patient Public Records Check

Once the patient has been entered into the system, the administrative staff will conduct four public database searches, including:

1. VineLink (Victim Information and Notification Everyday) version of the National Victim Notification Network (VINE)
2. State of Florida Department of Corrections (FL DOC)
3. The Florida Department of Law Enforcement Florida Sexual Offenders and Predators database (FDLE SO)
4. Dru Sjodin National Sex Offender Public Website (NSOPW)

The purpose of these searches is to identify individuals with a history of violent behaviors (e.g., convictions for violent crimes in the FL DOC or VINE databases) or sexual offenses. Positive findings do not automatically disqualify an individual from a nursing facility placement, but rather, are an additional source of information utilized by Clinical Reviewers to determine the most appropriate placement. Administrative staff conducts searches in each of these databases utilizing the patient's name and date of birth and/or Social Security Number (FL DOC). If a positive identification is made, that is, the demographic information matches, a copy of the document is faxed to the application and attached to the review for viewing by the reviewer. This information is also documented in the APS Healthcare FL PASRR/MI *Sex Offender and Florida DOC* database shown on the next page.

APS Healthcare
PASRR

Last Name: Middle Name: First Name:

Found in FDLE?

Found in National Sex Offender Registry?

Found in Florida Dept of Corrections Offender Search?

Found in VineLink Jail Search?:

Location of Offenses, if known:

Staff Completing Form:

DEPARTMENT OF CORRECTIONS | FLORIDA DEPARTMENT OF LAW ENFORCEMENT | DEPARTMENT OF JUSTICE | VINE

Step 4: Verification of Complete Referral Packet

The administrative staff reviews the packet to ensure all required referral documents are included. In order for the referral packet to be considered “complete”, the following completed documents must be included with the referral form and, in aggregate, are considered the referral packet:

1. Level I PASRR Screen (AHCA 004, Part A,)
2. Request for Level II PASRR Evaluation and Determination (AHCA004, Part B)
3. Medical Certification For Nursing Facility/Home and Community-Based Services Form (AHCA MEDSERV-3008; Pre-Admission Screens)
4. Relevant case notes/records of treatment
5. Department of Elder Affairs Assessment Instrument (701B) for Pre-Admission Screens or Minimum Data Set (MDS) for Resident Reviews
6. Informed Consent Form (CF-ES 2040; Pre-Admission Screens)
7. HIPPA Form (Pre-Admission Screens)

If all required documents are present, the administrative staff enters the first page number for each document in the appropriate box that will later serve as a bookmark to the document during the clinical review process. If all seven documents are present, the staff selects the “Ready for Review” button and software transfers the review to the Newly

Assigned queue. If any required information is missing, a *Receipt of Referral Packet: Notice of Missing Required Document* letter specifying which documents are missing is generated. This letter is faxed to CARES and the facility where the patient is currently located, and the referral is converted to a "Pended" status. The requested information must be received within 2 full business days of request. Administrative staff help facilitate this process by contacting the facility telephonically no less than two times to provide prompting and educational support related the PASRR process. The referral status is changed to "Newly Assigned" when the documents are received within this time period.

Referrals lacking the required information are administratively closed after the 2 business day "Pended" period has lapsed. An *Administrative Closure Letter* is sent to the referral source via fax and a letter is sent to the patient or legal guardian advising them of this closure.

INITIATION OF THE LEVEL II REVIEW PROCESS

Step 1: Selection of Referral Packet for Review by Clinical Staff

PASRR/MI Reviewers select referrals by the order in which they were received. That is, the oldest referrals are reviewed first to assure turn around times of less than 9 days. Whenever possible, Pre-Admission Reviews are given priority and are expedited to make available valuable hospital bed space and related resources.

Step 2: Review of Referral Packet for Sufficient Content

The reviewer begins the Level II evaluation process by reviewing the referral packet for sufficient content. The reviewer clicks on the checkbox located in the *Packet Sufficient for Content* column for each required document. If a document lacks required information or is not current and/or representative of the patient's current level of functioning, the clinical staff generates a *Receipt of Referral Packet: Notice of Necessary Clinical Documentation* letter that thoroughly describes to the referral source what information should be provided and the application calculates the 2 business day deadline for its submission. This auto-generated form also completes the fields containing the date of the request, patient's name, patient's social security number, name of current facility, facility contact person, fax number of facility, and clinical reviewer's name and telephone number. It is automatically faxed to the facility where the patient is residing and the referral is converted to a Reviewer Pended status. The reviewer will also attempt to contact the facility by phone to request these documents. Regardless of the mode of contact, the referral packet is Pended for the purpose of tracking the number of referral packets lacking adequate information. In the event the reviewer is not able to contact the facility, the Administrative Staff will attempt contact and relay to the facility the information requested by the clinician on their pend letter.

The requested information must be received within 2 full business days of the request. If the requested information is not received within this period, the reviewer will administratively close the review due to a lack of information.

THE DETERMINATION PROCESS

The PASRR reviewer evaluates all relevant documentation for the purpose of accomplishing the following goals:

- To determine whether a serious mental illness is present;
- To determine the appropriateness of nursing facility placement;
- To determine the need for Specialized Services or less specialized services (e.g., services of a lesser intensity), and
- To reaffirm the accuracy of the Level I assessment.

These goals can be accomplished using two review methods: Categorical Group Determinations (includes Categorical, Exempted, and Advanced group determinations) and an Individualized Determination. An Advanced Group Determination takes into account that certain diagnoses, level of severity of illness, or need for a particular service clearly indicate that admission to a nursing facility is normally needed, or that the provision of Specialized Services is not normally needed. An Individualized Determination is based on an individual patient's level of functioning or diagnosis. Each type of determination is described in detail below as they relate to the steps involved in the determination process.

Step 1: Determination as to whether a serious mental illness is present

The first step of this process is determining whether the individual has a serious mental illness. The primary resource for determining whether a mental illness is present is the review of diagnostic criteria as described by the Diagnostic and Statistical Manual of Mental Disorders, Forth Edition-Text Revision (DSM-IV-TR). The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a handbook for mental health professionals and lists different categories of mental disorders and the criteria for diagnosing them. The DSM-IV is a categorical classification system. The categories are prototypes, and a patient with a close approximation to the prototype is said to have that disorder. Qualifiers are sometimes used, for example mild, moderate or severe forms of a disorder. For nearly half the disorders, symptoms must be sufficient to cause "clinically significant distress or impairment in social, occupational, or other important areas of functioning". A provisional diagnosis may be indicated and should be considered with the same level of significance as a fully diagnosed disorder for the purpose of the Level II evaluation. Each category of disorder has a numeric code taken from the ICD coding system, used for health service (including insurance) administrative purposes and involves a multi-axial system. The DSM-IV organizes each psychiatric diagnosis into five levels (axes) relating to different aspects of disorder or disability:

Axis I: Clinical disorders, including major mental disorders, as well as developmental and learning disorders

Axis II: Underlying pervasive or personality conditions, as well as mental retardation

Axis III: Acute medical conditions and Physical disorders.

Axis IV: Psychosocial and environmental factors contributing to the disorder

Axis V: Global Assessment of Functioning or Children's Global Assessment Scale for children under the age of 18 (on a scale from 100 to 0).

The PASRR/MI Level II evaluations will primarily deal with Axis I disorders. Common Axis I disorders include depression, anxiety disorders, Bipolar Disorder, ADHD, and Schizophrenia. Common Axis II disorders include Borderline Personality Disorder, Schizotypal Personality Disorder, Antisocial Personality Disorder, Narcissistic Personality Disorder, and Mild Mental Retardation. The next page contains a means of determining if the DSM-IV-TR disorder is deemed to be a Serious Mental Illness.

Florida PASRR Level II Definition of Serious Mental Illness:

An individual is considered to have a serious mental illness (MI) if the individual meets the following requirements on diagnosis, level of impairment and duration of illness:

1. **Diagnosis.** The individual has a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised in 1987. This mental disorder is:
 - a. A schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability; but
 - b. Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined above.
2. **Level of impairment.** The disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual's developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:
 - a. Interpersonal functioning. The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation;
 - b. Concentration, persistence, and pace. The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks; and
 - c. Adaptation to change. The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.
3. **Recent treatment.** The treatment history indicates that the individual has experienced at least one of the following:
 - a. Psychiatric treatment more intensive than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization); or
 - b. Within the last 2 years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

Note:

An individual is considered to have dementia if he or she has a primary diagnosis of dementia, as described in the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised in 1987, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in 1 (b) above.

The determination of whether or not an individual has a serious mental illness involves reviewing the referral packet to determine if an individual has a current primary or secondary diagnosis of a mental disorder (as defined by the DSM IV TR) that is severe and persistent in nature. Anxiety, personality disorders and single episodes of major depression are included if the symptoms are severe, persistent and substantially impact the person's functioning. Mental illness does not include organic disorders, dementia including Alzheimer's disease or a related disorder, Mood Disorder due to General Medical Condition, bereavement or normal grief, or a substance induced disorder.

As illustrated in the Florida definition of a Serious Mental Illness, the duration of psychiatric treatment is considered in making the determination. Treatment received at higher than an outpatient level of service or inpatient psychiatric treatment in the previous two years is a consideration for Specialized Services. Additionally, the impact of the person's mental illness on their life functioning is also reviewed. Functional limitations in major life activities in the past 3-6 months that have caused serious impairment in interpersonal functioning and concentration must be present to assert the need for Specialized Services. A list of common psychiatric disorders and descriptions is provided in Appendix F of this manual.

Another indication that there may be a serious mental illness is the prescribing of psychotropic medications, such as antipsychotic medications, antidepressants, mood stabilizers, and anti-anxiety medications without a justifiable neurological disorder to warrant the medication. Appendix F contains a listing of the psychotropic medications described above.

Those disorders not considered to be a serious mental illness within the context of PASRR include:

- Primary diagnosis of dementia (including Alzheimer's disease or a related disorder)
- Non-primary diagnosis of dementia (including Alzheimer's disease or a related disorder) without a primary diagnosis of a serious mental illness or mental retardation
- Organic condition when there is no co-occurring mental illness diagnosis
- Mood disorder due to general medical condition
- Post traumatic stress disorder (mild)
- Obsessive-compulsive disorder
- Adjustment Disorders

Step 2: Determination related to the appropriateness of nursing facility placement

Categorical or advanced group determination

Placement in a nursing facility may be considered appropriate only when the individual's needs meet the minimum standards for admission and do not exceed the level of services which can be delivered in the nursing facility. In order for a person with a serious mental illness to qualify for a nursing home level of care, their behavioral health care needs must be secondary to a more acute medical disorder. The appropriateness of a nursing facility placement can be determined utilizing either a non-Individualized (Advanced Group, Categorical, or Exempted Discharge) or an individualized approach, as illustrated by the flow chart show on page 12. The non-Individualized approach can be utilized if the referral for nursing facility placement is for the following conditions:

- A. Convalescent care from an acute physical illness which required hospitalization and does not meet all the criteria for an exempt hospital discharge that is not subject to preadmission screening, as specified in 42 CFR 483.106(b)(2)
- B. Terminal illness, as defined for hospice purposes in 42 CFR 418.3
- C. Severe physical illnesses such as coma, ventilator dependence, functioning at a brain stem level, or diagnoses such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, and congestive heart failure which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services
- D. Provisional admissions pending further assessment in cases of delirium where an accurate diagnosis cannot be made until the delirium has resolved
- E. Provisional admissions pending further assessment in emergency situations requiring protective services, with placement in a nursing facility not to exceed 7 days and
- F. Provisional admissions for very brief and finite stays of up to a fixed number of days (two 7-day periods) to provide respite to in-home caregivers to whom the individual with mental illness or mental retardation is expected to return following the brief nursing facility stay
- G. Categorical admissions in which the patient has a primary diagnosis of Dementia or non-primary diagnosis of Dementia with a primary diagnosis not a mental illness
- H. Categorical admission in which the patient has Dementia in combination with Mental Retardation/Developmental Disability or related condition

If any of the above situations apply, it may be determined that placement in a nursing facility is appropriate.

Individualized Determination

An individualized approach involves reviewing documents related to the patient's medical, mental, and functional status. Nursing facility placement is appropriate when the patient's medical condition requires monitoring and overall management under the direction of a licensed physician. In addition to physician monitoring, the patient's specific medical condition must require one item from Column A in Table 1. The patient must also meet one condition from Column B or Column C.

Table 1: Individualized Criteria for Nursing Facility Placement

Column A Medical Status	Column B Mental Status	Column C Functional Status
<ol style="list-style-type: none"> 1. Nutritional management, which may include therapeutic diets or maintenance of hydration status. 2. Maintenance and preventive skin care and treatment of skin conditions, such as cuts, abrasions or healing decubiti. 3. Catheter care such as catheter change and irrigation. 4. Therapy services such as oxygen, physical, speech, occupational (less than five times weekly) 5. Restorative nursing services such as range of motion exercises and bowel/bladder training. 6. Monitoring of vital signs and laboratory studies or weights. 7. Management and administration of medications including injections. 	<p>The mental status must be such that the cognitive loss is more than occasional forgetfulness.</p> <ol style="list-style-type: none"> 1. Documented short or long-term memory deficits with etiologic diagnosis. Cognitive loss addressed on MDS/Care plan for continued placement 2. Documented moderately or severely impaired cognitive skills with etiologic diagnosis for daily decision making. Cognitive loss addressed on MDS/Care plan for continued placement. 3. Problem behavior (i.e. wandering, verbal abuse, physically and/or socially disruptive or inappropriate behavior requiring appropriate supervision or intervention. 4. Undetermined cognitive patterns, which cannot be assessed by a mental status exam, for example, due to aphasia. 	<ol style="list-style-type: none"> 1. Transfer and locomotion performance of resident requires limited/extensive assistance by staff through help or on-person physical assist. 2. Assistance with feeding. Continuous stand-by supervision, encouragement or cueing required and set-up of meals. 3. Requires direct assistance of another person to maintain continence. 4. Documented communication deficits in making self-understood or understanding others. Deficits must be addressed in medical record with etiologic diagnosis addressed on MDS/Care plan for continued placement.

If a nursing facility placement is not appropriate, the reviewer offers recommendations as to the most appropriate placement, such as home and community based services, or some type of community-based mental health residential or intensive support programs (e.g., group homes, board/care, supported apartments, assertive community treatment). The reviewer provides the Clinical Manager with the patient's demographic information, current location and brief description as to why the patient is not appropriate for nursing facility placement. The Clinical Manager then forwards this information to the DCF Substance Abuse and Adult Mental Health liaison who will work with other Stakeholders to secure proper placement for the individual, thus eliminating any potential gaps in care.

If a nursing facility placement is not appropriate, there is no need to continue to Step 3.

Step 3: Determination related to the need for Specialized Services

Once it has been established that the person has a serious mental illness and is appropriate for care in a nursing facility, the reviewer must determine if the person needs Specialized Services. Specialized Services, within the context of PASRR, refer to psychiatric consultation, evaluation and psychotropic medication management for an acute episode of mental illness, at levels required to avert or eliminate the need for acute inpatient psychiatric care.

Similar to the determination related to appropriateness of nursing facility placement, a categorical or individualized determination can be made regarding need for Specialized Services.

Categorical Determination

Categorical decisions regarding Specialized Services may occur *only* when the admission to the nursing facility is provisional (Respite, Emergency, and Pending assessment of Delirium). In these instances, Specialized Services, per Federal regulations, are not needed. Individualized determinations for Specialized Services involve a review of the medical and behavioral health information.

Individualized Determination

It is critical that when conducting individualized determinations regarding the need for Specialized Services, the Clinical Reviewer must keep in mind the purpose of this intervention: to avert or eliminate the need for acute inpatient psychiatric care. Patients who have a serious mental illness and who are not likely to be in need of inpatient psychiatric care do not meet criteria for Specialized Services. For example, a patient's record may indicate that the person has Major Depression, Mild to Moderate in severity. However, this individual is not likely to be in imminent need of inpatient psychiatric care despite this diagnosis of "Major Depression", given the severity rating. Although this disorder is called "Major Depression", a severity rating of mild to moderate indicates that this individual is only mildly to moderately impaired in their ability to function.

An important consideration related to determining if Specialized Services are needed is to consider the current status of the patient's mental illness. Typically, mental illnesses may be described as being in an acute or chronic state and may be in full or partial remission, as defined by the DSM-IV-TR. Patients diagnosed with a chronic mental illness who are successfully stabilized with medications may not need Specialized Services to avert or eliminate the need for acute inpatient psychiatric care.

Another indicator of the severity of a mental illness is the Global Assessment of Functioning (GAF) rating found on Axis V. As shown in Appendix F, the GAF indicates the individual's level of functioning in a number of settings, such as school, work, interpersonal relationships, etc. As it relates to the PASRR/MI evaluation, the lower the GAF, the greater likelihood that the individual may be in need of Specialized Services to avert inpatient psychiatric care. For those individuals who are not at imminent risk of inpatient psychiatric care may benefit from services of a lesser intensity or specialization than Specialized Services. A recommendation for a less specialized service would be offered in this situation.

Step 4: Determination related to reaffirmation the accuracy of the Level I assessment

The fourth goal of the Florida PASRR Level II program is to reaffirm the accuracy of the Level I assessment. The PASRR reviewer indicates if the individual meets criteria for a serious mental illness and states if the diagnosis reported in the Level I was accurate. If the Level I referral was inaccurate or inappropriate, this information will be provided to the DOEA CARES supervisor. It is important to note that Level I reviewers are supposed to refer any suspected presence of MI, not just those with confirmed diagnosis. As such, the PASRR/MI reviewer would only report those who could have been excluded but were referred on for Level II inappropriately. This step of the process serves as a quality assurance activity for the referral source.

C. NEED FOR ADDITIONAL INFORMATION TO ACCOMPLISH GOALS CITED ABOVE

In the event a reviewer is unable to accomplish the three goals cited above (determine existence of serious MI, appropriateness of nursing facility, determine need for Specialized Services,) utilizing the records at hand, an attempt is made to obtain additional information by other means, such as calling the nurse or social worker involved in the patient's care, contacting the legal guardian, contacting the patient's physician, etc. In the unlikely event that these attempts are unsuccessful, the Clinical Manager or Program Director determines whether a Face-to-Face Interview is warranted. If the Clinical Manager is of the opinion that the information needed to make a definitive determination can only be obtained by conducting a face-to-face interview, the Program Director is notified and a licensed clinician is assigned to complete this task. Only staff with a verified, clear Level II background check that have completed the Face-to-Face training (see Face-to-Face Training Manual), demonstrated proficiency to the Program Director, and has passed the competency evaluation are allowed to complete these assessments.

FACE-TO-FACE ASSESSMENTS

Face-to-face assessments may be conducted for both Pre-Admission Screenings (PAS) and Resident Reviews (RR).

The purpose of face-to-face assessments is three-fold:

1. Confirmation of the presence or absence of a mental illness
2. If the patient is deemed to have a serious mental illness, a confirmation of the appropriateness for the level of care services provided at the nursing facility and
3. If the person has a serious mental illness *and* the level of care provided in the nursing facility is appropriate, a determination of the patient's need for Specialized Services at a level higher than that which can be provided by the facility

The face-to-face interview is conducted promptly, and the written report is submitted electronically to ensure compliance with the 9 day turn around time.

D. DEVELOPMENT OF RECOMMENDATIONS

Once the reviewer determines that a patient is in need of Specialized Services, an individualized plan of care is written. This plan of care includes an identification of the patient's needs, the Specialized Service(s) required to address this need, the anticipated outcome goals, recommended service providers, and the approximate duration, intensity, and frequency of services that will be needed to accomplish the identified goals.

The Specialized Services currently available under Florida Medicaid to PASRR/MI individuals include:

Table 2: Medicaid-Funded Specialized Services

Medicaid Code	Qualifier	Medicaid Description of Service
H0031	HO	In-depth assessment, new patient, mental health)
H0031	TS	In-depth assessment, established patient, mental health)
H2019	(none)	Psychological Testing
H2019	HR	Individual and Family Therapy
H2019	HQ	Group Therapy
T1015	(none)	Medication Management

THE RATIONALE FOR SPECIALIZED SERVICES RECOMMENDATIONS

Recommendations for Specialized Services are directed towards outcomes that increase functional level and reduce the need for future acute hospitalizations and institutionalization. The ability to make appropriate referrals in this area depends upon knowledge of normal and abnormal aging, including age-related changes in cognitive abilities. Older adults often have multiple problems. Both mental and behavioral disorders may be evident in older adults (e.g., those with Axis I disorders who also manifest concurrent substance abuse or Axis II personality disorders). Likewise, older adults suffering from progressive dementias typically evidence coexistent psychological symptoms, which may include depression, anxiety, paranoia, and behavioral disturbances. Because medical disorders are more prevalent in old age than in younger years, mental and behavioral problems are often comorbid with medical illness. The higher prevalence of medical disorders makes attention to physical causes of symptoms and to iatrogenic effects of medications as causes of symptoms highly important as well.

Only those Specialized Services that have been researched and shown to be clinically effective are recommended in the Plan. Since no single modality of psychological intervention is preferable for any particular group of individuals such as all older adults, the recommendation is individualized and based on the nature of the problem(s) involved, the clinical goals, the immediate situation/environment, and the patient's characteristics. Once the individualized plan is developed, APS Healthcare assists in arranging for the provision of these Specialized Services.

E. DOCUMENTATION

DETERMINATION SUMMARY REPORT

Determinations regarding the existence of a serious mental illness, appropriateness for nursing facility placement, and need for Specialized Services are summarized in a single report known as the *Determination Summary Report* and is sent via fax to CARES, CMAT, or nursing facility who must file this document in the patient's medical record for review by the attending physician. The *Determination Summary Report* includes:

- Name and professional title of the evaluator
- Date of the evaluation
- Summary of the medical and social history, including the positive traits or developmental strengths and weaknesses or developmental needs
- Patient's current physical (cranial nerve functioning, medical diagnoses, medications), mental (mental status), and functional status (ability to perform ADLs) as documented in medical and social history records and current evaluation, if applicable (e.g., face to face evaluation results)
- Mental health diagnosis (DSM-IV-TR based)
- The appropriateness of nursing facility care
- If nursing facility care is deemed not appropriate, information concerning the various placement options available to the resident
- A determination as to whether Specialized Services are needed
- If Specialized Services are recommended, a *Plan of Care*
- If services of a lesser intensity are needed, related recommendations are made

PLAN OF CARE REPORT

The *Plan of Care* is an individualized proposal that identifies the patient's needs, the Specialized Service(s) recommended to address this need, and the anticipated outcome goals. Potential service providers and modes of treatment that have been demonstrated to be the most effective in science-based studies are included, along with the proposed duration, intensity, and frequency of these interventions. The *Determination Summary Report* and *Plan of Care* (if applicable) are faxed to CARES, CMAT, and the nursing facility, and mailed via USPS to the patient and, if applicable, his or her legal representative.

NOTICE OF DETERMINATION LETTER

A *Notice of Determination* letter is sent via USPS mail to the individual seeking placement in a nursing facility, and if applicable, their legal representative. The recipient of the letter is notified of the Level II determination as well as their right to appeal the decision. A description of the appeal process and instructions on how to request an appeal is indicated in this letter.

Samples of the letters described above are available in Appendix G.

SECTION III

POST-DETERMINATION PROCESS

CHAPTER 5

QUALITY ASSURANCE AND MANAGEMENT

A. PURPOSE OF THE PASRR/MI QUALITY ASSURANCE PROCESS

The purpose of the Quality Assurance (QA) and Quality Improvement (QI) policy and procedure is to ensure a standardized program for monitoring both the quality of work and the activities conducted to enhance productivity, ensure accuracy of determinations, and development of empirically sound service recommendations.

B. APS HEALTHCARE PHILOSOPHY

APS Healthcare is wholly committed to quality service. Rather than relegating “quality” to a department on the organizational chart, or defining “quality” as a series of mandatory reports, we are committed to incorporating the principles of quality service and continuous quality improvement into each activity and program that we undertake. Additionally, we bring this focus on quality to our reviews and technical assistance for the overall system that we serve.

C. QUALITY ASSURANCE MEASURES

Inter-rater reliability, individual reviewer error rates, productivity, trends, and promptness of response/resolution when inquiries are received by phone or email are utilized to measure Quality Assurance. The information gathered is used in the following ways:

- To determine if there are general error trends or inconsistencies that need to be addressed to provide training to all staff as needed.
- To provide feedback to individual reviewers.
- To alert the Management Team to problems with individual reviewers calling for corrective action.
- To identify areas of improvement related to error trends or inconsistencies for stakeholders that need to be addressed (i.e., the quality of referrals).
- To identify error trends or inconsistencies for reviewers that need to be addressed and to provide training to staff if needed.
- To alert DCF of any problems or concerns.

PRODUCTIVITY

APS Healthcare maintains productivity benchmarks for all staff members to assure that all contractual timelines are met and exceeded. Reviewer productivity is tracked daily, weekly, and monthly by number of completed reviews. This information is posted daily, and monthly individual productivity reports are discussed with the reviewer during individual supervision meetings.

INTER-RATER RELIABILITY

An inter-rater exercise is conducted each month to ensure review decision agreement among reviewers. One completed review is randomly selected for reviewers who have completed their initial 90 days with APS. The Clinical Manager provides copies of the review to reviewers along with a recording form to indicate their determination. When the Inter-rater exercise is completed, the total number of decision agreements is divided by the total number of reviews to obtain an inter-rater reliability percentage. When inconsistencies are found, these are addressed by group training, or discussed with individual reviewers, as appropriate. The results of the Inter-Rater exercises are inputted into the Quality Assurance (QA) and Quality Improvement (QI) database.

ADDRESSING COMPLAINTS

APS Healthcare seeks to assure that reviews are managed in a professional manner, and provides a mechanism for stakeholders to file complaints if these interactions are not satisfactory. All complaints are handled in an efficient manner to assure a timely resolution. Each complaint is documented on a complaint log and tracked through resolution. A complaint is defined as dissatisfaction formally communicated (verbally or in writing) to APS Healthcare regardless of whether any remedial action is requested. All complaints will be responded to within 2 business days and all written complaints will receive a written response. All complaint-related interactions are inputted into the PASRR/MI Communication database.

SPECIAL REQUESTS TRACKING

APS Healthcare provides a special request telephone number and email address for complaints or questions related to the FL PASRR/MI program. These modes of contact are continuously monitored throughout the business day. When inquiries are received, they are entered into the PASRR/MI Communication Database and are tracked by category, district and reviewer. The time between the receipt of the inquiry and the resolution/response is also tracked. In addition to a composite Special Requests report which incorporates all staff members, a monthly report is generated for each reviewer

D. QUALITY ASSURANCE MANAGEMENT AND INTER-RATER PROCESS

Quality Assurance is conducted with both administrative and clinical (professional) staff throughout evaluation and steps of the PASRR Level II Evaluation process to assure integrity of the determination process and data accuracy. APS Healthcare conducts quality checks by comparing the initial determination with that of the Program Director, Medical Director, or designee. The intent of this endeavor is to measure the extent to which two or more raters agree when making a determination based on the available information submitted with the Level II referral request, examine reports for quality documentation, verify accuracy of the information entered into the application to ensure data integrity, and review for sound clinical judgment. This analysis shall serve as a quality check and reliability statistic for the measurement procedure.

In addition to the quality checks described above, a review is randomly selected each month as part of a Inter-rater Review exercise. The Clinical Manager selects a review from the current month, includes all documentation available at the time of the initial review, and attaches an Inter-Rater Exercise form to be completed by each Clinical Reviewer. Reviewers are directed to not access the application to view the initial determination and must complete this exercise as an individual effort while not discussing the review with their peers. The Reviewers complete the exercise and return the packet to the Clinical Manager who then enters the results into the *PASRR Quality Audit and Management* database.

ADMINISTRATIVE STAFF INDIVIDUAL QUALITY ASSURANCE

A Performance Evaluation review is done six months from date of hire and annually thereafter during the employee's annual evaluation. Administrative work products such as letters to referral sources, data entry, data file creation, etc. produced during the previous month will be randomly selected for Quality Assurance review by the Clinical Manager. The work products are proportionally represented in the selected sample. The Clinical Manager or designee reviews each Administrative Assistant's Quality Assurance results after each monthly QA review to determine the type of error (random, typographical, etc.) and this data is used in the educational/retraining process. The data is tracked and reviewed for trends or patterns of errors and this information is used as a coaching tool. The results are reflected in annual performance reviews.

NEW ADMINISTRATIVE STAFF INDIVIDUAL QA

100% of administrative tasks completed by new administrative staff will undergo Quality Assurance reviews by the Clinical Manager or designee until scores of at least 90% accuracy are consistently met for a minimum of 5 days. The scores for the new administrative staff are recorded and the Clinical Manager discusses the results with the staff and incorporates this feedback into the training process. Once accuracy scores of at least 90% are consistently obtained, the new administrative staff will participate in the individual QA process as described above.

CLINICAL TEAM QUALITY ASSURANCE

Clinical Quality Assurance involves reviewing completed referrals, administratively closed and pended referrals. A review is done on sufficient numbers of these referrals to evaluate team quality performance within a 95% confidence interval.

Completed Referrals:

A minimum of 5 completed reviews per 100 Level II requests will be randomly reviewed during each month for accuracy of:

- Determination of serious mental illness
- Determination related to appropriateness of nursing facility placement

- Determination of need for Specialized Services
- Determination related to accuracy of Level I Screen
- Appropriateness of recommended Specialized Services, if applicable
- Accuracy of data entry into software
- Timeliness of Review (Review completed and documentation sent within 9 day turn around time)

Completed Level II reviews from the previous month will serve as the pool from which these samples are randomly chosen. Referral sources are proportionally represented in the sample and the reviewed cases will be documented to ensure a representative sample over time.

Administratively Closed Referrals:

A minimum of 5 administratively closed reviews per 100 Level II requests will be reviewed during each month to assess to the accuracy of the decision to administratively close the referral. Administratively Closed Level II referrals from the previous month will serve as the pool from which these samples are chosen.

Pended Referrals:

A minimum of 5 referrals that had been pended during at least one step in the Level II Evaluation process are reviewed to determine the appropriateness of the decision to pend this referral. The Pended referrals are chosen from both Administratively Closed and Completed Referrals from the previous month.

The results of quality assurance review are recorded and statistical analyses are conducted under the supervision of the Management Information Systems (MIS) Supervisor. The results are provided to the Clinical Manager within three working days. Any score below 90% will be analyzed to determine if the errors are random or consistent, and will be collected as examples for retraining. PASRR Reviewers will be advised of errors on an individual basis by the Clinical Manager or designee. The report will be finalized within a week's time, and then discussed at the next weekly staff meeting.

CLINICAL STAFF INDIVIDUAL QUALITY ASSURANCE

A Performance Evaluation is completed six months from date of hire and annually thereafter during the employee's annual evaluation. The results of the Completed, Administratively Closed, and Pended Level II referrals that were obtained as part of the Team Quality Assurance procedure described above are collected and maintained in a database . The Clinical Manager and/or Program Director of the PASRR program reviews each reviewer's Quality Assurance results after each monthly Quality Assurance review. As described above, any score below 90% is analyzed to determine type of error, random error, typographical error, etc., and this data is

used in the educational/retraining process and tracked. Any detected trends or patterns of errors will result in additional education and training of staff.

NEW CLINICAL STAFF INDIVIDUAL QUALITY ASSURANCE

100% of all PASRR Level II referrals completed by new clinical staff will undergo Quality Assurance reviews by the Program Director or designee until scores of at least 90% accuracy are consistently met for a minimum of 10 reviews. The scores for the new clinical staff are recorded and the Clinical Manager discusses the results with the staff and incorporates this feedback into the training process. Once accuracy scores of at least 90% are consistently obtained, the new clinical staff will participate in the individual QA process as described above.

E. QUALITY IMPROVEMENT ACTIVITIES

Quality Improvement activities include clinical training, physician oversight, weekly clinical supervision by the Program Director or designee, on-going clinical supervision by the Clinical Manager, peer supervision, and peer review.

TRAINING ACTIVITIES

The clinical staff actively participates in ongoing educational training activities, both internal and external, to enhance clinical competency and to comply with standards related to clinical licensure.

The in-house training occurs in varied settings, including weekly staff meetings that address administrative and clinical policy and procedure revisions as well as special clinical topic reviews. The Clinical Manager also distributes emails to inform staff of any procedural updates, policy changes, or other subjects relevant to the PASRR process.

Scheduled staff training events are generated by:

- Quality Assurance data and information, including audits
- Changes in “best practices”
- Other management assessment activities
- Trends in errors
- Difficult, problematic, or unusual cases, such as face to face interviews involving unusual circumstances or cultural nuances

Required topics for annual training of all clinical staff include:

- PASRR standards related to the relevant functions
- Ethics Framework Policy (includes conflict of interest)
- Confidentiality /HIPAA Guidelines
- Customer Services
- State and Regulatory Compliance
- Appeals Process

F. DOCUMENTATION OF QUALITY IMPROVEMENT ACTIVITIES

Ongoing training is documented in training summaries and training attendance forms which are maintained in a training log. The effectiveness of the APS in-house trainings is evaluated via written and/or verbal feedback solicited after each training session and by downward trends in errors. Professional staff are expected to document their attendance at external trainings and to bring photocopies of their CEU certificates for the staff training files.

Copies of all forms related to Quality Assurance and Management are located in Appendix B of this manual.

CHAPTER 6

APPEALS AND HEARINGS

A. PURPOSE

The purpose of this chapter is to ensure that individuals who were the subject of FL PASRR Level II evaluations have the right to appeal determinations in a fair and timely manner, consistent with state and federal law. APS Healthcare has established a process policy (in accordance with the Department of Children and Families CFOP 180-2 Appeal Hearings policy) by which any applicant or their legal representative who is dissatisfied with the outcome of a Level II PASRR can appeal the decision. The applicant is provided with a copy of the procedure at the same time they are notified of the outcome of the Level II. A copy of this procedure is available to referral sources upon request.

B. INITIATING THE APPEAL AND FAIR HEARING PROCESS

The patient is provided a description of the Appeal and Fair Hearing in the *Notice of Determination* letter received via mail. The appeal must be requested verbally or in writing within 90 calendar days (Rule 65-2.046 Florida Administrative Code) following the date of receipt of this letter. As explained in the letter, the request for an appeal should be addressed to:

APS Healthcare
FL PASRR/MI Clinical Manager
2728 Centerview Drive
Suite 201
Tallahassee, FL 32301

(866) 880-4080 ext. 8927

Requests for a hearing are referred to the Clinical Manager and are date stamped upon receipt. The Clinical Manager must forward all requests to OSIH.

C. RECONSIDERATION REVIEW

When a hearings request is received, the Clinical Manager conducts a Reconsideration Review in which the documentation available at the time of the initial determination is reviewed for accuracy. If any errors are noted, immediate action is taken to rectify the inaccuracy. The patient or their representative and Office of Appeal Hearings (OSIH) are immediately notified. If the appellant is satisfied with the correction, they may choose to withdraw their request in writing. Only OSIH can decide to reject an appeal.

D. INFORMAL CONFERENCE

If no error is detected or if the appellant elects not to withdraw their request following an error correction, the Clinical Manager schedules a teleconference with the appellant or their representative. The patient or representative is advised the teleconference is optional and does not replace or delay the hearing process. If during the conference a satisfactory decision is made that satisfies the appellant, the request for a hearing may be withdrawn in writing.

E. FORMAL HEARING

All requests for a hearing are forwarded to the Department of Children and Families, Office of the Inspector General (OIG). APS Healthcare provides expert, telephone testimony in the event the case proceeds to a hearing. All actions to reduce or cancel benefits or services will be reviewed to determine whether or not the appeal was filed within the required time frame, thereby allowing any current benefits or services to continue until a decision can be rendered by the Hearing Officer.

The potential decisions at any stage of the Appeal and Fair Hearing process include:

- Upheld: The determining authority concurs with the adverse determination or previous appeal decision
- Partially Overturned: The determining authority modifies the adverse determination or previous appeal decision
- Overturned: The determining authority does not concur with the adverse determination or previous appeal decision

This rendered decision is final and bound by Florida Statutes Sections 120.80 and 409.285 and agency policy. In addition to tracking dates related to the Appeals and Fair Hearing Process, all appeals, reconsiderations and hearing outcomes will be tracked through the PASRR quality improvement initiative and be reported on the monthly report.

CHAPTER 7

ELECTRONIC DATA PROCESSING

A. BACKGROUND ON DATA SYSTEM

APS Healthcare maintains a data tracking system that captures, stores, and organizes documents and program information known as APS CareConnection®. APS is unique in its longstanding, universal use of current generation client-server technologies, created by our programming staff. This unique solution has been customized for the Florida PASRR/MI contract to reduce reviewer workloads which allows limited resources to be directed toward quality review functions. This technology leverages high-volume fax servers equipped to receive faxes from all fax machines fully compliant with the international Group 3 Facsimile transmission standards, from legacy manual machines through the latest PC based systems. This SQL-based system tracks referrals; records outcomes including psychiatric diagnoses, the appropriateness of nursing facility placement, the need for specialized services; and plans of care while ensuring security and confidentiality of the data in compliance with applicable federal and state laws (including HIPAA Privacy Rules, 45 C.F.R. Parts 160 and 164.)

B. MONITORING OF SPECIALIZED SERVICES

APS Healthcare maintains a data tracking system that captures, stores, and organizes documents and program-related information. This system consists of 6 screens to be used by administrative and clinical staff to receive the faxed referral packet into the system, enter the patient's demographic information, enter legal representative information, insurance information, and guide the determination process. Attachment 1 of this manual contains copies of the data entry screens, data dictionary, software process map, and User's Guide.

The patient's diagnosis is recorded and the system allows for monitoring of Specialized Services recommended for patients deemed to meet criteria for a serious mental illness and who are in need of interventions to avert or eliminate the need for acute inpatient psychiatric care. The monitoring of Specialized Services involves confirming the provision of the service, the duration of the recommended intervention, and the outcome of the service provision. APS monitors and reports the status of Specialized Services recommendations on an annual basis. These outcomes may be reported from medical records, self-reported data or a combination of the two measures.

In addition to monitoring of recommendations, APS Healthcare provides data on the number of referrals for new admissions to nursing facilities (PAS), the number of residents requiring a Resident Review (RR) due to a significant change in their functioning, and referrals for

which clinical record reviews and/or Level II evaluations are not completed due to situations such as the death of the patient, discharges/ transfers from nursing facilities, those never admitted to nursing facilities, and those admitted for hospitalizations.

C. INFORMATION TRACKED

The data system shall track referrals; record outcomes including mental illness diagnosis, need for nursing facility and Specialized Services; record treatment recommendations and plans of care; send required notifications and report electronically to CARES. The CareConnection® data tracking system has the capability to track referrals, notifications, and dispositions of all referrals, including all:

- a. New admissions to nursing facilities
- b. Residents requiring a resident review or for whom the status of functioning appears to have changed
- c. Referrals for which clinical record reviews and/or Level II evaluations are not completed (e.g., deaths, discharges/transfers from nursing facilities, those never admitted to nursing facilities, those admitted for hospitalizations)

The data tracking system provides data on all Level II referrals, including:

- a. Referral source
- b. Referral date
- c. Individual's last name, first name, and middle initial
- d. Social Security number
- e. Medicaid number
- f. Medicare number
- g. Date of birth
- h. Gender

Additionally, the tracking system provides data on all Level II evaluations completed, including:

- a. Date referral received
- b. County code for county of evaluation using the department's codes
- c. Date of resident's admission to nursing facility using the department's codes
- d. Date of most recent psychiatric evaluation
- e. Diagnoses
- f. Current medications
- g. Date and outcome for nursing facility care
- h. Date and outcome for Specialized Services
- i. Date and outcome for rehabilitative services of a lesser intensity than Specialized Services
- j. Date and outcome of Plan of Care
- k. Date and outcome of face-to-face evaluation
- l. Date of determination
- m. Date results faxed to originating CARES office
- n. Date notice sent to individuals and required persons
- o. Facility location and status of residents requiring a RR

D. USER GUIDE

APS Healthcare utilizes a User Guide to explain the basics of entering, viewing, editing, and reporting PASRR referral packets and subsequent determinations. The guide is organized by menu functions located on the main screen. For each function, there is a brief description along with detailed process steps and screen shorts for ease of understanding. The User Guide will be updated as periodical improvements and updates occur. Users of this manual include administrative and clinical staff. See Attachment 1 for a sample User Guide.

E. REPORTS

APS Healthcare submits reports within the specified time frames to the department's contract manager. Monthly reports include the PAS and RR Record Reviews Report and the PAS and RR Face-to-Face Reviews Report due by the 15th of each month. Ad hoc reports are also created at the request of the DCF Bureau Chief or their representative. These reports may include data related to outcomes, results of the public database searches, number of patients recently Baker Acted, or submissions by facility. The reports are provided to DCF using only secured email to protect PHI.

F. DATA EXTRACT

As requested, APS Healthcare will create and hand deliver to CARES a tab-delimited file that has been zipped to CD using Winzip®. The file will be encrypted and password protected with a 16 digit password which includes: characters, special characters, and numbers. An APS Healthcare unique ID and the Review ID will enable CARES to identify and match records that have been updated or modified.

SECTION IV

APPENDIXES

APPENDIX A

ACRONYMS AND DEFINITIONS

COMMON PASRR/MI ACRONYMS

AHCA: Agency for Health Care Administration
APD: Agency for Persons with Disabilities
CARES: Comprehensive Assessment and Review for Long-Term Care Services-DOEA
CFR: Code of Federal Regulations
CIRTS: Client Information and Registration Tracking System-DOEA
CMAT: Children's Multidisciplinary Assessment Team-DOH
DOEA: Department of Elder Affairs
DOH: Department of Health
HIPAA: Health Information Portability and Accountability Act
LOC: Level of Care
MDS: Minimum Data Set
MH: Mental Health
MI: Mental Illness
MR: Mental Retardation
NF: Nursing Facility
PAS: Preadmission Screening
PASRR: Pre-Admission Screening and Resident Review
RR: Resident Review
SAMH: Substance Abuse and Mental Health-DCF
SMA: State Medicaid Agency (AHCA)
SMHA: State Mental Health Authority-(DCF)
SMI: Serious Mental Illness
SS: Specialized Services

COMMON PASRR/MI TERMS WITH DEFINITIONS

Acute Mental Illness: A mental illness lasting not more than a few months, in which symptoms are experienced, usually as a result of emotional stress.

Administrative Closure: A referral that is closed after being pended for more than the allowed 48 hours. Referrals may also be closed when the patient is no longer at the referring facility.

Advanced Group Determination: A type of determination by category that takes into account that certain diagnoses, level of severity of illness, or need for a particular service clearly indicate that admission to or residence in a nursing facility is normally needed, or that the provision of Specialized Services is not normally needed. 42 CFR 483.130

AHCA: Agency for Health Care Administration

Appeal: A formal request by a patient or representative for a review of an adverse determination.

Appeals and Fair Hearing Process: The procedure that allows an individual or his/her representative to appeal PASRR decision to a higher authority. The fair hearing is conducted by a hearings officer from the DCF Inspector General's Office in accordance with the Rule 65-2.042, Florida Administrative Code (F.A.C.).

Appeal Determinations: Each level of appeal may result in one of the following determinations:

Upheld: The determining authority concurs with the adverse determination or previous appeal decision;

Partially Overturned: The determining authority modifies the adverse determination or previous appeal decision; or

Overturned: The determining authority does not concur with the adverse determination or previous appeal decision.

CareConnection® FL PASRR: SQL-based data tracking system that captures, stores, and organizes documents and program information created by APS Healthcare.

CARES: Comprehensive Assessment and Review for Long-Term Care Services, within the Department of Elder Affairs. CARES is responsible for Level of Care determinations for ages 21 years and older.

CMAT: Children's Multidisciplinary Team within the Department of Health. CMAT is responsible to Level of Care determinations for those under 21 years of age. CMAT is part of Children's Medical Services within the Department of Health

Categorical Decision: An advanced group decision based on a group classification such as diagnosis, placement, or illness.

Chronic Mental illness: A long lasting mental illness.

DCF: Department of Children and Families

Department: Department of Children and Families

Diagnostic and Statistical Manual-Fourth Edition-Text Revision (DSM-IV-TR): A manual published by the American Psychiatric Association, now in its fourth edition with text revision. This manual defines categories of mental illness.

DOEA: Department of Elder Affairs

Empirically Supported Treatments (EST): The concept that quality of patient care is enhanced when practitioners use treatments with empirical support.

Full Remission: There are no longer any symptoms or signs of the mental illness but it is still clinically relevant to note the disorder. An example would be an individual who has had previous episodes of Bipolar Disorder but has been symptom free while medicated for the past several years.

Individualized Determination: A determination based on an individual's level of behavioral, psychological, and biological functioning or diagnosis.

Mental Illness (MI): An individual is considered to have a serious mental illness if the individual meets the requirements in 42 CFR 483.102(b)(2) based on diagnosis, level of impairment, and duration of illness.

Minimum Data Set (MDS): The Minimum Data Set (MDS) is part of the federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing facilities. This process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems. MDS aggregates 24 individual indicators into the following 11 categories: accidents, behavior/emotional patterns, clinical management, cognitive patterns, elimination/incontinence, infection control, nutrition/eating, physical functioning, psychotropic drug use, quality of life, and skin care.

Nursing Facility (NF): is defined as an institution which is primarily engaged in providing to residents: (1) skilled nursing services; (2) rehabilitation services; OR (3) on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities. Nursing facility will be deemed an "appropriate placement" if the individual's needs are such that he/she meets the minimum standards for admission AND the need for treatment does not exceed the level of services which the facility is capable of providing.

Office of Appeal Hearings (OSIH): OSIH within Department of Children and Families holds hearings for individuals regarding specific program benefits or services.

Olmstead Decision: The United States Supreme Court ruling in Olmstead v. L.C. (1999) that the unnecessary segregation of individuals with disabilities in institutions may constitute discrimination based on disability. The court ruled that the Americans with Disabilities (ADA) Act

may require states to provide community-based services rather than institutional placements for individuals with disabilities.

Partial Remission: The full criteria of the mental disorder were previously met, but currently only some of the symptoms or signs of the disorder remain.

PASRR: Preadmission Screening and Resident Review

PASRR Level I Screening: The initial screening required for all individuals prior to admission to a Medicaid certified nursing facility, regardless of payer source. The screening is conducted by hospitals, nursing facilities or CARES for preadmission screenings. The screening may also be conducted by a nursing facility when there has been a change in a nursing facility resident's mental status to see if a referral for Level II is needed (Resident Review).

PASRR/MI Level II Evaluation: A comprehensive evaluation that is required for all individuals identified in the Level I screening as having possible mental illness. Level II Evaluations are of two types: those that occur prior to admission to a nursing facility and those that occur when a patient is already residing in a nursing facility exhibits a significant change in their physical and/or mental status. The former is referred to as a Pre-Admission Screening while the later is termed a Resident Review. The evaluation is the responsibility of the State Mental Health Authority. The Level II evaluation must verify a diagnosis of mental illness, determine if the individual requires the level of services provided by a nursing facility and determine whether or not the individual needs Specialized Services. If Specialized Services are needed, the Level II evaluator must complete a plan of care and arrange for the provision of services to be provided and monitor the provision of these services.

PASRR Stakeholders: Those entities currently invested in the prevention of inappropriate Level of Care placement and retention of individuals with mental illnesses in nursing facilities. These Stakeholders include the: Department of Children and Families (DCF), Agency for Health Care Administration (AHCA), Department of Elder Affairs(DOEA), Agency for Persons with Disabilities (APD), Department of Health (DOH), Children's Medical Services (CMA), local community mental health centers, regional and federal Center for Medicare and Medicaid Services (CMS) PASRR representatives, National Association of PASRR professionals, hospitals, nursing facilities, and their respective trade associations.

PAS Record Review (Preadmission Screening Record Review): A detailed review of the individual's medical record is used to evaluate individuals with possible mental illness prior to admission to a nursing facility and to determine a possible need for Specialized Services.

PAS Face-to-Face Review (Preadmission Face-to-Face Review): A face-to-face evaluation of an individual prior to admission to a nursing facility to confirm the presence of a mental illness that can not be clearly determined by a record review. If the individual is determined to have serious mental illness, the face-to-face evaluation will confirm the need for the level of services provided in a nursing facility and if Specialized Services are needed.

Pended Referral: A referral that lacks required information or is not current and/or representative of the patient's present level of functioning. A *Receipt of Referral Packet: Notice of Missing Required Document* or *Receipt of Referral Packet: Notice of Necessary Clinical Documentation* letter is sent to the referral source or facility to obtain the missing information. Information must be returned within 2 business days of the request.

Plan of Care: A written plan for those individuals found to have a serious mental illness and to be in need of Specialized Services. These individualized models of care include the identification of the needed Specialized Services, potential service providers, and the approximate duration, intensity, and frequency of those services.

Preadmission Screening (PAS): The process of screening and evaluating persons with possible mental illness who are being considered for admission to a nursing facility. This includes the Level I screening and if needed, the Level II evaluation and determination of the need for Specialized Services.

Provisional Diagnosis: Specifiers that can be used where there is a strong presumption that the full criteria will ultimately be met for a disorder but not enough information is available to make a firm diagnosis.

Psychotropic Medications: Medications that change one's state of mind or alters one's behavior.

"Ready for Review" Status: A complete referral packet that is ready for review by the clinical reviewer.

Reconsideration Review: A review conducted by the Clinical Manager utilizing the information available at the time of the initial determination when a Request for an Appeal is received from the patient or representative.

Resident Review (RR): The process of evaluating a nursing facility resident with possible mental illness who experiences a significant change in his or her physical or mental condition. This includes the Level I screening by the nursing facility and if needed, the Level II evaluation and determination of the need for Specialized Services.

RR Record Review (Resident's Review Record Review): A detailed review of a nursing home resident's medical record is used to evaluate identified changes in mental status and to determine a possible need for Specialized Services.

RR Face-to-Face Review (Resident Review Face-to-Face Review): A face-to-face evaluation of a nursing facility resident to evaluate identified changes in mental status to determine the need for Specialized Services that can not be clearly determined by a record review.

Provider: Innovative Resource Group, LLC (IRG) d/b/a APS Healthcare Midwest.

Psychiatric Evaluation: A psychiatric evaluation is a comprehensive evaluation that investigates the person's clinical status including the presenting problem; the history of the present illness; previous psychiatric history, physical history, and medication history; relevant personal, and family medical history; personal strengths; and a brief mental status examination.

Service Providers: Local agencies and licensed practitioners providing mental health services.

Specialized Services: Specialized Services within the PASRR context mean psychiatric consultation, evaluation and psychotropic medication management for an acute episode of mental illness, at levels required to avert or eliminate the need for acute inpatient psychiatric care.

Specialized Services Referral Process: Part of the PASRR Level II determination process which provides for a written plan of care for Specialized Services that includes an identification of the patient's needs, the Specialized Service(s) to address this need, the anticipated outcome goals, recommended service providers, and the approximate duration, intensity, and frequency of services that will be needed to accomplish the identified goals and then APS Healthcare arranges for these services, conducts follow-up to determine if the patient received the recommended services and ascertains the outcome for each recommendation. Outcomes include whether or not the patient was referred, if the Specialized Services was rendered as recommended, and if the identified goals were met.

State Medicaid Authority: Agency for Health Care Administration (AHCA)

State Mental Health Authority (SMHA): The State Mental Health Authority (SMHA) is within the Department of Children and Families, Mental Health Program Office. SMHA has contracted with APS Healthcare to carry-out responsibility for Level II PASRR/MI referrals.

Turn Around Time (TAT): The time that has lapsed from the receipt of the complete referral packet to the time the Determination Summary Report is faxed/emailed to the referral source and mailed to the patient or legal representative minus any time the packet was in a Pended status due to missing or incomplete information.

Appendix B

INTERNAL FORMS

PERFORMANCE MEASURES MONTHLY FEEDBACK

Reviewer:

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
Total completed referrals													0
Referrals-Ave. # days to Complete													0
Referrals- % in compliance													0
Referrals- Number of requests													0
Referrals-# of Determination errors													0
Referrals-Total # of errors													0
Leave- Unscheduled, taken during the month													0
Leave-Scheduled, taken during the month													0

Specific Items addressed:

DATA INTEGRITY FEEDBACK REPORT



**Florida PASRR
Quality Assurance and Management System
Data Integrity Report**

Date of Report: 5/24/2011

Staff:

[Redacted]

<u>Review ID</u>	<u>Type of Error Description</u>	<u>Correction made?</u>	<u>Comment on Error</u>
[Redacted]	Typo in field that is included in outgoing reports	Yes	Typographical error in field that is included in monthly DCF report

PASRRMI QUALITY CHECK TRACKING



**FLORIDA PASRR QUALITY AUDIT
AND INTER-RATER REPORT**

Type of QA Pull		Determination Quality Audit					
Review ID	[Redacted]	Admin Staff	[Redacted]	Orig Review Staff	[Redacted]	Inter-Rater/Quality Review Staff	Sandra
Original Determination		Inter-Rater Determination		Determination Same	<input checked="" type="checkbox"/>	Pend Appropriate	N/A
NF Yes, Sig MI Yes, SS No		NF Yes, Sig MI Yes, SS No					
Admin Errors	<input type="checkbox"/>	Reviewer Errors	<input type="checkbox"/>	Correction Required	<input type="checkbox"/>	Comments	
<hr/>							
Review ID	[Redacted]	Admin Staff	[Redacted]	Orig Review Staff	[Redacted]	Inter-Rater/Quality Review Staff	Sandra
Original Determination		Inter-Rater Determination		Determination Same	<input checked="" type="checkbox"/>	Pend Appropriate	N/A
NF Yes, Sig MI Yes, SS No		NF Yes, Sig MI Yes, SS No					
Admin Errors	<input type="checkbox"/>	Reviewer Errors	<input type="checkbox"/>	Correction Required	<input type="checkbox"/>	Comments	
<hr/>							
Review ID	[Redacted]	Admin Staff	[Redacted]	Orig Review Staff	[Redacted]	Inter-Rater/Quality Review Staff	Sandra
Original Determination		Inter-Rater Determination		Determination Same	<input checked="" type="checkbox"/>	Pend Appropriate	N/A
NF Yes, Sig MI Yes, SS No		NF Yes, Sig MI Yes, SS No					
Admin Errors	<input type="checkbox"/>	Reviewer Errors	<input type="checkbox"/>	Correction Required	<input type="checkbox"/>	Comments	
<hr/>							
QA Month and Year	[Redacted]	Type of QA Pull	Determination Quality Audit				
[Redacted]							

PASRR/MI INTER-RATER TRACKING



**FLORIDA PASRR QUALITY AUDIT
AND INTER-RATER REPORT**

Type of QA Pull	Inter-Rater Quality Audit						
Review ID	█	Admin Staff	█	Orig Review Staff	█	Inter-Rater/Quality Review Staff	Sandra
Original Determination		Inter-Rater Determination		Determination Same	<input checked="" type="checkbox"/>	Pend Appropriate	N/A
NF No, Sig MI Yes		NF No, Sig MI Yes					
Admin Errors	<input type="checkbox"/>	Reviewer Errors	<input type="checkbox"/>	Correction Required	<input type="checkbox"/>	Comments	inter-rater exercise completed by all staff

QA Month and Year 01/2011
Tuesday, May 24, 2011

Type of QA Pull Inter-Rater Quality Audit

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Appendix C

CARES MAP AND CONTACTS

PASRR INTERAGENCY CONTACT LIST

Area	DOH/CMAT Children's Multidisciplinary Assessment Team (<21) – Level I PASRR Screening	DOEA/CARES Comprehensive Assessment & Review of Long-Term Care Services (>21) – Level I PASRR Screening	APD Agency for Person's with Disabilities Level II PASRR Evaluations for MR>3 yrs	DOH/ES Early Steps Level II PASRR Evaluations for MR <3 yrs
Headquarters Program 'Central Office'	<p>Designated contacts:</p> <p>Wanda Mowery, RN (850) 245-4200 ext. 2201 Wanda_Mowery@doh.state.fl.us</p> <p>Ariel McPherson, Social Worker (850) 245-4200 ext. 2237 Ariel_McPherson@doh.state.fl.us</p> <p>Children's Medical Services, Department of Health 4052 Bald Cypress Way, Bin A-06 Tallahassee, FL 32399 (850) 245-4200 FAX (850) 488-3813</p>	<p>Designated contact:</p> <p>Alexandra Kruse, CARES Bureau Chief (850) 414-2164 krusea@elderaffairs.org</p> <p>Jay Hudson, Deputy Chief for CARES, Field Operations (850) 414 2461 HudsonJ@elderaffairs.org</p> <p>Kathi Chisolm, Government Analyst II (850) 414-2343 Chisolmk@elderaffairs.org</p> <p>Carol Klauer, Regional Program Supervisor (1, 2A-B, 3A, 4A-B) (904) 391-3923 klauerc@elderaffairs.org</p> <p>Mark Young, Regional Program Supervisor (3B, 5A-5B, 6A-B, 7A-B) youngjm@elderaffairs.org</p> <p>Sheila Mitchell, Regional Program Supervisor (7A, 8, 9A-B, 10, 11A-B) (561) 840-3158 mitchells@elderaffairs.org</p> <p>Statewide Home & Community Based Services, Department of Elder Affairs 4040 Esplanade Way, 335N Tallahassee, FL 32399 (850) 414-2000</p>	<p>Designated contact:</p> <p>Lori Gephart, RN (850) 921-3786 Lori_Gephart@apd.state.fl.us</p> <p>4030 Esplanade Way, Suite 380 Tallahassee, FL 32399 FAX (850) 413-0142</p>	<p>Designated contact:</p> <p>Renee Jenkins, Policy Unit Director, Early Steps State Office, Department of Health (850) 245-4200 ext. 2233 Renee_Jenkins@doh.state.fl.us</p> <p>Early Steps Program, State Office Child Health Services, Department of Health 4052 Bald Cypress Way, Bin A-06 Tallahassee, FL 32399 1 (800) 654-4440 FAX (850) 9221-8138</p> <p>Dynitia Brimm, Program Director dynitia.brimm@chsfl.org</p> <p>LaTasha Reed Dullivan, Program Supervisor latasha.dullivan@chsfl.org</p> <p>Early Steps Program Child Health Services, Department of Health 1801 Miccosukee Commons Drive Tallahassee, FL 32308 (850) 921-0330 ext. 310 FAX (850) 921-0283</p>

Area	DOH/CMAT Children's Multidisciplinary Assessment Team (<21) – Level I PASRR Screening	DOEA/CARES Comprehensive Assessment & Review of Long-Term Care Services (>21) – Level I PASRR Screening	APD Agency for Person's with Disabilities Level II PASRR Evaluations for MR>3 yrs	DOH/ES Early Steps Level II PASRR Evaluations for MR <3 yrs
Pensacola	Patricia Waldrop, CMAT RN Katrina Coley, CMAT SW Lavanda Russell, SW (850) 484-5040 ext. 1218 Jane Gonzalez, RN, CMAT Supervisor Children's Medical Services 5192 Bayou Boulevard Pensacola, FL 32503-2102 (850) 484-5040 TOLL FREE 1 (800) 381-3685 FAX (850) 484-5042	PSA 1 Jeanne Taunton, Supervisor Quietwater Business Park 1101 Gulf Breeze Parkway, Suite 331 Gulf Breeze, FL 32561 (850) 916-6700 FAX (850) 916-6712 Counties: Escambia, Okaloosa, Walton, and Santa Rosa	Phyllis Osburn, RN (850)595-8351 Amy Manning, RN (850) 595-8283 Dave Robinson, Ed.D. (850) 595-8351 160 Governmental Center, 4 th Floor, Pensacola, FL 32502 FAX (850) 595-8164	Joy McAfee, Developmental Program Manager jmcafee@shhpens.org Sacred Heart Hospital / DEI 5150 Bayou Blvd., Suite 1-N Pensacola, Florida 32503 (850) 416-7656 FAX (850) 416-7348 Counties: Escambia, Okaloosa, Santa Rosa, & Walton
Panama City	Contact Pensacola CMAT	PSA 2A Page Rowell, Supervisor 101 West 5 th Street Panama City, FL 32401 (850) 747-5840 FAX (850) 747-5848 Counties: Bay, Calhoun, Gulf, Jackson, Washington, Holmes		Shelly Bear, Program Director shelly.bear@chsfl.org Children's Home Society 700 West 23RD Street, Suite 100 Panama City, Florida 32405 (850) 747-5411 FAX (850) 747-5583 Counties: Bay, Calhoun, Gulf, Holmes, Jackson, Washington, Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, & Wakulla

Area	DOH/CMAT Children's Multidisciplinary Assessment Team (<21) – Level I PASRR Screening	DOEA/CARES Comprehensive Assessment & Review of Long-Term Care Services (>21) – Level I PASRR Screening	APD Agency for Person's with Disabilities Level II PASRR Evaluations for MR>3 yrs	DOH/ES Early Steps Level II PASRR Evaluations for MR <3 yrs
Tallahassee	Sheila Buckman, CMAT RN (ext. 121) Michael Jenks, CMAT SW Joni Hollis RN, CMAT Supervisor Children's Medical Services 2390 Phillips Road Tallahassee, FL 32308 (850) 487-2604 FAX (850) 922-2123	PSA 2B Martha Creel, Supervisor 2002 Old St. Augustine Rd., Suite E-40 Tallahassee, FL 32301 (850) 414-9803 FAX (850) 414-9722 Counties: Leon, Franklin, Gadsden, Madison, Taylor, Wakulla, Liberty, Jefferson	Deborah McQueen, RN (850) 487-1992 Susan Love, RN (850) 872-7652 Lynn Daw (850) 487-1992 2639 N. Monroe Ave, Suite 140-A Tallahassee, FL 32399 FAX (850) 413-8173	
Gainesville	Amanda Pearce, RN Noemi Stewart, SW Gaye Cellon, RN, CMAT Supervisor Children's Medical Services 1701 SW 16 th Avenue, Bldg. B Gainesville, FL 32608 (352) 334-1400 TOLL FREE 1-800-523-7545 FAX (352) 334-1476	PSA 3A Sam Rutledge, Supervisor 3801 NW 40 th Terrace, Suite A Gainesville, FL 32606-6183 (352) 955-6560 FAX (352) 955-6573 Counties: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union	Lucy Degenhardt, RN (352) 955-5780 PO Box 390 IO box 18 Gainesville, FL 32602-0390 or Jim Smith (352) 955-5793 1621 Waldo Rd, Bldg 1 Gainesville, FL 32609 FAX (352) 955-7190	Dominique Fethiere-Coordinator fethidl@peds.ufl.edu Fonda Davis-Eyler – Director eylerfd@peds.ufl.edu MaryLou Benhke – EIP Médical Director behnkem@peds.ufl.edu Department of Pediatrics 1600 S.W. Archer Road Rm. HD 121 Gainesville, Florida 32610-0296 (352) 334-1499 or (352) 334-1480 FAX (352) 392-7829 Counties: Alachua, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Suwannee, Union

Area	DOH/CMAT Children's Multidisciplinary Assessment Team (<21) – Level I PASRR Screening	DOEA/CARES Comprehensive Assessment & Review of Long-Term Care Services (>21) – Level I PASRR Screening	APD Agency for Person's with Disabilities Level II PASRR Evaluations for MR>3 yrs	DOH/ES Early Steps Level II PASRR Evaluations for MR <3 yrs
Ocala	Contact Gainesville CMAT	PSA 3B Sherri Martin, Supervisor 1515 E. Silver Springs Blvd. Suite 203 Ocala, FL 34470 (352) 620-3457 FAX (352) 620-3568 Counties: Citrus, Hernando, Lake, Marion, Sumter	Anne Sullivan Cynthia Woods, RN Rowena Parent, RN John Pridham 1601 W. Gulf Atlantic Hwy Wildwood, FL 34785 (352) 330-2754 FAX (352) 330-2726	Contact Gainesville Early Steps
Daytona	Contact Jacksonville CMAT	PSA 4B Linda Cattanach, Supervisor 210 North Palmetto Avenue, Suite 408 Daytona Beach, FL 32114 (386) 238-4946 FAX (386) 238-3199 PASRR & ARC FAX (386) 323-2222 Counties: Flagler, Volusia	Linda Cleary, RN (386) 238-4825 Ed De Bardeleben (386) 947-4026 210 N Palmetto Ave., Suite 312K Daytona Beach, FL 32114 FAX (386) 238-4753	Gayla Clark, Early Steps Coordinator <u>gayla_clark@doh.state.fl.us</u> Children's Advocacy Center of Volusia and Flagler Counties, Inc. 421 South Keech Street Daytona Beach, Florida 32114- 4623 (386) 258-7434 TOLL FREE 1-800-439-6417 FAX (386) 258-2283 Counties: Flagler, Lake, Putnam, Volusia

Area	DOH/CMAT Children's Multidisciplinary Assessment Team (<21) – Level I PASRR Screening	DOEA/CARES Comprehensive Assessment & Review of Long-Term Care Services (>21) – Level I PASRR Screening	APD Agency for Person's with Disabilities Level II PASRR Evaluations for MR>3 yrs	DOH/ES Early Steps Level II PASRR Evaluations for MR <3 yrs
Jacksonville	<p>Pam Bagely, CMAT RN</p> <p>Valerie Davis, CMAT SW, ext. 302</p> <p>Valerie Beasley, RN, CMAT Supervisor Ext. 286</p> <p>Children's Medical Services 910 North Jefferson Street Jacksonville, FL 32209 (904) 360-7070 FAX (904) 798-4568</p>	<p>PSA 4A</p> <p>Jeff Robinson, Supervisor</p> <p>4161 Carmichael Avenue, Suite 101 Jacksonville, Florida 32207 (904) 391-3920 FAX (904) 391-3925 PASRR FAX (904) 391-3927</p> <p>Counties: Baker, Clay, Duval, Nassau, St. Johns</p>	<p>Christine Corcoran, RN (904) 922-2438</p> <p>Jerry Martin Ph.D. (904) 992-2440</p> <p>3631-A Hodges Blvd. Jacksonville, FL 32224-1289 FAX (904) 992-2442</p>	<p>Derek Jones – Early Steps Director DerekJones@doh.state.fl.us</p> <p>Ann Milton – ES Program Coordinator</p> <p>910 North Jefferson Street Jacksonville, Florida 32209 (904) 360-7022 ext. 272 FAX (904) 798-4545 or 4544</p> <p>Counties: Baker, Bradford, Clay, Duval, Nassau, St. Johns</p>
Orlando	<p>Jennifer Daley-Pinnock, CMAT RN (407) 856-6519 ext. 142</p> <p>Annie Caldwell, CMAT SW (407) 856-6519 ext. 134</p> <p>JoAnn Blenman, RN, CMAT Supervisor</p> <p>Children's Medical Services 7000 Lake Ellenor Drive Orlando, FL 32809 (407) 856-6519 FAX (407) 894-6558</p>	<p>PSA 7A</p> <p>Maria Renta, Supervisor</p> <p>The Tedder Building, Suite 200 988 Woodcock Road Orlando, FL 32803 (407) 228-7700 FAX (407) 228-7725</p> <p>Counties: Orange, Osceola, Seminole</p>	<p>Mary Martin, RN (407) 245-0440 ext. 607</p> <p>Mary C Williams, RN (407) 245-0440 ext. 678</p> <p>Jacqueline Moore, RN (407) 245-0440 ext. 677</p> <p>Neil Scribner, RN (407) 245-0440 ext. 607</p> <p>Joanna Colby, RN (407) 245-0440 ext. 679</p> <p>Steve Roth</p> <p>400 West Robinson Street, Suite 430 Orlando, FL 32801 (407) 245-0440 FAX (407) 245-0578</p>	<p>Linda Stone, Ph.D., EIP Director linda.stone@orhs.org</p> <p>Lourdes Quintana, EIP Coordinator (407) 317-7430 ext. 2131 Lourdes.Quintana@orhs.org</p> <p>Valegia Postell – Intake Coordinator, (407) 317-7430 ext. 2121</p> <p>Orlando Central Florida Early Steps 601 West Michigan Street Orlando, Florida 32805 (407) 317-7430 FAX (407) 648-4150</p> <p>Counties: Orange, Osceola, Seminole</p>

Area	DOH/CMAT Children's Multidisciplinary Assessment Team (<21) – Level I PASRR Screening	DOEA/CARES Comprehensive Assessment & Review of Long-Term Care Services (>21) – Level I PASRR Screening	APD Agency for Person's with Disabilities Level II PASRR Evaluations for MR>3 yrs	DOH/ES Early Steps Level II PASRR Evaluations for MR <3 yrs
Rockledge	Contact Orlando CMAT	PSA 7B Yvette Worlow, Supervisor 1970 Michigan Ave., Bldg J, West Cocoa, FL 32922 (321) 690-6445 FAX (321) 690-6464 Counties: Brevard		Althea Puzio, Early Steps Program Mgr <u>althea_puzio@doh.state.fl.us</u> Catch of Brevard, Inc. 1024 South Florida Avenue, Suite A Rockledge, Florida 32955 (321) 634-3688 FAX (321) 504-0955 County: Brevard
Tampa	Diane Spano, CMAT RN (813) 396-9735 Karen Mitchell, CMAT SW (813) 396-9732 Julie Perez, RN, CMAT Supervisor (813) 396-9799 Children's Medical Services 13101 N. Bruce B. Downs Boulevard Tampa, FL 33612 (813) 396-9696 TOLL FREE 1-800-300-6878 FAX (813) 396-9790	PSA 6A Robert Spindanger, Supervisor 701 W. Fletcher Avenue, Suite D Tampa, FL 33612 (813) 631-5300 FAX (813) 631-4018 PASRR FAX (813) 631-5314 Counties: Hillsborough, Manatee	Laurie Harlow, RN (813) 558-5559 FAX (813) 558-5556 Jill Cramer, RN (727) 217-7485 FAX (727) 217-7046 Carl Littlefield (813) 233-4300 1313 Nth, Tampa St. Suite S430 Tampa, FL 33602	Carol Lilly, M.D., Early Steps Medical Director <u>clilly@hsc.usf.edu</u> Annalise Campisi, Early Steps Coordinator <u>Acampisi@hsc.usf.edu</u> University of South Florida 13101 North Bruce B. Downs Boulevard Tampa, Florida 33612 (813) 974-0687 FAX (813) 558-1343

Area	DOH/CMAT Children's Multidisciplinary Assessment Team (<21) – Level I PASRR Screening	DOEA/CARES Comprehensive Assessment & Review of Long-Term Care Services (>21) – Level I PASRR Screening	APD Agency for Person's with Disabilities Level II PASRR Evaluations for MR>3 yrs	DOH/ES Early Steps Level II PASRR Evaluations for MR <3 yrs
St Petersburg	<p>Carolyn Wyckoff, CMAT RN ext. 168</p> <p>Cynthia Tookes, CMAT SW ext. 141</p> <p>Julie Perez, RN CMAT Supervisor (813) 396-9799</p> <p>Children's Medical Services 3251 3rd Avenue North, Suite 130 St. Petersburg, FL 33713 (727) 893-2775 FAX (727) 893-2992</p>	<p>PSA 5A</p> <p>David Hicks, Supervisor</p> <p>11351 Ulmerton Road, Suite 303 Largo, FL 33778 (727) 588-6882 FAX (727) 588-6895</p> <p>Counties: Central & Southern Pinellas</p> <p>PSA 5B</p> <p>Pati Anderson, Supervisor</p> <p>2525 Seven Springs Blvd. New Port Richie, Florida 34655 (727) 376-7152 FAX (727) 376-2479</p> <p>Counties: North Pinellas, Pasco</p>		<p>Louise Boothby-Llorente, Director LLorenteL@allkids.org</p> <p>Mary Pavan, M.D. – Medical Director</p> <p>All Children's Hospital Center for Child Development 500 7TH Avenue South Department 7470 St. Petersburg, Florida 33701 (727) 767-4403, 1-800-374-4334 FAX (727) 727-6727 or 6721</p> <p>Counties: Citrus, Hernando, Pasco, Pinellas, Sumter</p>
Lakeland	<p>Contact Tampa CMAT</p>	<p>PSA 6B</p> <p>Linda Blakeslee, Supervisor 200 North Kentucky Ave., Suite 302 Lakeland, FL 33801 (863) 680-5584 FAX (863) 284-4494</p> <p>Counties: Polk, Hardee, Highlands</p>	<p>Terry Scott-Hutchins, RN</p> <p>Mary Lou Shea RN, PhD (863) 619-4176</p> <p>Shirley Hammond, RN (863) 619-4236 ext. 101</p> <p>Eric Olsen (863) 619-4236</p> <p>4720 Old Hwy 37, Lakeland, FL 33813 FAX (863) 648-3345</p>	<p>Louise Solomon, R.N. solom@hsc.usf.edu</p> <p>4718 Old Highway 37, #1002 Lakeland, Florida 33813 (863) 701-1240</p>

Area	DOH/CMAT Children's Multidisciplinary Assessment Team (<21) – Level I PASRR Screening	DOEA/CARES Comprehensive Assessment & Review of Long-Term Care Services (>21) – Level I PASRR Screening	APD Agency for Person's with Disabilities Level II PASRR Evaluations for MR>3 yrs	DOH/ES Early Steps Level II PASRR Evaluations for MR <3 yrs
West Palm Beach	Jane Dahlmeier, RN (ext. 4003) Lesley Green SW, (see Ft. Laud) Paula Dorhout, RN, CMAT Supervisor 1551 Forum Place, Suite 500A West Palm Beach, FL 33401 (561) 682-0177 FAX (561) 682-0185	PSA 9A Nancy Partin, Supervisor 4400 N. Congress Ave. Suite 102 Lake Worth, FL 33407 (561) 840-3150 FAX (561) 840-3161 PASRR FAX: (561) 840-3163 County: Palm Beach	Geral Driscoll (561) 837-5564 111 South Sapolillia Avenue West Palm Beach, FL 33401 FAX (561) 837-5598	Wanda Baldwin – Coordinator WPB wanda.baldwin@ctrccd.org Child Development Center 5325 Greenwood Avenue, Suite 201 West Palm Beach, Florida 33407 (561) 881-2822 FAX (561) 881-0972 County: Palm Beach
Ft Lauderdale	Lesley Green SW Children's Medical Services BGMC – MOB, Suite 415 1625 SE 3 rd Avenue Ft. Lauderdale, FL 33316 (954) 713-3100 TOLL FREE 1-800-204-2182 FAX (954) 713-3180	PSA 10 Freadda Zeigler 7771 W Oakland Park Blvd, Suite 123 Sunrise, Florida 33351 (954) 746-1773 FAX (954) 746-1777 County: Broward	Connie Wadsworth, RN (954) 467-4345 Martha Martinez (654) 467-4218 201 W. Broward Blvd., Suite 305 Ft. Lauderdale, FL 33301 FAX (954) 467-5949	Ellie Schrot, Early Steps Coordinator eschrot@nbhd.org Children's Diagnostic & Treatment Center 1401 South Federal Highway Ft. Lauderdale, Florida 33316 Referral (754)321-2204 General Information (954) 728- 1083 FAX (954)779-2316 County: Broward

Area	DOH/CMAT Children's Multidisciplinary Assessment Team (<21) – Level I PASRR Screening	DOEA/CARES Comprehensive Assessment & Review of Long-Term Care Services (>21) – Level I PASRR Screening	APD Agency for Person's with Disabilities Level II PASRR Evaluations for MR>3 yrs	DOH/ES Early Steps Level II PASRR Evaluations for MR <3 yrs
Ft. Pierce	Contact West Palm Beach CMAT	PSA 9B Connie Heffelfinger, Supervisor 337 N. 4 th Street, Suite E Ft. Pierce, FL 34950 (772) 460-3692 FAX (772) 467-5547 Counties: Indian River, Martin, Okeechobee, St. Lucie	Kathy Aniello, RN (772) 467-3032 Steve Stoltz (772) 468-4080 337 N US Hwy 1, Suite 328 Ft Pierce, FL 34950	
Ft. Myers	Jocycelyn Johnson, CMAT RN ext, 113 Sherrie Howell, CMAT SW (ext. 105) Cheryl Shay, RN, CMAT Supervisor (ext. 116) Children's Medical Services 9800 S. HealthPark Drive, Suite 405 Ft. Myers, FL 33908 (239) 433-6723 FAX (239) 433-6740	PSA 8 Merline Edwards, Supervisor 12381 S. Cleveland Ave. Suite 402 Fort Myers, FL 33907 (239) 278-7210 FAX (239) 278-7216 Counties: Charlotte, Collier, DeSoto, Glades, Hendry, Lee, Sarasota	Alda Saul, RN (239) 338-1664 Maria Owen, RN (239) 338-1669 Carrie Meehan, RN (239) 338-1586 Marsha Vollmar (239) 338-1572 PO Box 60085, Ft Myers, FL 33906 2295 Victoria Ave, Ft. Myers, FL 33901 FAX (239) 388-1588	Joan Foss, Early Steps Director joanfoss@hpcswf.com Health Planning Council 8961 Daniels Center Drive, Suite 401 Ft. Myers, Florida 33912 (239) 433-6700 FAX (239) 433-6706 or (239) 433-6705 Counties: Collier, Lee, Hendry, & Glades

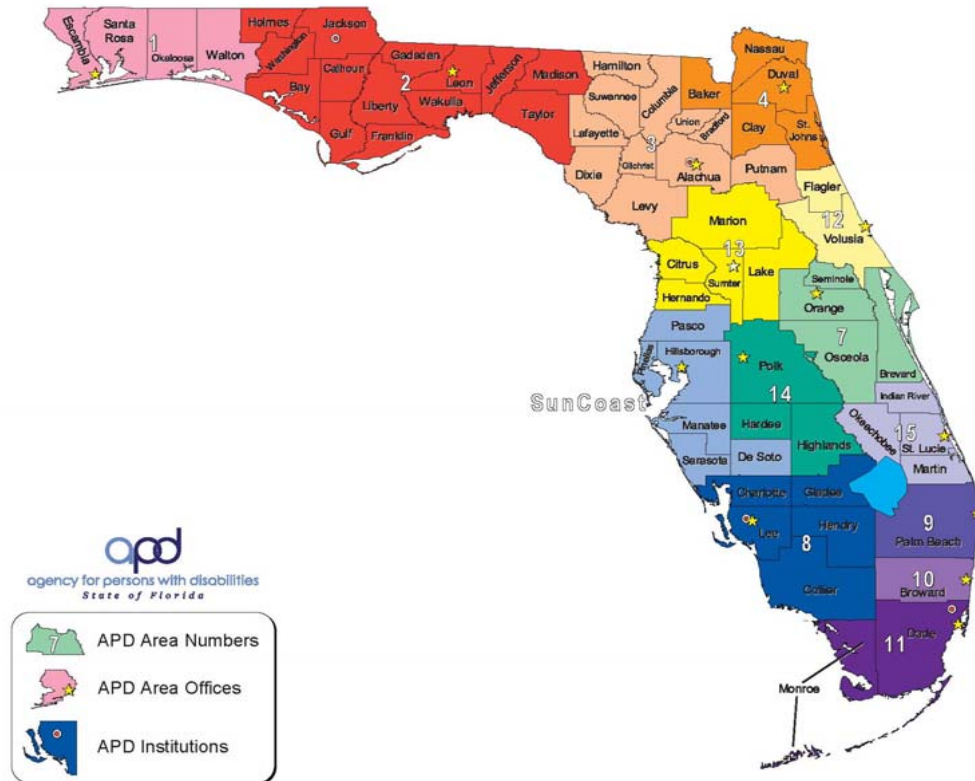
Sarasota	Contact Ft Myers CMAT			<p>Eileen Welch, Early Steps Director Eileen-Welch@smh.com</p> <p>Sarasota Memorial Health Care System 1700 South Tamiami Trail Sarasota, Florida 34239-3555 4630 17th Street, Sarasota (941) 487-5400 1 (866) 510-5594 FAX 941-487-5430</p> <p>Counties: Charlotte, Desoto, Hardee, Highlands, Manatee, & Sarasota</p>
Naples	Contact Ft Myers CMAT			
Miami North	<p>Judith Frances, CMAT RN (ext. 114)</p> <p>Monica Cacho, CMAT SW (ext. 107)</p> <p>Hanna Hunter, RN, CMAT Supervisor</p> <p>Children's Medical Services 155 South Miami Avenue, Suite 1000 Miami, FL 33130 (305) 349-1330 FAX (305) 349-1331</p>	<p>PSA 11A</p> <p>Emmanuel Meniru, Supervisor</p> <p>7270 NW 12th Street, Suite 130 Airport Executive Tower 2 Miami, FL 33126 (786) 336-1400 FAX (786) 336-1423</p> <p>Counties: North & Central Miami-Dade</p>	<p>Sarah Blum, RN (305) 377-7431</p> <p>Evelyn Alvarez, MPA (305) 377-5330</p> <p>401 NW 2nd Ave 5821 Miami, FL 33128 FAX (305) 377-7438</p>	<p>Elaine Matthews, Coordinator emathews@med.miami.edu</p> <p>Mailman Center for Child Development University of Miami Department of Pediatrics 1601 N.W. 12TH Ave., Room 5013 Miami, Florida 33136 (305) 243-6660 FAX (305) 243-3501</p> <p>County: North Dade County)</p>

Miami South	Contact Miami North	<p>PSA 11B</p> <p>Delly Salazar de Batalla, Acting Supervisor</p> <p>7300 N. Kendall Drive, Suite 780 Miami, FL 33156 (305) 671-7200 (305) 671-7219</p> <p>Counties: South Miami-Dade, Monroe</p>		<p>Marie Severe, Operations Mgr Marie.Severe@mch.com</p> <p>Miami Children's Hospital 17615 S.W. 97TH Avenue Miami, Florida 33157 (786) 268-2611</p> <p>County: South Dade County</p>
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MENTAL HEALTH TREATMENT FACILITY PASRR CONTACT INFORMATION

Facility	Contact Person	Title	Phone	Fax	Email	Address
Florida State Hospital	Stephanie Harrell	Director of Social Services	(850) 663-7841	(850) 663-7451	Stephanie_Harrell@dcf.state.fl.us	P.O. Box 1000, Chattahoochee, FI 32324
Northeast Florida State Hospital	Bill Nauman	Social Services Director	(904) 259-6211, ext.1505		William_Nauman@dcf.state.fl.us	7487 S. State Road 121 Macclenny, FI 32063
North Florida Evaluation and Treatment Center	Gerald Kish	Continuity of Care Director	(352) 375-8484	(352) 267-8305	Gerald_Kish@dcf.state.fl.us	1200 NE 55th Blvd. Gainesville, FI 32601
Treasure Coast	Valerie Richards	Residential Services Manager	(772) 597-9400	(772) 597-9498	vrichards@geocareinc.com	96 SW Allatapattah Rd. Indiantown, FI 34956
South Florida State Hospital	Sandra Huff	Social Services Manager	(954) 392-3129		shuff@geocareinc.com	800 East Cypress Drive Pembroke Pines, FI 33025
South Florida Evaluation and Treatment Center	Keshua Orisme	Aftercare Coordinator	(305) 637-4504	(305) 637-4315	korisme@geocareinc.com	2200 NW 7th Ave. Miami, FI 33127
South Florida Evaluation and Treatment Center - Annex	Melissa Ifill	Residential Services Manager	(305) 222-5120	(305) 222-5050	mifill@geocareinc.com	18055 SW 12th St. Miami, FI 33194

AGENCY FOR PERSONS WITH DISABILITIES AREA MAP



Appendix D

STAKEHOLDERS AND FACILITIES EDUCATIONAL MATERIALS

A. SUMMARY OF PASRR PROCESS

The first section of this Appendix includes a summary of the PASRR/MI process that will be distributed to stakeholders and facilities involved in this process. This summary also serves as a deliverable specified in the contract between APS Healthcare and Department of Children and Families.



PREADMISSION SCREENING AND RESIDENT REVIEW
FOR MENTAL ILLNESS (PASRR/ MI)

LEVEL II EVALUATION AND DETERMINATION

POLICY AND PROCEDURES

INTRODUCTION:

The purpose of PASRR is to prevent people with mental illness or mental retardation from inappropriately being placed in nursing facilities. This process is mandated in the Code of Federal Regulations, Title 42, Volume 3, and Section 483.100 - 483.138. Each state must develop its own process. The Florida Agency for Health Care Administration is ultimately responsible for Florida PASRR. The process detailed here is for MENTAL ILLNESS ONLY and is intended as a summary for stakeholders, including hospitals and nursing facilities staff.

APS Healthcare, a specialty healthcare management company, has contracted with the state to complete the evaluations and determinations for all Level II referrals involving mental illness. APS evaluators are licensed Florida clinicians and include nurses, Mental Health Professionals and Licensed Clinical Social Workers. APS Healthcare will adhere to the Federal regulations and statutes governing the PASRR process. Evaluations and determinations are sensitive to the individual's cultural background, primary language, ethnic origin, and means of communication. All determinations are completed within 9 business days and documentation includes all federally mandated information.

POLICY:

- All persons needing admission to a nursing facility must have a Preadmission Screening for possible mental illness. (Level I) If mental illness appears to exist, the person must be referred for further evaluation (Level II).
- All persons who reside in a nursing facility are subject to Resident Review if there is a substantial change in their mental status which warrants a referral for an evaluation (Level II).

Persons may not be admitted to a nursing home until the Level I screening is completed and if necessary, until the Level II evaluation is completed.

DEFINITIONS

Administrative Closure: A referral that is closed after being pended for more than the allowed 48 hours. Referrals may also be closed when the patient is no longer at the referring facility. See also: Pended Referrals

Advanced Group Determination: A type of determination by category that takes into account that certain diagnoses, level of severity of illness, or need for a particular service clearly indicate that admission to or residence in a nursing facility is normally needed, or that the provision of specialized services is not normally needed. 42 CFR 483.130

AHCA: Agency for Health Care Administration

Appeal: A formal request by a patient or representative for review of a determination.

Appeals and Fair Hearing Process: The procedure that allows an individual or his/her representative to appeal a PASRR decision to a higher authority. The fair hearing is conducted by a hearings officer from the DCF Inspector General's Office .

CARES: Comprehensive Assessment and Review for Long-Term Care Services, within the Department of Elder Affairs. CARES staff determine medical Levels of Care for individuals 21 years and over and complete PASRR Level I screenings for people in the community. All Level I screenings and Level II referrals are routed to CARES first as they track all preadmission screenings before faxing them to APS.

Categorical Decision: An advanced group decision based on a group classification such as diagnosis, placement, or illness.

CMAT: Children's Multidisciplinary Assessment Team, part of Children's Medical Services within the DOH. Their staff determine medical Levels of Care for individuals under 21 years and complete PASRR Level I screenings for those children also. Any referrals are faxed directly to APS.

Completed Packet: refers to the group of required forms which must be included when Level I screenings are referred for a Level II evaluation. These include: 1-Level I PASRR Screen (ACHA 004, Part A); 2- Request for Level II PASRR Evaluation and Determination (AHCA004, Part B); 3- Medical Certification For Nursing Facility/Home and Community-Based Services Form (AHCA MEDSERV-3008;

PAS Only); 4- Relevant case notes/records of treatment; 5- Assessment Instrument (701B or MDS); and 6- Informed Consent Form (PAS Only); 7- HIPAA Form (PAS Only).

Determination Summary Report: This document is a summary of the findings and recommendations that result from the Level II evaluation. If a plan of care is recommended for Specialized Services, the plan will be attached to this document. This document is faxed/emailed from APS to the referral source, CARES, and the nursing facility, if appropriate.

DOH: Department of Health

DCF: Department of Children and Families

Department: Department of Children and Families

DOEA: Department of Elder Affairs

Individualized Determination: A determination based on an individual patient's level of functioning or diagnosis.

Mental Illness (MI): An individual is considered to have a serious mental illness if the individual meets the diagnostic requirements of the Diagnostic and Statistical Manual, Fourth Edition-Text Revision (DSM-IV.) Persons are identified as having a possible mental illness on the Level I screening.

Minimum Data Set (MDS): The Minimum Data Set (MDS) is part of the federally mandated process for regular clinical assessment of all residents in Medicare or Medicaid certified nursing homes. This process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems and significant changes in the patient's mental status. Significant mental health-related changes in the MDS will trigger a Level II Resident Review.

Office of Appeal Hearings (OSIH): OSIH holds fair hearings for individuals regarding specific program benefits or services.

Notice of Determination: This is the letter which is mailed to the patient or legal representative from APS, notifying them of the outcome of the Level II determination and advising them of their appeal rights.

PASRR: Preadmission Screening and Resident Review

PASRR Level I Screening: The initial screening required for all individuals prior to admission to a Medicaid certified nursing facility, regardless of payer source. The screening is conducted by hospitals, nursing facilities, or CARES for preadmission screenings.

PASRR Level II Evaluation and Determination: A comprehensive evaluation that is required for all individuals identified in the Level I screening as having possible mental illness. Level II Evaluations are of two types: those that occur prior to admission to a nursing facility and those that occur when a patient is already residing in a nursing facility exhibits a significant change in their physical and/or mental status. The former is referred to as a Pre-Admission Screen while the later is termed a Resident Review. The evaluation is the responsibility of the State Mental Health Authority. The Level II evaluation must verify a diagnosis of mental illness, determine if the individual requires the level of services provided by a nursing facility and determine whether or not the individual needs Specialized Services. If Specialized Services are needed, the Level II evaluator must complete a plan of care and arrange for the provision of services to be provided and monitor the provision of these services.

Pended Referral: A referral that lacks required information or is not current and/or representative of the patient's present level of functioning. *A Receipt of Referral Packet: Notice of Missing Required Document or Receipt of Referral Packet: Notice of Necessary Clinical Documentation* letter is sent to the referral source or facility to obtain the missing information. Information must be returned within 2 business days of the request.

Plan of Care: A written plan for those individuals found to have a serious mental illness and to be in need of Specialized Services. These individualized models of care include the identification of the needed Specialized Services, potential service providers, and the approximate duration, frequency, and intensity of services needed.

Preadmission Screening (PAS): The process of screening and evaluating persons with possible mental illness who are being considered for admission to a nursing facility. This includes the Level I screening and if needed, the Level II evaluation and determination of the need for Specialized Services.

Resident Review (RR): The process of evaluating a nursing facility resident with possible mental illness who experiences a significant change in his or her physical or mental condition. This includes the Level I screening by the nursing facility and if needed, the Level II evaluation and determination of the need for Specialized Services.

Psychiatric Evaluation: A psychiatric evaluation is a comprehensive evaluation that investigates the person's clinical status including the presenting problem; the history of the present illness; previous psychiatric history, physical history, and medication history; relevant personal, and family medical history; personal strengths; and a brief mental status examination.

Service Providers: Local agencies and licensed practitioners providing mental health services.

Specialized Services: Services including psychiatric consultation, evaluation and psychotropic medication management, individual psychotherapy, and group psychotherapy for an acute episode of mental illness, at levels required to avert or eliminate the need for acute inpatient psychiatric care.

Specialized Services Referral Process: Part of the PASRR Level II determination process which provides for a written plan of care for Specialized Services that includes an identification of the patient's needs, the Specialized Service(s) to address this need, whether Specialized Services can be provided in the nursing facility, the anticipated outcome goals, recommended service providers, and the approximate duration, intensity, and frequency of services that will be needed to accomplish the identified goals. APS Healthcare arranges for the Specialized Services, conducts follow-up to determine if the patient was provided the recommended services, and ascertains the outcome for each recommendation. Outcomes include whether or not the patient was referred, if the Specialized Services was rendered as recommended, and if the identified goals were met.

State Medicaid Authority: Agency for Health Care Administration (AHCA)

State Mental Health Authority: Department of Children and Families, Mental Health Program

PROCEDURES

STEP 1: REFERRALS

PREADMISSION SCREENING (LEVEL I):

Hospital, nursing facility, and CARES staff will conduct preadmission screenings (Level I.) All persons needing admission to a nursing facility must have a prescreening form completed (AHCA 004, Part A) and this form must be put in the person's medical record.

If the result of the screening indicates that mental illness appears to exist and the person does not meet one of the exemptions on the form, the person must be referred for a further evaluation (Level II).

A packet of documentation must be collected and referred on to the local CARES office for routing to APS Healthcare for the evaluation. CARES tracks certain information in their data system and faxes the entire packet to APS Healthcare at 866-677-4776.

The following completed forms and information must be included in the packet:

1. Level I PASRR Screen (ACHA 004, Part A)
2. Request for Level II PASRR Evaluation and Determination (AHCA004, Part B)
3. Medical Certification For Nursing Facility/Home and Community-Based Services Form (AHCA MEDSERV-3008; PAS Only)
4. Relevant case notes/records of treatment
5. Assessment Instrument (701B or MDS)
6. Informed Consent Form (PAS Only)
7. HIPAA Form (PAS Only)

RESIDENT REVIEW:

Nursing facilities will conduct Resident Reviews and will refer residents for a Level II evaluation when there has been a significant change in the resident's mental status. This may sometimes be identified in the routine MDS. Note: All referrals from nursing facilities must be faxed directly to APS Healthcare.

The following completed forms and information must be included in the packet:

1. Level I PASRR Screening (ACHA 004, Part A) from patient record

2. Request for Level II PASRR Evaluation and Determination (AHCA004, Part B)
3. Previous Level II referral packet, if applicable.
4. Completed MDS form
5. Relevant case notes/records of treatment

STEP 2: APS Healthcare Intake

Once the referrals are received via fax, APS administrative staff assign a unique referral ID and if the patient already exists in the database, demographic data will be updated. If the patient is not found in the database, the administrative staff will enter the new referral information.

The turn around time begins with the receipt of the complete referral packet with the exception of those:

- received after 5 pm on weekdays,
- received on State of Florida recognized holidays, and
- received on weekends

For those exceptions, the turn around time begins at 8 am on the first working day following receipt of the packet.

By law APS Healthcare has a maximum of 9 business days to complete all PASRR Level II evaluations; however APS anticipates significantly faster turn around times.

STEP 3: Verification of Complete Referral Packet

The APS administrative staff reviews the packet to ensure all required referral documents are included. If all required documents are present, the referral is routed to a reviewer for evaluation. Referrals are handled in the order they are received.

If any information is missing, a *Receipt of Referral Packet: Notice of Missing Required Document* letter specifying which documents are incomplete is generated. This letter is faxed or emailed to the referral source and the referral is held pending for two business days. If the information is not received within two business days, the referral is administratively closed. An *Administrative Closure Letter* is sent to the referral source via email or fax and a letter is sent to the patient or legal guardian advising them of this closure.

STEP 4: Level II Evaluation Process

The APS clinical evaluator reviews the referral packet for sufficient content.

If a document lacks sufficient content, a *Receipt of Referral Packet: Notice of Necessary Clinical Documentation* letter is generated and faxed or emailed to the referral source. The letter thoroughly describes what information is needed. The referral is Pended for two business days. The reviewer will also attempt to call the referral source or facility to facilitate the process. If the requested information is not received within this period, the reviewer will proceed with the determination utilizing the information on hand.

Face-to-face assessments may be conducted as needed for both Pre-Admission Screenings (PAS) and Resident Review evaluations (RR). The face-to-face interview is conducted promptly and the written report is submitted electronically to assure compliance with the 9 day turn around time.

For each referral, the APS clinical evaluators must determine whether:

- 1) a serious mental illness exists;
- 2) the nursing facility can provide the level of services needed to treat their illness; and
- 3) Specialized Services are needed beyond what the nursing facility can provide.

Further explanation of these determinations is given below.

Serious Mental Illness

The determination of whether or not an individual has a serious mental illness involves reviewing the information available in the referral packet for any Diagnostic and Statistical Manual-Fourth Edition-Text Revision (DSM-IV-TR) diagnoses, use of psychotropic medications, and current and past outpatient or inpatient psychiatric care. The reviewer will review for any current disturbances in orientation, affect, mood or behavior.

If a person does not have a serious mental illness, the evaluation is stopped.

Appropriateness of Nursing Facility Placement

Placement in a nursing facility is considered appropriate only when the individual's needs meet the minimum standards for admission and do not exceed the level of services which can be delivered in the nursing facility. In order for a person with a

serious mental illness to qualify for a nursing home level of care, their behavioral health care needs must be secondary to a more acute medical disorder.

If a person is not considered appropriate for nursing facility placement, the evaluator will recommend other placements. No further evaluation for Specialized Services is necessary.

Specialized Services

Specialized Services are defined as those services provided in the nursing facility, including psychiatric consultation, evaluation and psychotropic medication management, individual psychotherapy, and group psychotherapy for an acute episode of mental illness, at levels required to avert or eliminate the need for acute inpatient psychiatric care. If Specialized Services are recommended, the evaluator must detail those recommendations in a Plan of Care.

Once it has been established that the person has a serious mental illness and is appropriate for care in a nursing facility, the reviewer must determine if the person needs Specialized Services.

STEP 5: Documentation of Determination:

APS is required to send notification of its findings and recommendations. The determinations will be summarized in a report titled the *Determination Summary Report* that is sent via fax or encrypted email to CARES, CMAT, hospital or nursing facility. If Specialized Services are recommended, a Plan of Care will also be attached. These documents must be filed in the patient's medical record for review by the attending physician. A separate Notice of Determination is also sent to the patient and/or the legal representative.

These documents are explained further below.

The *Determination Summary Report* includes:

- Name and professional title of the evaluator;
- Date of the evaluation;
- Summary of the medical and social history, including the positive traits or developmental strengths and weaknesses or developmental needs;
- Patient's current physical, mental, and functional status as documented in medical and social history records and current evaluation, if applicable (e.g., face to face evaluation results);

- Mental health diagnosis (DSM-IV-TR based);
- The appropriateness of nursing facility care;
- If nursing facility care is deemed not appropriate, information concerning the various placement options available to the resident;
- Whether Specialized Services are needed; and
- If Specialized Services are recommended, a *Plan of Care*.

The *Plan of Care* is an individualized plan that identifies the patient's needs, the Specialized Service(s) to address this need, and the anticipated outcome goals. Potential service providers and modes of treatment that have been demonstrated to be the most effective in science-based studies are included, along with the proposed duration, intensity, and frequency of these interventions. The *Determination Summary Report* and *Plan of Care* (if applicable) are faxed or emailed to CARES, nursing facility, and mailed to the patient or legal representative.

The *Notice of Determination* letter is sent via mail to the individual seeking placement in a nursing facility or their legal representative. The recipient of the letter is notified of the Level II determination as well as their right to appeal the decision. A description of the appeal process and instructions on how to request a hearing is indicated in this letter.

Nursing Facility Responsibilities

It is the responsibility of the nursing facility to file the *Determination Summary Report* and *Plan of Care* (if Specialized Services have been recommended) in the patient's medical file. The nursing facility contacts APS Healthcare when the patient has been admitted to their facility so that APS can arrange for the recommended Specialized Services provided in the *Plan of Care*. These services should be provided as recommended in the *Plan of Care* or as outlined by the treating source. It is the responsibility of the nursing facility to incorporate these Specialized Services into the patient's treatment plan.

Follow-up of Recommendations:

Two weeks after admission to the nursing facility or completion of a Resident Review, APS Healthcare will contact the facility and/or patient or legal representative to monitor compliance with the *Plan of Care* service recommendations. If services have not been initiated, APS Healthcare will re-contact the facility or patient/legal representative after an additional two weeks. Noncompliance with service recommendations are reported to the Health Quality Assurance office of AHCA. APS Healthcare monitors Specialized Services outcomes and provides this information to the DOEA on a monthly basis.

Data Tracking:

APS Healthcare's data system will collect and store all information and documents that are submitted. This information will include the patient's mental health diagnosis and monitoring of Specialized Services recommended for patients deemed to meet criteria for a serious mental illness and who are who are in need of interventions to avert or eliminate the need for acute inpatient psychiatric care. This SQL-based system tracks referrals; records outcomes including psychiatric diagnoses, the appropriateness of nursing facility placement, the need for Specialized Services; and plans of care while ensuring security and confidentiality. All data is in compliance with applicable federal and state laws (including HIPAA Privacy Rules, 45 C.F.R. Parts 160 and 164.)

The monitoring of Specialized Services involves confirming the initial scheduling of the service by the nursing facility, the duration of the recommended intervention, and the outcome of the service provision. APS monitors and reports the status of Specialized Services recommendations on an annual basis. These outcomes may be reported from medical records, self-reported data or a combination of the two measures.

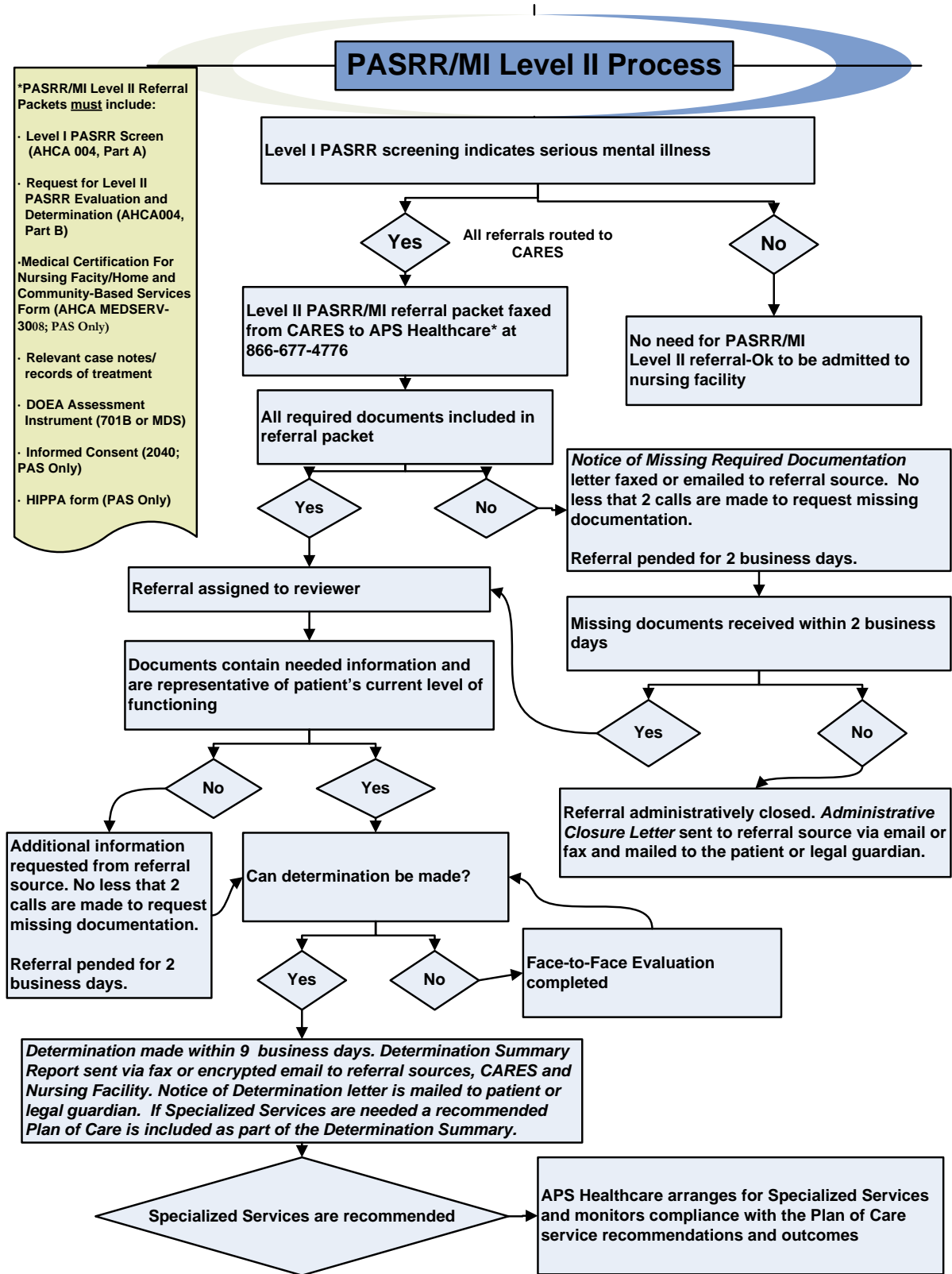
Reports:

APS Healthcare provides data on the number of referrals for new admissions to nursing facilities (PAS), the number of residents requiring a Resident Review (RR) due to a significant change in their functioning, and referrals for which clinical record reviews and/or Level II evaluations are not completed due to situations such as the death of the patient, discharges/ transfers from nursing facilities, those never admitted to nursing facilities, and those admitted for hospitalizations.

Quality Assurance:

APS Healthcare maintains a policy and procedure to assure excellence in the work process and end product. The Quality Assurance process involves evaluating completed referrals using specific protocols and guidelines to determine the accuracy of determinations and appropriateness of recommendations, if applicable and the quality of work related to the PASRR Level II evaluations. This program provides for consistent and accurate review practices for determining the appropriateness for a nursing facility placement, need for Specialized Services, and the development of individualized plans of care when Specialized Services are deemed necessary. Inter-rater reliability statistics are utilized to monitor the consistency and validity of the determinations. Results of the Quality Analyses are utilized to determine training needs and other quality improvement activities.

PASRR/MI LEVEL II PROCESS FLOW CHART



B. FORMS REQUIRED TO BE INCLUDED FOR A PASRR/MI LEVEL II EVALUATION REQUEST

As stated in Chapter 4, in order for the referral packet to be considered “complete”, the following completed documents must be included with the referral form and is considered the referral packet:

1. Level I PASRR Screen (ACHA 004, Part A,)
2. Request for Level II PASRR Evaluation and Determination (AHCA004, Part B)
3. Medical Certification For Nursing Facility/Home and Community-Based Services Form (AHCA MEDSERV-3008; not required for Resident Review)
4. Relevant case notes/records of treatment
5. Department of Elder Affairs Assessment Instrument (701B; Pre-Admission Screens) or Minimum Data Set (MDS for Resident Review)
6. Consent Form (2040; Not required for Resident Review)
7. HIPPA Form (Not required for Resident Review)

This portion of Appendix D includes copies of the specific forms listed above.



**Preadmission Screening and Resident Review/ Mental Illness Level II
(PASRR/MI Level II)**

EVALUATION REFERRAL PACKET CHECKLIST

Required Documents:

- ___ Level I PASRR Screen (ACHA 004, Part A)
- ___ Request For Level II PASRR Evaluation and Determination (AHCA004, Part B)
- ___ Medical Certification For Nursing Facility/Home and Community-Based Services Form (AHCA MEDSERV-3008)
- ___ Relevant Case Notes/Records of Treatment
- ___ Department of Elder Affairs Assessment Instrument (701B; Pre-Admission Screens) or Minimum Data Set (MDS for Resident Review)
- ___ Informed Consent 2040 (Not required for Resident Review)
- ___ HIPAA form (Not required for Resident Review)

Optional Documents:

- ___ Psychiatric Assessment (1911A and B)

LEVEL 1 PASRR SCREEN AND DETERMINATION FORM (FORM 004 PART A)



Level I PASRR Screen and Determination

This screen is to be completed prior to admission to a nursing facility (NF). Failure to complete this form accurately may result in disallowance of Medicaid payment.

Name: _____ DOB: _____

Address: _____

Is this the applicant's first admission to any NF? Yes No Unknown

Admitting diagnosis to NF: Primary: _____

Secondary: _____

Others: _____

SECTION I: MI/MR

Look for indicators of MI/MR on the Medical Certification for Nursing Facility/Home- and Community-Based Services Form AHCA MedServ-3008, DOEA Assessment Instrument (701B), CMAT Assessment or any other medical information provided. Answers to questions on page 3 of this form will also assist in making a determination as to whether the individual has indications of, or a diagnosis of, a serious mental illness and/or mental retardation or related condition.

Part A - Mental Illness

Does the individual have indications of, or a diagnosis of, a serious mental illness as defined in the DSM-IV R, limited to schizophrenia, mood disorder, severe anxiety disorder, or a mental illness that may lead to a chronic disability? **The screener must answer all questions on the guide to determine a serious mental illness.**

Yes No

Part B - Mental Retardation

Does the individual have indications of, or a diagnosis of, mental retardation as defined in the AAMR Manual on Classification in Mental Retardation or other related conditions such as cerebral palsy, epilepsy, or any other conditions, including autistic disorders, that are closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior (42 CFR 435.1010) which manifested prior to the age of 22? **The screener must answer all questions on the guide to determine mental retardation or related condition.**

Yes No

If both answers are **No**, **STOP!** Level I Screener can sign and date Level I Screen.

Signature: _____ Date Completed: _____

Title: _____ Agency: _____

If any answer in Section I, Part A or Part B is **Yes**, proceed to Section II.

SECTION II: CATEGORICAL DETERMINATION OF DEMENTIA/RELATED DISORDER

Does the individual have a primary diagnosis of dementia (including Alzheimer's Disease or a related condition) or a non-primary diagnosis of dementia with a primary diagnosis that is not a serious mental illness? Yes No

If **Mental Illness only** and answer is **Yes**, **STOP!** Level I Screener can sign and date Level I Screen.

Signature: _____ Date Completed: _____

Title: _____ Agency: _____

If **Mental Illness only** and answer is **No**, proceed to Section III.

If **Mental Illness and Mental Retardation or Mental Retardation only**, proceed to next question.

Does the individual have a dementia diagnosis that exists in combination with mental retardation or a related condition (i.e. Epilepsy, Cerebral Palsy, Prader-Willi Syndrome, Autism, Spina Bifida)?

Yes No

If **Mental Retardation only** and answer is **Yes**, **STOP!** This individual can be admitted or retained in a NF. A Level II Evaluation is not needed. Level I screener can sign and date Level I Screen.

Signature: _____ Date Completed: _____

Title: _____ Agency: _____

If **Mental Retardation only** and answer is **No**, proceed to Section III.

If **Mental Illness and Mental Retardation** and any answer is **No**, proceed to Section III.

Name: _____

DOB: _____

SECTION III: EXEMPTED HOSPITAL DISCHARGE

Is the individual being admitted from a hospital after receiving acute inpatient care and requires NF services for the condition for which he or she received care in the hospital and whose attending physician has certified before admission that the individual is likely to require less than 30 days NF services? Yes No

If **Yes, STOP!** This individual can be admitted to a NF. A Level II Evaluation is not needed. Level I screener can sign and date Level I Screen. If the individual is later found to require more than 30 days of NF care, a resident review must be conducted within 40 calendar days of admission.

Signature: _____ Date Completed: _____

Title: _____ Agency: _____

If **No**, proceed to Section IV.

SECTION IV: ADVANCE GROUP DETERMINATIONS

A provisional admission to a nursing facility can be made under the following time limited categories.

- 1. Pending further assessment of delirium where an accurate diagnosis cannot be made until the delirium clears, **not to exceed seven days.** Yes No
- 2. Pending further assessment in emergency situations requiring protective services, with placement in a nursing facility, **not to exceed seven days.** Yes No
- 3. Brief respite care for in-home caregivers, with placement in a nursing facility twice a year **not to exceed 14 days.** Yes No

If any answer is **Yes, STOP!** This individual can be admitted to a NF. Level I screener can sign and date Level I Screen. If the individual is later determined to need a longer stay, identified through a resident review, a Level II Evaluation and Determination must be conducted before continuation of the stay may be permitted and payment made for days of NF care beyond the State's time limit.

Signature: _____ Date Completed: _____

Title: _____ Agency: _____

If all answers in Section IV are **No**, proceed to Section V.

SECTION V: INDIVIDUALIZED EVALUATION DETERMINATION

A Level II Evaluation is required for individuals with MI or MR who meet one of the following advanced group determinations of the need for NF services (questions 1-3), or for those who do not meet one of the categorical or advanced group determinations in Sections II, III, or IV. The Level II Evaluation and Determination must be received prior to NF admission.

- 1. Does the individual require convalescent care from an acute physical illness that required hospitalization and does not meet all the criteria for an exempt hospital discharge? Yes No
- 2. Does the individual have a terminal illness as defined for hospice purposes (**life expectancy six months or less**)? Yes No
- 3. Does the individual have a severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or diagnoses such as Chronic Obstructive Pulmonary Disease, Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis and Congestive Heart Failure, which result in a level of impairment so severe that the individual could not be expected to benefit from Specialized Services? Yes No

Signature: _____ Date Completed: _____

Title: _____

Agency: _____

Date of Mental Health Evaluation, if applicable: _____

Date referred for Level II, if applicable: _____

Level II Agency: _____

Level I PASRR Guide for Determining an Indication of, or a Diagnosis of, a Serious Mental Illness, Mental Retardation, or Related Condition

Name: _____

DOB: _____

Please answer all questions on this guide. If any item in number one A or number one B is checked and any item in numbers two, three or four is checked yes, then the individual is suspected to have an indication of, or a diagnosis of, a serious mental illness or mental retardation, or related condition and Part A and/or Part B in Section I of the Level I PASRR Screen and Determination should be checked Yes.

1A. Does the Level I Screen indicate the individual has a diagnosis of (check those that apply):

- | | |
|--|--|
| <input type="checkbox"/> Severe Anxiety/Panic Disorder | <input type="checkbox"/> Bipolar Disorder |
| <input type="checkbox"/> Schizoaffective Disorder | <input type="checkbox"/> Major Depression |
| <input type="checkbox"/> Psychotic Disorder | <input type="checkbox"/> Somatoform Disorder |
| <input type="checkbox"/> Dysthymia | <input type="checkbox"/> Cyclothymia |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Personality Disorder (specify) _____ |
| <input type="checkbox"/> Prader-Willi Syndrome | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Mental Retardation with an IQ lower than 70 (specify) _____ |
| <input type="checkbox"/> Childhood and Adolescent Disorder (specify) _____ | |

1B. Does the Level I Screen indicate the individual has an indication of:

- Serious mental illness
 Mental retardation or related condition

2. Does the Level I Screen indicate that this disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual's developmental stage?

- Yes No

3. Does the individual typically have at least one of the following characteristics on a continuing or intermittent basis?

A. Interpersonal functioning: The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.

- Yes No

B. Concentration, persistence, and pace: The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.

- Yes No

C. Adaptation to change: The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

- Yes No

4. Does the Level I Screen indicate the individual has received recent treatment for a mental illness? Does the treatment history indicate that the individual has experienced at least one of the following?

A. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).

- Yes No

B. Within the last two years, due to the mental illness, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

- Yes No

Signature: _____ Date Completed: _____

Title: _____

REQUEST FOR LEVEL II PASRR EVALUATION AND DETERMINATION (FORM 004 PART B)



Request for Level II PASRR Evaluation and Determination

Section I: Request Information

Date: _____ Initial Level II Resident Review

From: _____ Agency: _____ Phone: _____

To: _____ Agency: _____ Phone: _____

This request for a Level II PASRR Evaluation and Determination is being made based on the Level I PASRR Screen and Determination, which shows an indication of, or a diagnosis of, a serious mental illness or mental retardation or related condition. The Level II Evaluation and Determination should be completed within 7 to 9 days and returned to CARES or CMAT. The Level II Reviewer should notify the individual or legal guardian of the right to appeal the Level II PASRR Determination.

Section II: Individual Information

Name: _____ DOB: _____

Current Location: _____

MI/MR Indicator: MI (Mental Illness) MR (Mental Retardation) Both (MI and MR)

Section III: Attachments

Check documents that are attached to this request:

- | | |
|---|---|
| <input type="checkbox"/> Level I PASRR Screen (004) | <input type="checkbox"/> DOEA Assessment Instrument (701B) |
| <input type="checkbox"/> Medical Certification for Nursing Facility/Home and Community Based Services Form (3008) | <input type="checkbox"/> Psychiatric Evaluation (1911A and B) |
| <input type="checkbox"/> Informed Consent (2040) | <input type="checkbox"/> HIPAA Form |
| <input type="checkbox"/> Other medical documentation | <input type="checkbox"/> CMAT Assessment |
| <input type="checkbox"/> Relevant case notes/records of treatment | <input type="checkbox"/> CMAT Consent Forms |

Section IV: Level II Reviewer

Date of Level II Determination: _____

Disposition:

- Does the individual meet the State definition for mental illness or mental retardation or a related condition? Yes No
- Are Specialized Services needed? Yes No
- If yes, can these Specialized Services be provided in a nursing facility? Yes No
- Can Specialized Services be provided in the community? Yes No
- If not, is nursing facility placement appropriate? Yes No
- If Specialized Services are needed, attach the care plan of services that are required.
- If Specialized Services are not needed, attach other service recommendations required to meet identified needs.

Date of Distribution of Level II Evaluation and Determination to: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Nursing Facility | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> CARES | <input type="checkbox"/> Primary Care Physician <input type="checkbox"/> CMAT |

Signature: _____ Title: _____

MEDICAL CERTIFICATION FOR NURSING FACILITY/HOME AND COMMUNITY-BASED
SERVICES FORM (AHCA MEDSERV-3008)



MEDICAL CERTIFICATION FOR NURSING FACILITY/HOME- AND COMMUNITY-BASED SERVICES FORM
(Replaces Patient Transfer and Continuity of Care Form)

<p>(A) FACILITY INFORMATION</p> <p>Facility From _____</p> <p align="center">Admission Date _____ Discharge Date _____</p> <p>Facility To _____</p> <p>(B) DEMOGRAPHIC INFORMATION</p> <p>Individual's DOB _____ Sex _____ Race _____</p> <p>Individual's Last Name _____ First Name _____ Initial _____</p> <p>Individual's Address _____ Phone Number _____</p> <p>Nearest Relative/Health Care Surrogate _____ Phone Number _____</p> <p>PHYSICIAN INFORMATION</p> <p>Name _____</p> <p>Will you care for individual in NF? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, referred to _____</p> <p>Principal Diagnosis _____</p> <p>Secondary Diagnosis _____</p> <p>Discharge Diagnosis _____ (Problem List may be attached)</p> <p>Surgery Performed & Date _____ / ____ / ____</p> <p>Allergy/Drug Sensitivity _____</p> <p>MEDICATION AND TREATMENT ORDERS (copies may be attached)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(C) PREADMISSION SCREENING FOR MENTAL ILLNESS/MENTAL RETARDATION (Complete for admission to NF only)</p> <p>1. Is dementia the primary diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is there an indication of, or diagnosis of mental retardation (MR), or has the individual received MR services within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Is there an indication of, or diagnosis of serious mental illness (MI), such as (check all that apply)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Schizophrenia</td> <td><input type="checkbox"/> Panic or severe anxiety disorder</td> </tr> <tr> <td><input type="checkbox"/> Mood disorder</td> <td><input type="checkbox"/> Personality disorder</td> </tr> <tr> <td><input type="checkbox"/> Somatoform disorder</td> <td><input type="checkbox"/> Other psychologic or mental disorder leading to chronic disability</td> </tr> <tr> <td><input type="checkbox"/> Paranoia</td> <td></td> </tr> </table> <p>4. Has the individual received MI services within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Is the individual a danger to self or others? (please attach explanation) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Is the individual on any medication for the treatment of a serious mental illness or psychiatric diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. If yes, is the MI or psychiatric diagnosis controlled with medication? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Is the individual being admitted from a hospital after receiving acute inpatient care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Does the individual require nursing facility services for the condition for which he/she received care in the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Has the physician certified the individual is likely to require less than 30 days of nursing facility services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(D) ADDITIONAL ORDERS (Orders may be attached)</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Panic or severe anxiety disorder	<input type="checkbox"/> Mood disorder	<input type="checkbox"/> Personality disorder	<input type="checkbox"/> Somatoform disorder	<input type="checkbox"/> Other psychologic or mental disorder leading to chronic disability	<input type="checkbox"/> Paranoia		<p>(E) HISTORY & PHYSICAL AND LABS</p> <p>1. PHYSICAL EXAM (History & Physical may be attached)</p> <p>Head Ears Eyes Nose & Throat (HEENT) _____</p> <p>_____</p> <p>Neck _____</p> <p>Cardiopulmonary _____</p> <p>_____</p> <p>Abdomen _____</p> <p>GU _____</p> <p>Rectal _____</p> <p>Extremities _____</p> <p>Neurological _____</p> <p>Other _____</p> <p>Free from communicable diseases <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. LABORATORY FINDINGS (Reports may be attached)</p> <p>TB Test <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ / ____ / ____</p> <p>Results _____</p> <p>Chest X-Ray <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ / ____ / ____</p> <p>Results _____</p> <p>(F) IMMUNIZATIONS GIVEN</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Pneumococcal Vaccine</td> <td>Date _____ / ____ / ____</td> </tr> <tr> <td><input type="checkbox"/> Influenza Vaccine</td> <td>Date _____ / ____ / ____</td> </tr> <tr> <td><input type="checkbox"/> Tetanus and Diphtheria Vaccine</td> <td>Date _____ / ____ / ____</td> </tr> <tr> <td><input type="checkbox"/> Herpes Zoster Vaccine</td> <td>Date _____ / ____ / ____</td> </tr> </table> <p>(G) PHYSICAL THERAPY (Attach Orders)</p> <p><input type="checkbox"/> New Referral <input type="checkbox"/> Continuation of Therapy</p> <p>FREQUENCY OF THERAPY _____</p> <p>INSTRUCTIONS</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Stretching</td> <td><input type="checkbox"/> Coordinating Activities</td> <td><input type="checkbox"/> Progress bed to wheelchair</td> </tr> <tr> <td><input type="checkbox"/> Passive Range of Motion (ROM)</td> <td><input type="checkbox"/> Non-weight bearing</td> <td><input type="checkbox"/> Recovery to full function</td> </tr> <tr> <td><input type="checkbox"/> Active assistive</td> <td><input type="checkbox"/> Partial weight bearing</td> <td><input type="checkbox"/> Wheelchair independent</td> </tr> <tr> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Full weight bearing</td> <td><input type="checkbox"/> Complete ambulation</td> </tr> <tr> <td><input type="checkbox"/> Progressive resistive</td> <td>Sensation Impaired: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> </tr> </table> <p>PRECAUTIONS</p> <p><input type="checkbox"/> Cardiac <input type="checkbox"/> Restrict Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Other _____</p> <p>ADDITIONAL THERAPIES (Attach Orders)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Occupational Therapy</td> <td><input type="checkbox"/> Respiratory Therapy</td> </tr> <tr> <td><input type="checkbox"/> Speech Therapy</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>(H) TREATMENT AND EQUIPMENT NEEDS (Attach Orders)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Catheter Care</td> <td><input type="checkbox"/> Diabetic Care</td> </tr> <tr> <td><input type="checkbox"/> Changing Feeding Tube</td> <td><input type="checkbox"/> Monitor Blood Sugar/Frequency _____</td> </tr> <tr> <td><input type="checkbox"/> Dressing Changes</td> <td><input type="checkbox"/> Administer Insulin</td> </tr> <tr> <td><input type="checkbox"/> Ostomy Care</td> <td><input type="checkbox"/> Tube Feeding</td> </tr> <tr> <td><input type="checkbox"/> Wound Care</td> <td><input type="checkbox"/> Oxygen (Select from below)</td> </tr> <tr> <td><input type="checkbox"/> Suctioning</td> <td><input type="checkbox"/> PRN</td> </tr> <tr> <td><input type="checkbox"/> Trach Care</td> <td><input type="checkbox"/> Continuous @L/min _____</td> </tr> </table> <p>Instructions _____</p> <p>(I) SPECIAL DIET ORDERS (Orders may be attached)</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Pneumococcal Vaccine	Date _____ / ____ / ____	<input type="checkbox"/> Influenza Vaccine	Date _____ / ____ / ____	<input type="checkbox"/> Tetanus and Diphtheria Vaccine	Date _____ / ____ / ____	<input type="checkbox"/> Herpes Zoster Vaccine	Date _____ / ____ / ____	<input type="checkbox"/> Stretching	<input type="checkbox"/> Coordinating Activities	<input type="checkbox"/> Progress bed to wheelchair	<input type="checkbox"/> Passive Range of Motion (ROM)	<input type="checkbox"/> Non-weight bearing	<input type="checkbox"/> Recovery to full function	<input type="checkbox"/> Active assistive	<input type="checkbox"/> Partial weight bearing	<input type="checkbox"/> Wheelchair independent	<input type="checkbox"/> Active	<input type="checkbox"/> Full weight bearing	<input type="checkbox"/> Complete ambulation	<input type="checkbox"/> Progressive resistive	Sensation Impaired: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Respiratory Therapy	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Other _____	<input type="checkbox"/> Catheter Care	<input type="checkbox"/> Diabetic Care	<input type="checkbox"/> Changing Feeding Tube	<input type="checkbox"/> Monitor Blood Sugar/Frequency _____	<input type="checkbox"/> Dressing Changes	<input type="checkbox"/> Administer Insulin	<input type="checkbox"/> Ostomy Care	<input type="checkbox"/> Tube Feeding	<input type="checkbox"/> Wound Care	<input type="checkbox"/> Oxygen (Select from below)	<input type="checkbox"/> Suctioning	<input 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<input type="checkbox"/> Stretching	<input type="checkbox"/> Coordinating Activities	<input type="checkbox"/> Progress bed to wheelchair																																																
<input type="checkbox"/> Passive Range of Motion (ROM)	<input type="checkbox"/> Non-weight bearing	<input type="checkbox"/> Recovery to full function																																																
<input type="checkbox"/> Active assistive	<input type="checkbox"/> Partial weight bearing	<input type="checkbox"/> Wheelchair independent																																																
<input type="checkbox"/> Active	<input type="checkbox"/> Full weight bearing	<input type="checkbox"/> Complete ambulation																																																
<input type="checkbox"/> Progressive resistive	Sensation Impaired: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Respiratory Therapy																																																	
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Other _____																																																	
<input type="checkbox"/> Catheter Care	<input type="checkbox"/> Diabetic Care																																																	
<input type="checkbox"/> Changing Feeding Tube	<input type="checkbox"/> Monitor Blood Sugar/Frequency _____																																																	
<input type="checkbox"/> Dressing Changes	<input type="checkbox"/> Administer Insulin																																																	
<input type="checkbox"/> Ostomy Care	<input type="checkbox"/> Tube Feeding																																																	
<input type="checkbox"/> Wound Care	<input type="checkbox"/> Oxygen (Select from below)																																																	
<input type="checkbox"/> Suctioning	<input type="checkbox"/> PRN																																																	
<input type="checkbox"/> Trach Care	<input type="checkbox"/> Continuous @L/min _____																																																	

(J) TYPE OF CARE RECOMMENDED (MUST BE COMPLETED AND SIGNED)

Check one

Skilled Nursing Extended Care Facility (ECF), Duration _____

Intermediate Care: Duration _____

I certify that this individual requires ECF Nursing Facility Care for the condition for which he/she received care during hospitalization.

I certify that this individual is in need of Medicaid Waiver Services in lieu of Institutional placement.

Rehab Potential (check one) Good Fair Poor

Admission Date to Nursing Facility _____ / ____ / ____

Effective Date of Medical Condition _____ / ____ / ____

Print Physician's Name _____

Address _____

Phone Number _____ Fax _____

Email Contact Address _____

Physician's Signature and Date Required _____ / ____ / ____

FOR ONLINE APPLICANT USE ONLY

IF APPLYING FOR MEDICAID, PLEASE INCLUDE DCF ACCESS CONFIRMATION NUMBER BELOW:

**ADLs ARE AT TIME
OF NF ADMISSION**

INDIVIDUAL'S NAME _____

DOB _____

(K) VISION (w/glasses if used)	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Fair	<input type="checkbox"/> 3. Poor <input type="checkbox"/> 4. Blind	AMBULATION	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. With assistive device <input type="checkbox"/> 3. With supervision	<input type="checkbox"/> 4. Requires assistance* <input type="checkbox"/> 5. Total help <input type="checkbox"/> 6. Bed bound
HEARING (w/aid if used)	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Fair	<input type="checkbox"/> 3. Poor <input type="checkbox"/> 4. Deaf	ENDURANCE	<input type="checkbox"/> 1. Tolerates distance (250 feet sustained activity) <input type="checkbox"/> 2. Needs intermittent rest <input type="checkbox"/> 3. Rarely tolerates short activities <input type="checkbox"/> 4. No tolerance	
SPEECH	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Fair <input type="checkbox"/> 3. Poor	<input type="checkbox"/> 4. Gestures or signs <input type="checkbox"/> 5. Unable to speak	TRANSFER	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. With assistive device <input type="checkbox"/> 3. With supervision	<input type="checkbox"/> 4. Requires assistance* <input type="checkbox"/> 5. Bed bound
COMMUNICATION	<input type="checkbox"/> 1. Transmits messages/receives information <input type="checkbox"/> 2. Limited ability <input type="checkbox"/> 3. Nearly or totally unable		WHEELCHAIR USE	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. Assistance with difficult maneuvering	<input type="checkbox"/> 3. Wheels a few feet <input type="checkbox"/> 4. Unable <input type="checkbox"/> N/A
MENTAL AND BEHAVIOR STATUS	<input type="checkbox"/> 1. Alert <input type="checkbox"/> 2. Confused <input type="checkbox"/> 3. Disoriented <input type="checkbox"/> 4. Comatose	<input type="checkbox"/> 5. Aggressive <input type="checkbox"/> 6. Disruptive <input type="checkbox"/> 7. Apathetic <input type="checkbox"/> 8. Wanders	TOILETING	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. With assistive devices <input type="checkbox"/> 3. With supervision <input type="checkbox"/> 4. Requires assistance <input type="checkbox"/> 5. Total assistance	<input type="checkbox"/> A- Bathroom <input type="checkbox"/> B - Bedside commode <input type="checkbox"/> C- Bedpan
SKIN CONDITION	<input type="checkbox"/> 1. Intact <input type="checkbox"/> 2. Dry/Fatigue <input type="checkbox"/> 3. Irritations (rash) <input type="checkbox"/> 4. Open Wound	<input type="checkbox"/> 5. Decubitus Site: _____ Stage: _____ Size: _____	BLADDER CONTROL	<input type="checkbox"/> 1. Continent <input type="checkbox"/> 2. Occasional incontinence - once/week or less <input type="checkbox"/> 3. Frequent incontinence - up to once a day <input type="checkbox"/> 4. Total incontinence <input type="checkbox"/> 5. Catheter - indwelling	
DRESSING	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. Supervision <input type="checkbox"/> 3. Requires assistance* <input type="checkbox"/> 4. Has to be dressed		BOWEL CONTROL	<input type="checkbox"/> 1. Continent <input type="checkbox"/> 2. Occasional incontinence - once/week or less <input type="checkbox"/> 3. Frequent incontinence - up to once a day <input type="checkbox"/> 4. Total incontinence <input type="checkbox"/> 5. Ostomy	
BATHING	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. Supervision <input type="checkbox"/> 3. Requires assistance* <input type="checkbox"/> 4. Is bathed	<input type="checkbox"/> A- Tub <input type="checkbox"/> B - Shower <input type="checkbox"/> C- Sponge Bath	FEEDING	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. Tray set up only <input type="checkbox"/> 3. Requires assistance <input type="checkbox"/> 4. Is fed	<input type="checkbox"/> 5. Aspirates
TEACHING NEEDS	<input type="checkbox"/> 1. Diabetic <input type="checkbox"/> 2. Cardiac	<input type="checkbox"/> 3. Ostomy <input type="checkbox"/> 4. Other (specify): _____	DIET	<input type="checkbox"/> 1. Full <input type="checkbox"/> 2. Mechanical Soft	<input type="checkbox"/> 3. Pureed <input type="checkbox"/> 4. Other (specify): _____

*(HANDS ON NEEDED)

Comments: _____

SIGNATURE AND TITLE _____ DATE ____/____/____

(L) SOCIAL WORK ASSESSMENT

Prior Living Arrangement _____

Long Range Plan/Agency Referrals _____

Adjustments to Illness or Disability _____

Comments _____

APS HEALTHCARE CONTACT INFORMATION

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FLORIDA PASRR/MI LEVEL II FREQUENTLY ASKED QUESTIONS

What are the Federal Preadmission Screening and Resident Review (PASRR) requirements for Florida residents seeking Nursing Facility admission or retention?

Federal law requires all persons seeking admission to a Medicaid licensed Nursing Facility, and current nursing facility residents who experience a significant change in mental or physical status, to undergo Preadmission Screening and Resident Review (PASRR) for screening and evaluation of possible mental illness or mental retardation.

All persons must have a prescreening (Level I) and if mental illness and/or mental retardation appear to exist, the person must be referred for further evaluation (Level II).

Where are the rules for PASRR found?

The Code of Federal Regulation (42 CFR 483.100 – 483.138) requires Preadmission Screening and Resident Review (PASRR) for all residents in Medicaid certified nursing facilities.

Who is APS Healthcare?

APS Healthcare is a leading national specialty healthcare company founded in 1992. Nationally, APS provides utilization review, Employee Assistance Programs, Disease Management, PASRR evaluations, Behavioral Healthcare Management and Quality Management services to over 12 million beneficiaries throughout the United States.

What is APS Healthcare's role in the PASRR process in Florida?

In Florida, the State Mental Health Authority is the Department of Children and Families (DCF) which has contracted with APS Healthcare, Inc. to carry out the responsibility for Level II evaluation and determination for mental illness.

The State Mental Retardation Authority, the Agency for Persons with Disabilities (APD) is responsible for Level II evaluation for mental retardation. In those instances where the patient is dually diagnosed or is suspected to have both conditions, both APS Healthcare and APD shall perform independent PASRR Level II evaluations. PASRR/MI Level II is a Level II evaluation completed when the PASRR Level I screening appears to indicate the presence of mental illness.

What is the purpose of the PASRR/MI Level II process?

A PASRR/MI Level II evaluation is completed to determine whether serious mental illness is present, whether placement in a nursing facility is appropriate, and whether the individual needs specialized mental health services.

How is an individual referred for a PASRR/MI Level II evaluation?

The Level II Evaluation process begins when a complete referral packet is faxed to APS Healthcare from CARES or the nursing facility. The following required forms must be completed and included in the referral packet:

1. Level I PASRR Screen (ACHA 004, Part A,)
2. Request for Level II PASRR Evaluation and Determination (AHCA004, Part B)
3. Medical Certification For Nursing Facility/Home and Community-Based Services Form (AHCA MEDSERV-3008; not required for Resident Review)
4. Relevant case notes/records of treatment
5. Comprehensive Assessment (701B; Pre-Admission Screens) or Minimum Data Set (MDS; Resident Reviews)
6. Informed Consent (2040; Not required for Resident Reviews)
7. HIPPA form (Not required for Resident Reviews)

The following form is an optional part of the packet, but should be included if available:

8. Psychiatric Assessment (1911A and B)

What happens if the PASRR/MI Level II referral packet doesn't include all of the required forms?

If any required information is missing, a *Receipt of Referral Packet: Notice of Missing Required Document* letter specifying which documents are missing will be faxed or emailed to the referral source and the referral is converted to a Pended status. The requested information must be received within 2 business days of request. Administrative staff help facilitate this process by contacting the facility telephonically no less than two times to provide prompting and educational support related the PASRR process.

Referrals lacking the required information are administratively closed after the 2 business day "Pended" period has lapsed. An *Administrative Closure Letter* is sent to the referral source via email or fax and a letter is sent to the patient or legal guardian advising them of this closure.

What is the PASRR/MI Level II process?

Upon receipt of a complete PASRR/MI Level II referral packet, APS Healthcare's licensed clinical staff will review the required documentation and medical records to ascertain the presence of a serious mental illness. If there is evidence of a serious mental illness, APS Healthcare staff will determine whether the individual can be appropriately served in a nursing facility, and whether there is a need for Specialized Services.

During the record review, if evidence is seen of the presence of a primary mental illness and a determination cannot be made, APS will complete a face-to-face evaluation with the individual. The evaluator will contact the referring facility, individual seeking admission and family members, as appropriate, to schedule the date/time/location of the face-to-face evaluation. Face-to-face evaluations typically take 1-2 hours to complete.

Who are the Level II evaluators?

APS evaluators are clinicians who are licensed in the state of Florida. APS Healthcare's professionals, which include psychologists, mental health professionals, nurses, social workers, and physicians, work together to evaluate the appropriateness of nursing facility placement and the need for Specialized Services. All evaluators are trained to be sensitive to an individual's culture, language, ethnic origin, and means of communication.

What is the timeline for a Level II evaluation?

APS Healthcare has 9 business days from the receipt of a complete referral packet to complete the PASRR/MI Level II evaluation.

What if Specialized Services are needed?

If Specialized Services are needed, APS Healthcare will develop a Plan of Care and arrange for the provision of these services once the nursing facility has contacted APS Healthcare advising that the patient has arrived at their facility. APS Healthcare will provide follow-up monitoring of the provision and outcomes of the recommended Specialized Services.

What if the applicant or family is dissatisfied with the outcome of the PASRR/MI Level II determination?

There is an appeal process for any applicant who is dissatisfied with the PASRR/MI Level II determination. Hearings are conducted by the Department of Children and Families, Office of Appeals and Hearings (OSIH). The applicant is provided with information regarding the appeal procedure when they are notified of the outcome of the Level II. A copy of this procedure is available on the website www.apshealthcare.com.

APPENDIX E

MENTAL HEALTH RESOURCES

DIAGNOSTIC CODES THAT MAY BE ENCOUNTERED DURING PASRR/MI LEVEL II EVALUATION

DSM-IV Code	Psychological Disorder
309.9	Adjustment Disorder Unspecified
309.24	Adjustment Disorder With Anxiety
309	Adjustment Disorder With Depressed Mood
309.3	Adjustment Disorder With Disturbance of Conduct
309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood
309.4	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct
V71.01	Adult Antisocial Behavior
780.9	Age-Related Cognitive Decline
300.22	Agoraphobia Without History of Panic Disorder
294	Amnestic Disorder Due to...[Indicate the General Medical Condition]
294.8	Amnestic Disorder NOS
307.1	Anorexia Nervosa
301.7	Antisocial Personality Disorder
293.84	Anxiety Disorder Due to...[Indicate the General Medical Condition]
300	Anxiety Disorder NOS
299.8	Asperger's Disorder
314.9	Attention-Deficit/Hyperactivity Disorder NOS
314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type
314.01	Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type
314	Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type
299	Autistic Disorder
301.82	Avoidant Personality Disorder
V62.82	Bereavement

DSM-IV Code	Psychological Disorder
296.8	Bipolar Disorder NOS
296.56	Bipolar I Disorder, Most Recent Episode Depressed, In Full Remission
296.55	Bipolar I Disorder, Most Recent Episode Depressed, In Partial Remission
296.51	Bipolar I Disorder, Most Recent Episode Depressed, Mild
296.52	Bipolar I Disorder, Most Recent Episode Depressed, Moderate
296.54	Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features
296.53	Bipolar I Disorder, Most Recent Episode Depressed, Severe Without Psychotic Features
296.5	Bipolar I Disorder, Most Recent Episode Depressed, Unspecified
296.4	Bipolar I Disorder, Most Recent Episode Hypomanic
296.46	Bipolar I Disorder, Most Recent Episode Manic, In Full Remission
296.45	Bipolar I Disorder, Most Recent Episode Manic, In Partial Remission
296.41	Bipolar I Disorder, Most Recent Episode Manic, Mild
296.42	Bipolar I Disorder, Most Recent Episode Manic, Moderate
296.44	Bipolar I Disorder, Most Recent Episode Manic, Severe With Psychotic Features
296.43	Bipolar I Disorder, Most Recent Episode Manic, Severe Without Psychotic Features
296.4	Bipolar I Disorder, Most Recent Episode Manic, Unspecified
296.66	Bipolar I Disorder, Most Recent Episode Mixed, In Full Remission
296.65	Bipolar I Disorder, Most Recent Episode Mixed, In Partial Remission
296.61	Bipolar I Disorder, Most Recent Episode Mixed, Mild
296.62	Bipolar I Disorder, Most Recent Episode Mixed, Moderate
296.64	Bipolar I Disorder, Most Recent Episode Mixed, Severe With Psychotic Features
296.63	Bipolar I Disorder, Most Recent Episode Mixed, Severe Without Psychotic Features

DSM-IV Code	Psychological Disorder
296.6	Bipolar I Disorder, Most Recent Episode Mixed, Unspecified
296.7	Bipolar I Disorder, Most Recent Episode Unspecified
296.06	Bipolar I Disorder, Single Manic Episode, In Full Remission
296.05	Bipolar I Disorder, Single Manic Episode, In Partial Remission
296.01	Bipolar I Disorder, Single Manic Episode, Mild
296.02	Bipolar I Disorder, Single Manic Episode, Moderate
296.04	Bipolar I Disorder, Single Manic Episode, Severe With Psychotic Features
296.03	Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features
296	Bipolar I Disorder, Single Manic Episode, Unspecified
296.89	Bipolar II Disorder
V62.89	Borderline Intellectual Functioning
301.83	Borderline Personality Disorder
298.8	Brief Psychotic Disorder
307.51	Bulimia Nervosa
294.9	Cognitive Disorder NOS
307.9	Communication Disorder NOS
300.11	Conversion Disorder
301.13	Cyclothymic Disorder
293	Delirium Due to...[Indicate the General Medical Condition]
780.09	Delirium NOS
297.1	Delusional Disorder
290.1	Dementia Due to Creutzfeldt-Jakob Disease
294.1	Dementia Due to Head Trauma
294.1	Dementia Due to HIV Disease
294.1	Dementia Due to Huntington's Disease
294.1	Dementia Due to Parkinson's Disease

DSM-IV Code	Psychological Disorder
290.1	Dementia Due to Pick's Disease
294.1	Dementia Due to...[Indicate the General Medical Condition]
294.8	Dementia NOS
290.1	Dementia of the Alzheimer's Type, With Early Onset, Uncomplicated
290.11	Dementia of the Alzheimer's Type, With Early Onset, With Delirium
290.12	Dementia of the Alzheimer's Type, With Early Onset, With Delusions
290.13	Dementia of the Alzheimer's Type, With Early Onset, With Depressed Mood
290	Dementia of the Alzheimer's Type, With Late Onset, Uncomplicated
290.3	Dementia of the Alzheimer's Type, With Late Onset, With Delirium
290.2	Dementia of the Alzheimer's Type, With Late Onset, With Delusions
290.21	Dementia of the Alzheimer's Type, With Late Onset, With Depressed Mood
301.6	Dependent Personality Disorder
300.6	Depersonalization Disorder
311	Depressive Disorder NOS
799.9	Diagnosis Deferred on Axis II
799.9	Diagnosis or Condition Deferred on Axis I
312.9	Disruptive Behavior Disorder NOS
300.12	Dissociative Amnesia
300.15	Dissociative Disorder NOS
300.13	Dissociative Fugue
300.14	Dissociative Identity Disorder
300.4	Dysthymic Disorder
307.5	Eating Disorder NOS
302.4	Exhibitionism
300.19	Factitious Disorder NOS
300.19	Factitious Disorder With Combined Psychological and Physical Signs and

DSM-IV Code	Psychological Disorder
	Symptoms
300.19	Factitious Disorder With Predominantly Physical Signs and Symptoms
300.16	Factitious Disorder With Predominantly Psychological Signs and Symptoms
300.02	Generalized Anxiety Disorder
301.5	Histrionic Personality Disorder
300.7	Hypochondriasis
312.3	Impulse-Control Disorder NOS
312.34	Intermittent Explosive Disorder
296.36	Major Depressive Disorder, Recurrent, In Full Remission
296.35	Major Depressive Disorder, Recurrent, In Partial Remission
296.31	Major Depressive Disorder, Recurrent, Mild
296.32	Major Depressive Disorder, Recurrent, Moderate
296.34	Major Depressive Disorder, Recurrent, Severe With Psychotic Features
296.33	Major Depressive Disorder, Recurrent, Severe Without Psychotic Features
296.3	Major Depressive Disorder, Recurrent, Unspecified
296.26	Major Depressive Disorder, Single Episode, In Full Remission
296.25	Major Depressive Disorder, Single Episode, In Partial Remission
296.21	Major Depressive Disorder, Single Episode, Mild
296.22	Major Depressive Disorder, Single Episode, Moderate
296.24	Major Depressive Disorder, Single Episode, Severe With Psychotic Features
296.23	Major Depressive Disorder, Single Episode, Severe Without Psychotic Features
296.2	Major Depressive Disorder, Single Episode, Unspecified
293.9	Mental Disorder NOS Due to...[Indicate the General Medical Condition]
319	Mental Retardation, Severity Unspecified
317	Mild Mental Retardation

DSM-IV Code	Psychological Disorder
315.32	Mixed Receptive-Expressive Language Disorder
318	Moderate Mental Retardation
293.83	Mood Disorder Due to...[Indicate the General Medical Condition]
296.9	Mood Disorder NOS
301.81	Narcissistic Personality Disorder
V71.09	No Diagnosis on Axis II
V71.09	No Diagnosis or Condition on Axis I
300.3	Obsessive-Compulsive Disorder
301.4	Obsessive-Compulsive Personality Disorder
307.89	Pain Disorder Associated With Both Psychological Factors and a General Medical Condition
307.8	Pain Disorder Associated With Psychological Factors
300.21	Panic Disorder With Agoraphobia
300.01	Panic Disorder Without Agoraphobia
301	Paranoid Personality Disorder
302.9	Paraphilia NOS
302.2	Pedophilia
310.1	Personality Change Due to...[Indicate the General Medical Condition]
301.9	Personality Disorder NOS
299.8	Pervasive Developmental Disorder NOS
307.52	Pica
318.2	Profound Mental Retardation
293.81	Psychotic Disorder Due to...[Indicate the General Medical Condition], With Delusions
293.82	Psychotic Disorder Due to...[Indicate the General Medical Condition], With Hallucinations
298.9	Psychotic Disorder NOS

DSM-IV Code	Psychological Disorder
295.7	Schizoaffective Disorder
301.2	Schizoid Personality Disorder
295.2	Schizophrenia, Catatonic Type
295.1	Schizophrenia, Disorganized Type
295.3	Schizophrenia, Paranoid Type
295.6	Schizophrenia, Residual Type
295.9	Schizophrenia, Undifferentiated Type
295.4	Schizophreniform Disorder
301.22	Schizotypal Personality Disorder
318.1	Severe Mental Retardation
300.23	Social Phobia
300.81	Somatization Disorder
300.82	Somatoform Disorder NOS
300.29	Specific Phobia
312.39	Trichotillomania
300.82	Undifferentiated Somatoform Disorder
300.9	Unspecified Mental Disorder (nonpsychotic)
290.4	Vascular Dementia, Uncomplicated
290.41	Vascular Dementia, With Delirium
290.42	Vascular Dementia, With Delusions
290.43	Vascular Dementia, With Depressed Mood

COMMONLY PRESCRIBED PSYCHOTROPIC MEDICATIONS

Antipsychotics <i>(used in the treatment of schizophrenia and mania)</i>	Anti-depressants	Anti-obsessive Agents
<p>Typical Antipsychotics</p> <p>Haldol (haloperidol) Loxitane (loxapine) Mellaril (thioridazine) Moban (molindone) Navane (thiothixene) Prolixin (fluphenazine) Serentil (mesoridazine) Stelazine (trifluoperazine) Thorazine (chlorpromazine) Trilafon (perphenazine)</p> <p>Atypical Antipsychotics</p> <p>Abilify (aripiprazole) Clozaril (clozapine) Risperdal (risperidone) Seroquel (quetiapine) Zyprexa (olanzapine)</p>	<p>Tricyclics</p> <p>Anafranil (clomipramine) Asendin (amoxapine) Elavil (amitriptyline) Norpramin (desipramine) Pamelor (nortriptyline) Sinequan (doxepin) Surmontil (trimipramine) Tofranil (imipramine) Vivactil (protriptyline)</p> <p>SSRIs</p> <p>Celexa (citalopram) Lexapro (escitalopram) Luvox (fluvoxamine) Paxil (paroxetine) Prozac (fluoxetine) Zoloft (sertraline)</p> <p>MAOIs</p> <p>Nardil (phenelzine) Parnate (tranylcypromine)</p>	<p>Anafranil (clomipramine) Luvox (fluvoxamine) Paxil (paroxetine) Prozac (fluoxetine) Zoloft (sertraline)</p> <p>Antianxiety Agents</p> <p>Ativan (lorazepam) BuSpar (buspirone) Centrax (prazepam) Inderal (propranolol) Klonopin (clonazepam) Lexapro (escitalopram) Librium (chlordiazepoxide) Serax (oxazepam) Tenormin (atenolol) Tranxene (clorazepate) Valium (diazepam) Xanax (alprazolam)</p> <p><i>*Antidepressants, especially SSRIs, are also used in the treatment of anxiety.</i></p>
<p>Mood Stabilizers <i>(used in the treatment of bipolar disorder)</i></p> <p>Depakene (valproic acid) Depakote Eskalith Lithobid (lithium) Lithonate Lithotabs Lamictal (lamotrigine) Neurontin (gabapentin) Tegretol (carbamazepine) Topamax (topiramate)</p>	<p>Others</p> <p>Desyrel (trazadone) Effexor (venlafaxine) Remeron (mirtazapine) Serzone (nefazodone) Wellbutrin (bupropion)</p> <p>Anti-Panic Agents</p> <p>Klonopin (clonazepam) Paxil (paroxetine) Xanax (alprazolam) Zoloft (sertraline)</p>	<p>Stimulants <i>(used in the treatment of ADHD)</i></p> <p>Adderall (amphetamine and dextroamphetamine) Cylert (<i>pemoline</i>) Dexedrine (dextroamphetamine) Ritalin (methylphenidate) <i>Norpramin and Wellbutrin, are also used in the treatment of ADHD</i></p>

COMMON PSYCHOTROPIC MEDICATIONS CROSS REFERENCE BY GENERIC NAME,
BRAND NAME, AND CURRENT USES

Generic Name	Brand Name	Current Uses
alprazolam	Xanax	anxiety, panic
amitriptyline	Elavil, Endep	depression (tricyclic)
amoxapine	Asendin	psychotic depression
amphetamine	Adderall	ADD
aripiprazole	Abilify	schizophrenia (atypical)
bupropion	Wellbutrin	depression, ADD
buspirone	BuSpar	anxiety
carbamazepine	Tegretol	bipolar disorder
chloriazepoxide	Librium	anxiety
chlorpromazine	Thorazine	schizophrenia (typical)
citalopram hydrobromide	Celexa	depression (SSRI)
clomipramine	Anafranil	OCD, depression (tricyclic)
clonazepam	Klonopin	anxiety
clorazepate	Tranxene	anxiety
clozapine	Clozaril	schizophrenia (atypical)
desipramine	Norpramin	depression (tricyclic), ADD
dextroamphetamine	Adderall, Dexedrine	ADD
diazepam	Valium	anxiety
divalproex sodium	Depakote	bipolar disorder
doxepin	Adapin, Sinequan	depression (tricyclic)
escitalopram	Lexapro	depression (SSRI), anxiety
fluoxetine	Prozac	depression (SSRI), OCD, panic
fluphenazine	Prolixin, Prolixin Decanoate	schizophrenia (typical)
fluvoxamine	Luvox	OCD, depression (SSRI)
haloperidol	Haldol, Haldol Decanoate	schizophrenia (typical)
imipramine	Tofranil	depression (tricyclic), panic
lithium carbonate	Eskalith, Lithobid	bipolar disorder
lithium citrate	Cibalith S	bipolar disorder
lorazepam	Ativan	anxiety
loxapine	Loxitane	schizophrenia (typical)
maprotiline	Ludiomil	depression (tricyclic)
mesoridazine	Serentil	schizophrenia (typical)
methylphenidate	Ritalin	ADD
mirtazapine	Remeron	depression
molindone	Moban	schizophrenia (typical)
nefazodone	Serzone	depression
nortriptyline	Pamelor	depression (tricyclic)

Generic Name	Brand Name	Current Uses
olanzapine	Zyprexa	schizophrenia (atypical)
oxazepam	Serax	anxiety
paroxetine	Paxil	depression (SSRI), OCD, panic
pemoline	Cylert	ADD
perphenazine	Trilafon	schizophrenia (typical)
phenelzine	Nardil	depression (MAOI)
prazepam	Centrax	anxiety
prochlorperazine	Compazine	schizophrenia (typical)
protriptyline	Vivactil	depression (tricyclic)
quetiapine	Seroquel	schizophrenia (atypical)
risperidone	Risperdal	schizophrenia (atypical)
sertraline	Zoloft	depression (SSRI), ODC, panic
thioridazine	Mellaril	schizophrenia (typical)
thiothixene	Navane	schizophrenia (typical)
tranylcypromine sulfate	Prnate	depression (MAOI)
trazodone	Desyrel	depression (tricyclic)
trifluoperazine	Stelazine, Vesprin	schizophrenia (typical)
trimipramine	Surmontil	depression (tricyclic)
valproic acid	Depakene	bipolar disorder
venlafaxine	Effexor	depression

GLOBAL ASSESSMENT OF FUNCTIONING (GAF)

The **Global Assessment of Functioning (GAF)** is a numeric scale (0 through 100) used by mental health clinicians and doctors to rate the social, occupational and psychological functioning of adults. The scale is presented and described in the DSM-IV-TR on page 32. Children and adolescents under the age of 18 are evaluated on the Children's Global Assessment Scale, or C-GAS.

91-100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.

81-90 Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.

71-80 If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning.

61-70 Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.

51-60 Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.

41-50 Serious symptoms OR any serious impairment in social, occupational, or school functioning.

31-40 Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.

21-30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.

11-20 Some danger of hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.

1-10 Persistent danger of severely hurting self or others OR persistent inability to maintain Minimum personal hygiene OR serious suicidal act with clear expectation of death.

0 Not enough information available to provide GAF.

Appendix G

SAMPLES OF DOCUMENTS, REPORTS, AND LETTERS

A. BACKGROUND INFORMATION

APS Healthcare Care Connection® software is designed to automatically generate individualized documents, reports, and letters. In this section of the manual, sample reports are provided to illustrate the information included in each of these documents.

B. REQUEST FOR INFORMATION DOCUMENTS

SAMPLE OF REQUEST FOR REQUIRED DOCUMENTATION



**Florida PASRR/MI Level II Receipt of Referral Packet
Notice of Missing Required Documentation**

Date: 12-10-2007
Name of Current Facility: Bayview Center
Contact Name: Sara Jones
Fax Number: (123) 999-9999

RE: REQUEST FOR REQUIRED DOCUMENTS

The purpose of this letter is to request copies of medical records as allowed by the Health Insurance Portability and Accountability Act (HIPPA) and the Department of Health and Human Services regulations. APS Healthcare was awarded a contract with the Department of Children and Families to serve as the PASRR/MI Level II Review vendor for Florida. We have received a referral to complete a PASRR/MI Level II Review on:

Consumer Name: John Roberts Doe
Consumer Social Security Number: 999-99-9999 Consumer Date of Birth: 04-04-1940

In order to conduct the PASRR/MI Level II Review, we are requesting that you fax copies of the following required documents:

Request for Level II PASRR Evaluation and Determination (form AHCA 004, Part B)

Level I PASRR Screen (form AHCA 004, Part A)

Patient Transfer and Continuity of Care (form 3008)

Department of Elder Affairs Assessment Instrument (DOEA form 701B)

Informed Consent (form CF-ES 2040)

HIPPA Form

Relevant case notes/records of treatment

Note: Only those documents that are missing from the referral packets are shown in this letter.

If you are unable to obtain the required document(s) listed above, please send what you have obtained and call us at the number below to discuss any outstanding documents. This information should be faxed as quickly as possible, but no later than by close of business on 12-12-2007.

Please fax this information to (866) 677-4776

If you have any questions about this request, contact Claire Jones at (850) 671-3015 or toll free at (866) 677-4776

2728 Centerview Drive, Suite 201
Tallahassee, Florida 32301
Phone (866) 880-4080 Fax (866) 677-4776

SAMPLE OF REQUEST FOR NECESSARY CLINICAL DOCUMENTATION



Date: 12-10-2007
Name of Current Facility: Bayview Center
To: Sara Jones
Fax Number: (123) 999-9999

RE: REQUEST FOR NECESSARY CLINICAL DOCUMENTATION

Name: John Roberts Doe
Social Security Number: 999-99-9999
Date of Birth: 04-04-1940

The purpose of this letter is to request copies of medical records as allowed by the Health Insurance Portability and Accountability Act (HIPPA) and Department of Health and Human Services regulations. APS Healthcare was awarded a contract with the Department of Children and Families to serve as the PASRR/MI Level II Review vendor for Florida. We have received a referral to complete a PASRR/MI Level II Review on the individual listed above.

In order to complete the PASRR/MI Level II Review, we are requesting you to fax the following information:

This is just an example for illustrative purposes. Please complete all of the fields on the Patient Transfer/Continuity of Care form (form 3008). Many of the fields on this report are blank. If information is not available, then please write "NA" in the space provided. Thank you.

Please fax this information as soon as possible, but no later than by close of business on 12-12-2007.

Please fax this information to (866) 677-4776

If you are unable to obtain the required document(s) listed above, please send what you have obtained and call us at the number below to discuss any outstanding documents.

If you have any questions about this request, contact Kate Smith at (850) 671-3015 or toll free at (866) 880-4080.

2728 Centerview Drive, Suite 201
Tallahassee, Florida 32301
Phone (866) 880-4080
Fax (866) 677-4776

SAMPLE OF NOTICE OF PASRR/MI DATERMINATION LETTER TO PATIENT



Notice of PASRR/MI Determination

Date: 12-10-2007

1234 Bay Avenue
Tallahassee, FL 32301

RE: Florida PASRR/MI Level II Review

Dear Mr. Doe:

This letter is to inform you that the PASRR/MI Level II Review for Jane Marie Doe (in this example there is a legal representative) was completed on 12-10-2007. Our Level II review has determined the above individual:

can be admitted to a nursing facility
specialized services are not recommended.

A copy of the results and any recommendations from this review, have also been sent to the CARES office at the Department of Elder Affairs and current facility, if applicable.

If you disagree with this determination, you have the right to appeal this decision by contacting the Clinical Manager, Mary Sandler at (866) 880-4080, within 90 days from the date of this decision.

Sincerely,
Insert field for reviewer signature here

Claire Jones, RN

2728 Centerview Drive, Suite 201
Tallahassee, Florida 32301
Phone (866) 880-4080
Fax (866) 677-4776

SAMPLE OF DETERMINATION SUMMARY REPORT



Florida PASRR/MI Level II Determination Summary Report

Date of Level II Determination: 12-08-2007

Date of Notification by Fax: 12-08-2007

Consumer Information

Name (lm, fm mi): Doe, John Robert

Date of Birth: 09-04-1934

Social Security Number: 999-99-9999

Medicaid#: 1468425862

Medicare#: 2648025184

Private Insurance (Company name and ID #): Not Available

Current Facility/Location: Brooksville Healthcare, Brooksville FL

Summary of medical and social history:

This history is only an example and may not correspond to outcome/disposition. Patient is an 86 year old WF, admitted to NF on 6-18-17 with left foot fracture 5th metatarsal, sustained after an episode of syncope while getting out of bed. Diagnoses are leukocytosis, CHF, hypothyroidism, syncope & collapse, depression, h/o multiple falls, h/o left hip surgery. Treatment for depression included ECT. Pt. states she "just wants to die" and denies SI.

Pt. is married and husband visits NF regularly. Pt. is alert & oriented, memory is mildly impaired, reports appetite and sleep disturbance, ambulates w/ assist, incontinence B & B and regular diet. No known food allergies. Pt. currently receives physical therapy for left foot fracture. Pt. has unsteady gait, c/o numbness & tingling L foot. Pt. walks with walker and wearing walking boot left foot. Medications include: Prilosec, Synthroid, Floramex, Zofort, Klor-con, Lasix, Protonix. NKDA.

Primary language: English. **Religion:** Catholic.

Strengths: cooperative, medication compliant, A & O x 3, mood pleasant. Good cognitive skills.

Weaknesses/problems: poor motivation, B & B incontinence.

Outcome/Disposition:

Has Serious Mental Illness? Yes

Nursing Facility Appropriate? Yes

Are Specialized Services Recommended? No

Date of Fax:

CARES 12-08-2007

Facility 12-08-2007

Date Notice Sent:

Consumer

Legal Representative 12-08-2007

Reviewer: Jane Doe, RN

Reviewer's Signature: (insert signature field from database)

2728 Centerview Drive, Suite 201
Tallahassee, Florida 32301
Phone (866) 880-4080
Fax (866) 677-4776

Attachment I:

CARE CONNECTION® PASRR/MI SYSTEM USER GUIDE

A. BACKGROUND INFORMATION ON APS HEALTHCARE CARECONNECTION®

APS Healthcare maintains a data tracking system that captures, stores, and organizes documents and program information known as APS CareConnection®. APS is unique in its longstanding, universal use of current generation client-server technologies, created by our programming staff. This unique solution has been customized for the Florida PASRR/MI contract to reduce reviewer workloads which allows limited resources to be directed toward quality review functions.

This portion of the manual will contain the Software User's Guide which is currently under development. The Data Dictionary, a listing of the variables contained within this SQL-based application is attached and will be expanded upon in the final user guide.

B. DATA DICTIONARY

The data dictionary is the document which lists all the variables contained in the database, in which table they are located, on which data entry or display screen the variables are displayed, the purpose and/or meaning of the variable, the programming logic related to this variable, whether or not this variable is extracted and provided electronically to CARES, if this variable is a required field and must be answered in order to complete a review, and any other relevant comments useful to the programmer.

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
datetime	Timeframes dashboard	Review_initiation_clock	Clockdatestamp	Date initial ref came in to our fax server. Date our clock starts ticking. Extra day gets added at midnight each business day.	y	auto assign		y	need to track and auto stamp date received into APS for new info only. Need program director/administrator to be able to overwrite the date stamps in rare instances
datetime	Timeframes dashboard	Consumer_creation_clock	Clockdatestamp	auto date and time stamp of when APS unique consumer id created (must have fn, ln, dob, ssn keyed). Only create this once.	y	auto assign			This unique ID is created after name, ssn, and dob determines that the consumer is not already in the APS consumer table
datetime	Timeframes dashboard	Review_creation_clock	Clockdatestamp	auto date and time stamp of when review id created by user/system. Only capture the initial creation of a unique review	y	auto assign			Consumer needs to be created first and referral source and requested facility for referral must be filled in

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
datetime	Timeframes dashboard	AA_Level1_AHCA004PA_clock	Documents	Date and time AA checks that this document was in the faxed PDF - Level 1 PASRR Screen (AHCA 004, part A)		auto assign			There are 6 required documents the AA will look for - AA will check off in list when present. Clinical staff will review for content completeness and have a second check box. Comment applies to each of the AA and Reviewer Clocks. Need two AA columns. One for submitted with initial request, second for submitted after AA request. Two columns for nurses as well. Complete from AA, complete after nurse request.
datetime	Timeframes dashboard	AA_levelIII_AHCA004PB_clock	Clockdatestamp	Date AA checks that this document was in the faxed PDF - Level 2 PASRR Evaluation and Determination (AHCA 004, part B)		auto assign			This is date the AA checks off, not necessarily the date the referral information came in, which could be a day or two earlier
datetime	Timeframes dashboard	AA_trans_3008_clock	Clockdatestamp	Date AA checks that this document was in the faxed PDF - Patient Transfer/Continuity of Care (3008)		auto assign			
datetime	Timeframes dashboard	AA_casenotes_clock	Clockdatestamp	Date AA checks that this document was in the faxed PDF - Relevant case notes/records of treatment		auto assign			
datetime	Timeframes dashboard	AA_compas_701B_clock	Clockdatestamp	Date AA checks that this document was in the faxed PDF - Comprehensive Assessment (701B)		auto assign			
datetime	Timeframes dashboard	AA_Consent_2040	Clockdatestamp	Date AA checks that this document was in the faxed PDF - Consent 2040		auto assign			
datetime	Timeframes dashboard	AA_HIPPA	Clockdatestamp	Date AA checks that this document was in the faxed PDF - HIPPA		auto assign			
datetime	Timeframes dashboard	Passed AA Clock	Clockdatestamp	Date all documents are present in folder per AA. This should equal the time and date it hits the reviewer queue		auto assign			

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
datetime	Timeframes dashboard	RR_Level1_AHCA004PA_clock	Clockdatestamp	Date Reviewer checks that this document has all the info that is needed. - Level 1 PASRR Screen (AHCA 004, part A)		auto assign			
datetime	Timeframes dashboard	RR_levelII_AHCA004PB_clock	Clockdatestamp	Date Reviewer checks that this document has all the info that is needed - Level 2 PASRR Evaluation and Determination (AHCA 004, part B)		auto assign			
datetime	Timeframes dashboard	RR_trans_3008_clock	Clockdatestamp	Date Reviewer checks that this document has all the info that is needed - Patient Transfer/Continuity of Care (3008)					
datetime	Timeframes dashboard	RR_casenotes_clock	Clockdatestamp	Date Reviewer checks that this document has all the info that is needed - Relevant case notes/records of treatment					
datetime	Timeframes dashboard	RR_compas_701B_clock	Clockdatestamp	Date Reviewer checks that this document has all the info that is needed - Comprehensive Assessment (701B)					
datetime	Timeframes dashboard	RR_Consent_2040	Clockdatestamp	Date Reviewer checks that this document has all the info that is needed - Informed Consent 2040					
datetime	Timeframes dashboard	RR_HIPPA	Clockdatestamp	Date Reviewer checks that this document has all the info that is needed - HIPPA					
datetime	Timeframes dashboard	AApendstartclock	Clockdatestamp	Time AA sends out Add med request info for one or many of the 7 required documents. This is based on when the AA hits send on the outgoing fax. CLOCK STOP 1		auto assign			assign based on when the 'send additional info request to provider button' is submitted

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
datetime	Timeframes dashboard	AApendstopclock	Clockdatestamp	Date AA checks off missing document, or end of second business day, whichever comes first. Once filled this moves to ready for review status. If not filled by end of second business day, change review status to 'AA fax search required'. If filled prior to end of second business day, change status to New Review. Outcome of AA fax search, may require additional clock or logic.					
datetime	Timeframes dashboard	ProviderAADueDate Clock	Clockdatestamp	2 full business days up to 11:59 pm after the Aappendstart clock. This is the date/time the current facility and/or(CARES?) owes APS required documents that AA requested					
datetime	Timeframes dashboard	ProviderReviewerDueDateClock	Clockdatestamp	2 full business days up to 11:59 pm after the Revpendstart clock. This is the date/time the current facility owes APS required documents that reviewer requested. This field should be available for viewing by the Admin					
datetime	Timeframes dashboard	Revpendstartclock	Clockdatestamp	date reviewer pends for incomplete content in a received document - based on the time the fax is sent to the current facility		auto assign based when reviewer sends out fax request for additional info - once they hit submit button			

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
datetime	Timeframes dashboard	Revpndstopclock	Clockdatestamp	Date reviewer checks off missing content has been received, or end of second business day (providerreviewerduedateclock), whichever comes first. Once filled this moves to reopened. This restarts the clock and the TAT clock will not stop again until member notification.		auto assign based on 'proceed without completed documentation button'			
datetime	Timeframes dashboard	reviewstatustimestamp	Clockdatestamp	time and date the review status last changed.		auto assign each time review changes status			each change will be stored in a log file
datetime	Timeframes dashboard	final_decision_clock	Clockdatestamp	tracks the date the reviewer filled out the determination field, and saved it.	y	auto assign based on the type of determination selected in the final decision field		y	
datetime	Timeframes dashboard	CAREStnotificationclock	Clockdatestamp	date decision fax/letter sent to referral source	y	auto assign based on time notification letter is sent out in mail		y	
		consumernotificationclock	Clockdatestamp	the date the letter got sent. This is defined by: if the print consumer notification button is pushed after 2pm, date of consumer notification will be next mail day, otherwise consumernotificationclock will be the same as CAREStnotificationclock.. Saturdays are a mail day. Holidays are skipped and the next mail day will be used. THIS STOPS CLOCK AND FINALIZES TAT	TAT	TAT CLOSE		y	

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
datetime	Timeframes dashboard	pendadays	Clockdatestamp	number of days case sat in pended status waiting for additional information from provider. This number cannot exceed 4 business days.		(AApendstopclock- AApendstartclock) +(REVpendstopclock- REVpendstartclock)		y	
datetime	Timeframes dashboard	review_turnaround_time	Clockdatestamp	how many calendar days it took APS to do the review, excluding pended days (and weekends and holidays?)	y	elapsedbusinessdaysclock-pendeddays		y	
datetime	Timeframes dashboard	elapsed business day turnaround time	Clockdatestamp	total business days based on date notification went to consumer from the date the referral initially was faxed by CARES to APS.		(Consumer notificationclock - Review initiation clock)			
varchar 25	Consumer	first_name	Consumer	Consumer First Name	y			y	
varchar 25	Consumer	middle_name	Consumer	Consumer Middle Initial or name	y			y	
varchar 35	Consumer	last_name	Consumer	Consumer Last Name	y			y	
varchar 10	Consumer	name_prefix	Consumer	Consumer name prefix					
varchar 10	Consumer	name_suffix	Consumer	Consumer name suffix					
datetime	Consumer	dob	Consumer	Consumer Date of Birth	y			y	
	Consumer	cons age - add to consumer table?	Consumer	auto calculate based on date of referral?					
varchar 30	Consumer	ssn	Consumer	Consumer Social Security Number	y			y	
varchar 255	Consumer	comments	Consumer	Comments on Consumer					
int	Consumer	consumer_id	Consumer	APS self generated unique id					
varchar 55	Consumer	address_line_1	consumer_demo graphics	street address					
varchar 55	Consumer	address_line_2	consumer_demo graphics	street address					

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
varchar 30	Consumer	city	consumer_demo_graphics	city					
char 2	Consumer	state_or_province	consumer_demo_graphics	state					
char 2		country	consumer_demo_graphics	country					
varchar 15	Consumer	postal_code	consumer_demo_graphics	zip					
tinyint	Consumer	primary_payer_type_id	consumer_demo_graphics	Type of Primary Insurance			y	y	
varchar 30		primary_external_payer_id	consumer_demo_graphics	Identification/account number for primary insurance				y	
tinyint	Consumer	secondary_payer_type_id	consumer_demo_graphics	Secondary insurance				y	
varchar 30		secondary_external_payer_id	consumer_demo_graphics	Identification/account number for secondary insurance				y	
tinyint		tertiary_payer_type_id	consumer_demo_graphics	Tertiary Insurance				y	
varchar 30		tertiary_external_payer_id	consumer_demo_graphics	Identification/account number for tertiary insurance				y	
		Private_insurance_name	consumer_demo_graphics	If the consumer has private insurance this field should be used to store the name of the insurance provider - the reviewer or AA will need a free text field to enter this information				y	
tinyint	Consumer	primary_language_id	consumer_demo_graphics	Language spoken by consumer			y		
tinyint	Consumer	race_id	consumer_demo_graphics	Race of consumer			y		

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
tinyint	Consumer	ethnicity_id	consumer_demo_graphics	Ethnicity of Consumer					
char 1	Consumer	gender	consumer_demo_graphics	consumer gender	Before closing review			y	
int	Consumer	current_facility_id	consumer_demo_graphics	Consumer	y		y	y	
varchar 10	Consumer	phone_number	consumer_demo_graphics	consumer phone					
varchar 10	Consumer	phone_extension	consumer_demo_graphics	consumer phone					
char 2	Consumer	country	consumer_rep	country					
varchar 25	Consumer	first_name	consumer_rep	consumer representative first name					
varchar 25	Consumer	middle_name	consumer_rep	consumer representative middle initial					
varchar 35	Consumer	last_name	consumer_rep	consumer representative last name					
varchar 10	Consumer	name_prefix	consumer_rep	consumer representative prefix					
varchar 10	Consumer	name_suffix	consumer_rep	consumer representative suffix					
tinyint	Consumer	primary_language_id	consumer_rep	Language spoken by consumer representative					
varchar 55	Consumer	address_line_1	consumer_rep	street address					
varchar 55	Consumer	address_line_2	consumer_rep	street address					
varchar 30	Consumer	city	consumer_rep	city					
char 2	Consumer	state_or_province	consumer_rep	state					
varchar 15	Consumer	postal_code	consumer_rep	zip					
varchar 10	Consumer	phone_number	consumer_rep	consumer rep phone					
varchar 10	Consumer	phone_extension	consumer_rep	consumer rep phone					
varchar 100	Consumer	comments	consumer_rep	comments about the consumer or their representative					

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
bit	Review setup	prior_nf_placement	reviews	is this the first Nurse Facility Admission for consumer					
bit	Review setup	prior_pasrr_completed	reviews	was a PASSR completed in the past					
int	Review setup	review_id	reviews	unique system generated id of review	y				
int		admin_user_id	reviews	this tracks the admin who worked on the review					auto generated
int	Review setup	referral_source_id	reviews	The entity requesting the level 2 review	y		y	y	
varchar 255	Review setup	referral_source_notes	reviews						
tinyint	Review determinations	outcome_id	reviews	the determination of the review as determined by APS			y		
varchar 200	Review determinations	comments	reviews	comments on the patient demographics by the UM coordinator					
int	Review set up	reviewer_user_id	reviews	the nurse who last made an update to the record When a review is closed it will be the nurse who made the final determination	y		y		
		reviewer_completed_title	reviews	title of person completing review - required for Determination Summary Report	y				
	Review set up	review_type_id	reviews	The type of review APS performed	y		y	y	
	Review set up	review_subtype_id	reviews	Type of review, but at more detail	y		y	y	
		Accurate_Level_I		Indicates if CARES Level 1 assessment was accurate	y		y		
tinyint	Review set up	status_id	reviews	the current status of a review			y		

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
int		referred_to_facility_id	reviews						
bit		facetoface_required	reviews						
smallint	Review clinical	condition_category_id	clinical_criteria	determines if one or more conditions, which if present, automatically move the workflow determination to a 'Yes' and APS recommends an action plan for categorical decision	before closing review		y		
tinyint	Review clinical	cat_ss_category_id	clinical_criteria	A yes means specialized services are needed. If yes, then care planning fields and care monitoring fields are required (Phase 2 for those)			y		5% of cases
tinyint	Consumer	CARES_mr_mi indicator	clinical_criteria	Taken from referral	before closing review		y		
bit	Review clinical	nhe_indicator	clinical_criteria	indicates if the patient is nursing home eligible based on a selection in the condition positive (condition_category_id) field			y		
bit	Review clinical	smi_indicator	clinical_criteria	indicates if the patient has severe mental illness			y		
datetime	Review clinical	follow_up_date	clinical/criteria	Date of rehab services				y	
smallint	Review clinical	followup_outcome_id	clinical/criteria	outcome of rehab services				y	
smallint	Review clinical	axis_diag_primary_1_id	clinical_criteria	primary DSM 4 code					
smallint	Review clinical	axis_diag_secondary_1_id	clinical_criteria	secondary DSM 4 code					
smallint	Review clinical	axis_diag_2_id	clinical_criteria	PERSONALITY DISORDER OR MR DSM 4 code?					
smallint	Review clinical	axis_diag_3_id	clinical_criteria	Primary ICD9 code					

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
int	Review clinical	conditions	clinical_criteria	groups of conditions, like Mood Disorder, etc. Many diagnoses to one condition category	y - in phase 2 - currently set to NOT NULL		y		
datetime	Review clinical	admission_date	clinical_criteria	admission date to facility	before closing review			y	entered by reviewer
datetime	Review clinical	psych_eval_date	clinical_criteria	date of last psych eval as entered by nurse reviewer	before closing review			y	entered by reviewer
varchar 1000	Review clinical	current_meds	clinical_criteria	free form field to document medications					
	Review clinical	med_social_history - needs to be created	clinical_criteria	free form field to document patient's medical and social history - required by contract	y				
datetime		discharge_date	clinical_criteria	date of discharge from facility					
smallint	Review setup	county_id	facilities	County number - this is preloaded in county table. Is this county code for county of evaluation using DOEA codes?	y			y	
	Review setup	county - not currently in table	facilities	auto populate based on county number	y?				
tinyint	Review setup	facility_type_id	facilities	type of facility	y		y		
varchar 50	Review setup	name	facilities	id of facility - this will be preloaded in provider tables	y			y	
varchar 30	Review setup	city	facilities	auto populate based on facility id					
varchar 55	Review setup	address_line_1	facilities	auto populate based on facility id					
varchar 55	Review setup	address_line_2	facilities	auto populate based on facility id					
varchar 10	Review setup	phone_number	facilities	auto populate based on facility id					
varchar 10	Review setup	phone_extension	facilities	auto populate based on facility id					

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
char 2	Review setup	state_or_province	facilities	auto populate based on facility id					
char 2	Review setup	Country	facilities	auto populate based on facility id					
varchar 15	Review setup	postal_code	facilities	auto populate based on facility id					
varchar 10	Review setup	fax_number	facilities	auto populate based on facility id					
varchar 2000	Review setup	comments	facilities	auto populate based on facility id					
int	Review setup	facility_id	facility_contacts						
varchar 50	Review setup	email	facility_contacts	auto populate based on facility id					
	Review setup	phone_number	facility_contacts	auto populate based on facility id					
	Review setup	phone_extension	facility_contacts	auto populate based on facility id					
	Review setup	fax_number	facility_contacts	auto populate based on facility id					
varchar 25	Review setup	first_name	facility_contacts	auto populate based on facility id					
varchar 35	Review setup	last_name	facility_contacts	auto populate based on facility id					
	back end	last_login - could not find in SQL tables	users	tracks when a user last logged onto the sytem					
	User administration	user_active - could not find in SQL tables	users	allows administrator to put a user as active or not active thereby allowing or disallowing them the ability to login to the application					
varchar 25	User administration	first_name	users	first name of user	y				
int	User administration	user_id	users	ID of user	y				
varchar 35	User administration	last_name	users	last name of user	y				
varchar 25		middle_name	users	middle name of user					
varchar 10		name_prefix	users	suffix					
varchar 10		name_suffix	users	prefix					
varchar 25	User administration	username	users	first initial and last name of user	y				
varchar 25	User	password	users	password created by user	y				

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
	administration								
tinyint	User administration	user_level_id	users	the code for the level of access a user can have	y				
	User administration	user_level_desc	user_level	the description of the level of access a user can have					
datetime	RevFacetoFace	date_assigned	facetoface	date reviewer was assigned face to face review		user enters date			only about 10 of these per month
datetime	RevFacetoFace	date_conducted	facetoface	date reviewer conducted the face to face review		user enters date		y	required only if there was a FTF
int	RevFacetoFace	reviewer_user_id	facetoface	name of reviewer who did the face to face review	y		y		
varchar 50	RevFacetoFace	protocol_type_id	facetoface	type of evaluation conducted			y		
int	RevFacetoFace	facetoface_id	facetoface	Outcome of face to face				y	not available until follow-up
int	Documents	document_type_id	documents		y				
datetime	Documents	date_recieved	documents		y				
varchar 200	Documents	path_name	documents		y				
varchar 200	Documents	file_name	documents		y				
tinyint	Documents	start_page	documents						
smallint	Letters	letter_type_id	letters	The method used to distribute the letter			y		
tinyint	letters	transfer_type_id	letters						
datetime	Letters	received_date	letters	this is the date we estimate the provider likely received our letter requesting the chart					how determined, return receipt or algorithm from sent date- Same day for fax and email if send before 2 pm-next day if after 2pm. For mail, add 2 business days if mailed before 2 pm and 3 business days if completed after 2 pm.

Data type	Screen name/module	Data element/name	Table name	Purpose/Meaning of field	Required Field	Algorithm	Dropdown y or n	Include in Extract?	Comments
datetime	Letters	response_date	letters	date the letter response from the provider is received/stamped in office by APS					
datetime	Letters	return_receipt_date	letters	date the provider signed for the letter according to the post office					
datetime	Letters	sent_date	letters	Date APS sent the letter to the provider					
smallint	Letters	response_type_id	letters	The type of response submitted by the provider.					
	Letters	letter_type_id	letters	identifies the type of letter being sent			y		
int	PlanofCare	planofcare_id	Planofcare						
varchar 50	PlanofCare	Condition_category	Planofcare	type of clinical condition					
varchar50	PlanofCare	special_service_type	Planofcare	type of special services needed			y		phase 2
varchar 50	PlanofCare	Frequency_Level	Planofcare	frequency services are needed			y		phase 2
smallint	PlanofCare	Intensity_Level	Planofcare	how many minutes or hours services are needed for			y		phase 2
smallint	PlanofCare	Duration_Level	Planofcare	how long the care plan should be implemented for			y		phase 2
varchar 50	PlanofCare	Place_of_service	Planofcare	place of service			y		phase 2
varchar 50	PlanofCare	Recommended_provider	Planofcare	recommended service providers					phase 2
	Holidays	Holiday	Holidays	holiday (based on date)					used to build business day logic for turnaround time
	Holidays	Description	Holidays	name of holiday					

C. DATA EXTRACT

Each month, APS Healthcare creates a tab-delimited file that contains data to be imported into the CARES database. The extract file is zipped (compressed) to a CD using Winzip®. The file is encrypted and password protected with a 16 digit password which includes: characters, special characters, and numbers. The data contains an APS Healthcare unique ID and Review ID that will enable CARES to identify and match records that have been updated or modified. A sample data extract is shown below and has been populated using fabricated data.

	APS Unique ID	Review ID	Referral Source	Referral Date (date APS receives fax)	Last name	First name	Middle name	Social Security Number	Primary Payer type
sample data rows	1	1	Nursing Facility	2007-12-03	Doe	John	Robert	999999999	Medicare
	2	1	CARES	2007-12-03	Doe	Jane	Austin	123456789	Self-pay
	3	1	CARES	2007-11-15	Doe	Jack		888888888	Medicaid

	Primary Payer Number	Secondary Payer type	Secondary Payer Number	Tertiary Payer type	Tertiary Payer Number	Name of Private Insurance (if applicable)	Comments	Date of birth	Gender
sample data rows	1234567890	Medicaid	11234567890					1934-04-04	M
							Medicaid pend	1940-08-02	F
	11234567890							1940-04-04	M

	Type of Review	Subtype of review	County of current location	Zip code of current location	Type of current facility	Name of Facility	Admission date	Date of psychological evaluation	Follow-up Date
sample data rows	RR	RR	37	32301	Nursing Facility	Center Pointe	2007-08-04	2007-11-30	
	PAS	PAS	37	32309	Hospital	Tallahassee Memorial Healthcare	2007-10-24	2007-11-29	
	PAS	PAS	37	32311	Nursing Facility	Center Pointe	09-04-2007	2007-11-14	

	Follow-up Outcome	Face to face evaluation date	Face to face evaluation outcome	Date of Determination	Date fax sent to CARES	Date letter was mailed to consumer or consumer representative	Number of days review was pended	Review Turn around time
sample data rows				2007-12-11	2007-12-11	2007-12-11	2	4
				2007-12-11	2007-12-11	2007-12-12	0	7
				2007-11-26	2007-11-26	11/27/2007	3	2

D. SAMPLE SCREEN SHOTS FROM CARECONNECTION® SOFTWARE PROGRAM

To facilitate data entry, expedite the review process, and ensure data quality, CareConnection® utilizes several screens that are customized for the individual logged on to the system. The level of authority within the system varies with the user, with the Administrative Assistant staff having the capability to search for patients, review the status of referrals, enter demographic data, and record the receipt of required documents. Clinical reviewers have this level of authority plus access to screens that guide the determination process and allow for the generation of reports and letters. The Program Director and and Clinical Manager have the greatest level of authority within the system related to their respective program duties. Below are several illustrations of screens available within the FL PASRR/MI program in CareConnection®. A web demonstration of this software program was held on 12/27/2007. The screen shots illustrated in this manual are subject to change as the program is developed, tested, and piloted in two districts beginning in January 2008.

SCREEN FOR VIEWING REVIEWS IN SYSTEM

APS HEALTHCARE
Healthy Together

Reviews

Filter By:

Reviewer: All

Status: All

Display Reviews

Select Review	Consumer	Status	Current Facility	Creation Date	Due Date	Admin	Reviewer
SELECT	Hoeber, Edward J.	Admin Pend				Hekkers, Heath	
SELECT	Hoeber, Edward J.	Admin Pend				Hekkers, Heath	
SELECT	Hoeber, Edward J.	Admin Pend				Hekkers, Heath	
SELECT	Hoeber, Edward J.	Admin Pend				Hekkers, Heath	
SELECT	Hoeber, Edward J.	Admin Pend				Hekkers, Heath	
SELECT	Hoeber, Edward J.	Admin Pend				Hekkers, Heath	
SELECT	Hoeber, Edward J.	Admin Pend				Hekkers, Heath	
SELECT	Hoeber, Edward J.	Admin Pend				Hekkers, Heath	
SELECT	Hoeber, Edward J.	Admin Pend				Hekkers, Heath	
SELECT	Hoeber, Edward J.	Admin Pend				Hekkers, Heath	

1 2

Done Local intranet 100%

SCREEN USED TO SEARCH FOR A PATIENT

Begin Review Process - Windows Internet Explorer
 http://localhost:49646/admin.aspx
 Yahoo! Search

APS HEALTHCARE
 Healthy Together

Select Fax > Select Consumer

Consumer Search

Last Name:
 SSN:

[Add New Consumer](#)

Select Consumer	Last	First	Middle	SSN	DOB
<input type="button" value="SELECT"/>	Hamburg	John		098765123	12-31-1989
<input type="button" value="SELECT"/>	Hanover	Charles		234789023	12-01-2000
<input type="button" value="SELECT"/>	Hanson	Hans	Dieter	123782342	12-12-1987
<input type="button" value="SELECT"/>	Hekkers	Heath	Shane	123456789	11-23-1976
<input type="button" value="SELECT"/>	Hoerber	Edward	James	890232789	02-28-1971

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- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if he or she stays in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exemption (under paragraph 2 of the first protocol) and is relying on this exemption to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest.

3. The IRS tells the requester that you furnished an incorrect TIN.

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1993 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see special rules regarding partnerships on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as" (DBA) name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulation section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

SCREEN USED TO ADD A PATIENT INTO DATABASE

Begin Review Process - Windows Internet Explorer
 http://localhost:49646/admin.aspx
 Begin Review Process

APS HEALTHCARE
 Healthy Together

Select Fax > Select Consumer

Add New Consumer

Last Name:
 First Name:
 Middle Name:
 Name Prefix:
 Name Suffix:
 DOB: --
mm - dd - yyyy
 SSN: --
 Comments:

Add Consumer Clear

[Search Existing Consumers](#)

Form W-9 (Rev. 11-2005) Page 2

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number or location in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-9.

What is backup withholding? Persons making certain payments to you must, under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest,

- The IRS tells the requester that you furnished an incorrect TIN.
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only, or
- You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain interest and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also, see special rules regarding partnerships on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

SCREEN USED BEGIN REVIEW OF REFERRAL PACKET

The screenshot shows a web browser window titled "Begin Review Process - Windows Internet Explorer" with the URL "http://localhost:49646/admin.aspx". The page header includes the "APS HEALTHCARE Healthy Together" logo and a breadcrumb trail: "Select Fax > Select Consumer > Select Review > Review Setup".

Documents Section:

Document	Included	Start Page	Fax
Level I PASRR Screen (AHCA 004, part A)	<input type="checkbox"/>	<input type="checkbox"/> View	Current
Request for Level II PASRR Evaluation and Determination (AHCA004, part B)	<input type="checkbox"/>	<input type="checkbox"/> View	Current
Patient Transfer/Continuity of Care (3008)	<input type="checkbox"/>	<input type="checkbox"/> View	Current
Relevant case notes/records of treatment	<input type="checkbox"/>	<input type="checkbox"/> View	Current
Comprehensive Assessment (701B)	<input type="checkbox"/>	<input type="checkbox"/> View	Current
Psychiatric Assessment (1911A and B)	<input type="checkbox"/>	<input type="checkbox"/> View	Current

Buttons: Save Documents, Request Documents

Consumer Section:

Last Name:
 First Name:
 Middle Name:
 Name Prefix:
 Name Suffix:
 DOB: (mm/dd/yyyy)
 SSN:
 Comments:

Button: Edit Data

Consumer Demographics

Form W-9 (Rev. 11-2005) Page 2:

• The U.S. grantor or other owner of a grantor trust and not the trust, and
 • The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.
 Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).
 Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.
 If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:
 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
 2. The treaty article addressing the income.
 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
 4. The type and amount of income that qualifies for the exemption from tax.
 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.
Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.
 If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate nonresident Form W-9.

3. The IRS tells the requester that you furnished an incorrect TIN.
 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).
 Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.
 Also see *Special rules regarding partnerships* on page 1.

Penalties
Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.
Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.
Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.
Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions
Name
 If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.
 If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.
Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.
Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is

SCREEN USED TO ENTER CLINICAL AND DETERMINATION DATA (PART 1 OF 2)

The screenshot displays a web application interface for APS Healthcare. The browser window shows the URL 'http://localhost:49646/clinical.aspx'. The page features the APS Healthcare logo and a 'Documents' section with a table of document entries. Below the table are 'Save Documents' and 'Request Documents' buttons. A 'Clinical Criteria' section contains various dropdown menus and radio buttons for patient information. On the right, a preview window shows 'Form W-9 (Rev. 11-2005)' with detailed instructions and a 'Page 2' indicator.

Document	Included	Complete	Start Page	Fax
Level I PASRR Screen (AHCA 004, part A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> View	Current
Request for Level II PASRR Evaluation and Determination (AHCA004, part B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> View	Current
Patient Transfer/Continuity of Care (3008)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> View	Current
Relevant case notes/records of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> View	Current
Comprehensive Assessment (701B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> View	Current
Psychiatric Assessment (1911A and B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> View	Current

Clinical Criteria

Review Type:

Review Sub-Type:

Specialized Services: Yes No

MR/MI Indicator:

Nursing Home Eligible: Yes No

Severe Mental Illness: Yes No

Follow Up Date:

Follow Up Outcome:

Psych Eval Date:

Admit Date:

Discharge Date:

Axis Diag Primary:

Form W-9 (Rev. 11-2005) Page 2

The IRS tells the requester that you furnished an incorrect TIN.

The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

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Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part 1 of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is

SCREEN USED TO ENTER CLINICAL AND DETERMINATION DATA (PART 2 OF 2)

Untitled Page - Windows Internet Explorer
 http://localhost:49646/clinical.aspx

Review Sub-Type: RR/FTF

Specialized Services: Yes No

MR/MI Indicator: BO

Nursing Home Eligible: Yes No

Severe Mental Illness: Yes No

Follow Up Date: mm / dd / yyyy

Follow Up Outcome: Unknown

Psych Eval Date: mm / dd / yyyy

Admit Date: mm / dd / yyyy

Discharge Date: mm / dd / yyyy

Axis Diag Primary: None

Axis Diag Secondary: None

Axis Diag 2: None

Axis Diag 3: None

Current Meds:

Medical/Social History:

Comments:

Save Criteria

Review Outcome

Face To Face: Yes No

Outcome: None

Close Review Pend Review

Form W-9 (Rev. 11-2005) Page 2

The U.S. grantor or other owner of a grantor trust and not the trust, and

The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

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3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if he or she stays in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-9.

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4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1985 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part 1 of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is