



## **CIRTS**

**(Client Information &  
Registration Tracking System)**

## **User Guide for CARES**

**Florida Department of Elder Affairs  
January 2009**

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### **Attachments**

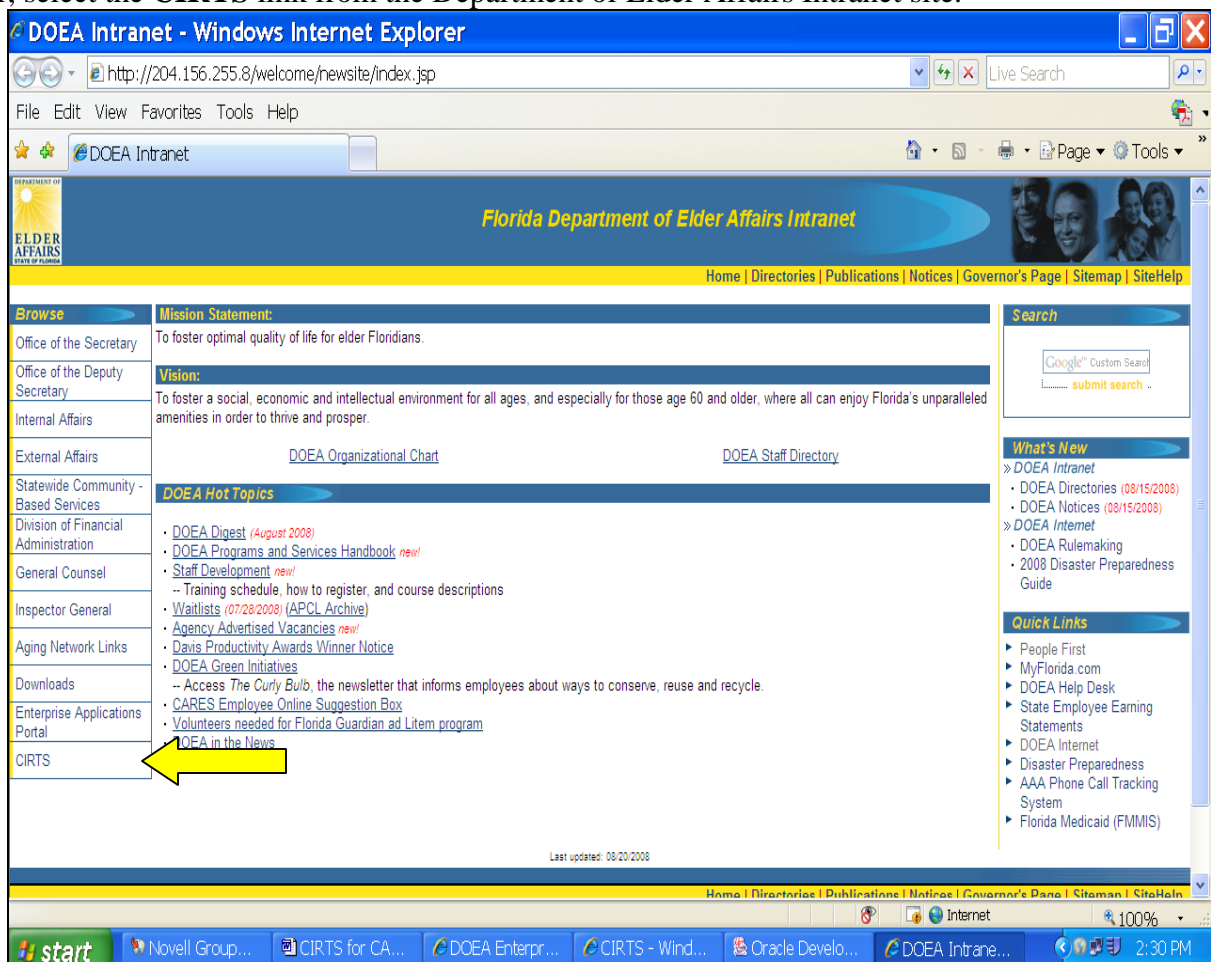
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## [ACCESS CIRT](#)

Double-click the **CIRTS** icon on the Desktop.



Or, select the **CIRTS** link from the Department of Elder Affairs Intranet site.



The **Enterprise Application Services** screen will appear.

DEPARTMENT OF  
**ELDER  
AFFAIRS**  
STATE OF FLORIDA

## Enterprise Application Services

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.  
- DOEA Mission Statement

[Click here](#) to add this site to Favorites!

User Name

Password

Login

\* The Single Sign-On (SSO) password is case-sensitive.

- 1) Enter your **CIRTS** User Name.
- 2) Enter your **CIRTS** Password. This password is case-sensitive. If an error occurs, check to see if the Caps Lock is on.
- 3) Click the Login button or press the Enter key.
- 4) The Applications screen will appear.

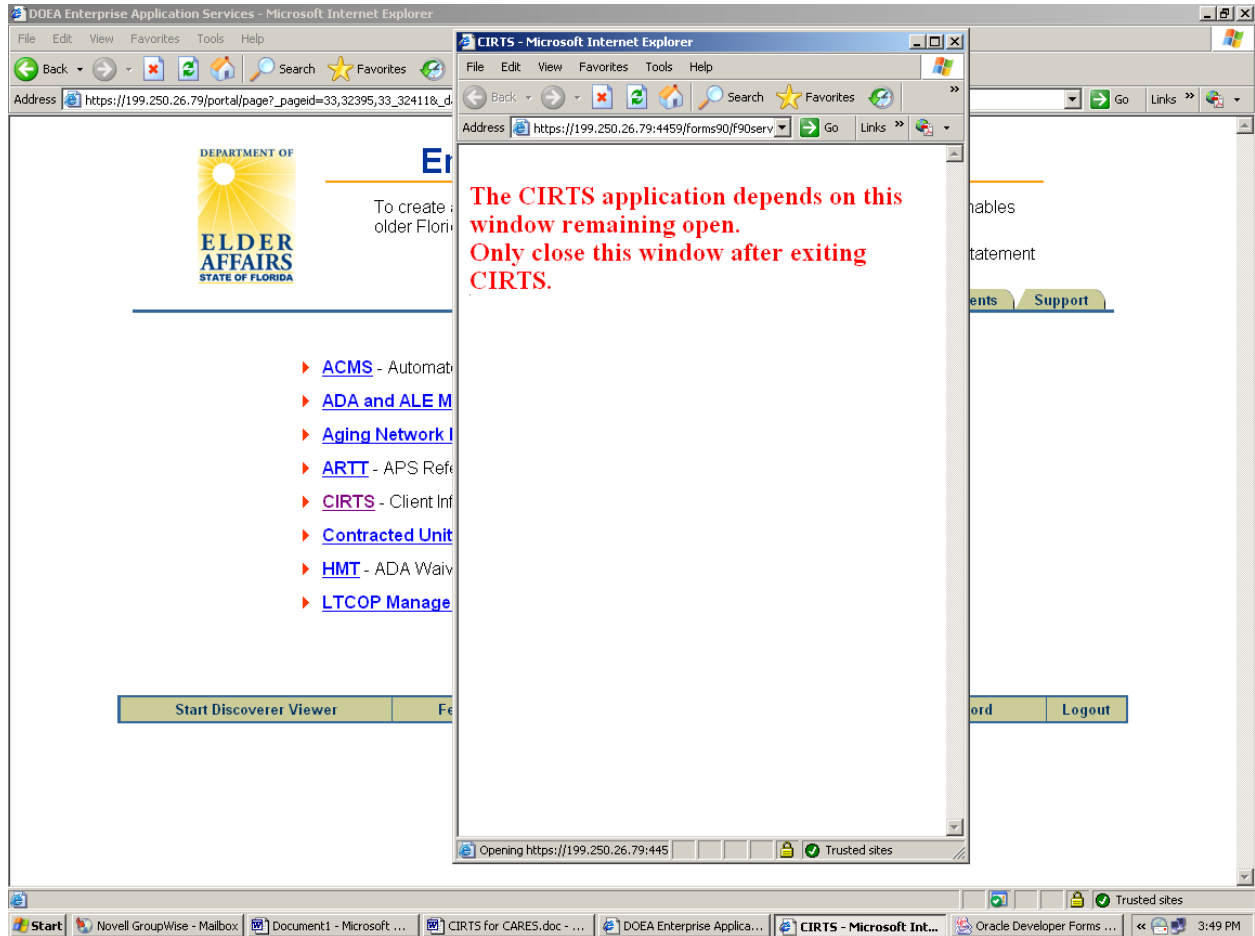
## Applications Screen



Click the **CIRTS** link.

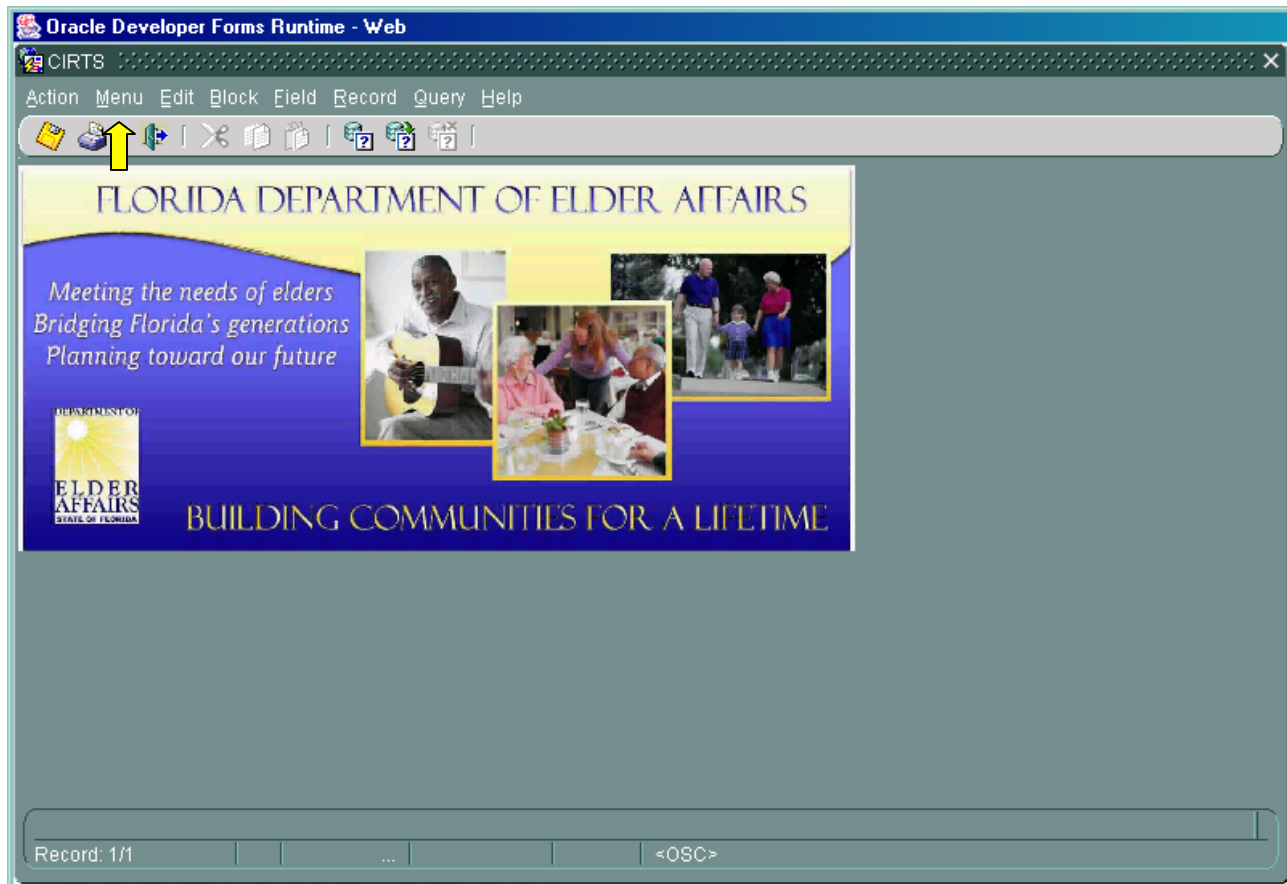
A window will appear with **RED** writing. This window must remain open while you are using CIRTS. If this window is closed, CIRTS will close.

## Window with RED writing



Wait a few moments for the CIRTS menu screen to appear.

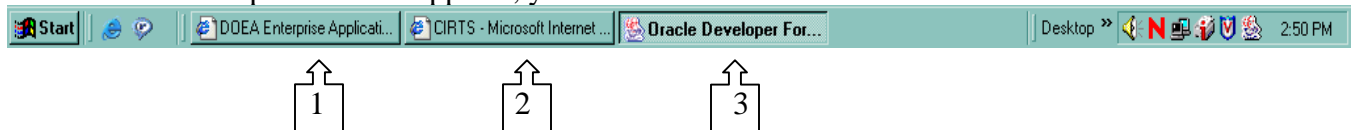
## CIRTS MENU SCREEN



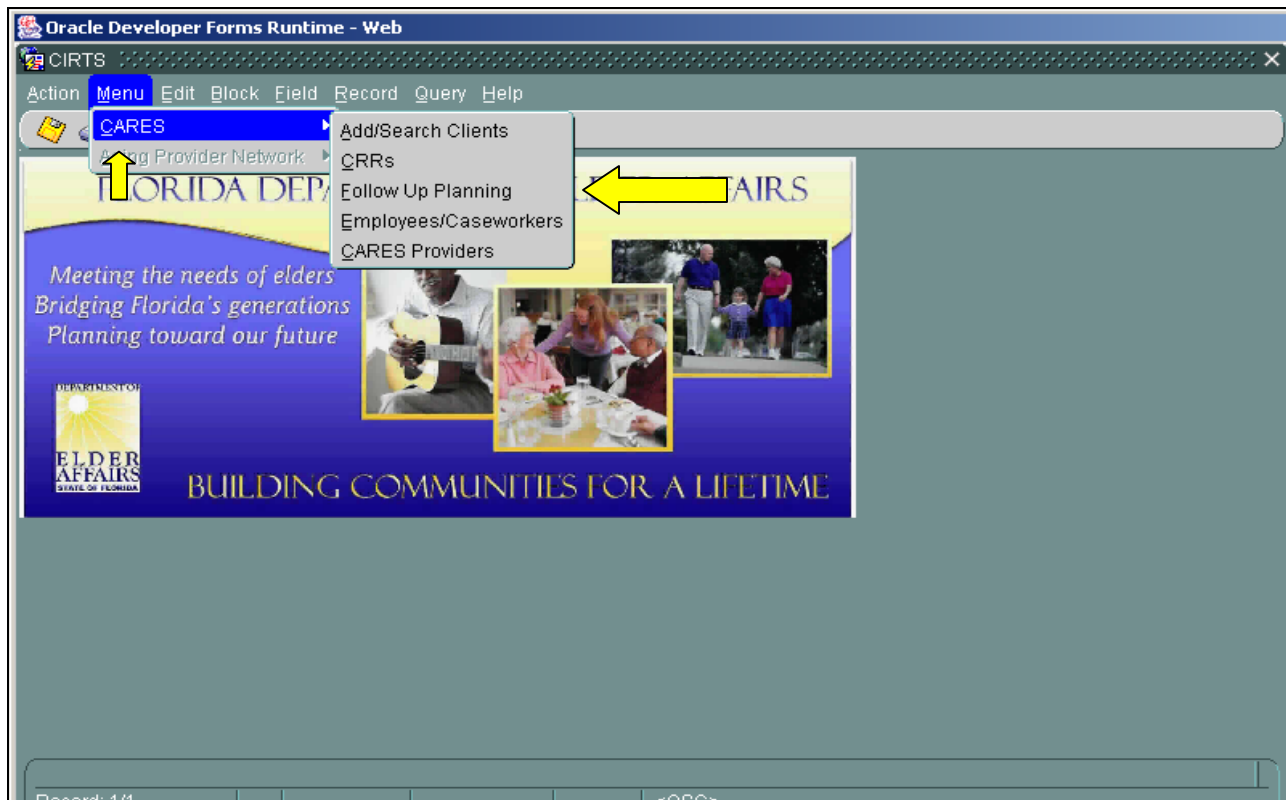
To access CARES information, click **Menu** in the top left-hand corner of the screen.

\*\*\*\*\*

When the CIRTS splash screen appears, you should see three items in the Start bar.



- 1) This item will take you back to the Applications Screen.
- 2) This item will take you to the window with RED writing.
- 3) This item will take you to the CIRTS screen.



Select **CARES** from the Menu.

From CARES the Supervisor role can select Add/Search Clients, CRRs, Follow Up Planning, Employees/Caseworkers or CARES Providers. The Caseworker role cannot select Employees/Caseworkers or CARES Providers.

**Add/Search Clients** – Select this option if you want to search for an existing client, add a new client, or access various screens to display client data.

**CRRs** – Select this option if you want to add, delete, edit or view Continued Residency Reviews for your PSA.

**Follow Up Planning** – Select this option if you want to print a follow up list or view scheduled or completed follow-ups.

**Employees/Caseworkers** – Select this option if you want to add, delete, edit or view employees or caseworkers for your PSA.

**CARES Providers** – Select this option if you want to add, edit or view all providers within your PSA.

To search for a client, select the **Add/Search Clients** option. The Search screen will appear.



## SEARCH SCREEN

**Oracle Developer Forms Runtime - Web**

**CLIENT SEARCH**

Action Menu Edit Block Field Record Query Help

**Search for a Client**

SSN

Client Id

Last Name

First Name

Medicaid Id

**Search**

Enter all or part of any of these fields and search will return all clients who match everything entered.

Press the <F8> function key or click on the <Search> button to complete the search.

**Results of Search**

| PSA | SSN | Owner | Client Name | Date of Birth | Address | Zip |
|-----|-----|-------|-------------|---------------|---------|-----|
|     |     |       |             |               |         |     |
|     |     |       |             |               |         |     |
|     |     |       |             |               |         |     |
|     |     |       |             |               |         |     |
|     |     |       |             |               |         |     |
|     |     |       |             |               |         |     |

**Add New Client** **Details** **Clear** **Close**

Record: 1/1 ... <OSC>

It is very important for users to perform a thorough search (alphabetical and numerical) before adding a new client. CIRTS is now shared by all area agencies on aging, lead agencies, and CARES (Comprehensive Assessment and Review for Long Term Care Services) offices in Florida. Another office could have added the same client with a different Social Security number, or a different variation of the client's name. After searching on the known information, try searching on partial Social Security numbers or partial names to make sure the client does not exist. If a search on the client's Social Security number reveals that it currently belongs to another client in CIRTS, notify the CARES Supervisor or your LAN (Local Area Network) Administrator, and steps will be taken to verify and/or correct the Social Security number.

You can also search by Client Id. This is a unique, random number assigned by the system that is associated with each client in CIRTS. If you need to email another CIRTS user about a client, please use the Client Id instead of the SSN. The Client Id also displays on the Demographics screen at the top, between the SSN and the name.

## Search Screen Showing Existing Client in CIRT

**Oracle Developer Forms Runtime - Web**

**CLIENT SEARCH**

Action Menu Edit Block Field Record Query Help

**Search for a Client**

SSN

Client Id

Last Name CASE

First Name TEST

Medicaid Id

**Search**

Enter all or part of any of these fields and search will return all clients who match everything entered.

Press the <F8> function key or click on the <Search> button to complete the search.

**Results of Search**

| PSA | SSN       | Owner | Client Name | Date of Birth | Address         | Zip   |
|-----|-----------|-------|-------------|---------------|-----------------|-------|
| 02A | 050505050 | 11030 | CASE, TEST  | 06/06/1936    | 8941 SW 176 ST  | 33157 |
| 02A | 300000000 |       | CASE, TEST  | 01/01/1901    | 101 TEST STREET | 32401 |
|     |           |       |             |               |                 |       |
|     |           |       |             |               |                 |       |
|     |           |       |             |               |                 |       |
|     |           |       |             |               |                 |       |

**Add New Client** **Details** **Clear** **Close**

Record: 1/2 ... <OSC>

Enter your search criteria. You can search by the client's Social Security number (SSN), client id, last name, first name or Medicaid ID, or any combination of these. Click on the **Search** button or select the F8 function key to complete the search.

If there is more than one client with the same name, a list will appear in the **Results** panel. To select your client, click on the appropriate line to highlight the client and select **Details**. This will take you to the Demographics screen. You can also double click on the appropriate client to go to Demographics.

If the result of the search reveals only one client that meets the search criteria, once you select Search it will automatically go to Demographics for that client.

**Note:** *There are other ways to search for a client. They are:*

- Enter 5 underscores and the last four digits of the SSN. For example enter, “\_\_\_\_\_1234.” CIRTS will only return clients with SSNs ending in 1234. Adding a few letters from the client’s first and last name will help narrow the search.
- Enter 7 underscores and the last two digits of the SSN. For example enter, “\_\_\_\_\_47.” CIRTS will only return clients with SSNs ending in 47. Adding a few letters from the client’s first and last name will help narrow the search.
- Enter a percent symbol (%) and a partial SSN that may be the first, middle or last part of the SSN. For example enter, “% 457.” CIRTS will return SSNs with those numbers (457) regardless of whether they are in the first, middle or last part of the SSN. Adding a few letters from the client’s first and last name will help narrow the search.

**Add New Client** – Select this option if your search does not reveal your client and you want to add the person in CIRTS.

**Details** – Select this option after you have highlighted a client and want to go to their Demographics.

**Clear** – Select this option if you want to clear the Search screen to perform another search.

**Close** – Select this option if you want to exit the Search screen and return to the Menu screen.

## Search Screen Showing Client Not Existing in CIRTS

**Oracle Developer Forms Runtime - Web**

**CLIENT SEARCH**

Action Menu Edit Block Field Record Query Help

**Search for a Client**

SSN

Client Id

Last Name CASE

First Name TESTY

Medicaid Id

**Search**

Enter all or part of any of these fields and search will return all clients who match everything entered.

Press the <F8> function key or click on the <Search> button to complete the search.

**Results of Search**

| PSA | SSN | Owner | Client Name | Date of Birth | Address | Zip |
|-----|-----|-------|-------------|---------------|---------|-----|
|     |     |       |             |               |         |     |
|     |     |       |             |               |         |     |
|     |     |       |             |               |         |     |
|     |     |       |             |               |         |     |
|     |     |       |             |               |         |     |
|     |     |       |             |               |         |     |

**ALERT**

No matching records were found for the search criteria entered.

**OK**

**Add New Client** **Details** **Clear** **Close**

Record: 1/1 ... <OSC>

Enter your search criteria. The above example shows the client's last name and first name. Click on the **Search** button.

If the client does not exist, a message will appear indicating no matching records were found. Click the **OK** button.

You can now click the **Clear** button and search for the client again or click the **Add New Client** button.

## **ADD NEW CLIENT SCREEN**

Oracle Developer Forms Runtime - Web

ADD NEW CLIENT

Action Menu Edit Block Field Record Query Help

☐ New Client with SSN

☐ New Client without SSN

SSN

First Name

Middle

Last Name

Date of Birth

OK Cancel Search Clear

**New Client with SSN** – Select this radio button if you have the client’s SSN. A person can only be created as a new client once using the same Social Security Number. A nine-digit Social Security Number is required when entering information on a new client.

**New Client without SSN** – Select this radio button if you do not have the client’s SSN. The system will automatically assign a pseudo number. The pseudo number consists of the client’s first, middle and last initials and date of birth (two-digit month, day and year). If the client does not have a middle initial, an “X” will be used for the middle initial. If you do not enter the client’s date of birth, the system will use “01/01/01” as the date of birth.

Example of a pseudo number where the client does not have a middle initial and no date of birth is available: **MXH010101**

Example of a pseudo number where there is a middle initial and date of birth available: **MSJ050622**

The Social Security Number may be edited on a later screen. **A pseudo number must be changed to a Social Security Number prior to entering assessment information.**

Enter the client's first name, middle initial (if available), last name and date of birth.

**OK** – Select this option if all information is correct and you want to add the client in CIRT.

**Cancel** – Select this option if you want to cancel the information that was entered without saving.

**Search** – Select this option if you want to return to the Search screen.

**Clear** – Select this option if you want to clear the information entered and enter new information.

Selecting **OK** will take you to the Demographics screen.

## DEMOGRAPHICS SCREEN

Once you select **OK** to add the new client, the system will automatically go to the Demographics screen. The system will also automatically go to Demographics when you perform a search and select a client using Details or if the search reveals only one client matching the search criteria.

**Fields with a pink background are required.** C I R T S will generate an error message when the user tries to save a blank pink field. The client's SSN, PSA, first name, middle initial (if entered) and last name will be populated automatically. Select **Edit** to add additional information for a new client or to edit information for an existing client. Use the Tab or Enter key to move to the next field. County, Sex, Race, Ethnicity, Primary Language, and Marital Status can be accessed with the mouse, arrow keys, or type the first letter of the desired value. For example, to enter a Marital Status of Single, you can use the mouse to access the list and select Single, or use the "up" arrow key to find Single in the list, or type the letter "S." Typing the letter "S" will take the user to Separated, which is the first "S" alphabetically in the list. Typing "S" again will take the user to Single, the next value alphabetically in the list.

**Edit Button** - Allows you to add information to the screen or edit existing information.

**Save Button** – Allows you to save the information entered on the screen.

**Cancel Button** – Allows you to cancel out of the screen without saving or editing the information.

**Add Client Button** – Takes you to the Add Client screen.

**Search Button** – Takes you to the Search screen.

**Close Button** – Takes you to the Menu screen.

**Assessments** – Takes you to a list of all assessments for the client. This list includes assessments by CARES or the AAA/lead agency.

**Care Plan** – Takes you to a list of the services provided to the client by the AAA/lead agency.

**Enrollments** – Takes you to a list of enrollments in programs provided to the client by the AAA/lead agency.

**Services** – Takes you to a list of services received by the client.

**Cases** – Takes you to CARES case information.

**Information** – Takes you to information not related to a case for a client.

**PAS** – Takes you to the Pre-Admission Screening Resident Review (PASRR) information for the client.

**Client Info** – Takes you to a summary of information on the client.

**NHD Button** – Takes you to the Nursing Home Diversion screen.

**Change DOD** – Allows you to correct a date of death previously entered or to enter a date of death. Only the Supervisor role can Change DOD.

**Change SSN** – Takes you to a screen where the SSN can be changed. Only the Supervisor role can Change SSN.

**Delete Client** – Allows you to delete the client and all information related to the client. Only the Supervisor role can Delete Client.

**Change PSA** – Allows you to change the PSA so that you can have access to the client's case. The Supervisor role can Change PSA and some approved Caseworker roles can Change PSA.



## **Demographics Screen Definitions**

**PSA.** Indicates the CARES PSA or the AAA/lead agency PSA. Automatically populated.

**Owner.** If the case is owned by the AAA/lead agency, the provider number for the lead agency will show. Automatically populated.

**SSN.** This is the nine-digit SSN or pseudo number, if assigned. Automatically populated.

**First Name.** The system will automatically enter the client's first name based on the information entered on the **Add New Client** screen.

**Last Name.** The system will automatically enter the client's last name based on the information entered on the **Add New Client** screen.

**Demographic Complete.** This box will be checked if all Demographic information is complete.

**PAS Complete.** This box will be checked if the PAS information is complete.

**Open Case.** This box will be checked if the client has an open CARES case.

**Open Enrollment.** This box will be checked whenever an enrollment exists with no end date. It could be active, applicant or waitlist status.

**SSN.** This is the nine-digit SSN or pseudo number, if assigned. Automatically populated and is mandatory.

**PSA.** Indicates the CARES PSA or the AAA/lead agency PSA. Automatically populated and is mandatory.

**First Name.** The system will automatically enter the client's first name based on the information entered on the **Add New Client** screen. This item is mandatory.

**MI (Middle Initial).** Enter the client's middle initial. Leave blank if the client does not have a middle initial. The system will automatically enter the client's middle initial based on the information entered on the **Add New Client** screen. This is an optional item. If a pseudo number is used initially and an "X" was entered for the middle initial, you will need to delete the "X" once the pseudo number is changed to the actual SSN.

**Last Name.** Enter the client's last name. The system will automatically enter the client's last name based on the information entered on the **Add New Client** screen. This is a mandatory item.

**Medicaid Number.** Enter the client's ten-digit Medicaid number, if known. This is an optional item.

**Home Address Street.** Enter the address where the client is physically located. Enter the number and street or rural route and box number where the client is actually residing. An entry in this item is mandatory in order to enter assessment information.

**Street Con't.** Enter the building number or suite number. Leave blank if there is no building number or suite number. This item is optional.

**Zip Code.** Enter the zip code for the address at which the client is physically located. Leave this field blank if you do not know the zip code. However, an entry in this item is mandatory in order to enter assessment information.

**City.** The name of the city will automatically appear once the zip code is entered. An entry is not required unless you did not enter a zip code.

**State.** The name of the state will automatically appear once the zip code is entered. An entry is not required unless you did not enter a zip code.

**County.** This is the county in which the client is physically located. The county will automatically populate based on the zip code. This is a mandatory item. *Note: Only the counties within each PSA will be available in the drop down box.*

**Phone Number.** This is an optional item. The first box is for the area code, the second and third box is for the phone number and the fourth box is for the extension, if applicable.

**Mailing Address Street.** This is an optional item. Enter the mailing address if different from the home address.

**Street Con't.** This is an optional item. Enter the building number or suite number. Leave blank if there is no building number or suite number.

**Zip Code.** Enter the zip code for the mailing address. Leave this field blank if you do not know the zip code. This is an optional item.

**City.** The name of the city will automatically appear once the zip code is entered. An entry is not required unless you did not enter a zip code.

**State.** The name of the state will automatically appear once the zip code is entered. An entry is not required unless you did not enter a zip code.

**County.** This is the county for the mailing address. The county will automatically populate based on the zip code. This is an optional item. *Note: Only the counties within each PSA will be available in the drop down box.*

**Phone Number.** This is an optional item. The first box is for the area code, the second and third box is for the phone number and the fourth box is for the extension, if applicable.

**Date of Birth.** Enter the month, day, and year of the client's birth. This will be a two-digit month and day, and a four-digit calendar year. An entry in this item is mandatory in order to enter assessment information. The system will automatically enter the client's date of birth based on the information on the **Add New Client** screen.

**Date of Death.** When a case is terminated due to the client's death, the system will automatically enter the date of death. The Change DOD button can be used to correct an error or to enter a date of death. *Note: Only a supervisor may enter or change the date of death.*

**Sex.** Enter the client's sex. An entry in this item is mandatory in order to enter assessment information. The codes are:

|                  |                 |
|------------------|-----------------|
| <i>F=Female</i>  | Female.         |
| <i>M=Male</i>    | Male.           |
| <i>U=Unknown</i> | Sex is unknown. |

**Race.** Enter the client's race. An entry in this item is mandatory in order to enter assessment information. The codes are:

|                                    |   |
|------------------------------------|---|
| <i>A=Asian or Pacific Islander</i> | Asian or Pacific Islander.                            |
| <i>B=Black</i>                     | Black.  |
| <i>N=Native American</i>           | American Indian.                                      |
| <i>NR=Not Required</i>             | Entry not required. System generated when left blank. |
| <i>O=Other</i>                     | Other race exclusive of ones listed.                  |
| <i>U=Unknown</i>                   | Race is not known.                                    |
| <i>W=White</i>                     | White.  |

**Ethnicity.** Enter the client's ethnicity. An entry in this item is mandatory in order to enter assessment information. The codes are:

|                         |  |
|-------------------------|--|
| <i>H=Hispanic</i>       | Enter Hispanic if this is the client's ethnicity.      |
| <i>NR=Not Required</i>  | Entry not required. System generated when left blank.  |
| <i>O=Other</i>          | Enter Other if the client's ethnicity is not Hispanic. |
| <i>U=Unknown</i>        | Enter Unknown if the client's ethnicity is not known.  |
| <i>Z=Policy Changes</i> | System generated when system is updated.               |

**Primary Language.** Enter the client's primary language. The codes are:

|                               |                                 |
|-------------------------------|---------------------------------|
| <i>AR=Arabic</i>              | <i>MK=Mon-Khmer</i>             |
| <i>CH=Chinese</i>             | <i>NA=Native North American</i> |
| <i>CR=Creole</i>              | <i>NR=Not Required</i>          |
| <i>EN=English</i>             | <i>OG=Other West Germanic</i>   |
| <i>FR=French</i>              | <i>OS=Other Slavic</i>          |
| <i>GE=German</i>              | <i>PO=Polish</i>                |
| <i>GR=Greek</i>               | <i>PR=Portuguese</i>            |
| <i>HE=Hebrew</i>              | <i>RU=Russian</i>               |
| <i>HU=Hungarian</i>           | <i>SC=Scandinavian</i>          |
| <i>IE=Other Indo-European</i> | <i>SP=Spanish</i>               |
| <i>IN=Indic</i>               | <i>SS=South Slavic</i>          |
| <i>IT=Italian</i>             | <i>TG=Tagalog</i>               |
| <i>JA=Japanese</i>            | <i>VI=Vietnamese</i>            |
| <i>KO=Korean</i>              | <i>YI=Yiddish</i>               |

**Marital Status.** Enter the client's marital status. An entry in this item is mandatory in order to enter assessment information. The codes are:

|                         |   |
|-------------------------|---|
| <i>D=Divorced</i>       | Previously married but now divorced.                  |
| <i>M=Married</i>        | Currently married.                                    |
| <i>NR=Not Required</i>  | Entry not required. System generated when left blank. |
| <i>P=Separated</i>      | Married but now separated.                            |
| <i>S=Single</i>         | Never married.  |
| <i>U=Unknown</i>        | Marital status is not known.                          |
| <i>W=Widowed</i>        | Previously married but spouse is now deceased.        |
| <i>Z=Policy Changes</i> | System generated when system is updated.              |

**Need Outside Assistance to Evacuate?**

Answer yes or no to this question.

**Registered with County Special Needs Registry?**

Answer yes or no to this question.

***Reminder: In order to enter Assessment information, all mandatory demographic information must be entered. If Demographics is not complete, the Add Assessment button will be disabled at Assessment. Refer to the box labeled “Demographic Complete” at the top right of the screen. A check mark in the box indicates that all required Demographic information has been entered.***

## CASES SCREEN

| Opened on | Reason | Referral Source | Payment Type | Status | Closed on | Reason | PSA |
|-----------|--------|-----------------|--------------|--------|-----------|--------|-----|
|           |        |                 |              |        |           |        |     |
|           |        |                 |              |        |           |        |     |
|           |        |                 |              |        |           |        |     |

The Cases screen is a summary screen that displays all cases related to that client. The screen displays the date the case was opened, open reason, referral source, payment type, status (C=Closed; O=Open), date closed, reason and the PSA for each case. If the case is new, there will not be any information displayed in the summary categories.

From the Cases screen you can add a new case, close a case, delete a case, print a CIF or blank CIF or go to Search Client. You can view previous cases and access all cases, open and closed for a client. If there are existing cases, highlight the case you want to select and click on the Assignment, Assessment, Staffing, Referral or Followup tab to view the information (these tabs will appear at the Assignment screen). This screen also shows if Demographic and PAS are complete. You can edit or view an open case. Only a supervisor can edit a closed case. **A client can have multiple cases, however, only one open case can exist for a client.**

**Add Case** – Select this option to add a new case for the client. This button will be grayed out if there is already an open case.

**Close Case** – Select this option to close an open case.

**Delete Case** – Select this option to delete a case. This will not delete the client, only the case selected. *Note: Be very careful when deleting cases. Only a supervisor is able to delete a case.*

**Print CIF** – Select this option to print a CIF with information populated related to the client.

**Print Blank CIF** – Select this option to print a CIF with only Demographic and Case Assignment information populated.

**Search Client** – Select this option to go to Search.

**Close** – Select this option to close out of the screen and return to Demographics.

When you select **Add Case** the **Assignment** screen will appear.

## ASSIGNMENT SCREEN

Oracle Developer Forms Runtime - Web

CARES Cases

CARES CASES  
VERSION 10G.1

CIRTS  
CARES Cases Information

Date: 08/25/2008  
User: DORMANL

CARES Cases for: TEST CASE SSN: 300000000 ☒ Demographic Complete ☐ PAS Complete

| Opened on  | Reason       | Referral Source | Payment Type     | Status | Closed on | Reason | PSA |
|------------|--------------|-----------------|------------------|--------|-----------|--------|-----|
| 01/01/2007 | INITIAL CASE | FAMILY          | MEDICAID PENDING | OPEN   |           |        | 02A |
|            |              |                 |                  |        |           |        |     |
|            |              |                 |                  |        |           |        |     |

Add Case Close Case Delete Case Print CIF Print Blank CIF Search Client Close

Assignment Assessments Staffings Referrals Followups

Initial Date: 01/01/2007 Assigned To: LD2A - LINDA DORMAN - 02A

Referral Source: FAMILY Payment Type: MEDICAID PENDING

Living Arrangement: PRIVATE RESIDENCE Living Situation: WITH CAREGIVER

Special Project Case: N=NONE Provider Name: <null>

Primary Caregiver: YES Open Reason: INITIAL CASE

3008 Received: ☒ 3008 Completed: ☒ Date Incomplete 3008 Received by CARES:

Date Incomplete 3008 Returned by CARES:  OK to Transfer the Case?: ☐ N

Edit Save Cancel

Record: 1/1 <OSC>

The purpose of this screen is to assign a case to a particular caseworker. This screen will not be completed if the client, or someone on behalf of the client, is requesting **Information** only. The client's Social Security Number or Pseudo Number and First and Last Name will be displayed at the top of the screen.

If the prior case is closed and a reassessment is requested, enter all new Assignment information, to include the new Initial Date. If a reassessment is requested for an open case, do not change anything in Assignment except Assigned To and 3008 Received. The 3008 information must be updated each time a 3008 is received. If incorrect information was entered in Assignment it can be edited; however, the Initial Date cannot be edited. You will have to delete the case to correct the Initial Date.

The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, Close).

## Case Assignment Screen Definitions

**Initial Date.** This date represents the date of the telephone call, office visit, or written notification requesting a CARES assessment. This is a mandatory item. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year.

**Assigned To.** This is the name of the caseworker that has been assigned the case. This is a mandatory item. All scheduled follow-ups will be scheduled to the caseworker shown in this field.

**Referral Source.** This identifies the party who is contacting CARES for an assessment. This is a mandatory item. The referral sources are:

|  |   |
|--|---|
| <i>A = Abuse/Neglect</i>                                       | Protective Services of the Department of Children and Families.   |
| <i>AAA = Area Agency on Aging</i>                              | State contracted agency which provides direction to lead agencies.  |
| <i>AAS = Adult Services</i>                                    | State program of the Department of Children and Families that provides services to aged/disabled adults.  |
| <i>ADM=Alcohol, Drug Abuse, Mental Health</i>                  | State agency providing services to people who meet eligibility for alcohol or drug abuse, or mental illness. Now called Substance Abuse and Mental Health (SAMH). |
| <i>AFCH = Adult Family Care Home</i>                           | Any state licensed adult family care home.  |
| <i>AHCA = Agency for Health Care Administration</i>            | State agency responsible for administering Medicaid.  |
| <i>ALF = Assisted Living Facility</i>                          | Any state licensed assisted living facility.  |
| <i>ALZ=Alzheimer's Disease Waiver</i>                          | Medicaid waiver program.  |
| <i>AP = Adult Payments</i>                                     | State program of the Department of Children and Families that determines eligibility for Medicaid and other assistance programs.                                  |
| <i>ARC=ARC or ADRC</i>   | Aging Resource Center or Aging Disability Resource Center.  |
| <i>BHP=Broward Homebound Program</i>                           | A private agency which provides community services to disabled adults.  |
| <i>C = CARES</i>   | State program of the Department of Elder Affairs.   |
| <i>CCDA=DCF CCDA</i>   | State program of the Department of Children and Families that provides services to disabled adults.   |
| <i>CDCW = Consumer Directed Care Waiver</i>                    | Medicaid waiver program.  |
| <i>CFW=Adult Cystic Fibrosis Waiver</i>                        | Medicaid waiver program.  |
| <i>CHA = Channeling Waiver</i>                                 | Medicaid waiver program.  |
| <i>CRR=Continued Residency Review</i>                          | Process related to CARES.   |
| <i>DES = Developmental Services</i>                            | Agency for Persons with Disabilities.   |
| <i>DOH=Department of Health</i>                                | Department of Health.   |
| <i>ELD = Elder Care</i>  | A HMO which provides community services for frail elderly people.   |
| <i>FAM = Family</i>  | A relative of the client.   |
| <i>FRIN = Friend/Neighbor</i>                                  | Non-relative providing support to the client.   |
| <i>H = Hospital</i>  | An institution that provides care for acute illnesses. Use this code for hospital psychiatric units.  |
| <i>HCDA=DCF HCDA</i>   | Home care for disabled adults.  |
| <i>HHC = Home Health Care</i>                                  | A private agency providing home health services to the client.  |
| <i>HMO = Health Maintenance Organization</i>                   | Health Maintenance Organization.  |
| <i>L = Lead Agency</i>   | State contracted agency providing community services.   |
| <i>LTCP = Long Term Care Community Diversion Pilot Program</i> | Medicaid waiver program.  |
| <i>MHC=Massada Home Care</i>                                   | A private agency which provides short-term community services to adults.  |
| <i>NH = Nursing Home</i>                                       | State certified nursing facility.   |
| <i>O = Other</i>   | All other referral sources exclusive of ones listed.  |
| <i>OMW = Other Medicaid Waiver Program</i>                     | Medicaid waiver other than ones listed.   |
| <i>PAC = Project Aids Care Waiver</i>                          | Medicaid waiver program.  |



*PACE=Program All-Inclusive Care for Elderly*

*PHY = Physician*

*PRIS = Prison/Jail*

*PSYF = Psychiatric Facility*

*SBHO = Swing Bed Hospital*

*SELF = Self*

*SMHO = State Mental Hospital*

*SNUH = Skilled Nursing Unit/Hospital*

*U=Upstreaming/CARES*

*UHC=United Home Care*

*UPP=Upstreaming Project*

*VOC=Vocational Rehabilitation*

PACE model program with capitated rate.

Medical doctor or Doctor of Osteopathy.

A duly authorized and supervised facility like a jail or a prison.

A freestanding facility that provides psychiatric or mental health care.

A rural hospital that is certified under Medicare/Medicaid to provide nursing facility services.

Self referral.

A state licensed facility that provides psychiatric care.

A section within a hospital which is certified under Medicare/Medicaid to provide skilled nursing facility services.

Referral from a hospital.

A HMO which provides community services for adults.

Special project of the Department of Elder Affairs.

State program of the Department of Education.

**Payment Type.** This identifies the case by potential financial eligibility, not actual Medicaid eligibility. This is a mandatory item. The three payment types and definitions are:

*MEDI=Medicaid*

This payment type is used for any case that is referred to CARES by Adult Payments. This means the individual has applied for Medicaid.

*MEDP=Medicaid Pending*

This payment type is used for any case that is referred to CARES by anyone other than Adult Payments. This means the individual has not applied for Medicaid, but the intent to apply is imminent.

*PRPA=Private Pay*

This payment type is used for any case where the client has income and/or assets which exceed the limits for Medicaid eligibility for the Institutional Care Program (ICP).

**Living Arrangement.** Enter the appropriate code that reflects the living arrangement of the client at the time of the request for an assessment. This is an optional item. The codes are:

*AFCH=Adult Family Care Home*

Any state licensed adult family care home.

*ALFE=ALF with Ext Cong Care*

Any state licensed ALF which is also licensed to provide extended congregate care.

*ALFM=ALF with Ltd Ment Hlth Svcs*

Any state licensed ALF which is also licensed to provide limited mental health services.

*ALFN=ALF with Ltd Nurs Svcs*

Any state licensed ALF which is also licensed to provide limited nursing services.

*ALFS=Assisted Living Facility*

Any state licensed assisted living facility.

*ARTS=Adult/Geriatric Residential Treatment Facility*

A residential facility that provides mental health treatment.

*GRHO=Group Home*

A small residential home sponsored by a state or community entity.

*HOSP=Hospital*

An institution that provides care for acute illnesses (excluding a state mental hospital). Use this code for all units located within a hospital (swing bed, psychiatric unit, skilled nursing unit, etc.).

*MRDD=MR/DD Facility*

A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).

*NUHO=Nursing Home*

A free standing facility that is certified under Medicare/Medicaid to provide nursing services.

*OTHR=Other*

All other living arrangements exclusive of ones listed.

*PRIS=Prison/Jail*

A duly authorized and supervised facility like a jail or a prison.

*PRRE=Private Residence*

Any unlicensed non-institutional residence.

*PSYF=Psychiatric Facility*

A free standing facility that provides psychiatric or mental health care.

*REHB=Rehab Hospital*

Any free standing facility which provides rehabilitation services including drug and alcohol.

|   |  |
|---|--|
| <i>SAPT=Supervised Apartment</i>                    | A complex where supervision is available on a daily basis.   |
| <i>SHNH=State Mental Hospital/Nursing Home Unit</i> | A nursing home unit within a state licensed mental hospital. |
| <i>SMHO=State Mental Hospital</i>                   | A state licensed facility that provides psychiatric care.    |
| <i>TRAN=Transient</i>                               | No fixed place of abode, or lives on the road.               |

**Living Situation.** AL=Alone should be entered for all living arrangements except for HOSP, OTHR, PRRE, PSYF, REHB, SAPT, and TRAN. If the living arrangement is any of the seven mentioned, all code choices will be available. If the client is in a hospital and is expected to be discharged to a nursing home, Assisted Living Facility, or Adult Family Care Home, the living situation will be AL=Alone. This is an optional item. The codes are:

|                          |   |
|--------------------------|---|
| <i>AL=Alone</i>          | Client lives alone.   |
| <i>NR=Not Required</i>   | Indicates field not required. System will generate when left blank. |
| <i>U=Unknown</i>         | Client's living situation is not known.                             |
| <i>WC=With Caregiver</i> | Client lives with a caregiver.                                      |
| <i>WO=With Other</i>     | Client lives with someone other than a caregiver.                   |
| <i>Z=Policy Changes</i>  | System generated when system updated.                               |

**Special Project Case.** This item will identify those clients who are participating in any special project that has been assigned to CARES. This item is mandatory. The codes are:

|   |  |
|---|--|
| <i>A=Alzheimer's Waiver</i>                               | Alzheimer's Medicaid Waiver Program.   |
| <i>L=Long Term Care Community Diversion Pilot Program</i> | Special project of the Department of Elder Affairs.                              |
| <i>N=None</i>   | No special project indicated.  |
| <i>R=New Admission Review</i>                             | Indicates New Admission Review.  |
| <i>TN=Transition from NH Special Funding</i>              | Funding for waiver for those transitioning from a nursing home to the community. |
| <i>TU=Transition from Hospital Special Funding</i>        | Funding for waiver for those transitioning from a hospital to the community.     |
| <i>U=Upstreaming Project</i>                              | Special project of the Department of Elder Affairs.                              |

**Provider Name.** This is a list of individual Planning and Service Area (PSA) providers. Each PSA determines the providers that are listed. This list can include the names of all hospitals, lead agencies, nursing facilities, etc. within the PSA. This item is optional.

**Primary Caregiver.** A primary caregiver is any family member or friend who the person indicates cares for them on a regular basis. The caregiver may or may not be paid, but does not include agency caregivers, ALF operators, AFCH sponsors, or nursing home staff. Enter the code that reflects the primary caregiver status of the client. This is an optional item. The codes are:

|                         |   |
|-------------------------|---|
| <i>N=No Caregiver</i>   | Client does not have a caregiver.                                   |
| <i>R=Not Required</i>   | Indicates field not required. System will generate when left blank. |
| <i>U=Unknown</i>        | Client's caregiver status is not known.                             |
| <i>Y=Yes</i>            | Client has a caregiver.   |
| <i>Z=Policy Changes</i> | System generated when system is updated.                            |

**Open Reason.** This code indicates the reason the case is being opened. The first time a case is opened the reason code will be IN; IN is the only option in the list. IN can only be used the first time a case is opened. This is a mandatory item. The codes for this field are:

|   |   |
|---|---|
| <i>AR=Annual Waiver Recertification</i> | Indicates the case is to be opened as an annual waiver recertification. |
| <i>IN=Initial Case</i>                  | Indicates the first case opened on a client.                            |

|                        |   |
|------------------------|---|
| <i>OT=Other</i>        | Indicates the case is to be opened for a reason exclusive of ones listed. |
| <i>RE=Reassessment</i> | Indicates the case is to be opened for a reassessment.                    |
| <i>TR=Transferred</i>  | Indicates the case is to be transferred.                                  |

**3008 Received.** This field requires a response of Y=Yes or N=No as to whether a 3008 is received by CARES at the time of every request for an assessment (Initial or Reassessment). This is a mandatory item. The response to this question would be Yes if you are using a 3008 from a previous staffing that is less than one year old. If no 3008 is received at intake (3008 Received = N) but is received later, you would update this field to Yes. For annual waiver re-certifications enter Yes if the referral is received timely. If the referral is not received timely and no 3008 is received, enter No in this field. Change to Yes once the 3008 is received.

**3008 Completed.** This field requires a response of Y=Yes or N=No as to whether the 3008 is complete upon receipt. Answer Yes if the 3008 was completely filled out upon receipt. Answer No if the 3008 was not completed correctly upon receipt. This item is mandatory only if the answer to 3008 Received is Yes. If a 3008 is not received this field will be disabled. The response to this question would be Yes if you are using a 3008 from a previous staffing that is less than one year old. For annual waiver recertifications enter Yes if the referral was received timely. If the referral is not timely and a current 3008 is received, enter Yes or No as appropriate in this field.

**Date Incomplete 3008 Received by CARES.** This field represents the date that CARES receives the incomplete 3008. This date will be a two-digit month and day, and a four-digit calendar year. This date cannot be a future date and cannot be prior to the Initial Date. This field is mandatory if the answer to 3008 Completed is No.

**Date Incomplete 3008 Returned by CARES.** This field represents the date that CARES returns the incomplete 3008 to the sending source to be completed properly. This date will be a two-digit month and day, and a four-digit calendar year. This field is mandatory if the answer to 3008 Completed is no.

**OK to Transfer The Case?** This field will be pre-populated with an N=No. When an open/active case is being transferred to another PSA, you would enter a Y=Yes. See Transferring Open Cases for details.

***Note: All dates can be entered as mmddyy and the system will automatically change it to mm/dd/yyyy.***

***If the Open Reason is AR, the case will automatically close at Staffing. AR should be used for all annual waiver re-certifications.***

**Edit** – Select this option if you want to change any previously saved information.

**Save** – Select this option to save the information entered or edited.

**Cancel** - Select this option to cancel without saving the information.

## ASSESSMENT SCREEN

**CIRT's CARES Cases**

CARES CASES  
VERSION 10G.1

**CIRT's CARES Cases Information**

CARES Cases for:  SSN:  ☐ Demographic Complete ☐ PAS Complete

| Opened on  | Reason       | Referral Source | Payment Type     | Status | Closed on | Reason | PSA |
|------------|--------------|-----------------|------------------|--------|-----------|--------|-----|
| 01/01/2008 | INITIAL CASE | HOSPITAL        | MEDICAID PENDING | OPEN   |           |        | 02A |
|            |              |                 |                  |        |           |        |     |
|            |              |                 |                  |        |           |        |     |

**Assessment and Staffing Dates**

| Assessment Date | Staffing Date |
|-----------------|---------------|
|                 |               |
|                 |               |
|                 |               |

**Assessment Information**

| Assessment Date | Assessment Site | Instrument | Risk Score | Caseworker | PSA |
|-----------------|-----------------|------------|------------|------------|-----|
|                 |                 |            |            |            |     |

When you click on the **Assessments** tab, a summary screen displays all assessments related to that case. An open case can have multiple assessments. The screen displays for each assessment the assessment date, assessment site, assessment instrument, risk score, caseworker, and PSA. If the case is open, you will be able to edit the assessment(s). If the case is closed, only a supervisor can edit the assessment.

The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, Close).

This screen also has a panel that lists the assessment date and staffing date for the assessment. This is where you highlight the assessment to be viewed.

**Add Assessment** – Select this option if you want to add an assessment. Remember, Demographic must be complete to add an assessment. Also, if the prior assessment has not been staffed for an open case you will not be able to add a new assessment.

**Change Pseudo SSN** – Select this option if you want to change a pseudo SSN to the actual SSN. Remember, you cannot add an assessment with a pseudo SSN. The Caseworker and Supervisor role can change the pseudo SSN.

**View Selected Assessment** – Select this option if you want to view the highlighted assessment. Click on the assessment in the Assessment and Staffing Dates panel to highlight the assessment.

**Print Assessment Info** – Select this option if you want to print a highlighted assessment.

**View All Assessments** – Select this option if you want to go to the screen that lists all assessments for the client. This screen will show assessments by CARES and the AAA/lead agency.

### CARES Assessment Information Tab (ASM)

**CIRTS**  
ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 CIRTS Date 01/24/2008 User DORMANL

PSA SSN Last Name Risk Score Priority Score Rank  
02A 040404040 CASE

Edit Save Cancel Close

ASM INC MEN PHY ADL NUT NT2 HEA HE2 SPS MED CG1 CG2 SOC ENV SUM

**CARES Assessment Information**

PSA Assessment Date Assessment Site Caseworker  
02A 01/01/2008 CH=CLIENT/RELATIVE'S HO... LD2A - LINDA DORMAN

County Assessor Assessment Instrument  
BAY CARES S=2000 COMPREHENSIVE ASSESSME...

Primary Caregiver Living Arrangement Living Situation  
YES PRIVATE RESIDENCE WITH CAREGIVER

Special Project Case Payment Type Waiver Recertification  
U=UPSTREAMING PROJECT MEDICAID PENDING N

Initial Contact Date Assessment Delay Assessment Delay Reason  
01/01/2008 N

☐ Reassessment Date Reassessment Requested Date Assessment Changed Assessment Changed By

When you select **Add Assessment** the above screen appears. This screen identifies CARES specific assessment information. The tabs shown at the top represent the different sections of the assessment: *ASM=CARES Assessment Information; INC=Income; MEN=Mental Health/Behavior/Cognition; PHY=Physical Health; ADL=Activities of Daily Living; NUT=Nutritional; NT2=Nutritional Continued; HEA=Primary Diagnosis & Health Conditions; HE2=Primary Diagnosis & Health Conditions Continued; SPS=Special Services; MED=Medications; C01=Caregiver Assessment; C02=Caregiver Assessment Continued; SOC=Social Resources; ENV=Environmental and SUM=Assessment Summary.*

If you select No for Primary Caregiver, the Caregiver Assessment tabs will not be shown. If you select Yes for Primary Caregiver, the two Caregiver Assessment tabs will appear.

Press the Tab or Enter key to move from field to field, or you may use your mouse to access the field and code list.

In order to save the assessment information, all data is required. The system will identify any mandatory fields that were left blank once Save is selected. If the case is a **Medical Case File Review** only limited assessment information is required.

### Assessment Screen Definitions

**PSA.** This field will automatically be populated.

**Assessment Date.** This is the date the assessment was actually conducted. Enter the month, day, and year of the assessment. This will be a two-digit month and day, and a four-digit calendar year. This date must be a current or past date. It cannot be a future date. This is a mandatory item. If the assessment date is over 6 months old the system will generate a pop up box asking you to verify the date. You will also receive an error message if the assessment date is prior to the Initial Date. The Assessment Date cannot be edited.

**Assessment Site.** This identifies where the assessment actually took place. This is a mandatory item. The codes are:

|   |  |
|---|--|
| <i>ADC=Adult Day Care</i>                   | A facility which provides day care for certain eligible adults.  |
| <i>AFCH=Adult Family Care Home</i>          | Any state licensed adult family care home.   |
| <i>ALF=Assisted Living Facility</i>         | Any state licensed assisted living facility.   |
| <i>ALFE=ALF with Ext Cong Care</i>          | Any state licensed ALF which is also licensed to provide extended congregate care.   |
| <i>ALFM=ALF with Ltd Ment Hlth Svcs</i>     | Any state licensed ALF which is also licensed to provide limited mental health services.   |
| <i>ALFN=ALF with Ltd Nurs Svcs</i>          | Any state licensed ALF which is also licensed to provide limited nursing services.   |
| <i>ARTS=Adult/Ger Res Treat Fac</i>         | A residential facility which provides mental health treatment.   |
| <i>CARE=Onsite in CARES Office</i>          | Assessment completed in the CARES office.  |
| <i>CH=Client/Relative's Home</i>            | The client's or relative's private residence.  |
| <i>EMST=Telephone 701B for EMS Release</i>  | Telephone 701B conducted in the CARES office for EMS release clients.  |
| <i>GRHO=Group Home</i>                      | A small residential home sponsored by a state or community entity.   |
| <i>H=Hospital</i>                           | An institution that provides care for acute illnesses (excluding a state mental hospital, swing bed hospital, and a skilled nursing unit within a hospital). |
| <i>M=Meal Site</i>                          | Meal site sponsored by a lead agency.  |
| <i>MRDD=MR/DD Facility</i>                  | A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).                           |
| <i>NH=Nursing Home</i>                      | A freestanding facility that is certified under Medicare and/or Medicaid to provide nursing services.  |
| <i>OAA=Older American Act</i>               | Federally funded program administered by the Department of Elder Affairs.  |
| <i>OFFC=Office/Medical Case File Review</i> | Indicates the assessment was a medical case file review completed in the CARES office.   |
| <i>OT=Other</i>                             | All other assessment sites exclusive of ones listed.   |
| <i>PRIS=Prison/Jail</i>                     | A duly authorized and supervised facility like a jail or a prison.   |
| <i>PSA=PSA Specific</i>                     | Site specific to a Planning and Service Area.  |
| <i>PSYF=Psychiatric Facility</i>            | A freestanding facility that provides psychiatric or mental health care.   |

|   |   |
|---|---|
| <i>SBHO=Swing Bed Hospital</i>            | A rural hospital that is certified under Medicare/Medicaid to provide nursing services.                     |
| <i>SMHO=State Mental Hospital</i>         | A state licensed facility that provides psychiatric care.   |
| <i>SNUH=Skilled Nursing Unit/Hospital</i> | A section within a hospital which is certified under Medicare/Medicaid to provide skilled nursing services. |
| <i>T=Telephone Screen</i>                 | Indicates an assessment completed by telephone.   |

**Caseworker.** This is the name of the caseworker that performed the assessment. This is a mandatory item.

**County.** This is the county in which the client is physically located at the time of the assessment. Enter the appropriate county. This item is mandatory.

**Assessor.** This identifies the agency that actually performed the assessment. This is a mandatory item. The codes are:

|   |   |
|---|---|
| <i>AAS=Adult Services</i>                             | Adult Services staff of the Department of Children and Families.  |
| <i>AHC=Agency for Health Care Adm</i>                 | Staff of the Agency for Health Care Administration.   |
| <i>ALZ=Alzheimer's Disease Waiver</i>                 | Staff of an agency providing services under the Alzheimer's Disease Medicaid Waiver Program.  |
| <i>BHP=Broward Homebound Case Mgr</i>                 | Staff of the Broward Homebound program.   |
| <i>CAR=CARES</i>                                      | CARES staff of the Department of Elder Affairs.   |
| <i>CDA=Community Care for Dis Adults Case Manager</i> | Adult Services staff of the Department of Children and Families <b>or</b> staff of an agency providing services under the Community Care for Disabled Adults Program. |
| <i>CFW=Adult Cystic Fibrosis Waiver</i>               | Staff of the Department of Health.  |
| <i>CHA=Channeling Case Manager</i>                    | Staff of an agency providing services under the Channeling Medicaid Waiver Program.   |
| <i>DOH=Department of Health</i>                       | Staff of the Department of Health.  |
| <i>ELD=Elder Care Case Manager</i>                    | Staff of an agency providing services under the Elder Care Plan.  |
| <i>HMO=Health Maintenance Organization</i>            | Staff of a Health Maintenance Organization.   |
| <i>HOS=Hospital</i>                                   | Staff of a hospital.  |
| <i>LEA=Lead Agency Case Manager</i>                   | Staff of the local lead agency which provide case management for any program.   |
| <i>MCO=Managed Care Org</i>                           | Staff of a Managed Care Organization.   |
| <i>MHC=Massada Home Care Case Manager</i>             | Staff of the Massada Home Care program.   |
| <i>NON=None</i>                                       | Indicates there is no assessor.   |
| <i>OTH=Other</i>                                      | All other assessors exclusive of ones listed.   |
| <i>PAC=Project Aids Care Case Manager</i>             | Staff of an agency providing services under the Project Aids Care Medicaid Waiver Program.  |
| <i>UHC=United Home Care Case Manager</i>              | Staff of United Home Care.  |
| <i>VOC=Vocational Rehabilitation</i>                  | Staff of a state program under the Department of Education.   |

**Assessment Instrument.** This identifies the type of instrument used in the assessment. This is a mandatory item. The codes are:

|  |   |
|--|---|
| <i>A=2000 Prioritization Assessment Form 701A</i>      | Used for telephone screening of clients.                              |
| <i>C=Continued Residency Review Form</i>               | Continued Residency Review Form.                                      |
| <i>N=None</i>  | Indicates no assessment instrument was used.                          |
| <i>O=Other</i>   | All other assessment instruments exclusive of ones listed.            |
| <i>S=2000 Comprehensive Assessment Form 701B</i>       | Used for on-site assessments for clients with community potential.    |
| <i>T=2000 Nursing Home (Mini) Assessment Form 701B</i> | Used for on-site assessments for clients with no community potential. |

**Primary Caregiver.** A primary caregiver is any family member or friend who the person indicates cares for them on a regular basis. The caregiver may or may not be paid, but does not include agency caregivers, ALF operators, AFCH sponsors, or nursing home staff. Enter the code that reflects the primary caregiver status of the client. This is a mandatory item. The codes are:

|                         |   |
|-------------------------|---|
| <i>N=No Caregiver</i>   | Client does not have a caregiver.                                   |
| <i>R=Not Required</i>   | Indicates field not required. System will generate when left blank. |
| <i>U=Unknown</i>        | Client's caregiver status is not known.                             |
| <i>Y=Yes</i>            | Client has a caregiver.   |
| <i>Z=Policy Changes</i> | System generated when system is updated.                            |

**Living Arrangement.** Enter the appropriate code that reflects the living arrangement of the client at the time of the assessment. This is a mandatory item. The codes are:

|  |   |
|--|---|
| <i>AFCH=Adult Family Care Home</i>                         | Any state licensed adult family care home.  |
| <i>ALFE=ALF with Ext Cong Care</i>                         | Any state licensed ALF which is also licensed to provide extended congregate care.  |
| <i>ALFM=ALF with Ltd Ment Hlth Svcs</i>                    | Any state licensed ALF which is also licensed to provide limited mental health services.  |
| <i>ALFN=ALF with Ltd Nurs Svcs</i>                         | Any state licensed ALF which is also licensed to provide limited nursing services.  |
| <i>ALFS=Assisted Living Facility</i>                       | Any state licensed assisted living facility.  |
| <i>ARTS=Adult/Geriatric Residential Treatment Facility</i> | A residential facility that provides mental health treatment.   |
| <i>GRHO=Group Home</i>                                     | A small residential home sponsored by a state or community entity.  |
| <i>HOSP=Hospital</i>                                       | An institution that provides care for acute illnesses (excluding a state mental hospital). Use this code for all units located within a hospital (swing bed, psychiatric unit, skilled nursing unit, etc.). |
| <i>MRDD=MR/DD Facility</i>                                 | A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).  |
| <i>NUHO=Nursing Home</i>                                   | A freestanding facility that is certified under Medicare and/or Medicaid to provide nursing services.   |
| <i>OTHR=Other</i>  | All other living arrangements exclusive of ones listed.   |
| <i>PRIS=Prison/Jail</i>                                    | A duly authorized and supervised facility like a jail or a prison.  |
| <i>PRRE=Private Residence</i>                              | Any unlicensed non-institutional residence.   |
| <i>PSYF=Psychiatric Facility</i>                           | A freestanding facility that provides psychiatric or mental health care.  |
| <i>REHB=Rehab Hospital</i>                                 | Any freestanding facility which provides rehabilitation services including drug and alcohol.  |
| <i>SAPT=Supervised Apartment</i>                           | A complex where supervision is available on a daily basis.  |
| <i>SHNH=State Mental Hospital/Nursing Home Unit</i>        | A nursing home unit within a state licensed mental hospital.  |
| <i>SMHO=State Mental Hospital</i>                          | A state licensed facility that provides psychiatric care.   |
| <i>TRAN=Transient</i>                                      | No fixed place of abode, or lives on the road.  |

**Living Situation.** AL=Alone should be entered for all living arrangements except for HOSP, OTHR, PRRE, PSYF, REHB, SAPT, and TRAN. If the living arrangement is any of the seven mentioned, all code choices will be available. If the client is in a hospital and is expected to be discharged to a nursing home, Assisted Living Facility, or Adult Family Care Home, the living situation will be AL=Alone. This is an optional item. The codes are:

|                        |   |
|------------------------|---|
| <i>AL=Alone</i>        | Client lives alone.   |
| <i>NR=Not Required</i> | Indicates field not required. System will generate when left blank. |
| <i>U=Unknown</i>       | Client's living situation is not known.                             |



WC=With Caregiver  
WO=With Other  
Z=Policy Changes

Client lives with a caregiver.  
Client lives with someone other than a caregiver.  
System generated when system is updated.

**Special Project Case.** This item will identify those clients who are participating in any special project that has been assigned to CARES. The information entered at Case Assignment will automatically be populated in this field. You may need to change the Special Project Case for a reassessment for an open case. This item is mandatory. The codes are:

A=Alzheimer's Waiver  
L=Long Term Care Community  
Diversion Pilot Program  
N=None  
R=New Admission Review  
TN=Transition from NH Special Funding  
  
TU=Transition from Hospital Special  
Funding  
U=Upstreaming Project

Alzheimer's Medicaid Waiver Program.  
Special project of the Department of Elder Affairs.  
  
No special project indicated.  
Indicates New Admission Review.  
Funding for waiver for those transitioning from a nursing home to the community.  
Funding for waiver for those transitioning from a hospital to the community.  
Special project of the Department of Elder Affairs.

**Payment Type.** This identifies the case by potential financial eligibility, not actual Medicaid eligibility. This is a mandatory item. The information entered at Case Assignment will automatically be populated in this field. You may need to change the Payment Type for a reassessment for an open case. The three payment types and definitions are:

MEDI=Medicaid  
MEDP=Medicaid Pending  
  
PRPA=Private Pay

This payment type is used for any case that is referred to CARES by Adult Payments. This means the individual has applied for Medicaid.  
This payment type is used for any case that is referred to CARES by anyone other than Adult Payments. This means the individual has not applied for Medicaid, but the intent to apply is imminent.  
This payment type is used for any case where the client has income and/or assets which exceed the limits for Medicaid eligibility for the Institutional Care Program (ICP).

**Waiver Recertification.** This field will default to N=No if the Case Open Reason is IN=Initial Case, OT=Other, RE=Reassessment or TR=Transferred. If the case is an annual waiver recertification for an open case, you will need to change the N=No to Y=Yes and manually close the case. If the Case Open Reason is AR=Annual Waiver Recertification, the field will default to Y=Yes. An open reason of AR will cause the case to close automatically at staffing. AR should be used as the open reason for all annual waiver re-certifications.

**Initial Contact Date.** This date represents the date CARES first contacts the client, family, etc. to schedule an on-site assessment. This is a mandatory field. This date will be entered only one time per assessment. This date will be a two-digit month and day, and a four-digit calendar year. This field is disabled if the Assessor is not CAR=CARES.

**Assessment Delay.** This field requires a response of Y=Yes or N=No. The answer would be Yes if CARES is unable to schedule the on-site assessment within 10 calendar days of the Initial Date or Date Reassessment Requested. The answer would be No if the on-site assessment is conducted within 10 calendar days of the Initial Date or Date Reassessment Requested.

**Assessment Delay Reason.** The on-site assessment can be delayed due to CARES or the Client. The delay for CARES could be due to worker on vacation, out sick, etc. The delay due to the Client could be out of town, doctor appointment, etc. This is a mandatory field if the answer is Y=Yes for Assessment Delay. The codes are:

CLU=Client unavailable  
CRU=CARES unavailable

**Reassessment.** The system will put a check mark in this box if this is a reassessment for an open case.

**Date Reassessment Requested.** This is a mandatory field if there is a check mark in the Reassessment box. This field represents the date the request for a reassessment was received by CARES. It will be a two-digit month and day, and a four-digit calendar year. This cannot be a future date.

**Date Assessment Changed.** This field is automatically populated by the system when someone makes a change to the assessment.

**Assessment Changed By.** This field is automatically populated by the system and identifies the name of the person making the change to the assessment.

**IF THE LIVING ARRANGEMENT IS NURSING HOME (NUHO), THE FIELDS IN THE NURSING HOME PANEL WILL BECOME VISIBLE AND WILL REQUIRE ENTRY.**

| Nursing Home |                   |                          |                |                   |
|--------------|-------------------|--------------------------|----------------|-------------------|
| Admit Date   | Nursing Home Name | Living Arrangement Prior | Discharge Date | Diversion Barrier |
| 01/01/2007   | BAY CENTER        | HOSPITAL                 |                | NO BARRIER        |

**Nursing Home Admit Date.** Enter the date the client entered a nursing home. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year.

**Name of Nursing Home.** Enter the name of the nursing home where the client is residing. This is a list of individual PSA nursing homes. Each PSA will determine the nursing homes that are listed.

**Living Arrangement Prior to Nursing Home Admission.** Enter the appropriate code that reflects the living arrangement of the client prior to entering a nursing home. For example, if the client was residing in an Assisted Living Facility prior to entering a nursing home, the code would be ALFS. If the client was in the hospital prior to nursing home admission, the code would be HOSP. The codes are the same as the **Living Arrangement** codes listed above.

**Discharge Date.** This date represents the date the client was discharged from the nursing facility. This will be a two-digit month and day, and a four-digit calendar year. This date cannot be prior to the Admit Date. This item is optional if the living arrangement continues to be NUHO=Nursing Home. If the living arrangement at Assessment was NUHO but at Staffing is not NUHO, then this field becomes mandatory.

There are times the system will automatically populate a date in this field. You will receive a message notifying you of this.

**Barrier**. This identifies the barrier that prevents an initial or subsequent alternative placement recommendation. If there is no barrier enter NONE. The codes are:

ACNA=Assistive Care Services/Optional State Supplementation Not Available  
ADWL=Aged Disabled Adults Waiver Waiting List  
AENA=Assisted Living Facility with Extended Congregate Care Not Available  
AFNA=Assisted Living Facility Not Available  
ALWL=Assisted Living Waiver Waiting List  
AMNA=Assisted Living Facility with Limited Mental Health Services Not Available  
ANNA=Assisted Living Facility with Limited Nursing Services Not Available  
ARAP=Assisted Living Facility Provider Required Additional Payment  
BSWL=Brain and Spinal Cord Injury Waiver Waiting List  
CDWL=Consumer Directed Care Waiver Waiting List  
CGEX=Caregiver Expired  
CGHP=Caregiver In Hospital  
CGNH=Caregiver In Nursing Home  
CHWL=Channeling Waiver Waiting List  
ELWL=Elder Care Waiting List  
FENT=Financial Eligibility Determination Not Timely  
IACA=Ineligible For Assistive Care/Optional State Supplementation Due To Assets  
IACI=Ineligible For Assistive Care/Optional State Supplementation Due To Income  
ICMA=Ineligible for Community Medicaid due to Assets  
ICMI=Ineligible for Community Medicaid due to Income  
INAG=Ineligible Due To Age Requirement  
INCS=Ineligible For Community Services For Other Reasons  
INHDD=Ineligible For Nursing Home Transition Due To Health/Functional Decline  
LFPA=Lacks Financial Resources to Private Pay an Assisted Living Facility  
LPWL=Long Term Care Community Diversion Pilot Waiver Waiting List  
NONE=No Barrier  
PAWL=Project Aids Care Waiting List  
REAF=Assisted Living Facility Refused To Accept Client  
RECM=Case Manager Service Provider Refused To Accept Referral  
REFF=CARES Placement Recommendation Refused By Family Due To Financial Concerns  
REFH=CARES Placement Recommendation Refused By Family Due To Health Concerns  
REOT=CARES Placement Recommendation Refused By Family For Other Reasons  
REPH=CARES Placement Recommendation Refused By Physician  
RERB=Client Or Family Refused To Relinquish NH Bed  
RESP=Client Or Family Refused CARES Placement Recommendation To Stay In NH With Spouse  
RRNT=Referral Response From Provider Not Timely  
SANA=Secure Assisted Living Facility Not Available  
SPIM=Spousal Impoverishment Situation Likely If Placed  
WLAC=Waitlist For Assistive Care Services/Optional State Supplementation  
WLIA=Waiting List For Assisted Living Facility or Adult Family Care Home  
WLIC=Waiting List For Community Services

***Note: A Nursing Home panel from a previous case will show if a new case is opened and the discharge date is not populated. If the Living Arrangement is not Nursing Home, the system will force entry of the discharge date.***

## Income Tab (INC)

**Is this Public Housing?** Answer Y=Yes or N=No as to whether the client lives in Public Housing.

**Need outside assistance to evacuate?** Answer Y=Yes or N=No as to whether the client needs assistance to evacuate during an emergency. For clients in a nursing home, assisted living facility, or Adult Family Care Home the response will be Y=Yes. This is a mandatory item.

**Registered with County Special Needs Registry?** Answer Y=Yes or N=No as to whether the client is registered with the County Special Needs Registry. For clients in a nursing home, assisted living facility, or Adult Family Care Home the response will be N=No. This is a mandatory item.

**Individual Monthly Income.** This information may be obtained from Adult Payments, the client, or the client's family. Enter the **gross individual** income. Include income from Social Security, SSI, money from family on a regular basis, pension, retirement, savings, disability or VA benefits, welfare/TCA, or earnings from employment. Enter the dollar amount. For example, if the client receives \$560.00 Social Security, enter 560. If you are unable to obtain the dollar amount then enter "0." This is a mandatory item.

**Individual Assets.** This field represents the assets for the individual. Examples of assets are savings accounts, checking accounts, stocks and bonds, certificates of deposit, etc. This is a mandatory item. The codes are:

*M=\$0 - \$2000*

*N=\$2001 - \$5000*

*P=Over \$5000*

*U=Unknown*

**Couple Monthly Income.** This is a mandatory item if the client's marital status at Demographic is married. Enter the amount of the client's gross income combined with the spouse's gross income. For example, if the client receives \$560.00 Social Security and the spouse receives \$1200.00 Social Security, enter 1760.

**Couple Assets.** This field represents the total assets for the couple. Examples of assets are listed under Individual Assets. This is a mandatory item if the client's marital status is married. The codes are:

*M=\$0 - \$2000*

*N=\$2001 - \$5000*

*P=Over \$5000*

*U=Unknown*

**Receiving Food Stamps?** Answer Y=Yes or N=No as to whether the client receives Food Stamps.

**Who is answering the questions?** This field represents who is providing the assessment information to the CARES caseworker. This could be the client or someone acting as an informant. This is a mandatory item. The codes are:

*C=Client*

*O=Other*

**How would you describe your satisfaction with life?** Enter the client's or other's response to this question. This is a mandatory item. The codes are:

*1=Excellent*

*2=Good*

*3=Fair*

*4=Poor*

**Compared to a year ago, how is your attitude on life?** Enter the client's or other's response to this question. This is a mandatory item. The codes are:

*1=Much Better*

*2=Better*

*3=About the same*

*4=Worse*

**Assessor: Are behavioral problems present?** This question is to be answered by the CARES caseworker based on observations during the assessment.. Answer Y=Yes or N=No. This is a mandatory item.

**Assessor: Does behavior indicate a need for supervision?** This question is to be answered by the CARES caseworker based on observations during the assessment. Answer Y=Yes or N=No. This is a mandatory item. If the answer is No, when you press Enter all of the fields below will populate with an N and the cursor will move to the next screen. If the answer is Yes, you will need to enter a Y or N to the following: Wandering; Significant memory problems; Depression; Lonely or dangerously isolated; Thoughts of suicide; Abusive, aggressive, or disruptive behavior; Other problems.

Press the Tab or Enter key to move to the MEN (Mental Health/Behavior/Cognition) screen.

## Mental Health/Behavior/Cognition Tab (MEN)

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

ASSESSMENT: [ ] VERSION 10G.1 CIRT S Date 01/25/2008 User DORMANL

PSA 02A SSN 040404040 Last Name CASE Risk Score [ ] Priority Score [ ] Rank [ ]

Edit Save Cancel Close

ASM INC MEN PHY ADL NUT NT2 HEA HE2 SPS MED CG1 CG2 SOC ENV SUM

**Mental Health / Behavior / Cognition**

Ask the consumer the following questions: Y = Correct, N = Incorrect

**What is today's date?** Month [Y] Day [Y] Day of the week [N] Year [N]

**Where are we?** Name [Y] City [Y] State [Y] County [Y]

Count backwards from 20 to 1  
20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 Number of incorrect responses 0

Y = Yes, N = No

ASSESSOR: Are cognitive problems present? [N]

Currently receiving mental health services? [N]

ASSESSOR: Need for mental health referral? [N]

ASSESSOR: Formal and/or informal resources provide services as needed to address the mental health/cognitive needs of the consumer. 1 - Always Available

ASSESSOR: Client oriented to time? 2 - Sometimes

ASSESSOR: Client oriented to place? 2 - Sometimes

Summary Press the [Tab] key to advance to the next field.

Record: 1/1 <OSC>

**What is today's date? Month - Day - Day of the week - Year.** Enter Y=Correct if the client answers the questions correctly. Enter N=Incorrect if the client provides an incorrect answer to the question. These items are mandatory.

**Where are we? Name - City - State - County.** These questions are asked about the client's current location. Enter Y=Correct if the client answers the questions correctly. Enter N=Incorrect if the client provides an incorrect answer to the question. These items are mandatory.

**Count backwards from 20 to 1.** Enter the number of incorrect responses. The maximum number of incorrect responses to enter is ten (10). This item is mandatory.

**Assessor: Are cognitive problems present?** This question is to be answered by the CARES caseworker based on observations during the assessment. Answer Y=Yes or N=No. This is a mandatory item.

**Currently receiving mental health services?** This question is to be answered by the CARES caseworker. Answer Y=Yes or N=No. This is a mandatory item.

**Assessor: Need for mental health referral?** This question is to be answered by the CARES caseworker. Answer Y=Yes or N=No. This is a mandatory item.

**Assessor: Formal and/or informal resources provide services as needed to address the mental health/cognitive needs of the consumer.** This question is to be answered by the CARES caseworker. This is a mandatory item. The codes are:

*1=Always available*  
*2=Sometimes available*  
*3=Rarely available*  
*4=Unavailable*  
*5=Not needed*

**Assessor: Client oriented to time?** This question is to be answered by the CARES caseworker. This is a mandatory item. The codes are:

*1=Always*  
*2=Sometimes*  
*3=Rarely*  
*4=Never*

**Assessor: Client oriented to place?** This question is to be answered by the CARES caseworker. This is a mandatory item. The codes are:

*1=Always*  
*2=Sometimes*  
*3=Rarely*  
*4=Never*

***Note: The summary box at the bottom of the screen is optional. You can enter assessment notes in this box. Press Tab to advance to the PHY (Physical Health) screen.***

## Physical Health Tab (PHY)

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

Action Menu Edit Block Field Record Query Help

ASSESSMENT VERSION 10G.1 C I R T S Date 01/25/2008 User DORMANL

PSA 02A SSN 040404040 Last Name CASE Risk Score Priority Score Rank

Edit Save Cancel Close

ASM INC MEN **PHY** ADL NUT NT2 HEA HE2 SPS MED CG1 CG2 SOC ENV SUM

**Physical Health**

How would you rate your overall health at the present time? 3 - Fair

Compared to a year ago, how would you rate your health? 3 - About the Same

How much do your physical problems stand in the way of your doing the things you want to do? 3 - Often

Is medical care readily available? 1 - Never

Is transportation to medical care readily available? 3 - Sometimes

Do your finances/insurance permit access to healthcare and medications? 3 - Sometimes

**How would you rate your overall health at the present time?** This is a critical question. Enter the client's response to this question. If the client is unable to answer the question, consult with a caregiver or health care provider concerning the client's self-perception. If the client is comatose the question is to be answered with 5=Unknown. This is a mandatory item. The codes for this field are:

- 1=Excellent
- 2=Good
- 3=Fair
- 4=Poor
- 5=Unknown

**Compared to a year ago, how would you rate your health?** This is a mandatory item. The codes for this field are:

- 1=Much better
- 2= Better
- 3=About the same
- 4=Worse

**How much do your physical problems stand in the way of your doing the things you want to do?** This is a mandatory item. The codes for this field are:

- 1=Not at all
- 2=Occasionally
- 3=Often
- 4=All the time



**Is medical care readily available?** This is a mandatory item. The codes for this field are:

4=Always  
3=Sometimes  
2=Rarely  
1=Never

**Is transportation to medical care readily available?** This is a mandatory item. The codes for this field are:

4=Always  
3=Sometimes  
2=Rarely  
1=Never

**Does your finances/insurance permit access to healthcare and medications?** This is a mandatory item. The codes for this field are:

4=Always  
3=Sometimes  
2=Rarely  
1=Never

The cursor will automatically move to the ADL (Activities of Daily Living) screen.

### **ADLS/IADLS Tab (ADL)**

Oracle Developer Forms Runtime - Web

ASSESSMENT INSTRUMENT AND PRIORITIZATION

ASSESSMENT VERSION 10G.1 CIRT Date 01/26/2008 User DORMANL

PSA SSN Last Name  
02A 040404040 CASE Risk Score Priority Score Rank

Edit Save Cancel Close

ASM INC MEN PHY ADL NUT NT2 HEA HE2 SPS MED CG1 CG2 SOC ENV SUM

Codes: 0=No Help 1=No Help but relies on assistive device 2=Supervision/Coaching 3=Some Help 4=Total Help can't do  
Codes: 3=Always 2=Sometimes 1=Rarely 0=Never 0=No help needed

ADLS

Bathe 3 - Some Help  
Dress 3 - Some Help  
Eat 3 - Some Help  
Use Bathroom 3 - Some Help  
Transfer 3 - Some Help  
Walking / Mobility 3 - Some Help

Resource ADLS

Bathe 3 - Always  
Dress 3 - Always  
Eat 3 - Always  
Use Bathroom 3 - Always  
Transfer 3 - Always  
Walking / Mobility 3 - Always

Need for Assistive Device?  
N

If yes, explain: Press the [Tab] key to advance to the next field.

IADLS

Do heavy chores 3 - Some Help  
Do light housekeeping 3 - Some Help  
Use Phone 3 - Some Help  
Manage Money 3 - Some Help  
Prepare Meals 3 - Some Help  
Do Shopping 3 - Some Help  
Take Medication 3 - Some Help  
Use Transportation 3 - Some Help

Resource IADLS

Do heavy chores 3 - Always  
Do light housekeeping 3 - Always  
Use Phone 3 - Always  
Manage Money 3 - Always  
Prepare Meals 3 - Always  
Do Shopping 3 - Always  
Take Medication 3 - Always  
Use Transportation 3 - Always

Need for Assistive Device?  
N

If yes, explain: Press the [Tab] key to advance to the next field.

Start DOEA Enterprise Applica... CIRT - Microsoft Intern... DOEA Enterprise Applica... CIRT - Microsoft Intern... Oracle

On the ADL screen, you will answer the questions in this order: ADLS, IADLS, Resource ADLS and Resource IADLS. The cursor will start in the ADLS section in the Bathe field. You can select the code with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value. There are two sections on this screen that will allow you to make comments. The cursor will go to this section and you will have to press Tab to move to the next field.

Activities of Daily Living (**ADLS**) are essential personal care tasks. Ask the client or the informant what kind of help is needed for each of the ADL activities. These items are mandatory. The help needed codes are:

*0=No Help*  
*1=Assistive Device*  
*2=Supervision*  
*3=Some Help*  
*4=Total Help*

Instrumental Activities of Daily Living (**IADLS**) are household and community tasks. Ask the client or the informant what kind of help is needed for each of the IADL activities. These items are mandatory. The help needed codes are:

*0=No Help*  
*1=Assistive Device*  
*2=Supervision*  
*3=Some Help*  
*4=Total Help*

Resource ADLS and Resource IADLS refer to the amount of help the client receives with each of the activities. Ask the client or the informant what kind of help is received with each ADL and IADL activity. These items are mandatory. The codes for these fields are:

*3=Always*  
*2=Sometimes*  
*1=Rarely*  
*0=Never/Not Needed*

**Need for Assistive Device?** This question is asking if the client has a need for an assistive device. The response to this question is Y=Yes or N=No. For example, if the client has a walker and does not need an assistive device the answer would be No; if the client does not have a walker but needs one, the answer would be Yes.

## Nutrition Status Tab (NUT)

The screenshot displays the 'Oracle Developer Forms Runtime - Web' window. At the top, there's a header bar with a menu (Action, Menu, Edit, Block, Field, Record, Query, Help) and a toolbar. Below the header, a form contains the following fields:

- ASSESSMENT**: 02A
- VERSION**: 100.1
- CIRTS**: (checkbox)
- Date**: 01/26/2008
- User**: DORMANL

Below these are fields for **PSA** (02A), **SSN** (040404040), **Last Name** (CASE), **Risk Score** (74.3053), **Priority Score** (14), and **Rank** (1). There are buttons for **Edit**, **Save**, **Cancel**, and **Close**.

A tabbed interface is shown with tabs: **ASM**, **INC**, **MEN**, **PHY**, **ADL**, **NUT** (selected), **NT2**, **HEA**, **HE2**, **SPS**, **MED**, **CG1**, **CG2**, **SOC**, **ENV**, and **SUM**.

The **Nutrition Status** section has a legend: **Y = Yes, N = No**. It contains several questions with pink-highlighted response fields:

- Have you lost or gained 10 pounds or more in the last 6 months without trying?** (Response: N)
- Do you take 3 or more kinds of medicine a day?** (Response: Y)
- Do you have 2 or more drinks of beer, wine, or liquor almost every day?** (Response: Y)
- Do you have an illness or condition that made you change the food you eat?** (Response: Y)

Below these are checkboxes for special diets: **Low sodium/salt**, **Low fat/cholesterol**, **Low Sugar**, and **Calorie supplement**. There is also a text field for **Other (specify)** with a prompt: "Press the [Tab] key to advance to the next field."

Further down are more questions with pink-highlighted response fields:

- Do you eat at least 2 meals a day?** (Response: Y)
- Do you eat some fruits and vegetables every day?** (Response: Y)

A text field for a description of typical diet is present with a prompt: "Briefly describe what you usually eat and drink during a typical day (including food on weekends): Press the [Tab] key to advance to the next field."

At the bottom is a question with a pink-highlighted response field:

- Do you have some milk products every day?** (Response: Y)

The Windows taskbar at the bottom shows the Start button and several open applications: "CIRTS for CARES.doc - ...", "CARES MANAGEMENT SY...", "DOEA Enterprise Applica...", "CIRTS - Microsoft Intern...", and "Orac".

The fields highlighted in pink are mandatory fields. The other (white) fields are optional. You will have to Tab through all of the fields or use your mouse to select the field and value you want to enter. Enter Y=Yes or N=No to the nutrition questions highlighted in pink based on the response of the client or the informant. Questions 5, 6 and 7 must be answered Y=Yes if the client is in a nursing home or being tube fed.

When you enter a Y or N for “Do you have some milk products every day?” the cursor will automatically move to the second part of the Nutrition screen.

## Nutrition Status Continued (NT2)

Oracle Developer Forms Runtime - Web

ASSESSMENT VERSION 10G.1 CIRTS Date 01/26/2008 User DORMANL

PSA SSN Last Name  
02A 040404040 CASE Risk Score 74.3053 Priority Score 14 Rank 1

Edit Save Cancel Close

ASM INC MEN PHY ADL NUT **NT2** HEA HE2 SPS MED CG1 CG2 SOC ENV SUM

**Nutrition Status - continued**

☒ Do you have any problems with your teeth, mouth, or throat that make it hard for you to chew or swallow?  
☐ Tooth or mouth problems ☐ Taste problems ☐ Can't eat certain foods  
☐ Swallowing problems ☐ Food allergies ☐ Nausea  
☐ Other (Describe) Press the [Tab] key to advance to the next field.

**Nutrition Score**  
8

☒ Do you eat alone most of the time?  
☒ Are you usually able to shop for yourself?  
☒ Are you usually able to cook for yourself?  
☒ Are you usually able to eat without help?  
☒ Do you have enough money to buy the food you need?

**Tobacco Use** Y = Yes, N = No  
☒ Do you smoke or use tobacco products?  
☒ Have you ever smoked or used tobacco?  
 If yes, for how long?   
☒ Do you live with others who smoke?

**ASSESSOR:**  
☒ Does there appear to be a need for food stamps?  
 Current Height:   
 Current Weight:

**Summary** Press the [Tab] key to advance to the next field.

The fields highlighted in pink are mandatory fields. The other (white) fields are optional. You will have to Tab through all of the fields or use your mouse to select the field and value you want to enter. Enter Y=Yes or N=No to the nutrition questions highlighted in pink based on the response of the client or the informant.

You can enter information in the Summary box, but it is optional. To move to the next screen press Tab to move to the HEA (Primary Diagnosis and Health Conditions) screen.

## Primary Diagnosis and Health Conditions Tab (HEA)

Oracle Developer Forms Runtime - Web

ASSESSMENT VERSION 10G.1 C I R T S Date 01/26/2008 User DORMANL

PSA 02A SSN 040404040 Last Name CASE Risk Score 74.3053 Priority Score 14 Rank 1

Edit Save Cancel Close

ASM INC MEN PHY ADL NUT NT2 **HEA** HE2 SPS MED CG1 CG2 SOC ENV SUM

**Primary Diagnosis and Health Conditions** Y = Yes, N = No

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Arthritis<br>Type                 | <input type="checkbox"/> Diabetes                     | <input checked="" type="checkbox"/> Pneumonia           |
| <input checked="" type="checkbox"/> Bed Sores (Decubitis)<br>Location | <input type="checkbox"/> Emphysema/COPD               | <input checked="" type="checkbox"/> Stroke              |
| <input type="checkbox"/> Cancer<br>Lung Skin Oral Other               | <input type="checkbox"/> Heart Problems               | <input checked="" type="checkbox"/> Osteoporosis        |
| <input type="checkbox"/> Dementia                                     | <input type="checkbox"/> Incontinence (Bladder/Bowel) | <input checked="" type="checkbox"/> Parkinson's Disease |
|   | <input checked="" type="checkbox"/> Liver Problems    | Other BLOOD PRESSURE - HIGH                             |

**Others:**

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Allergies<br>Type | <input checked="" type="checkbox"/> Bladder/Kidney                        |
| <input type="checkbox"/> Amputation<br>Site           | <input checked="" type="checkbox"/> Blood Pressure<br>High or Low<br>HIGH |
| <input type="checkbox"/> Asthma<br>Type               | <input type="checkbox"/> Broken Bones<br>Location                         |

Start | C I R T S for CARES.doc - ... | CARES MANAGEMENT SY... | DOEA Enterprise Applica... | C I R T S - Microsoft Intern... | Oracle

The fields highlighted in pink are mandatory. The white fields are optional. You will have to press Tab or Enter to move through the fields or use your mouse to select the field and value that you want to enter. The cursor will begin in the Arthritis field. Enter a Y=Yes or N=No for all Primary Diagnosis and Health Conditions highlighted in pink based on the response of the client or the informant. Ask the client or informant if there are any other conditions not listed. If more than one other condition is mentioned, list the one that the client or informant feels is more problematic.

In the Cancer field, if you enter an N and press the Tab or Enter key, the fields below Cancer (Lung, Skin, Oral, Other) will automatically populate with an N and the cursor will move to the Dementia field. To select one of the specific Cancer types, you should answer Yes to Cancer and the cursor will move through the Lung, Skin, Oral and Other fields.

You can select the other health condition with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. In the Other field, if you enter an N and press the Tab or Enter key, the fields below will automatically populate with an N and the cursor will move to the second Health tab. This is a mandatory item. The code choices for this field are:

AL=Allergies  
AM=Amputation  
AN=Anemia

AS=Asthma  
BB=Broken Bones  
BK=Bladder or Kidney Problems

BPH=Blood Pressure - High  
 BPL=Blood Pressure - Low  
 DE=Dehydration  
 DI=Dialysis  
 DIZ=Dizziness  
 FA=Falls  
 GP=Gallbladder Problems  
 HIV=HIV/ARC/AIDS  
 HP=Hearing Problems  
 N=No  
 O=Others  
 OC=Ostomy Care  
 OS=Osteoporosis

PA=Paralysis  
 PD=Parkinson's Disease  
 PM=Pacemaker  
 PS=Potassium/Sodium Imbalance  
 SD=Seizure Disorder  
 SH=Shingles  
 SP=Sleep Problems  
 TP=Thyroid Problems  
 TU=Tuberculosis  
 U=Unknown  
 UI=Urinary Incontinence  
 UL=Ulcers  
 VP=Vision Problems

**Others.** If you do not enter N=No in the Other field, you will have to enter a Y=Yes or N=No for each of the other conditions listed below. The pink items are mandatory. The other (white) fields are optional. You will have to press Tab or Enter to move through the fields or use your mouse to select the field and value that you want to enter.

### Primary Diagnosis and Health Conditions Continued (HE2)

Oracle Developer Forms Runtime - Web

ASSESSMENT VERSION 10G.1 CIRT Date 01/26/2008 User DORMANL

PSA SSN Last Name Risk Score Priority Score Rank

02A 040404040 CASE 74.3053 14 1

Edit Save Cancel Close

ASM INC MEN PHY ADL NUT NT2 HEA HE2 SPS MED CG1 CG2 SOC ENV SUM

**Other Health Conditions** Y = Yes, N = No

☐ Dehydration ☐ Paralysis  
☐ Dizziness Site  
☐ Falls  
☐ Gallbladder ☒ Seizure Disorder  
☐ Hearing ☒ Sleep  
☐ Ostomy Care ☒ Thyroid  
 Type ☒ Ulcers  
☐ Pacemaker Site/Type  
☐ Vision  
☐ Other

The fields highlighted in pink are mandatory. The white fields are optional. You will have to press Tab or Enter to move through the fields or use your mouse to select the field and value that you want to enter. The cursor will begin in the Dehydration field. Enter a Y=Yes or N=No for all Other Health Conditions highlighted in pink based on the response of the client or the informant. Ask the client or informant if there are any other conditions not listed. You can enter the other condition by entering a Y and typing the information in the Other box.

Once you enter the information and press Tab, the cursor will automatically move to the SPS (Special Services) screen.

### Special Services Tab(SPS)

Oracle Developer Forms Runtime - Web

ASSESSMENT VERSION 10G.1 CIRT S Date 01/26/2008 User DORMANL

PSA SSN Last Name Risk Score Priority Score Rank  
02A 040404040 CASE 74.3053 14 1

Edit Save Cancel Close

ASM INC MEN PHY ADL NUT NT2 HEA HE2 SPS MED CG1 CG2 SOC ENV SUM

**Special Services** Y = Yes, N = No If Yes, indicate frequency

Physical Therapy  
 N

Occupational Therapy  
 N

Respiratory Therapy  
 N

Other NO

**Other Special Conditions** Y = Yes, N = No

|   |  |
|---|--|
| <input type="text"/> N Bowel/bladder rehab                        | <input type="text"/> N Oxygen Therapy                |
| <input type="text"/> N Bowel Impaction Therapy                    | <input type="text"/> N Oxygen Treatment              |
| <input type="text"/> N Catheter Care<br>Type <input type="text"/> | <input type="text"/> N Skilled Nursing               |
| <input type="text"/> N Dialysis                                   | <input type="text"/> N Speech Therapy                |
| <input type="text"/> N Insulin Therapy                            | <input type="text"/> N Suctioning                    |
| <input type="text"/> N Lesion Irrigation                          | <input type="text"/> N Tube Feeding                  |
|   | <input type="text"/> N Wound Care                    |
|   | <input type="text"/> N Other<br><input type="text"/> |

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The fields highlighted in pink are mandatory. The white fields are optional. Enter Y=Yes or N=No to the special services based on the response of the client or the informant. Ask the client or informant if there are any other special services not listed. If more than one other special service is mentioned, list the one which the client or informant feels is more important to them. If you enter an N=No in the Other field, the system will automatically populate the Other Special Conditions with an N.

**Other Special Conditions.** The pink fields are mandatory and require a response of Y=Yes or N=No for each item if Other under Special Services did not have an entry of N=No. The following are choices that can be entered for the Other Special Conditions:

AD=Aseptic Dressing  
 BI=Bowel Impaction Therapy  
 BR=Bowel/Bladder Rehab  
 BS=Bedsores Treatment  
 CC=Catheter Care  
 DI=Dialysis  
 IT=Insulin Therapy  
 IVF=IV Fluids  
 IVM=IV Medicines  
 LI=Lesion Irrigation  
 N=No

O=Others  
 OC=Ostomy Care  
 OTH=Oxygen Therapy  
 OTR=Oxygen Treatment  
 RT=Respiratory Treatment  
 SN=Skilled Nursing  
 STH=Speech Therapy  
 SU=Suctioning  
 TF=Tube Feeding  
 U=Unknown  
 WC=Wound Care

### Medications Tab (MED)

Oracle Developer Forms Runtime - Web

ASSESSMENT VERSION 100.1 CIRT S Date 01/26/2008 User DORMANL

PSA SSN Last Name  
02A 040404040 CASE Risk Score 74.3053 Priority Score 14 Rank 1

Edit Save Cancel Close

ASM INC MEN PHY ADL NUT NT2 HEA HE2 SPS **MED** CG1 CG2 SOC ENV SUM

**Medications** (including refrigerated meds, non-prescription drugs, over the counter, herbal remedies, etc.)

| Medication | Dosage | Administration Method | Frequency | Physician |
|------------|--------|-----------------------|-----------|-----------|
| NORVASC    | 25MG   | PILL                  | DAILY     | SMITH     |
|            |        |                       |           |           |
|            |        |                       |           |           |
|            |        |                       |           |           |
|            |        |                       |           |           |
|            |        |                       |           |           |

Add New

1. ASSESSOR: Does consumer seem to be compliant with medications?

2. ASSESSOR: What interferes with medication compliance?  
☐ Alcohol Interaction ☐ Drug Interaction  
☐ Can't Afford ☐ Confused ☐ N/A  
☐ Other

3. Has consumer been hospitalized in the last 6 months? ☐  
 If yes, why?

3a. Has consumer visited the Emergency Room in the past 6 months? ☐  
 If yes, why?

4. Indicate consumer's status:  
 a. Vision   
 (w/ glasses if used)  
 b. Hearing   
 (w/ aid if used)  
 c. Speech   
 d. Walking   
 (w/ device if used)

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All fields on this screen are optional. If you do not want to enter any information on this screen use your mouse to select the Caregiver 1 screen if there is a caregiver, if not, select the SOC (Social Resources) screen.

**Note:** The Add New button under Medications is used when you need to add more than six medications.



## Caregiver Assessment Tab (C01)

The screenshot shows the 'Caregiver Assessment' tab in the Oracle Developer Forms Runtime. The form is titled 'CAREGIVER ASSESSMENT' and includes a version number '10G.1'. The user is 'DORMANL' and the date is '01/26/2008'. The form contains several sections of data entry fields:

- Header Section:** Includes fields for 'PSA' (02A), 'SSN' (040404040), 'Last Name' (CASE), 'Risk Score' (74.3053), 'Priority Score' (14), and 'Rank' (1). Buttons for 'Edit', 'Save', 'Cancel', and 'Close' are present.
- Navigation Tabs:** A row of tabs including ASM, INC, MEN, PHY, ADL, NUT, NT2, HEA, HE2, SPS, MED, CG1 (selected), CG2, SOC, ENV, and SUM.
- Caregiver Assessment Section:**
  - HCE Caregiver?** (Mandatory, highlighted in pink) with a dropdown menu showing 'Y' (Yes) and 'N' (No).
  - Is Caregiver new to the client?** (Mandatory, highlighted in pink) with a dropdown menu showing 'Y' (Yes) and 'N' (No).
  - Social Security Number** (Mandatory, highlighted in pink) with a text field containing '999999999'.
  - First Name** (Mandatory, highlighted in pink) with a text field containing 'SUSIE'.
  - MI** (Mandatory, highlighted in pink) with a text field containing 'JONES'.
  - Last Name** (Mandatory, highlighted in pink) with a text field containing 'JONES'.
  - Relationship** (Mandatory, highlighted in pink) with a dropdown menu showing 'CHILD'.
  - Address** section with fields for 'Street' (101 NORTH STREET), 'City/State/Zip' (PANAMA CITY, FL, 32401), 'County' (BAY), 'Telephone#' (850, 123, 4567), 'Race' (WHITE), and 'Ethnicity' (OTHER).
  - Assessment Questions:**
    - Primary Language** (English)
    - Date of Birth** (01/01/1950)
    - Sex** (FEMALE)
    - Is Caregiver employed outside the home?** (N/A)
    - How is your own health?** (3 = FAIR)
    - How long have you been providing care?** (0 = OVER 2 YRS)
    - How likely is it that you will continue to provide care?** (2 = SOMEWHAT LI...)
    - How likely is it that you will have the ability to continue to provide care?** (2 = SOMEWHAT LI...)
    - Caregiver** (2 = SOMEWHAT LI...)
    - Assessor** (2 = SOMEWHAT LI...)
    - If you were unable to provide care, who would?** (C = CLOSE RELATIVE)
    - Initial Assessment or Reassessment** (I = INITIAL ASSESSME...)

The Caregiver Assessment tab will appear if the answer to Primary Caregiver is Y=Yes. The fields highlighted in pink on this screen are mandatory. If there is no primary caregiver the system will bypass the two caregiver screens.

### Caregiver Assessment Screen Definitions

**HCE Caregiver?** This is a mandatory item. The question is asking if the client is receiving Home Care for the Elderly. Answer Y=Yes or N=No to this question.

**Is Caregiver new to client?** This is a mandatory item. Answer Y=Yes or N=No to this question.

**Social Security Number.** Enter the Caregiver's actual SSN or a pseudo SSN. This is a mandatory item.

**First Name, MI, Last Name.** The first and last names are mandatory. The middle initial is optional. Enter the Caregiver's name.

**Relationship.** This is a mandatory item. You can select the Caregiver's relationship to the client with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the first letter alphabetically to select a value. The codes for this field are:

*CH=Child*

*FR=Friend/Neighbor*

GC=Grandchild  
OR=Other Relative  
OT=Other  
PA=Parent  
SP=Spouse

**Address Street.** This is a mandatory item. Enter the Caregiver's street address then press the Tab or Enter key to move to City/State/Zip.

**City/State/Zip.** This is a mandatory item. Enter the City, State and Zip code for the Caregiver. Press Tab or Enter to move to the next field.

**County.** The county will automatically populate based on the city and state that was entered. This is a mandatory item.

**Telephone #.** This is an optional item. If known, enter the telephone number for the Caregiver.

**Race.** This is a mandatory item. Enter the race of the Caregiver. The codes for this field are:

|                             |   |
|-----------------------------|---|
| A=Asian or Pacific Islander | Asian or Pacific Islander.                                |
| B=Black                     | Black.  |
| N=Native American           | American Indian.  |
| NR=Not Required             | Entry not required. System will generate when left blank. |
| O=Other                     | Other race exclusive of ones listed.                      |
| U=Unknown                   | Race is not known.  |
| W=White                     | White.  |

**Ethnicity.** This is a mandatory item. Enter the ethnicity of the Caregiver. The codes for this field are:

|                  |   |
|------------------|---|
| H=Hispanic       | Enter Hispanic if this is the client's ethnicity.         |
| NR=Not Required  | Entry not required. System will generate when left blank. |
| O=Other          | Enter Other if the client's ethnicity is not Hispanic.    |
| U=Unknown        | Enter Unknown if the client's ethnicity is not known.     |
| Z=Policy Changes | System generated when system is updated.                  |

**Primary Language.** This is a mandatory item. Enter the primary language of the Caregiver. The codes for this field are:

|                        |                          |
|------------------------|--------------------------|
| AR=Arabic              | MK=Mon-Khmer             |
| CH=Chinese             | NA=Native North American |
| CR=Creole              | NR=Not Required          |
| EN=English             | OG=Other West Germanic   |
| FR=French              | OS=Other Slavic          |
| GE=German              | PO=Polish                |
| GR=Greek               | PR=Portuguese            |
| HE=Hebrew              | RU=Russian               |
| HU=Hungarian           | SC=Scandinavian          |
| IE=Other Indo-European | SP=Spanish               |
| IN=Indic               | SS=South Slavic          |
| IT=Italian             | TG=Tagalog               |
| JA=Japanese            | VI=Vietnamese            |
| KO=Korean              | YI=Yiddish               |

**Date of Birth.** Enter the date of birth for the Caregiver. This will be a two digit month and day, and a four digit calendar year. This is a mandatory item.

**Sex.** This is a mandatory item. Enter the sex of the Caregiver. The codes for this field are:

*F=Female*

*M=Male*

*U=Unknown*

**Is Caregiver employed outside the home?** This is a mandatory item. The codes for this field are:

*F=Full-time*

*P=Part-time*

*N=N/A*

**How is your own health?** This is a mandatory item. Enter the health condition of the Caregiver. The codes for this field are:

*1=Excellent*

*2=Good*

*3=Fair*

*4=Poor*

**How long have you been providing care?** This is a mandatory item. The codes for this field are:

*L=Less than 6 months*

*6=6 months to 1 year*

*1=1 to 2 years*

*0=Over 2 years*

**How likely is it that you will continue to provide care?** This is a mandatory item. The codes for this field are:

*1=Very likely*

*2=Somewhat likely*

*3=Unlikely*

**How likely is it that you will have the ability to continue to provide care?** This is a mandatory item. The Caregiver and the Assessor are to respond to this question. Enter a response under each field. The codes for this field are:

*1=Very likely*

*2=Somewhat likely*

*3=Unlikely*

**If you were unable to provide care, who would?** This is a mandatory item. Enter the Caregiver's response to this question. The codes for this field are:

*N=No one*

*F=Friend/Neighbor*

*C=Close relative*

*O=Other*

**Initial Assessment or Reassessment.** This is a mandatory item. Enter I=Initial or R=Reassessment. For an Initial Assessment the questions under the Caregiver Assessment Continued are asking if since the beginning of providing care, have various aspects of the Caregiver's life become better, stayed the same, or worsened. For a Reassessment the questions are asking if within the last year of providing care, have various aspects of the Caregiver's life become better, stayed the same, or worsened.

### **Caregiver Assessment Continued Tab(C02)**

The pink fields are mandatory. The white field is optional.

### **Caregiver Assessment Continued Screen Definitions**

**Your relationship with client?** Ask the Caregiver about the relationship with the client. This is a mandatory item. The codes for this field are:

1=Better  
2=Same  
3=Worse

**Your relationship with other family members?** Ask the Caregiver about their relationship with other family members. This is a mandatory item. The codes for this field are:

1=Better  
2=Same  
3=Worse

**Your work (if applicable)?** If the Caregiver is employed, ask about their work. This is an optional item.  
The codes for this field are:

*1=Better*  
*2=Same*  
*3=Worse*

**Your emotional well-being?** Ask the Caregiver about their emotional well being. This is a mandatory item.  
The codes for this field are:

*1=Better*  
*2=Same*  
*3=Worse*  
*U=Unknown*

**Assessor: Is the caregiver in crisis?** The assessor will mark the most appropriate box based on the information they have been given by the client and the caregiver. This describes a situation where a caregiver is present but does not appear to have the ability or willingness to continue to provide the care needed by the client. This may be due to physical or emotional limitations of the caregiver and/or the increasing demand for more help by the client. The crisis may already be in effect or may be quickly approaching. This is a priority score item. The response will be Y=Yes or N=No.

**Financial – Emotional – Physical.** If the answer to “Is the caregiver in crisis?” is Yes, enter a Y=Yes or N=No to each question. If the answer to “Is the caregiver in crisis?” is No, the system will automatically populate each field with an N.

## Social Resources Tab (SOC)

Oracle Developer Forms Runtime - Web

ASSESSMENT: [02A] VERSION: 10G.1 CIRT S Date: 01/26/2008 User: DORMANL

PSA: 02A SSN: 040404040 Last Name: CASE Risk Score: 74.3053 Priority Score: 14 Rank: 1

Edit Save Cancel Close

ASM INC MEN PHY ADL NUT NT2 HEA HE2 SPS MED CG1 CG2 **SOC** ENV SUM

**Social Resources**

Does the client live alone?  If no, with whom?  **SOCIAL RESOURCE SCORE**

Does client care for grandchildren on a permanent basis?  14

If needed, could you stay with someone, or they stay with you?

First Name:  Last Name:  Relationship to consumer:

Address:  Phone:

Do you have someone you can talk to when you have a problem (other than caregiver)?

First Name:  Last Name:  Relationship to consumer:

About how many times do you talk to friends, relatives, telephone reassurance volunteers or others on the telephone in a week, either they call you or you call them?

How many times during a week do you spend time with someone who does not live with you - you go see them, they come to visit you, or you do things together?

Are you able to participate in activities such as day care, senior center, church or other interests that you enjoy? ☐

Press the [Tab] key to advance to the next field.

If not, why not?

Press the [Tab] key to advance to the next field.

Do you own a pet? ☐ If yes, specify:

Can you feed your pet? ☐ Clean up after your pet? ☐ Exercise your pet? ☐

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The fields highlighted in pink are mandatory. The other (white) fields are optional. You will have to press Tab or Enter to move through the fields, or use the mouse to select each field and value.

## Social Resources Screen Definitions

**Does the client live alone?** The system will automatically populate this field based on the response to Living Situation on the ASM screen.

**Does the client care for grandchildren on a permanent basis?** Enter a Y=Yes or N=No.

**If needed, could you stay with someone, or they stay with you?** Enter a Y=Yes or N=No

**Do you have someone you can talk to when you have a problem (other than caregiver)?** Enter a Y=Yes or N=No.

**About how many times do you talk to friends, relatives, telephone reassurance volunteers or others on the telephone in a week, either they call you or you call them?** Answer this question based on the client's response. If the client's response is not covered in the options given, pick the one that is closest in the amount of contact being received. This is a mandatory item. The codes for this field are:

*D=Once a day or more*

*2= 2 - 6 times a week*

*W=Once a week*

*N= Not at all*

NP=No phone

**How many times during a week do you spend time with someone who does not live with you-you go see them, they come to visit you, or you do things together?** Answer this question based on the client's response. If the client's response is not covered in the options given, pick the one that is closest in the amount of contact being received. This is a mandatory item. The codes for this field are:

D=Once a day or more

2= 2 - 6 times a week

W=Once a week

N= Not at all

### **Environmental Tab (ENV)**

The screenshot displays the Oracle Developer Forms Runtime - Web interface. At the top, there's a header bar with the title "Oracle Developer Forms Runtime - Web". Below it, a navigation bar contains various icons. The main form area is titled "ASSESSMENT" and includes fields for "VERSION 10G.1", "CIRTS", "Date 01/26/2008", and "User DORMANL". Below these, there are fields for "PSA 02A", "SSN 040404040", "Last Name CASE", "Risk Score 74.3053", "Priority Score 14", and "Rank 1". A row of buttons includes "Edit", "Save", "Cancel", and "Close". A tabbed interface is visible with tabs for "ASM", "INC", "MEN", "PHY", "ADL", "NUT", "NT2", "HEA", "HE2", "SPS", "MED", "CG1", "CG2", "SOC", "ENV", and "SUM". The "ENV" tab is currently selected, showing the "Social Resources - continued" section. This section includes a prompt: "If Consumer is caregiver/guardian of a grandchild or child then complete the information on the child:". Below this are fields for "First Name", "MI", "Last Name", "Child's date of birth", "Relationship to consumer", and "Is the child developmentally disabled?". A "Summary:" field is also present. The "Environmental Assessment" section follows, with a prompt: "Case Manager: Please indicate the specific area(s) where there are potential safety or accessibility problems for the client." Below this are three columns of checkboxes for various issues: "Building in need of repairs", "Furniture in need of repairs", "Inadequate/insufficient plumbing", "No/insufficient heat", "No/insufficient hot water", "No air conditioning", "Stove not working", "Refrigerator not working", "Telephone not working", "No telephone", "Flooring/rugs loose", "Lighting inadequate", "Stairs/railings unsafe", "Ramp needed/unavailable", "Grab bars/handrails needed", "Bathtub/shower unsafe", "Commode unsafe", "Electrical hazards", "Insect or other pests present", "Unsanitary conditions or odors", and "Other - specify in comments". Below the checkboxes is the "ENVIRONMENTAL SCORE" field, which shows "15 - MODERATE R..." and a "Comments:" field. The bottom of the screen shows a Windows taskbar with several open applications: "Start", "CIRTS for CARES.doc - ...", "CARES MANAGEMENT SY...", "DOEA Enterprise Applica...", "CIRTS - Microsoft Intern...", and "Oracle".

The white fields are optional. The only mandatory field (pink) is Environmental Score. You can select the environmental score with the arrow keys, or by clicking the list and selecting the value with the mouse, or you can type the numeric code to select a value. The values for this field are:

0=No Risk

5=Low Risk

15=Moderate Risk

25=High Risk

## Assessment Summary Tab (SUM)

All items on this screen are optional. However, if you are making a referral to a case management agency, this screen must be completed.

**Note:** *The tabbing behavior on the Assessment screen is: if you answer “N” to any of the fields that are followed by an optional text field, the optional text field is skipped. If you answer “Y”, the optional text field is not skipped.*

**Edit** – Select this option to change any previously saved information.

**Save** – Select this option to save the information entered or edited. Once Save is pressed the system will generate a Risk Score and a Priority Score. It will also provide the Rank of the Priority Score. These will be displayed at the top of each assessment screen. Assessment Instrument “T” will not produce a priority score or ranking.

**Cancel** – Select this option to cancel without saving the information.

**Close** – Select this option to close the Assessment screen.



## PREADMISSION SCREENING SCREEN

There are two PAS screens in CIRT S, Old PAS and New PAS. When you select the PAS tab from Demographics or go to PAS from Staffing, the Old PAS screen will appear with a box that asks you to “Please select PAS” and will give you the option to select New PAS or Old PAS. You will need to select the correct PAS screen for data entry. Old PAS will be selected only if PAS was done prior to August 1, 2007 or if the client is deleted with an old PAS and needs to be re-entered in CIRT S.

Based on the information entered on the PAS screen, the system will determine if the preadmission screening is complete. At the top of the Demographics and Cases screens there is a box that says PAS Complete. If there is a check mark in this box the PAS is complete and no further entry is needed. PAS can be edited at any time.

The screenshot displays the 'Oracle Developer Forms Runtime - Web' window for the 'Cares PAS Window'. The main form is titled 'CIRT S CARES OLD PRE-ADMISSION SCREENING'. At the top, there are fields for 'Date' and 'PSA'. A yellow arrow points to the 'Date' field. Below these are sections for 'Level I Evaluation', 'Level II Exclusion', 'Level II MI Disposition', and 'Level II MR Disposition', each containing various input fields and dropdown menus. At the bottom of the form are buttons for 'Edit', 'Save', 'Delete', 'Cancel', and 'Close'. A modal dialog box titled 'Forms' is overlaid on the right side of the form, containing a red speech bubble icon and the text 'Please select PAS:'. Below the text are two buttons: 'New PAS' and 'Old PAS'.

Oracle Developer Forms Runtime - Web

Cares PAS Window

CARESPAS1226  
VERSION 10G.1

CIRT S  
CARES NEW PRE-ADMISSION SCREENING

Date: 01/29/2008  
REGIONALCARES

Pre-Admission Screening for : BUNNY,BUGS  
PSA: 05A

**Level I Evaluation**

Screening Date:   
Level I Screener:   
Provider Name:   
MI/MR Indicator:

**Level II Exemption**

MI Exemption:   
MR Exemption:

**Level II MI Disposition**

Date Psychiatric Scheduled:   
Date Psychiatric Completed:   
MI Disposition:   
Date Referred to SAMH:   
Date Received from SAMH:   
SAMH Disposition:   
SAMH Placement Recommend. for Specialized. Services:   
SAMH Actual Placement:

**Level II MR Disposition**

Date Referred to APD:   
Date Received from APD:   
MR Disposition:

Edit Save Delete Cancel Close

### Preadmission Screening Screen Definitions

**Level I Evaluation Screening Date.** This date represents the date the client was screened for Mental Illness or Mental Retardation. This date will be the date the CARES caseworker , hospital, nursing home or other completes the Level I Screen. This will be a two-digit month and day, and a four-digit calendar year. This date must be a current or past date. It cannot be a future date. This is a mandatory item.

**Caseworker/Level I Screener.** This is the name of the caseworker performing the preadmission screening for this client. This is a mandatory item. This can be the name of a CARES caseworker or it can be Hospital, Nursing Home or Other.

**Provider Name.** If the Caseworker/Level I Screener is Hospital or Nursing Home, this field will be mandatory if the Level I Screening Date is equal to or greater than February 11, 2008. If the Caseworker/Level I Screener is Hospital or Nursing Home, this field will be optional if the Level I Screening Date is less than February 11, 2008. From the drop down box, select the name of the hospital or nursing home for the person completing the Level I screen.

**MI/MR Indicator.** This will indicate whether the client potentially has a mental illness (MI), mental retardation (MR), both MI and MR, or no MI or MR. This is a mandatory item. If the MI/MR Indicator is NO=None, no further action is needed. If the MI/MR Indicator is MI=Mental Illness, MR=Mental

Retardation, or BO=Both, then an entry will be required in MI Exclusion/Exemption and/or MR Exclusion/Exemption. The codes for MI/MR Indicator are:

|                              |  |
|------------------------------|--|
| <i>BO=Both</i>               | This code identifies the person as potentially MI <b>and</b> MR. |
| <i>MI=Mental Illness</i>     | This code identifies the person as potentially MI.               |
| <i>MR=Mental Retardation</i> | This code identifies the person as potentially MR.               |
| <i>NO=None</i>               | This code identifies the person as neither MI nor MR.            |

**Level II MI Exclusion/Exemption.** For Old PAS this indicates the client's inclusion or exclusion status for mental illness as defined by CMS. For New PAS this indicates any exemption from a Level II Evaluation and Determination for mental illness as defined by CMS prior to nursing facility admission. This item is only required for clients that have a positive answer of MI=Mental Illness or BO=Both MI and MR under MI/MR Indicator.

**Old PAS:** If the MI Exclusion is CM=Chronic MI, SI=Severity of Illness, or TI=Terminal Illness, then no further entry is required for MI. If the MI Exclusion is CC=Convalescent Care/30 Day, DE=Delirium/7 Days, ER=Excluded Respite/14 Days, or PS=Protective Services/7 Day, you will have the option to enter the Date Psychiatric Scheduled if a Level II Evaluation is requested. If the MI Exclusion is NE=Not Excluded, a Level II Evaluation is required and the date requested must be entered in Date Psychiatric Scheduled.

**New PAS:** If the MI Exemption is DE=Delirium/7 Days, EH=Exempted Hospital/30 Days, EM=Exempted Respite/14 Days, or PS=Protective Services/7Day, you will have the option to enter the Date Psychiatric Scheduled if a Level II Evaluation and Determination is requested. If the MI Exemption is NO=No Exemption, a Level II Evaluation and Determination is required and the date requested must be entered in Date Psychiatric Scheduled. The codes are:

|                                     |  |
|-------------------------------------|--|
| <i>CC=Convalescent Care/30 Day</i>  | Indicates the person is temporarily excluded from a Level II Evaluation for medical convalescence, and is not a danger to self and /or others. A Level II Evaluation may or may not be required. If the client is discharged from the nursing home within 30 days, a Level II Evaluation is not required. If the client remains in the nursing home beyond 30 days, a Level II Evaluation is required. <b>This code is for Old PAS only.</b>   |
| <i>CM=Chronic MI</i>                | Indicates the person is chronically mentally ill and not having an acute episode, and is not a danger to self and/or others. <b>This code is for Old PAS only.</b>   |
| <i>DE=Delirium/7 Days</i>           | Indicates the person is temporarily excluded/exempted from a Level II Evaluation and Determination for a provisional admission pending further assessment in the case of delirium where an accurate diagnosis cannot be made until the delirium clears, and is not a danger to self and/or others. If the individual remains in the nursing facility beyond the time limited stay a Level II Evaluation and Determination is required. <b>This code is for Old and New PAS.</b>  |
| <i>EH=Exempted Hospital/30 Days</i> | Indicates the person is temporarily exempted from a Level II Evaluation and Determination because the individual is 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. A Level II Evaluation and Determination will be required if the individual remains in the nursing facility beyond the time limited stay. <b>This code is for New PAS only.</b> |
| <i>EM=Exempted Respite/14 Days</i>  | Indicates the person is temporarily exempted from a Level II Evaluation and Determination due to a brief respite care for in-home caregivers, with placement in a nursing facility twice a year not to exceed 14 days each time. If the individual stays in the nursing facility beyond the time limited stay, a Level II Evaluation and Determination will be needed. <b>This code is for New PAS only.</b>   |
| <i>ER=Excluded Respite/14 Days</i>  | Indicates the person is temporarily excluded from a Level II Evaluation and needs a very brief and finite stay of up to a fixed number of days to provide respite care to in-home caregivers to whom the individual with mental illness is expected to return  |

|                                     |   |
|-------------------------------------|---|
|                                     | following a brief nursing home stay (14 days, twice a year), and is not a danger to self and/or others. Further screening may or may not be required. <b>This code is for Old PAS only.</b>   |
| <i>NE=Not Excluded</i>              | Indicates the person cannot be excluded from further PASRR screening. A Level II Evaluation is required. <b>This code is for Old PAS only.</b>  |
| <i>NO=No Exemption</i>              | Indicates the person cannot be exempted from further PASRR screening. A Level II Evaluation and Determination is required. <b>This code is for New PAS only.</b>  |
| <i>PS=Protective Services/7 Day</i> | Indicates the person is temporarily excluded from a Level II Evaluation and Determination and needs a provisional admission pending further assessment in an emergency situation requiring protective services, with placement in a nursing facility not to exceed seven days, and is not a danger to self and/or others. A Level II Evaluation and Determination will be required if the person stays in the nursing facility beyond the time limited stay. <b>This code is for Old and New PAS.</b> |
| <i>SI=Severity of Illness</i>       | Indicates the person is exempt from a Level II if comatose, ventilator dependent, functions at the brain stem level, or has a diagnosis of COPD, severe Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis, CHF or any other diagnosis so determined by CMS that would prohibit participation in specialized services, and is not a danger to self and/or others. <b>This code is for Old PAS only.</b>   |
| <i>TI=Terminal Illness</i>          | Indicates the person is exempt from a Level II if certified by a physician to be terminally ill, and is not a danger to self and/or others. <b>This code is for Old PAS only.</b>   |

**Level II MR Exclusion/Exemption.** For Old PAS this indicates the client's inclusion or exclusion status for mental retardation as defined by CMS. For New PAS this indicates the client's exemption status for mental retardation as defined by CMS. This item is only required for clients that have a positive answer of MR=Mental Retardation or BO=Both MI and MR under MI/MR Indicator.

**Old PAS:** If the MR Exclusion is SI=Severity of Illness or TI=Terminal Illness, then no further entry is required for MR. If the MR Exclusion is CC=Convalescent Care/30 Day, DE=Delirium/7 Days, ER=Excluded Respite/14 Days, or PS=Protective Services/7 Day, you will have the option to enter the Date Referred to APD if a Level II Evaluation is requested. If the MR Exclusion is NE=Not Excluded, a Level II Evaluation is required and the date requested must be entered in Date Referred to APD.

**New PAS:** If the MR Exemption is DE=Delirium/7 Days, EH=Exempted Hospital/30 Days, EM=Exempted Respite/14 Days, or PS=Protective Services/7 Day, you will have the option to enter the Dated Referred to APD if a Level II Evaluation and Determination is requested. If the MR Exemption is NO=No Exemption, a Level II Evaluation and Determination is required and the date requested must be entered in Date Referred to APD. The codes are:

|                                     |   |
|-------------------------------------|---|
| <i>CC=Convalescent Care/30 Day</i>  | Indicates the person is temporarily excluded from a Level II Evaluation for medical convalescence, and is not a danger to self and /or others. A Level II Evaluation may or may not be required. If the client is discharged from the nursing home within 30 days, a Level II Evaluation is not required. If the client remains in the nursing home beyond 30 days, a Level II Evaluation is required. <b>This code is for Old PAS only.</b>                                    |
| <i>DE=Delirium/7 Days</i>           | Indicates the person is temporarily excluded/exempted from a Level II Evaluation and Determination for a provisional admission pending further assessment in the case of delirium where an accurate diagnosis cannot be made until the delirium clears, and is not a danger to self and/or others. If the individual remains in the nursing facility beyond the time limited stay a Level II Evaluation and Determination is required. <b>This code is for Old and New PAS.</b> |
| <i>EH=Exempted Hospital/30 Days</i> | Indicates the person is temporarily exempted from a Level II Evaluation and Determination because the individual is 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. A Level II Evaluation and Determination will be required if the individual remains in the nursing facility beyond the time limited stay. <b>This code is for New PAS only.</b>  |
| <i>EM=Exempted Respite/14 Days</i>  | Indicates the person is temporarily exempted from a Level II Evaluation and Determination due to a brief respite care for in-home caregivers, with placement in a nursing facility twice a year not to exceed 14 days each time. If the individual stays in the nursing facility beyond the time limited stay, a Level II Evaluation and Determination will be needed. <b>This code is for New PAS only.</b>  |
| <i>ER=Excluded Respite/14 Days</i>  | Indicates the person is temporarily excluded from a Level II Evaluation and needs a very brief and finite stay of up to a fixed number of days to provide respite care to in-home caregivers to whom the individual with mental illness is expected to return following a brief nursing home stay (14 days, twice a year), and is not a danger to self and/or others. Further screening may or may not be required. <b>This code is for Old PAS only.</b>   |
| <i>NE=Not Excluded</i>              | Indicates the person cannot be excluded from further PASRR screening. A Level II Evaluation is required. <b>This code is for Old PAS only.</b>  |
| <i>NO=No Exemption</i>              | Indicates the person cannot be exempted from further PASRR screening. A Level II Evaluation and Determination is required. <b>This code is for New PAS only.</b>  |
| <i>PS=Protective Services/7 Day</i> | Indicates the person is temporarily excluded from a Level II Evaluation and Determination and needs a provisional admission pending further assessment in an emergency situation requiring protective services, with placement in a nursing facility not to exceed seven days, and is not a danger to self and/or others. A Level II Evaluation and Determination will be required if the person stays in the nursing facility beyond the time limited stay. <b>This code is for Old and New PAS.</b> |
| <i>SI=Severity of Illness</i>       | Indicates the person is exempt from a Level II if comatose, ventilator dependent, functions at the brain stem level, or has a diagnosis of COPD, severe Parkinson=s Disease, Huntington=s Disease, Amyotrophic Lateral Sclerosis, CHF or any other diagnosis so determined by CMS that would prohibit participation in specialized services, and is not a danger to self and/or others. <b>This code is for Old PAS only.</b>   |
| <i>TI=Terminal Illness</i>          | Indicates the person is exempt from a Level II if certified by a physician to be terminally ill, and is not a danger to self and/or others. <b>This code is for Old PAS only.</b>   |

**Date Psychiatric Scheduled.** This is the date that a Level II Psychiatric Evaluation (1911 A&B or similar documentation) is requested. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year. This is a mandatory item if the MI Exclusion is NE=Not Excluded or the MI Exemption is NO=No Exemption. *Note: If no psychiatric evaluation is requested, enter the date that you request the Level II Evaluation and Determination from Substance Abuse and Mental Health (SAMH) (or their designee).*

**Date Psychiatric Completed.** This is the date that a Level II Psychiatric Evaluation (1911 A&B or similar documentation) is received by CARES. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year. This is an optional item. *Note: If no psychiatric evaluation is requested, enter the date that you request the Level II Evaluation and Determination from SAMH (or their designee).*

**MI Disposition.** This indicates the client's MI disposition based on the 1911 A&B, if received. This is a mandatory item if there is an entry in Date Psychiatric Completed.

**Old PAS:** If the MI Disposition is PE=Excluded Level II Psychiatric Evaluation, NS=No Specialized Services Needed, or NP=Psychiatric Evaluation Not Received, no further entry is required. If the MI Disposition is SS=Need Specialized Services or CP=Need Specialized Services/Can't Provide In Nursing Home, then an entry is required in Date Referred to SAMH.

**New PAS:** If the MI Disposition is PE=Excluded Level II Psychiatric Evaluation, SS=Need Specialized Services, CP=Need Specialized Services/Can't Provide In Nursing Home, NS=No Specialized Services Needed or NR=1911 A&B Not Received, an entry is required in Date Referred to SAMH. The codes are:

*CP=Need Specialized Services/Can't Provide In Nursing Home*

*NP=Psychiatric Evaluation Not Received*

*NR= Psychiatric Evaluation Not Received*

*NS=No Specialized Services Needed*

*PE=Excluded Level II Psychiatric Evaluation*

*SS=Need Specialized Services*

Indicates the person needs specialized services, which cannot be provided in a nursing facility.

**Old PAS.** Indicates that a Level II Psychiatric Evaluation was requested but was never received by CARES.

**New PAS.** Indicates that a 1911 A&B was not received by CARES. Used when other medical/psychiatric information is submitted to SAMH or their designee for a Level II evaluation.

Indicates the person has some mental illness, but a mental health professional has determined that specialized services are not required.

Indicates the person was excluded by a psychiatrist based on the Level II Psychiatric Evaluation.

Indicates the person needs specialized services in a nursing facility or alternative setting as determined by a mental health professional.

**Date Referred to SAMH.** This is the date that CARES submits a request for a Level II Evaluation and Determination to SAMH (or their designee) for a determination regarding the need for specialized services and appropriate placement. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year.

**Old PAS:** This is a mandatory item if the MI Disposition is SS=Need Specialized Services or CP=Need Specialized Services/Can't Provide in Nursing Home.

**New PAS:** This is a mandatory item if the MI Disposition is PE=Excluded Level II Psychiatric Evaluation, SS=Need Specialized Services, CP=Need Specialized Services/Can't Provide In Nursing Home, NS=No Specialized Services Needed or NR=Psychiatric Evaluation Not Received.

**Date Received from SAMH.** This is the date that the final determination from SAMH (or their designee) regarding the need for specialized services and appropriate placement is received by CARES. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year. This is an optional item.

**SAMH Disposition.** This indicates the client's final SAMH (or their designee) disposition regarding the need for specialized services and appropriate placement. This is a mandatory item if there is an entry in Date Referred to SAMH. If the SAMH (or their designee) Disposition is NSPS=Need Specialized Services or NSCP=Need Specialized Services/Can't Provide in Nursing Home, an entry will be required in SAMH Placement Recommendation for Specialized Services. The codes are:

*EXPS=Excluded by Psychiatrist*

*NFIN=Nursing Facility Inappropriate*

*NSCP=Need Specialized Services/Can't Provide in Nursing Home*

*NSPS=Need Specialized Services*

*NSSN=No Specialized Services Needed*

Indicates the person was excluded by SAMH (or their designee) after evaluation by a psychiatrist or community mental health entity.

**New PAS.** Indicates that SAMH (or their designee) determined the person is not appropriate for nursing facility placement.

Indicates the person needs specialized services, which cannot be provided in a nursing home as determined by SAMH (or their designee).

Indicates the person needs specialized services in a nursing facility or alternative setting as determined by SAMH (or their designee).

Indicates the person has some mental illness, but SAMH (or their designee) has determined that specialized services are not required.

*OCOM=Out of Compliance*

**Old PAS.** Indicates a referral was made to SAMH (or their designee) for a final determination regarding the need for specialized services, but a response was not received by CARES.

**SAMH Placement Recommendation for Specialized Services.** This indicates where SAMH (or their designee) recommends the client be placed in order to receive specialized services. This is a mandatory item if the SAMH Disposition is NSPS=Need Specialized Services or NSCP=Need Specialized Services/Can't Provide in Nursing Home. The codes are:

*AFCH=Adult Family Care Home*

Any state licensed adult family care home.

*ALFE=ALF with Ext Cong Care*

Any state licensed ALF which is also licensed to provide extended congregate care.

*ALFM=ALF with Ltd Ment Hlth Svcs*

Any state licensed ALF which is also licensed to provide limited mental health services.

*ALFN=ALF with Ltd Nurs Svcs*

Any state licensed ALF which is also licensed to provide limited nursing services.

*ALFS=Assisted Living Facility*

Any state licensed assisted living facility.

*ARTS=Adult/Ger Res Treat Fac*

A residential facility that provides mental health treatment.

*GRHO=Group Home*

A small residential home sponsored by a state or community entity.

*HOSP=Hospital*

A freestanding facility that provides medical care for acute illnesses. This includes swing bed hospitals, hospital skilled nursing units, and inpatient hospice care.

*MRDD=MR/DD Facility*

Any state licensed facility/center for the developmentally disabled. For example, an ICF/DD, Sunland, cluster facilities, sheltered workshops, etc.

*NHTP=Temporary Nursing Home*

A short term placement in a nursing home is recommended as the person has potential to return to the community. Refer to NUHO=Nursing Home.

*NHTR=Nursing Home Transition*

Indicates the person is transitioning from the nursing home to the community with or without services.

*NUHO=Nursing Home*

A freestanding facility which is certified under Medicare and/or Medicaid to provide nursing services.

*OTHR=Other*

A placement recommendation which is not covered by the codes provided.

*PRNH=Prison Nursing Home*

A nursing home unit within a duly authorized and supervised facility such as a prison or jail.

*PRRE=Private Residence*

Any unlicensed non-institutional residence.

*PSYF=Psychiatric Facility*

Any freestanding facility that provides psychiatric or mental health care (excluding a state mental hospital). This would include a crisis stabilization unit.

*REHB=Rehabilitation Hospital*

Any freestanding facility which provides rehabilitation services including drug and alcohol.

*SAPT=Supervised Apartment*

A complex where supervision is available on a daily basis.

*SHNH=State Mental Hospital/Nursing Home Unit*

A nursing home unit within a state licensed mental hospital.

*SMHO=State Mental Hospital*

A state licensed facility that provides psychiatric care.

**SAMH Actual Placement.** This indicates where the client was actually placed by SAMH (or their designee) in order to receive specialized services. This is a mandatory item if the SAMH Disposition is NSPS=Need Specialized Services or NSCP=Need Specialized Services/Can't Provide in Nursing Home. The codes are the same as for **SAMH Placement Recommendation for Specialized Services.**

**Date Referred to APD.** This is the date a Level II Evaluation and Determination was requested from the Agency for Persons with Disabilities. This is a mandatory item if the MR Exclusion is NE=Not Excluded or if the MR Exemption is NO=No Exemption. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year.

**Date Received from APD.** This is the date the Level II Evaluation and Determination results are received by CARES. This is a mandatory item if the MR Exclusion is NE=Not Excluded or if the MR Exemption is NO=No Exemption. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year.

**MR Disposition.** This indicates the client's final MR disposition at the time that the PASRR process was completed. This is a mandatory item if there is an entry in Date Received from APD. The codes are:

*CP=Needs Specialized Services/Cant' Provide in Nursing Home*

*DE=Excluded Level II DS Evaluation*

*ND=DS Evaluation Not Received*

*NS=No Specialized Services Needed*

*SS=Need Specialized Services*

Indicates the person needs specialized services, which cannot be provided in a nursing facility.

Indicates the person was excluded by the Agency for Persons with Disabilities based on the Level II APD Evaluation.

**Old PAS.** Indicates a Level II Evaluation and Determination was requested from APD, but CARES did not receive a response.

Indicates the person has some mental retardation, but the Agency for Persons with Disabilities has determined that specialized services are not required.

Indicates the person needs specialized services in a nursing facility or alternative setting as determined by the Agency for Persons with Disabilities.

***Note: If all PAS information has been entered and PAS is complete, after selecting Save you will receive a message that says "PAS Complete, Continue to Save?" PAS is complete under the following situations:***

- 1. MI/MR Indicator=NO***
- 2. SAMH Disposition=EXPS, NSSN or NFIN***
- 3. SAMH Actual Placement has an entry***
- 4. MR Disposition=DE, SS, CP or NS***

***If you select Yes, the system will save the information and the PAS Complete box at Demographics and Cases will have a check mark. If you select No, the PAS information will not be saved.***

***Resident Review information is only captured in CIRTS when it is needed to complete PAS and to prevent ongoing 30-day follow-ups when the living arrangement is NUHO. Once PAS is complete you do not enter Resident Review information in CIRTS.***

***To enter a resident review Level II in CIRTS when a temporary exclusion/exemption was entered:***

- 1. Leave the existing information as is. Once you receive the resident review:***
- 2. For Date Psychiatric Scheduled enter the date the NF requested the Level II from SAMH.***
- 3. For Date Psychiatric Completed enter the date the NF requested the Level II from SAMH.***
- 4. For MI Disposition enter the disposition based on the Level II received from SAMH.***
- 5. For Date Referred to SAMH enter the date the NF submitted the request for the Level II to SAMH.***
- 6. For Date Received from SAMH enter the date the NF received the Level II from SAMH.***



**Edit** – Select this option if you want to change any previously saved information. Only the Supervisor role can edit PAS. You can edit PAS entered by another PSA, but you cannot delete it. You will receive a message saying you cannot delete another office's PAS entry.

**Save** – Select this option to save the information entered or edited.

**Delete** – Select this option to delete the saved information. Only the Supervisor role can delete PAS.

**Cancel** – Select this option without saving the information.

**Close** – Select this option to close the PAS screen.

## STAFFING SCREEN

**Oracle Developer Forms Runtime - Web**

**CARES Cases**

CARES CASES  
VERSION 10G.1

**C I R T S**  
CARES Cases Information

Date: 01/29/2008  
User: DORMANL

CARES Cases for: TEST CASE    SSN: 040404040    ☐ Demographic Complete    ☐ PAS Complete

| Opened on  | Reason       | Referral Source | Payment Type     | Status | Closed on | Reason | PSA |
|------------|--------------|-----------------|------------------|--------|-----------|--------|-----|
| 01/01/2008 | INITIAL CASE | HOSPITAL        | MEDICAID PENDING | OPEN   |           |        | 02A |
|            |              |                 |                  |        |           |        |     |
|            |              |                 |                  |        |           |        |     |

**Assessment and Staffing Dates**

| Assessment Date | Staffing Date |
|-----------------|---------------|
| 01/01/2008      | 01/01/2008    |
|                 |               |
|                 |               |

**Staffing Information**

| Staffing Date | Level Of Care | LOC Date   | Placement Recommendation | Program Recommendation | PSA |
|---------------|---------------|------------|--------------------------|------------------------|-----|
| 01/01/2008    | SKILLED       | 01/01/2008 | TEMPORARY NURSING HOME   | NONE                   | 02  |

Record: 1/1    <OSC>

When you click on the **Staffings** tab, a summary screen displays all staffings related to that case. The screen displays for each staffing the staffing date, level of care, level of care date, placement recommendation, program recommendation and PSA. If the case is open, you will be able to edit the staffing(s). If the case is closed, only a supervisor will be able to edit any staffing related to that case.

The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, Close).

This screen also has a panel that lists the assessment date and staffing date for the assessment. This is where you highlight the staffing to be viewed.

**Add New Staffing** – Select this option if you want to add a new staffing.

**View Selected Staffing** – Select this option if you view the highlighted staffing. Click on the staffing in the Assessment and Staffing Dates panel to highlight the staffing.

When you select **Add New Staffing** the CARES Staffing screen appears.

This is where such items as level of care, placement recommendation, program recommendation, barrier, and the client's current living arrangement at the time of staffing will be entered.

### **Staffing Screen Definitions**

**Staffing Information Received Date.** This is the date entered in CIRT S that CARES received all required medical documentation needed to staff the case (see exception below). For ICP and certain waivers, it is the date the completed Patient Transfer and Continuity of Care Form (CF-MED 3008) was received; for PAC, it is the date the Project Aids Care Physician Referral and Request for Level of Care Determination Form (607) was received; for other waivers it is the date that the appropriate medical documentation was received. If a Request For Level II PASRR Evaluation and Determination (AHCA Med Serv 004 Part B) was requested, enter the date of receipt of the final report. Exception: if staffing without a 3008, enter the date that you determine that a 3008 will not be received or needed. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year. This is a mandatory item.

**Staffing Date.** This is the date that the assessment is staffed. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year. This is a mandatory item.

**Caseworker.** This is the name of the caseworker that staffed the case. This is a mandatory item.

**Staffing Instrument.** This is the type of instrument used to staff the case. This is a mandatory item. The codes are:

|                                     |   |
|-------------------------------------|---|
| <i>M=3036/State Mental Hospital</i> | Use this code when the case is staffed for placement in a state mental hospital.  |
| <i>N=None</i>                       | Use this code when no staffing instrument is received. For example, the client will remain in the community and will not enter a nursing home and no 3008 is received.              |
| <i>O=Other</i>                      | Use this code when the case is staffed using an instrument that is not in the code table.   |
| <i>P=CARES Form 607</i>             | Use this code when staffing a Project Aids Care Medicaid Waiver case. This instrument is the Project Aids Care Physician Referral and Request for Level of Care Determination Form. |
| <i>U=3008</i>                       | Use this code when staffing with a Patient Transfer and Continuity of Care Form (HRS-MED Form 3008).  |
| <i>V=3008/Medicaid Waiver</i>       | Use this code when staffing a Medicaid Waiver case (other than Project Aids Care). This instrument is the revised page one of the HRS-MED Form 3008.                                |

**Living Arrangement.** Enter the appropriate code that reflects the living arrangement of the client at the time of the staffing. This is a mandatory item. The codes are:

|  |   |
|--|---|
| <i>AFCH=Adult Family Care Home</i>                         | Any state licensed adult family care home.  |
| <i>ALFE=ALF with Ext Cong Care</i>                         | Any state licensed ALF which is also licensed to provide extended congregate care.  |
| <i>ALFM=ALF with Ltd Ment Hlth Svcs</i>                    | Any state licensed ALF which is also licensed to provide limited mental health services.  |
| <i>ALFN=ALF with Ltd Nurs Svcs</i>                         | Any state licensed ALF which is also licensed to provide limited nursing services.  |
| <i>ALFS=Assisted Living Facility</i>                       | Any state licensed assisted living facility.  |
| <i>ARTS=Adult/Geriatric Residential Treatment Facility</i> | A residential facility that provides mental health treatment.   |
| <i>GRHO=Group Home</i>                                     | A small residential home sponsored by a state or community entity.  |
| <i>HOSP=Hospital</i>                                       | An institution that provides care for acute illnesses (excluding a state mental hospital). Use this code for all units located within a hospital (swing bed, psychiatric unit, skilled nursing unit, etc.). |
| <i>MRDD=MR/DD Facility</i>                                 | A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).  |
| <i>NUHO=Nursing Home</i>                                   | A freestanding facility that is certified under Medicare and/or Medicaid to provide nursing services.   |
| <i>OTHR=Other</i>  | All other living arrangements exclusive of ones listed.   |
| <i>PRIS=Prison/Jail</i>                                    | A duly authorized and supervised facility like a jail or a prison.  |
| <i>PRRE=Private Residence</i>                              | Any unlicensed non-institutional residence.   |
| <i>PSYF=Psychiatric Facility</i>                           | A freestanding facility that provides psychiatric or mental health care.  |
| <i>REHB=Rehab Hospital</i>                                 | Any freestanding facility which provides rehabilitation services including drug and alcohol.  |
| <i>SAPT=Supervised Apartment</i>                           | A complex where supervision is available on a daily basis.  |
| <i>SHNH=State Mental Hospital/Nursing Home Unit</i>        | A nursing home unit within a state licensed mental hospital.  |
| <i>SMHO=State Mental Hospital</i>                          | A state licensed facility that provides psychiatric care.   |
| <i>TRAN=Transient</i>                                      | No fixed place of abode, or lives on the road.  |

**Living Situation.** AL=Alone should be entered for all living arrangements except for HOSP, OTHR, PRRE, PSYF, REHB, SAPT, and TRAN. If the living arrangement is any of the seven mentioned, all code choices

will be available. If the client is in a hospital and is expected to be discharged to a nursing home, Assisted Living Facility, or Adult Family Care Home, the living situation will be AL=Alone. This is an optional item. The codes are:

|                          |   |
|--------------------------|---|
| <i>AL=Alone</i>          | Client lives alone.   |
| <i>NR=Not Required</i>   | Indicates field not required. System will generate when left blank. |
| <i>U=Unknown</i>         | Client's living situation is not known.                             |
| <i>WC=With Caregiver</i> | Client lives with a caregiver.                                      |
| <i>WO=With Other</i>     | Client lives with someone other than a caregiver.                   |
| <i>Z=Policy Changes</i>  | System generated when system is updated.                            |

**Placement Recommendation.** This indicates the placement recommendation resulting from the case staffing. This is a mandatory item. The codes are:

|   |  |
|---|--|
| <i>AFCH=Adult Family Care Home</i>                  | Any state licensed adult family care home.   |
| <i>ALFE=ALF with Ext Cong Care</i>                  | Any state licensed ALF which is also licensed to provide extended congregate care.   |
| <i>ALFM=ALF with Ltd Ment Hlth Svcs</i>             | Any state licensed ALF which is also licensed to provide limited mental health services.   |
| <i>ALFN=ALF with Ltd Nurs Svcs</i>                  | Any state licensed ALF which is also licensed to provide limited nursing services.   |
| <i>ALFS=Assisted Living Facility</i>                | Any state licensed assisted living facility.   |
| <i>ARTS=Adult/Ger Res Treat Fac</i>                 | A residential facility that provides mental health treatment.  |
| <i>GRHO=Group Home</i>                              | A small residential home sponsored by a state or community entity.   |
| <i>HOSP=Hospital</i>                                | A freestanding facility that provides medical care for acute illnesses. This includes swing bed hospitals, hospital skilled nursing units, and inpatient hospice care. |
| <i>MRDD=MR/DD Facility</i>                          | Any state licensed facility/center for the developmentally disabled. For example, an ICF/DD, Sunland, cluster facilities, sheltered workshops, etc.                    |
| <i>NHTP=Temporary Nursing Home</i>                  | A short term placement in a nursing home is recommended as the person has potential to return to the community. Refer to NUHO=Nursing Home.                            |
| <i>NHTR=Nursing Home Transition</i>                 | Indicates the person is transitioning from the nursing home to the community with or without services.   |
| <i>NUHO=Nursing Home</i>                            | A freestanding facility which is certified under Medicare and/or Medicaid to provide nursing services.   |
| <i>OTHR=Other</i>                                   | A placement recommendation which is not covered by the codes provided.   |
| <i>PRNH=Prison Nursing Home</i>                     | A nursing home unit within a duly authorized and supervised facility such as a prison or jail.   |
| <i>PRRE=Private Residence</i>                       | Any unlicensed non-institutional residence.  |
| <i>PSYF=Psychiatric Facility</i>                    | Any freestanding facility that provides psychiatric or mental health care (excluding a state mental hospital). This would include a crisis stabilization unit.         |
| <i>REHB=Rehabilitation Hospital</i>                 | Any freestanding facility which provides rehabilitation services including drug and alcohol.   |
| <i>SAPT=Supervised Apartment</i>                    | A complex where supervision is available on a daily basis.   |
| <i>SHNH=State Mental Hospital/Nursing Home Unit</i> | A nursing home unit within a state licensed mental hospital.   |
| <i>SMHO=State Mental Hospital</i>                   | A state licensed facility that provides psychiatric care.  |

**Program Considered.** This identifies the program that was considered by CARES staff. For example, CARES considers the client for ADA Waiver based on a referral received from the lead agency. The Program Recommendation may or may not be ADA Waiver. The system will provide a drop down box with a list of choices for this field. The choices will be based on the code entered in the placement

recommendation field. Please refer to the staffing chart on pages 132-134 for selection choices. This is a mandatory item. The codes are:

|  |   |
|--|---|
| <i>ACFW=Adult Cystic Fibrosis Waiver</i>     | Adult Cystic Fibrosis Medicaid Waiver Program.  |
| <i>ADAW=Aged/Disabled Adults Waiver</i>      | Aged Disabled Adults Medicaid Waiver Program.   |
| <i>ADHC=Adult Day Health Care Waiver</i>     | Adult Day Health Care Medicaid Waiver Program.  |
| <i>ALFW=Assisted Living Facility Waiver</i>  | Assisted Living Medicaid Waiver Program.  |
| <i>ALZW=Alzheimer's Disease Waiver</i>       | Alzheimer's Disease Medicaid Waiver Program.  |
| <i>BSCW= Brain/Spinal Cord Injury Waiver</i> | Brain and Spinal Cord Injury Medicaid Wavier Program.   |
| <i>CCDA=Comm Care for Disabled Adults</i>    | Community Care for Disabled Adults Program.   |
| <i>CCFE=Community Care for the Elderly</i>   | Community Care for the Elderly Program.   |
| <i>CDCW=Consumer Directed Care Waiver</i>    | Consumer Directed Care Medicaid Waiver Program.   |
| <i>CHAN=Channeling</i>                       | Channeling Medicaid Waiver Program.   |
| <i>DEVS=Developmental Services</i>           | Agency for Persons with Disabilities Program.   |
| <i>ELDC=Elder Care</i>                       | Elder Care HMO Program.   |
| <i>FDMW=Fam Dys Medicaid Waiver</i>          | Familial Dysautonomia Medicaid Waiver Program.  |
| <i>HEMO=Health Maint Org</i>                 | Health Maintenance Organization Program.  |
| <i>HSPC=Hospice</i>                          | Hospice Program.  |
| <i>LTCP=LTC Com Div Pilot Program</i>        | Long Term Care Community Diversion Pilot Medicaid Waiver Program.   |
| <i>NHSS=Specialized Services</i>             | Nursing Home with specialized services recommended. If the results of the Level II Evaluation and Determination show specialized services needed, this code should be used. If the specialized services stop, the code should be changed. |
| <i>NONE=None</i>                             | No program considered.  |
| <i>OMDW=Other Medicaid Waiver</i>            | Medicaid Waiver exclusive of the waivers listed.  |
| <i>OTHR=Other</i>                            | Other program exclusive of programs listed.   |
| <i>PACE=Prog All Inc Care for Elderly</i>    | Program of All Inclusive Care for the Elderly Program.  |
| <i>PACW=Project Aids Care Waiver</i>         | Project Aids Care Medicaid Waiver Program.  |
| <i>SBHO=Swing Bed Hosp</i>                   | Rural hospital certified to provide nursing facility services.  |
| <i>SNUH=Skilled Nurs Unit/ Hosp</i>          | Skilled nursing unit within a hospital.   |

**Program Recommendation.** This identifies the program that is being recommended by CARES staff. This can be different from the Program Considered. For example, CARES considers the client for ADA Waiver but recommends Community Care for the Elderly because the client does not meet the ADA Waiver criteria. The system will provide a drop down box with a list of choices for this field. The choices will be based on the code entered in the placement recommendation field. Please refer to the staffing chart on pages 132-134 for selection choices. This is a mandatory item. The codes for this field are the same as for **Program Considered**.

**Primary Caregiver.** A primary caregiver is any family member or friend who the person indicates cares for them on a regular basis. The caregiver may or may not be paid, but does not include agency caregivers, ALF operators, AFCH sponsors, or nursing home staff. Enter the code that reflects the primary caregiver status of the client. This is a mandatory item. The codes are:

|                         |   |
|-------------------------|---|
| <i>N=No Caregiver</i>   | Client does not have a caregiver.                                   |
| <i>R=Not Required</i>   | Indicates field not required. System will generate when left blank. |
| <i>U=Unknown</i>        | Client's caregiver status is not known.                             |
| <i>Y=Yes</i>            | Client has a caregiver.   |
| <i>Z=Policy Changes</i> | System generated when system is updated.                            |

**Level of Care.** This indicates the level of care or waiver eligibility decision resulting from the case staffing. This is a mandatory item. The codes are:

|  |  |
|--|--|
| <i>DNM=Does Not Meet Level of Care</i>   | Use this code when the individual does not meet level of care as defined in 59G-4.180 or 59G-4.290 of the Florida Administrative Code. This code is also used when the individual does not meet level of care for a state mental hospital.   |
| <i>DWC=Does Not Meet Waiver Criteria</i> | Use this code when the individual does not meet the established criteria for a particular Medicaid Waiver Program.   |
| <i>INO=Intermediate One</i>              | Use this code for a level of care which requires direct or supervised nursing or rehabilitative services not included under the definition of skilled services. Intermediate Care is defined in 59G-4.180 of the Florida Administrative Code.  |
| <i>INT=Intermediate Two</i>              | Use this code for a level of care which requires direct or supervised nursing or rehabilitative services not included under the definition of skilled services. Intermediate Care is defined in 59G-4.180 of the Florida Administrative Code.  |
| <i>MEN=State Mental Hospital</i>         | Use this code when determining a level of care for an individual seeking admission to or residing in a state mental hospital (not a nursing home unit).  |
| <i>MWC=Meets Waiver Criteria</i>         | Use this code when the individual meets the established criteria for a particular Medicaid Waiver Program (excluding Project Aids Care)  |
| <i>ROH=Risk of Hospitalization</i>       | Use this code when the Project Aids Care client is at risk of hospitalization.   |
| <i>RON=Risk of Nursing Home</i>          | Use this code when the Project Aids Care client is at risk of nursing home.  |
| <i>SKD=Skilled</i>                       | Use this code for a level of care requiring the skills of technical or professional personnel or the provision of services either directly by or under the supervision of such personnel as defined in 59G-4.290 of the Florida Administrative Code.   |
| <i>WHL=Withhold Level of Care</i>        | Use this code under the following circumstances: a) a Request for Level II PASRR Evaluation and Determination indicates that the individual requires specialized services and those services cannot be provided in a nursing facility; b) a Request for Level II PASRR Evaluation and Determination indicates the individual is not appropriate for nursing facility placement; c) when a 3008 or supporting medical documentation has not been received; d) when referrals are made to case management agencies or managed care organizations for Medicaid waiver services when the program has reached funding capacity and a waiting list for services is being maintained. |

**Level of Care/Waiver Effective Date.** This is the date the assigned level of care or waiver certification is effective. This date is based on the date the physician signs the HRS-MED Form 3008, the CARES Form 607, or any other instrument used to staff the case **or** the effective date if one is provided on the staffing instrument. This is not a mandatory item if the staffing instrument is N=None.

**Income Level.** This identifies the client's level of income based on certain eligibility standards for Medicaid. This is a mandatory item if the Program Recommendation is a Medicaid Waiver (ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CDCW, CHAN, FDMW, LTCP, OMDW, or PACW). An entry is only allowed in this field if the program is a waiver. The codes are:

|                  |   |
|------------------|---|
| <i>I=ICP</i>     | Institutional Care Program.                                       |
| <i>M=MEDS-AD</i> | Medicaid Expansion Designated by SOBRA for the Aged and Disabled. |
| <i>S=SSI</i>     | Supplemental Security Income.                                     |

**IF THE LIVING ARRANGEMENT IS NURSING HOME (NUHO), THE FIELDS IN THE NURSING HOME PANEL WILL BECOME VISIBLE AND WILL REQUIRE ENTRY.**

| Nursing Home |                   |                          |                |                   |
|--------------|-------------------|--------------------------|----------------|-------------------|
| Admit Date   | Nursing Home Name | Living Arrangement Prior | Discharge Date | Diversion Barrier |
| 01/01/2007   | BAY CENTER        | HOSPITAL                 |                | NO BARRIER        |

**Nursing Home Admit Date.** Enter the date the client entered a nursing home. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year.

**Name of Nursing Home.** Enter the name of the nursing home where the client is residing. This is a list of individual PSA nursing homes. Each PSA will determine the nursing homes that are listed.

**Living Arrangement Prior to Nursing Home Admission.** Enter the appropriate code that reflects the living arrangement of the client prior to entering a nursing home. For example, if the client was residing in an Assisted Living Facility prior to entering a nursing home, the code would be ALFS. If the client was in the hospital prior to nursing home admission, the code would be HOSP. The codes are the same as the **Living Arrangement** codes listed above.

**Discharge Date.** This date represents the date the client was discharged from the nursing facility. This will be a two-digit month and day, and a four-digit calendar year. This date cannot be prior to the Admit Date. This item is optional if the living arrangement continues to be NUHO=Nursing Home. If the living arrangement at Assessment was NUHO but at Staffing is not NUHO, then this field becomes mandatory. There are times the system will automatically populate a date in this field. You will receive a message notifying you of this.

**Barrier.** This identifies the barrier that prevents an initial or subsequent alternative placement recommendation. If there is no barrier enter NONE. The codes are:

ACNA=Assistive Care Services/Optional State Supplementation Not Available  
 ADWL=Aged Disabled Adults Waiver Waiting List  
 AENA=Assisted Living Facility with Extended Congregate Care Not Available  
 AFNA=Assisted Living Facility Not Available  
 ALWL=Assisted Living Waiver Waiting List  
 AMNA=Assisted Living Facility with Limited Mental Health Services Not Available  
 ANNA=Assisted Living Facility with Limited Nursing Services Not Available  
 ARAP=Assisted Living Facility Provider Required Additional Payment  
 BSWL=Brain and Spinal Cord Injury Waiver Waiting List  
 CDWL=Consumer Directed Care Waiver Waiting List  
 CGEX=Caregiver Expired  
 CGHP=Caregiver In Hospital  
 CGNH=Caregiver In Nursing Home  
 CHWL=Channeling Waiver Waiting List  
 ELWL=Elder Care Waiting List  
 FENT=Financial Eligibility Determination Not Timely  
 IACA=Ineligible For Assistive Care/Optional State Supplementation Due To Assets  
 IACI=Ineligible For Assistive Care/Optional State Supplementation Due To Income



ICMA=Ineligible for Community Medicaid due to Assets  
 ICMI=Ineligible for Community Medicaid due to Income  
 INAG=Ineligible Due To Age Requirement  
 INCS=Ineligible For Community Services For Other Reasons  
 INHD=Ineligible For Nursing Home Transition Due To Health/Functional Decline  
 LFPA=Lacks Financial Resources to Private Pay an Assisted Living Facility  
 LPWL=Long Term Care Community Diversion Pilot Waiver Waiting List  
 NONE=No Barrier  
 PAWL=Project Aids Care Waiting List  
 REAF=Assisted Living Facility Refused To Accept Client  
 RECM=Case Manager Service Provider Refused To Accept Referral  
 REFF=CARES Placement Recommendation Refused By Family Due To Financial Concerns  
 REFH=CARES Placement Recommendation Refused By Family Due To Health Concerns  
 REOT=CARES Placement Recommendation Refused By Family For Other Reasons  
 REPH=CARES Placement Recommendation Refused By Physician  
 RERB=Client Or Family Refused To Relinquish NH Bed  
 RESP=Client Or Family Refused CARES Placement Recommendation To Stay In NH With Spouse  
 RRNT=Referral Response From Provider Not Timely  
 SANA=Secure Assisted Living Facility Not Available  
 SPIM=Spousal Impoverishment Situation Likely If Placed  
 WLAC=Waitlist For Assistive Care Services/Optional State Supplementation  
 WLLA=Waiting List For Assisted Living Facility or Adult Family Care Home  
 WLIC=Waiting List For Community Services

**IF THE PROGRAM RECOMMENDATION IS A MEDICAID WAIVER THE WAIVER PANEL WILL BECOME VISIBLE AND WILL REQUIRE ENTRY.**

The screenshot shows a 'Waiver' panel with the following fields:

- Status Date: [Redacted]
- Status: [Redacted]
- Accepted Date: [Redacted]
- Denial Reason: [Redacted]
- Termination Date: [Redacted]
- Term. Reason: [Redacted]
- DCF Filed Date: [Redacted]
- DCF Eligibility Date: [Redacted]
- DCF Financial Eligibility: [Redacted]
- Date Freedom of Choice Given to Client: [Redacted]
- Date Freedom of Choice Return to CARES: [Redacted]
- Delay Receiving Freedom of Choice?: [Redacted]
- Delay Reason: [Redacted]

**Status Date.** This is the date CARES determines the Medicaid Waiver status of the client. It is usually the staffing date or follow-up date. This will be a two-digit month and day, and a four-digit calendar year. It cannot be a future date. It must be a current or past date. This is a mandatory item.

**Status.** This indicates the Medicaid Waiver status of the client. This is a mandatory item. The codes are:

|                       |   |
|-----------------------|---|
| <i>A=Approved</i>     | Client was approved for Medicaid Waiver.              |
| <i>D=Denied</i>       | Client was denied Medicaid Waiver.                    |
| <i>P=Pending</i>      | Client's Medicaid Waiver status is pending.           |
| <i>W=Waiting List</i> | Client was put on a waiting list for Medicaid Waiver. |

**Accepted Date.** This indicates the date that the client started receiving Medicaid Waiver services from the case management agency. This will be a two-digit month and day, and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is a mandatory item if the status is A=Approved.

**Denial Reason.** This indicates the reason the Medicaid Waiver was denied. This is a mandatory item if the status is D=Denied. The codes are:

|                                |  |
|--------------------------------|--|
| <i>CD=Client Died</i>          | Client died prior to disposition.                        |
| <i>IN=In Nursing Home</i>      | Client placed in nursing home prior to disposition.      |
| <i>LC=Lost Contact</i>         | Lost contact with client prior to disposition.           |
| <i>LS=Left State</i>           | Client left the state prior to disposition.              |
| <i>NE=Not Eligible</i>         | Client not eligible for services.                        |
| <i>OT=Other</i>                | Denied for reason exclusive of ones listed.              |
| <i>RM=Refused Medicaid</i>     | Client refused to apply for or accept Medicaid.          |
| <i>RS=Refused Service</i>      | Client refused to accept the service(s) offered.         |
| <i>VW=Voluntary Withdrawal</i> | Client/family voluntarily withdrew request for services. |

**Termination Date.** This is the date the client's Medicaid Waiver services were terminated. This will be a two-digit month and day, and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Termination Reason.** This indicates the reason the Medicaid Waiver services are terminated. This is a mandatory item if an entry is made in Termination Date. The codes are:

|                                  |  |
|----------------------------------|--|
| <i>CD=Client Died</i>            | Terminated due to client's death.                                |
| <i>CH=Choose Hospice</i>         | Terminated as client chooses Hospice instead of Medicaid Waiver. |
| <i>FI=Family Intervention</i>    | Terminated due to family intervention.                           |
| <i>IN=In Nursing Home</i>        | Terminated as client entered a nursing home.                     |
| <i>LC=Lost Contact</i>           | Terminated due to loss of contact with the client.               |
| <i>LS=Left State</i>             | Terminated as client left the state.                             |
| <i>NF=Not Eligible/Financial</i> | Terminated as client no longer meets the financial criteria.     |
| <i>NM=Not Eligible/Medical</i>   | Terminated as client no longer meets the medical criteria.       |
| <i>OT=Other</i>                  | Terminated for reason other than ones listed.                    |
| <i>PR=In Prison/Jail</i>         | Terminated due to client being in prison or jail.                |

**DCF Filed Date.** This is the date the Request for Assistance (RFA) was filed with DCF. This will be a two-digit month and day, and a four-digit calendar year. This field is optional, but an entry should be made, when appropriate, if the Program Recommendation is **LTCP**.

**DCF Eligibility Date.** This is the date the financial eligibility was determined by DCF. This will be a two-digit month and day, and a four-digit calendar year. This field is optional, but an entry should be made, when appropriate, if the Program Recommendation is **LTCP**.

**DCF Financial Eligibility.** This field reflects the financial eligibility as determined by DCF. This field is optional, but an entry should be made when the Program Recommendation is **LTCP**. The codes are:

|                                    |
|------------------------------------|
| <i>FE=Financially Eligible</i>     |
| <i>NE=Financially Not Eligible</i> |

**Date Freedom of Choice Given to Client.** If the Program Recommendation is LTCP=Long Term Care Community Diversion Pilot Program, this field will be mandatory. Enter a two-digit month and day, and a four-digit calendar year.

**Date Freedom of Choice Returned to CARES.** This is an optional item. Once the Freedom of Choice

is received in the CARES office, enter the date received. This will be a two-digit month and day, and a four-digit calendar year.

**Delay Receiving Freedom of Choice?** If there is an entry in Date Freedom of Choice Returned to CARES, this is a mandatory item. The choices for this field are Y=Yes or N=No.

**Delay Reason.** If the Delay Receiving Freedom of Choice is Yes, then the Delay Reason is mandatory. If the Delay Receiving Freedom of Choice is No, the field is disabled. The codes for this field are:

CLD=Client Delay

CRD=CARES Delay

**Note:**

*If the placement recommendation is nursing home (NUHO) or temporary nursing home (NHTP) and PAS has not been entered, the system will generate a pop up box reminding you that PAS needs to be entered. If you select OK, the system will go to the PAS screen. At PAS, when you select Save and Close, the system will return you to the Staffing screen.*

*If the MI and/or MR Exclusion/Exemption=NO or NE and PAS is not complete, once you enter a placement recommendation of NUHO or NHTP, a pop up box will appear giving you a message that the Level II information must be entered prior to entering staffing information.*

*A Nursing Home panel from a previous case will show if a new case is opened and the discharge date is not populated. If the Living Arrangement is not Nursing Home, the system will force entry of the discharge date. The same is true for the Waiver panel.*

**When staffing with a 3008:**

*if the level of care is DNM, do not enter an effective date on the 603 or the CIF.*

*if the level of care is WHL, enter an effective date on the 603 and the CIF.*

*When the program considered is LTCP, a pop up box will appear to remind you to enter Date Enter Pipeline on the NHD screen if appropriate.*

*If the Waiver Recertification box is checked Yes at Assessment, two things happen: 1) no follow up will be scheduled at Staffing; 2) it will not cancel a previously scheduled follow up. You will receive a pop up message to confirm if you want to leave the case open without a follow up. Be careful not to leave a case open without a scheduled follow up.*

**Edit** – Select this option if you want to edit the information previously saved on the Staffing screen.

**Save** – Select this option if you want to save the information entered or edited on the Staffing screen.

**Cancel** – Select this option if you want to cancel without saving the information entered or edited.

**Close** – Select this option to close the Staffing screen.

## REFERRAL SCREEN

When you click on the **Referrals** tab, a summary screen displays all referrals related to that client. The screen displays the referral date, referred to, imminent risk (Y=Yes, N=No), provider, disposition and PSA. You can edit or view the referral information. Only a supervisor can edit a referral for a closed case. To view an existing referral click on the referral to highlight it. Then select View Selected Referral.

You can refer to multiple sources, but you cannot refer to the same source more than once on the same date.

The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, Close).

**Add New Referral** – Select this option if you want to add a new referral.

**View Selected Referral** – Select this option if you want to view the highlighted referral.

When you select **Add New Referral** the CARES Referral screen will appear.

The fields in pink are mandatory when a new referral is entered. To update the referral information you will need to select Edit to enter data in the other fields.

### **Referral Screen Definitions**

**Employee.** This is the name of the caseworker that is making the referral. This is a mandatory item.

**Referral Date.** This is the date the referral for services is made. This is a mandatory item. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year.

**Imminent Risk.** This indicates whether or not the client is at imminent risk of nursing facility placement. Enter Y=Yes or N=No. This is a mandatory item.

**Referred To.** Enter the code for the appropriate agency to which the referral for services is being made. This is a mandatory item. The codes are:

AAA=Area Agency on Aging  
AAS=Adult Services

AHC=Agency for Health Care Adm  
ALZ=Alzheimer's Disease Waiver

State contracted agency which provides direction to lead agencies.  
State program of the Department of Children and Families that provides services to aged/disabled adults.  
State agency responsible for administering Medicaid.  
Alzheimer's Disease Medicaid Waiver Program.

ARC=ARC or ADRC  
 BHP=Broward Homebound Program  
 CDC=Consumer Directed Care  
 CFW=Adult Cystic Fibrosis Waiver  
 CHA=Channeling  
 DES=Developmental Services  
 DOH=Department of Health  
 ELD=Elder Care  
 HHC=Home Health Care  
 HMO=Health Maint Org  
 LEA=Lead Agency  
 LTS=LTC Diversion Suitable  
 MCO=Managed Care Org  
 MHC=Massada Home Care  
 NGC=Non Gov Comm Agency  
 OGA=Other Government Comm Agency  
 OTH=Other  
 PAC=Project Aids Care  
 PCE=Program of All Inc Care for Elderly  
 UHC=United Home Care  
 VOC=Vocational Rehabilitation

Aging Resource Center or Aging Disability Resource Center.  
 A private agency which provides community services to disabled adults.  
 Consumer Directed Care Medicaid Waiver Program.  
 Adult Cystic Fibrosis Medicaid Waiver Program.  
 Channeling Medicaid Waiver Program.  
 Agency for Persons with Disabilities.  
 Department of Health.  
 A HMO which provides community services for frail elderly people.  
 A private agency providing home health services.  
 Health Maintenance Organization.  
 State contracted agency providing community services.  
 Identifies those clients suitable for the Nursing Home Diversion Program.  
 Managed Care Organization  
 A private agency which provides short term community services to adults.  
 Any agency that is not sponsored by the government.  
 Any agency not listed that is sponsored by the government.  
 Any agency not listed.  
 Project Aids Care Medicaid Waiver Program.  
 Agency that is providing services under the PACE program.  
 A HMO which provides community services to adults.  
 State program of the Department of Education.

**CARES Provider.** This is a list of individual Planning and Service Area (PSA) providers. Each PSA determines the providers that are listed. This list can include the names of hospitals, lead agencies, nursing facilities, etc. within the PSA. This is an optional item.

**Date Received by Aging Network.** This aging network will populate this field once they receive the referral from CARES. No entry is allowed in this field.

**Case Manager.** This indicates the designated case management unit for the case. This is an optional item. The codes for this field are:

AAS=Adult Services  
 ADH=Adult Day Health Care  
 AHC=Agency for Health Care Adm  
 ALZ=Alzheimer's Disease Waiver  
 ARC=ARC or ADRC  
 BHP=Broward Homebound Program  
 CAR=CARES  
 CDA=Community Care for  
 Disabled Adults  
 CFW=Cystic Fibrosis Waiver  
 CHA=Channeling  
 DES=Developmental Services  
 DOH=Department of Health  
 ELD=Elder Care  
 HHC=Home Health Care  
 HMO=Health Maintenance Organization  
 LEA=Lead Agency

Adult Services staff of the Department of Children and Families.  
 Staff of an agency providing services under the Adult Day Health Care Medicaid Waiver Program.  
 Staff of the Agency for Health Care Administration.  
 Staff of an agency providing services under the Alzheimer's Disease Medicaid Waiver Program.  
 Aging Resource Center or Aging Disability Resource Center.  
 Staff of the Broward Homebound program.  
 CARES staff of the Department of Elder Affairs.  
 Adult Services staff of the Department of Children and Families **or** staff of an agency providing services under the Community Care for Disabled Adults Program.  
 Staff of the Department of Health.  
 Staff of an agency providing services under the Channeling Medicaid Waiver Program.  
 Staff of the Agency for Persons with Disabilities.  
 Staff of the Department of Health.  
 Staff of an agency providing services under the Elder Care Plan.  
 Staff of a private agency which provides home health services.  
 Staff of a Health Maintenance Organization.  
 Staff of the local lead agency which provide case management for any program.

|   |  |
|---|--|
| <i>MCO=Managed Care Org</i>                     | Staff of a managed care organization.  |
| <i>MEH=Mental Health</i>                        | Staff of any agency which provides mental health services.                                 |
| <i>MHC=Massada Home Care</i>                    | Staff of the Massada Home Care program.  |
| <i>OMW=Other Medicaid Waiver</i>                | Staff of an agency providing services under any Medicaid Waiver exclusive of ones listed.  |
| <i>PAC=Project Aids Care</i>                    | Staff of an agency providing services under the Project Aids Care Medicaid Waiver Program. |
| <i>PCE=Prog of All Inc Care for the Elderly</i> | Staff of an agency providing services under the PACE program.                              |
| <i>UHC=United Home Care</i>                     | Staff of United Home Care.   |
| <i>VOC=Vocational Rehabilitation</i>            | Staff of a state program under the Department of Education.                                |

**Response Date.** This is the date a response is received from the referral agency. This will be a two-digit month and day, and a four-digit calendar year. This date must be a current date or a past date. It cannot be a future date. This is an optional item.

**Response Type.** This indicates the type of response received regarding the referral. This is a mandatory item if there is an entry in Response Date. The codes are:

|  |  |
|--|--|
| <i>OCM=Office Visit/Case Manager</i>   | Case manager made a visit to the CARES office.         |
| <i>OVC=Office Visit/CARES</i>          | CARES staff made a visit to the case manager's office. |
| <i>TCC=Telephone Call/CARES</i>        | CARES staff telephoned the case manager's office.      |
| <i>TCM=Telephone Call/Case Manager</i> | Case manager telephoned the CARES office.              |
| <i>WCM=Written/Case Manager</i>        | Case manager responded in writing.                     |

**Disposition.** This indicates the action taken by the referral agency. This is a mandatory item if there is an entry in Response Type. The codes are:

|                       |   |
|-----------------------|---|
| <i>A=Approved</i>     | Referral agency approved the client for services. |
| <i>D=Denied</i>       | Referral agency denied services for the client.   |
| <i>W=Waiting List</i> | Referral agency put the client on a waiting list. |

**Disposition Date.** This indicates the date the referral agency takes action to dispose of the referral. For example, on 10/01/2008 the client is put on a waiting list. The Disposition Date would be 10/01/2008. This will be a two- digit month and day, and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Denial Reason.** This indicates the reason the referral was denied by the referral agency. This is a mandatory item if the Disposition is D=Denied. The codes are:

|                                 |   |
|---------------------------------|---|
| <i>CD=Client Died</i>           | Client died prior to disposition.                   |
| <i>IN=In Nursing Home</i>       | Client placed in nursing home prior to disposition. |
| <i>LC=Lost Contact</i>          | Lost contact with client prior to disposition.      |
| <i>LS=Left State</i>            | Client left the state prior to disposition.         |
| <i>NE=Not Eligible</i>          | Client not eligible for services.                   |
| <i>OT=Other</i>                 | Denied for reason exclusive of ones listed.         |
| <i>RM=Refused Medicaid</i>      | Client refused to apply for or accept Medicaid.     |
| <i>RS=Refused Service</i>       | Client refused to accept the service(s) offered.    |
| <i>SN=Service Not Available</i> | Denied as service(s) requested not available.       |

***Note: A referral is "complete" when there is a disposition and disposition date entered on the Referral screen. A 30-day follow-up will be scheduled every 30 days by the system until the***

*referral is “complete.” The “complete” referral information must be entered prior to entering the scheduled follow-up in order to cancel the ongoing 30-day follow-ups.*

*Referrals should only be made to the AAA, ARC or lead agency within the same PSA as the CARES office. If a referral is sent outside the PSA, the AAA, ARC or lead agency in another PSA will not be able to enter “date received by the aging network”, which they are required to do.*

**Edit** – Select this option if you want to edit existing referral information.

**Save** – Select this option if you want to save the information entered or edited.

**Cancel** – Select this option if you want to cancel without saving the information entered or edited.

**Delete** – Select this option if you want to delete the referral.

**Close** – Select this option if you want to close the Referral screen.



## **FOLLOW UP SCREEN**

Oracle Developer Forms Runtime - Web

CARES Cases

CARES Cases Information

CARES Cases for: TEST CASE SSN: 040404040 ☐ Demographic Complete ☐ PAS Complete

Date: 01/31/2008 User: DORMANL

| Opened on  | Reason       | Referral Source | Payment Type     | Status | Closed on | Reason | PSA |
|------------|--------------|-----------------|------------------|--------|-----------|--------|-----|
| 01/01/2008 | INITIAL CASE | HOSPITAL        | MEDICAID PENDING | OPEN   |           |        | 02A |
|            |              |                 |                  |        |           |        |     |
|            |              |                 |                  |        |           |        |     |

Add Case Close Case Delete Case Print CIF Print Blank CIF Search Client Close

Assignment Assessments Staffings Referrals Followups

Staffing And Follow-up Dates

| Staffing Date | Follow-up Date |
|---------------|----------------|
| 01/01/2008    | 02/01/2008     |
|               |                |
|               |                |

Follow-up Information

| Scheduled Date | Followup Type | Employee Scheduled | Followup Status    | Completed Date | PSA |
|----------------|---------------|--------------------|--------------------|----------------|-----|
| 02/01/2008     | 30 DAY        | LINDA DORMAN       | FOLLOWUP SCHEDULED |                | 02A |

Add Unscheduled Followup View Selected Followup Print Follow-up CIF

Record: 1/1 <OSC>

When you click on the **Followups** tab, a summary screen displays all follow-ups related to that case. The screen displays for each followup the followup scheduled date, followup type, employee scheduled, followup status, completed date and PSA. You can click on the particular followup that you want to view or edit. Only a supervisor can edit a followup for a closed case.

The CARES Cases Information will still be displayed on the screen and you can select the same options described under Cases (Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, Close).

This screen also has a panel that lists the staffing date and followup date that is a result of the staffing. This is where you highlight the followup to be viewed.

**Add Unscheduled Followup** – Select this option if you want to add an unscheduled follow up for an open case.

**View Selected Followup** – Select this option if you want to view the highlighted followup. Click on the followup in the Staffing Date and Followup Date panel to highlight the followup.

**Print Followup CIF** – Select this option if you want to print a highlighted followup.

When you select **View Selected Followup**, the CARES Follow-up Screen appears.

The screenshot shows the 'CARES Follow ups' form within the 'Oracle Developer Forms Runtime - Web' window. The form is titled 'CARES Follow ups' and contains the following fields and controls:

- Header:** 'CASES FOLLOWUPS', 'VERSION 10G.1', 'CIRTS', 'CARES Cases Information', 'Date: 08/25/2008', 'User: DORMANL'.
- Form Fields:**
  - 'CARES Follow-up for: TEST CASE', 'Follow-up PSA: 02A', 'Case Opened on: 01/01/2007'.
  - 'Scheduled Date: 02/01/2007', 'Caseworker Scheduled: LINDA DORMAN', 'Followup Status: SC', 'Followup Type: TD'.
  - 'Completed Date', 'Caseworker Completed', 'Placement Recommendation', 'Program Recommendation' (all empty).
  - 'Spec Services being Provided?' (checkbox), 'Living Arrangement', 'Living Situation', 'County' (all empty).
  - 'Case Manager', 'Followup Site', 'Primary Caregiver', 'Waiting for NH Reason: <null>' (all empty).
- Buttons:** 'Edit', 'Save', 'Cancel', 'Close'.
- Footer:** 'Record: 1/1', '<OSC>'.

This screen will capture data regarding the client's current status. The system will collect information such as the client's current living arrangement, living situation, placement recommendation, program recommendation, case manager, and primary caregiver status. The system will also capture specific information concerning nursing home placement, swing bed or hospital skilled nursing unit status, or Medicaid Waiver status.

In order to enter follow-up information for a scheduled or unscheduled follow up, you must first select **Edit**.

## **Follow Up Screen Definitions**

**Scheduled Date.** This is the date of the scheduled follow up. The system establishes this date, and no entry is allowed in this field.

**Caseworker Scheduled.** This is the caseworker that owns the case and is responsible for the follow-up. The system establishes the caseworker based on **Case Assignment**. No entry is allowed in this field.

**Followup Status.** The system enters this information and no entry is allowed in this field. The codes are SC=Followup Scheduled and CO=Followup Completed.

**Followup Type.** This is the type of the followup. The codes are TD=30 Day, ND=90 Day, OD=180 Day, AN=Annual, OA=Ongoing Annual and UF=Unscheduled Followup. The system enters this information and no entry is allowed in this field.

**Referral Complete.** If this box is checked it means complete referral information has been entered on the Referral screen. If this box is not checked it means a follow-up will be scheduled every 30 days until the information is complete. See Referral screen for a definition of complete.

**PAS Complete.** If this box is checked it means complete PAS information has been entered on the PAS screen. If this box is not checked it means a follow-up will be scheduled every 30 days until the information is complete. See PAS screen for definition of complete.

**Completed Date.** This is the date the follow-up is completed. This will be a two-digit month and day, and a four-digit calendar year. This cannot be a future date. It must be a current or past date. This is a mandatory item. The system will generate a pop up box that will advise you if the follow-up is too early. You cannot enter a Completed Date that is prior to the 15 day window for follow-ups.

**Caseworker Completed.** This indicates the caseworker that completed the follow-up. This is a mandatory item.

**Placement Recommendation.** This indicates the placement recommendation at the time of the follow-up. This is a mandatory item. The codes are:

*AFCH=Adult Family Care Home*

Any state licensed adult family care home.

*ALFE=ALF with Ext Cong Care*

Any state licensed ALF which is also licensed to provide extended congregate care.

*ALFM=ALF with Ltd Ment Hlth Svcs*

Any state licensed ALF which is also licensed to provide limited mental health services.

*ALFN=ALF with Ltd Nurs Svcs*

Any state licensed ALF which is also licensed to provide limited nursing services.

*ALFS=Assisted Living Facility*

Any state licensed assisted living facility.

*ARTS=Adult/Ger Res Treat Fac*

A residential facility that provides mental health treatment.

*GRHO=Group Home*

A small residential home sponsored by a state or community entity.

*HOSP=Hospital*

A freestanding facility that provides medical care for acute illnesses. This includes swing bed hospitals, hospital skilled nursing units, and inpatient hospice care.

*MRDD=MR/DD Facility*

Any state licensed facility/center for the developmentally disabled. For example, an ICF/DD, Sunland, cluster facilities, sheltered workshops, etc.

|   |  |
|---|--|
| <i>NHTP=Temporary Nursing Home</i>                  | A short term placement in a nursing home is recommended as the person has potential to return to the community. Refer to NUHO=Nursing Home.                    |
| <i>NHTR=Nursing Home Transition</i>                 | Indicates the person is transitioning from the nursing home to the community with or without services.   |
| <i>NUHO=Nursing Home</i>                            | A freestanding facility which is certified under Medicare and/or Medicaid to provide nursing services.   |
| <i>OTHR=Other</i>                                   | A placement recommendation which is not covered by the codes provided.   |
| <i>PRNH=Prison Nursing Home</i>                     | A nursing home unit within a duly authorized and supervised facility such as a prison or jail.   |
| <i>PRRE=Private Residence</i>                       | Any unlicensed non-institutional residence.  |
| <i>PSYF=Psychiatric Facility</i>                    | Any freestanding facility that provides psychiatric or mental health care (excluding a state mental hospital). This would include a crisis stabilization unit. |
| <i>REHB=Rehabilitation Hospital</i>                 | Any freestanding facility which provides rehabilitation services including drug and alcohol.   |
| <i>SAPT=Supervised Apartment</i>                    | A complex where supervision is available on a daily basis.   |
| <i>SHNH=State Mental Hospital/Nursing Home Unit</i> | A nursing home unit within a state licensed mental hospital.   |
| <i>SMHO=State Mental Hospital</i>                   | A state licensed facility that provides psychiatric care.  |

**Program Recommendation.** This identifies the program that is being recommended by CARES staff. The system will provide a drop down box with a list of choices for this field. The choices will be based on the code entered in the placement recommendation field. Please refer to the staffing chart on pages 132-134 for selection choices. This is a mandatory item. The codes for this field are:

|  |   |
|--|---|
| <i>ACFW=Adult Cystic Fibrosis Waiver</i>     | Adult Cystic Fibrosis Medicaid Waiver Program.  |
| <i>ADAW=Aged/Disabled Adults Waiver</i>      | Aged Disabled Adults Medicaid Waiver Program.   |
| <i>ADHC=Adult Day Health Care Waiver</i>     | Adult Day Health Care Medicaid Waiver Program.  |
| <i>ALFW=Assisted Living Facility Waiver</i>  | Assisted Living Medicaid Waiver Program.  |
| <i>ALZW=Alzheimer's Disease Waiver</i>       | Alzheimer's Disease Medicaid Waiver Program.  |
| <i>BSCW= Brain/Spinal Cord Injury Waiver</i> | Brain and Spinal Cord Injury Medicaid Wavier Program.   |
| <i>CCDA=Comm Care for Disabled Adults</i>    | Community Care for Disabled Adults Program.   |
| <i>CCFE=Community Care for the Elderly</i>   | Community Care for the Elderly Program.   |
| <i>CDCW=Consumer Directed Care Waiver</i>    | Consumer Directed Care Medicaid Waiver Program.   |
| <i>CHAN=Channeling</i>                       | Channeling Medicaid Waiver Program.   |
| <i>DEVS=Developmental Services</i>           | Agency for Persons with Disabilities Program.   |
| <i>ELDC=Elder Care</i>                       | Elder Care HMO Program.   |
| <i>FDMW=Fam Dys Medicaid Waiver</i>          | Familial Dysautonomia Medicaid Waiver Program.  |
| <i>HEMO=Health Maint Org</i>                 | Health Maintenance Organization Program.  |
| <i>HSPC=Hospice</i>                          | Hospice Program.  |
| <i>LTCP=LTC Com Div Pilot Program</i>        | Long Term Care Community Diversion Pilot Medicaid Waiver Program.   |
| <i>NHSS=Specialized Services</i>             | Nursing Home with specialized services recommended. If the results of the Level II Evaluation and Determination show specialized services needed, this code should be used. If the specialized services stop, the code should be changed. |
| <i>NONE=None</i>                             | No program considered.  |
| <i>OMDW=Other Medicaid Waiver</i>            | Medicaid Waiver exclusive of the waivers listed.  |
| <i>OTHR=Other</i>                            | Other program exclusive of programs listed.   |
| <i>PACE=Prog All Inc Care for Elderly</i>    | Program of All Inclusive Care for the Elderly Program.  |
| <i>PACW=Project Aids Care Waiver</i>         | Project Aids Care Medicaid Waiver Program.  |
| <i>SBHO=Swing Bed Hosp</i>                   | Rural hospital certified to provide nursing facility services.  |
| <i>SNUH=Skilled Nurs Unit/ Hosp</i>          | Skilled nursing unit within a hospital.   |

**Spec Services being Provided?** If the program recommendation is NHSS=Needs Specialized Services, you will be required to enter a Y=Yes or N=No in this field. A yes indicates the person is currently receiving specialized services and a no indicates the person is not receiving specialized services. This field will be disabled if the program recommendation is not NHSS.

**Living Arrangement.** Enter the appropriate code that reflects the living arrangement of the client at the time of the follow-up. This is a mandatory item. The codes are:

|  |   |
|--|---|
| <i>AFCH=Adult Family Care Home</i>                         | Any state licensed adult family care home.  |
| <i>ALFE=ALF with Ext Cong Care</i>                         | Any state licensed ALF which is also licensed to provide extended congregate care.  |
| <i>ALFM=ALF with Ltd Ment Hlth Svcs</i>                    | Any state licensed ALF which is also licensed to provide limited mental health services.  |
| <i>ALFN=ALF with Ltd Nurs Svcs</i>                         | Any state licensed ALF which is also licensed to provide limited nursing services.  |
| <i>ALFS=Assisted Living Facility</i>                       | Any state licensed assisted living facility.  |
| <i>ARTS=Adult/Geriatric Residential Treatment Facility</i> | A residential facility that provides mental health treatment.   |
| <i>GRHO=Group Home</i>                                     | A small residential home sponsored by a state or community entity.  |
| <i>HOSP=Hospital</i>                                       | An institution that provides care for acute illnesses (excluding a state mental hospital). Use this code for all units located within a hospital (swing bed, psychiatric unit, skilled nursing unit, etc.). |
| <i>MRDD=MR/DD Facility</i>                                 | A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).  |
| <i>NUHO=Nursing Home</i>                                   | A freestanding facility that is certified under Medicare and/or Medicaid to provide nursing services.   |
| <i>OTHR=Other</i>  | All other living arrangements exclusive of ones listed.   |
| <i>PRIS=Prison/Jail</i>                                    | A duly authorized and supervised facility like a jail or a prison.  |
| <i>PRRE=Private Residence</i>                              | Any unlicensed non-institutional residence.   |
| <i>PSYF=Psychiatric Facility</i>                           | A freestanding facility that provides psychiatric or mental health care.  |
| <i>REHB=Rehab Hospital</i>                                 | Any freestanding facility which provides rehabilitation services including drug and alcohol.  |
| <i>SAPT=Supervised Apartment</i>                           | A complex where supervision is available on a daily basis.  |
| <i>SHNH=State Mental Hospital/Nursing Home Unit</i>        | A nursing home unit within a state licensed mental hospital.  |
| <i>SMHO=State Mental Hospital</i>                          | A state licensed facility that provides psychiatric care.   |
| <i>TRAN=Transient</i>                                      | No fixed place of abode, or lives on the road.  |

**Living Situation.** AL=Alone should be entered for all living arrangements except for HOSP, OTHR, PRRE, PSYF, REHB, SAPT, and TRAN. If the living arrangement is any of the seven mentioned, all code choices will be available. If the client is in a hospital and is expected to be discharged to a nursing home, Assisted Living Facility, or Adult Family Care Home, the living situation will be AL=Alone. This is an optional item. The codes are:

|                          |   |
|--------------------------|---|
| <i>AL=Alone</i>          | Client lives alone.   |
| <i>NR=Not Required</i>   | Indicates field not required. System will generate when left blank. |
| <i>U=Unknown</i>         | Client's living situation is not known.                             |
| <i>WC=With Caregiver</i> | Client lives with a caregiver.                                      |
| <i>WO=With Other</i>     | Client lives with someone other than a caregiver.                   |
| <i>Z=Policy Changes</i>  | System generated when system is updated.                            |

**County.** This is the county in which the client is physically located at the time of the follow-up. Enter the appropriate county. This item is mandatory. *Note: Only the counties within each PSA will be available in the drop down box.*

**Case Manager.** This indicates the designated case management unit for the case. This is a mandatory item. The codes for this field are:

|   |   |
|---|---|
| <i>AAS=Adult Services</i>                       | Adult Services staff of the Department of Children and Families.  |
| <i>ADH=Adult Day Health Care</i>                | Staff of an agency providing services under the Adult Day Health Care Medicaid Waiver Program.  |
| <i>AHC=Agency for Health Care Adm</i>           | Staff of the Agency for Health Care Administration.   |
| <i>ALZ=Alzheimer's Disease Waiver</i>           | Staff of an agency providing services under the Alzheimer's Disease Medicaid Waiver Program.  |
| <i>ARC=ARC or ADRC</i>                          | Aging Resource Center or Aging Disability Resource Center.  |
| <i>BHP=Broward Homebound Program</i>            | Staff of the Broward Homebound program.   |
| <i>CAR=CARES</i>                                | CARES staff of the Department of Elder Affairs.   |
| <i>CDA=Community Care for Disabled Adults</i>   | Adult Services staff of the Department of Children and Families <b>or</b> staff of an agency providing services under the Community Care for Disabled Adults Program. |
| <i>CFW=Cystic Fibrosis Waiver</i>               | Staff of the Department of Health.  |
| <i>CHA=Channeling</i>                           | Staff of an agency providing services under the Channeling Medicaid Waiver Program.   |
| <i>DES=Developmental Services</i>               | Staff of the Agency for Persons with Disabilities.  |
| <i>DOH=Department of Health</i>                 | Staff of the Department of Health.  |
| <i>ELD=Elder Care</i>                           | Staff of an agency providing services under the Elder Care Plan.  |
| <i>HHC=Home Health Care</i>                     | Staff of a private agency which provides home health services.  |
| <i>HMO=Health Maintenance Organization</i>      | Staff of a Health Maintenance Organization.   |
| <i>LEA=Lead Agency</i>                          | Staff of the local lead agency which provide case management for any program.   |
| <i>MCO=Managed Care Org</i>                     | Staff of a managed care organization.   |
| <i>MEH=Mental Health</i>                        | Staff of any agency which provides mental health services.  |
| <i>MHC=Massada Home Care</i>                    | Staff of the Massada Home Care program.   |
| <i>OMW=Other Medicaid Waiver</i>                | Staff of an agency providing services under any Medicaid Waiver exclusive of ones listed.   |
| <i>PAC=Project Aids Care</i>                    | Staff of an agency providing services under the Project Aids Care Medicaid Waiver Program.  |
| <i>PCE=Prog of All Inc Care for the Elderly</i> | Staff of an agency providing services under the PACE program.   |
| <i>UHC=United Home Care</i>                     | Staff of United Home Care.  |
| <i>VOC=Vocational Rehabilitation</i>            | Staff of a state program under the Department of Education.   |

**Followup Site.** This identifies where the follow-up actually took place. This is a mandatory item. The codes are:

|   |  |
|---|--|
| <i>ADC=Adult Day Care</i>               | A facility which provides day care for certain eligible adults.                          |
| <i>AFCH=Adult Family Care Home</i>      | Any state licensed adult family care home.   |
| <i>ALF=Assisted Living Facility</i>     | Any state licensed assisted living facility.   |
| <i>ALFE=ALF with Ext Cong Care</i>      | Any state licensed ALF which is also licensed to provide extended congregate care.       |
| <i>ALFM=ALF with Ltd Ment Hlth Svcs</i> | Any state licensed ALF which is also licensed to provide limited mental health services. |
| <i>ALFN=ALF with Ltd Nurs Svcs</i>      | Any state licensed ALF which is also licensed to provide limited nursing services.       |
| <i>ARTS=Adult/Ger Res Treat Fac</i>     | A residential facility which provides mental health treatment.                           |
| <i>CARE=Onsite in CARES Office</i>      | Assessment completed in the CARES office.  |

*CH=Client/Relative's Home*  
*GRHO=Group Home*  
*H=Hospital*

*M=Meal Site*  
*MRDD=MR/DD Facility*

*NH=Nursing Home*

*OAA=Older American Act*

*OFFC=Office/Medical Case File Review*

*OT=Other*  
*PRIS=Prison/Jail*  
*PSA=PSA Specific*  
*PSYF=Psychiatric Facility*  
*SBHO=Swing Bed Hospital*

*SMHO=State Mental Hospital*  
*SNUH=Skilled Nursing Unit/Hospital*

*T=Telephone Screen*

The client's or relative's private residence.

A small residential home sponsored by a state or community entity.

An institution that provides care for acute illnesses (excluding a state mental hospital, swing bed hospital, and a skilled nursing unit within a hospital).

Meal site sponsored by a lead agency.

A facility that provides treatment for people suffering from developmental disabilities (ICF/DD, cluster facility, Sunland, etc.).

A freestanding facility that is certified under Medicare and/or Medicaid to provide nursing services.

Federally funded program administered by the Department of Elder Affairs.

Indicates the assessment was a medical case file review completed in the CARES office.

All other assessment sites exclusive of ones listed.

A duly authorized and supervised facility like a jail or a prison.

Site specific to a Planning and Service Area.

A freestanding facility that provides psychiatric or mental health care.

A rural hospital that is certified under Medicare/Medicaid to provide nursing services.

A state licensed facility that provides psychiatric care.

A section within a hospital which is certified under Medicare/Medicaid to provide skilled nursing services.

Indicates an assessment completed by telephone.

**Primary Caregiver.** A primary caregiver is any family member or friend who the person indicates cares for them on a regular basis. The caregiver may or may not be paid, but does not include agency caregivers, ALF operators, AFCH sponsors, or nursing home staff. Enter the code that reflects the primary caregiver status of the client. This is a mandatory item. The codes are:

*N=No Caregiver*  
*R=Not Required*  
*U=Unknown*  
*Y=Yes*  
*Z=Policy Changes*

Client does not have a caregiver.

Indicates field not required. System will generate when left blank.

Client's caregiver status is not known.

Client has a caregiver.

System generated when system is updated.

**Waiting Reason.** This indicates why the client is waiting for placement in a nursing home. This field is mandatory if the placement recommendation is nursing home and the living arrangement is not nursing home. The codes are:

*FI=Family/Individual Delay*  
*IH=Still in Hospital*  
*NB=No Bed Available*  
*OT=Other*  
*WF=Waiting/Financial*  
*WL=Waiting List*

Family has not followed through with nursing home placement.

Client remains in the hospital.

No nursing home bed is available.

Reason exclusive of ones listed.

Client is waiting on determination of Medicaid eligibility.

Client is on a waiting list for a particular nursing home.

**IF THE LIVING ARRANGEMENT IS NURSING HOME (NUHO), THE FIELDS IN THE NURSING HOME PANEL WILL BECOME VISIBLE AND WILL REQUIRE ENTRY.**

| Nursing Home |                   |                          |                |                   |
|--------------|-------------------|--------------------------|----------------|-------------------|
| Admit Date   | Nursing Home Name | Living Arrangement Prior | Discharge Date | Diversion Barrier |
| 01/01/2007   | BAY CENTER        | HOSPITAL                 |                | NO BARRIER        |

**Nursing Home Admit Date.** Enter the date the client entered a nursing home. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year.

**Name of Nursing Home.** Enter the name of the nursing home where the client is residing. This is a list of individual PSA nursing homes. Each PSA will determine the nursing homes that are listed.

**Living Arrangement Prior to Nursing Home Admission.** Enter the appropriate code that reflects the living arrangement of the client prior to entering a nursing home. For example, if the client was residing in an Assisted Living Facility prior to entering a nursing home, the code would be ALFS. If the client was in the hospital prior to nursing home admission, the code would be HOSP. The codes are the same as the **Living Arrangement** codes listed above.

**Discharge Date.** This date represents the date the client was discharged from the nursing facility. This will be a two-digit month and day, and a four-digit calendar year. This date cannot be prior to the Admit Date. This item is optional if the living arrangement continues to be NUHO=Nursing Home. If the living arrangement at Staffing was NUHO but at Followup is not NUHO, then this field becomes mandatory. There are times the system will automatically populate a date in this field. You will receive a message notifying you of this.

**Barrier.** This identifies the barrier that prevents an initial or subsequent alternative placement recommendation. If there is no barrier enter NONE. The codes are:

ACNA=Assistive Care Services/Optional State Supplementation Not Available  
 ADWL=Aged Disabled Adults Waiver Waiting List  
 AENA=Assisted Living Facility with Extended Congregate Care Not Available  
 AFNA=Assisted Living Facility Not Available  
 ALWL=Assisted Living Waiver Waiting List  
 AMNA=Assisted Living Facility with Limited Mental Health Services Not Available  
 ANNA=Assisted Living Facility with Limited Nursing Services Not Available  
 ARAP=Assisted Living Facility Provider Required Additional Payment  
 BSWL=Brain and Spinal Cord Injury Waiver Waiting List  
 CDWL=Consumer Directed Care Waiver Waiting List  
 CGEX=Caregiver Expired  
 CGHP=Caregiver In Hospital  
 CGNH=Caregiver In Nursing Home  
 CHWL=Channeling Waiver Waiting List  
 ELWL=Elder Care Waiting List  
 FENT=Financial Eligibility Determination Not Timely  
 IACA=Ineligible For Assistive Care/Optional State Supplementation Due To Assets  
 IACI=Ineligible For Assistive Care/Optional State Supplementation Due To Income  
 ICMA=Ineligible for Community Medicaid due to Assets



*ICMI=Ineligible for Community Medicaid due to Income*  
*INAG=Ineligible Due To Age Requirement*  
*INCS=Ineligible For Community Services For Other Reasons*  
*INHD=Ineligible For Nursing Home Transition Due To Health/Functional Decline*  
*LFPA=Lacks Financial Resources to Private Pay an Assisted Living Facility*  
*LPWL=Long Term Care Community Diversion Pilot Waiver Waiting List*  
*NONE=No Barrier*  
*PAWL=Project Aids Care Waiting List*  
*REAF=Assisted Living Facility Refused To Accept Client*  
*RECM=Case Manager Service Provider Refused To Accept Referral*  
*REFF=CARES Placement Recommendation Refused By Family Due To Financial Concerns*  
*REFH=CARES Placement Recommendation Refused By Family Due To Health Concerns*  
*REOT=CARES Placement Recommendation Refused By Family For Other Reasons*  
*REPH=CARES Placement Recommendation Refused By Physician*  
*RERB=Client Or Family Refused To Relinquish NH Bed*  
*RESP=Client Or Family Refused CARES Placement Recommendation To Stay In NH With Spouse*  
*RRNT=Referral Response From Provider Not Timely*  
*SANA=Secure Assisted Living Facility Not Available*  
*SPIM=Spousal Impoverishment Situation Likely If Placed*  
*WLAC=Waitlist For Assistive Care Services/Optional State Supplementation*  
*WLIA=Waiting List For Assisted Living Facility or Adult Family Care Home*  
*WLIC=Waiting List For Community Services*

**IF THE PROGRAM RECOMMENDATION IS A MEDICAID WAIVER, THE WAIVER PANEL WILL BECOME VISIBLE AND WILL REQUIRE ENTRY.**

|  |   |  |   |                           |   |
|--|---|--|---|---------------------------|---|
| Waiver                                 |   |  |   |                           |   |
| Status Date                            | <input type="text"/>                      | Status                                 | <input type="text"/>                      | Accepted Date             | <input type="text"/>                      |
| Denial Reason                          | <input type="text" value="&lt;null&gt;"/> | Termination Date                       | <input type="text"/>                      | Term. Reason              | <input type="text" value="&lt;null&gt;"/> |
| DCF Filed Date                         | <input type="text"/>                      | DCF Eligibility Date                   | <input type="text"/>                      | DCF Financial Eligibility | <input type="text" value="&lt;null&gt;"/> |
| Date Freedom of Choice Given to Client | <input type="text"/>                      | Date Freedom of Choice Return to CARES | <input type="text"/>                      |                           |   |
| Delay Receiving Freedom of Choice?     | <input type="text"/>                      | Delay Reason                           | <input type="text" value="&lt;null&gt;"/> |                           |   |

**Status Date.** This is the date CARES determines the Medicaid Waiver status of the client. It is usually the staffing date or follow-up date. This will be a two-digit month and day, and a four-digit calendar year. It cannot be a future date. It must be a current or past date. This is a mandatory item.

**Status.** This indicates the Medicaid Waiver status of the client. This is a mandatory item. The codes are:

|                |   |
|----------------|---|
| A=Approved     | Client was approved for Medicaid Waiver.              |
| D=Denied       | Client was denied Medicaid Waiver.                    |
| P=Pending      | Client's Medicaid Waiver status is pending.           |
| W=Waiting List | Client was put on a waiting list for Medicaid Waiver. |

**Accepted Date.** This indicates the date that the client started receiving Medicaid Waiver services from the case management agency. This will be a two-digit month and day, and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is a mandatory item if the status is A=Approved.

**Denial Reason.** This indicates the reason the Medicaid Waiver was denied. This is a mandatory item if the status is D=Denied. The codes are:

|                                |  |
|--------------------------------|--|
| <i>CD=Client Died</i>          | Client died prior to disposition.                        |
| <i>IN=In Nursing Home</i>      | Client placed in nursing home prior to disposition.      |
| <i>LC=Lost Contact</i>         | Lost contact with client prior to disposition.           |
| <i>LS=Left State</i>           | Client left the state prior to disposition.              |
| <i>NE=Not Eligible</i>         | Client not eligible for services.                        |
| <i>OT=Other</i>                | Denied for reason exclusive of ones listed.              |
| <i>RM=Refused Medicaid</i>     | Client refused to apply for or accept Medicaid.          |
| <i>RS=Refused Service</i>      | Client refused to accept the service(s) offered.         |
| <i>VW=Voluntary Withdrawal</i> | Client/family voluntarily withdrew request for services. |

**Termination Date.** This is the date the client's Medicaid Waiver services were terminated. This will be a two digit month and day, and a four digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Termination Reason.** This indicates the reason the Medicaid Waiver services are terminated. This is a mandatory item if an entry is made in Termination Date. The codes are:

|                                  |  |
|----------------------------------|--|
| <i>CD=Client Died</i>            | Terminated due to client's death.                                |
| <i>CH=Choose Hospice</i>         | Terminated as client chooses Hospice instead of Medicaid Waiver. |
| <i>FI=Family Intervention</i>    | Terminated due to family intervention.                           |
| <i>IN=In Nursing Home</i>        | Terminated as client entered a nursing home.                     |
| <i>LC=Lost Contact</i>           | Terminated due to loss of contact with the client.               |
| <i>LS=Left State</i>             | Terminated as client left the state.                             |
| <i>NF=Not Eligible/Financial</i> | Terminated as client no longer meets the financial criteria.     |
| <i>NM=Not Eligible/Medical</i>   | Terminated as client no longer meets the medical criteria.       |
| <i>OT=Other</i>                  | Terminated for reason other than ones listed.                    |
| <i>PR=In Prison/Jail</i>         | Terminated due to client being in prison or jail.                |

**DCF Filed Date.** This is the date the Request for Assistance (RFA) was filed with DCF. This will be a two-digit month and day, and a four-digit calendar year. This field is optional, but an entry should be made, when appropriate, if the Program Recommendation is **LTCP**.

**DCF Eligibility Date.** This is the date the financial eligibility was determined by DCF. This will be a two-digit month and day, and a four-digit calendar year. This field is optional, but an entry should be made, when appropriate, if the Program Recommendation is **LTCP**.

**DCF Financial Eligibility.** This field reflects the financial eligibility as determined by DCF. This field is optional, but an entry should be made when the Program Recommendation is **LTCP**. The codes are:

|                                    |
|------------------------------------|
| <i>FE=Financially Eligible</i>     |
| <i>NE=Financially Not Eligible</i> |

**Date Freedom of Choice Given to Client.** If the Program Recommendation is LTCP=Long Term Care Community Diversion Pilot Program, this field will be mandatory. Enter a two-digit month and day, and a four-digit calendar year.

**Date Freedom of Choice Returned to CARES.** This is an optional item. Once the Freedom of Choice is received in the CARES office, enter the date received. This will be a two-digit month and day, and a four-digit calendar year.

**Delay Receiving Freedom of Choice?** If there is an entry in Date Freedom of Choice Returned to CARES, this is a mandatory item. The choices for this field are Y=Yes or N=No.

**Delay Reason.** If the Delay Receiving Freedom of Choice is Yes, then the Delay Reason is mandatory. If the Delay Receiving Freedom of Choice is No, the field is disabled. The codes for this field are:

CLD=Client Delay  
CRD=CARES Delay

**IF THE PROGRAM RECOMMENDATION IS SWING BED OR SKILLED NURSING UNIT/HOSPITAL, THE FIELDS IN THE SWING BED/SKILLED NURSING PANEL WILL BECOME VISIBLE AND WILL REQUIRE ENTRY.**

Swingbed / Skilled Nursing

Admit Date Discharge Date Ext. Req. Date Extension Status Extension Denial Reason

Edit Save Cancel Close

Select a(n) Primary Caregiver from the drop-down list.

Record: 1/1 <OSC>

**Admit Date.** This is the date the client was admitted to a swing bed or skilled nursing unit within a hospital. This will be a two-digit month and day, and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Discharge Date.** This is the date the client is discharged from a swing bed or skilled nursing unit within a hospital. This will be a two-digit month and day, and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Extension Requested Date.** This is the date that the provider requests an extension for the swing bed or skilled nursing unit stay. This will be a two-digit month and day, and a four-digit calendar year. It must be a current or past date. It cannot be a future date. This is an optional item.

**Extension Status.** This indicates the disposition of the request for an extension. This is a mandatory item if there is a date in Extension Requested. The codes are:

A=Approved Extension is approved by CARES.  
D=Denied Extension is denied by CARES.

**Extension Denial Reason.** This indicates the reason the extension request was denied. This is a mandatory item if the Extension Status is D=Denied. The codes are:

DNM=Does Not Meet Level of Care The individual does not meet level of care as defined in 59G-4.180 or 59G-4.290 of the Florida Administrative Code.  
NIE=Not ICP Eligible The individual is not eligible for ICP.  
OTH=Other The extension is denied for reason other than ones listed.

***Note: Follow-ups are automatically generated by the system based on the follow up schedule chart found on pages 137-138.***

***A Nursing Home panel from a previous case will show if a new case is opened and the discharge date is not populated. If the Living Arrangement is not Nursing Home, the system will force entry of the discharge date. The same is true of the Swing Bed and Waiver panels.***

**Edit** – Select this option if you want to enter follow-up information for a scheduled follow-up. Also, select this option if you want to edit previously entered information for a completed follow-up.

**Save** – Select this option if you want to save the information entered or edited.

**Cancel** – Select this option to cancel without saving the information entered or edited.

**Close** – Select this option to close the Followup screen.

## **UNSCHEDULED FOLLOW UP SCREEN**

Followup Scheduled Date

Employee Scheduled

**Save** **Cancel**

Enter Followup Scheduled Date, format: MM/DD/YYYY.  
Record: 1/1

This screen is accessed by selecting Add Unscheduled Followup under the Followups tab. The above screen will appear. An unscheduled follow-up is not part of the regularly scheduled follow-up schedule based on the staffing date. An unscheduled follow-up can be scheduled at any time. Unscheduled follow-ups do not affect the follow up schedule for the case and do not close cases (like scheduled follow ups do). An unscheduled follow-up may be scheduled for any reason, such as to check on the client in between regularly scheduled follow-ups or to see if the referral agency has started providing services.

### **Unscheduled Followup Screen Definitions**

**Followup Scheduled Date**. This is the date that the unscheduled followup is due. This will be a two- digit month and day, and a four-digit calendar year. This is a mandatory item.

**Employee Scheduled**. This indicates the caseworker that the unscheduled follow-up will be assigned to for completion. This is a mandatory item.

**Save** – Select this option to save the unscheduled follow-up.

**Cancel** – Select this option to cancel without saving the unscheduled follow-up and to close out the screen.

## CLOSE CASE SCREEN

Oracle Developer Forms Runtime - Web

CLOSE\_CASE\_WINDOW

Caseworker Closing

Case Closed Reason

Case Closed Date

Date of Death

OK Cancel

To close a case you will select Close Case at the Cases screen. The above screen will appear once Close Case is selected. The pink fields are mandatory.

### Close Case Screen Definitions

**Caseworker Closing.** This is the name of the caseworker that is closing the case. This is a mandatory item.

**Case Closed Reason.** This identifies the reason the case is being closed. The system will automatically close a case in certain instances. However, there will be times when the case must be closed manually. This is a mandatory item. The codes are:

|                                     |  |
|-------------------------------------|--|
| <i>CA=Close/Annual</i>              | Closed at annual follow up.  |
| <i>CC=Close/In Community</i>        | Client is in the community and does not require follow-up.   |
| <i>CD=Client Deceased</i>           | Client is deceased. Verification of death and date of death needed.  |
| <i>DE=Data Entry Error</i>          | Case previously closed using incorrect case termination code.  |
| <i>DS=Discharged Swing Bed/SNUH</i> | Closed due to client being discharged from a swing bed or skilled nursing unit within a hospital.                            |
| <i>FI=Family Intervention</i>       | Case is closed due to family intervention.   |
| <i>GA=Goal Achieved</i>             | Case closed as goals determined by CARES and client have been met.   |
| <i>IC=In Community/Case Manager</i> | Closed as client remains in the community and is followed by a case manager.   |
| <i>IH=In Hospital</i>               | Closed as client remains in the hospital with no potential to return to the community and is to be placed in a nursing home. |
| <i>IN=In Nursing Home</i>           | Closed as client does not have potential to return to the community.   |
| <i>LC=Lost Contact</i>              | Closed as all contact with the client has been lost and the client cannot be located.  |

|  |  |
|--|--|
| <i>LP=Lost Community Potential</i>     | Closed as the person with a temporary nursing home placement recommendation no longer has potential for community diversion. |
| <i>LS=Left State</i>                   | Closed as client has left the state.   |
| <i>NE=Not Eligible</i>                 | Closed as person is not eligible for a particular program. Verification needed from payments or reliable source.             |
| <i>NN=No Longer Needed</i>             | Closed as CARES no longer needs to provide follow-up.  |
| <i>PP=Private Pay OBRA Screen Only</i> | Closed as only action taken was to complete OBRA screen for a private pay client.  |
| <i>RA=Refused Assessment</i>           | Closed as the client/family refused the CARES assessment.  |
| <i>SA=Services Approved</i>            | Closed as community services are being provided and the client does not want CARES to follow.                                |
| <i>SD=Services Denied</i>              | Closed as community services were denied and the client does not want CARES to follow.                                       |
| <i>TH=Terminated Hospice</i>           | Closed as client chose Hospice and CARES does not need to provide follow-up.   |
| <i>TP=Terminated PAC</i>               | Closed as client was terminated from Project Aids Care and no further CARES follow-up needed.                                |
| <i>TR=Case Transfer</i>                | Case is being transferred to another CARES PSA.  |
| <i>VW=Voluntary Withdrawal</i>         | Closed as client/family requested termination of CARES involvement.  |
| <i>WA=Waiver Approved</i>              | Closed as waiver services were approved for a client not assessed by CARES.  |
| <i>WL=Waiting List/Annual</i>          | Closed as client with a referral has been on a waiting list for a year.  |

**Case Closed Date.** This is the date the case is closed. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year. This is a mandatory item.

**Date of Death.** This item is mandatory if the case is closed using reason code CD=Client Deceased. This will be a two-digit month and day, and a four-digit calendar year. This cannot be a future date. It must be a current or past date. When the Date of Death is entered on the Close Case screen, it populates the DOD on the Demographics screen.

**OK** – Select this option if you want to save the information entered.

**Cancel** – Select this option if you want to cancel without saving the information.

## INFORMATION SCREEN

| Request Date | Time Spent | Contact Type | Recommended Action | Employee | PSA |
|--------------|------------|--------------|--------------------|----------|-----|
|              |            |              |                    |          |     |
|              |            |              |                    |          |     |
|              |            |              |                    |          |     |
|              |            |              |                    |          |     |

This screen is only completed when there will be no CARES assessment or no official referral for services made by CARES. The fields highlighted in pink are mandatory. At the top of this screen there is a panel that shows a list of information requests. This panel displays the request date, time spent, contact type, recommended action, employee and PSA.

To view a particular information request, click on it to highlight the request, and the information will appear on the screen. To add an information request, select the Add button.

### Information Screen Definitions

**Date.** Enter the date of the request for information. This date must be a current or past date. It cannot be a future date. This will be a two-digit month and day, and a four-digit calendar year. This is a mandatory item.

**Employee.** This is the name of the employee who provided the general information to the client or the individual inquiring on the client's behalf. This item is mandatory.

**Contact Type.** This is the method by which CARES was contacted for general information. This item is mandatory. The contact types are:

*MN=Medically Needy*  
*OV=Office Visit*

Code used to capture information as part of a special project of DOEA.  
Client or other party comes to the CARES office.



TC=Telephone Call  
UE=Upstreaming Encounter  
WR=Written Request

Client or other party calls the CARES office.  
Code used to capture information as part of special project of DOEA.  
CARES receives a written request for information.

**Estimated Time Spent.** Enter the estimated amount of time that was spent providing general information to the client or the individual inquiring on the client's behalf. The time is to be entered in actual minutes. This item is mandatory.

**Recommended Action.** This represents the type of action that was taken for this information only request. CARES provides general information, which may be sufficient, or CARES directs the inquirer to another source for more information. CARES does not make an official referral in these cases. This item is mandatory. The recommended actions are:

AB=Referred Abuse Registry  
AP=Referred Adult Payments  
AS=Referred Adult Services  
EL=Referred Elder Helpline  
HH=Referred Home Health  
LA=Referred Lead Agency  
NR=No Referral Made

CARES directs the inquirer to the Abuse Registry.  
CARES directs the inquirer to Adult Payments.  
CARES directs the inquirer to Adult Services.  
CARES directs the inquirer to the Elder Helpline.  
CARES directs the inquirer to a home health care agency.  
CARES directs the inquirer to the lead agency.  
CARES provides sufficient information to the client or the individual inquiring on the client's behalf. CARES does not direct the inquirer to another source.

OA=Other Action Taken

CARES takes action other than referring to another source for more information.

OC=Referred Other Community Agency

CARES directs the inquirer to a community agency not listed in the code table.

OG=Referred Other Government Program

CARES directs the inquirer to a government program not listed in the code table.

**Employee's Office:** This field is automatically populated with the PSA for the Employee. No entry is allowed in this field.

**Comments.** This section is to be used to record any particular items that the employee feels are pertinent to the case. This may be the client's address or telephone number, information about the responsible party or the inquirer, reason for the call, or anything about the client's situation. This is an optional item.

**Add** – Select this option to add an information request.

**Edit** – Select this option to edit the information previously entered.

**Save** – Select this option to save the information entered or edited.

**Cancel** – Select this option to cancel without saving the information entered or edited.

**Delete** – Select this option to delete the information request.

**Print** – Select this option to print the Information Screen.

**Close** – Select this option to close the Information Screen and return to the Menu screen.

## CLIENT INFO SCREEN

**Oracle Developer Forms Runtime - Web**

**CARES CLIENT INFORMATION WINDOW**

CARESCLIENTINFO  
VERSION 100.1

**CIRTS**  
**CARES CLIENT INFORMATION**

Date: 02/01/2008  
User: DORMANL

CARES Client Information for: CASE, TEST A

**Case Information**

| Opened Date | Living Arrangement | Living Situation | Payment Type    | Special Proj. Case | Closed Date | Closed Reason | Caseworker     |
|-------------|--------------------|------------------|-----------------|--------------------|-------------|---------------|----------------|
| 01/01/2008  | HOSPITAL           | ALONE            | MEDICAID PENDII | UPSTREAMING        |             |               | DORMAN,F,LINDA |

**Assessment Information**

| Assessment Date | Assessment Site | Assessment Type             | Risk Score | Caseworker     |
|-----------------|-----------------|-----------------------------|------------|----------------|
| 01/01/2008      | PSA SPECIFIC    | 2000 COMPREHENSIVE ASSESMEN | 74.3053    | DORMAN,F,LINDA |

**Staffing Information**

| Staffing Date | Caseworker   | Placement Recomm. | Programm Recomm. | Living Arrangement | Living Situation | Level of Care | LOC Effect. |
|---------------|--------------|-------------------|------------------|--------------------|------------------|---------------|-------------|
| 01/01/2008    | DORMAN,F,LIN | TEMPORARY NUR     | NONE             | NURSING HOME       | ALONE            | SKILLED       | 01/01/2008  |

**Scheduled Follow-Ups**

| Scheduled Date | Caseworker     |
|----------------|----------------|
| 02/01/2008     | DORMAN,F,LINDA |

**Admit Information**

| Type         | Admit Date | Discharge Date |
|--------------|------------|----------------|
| Nursing Home | 01/01/2008 |                |

**Completed Follow-Ups**

| Completed Date | Caseworker | Living Arrangement | Living Situation | Placement Recomm. | Program Recomm. | Case Manager |
|----------------|------------|--------------------|------------------|-------------------|-----------------|--------------|
|                |            |                    |                  |                   |                 |              |

**Information Requests**

| Request Date | Contact Type | Recommended Action | Time Spent | Caseworker |
|--------------|--------------|--------------------|------------|------------|
|              |              |                    |            |            |

Print Scheduled Follow-Ups Only   Print Completed Follow-Ups Only   Print Information Requests Only   Print All   Close

This screen will allow you to view certain information for the client. This includes **Case Information, Assessment Information, Staffing Information, Scheduled Follow-Ups, Completed Follow Ups, Information Requests and Admit Information**. You can only view the information. Use the mouse to scroll through the information you want to view.

### Client Info Screen Definitions

**Case Information**. This will allow you to view case opened date, living arrangement, living situation, payment type, special project case, closed date, closed reason and caseworker.

**Assessment Information**. This will allow you to view assessment date, assessment site, instrument, risk score, and caseworker.

**Staffing Information**. This will allow you to view staffing date, caseworker, placement recommendation, program recommendation, living arrangement, living situation, level of care and level of care effective date.

**Scheduled Followups**. This will allow you to view scheduled date and caseworker.

**Completed Followups.** This will allow you to view completed date, caseworker, living arrangement, living situation, placement recommendation, program recommendation, and case manager.

**Information Requests.** This will allow you to view the request date, contact type, recommended action, time spent and caseworker.

**Admit Information.** This will allow you to view type, admit date, and discharge date.

**Print Scheduled Follow Ups Only** – Select this option to print the highlighted scheduled follow up.

**Print Completed Follow Ups Only** – Select this option to print the highlighted completed follow up.

**Print Information Requests Only** – Select this option to print the highlighted information request.

**Print All** – Select this option to print the highlighted staffing. This will print the Client Information Form.

**Close** – Select this option to close the Client Info Screen and return to Demographics.

## **NURSING HOME DIVERSION SCREEN (NHD)**

Oracle Developer Forms Runtime - Web

CARES NURSING HOME DIVERSION HISTORY

CARES NHD122620070314 02/01/2008

VERSION 10G.1 CARES Nursing Home Diversion History DORMANL

Client  
CASE,TEST A

| PIPELINE     |                     |                     |    | MEDICAID PENDING          |                      |                                  |
|--------------|---------------------|---------------------|----|---------------------------|----------------------|----------------------------------|
| CARES Office | Date Enter Pipeline | Date Leave Pipeline | IR | Date Referred to Provider | Provider Referred To | Date Withdrawn from Med. Pending |
|              |                     |                     |    |                           |                      |                                  |
|              |                     |                     |    |                           |                      |                                  |
|              |                     |                     |    |                           |                      |                                  |
|              |                     |                     |    |                           |                      |                                  |
|              |                     |                     |    |                           |                      |                                  |
|              |                     |                     |    |                           |                      |                                  |

Add More Record(s)

When the individual is determined financially eligible, meets LOC and eligibility criteria, and the completed packet is sent to the Diversion provider, complete the Referral screen and set the Referred To field to 'MCO'.

SAVE DELETE CANCEL CLOSE

Date Enter Pipeline must be greater than or equal to the earliest initial date of all cases for this client

Record: 1/1 <OSC>

From the **Demographics** screen select **NHD** to access the Nursing Home Diversion History screen. This screen is used to capture information regarding the client's history in the Nursing Home Diversion Program. The information captured will be the Pipeline information and the Medicaid Pending information.

### **Nursing Home Diversion Screen Definitions**

**CARES Office.** This will be the PSA for the CARES office entering information regarding the date entering or leaving the pipeline, imminent risk designation, date referred to a provider, name of the provider and the date withdrawn from Medicaid Pending. This field will automatically be populated once Save is selected.

**Date Enter Pipeline.** This is the date the client is determined to be interested in and suitable for the Nursing Home Diversion Program. This will be a two-digit month and day, and a four-digit calendar year.

**Date Leave Pipeline.** This is the date the client, who was previously determined to be interested in and suitable for the Nursing Home Diversion Program, is no longer interested or suitable. This will be a two-digit month and day, and a four-digit calendar year.

**IR.** This field is used to determine the client's imminent risk status. Enter a Y=Yes or N=No.

**Date Referred to Provider.** This is the date the client who chose Medicaid Pending is referred to the Nursing Home Diversion provider. This will be a two-digit month and day, and a four-digit calendar year.

**Provider Referred To.** This is the name of the Nursing Home Diversion provider to whom the client who chose Medicaid Pending is referred.

**Date Withdrawn from Med. Pending.** This is the date the client determines they are no longer interested in the Medicaid Pending option after being referred to a Nursing Home Diversion provider, but prior to being officially enrolled.

**Add More Records.** Select this button to add more information. When selected this will highlight a new line for data entry.

*Note: An office can change their own NHD records even if the client has moved to another office.*

**Save** – Select this option if you want to save the information entered on the NHD screen. A pop up box will appear when the information is saved.

**Delete** – Select this option if you want to delete the saved information entered on the NHD screen. The system will generate a pop up box to verify if you want to delete the information.

**Cancel** – Select this option if you want to cancel without saving the information entered on the NHD screen.

**Close** – Select this option to close the NHD screen and return to Demographics.

## CHANGE SSN SCREEN

Oracle Developer Forms Runtime - Web

CHANGE CLIENT ID

CICNGSSN\_1226

VERSION 10G.1

CHANGE SSN

Date 02/01/2008

User DORMANL

CURRENT SSN 040404040

PROPOSED SSN

Name

Perform Change (Y/N)

Cancel Close

Enter Client Id to be Changed - REQUIRED (Enter Partial Client Id & F9 for LOV).

Record: 1/1 ... List of Valu... <OSC>

At **Demographics** select **Change SSN**. The Change Client ID screen will appear. The pink fields are mandatory. The current SSN will be shown. Enter the new SSN in the Proposed SSN field, and enter a Y=Yes in the Perform Change field. Press Enter and the SSN will be changed to the proposed SSN entered. Selecting N=No for Perform Change will not change the SSN. Only a supervisor can change a SSN.

This same screen is used to change a pseudo number to a SSN.

You will need to notify the AAA/lead agency via email when you change a SSN for a client that is currently or was receiving services. To get a list of the AAA contacts click on the Documents tab at the Enterprise Application Services screen and then click on AAA contacts for the CARES Supervisors.

**Cancel** – Select this option to cancel out of the screen without saving the information entered or if you accessed this screen in error.

**Close** – Select this option to close the screen and return to Demographics.

## DELETE CLIENT SCREEN

Oracle Developer Forms Runtime - Web

CARES Delete Client

CARES DLT CLT  
VERSION 100.1

CIRTS  
CARES - Deleting Client-level Records

Date: 02/01/2008  
User: DORMANL

Client-level Records for: TEST CASE

| Nursing Home Admits |            |            |     |
|---------------------|------------|------------|-----|
| Admit Date          | NH Name    | Disc. Date | PSA |
| 01/01/2008          | BAY CENTER | 01/02/2008 | 02A |

Delete Selected NH Admit 1 Records

| CARES Waiver Records |        |             |     |
|----------------------|--------|-------------|-----|
| Status Date          | Status | Accept Date | PSA |
|                      |        |             |     |

Delete Selected Waiver 0 Records

| Swingbed / Skilled Nursing Admits |            |     |
|-----------------------------------|------------|-----|
| Admit Date                        | Disc. Date | PSA |
|                                   |            |     |

Delete Selected SSN Admit 0 Records

| Other Client-level records |           |            |     |       |     |
|----------------------------|-----------|------------|-----|-------|-----|
| Num. of Records            | Addresses | Info. Req. | PAS | Cases | NHD |
| 1                          | 2         | 1          | 1   | 0     |     |

To delete a specific record in these tables, use the DELETE button on their respective screen.  
(Addresses will be deleted along with client.)

Delete All Client Records Close

At **Demographics** select **Delete Client**. Only a supervisor can delete a client. You can select the client records that you want to delete or you can delete all client records.

**Delete Selected NH Admit** – Select this option if you want to delete a selected nursing home admit record. The system will generate a pop up box that will ask if you really want to delete the information. Select Yes or No.

**Delete Selected SSN Admit** – Select this option if you want to delete a selected swing bed or hospital skilled nursing unit admit record. The system will generate a pop up box that will ask if you really want to delete the information. Select Yes or No.

**Delete Selected Waiver** – Select this option if you want to delete a selected waiver record. The system will generate a pop up box that will ask if you really want to delete the information. Select Yes or No.

**Delete All Client Records** – Select this option if you want to delete all client records. The system will generate a pop up box that will ask if you really want to delete the information. Select Yes or No. If you select Yes, the system will generate another pop up box that will say,

“Only demographic and address records remain for the client. Delete them now?” Select Yes or No.

**Other Client Level Records** – This panel identifies records that can be deleted from specific screens by selecting the **Delete** button on the particular screen. This includes the Information, PAS, Cases or NHD screen.

You will need to notify the AAA/lead agency via email when you delete a client that is currently or was receiving services. To get a list of the AAA contacts click on the Documents tab at the Enterprise Application Services screen and then click on AAA contacts for the CARES Supervisors.

***Note: If the client has data in another PSA, the client will not delete. Only the data in the user’s PSA will delete. The screen will tell you which other offices need to be notified because they have data for the client.***

**Close** – Select this option to close out this screen and return to Demographics.



## CHANGE PSA SCREEN

The screenshot shows the 'Change PSA Screen' interface. At the top, the title bar reads 'Oracle Developer Forms Runtime - Web'. Below it, the window title is 'Change PSA Screen'. The screen is divided into several sections:

- Top Section:** Contains fields for 'CICNGPSA\_1226', 'VERSION 100.1', 'CIRTS', 'CHANGE CLIENT PSA', 'Date' (02/01/2008), and 'User' (REGIONALCARES).
- Client Information Section:** Includes 'Social Security Number' (434343434), 'County' (PINELLAS - SOUTH), 'Client's Name' (TEST CASE), and 'Client's Date of Birth' (01/01/1901).
- PSA Comparison Section:** Divided into 'OLD' and 'NEW' columns. The 'OLD' column shows 'PSA' (05A), 'Date Changed' (07/13/2007), 'Program Changed' (DEMOGRAPHICS\_122), 'User Changed' (REGIONALCARES), and 'Caseworker' (empty). The 'NEW' column shows the same information, with 'Caseworker' as a dropdown menu.
- Buttons:** 'Save' and 'Cancel' buttons are located at the bottom left.
- Footer:** A status bar at the bottom indicates 'Record: 1/1' and '<OSC>'.

At **Demographics**, select **Change PSA**. The Change Client PSA screen will appear. Only certain security roles are allowed to change the PSA.

To change the PSA select the new County from the drop down list in the County field in the top right hand corner of the screen. This field is mandatory. The choices will be limited to the counties within your individual PSA. Once the new county is selected you will then select the Caseworker on the right side of the screen under New. The Caseworker is mandatory. All information under the New heading will be updated.

You will need to notify the AAA/lead agency via email when you change a PSA for a client that is currently or was receiving services. To get a list of the AAA contacts click on the Documents tab at the Enterprise Application Services screen and then click on AAA contacts for the CARES Supervisors.

**Save** – Select this option to save the new county.

**Cancel** – Select this option to cancel without changing the PSA and return to Demographics.

## CONTINUED RESIDENCY REVIEW SCREEN

Oracle Developer Forms Runtime - Web

CRR/CLIENT WINDOW

CARESCRRCLIENT1226  
VERSION 10G.1

**CIRTS**  
CARES CRR/CLIENT INFORMATION

Date 02/01/2008  
User DORMANL

PSA 02A

**CRRS** **CLIENTS**

Select a Nursing Home  
BAY CENTER

PSA 02A County BAY

**LIST OF CRRS**

| CRR Date   | Caseworker | Total Beds | Medicaid Beds | Medicaid Census | Sample Size |
|------------|------------|------------|---------------|-----------------|-------------|
| 05/08/2000 | 77321      | 160        | 132           | 111             | 15          |
| 12/28/2000 | 77321      | 160        | 136           | 105             | 15          |
| 03/13/2001 | 77321      | 160        | 144           | 104             | 15          |
| 12/11/2001 | 77621      | 145        | 139           | 104             | 15          |
| 04/18/2002 | 77321      | 139        | 111           | 104             | 17          |

Date 05/08/2000 Total Facility Beds 160 Total Medicaid Beds 132 Current Medicaid Census 111

Caseworker DAVIS, MARY-02A Sample Size 15 Community Potential 0

Add New CRR Edit Save Cancel Delete Close

Record: 1/? <OSC>

From the **Menu** screen select **CRRs**. The above screen will appear. There are two tabs on this screen, **CRRS** and **CLIENTS**. The **CRRS** tab shows a list of Continued Residency Reviews for a selected nursing facility. The **CLIENTS** tab shows all clients that were in the sample for the selected nursing facility and date of the review.

### Continued Residency Review Screen Definitions

**Select a Nursing Home.** This is a list of PSA nursing homes entered in **CARES Providers**. Select a nursing home from the list in the drop down box.

**PSA.** This is the PSA in which the selected nursing home is located. The system will automatically enter the PSA. No entry is allowed in this field.

**County.** This is the county in which the selected nursing home is located. The system will automatically enter the county. No entry is allowed in this field.

**List of CRRS.** This is a summary of CRR dates for the selected nursing home. Single click on the date of the CRR (from the drop down box) that you would like to view or edit. This summary provides the CRR date, caseworker, total beds, Medicaid beds, Medicaid census, and sample size. If no CRR has been entered, no information will be listed.

**Date.** This is the date of the CRR that is being entered. This will be a two-digit month and day, and a four-digit calendar year. It cannot be a future date. It must be a current or past date. This is a mandatory item.

**Total Facility Beds.** This is the number of total beds in the facility. Enter the number of beds. This is a mandatory item.

**Total Medicaid Beds.** This is the number of designated Medicaid beds in the facility. Enter the number of beds. This is a mandatory item.

**Current Medicaid Census.** This is the number of Medicaid clients in the facility at the time of the CRR. Enter the number of clients. This is a mandatory item.

**Caseworker.** This is the name of the caseworker that completed the CRR. Select the caseworker from the list in the drop down box. This is a mandatory item.

**Sample Size.** This is the number of clients that were reviewed during the CRR. The system will automatically enter this number based on the number of clients entered in **Clients**. No entry is allowed in this field.

**Community Potential.** This is the number of clients indicated as having community potential entered under **CLIENTS**.

**Add New CRR** – Select this option to add a new CRR.

**Edit** – Select this option to edit previously saved data.

**Save** – Select this option to save previously entered or edited data.

**Cancel** – Select this option to cancel without saving the

**Delete** – Select this option to delete a CRR. The system will generate a pop up box asking if you really want to delete the CRR. Answer Yes or No.

**Close** – Select this option close out the screen and return to Demographics.

When you select **CLIENTS** the CARES CRR/Client Information screen will appear.

**Oracle Developer Forms Runtime - Web**

**CRR/CLIENT WINDOW**

CARESCRRCLIENT1226      CIRTS      Date 08/15/2008  
 VERSION 100.1      CARES CRR/CLIENT INFORMATION      User REGIONALCARES

PSA 02A

**CRRS**   **CLIENTS**

**Nursing Home**      **CRR Date**      **Sample Size**  
 TEST      01/01/2008      4

**List of Client**

| SSN       | First Name | MI | Last Name      | Current LOC | CRR LOC | LOC After Staffing |
|-----------|------------|----|----------------|-------------|---------|--------------------|
| 111111111 | BUNNY      |    | RABBIT         | SKD         | SKD     |                    |
| 222222222 | JANE       |    | DOE            | INO         | INO     |                    |
| 333333333 | GOLDIE     |    | LOCKS          | INO         | INO     |                    |
| 444444444 | MARY       |    | HADALITTLELAMB | INO         | INO     |                    |
|           |            |    |                |             |         |                    |

**SSN**      **First Name**      **MI**      **Last Name**  
 444444444      MARY      ☐      HADALITTLELAMB

**COMM. Potential**      **Transition Barrier**      **Current LOC**  
 No      <null>      INTERMEDIATE ONE

**CRR LOC**      **LOC After Staffing**  
 INTERMEDIATE ONE      <null>

**Add**   **Edit**   **Save**   **Cancel**   **Delete**   **Close**

Record: 1/1      ...      <OSC>

This screen will show the name of the nursing home, CRR date, sample size and a list of all clients entered for the CRR. If this is a new CRR there will be no clients listed. If there are clients listed you can click on the line with the client's information to highlight it; the client specific information will appear in the fields below. From this screen you can add a client, edit client information and delete client information.

### **CARES CRR/Client Information Screen Definitions**

**SSN.** Enter the Social Security Number of the client. This is a mandatory item.

**First Name.** Enter the first name of the client. This is a mandatory item.

**MI.** Enter the middle initial of the client. Leave blank if there is no middle initial as this is an optional item.

**Last Name.** Enter the last name of the client. This is a mandatory item.

**Comm. Potential.** Enter a Y=Yes or N=No to indicate if the client has the potential to return to the community. This is a mandatory item.

**Transition Barrier.** This field is mandatory if the answer to Community Potential is Yes. This field identifies the barrier that is preventing this person from transitioning back to the community. The codes for this field are:

ACNA=Assistive Care Services/Optional State Supplementation Not Available  
ADWL=Aged Disabled Adults Waiver Waiting List  
AENA=Assisted Living Facility with Extended Congregate Care Not Available  
AFNA=Assisted Living Facility Not Available  
ALWL=Assisted Living Waiver Waiting List  
AMNA=Assisted Living Facility with Limited Mental Health Services Not Available  
ANNA=Assisted Living Facility with Limited Nursing Services Not Available  
ARAP=Assisted Living Facility Provider Required Additional Payment  
BSWL=Brain and Spinal Cord Injury Waiver Waiting List  
CDWL=Consumer Directed Care Waiver Waiting List  
CGEX=Caregiver Expired  
CGHP=Caregiver In Hospital  
CGNH=Caregiver In Nursing Home  
CHWL=Channeling Waiver Waiting List  
ELWL=Elder Care Waiting List  
FENT=Financial Eligibility Determination Not Timely  
IACA=Ineligible For Assistive Care/Optional State Supplementation Due To Assets  
IACI=Ineligible For Assistive Care/Optional State Supplementation Due To Income  
ICMA=Ineligible for Community Medicaid due to Assets  
ICMI=Ineligible for Community Medicaid due to Income  
INAG=Ineligible Due To Age Requirement  
INCS=Ineligible For Community Services For Other Reasons  
INH=Ineligible For Nursing Home Transition Due To Health/Functional Decline  
LFPA=Lacks Financial Resources to Private Pay an Assisted Living Facility  
LPWL=Long Term Care Community Diversion Pilot Waiver Waiting List  
NONE=No Barrier  
PAWL=Project Aids Care Waiting List  
REAF=Assisted Living Facility Refused To Accept Client  
RECM=Case Manager Service Provider Refused To Accept Referral  
REFF=CARES Placement Recommendation Refused By Family Due To Financial Concerns  
REFH=CARES Placement Recommendation Refused By Family Due To Health Concerns  
REOT=CARES Placement Recommendation Refused By Family For Other Reasons  
REPH=CARES Placement Recommendation Refused By Physician  
RERB=Client Or Family Refused To Relinquish NH Bed  
RESP=Client Or Family Refused CARES Placement Recommendation To Stay In NH With Spouse  
RRNT=Referral Response From Provider Not Timely  
SANA=Secure Assisted Living Facility Not Available  
SPIM=Spousal Impoverishment Situation Likely If Placed  
WLAC=Waitlist For Assistive Care Services/Optional State Supplementation  
WLIA=Waiting List For Assisted Living Facility or Adult Family Care Home  
WLIC=Waiting List For Community Services

**Current LOC.** This is the level of care for the client designated by the facility at the time of the CRR. Select the level of care from the drop down box.

**CRR LOC.** This is the level of care for the client assigned by the caseworker performing the CRR. Select the level of care from the drop down box.

**LOC After Staffing.** This is the level of care assigned by CARES at the time of staffing. A client will be staffed if the CRR findings were that the client did not meet a level of care. Select the level of care from the drop down box. An entry is allowed in this field only if the CRR level of care is DNM=Does Not Meet Level of Care.

**Add** – Select this option to add a client.

**Edit** –Select this option to edit previously entered client information.

**Save** – Select this option to save entered or edited information.

**Cancel** – Select this option to cancel without saving the entered or edited information.

**Delete** – Select this option to delete client information. The system will generate a pop up box asking if you want to delete the information. Answer Yes or No.

**Close** –Select this option to close the screen and return to Demographics.

## FOLLOW UP PLANNING SCREEN

[illegible]

At the **Menu** screen select **Follow Up Planning**. The CARES Followup Planning screen will appear. The pink fields are mandatory.

This screen will provide a list of completed, scheduled or all follow-ups for all caseworkers or for an individual caseworker. Click on the radio button **Completed Followups** to list all completed follow ups; click on the radio button **Scheduled Followups** to list all scheduled follow-ups; click on the radio button **All Followups** to list both completed and scheduled follow-ups.

To list follow-ups for an individual caseworker, enter a date in the **Starting Date** and **Ending Date** fields, click on the caseworker's name in the **Caseworkers Available** list, then click on the ">" arrow to move the caseworker's name to the **Caseworkers Selected** list. Select the follow-ups that you want to list (completed, scheduled, all). To list follow-ups for all caseworkers, enter the same fields, then click on the ">>" arrow to move all caseworkers to the **Caseworkers Selected** list.

The **List of Followups** will then show the status (CO=Completed or SC=Scheduled), follow-up type, caseworker scheduled for the follow-up, caseworker completing the follow-up, date completed, client name and SSN.

### **Followup Planning Screen Definitions**

**PSA.** This field will automatically be populated. No entry is allowed in this field.

**Starting Date.** This will be the beginning of the date range for the list of followups. This will be a two-digit month and day, and a four-digit calendar year.

**Ending Date.** This will be the ending of the date range for the list of followups. This will be a two-digit month and day, and a four-digit calendar year.

**Caseworkers Available.** This list contains all employees that have been designated as a caseworker in the Employee/Caseworkers Screen. All employees will not be listed here, only the caseworkers.

**Arrows.** The “>” or “>>” arrows move the highlighted caseworker(s) to the Caseworkers Selected list. The “<” or “<<” arrows move the caseworker(s) back to the Caseworkers Available list.

**Caseworkers Selected.** This list contains all caseworkers selected for the List of Followups panel.

**Completed Followups.** Selecting this option will list all follow-ups completed for an individual caseworker, multiple caseworkers or all caseworkers.

**Scheduled Followups.** Selecting this option will list all follow-ups scheduled for an individual caseworker, multiple caseworkers or all caseworkers.

**All Followups.** Selecting this option will list all follow-ups for an individual caseworker, multiple caseworker or all caseworkers.

**Preview** – Select this option to preview the list of completed, scheduled or all follow-ups for a selected caseworker(s) or all caseworkers.

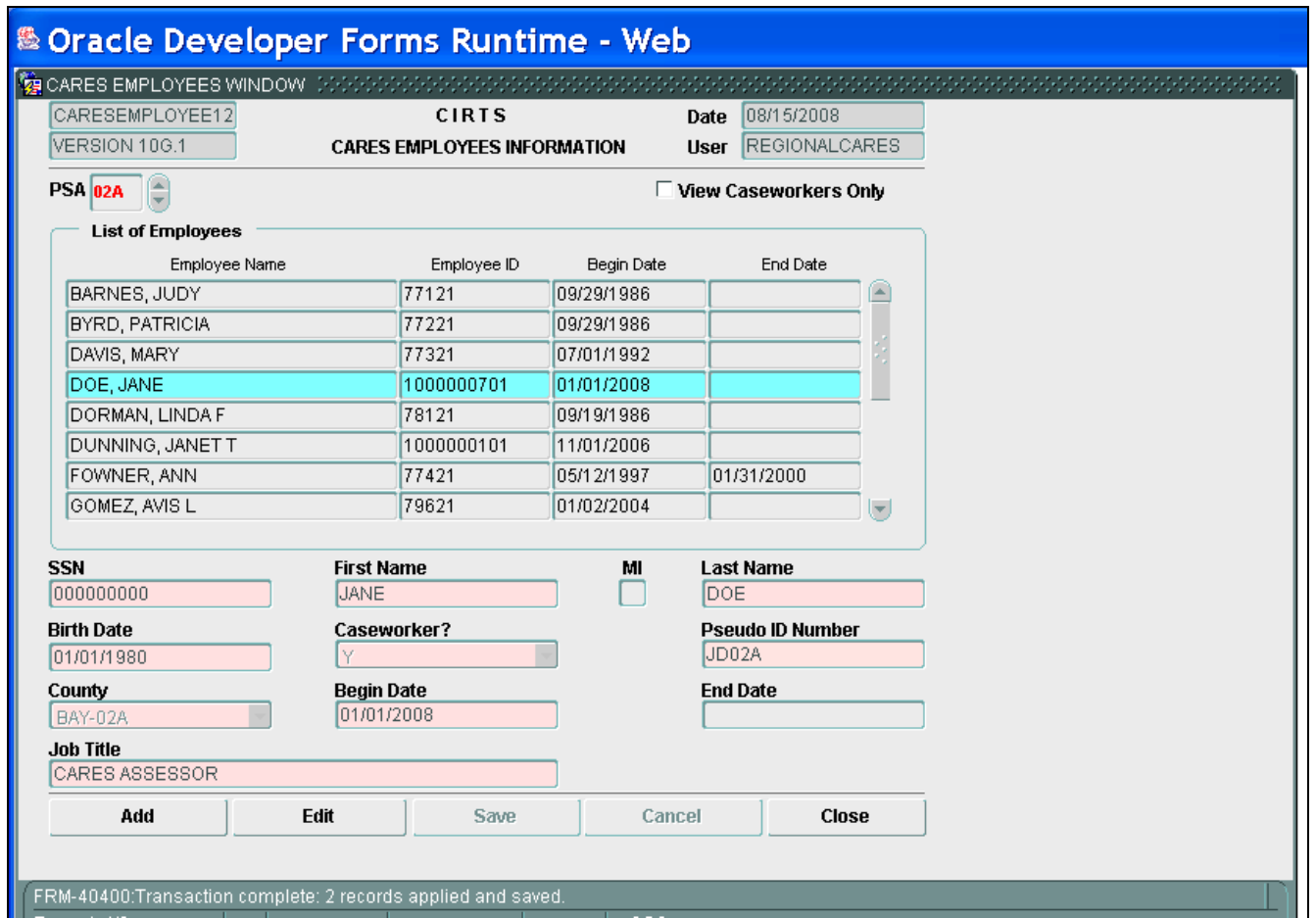
**Print Summary** – Select this option to print a summary of completed, scheduled or all follow-ups for a selected caseworker(s) or all caseworkers. This report will be sorted by caseworker

**Print CIF** – Select this option to print a Follow Up CIF for the clients listed in the List of Followups panel.

**Close** – Select this option to close the screen and return to Demographics.



## EMPLOYEES/CASEWORKERS SCREEN



Oracle Developer Forms Runtime - Web

CARESEMPLOYEE12

VERSION 10G.1

CIRTS

CARES EMPLOYEES INFORMATION

Date 08/15/2008

User REGIONALCARES

PSA 02A

☐ View Caseworkers Only

List of Employees

| Employee Name    | Employee ID | Begin Date | End Date   |
|------------------|-------------|------------|------------|
| BARNES, JUDY     | 77121       | 09/29/1986 |            |
| BYRD, PATRICIA   | 77221       | 09/29/1986 |            |
| DAVIS, MARY      | 77321       | 07/01/1992 |            |
| DOE, JANE        | 1000000701  | 01/01/2008 |            |
| DORMAN, LINDA F  | 78121       | 09/19/1986 |            |
| DUNNING, JANET T | 1000000101  | 11/01/2006 |            |
| FOWNER, ANN      | 77421       | 05/12/1997 | 01/31/2000 |
| GOMEZ, AVIS L    | 79621       | 01/02/2004 |            |

SSN 000000000

Birth Date 01/01/1980

County BAY-02A

Job Title CARES ASSESSOR

First Name JANE

Caseworker? Y

Begin Date 01/01/2008

MI

Last Name DOE

Pseudo ID Number JD02A

End Date

Add Edit Save Cancel Close

FRM-40400:Transaction complete: 2 records applied and saved.

At the **Menu** screen select **Employees/Caseworkers**. The CARES Employees Information screen will appear. This screen provides a list of employees including the employee name, ID, begin date and end date. If there are employees listed you can click on the line with the employee's information to highlight it; the employee specific information will appear in the fields below. From this screen you can add an employee, view employee information and edit employee information.

If you check the View Caseworkers Only box only the employees with a Yes to Caseworker will appear in the list. If the box is not checked all employees will appear in the list.

### Employee/Caseworkers Screen Definitions

**SSN.** Enter the Social Security Number of the employee/caseworker. This is a mandatory item.

**First Name.** Enter the first name of the employee/caseworker. This is a mandatory item.

**MI.** Enter the middle initial of the employee/caseworker. This is an optional item.

**Last Name.** Enter the last name of the employee/caseworker. This is a mandatory item.

**Birth Date.** Enter the birth date for the employee/caseworker. This will be a two-digit month and day, and a four-digit calendar year. This is a mandatory item.

**Caseworker?.** Enter Y=Yes if the employee is also a caseworker. A caseworker is an employee who has case- work responsibilities. If the employee is not a caseworker enter N=No in this field. This is a mandatory item.

**Pseudo ID Number.** Enter the employee's/caseworker's assigned identification number. This is an optional item. The supervisor assigns this number.

**County.** Enter the county in which the employee's/caseworker's position is based. This is a mandatory item.

**Begin Date.** Enter the employee's/caseworker's beginning date of employment for the job title. This is a mandatory item.

**End Date.** Enter the date the employee/caseworker terminated employment under the job title. This is an optional item.

**Job Title.** Enter the employee's/caseworker's job title. This is a mandatory item.

**Add** – Select this option to add an employee.

**Edit** –Select this option to edit previously entered employee information.

**Save** – Select this option to save entered or edited information.

**Cancel** – Select this option to cancel without saving the entered or edited information.

**Close** –Select this option to close the screen and return to Demographics.

## CARES PROVIDERS SCREEN

**CARES PROVIDERS WINDOW**

CARESPROV1226      **CARTS**      02/01/2008  
 VERSION 10G.1      **CARES PROVIDERS**      DORMANL

PSA **02A**

Search Provider  **GO** **VIEW ALL**

**CARES Provider List**

| Provider Name                     | Provider Type  | County  | PSA |
|-----------------------------------|----------------|---------|-----|
| AREA AGENCY ON AGING PSA 2        | LEAD AGENCY    | LEON    | 02A |
| BASIC                             | CASE MANAGEMEN | BAY     | 02A |
| BAY CENTER                        | NURSING HOME   | BAY     | 02A |
| BAY CO COUNCIL ON AGING           | LEAD AGENCY    | BAY     | 02A |
| BAY MED BEHAVIORAL HEALTH CENTER  | HOSPITAL       | BAY     | 02A |
| BAY MEDICAL CENTER                | HOSPITAL       | BAY     | 02A |
| BAY ST JOSEPH CARE & REHAB CENTER | NURSING HOME   | GULF    | 02A |
| BLOUNTSTOWN HEALTH AND REHAB CTR  | NURSING HOME   | CALHOUN | 02A |
| BONIFAY NURSING & REHAB CENTER    | NURSING HOME   | HOLMES  | 02A |

**Provider Name**  **Active**

**Provider Type**  **Medicaid ID**  **County**

**Add New Provider** **Edit** **Save** **Cancel** **Close**

Record: 1/1      <OSC>

To access this screen, at the **Menu** screen select **CARES Providers**. The CARES Providers screen will appear. This screen lists all providers for the PSA to include the provider name, type, county and PSA. If you want to view a particular provider you can click on the provider name and the specific provider information will appear below the list.

You can search for a particular provider by typing in the name (or partial name) in the Search Provider field and selecting GO. The particular provider will be the only name shown in the list and the provider specific information will appear below the list.

In order to view all providers again, select the View All button and all names will appear in the list

### CARES Providers Screen Definitions

**Provider Name.** Enter the name of the provider. This is a mandatory item.

**Active.** Enter Y=Yes if this is an active provider. Enter N=No if the provider is inactive. This is an optional item.

**Provider Type.** Enter the type of provider . Select the provider type from the drop down box. This is a mandatory item. The codes are:

*ALF=Assisted Living Facility*

*CM=Case Management Agency*

*H=Hospital*

*LA=Lead Agency*

*NH=Nursing Home*

*OT=Other*

**Medicaid ID.** Enter the Medicaid identification number for the provider. This is an optional item.

**County.** Enter the county in which the provider is located. If the provider is a statewide provider (Other PSA Hospital, Out of State Nursing Home, etc.), enter the county where the CARES office is located. This is a mandatory item.

**Add New Provider**– Select this option to add a provider.

**Edit** –Select this option to edit previously entered provider information.

**Save** – Select this option to save entered or edited information.

**Cancel** – Select this option to cancel without saving the entered or edited information.

**Close** –Select this option to close the screen and return to Demographics.

## LIST OF ASSESSMENTS SCREEN

Oracle Developer Forms Runtime - Web

ASSESSMENT LISTS

Action Menu Edit Block Field Record Query Help

**LIST OF ASSESSMENTS**

**Client Information** Client Owner

TEST CASE 040-40-4040

| Psa/Cares Office | Date       | Assessor Name/ Caseworker | Assessment Site       | Assessment Type           | Priority Score | Rank |
|------------------|------------|---------------------------|-----------------------|---------------------------|----------------|------|
| 02A              | 01/02/2008 | LINDA DORMAN              | OFFICE / MEDICAL CASE | 2000 COMPREHENSIVE ASSESS |                |      |
| 02A              | 01/01/2008 | LINDA DORMAN              | PSA SPECIFIC          | 2000 COMPREHENSIVE ASSESS | 14             | 1    |
|                  |            |                           |                       |                           |                |      |
|                  |            |                           |                       |                           |                |      |
|                  |            |                           |                       |                           |                |      |
|                  |            |                           |                       |                           |                |      |
|                  |            |                           |                       |                           |                |      |

Details Add Assessment Demographics Close Print Turnaround

Record: 1/2 <OSC>

This screen is accessed from the **Demographics** screen by selecting the **Assessments** button. This list contains all assessments for the client statewide conducted by CARES and AAA/lead agency staff. The panel will show the PSA/CARES office, assessment date, assessor name/caseworker, assessment site, assessment type, priority score and rank. To view an assessment, click on the assessment and select **Details**, or you can double-click on the assessment to open the Assessment screen.

### List of Assessments Screen Definitions

**Client Information.** This is the client's name and SSN. This field is automatically populated.

**Client Owner.** If the case is owned by the AAA/lead agency, the provider number for the lead agency will show. This field is automatically populated.

**PSA/CARES Office.** Indicates the CARES PSA or the AAA/lead agency PSA. This field is automatically populated.

**Date.** This is the date of the assessment conducted by CARES or the AAA/lead agency. This field is automatically populated.

**Assessor Name/Caseworker.** This is the name of the CARES or AAA/lead agency assessor that completed the assessment. This field is automatically populated.

**Assessment Site.** This is the site where the assessment was conducted. This field is automatically populated.

**Assessment Type.** This represents the assessment instrument used for the assessment. This field is automatically populated.

**Priority Score.** This field is automatically populated.

**Rank.** This field is automatically populated.

***Note: CIRTS is used by Aging Provider Network users and CARES users. The demographic and assessment information is shared between the two entities. CIRTS users cannot view CARES cases; they can only view level of care.***

**Details** – Select this option to view the assessment selected.

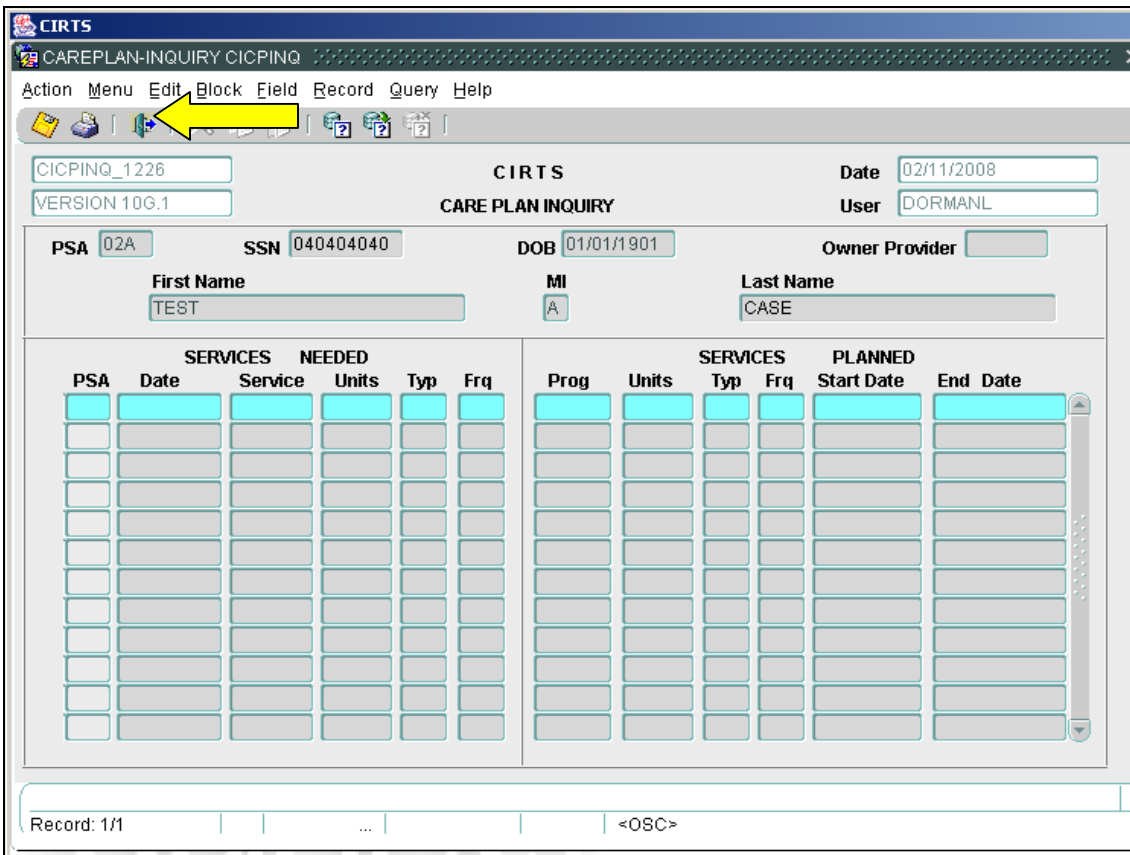
**Add Assessment** – Select this option to add an assessment.

**Demographics** – Select this option to return to Demographics.

**Close** – Select this option to close the screen and return to Demographics.

**Print Turnaround** – Select this option to print the assessment report.

## CARE PLAN SCREEN



The screenshot shows the 'CAREPLAN-INQUIRY CICIPING' window. The title bar is 'CIRT5'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. A yellow arrow points to the 'Block' button. Below the menu bar, there are input fields for 'CICIPING\_1226' and 'VERSION 10G.1'. The main header area displays 'CIRT5' and 'CARE PLAN INQUIRY'. To the right, there are fields for 'Date' (02/11/2008) and 'User' (DORMANL). Below this, there are fields for 'PSA' (02A), 'SSN' (040404040), 'DOB' (01/01/1901), and 'Owner Provider'. Further down, there are fields for 'First Name' (TEST), 'MI' (A), and 'Last Name' (CASE). The main body of the screen contains two tables. The first table is titled 'SERVICES NEEDED' and has columns: PSA, Date, Service, Units, Typ, and Frq. The second table is titled 'SERVICES PLANNED' and has columns: Prog, Units, Typ, Frq, Start Date, and End Date. Both tables have multiple rows for data entry. At the bottom, there is a status bar showing 'Record: 1/1' and '<OSC>'.

At **Demographics** select the **Care Plan** button to access this screen. This screen is used by the AAA/lead agency to enter services needed and services planned for the client. This is a view only screen for CARES users. To exit this screen you will need to click on the icon identified at the top of the screen. This will take you back to Demographics.

*Note: See the user guide for the Aging Provider Network for details on this screen.*

## ENROLLMENTS SCREEN

**CIRT'S**  
**CIENTROLL**  
 Action Menu Edit Block Field Record Query Help

CIENTROLL\_1226  
 VERSION 10G.1

**CIRT'S**  
**CLIENT ENROLLMENTS**  
 (Press Ctrl+Page Down to access Waitlist)

PSA 02A SSN 040404040 DOB 01/01/1901 Owner Provider  
 First Name TEST MI A Last Name CASE

| PSA | Program Comp. | Status | Enrollment Start | Enrollment End | Elig. Code | Provider | Loc | Worker |
|-----|---------------|--------|------------------|----------------|------------|----------|-----|--------|
|     |               |        |                  |                |            |          |     |        |
|     |               |        |                  |                |            |          |     |        |
|     |               |        |                  |                |            |          |     |        |
|     |               |        |                  |                |            |          |     |        |
|     |               |        |                  |                |            |          |     |        |
|     |               |        |                  |                |            |          |     |        |

Enter Client's SSN or F7 to Query on Last Name  
 Record: 1/1 ... <OSC>

At **Demographics** select the **Enrollments** button to access this screen. This screen is used by the AAA/lead agency to enter enrollments for the client. This is a view only screen for CARES users. To exit this screen you will need to click on the icon identified at the top of the screen. This will take you back to Demographics.

*Note: See the user guide for the Aging Provider Network for details on this screen.*



## SERVICES SCREEN

**CIRT S**

CISRVRL\_1226      CIRT S      Date 02/01/2008  
 VERSION 10G.1      RECEIVED SERVICES BY CLIENTS      User DORMANL

PSA 02A    SSN 040404040    DOB 01/01/1901    County WASHINGTON    Owner/ Provider

First Name    MI    Last Name  
 TEST    A    CASE

| PSA | Provider | Loc | Worker | Program | Service | Service Date | Units | Unit Type | Payment Amount |
|-----|----------|-----|--------|---------|---------|--------------|-------|-----------|----------------|
|     |          |     |        |         |         |              |       |           |                |
|     |          |     |        |         |         |              |       |           |                |
|     |          |     |        |         |         |              |       |           |                |
|     |          |     |        |         |         |              |       |           |                |
|     |          |     |        |         |         |              |       |           |                |
|     |          |     |        |         |         |              |       |           |                |
|     |          |     |        |         |         |              |       |           |                |
|     |          |     |        |         |         |              |       |           |                |
|     |          |     |        |         |         |              |       |           |                |
|     |          |     |        |         |         |              |       |           |                |

Enter Client SSN or F7 to Query on Last Name  
 Record: 1/1    ...    <OSC>

At **Demographics** select the **Services** button to access this screen. This screen is used by the AAA/lead agency to enter the services received by the client. This is a view only screen for CARES users. To exit this screen you will need to click on the icon identified at the top of the screen. This will take you back to Demographics.

*Note: See the user guide for the Aging Provider Network for details on this screen.*

## REPORTS TAB SCREEN



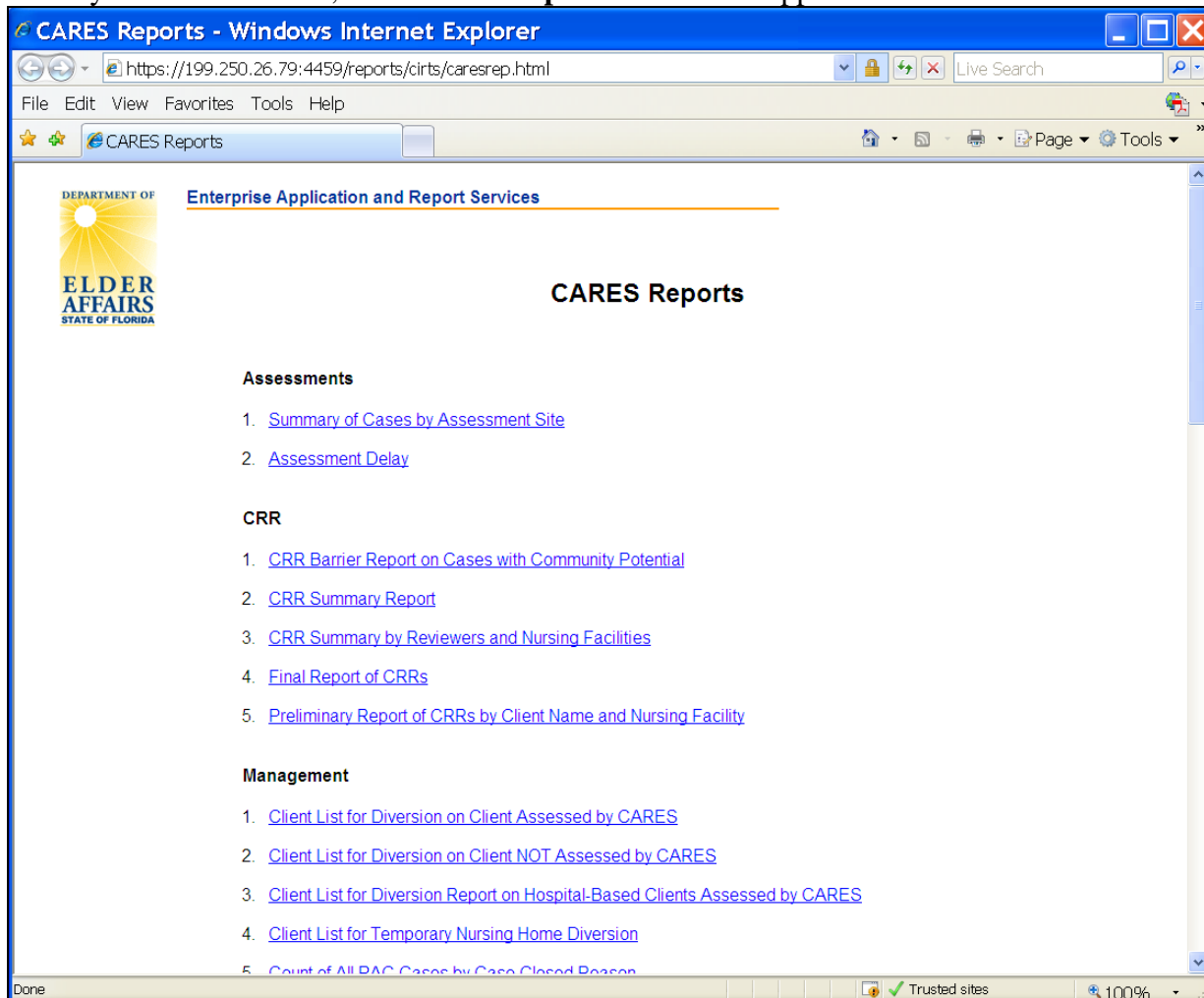
To access the CARES reports you will need to select **Reports** from the Enterprise Application Services screen.



Click the **CARES** link to view or print the CARES Reports.

Click the **Nursing Home Diversion Reports** link to view or print the Nursing Home Diversion Reports.

When you select **CARES**, the **CARES Reports** screen will appear.



This screen has reports listed under the following headings: Assessments, CRR, Management, PAS, Staffing, Headquarter Reports and Miscellaneous. Click on the report that you want to view or print.

The screen for the report that you select will appear. Summary of Cases by Assessment Site was selected from the CARES Reports screen in this example.

CIRT Reports

Summary of Cases by Assessment Site

DEPARTMENT OF  
ELDER AFFAIRS  
STATE OF FLORIDA

Report parameters:

PSA : 02A

Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Output Format: PDF

Run Report Reset

Each report will have report parameters. The parameters for this report are start date and end date. Enter a two-digit month and day and a four-digit calendar year for the date range that you want to run the report. Select **Run Report** to run the report. Select **Reset** to clear the parameters and enter new parameters.

*Note: Some reports can be run for an individual caseworker or the PSA. Also, there are some reports that have no parameters.*

The **Nursing Home Diversion Web Page** will appear when you select **Nursing Home Diversion Reports**.

The screenshot shows a web browser window titled "Nursing Home Diversion - Windows Internet Explorer". The address bar displays the URL: [https://199.250.26.79/reports/nhd/nhd.jsp?cmdkey=nhd\\_report](https://199.250.26.79/reports/nhd/nhd.jsp?cmdkey=nhd_report). The page content includes the Department of Elder Affairs logo and the title "Nursing Home Diversion Web Page".

**Reference**

- [Contract](#): DOEA and AHCA Contract No. 2007-2008
- [NH Diversion CIRT Entries document](#): Defines the Client Information and Registration Tracking System (CIRT) entries required for all individuals processed for the Diversion Program.
- [Benefit Grid](#): Lists the Diversion Program providers and the services covered by them.
- [Contract Managers Directory](#): Lists the Diversion Program Contract Managers' contact information and the names of the Diversion Program providers they manage.
- [Encounter Data Tracking Sheet 2005 2006 2007 2008](#): Lists the Diversion Program providers' Encounter Data submission status.
- [Enrollment Management System Manual](#): Defines the procedures developed to ensure the Diversion Program does not exceed its legislative funding authority for state fiscal year 2007-2008.

**Reports**

**Number of Enrollees by Provider**

|  | CARES | Contract Managers | Public | Description   |
|--|-------|-------------------|--------|---|
| Pipeline Report by CARES Office                        | ●     | ●                 | ●      | Lists the number of enrollees in each county for each provider. Available on the Internet. Source: FREEDOM Updated by the 12th of each month.   |
| Medicaid Pending Report by CARES Office                | ●     |                   |        | Lists the individuals who have been identified as suitable for the Diversion Program in CIRT but have not yet been enrolled and do not have a MCO referral. Source: CIRT & FREEDOM Updated by the 12th of each month.   |
| Referred (MCO) But Not Enrolled Report by CARES Office | ●     |                   |        | Lists the individuals who have selected the Medicaid Pending option but have not yet been enrolled in the Diversion program. Source: CIRT & FREEDOM Updated by the 12th of each month.  |
| Current Enrollee Report by CARES Office                | ●     |                   |        | Lists the individuals who have been referred to a NHD provider by CARES but not yet enrolled. Source: CIRT & FREEDOM Updated by the 12th of each month.   |
|  |       |                   |        | Lists the individuals who are currently enrolled in the Nursing Home Diversion Waiver for each PSA. The report also lists the last level of care date, the current ADA/ALE program enrollment status, and the current non-ADA/ALE program enrollment status of each individual. Source: CIRT & FREEDOM Updated by the 12th of each month. |

The browser's taskbar shows the start button and several open applications: "CIRT for CA...", "Novell Group...", and "Internet E...". The system clock indicates 3:42 PM.

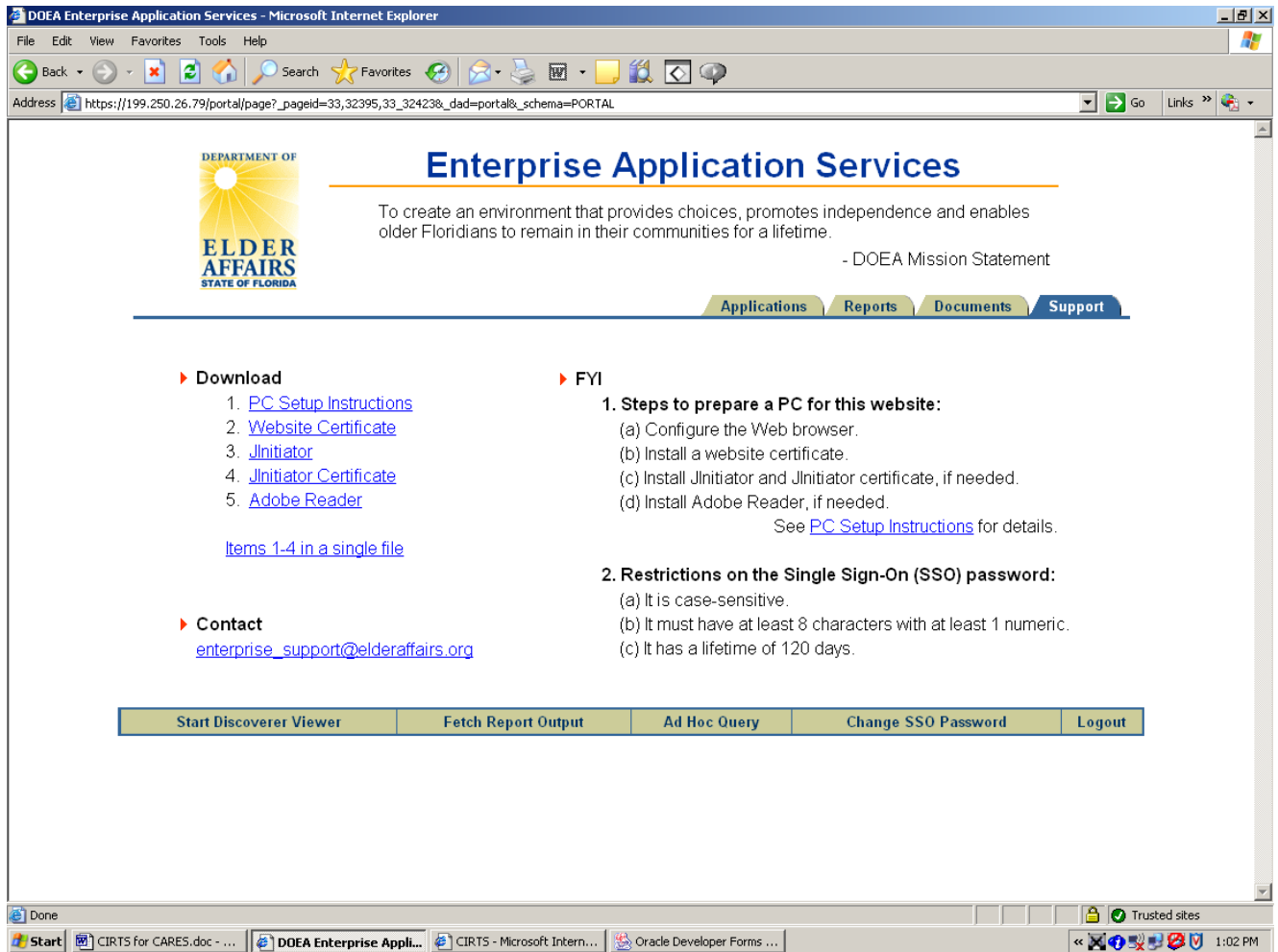
Click on the report that you want to view or print. You will only have access to reports for your PSA.

## DOCUMENTS TAB SCREEN

User manuals and enhancement documents will be posted on this screen.



## SUPPORT TAB SCREEN

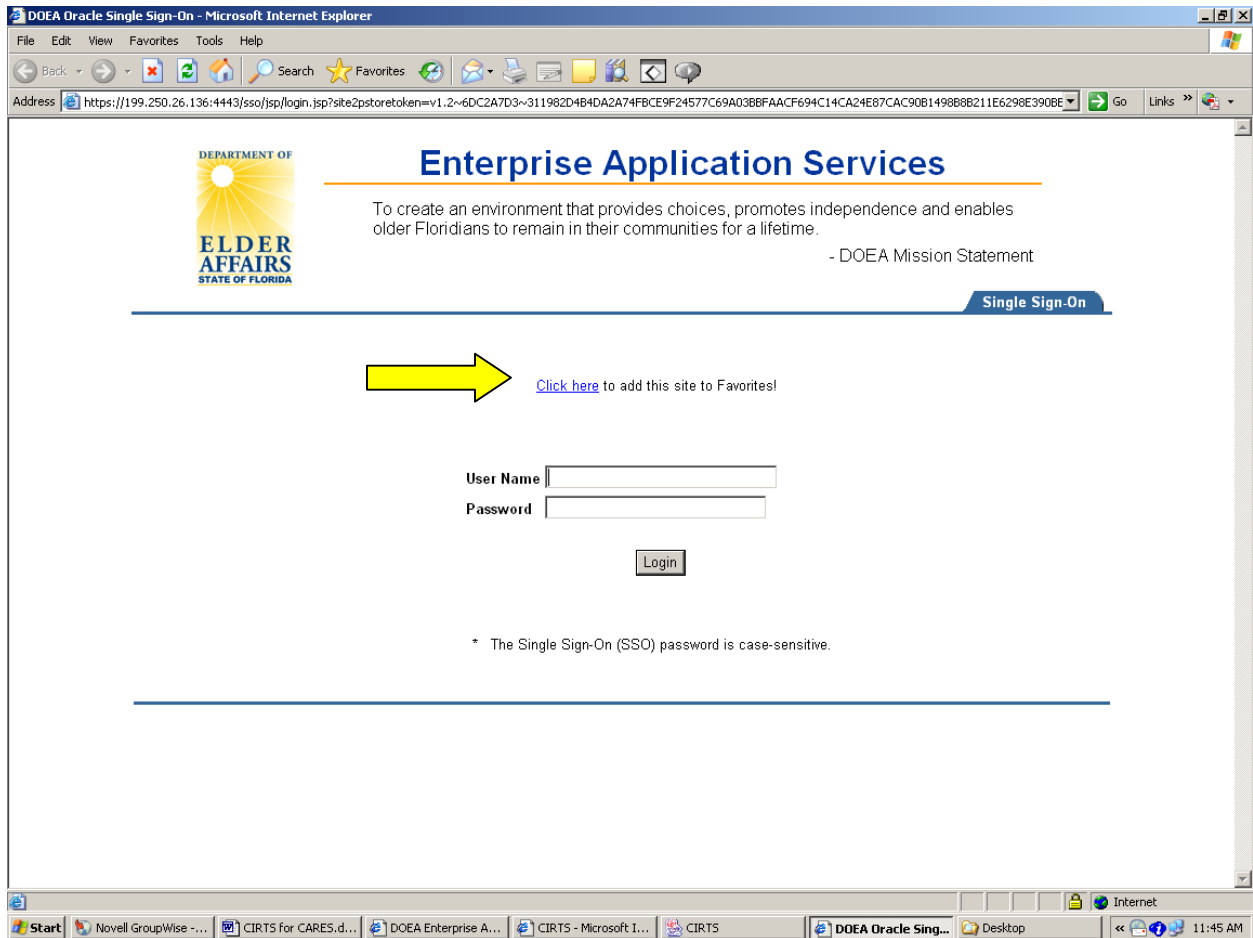


In the event CIRT stops working on your computer:

- 1) Start at Item 1 in the Download section and click the PC Setup Instructions link.
- 2) Follow all instructions for installing the Web site Certificate, JInitiator (close your Web browser after this step and re-open before running the JInitiator Certificate), and the JInitiator Certificate.
- 3) If CIRT still does not run on your computer, submit a ticket to the Help Desk.

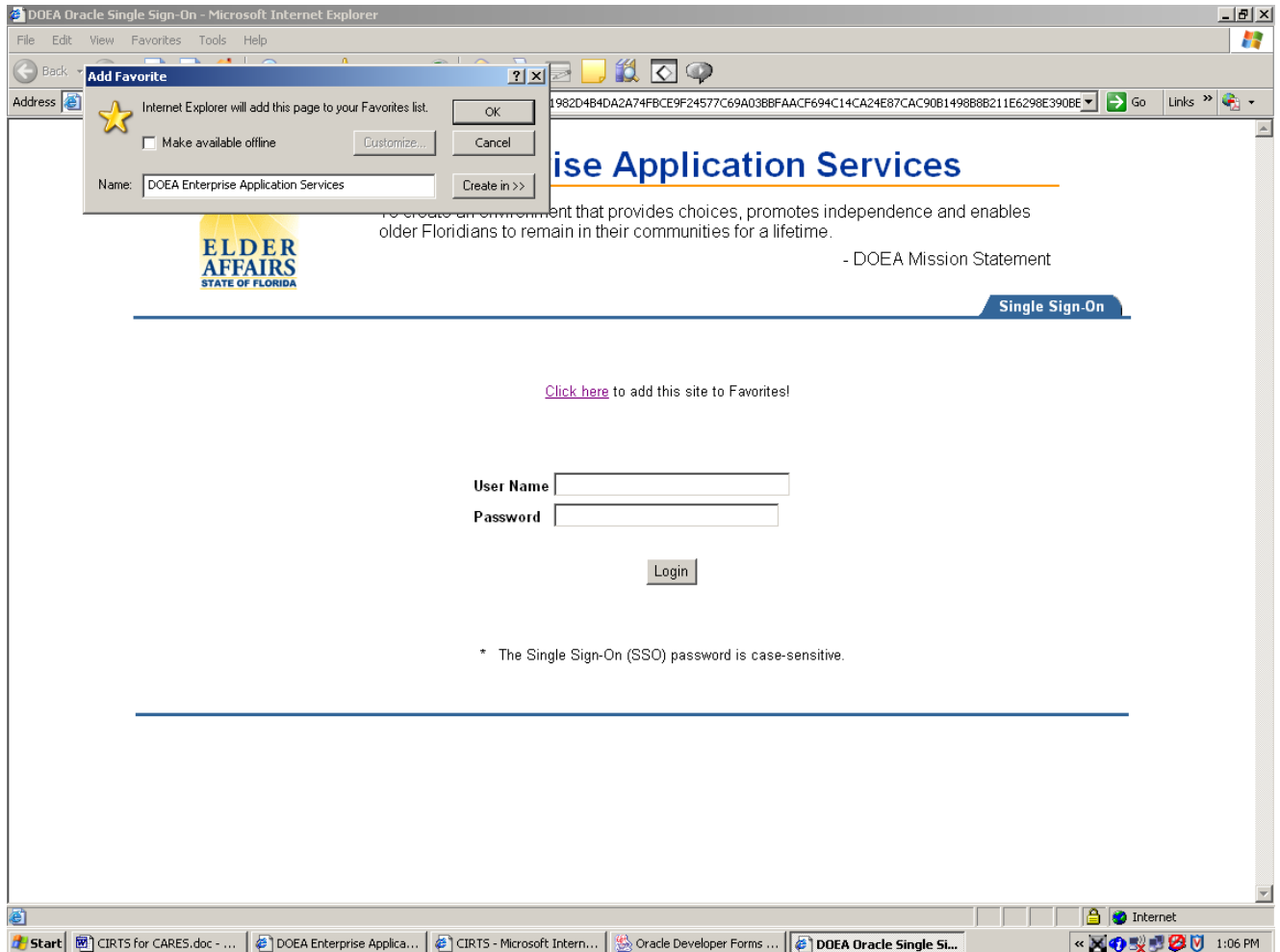


## [ADD CIRTS ICON TO YOUR DESKTOP](#)



Click the **“Click here”** link to add the CIRTS login screen to your Favorites.

The Add Favorites box will appear.



Give your new Favorite a meaningful name, i.e., CIRTS, New CIRTS, etc. Select **OK** to add this page to your favorites.

Click Favorites from the Menu Bar.

Find the Favorites icon for CIRTS.

Right click on the link and select Send To>Desktop (create shortcut).

Your icon should be visible on the Desktop.

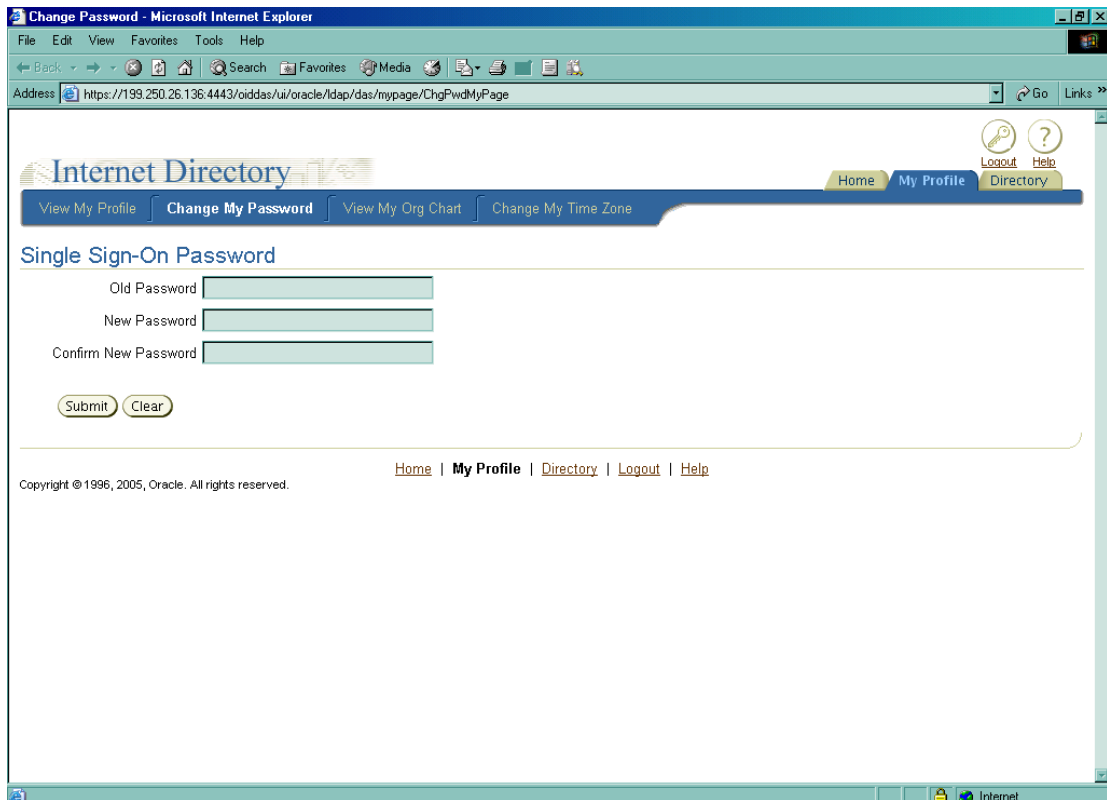
## [CHANGING YOUR CIRTS PASSWORD](#)

CIRTS will automatically prompt you to change your password every 120 days.

If you want to change your password at any other time, click the **Change SSO Password** link in the bottom right-hand corner of the screen.



The following screen will appear.



Type your current password in the Old Password field.  
Type your new password in the New Password field (the password is case-sensitive).  
Type your new password in the Confirm New Password field.  
Click the Submit button.

## COUNTY CODES

|    |              |    |              |
|----|--------------|----|--------------|
| 01 | Alachua      | 48 | Orange       |
| 02 | Baker        | 49 | Osceola      |
| 03 | Bay          | 50 | Palm Beach   |
| 04 | Bradford     | 51 | Pasco        |
| 05 | Brevard      | 52 | Pinellas     |
| 06 | Broward      | 53 | Polk         |
| 07 | Calhoun      | 54 | Putnam       |
| 08 | Charlotte    | 55 | St. Johns    |
| 09 | Citrus       | 56 | St. Lucie    |
| 10 | Clay         | 57 | Santa Rosa   |
| 11 | Collier      | 58 | Sarasota     |
| 12 | Columbia     | 59 | Seminole     |
| 13 | Dade         | 60 | Sumter       |
| 14 | De Sota      | 61 | Suwannee     |
| 15 | Dixie        | 62 | Taylor       |
| 16 | Duval        | 63 | Union        |
| 17 | Escambia     | 64 | Volusia      |
| 18 | Flagler      | 65 | Wakulla      |
| 19 | Franklin     | 66 | Walton       |
| 20 | Gadsden      | 67 | Washington   |
| 21 | Gilchrist    | 99 | Out of State |
| 22 | Glades       |    |              |
| 23 | Gulf         |    |              |
| 24 | Hamilton     |    |              |
| 25 | Hardee       |    |              |
| 26 | Hendry       |    |              |
| 27 | Hernando     |    |              |
| 28 | Highlands    |    |              |
| 29 | Hillsborough |    |              |
| 30 | Holmes       |    |              |
| 31 | Indian River |    |              |
| 32 | Jackson      |    |              |
| 33 | Jefferson    |    |              |
| 34 | Lafayette    |    |              |
| 35 | Lake         |    |              |
| 36 | Lee          |    |              |
| 37 | Leon         |    |              |
| 38 | Levy         |    |              |
| 39 | Liberty      |    |              |
| 40 | Madison      |    |              |
| 41 | Manatee      |    |              |
| 42 | Marion       |    |              |
| 43 | Martin       |    |              |
| 44 | Monroe       |    |              |
| 45 | Nassau       |    |              |
| 46 | Okaloosa     |    |              |
| 47 | Okeechobee   |    |              |

### STAFFING CHART

| Placement Rec. | Program Consid.  | Program Rec.                             | Level of Care/Waiver         |
|----------------|--|--|------------------------------|
| AFCH           | ACFW, ADAW, ADHC, BSCW, CCDA, HEMO, HSPC, LTCP, NONE, OTHR, PACE, PACW | ACFW, ADAW, ADHC, BSCW, LTCP, PACE, PACW | INO, INT, MWC, ROH, RON, SKD |
|                |  | CCDA, HEMO, HSPC, NONE, OTHR             | DNM, DWC, INO, INT, SKD, WHL |
| ARTS           | ACFW, ADAW, BSCW, CCDA, HEMO, HSPC, NONE, OTHR, PACE, PACW             | ACFW, ADAW, BSCW, PACE, PACW             | INO, INT, MWC, ROH, RON, SKD |
|                |  | CCDA, HEMO, HSPC, NONE, OTHR             | DNM, DWC, INO, INT, SKD, WHL |
| ALFS           | ADAW, BSCW, CCDA, HEMO, HSPC, LTCP, NONE, OTHR, PACE, PACW             | ADAW, BSCW, LTCP, PACE, PACW             | INO, INT, MWC, ROH, RON, SKD |
|                |  | CCDA, HEMO, HSPC, NONE, OTHR             | DNM, DWC, INO, INT, SKD, WHL |
| ALFE           | ALFW, BSCW, CCDA, HEMO, HSPC, LTCP, NONE, OTHR, PACE, PACW             | ALFW, BSCW, LTCP, PACE, PACW             | INO, INT, MWC, ROH, RON, SKD |
|                |  | CCDA, HEMO, HSPC, NONE, OTHR             | DNM, DWC, INO, INT, SKD, WHL |
| ALFM           | ADAW, BSCW, CCDA, HEMO, HSPC, LTCP, NONE, OTHR, PACE, PACW             | ADAW, BSCW, LTCP, PACE, PACW             | INO, INT, MWC, ROH, RON, SKD |
|                |  | CCDA, HEMO, HSPC, NONE, OTHR             | DNM, DWC, INO, INT, SKD, WHL |
| ALFN           | ALFW, BSCW, CCDA, HEMO, HSPC, LTCP, NONE, OTHR, PACE, PACW             | ALFW, BSCW, LTCP, PACE, PACW             | INO, INT, MWC, ROH, RON, SKD |
|                |  | CCDA, HEMO, HSPC, NONE, OTHR             | DNM, DWC, INO, INT, SKD, WHL |

| Placement Rec. | Program Consid.  | Program Rec.   | Level of Care/Waiver         |
|----------------|--|--|------------------------------|
| GRHO           | DEVS, NONE, OTHR   | DEVS, NONE, OTHR   | DNM, INO, INT, SKD, WHL      |
| HOSP           | HSPC, NONE, SBHO, SNUH   | HSPC, NONE   | DNM, INO, INT, SKD, WHL      |
|                |  | SNUH   | SKD                          |
|                |  | SBHO   | INO, INT, SKD                |
| MRDD           | NONE   | NONE   | DNM, INO, INT, SKD, WHL      |
| NHTP           | ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, DEVS, ELDC, FDMW, HEMO, HSPC, LTCP, NHSS, NONE, OMDW, OTHR, PACE, PACW | LTCP   | INO, INT, MWC, SKD           |
|                |  | HSPC, NHSS, NONE   | <u>INO, INT, SKD</u>         |
| NHTR           | ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, DEVS, ELDC, FDMW, HEMO, HSPC, LTCP, NHSS, NONE, OMDW, OTHR, PACE, PACW | ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CDCW, CHAN, FDMW, LTCP, OMDW, PACE, PACW | INO, INT, MWC, ROH, RON, SKD |
|                |  | CCDA, CCFE, DEVS, ELDC, HEMO, HSPC, NHSS, NONE, OTHR                         | INO, INT, SKD                |
| NUHO           | ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, DEVS, ELDC, FDMW, HEMO, HSPC, LTCP, NHSS, NONE, OMDW, OTHR, PACE, PACW | HSPC, NHSS, NONE   | INO, INT, SKD                |

| Placement Rec. | Program Consid.  | Program Rec.   | Level of Care/Waiver         |
|----------------|--|--|------------------------------|
| OTHR           | NONE, OTHR   | NONE, OTHR   | DNM, INO, INT, SKD, WHL      |
| PRNH           | NONE   | NONE   | INO, INT, SKD                |
| PRRE           | ACFW, ADAW, ADHC, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, ELDC, FDMW, HEMO, HSPC, LTCP, NONE, OMDW, OTHR, PACE, PACW | ACFW, ADAW, ADHC, ALZW, BSCW, CDCW, CHAN, FDMW, LTCP, OMDW, PACE, PACW | INO, INT, MWC, ROH, RON, SKD |
|                |  | CCDA, CCFE, ELDC, HEMO, HSPC, NONE, OTHR                               | DNM, DWC, INO, INT, SKD, WHL |
| PSYF           | NONE   | NONE   | DNM, INO, INT, SKD, WHL      |
| REHB           | NONE   | NONE   | DNM, INO, INT, SKD, WHL      |
| SMHO           | NONE   | NONE   | DNM, INO, INT, SKD, WHL, MEN |
| SHNH           | NONE   | NONE   | INO, INT, SKD                |
| SAPT           | ACFW, ADAW, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, ELDC, HEMO, HSPC, LTCP, NONE, OMDW, OTHR, PACE, PACW             | ACFW, ADAW, ALZW, BSCW, CDCW, CHAN, LTCP, OMDW, PACE, PACW             | INO, INT, MWC, ROH, RON, SKD |
|                |  | CCDA, CCFE, ELDC, HEMO, HSPC, NONE, OTHR                               | DNM, DWC, INO, INT, SKD, WHL |

**Note:** This chart identifies the available program and level of care codes for each placement recommendation.



### **FOLLOW UP SCHEDULES FOR CIRTS**

| <b>Schedule Follow Up</b> | <b>Living Arrangement</b>      | <b>Placement Recommendation</b>      | <b>Program Recommendation</b>  | <b>MI/MR Exclusion</b> | <b>Follow Up Schedule</b>  | <b>Case Termination Reasons</b>   |
|---------------------------|--------------------------------|--------------------------------------|--|------------------------|--|---|
| <b>Nursing Home</b>       | <b>Not Equal</b><br>NUHO, SHNH | <b>Equal</b><br>NUHO, SHNH           | <b>Equal</b><br>HSPC, NONE   |                        | Every 30 days until living arrangement = NUHO or SHNH then Auto Close (or manually closed)   | 1. If Placed <b>IN</b> -In NH<br>2. Manual Close  |
| <b>Community</b>          |                                | <b>Not Equal</b><br>NHTP, NUHO, SHNH | <b>Equal</b><br>ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, DEVS, ELDC, FDMW, HEMO, HSPC, LTCP, NONE, OMDW, OTHR, PACE, PACW |                        | <b>Assessor = CAR</b><br>30, 90, 180, Annual, Auto Close (or manually closed)<br><br><b>Assessor Does Not = CAR &amp; Program Rec = Waiver</b> case will automatically close at staffing | 1. If Annual <b>CA</b> -Closed Annual<br>2. If Waiver/CARES not Assessor <b>NN</b> -No Longer Needed<br>3. Manual Close |
| <b>Swing Bed/SNUH</b>     |                                | <b>Equal</b><br>HOSP                 | <b>Equal</b><br>SBHO, SNUH   |                        | 30, 90, 180, Annual & Ongoing Annual (or manually closed)  | 1. Manual Close   |

| Schedule Follow Up         | Living Arrangement | Placement Recommendation   | Program Recommendation     | MI/MR Exclusion   | Follow Up Schedule  | Case Termination Reasons                                    |
|----------------------------|--------------------|----------------------------|----------------------------|---|---|---|
| Needs Specialized Services |                    | <u>Equal</u><br>NHTP, NUHO | <u>Equal</u><br>NHSS       |   | 30, 90, 180, Annual & Ongoing Annual (or manually closed)   | 1. Manual Close   |
| Temporary Nursing Home     |                    | <u>Equal</u><br>NHTP       | <u>Equal</u><br>HSPC, NONE |   | 30, 90, 180, Annual, Auto Close (or manually closed)  | 1. If Annual<br><b>CA</b> -Closed Annual<br>2. Manual Close |
|                            |                    |                            | <u>Equal</u><br>LTCP       |   | Every 30 days until case manager <b>does not</b> = <b>CARES</b> and then 90, 180, Annual, Auto Close (or manually closed)                         |   |
| Temporary PAS              |                    |                            |                            | <b>MI or MR</b><br><u>Equal</u><br>CC, DE, ER, PS, EH, EM | Every 30 days until the living arrangement does not = NUHO, SHNH, or [HOSP when the PR REC = SBHO or SNUH], or PAS= COMPLETE (or manually closed) | 1. Manual Close   |
| Referral                   |                    |                            |                            |   | Every 30 days until Referral=COMPLETE (or manually closed)  | 1. Manual Close   |

### Follow-Up Schedule

The first follow-up will be based on the staffing date. All other follow-ups will be based on the previous follow-up date. For example, the first follow-up will be one month from the staffing date, the 90 day follow-up will be two months from the 30 day follow-up, the 180 day follow-up will be three months from the 90 day follow-up, and the Annual follow-up will be six months from the 180-day follow-up. Unscheduled follow-ups may be scheduled at any time for an open case and will not interfere with the regular follow-up schedule. If the case is reassessed and staffed, the follow-up schedule will start over and will be based on the staffing date.

## **REPORT SPECIFICATIONS**

### **ASSESSMENTS**

1. Summary of Cases by Assessment Site: Date range is based on the assessment date. This report counts all assessments and re-assessments completed during the date range indicated. It includes all payment types.
2. Assessment Delay: Date range is based on the assessment date. This report counts all assessments and re-assessments completed during the date range indicated. It includes all payment types.

### **CRR**

1. CRR Barrier Report on Cases with Community Potential: Date range is based on the CRR date.
2. CRR Summary Report: Date range is based on the CRR date.
3. CRR Summary by Reviewers and Nursing Facilities: Date range is based on the CRR date.
4. Final Report of CRRs: Date range is based on the CRR date.
5. Preliminary Report of CRRs by Client Name and Nursing Facility: Date range is based on the CRR date.

### **MANAGEMENT**

1. Client List for Diversion on Client Assessed by CARES: Date range is based on the staffing date. This is a list of clients assessed by CARES. This report only includes payment types of Medicaid or Medicaid Pending.
2. Client List for Diversion on Client NOT Assessed by CARES: Date range is based on the staffing date. This is a list of clients not assessed by CARES. This report only includes payment types of Medicaid or Medicaid Pending.
3. Client List for Diversion Report on Hospital-Based Clients Assessed by CARES: This is a list of clients assessed by CARES that had a Special Project Case of U=Upstreaming at Case Assignment.
4. Client List for Temporary Nursing Home Diversion: This is a list of clients assessed by CARES that had a placement recommendation of NHTP=Temporary Nursing Home.
5. Count of All PAC Cases by Case Closed Reason: Date range is based on the case closed date.
6. Diversion Barrier Report: Date range is based on the nursing home admit date.
7. Diversions (Alternative Placements) on Clients Assessed by CARES: Date range is based on the staffing date. This report only includes payment types of Medicaid or Medicaid Pending.
8. Diversions (Alternative Placements) on Clients NOT Assessed by CARES: Date range is based on the staffing date. This report only includes payment types of Medicaid or Medicaid Pending.
9. Diversion Report on Hospital-Based (Upstreaming) Clients Assessed by CARES: Date range is based on the staffing date.
10. Diversion Report based on Care Level, PR and Living Arrangement at 30-D Follow Up: Date range is based on the staffing date. Clients on this report have a living arrangement of community at staffing and follow-up, meet level of care, have a community placement recommendation and have a payment type of Medicaid or Medicaid Pending.
11. Hospital-Based (Upstreaming) Encounter Report: Date range is based on Information request date.
12. Hospital-Based (Upstreaming Log): Date range based on Initial Date or Date Reassessment Requested.
13. Imminent Risk Referral Disposition: Date range is based on the Referral date.
14. Information Only Case Summary Report: Date range is based on Information request date.
15. Non-Imminent Risk Referral Disposition: Date range is based on the Referral date.

16. Number of Cases by Referral Source: Date range is based on the Initial date. This report provides a summary for the PSA as well as a total for each caseworker.
17. Nursing Home Transition Log: Date range is based on the staffing date. This report captures information for those clients that have a placement recommendation of NHTR=Nursing Home Transition.
18. Pending Assessment/Staffing Report: There are no parameters for this report. It will show all cases pending an assessment and/or staffing.
19. Project Aids Care Summary: Date range based on Waiver Accepted date. This report will show the PAC Termination Reason, Termination Date and the number of days in the PAC Waiver.
20. Temporary Nursing Home Diversion on Clients Assessed by CARES: Date range is based on follow up date. This report includes all clients that had a placement recommendation of NHTP=Temporary Nursing Home and at any follow up have a community placement recommendation and living arrangement.
21. Time Lag Report by Caseworker: Date range is based on the staffing date.
22. Time Parameters Report: Date range is based on the Initial date or Date Reassessment Requested.
23. Unduplicated Count of All PAC Clients: Date range is based on the staffing date. This report provides a summary of all PAC clients by county and payment type.
24. 3008 Report: Date range is based on the Initial Date or Date Reassessment Requested (whichever is greater). This report captures information regarding the receipt of the 3008.
25. Summary of Work Completed by Caseworker and Payment Type: Date range is based on Initial Date. This report provides a summary by county and payment type of all referrals, assessments, staffings, follow ups completed and information requests for an individual caseworker or all caseworkers.
26. Freedom of Choice Report: Date range is based on Date Freedom of Choice given to client. This report captures information regarding the receipt of the Freedom of Choice form.
27. Open Cases whose clients have moved: There are no parameters for this report. This report lists all clients that have an open CARES case but have moved to a county outside of the CARES PSA.
28. Number of Assessments Completed VS. Number of Assessments Entered in CIRTS By Caseworker Report. Date Range is based on date assessment is entered in CIRTS. This report shows which caseworkers are entering their own assessments (medical case file reviews and on-sites).
29. Possible Duplicate client with open cases. There are no parameters for this report. This report looks at all open cases. This report lists clients with more than one SSN whose names and dates of birth are the same and have open cases. Confirm that the clients are the same person before moving the client data from the incorrect SSN to the correct SSN. Once this is done, delete the incorrect SSN.
30. Data Inconsistencies Found When Comparing Vital Statistics Death Certificates with CIRTS-Open Cases Report. There are no parameters for this report. This report is to be used to correctly identify CARES' clients who are deceased, so the case can be closed due to death or a date of death entered at Demographic for cases already closed.
31. Nursing Home Diversion Enrollment Management System Report. Date range is based on the release date. This report gives the status of clients who have been released. The last page gives a summary of client activity. This report can be run by caseworker. It can also be opened in EXCEL.

## **PAS**

1. PAS Name List: Date range is based on the Level I Evaluation Screening Date.
2. PAS Report: Date range is based on the Level I Evaluation Screening Date.
3. Incomplete or Pending PAS: Date range is based on the Level I Evaluation Screening Date.

## **Staffing**

1. Staffing Log: Date range is based on the staffing date. This report lists all cases staffed during the date range.
2. Unduplicated Count of Clients by Level of Care: Date range is based on the staffing date.

## **Headquarter Reports**

1. Diversion Barrier Report: This report is available to CARES Central Office only.
2. Continued Residency Review: This report is available to CARES Central Office only.
3. Summary of Cases by Assessment Site: This report is available to CARES Central Office only.
4. PAS Report Summary: This report is available to CARES Central Office only.
5. PAS Statewide Report: This report is available to CARES Central Office only.

## **Miscellaneous**

1. Aging Network Provider Information Report: This report allows the user to view or print a list of providers for the AAA within their PSA.
2. Code Descriptions: This report allows the user to view or print a list of codes for a certain field. You can select the field from the drop down box on the screen.

## CODE TABLE

## CATEGORY

ASSESSMENT INSTRUMENT  
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ASSESSMENT/FOLLOW UP SITE  
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ASSETS/INDIVIDUAL/COUPLE  
ASSETS/INDIVIDUAL/COUPLE  
ASSETS/INDIVIDUAL/COUPLE  
ASSETS/INDIVIDUAL/COUPLE  
ASSESSMENT DELAY REASON

**CODE**

A=2000 PRIORITIZATION ASSESSMENT FORM 701A  
C=CONTINUED RESIDENCY REVIEW FORM  
N=NONE  
O=OTHER  
S=2000 COMPREHENSIVE ASSESSMENT FORM 701 B  
T=2000 NURSING HOME (MINI) ASSESSMENT FORM 701B  
ADC=ADULT DAY CARE  
AFCH=ADULT FAMILY CARE HOME  
ALF=ASSISTED LIVING FACILITY  
ALFE=ALF WITH EXT CONG CARE  
ALFM=ALF WITH LTD MENT HLTH SVCS  
ALFN=ALF WITH LTD NURS SVCS  
ARTS=ADULT/GER RES TREAT FAC  
CARE=ONSITE IN CARES OFFICE  
CH=CLIENT/RELATIVE'S HOME  
EMST=TELEPHONE 701B FOR EMS RELEASE  
GRHO=GROUP HOME  
H=HOSPITAL  
M=MEAL SITE  
MRDD=MR/DD FACILITY  
NH=NURSING HOME  
OAA=OLDER AMERICAN ACT  
OFFC=OFFICE / MEDICAL CASE FILE REVIEW  
OT=OTHER  
PRIS=PRISON/JAIL  
PSA=PSA SPECIFIC  
PSYF=PSYCHIATRIC FACILITY  
SBHO=SWING BED HOSPITAL  
SMHO=STATE MENT HOSPITAL  
SNUH=SKILLED NURS UNIT/HOSPITAL  
T=TELEPHONE SCREEN  
AAS=ADULT SERVICES  
AHC=AGENCY FOR HEALTH CARE ADMINISTRATION  
ALZ=ALZHEIMERS DISEASE WAIVER  
BHP=BROWARD HOMEBOUND CASE MGR  
CAR=CARES  
CDA=COMMUNITY CARE FOR DIS ADULTS CASE MGR  
CFW=ADULT CYSTIC FIBROSIS WAIVER  
CHA=CHAN CASE MGR  
DOH=DEPARTMENT OF HEALTH  
ELD=ELDER CARE CASE MGR  
HMO=HEALTH MAINT ORG  
HOS=HOSPITAL  
LEA=LEAD AGENCY CASE MGR  
MCO=MANAGED CARE ORG  
MHC=MASSADA HOME CARE CASE MGR  
NON=NONE  
OTH=OTHER  
PAC=PROJECT AIDS CARE CASE MGR  
UHC=UNITED HOME CARE CASE MANAGER  
VOC=VOCATIONAL REHABILITATION  
M=\$0 - \$2000  
N=\$2001 - \$5000  
P=OVER \$5000  
U=UNKNOWN  
CLU=CLIENT UNAVAILABLE



|                           |   |
|---------------------------|---|
| CASE CLOSED REASON        | RA=REFUSED ASSESSMENT                             |
| CASE CLOSED REASON        | SA=SERVICES APPROVED                              |
| CASE CLOSED REASON        | SD=SERVICES DENIED                                |
| CASE CLOSED REASON        | TH=TERMINATED HOSPICE                             |
| CASE CLOSED REASON        | TP=TERMINATED PAC                                 |
| CASE CLOSED REASON        | TR=CASE TRANSFER                                  |
| CASE CLOSED REASON        | VW=VOLUNTARY WITHDRAWAL                           |
| CASE CLOSED REASON        | WA=WAIVER APPROVED                                |
| CASE CLOSED REASON        | WL=WAITING LIST/ANNUAL                            |
| CASE MANAGER              | AAS=ADULT SERVICES                                |
| CASE MANAGER              | ADC=ADULT DAY HEALTH CARE                         |
| CASE MANAGER              | AHC=AGENCY FOR HEALTH CARE ADMINISTRATION         |
| CASE MANAGER              | ALZ=ALZHEIMERS DISEASE WAIVER                     |
| CASE MANAGER              | ARC=ARC or ADRC                                   |
| CASE MANAGER              | BHP=BROWARD HOMEBOUND PROGRAM                     |
| CASE MANAGER              | CAR=CARES   |
| CASE MANAGER              | CDA=COMM CARE FOR DISABLED ADULTS                 |
| CASE MANAGER              | CFW=ADULT CYSTIC FIBROSIS WAIVER                  |
| CASE MANAGER              | CHA=CHANNELING                                    |
| CASE MANAGER              | DES=DEVELOPMENTAL SERVICES                        |
| CASE MANAGER              | DOH=DEPARTMENT OF HEALTH                          |
| CASE MANAGER              | ELD=ELDER CARE                                    |
| CASE MANAGER              | HHC=HOME HEALTH CARE                              |
| CASE MANAGER              | HMO=HEALTH MAINT ORG                              |
| CASE MANAGER              | LEA=LEAD AGENCY                                   |
| CASE MANAGER              | MCO=MANAGED CARE ORG                              |
| CASE MANAGER              | MEH=MENTAL HEALTH                                 |
| CASE MANAGER              | MHC=MASSADA HOME CARE                             |
| CASE MANAGER              | OMW=OTHER MED WAIVER                              |
| CASE MANAGER              | PAC=PROJECT AIDS CARE                             |
| CASE MANAGER              | PCE=PROGRAM FOR ALL-INCLUSIVE CARE OF THE ELDERLY |
| CASE MANAGER              | UHC=UNITED HOME CARE                              |
| CASE MANAGER              | VOC=VOCATIONAL REHABILITATION                     |
| CASE OPEN REASON          | AR=ANNUAL WAIVER RECERTIFICATION                  |
| CASE OPEN REASON          | IN=INITIAL CASE                                   |
| CASE OPEN REASON          | OT=OTHER  |
| CASE OPEN REASON          | RE=REASSESSMENT                                   |
| CASE OPEN REASON          | TR=TRANSFERRED                                    |
| CASE STATUS               | C=CLOSED  |
| CASE STATUS               | O=OPEN  |
| CONTACT TYPE              | MN=MEDICALLY NEEDY                                |
| CONTACT TYPE              | OV=OFFICE VISIT                                   |
| CONTACT TYPE              | TC=TELEPHONE CALL                                 |
| CONTACT TYPE              | UE=UPSTREAMING ENCOUNTER                          |
| CONTACT TYPE              | WR=WRITTEN REQUEST                                |
| DCF FINANCIAL ELIGIBILITY | FE=FINANCIALLY ELIGIBLE                           |
| DCF FINANCIAL ELIGIBILITY | NE=FINANCIALLY NOT ELIGIBLE                       |
| ETHNICITY                 | H=HISPANIC  |
| ETHNICITY                 | NR=NOT REQUIRED                                   |
| ETHNICITY                 | O=OTHER   |
| ETHNICITY                 | U=UNKNOWN   |
| ETHNICITY                 | Z=POLICY CHANGES                                  |
| FOC DELAY REASON          | CLD=CLIENT DELAY                                  |
| FOC DELAY REASON          | CRD=CARES DELAY                                   |
| FOLLOWUP STATUS           | CO=FOLLOWUP COMPLETED                             |
| FOLLOWUP STATUS           | SC=FOLLOWUP SCHEDULED                             |
| FOLLOWUP TYPE             | AN=ANNUAL   |
| FOLLOWUP TYPE             | ND=90 DAY   |
| FOLLOWUP TYPE             | OA=ONGOING ANNUAL                                 |



FOLLOWUP TYPE  
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 INCOME LEVEL  
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 LEVEL OF CARE  
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 MI/MR INDICATOR  
 MI DISPOSITION  
 MI DISPOSITION  
 MI DISPOSITION  
 MI DISPOSITION  
 MI DISPOSITION  
 MI DISPOSITION

OD=180 DAY  
 TD=30 DAY  
 UF=UNSCHEDULED FOLLOWUP  
 I=ICP  
 M=MEDS-AD  
 S=SSI  
 DNM=DOES NOT MEET LOC  
 DWC=DOES NOT MEET WAIVER CRITERIA  
 INO=INTERMEDIATE ONE  
 INT=INTERMEDIATE TWO  
 MEN=STATE MENTAL HOSPITAL  
 MWC=MEET WAIVER CRITERIA  
 ROH=RISK OF HOSPITALIZATION  
 RON=RISK OF NURSING HOME  
 SKD=SKILLED  
 WHL=WITHHOLD LOC  
 AFCH=ADULT FAMILY CARE HOME  
 ALFE=ALF WITH EXT CONG CARE  
 ALFM=ALF WITH LTD MENT HLTH SVCS  
 ALFN=ALF WITH LTD NURS SVCS  
 ALFS=ASSISTED LIVING FACILITY  
 ARTS=ADULT/ GER RES TREAT FAC  
 GRHO=GROUP HOME  
 HOSP=HOSPITAL  
 MRDD=MR/DD FACILITY  
 NUHO=NURSING HOME  
 OTHR=OTHER  
 PRIS=PRISON/JAIL  
 PRRE=PRIVATE RESIDENCE  
 PSYF=PSYCHIATRIC FACILITY  
 REHB=REHAB HOSPITAL  
 SAPT=SUPERVISED APARTMENT  
 SHNH=STATE MENTAL HOSPITAL/NURSING HOME UNIT  
 SMHO=STATE MENT HOSPITAL  
 TRAN=TRANSIENT  
 AL=ALONE  
 NR=NOT REQUIRED  
 U=UNKNOWN  
 WC=WITH CAREGIVER  
 WO=WITH OTHER  
 Z=POLICY CHANGES  
 D=DIVORCED  
 M=MARRIED  
 NR=NOT REQUIRED  
 P=SEPARATED  
 S=SINGLE  
 U=UNKNOWN  
 W=WIDOWED  
 Z=POLICY CHANGES  
 BO=BOTH  
 MI=MENTAL ILLNESS  
 MR=MENTAL RETARDATION  
 NO=NONE  
 CP=NEEDS SPEC SVCS/CAN'T PROVIDE IN NH  
 NP=PSYCH EVAL NOT RECEIVED  
 NR=1911 A&B NOT RECEIVED  
 NS=NO SPECIALIZED SERVICES NEEDED  
 PE=EXCLUDED LEVEL II PSYCH EVAL  
 SS=NEED SPECIALIZED SERVICES

|                          |                                       |
|--------------------------|---------------------------------------|
| MI EXCLUSION/EXEMPTION   | CC=CONV CARE/30 DAY                   |
| MI EXCLUSION/EXEMPTION   | CM=CHRONIC MI                         |
| MI EXCLUSION/EXEMPTION   | DE=DELIRIUM/7 DAYS                    |
| MI EXCLUSION/EXEMPTION   | EH=EXEMPTED HOSPITAL/30 DAYS          |
| MI EXCLUSION/EXEMPTION   | EM=EXEMPTED RESPITE/14 DAYS           |
| MI EXCLUSION/EXEMPTION   | ER=EXCLUDED RESPITE/14 DAYS           |
| MI EXCLUSION/EXEMPTION   | NE=NOT EXCLUDED                       |
| MI EXCLUSION/EXEMPTION   | NO=NO EXEMPTION                       |
| MI EXCLUSION/EXEMPTION   | PS=PROTECTIVE SVCS/7 DAY              |
| MI EXCLUSION/EXEMPTION   | SI=SEVERITY OF ILLNESS                |
| MI EXCLUSION/EXEMPTION   | TI=TERMINAL ILLNESS                   |
| MR DISPOSITION           | CP=NEED SPEC SVCS/CAN'T PROVIDE IN NH |
| MR DISPOSITION           | DE=EXCLUDED LEVEL II DS EVAL          |
| MR DISPOSITION           | ND=DS EVALUATION NOT RECEIVED         |
| MR DISPOSITION           | NS=NO SPEC SVSC NEEDED                |
| MR DISPOSITION           | SS=NEED SPEC SVCS                     |
| MR EXCLUSION/EXEMPTION   | CC=CONV CARE/30 DAY                   |
| MR EXCLUSION/EXEMPTION   | DE=DELIRIUM/7 DAYS                    |
| MR EXCLUSION/EXEMPTION   | EH=EXEMPTED HOSPITAL/30 DAYS          |
| MR EXCLUSION/EXEMPTION   | EM=EXEMPTED RESPITE/14 DAYS           |
| MR EXCLUSION/EXEMPTION   | ER=EXCLUDED RESPITE/14 DAYS           |
| MR EXCLUSION/EXEMPTION   | NE=NOT EXCLUDED                       |
| MR EXCLUSION/EXEMPTION   | NO=NO EXEMPTION                       |
| MR EXCLUSION/EXEMPTION   | PS=PROTECTIVE SERV/7 DAY              |
| MR EXCLUSION/EXEMPTION   | SI=SEVERITY OF ILLNESS                |
| MR EXCLUSION/EXEMPTION   | TI=TERMINAL ILLNESS                   |
| PAYMENT TYPE             | MEDI=MEDICAID                         |
| PAYMENT TYPE             | MEDP=MEDICAID PENDING                 |
| PAYMENT TYPE             | PRPA=PRIVATE PAY                      |
| PLACEMENT RECOMMENDATION | AFCH=ADULT FAMILY CARE HOME           |
| PLACEMENT RECOMMENDATION | ALFE=ALF WITH EXT CONG CARE           |
| PLACEMENT RECOMMENDATION | ALFM=ALF WITH LTD MENT HLTH SVCS      |
| PLACEMENT RECOMMENDATION | ALFN=ALF WITH LTD NURS SVCS           |
| PLACEMENT RECOMMENDATION | ALFS=ASSISTED LIVING FACILITY         |
| PLACEMENT RECOMMENDATION | ARTS=ADULT/GER RES TREAT FAC          |
| PLACEMENT RECOMMENDATION | GRHO=GROUP HOME                       |
| PLACEMENT RECOMMENDATION | HOSP=HOSPITAL                         |
| PLACEMENT RECOMMENDATION | MRDD=MR/DD FACILITY                   |
| PLACEMENT RECOMMENDATION | NHTP=TEMPORARY NURSING HOME           |
| PLACEMENT RECOMMENDATION | NHTR=NURSING HOME TRANSITION          |
| PLACEMENT RECOMMENDATION | NUHO=NURSING HOME                     |
| PLACEMENT RECOMMENDATION | OTHR=OTHER                            |
| PLACEMENT RECOMMENDATION | PRNH=PRISON NURSING HOME              |
| PLACEMENT RECOMMENDATION | PRRE=PRIVATE RESIDENCE                |
| PLACEMENT RECOMMENDATION | PSYF=PSYCHIATRIC FACILITY             |
| PLACEMENT RECOMMENDATION | REHB=REHAB HOSPITAL                   |
| PLACEMENT RECOMMENDATION | SAPT=SUPERVISED APARTMENT             |
| PLACEMENT RECOMMENDATION | SHNH=STATE MENTAL HOSPITAL/NH UNIT    |
| PLACEMENT RECOMMENDATION | SMHO=STATE MENTAL HOSPITAL            |
| PRIMARY CAREGIVER        | N=NO CAREGIVER                        |
| PRIMARY CAREGIVER        | R=NOT REQUIRED                        |
| PRIMARY CAREGIVER        | U=UNKNOWN                             |
| PRIMARY CAREGIVER        | Y=YES                                 |
| PRIMARY CAREGIVER        | Z=POLICY CHANGES                      |
| PRIMARY LANGUAGE         | AR=ARABIC                             |
| PRIMARY LANGUAGE         | CH=CHINESE                            |
| PRIMARY LANGUAGE         | CR=CREOLE                             |
| PRIMARY LANGUAGE         | EN=ENGLISH                            |
| PRIMARY LANGUAGE         | FR=FRENCH                             |

|                            |   |
|----------------------------|---|
| PRIMARY LANGUAGE           | GE=GERMAN                                   |
| PRIMARY LANGUAGE           | GR=GREEK                                    |
| PRIMARY LANGUAGE           | HE=HEBREW                                   |
| PRIMARY LANGUAGE           | HU=HUNGARIAN                                |
| PRIMARY LANGUAGE           | IE=OTHER INDO-EUROPEAN                      |
| PRIMARY LANGUAGE           | IN=INDIC                                    |
| PRIMARY LANGUAGE           | IT=ITALIAN                                  |
| PRIMARY LANGUAGE           | JA=JAPANESE                                 |
| PRIMARY LANGUAGE           | KO=KOREAN                                   |
| PRIMARY LANGUAGE           | MK=MON-KHMER                                |
| PRIMARY LANGUAGE           | NA=NATIVE NORTH AMERICAN                    |
| PRIMARY LANGUAGE           | NR=NOT REQUIRED                             |
| PRIMARY LANGUAGE           | OG=OTHER WEST GERMANIC                      |
| PRIMARY LANGUAGE           | OS=OTHER SLAVIC                             |
| PRIMARY LANGUAGE           | PO=POLISH                                   |
| PRIMARY LANGUAGE           | PR=PORTUGUESE                               |
| PRIMARY LANGUAGE           | RU=RUSSIAN                                  |
| PRIMARY LANGUAGE           | SC=SCANDINAVIAN                             |
| PRIMARY LANGUAGE           | SP=SPANISH                                  |
| PRIMARY LANGUAGE           | SS=SOUTH SLAVIC                             |
| PRIMARY LANGUAGE           | TG=TAGALOG                                  |
| PRIMARY LANGUAGE           | VI=VIETNAMESE                               |
| PRIMARY LANGUAGE           | YI=YIDDISH                                  |
| PROGRAM CONSIDER/RECOMMEND | ACFW=ADULT CYSTIC FIBROSIS WAIVER           |
| PROGRAM CONSIDER/RECOMMEND | ADAW=AGED/DISABLED ADULTS WAIVER            |
| PROGRAM CONSIDER/RECOMMEND | ADHC=ADULT DAY HEALTH CARE WAIVER           |
| PROGRAM CONSIDER/RECOMMEND | ALFW=ASSISTED LIVING FACILITY WAIVER        |
| PROGRAM CONSIDER/RECOMMEND | ALZW=ALZHEIMER'S DISEASE WAIVER             |
| PROGRAM CONSIDER/RECOMMEND | BSCW=BRAIN/SPINAL CORD INJURY WAIVER        |
| PROGRAM CONSIDER/RECOMMEND | CCDA=COMMUNITY CARE FOR DISABLED ADULTS     |
| PROGRAM CONSIDER/RECOMMEND | CCFE=COMMUNITY CARE FOR THE ELDERLY         |
| PROGRAM CONSIDER/RECOMMEND | CDCW=CONSUMER DIRECTED CARE WAIVER          |
| PROGRAM CONSIDER/RECOMMEND | CHAN=CHANNELING                             |
| PROGRAM CONSIDER/RECOMMEND | DEVS=DEVELOPMENTAL SERVICES                 |
| PROGRAM CONSIDER/RECOMMEND | ELDC=ELDER CARE                             |
| PROGRAM CONSIDER/RECOMMEND | FDMW=FAMILIAL DYSAUTONOMIA MEDICAID WAIVER  |
| PROGRAM CONSIDER/RECOMMEND | HEMO=HEALTH MAINTENANCE ORGANIZATION        |
| PROGRAM CONSIDER/RECOMMEND | HSPC=HOSPICE                                |
| PROGRAM CONSIDER/RECOMMEND | LTCP=LTC COMMUNITY DIVERSION PROGRAM        |
| PROGRAM CONSIDER/RECOMMEND | NHSS=SPECIALIZED SERVICES                   |
| PROGRAM CONSIDER/RECOMMEND | NONE=NONE                                   |
| PROGRAM CONSIDER/RECOMMEND | OMDW=OTHER MEDICAID WAIVER                  |
| PROGRAM CONSIDER/RECOMMEND | OTHR=OTHER                                  |
| PROGRAM CONSIDER/RECOMMEND | PACE=PROGRAM ALL INCLUSIVE CARE FOR ELDERLY |
| PROGRAM CONSIDER/RECOMMEND | PACW=PROJECT AIDS CARE WAIVER               |
| PROGRAM CONSIDER/RECOMMEND | SBHO=SWING BED HOSPITAL                     |
| PROGRAM CONSIDER/RECOMMEND | SNUH=SKILLED NURSING UNIT/HOSPITAL          |
| RACE                       | A=ASIAN OR PACIFIC ISLANDER                 |
| RACE                       | B=BLACK                                     |
| RACE                       | N=NATIVE AMERICAN                           |
| RACE                       | NR=NOT REQUIRED                             |
| RACE                       | O=OTHER                                     |
| RACE                       | U=UNKNOWN                                   |
| RACE                       | W=WHITE                                     |
| RECOMMENDED ACTION         | AB=REFERRED ABUSE REGISTRY                  |
| RECOMMENDED ACTION         | AP=REFERRED ADULT PAYMENTS                  |
| RECOMMENDED ACTION         | AS=REFERRED ADULT SERVICES                  |
| RECOMMENDED ACTION         | EL=REFERRED ELDER HOT LINE                  |
| RECOMMENDED ACTION         | HH=REFERRED HOME HEALTH                     |

|                        |   |
|------------------------|---|
| RECOMMENDED ACTION     | LA=REFERRED LEAD AGENCY                     |
| RECOMMENDED ACTION     | NR=NO REFERRAL MADE                         |
| RECOMMENDED ACTION     | OA=OTHER ACTION TAKEN                       |
| RECOMMENDED ACTION     | OC=REFERRED OTHER COMM AGENCY               |
| RECOMMENDED ACTION     | OG=REFERRED OTHER GOV PROGRAM               |
| REFERRAL DENIAL REASON | CD=CLIENT DIED                              |
| REFERRAL DENIAL REASON | IN=IN NURSING HOME                          |
| REFERRAL DENIAL REASON | LC=LOST CONTACT                             |
| REFERRAL DENIAL REASON | LS=LEFT STATE                               |
| REFERRAL DENIAL REASON | NE=NOT ELIGIBLE                             |
| REFERRAL DENIAL REASON | OT=OTHER                                    |
| REFERRAL DENIAL REASON | RM=REFUSED MEDICAID                         |
| REFERRAL DENIAL REASON | RS=REFUSED SERVICE                          |
| REFERRAL DENIAL REASON | SN=SERVICE NOT AVAILABLE                    |
| REFERRAL DISPOSITION   | A=APPROVED                                  |
| REFERRAL DISPOSITION   | D=DENIED                                    |
| REFERRAL DISPOSITION   | W=PLACED ON WAITING LIST                    |
| REFERRAL RESPONSE TYPE | OCM=OFFICE VISIT/CASE MGR                   |
| REFERRAL RESPONSE TYPE | OVC=OFFICE VISIT/CARES                      |
| REFERRAL RESPONSE TYPE | TCC=TELEPHONE CALL/CARES                    |
| REFERRAL RESPONSE TYPE | TCM=TELEPHONE CALL/CASE MGR                 |
| REFERRAL RESPONSE TYPE | WCM=WRITTEN/CASE MGR                        |
| REFERRAL SOURCE        | A=ABUSE/NEGLECT                             |
| REFERRAL SOURCE        | AAA=AREA AGENCY ON AGING                    |
| REFERRAL SOURCE        | AAS=ADULT SERVICES                          |
| REFERRAL SOURCE        | ADM=ALCOHOL/DRUG/MENTAL HEALTH              |
| REFERRAL SOURCE        | AFCH=ADULT FAMILY CARE HOME                 |
| REFERRAL SOURCE        | AHCA=AGENCY FOR HLTH CARE ADM               |
| REFERRAL SOURCE        | ALF=ASSISTED LIVING FACILITY                |
| REFERRAL SOURCE        | ALZ=ALZHEIMERS DISEASE WAIVER               |
| REFERRAL SOURCE        | AP=ADULT PAYMENTS                           |
| REFERRAL SOURCE        | ARC=ARC or ADRC                             |
| REFERRAL SOURCE        | BHP=BROWARD HOMEBOUND PROGRAM               |
| REFERRAL SOURCE        | C=CARES                                     |
| REFERRAL SOURCE        | CCDA=DCF CCDA                               |
| REFERRAL SOURCE        | CDCW=CONSUMER DIRECTED CARE WAIVER          |
| REFERRAL SOURCE        | CFW=ADULT CYSTIC FIBROSIS WAIVER            |
| REFERRAL SOURCE        | CHA=CHANNELING WAIVER                       |
| REFERRAL SOURCE        | CRR=CONTINUED RESIDENCY REVIEW              |
| REFERRAL SOURCE        | DES=DEVELOPMENTAL SERVICES                  |
| REFERRAL SOURCE        | DOH=DEPARTMENT OF HEALTH                    |
| REFERRAL SOURCE        | ELD=ELDER CARE                              |
| REFERRAL SOURCE        | FAM=FAMILY                                  |
| REFERRAL SOURCE        | FRIN=FRIEND/NEIGHBOR                        |
| REFERRAL SOURCE        | H=HOSPITAL                                  |
| REFERRAL SOURCE        | HCDA=DCF HCDA                               |
| REFERRAL SOURCE        | HHC=HOME HEALTH CARE                        |
| REFERRAL SOURCE        | HMO=HEALTH MAINT ORG                        |
| REFERRAL SOURCE        | L=LEAD AGENCY                               |
| REFERRAL SOURCE        | LTCP=LTC COMMUNITY DIVERSION PROGRAM        |
| REFERRAL SOURCE        | MHC=MASSADA HOME CARE                       |
| REFERRAL SOURCE        | NH=NURSING HOME                             |
| REFERRAL SOURCE        | O=OTHER                                     |
| REFERRAL SOURCE        | OMW=OTHER MED WAIVER                        |
| REFERRAL SOURCE        | PAC=PROJECT AIDS CARE WAIVER                |
| REFERRAL SOURCE        | PACE=PROGRAM ALL-INCLUSIVE CARE FOR ELDERLY |
| REFERRAL SOURCE        | PHY=PHYSICIAN                               |
| REFERRAL SOURCE        | PRIS=PRISON/JAIL                            |
| REFERRAL SOURCE        | PSYF=PSYCHIATRIC FACILITY                   |

|                           |   |
|---------------------------|---|
| REFERRAL SOURCE           | SBHO=SWING BED HOSPITAL                           |
| REFERRAL SOURCE           | SELF=SELF   |
| REFERRAL SOURCE           | SMHO=STATE MENTAL HOSPITAL                        |
| REFERRAL SOURCE           | SNUH=SKILLED NURS UNIT/HOSPITAL                   |
| REFERRAL SOURCE           | U=UPSTREAMING                                     |
| REFERRAL SOURCE           | UHC=UNITED HOME CARE                              |
| REFERRAL SOURCE           | UPP=UPSTREAMING PROJECT                           |
| REFERRAL SOURCE           | VOC=VOCATIONAL REHABILITATION                     |
| REFERRED TO               | AAA=AREA AGENCY ON AGING                          |
| REFERRED TO               | AAS=ADULT SERVICES                                |
| REFERRED TO               | AHC=AGENCY FOR HEALTH CARE ADMINISTRATION         |
| REFERRED TO               | ALZ=ALZHEIMERS DISEASE WAIVER                     |
| REFERRED TO               | ARC=ARC or ADRC                                   |
| REFERRED TO               | BHP=BOWARD HOMEBOUND PROGRAM                      |
| REFERRED TO               | CDC=CONSUMER DIRECTED CARE                        |
| REFERRED TO               | CFW=ADULT CYSTIC FIBROSIS WAIVER                  |
| REFERRED TO               | CHA=CHANNELING                                    |
| REFERRED TO               | DES=DEVELOPMENTAL SERVICES                        |
| REFERRED TO               | DOH=DEPARTMENT OF HEALTH                          |
| REFERRED TO               | ELD=ELDER CARE                                    |
| REFERRED TO               | HHC=HOME HEALTH CARE                              |
| REFERRED TO               | HMO=HEALTH MAINT ORG                              |
| REFERRED TO               | LEA=LEAD AGENCY                                   |
| REFERRED TO               | LTS=LTC DIVERSION SUITABLE                        |
| REFERRED TO               | MCO=MANAGED CARE ORG                              |
| REFERRED TO               | MHC=MASSADA HOME CARE                             |
| REFERRED TO               | NGC=NON GOV COM AGENCY                            |
| REFERRED TO               | OGA=OTHER GOVERNMENT COMMUNITY AGENCY             |
| REFERRED TO               | OTH=OTHER   |
| REFERRED TO               | PAC=PROJECT AIDS CARE                             |
| REFERRED TO               | PCE=PROGRAM FOR ALL-INCLUSIVE CARE OF THE ELDERLY |
| REFERRED TO               | UHC=UNITED HOME CARE                              |
| REFERRED TO               | VOC=VOCATIONAL REHABILITATION                     |
| SAMH DISPOSITION          | EXPS=EXCLUDED BY PSYCHIATRIST                     |
| SAMH DISPOSITION          | NFIN=NURSING FACILITY INAPPROPRIATE               |
| SAMH DISPOSITION          | NSCP=NEED SPEC SVCS /CAN'T PROVIDE IN NH          |
| SAMH DISPOSITION          | NSPS=NEED SPEC SVCS                               |
| SAMH DISPOSITION          | NSSN=NO SPEC SVCS NEEDED                          |
| SEX                       | OCOM=OUT OF COMPLIANCE                            |
| SEX                       | F=FEMALE  |
| SEX                       | M=MALE  |
| SPECIAL PROJECT CASE      | U=UNKNOWN   |
| SPECIAL PROJECT CASE      | A=ALZHEIMER'S WAIVER                              |
| SPECIAL PROJECT CASE      | L=LTC COMMUNITY DIVERSION PROGRAM                 |
| SPECIAL PROJECT CASE      | N=NONE  |
| SPECIAL PROJECT CASE      | R=NEW ADMISSION REVIEW                            |
| SPECIAL PROJECT CASE      | TN=TRANSITION FROM NH SPECIAL FUNDING             |
| SPECIAL PROJECT CASE      | TU=TRANSITION FROM HOSPITAL SPECIAL FUNDING       |
| SPECIAL PROJECT CASE      | U=UPSTREAMING PROJECT                             |
| STAFFING INSTRUMENT       | M=3036 / STATE MENTAL HOSPITAL                    |
| STAFFING INSTRUMENT       | N=NONE  |
| STAFFING INSTRUMENT       | O=OTHER   |
| STAFFING INSTRUMENT       | P=CARES FORM 607                                  |
| STAFFING INSTRUMENT       | U=3008  |
| STAFFING INSTRUMENT       | V=3008/MEDICAID WAIVER                            |
| SB/SNUH EXTENSION STATUS  | A=APPROVED  |
| SB/SNUH EXTENSION STATUS  | D=DENIED  |
| SB/SNUH EXT DENIAL REASON | DNM=DOES NOT MEET LOC                             |
| SB/SNUH EXT DENIAL REASON | NIE=NOT ICP ELIGIBLE                              |

|                             |                            |
|-----------------------------|----------------------------|
| SB/SNUH EXT DENIAL REASON   | OTH=OTHER                  |
| WAITING NH PLACEMENT REASON | FI=FAMILY/INDIVIDUAL DELAY |
| WAITING NH PLACEMENT REASON | IH=STILL IN HOSPITAL       |
| WAITING NH PLACEMENT REASON | NB=NO BED AVAILABLE        |
| WAITING NH PLACEMENT REASON | OT=OTHER                   |
| WAITING NH PLACEMENT REASON | WF=WAITING/FINANCIAL       |
| WAITING NH PLACEMENT REASON | WL=WAITING LIST            |
| WAIVER DENIED REASON        | CD=CLIENT DIED             |
| WAIVER DENIED REASON        | IN=IN NURSING HOME         |
| WAIVER DENIED REASON        | LC=LOST CONTACT            |
| WAIVER DENIED REASON        | LS=LEFT STATE              |
| WAIVER DENIED REASON        | NE=NOT ELIGIBLE            |
| WAIVER DENIED REASON        | OT=OTHER                   |
| WAIVER DENIED REASON        | RM=REFUSED MEDICAID        |
| WAIVER DENIED REASON        | RS=REFUSED SERVICE         |
| WAIVER DENIED REASON        | VW=VOLUNTARY WITHDRAWAL    |
| WAIVER STATUS               | A=APPROVED                 |
| WAIVER STATUS               | D=DENIED                   |
| WAIVER STATUS               | P=PENDING                  |
| WAIVER STATUS               | W=WAITING LIST             |
| WAIVER TERMINATION REASON   | CD=CLIENT DIED             |
| WAIVER TERMINATION REASON   | CH=CHOOSE HOSPICE          |
| WAIVER TERMINATION REASON   | FI=FAMILY INTERVENTION     |
| WAIVER TERMINATION REASON   | IN=IN NURSING HOME         |
| WAIVER TERMINATION REASON   | LC=LOST CONTACT            |
| WAIVER TERMINATION REASON   | LS=LEFT STATE              |
| WAIVER TERMINATION REASON   | NF=NOT ELIGIBLE/FINANCIAL  |
| WAIVER TERMINATION REASON   | NM=NOT ELIGIBLE/MEDICAL    |
| WAIVER TERMINATION REASON   | OT=OTHER                   |
| WAIVER TERMINATION REASON   | PR=IN PRISON/JAIL          |

## TRANSFERRING OPEN CASES

Prior to 5/12/2008, when a client with an open case moves from one office to another, the new office uses the Change PSA screen. It pulls the client to a county that they serve. The Change PSA screen stops the change from being made and gives a message that the old office has an open case. The old office must close the case before the new office can move the client to their area. After the old office closes their case, the new office must retype the entire case so that it generates the next follow up in the same follow up pattern and the same due date for the new office.

As of 5/12/2008, CIRT S allows open cases to be transferred to a new office without having to duplicate the case in CIRT S. The case will be “shared”. The new office will still use the Change PSA screen to pull the client into their area. If CIRT S finds an open case in another office that has been staffed, it will tell the user which office has the open case and check to see if that office has given permission to transfer the case. If permission has not been given, the user must contact the old office to request permission.

The screenshot shows the 'Change PSA Screen' in the Oracle Developer Forms Runtime - Web environment. The screen is titled 'CIRT S CHANGE CLIENT PSA'. It contains several input fields and buttons. A warning alert is displayed over the form.

**Form Fields:**

- Top Left: **CICNGPSA\_1226** and **VERSION 10G.1**
- Top Center: **CIRT S** and **CHANGE CLIENT PSA**
- Top Right: **Date** (05/12/2008) and **User** (REGIONALCARES)
- Middle Left: **Social Security Number** (200805121), **Client's Name** (TEST XFERCASE), and **Client's Date of Birth** (09/19/1927)
- Middle Right: **County** (HOLMES)
- Bottom Left: **PSA** (02B), **Date Changed** (05/12/2008), **Program Changed** (DEMO), **User Changed** (SUPE), and **Caseworker** (22299)
- Bottom: **Save** and **Cancel** buttons

**Warning Alert:**

**WARNING!** There is an open case for this client in PSA\_02B. PSA change is not allowed.

**Alert Icon:** A red bell icon.

**Alert Buttons:** **OK**

**Footer:** Record: 1/1, ..., <OSC>

The old office must enter “Y” into the new “OK to transfer case” field on the assignment tab.

Oracle Developer Forms Runtime - Web

CARES Cases

CARES CASES  
VERSION 100.1

CIRTS  
CARES Cases Information

Date: 05/12/2008  
User: SUPERVISOR02B

CARES Cases for: TEST XFERCASE SSN: 200805121 ☒ Demographic Complete ☐ PAS Complete

| Opened on | Reason | Referral Source | Payment Type | Status | Closed on | Reason | PSA |
|-----------|--------|-----------------|--------------|--------|-----------|--------|-----|
|           |        |                 |              |        |           |        |     |
|           |        |                 |              |        |           |        |     |
|           |        |                 |              |        |           |        |     |

Add Case Close Case Delete Case Print CIF Print Blank CIF Search Client Close

Assignment Assessments Staffings Referrals Followups

Initial Date: 04/01/2008 Assigned To: 222991112 - WILLIAM MCTIGUE - 02B

Referral Source: FAMILY Payment Type: MEDICAID

Living Arrangement: <null> Living Situation: <null>

Special Project Case: N=NONE Provider Name: <null>

Primary Caregiver: <null> Open Reason: INITIAL CASE

3008 Received: ☒ 3008 Completed: ☐

Date Incomplete 3008 Received by CARES: Date Incomplete 3008 Returned by CARES: OK to Transfer the Case?

Edit Save Cancel

Enter a 'Y' or 'N' for 3008 Received

Record: 1/1 ... <OSC>



When the old office gives permission, they will be reminded of any incomplete referrals and forced to complete or delete them before giving permission.

Oracle Developer Forms Runtime - Web

CARES Cases

CARES CASES  
VERSION 10G.1

CIRTS  
CARES Cases Information

Date: 05/12/2008  
User: SUPERVISOR02B

CARES Cases for: TESTXFERCASE SSN: 200805121 ☒ Demographic Complete ☐ PAS Complete

| Opened on  | Reason       | Referral Source | Payment Type | Status | Closed on | Reason | PSA |
|------------|--------------|-----------------|--------------|--------|-----------|--------|-----|
| 04/01/2008 | INITIAL CASE | FAMILY          | MEDICAID     | OPEN   |           |        | 02B |
|            |              |                 |              |        |           |        |     |
|            |              |                 |              |        |           |        |     |

Add Case Close Case Delete Case Print CIF Print Blank CIF Search Client Close


Assignment Assessment

Initial Date: 04/01/2008  
Referral Source: FAMI  
Living Arrangement: <null>  
Special Project Case: N=N  
Primary Caregiver: <null>  
3008 Received: N 3008 Completed: ☐  
Date Incomplete 3008 Returned by CARES:   
Open Reason: INITIAL CASE  
Date Incomplete 3008 Received by CARES:   
OK to Transfer the Case? Y

Edit Save Cancel

Enter a 'Y' or 'N' for OK to Transfer the Case?  
Record: 1/1 ... <OSC>

Error Occured



There are incomplete referrals for the case. You need to complete or delete those referrals before allowing the case transfer.

OK

They will also be reminded of any overdue or almost due (due in the next two weeks) follow-ups. They must be completed before giving permission.

Oracle Developer Forms Runtime - Web

CARES Cases

CARES CASES  
VERSION 10G.1

CIRTS  
CARES Cases Information

Date: 05/12/2008  
User: SUPERVISOR02B

CARES Cases for: TESTXFERCASE SSN: 200805121 ☒ Demographic Complete ☐ PAS Complete

| Opened on  | Reason       | Referral Source | Payment Type | Status | Closed on | Reason | PSA |
|------------|--------------|-----------------|--------------|--------|-----------|--------|-----|
| 04/01/2008 | INITIAL CASE | FAMILY          | MEDICAID     | OPEN   |           |        | 02B |
|            |              |                 |              |        |           |        |     |
|            |              |                 |              |        |           |        |     |

Add Case Close Case Delete Case Print CIF Print Blank CIF Search Client Close

Assignment Assessment

Initial Date: 04/01/2008  
Referral Source: FAM  
Living Arrangement: <null>  
Special Project Case: N=N  
Primary Caregiver: <null>

3008 Received: N 3008 Completed: ☐  
Date Incomplete 3008 Returned by CARES:   
Date Incomplete 3008 Received by CARES:   
OK to Transfer the Case? Y

Open Reason: INITIAL CASE

Edit Save Cancel

Enter a 'Y' or 'N' for OK to Transfer the Case?

Record: 1/1 <OSC>

Error Occured

There is either an overdue follow up or a scheduled follow up within 15 days for the case. You need to complete this follow up before allowing the case transfer.

OK

The Change PSA screen also checks for incomplete referrals and overdue or almost due follow-ups. The Change PSA screen prompts the user to select the caseworker that the case should be re-assigned to.

Oracle Developer Forms Runtime - Web

Change PSA Screen

CICNGPSA\_1226  
VERSION 10G.1

C I R T S  
CHANGE CLIENT PSA

Date 05/12/2008  
User REGIONALCARES

Social Security Number 200805121 County BAY

Client's Name TEST XFERCASE

Client's Date of Birth 09/19/1927

| OLD                                    | NEW               |
|--|-------------------|
| PSA 02B                                | 02A               |
| Date Changed 05/12/2008                | 05/12/2008        |
| Program Changed DEMOGRAPHICS_1226      | CICNGPSA_1226     |
| User Changed SUPERVISOR02B             | REGIONALCARES     |
| Caseworker 222991112 - WILLIAM MCTIGUE | LD2A - LINDA DORM |

Save Cancel

Record: 1/1 ... <OSC>

When change PSA is saved, it updates the case assignment and any scheduled (or unscheduled) uncompleted follow-ups to the new office and new caseworker. Staffings, assessments, referrals and completed follow-ups are not changed to the new PSA and can only be edited by the old office. The new office can add assessments, staffings, and referrals. The follow up planning screen shows the follow up due in the new office for the new caseworker. **Cases that have not been assessed and staffed should be closed in the old office and opened in the new office as before.**

The manual close case screen reminds (but does not stop) the user not to close a case manually with closed reason “transferred” when the case can be transferred. This will stop an office from using the old method of transferring a case now that CIRTIS has been changed to transfer open cases.

**Oracle Developer Forms Runtime - Web**

**CLOSE\_CASE\_WINDOW**

Caseworker Closing: 222991112 - WILLIAM MCTIGU...

Case Closed Reason: CASE TRANSFER

Case Closed Date: 05/01/2008

Date of Death:

OK Cancel

**Confirmation**

! Closed case cannot be transferred. Are you sure that you want to close case?

YES NO

**Assessment and Staffing Information**

Staffing Information

| Staffing Date | Level Of Care    | LOC Date   | Placement Recommendation | Program Recommendation | PSA |
|---------------|------------------|------------|--------------------------|------------------------|-----|
| 04/08/2008    | INTERMEDIATE ONE | 04/01/2008 | OTHER                    | OTHER PROGRAM          | 02B |

Add New Staffing View Selected Staffing

Record: 1/1 ... <OSC>

Once the change PSA is complete, the new office should update the client’s address.

PSA is now displayed at the top of the staffing, assessment, referral and follow-up screens.

If a “shared” case must be deleted, the office that first staffed the case is the only office that can delete the case. The delete case button is disabled for all users except the supervisor for the original staffing office. If the original staffing office deletes a case, CIRT S will give a reminder that the case is shared.

Oracle Developer Forms Runtime - Web

CARES Cases

CARES CASES  
VERSION 10G.1

C I R T S  
CARES Cases Information

Date: 05/12/2008  
User: SUPERVISOR02B

CARES Cases for: TEST XFERCASE SSN: 200805121 ☒ Demographic Complete ☐ PAS Complete

| Opened on  | Reason       | Referral Source | Payment Type | Status | Closed on | Reason | PSA |
|------------|--------------|-----------------|--------------|--------|-----------|--------|-----|
| 04/01/2008 | INITIAL CASE | FAMILY          | MEDICAID     | OPEN   |           |        | 02A |
|            |              |                 |              |        |           |        |     |
|            |              |                 |              |        |           |        |     |

Add Case Close Case Delete Case Print CIF Print Blank CIF Search Client Close


Assignment Assessment

Initial Date: 04/01/2008  
Referral Source: FAMILY  
Living Arrangement: <null>  
Special Project Case: N=NO  
Primary Caregiver: <null>  
3008 Received: N 3008 Completed: ☐  
Date Incomplete 3008 Returned by CARES:   
Open Reason: INITIAL CASE  
Date Incomplete 3008 Received by CARES:   
OK to Transfer the Case? N

Edit Save Cancel

Record: 1/1 ... <OSC>

Confirmation



Part of the case was entered by CARES 02A. Deleting the case will also delete all those records. Are you certain that you want to delete the case?

YES NO

If a client must be deleted who has a “shared” case, the office that first staffed the “shared” case must delete the case, then either office can delete the client.

The screenshot displays the 'CARES Delete Client' web application interface. The title bar indicates 'Oracle Developer Forms Runtime - Web'. The application header includes a menu bar (Action, Menu, Edit, Block, Field, Record, Query, Help) and a toolbar with various icons. The main content area is titled 'CARETS - Deleting Client-level Records'. It features input fields for 'CARES DLT CLT' (VERSION 10G.1), 'Date' (05/12/2008), 'User' (REGIONALCARES), 'Client-level Records for:' (TEST XFERCASE), and 'Client PSA:' (02A). Below these are three sections: 'Nursing Home Admits', 'Swingbed / Skilled Nursi', and 'CARES Waiver Records'. Each section contains a table with columns for dates, names, and PSA. The 'Nursing Home Admits' section has a 'Delete Selected NH Admi' button. The 'Swingbed / Skilled Nursi' section has a 'Delete Selected SSN Admi' button. The 'CARES Waiver Records' section has a 'Delete Selected Waiver Records' button. An 'ALERT' dialog box is overlaid on the screen, displaying a red speech bubble icon and the message: '0 of 3 records were deleted. The remaining records belong to other PSA(s).'. The dialog has an 'OK' button. At the bottom of the application, there are buttons for 'Delete All Client Records' and 'Close'. The status bar at the very bottom shows 'Record: 1/1' and '<OSC>'.

Oracle Developer Forms Runtime - Web

CARES Delete Client

Action Menu Edit Block Field Record Query Help

CARES DLT CLT  
VERSION 10G.1

CARETS  
CARETS - Deleting Client-level Records

Date: 05/12/2008  
User: REGIONALCARES

Client-level Records for: TEST XFERCASE Client PSA: 02A

**Nursing Home Admits**

| Admit Date | NH Name | Disc. Date | PSA |
|------------|---------|------------|-----|
|            |         |            |     |
|            |         |            |     |

Delete Selected NH Admi

**Swingbed / Skilled Nursi**

| Admit Date | Disc. Date |
|------------|------------|
|            |            |
|            |            |

Delete Selected SSN Admi

**CARES Waiver Records**

| Status Date | Status | Accept Date | PSA |
|-------------|--------|-------------|-----|
|             |        |             |     |
|             |        |             |     |

Delete Selected Waiver Records

**Alert**

0 of 3 records were deleted. The remaining records belong to other PSA(s).

OK

**Cases NHD**

| Cases | NHD |
|-------|-----|
| 1     | 0   |

ables, use  
e screen.

(Addresses will be deleted along with client.)

Delete All Client Records Close

Record: 1/1 ... <OSC>

Oracle Developer Forms Runtime - Web

CARES Delete Client

Action Menu Edit Block Field Record Query Help

CARES DLT CLT  
VERSION 10G.1

CIRTS  
CARES - Deleting Client-level Records

Date 05/12/2008  
User REGIONALCARES

Client-level Records for: TEST XFERCASE Client PSA: 02A

**Nursing Home Admits**

| Admit Date | NH Name | Disc. Date | PSA |
|------------|---------|------------|-----|
|            |         |            |     |

Delete Selected NH Admits

**CARES Waiver Records**

| Status Date | Status | Accept Date | PSA |
|-------------|--------|-------------|-----|
|             |        |             |     |

Delete Selected Waiver Records

**Swingbed / Skilled Nursing**

| Admit Date | Disc. |
|------------|-------|
|            |       |

Delete Selected SSN Admits

**Alert**

The client has transferred case(s) with records in 02B, . Please contact the PSAs to delete the their case. Note: If the case was transferred, only the original staffing PSA can delete it.

OK

Delete All Client Records Close

Record: 1/1 <OSC>

## NOTES:

If the PAS is incomplete (and entered by any office), the case will continue with 30-day follow-ups until it is complete.

Users who are set-up as supervisors and those caseworkers with the “change PSA” field = Y will be able to use this new functionality.

The office that completes the 30-day follow up will get counted in the diversion reports.