

CIRTS

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

User Guide for CARES

**Florida Department of Elder Affairs
January 2009**

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[ACCESS CIRTS](#)

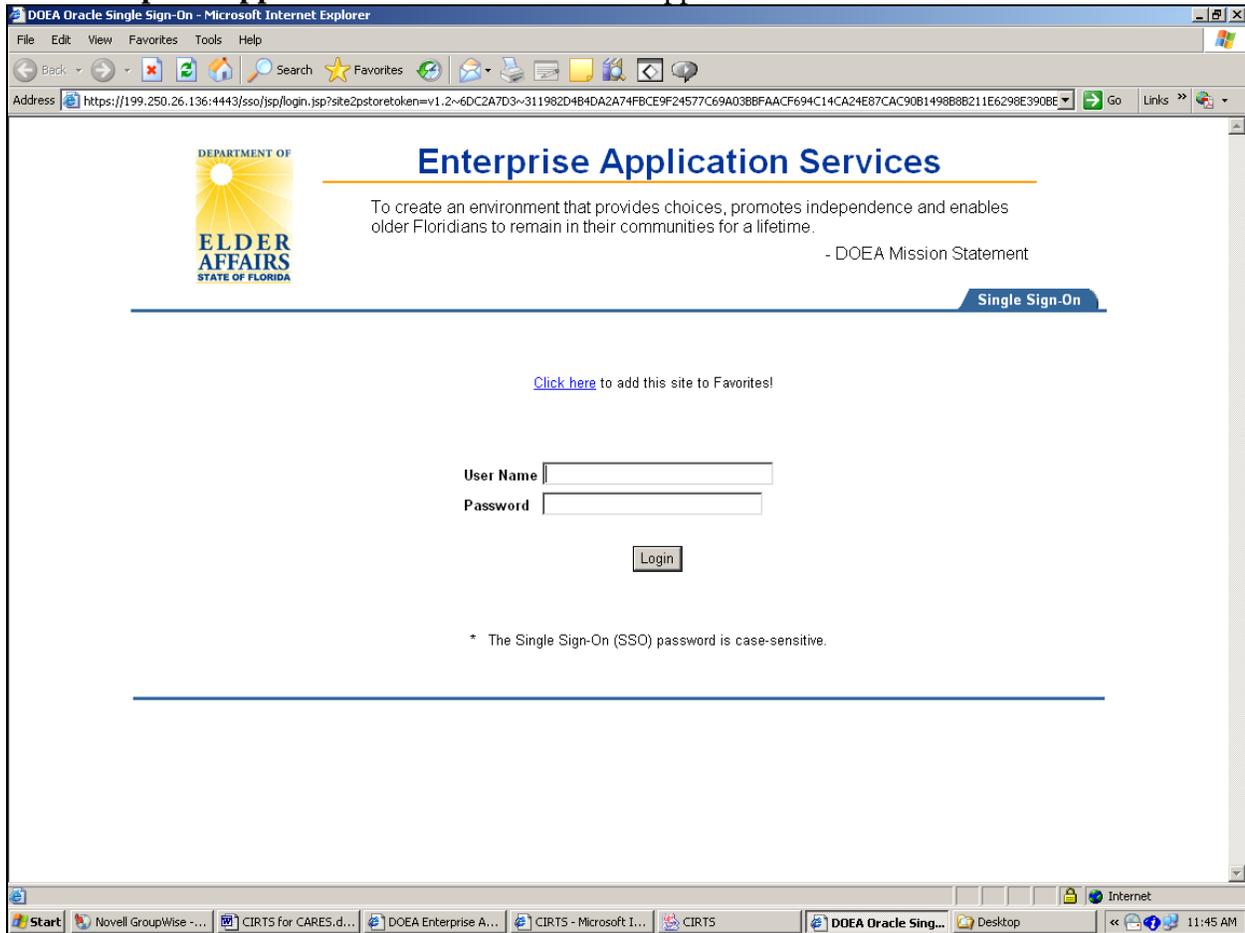
Double-click the **CIRTS** icon on the Desktop.



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

The screenshot shows the Florida Department of Elder Affairs Intranet website in a Windows Internet Explorer browser window. The browser title is "DOEA Intranet - Windows Internet Explorer" and the address bar shows "http://204.156.255.8/welcome/newsite/index.jsp". The website header includes the DOEA logo and the text "Florida Department of Elder Affairs Intranet". A navigation bar at the top right contains links for Home, Directories, Publications, Notices, Governor's Page, Sitemap, and SiteHelp. The main content area is divided into several sections: "Browse" (a vertical menu on the left), "Mission Statement" (To foster optimal quality of life for elder Floridians), "Vision" (To foster a social, economic and intellectual environment for all ages...), "DOEA Hot Topics" (a list of links including DOEA Digest, DOEA Programs and Services Handbook, Staff Development, Training schedule, Waitlists, Agency Advertised Vacancies, Davis Productivity Awards Winner Notice, DOEA Green Initiatives, The Curly Bulb newsletter, CARES Employee Online Suggestion Box, and Volunteers needed for Florida Guardian ad Litem program), "Search" (Google Custom Search), "What's New" (DOEA Intranet, DOEA Directories, DOEA Notices, DOEA Internet, DOEA Rulemaking, 2008 Disaster Preparedness Guide), and "Quick Links" (People First, MyFlorida.com, DOEA Help Desk, State Employee Earning Statements, DOEA Internet, Disaster Preparedness, AAA Phone Call Tracking System, Florida Medicaid (FMMIS)). A yellow arrow points to the "CIRTS" link in the "Browse" menu. The bottom of the browser window shows the Windows taskbar with several open applications, including "Novell Group...", "CIRTS for CA...", "DOEA Enterpr...", "CIRTS - Wind...", "Oracle Develo...", and "DOEA Intra...". The system clock shows 2:30 PM.

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



- 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

DOEA Enterprise Application Services - Windows Internet Explorer

https://199.250.26.79/portal/page?_pageid=33,32395,33_32411&_dad=portal&_schema=PORTAL

File Edit View Favorites Tools Help

DOEA Enterprise Application Services

Enterprise Application Services

The mission of the Florida Department of Elder Affairs is to foster optimal quality of life for elder Floridians.

The vision of the Department of Elder Affairs is to foster a social, economic and intellectual environment for all ages, and especially for those age 60 and older, where all can enjoy Florida's unparalleled amenities in order to thrive and prosper.

Applications Reports Documents Support

- ▶ [ACMS](#) - Automated Contract Management System
- ▶ [ADA and ALE Medicaid Waiver Paid Claims Query Tool](#)
- ▶ [ARTT](#) - APS Referral Tracking Tool
- ▶ [CIRTS](#) - Client Information and Registration Tracking System
- ▶ [Contracted Unit Rate](#)
- ▶ [HMT](#) - ADA Waiver Holistic Monitoring Tool
- ▶ [LTCOP Management System](#) - Long Term Care Ombudsman Program

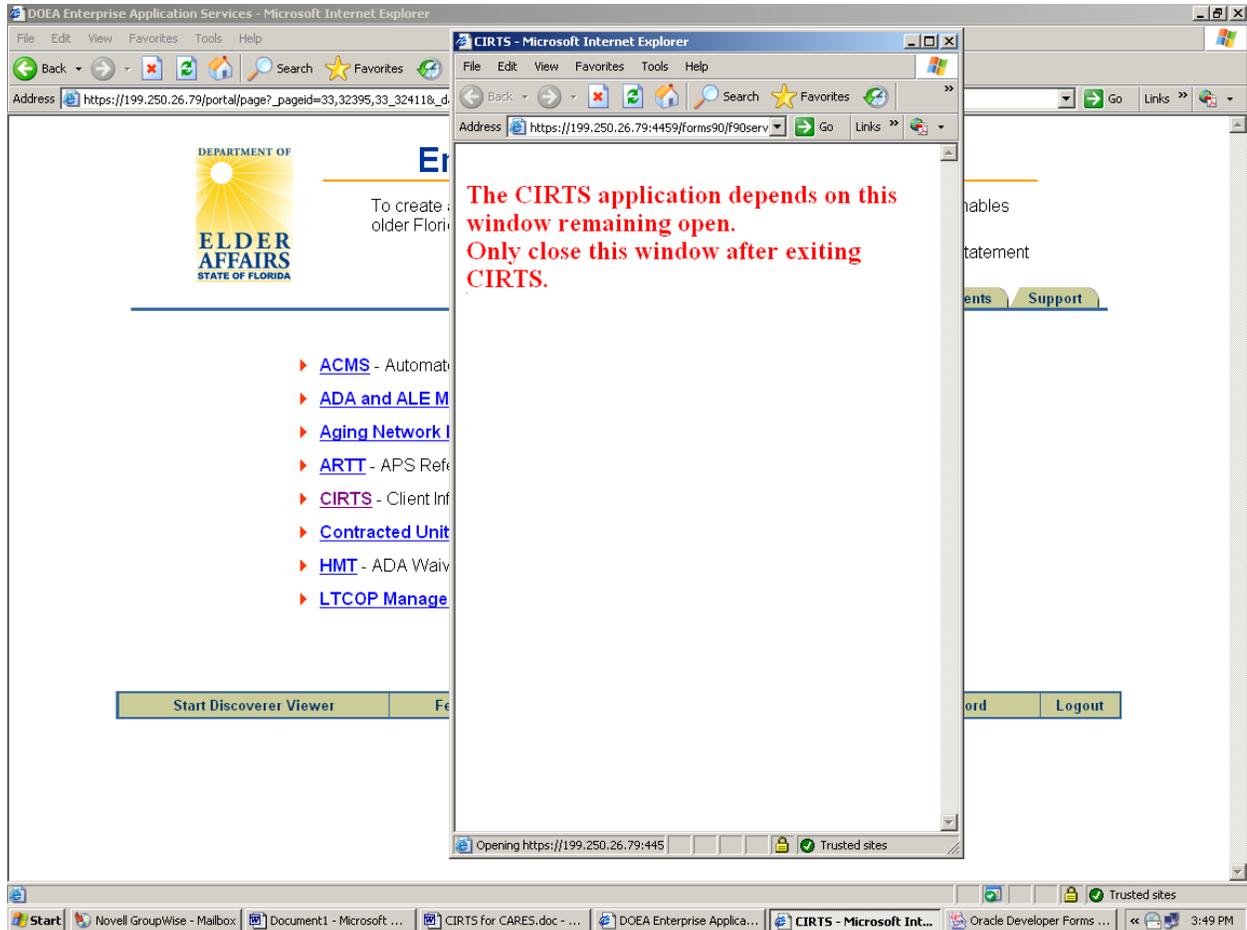
Start Discoverer Viewer Fetch Report Output Ad Hoc Query Change SSO Password Logout

start Microsoft Word Novell Group... 4 Internet E... 100% 3:31 PM

Click the **CIRTS** link.

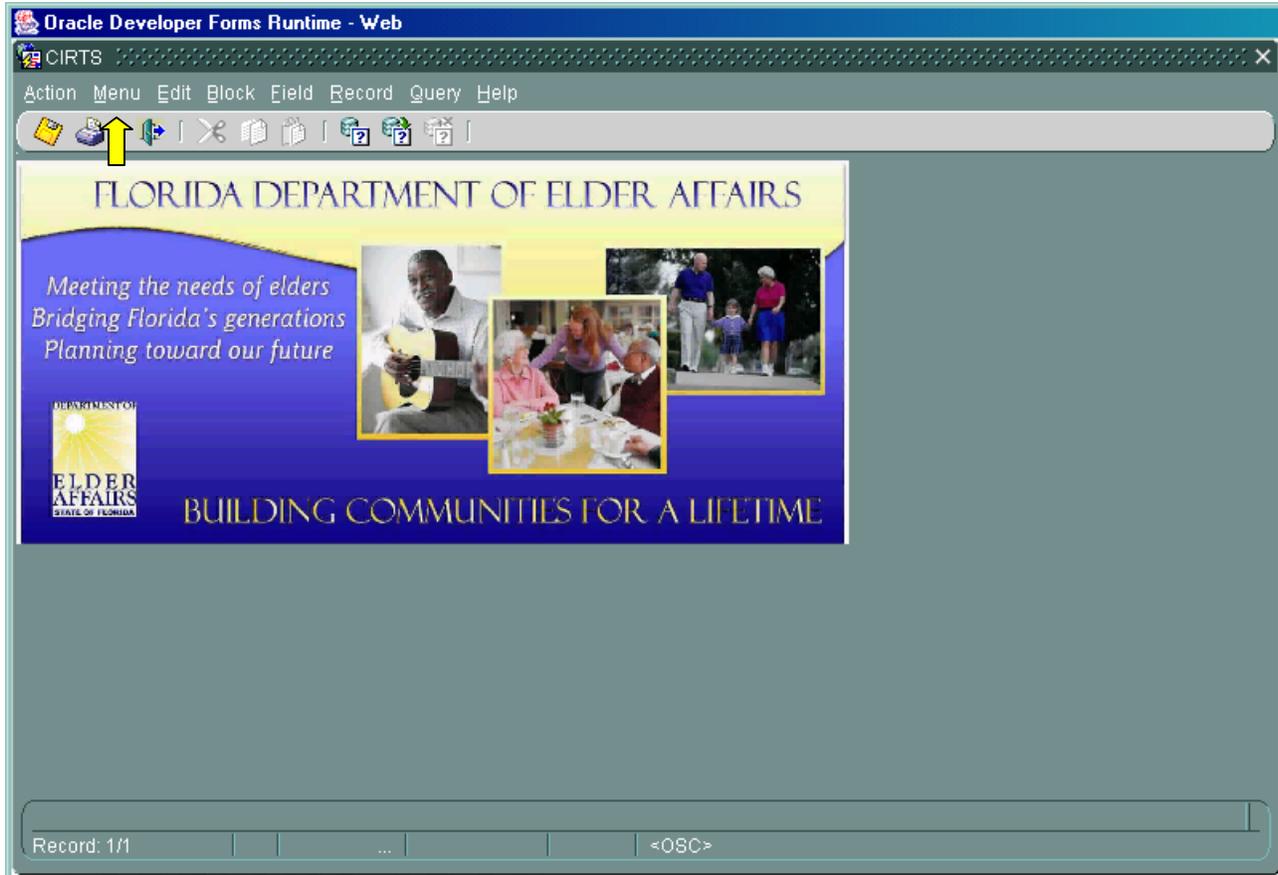
A window will appear with **RED** writing. This window must remain open while you are using CIRTS. If this window is closed, CIRTS will close.

Window with RED writing



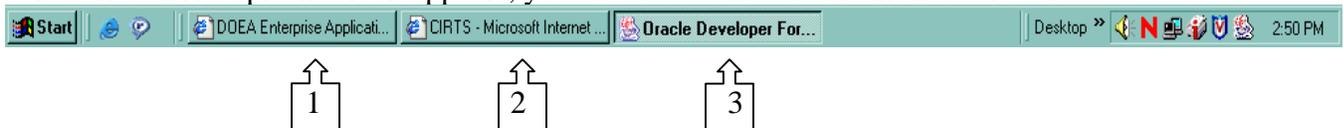
Wait a few moments for the CIRT menu screen to appear.

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

The screenshot shows a web browser window titled "Oracle Developer Forms Runtime - Web" with a sub-window titled "CLIENT SEARCH". The interface includes a menu bar (Action, Menu, Edit, Block, Field, Record, Query, Help) and a toolbar with various icons. The main area is divided into two sections:

Search for a Client

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

SSN |
Client Id
Last Name
First Name
Medicaid Id

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

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 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 TEST

Medicaid Id

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

Record: 1/2

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

Add New Client Details Clear Close

Record: 1/1 ... <OSC>

ALERT

No matching records were found for the search criteria entered.

OK

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](#)

The screenshot shows a web-based form titled "ADD NEW CLIENT" within the Oracle Developer Forms Runtime environment. The interface includes a menu bar with options like "Action", "Menu", "Edit", "Block", "Field", "Record", "Query", and "Help". Below the menu is a toolbar with various icons. The main form area contains two radio buttons for selecting the client type: "New Client with SSN" and "New Client without SSN". Underneath these are four text input fields labeled "SSN", "First Name", "Middle", and "Date of Birth". At the bottom of the form are four buttons: "OK", "Cancel", "Search", and "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 CIRTS.

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. CIRTS 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

The screenshot displays the 'Assignment' tab of the 'CARES Cases' form. The form is titled 'Oracle Developer Forms Runtime - Web' and 'CARES Cases'. It shows a table of cases with columns: Opened on, Reason, Referral Source, Payment Type, Status, Closed on, Reason, PSA. The first row shows a case opened on 01/01/2007, with reason 'INITIAL CASE', referral source 'FAMILY', payment type 'MEDICAID PENDING', status 'OPEN', and PSA '02A'. Below the table are buttons: Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, Close. The 'Assignment' tab is active, showing fields for: 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 (Y), 3008 Completed (Y), Date Incomplete 3008 Received by CARES (blank), Date Incomplete 3008 Returned by CARES (blank), and OK to Transfer the Case? (N). At the bottom are buttons: Edit, Save, Cancel. The footer shows 'Record: 1/1' and '<ORC>'.

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 mmddy 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 Information

Date: 01/24/2008
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

Buttons: Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, Close

Assessment and Staffing Dates

Assessment Date	Staffing Date

Assessment Information

Assessment Date	Assessment Site	Instrument	Risk Score	Caseworker	PSA

Buttons: Add Assessment, Change Pseudo SSN, View Selected Assessment, Print Assessment Info, View All Assessments

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)

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 or 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
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

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)

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 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

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)

The screenshot shows the Oracle Developer Forms Runtime - Web interface for the 'ASSESSMENT INSTRUMENT AND PRIORITIZATION' application. The main window title is 'Oracle Developer Forms Runtime - Web'. The application title bar reads 'ASSESSMENT INSTRUMENT AND PRIORITIZATION'. The menu bar includes 'Action', 'Menu', 'Edit', 'Block', 'Field', 'Record', 'Query', and 'Help'. The toolbar contains various icons for file operations and navigation.

The form displays the following information:

- ASSESSMENT:** VERSION 10G.1
- CIRTS:** Date 01/26/2008, User DORMANL
- PSA:** 02A
- SSN:** 040404040
- Last Name:** CASE
- Risk Score:** [Empty]
- Priority Score:** [Empty]
- Rank:** [Empty]

Buttons: Edit, Save, Cancel, Close

Navigation tabs: 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.

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 shows the Oracle Developer Forms Runtime - Web interface. At the top, there is a header bar with the title "Oracle Developer Forms Runtime - Web" and a menu bar. Below the header, there is a navigation bar with buttons for "ASSESSMENT", "VERSION 10G.1", "CIRTS", "Date 01/26/2008", and "User DORMANL".

The main form area contains the following fields and controls:

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

Below these fields are buttons for "Edit", "Save", "Cancel", and "Close".

The form is divided into tabs: ASM, INC, MEN, PHY, ADL, **NUT**, NT2, HEA, HE2, SPS, MED, CG1, CG2, SOC, ENV, and SUM. The "NUT" tab is currently selected.

The "Nutrition Status" section contains the following questions and fields:

- Question 1:** N Have you lost or gained 10 pounds or more in the last 6 months without trying? If yes, Gain: Loss:
- Question 2:** Y Do you take 3 or more kinds of medicine a day? (Include over-the-counter AND prescription medicines)
- Question 3:** Y Do you have 2 or more drinks of beer, wine, or liquor almost every day?
- Question 4:** Y Do you have an illness or condition that made you change the food you eat? Are you on any special diets for medical reasons? If on special diet(s), check all that apply:
 - Low sodium/salt
 - Low fat/cholesterol
 - Low Sugar
 - Calorie supplement
 - Other (specify)
- Question 5:** Y Do you eat at least 2 meals a day? How is your appetite? Would you say that your appetite is:
- Question 6:** Y Do you eat some fruits and vegetables every day?
- Text Field:** Briefly describe what you usually eat and drink during a typical day (including food on weekends):
- Question 7:** Y Do you have some milk products every day?

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 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

Nutrition Status - continued

Do you have any problems with your teeth, mouth, or throat that make it hard for you to chew or swallow? **Nutrition Score** 8

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.*

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)

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 CIRTS 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
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)

The screenshot shows the Oracle Developer Forms Runtime - Web interface. At the top, there's a menu bar and a toolbar. Below that, a header section contains 'ASSESSMENT', 'VERSION 10G.1', 'CIRTS', 'Date 01/26/2008', and 'User DORMANL'. A data entry section includes 'PSA 02A', 'SSN 040404040', 'Last Name CASE', 'Risk Score 74.3053', 'Priority Score 14', and 'Rank 1'. Below this are 'Edit', 'Save', 'Cancel', and 'Close' buttons. A row of tabs includes 'ASM', 'INC', 'MEN', 'PHY', 'ADL', 'NUT', 'NT2', 'HEA', 'HE2', 'SPS', 'MED', 'CG1', 'CG2', 'SOC', 'ENV', and 'SUM'. The 'SPS' tab is selected. The main content area is titled 'Special Services' with a subtitle 'Y = Yes, N = No If Yes, indicate frequency'. It contains several sections: 'Physical Therapy' with a pink 'N' field; 'Occupational Therapy' with a pink 'N' field; 'Respiratory Therapy' with a pink 'N' field; and 'Other' with a pink 'NO' field. Below these is a section titled 'Other Special Conditions' with a subtitle 'Y = Yes, N = No'. It contains two columns of items, each with a pink 'N' field: 'Bowel/bladder rehab', 'Bowel Impaction Therapy', 'Catheter Care' (with a 'Type' field), 'Dialysis', 'Insulin Therapy', 'Lesion Irrigation', 'Oxygen Therapy', 'Oxygen Treatment', 'Skilled Nursing', 'Speech Therapy', 'Suctioning', 'Tube Feeding', 'Wound Care', and 'Other' (with a text field). The Windows taskbar at the bottom shows 'Start', 'CIRTS for CARES.doc - ...', 'CARES MANAGEMENT SY...', 'DOEA Enterprise Applica...', 'CIRTS - Microsoft Intern...', and 'Oracle'.

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=Bedsore 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 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
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)

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 Oracle Developer Forms Runtime - Web interface for the Caregiver Assessment tab. The form is titled "Caregiver Assessment" and contains several sections of input fields. The top section includes "ASSESSMENT" (VERSION 100.1), "CIRTS", "Date" (01/26/2008), and "User" (DORMANL). Below this are fields for "PSA" (02A), "SSN" (040404040), "Last Name" (CASE), "Risk Score" (74.3053), "Priority Score" (14), and "Rank" (1). A navigation bar includes buttons for "Edit", "Save", "Cancel", and "Close". A menu bar contains tabs for "ASM", "INC", "MEN", "PHY", "ADL", "NUT", "NT2", "HEA", "HE2", "SPS", "MED", "CG1", "CG2", "SOC", "ENV", and "SUM". The "Caregiver Assessment" section includes:

- HCE Caregiver?** (Y = Yes, N = No) - highlighted in pink.
- Is Caregiver new to the client?** (N = No, Y = Yes) - highlighted in pink.
- Social Security Number** (999999999) - highlighted in pink.
- First Name** (SUSIE) and **Last Name** (JONES) - highlighted in pink.
- Relationship** (CHILD) - highlighted in pink.
- Address** section: **Street** (101 NORTH STREET), **City/State/Zip** (PANAMA CITY, FL, 32401), **County** (BAY), **Telephone#** (850, 123, 4567) - highlighted in pink.
- Race** (WHITE) and **Ethnicity** (OTHER) - highlighted in pink.
- Primary Language** (ENGLISH) - highlighted in pink.
- Date of Birth** (01/01/1950) - highlighted in pink.
- Sex** (FEMALE) - highlighted in pink.
- Is Caregiver employed outside the home?** (N/A) - highlighted in pink.
- How is your own health?** (3 = FAIR) - highlighted in pink.
- How long have you been providing care?** (0 = OVER 2 YRS) - highlighted in pink.
- How likely is it that you will continue to provide care?** (2 = SOMEWHAT LI...) - highlighted in pink.
- How likely is it that you will have the ability to continue to provide care?** (2 = SOMEWHAT LI...) - highlighted in pink.
- Caregiver** (2 = SOMEWHAT LI...) - highlighted in pink.
- Assessor** (2 = SOMEWHAT LI...) - highlighted in pink.
- If you were unable to provide care, who would?** (C = CLOSE RELATIVE) - highlighted in pink.
- Initial Assessment or Reassessment** (I = INITIAL ASSESME...) - highlighted in pink.

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 screenshot shows the Oracle Developer Forms Runtime - Web interface for the Caregiver Assessment Continued Tab (C02). The form displays patient information (PSA: 02A, SSN: 040404040, Last Name: CASE), scores (Risk Score: 74.3053, Priority Score: 14, Rank: 1), and assessment questions. The questions include 'Your relationship with client?' (3 = WORSE), 'Your relationship with other family members?' (2 = SAME), 'Your relationship with friends?' (2 = SAME), 'Your work (if applicable)?', and 'Your emotional well-being?' (2 = SAME). There are also checkboxes for 'Assessor: Is the caregiver in crisis?' (N) and 'If yes, check all that apply' (Financial, Emotional, Physical). The date of assessment change is 01/26/2008 and the assessor is DORMANL.

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)

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 shows the Oracle Developer Forms Runtime - Web interface. At the top, there's a navigation bar with 'Oracle Developer Forms Runtime - Web' and a menu. Below that, there's a header area with 'ASSESSMENT' and 'VERSION 10G.1'. The main form area is titled 'CIRTS' and includes fields for 'Date' (01/26/2008) and 'User' (DORMANL). Below this, there 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 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 selected. The 'Social Resources - continued' section contains a form for entering information about a grandchild or child, including fields for 'Name' (First Name, MI, Last Name), 'Child's date of birth', 'Relationship to consumer', and 'Is the child developmentally disabled?'. Below this is a 'Summary' field. The 'Environmental Assessment' section contains a list of safety and accessibility issues with checkboxes: 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, and Uns sanitary conditions or odors. There is an 'Other - specify in comments' field. At the bottom, there is an 'ENVIRONMENTAL SCORE' field with a dropdown menu showing '15 - MODERATE R...' and a 'Comments' field. The Windows taskbar at the bottom shows several open applications, including 'CIRTS for CARES.doc', 'CARES MANAGEMENT SY...', 'DOEA Enterprise Applica...', and 'CIRTS - Microsoft Intern...'. The Oracle logo is visible in the bottom right corner.

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.

PREAMISSION SCREENING SCREEN

There are two PAS screens in CIRTS, 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 CIRTS.

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 interface for the CIRCLES CARES OLD PRE-ADMISSION SCREENING form. The form is titled "CIRCLES CARES OLD PRE-ADMISSION SCREENING" and includes a "Date" field. A yellow arrow points to the "Date" field. The form is divided into several sections: "Level I Evaluation" (Screening Date, Caseworker, Provider Name, MIMR Indicator), "Level II Exclusion" (MI Exclusion, MR Exclusion), "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), and "Level II MR Disposition" (Date Referred to APD, Date Received from APD, MR Disposition). At the bottom of the form are buttons for "Edit", "Save", "Delete", "Cancel", and "Close". A dialog box titled "Forms" is overlaid on the form, asking "Please select PAS:" with "New PAS" and "Old PAS" buttons.

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:

BO=Both

This code identifies the person as potentially MI **and** MR.

MI=Mental Illness

This code identifies the person as potentially MI.

MR=Mental Retardation

This code identifies the person as potentially MR.

NO=None

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:

CC=Convalescent Care/30 Day

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. **This code is for Old PAS only.**

CM=Chronic MI

Indicates the person is chronically mentally ill and not having an acute episode, and is not a danger to self and/or others. **This code is for Old PAS only.**

DE=Delirium/7 Days

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. **This code is for Old and New PAS.**

EH=Exempted Hospital/30 Days

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. **This code is for New PAS only.**

EM=Exempted Respite/14 Days

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. **This code is for New PAS only.**

ER=Excluded Respite/14 Days

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. **This code is for Old PAS only.**

NE=Not Excluded

Indicates the person cannot be excluded from further PASRR screening. A Level II Evaluation is required. **This code is for Old PAS only.**

NO=No Exemption

Indicates the person cannot be exempted from further PASRR screening. A Level II Evaluation and Determination is required. **This code is for New PAS only.**

PS=Protective Services/7 Day

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. **This code is for Old and New PAS.**

SI=Severity of Illness

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.

This code is for Old PAS only.

TI=Terminal Illness

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. **This code is for Old PAS only.**

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:

CC=Convalescent Care/30 Day

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. **This code is for Old PAS only.**

DE=Delirium/7 Days

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. **This code is for Old and New PAS.**

EH=Exempted Hospital/30 Days

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. **This code is for New PAS only.**

EM=Exempted Respite/14 Days

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. **This code is for New PAS only.**

ER=Excluded Respite/14 Days

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. **This code is for Old PAS only.**

NE=Not Excluded

Indicates the person cannot be excluded from further PASRR screening. A Level II Evaluation is required. **This code is for Old PAS only.**

NO=No Exemption

Indicates the person cannot be exempted from further PASRR screening. A Level II Evaluation and Determination is required. **This code is for New PAS only.**

PS=Protective Services/7 Day

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. **This code is for Old and New PAS.**

SI=Severity of Illness

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. **This code is for Old PAS only.**

TI=Terminal Illness

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. **This code is for Old PAS only.**

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

A nursing home unit within a state licensed mental hospital.

Home Unit

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

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

DE=Excluded Level II DS Evaluation

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

ND=DS Evaluation Not Received

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

NS=No Specialized Services Needed

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

SS=Need Specialized Services

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

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

Assignment Assessments **Staffings** Referrals Followups

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

Add New Staffing View Selected Staffing

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 CIRTS 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
 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.

The screenshot shows a form titled "Waiver" with the following fields:

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

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

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

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

Referral Date	Referred To	Imminent Risk	Provider	Disposition	PSA

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

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

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

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

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 displays the 'CARES Follow ups' form within the Oracle Developer Forms Runtime - Web environment. The form is titled 'CARES Cases Information' and includes the following fields and sections:

- Header Information:** CARES FOLLOWUPS, VERSION 10G.1, CIRTS, Date: 08/25/2008, User: DORMANL.
- Case Information:** CARES Follow-up for: TEST CASE, Follow-up PSA: 02A, Case Opened on: 01/01/2007.
- Scheduled Information:** Scheduled Date: 02/01/2007, Caseworker Scheduled: LINDA DORMAN, Followup Status: SC, Followup Type: TD. Includes checkboxes for Referral Complete and PAS Complete.
- Completed Information:** Completed Date, Caseworker Completed, Placement Recommendation, Program Recommendation.
- Services and Living:** Spec Services being Provided? (checkbox), Living Arrangement, Living Situation, County.
- Case Management:** Case Manager, Followup Site, Primary Caregiver, Waiting for NH Reason (<null>).

At the bottom of the form, there are buttons for Edit, Save, Cancel, and Close. The status bar at the bottom indicates 'Record: 1/1' and '<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:

<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 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 or 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.

<i>CH=Client/Relative's Home</i>	The client's or relative's private residence.
<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.

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.

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:

<i>FI=Family/Individual Delay</i>	Family has not followed through with nursing home placement.
<i>IH=Still in Hospital</i>	Client remains in the hospital.
<i>NB=No Bed Available</i>	No nursing home bed is available.
<i>OT=Other</i>	Reason exclusive of ones listed.
<i>WF=Waiting/Financial</i>	Client is waiting on determination of Medicaid eligibility.
<i>WL=Waiting List</i>	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="<null>"/>	Termination Date	<input type="text"/>	Term. Reason	<input type="text" value="<null>"/>
DCF Filed Date	<input type="text"/>	DCF Eligibility Date	<input type="text"/>	DCF Financial Eligibility	<input type="text" value="<null>"/>
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="checkbox"/>	Delay Reason	<input type="text" value="<null>"/>		

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<null>	<null>

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

Record: 1/1

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

The screenshot shows a software interface for adding an unscheduled follow-up. It features two input fields: 'Followup Scheduled Date' and 'Employee Scheduled'. Below the fields are 'Save' and 'Cancel' buttons. A status bar at the bottom provides instructions for the date format and shows '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

The screenshot shows a dialog box titled "CLOSE_CASE_WINDOW" within the "Oracle Developer Forms Runtime - Web" environment. It contains the following fields:

- Caseworker Closing:** A dropdown menu with a pink highlight.
- Case Closed Reason:** A dropdown menu with a pink highlight.
- Case Closed Date:** A text input field with a pink highlight.
- Date of Death:** A text input field.

At the bottom of the dialog are two buttons: "OK" and "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

Date **Employee** **Contact Type**

Estimated Time Spent **Recommended Action** **Employee's Office**

Comments

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.

<i>TC=Telephone Call</i>	Client or other party calls the CARES office.
<i>UE=Upstreaming Encounter</i>	Code used to capture information as part of special project of DOEA.
<i>WR=Written Request</i>	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:

<i>AB=Referred Abuse Registry</i>	CARES directs the inquirer to the Abuse Registry.
<i>AP=Referred Adult Payments</i>	CARES directs the inquirer to Adult Payments.
<i>AS=Referred Adult Services</i>	CARES directs the inquirer to Adult Services.
<i>EL=Referred Elder Helpline</i>	CARES directs the inquirer to the Elder Helpline.
<i>HH=Referred Home Health</i>	CARES directs the inquirer to a home health care agency.
<i>LA=Referred Lead Agency</i>	CARES directs the inquirer to the lead agency.
<i>NR=No Referral Made</i>	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.
<i>OA=Other Action Taken</i>	CARES takes action other than referring to another source for more information.
<i>OC=Referred Other Community Agency</i>	CARES directs the inquirer to a community agency not listed in the code table.
<i>OG=Referred Other Government Program</i>	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

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)

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

The screenshot shows the 'CHANGE CLIENT ID' form in Oracle Developer Forms Runtime. The form is titled 'CHANGE SSN'. It includes the following fields and controls:

- Top left: 'CICNGSSN_1226' and 'VERSION 10G.1' text boxes.
- Top right: 'Date' (02/01/2008) and 'User' (DORMANL) text boxes.
- Middle left: 'CURRENT SSN' (040404040) and 'PROPOSED SSN' (empty) text boxes.
- Middle right: 'Name' (empty) text box and 'Perform Change (Y/N)' radio button.
- Bottom: A message box with the text 'Enter Client Id to be Changed - REQUIRED (Enter Partial Client Id & F9 for LOV). Record: 1/1 ... List of Valu... <OSC>'. Below the message box are 'Cancel' and 'Close' buttons.

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.

“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

Oracle Developer Forms Runtime - Web

Change PSA Screen

CICNGPSA_1226 CIRTS Date 02/01/2008
VERSION 106.1 CHANGE CLIENT PSA User REGIONALCARES

Social Security Number 434343434 County PINELLAS - SOUTH
Client's Name TEST CASE
Client's Date of Birth 01/01/1901

	OLD	NEW
PSA	05A	05A
Date Changed	07/13/2007	07/13/2007
Program Changed	DEMOGRAPHICS_122	DEMOGRAPHICS_122
User Changed	REGIONALCARES	REGIONALCARES
Caseworker		

Save Cancel

Record: 1/1 <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

CARESCRRCLIENT1228
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

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

Buttons: 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 TEST **CRR Date** 01/01/2008 **Sample Size** 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	
444444444	MARY		HADALITTLELAMB	INO	INO	

SSN 444444444 **First Name** MARY **MI** **Last Name** HADALITTLELAMB
COMM. Potential No **Transition Barrier** <null> **Current LOC** INTERMEDIATE ONE
CRR LOC INTERMEDIATE ONE **LOC After Staffing** <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
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

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.

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

CARESEMPLOYEE12 **CIRTS** **Date** 08/15/2008
VERSION 10G.1 **CARES EMPLOYEES INFORMATION** **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 **First Name** JANE **MI** **Last Name** DOE
Birth Date 01/01/1980 **Caseworker?** Y **Pseudo ID Number** JD02A
County BAY-02A **Begin Date** 01/01/2008 **End Date**
Job Title CARES ASSESSOR

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 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: AREA AGENCY ON AGING PSA 2
Active: Y
Provider Type: LEAD AGENCY
Medicaid ID:
County: LEON-02B

Buttons: 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

The screenshot shows the 'LIST OF ASSESSMENTS' screen in Oracle Developer Forms Runtime - Web. The window title is 'ASSESSMENT LISTS'. The menu bar includes Action, Menu, Edit, Block, Field, Record, Query, and Help. The toolbar contains various icons for file operations and navigation. The main content area is titled 'LIST OF ASSESSMENTS' and contains a 'Client Information' section with two input fields: 'Client Information' (containing 'TEST CASE 040-40-4040') and 'Client Owner'. Below this is a table with the following columns: Psa/Cares Office, Date, Assessor Name/ Caseworker, Assessment Site, Assessment Type, Priority Score, and Rank. The table contains two rows of data. Below the table is a navigation bar with buttons for 'Details', 'Add Assessment', 'Demographics', 'Close', and 'Print Turnaround'. At the bottom of the screen, there is a status bar showing 'Record: 1/2' and '<OSC>'.

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 ASSEE		
02A	01/01/2008	LINDA DORMAN	PSA SPECIFIC	2000 COMPREHENSIVE ASSEE	14	1

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.

ENROLLMENTS SCREEN

CIRTS
CIENTROLL
 Action Menu Edit Block Field Record Query Help

CIENTROLL_1226 **CIRTS** Date 02/01/2008
 VERSION 10G.1 **CLIENT ENROLLMENTS** User DORMANL
 (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

The screenshot shows a software window titled "CIRTS" with a menu bar (Action, Menu, Edit, Block, Field, Record, Query, Help) and a toolbar. A yellow arrow points to a specific icon in the toolbar. Below the menu is a header area with "CIRTS RECEIVED SERVICES BY CLIENTS" and fields for "Date" (02/01/2008) and "User" (DORMANL). The main form contains client details: PSA (02A), SSN (040404040), DOB (01/01/1901), County (WASHINGTON), and Owner/Provider. Below this are fields for First Name (TEST), MI (A), and Last Name (CASE). A table with 10 columns (PSA, Provider, Loc, Worker, Program, Service, Service Date, Units, Unit Type, Payment Amount) is shown with a vertical scrollbar on the right. At the bottom, there is a search prompt "Enter Client SSN or F7 to Query on Last Name" and a status bar showing "Record: 1/1" and "<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

The screenshot shows a web browser window titled "DOEA Enterprise Application Services - Windows Internet Explorer". The address bar contains the URL: https://199.250.26.79/portal/page?_pageid=33,32395,33_32411&_dad=portal&_schema=PORTAL. The page content includes the Department of Elder Affairs logo and the following text:

Enterprise Application Services

The mission of the Florida Department of Elder Affairs is to foster optimal quality of life for elder Floridians.

The vision of the Department of Elder Affairs is to foster a social, economic and intellectual environment for all ages, and especially for those age 60 and older, where all can enjoy Florida's unparalleled amenities in order to thrive and prosper.

Navigation tabs: Applications, **Reports**, Documents, Support

- ▶ [ACMS](#) - Automated Contract Management System
- ▶ [ADA and ALE Medicaid Waiver Paid Claims Query Tool](#)
- ▶ [ARTT](#) - APS Referral Tracking Tool
- ▶ [CIRTS](#) - Client Information and Registration Tracking System
- ▶ [Contracted Unit Rate](#)
- ▶ [HMT](#) - ADA Waiver Holistic Monitoring Tool
- ▶ [LTCOP Management System](#) - Long Term Care Ombudsman Program

Footer buttons: Start Discoverer Viewer, Fetch Report Output, Ad Hoc Query, Change SSO Password, Logout

The Windows taskbar at the bottom shows the Start button, open applications (CIRTS for CA..., Novell Group..., Internet Explorer), and the system tray with the time 3:38 PM.

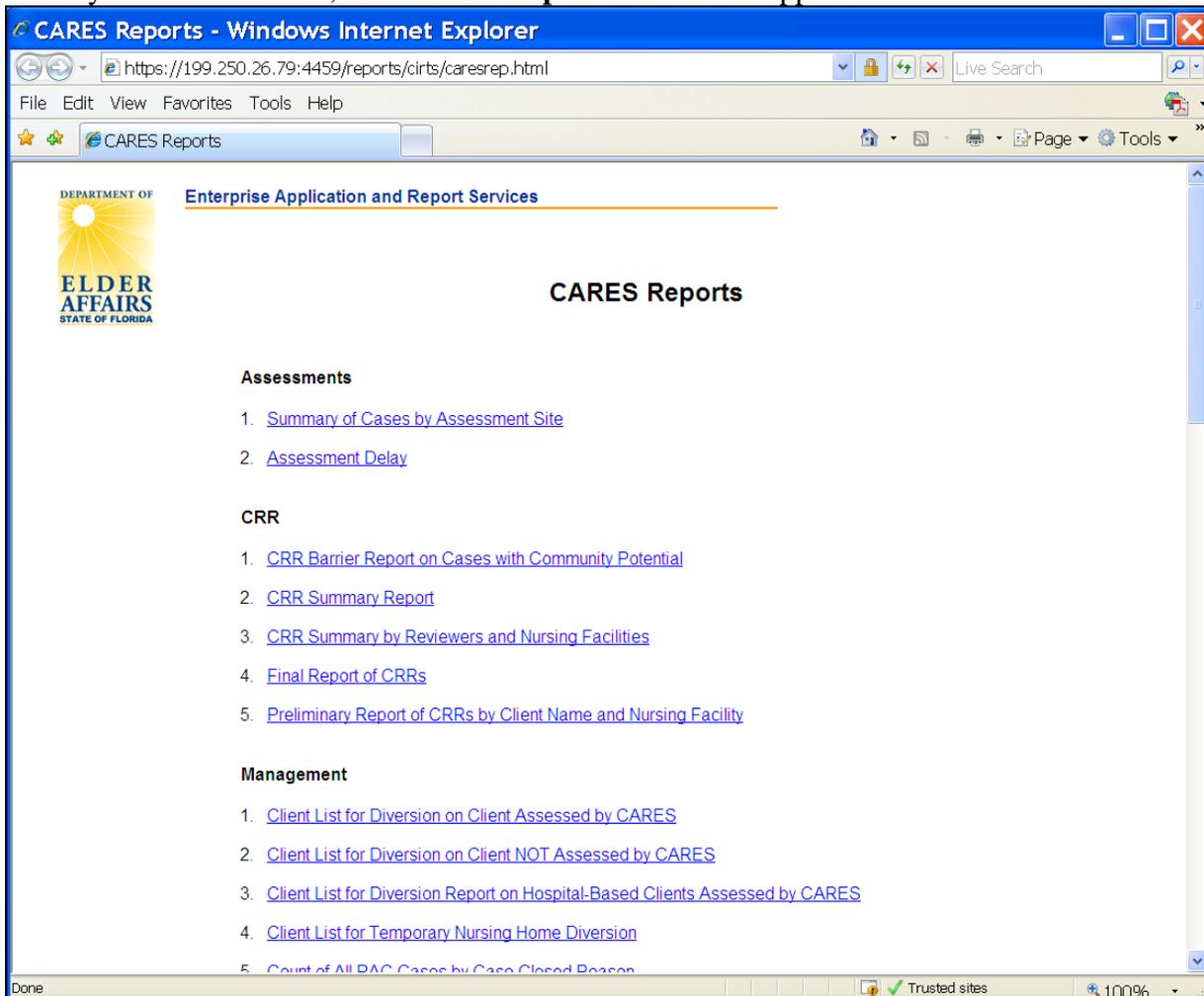
To access the CARES reports you will need to select **Reports** from the Enterprise Application Services screen.



Click the **CARES** link to view or print the CARES Reports.

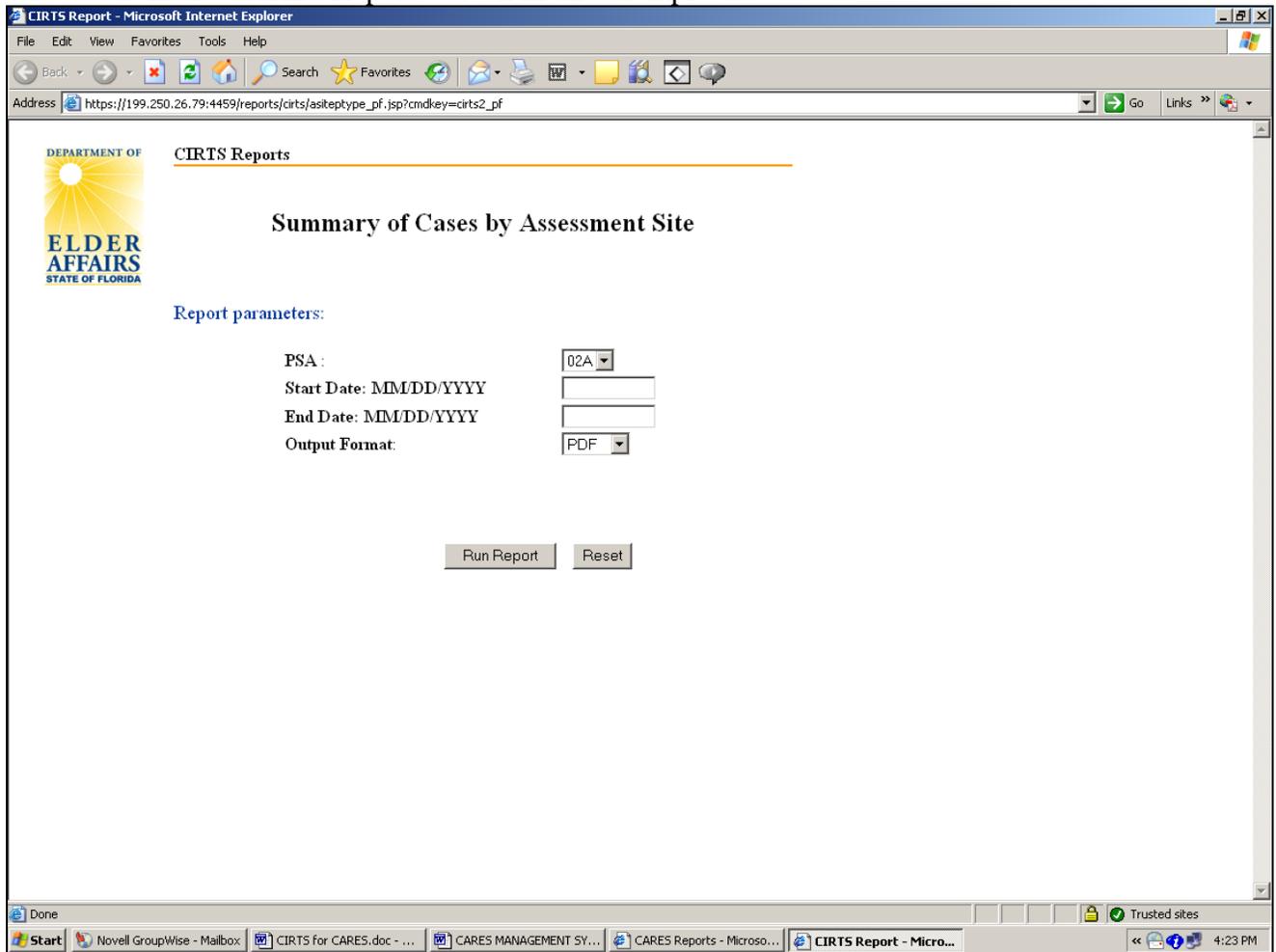
Click the **Nursing Home Diversion Reports** link to view or print the Nursing Home Diversion Reports.

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.



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**.

DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA

Nursing Home Diversion Web Page

Reference

- [Contract](#) - DOEA and AHCA Contract No. 2007-2008
- [NH Diversion CIRTS Entries document](#) - Defines the Client Information and Registration Tracking System (CIRTS) 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

	CARES	Contract Managers	Public	Description
Number of Enrollees by Provider	●	●	●	Lists the number of enrollees in each county for each provider. Available on the Internet. Source: FREEDOM Updated by the 12th of each month.
Pipeline Report by CARES Office All 1 2A 3A 4A 5A 6A 7A 8 9A 10 11A	●			Lists the individuals who have been identified as suitable for the Diversion Program in CIRTS but have not yet been enrolled and do not have a MICO referral. Source: CIRTS & FREEDOM Updated by the 12th of each month.
Medicaid Pending Report by CARES Office All 1 2A 3A 4A 5A 6A 7A 8 9A 10 11A	●			Lists the individuals who have selected the Medicaid Pending option but have not yet been enrolled in the Diversion program. Source: CIRTS & FREEDOM Updated by the 12th of each month.
Referred (MCO) But Not Enrolled Report by CARES Office All 1 2A 3A 4A 5A 6A 7A 8 9A 10 11A	●			Lists the individuals who have been referred to a NHD provider by CARES but not yet enrolled. Source: CIRTS & FREEDOM Updated by the 12th of each month.
Current Enrollee Report by CARES Office All 1 2A 3A 4A 5A 6A 7A 8 9A 10 11A	●			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: CIRTS & FREEDOM Updated by the 12th of each month.

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.

The screenshot shows a Windows Internet Explorer browser window displaying the 'Enterprise Application Services' page. The browser's address bar shows the URL: https://199.250.26.79/portal/page?_pageid=33,32395,33_32419&_dad=portal&_schema=PORTAL. The page features the Department of Elder Affairs logo and the following text:

Enterprise Application Services

The mission of the Florida Department of Elder Affairs is to foster optimal quality of life for elder Floridians.

The vision of the Department of Elder Affairs is to foster a social, economic and intellectual environment for all ages, and especially for those age 60 and older, where all can enjoy Florida's unparalleled amenities in order to thrive and prosper.

The navigation menu includes: Applications, Reports, **Documents**, and Support.

The main content area lists several document links:

- ▶ [AAA contacts for the CARES Supervisors](#)
- ▶ [ARTT](#) - Link to the APS Referral Tracking Tool manual, newsletters, MOA and model MOU
- ▶ [CIRTS User Manual](#) - Aging Provider Network users
- ▶ [HMT Manual](#) - ADA Waiver Holistic Monitoring Tool manual
- ▶ [LTCOP Application User Manual](#) - Long Term Care Ombudsman Program
- ▶ [NH Diversion CIRTS Entries Document](#)
- ▶ [Outcome Measurement Report Documents](#)

At the bottom of the page, there is a horizontal bar with the following buttons: Start Discoverer Viewer, Fetch Report Output, Ad Hoc Query, Change SSO Password, and Logout.

The Windows taskbar at the bottom shows the Start button, several open applications (CIRTS for CA..., Novell Group..., Internet Explorer), and the system tray with the time 2:36 PM.

SUPPORT TAB SCREEN

The screenshot shows a Microsoft Internet Explorer browser window displaying the 'DOEA Enterprise Application Services' website. The browser's address bar shows the URL: https://199.250.26.79/portal/page?_pageid=33,32395,33_32423&_dad=portal&_schema=PORTAL. The website header features the 'DEPARTMENT OF ELDER AFFAIRS STATE OF FLORIDA' logo and the title 'Enterprise Application Services'. Below the title is the mission statement: 'To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime. - DOEA Mission Statement'. A navigation menu includes 'Applications', 'Reports', 'Documents', and 'Support'. The 'Support' tab is active, showing two main sections: 'Download' and 'FYI'. The 'Download' section lists five links: 'PC Setup Instructions', 'Website Certificate', 'JInitiator', 'JInitiator Certificate', and 'Adobe Reader', with a sub-link 'Items 1-4 in a single file'. The 'FYI' section contains two numbered lists of instructions. At the bottom, a horizontal menu contains buttons for 'Start Discoverer Viewer', 'Fetch Report Output', 'Ad Hoc Query', 'Change SSO Password', and 'Logout'. The browser's taskbar at the bottom shows several open applications, including 'CIRTS for CARES.doc', 'DOEA Enterprise Appli...', 'CIRTS - Microsoft Intern...', and 'Oracle Developer Forms ...'. The system tray shows the time as 1:02 PM.

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

Applications Reports Documents Support

► **Download**

1. [PC Setup Instructions](#)
2. [Website Certificate](#)
3. [JInitiator](#)
4. [JInitiator Certificate](#)
5. [Adobe Reader](#)

[Items 1-4 in a single file](#)

► **Contact**

enterprise_support@elderaffairs.org

► **FYI**

1. Steps to prepare a PC for this website:

- (a) Configure the Web browser.
- (b) Install a website certificate.
- (c) Install JInitiator and JInitiator certificate, if needed.
- (d) Install Adobe Reader, if needed.

See [PC Setup Instructions](#) for details.

2. Restrictions on the Single Sign-On (SSO) password:

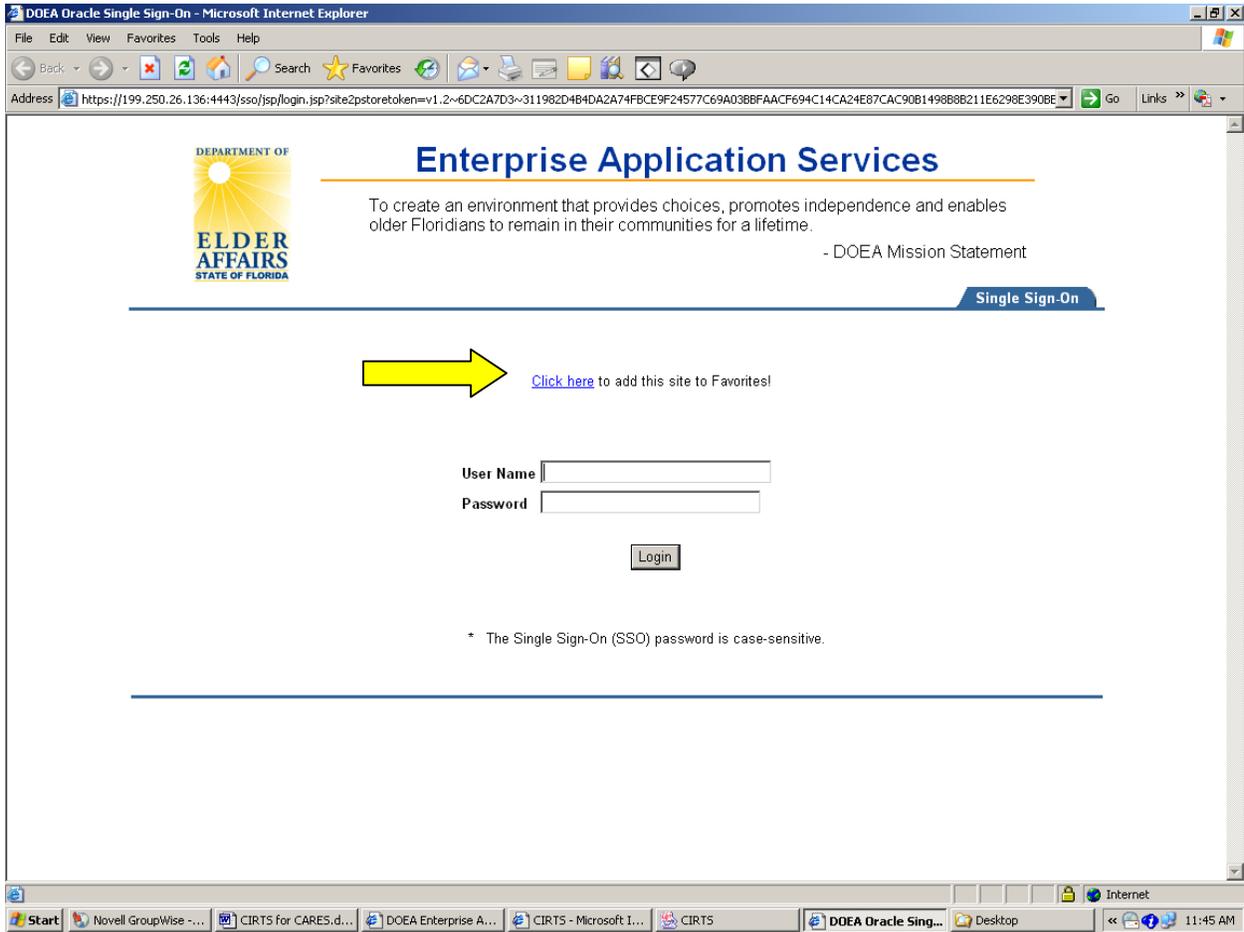
- (a) It is case-sensitive.
- (b) It must have at least 8 characters with at least 1 numeric.
- (c) It has a lifetime of 120 days.

Start Discoverer Viewer Fetch Report Output Ad Hoc Query Change SSO Password Logout

In the event CIRTS stops working on your computer:

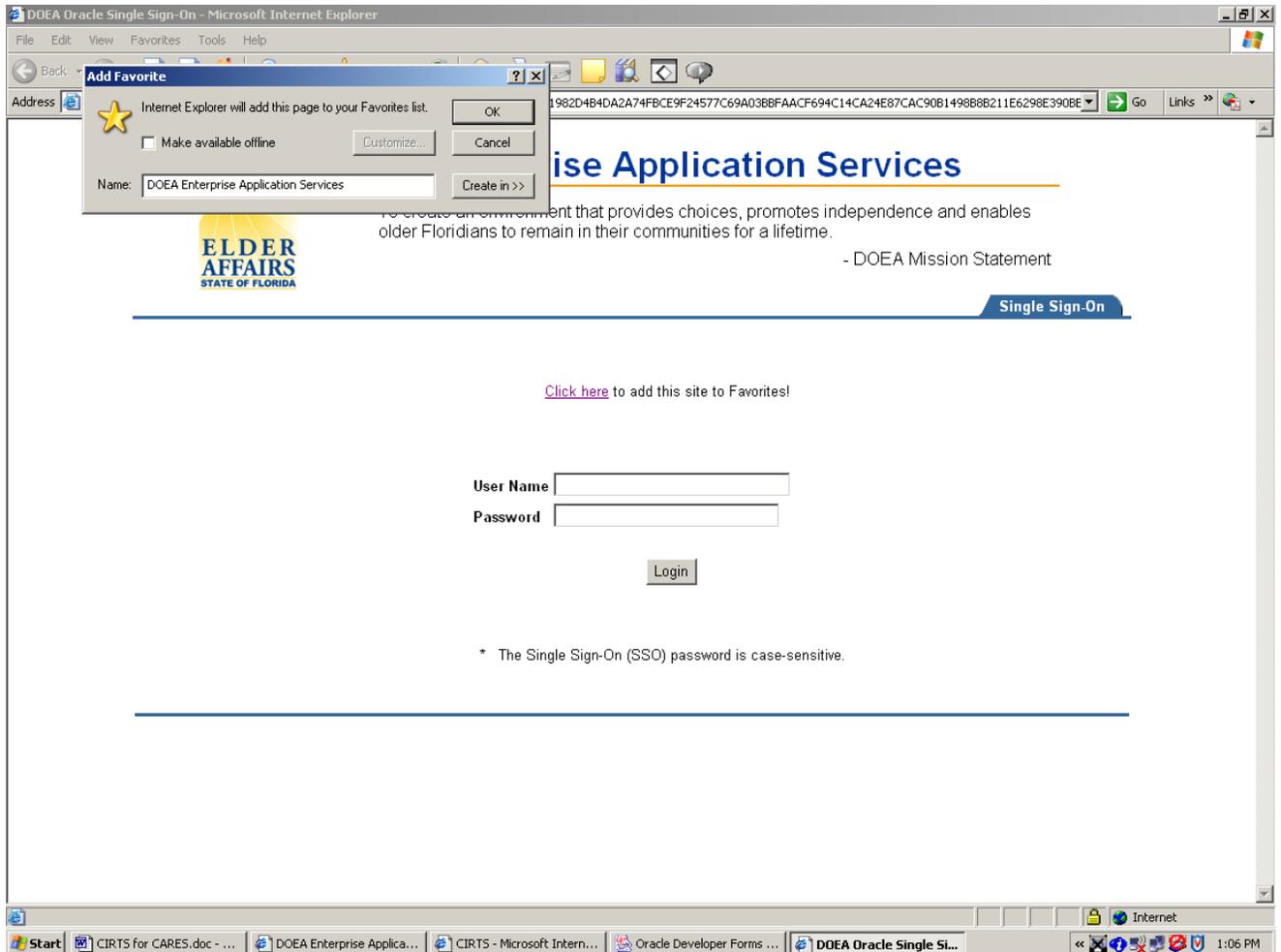
- 1) Start at Item 1 in the Download section and click the PC Setup Instructions link.
- 2) Follow all instructions for installing the Web site Certificate, JInitiator (close your Web browser after this step and re-open before running the JInitiator Certificate), and the JInitiator Certificate.
- 3) If CIRTS 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.

DOEA Enterprise Application Services - Windows Internet Explorer

https://199.250.26.79/portal/page?_pageid=33,32395,33_32411&_dad=portal&_schema=PORTAL

File Edit View Favorites Tools Help

DOEA Enterprise Application Services

Enterprise Application Services

The mission of the Florida Department of Elder Affairs is to foster optimal quality of life for elder Floridians.

The vision of the Department of Elder Affairs is to foster a social, economic and intellectual environment for all ages, and especially for those age 60 and older, where all can enjoy Florida's unparalleled amenities in order to thrive and prosper.

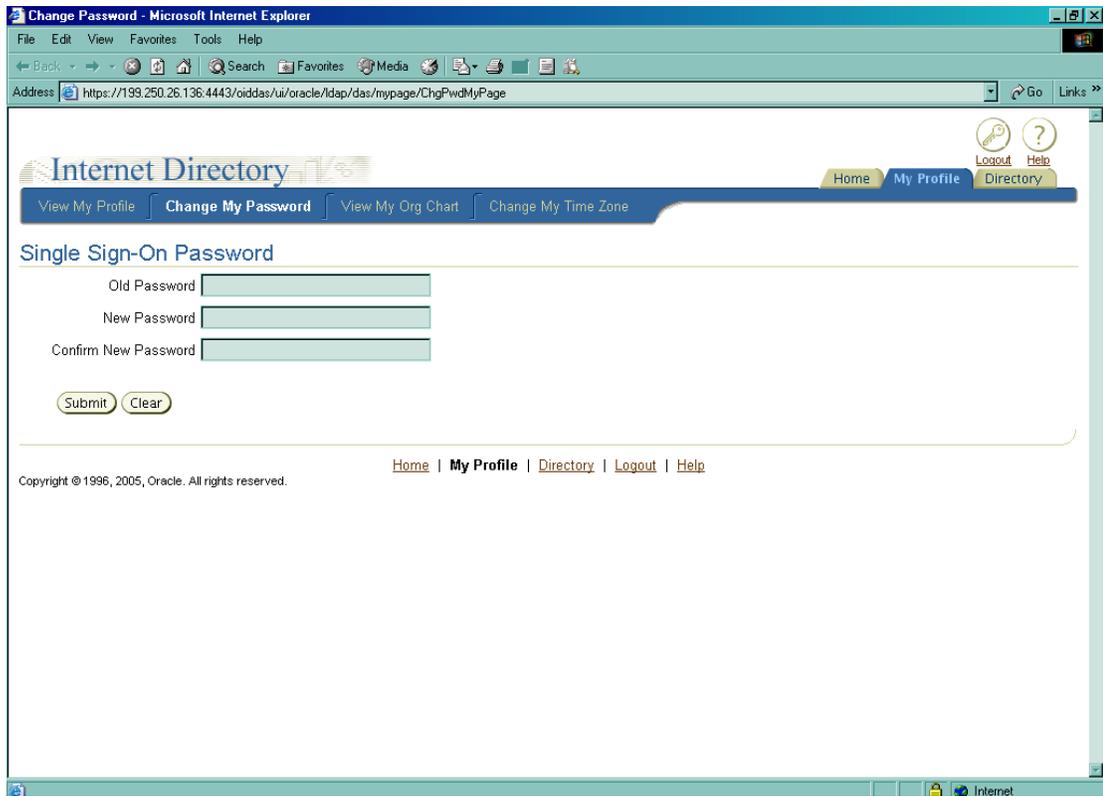
Applications Reports Documents Support

- ▶ [ACMS](#) - Automated Contract Management System
- ▶ [ADA and ALE Medicaid Waiver Paid Claims Query Tool](#)
- ▶ [ARTT](#) - APS Referral Tracking Tool
- ▶ [CIRTS](#) - Client Information and Registration Tracking System
- ▶ [Contracted Unit Rate](#)
- ▶ [HMT](#) - ADA Waiver Holistic Monitoring Tool
- ▶ [LTCOP Management System](#) - Long Term Care Ombudsman Program

Start Discoverer Viewer Fetch Report Output Ad Hoc Query **Change SSO Password** Logout

Trusted sites 100% 2:40 PM

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

Schedule Follow Up	Living Arrangement	Placement Recommendation	Program Recommendation	MI/MR Exclusion	Follow Up Schedule	Case Termination Reasons
Nursing Home	Not Equal NUHO, SHNH	Equal NUHO, SHNH	Equal HSPC, NONE		Every 30 days until living arrangement = NUHO or SHNH then Auto Close (or manually closed)	<ol style="list-style-type: none"> 1. If Placed IN-In NH 2. Manual Close
Community		Not Equal NHTP, NUHO, SHNH	Equal ACFW, ADAW, ADHC, ALFW, ALZW, BSCW, CCDA, CCFE, CDCW, CHAN, DEVS, ELDC, FDMW, HEMO, HSPC, LTCP, NONE, OMDW, OTHR, PACE, PACW		<p>Assessor = CAR 30, 90, 180, Annual, Auto Close (or manually closed)</p> <p>Assessor Does Not = CAR & Program Rec = Waiver case will automatically close at staffing</p>	<ol style="list-style-type: none"> 1. If Annual CA-Closed Annual 2. If Waiver/CARES not Assessor NN-No Longer Needed 3. Manual Close
Swing Bed/SNUH		Equal HOSP	Equal SBHO, SNUH		30, 90, 180, Annual & Ongoing Annual (or manually closed)	<ol style="list-style-type: none"> 1. Manual Close

Schedule Follow Up	Living Arrangement	Placement Recommendation	Program Recommendation	MI/MR Exclusion	Follow Up Schedule	Case Termination Reasons
Needs Specialized Services		Equal NHTP, NUHO	Equal NHSS		30, 90, 180, Annual & Ongoing Annual (or manually closed)	1. Manual Close
Temporary Nursing Home		Equal NHTP	Equal HSPC, NONE		30, 90, 180, Annual, Auto Close (or manually closed)	1. If Annual CA-Closed Annual 2. Manual Close
			Equal LTCP		Every 30 days until case manager does not = CARES and then 90, 180, Annual, Auto Close (or manually closed)	
Temporary PAS				MI or MR Equal 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
ASSESSMENT INSTRUMENT
ASSESSMENT INSTRUMENT
ASSESSMENT INSTRUMENT
ASSESSMENT INSTRUMENT
ASSESSMENT/FOLLOW UP SITE
ASSESSOR
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

ASSESSMENT DELAY REASON	CRU=CARES UNAVAILABLE
BARRIER/DIVERSION/TRANSITION	ACNA=ASSISTIVE CARES SERV/OSS NOT AVAIL
BARRIER/DIVERSION/TRANSITION	ADWL=ADA WAITING LIST
BARRIER/DIVERSION/TRANSITION	AENA=ALF W/ECC NOT AVAIL
BARRIER/DIVERSION/TRANSITION	AFNA=ALF NOT AVAILABLE
BARRIER/DIVERSION/TRANSITION	ALWL=AL WAIVER WAITING LIST
BARRIER/DIVERSION/TRANSITION	AMNA=ALF W/ LIMITED MH SERV NOT AVAILABLE
BARRIER/DIVERSION/TRANSITION	ANNA=ALF W/LNS NOT AVAIL
BARRIER/DIVERSION/TRANSITION	ARAP=ALF PROVIDER REQUIRED ADDIT PYMT
BARRIER/DIVERSION/TRANSITION	BSWL=BRAIN/SPIN CORD INJURY WAITING LIST
BARRIER/DIVERSION/TRANSITION	CDWL=CONSUMER DIR. CARE WAITING LIST
BARRIER/DIVERSION/TRANSITION	CGEX=CAREGIVER EXPIRED
BARRIER/DIVERSION/TRANSITION	CGHP=CAREGIVER IN HOSPITAL
BARRIER/DIVERSION/TRANSITION	CGNH=CAREGIVER IN NURSING HOME
BARRIER/DIVERSION/TRANSITION	CHWL=CHANNELING WAITLIST
BARRIER/DIVERSION/TRANSITION	ELWL=ELDER CARE WAITLIST
BARRIER/DIVERSION/TRANSITION	FENT=FINAN ELIG DETERM NOT TIMELY
BARRIER/DIVERSION/TRANSITION	IACA=INELIG ASSISTIVE CARE/OSS -ASSETS
BARRIER/DIVERSION/TRANSITION	IACI=INELIG ASSISTIVE CARE/OSS -INCOME
BARRIER/DIVERSION/TRANSITION	ICMA=INELIG COMM MED/ASSETS
BARRIER/DIVERSION/TRANSITION	ICMI=INELIG COMM MED/INCOME
BARRIER/DIVERSION/TRANSITION	INAG=INELIG DUE TO AGE REQUIREMENT
BARRIER/DIVERSION/TRANSITION	INCS=INELIG COMMUNITY SERVICES -OTHER
BARRIER/DIVERSION/TRANSITION	INH=INELIG HEALTH/FUNCTION DECLINED
BARRIER/DIVERSION/TRANSITION	LFPA=LACKS FINANCIAL RES/PRIVATE ALF
BARRIER/DIVERSION/TRANSITION	LPWL=LTC COMMUNITY DIVERSION PROGRAM
BARRIER/DIVERSION/TRANSITION	NONE=NO BARRIER
BARRIER/DIVERSION/TRANSITION	PAWL=PROJECT AIDS CARE WAITLIST
BARRIER/DIVERSION/TRANSITION	REAF=ALF/FACILITY REFUSE TO ACCEPT CLIENT
BARRIER/DIVERSION/TRANSITION	RECM=CASE MGR/SERV PROV REFUSED REF
BARRIER/DIVERSION/TRANSITION	REFF=REFUSED BY FAMILY DUE TO FINANCIAL CONCERNS
BARRIER/DIVERSION/TRANSITION	REFH=REFUSED BY FAMILY DUE TO HEALTH CONCERNS
BARRIER/DIVERSION/TRANSITION	REOT=REFUSED BY FAMILY FOR OTHER REASONS
BARRIER/DIVERSION/TRANSITION	REPH=REFUSED PHYSICIAN
BARRIER/DIVERSION/TRANSITION	RERB=REFUSED TO RELINQUISH NH BED
BARRIER/DIVERSION/TRANSITION	RESP=REFUSED TO STAY WITH SPOUSE
BARRIER/DIVERSION/TRANSITION	RRNT=REF RESPONSE FROM PROV NOT TIMELY
BARRIER/DIVERSION/TRANSITION	SANA=SECURE ALF NOT AVAILABLE
BARRIER/DIVERSION/TRANSITION	SPIM=SPOUSAL IMPOVERISHMENT SITUATION LIKELY IF PLACED
BARRIER/DIVERSION/TRANSITION	UPWL=UPSTREAMING PROJECT WAITING LIST
BARRIER/DIVERSION/TRANSITION	WLAC=WAITLIST ASSISTIVE CARE/OSS
BARRIER/DIVERSION/TRANSITION	WLIA=WAIT LIST/ALF/AFCH
BARRIER/DIVERSION/TRANSITION	WLIC=WAIT LIST/COMM SERV
CASE CLOSED REASON	CA=CLOSE/ANNUAL
CASE CLOSED REASON	CC=CLOSE/IN COMMUNITY
CASE CLOSED REASON	CD=CLIENT DECEASED
CASE CLOSED REASON	DE=DATA ENTRY ERROR
CASE CLOSED REASON	DS=DISCHARGED SWING BED/SNUH
CASE CLOSED REASON	FI=FAMILY INTERVENTION
CASE CLOSED REASON	GA=GOAL ACHIEVED
CASE CLOSED REASON	IC=IN COMMUNITY/CASE MANAGER
CASE CLOSED REASON	IH=IN HOSPITAL
CASE CLOSED REASON	IN=IN NURSING HOME
CASE CLOSED REASON	LC=LOST CONTACT
CASE CLOSED REASON	LP=LOST COMMUNITY POTENTIAL
CASE CLOSED REASON	LS=LEFT STATE
CASE CLOSED REASON	NE=NOT ELIGIBLE
CASE CLOSED REASON	NN=NO LONGER NEEDED
CASE CLOSED REASON	PP=PRIVATE PAY OBRA SCREEN ONLY

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	OD=180 DAY
FOLLOWUP TYPE	TD=30 DAY
FOLLOWUP TYPE	UF=UNSCHEDULED FOLLOWUP
INCOME LEVEL	I=ICP
INCOME LEVEL	M=MEDS-AD
INCOME LEVEL	S=SSI
LEVEL OF CARE	DNM=DOES NOT MEET LOC
LEVEL OF CARE	DWC=DOES NOT MEET WAIVER CRITERIA
LEVEL OF CARE	INO=INTERMEDIATE ONE
LEVEL OF CARE	INT=INTERMEDIATE TWO
LEVEL OF CARE	MEN=STATE MENTAL HOSPITAL
LEVEL OF CARE	MWC=MEET WAIVER CRITERIA
LEVEL OF CARE	ROH=RISK OF HOSPITALIZATION
LEVEL OF CARE	RON=RISK OF NURSING HOME
LEVEL OF CARE	SKD=SKILLED
LEVEL OF CARE	WHL=WITHHOLD LOC
LIVING ARRANGEMENT	AFCH=ADULT FAMILY CARE HOME
LIVING ARRANGEMENT	ALFE=ALF WITH EXT CONG CARE
LIVING ARRANGEMENT	ALFM=ALF WITH LTD MENT HLTH SVCS
LIVING ARRANGEMENT	ALFN=ALF WITH LTD NURS SVCS
LIVING ARRANGEMENT	ALFS=ASSISTED LIVING FACILITY
LIVING ARRANGEMENT	ARTS=ADULT/ GER RES TREAT FAC
LIVING ARRANGEMENT	GRHO=GROUP HOME
LIVING ARRANGEMENT	HOSP=HOSPITAL
LIVING ARRANGEMENT	MRDD=MR/DD FACILITY
LIVING ARRANGEMENT	NUHO=NURSING HOME
LIVING ARRANGEMENT	OTHR=OTHER
LIVING ARRANGEMENT	PRIS=PRISON/JAIL
LIVING ARRANGEMENT	PRRE=PRIVATE RESIDENCE
LIVING ARRANGEMENT	PSYF=PSYCHIATRIC FACILITY
LIVING ARRANGEMENT	REHB=REHAB HOSPITAL
LIVING ARRANGEMENT	SAPT=SUPERVISED APARTMENT
LIVING ARRANGEMENT	SHNH=STATE MENTAL HOSPITAL/NURSING HOME UNIT
LIVING ARRANGEMENT	SMHO=STATE MENT HOSPITAL
LIVING ARRANGEMENT	TRAN=TRANSIENT
LIVING SITUATION	AL=ALONE
LIVING SITUATION	NR=NOT REQUIRED
LIVING SITUATION	U=UNKNOWN
LIVING SITUATION	WC=WITH CAREGIVER
LIVING SITUATION	WO=WITH OTHER
LIVING SITUATION	Z=POLICY CHANGES
MARITAL STATUS	D=DIVORCED
MARITAL STATUS	M=MARRIED
MARITAL STATUS	NR=NOT REQUIRED
MARITAL STATUS	P=SEPARATED
MARITAL STATUS	S=SINGLE
MARITAL STATUS	U=UNKNOWN
MARITAL STATUS	W=WIDOWED
MARITAL STATUS	Z=POLICY CHANGES
MI/MR INDICATOR	BO=BOTH
MI/MR INDICATOR	MI=MENTAL ILLNESS
MI/MR INDICATOR	MR=MENTAL RETARDATION
MI/MR INDICATOR	NO=NONE
MI DISPOSITION	CP=NEEDS SPEC SVCS/CAN'T PROVIDE IN NH
MI DISPOSITION	NP=PSYCH EVAL NOT RECEIVED
MI DISPOSITION	NR=1911 A&B NOT RECEIVED
MI DISPOSITION	NS=NO SPECIALIZED SERVICES NEEDED
MI DISPOSITION	PE=EXCLUDED LEVEL II PSYCH EVAL
MI DISPOSITION	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
SAMH DISPOSITION	OCOM=OUT OF COMPLIANCE
SEX	F=FEMALE
SEX	M=MALE
SEX	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, CIRTS allows open cases to be transferred to a new office without having to duplicate the case in CIRTS. The case will be “shared”. The new office will still use the Change PSA screen to pull the client into their area. If CIRTS 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 displays the Oracle Developer Forms Runtime - Web interface for the 'Change PSA Screen'. The main window title is 'Oracle Developer Forms Runtime - Web' and the subtitle is 'Change PSA Screen'. The form contains the following fields and values:

- CICNGPSA_1226** (Text field)
- VERSION 10G.1** (Text field)
- CIRTS** (Text field)
- CHANGE CLIENT PSA** (Text field)
- Date**: 05/12/2008 (Text field)
- User**: REGIONALCARES (Text field)
- Social Security Number**: 200805121 (Text field)
- County**: HOLMES (Dropdown menu)
- Client's Name**: TEST XFERCASE (Text field)
- Client's Date of Birth**: 09/19/1927 (Text field)
- PSA**: 02B (Text field)
- Date Changed**: 05/12/2008 (Text field)
- Program Changed**: DEMO (Text field)
- User Changed**: SUPE (Text field)
- Caseworker**: 22299 (Text field)

An alert dialog box is overlaid on the form, titled 'OL... ALERT'. It contains a red warning icon and the following text: 'WARNING! There is an open case for this client in PSA_02B. PSA change is not allowed.' The dialog has an 'OK' button.

At the bottom of the form, there are 'Save' and 'Cancel' buttons. The status bar at the very bottom shows 'Record: 1/1' and '<OSC>'.

The old office must enter “Y” into the new “OK to transfer case” field on the assignment tab.

The screenshot shows the Oracle Developer Forms Runtime - Web interface for CARES Cases. The window title is "Oracle Developer Forms Runtime - Web" and the application title is "CARES Cases". The main form is titled "CIRTS CARES Cases Information".

At the top, there are fields for "CARES CASES" (VERSION 100.1), "Date" (05/12/2008), and "User" (SUPERVISOR02B). Below this, there are fields for "CARES Cases for:" (TEST XFERCASE), "SSN:" (200805121), and checkboxes for "Demographic Complete" (checked) and "PAS Complete" (unchecked).

The main data table has columns: Opened on, Reason, Referral Source, Payment Type, Status, Closed on, Reason, and PSA. The table is currently empty.

Below the table are buttons: Add Case, Close Case, Delete Case, Print CIF, Print Blank CIF, Search Client, and Close.

The "Assignment" tab is selected, showing the following fields:

- 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: N
- 3008 Completed:
- Date Incomplete 3008 Received by CARES:
- Date Incomplete 3008 Returned by CARES:
- OK to Transfer the Case?: N

Buttons: Edit, Save, Cancel.

At the bottom, there is a footer with the text "Enter a 'Y' or 'N' for 3008 Received", "Record: 1/1", and "<OSC>".

A yellow arrow points to the "OK to Transfer the Case?" field, which currently contains "N".

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 **CIRTS** Date: 05/12/2008
VERSION 10G.1 **CARES Cases Information** 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> Open Reason: INITIAL CASE

3008 Received: N 3008 Completed: 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>

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.

The screenshot shows the Oracle Developer Forms Runtime - Web interface for CARES Cases. The main window title is "CARES Cases" and the application title is "CIRTS CARES Cases Information". The user is "SUPERVISOR02B" and the date is "05/12/2008". The case ID is "TEST XFERCASE" and the SSN is "200805121". The form is for "CARES Cases for: TEST XFERCASE" with "Demographic Complete" checked and "PAS Complete" unchecked.

Opened on	Reason	Referral Source	Payment Type	Status	Closed on	Reason	PSA
04/01/2008	INITIAL CASE	FAMILY	MEDICAID	OPEN			02B

Buttons: 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=N
Primary Caregiver: <null>
Open Reason: INITIAL CASE

3008 Received: N
3008 Completed:
Date Incomplete 3008 Received by CARES:
Date Incomplete 3008 Returned by CARES:
OK to Transfer the Case?: Y

Buttons: 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

CIRCPSA_1226 C I R T S Date 05/12/2008
VERSION 10G.1 CHANGE CLIENT PSA User REGIONALCARES

Social Security Number 200805121 County BAY
Client's Name TEST XFERCASE
Client's Date of Birth 09/19/1927

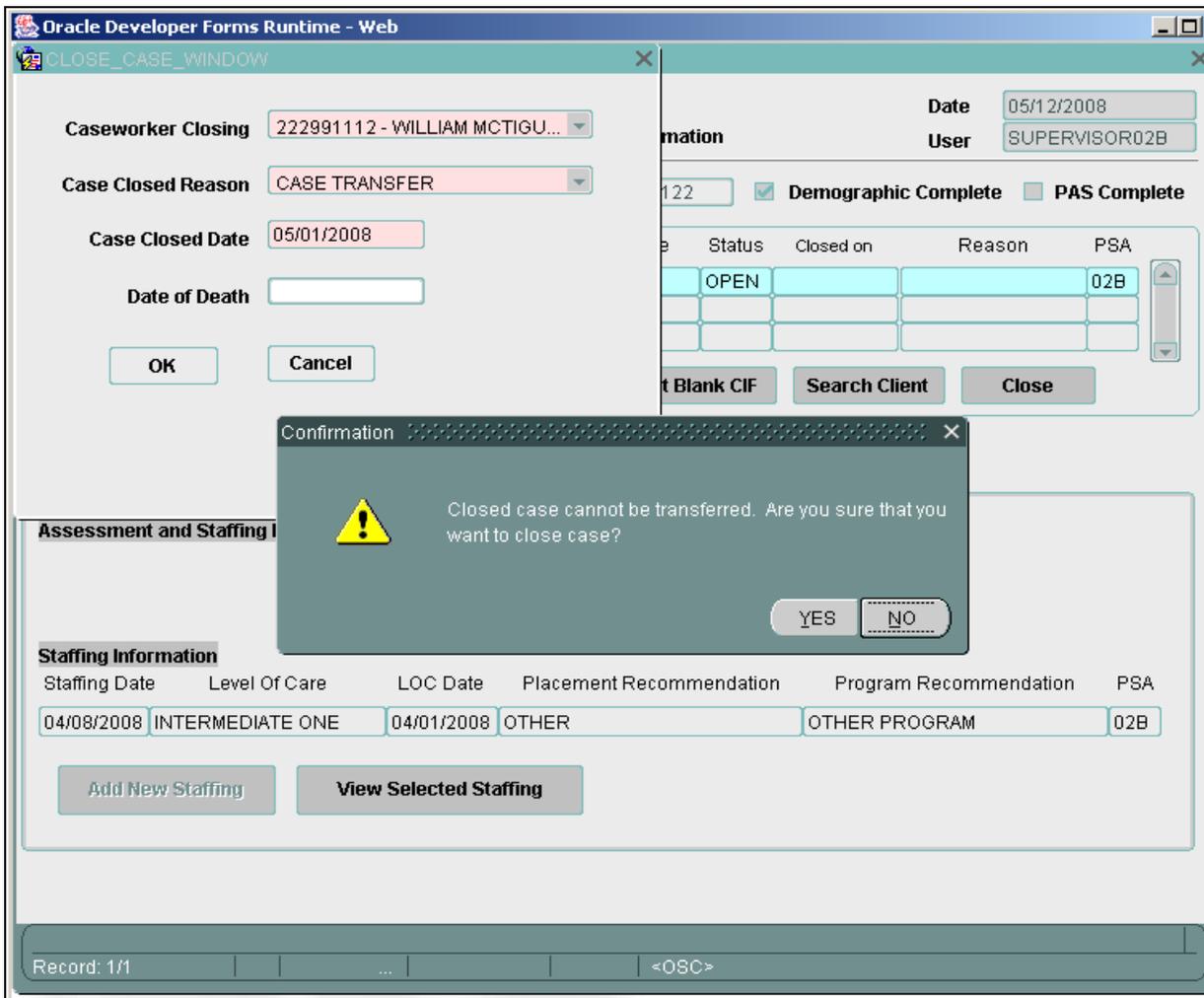
	OLD	NEW
PSA	02B	02A
Date Changed	05/12/2008	05/12/2008
Program Changed	DEMOGRAPHICS_1226	CIRCPSA_1226
User Changed	SUPERVISOR02B	REGIONALCARES
Caseworker	222991112 - WILLIAM MCTIGUE	LD2A - LINDA DORMAN

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 CIRTS has been changed to transfer open cases.



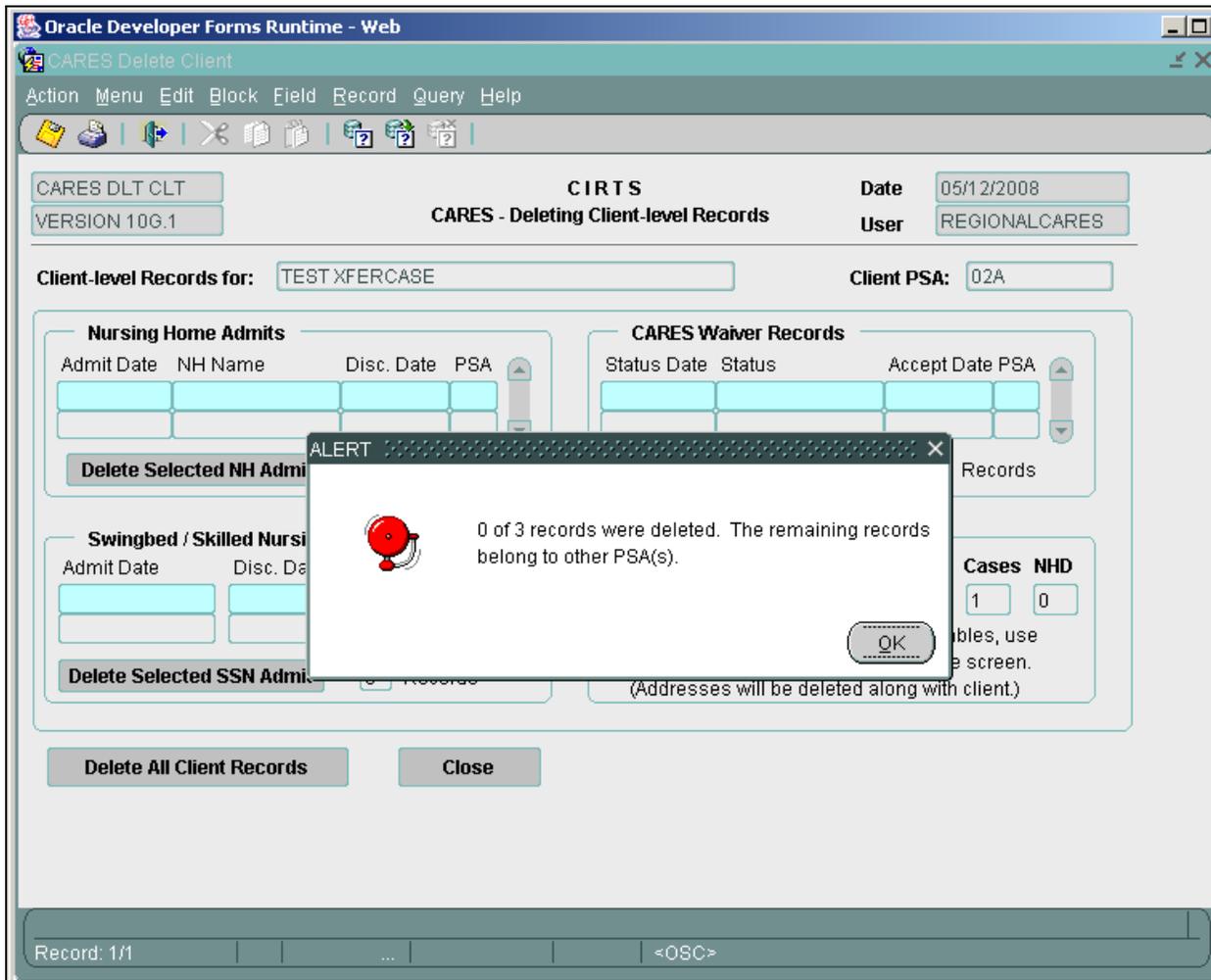
Once the change PSA is complete, the new office should update the client’s address.

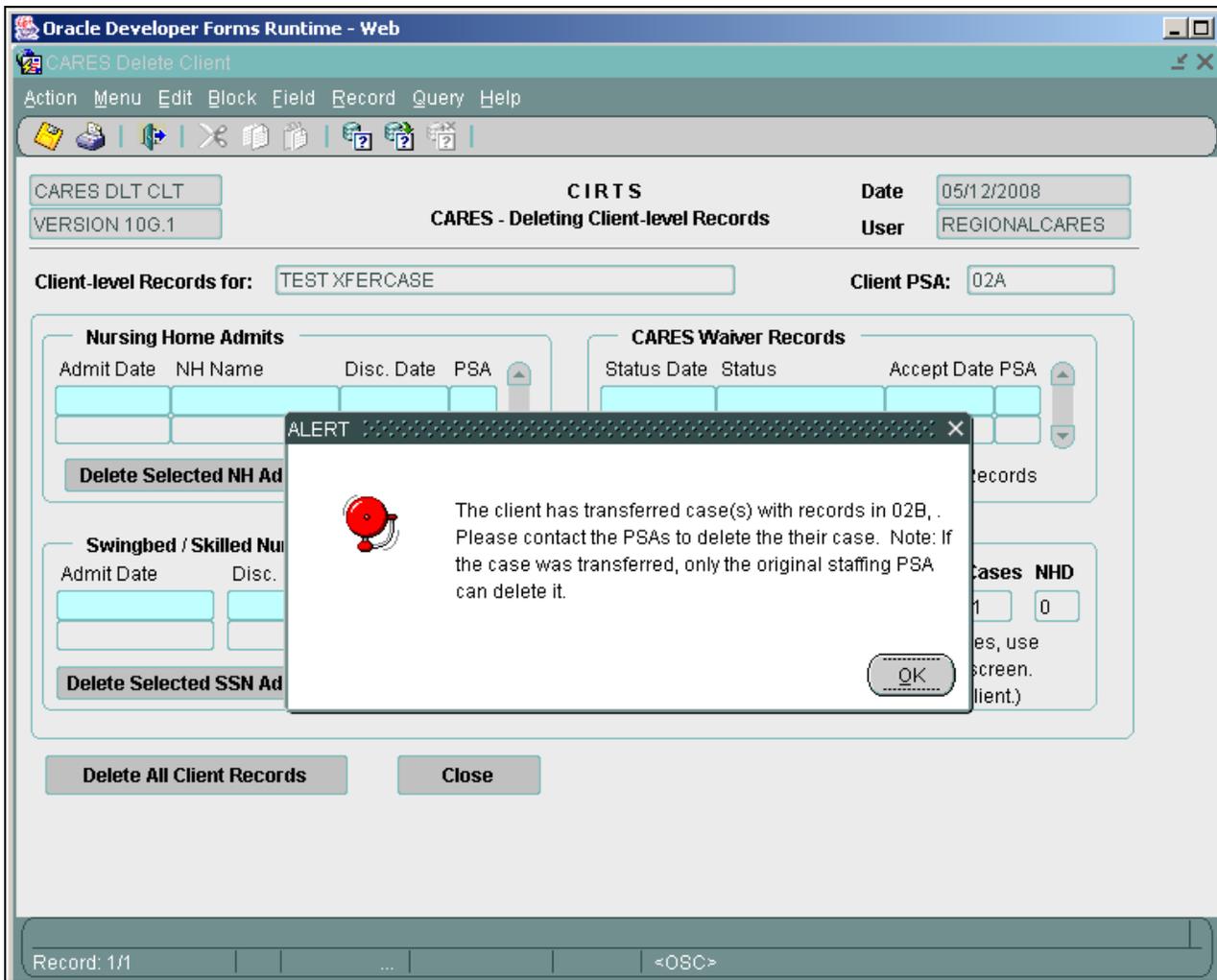
PSA is now displayed at the top of the staffing, assessment, referral and follow-up screens.

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.

The screenshot displays the Oracle Developer Forms Runtime - Web interface for 'CARES Cases'. The main window title is 'CARES Cases' and the version is 'VERSION 10G.1'. The user is 'SUPERVISOR02B' and the date is '05/12/2008'. The case information includes 'CARES Cases for: TEST XFERCASE' and 'SSN: 200805121'. The 'Demographic Complete' checkbox is checked, and 'PAS Complete' is unchecked. A table shows the case details: Opened on 04/01/2008, Reason INITIAL CASE, Referral Source FAMILY, Payment Type MEDICAID, Status OPEN, and Reason 02A. A 'Delete Case' button is visible. A 'Confirmation' dialog box is overlaid on the form, containing a warning icon and the text: '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?' with 'YES' and 'NO' buttons. The form also includes fields for 'Initial Date', 'Referral Source', 'Living Arrangement', 'Special Project Case', 'Primary Caregiver', '3008 Received', '3008 Completed', 'Date Incomplete 3008 Received by CARES', 'Date Incomplete 3008 Returned by CARES', 'Open Reason', and 'OK to Transfer the Case?'. The status bar at the bottom shows 'Record: 1/1' and '<OSC>'.

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.





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.