

HEALTH SUMMARY

As information is gathered, the Quality Assurance Reviewer (QAR) will indicate the source of the information and adapt questions to the interviewee's understanding. Responses may result in RN review and/or medical record request.

*Participants have a service plan that is appropriate to their needs and they receive the services/supports specified in the plan.
Service plans address all participants' assessed needs (including health and safety risk factors).*

Sub-Focus Area	Questions	Responses	Mark all Respondents	Discoveries
CMS Assurance Service Plan	1. Do you have any health concerns? (Select one)	<ul style="list-style-type: none"> <input type="radio"/> Yes, I do but needs are being met. <input type="radio"/> Yes, I do and needs are not being met. <input type="radio"/> Maybe, I am not sure <input type="radio"/> No, I do not 	<ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review 	<ul style="list-style-type: none"> <input type="radio"/> If Yes I do and needs are not being met or maybe is selected: the following will load as a discovery on the report, Individual has health concerns to be addressed.
CMS Assurance Service Plan	2. Do you have any of the following? (Select all applicable)	<ul style="list-style-type: none"> <input type="radio"/> N/A <input type="radio"/> Guardian over health <input type="radio"/> Health Care Proxy <input type="radio"/> Advanced Medical Directives <input type="radio"/> Living Will <input type="radio"/> Power of Attorney over health <input type="radio"/> Health Care Surrogacy <input type="radio"/> Supports do not know if any apply. <input type="radio"/> Other? _____ 	<ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review 	<ul style="list-style-type: none"> <input type="radio"/> If marked as applicable, the following will load as a discovery on the report: <input type="radio"/> Individual has legal documents regarding health guardianship. <input type="radio"/> Individual has legal documents regarding health care proxy. <input type="radio"/> Individual has legal documents regarding Advanced Medical Directives. <input type="radio"/> Individual has legal documents regarding Living Will. <input type="radio"/> Individual has legal documents regarding health Power of Attorney.

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				<ul style="list-style-type: none"> ○ Individual has legal documents regarding health care surrogacy. ○ Supports are not aware of any health documents.
CMS Assurance Service Plan	<p>3. Do you need additional assistance in any of the following areas to meet your health care needs? (Select all applicable)</p>	<ul style="list-style-type: none"> ○ N/A ○ Understanding/accessing transportation ○ Understanding/accessing benefits (SSA/SSI) ○ Obtaining Medical or Specialist appointments ○ Understanding/accessing preventive health needs ○ Understanding/accessing health insurance ○ Understanding/accessing medications ○ Understanding diagnosis ○ Understanding/modifying plans of care ○ Understanding/accessing therapies ○ Other? _____ 	<ul style="list-style-type: none"> ○ Individual ○ Family Member ○ Friend ○ Staff ○ WSC ○ Record Review 	<p>If marked as applicable, the following will load as a Discovery on the report:</p> <ul style="list-style-type: none"> ○ Individual feels a need for assistance to obtain transportation. ○ Individual feels a need for assistance to understand benefits (SSA/SSI). ○ Individual feels a need for assistance to obtain Medical or Specialist appointments. ○ Individual feels a need for assistance to understand preventive health needs. ○ Individual feels a need for assistance to understand health insurance. ○ Individual feels a need for assistance with medications.

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				<ul style="list-style-type: none"> ○ Individual feels a need for assistance to understand diagnosis. ○ Individual feels a need for assistance to understand plan of care. ○ Individual feels a need for assistance to access therapies. ○ Individual feels a need for assistance to access other information.
<p>CMS Assurance Service Plan</p>	<p>4. Please select the following health and safety risk factors addressed in the annual Support Plan. (Select all not addressed in the document)</p>	<ul style="list-style-type: none"> ○ Number of reportable critical incidents, if applicable ○ Type of reportable critical incidents ○ Person has completed an annual physical ○ Person reports freedom from abuse, neglect, and/or exploitation ○ Person reports feeling safe at home ○ Person reports feeling treated with dignity and respect 	<ul style="list-style-type: none"> ○ Record Review 	<p>Any item not marked, the following will load as a Discovery on the report:</p> <ul style="list-style-type: none"> ○ Support Plan does not address number of reportable critical incidents and there were applicable incidents indicated. ○ Support Plan does not address type of reportable critical incidents and there were applicable incidents indicated. ○ Support Plan does not address the annual physical requirements.

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				<ul style="list-style-type: none"> ○ Support Plan does not address the person reporting freedom from abuse, neglect, and/or exploitation. ○ Support Plan does not address the person reporting feeling safe at home. ○ Support Plan does not address the person reporting feeling treated with dignity and respect.
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*Health and Welfare - Participants' health and welfare are safeguarded and monitored.
On an ongoing basis, the state identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.*

Sub-Focus Area	Questions	Responses	Mark all Respondents	Discoveries
CMS Assurance Health and Welfare	5. Which physicians and specialists have you had appointments with in the past twelve (12) months? (Select all applicable)	<ul style="list-style-type: none"> ○ Allergist: Last Visit- (mm) ○ Audiologist: Last Visit- (mm) ○ Cardiologist: Last Visit- (mm) ○ Dentist: Last Visit- (mm) ○ Dermatologist: Last Visit- (mm) ○ Dietician: Last Visit- (mm) ○ Ear/Nose/Throat: Last Visit- (mm) ○ Endocrinologist: Last Visit- (mm) ○ Gastroenterologist: Last Visit- (mm) 	<ul style="list-style-type: none"> ○ Individual ○ Family Member ○ Friend ○ Staff ○ WSC ○ Record Review ○ Claims Data 	<ul style="list-style-type: none"> ○ If no boxes are checked, the following will load as a Discovery on the report: Individual has not seen a physician or specialist in the past twelve (12) months.

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| | | <ul style="list-style-type: none">○ Gynecologist: Last Visit- (mm)○ Hematologist: Last Visit- (mm)○ Homeopathic Physician- (mm)○ Licensed Clinical Social Worker: Last Visit- (mm)○ Nephrologist: Last Visit- (mm)○ Neurologist: Last Visit- (mm)○ Neurosurgeon: Last Visit- (mm)○ Obstetrician: Last Visit- (mm)○ Oncologist: Last Visit- (mm)○ Ophthalmologist: Last Visit- (mm)○ Orthopedist: Last Visit- (mm)○ Psychiatrist: Last Visit- (mm)○ Podiatrist: Last Visit- (mm)○ Psychiatrist: Last Visit- (mm)○ Psychologist: Last Visit- (mm)○ Primary Care Physician<ul style="list-style-type: none">○ Pediatrician: Last Visit- (mm)○ Family Practice: Last Visit- (mm)○ Internal Medicine: Last Visit- (mm) | | |
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		<ul style="list-style-type: none"> ○ Pulmonologist: Last Visit- (mm) ○ Rheumatologist: Last Visit- (mm) ○ Surgeon: Last Visit- (mm) ○ Urologist: Last Visit- (mm) ○ Others? <p style="margin-left: 20px;">Please describe: _____: Last Visit- (mm)</p>		
<p>Use of Reactive Strategies</p> <p>CMS Assurance Health and Welfare</p>	<p>6. Have Reactive Strategies under 65G-8 been used due to behavioral concerns in the past twelve (12) months? (Select one)</p>	<ul style="list-style-type: none"> ○ Yes <ul style="list-style-type: none"> ○ When (List all)?: (mm) ○ Why? ○ Reactive Strategies Report completed: Y/N ○ No 	<ul style="list-style-type: none"> ○ Individual ○ Family Member ○ Friend ○ Staff ○ WSC ○ Record Review ○ Claims Data 	<ul style="list-style-type: none"> ○ If marked yes the following will load as a Discovery on the report: Individual has had reactive strategies used due to behavioral concerns in the past twelve (12) months.
<p>Free from Abuse, Neglect, and Exploitation</p> <p>CMS Assurance Health and Welfare</p>	<p>7. Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation in the past twelve (12) months?</p>	<ul style="list-style-type: none"> ○ Yes <ul style="list-style-type: none"> ○ When (List all)?: (mm) ○ Why? ○ UIR completed: Y/N ○ No 	<ul style="list-style-type: none"> ○ Individual ○ Family Member ○ Friend ○ Staff ○ WSC ○ Record Review ○ Claims Data 	<ul style="list-style-type: none"> ○ If marked yes the following will load as a Discovery on the report: Individual has contacted the Abuse Registry in the past twelve (12) months.

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	(Select one)			
Critical Incident Reports: Baker Act CMS Assurance Health and Welfare	8. Have you been Baker Acted in the past twelve (12) months? (Select one)	<input type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> When (List all)?: (mm) <input type="radio"/> Why? <input type="radio"/> UIR completed: Y/N <input type="radio"/> No	<input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Data	<input type="radio"/> If marked yes the following will load as a Discovery on the report: Individual has been Baker Acted in the past twelve (12) months.
Critical Incident Reports: Urgent Care Center CMS Assurance Health and Welfare	9. Have you been to an Urgent Care Center in the past twelve (12) months? (Select one)	<input type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> When (List all)?: (mm) <input type="radio"/> Why? <input type="radio"/> UIR completed: Y/N <input type="radio"/> No	<input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Data	<input type="radio"/> If marked yes the following will load as a Discovery on the report: Individual has been to an Urgent Care Center in the past twelve (12) months.
Critical Incident Reports: ER CMS Assurance Health and Welfare	10. Have you been to an Emergency Room in the past twelve (12) months? (Select one)	<input type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> When (List all)?: (mm) <input type="radio"/> Why? <input type="radio"/> UIR completed: Y/N <input type="radio"/> No	<input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Data	<input type="radio"/> If marked yes, the following will load as a Discovery on the report: Individual has been to an Emergency Room in the past twelve (12) months.
Critical Incident Reports: Hospitalizations CMS Assurance Health and Welfare	11. Have you been admitted to the hospital in the past twelve (12) months? (Select one)	<input type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> When (List all)?: (mm) <input type="radio"/> Why? <input type="radio"/> UIR completed: Y/N <input type="radio"/> No	<input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Data	<input type="radio"/> If marked yes, the following will load as a Discovery on the report: Individual has been admitted to the hospital in the past twelve (12) months.

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<p>Critical Incident Reports: Medication Errors</p> <p>CMS Assurance Health and Welfare</p>	<p>12. Have you had any instances of medication errors in the past twelve (12) months? (Select one)</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> When (List all)?: (mm) <input type="radio"/> Why? <input type="radio"/> UIR Medication Error Report completed: Y/N <input type="radio"/> No 	<ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Data 	<ul style="list-style-type: none"> <input type="radio"/> If marked yes, the following will load as a Discovery on the report: Individual has had instances of medication errors in the past twelve (12) months.
<p>Use of Same Day Surgery Center</p> <p>CMS Assurance Health and Welfare</p>	<p>13. Have you been a patient in a same day surgery center in the past twelve (12) months? (Select one)</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> When?: (mm) <input type="radio"/> Why? <input type="radio"/> No 	<ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Data 	<ul style="list-style-type: none"> <input type="radio"/> If marked yes, the following will load as a Discovery on the report: Individual has been in a same day surgery center in the past twelve (12) months.
<p>Preventive Care Family History</p> <p>CMS Assurance Health and Welfare</p>	<p>14. Are you and your supports aware of your family medical history as it relates to ensuring preventive care for yourself? (Select one)</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes, a full or partial family history is present and there are no reported concerns requiring follow up for the person receiving services <input type="radio"/> Yes, a full or partial family history is present and there are concerns requiring follow up for the person receiving services <input type="radio"/> A family history is not available due to adoption <input type="radio"/> No family history is available 	<ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Data 	<ul style="list-style-type: none"> <input type="radio"/> If yes responses are marked, the following will load as a Discovery on the report: <input type="radio"/> A full or partial with concerns requiring follow up: Individual has concerns in family medical history requiring follow up. <input type="radio"/> If no, the following will load as a Discovery on the report: Individual does not have a family medical history available.

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<p>Preventive Care Exams</p> <p>CMS Assurance Health and Welfare</p>	<p>15. Have you received any of the following preventive health in the past twelve (12) months? (Select all applicable)</p>	<ul style="list-style-type: none"> <input type="radio"/> Annual Physical Exam <input type="radio"/> Annual Physical Exam including gait assessment and fall risk assessment <input type="radio"/> Flu Vaccine <input type="radio"/> Pneumonia Vaccine <input type="radio"/> Zoster (Shingles) Vaccine <input type="radio"/> Tetanus-Diphtheria Booster <input type="radio"/> Colorectal Cancer Screening <input type="radio"/> Male PSA <input type="radio"/> Female Pre-Natal Care if applicable <input type="radio"/> Female preventive health care: mammogram <input type="radio"/> Female preventive health care: pap smear or other exams such as ultrasound <input type="radio"/> Bone Density Scan <input type="radio"/> Education on self breast exams <input type="radio"/> Vision Exam <ul style="list-style-type: none"> <input type="radio"/> Glaucoma <input type="radio"/> Cataracts <input type="radio"/> Hearing Exam (ear wax and hearing screening) <input type="radio"/> Dental Exam <input type="radio"/> Dermatology Exam including skin cancer check <input type="radio"/> Areas specific to pertinent family history 	<ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Data 	<p>For sub elements not marked as completed, the following would load:</p> <ul style="list-style-type: none"> <input type="radio"/> Annual Physical Exam was not conducted. <input type="radio"/> Annual Physical Exam was conducted, but did not include gait and fall risk assessments. <input type="radio"/> Annual Flu Vaccine was not administered. <input type="radio"/> Pneumonia Vaccine was not administered as recommended. <input type="radio"/> Zoster (Shingles) Vaccine was not administered as recommended. <input type="radio"/> Tetanus-Diphtheria booster was not administered as recommended. <input type="radio"/> Colorectal cancer screening has not been completed as recommended. <input type="radio"/> Male preventive health care has not been addressed. <input type="radio"/> Female Pre-Natal Care
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		<ul style="list-style-type: none">o Unable to determine		<ul style="list-style-type: none">o has not been completed as recommended.o Mammogram has not been completed as recommended.o Pap smear has not been completed as recommended.o Bone Density Scan has not been completed as recommended.o Education regarding breast self exams has not been completed.o Vision exam has not been completed.o Glaucoma exam has not been completed.o Cataracts exam has not been completed.o Hearing exam has not been completed.o Dental exam has not been completed.o Skin Cancer Check has not been completed.o Based on stated family health history, the
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Controlled Document

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				<p>individual has not had recommended exams.</p> <ul style="list-style-type: none"> ○ Unable to determine based on documentation and interview. <p>Note: RN Nurse reviewer will remove discoveries if not pertinent based on timeframes, age or gender.</p>	
Preventive Care CMS Assurance Health and Welfare	16. Have you had any of the following over the last twelve (12) months? (Select all applicable)	<ul style="list-style-type: none"> ○ N/A ○ Unplanned weight gain of 10 or more lbs. ○ Unplanned weight loss of 10 or more lbs. ○ Two (2) or more falls ○ Problems with skin breakdown 	<ul style="list-style-type: none"> ○ Individual ○ Family Member ○ Friend ○ Staff ○ WSC ○ Record Review ○ Claims Data 	<ul style="list-style-type: none"> ○ For a yes gained, the following will load as a Discovery on the report: Individual has gained more than 10 lbs in the past twelve months. ○ For a yes lost response, Individual has lost more than 10 lbs in the past twelve months. ○ For a yes response, Individual has had two (2) or more falls in the past twelve months. ○ For a yes response, Individual has had skin breakdown in the past twelve months. 	
Medication (s)	17. What	○ N/A	○ Lopid (Gemfibrozil)	○ Individual	If a starred (*) medication

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RX CMS Assurance Health and Welfare	Prescription medications do you currently take? (Select all currently applicable) Name Brand (Generic Name)	<ul style="list-style-type: none"> <input type="radio"/> Abilify (Aripiprazole) <input type="radio"/> Acarbose (Precose) <input type="radio"/> Adderall <input type="radio"/> Anafranil (Clomipramine) <input type="radio"/> Antara (Fenofibrate) <input type="radio"/> Aricept (Donepagel) <input type="radio"/> Artane (Trihexyphenidyl) <input type="radio"/> Atarax (Hydroxyzine) <input type="radio"/> Atenolol (Tenorman) <input type="radio"/> ^Ativan (Lorazepam) <input type="radio"/> Avapro (Irbesartan) <input type="radio"/> Baclofen (Liorasal) <input type="radio"/> Benadryl (Diphenhydramine) <input type="radio"/> Buspar (Buspirone) <input type="radio"/> Cabergoline (Cabasev) <input type="radio"/> Catapres (Clonidine) <input type="radio"/> Celexa (Citalopram) <input type="radio"/> Cogentin (Benztropine) <input type="radio"/> ^Concerta (Methylphenidate) <input type="radio"/> Crestor (Resuvastatin Calcium) <input type="radio"/> Cymbalta (Duloxetine HCL) <input type="radio"/> Depakote (Divalproex) <input type="radio"/> Desyrel (Trazadone) <input type="radio"/> Detrol (Tolterodine) <input type="radio"/> Dilantin (Phenytoin) <input type="radio"/> Ditropan (Oxybutynin) <input type="radio"/> Effexor (Venlafaxine) <input type="radio"/> Flonase (Fluticasone) <input type="radio"/> Gabapentin <input type="radio"/> Geodon (Ziprasidone) 	<ul style="list-style-type: none"> <input type="radio"/> Lopressor (Metoprolol) <input type="radio"/> Maxcide (Triamterene) <input type="radio"/> Mavik (Trandopril) <input type="radio"/> *Mellaril (Thioridazine) <input type="radio"/> Metformin (Glucophage) <input type="radio"/> Mysoline (Primidone) <input type="radio"/> Namenda (Memantine HCL) <input type="radio"/> Neurontin (Gabapentin) <input type="radio"/> Nexium (Esomeprazole) <input type="radio"/> Norvasc (Amlodipine) <input type="radio"/> Paxil (Paroxetine) <input type="radio"/> Phenobarbital <input type="radio"/> Pravachol (Pravastatin) <input type="radio"/> Prevacid (Lansoprazole) <input type="radio"/> Prinivil (Lisinopril) <input type="radio"/> Prozac (Fluoxetine) <input type="radio"/> Pulmocort (Budesonide) <input type="radio"/> Omeprazole (Prilosec) <input type="radio"/> Onfi (Clobazam) <input type="radio"/> *Risperdal (Risperidone) <input type="radio"/> ^Ritalin (Methylphenidate) <input type="radio"/> Sanctura (Trosipium) <input type="radio"/> *Seroquel (Quetiapine) <input type="radio"/> Singulair (Montelukast) <input type="radio"/> Strattera (Atomoxetine HCL) <input type="radio"/> Symmetrel (Amantadine) <input type="radio"/> Synthroid (Levothyroxin) <input type="radio"/> Tegretol (Carbamezapine) <input type="radio"/> *Thorazine 	<ul style="list-style-type: none"> <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Data <p>^=Controlled Medication * =Medication is associated with Tardive Dyskinesia</p>	<p>appears the following will load as a Discovery on the report: Individual takes medication associated with Tardive Dyskinesia (TD).</p> <p>If a ^ medication appears, the following will load as a Discovery on the report: Individual takes controlled medication(s).</p> <p>If more than 4 medications are selected, the following will load as a Discovery on the report: Individual takes 4 or more prescription medications.</p> <p>RN reviewer will refer to Medical Case Management and Medical Peer Review process as applicable.</p>
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		<ul style="list-style-type: none"> <input type="radio"/> Glipizide (Glucator) <input type="radio"/> *Haldol (Haloperidol) <input type="radio"/> Inderal (Propranolol) <input type="radio"/> Januvia (Sitagliptin) <input type="radio"/> Keppra (Levetiracetam) <input type="radio"/> ^Klonopin (Clonazepam) <input type="radio"/> Lamictal (Lamotragine) <input type="radio"/> Lasix (Furosemide) <input type="radio"/> Lexapro (Escitalopram) <input type="radio"/> Lipitor (Atorvastin) <input type="radio"/> Lithium (Eskalith) 	<ul style="list-style-type: none"> (Chlorpromazine) <input type="radio"/> Topamax (Topiramate) <input type="radio"/> Trileptal (Oxcarbazepine) <input type="radio"/> ^Valium (Diazepam) <input type="radio"/> Vasotec (Enalapril) <input type="radio"/> Vimpat (Lacosamide) <input type="radio"/> Vistaril (Hydroxyzine) <input type="radio"/> Wellbutrin (Bupropion) <input type="radio"/> Xanax (Alprazolam) <input type="radio"/> Zetia (Ezetimibe) <input type="radio"/> Zocor (Simvastatin) <input type="radio"/> Zoloft (Sertraline) <input type="radio"/> Zonisamide (Zonegran) <input type="radio"/> *Zyprexa (Olanzapine) 	
Medication (s) PRN CMS Assurance Health and Welfare	18. Do you currently take any PRN (pro re nata/ as needed) medications (e.g. pain relievers)? (Select all that apply if yes selected)	<ul style="list-style-type: none"> <input type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> Acetylsalicylic Acid <input type="radio"/> Tylenol <input type="radio"/> Advil <input type="radio"/> Nuprin <input type="radio"/> Diastat <input type="radio"/> Metamucil <input type="radio"/> Docusate <input type="radio"/> Other: _____ <input type="radio"/> No 	<ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Data 	<input type="radio"/> None
Medication (s) OTC CMS Assurance Health and	19. Do you currently take any other medications (e.g. Over the	<ul style="list-style-type: none"> <input type="radio"/> Yes <ul style="list-style-type: none"> <input type="radio"/> Melatonin <input type="radio"/> Zinc <input type="radio"/> Vitamin D <input type="radio"/> Vitamin B 	<ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC 	<input type="radio"/> None

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Welfare	Counter, Herbal Supplements, Vitamins, Dietary Supplements)? (Select all that apply if yes selected)	<ul style="list-style-type: none"> <input type="radio"/> Folic Acid <input type="radio"/> Potassium <input type="radio"/> Iron <input type="radio"/> Calcium <input type="radio"/> One A Day <input type="radio"/> Other: _____ <input type="radio"/> No 	<ul style="list-style-type: none"> <input type="radio"/> Record Review <input type="radio"/> Claims Data 	
Safe Habit Practices CMS Assurance Health and Welfare	20. Are you aware of the risks of any of the following habits? (Select all applicable)	<ul style="list-style-type: none"> <input type="radio"/> Sexual Activity <input type="radio"/> Smoke Tobacco or tobacco products <input type="radio"/> Alcohol Beverages including wine, liquor, or beer 	<ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review 	<ul style="list-style-type: none"> <input type="radio"/> If marked, the following will load as a Discovery on the report: <input type="radio"/> Individual is not aware of risks of sexual activity. <input type="radio"/> Individual is not aware of risks of tobacco products. <input type="radio"/> Individual is not aware of risks of alcoholic beverages.
Safe Habit Education CMS Assurance Health and Welfare	21. Do you want more education about any of the following? (Select all applicable)	<ul style="list-style-type: none"> <input type="radio"/> N/A <input type="radio"/> Medications and Side Effects <input type="radio"/> Safe Sex <input type="radio"/> Alcohol Programs if you feel you have a problem <input type="radio"/> Smoking Cessation Programs <input type="radio"/> Preventive Health 	<ul style="list-style-type: none"> <input type="radio"/> Individual 	<p>If marked as applicable, the following would load:</p> <ul style="list-style-type: none"> <input type="radio"/> Individual would like education about medication and side effects. <input type="radio"/> Individual would like education about safe sex practices. <input type="radio"/> Individual would like education about alcohol abuse programs.

HEALTH SUMMARY

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				<ul style="list-style-type: none"> ○ Individual would like education about smoking cessation programs. ○ Individual would like additional education about preventive health areas.
<p>Therapies</p> <p>CMS Assurance Health and Welfare</p>	<p>22. Does the individual appear or report a need for any of the following therapies that are not currently being rendered? (Select all applicable)</p>	<ul style="list-style-type: none"> ○ N/A ○ Occupational Therapy ○ Speech Therapy ○ Physical Therapy ○ Massage Therapy ○ Nutritional Support ○ Respiratory Therapy ○ Adaptive Equipment Evaluation ○ Oral Motor Evaluation ○ Swallow Study ○ Nursing Evaluation ○ Environmental Accessibility Assessment ○ Specialized Mental Health Assessment ○ Behavior Assessment 	<ul style="list-style-type: none"> ○ Individual ○ Family Member ○ Friend ○ Staff ○ WSC ○ Record Review ○ Observation ○ Claims Data 	<p>If marked as applicable, the following Discovery would load:</p> <ul style="list-style-type: none"> ○ Individual may need Occupation Therapy. ○ Individual may need Speech Therapy. ○ Individual may need Physical Therapy. ○ Individual may need Massage Therapy. ○ Individual may need Nutritional Supports. ○ Individual may need Respiratory Therapy. ○ Individual may need Adaptive Equipment Evaluation. ○ Individual may need Oral-motor Evaluation. ○ Individual may need a Swallow Study. ○ Individual may need a Nursing Evaluation.

HEALTH SUMMARY

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				<ul style="list-style-type: none"> ○ Individual may need Environmental Accessibility Assessment. ○ Individual may need Specialized Mental Health Assessment. ○ Individual may need Behavior Assessment.
<p>Equipment</p> <p>CMS Assurance Health and Welfare</p>	<p>23. Is adaptive equipment in good working condition? (Select one)</p>	<ul style="list-style-type: none"> ○ N/A ○ Yes ○ No 	<ul style="list-style-type: none"> ○ Individual ○ Family Member ○ Friend ○ Staff ○ WSC ○ Record Review ○ Observation ○ Claims Data 	<ul style="list-style-type: none"> ○ If no, the following Discovery would load, Adaptive equipment is not in good working condition.

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HEALTH SUMMARY

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<p>Equipment CMS Assurance Health and Welfare</p>	<p>24. Do you need any additional special supports or equipment to assist in mobility, drinking liquids or eating food? (Select all that apply)</p>	<ul style="list-style-type: none"> <input type="radio"/> N/A <input type="radio"/> Yes, for mobility <input type="radio"/> Yes, for drinking <input type="radio"/> Yes, for eating 	<ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Observation <input type="radio"/> Claims Data 	<ul style="list-style-type: none"> <input type="radio"/> If mobility marked, the following will load as a Discovery on the report, Individual may need additional supports for mobility. <input type="radio"/> If drinking marked, the following will load as a Discovery on the report, Individual may need additional supports for drinking. <input type="radio"/> If eating marked, the following will load as a Discovery on the report, Individual may need additional supports for eating.
<p>Emergencies CMS Assurance Health and Welfare</p>	<p>25. Have you registered with a special need shelter or have an emergency evacuation plan in place? (Select one)</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 	<ul style="list-style-type: none"> <input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Data 	<ul style="list-style-type: none"> <input type="radio"/> If no, the following will load as a Discovery on the report, Individual has not registered with a special need shelter and/or the individual does not have an evacuation plan in place.

Financial Accountability - Claims for waiver services are paid according to state payment methodologies – State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver

HEALTH SUMMARY

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<i>Sub-Focus Area</i>	<i>Questions</i>	<i>Responses</i>	<i>Mark all Respondents</i>	<i>Discoveries</i>
CMS Assurance Financial Accountability	26. Do you currently have Medicare (in addition to Medicaid)? (Select one)	<input type="radio"/> Yes Medicare#: _____ <input type="radio"/> No Probe to QAR: The age of individual receiving services and/or status of the parents determine Medicare eligibility.	<input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Review	<input type="radio"/> If yes, Individual has Medicare coverage.
CMS Assurance Financial Accountability	27. Do you currently have Private Insurance? (Select one)	<input type="radio"/> Yes Carrier: _____ <input type="radio"/> No	<input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Review	<input type="radio"/> If yes, Individual has Private Insurance coverage.
CMS Assurance Financial Accountability	28. Did you Private Pay for any of your health care services in the past twelve (12) months? (Select one)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Individual <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Staff <input type="radio"/> WSC <input type="radio"/> Record Review <input type="radio"/> Claims Review	<input type="radio"/> If yes, Individual privately paid for services.
N/A	29. Did the reviewer contact:	<input type="radio"/> Delmarva RN reviewer? <input type="radio"/> Region/Area Medical Case Manager? <input type="radio"/> Region/Area APD Staff? (Select all that apply)	<input type="radio"/> QAR	If marked the following discoveries would load: <input type="radio"/> The Delmarva RN reviewer was contacted. <input type="radio"/> The Region/Area Medical Case Manager was contacted.

HEALTH SUMMARY

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				<ul style="list-style-type: none">○ The Region/Area APD staff was contacted.
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