

## HEALTH SUMMARY

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<i>Sub-Focus Area</i>	<i>Questions</i>	<i>Responses</i>	<i>Discoveries</i>
CMS Assurance Service Plan	1. Do you have any health concerns? (Select one)	<ul style="list-style-type: none"> <li>○ Yes, I do but needs are being met.</li> <li>○ Yes, I do and needs are not being met.</li> <li>○ Maybe, I am not sure</li> <li>○ No, I do not</li> </ul>	<p>If marked Yes/need not met or maybe: the following will load as a discovery on the report:</p> <ul style="list-style-type: none"> <li>○ Individual has health concerns to be addressed.</li> </ul>
CMS Assurance Service Plan	2. Do you need assistance in any of the following areas to meet your health care needs?	<ul style="list-style-type: none"> <li>○ Understanding/accessing transportation to appointments                             <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ N/A</li> </ul> </li> <li>○ Understanding/accessing health insurance                             <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ N/A</li> </ul> </li> <li>○ Obtaining Medical or Specialist appointments                             <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ N/A</li> </ul> </li> <li>○ Understanding/accessing medications                             <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ N/A</li> </ul> </li> <li>○ Understanding/accessing therapies</li> </ul>	<p>If marked as yes, the following will load as a Discovery on the report:</p> <ul style="list-style-type: none"> <li>○ Individual would like assistance to:                             <ul style="list-style-type: none"> <li>○ obtain transportation to appointments.</li> <li>○ understand or access health insurance.</li> <li>○ obtain Medical or Specialist appointments.</li> <li>○ understand or access medications.</li> <li>○ understand or access therapies.</li> </ul> </li> </ul>

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<i>Sub-Focus Area</i>	<i>Questions</i>	<i>Responses</i>	<i>Discoveries</i>
CMS Assurance Health and Welfare	3. Which physicians and specialists have you had appointments in the past twelve (12) months? (Select all applicable)	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> <ul style="list-style-type: none"> <li><input type="radio"/> Allergist</li> <li><input type="radio"/> Audiologist</li> <li><input type="radio"/> Cardiologist</li> <li><input type="radio"/> Dentist: Dermatologist</li> <li><input type="radio"/> Dietician Ear/Nose/Throat</li> <li><input type="radio"/> Endocrinologist</li> <li><input type="radio"/> Gastroenterologist</li> <li><input type="radio"/> Gynecologist</li> <li><input type="radio"/> Hematologist</li> <li><input type="radio"/> Homeopathic Physician</li> <li><input type="radio"/> Licensed Clinical Social Worker</li> <li><input type="radio"/> Nephrologist</li> <li><input type="radio"/> Neurologist</li> <li><input type="radio"/> Neurosurgeon</li> <li><input type="radio"/> Obstetrician</li> <li><input type="radio"/> Oncologist</li> <li><input type="radio"/> Ophthalmologist</li> <li><input type="radio"/> Orthopedist</li> <li><input type="radio"/> Psychiatrist</li> <li><input type="radio"/> Podiatrist</li> <li><input type="radio"/> Psychiatrist</li> <li><input type="radio"/> Psychologist</li> <li><input type="radio"/> PCP: Pediatrician</li> <li><input type="radio"/> PCP: Family Practice</li> <li><input type="radio"/> PCP: Internal Medicine</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> None</li> </ul>

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		<ul style="list-style-type: none"> <li><input type="radio"/> Pulmonologist</li> <li><input type="radio"/> Rheumatologist</li> <li><input type="radio"/> Surgeon</li> <li><input type="radio"/> Urologist</li> <li><input type="radio"/> Others?</li> </ul> <p style="margin-left: 40px;">Please describe: _____</p>	
<p>Use of Reactive Strategies</p> <p>CMS Assurance Health and Welfare</p>	<p>4. 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"> <li><input type="radio"/> Yes                             <ul style="list-style-type: none"> <li><input type="radio"/> When (List all)?: (mm)</li> <li><input type="radio"/> Why?</li> </ul> </li> <li><input type="radio"/> No</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> 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.</li> </ul>
<p>Free from Abuse, Neglect, and Exploitation</p> <p>CMS Assurance Health and Welfare</p>	<p>5. Has the Abuse Hotline been contacted by you or others to report abuse, neglect, or exploitation in the past twelve (12) months? (Select one)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes                             <ul style="list-style-type: none"> <li><input type="radio"/> When (List all)?: (mm)</li> <li><input type="radio"/> Why?</li> </ul> </li> <li><input type="radio"/> No</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> If marked yes the following will load as a Discovery on the report: The Abuse Registry has been contacted to report an incident regarding the individual in the past twelve (12) months.</li> </ul>
<p>Critical Incident Reports: Baker Act</p> <p>CMS Assurance Health and Welfare</p>	<p>6. Have you been Baker Acted in the past twelve (12) months? (Select one)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes                             <ul style="list-style-type: none"> <li><input type="radio"/> When (List all)?: (mm)</li> <li><input type="radio"/> Why?</li> </ul> </li> <li><input type="radio"/> No</li> </ul>	<ul style="list-style-type: none"> <li><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.</li> </ul>
<p>Critical Incident Reports: Urgent Care Center</p> <p>CMS Assurance Health and Welfare</p>	<p>7. Have you been to an Urgent Care Center in the past twelve (12) months? (Select one)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes                             <ul style="list-style-type: none"> <li><input type="radio"/> When (List all)?: (mm)</li> <li><input type="radio"/> Why?</li> </ul> </li> <li><input type="radio"/> No</li> </ul>	<ul style="list-style-type: none"> <li><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.</li> </ul>

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<p>Critical Incident Reports: ER</p> <p>CMS Assurance Health and Welfare</p>	<p>8. Have you been to an Emergency Room in the past twelve (12) months? (Select one)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes                             <ul style="list-style-type: none"> <li><input type="radio"/> When (List all)?: (mm)</li> <li><input type="radio"/> Why?</li> <li><input type="radio"/></li> </ul> </li> <li><input type="radio"/> No</li> </ul>	<ul style="list-style-type: none"> <li><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.</li> </ul>
<p>Critical Incident Reports: Hospitalizations</p> <p>CMS Assurance Health and Welfare</p>	<p>9. Have you been admitted to the hospital in the past twelve (12) months? (Select one)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes                             <ul style="list-style-type: none"> <li><input type="radio"/> When (List all)?: (mm)</li> <li><input type="radio"/> Why?</li> </ul> </li> <li><input type="radio"/> No</li> </ul>	<ul style="list-style-type: none"> <li><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.</li> </ul>
<p>Critical Incident Reports: Medication Errors</p> <p>CMS Assurance Health and Welfare</p>	<p>10. Have you had any instances of medication errors in the past twelve (12) months? (Select one)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> N/A (do not take medications)</li> <li><input type="radio"/> Yes                             <ul style="list-style-type: none"> <li><input type="radio"/> When (List all)?: (mm)</li> <li><input type="radio"/> Type?</li> </ul> </li> <li><input type="radio"/> No</li> </ul>	<ul style="list-style-type: none"> <li><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.</li> </ul>
<p>Use of Same Day Surgery Center</p> <p>CMS Assurance Health and Welfare</p>	<p>11. 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"> <li><input type="radio"/> Yes                             <ul style="list-style-type: none"> <li><input type="radio"/> When (List all) ?: (mm)</li> <li><input type="radio"/> Why?</li> </ul> </li> <li><input type="radio"/> No</li> </ul>	<ul style="list-style-type: none"> <li><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.</li> </ul>
<p>Preventive Care Exams</p> <p>CMS Assurance Health and Welfare</p>	<p>12. Have you received any of the following preventive health?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> N/A</li> <li><input type="radio"/> Physical Exam (Annually)                             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> </li> <li><input type="radio"/> Flu Vaccine (Annually)</li> </ul>	<p>For sub elements marked no as completed, the following would load:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Annual Physical Exam has not been conducted in past 12 months.</li> </ul>

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		<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Pneumonia Vaccine (Age 60+)             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Zoster (Shingles) Vaccine (Age 50+-given once)             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Tetanus-Diphtheria Booster (Every 10 years)             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Colorectal Cancer Screening ( Age 50+, Annually)             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Female preventive health care: mammogram (Female only, Age 40+)             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Female preventive health care: pap smear or other exams such as ultrasound</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Annual Flu Vaccine has not been administered.</li> <li><input type="radio"/> Pneumonia Vaccine has not been administered.</li> <li><input type="radio"/> Zoster (Shingles) Vaccine has not been administered.</li> <li><input type="radio"/> Tetanus-Diphtheria booster has not been administered.</li> <li><input type="radio"/> Colorectal cancer screening has not been completed.</li> <li><input type="radio"/> Mammogram has not been completed.</li> <li><input type="radio"/> Pap smear has not been completed.</li> <li><input type="radio"/> Bone Density Scan has not been completed.</li> <li><input type="radio"/> Vision exam has not been completed.</li> <li><input type="radio"/> Hearing exam has not been completed.</li> <li><input type="radio"/> Dental exam has not been completed.</li> </ul> <p>Note: RN Nurse reviewer will remove discoveries if not pertinent based on timeframes, age or gender. Note the indicated time frames may vary based on own medical history and physician recommendations.</p>
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		<p>(Female only, 18-30 Annually; Age 30-64 Every 3 years)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> <li><input type="radio"/> Bone Density Scan (Age 40+)             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Vision Exam (Every 2 years)             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> </li> <li><input type="radio"/> Hearing Exam (Annually)             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> </li> <li><input type="radio"/> Dental Exam (at least 1x/year)             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> </li> </ul>	
<p>Preventive Care</p> <p>CMS Assurance Health and Welfare</p>	<p>13. Have you had any of the following in the last twelve (12) months?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Unplanned weight gain of 10 or more lbs.             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> </li> <li><input type="radio"/> Unplanned weight loss of 10 or more lbs.             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> </li> <li><input type="radio"/> Two (2) or more falls</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> For a yes gained, the following will load as a Discovery on the report: Individual has experienced an unplanned weight gain of more than 10 lbs. over the past twelve months.</li> <li><input type="radio"/> For a yes lost response, Individual has experienced an unplanned loss of more than 10 lbs. over the past twelve months.</li> <li><input type="radio"/> For a yes response, Individual has had</li> </ul>

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		<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Problems with skin breakdown                             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> </li> </ul>	<p>two (2) or more falls in the past twelve months.</p> <ul style="list-style-type: none"> <li><input type="radio"/> For a yes response, Individual has had skin breakdown in the past twelve months.</li> </ul>
<p>Medication (s) RX</p> <p>CMS Assurance Health and Welfare</p>	<p>14. What Prescription medications do you currently take? (Select all currently applicable)</p> <p>Name Brand (Generic Name)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> N/A</li> <li><input type="radio"/> Abilify (Aripiprazole)</li> <li><input type="radio"/> Acarbose (Precose)</li> <li><input type="radio"/> Adderall</li> <li><input type="radio"/> Anafranil (Clomipramine)</li> <li><input type="radio"/> Antara (Fenofibrate)</li> <li><input type="radio"/> Aricept (Donepezil)</li> <li><input type="radio"/> Artane (Trihexyphenidyl)</li> <li><input type="radio"/> Atarax (Hydroxyzine)</li> <li><input type="radio"/> Atenolol (Tenorman)</li> <li><input type="radio"/> ^Ativan (Lorazepam)</li> <li><input type="radio"/> Avapro (Irbesartan)</li> <li><input type="radio"/> Baclofen (Liorasal)</li> <li><input type="radio"/> Benadryl (Diphenhydramine)</li> <li><input type="radio"/> Buspar (Buspirone)</li> <li><input type="radio"/> Cabergoline (Cabasev)</li> <li><input type="radio"/> Catapres (Clonidine)</li> <li><input type="radio"/> Celebrex (Celecoxib)</li> <li><input type="radio"/> Celexa (Citalopram)</li> <li><input type="radio"/> Cogentin (Benzotropine)</li> <li><input type="radio"/> ^Concerta (Methylphenidate)</li> <li><input type="radio"/> Coreg (Carvedilol)</li> <li><input type="radio"/> Crestor (Rosuvastatin Calcium)</li> <li><input type="radio"/> Cymbalta (Duloxetine HCL)</li> <li><input type="radio"/> Depakote (Divalproex)</li> <li><input type="radio"/> Desyrel (Trazadone)</li> <li><input type="radio"/> Detrol (Tolterodine)</li> <li><input type="radio"/> Dilantin (Phenytoin)</li> <li><input type="radio"/> Ditropan (Oxybutynin)</li> <li><input type="radio"/> Effexor (Venlafaxine)</li> </ul>	<p>If a starred (*) medication 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>RN reviewer will refer to Medical Case Management and Medical Peer Review process as applicable.</p>

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- Flonase (Fluticasone)
- Gabapentin
- Geodon (Ziprasidone)
- Glipizide (Glucator)
- \*Haldol (Haloperidol)
- Humalog
- Hydrochlorothiazide (HCTZ/Microzide)
- Inderal (Propranolol)
- Januvia (Sitagliptin)
- Keppra (Levetiracetam)
- ^Klonopin (Clonazepam)
- Lamictal (Lamotragine)
- Lasix (Furosemide)
- Lexapro (Escitalopram)
- Lipitor (Atorvastin)
- Lithium (Eskalith)
- Lopressor (Metoprolol)
- Loratadine (Claritin)
- Maxzide (Triamterene)
- Mavik (Trandopril)
- \*Mellaril (Thioridazine)
- Metformin (Glucophage)
- Mysoline (Primidone)
- Namenda (Memantine HCL)
- Neurontin (Gabapentin)
- Nexium (Esomeprazole)
- Norvasc (Amlodipine)
- Paxil (Paroxetine)
- Phenobarbital
- Pradaxa (Dabigatran Etexilate)
- Pravachol (Pravastatin)
- Prevacid (Lansoprazole)
- Prinivil (Lisinopril)
- Prozac (Fluoxetine)
- Pulmocort (Budesonide)
- Omeprazole (Prilosec)
- Onfi (Clobazam)

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		<ul style="list-style-type: none"> <li>○ Ranitidine (Zantac)</li> <li>○ *Risperdal (Risperidone)</li> <li>○ ^Ritalin (Methylphenidate)</li> <li>○ Sanctura (Trospium)</li> <li>○ *Seroquel (Quetiapine)</li> <li>○ Singulair (Montelukast)</li> <li>○ Strattera (Atomoxetine HCL)</li> <li>○ Symmetrel (Amantadine)</li> <li>○ Synthroid (Levothyroxin)</li> <li>○ Tegretol (Carbamezapine)</li> <li>○ Temazepam (Restoril)</li> <li>○ *Thorazine (Chlorpromazine)</li> <li>○ Topamax (Topiramate)</li> <li>○ Trileptal (Oxcarbazepine)</li> <li>○ ^Valium (Diazepam)</li> <li>○ Vasotec (Enalapril)</li> <li>○ Vimpat (Lacosamide)</li> <li>○ Vistaril (Hydroxyzine)</li> <li>○ Wellbutrin (Bupropion)</li> <li>○ Xanax (Alprazolam)</li> <li>○ Zetia (Ezetimibe)</li> <li>○ Zocor (Simvastatin)</li> <li>○ Zoloft (Sertraline)</li> <li>○ Zonisamide (Zonegran)</li> <li>○ *Zyprexa (Olanzapine)</li> <li>○ Other: _____</li> </ul>	
<p>Medication (s) PRN</p> <p>CMS Assurance Health and Welfare</p>	<p>15. Do you currently take any PRN (pro re nata/ as needed) medications (e.g. pain relievers)? (Select all applicable if yes selected)</p>	<ul style="list-style-type: none"> <li>○ Yes             <ul style="list-style-type: none"> <li>○ Acetylsalicylic Acid/Aspirin</li> <li>○ Ibuprofen                 <ul style="list-style-type: none"> <li>▪ Tylenol</li> <li>▪ Advil</li> <li>▪ Nuprin</li> </ul> </li> <li>○ Diastat</li> <li>○ Metamucil</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ None</li> </ul>

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		<ul style="list-style-type: none"> <li><input type="radio"/> Docusate</li> <li><input type="radio"/> Other: _____</li> <li><input type="radio"/> No</li> </ul>	
<p>Medication (s) OTC</p> <p>CMS Assurance Health and Welfare</p>	<p>16. Do you currently take any other medications (e.g. Over the Counter, Herbal Supplements, Vitamins, Dietary Supplements)? (Select all applicable if yes selected)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes                             <ul style="list-style-type: none"> <li><input type="radio"/> Calcium</li> <li><input type="radio"/> Vitamin B</li> <li><input type="radio"/> Vitamin C</li> <li><input type="radio"/> Vitamin D</li> <li><input type="radio"/> Fish Oil</li> <li><input type="radio"/> Folic Acid</li> <li><input type="radio"/> Iron</li> <li><input type="radio"/> Melatonin</li> <li><input type="radio"/> Multi-vitamin</li> <li><input type="radio"/> Potassium</li> <li><input type="radio"/> Zinc</li> <li><input type="radio"/> Other: _____</li> </ul> </li> <li><input type="radio"/> No</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> None</li> </ul>
<p>Safe Habit Education</p> <p>CMS Assurance Health and Welfare</p>	<p>17. Do you want education about any of the following?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Medications and Side Effects                             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Safe Sex                             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Alcohol Cessation Programs                             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Smoking Cessation Programs</li> </ul>	<p>If marked yes, the following would load:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Individual would like education about                             <ul style="list-style-type: none"> <li><input type="radio"/> medication and side effects.</li> <li><input type="radio"/> safe sex practices.</li> <li><input type="radio"/> alcohol abuse programs.</li> <li><input type="radio"/> smoking cessation programs.</li> <li><input type="radio"/> preventive health areas.</li> </ul> </li> </ul>

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		<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> <li><input type="radio"/> Preventive Health             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> </ul>	
<p style="text-align: center;">Therapies</p> <p style="text-align: center;">CMS Assurance Health and Welfare</p>	<p>18. Does the individual report a need for any of the following therapies not currently being rendered?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Occupational Therapy             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Speech Therapy             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Physical Therapy             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Massage Therapy             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Nutritional Support             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> N/A</li> </ul> </li> <li><input type="radio"/> Respiratory Therapy             <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> </li> </ul>	<p>If marked yes , the following Discovery would load:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Individual may need:             <ul style="list-style-type: none"> <li><input type="radio"/> Occupational Therapy.</li> <li><input type="radio"/> Speech Therapy.</li> <li><input type="radio"/> Physical Therapy.</li> <li><input type="radio"/> Massage Therapy.</li> <li><input type="radio"/> Nutritional Supports.</li> <li><input type="radio"/> Respiratory Therapy.</li> <li><input type="radio"/> Adaptive Equipment Evaluation.</li> <li><input type="radio"/> Oral-motor Evaluation.</li> <li><input type="radio"/> a Swallow Study.</li> <li><input type="radio"/> a Nursing Evaluation.</li> <li><input type="radio"/> Environmental Accessibility Assessment.</li> <li><input type="radio"/> Specialized Mental Health Assessment.</li> <li><input type="radio"/> Behavior Assessment.</li> </ul> </li> </ul>

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## HEALTH SUMMARY

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- N/A
- Adaptive Equipment Evaluation
  - Yes
  - No
  - N/A
- Oral Motor Evaluation
  - Yes
  - No
  - N/A
- Swallow Study
  - Yes
  - No
  - N/A
- Nursing Evaluation
  - Yes
  - No
  - N/A
- Environmental Accessibility Assessment
  - Yes
  - No
  - N/A
- Specialized Mental Health Assessment
  - Yes
  - No
  - N/A
- Behavior Assessment
  - Yes
  - No

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## 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.**

<i>Sub-Focus Area</i>	<i>Questions</i>	<i>Responses</i>	<i>Discoveries</i>
		○ N/A	
Equipment  CMS Assurance Health and Welfare	19. Is adaptive equipment in good working condition? (Select one)	<ul style="list-style-type: none"> <li>○ N/A</li> <li>○ Yes</li> <li>○ No</li> </ul>	<ul style="list-style-type: none"> <li>○ If no, the following Discovery would load, Adaptive equipment is not in good working condition.</li> </ul>
Equipment  CMS Assurance Health and Welfare	20. Do you need any special supports or equipment to assist in mobility, drinking liquids or eating food not currently being received?	<ul style="list-style-type: none"> <li>○ N/A</li> <li>○ For mobility                             <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ N/A</li> </ul> </li> <li>○ For drinking                             <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ N/A</li> </ul> </li> <li>○ For eating                             <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ N/A</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ If mobility marked yes, the following will load as a Discovery on the report, Individual may need additional supports for mobility.</li> <li>○ If drinking marked yes, the following will load as a Discovery on the report, Individual may need additional supports for drinking.</li> <li>○ If eating marked yes, the following will load as a Discovery on the report, Individual may need additional supports for eating.</li> </ul>
Emergencies  CMS Assurance Health and Welfare	21. Have you registered with a special need shelter or do you have an emergency evacuation plan in place? (Select one)	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>	<ul style="list-style-type: none"> <li>○ If no, the following will load as a Discovery on the report, Individual has not registered with a special need shelter or the individual does not have an evacuation plan in place.</li> </ul>

## HEALTH SUMMARY

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CMS Assurance Financial Accountability	22. Do you currently have Medicare (in addition to Medicaid)? (Select one)	<input type="radio"/> Yes Medicare#: _____ <input type="radio"/> No	<input type="radio"/> If yes, Individual has Medicare coverage.
CMS Assurance Financial Accountability	23. Do you currently have Private Insurance? (Select one)	<input type="radio"/> Yes Carrier: _____ <input type="radio"/> No	<input type="radio"/> If yes, Individual has Private Insurance coverage.
CMS Assurance Financial Accountability	24. 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"/> If yes, Individual privately paid for services.
N/A	25. 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)	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. <input type="radio"/> The Region/Area APD staff was contacted.

*Mark all Sources/Respondents which apply*

- Individual
- Family Member
- Friend
- Staff
- WSC
- Record Review
- Claims Data

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