

Items to be Documented in the Care Plan

Item 1 Referral for Other Community Services

Description	Was recipient referred for other community services: this includes resources regarding education, activity, employment, financial assistance, health associations/community groups, housing, insurance, tax, medical equipment supplies, nutrition (60's plus, meals on wheels, Salvation Army, meal delivery , pantry, Banquet, etc.), protective services, support groups, clothing needs, transportation
Measurement Period	Defined reporting period and six months prior
Numerator	All recipients who received a referral for other community services as defined above.
Denominator	All recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, A=Not applicable
Allowable Exclusions	None
Field Length	1

Item 2 Recipient Self-Management Ability

Description	Percentage of recipients who have the capability to self – manage their condition. This refers to their ability to care for themselves on their own. If a recipient is a child unable to manage their own care), in a nursing home, assisted living, or group home where their care is supervised, the answer would be A for not applicable.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option for recipients in the denominator to answer the following question. Is the recipient capable of self-managing their condition?
Denominator	All recipients.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, A= Not applicable
Allowable Exclusions	Child (unable to manage their own care), in a nursing home, assisted living, or group home
Field Length	1

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Item 3 Recipient Self-Management Ability Tools

Description	Percentage of recipients using self-management tools to record self-care results: Examples of self-management tools include tools to check blood pressure, blood sugars, weight, etc. at home.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option from below for all recipients in the Denominator to answer the following question. Was the recipient using self-management tools to record self-care results?
Denominator	All recipients where Y was indicated in item 44.
Format/ Input options	Alpha Numeric/ Y=Yes, N=No, A=Not applicable
Allowable Exclusions	Use A when there are no tools available to manage the recipient's condition
Field Length	1

Item 4 Referral to a Specialist

Description	Percentage of recipients referred to a specialist or other provider: this measure is regarding referrals to health care professionals/specialties? This would include referrals to specialist such as neuro, nephro, ortho, rheumatology, oncology, pysch, ophthalmology, etc.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option for all recipients in the denominator to answer the following question. Was the recipient referred to a specialist or other provider during the same measurement period?
Denominator	All recipients.
Format/ Input options	Alpha Numeric/ Y = Yes N = No , A=Not applicable
Allowable Exclusions	None
Field Length	1

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Item 5 Electronic Summary of Care Transferred to Referred Provider

Description	Percent of recipients who have been referred where the Summary of care was transferred electronically to all referred providers: when the referral was made to the specialist or other provider, was their summary of care transferred electronically—i.e., fax, via electronic medical records, etc.
Measurement Period	Defined reporting period and six months prior
Numerator	Select an input option from below for all recipients in the denominator to answer the following question. Was the summary of care transferred electronically to all referred providers when a referral was made?
Denominator	All recipients where Y was indicated for item 46.
Format/ Input options	Alpha Numeric/ Y = Yes N = No A=Not applicable
Allowable Exclusions	None
Field Length	1