

**Attachment A - REVISED
Reporting Requirements
Request for Proposal Number 6231 Z1**

1. Billing Invoices	Due: Day 15 of following Month
	Detailed invoice of the Level I screenings and Level II evaluations conducted during that month. Delineated per reporting definitions below.
2. Level I (LI) and Level II (LII) Detailed Monthly Report	Due: Day 15 of following Month
	Detailed invoice of month's Level I screenings and Level II evaluations as defined below with overall LI & LII totals.
	Average turn-around time for Level I screenings; average expected within six (6) business hours.
	Average turn-around time for Level II evaluations; average expected within three (3) business days.
3. Annual Report	Due: April 1
	Grand total of Level I, Level II & Summary of determinations / outcomes.
	Total number of Level I screenings and Level II evaluations.
	Primary diagnoses (Axis 1, 2, & 3) from all Level II Evaluations.
	Demographics of Level I & II individuals: age, sex, county of residence.
	Average turn-around time for Level I screenings; average expected within six (6) business hours.
	Average turn-around time for Level II evaluations; average expected within three (3) business days.
4. Quality Review Plan & Report	Due: August 1
	Implementation and Findings of Quality Review Plan.
	Number and percentage of Level II evaluations screened.
	Completeness and timeliness of determinations.

Reporting Definitions - Clinical Review (CR)

LEVEL I Screenings	
No LII Required- No MI/ID/RC	Level I outcome by web-based system, no MI/ID/RC. No Level II.
No LII Required- No MI/ID/RC - CR	Level I clinical review (CR), no MI/ID/RC. No Level II required.
No LII - Situational Symptoms - CR	Level I CR; experiencing mild, situational symptoms not MI. No LII.
No LII- Symptoms Resolved - CR	Level I CR; situational symptoms resolved and no MI. No Level II.
LI Negative - No Status Change - CR	Level I CR; no status change.
Categorical Emergency 7 Day - CR	Level I CR; has MI/ID/RC and meets criteria for emergency stay in NF.
Categorical Respite 30 Day - CR	Level I CR; has MI/ID/RC and meets criteria for respite services in NF.
Categorical Progressed Dementia with MI - CR	Level I outcome by CR; has MI and co-occurring dementia diagnosis. Medical records indicate primary dementia diagnosis is advanced with no ability to participate or benefit from PASRR identified services.
Categorical Progressed Dementia with ID/RC - CR	Level I CR outcome; has ID/RC and co-occurring dementia diagnosis. Medical records indicate primary dementia diagnosis is advanced with no ability to participate or benefit from PASRR identified services.
Categorical Serious Medical - CR	Level I CR outcome; unable to benefit from PASRR identified services. Medical records support conditions of coma, ventilator dependence, brain stem injury or end-stage medical condition.
Exempted Hospital Discharge - CR	Level I CR outcome, has MI/ID/RC and meets criteria when discharged from a hospital to the NF for a stay not expected to exceed 30 days. Requires physician's certification to indicate necessity for NF stay.
LI Positive - No Status Change - CR	Level I CR outcome, Status change on prior Level II or no status change.
Referral for LII - CR	Level I outcome by CR, MI/ID/RC exists and Level II onsite evaluation.
Level II Evaluations	
LII Halted for Primary Dementia	Level II halted on-site; Primary Dementia diagnosis. Complete LOC.
LII Pre-Admission - MI	Pre-Admission Level II for MI evaluation, on-site; 30 days, 60 days, 90 days, 120 days, 150 days, 180 days, or no time limit.
LII Pre-Admission - ID/RC	Pre-Admission Level II for ID/RC evaluation, on-site; 30 days, 60 days, 90 days, 120 days, 150 days, 180 days, or no time limit.
LII Status Change-MI/ID/RC Dual	Pre-Admission Level II for MI/ID/RC evaluation, on-site.
LII Status Change-MI	Status Change Level II for MI evaluation, on-site.
LII Status Change-ID/RC	Status Change Level II for ID/RC evaluation, on-site.
LII Status Change-MI/ID/RC Dual	Status Change Level II for MI/ID/RC evaluation, on-site.