

CARE Prototype Screens

Draft 7/16/2007

Notes

- Screens designed for minimum 800x600 screen resolution
- Most subsections are displayed on their own screen.
- Data displayed is for demonstration purposes only.

Home Page

Select Provider/Location from drop-down list to see summary for that choice. Default box text is "Select Provider/Location"

CARE System
User ID: CMSUser01
Today's Date: June 15, 2007

Home | Patients | Assessments | Reports | My Account | Help | Print | Logout

Home

Announcements

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nulla nonummy.

Duis molestie metus id enim. Nulla facilisis, nisi sit amet imperdiet vestibulum, eros pede commodo enim, vitae varius nisl arcu ac erat.

Status Key

- F Finalized
- PF Pending Finalization
- C Complete
- IP In Progress
- ! Error
- NS Not Started
- NA Not Applicable

Assessment Summary For:

Marianjoy Rehabilitation Hospital **Go**

In Progress	Pending Review	Closed	Goal	Recruited	Accrual	Active	Off	Assessment Refused
0	2	2	0	2	2	2	0	0

My Most Recent Assessments

Facility	Patient Name	Type	Status	Last Update
ENH	Doe-Smith, Jonathan	PAC Admission	IP	06/15/2007
Marianjoy Rehabilitation Hospital	Doe-Smith, Jonathan	Acute Discharge	C	06/15/2007
VNA of Fox Valley	Jones, Alexander	PAC Admission	PF	06/14/2007
ENH	Smith, Grainne	Acute Discharge	F	06/13/2007
VNA of Fox Valley	Washington, George	Expired	!	06/13/2007

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average (XX hours) or (XX minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244

3

Patients Page

Global navigation bar contains links that are always available.

The screenshot displays the CMS CARE System interface. At the top, a dark blue header contains the CMS logo and 'CARE System' on the left, and 'User ID: CMSUser01' and 'Today's Date: June 15, 2007' on the right. Below this is a white global navigation bar with links for Home, Patients, Assessments, Reports, My Account, Help, Print, and Logout. A secondary navigation bar below it features 'Search' and 'New Patient' links. The main content area is titled 'Home > Patients Search' and includes an 'Announcements' sidebar with placeholder text. The central 'Patient Search' section contains a form with the following fields: HICN (with a note '(Includes CAN & BIC)'), Beneficiary Last Name, Beneficiary First Name, Date of Birth (with a note '(mm/dd/yyyy)'), and Beneficiary Gender. Each of these four fields has a red asterisk indicating it is a required field. A blue 'Search' button is positioned below the form. At the bottom of the page, the text reads 'Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244'. Two arrows from the text above point to the global navigation bar and the secondary navigation bar.

Secondary navigation contains next level of links, determined by choice in global navigation.

Patient Search Results

CMS/ CARE System User ID: CMSUser01
Today's Date: June 15, 2007

[Home](#) | [Patients](#) | [Assessments](#) | [Reports](#) | [My Account](#) | [Help](#) | [Print](#) | [Logout](#)

[Search](#) | [New Patient](#)

[Home](#) > [Patients Search](#) > Search Results

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Search Results

Click on the Assessment ID to go to patient's assessment.
Click on patient's Last Name to view patient details.

Assessment ID	Status	HICN	Last Name	First Name	Date of Birth	Gender
	IP		Doe-Smith	Jonathan	05/01/1950	Male
001234	IP		Doe-Smith	Jonathan	05/01/1950	Male
010101	C	994455678AB	Doe-Smith	Jonathan	05/01/1950	Male

[Search Again](#)

Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244

Click on Assessment ID number to go to patient's assessment.
Click on patient's Last Name to view more details for patient.

Patient Details

CMS/ CARE System User ID: CMSUser01
Today's Date: June 15, 2007

Home Patients Assessments Reports My Account Print Logout

Search New Patient

Home > Patients Search > Search Results > Patient Detail

Status Key

- F** Finalized
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- NA** Not Applicable

Patient Detail

Assessment ID	Type	Status	Last Update
0001234	PAC Discharge	IP	06/15/2007

HICN:
Name: Jonathan Doe-Smith
Gender: Male
Date of Birth: 05/01/1950
City/State: Baltimore, MD

Other Assessments For This Patient

Assessment ID	Type	Status	Last Update
010101	PAC Discharge	C	06/15/2007

< Back to Results New Search New Assessment

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This screen would show more information about patient than is shown in search results summary. It can be used to determine if this is the patient the clinician wishes to assess. A button is available to start an assessment for this patient. Clicking it can pre-populate available Patient Info in the assessment.

If other assessments exist for this patient, they will be listed and clickable to choose those assessments.

Patient Assessment (summary)

The screenshot displays the CMS CARE System interface. At the top, the header includes the CMS logo, 'CARE System', and user information: 'User ID: CMSUser01' and 'Today's Date: June 15, 2007'. A navigation bar below the header contains links for 'Home', 'Patients', 'Assessments', 'Reports', 'My Account', 'Help', 'Print', and 'Logout'. A secondary navigation bar lists assessment categories: 'Summary', 'Administrative', 'Admission', 'Medical', 'Cognitive', 'Impairments', 'Functional', 'Engagement', 'Frailty', 'Discharge', and 'Other'. The main content area is titled 'Home > Assessments > Summary'. On the left, a 'Status Key' lists: 'F' Finalized, 'PF' Pending Finalization, 'C' Complete, 'IP' In Progress, '!' Error, 'NS' Not Started, and 'NA' Not Applicable. The main content shows 'Assessment #001234 - Marianjoy Rehabilitation Hospital' for 'Jonathan Doe-Smith', age 57, with a status of 'IP' (In Progress) last updated on 06/16/2007. A 'Status Summary' section lists various assessment categories with their respective status icons and last update dates: Administrative (C), Admission (C), Medical (IP), Primary Diagnosis (IP), Other Diagnoses (IP), Procedures (IP), Treatments (IP), Medications (IP), Allergies (NS), Skin Integrity (NS), Physiologic Factors (NS), Cognitive (NS), Impairments (NS), Functional (NS), Engagement (NS), Frailty (NS), Discharge (NS), and Other (NA). At the bottom, the address 'Centers for Medicare & Medicaid Services, 7500 Security Boulevard Baltimore, MD 21244' is displayed. Three arrows point from the text below to the secondary navigation bar, the breadcrumb, and the status key.

- Secondary navigation bar shows all main sections for assessment.
- Clickable breadcrumb provides another navigation option.
- Grey status bar remains for every screen of the assessment to show basic patient details, and overall status for the assessment including last update date. The photo is purely for decoration and will be randomly generated from a small image bank.
- Status for each section and subsection is shown. Section links will be expandable to show subsections (if any). Links take you to that section of the assessment.

Assessment – Administrative Items (Provider Information and Assessment Type)

CMS/ CARE System User ID: CMSUser01
Today's Date: June 15, 2007

Home | Patients | **Assessments** | Reports | My Account | Help | Print | Logout

Summary | **Administrative** | Admission | Medical | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other


Home > Assessments > Administrative > Provider Information

Subsections

- ▶ **Provider Information**
- ▶ Patient Information
- ▶ Payer Information

Status Key

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- PF** Pending Finalization
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 **PAC Admission Assessment #001234 - Marianjoy Rehabilitation Hospital**

Name: **Jonathan Doe-Smith**
Age: **57**
Status: **IP** - Last Updated 06/16/2007 6:18am EDT by AJones

Administrative Items


Assessment Type

Reason for assessment:

Provider Information

Provider Name:
Medicare Provider's Identification Number:
National Provider Identification Code (NPI):

Assessment – Administrative Items (Patient Information)

 CARE System
User ID: CMSUser01
Today's Date: June 15, 2007

Home
Patients
Assessments
Reports
My Account
Help
Print
Logout

Summary
Administrative
Admission
Medical
Cognitive
Impairments
Functional
Engagement
Frailty
Discharge
Other

Home > Assessments > Administrative > Provider Information



PAC Admission Assessment #001234 - Marianjoy Rehabilitation Hospital

Name: Jonathan Doe-Smith

Age: 57

Status: IP - Last Updated 06/16/2007 6:18am EDT by AJones

Subsections

- ▶ Provider Information
- ▶ **Patient Information**
- ▶ Payer Information

Status Key

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Administrative Items

Patient Information

Patient's First Name:

Patient's Middle Name:

Patient's Last Name:

Patient's Nickname (optional):

Patient's Medicare Health Insurance Number:

Patient's Medicaid Number:

Birth Date:
(MM/DD/YYYY)

Social Security Number (optional):

Gender:

Race/Ethnicity:

Is English the patient's primary language?

If not, is an interpreter available?

If not, what is the patient's primary language?

Advance Care Directives

Are the patient's choices concerning future treatment documented in the medical record?

Does the medical record document who has authority to make decisions if the patient is unable?

Does the medical record document whether to resuscitate patient if cardiopulmonary arrest occurs?

< Previous
Save
Cancel
Next >

Assessment – Administrative Items (Payer Information)

CMS/ CARE System User ID: CMSUser01
Today's Date: June 15, 2007

Home | Patients | **Assessments** | Reports | My Account | Help | Print | Logout

Summary | Administrative | Admission | Medical | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other

Home > Assessments > Administrative > Payer Information

Subsections

- ▶ Provider Information
- ▶ Patient Information
- ▶ **Payer Information**

Status Key

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Assessment #001234 - Marianjoy Rehabilitation Hospital

Name: Jonathan Doe-Smith
Age: 57
Status: **IP** - Last Updated 06/16/2007 6:18am EDT by AJones

Administrative Items

Payer Information: Current Payment Source(s)

Check all that apply

- D1. None** (no charge for current services)
- D2. Medicare** (traditional fee-for-service)
- D3. Medicare** (HMO/managed care)
- D4. Medicaid** (traditional fee-for-service)
- D5. Medicaid** (HMO/managed care)
- D6. Workers' compensation**
- D7. Title programs** (e.g., Title III, V, or XX)
- D8. Other government** (e.g., CHAMPUS, VA, etc.)
- D9. Private insurance/Medigap**
- D10. Private HMO/managed care**
- D11. Self-pay**
- D12. Other** (specify)
- D13. Unknown**

< Previous **Save** **Cancel** **Next >**

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Assessments – Medical Items (Primary Diagnosis)

User ID: CMSUser01

Today's Date: June 15, 2007

Home Patients Assessments Reports My Account Help Print Logout

Summary Administrative Admission Medical Cognitive Impairments Functional Engagement Frailty Discharge Other

Home > Assessments > Medical > Primary Diagnosis

Subsections

- ▶ Summary
- ▶ **Primary Diagnosis**
- ▶ Other Diagnoses
- ▶ Procedures
- ▶ Treatments
- ▶ Medications
- ▶ Allergies
- ▶ Skin Integrity
- ▶ Physiologic Factors

Status Key

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Assessment #001234 - Marianjoy Rehabilitation Hospital

Name: Jonathan Doe-Smith

Age: 57

Status: **IP** - Last Updated 06/16/2007 6:18am EDT by AJones

Current Medical Items

Primary Diagnosis

Indicate the **primary diagnosis** for which the patient was treated during this admission. **Indicate the ICD-9 CM code**, if available. For **V - codes**, also indicated the medical diagnosis and associated ICD-9 CM code. Be as specific as possible.

Primary Diagnosis at Assessment	ICD-9 CM Code
Coma	780.01

If Primary Diagnosis was a V-code, what was the primary medical condition or injury being treated?	ICD-9 CM Code

< Previous

Save

Cancel

Next >

- When a section (eg, Medical) has subsections, they will be linked in left menu so user can jump around.
- Users can also navigate through the form in a linear method using “Previous” and “Next” buttons

Assessments – Medical Items (Other Diagnoses)

CMS/ CARE System User ID: CMSUser01
Today's Date: June 15, 2007

Home | Patients | **Assessments** | Reports | My Account | Help | Print | Logout

Summary | Administrative | Admission | **Medical** | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other


Home > Assessments > Medical > Other Diagnoses

Subsections

- Summary
- Primary Diagnosis
- Other Diagnoses**
- Procedures
- Treatments
- Medications
- Allergies
- Skin Integrity
- Physiologic Factors

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Assessment #001234 - Marianjoy Rehabilitation Hospital
Name: Jonathan Doe-Smith
Age: 57
Status: **IP** - Last Updated 06/16/2007 6:18am EDT by AJones

Current Medical Items

Other Diagnoses, Comorbidities, and Complications

List up to 15 diagnoses being treated, managed, or monitored in this setting and associated ICD-9 codes. Include under-reported diagnoses (e.g., depression, schizophrenia, dementia, protein calorie malnutrition). If a V-code is listed, also list the medical diagnosis and the ICD-9 code for the medical diagnosis.

Diagnosis	ICD-9 CM Code
Sarcoidosis	135
Cerebral Malaria	084.9
Tapeworm	123.9

+ Add Diagnosis Is list complete?

< Previous **Save** **Cancel** **Next >**

• Add a row by clicking the “ + Add” button

Assessments – Medical Items (Procedures)

CMS CARE System User ID: CMSUser01
Today's Date: June 15, 2007

Home | Patients | **Assessments** | Reports | My Account | Help | Print | Logout

Summary | Administrative | Admission | **Medical** | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other


Home > Assessments > Medical > Procedures

Subsections

- ▶ Summary
- ▶ Primary Diagnosis
- ▶ Other Diagnoses
- ▶ Procedures**
- ▶ Treatments
- ▶ Medications
- ▶ Allergies
- ▶ Skin Integrity
- ▶ Physiologic Factors

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Assessment #001234 - Marianjoy Rehabilitation Hospital
Name: Jonathan Doe-Smith
Age: 57
Status: **IP** - Last Updated 06/16/2007 6:18am EDT by AJones

Current Medical Items

Procedures (Diagnostic and Therapeutic Interventions)

Did the patient have one or more diagnostic or therapeutic procedures during this admission?

0. No (If No, skip to Treatments)

List up to 15 procedures (diagnostic and therapeutic interventions) performed during this admission and report the appropriate procedure code. Indicate if an orthopedic procedure was bilateral (e.g., bilateral knee replacement, bilateral hip replacement).

Procedure	ICD-9 CM Procedure Code	Bilateral
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Is list complete?

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• When a section is dependent on the answer to a previous question, that section will be de-activated until an answer is provided to activate the section.

Assessments – Medical Items (Treatments)

CMS CARE System

User ID: CMSUser01
Today's Date: June 15, 2007

Home | Patients | **Assessments** | Reports | My Account | Help | Print | Logout

Summary | Administrative | Admission | **Medical** | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other

Home > Assessments > Medical > Treatments

Subsections

- ▶ Summary
- ▶ Primary Diagnosis
- ▶ Other Diagnoses
- ▶ Procedures
- ▶ **Treatments**
- ▶ Medications
- ▶ Allergies
- ▶ Skin Integrity
- ▶ Physiologic Factors

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Assessment #001234 - Marianjoy Rehabilitation Hospital
Name: Jonathan Doe-Smith
Age: 57
Status: IP - Last Updated 06/16/2007 6:18am EDT by AJones

Current Medical Items


Treatments

Which of the following treatments are required? (Please note: "Used at any time during stay" is only necessary at discharge.)

Admitted/ Discharged With	Used at Any Time During Stay	Treatment
<input type="checkbox"/>	<input type="checkbox"/>	None
<input type="checkbox"/>	<input type="checkbox"/>	Insulin Drip
<input type="checkbox"/>	<input type="checkbox"/>	Total Parenteral Nutrition
<input type="checkbox"/>	<input type="checkbox"/>	Central Line Management
<input type="checkbox"/>	<input type="checkbox"/>	Blood Transfusion(s)
<input type="checkbox"/>	<input type="checkbox"/>	Controlled Parenteral Analgesia-Peripheral
<input type="checkbox"/>	<input type="checkbox"/>	Controlled Parenteral Analgesia-Epidural
<input type="checkbox"/>	<input type="checkbox"/>	Left Ventricular Assistive Device (LVAD)
<input type="checkbox"/>	<input type="checkbox"/>	Continuous Cardiac Monitoring <small>Specify reason for continuous monitoring:</small>
<input type="checkbox"/>	<input type="checkbox"/>	Chest Tube(s)
<input type="checkbox"/>	<input type="checkbox"/>	ET Tube Care and Management
<input type="checkbox"/>	<input type="checkbox"/>	Trach Tube with Suctioning <small>Specify frequency of suctioning: Every <input type="text"/> hours</small>
<input type="checkbox"/>	<input type="checkbox"/>	High O ₂ Concentration Delivery System with FiO ₂ > 40%
<input type="checkbox"/>	<input type="checkbox"/>	Ventilator - Weaning
<input type="checkbox"/>	<input type="checkbox"/>	Ventilator - Non-Weaning
<input type="checkbox"/>	<input type="checkbox"/>	Hemodialysis
<input type="checkbox"/>	<input type="checkbox"/>	Peritoneal dialysis
<input type="checkbox"/>	<input type="checkbox"/>	Fistula or Other Drain Management
<input type="checkbox"/>	<input type="checkbox"/>	Negative Pressure Wound Therapy
<input type="checkbox"/>	<input type="checkbox"/>	Complex Dressing Changes <small>with positioning and skin separation/traction that requires at least two persons</small>
<input type="checkbox"/>	<input type="checkbox"/>	Halo
<input type="checkbox"/>	<input type="checkbox"/>	Complex External Fixators (e.g., Ilizarov)
<input type="checkbox"/>	<input type="checkbox"/>	One-on-one 24 Hour Supervision <small>Specify reason for 24-hour supervision:</small>
<input type="checkbox"/>	<input type="checkbox"/>	Specialty Bed (e.g., air fluidized, bariatric, low air loss, or rotation bed)
<input type="checkbox"/>	<input type="checkbox"/>	Multiple IV Antibiotic Administration
<input type="checkbox"/>	<input type="checkbox"/>	IV Vaso-actors (e.g., pressors, dilators, Flolan for pulmonary edema)
<input type="checkbox"/>	<input type="checkbox"/>	IV Anti-coagulants
<input type="checkbox"/>	<input type="checkbox"/>	IV Chemotherapy
<input type="checkbox"/>	<input type="checkbox"/>	Indwelling Urinary Catheter
<input type="checkbox"/>	<input type="checkbox"/>	Intermittent Urinary Catheterization
<input type="checkbox"/>	<input type="checkbox"/>	Ostomy
<input type="checkbox"/>	<input type="checkbox"/>	External Fecal Management System

< Previous
Save
Cancel
Next >

Assessments – Medical Items (Medications)

 CARE System
User ID: CMSUser01
Today's Date: June 15, 2007


Home | Patients | Assessments | Reports | My Account | Help | Print | Logout

Summary | Administrative | Admission | Medical | Cognitive | Impairments | Functional | Engagement | Frailty | Discharge | Other

Home > Assessments > Medical > Medications

Subsections

- ▶ Summary
- ▶ Primary Diagnosis
- ▶ Other Diagnoses
- ▶ Procedures
- ▶ Treatments
- ▶ Medications
- ▶ Allergies
- ▶ Skin Integrity
- ▶ Physiologic Factors



Assessment #001234 - Marianjoy Rehabilitation Hospital

Name: Jonathan Doe-Smith

Age: 57

Status: IP - Last Updated 06/16/2007 6:18am EDT by AJones

Current Medical Items

Medications

List all current medications for the patient at the 2-day assessment period. These can be exported to an electronic file for merging with the assessment data.

Medication Name	Dose	Route	Frequency	Planned Stop Date (if applicable)
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

+ Add Medication

Is list complete?

< Previous
Save
Cancel
Next >

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