



PROVIDER ALERT

SUPPORTED SERVICE ASSESSMENT ENHANCEMENTS

March 17, 2011

ValueOptions recently enhanced the questions for various Supportive Service assessments.

Responses to DORS initial referral questions, aside from the "assistive devices or accommodations" question are now required for all Supported Employment types of service requests where the DORS section expands. This includes Pre-Placement, Job Placement, Intensive Job Coaching and Extended Support Services. The DORS section expands with a "Yes" response to the "consumer signed release" question below.

Has the consumer signed an authorization for release of information, permitting the DORS Counselor to access health information contained in the ValueOptions Maryland system, pertaining to alcohol and substance abuse and HIV/AIDS?

Yes No

Required fields are highlighted in red below.

Initial Referral to DORS Information

Is the applicant currently under the care of a doctor, psychologist, therapist or served by PMHS? (Please list in the text box to the right) Yes No

Has the applicant been prescribed medications for a medical condition? (Please list in the text box to the right) Yes No

Has the applicant been prescribed psychiatric medications? (Please indicate in the text box to the right.) Yes No

If the applicant uses or requires an assistive device or accommodation for independent functioning, indicate all that apply:

<input type="checkbox"/> Eye Glasses	<input type="checkbox"/> Braces	<input type="checkbox"/> Artificial Limb
<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Other <input type="text"/>

Does the applicant have difficulty with remembering, following instructions, or doing what others expect of the person? (Please list in the text box to the right) Yes No

Does the applicant have difficulty reading and/or understanding? (Please list in the text box to the right) Yes No

If you have a “Yes” response to any of the above questions, you now must complete the additional free-text information field relevant to that question. Please provide an appropriate answer based on the question. For each required field, if you answer “yes” please use the free text box to the right of the question to explain your answer.

Question #1 – Is the applicant currently under the care of a doctor, psychologist, therapist or served by PMHS? Please indicate the name of the rendering provider.

Question #2 – Has the applicant been prescribed medications for a medical condition? Please indicate what medications have been prescribed for any *medical* condition.

Question #3 – Has the applicant been prescribed psychiatric medications? Please indicate what medications have been prescribed for a *psychiatric* condition.

Question #4 – Does the applicant have difficulty with remembering, following instructions, or doing what others expect of the person? Please indicate what the consumer has difficulty doing.

Question #5 – Does the applicant have difficulty reading and/or understanding? Please indicate what the consumer has difficulty doing

Initial Referral to DORS Information

Is the applicant currently under the care of a doctor, psychologist, therapist or served by PMHS? (Please list in the text box to the right) Yes No

Has the applicant been prescribed medications for a medical condition? (Please list in the text box to the right) Yes No

Has the applicant been prescribed psychiatric medications? (Please indicate in the text box to the right.) Yes No

If the applicant uses or requires an assistive device or accommodation for independent functioning, indicate all that apply:

<input type="checkbox"/> Eye Glasses	<input type="checkbox"/> Braces	<input type="checkbox"/> Artificial Limb
<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Other <input type="text"/>

Does the applicant have difficulty with remembering, following instructions, or doing what others expect of the person? (Please list in the text box to the right) Yes No

Does the applicant have difficulty reading and/or understanding? (Please list in the text box to the right) Yes No

If additional relevant free-text information is not provided next to the 'Yes' response, the following message will appear.

- If applicant under the care of a doctor is yes, Please list in the text box is required
- If applicant been prescribed medications for a medical condition is yes, Please list in the text box is required
- If applicant been prescribed psychiatric medications is yes, Please list in the text box is required
- If the applicant have difficulty with remembering is yes, Please list in the text box is required
- If the application have difficulty reading and/or understanding is yes, Please list in the text box is required

Initial Referral to DORS Information will pre-populate with prior responses on concurrent and subsequent requests.

Failure to answer these questions will now result in an appropriate error message and the inability to proceed with the Request for Service or, in CareConnect, the Review.