

ATTACHMENT C

DEFINITION OF TERMS

1. Utilization Management Review (UMR) Team. A team of health care professionals who are employed by the Office of Medical Assistance, Department of Public Welfare, to conduct annual resident reviews with individuals in nursing facilities.
2. Options Site. Case workers and other health care professionals who are employed and contracted by the local Area Agency on Aging (AAA) to conduct pre-admission evaluation and screening for individuals seeking admission to nursing facilities. The Department of Public Welfare contracts with the Department of Aging to supervise and support the work of these professionals.
3. Qualified Mental Retardation Professional. A health care professional with experience with individuals with developmental disabilities who meets the criteria for a qualified mental retardation professional provided under Federal regulations for ICF/MR. (42 CFR 483.430(a))
4. New Admission. The process of admitting an individual to any nursing facility for the first time. With the exception of exempt hospital discharges, new admissions are subject to preadmission screening.
5. Exempt hospital discharge. An individual who is admitted to any nursing facility directly from a hospital after receiving acute inpatient care at the hospital, who requires nursing facility services for the condition for which he or she received care in the hospital, and whose attending physician has certified before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. An individual who enters a nursing facility on an exempted hospital discharge status and is later found to require more than 30 days of nursing facility care must have an annual resident review within 40 calendar days of admission.
6. Readmission. The process of readmitting an individual to a nursing facility from a hospital where care was received and from other sources. Readmissions from hospitals where care was received are subject to annual resident reviews rather than preadmission screening.
7. Interfacility Transfers. The process of transferring an individual from one nursing facility to another nursing facility, with or without an intervening hospital stay. Interfacility transfers are subject to annual resident review rather than preadmission screening.
8. Responsible County Mental Health/Mental Retardation (MH/MR) Program. For purposes of OBRA, the responsible County MH/MR Program is the County MH/MR Program which was or would have been responsible for providing services to the individual immediately prior to the individual's admission into the nursing facility.

9. Nursing facility services.

Nursing facility services mean services which are provided as a responsibility of the nursing facility, including specialized rehabilitation services.

10. Specialized Services. For the purposes of this bulletin, the term specialized services means services provided on a continuous basis by Qualified Mental Retardation personnel which, combined with services provided by the nursing facility or other service providers, results in treatment which includes aggressive, consistent implementation of a program of specialized and generic training, treatment and related services that are directed toward:

1. The acquisition of the behaviors and skills necessary for the individual to function with as much self-determination, and independence as possible, and
2. the prevention or deceleration of regression or loss of current optimal functional status.

11. Legal Representative. A court appointed guardian or individual having power of attorney.