

# Federally – Certified Nursing Homes MDS 3.0 Section Q Referrals



## Referral Management Module – Nursing Home Process (Part 1)

### Nursing Home Process Topics

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- ❑ Background
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- ❑ Program Participation System (PPS) Home Page
- ❑ Navigating PPS
- ❑ Big Picture
- ❑ Access Referral Management
- ❑ Referral Entry
- ❑ Submitting a Referral
- ❑ How Does a Referral Reach the LCA?
- ❑ Individual Referral Reports
- ❑ Reviewing Referral Status



## Background

### Background

- Per Federal Code 42 CFR 483.20 nursing homes that participate in the Medicare or Medicaid programs must complete the Minimum Data Set (MDS) assessment for all residents admitted to the facility.
  - Nursing Homes are required to make a referral to the designated Local Contact Agency (LCA) for any resident who indicates they wish to talk to someone about returning to the community. The nursing home is required to make the referral to the LCA within 10 business days of completing Section Q.
  - LCAs are expected contact the resident within 10 business days of receipt of referral



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HEALTH SERVICES

## Background

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- ❑ Wisconsin received a federal grant to automate the referral process
- ❑ Nursing Home Referral Management Module was designed to meet this need
- ❑ For more details visit:
  - [http://www.dhs.wisconsin.gov/rl\\_dsl/publications/11-007.htm](http://www.dhs.wisconsin.gov/rl_dsl/publications/11-007.htm)



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## Logging On

## Logging In

**Step 1:** Go to <https://pps.wisconsin.gov>

**Step 2:** Click on **PPS - Production**

Gateway Page - Windows Internet Explorer provided by DHS - State of Wisconsin

File Edit View Favorites Tools Help

https://pps.wisconsin.gov/

YOU ARE ONE WISCONSIN

State of W I S C O N S I N

Human Services System Gateway [Add this Page to Favorites](#)

**\*\* Production Environment \*\***

This page lists the applications that are used to determine functional and financial eligibility for various programs across the State of Wisconsin. The functional eligibility is determined for Adult, Children's and Mental Health programs. The financial eligibility includes FoodShare, Medicaid, Senior Care, SSI Care Taker Supplement, Wisconsin Works and Child Care Programs.

**FSIA - Production**  
Functional Screen Information Access (Production Environment)

**PPS - Production**  
Program Participation System (Production Environment)

**WAMS**  
To access PPS / CWW / FSIA, sign up for a Web Access Management System (WAMS) ID.

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## Logging In

**Step 3:** Enter your **WAMS ID** and **Password**

**Step 4:** Click Login

https://prd.wamsdp.wisconsin.gov/?id=EntLogin&sid=0&option=credential&sid=0 - Wisconsin Web Ac - Windows Internet Explorer pro

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State of W I S C O N S I N

**WAMS**  
WEB ACCESS MANAGEMENT SYSTEM

User ID:

Password:

Login

[Forgot your password? Is your account locked?](#)  
[Request a Wisconsin User ID and Password.](#)

You are accessing the State of Wisconsin Local wide area network. This system is for authorized users only. All equipment, systems, services, and software connected to this network are intended only for the official business use of the State of Wisconsin. The State of Wisconsin reserves the right to audit, inspect and disclose all transactions and data sent over this medium in a manner consistent with State and Federal laws. By using this system you expressly consent to all such auditing, inspection and disclosure. Only software approved, scanned for virus, and licensed for State of Wisconsin use will be permitted on this network. Any illegal or unauthorized use of State of Wisconsin equipment, systems, services, or software by any person(s) may be subject to civil or criminal prosecution under state and federal laws, and may also result in disciplinary action where appropriate.

[WAMS Home](#) [Wisconsin Portal Home](#)  
Please don't bookmark this page.



## Navigating PPS

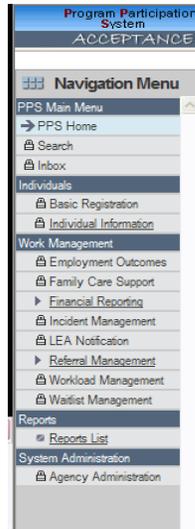
### Navigating PPS - PPS Home Page

- Displays the 10 most recently viewed individuals
  - If this is the first time you have logged into the system, no individuals will be displayed on this page.

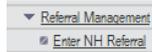
The screenshot shows the PPS Home Page interface. At the top, there is a header with the text "Program Participation System" and "ACCEPTANCE". The user information is displayed as "User ID: tiffanyhachfeld" and "User Name: T Hachfeld". There are "Help" and "Logout" buttons in the top right corner. On the left side, there is a "Navigation Menu" with various options like "PPS Home", "Search", "Inbox", "Individuals", "Basic Registration", "Individual Information", "WMA Management", "Employment Outcomes", "Family Care Support", "Financial Reporting", "Incident Management", "LEA Notification", "Referral Management", "Workload Management", "Waitlist Management", "Reports", "Reports List", "System Administration", and "Agency Administration". The main content area is titled "Program Participation System Home" and displays a table of "Most recently accessed participants. Click magnifying glass to view/edit." The table has columns for "Name", "Last Accessed", and "View/Edit".

Name	Last Accessed	View/Edit
SMITH, JAN S	10/28/2011	
SMITH, SUSIE	10/27/2011	
FERRI, BRAND XXXX L	10/24/2011	
JAKOB, GERAR XXXX G	10/24/2011	
CHRIS, DAVI XXXX E	10/24/2011	
AVNES, JO XXXX O	10/24/2011	
ANDER, REBE XXXX L	10/21/2011	
CLEGG, LIS XXXX M	10/21/2011	
STAN, CHEST XXXX M	10/21/2011	
ECCLE, KATHL XXXX KATHL XXXX	10/21/2011	

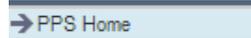
## Navigating PPS – Navigation Menu & Access



- ❑ The system's Navigation Menu is located on the left of the page.
- ❑ Items listed with this icon  are not available.
- ❑ Items listed with this icon  are available.
- ❑ Items with this icon  indicate that more menus are available for that particular heading.



- ❑ The Navigation Menu will also display an arrow and highlight the menu you are currently viewing.



## Navigating PPS – Cancel & Reset

- ❑ Clicking the **Cancel** checkbox and selecting a different link from the navigation menu will cancel any changes and navigate off the page.
- ❑ Clicking **Reset** changes the data back to the last save and keeps you on the same page.

## Navigating PPS – Help

- If you have questions you can always click the **Help** button for more details.

Program Participation System  
User ID: tiffanyhachfeld User Name: T Hachfeld

ACCEPTANCE

Navigation Menu

PPS Main Menu

- PPS Home
- Search
- Index
- Individuals
  - Basic Registration
  - Individual Information
- Work Management
  - Employment Outcomes
  - Family Care Support
  - Financial Reporting
  - Incident Management
  - LEA Notification
  - Referral Management
  - Workload Management
  - Welfare Management
- Reports
  - Reports List
- System Administration
  - Agency Administration

Program Participation System Home

Most recently accessed participants. Click magnifying glass to view/edit.

Name	Last Accessed	View/Edit
SMITH, JAN S	10/28/2011	🔍
SMITH, SUSIE	10/27/2011	🔍
FERRXXXX, BRANIDXXXX L	10/24/2011	🔍
JAKOBXXXX, GERARXXXX G	10/24/2011	🔍
CHRISXXXX, DAVIDXXXX E	10/24/2011	🔍
ANNESXXXX, JONXXXX O	10/24/2011	🔍
ANDERXXXX, REBECXXXX L	10/21/2011	🔍
CLEGHXXXX, LISXXXX M	10/21/2011	🔍
STANXXXX, CHESTXXXX M	10/21/2011	🔍
ECCLEXXXX, KATHLXXXX KATHLXXXX	10/21/2011	🔍

## Navigating PPS - Help

- Help Text appears in a different window.
- When finished click **X** to close the window. PPS will remain open.

https://uat.pps.wisconsin.gov/ - Program Participation System - Windows Internet Explorer provide...

Referral Entry

This page is used by nursing home workers to enter and submit a referral.

If the logged on user has access to create more than one type of referral, then this page will be loaded on click of the "Next" button on the "Referral Type Selection Page". Otherwise this page will be loaded directly on click of the "Referral Management / Enter NH Referral" link on the Left navigation menu.

This page has following sections:

1. Nursing Home Information  
This section defaults to the logged on user agency
2. Nursing Home Contact Information  
When a Nursing Home makes a referral for the first time, this section will be blank. Once entered, the information will be saved in the system and will be pre-populated on this page from next time onwards.
3. Resident Information  
This section allows the entry of all the Resident information. The Referral Date field displays the current system date as Read only.
4. Legal Guardian or Power of Attorney Contact  
This section captures the Legal Guardian or Power of Attorney or Designated contact information of the Resident. Only one type of contact information can be provided.

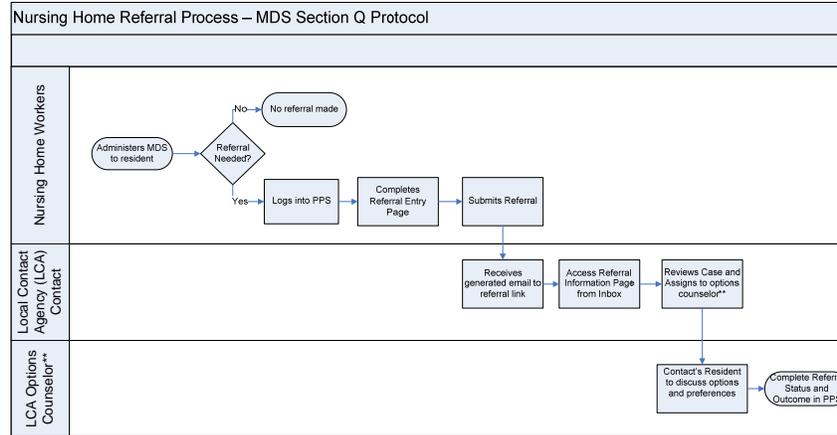
On Submit the user will be displayed an informational message about the successful referral creation and the page will be reloaded with default values (logged on user agency details) in the "Nursing Home Information" section and "Nursing Home Contact Information" section. Upon each referral submission, an email will be sent to the Receiving Agency.

For more detail, please refer to your Referral Entry Page Manual.

To close this window and return to PPS, click the X button at the top of the window. [Top](#)

Referral Information

## Big Picture – Nursing Home Referral Process



\* If assessment shows that a referral should have been made and resident wants to talk to someone about community care, a referral can be made.

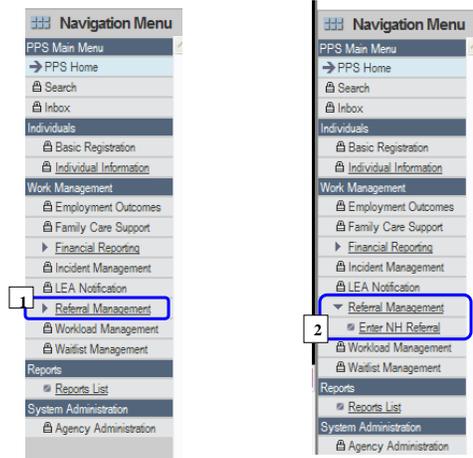
\*\*This individual may not be a separate roll at your organization. However, it is important to denote the different workflow steps for those organizations that do. If you will be performing both tasks, the steps in the workflow steps in the third row will be applicable to you.



## Accessing Section Q Referral Management

## Accessing Referral Management

- ❑ **Step 1:** Find Referral Management in the Navigation Menu and click on the menu.
- ❑ **Step 2:** Click on the Enter NH Referral sub menu



## Accessing Referral Management

- ❑ Referral Entry page opens

The screenshot shows the 'Referral Entry' page in a web application. The page is titled 'Referral Entry' and contains several sections for data entry:

- Nursing Home Information:** Name: BROOKFIELD REHABILITATION AND SPECIALTY CARE CENTER, Address: 18740 W BLUEMOUND RD, BROOKFIELD, WI 53045
- Nursing Home Contact Information:** Name: Jane Westin, Title: Program Manager, Email: jane.westin@wisconsin.gov, Phone: (508) 555 1234
- Resident Information:** Referral Date: 11/29/2011, Original Admission Date: [calendar icon], First Name: [input], Last Name: [input], Middle Name: [input], Gender: [dropdown], Birth Date: [calendar icon], Resident's Phone: [input], County Location Preference: 57 Waushara [dropdown]
- Current Nursing Home Payer:** (Check all that apply)
  - Medicare
  - Family Care
  - Insurance
  - Private Pay
  - Medicaid
  - Place / Partnership
  - Other
- Other Text:** [input]

At the bottom, there is a section for 'Legal Guardian or Power of Attorney Contact'.



## Referral Entry

### Referral Entry – Nursing Home Information

- Nursing Home Information
  - Defaults to the logged on user's agency

Referral Entry Cancel Reset

**Nursing Home Information**

Name: **BROOKFIELD REHABILITATION AND SPECIALTY CARE CENTER**

Address: **18740 W BLUEMOUND RD, BROOKFIELD, WI 53045**

The screenshot shows the full Referral Entry form. The 'Nursing Home Information' section is highlighted with a grey background. Below it, the 'Referring Nurse Contact Information' section contains fields for Name (Car Program), Title (Program Manager), Email (car.program@wiscrossnet.gov), and Phone (712 3228). The 'Resident Information' section includes fields for Referral Date (1/18/2011), Original Admission Date (MM/DD/YYYY), First Name, Middle Name, Gender, Birth Date (MM/DD/YYYY), Resident's Phone, and County Location Preference (77 Wisconsin). At the bottom, there is a section for 'Current Nursing Home Paper' with checkboxes for Medicare, Medicaid, Family Care, Private Pay, Insurance, and Other, and an 'Other Text' field.

## Referral Entry – Nursing Home Contact

- Nursing Home Contact Information
  - This section will be blank upon initial entry for a nursing home.
  - Data will be saved and pre-populated for each new referral thereafter

Nursing Home Contact Information

\*Name: Jane Westin  
Title: Program Manager  
Email: jane.westin@wisconsin.gov  
\*Phone: 608 555 1234

Nursing Home Contact Information

\*Name: Jane Westin  
Title: Program Manager  
Email: jane.westin@wisconsin.gov  
\*Phone: 608 555 1234

Resident Information

Referral Date: 11/26/2011 \*Original Admission Date: [ ]/[ ]/[ ]  
\*First Name: [ ] Middle Name: [ ]  
\*Last Name: [ ]  
\*Gender: [ ]  
\*Birth Date: [ ]/[ ]/[ ]  
\*Resident's Phone: [ ]  
\*County Location Preference: 57 Wisconsin  
\*Current Nursing Home Payer: (Check all that apply)  
 Medicare  Medicaid  
 Family Care  Pace / Partnership  
 Insurance  Other  
 Private Pay Other Text: [ ]

## Referral Entry – Nursing Home Contact

- You must complete all required fields
- A red asterisk (\*) indicates the field is required
  - Example: Name and Phone

Nursing Home Contact Information

\*Name: Jane Weston  
Title: Program Manager  
Email: jane.weston@wisconsin.gov  
\*Phone: 608 555 1234

## Referral Entry – Resident Information

- Resident Information
  - This section allows entry of Resident information

Resident Information

Referral Date: 11/02/2011 \*Original Admission Date: MM / DD / YYYY

\*First Name: Middle Name:

\*Last Name:

\*Gender:

\*Birth Date: MM / DD / YYYY

\*Resident's Phone:

\*County Location Preference: 67 Waukesha

\*Current Nursing Home Payer: (Check all that apply):

Medicare  Medicaid

Family Care  Pace / Partnership

Insurance  Other

Private Pay

Other Text:

\*Phone: 608 855 1234

Resident Information

Referral Date: 11/02/2011 \*Original Admission Date: MM / DD / YYYY

\*First Name: Middle Name:

\*Last Name:

\*Gender:

\*Birth Date: MM / DD / YYYY

\*Resident's Phone:

\*County Location Preference: 67 Waukesha

\*Current Nursing Home Payer: (Check all that apply):

Medicare  Medicaid

Family Care  Pace / Partnership

Insurance  Other

Other Text:

## Referral Entry – Resident Information

- Fill out all required fields for each resident
- Required fields are denoted with a red asterisk (\*)

Resident Information

Referral Date: 11/04/2011 \*Original Admission Date: 10 / 20 / 2011

\*First Name: Suzy Middle Name:

\*Last Name: Smith

\*Gender: Female

\*Birth Date: 04 / 22 / 1931

\*Resident's Phone: 608 555 5555

\*County Location Preference: 67 Waukesha

\*Current Nursing Home Payer: (Check all that apply):

Medicare  Medicaid

Family Care  Pace / Partnership

Insurance  Other

Private Pay

Other Text:

## Referral Entry – Resident Information

- You can enter the date or use the calendar to select a date.

Resident Information

Referral Date: 11/04/2011 \*Original Admission Date: 10 / 20 / 2011

\*First Name: Suzy Middle Name:

\*Last Name: Smith

\*Gender: Female

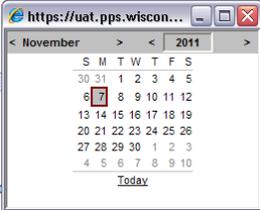
\*Birth Date: 04 / 22 / 1931

\*Resident's Phone: 608 555 5555

\*County Location Preference: 67 Waukesha

\*Current Nursing Home Payer: (Check all that apply):

<input checked="" type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Family Care	<input type="checkbox"/> Pace / Partnership
<input checked="" type="checkbox"/> Insurance	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Private Pay	



## Referral Entry – Resident Information

- County Location Preference defaults to the county of the Nursing Home for the logged in user.
- **Do not** modify the county location preference field.
  - This field will be modified by the LCA.

Resident Information

Referral Date: 11/04/2011 \*Original Admission Date: 10 / 20 / 2011

\*First Name: Suzy Middle Name:

\*Last Name: Smith

\*Gender: Female

\*Birth Date: 04 / 22 / 1931

\*Resident's Phone: 608 555 5555

\*County Location Preference: 67 Waukesha

\*Current Nursing Home Payer: (Check all that apply):

<input checked="" type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Family Care	<input type="checkbox"/> Pace / Partnership
<input checked="" type="checkbox"/> Insurance	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Private Pay	

Other Text:

## Referral Entry – Resident Information

- If you need contact information for the Local Contact Agency (LCA), click the  icon for a listing of LCAs by county.

**Resident Information**

Referral Date: 11/04/2011 \*Original Admission Date: 10 / 20 / 2011 

\*First Name:  Middle Name:

\*Last Name:

\*Gender:

\*Birth Date:  

\*Resident's Phone:

\*County Location Preference:  

\*Current Nursing Home Payer: (Check all that apply):

Medicare  Medicaid

Family Care  Pace / Partnership

Insurance  Other

Private Pay

Other Text:

## Referral Entry – Resident Information

- Browse through the list to find the agency and county.
- When done, close the window by clicking the  button.

http://www.dhs.wisconsin.gov/LTCare/adrj/pdf/docs/SectionQCountyContactList092010.pdf - Windows Internet Explorer provided by D

MDS Section Q Local Contact Agency  
March 8, 2011

County	Local Contact Agency	Phone #	Fax #
Adams	Adams County Health and Human Services Attn: LTS Coordinator	608-339-4334	608-339-4593
Ashland	ADRC of the North (Serving Ashland, Bayfield, Iron, Price & Sawyer Counties)	866-663-3607	715-682-7924
Barron	ADRC of Barron, Rusk & Washburn Counties	715-537-6225	715-537-6842
Bayfield	ADRC of the North (Serving Ashland, Bayfield, Iron, Price & Sawyer Counties)	866-663-3607	715-373-6130
Brown	ADRC of Brown County	920-448-4300	920-448-4306
Buffalo	ADRC of Buffalo, Clark, & Pepin Counties	608-685-6307	608-685-3342
Burnett	ADRC of Northwest Wisconsin (Serving Burnett & Polk Co. & St. Croix Chippewa, Jackson, & Mill)	715-485-8449	715-485-9460

## Referral Entry – Resident Information

- ❑ Select all applicable choices for the Current Nursing Home Payer.
- ❑ If you select other, you are required to enter more information.

**Resident Information**

Referral Date: 11/07/2011 \*Original Admission Date: 10/20/2011

\*First Name: Suzy Middle Name:

\*Last Name: Smith

\*Gender: Female

\*Birth Date: 04/22/1931

\*Resident's Phone: 808 555 5555

\*County Location Preference: 67 Waukesha

\*Current Nursing Home Payer: (Check all that apply):

<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Family Care	<input type="checkbox"/> Pace / Partnership
<input type="checkbox"/> Insurance	<input checked="" type="checkbox"/> Other
<input type="checkbox"/> Private Pay	

\* Other Text:

## Referral Entry – Legal Guardian or Power of Attorney

- ❑ Legal Guardian or Power of Attorney Contact
  - This sections captures guardian or POA information

**Legal Guardian or Power of Attorney Contact**

\* Does this individual have a Legal Guardian?  Yes  No

\* Does this individual have an activated Power of Attorney for Health Care?  Yes  No

\* Does this resident have a Designated Contact that should be notified?  Yes  No

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Other Text:

Submit

## Referral Entry – Legal Guardian or Power of Attorney

- ❑ Answer yes or no to each question
  - Only one type of contact information can be provided
- ❑ Document contact details
  - First Name, Last Name and Phone are required

### Legal Guardian or Power of Attorney Contact

* Does this individual have a Legal Guardian?	<input checked="" type="radio"/> Yes <input type="radio"/> No	* Does this individual have an activated Power of Attorney for Health Care?	<input type="radio"/> Yes <input checked="" type="radio"/> No
* Does this resident have a Designated Contact that should be notified?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
* First Name:	<input type="text" value="Sarah"/>		
* Last Name:	<input type="text" value="Smith"/>		
Address:	<input type="text" value="222 Red Brick Road"/>		
City:	<input type="text" value="Madison"/>		
State:	<input type="text" value="WI"/> <input type="button" value="v"/>		
Zip Code:	<input type="text" value="53704"/> - <input type="text"/>		
* Phone:	<input type="text" value="608"/> <input type="text" value="555"/> <input type="text" value="1234"/>		
Email:	<input type="text" value="sarahsmith@email.com"/>		



## Submitting a Referral

## Submitting a Referral

- ❑ **Step 1:** Before you submit your referral, review the page for completion
  - Required questions
  - Included as much information as possible

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**Referral Entry** [Cancel] [Submit]

**Nursing Home Information**

Name: BROOKFIELD REHABILITATION AND SPECIALTY CARE CENTER  
Address: 18740 W BLUEMOUND RD, BROOKFIELD, WI 53045

**Nursing Home Contact Information**

Name: Jane Vestin  
Title: Program Manager  
Email: jane.vestin@wiscare.com  
Phone: 508 555 1234

**Resident Information**

Referral Date: 11/26/2011 \*Original Admission Date: 11/26/2011  
First Name: [Text] Middle Name: [Text]  
Last Name: Smith  
Gender: Female  
Birth Date: 04/22/1931  
Resident's Phone: 508 555 1234  
County Location Preference: ST Waushara

**Current Nursing Home Payer (Check all that apply)**

Medicare  Medicaid  
 Family Care  Place / Partnership  
 Insurance  Other  Other Text: 502 Payer  
 Private Pay

**Legal Guardian in Power of Attorney Contact**

Does this individual have a Legal Guardian?  Yes  No  
Does this individual have a Designated Contact that should be notified?  Yes  No  
Does this individual have an authorized Power of Attorney for Health Care?  Yes  No

First Name: [Text]  
Last Name: [Text]  
Address: 222 Red Birch Road  
City: Madison  
State: WI  
Zip Code: 53704  
Phone: 608 555 1234

## Submitting a Referral

- ❑ If you need a copy for your records, please print a copy before submitting.
- ❑ Click the  icon

Open Participation Systems User ID: tiffanyhachfeld User Name: T Hachfeld [Help] [Logout]

**Referral Entry** [Cancel] [Reset]

**Nursing Home Information**

Name: BROOKFIELD REHABILITATION AND SPECIALTY CARE CENTER  
Address: 18740 W BLUEMOUND RD, BROOKFIELD, WI 53045

**Nursing Home Contact Information**

Name: Jane Vestin  
Title: Program Manager  
Email: [Redacted]

## Submitting a Referral

- Step 2: Click the **Submit** button

The screenshot shows a web form for submitting a referral. At the top, there are tabs for 'Insurance' and 'Other', and an 'Other Text' field. Below this is a section titled 'Legal Guardian or Power of Attorney Contact'. It contains several questions with radio button options: 'Does this individual have a Legal Guardian?' (Yes/No), 'Does this individual have an activated Power of Attorney for Health Care?' (Yes/No), and 'Does this resident have a Designated Contact that should be notified?' (Yes/No). Below these are input fields for 'First Name' (Sarah), 'Last Name' (Smith), 'Address' (222 Red Brick Road), 'City' (Madison), 'State' (WI), 'Zip Code' (53704), 'Phone' (608 555 1234), and 'Email' (sarahsmith@email.com). A blue box with the number '2' highlights the 'Submit' button at the bottom right of the form.

## Submitting a Referral

- You will receive warnings for incomplete required fields
  - These must be completed before you can submit a referral

The following events have occurred:

- GL001 : Please enter data in 'Last Name' field.
- GL001 : Please enter data in 'Other Text' field.

This screenshot shows the same referral submission form as above, but with error messages. A red banner at the top states 'The following events have occurred:' followed by two error messages: 'GL001 : Please enter data in 'Last Name' field.' and 'GL001 : Please enter data in 'Other Text' field.'. The form fields are partially filled, and the 'Submit' button is visible at the bottom right. Arrows point from the error messages to the 'Last Name' and 'Other Text' fields.

## Submitting a Referral

- ❑ You will receive a warning for selecting more than one contact option.

### The following events have occurred:

❌ PP203 : Please select only one Yes option in Legal Guardian or Power of Attorney Contact section.

The screenshot shows the 'Referral Entry' form with a red warning banner at the top: 'The following events have occurred: ❌ PP203 : Please select only one Yes option in Legal Guardian or Power of Attorney Contact section.' Below the banner, the form is divided into several sections. The 'Legal Guardian or Power of Attorney Contact' section contains two questions, both with the 'Yes' radio button selected: 'Does this individual have a Legal Guardian?' and 'Does this individual have an activated Power of Attorney for Health Care?'. The 'Resident Information' section shows a referral date of 11/07/2011 and a resident named Sarah Smith. The 'Nursing Home Information' section shows the Brookfield Rehabilitation and Specialty Care Center. The 'Nursing Home Contact Information' section shows Jane Smith as the Program Manager. The 'Current Nursing Home Payer' section has several checkboxes, with 'Medicare' and 'Medicaid' selected.

## Submitting a Referral

- ❑ You will receive confirmation for successful referral submissions
- ❑ New referral entry screen will appear below

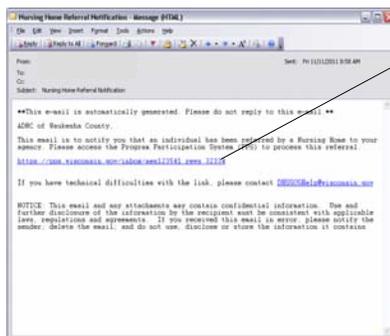
The screenshot shows the 'Referral Entry' form with a green confirmation banner at the top: 'The following events have occurred: ✅ PP204 : Your referral was successfully submitted to ADRC of Waushara County. If you have submitted this referral in error, please contact ADRC of Waushara County. For a detailed list of agencies, click here. If you do not have another referral to enter, click logout or check the cancel box on the right side of your page and navigate to another page.' Below the banner, the form is divided into several sections. The 'Legal Guardian or Power of Attorney Contact' section contains two questions, both with the 'Yes' radio button selected: 'Does this individual have a Legal Guardian?' and 'Does this individual have an activated Power of Attorney for Health Care?'. The 'Resident Information' section shows a referral date of 11/07/2011 and a resident named Sarah Smith. The 'Nursing Home Information' section shows the Brookfield Rehabilitation and Specialty Care Center. The 'Nursing Home Contact Information' section shows Jane Smith as the Program Manager. The 'Current Nursing Home Payer' section has several checkboxes, with 'Medicare' and 'Medicaid' selected.



## How do referrals reach the LCA?

## How do referrals reach the LCA?

- ❑ Referral generates email to LCA
- ❑ LCA directed to the PPS Inbox
- ❑ LCA begins referral processing
- ❑ LCA reviews referral
- ❑ Resident Contacted
- ❑ Referral Status Updated



Referral Information			
<b>Nursing Home Information</b>			
Name:	BROOKFIELD REHABILITATION AND SPECIALTY CARE CENTER		
Address:	18740 W BLUEMOUND RD, BROOKFIELD, WI 53045		
<b>Nursing Home Contact Information</b>			
Name:	Jane Westin		
Title:	Program Manager		
Email:	jane.westin@wisconsin.gov		
Phone:	608-555-1234		
<b>Resident Information</b>			
Referral Date:	11/29/2011	Original Admission Date:	10/20/2011
Resident's Name:	Suzy Smith		
Resident's Phone:	608-555-5555		
County/Location Preference:	67 Waushara		
Current Nursing Home Payer:	Other: XYZ Payer		
<b>Resident's Alternate Contact</b>			
Relationship to Resident:	Legal Guardian		
Name:	Sarah Smith		
Phone:	608-555-1234		
Address:	22 Red Brick Road, Madison, WI 53704		
Email:	Sarahsmith@gmail.com		



## Individual Referral Report

### Individual Referral Report

- ❑ **Step 1:** Select **Search** from the Navigation Menu
- ❑ **Step 2:** Enter First Name, Last Name, and Birth Date
- ❑ **Step 3:** Click the **Go** button

**Navigation Menu**

- PPS Main Menu
- PPS Home
- Search**
- Individuals
  - Basic Registration
  - Individual Information
- Work Management
  - Employment Outcomes
  - Family Care Support
  - Financial Reporting
  - Incident Management
  - LEA Notification
  - Referral Management
  - Workload Management
  - Waitlist Management
- Reports
  - Records List
- System Administration
  - Agency Administration

**Search Criteria**

\*\*\* AUTHORIZED USERS ONLY \*\*\*

**WARNING:** This computer system is for authorized users and uses only. You should only access the information that is needed to complete your task. You should also be aware that regardless if individuals are listed in the system, this doesn't necessarily mean they have received services. Your actions on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized personnel. You may not re-disclose any information you have accessed unless needed to complete your task or allowed by law. Any improper use or unauthorized access of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system, you consent to these terms and conditions.

**Demographics Information (Full or partial First Name - full or partial Last Name and Birth Date are required)**

First Name:

Last Name:

Birth Date:

County of Responsibility:

Starts With  Exact

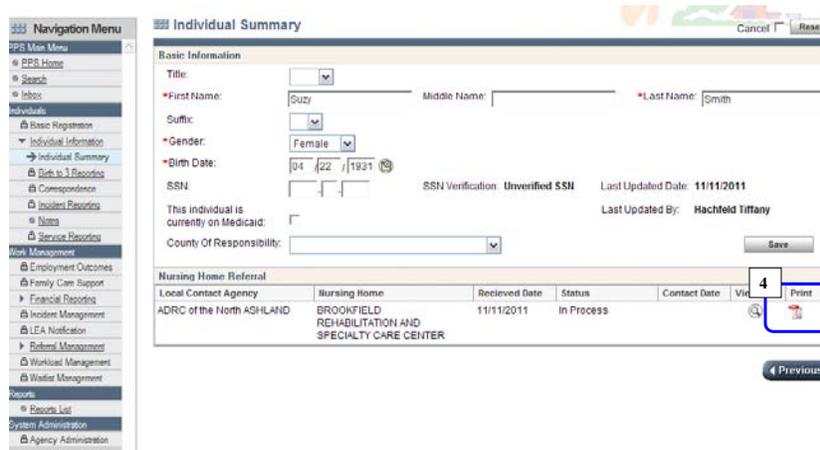
Starts With  Exact

**Identification Number**

SSN:

## Individual Referral Report

- ❑ **Step 4:** Click the  icon to run a separate report that you can print.
- ❑ To view information without printing click the  icon.



Navigation Menu

- PPS Main Menu
  - PPS Home
  - Search
  - Index
- Individuals
  - Basic Registration
  - Individual Information
    - Individual Summary
    - Print to PDF Reports
    - Correspondence
    - Incident Reporting
    - Notes
    - Service Reporting
- Work Management
  - Employment Outcomes
  - Family Care Support
  - Financial Reporting
  - Incident Management
  - LEA Notification
  - Referral Management
  - Workload Management
  - Worker Management
- Tools
  - Reports List
  - System Administration
  - Agency Administration

Individual Summary

Cancel Reset

Basic Information

Title: [Dropdown]

\*First Name: [Suzy] Middle Name: [ ] \*Last Name: [Smith]

Suffix: [Dropdown]

\*Gender: [Female]

\*Birth Date: [04/22/1931]

SSN: [ ] SSN Verification: Unverified SSN Last Updated Date: 11/11/2011

This individual is currently on Medicaid: [ ] Last Updated By: Hachfeld Tiffany

County Of Responsibility: [Dropdown] Save

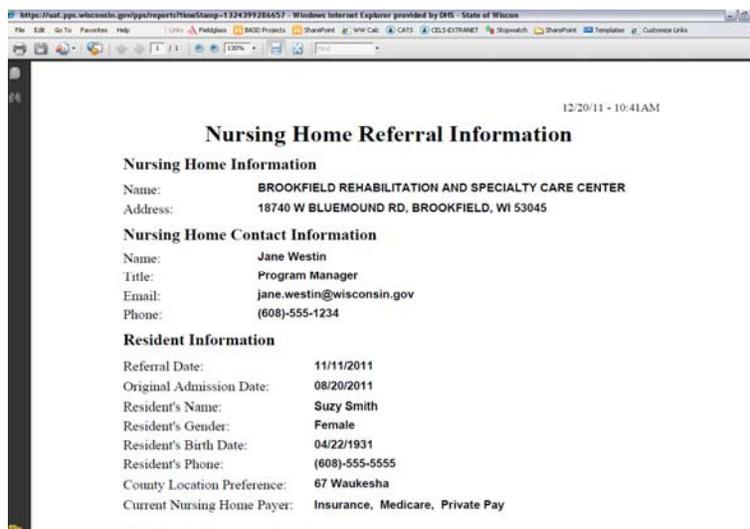
Nursing Home Referral

Local Contact Agency	Nursing Home	Received Date	Status	Contact Date	Print
ADRC of the North ASHLAND	BROOKFIELD REHABILITATION AND SPECIALTY CARE CENTER	11/11/2011	In Process		4 Print

Previous

## Individual Referral Report

- ❑ The Individual Referral Report appears in a separate window.



12/20/11 - 10:41AM

**Nursing Home Referral Information**

**Nursing Home Information**

Name: BROOKFIELD REHABILITATION AND SPECIALTY CARE CENTER  
Address: 18740 W BLUEMOUND RD, BROOKFIELD, WI 53045

**Nursing Home Contact Information**

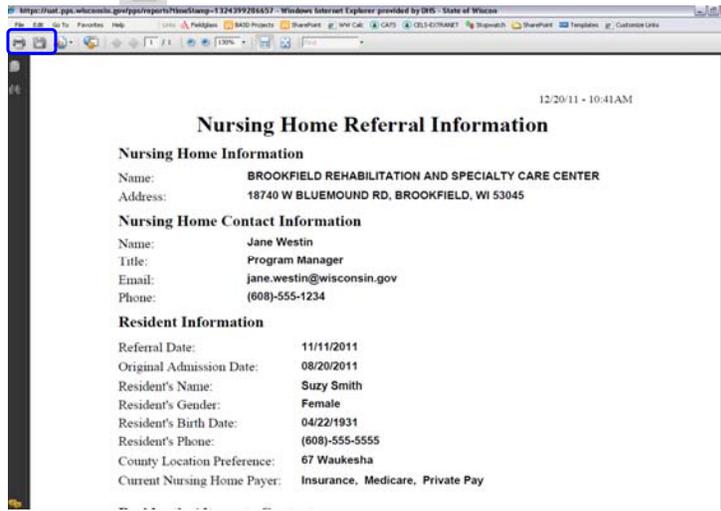
Name: Jane Westin  
Title: Program Manager  
Email: jane.westin@wisconsin.gov  
Phone: (608)-555-1234

**Resident Information**

Referral Date: 11/11/2011  
Original Admission Date: 08/20/2011  
Resident's Name: Suzy Smith  
Resident's Gender: Female  
Resident's Birth Date: 04/22/1931  
Resident's Phone: (608)-555-5555  
County Location Preference: 67 Waukesha  
Current Nursing Home Payer: Insurance, Medicare, Private Pay

## Individual Referral Report

- ❑ Click the  button to print the report
- ❑ Click the  button to save the report



12/20/11 - 10:41AM

**Nursing Home Referral Information**

**Nursing Home Information**

Name: BROOKFIELD REHABILITATION AND SPECIALTY CARE CENTER  
Address: 18740 W BLUEMOUND RD, BROOKFIELD, WI 53045

**Nursing Home Contact Information**

Name: Jane Westin  
Title: Program Manager  
Email: jane.westin@wisconsin.gov  
Phone: (608)-555-1234

**Resident Information**

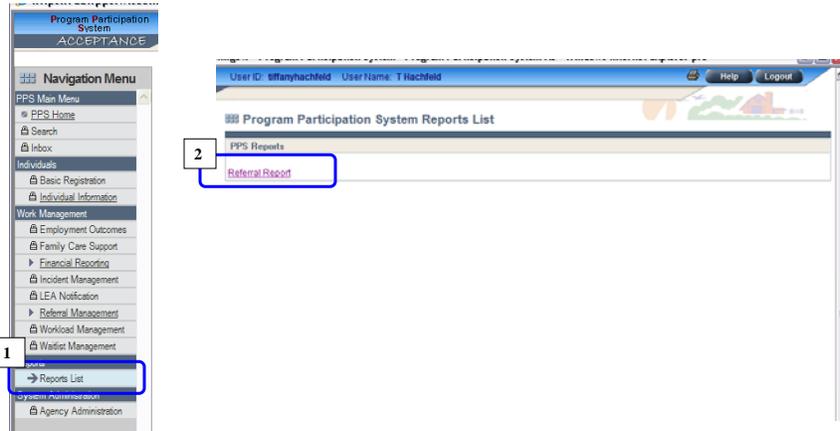
Referral Date: 11/11/2011  
Original Admission Date: 08/20/2011  
Resident's Name: Suzy Smith  
Resident's Gender: Female  
Resident's Birth Date: 04/22/1931  
Resident's Phone: (608)-555-5555  
County Location Preference: 67 Waukesha  
Current Nursing Home Payer: Insurance, Medicare, Private Pay



## Referral Status for All Residents

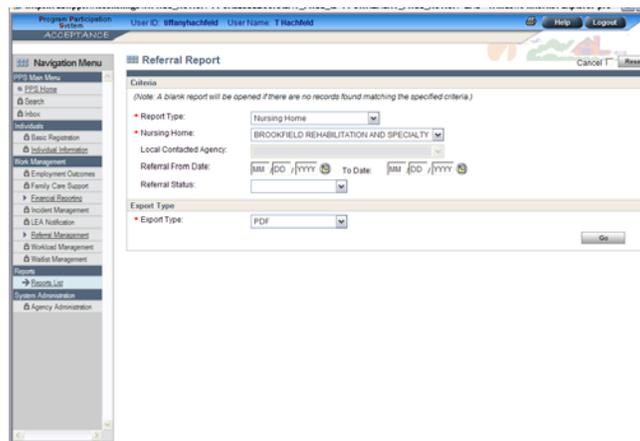
## Referral Report

- ❑ **Step 1:** Select the Reports List from the Navigation Menu
- ❑ **Step 2:** Click on the Referral Report link



## Referral Report

- ❑ Report Type and Nursing Home default based upon user



## Referral Report

- ❑ **Step 3:** Select the Referral Date Period (From and To)
- ❑ **Step 4:** Select the Referral Status

The screenshot shows the 'Referral Report' form with the following fields and values:

- Report Type: Nursing Home
- Nursing Home: BROOKFIELD REHABILITATION AND SPECIALTY
- Local Contacted Agency: (empty)
- Referral From Date: 11 / 01 / 2011
- To Date: 11 / 7 / 2011
- Referral Status: In Process
- Export Type: New Referral, In Process, Completed

Step 3 is indicated by a blue box around the date fields. Step 4 is indicated by a blue box around the Referral Status dropdown. A calendar pop-up is visible for the date selection.

## Referral Report

- ❑ **Step 5:** Select the Export Type
- ❑ **Step 6:** Click the  button

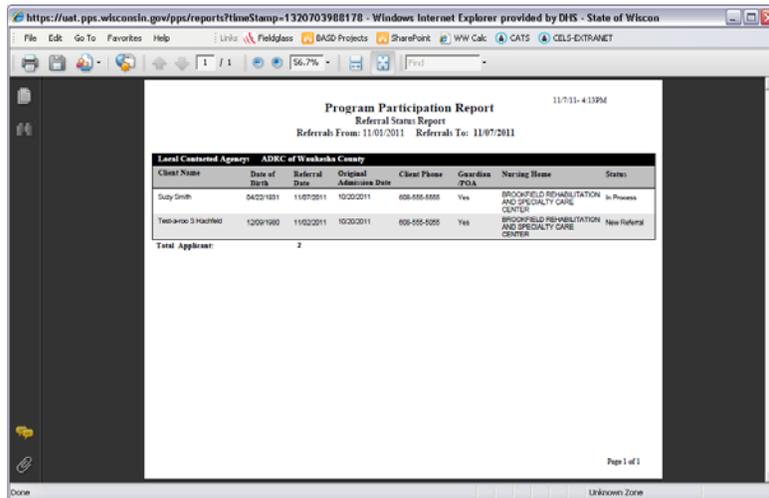
The screenshot shows the 'Referral Report' form with the following fields and values:

- Report Type: Nursing Home
- Nursing Home: BROOKFIELD REHABILITATION AND SPECIALTY
- Local Contacted Agency: (empty)
- Referral From Date: 11 / 01 / 2011
- To Date: 11 / 07 / 2011
- Referral Status: (empty)
- Export Type: PDF, EXCEL

Step 5 is indicated by a blue box around the Export Type dropdown. Step 6 is indicated by a blue box around the 'Go' button.

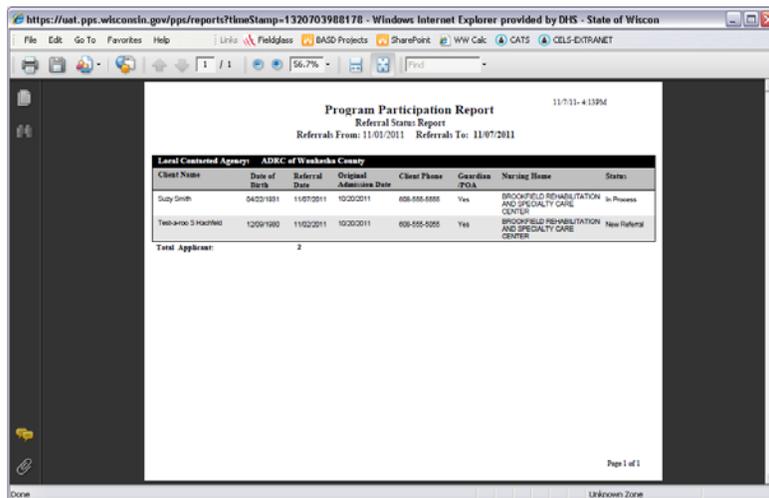
## Referral Report

- Referral report opens in a new window in PDF format



## Referral Report

- Click the  button to print the report
- Click the  button to save the report



## Referral Report

- ❑ **Step 1:** Select the Export Type
- ❑ **Step 2:** Click the  button

Navigation Menu

- Main Menu
- EPS Home
- Search
- Inbox
- Admits
- Basic Registration
- Individual Information
- Management
- Employment Outcomes
- Family Care Support
- Financial Reporting
- Incident Management
- LEA Notification
- Referral Management
- Workload Management
- Worklist Management
- Reports
- Reports List
- System Administration
- Agency Administration

### Referral Report

Criteria

(Note: A blank report will be opened if there are no records found matching the specified criteria.)

- Report Type: Nursing Home
- Nursing Home: BROOKFIELD REHABILITATION AND SPECIALTY
- Local Contacted Agency: [Empty]
- Referral From Date: 11 /01 /2011 To Date: 11 /07 /2011
- Referral Status: [Empty]

Export Type

- Export Type: EXCEL (selected), PDF, EXCEL

## Referral Report

- ❑ Click the  button to print the report
- ❑ Click the  button to save the report

Local Contacted Agency	Client Name	Date of Birth	Referral Date	Original Admission Date	Client Phone	Guardian /POA	Nursing Home	State
ADRC of Waukesha County	Suzy Smith	04/22/1931	11/07/2011	10/20/2011	608-555-5555	Yes	BROOKFIELD REHABILITATION AND SPECIALTY CARE CENTER	In F
ADRC of Waukesha County	Test-Info S Hachfeld	12/09/1960	11/02/2011	10/20/2011	608-555-5055	Yes	BROOKFIELD REHABILITATION AND SPECIALTY CARE CENTER	Ne

## Additional Help Contact Information

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### □ System Questions

#### ■ DHS SOS Help

- E-mail: [DHSSOSHelp@wisconsin.gov](mailto:DHSSOSHelp@wisconsin.gov)
- Phone: (608) 266-9198

### □ Protocol or MDS Questions

#### ■ Contact the Division of Quality Assurance

**Dinh Tran**, Health Services Specialist

Department of Health Services

Division of Quality Assurance

1 West Wilson Street

Madison, WI 53703

Telephone: (608) 266-6646

Email: [Dinh.Tran@wisconsin.gov](mailto:Dinh.Tran@wisconsin.gov)



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DEPARTMENT OF  
HEALTH SERVICES