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| --- | --- | --- | --- | --- |
|  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | **Facility ID**  **Control Number**  **Abstractor ID**  **Abstraction Begin Date**  **Abstraction End Date** | **Auto-fill**  **Auto-fill**  **Auto-fill**  **Auto-fill**  **Auto-fill** |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  MARISTAT  RACE | **Patient SSN**  **First Name**  **Last Name**  **Birth Date**  **Sex**  **Marital Status**  **Race** | **Auto-fill: no change**  **Auto-fill: no change**  **Auto-fill: no change**  **Auto-fill: no change**  **Auto-fill: can change**  **Auto-fill: no change**  **Auto-fill: no change** |  |
|  |  | **Pre-existing Diagnosis** |  |  |
| 1 | actdxtbi | Was there evidence in the record that the veteran had a pre-existing diagnosis of Traumatic Brain Injury prior to the TBI Screen? | 1,2  If 2, auto-fill actxtbi as 95, and go to scrntbi | Look in the progress notes or the Traumatic Brain Injury screen Clinical Reminder to determine if there is evidence that the veteran had a pre-existing diagnosis of TBI prior to the TBI screen. A current or pre-existing diagnosis of TBI may be listed as a health factor in the TBI Clinical Reminder.  A traumatic brain injury (TBI) is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in a TBI. The severity of such an injury may range from “mild,”—a brief change in mental status or consciousness—to “severe”, an extended period of unconsciousness or amnesia after the injury. A TBI can result in short or long-term problems with independent function. |
| 2 | actxtbi | After September 11, 2001, but prior to the TBI screen, was there documentation in the record of treatment for Traumatic Brain Injury?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if actdxtbi = 2 | Look in the progress notes or the Traumatic Brain Injury screen Clinical Reminder to determine if there is evidence that the veteran had prior treatment for TBI prior to the TBI screen. **Treatment for TBI may be provided by Physical Medicine and Rehab, Physiatrist, Psychiatrist, Psychologist/neuropsychologist, Neurologist, Speech therapy, Physical therapy, and Occupational therapy.**  **In order to answer “1,” there must be documentation in a progress note that the veteran was receiving treatment for TBI.**  **Do not include TBI treatment documented in primary care clinic notes.** |
|  |  | **TBI Screen** |  |  |
| 3 | scrntbi | Was the patient screened for Traumatic Brain Injury?  1. Yes  2. No  98. Patient refused TBI screen | 1,2\*,98\*  \*If 2 or 98, go out of module, else go to tbiscrdt   |  | | --- | | Warning if 2 and record flagged for TBI | | **Abstractors should find the TBI screen in the TBI Screening Clinical Reminder.**  **Screening for TBI includes 4 sequential sets of questions:**   * **Events that may increase the risk of TBI** * **Immediate symptoms following the event** * **New or worsening symptoms following the event** * **Current symptoms**   **Screening by telephone for TBI is acceptable.**  **A positive reply to any item in a section opens the next section of questions. Positive replies in all four sections constitute a positive TBI screen.**  A negative reply to an entire section ends the screening and no further sections open. The TBI screen is negative. |
| 4 | tbiscrdt | Enter the date of the most recent screening for Traumatic Brain Injury. | mm/dd/yyyy   |  | | --- | | > 04/13/2007 and <= stdyend | | **If the patient has been deployed more the once, there may be more than one TBI screen documented in the record.**  **Enter the date of the most recent screening for TBI.**  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 5 | event  event1  event2  event3  event4  event5  event6  event99 | **Enter the patient’s answers to each event.**  During any of your OIF/OEF deployments (s) did you experience any of the following events?  **Indicate all events that apply:**   1. Blast or explosion (IED, RPG, Land Mine, Grenade, etc.) 2. Vehicular accident/crash (any vehicle including aircraft 3. Fragment wound or bullet wound above the shoulders 4. Fall 5. Blow to head (head hit by falling/flying object, head hit by another person, head hit against something, etc.) 6. Other injury to head   99. No, none of the above checked | 1,2,3,4,5,6,99  Cannot enter 99 with any other number  If event1, event2, event3, event4 , event5, or event6 = -1, go to tbisymp, otherwise go to tbiout | **First set of questions addresses events that may increase the risk of TBI.** The TBI screen information may be found in a clinical reminder or in progress notes. The patient’s responses may be recorded by a check in a checkbox for each event or as a “yes” or “no” response.  Indicate each event checked in the clinical reminder by entering a check in the checkbox for each applicable event.  If no events are checked, the clinical reminder includes a checkbox for “no, none of the above.” If this checkbox is marked, enter a check for “99.”  If the patient’s responses are recorded as “yes” or “no,” enter a check for each event that is answered “yes.”  If none of the events are checked or all six events are answered “no,” the screen is negative and considered complete.  If at least one box is checked or answered “yes,” the screening process continues to the next section. |
| 6 | tbisymp  tbisymp1  tbisymp2  tbisymp3  tbisymp4  tbisymp5  tbisymp99 | **Enter the patient’s answers to each symptom.**  Did you have any of these IMMEDIATELY afterwards?  **Indicate all symptoms that apply:**   1. Losing consciousness/knocked out 2. Being dazed, confused or “seeing stars” 3. Not remembering the event 4. Concussion 5. Head injury   99. No, none of the above checked | 1,2,3,4,5,99  Cannot enter 99 with any other number  If tbisymp1, tbisymp2, tbisymp3, tbisymp4, or tbisymp5 = -1, go to postsx, otherwise go to tbiout | **Second set of questions addresses immediate symptoms following the event.**  Indicate each symptom checked in the clinical reminder by entering a check in the checkbox for each applicable symptom.  If no symptoms are checked, the clinical reminder includes a checkbox for “no, none of the above.” If this checkbox is marked, enter a check for “99.”  If the patient’s responses are recorded as “yes” or “no,” enter a check for each symptom that is answered “yes.”  If “no, none of the above” is checked or all five symptoms are answered “no,” the screen is negative and considered complete.  If at least one box is checked or answered “yes,” the screening process continues to the next section. |
| 7 | postsx  postsx1  postsx2  postsx3  postsx4  postsx5  postsx6  postsx99 | **Enter the patient’s answers to each new/worsening symptom.**  Did any of the following problems begin or  get worse afterwards?  **Indicate all new/worsening symptoms that apply:**   1. Memory problems or lapses 2. Balance problems or dizziness 3. Sensitivity to bright light 4. Irritability 5. Headaches 6. Sleep problems   99. No, none of the above checked | 1,2,3,4,5,6,99  Cannot enter 99 with any other number  If postsx1, postsx2, postsx3, postsx4, postsx5, or  postsx6 = -1, go to sxnow, otherwise go to tbiout | **Third set of questions addresses new or worsening symptoms following the event.**  Indicate each new/worsening symptom checked in the clinical reminder by entering a check in the checkbox for each applicable symptom.  If no symptoms are checked, the clinical reminder includes a checkbox for “no, none of the above.” If this checkbox is marked, enter a check for “99.”  If the patient’s responses are recorded as “yes” or “no,” enter a check for each new/worsening symptom that is answered “yes.”  If “no, none of the above” is checked or if all six symptoms are answered “no,” the screen is negative and considered complete.  If at least one box is checked or answered “yes,” the screening process continues to the next section. |
| 8 | sxnow  sxnow1  sxnow2  sxnow3  sxnow4  sxnow5  sxnow6  sxnow99 | **Enter the patient’s answers to each current symptom.**  In the past week, have you had any of the symptoms from section 3?  **Indicate all current symptoms that apply:**   1. Memory problems or lapses 2. Balance problems or dizziness 3. Sensitivity to bright light 4. Irritability 5. Headaches 6. Sleep problems   99. No, none of the above checked | 1,2,3,4,5,6,99  Cannot enter 99 with any other number | **Fourth and last set of questions addresses current symptoms the patient may be experiencing.** Indicate each current symptom checked in the clinical reminder by entering a check in the checkbox for each applicable current symptom.  If no symptoms are checked, the clinical reminder includes a checkbox for “no, none of the above.” If this checkbox is marked, enter a check for “99.”  If the patient’s responses are recorded as “yes” or “no,” enter a check for each current symptom that is answered “yes.”  If “no, none of the above” is checked or if all six symptoms are answered “no,” the screen is negative and considered complete.  If at least one answer is “yes,” the TBI screen is completed.  **A positive answer in each of the four question sets constitutes a positive screen and the patient needs to be referred for further evaluation.** |
| 9 | tbiout | What was the outcome of the screen documented in the medical record?   1. Positive 2. Negative 3. Outcome not documented | 1,2,99   |  | | --- | | Warning if 2 or 99 and record flagged for TBI | | **Enter the outcome of the TBI screen as documented in the medical record.** |
| 10 | discpt | Did the record document that the findings of the TBI screen were discussed with the patient?  1. Yes  2. No | 1,2  **\*If tibout = 2 or 99, go out of module, else go to folotbi** | **In order to answer “yes,” there must be documentation in the progress notes that the nurse or clinician reviewed the findings of the TBI screen and referral with the patient.** |
|  |  | **Consult** |  |  |
| 11 | folotbi | Following the positive TBI screen, was a consult placed for a second level evaluation appointment?   1. Yes 2. No   98. Patient refused consult | 1,2,\*98  If 2, auto-fill tbirefdt as 99/99/9999, wherecon as 95, and go to inperson  **\*If 98, go to end** | **A positive TBI screen requires further evaluation to determine if the patient has TBI. The second level evaluation includes assessment for: TBI, conditions other than TBI that have similar symptoms, and the presence of any co-existing diagnoses.** |
| 12 | tbirefdt | Enter the date the consult was placed. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if  folotbi = 2   |  | | --- | | >= tbiscrdt and  <= pulldt | | The TBI Clinical Reminder generates a consult request for positive TBI screens. Verify the consult was placed by looking in the consult package for the date that the consult was placed.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 13 | wherecon | Where was the consult sent?   1. Consult sent within the facility 2. Consult sent to another VAMC within the VISN 3. Consult sent to VAMC outside the VISN 4. Consult sent to private sector   95. Not applicable | 1,2,3,4,95  Will be auto-filled as 95 if folotbi = 2 | If the consult was sent to a provider within the same VAMC where the TBI screen was completed, answer “1.”  If the consult was sent to a different VAMC within the VISN, answer “2.” If unsure whether the other VAMC is within the VISN, ask the liaison for assistance.  If the consult was sent a VAMC outside the VISN, answer “3.” |
| 14 | inperson | On the date of or within 14 days after the positive TBI screen, does the record document the facility notified the patient in person regarding the second level evaluation appointment. | 1,2  If 2, auto-fill persondt as 99/99/9999, and go to com2eval | If the facility arranging the second level evaluation appointment notified the patient in person regarding the second level evaluation appointment date, answer “1.”  If there is documentation that the patient was seen for the second level evaluation on the same day the positive TBI screen was completed, answer “1.” |
| 15 | persondt | Enter the date the facility notified the patient in person regarding the second level evaluation appointment. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if  inperson = 2   |  | | --- | | < = 14 days after or = tbiscrdt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |

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|  |  | **Second Level Evaluation** |  |  |
| 16 | com2eval | During the timeframe following the positive TBI screen up to and including the pull list date, does the record document a second level evaluation was completed by a licensed independent medical provider?  1. Yes  2. No | 1,\*2  **\*If 2 and inperson = 2, go to atempcon**  **\*If 2 and inperson = 1, go to refusevl** | **Second level evaluation following a positive TBI screen = the first specialized comprehensive evaluation completed most immediately following the positive TBI screen.** The second level evaluation should includethe origin or etiology of the patient’s injury, neurobehavioral symptom inventory (NSI), targeted physical exam, and a treatment plan.  The **licensed independent medical provider (LIMP)** performing the second level evaluation could be a physiatrist, neurologist, APN, or PA, or any other LIMP that has the competency and training to complete the evaluation.  **A second level evaluation performed on the date of the positive TBI screen is acceptable.** |
| 17 | sec1eval  sec2eval  sec3eval  sec4eval | Is there documentation the second level evaluation included the following components?   |  |  | | --- | --- | | **Components** | **Field Format** | | 1. Injury etiology (origin) | 1,2 | | 2. Neurobehavioral Symptom Inventory (NSI) | 1,2 | | 3. Targeted Physical Exam | 1,2 | | 4. Treatment Plan | 1,2 | | 1,2 | **Review the documentation in order to determine whether the second level evaluation included each of the following components:**  **1. Injury etiology =** documentation of thecauses or origin of the patient’s injury. Should include a description of the original injury (blast or explosion, vehicular accident/crash, fragment wound or bullet wound above the shoulders, fall).  **2. Neurobehavioral Symptom Inventory (NSI)** is a twenty-two item checklist used to identify common symptoms associated with TBI and to assist with development of a treatment plan. **Note:** If the NSI is completed by a professional other than a LIMP (physiatrist, neurologist, NP, or PA, or any other LIMP that has the competency and training to complete the evaluation), the LIMP must review the information with the veteran at the second level evaluation visit. The review and concurrence would be indicated by the signature of the LIMP on the note in CPRS.  **3. Targeted Physical Exam** = a physical exam that is focused on the patient’s problems and symptoms.  **4. Treatment Plan** = documentation of a plan to treat the patient’s problems or symptoms. The plan may include prescription of medications, referrals (e.g. PT, OT, speech, mental health), counseling and education, and when to return to clinician. |
| 18 | foevaldt | Enter the date the second level evaluation was completed following the positive TBI screen. | mm/dd/yyyy  If foevaldt – tbiscrdt is < = 30 days, auto-fill apptlatr as 95   |  | | --- | | >= tbirefdt and  <= pulldt | | Warning if foevaldt = tbiscrdt and inperson = 2 | | **Second level evaluation following a positive TBI screen = the first specialized comprehensive evaluation completed most immediately following the positive TBI screen.**  **If the components of the second level evaluation (injury etiology, neurobehavioral symptom inventory (NSI), targeted physical exam, treatment plan) are completed on different days, enter the date the last component was completed.**  **For example, the physiatrist documents injury etiology and the NSI on 10/24/10 and the treatment plan on 10/25/10. Enter 10/25/10 as the date the second level evaluation was completed.**  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 19 | wichcom | Which discipline completed the second level evaluation for the positive TBI screen?   1. Physician other than a physiatrist or neurologist 2. Nurse Practitioner 3. Clinical Nurse Specialist (CNS) 4. PA 5. Other provider 6. Physiatrist 7. Neurologist | 1,2,3,4,5,6,7 | Indicate which discipline completed the second level evaluation for the positive TBI screen. While more than one provider may be involved in the second level evaluation, the documentation should indicate that one provider had primary responsibility for conducting the evaluation.  If a physician other than a physiatrist or a neurologist completed the second level evaluation, select “1.”  If a physiatrist or a neurologist completed the second level evaluation, select “6” or “7” as applicable. |
| 20 | tbiteam | Was the clinician who completed the second level evaluation a member of a Polytrauma team?   1. Polytrauma Support Clinic Team 2. Polytrauma Network Site 3. Other | 1,2,3 | Polytrauma Support Clinic Team (PSCT) may include a physiatrist, neurologist, nursing and/or social work case manager, psychologist, and therapy specialties such as occupational therapy, physical therapy and speech therapy.  A Polytrauma Network Site (PNS) provides specialized, post-acute rehabilitation services in consultation with Polytrauma Rehabilitation Center. The PNS has an interdisciplinary team with specialized polytrauma training. |
| 21 | defdxtbi | As a result of the second level evaluation, did the clinician document a definitive diagnosis of TBI?   1. Yes 2. No | 1,2 | **In order to answer “1,” the licensed independent provider who conducted the second level evaluation must document the diagnosis of TBI in the record.** |
| 22 | evalrefr  evalrefr1  evalrefr2  evalrefr3  evalrefr4  evalrefr5  evalrefr6  evalrefr7  evalrefr8  evalrefr99 | As a result of the second level evaluation, did the clinician refer the veteran to any of the following:  **Indicate all that apply:**   1. Physical Medicine and Rehabilitation 2. Physiatrist 3. Neurology 4. Psychiatry 5. Psychology/Neuropsychology 6. Occupational Therapy 7. Physical Therapy 8. Speech Therapy   99. None of the above documented | 1,2,3,4,5,6,7,8,99  Cannot enter 99 with any other number | Physical Medicine and Rehab **=** the branch of medicine emphasizing the prevention, diagnosis, treatment, and rehabilitation of disorders that may produce temporary or permanent impairment.  Physiatrist = a physician specializing in physical medicine and rehabilitation (PM&R)  Neurology = medical specialty concerned with the diagnosis and treatment of disorders of the nervous system--the brain, the spinal cord, and the nerves.  Psychiatry = medical specialty concerned with the prevention, diagnosis, and treatment of mental illness |
| 23 | otherdx  otherdx1  otherdx2  otherdx3  otherdx4  otherdx5  otherdx99 | As a result of the second level evaluation, did the clinician document any other diagnoses?  **Indicate a1ll that apply:**   1. Pain 2. Post Traumatic Stress Disorder 3. Other Traumatic Stress Disorder 4. Other Mental Health Disorder 5. Other diagnosis   99. None of the above | 1,2,3,4,5,99  **\* If foevaldt – tbiscrdt is < = 30 days,**  **go to end**  **If inperson = 2, go to atempcon; else if inperson = 1, go to apptlatr**   |  | | --- | | Cannot enter 99 with any other number | | Other Traumatic Stress Disorders include readjustment problems which may manifest as many features of PTSD, but do not meet the full criteria for PTSD.  Mental Health Disorder may include a mental health diagnosis such as depression, bipolar disorder, anxiety, or other mental health diagnosis. |
|  |  | **Evaluation Delayed/Not Completed** |  |  |
| 24 | atempcon | On the date of or within 14 days after the positive TBI screen, does the record document the facility attempted to contact the patient regarding the second level evaluation appointment?  3. Contact attempt by telephone  4. Contact attempt by certified letter  5. Both 3 and 4  99. None of the above | 3,4,5,\*99  If 3, auto-fill letterdt as 99/99/9999 and go to success  \*If 99, go to apptlatr | In order to answer “3”, “4,” or “5,” a contact attempt by telephone and/or certified letter must be made on the date of or within 14 days after the positive TBI screen.  If a contact attempt by telephone or certified letter was not made on the date of or within 14 days after the positive TBI screen, answer “99.” |
| 25 | letterdt | Enter the date the certified letter was sent to the patient. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if  atempcon = 3   |  | | --- | | < = 14 days after or = tbiscrdt and < = pulldt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable |
| 26 | success | On the date of or within 14 days after the positive TBI screen, did any contact attempt by telephone or certified letter result in successful notification of the patient about the second level evaluation appointment? | 1,2  If 2 and atempcon = 5, go to cont1dt, else if 2, go to refusevl | In order to answer “1,” there must be medical record documentation that a telephone or certified letter contact attempt was successful in notifying the patient about the second level evaluation appointment.  For example, a clinic note or comment on consult documents, “Talked to patient via phone. Notified that appointment for further evaluation of his positive TBI screen is scheduled for 10/18/10.” Select “1.”  If the record documents a certified letter was sent to the patient and there is documentation that the patient subsequently contacted the facility to acknowledge or discuss the second level evaluation appointment, answer “1.”  If there is only documentation that a certified letter was sent to the patient, answer “2.” |
| 27 | successdt | Enter the date of the earliest contact attempt by telephone or certified letter that resulted in successful notification of the patient about second level evaluation appointment. | mm/dd/yyyy  \*If success = 1, go  to refusevl   |  | | --- | | < = 14 days after or = tbiscrdt and <= pulldt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable |
| 28 | cont1dt | On or date of or within 14 days following the positive TBI screen, enter the date of the first telephone attempt to contact the patient regarding the second level evaluation appointment. | mm/dd/yyyy   |  | | --- | | < = 14 days after  or = tbiscrdt and  < = pulldt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 29 | telecon2 | After the date of the first telephone attempt, but within 14 days following the positive TBI screen, does the record document a second telephone attempt to contact the patient regarding the second level evaluation appointment? | 1,\*2  \*If 2, go to refusevl | Second telephone attempt = a subsequent telephone attempt made after the date of the first telephone attempt, but within 14 days following the positive TBI screen.  Do not include a telephone attempt(s) made on the same date as the first telephone attempt. |
| 30 | cont2dt | Enter the date of the second telephone attempt to contact the patient regarding the second level evaluation appointment. | mm/dd/yyyy   |  | | --- | | > cont1dt and < = 14 days after  tbiscrdt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 31 | telecon3 | After the date of the second telephone attempt, but within 14 days following the positive TBI screen, does the record document a third telephone attempt to contact the patient regarding the second level evaluation appointment? | 1,\*2  \*If 2, go to refusevl | Third telephone attempt = a subsequent telephone attempt made after the date of the second telephone attempt, but within 14 days following the positive TBI screen.  Do not include a telephone attempt(s) made on the same date as the second telephone attempt. |
| 32 | cont3dt | Enter the date of the third telephone attempt to contact the patient by telephone regarding the second level evaluation appointment. | mm/dd/yyyy   |  | | --- | | > cont2dt and < = 14 days after  tbiscrdt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 33 | refusevl | On the date of or within 14 days after the positive TBI screen, was there evidence in the medical record that the patient refused the second level evaluation? | 1,\*2  \*If 2, go to apptlatr | In order to answer “1,” there must be documentation in the medical record by a staff member that the patient refused the second level evaluation.  For example, the patient initially agreed to consult placement for further evaluation of the positive TBI screen, but upon notification the patient informs the staff member, “I decided I don’t want to go for that appointment.” The staff member documents the patient’s refusal in the record. |
| 34 | refevldt | Enter the date of documentation indicating the patient refused the second level evaluation. | mm/dd/yyyy  **\*If refusevl = 1, go**  **to end**   |  | | --- | | < = 14 days after or = tbiscrdt and <= pulldt  < = 14 days after  or = tbiscrdt and  < = pulldt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |

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| 35 | apptlatr | Does the record document the patient requested an appointment greater than 30 days from the positive TBI screen date?  1. Yes  2. No  95. Not applicable | \*1,2,95  Will be auto-filled as 95 if foevaldt – tbiscrdt is < = 30 days  **\*If 1, go to end; else go to schappt** | If the facility attempted to schedule the appointment for the second level evaluation within 30 days of the positive TBI screen date and the patient requested an appointment greater than 30 days after the positive TBI screen, answer “1.” |
| 36 | schappt | Was an appointment for the second level evaluation scheduled during the 30 days after the positive TBI screen? | 1,\*2  **\*If 2, go to end** | **The intent of the question is to determine if an initial appointment for the second level evaluation was scheduled during the 30 days after the positive TBI screen.**  If the initial appointment was scheduled greater than 30 days following the positive TBI screen, answer “no.” |
| 37 | noshow | Does the record document the patient was a no show for the second level evaluation appointment scheduled during the 30 days after the positive TBI screen? | 1,2  If 1, auto-fill ptcancel as 95, and go to noapptdt | **The intent of the question applies to two possible scenarios:**  **1) The second level evaluation was completed greater than 30 days after the positive TBI screen and there is documentation that the patient did not show for the scheduled appointment during the 30 days after the positive TBI screen, or**  **2) The second level evaluation was NOT completed at anytime after the positive TBI screen and there is documentation the patient did not show for a scheduled appointment during the 30 days after the positive TBI screen,** |
| 38 | ptcancel | Does the record document the patient cancelled the second level evaluation appointment scheduled during the 30 days after the positive TBI screen?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if noshow = 1  If 2, auto-fill noapptdt as 99/99/9999, and go to refuse2 | **The intent of the question applies to two possible scenarios:**  **1) The second level evaluation was completed greater than 30 days after the positive TBI screen and there is documentation that the patient cancelled the scheduled appointment during the 30 days after the positive TBI screen, or**  **2) The second level evaluation was NOT completed at anytime after the positive TBI screen and there is documentation the patient cancelled the scheduled appointment during the 30 days after the positive TBI screen,** |
| 39 | noapptdt | Enter the date the patient was a no show or cancelled the initial second level evaluation appointment that was scheduled during the 30 days after the positive TBI screen? | mm/dd/yyyy   |  | | --- | | < = 30 days after tbiscrdt and <= pulldt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable |
| 40 | reschevl | On the date of or within 14 days after the patient was a no show or cancelled the initial second level evaluation appointment, does the record document that the facility successfully contacted the patient to reschedule the second level evaluation?  1. Yes  2. No | 1,2  **\*If 2, go to trycont** | The intent of this question is to determine if the facility contacted the patient to reschedule the second level evaluation appointment following the patient’s no show OR following patient cancellation of the second level evaluation appointment.  **In order to answer “1,” there must be medical record documentation that a telephone or certified letter contact attempt was successful in contacting the patient to reschedule the second level evaluation appointment.** |
| 41 | reschedt | Enter the date the facility successfully contacted the patient to reschedule the second level evaluation. | mm/dd/yyyy  **\*If reschevl = 1, go**  **to noshow2**   |  | | --- | | < = 14days after noapptdt and  <= pulldt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable |
| 42 | refuse2 | Is there evidence in the record that the patient refused the appointment for the second level evaluation?  1. Yes  2. No | 1,2  **\*If 1, go to end** | If the second level evaluation appointment was scheduled and there is subsequent documentation in the record that the patient refused, answer “1.”  If there is documentation in the record that the staff called to reschedule the patient following a no show and the patient refused the appointment, answer “1.” |
| 43 | noshow2 | Does the record document that patient did not show for the rescheduled second level evaluation appointment?  1. Yes  2. No | 1,2  **\*If 1 or 2, go to end** | If there is documentation the patient did not show for the rescheduled second level evaluation appointment, answer “1.” |
| 44 | trycont | On the date of or within 14 days after the patient was a no show or cancelled the initial second level evaluation appointment, does the record document the facility attempted to contact the patient to reschedule the second level evaluation appointment?  3. Contact attempt by telephone  4. Contact attempt by certified letter  5. Both 3 and 4  99. None of the above | \*3,\*4,5,\*99  **\*If 3, 4, or 99,** **go to end** | In order to answer “3”, “4,” or “5,” a contact attempt by telephone and/or certified letter must be made on the date of or within 14 days after the patient was a no show or cancelled the initial second level evaluation appointment.  If a contact attempt by telephone or certified letter was not made on the date of or during the 14 days after the patient was a no show or cancelled the initial second level evaluation appointment, answer “99.” |
| 45 | tryletrdt | Enter the date the certified letter was sent to the patient. | mm/dd/yyyy   |  | | --- | | < = 14 days after or = noapptdt and < = pulldt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable |
| 46 | try3tele | On the date of or within the 14 days after the patient was a no show or cancelled the initial second level evaluation appointment, does the record document at least three telephone attempts to contact the patient to reschedule the second level evaluation appointment? | 1,2  **\*If 2, go to end** | **If more than one phone attempt is made on the same day, count as 1 attempt. In order to answer “1,” there must be at least three telephone attempts made on different days within the specified timeframe.** |
| 47 | try1dt | Enter the date of the first telephone attempt. | mm/dd/yyyy   |  | | --- | | < = 14 days after  or = noapptdt and  < = pulldt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable |
| 48 | try2dt | Enter the date of the second telephone attempt. | mm/dd/yyyy   |  | | --- | | > try1dt and < = 14 days after noapptdt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable |
| 49 | try3dt | Enter the date of the third telephone attempt. | mm/dd/yyyy   |  | | --- | | > try2dt and < = 14 days after  after noapptdt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable |