

| Column Heading: | Description of data | More information online: |
|------------------------|--|--|
| Branch | Unique 4 digit identifier for a local long term care office. | Follow this link for office name, address, phone. |
| Name | Name of individual receiving long term care services: last name, first name. | |
| Prime | Unique, person specific Medicaid identification number. | |
| SSN | Social Security Number | |
| DOB | Date of Birth | |
| Telephone | Phone number for individual receiving long term care services. | |
| CCO | Coordinated Care Organization | |
| LivingSituation | What type of residence the individual lives in. | |
| SPL | Service Priority Level | Follow this link for information about service priority levels (OAR 411-015-0010). |
| AsmtDate | Date the last long term care service eligibility assessment was performed. | |
| TemporaryLine1 | Temporary address: street address line 1 | |
| TemporaryLine2 | Temporary address: street address line 2 | |
| TemporaryCity | Temporary address: city | |
| TemporaryState | Temporary address: state | |
| TemporaryZip | Temporary address: Zip code | |
| MailingLine1 | Mailing address: street address line 1 | |
| MailingLine2 | Mailing address: street address line 2 | |
| MailingCity | Mailing address: City | |
| MailingState | Mailing address: State | |
| MailingZip | Mailing address: Zip code | |
| ResidenceLine1 | Residence address: street address line 1 | |

| Column Heading: | Description of data | More information online: |
|-----------------------|---|--|
| ResidenceLine2 | Residence address: street address line 2 | |
| ResidenceCity | Residence address: City | |
| ResidenceState | Residence address: State | |
| ResidenceZip | Residence address: Zip code | |
| MedicareStatus | N/A = No Medicare, Fully dual = Yes Medicare | |
| Type | Long term care service setting | |
| LTCProvider | Long term care provider business name OR Last name, first name when no business name. In-home care providers not listed. | For in-home care services, the individual receiving care (or the auth. Rep/Guardian/POA) is the employer of the home care worker. The home care worker may only be contacted at the discretion of the individual receiving care. |
| LTCProviderPhone | Phone number of long term care provider (except in-home care providers). | |
| AuthRepName | Name of Authorized Representative of individual receiving care, if there is one. Last name, first name. | Click here for more information about Authorized Representatives (OAR 461-115-0090). |
| AuthRepPhone | Phone number of Authorized Representative. | |
| GuardianName | Name of Guardian, if there is one. Last name, first name. | Click here for more information about Guardians (ORS 125.3 through ORS 125.330) |
| GuardianPhone | Phone number of Guardian. | |
| PowerAttyName | Name of Power of Attorney, if there is one. Last name, first name. | Click here for more information about Power of Atrorney (ORS 12.002 through 127.045). |
| ServiceCaseWorkerName | Name of long term care case manager. First name last name. | |

| Column Heading: | Description of data | More information online: |
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| ServiceCaseWorkerPhone | Phone number of long term care case manager. | |
| <p>Risk Assessment Results: The data entries below are related to the results of the long term care risk assessment. All long term care clients will have a completed risk assessment by fall of 2013. Blank entries indicate that a risk assessment has not yet been completed.</p> | | |
| Access to Care/Services | High, medium, low or no risk related to access to care/services. | Click here for more information about risk assessments. |
| Adequacy/Availability of Natur | High, medium, low or no risk related to adequacy/availability of natural supports. | Click here for more information about risk assessments. |
| Behavioral Issues | High, medium, low or no risk related to behavioral issues. | Click here for more information about risk assessments. |
| Cognitive Functioning | High, medium, low or no risk related to cognitive functioning. | Click here for more information about risk assessments. |
| Income/Financial Issues | High, medium, low or no risk related to income/financial issues. | Click here for more information about risk assessments. |
| Mental/Emotional Functioning | High, medium, low or no risk related to mental/emotional functioning. | Click here for more information about risk assessments. |
| Natural Disasters/Extreme wea | High, medium, low or no risk related to natural disasters/extreme weather. | Click here for more information about risk assessments. |
| Other - Identify in plan | High, medium, low or no risk related to other issues identified in plan. | Click here for more information about risk assessments. |
| Physical Functioning | High, medium, low or no risk related to physical functioning. | Click here for more information about risk assessments. |
| Power Outage | High, medium, low or no risk related to power outage. | Click here for more information about risk assessments. |

| Column Heading: | Description of data | More information online: |
|--------------------------------|---|---|
| Safety/Cleanliness of Residenc | High, medium, low or no risk related to safety/cleanliness of residence. | Click here for more information about risk assessments. |
| Service Plan meets Mental/Emot | High, medium, low or no risk related to the service plan and how well it meets mental/emotional/behavioral needs. | Click here for more information about risk assessments. |
| Service Plan meets Physical/Me | High, medium, low or no risk related to the service plan and how well it meets physical/medical needs. | Click here for more information about risk assessments. |