Effective Health Care

Off-Label Use of Atypical Antipsychotic Drugs

Clinician Summary Guide published 12 Jul 2007

1. Introduction

Atypical antipsychotics are used primarily for schizophrenia and bipolar mania. They are also prescribed "off label" for symptoms like agitation, anxiety, psychotic episodes, and obsessive behaviors. These drugs can cause serious side effects. Evaluating research about how well atypical antipsychotics work for off-label conditions can help you weigh the benefits and risks of these drugs. The table at the end of the summary gives information on drug dosage and price.

Atypical Antipsychotics

Atypical antipsychotics are a newer class of antipsychotic drugs. Compared with the older, "typical," antipsychotic drugs, such as haloperidol (Haldol®) and chlorpromazine (Thorazine®), atypicals are thought to cause fewer serious or long-term side effects.

The atypical antipsychotic drugs reviewed are:

- Aripiprazole (Abilify®)
- Olanzapine (Zyprexa®)
- Quetiapine (Seroquel®)
- Risperidone (Risperdal®)
- Ziprasidone (Geodon®)

"Off-Label" Use

"Off label" refers to using a drug for conditions not listed on the Food and Drug Administration (FDA) label of approved uses. Drugs are commonly prescribed "off label" when approved drugs cannot be used or do not work. Off-label uses may be supported by clinical evidence. This guide covers the off-label use of atypicals for these six conditions:

- Dementia-related behavioral problems
- Depression
- Obsessive-compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)

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See Also

Policymaker Summary Guide
Final Research Review
Executive Summary

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- Personality disorders
- Tourette's syndrome in children and adolescents

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2. Clinical Bottom Line

Clinical Bottom Line

There is **no strong evidence** that atypical antipsychotics work for any off-label conditions, but there is some **medium level evidence** about three off-label conditions and about harms.

- **Olanzapine** (Zyprexa®) does not relieve depression for people who have not responded to serotonin reuptake inhibitors (SRIs). This applies to **olanzapine** (Zyprexa®) used alone or in combination with an SRI.
  Level of confidence: ●●○
- Adding **risperidone** (Risperdal®) or **quetiapine** (Seroquel®) to an SRI helps people with obsessive-compulsive disorder who have not responded to standard SRI treatment.
  Level of confidence: ●●○
- **Quetiapine** (Seroquel®), **olanzapine** (Zyprexa®), and **risperidone** (Risperdal®) reduce agitation and behavioral disturbances for people with dementia.
  Level of confidence: ●●○
- **Atypical antipsychotics** increase the risk of death for elderly people with dementia.
  Level of confidence: ●●○
- **Risperidone** (Risperdal®) and **olanzapine** (Zyprexa®) increase the risk of stroke for elderly people with dementia.
  Level of confidence: ●●○

Confidence Scale

The confidence ratings in this summary are derived from a systematic review of the literature. The level of confidence is based on the overall quantity and quality of clinical evidence.

High ●●●
There are consistent results from good quality studies.

Medium ●●○
Findings are supported, but further research could change the conclusions.

Low ●○○
There are very few studies, or existing studies are flawed.

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3. Table - Benefits of Off-Label Use

Using atypicals off label may help people with mental health conditions for which there are no FDA-approved alternatives. The chart on this page lists the results of research on the effectiveness of atypical antipsychotics for off-label conditions. There is insufficient evidence about many of these off-label uses because there are very few research studies, the studies are of poor quality, or study results are inconsistent.

Off-Label Condition[1]	Effective (medium level of confidence) ○○○	Not Effective (medium level of confidence) ○○○	Insufficient Evidence
Dementia-related behavioral problems	Olanzapine Quetiapine Risperidone	--	Aripiprazole Ziprasidone
Obsessive-compulsive disorder	Quetiapine[2] Risperidone[2]	--	Aripiprazole Olanzapine Ziprasidone
Depression (SRI resistant)	--	Olanzapine	Aripiprazole Quetiapine Risperidone Ziprasidone
Depression (bipolar)	--	--	All atypicals[3]
Depression (with psychotic features)	--	--	All atypicals
Personality disorders	--	--	All atypicals
Post-traumatic stress disorder	--	--	All atypicals
Tourette's syndrome in children and adolescents	--	--	All atypicals

[1] Treatment of adults unless otherwise specified.

[2] When used in addition to an SRI for people with obsessive-compulsive disorder that does not respond to standard SRI therapy.

[3] Bipolar depression was an off-label indication at the time of the research studies. In October 2006, the FDA approved quetiapine (Seroquel®) for bipolar depression.

SRI = serotonin reuptake inhibitor.

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4. Risks for Elderly People With Dementia

Death

Atypical antipsychotics increase the risk of death for elderly people with dementia:

- 35 deaths per 1,000 elderly people taking atypicals.
- 23 deaths per 1,000 elderly people taking placebo (inactive substance).
- The risk may be similar when conventional antipsychotics are used for dementia symptoms.

Stroke

Risperidone (Risperdal®) increases the risk of stroke for elderly people with dementia:

- 43 strokes per 1,000 elderly people taking risperidone (Risperdal®).
- 11 strokes per 1,000 elderly people taking placebo.

Olanzapine (Zyprexa®) increases the risk of stroke for elderly people with dementia:

- 13 strokes per 1,000 elderly people taking olanzapine (Zyprexa®).
- 4 strokes per 1,000 elderly people taking a placebo.

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5. Side Effects for Children and Adolescents

There is very little research about the side effects of atypical antipsychotics when used for children and adolescents with Tourette's syndrome. Risperidone (Risperdal®) is the only drug for which we have research about the side effects.

- **Risperidone** (Risperdal®) causes weight gain in children and adolescents. On average, children can gain from 4.5 to 8.5 pounds in 2-3 months of treatment.
- **Risperidone** (Risperdal®) also causes gastrointestinal problems, increased salivation, fatigue, extrapyramidal symptoms (uncontrollable movements), and sleepiness.

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6. Table - Side Effects for Adults: Off-Label Conditions

All of the atypical antipsychotics cause side effects. The chart below shows the side effects for adults taking an atypical antipsychotic for an off-label condition compared with those taking placebo. There are fewer studies of off-label use for some of the atypicals, especially quetiapine (Seroquel®) and ziprasidone (Geodon®). Because most off-label studies lasted less than 6 months, there is limited evidence about longer term side effects.

Side Effects	Olanzapine (Zyprexa®)	Risperidone (Risperdal®)	Aripiprazole (Abilify®)	Quetiapine (Seroquel®)	Ziprasidone (Geodon®)
Weight gain	▬▬▬	NSF	NSF	NSF	NSF
Cardiovascular problems	▬	▬	▬▬▬	NSF	NSF
Stroke	■	■	NSF	NSF	NSF
Extrapyramidal symptoms (uncontrollable movements)	▬▬	▬	▬	NSF	▬
Agitation	NSF	NSF	▬▬	NSF	NSF
Gait disturbance	▬	▬	NSF	NSF	NSF
Fatigue	▬	▬	▬▬	NSF	NSF
Sleepiness	▬▬	▬▬	▬▬	▬▬▬▬	▬
Headache	□	NSF	NSF	NSF	NSF
Cognitive problems	■	NSF	NSF	NSF	NSF
Pain	NSF	NSF	▬▬▬▬	NSF	NSF
Gastrointestinal symptoms	NSF	□	▬▬	▬	NSF
Urinary symptoms	▬	■	▬▬▬▬	NSF	NSF
Skin problems	NSF	NSF	▬▬	NSF	NSF
Dry mouth	▬	NSF	NSF	▬▬▬▬	NSF

The length of the bar indicates how many people typically experience the harmful effect.

▬▬▬▬	21-50%
▬▬	11-20%
▬	5-10%
■	Less than 5%
□	The harmful side effect occurred more often in people taking placebo (inactive substance) than in people taking the drug.
NSF	Insufficient evidence.

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7. Side Effects for Adults: The CATIE Study

There is limited evidence comparing the side effects of atypicals when used off label, but we have comparative data about on-label use for people with schizophrenia. The Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) is a large randomized study. It compares side effects of four atypicals-**olanzapine** (Zyprexa®), **quetiapine** (Seroquel®), **risperidone** (Risperdal®),

ziprasidone (Geodon®)-with perphenazine (Etrafon®, Trilafon®), a conventional ("typical") antipsychotic. People were followed for up to 18 months.

- Discontinuation due to extrapyramidal symptoms was 2-4 percent with the atypicals compared with 8 percent with the conventional antipsychotic perphenazine (Etrafon®, Trilafon®).
- Sleepiness, dry mouth, and sexual side effects each occurred in 20-30 percent of people with all the study drugs.
- All the study drugs caused weight gain. For some people, the gain was 7 percent or more of their baseline weight (14 lbs or more for someone weighing 200 pounds). The percentage of people gaining 7 percent or more was:
  - 30 percent of people on **olanzapine** (Zyprexa®).
  - 16 percent of people on **quetiapine** (Seroquel®).
  - 14 percent of people on **risperidone** (Risperdal®).
  - 7 percent of people on **ziprasidone** (Geodon®).
  - 12 percent of people on perphenazine (Etrafon®, Trilafon®).
- Discontinuation due to weight gain or metabolic effects was 9 percent in those using **olanzapine** (Zyprexa®) and 1-4 percent in people using the other study drugs.
- **Olanzapine** (Zyprexa®) caused greater increases in glycohemoglobin (+ 0.4 percent) and triglycerides (+ 43mg/dl) than the other study drugs.

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8. Still Unknown

- There is no strong evidence on the effectiveness and safety of atypical antipsychotics compared to each other, to conventional (typical) antipsychotics, or to standard treatments for these six off-label conditions.
- Long-term studies have not assessed whether the metabolic changes associated with olanzapine use lead to clinical diabetes.
- We do not know about the long-term effects of off-label use of atypical antipsychotics, because most research studies last 25 weeks or less.

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9. Dose and Price of Atypical Antipsychotics

Generic Name[1]	Brand Name[2]	Daily Dose[3]		Price for 1-Month Supply[4]
Aripiprazole	Abilify®	2	mg daily	$395
		30	mg daily	$555

Olanzapine	Zyprexa®	2.5	mg daily	$140
		15	mg daily	$590
		20	mg daily	$775
Quetiapine	Seroquel®	50	mg daily	$105
		200	mg daily	$210
		600	mg daily	$550
Risperidone	Risperdal®	0.25	mg twice a day	$220
		1	mg twice a day	$255
		2	mg twice a day	$425
		3	mg twice a day	$500
Ziprasidone	Geodon®	40	mg twice a day	$330
		80	mg twice a day	$375

[1]These drugs were evaluated in the systematic review

[2]No generics are available.

[3]Doses are representative of the range used across conditions in the research studies.

[4]Average Wholesale Price from *Drug Topics Redbook*, 2007.

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10. Source

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AHRQ created the John M. Eisenberg Center at Oregon Health & Science University to make research useful for decisionmakers. This guide was prepared by Somnath Saha, M.D., Sandra Robinson, M.S.P.H., Theresa Bianco, Pharm.D., Martha Schechtel, R.N., and David Hickam, M.D., of the Eisenberg Center.

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2. Bottom Line

Bottom Line

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- **Olanzapine** (Zyprexa®) does not relieve depression for people who have not responded to serotonin reuptake inhibitors (SRIs). This applies to **olanzapine** (Zyprexa®) used alone or in combination with an SRI.
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- Adding **risperidone** (Risperdal®) or **quetiapine** (Seroquel®) to an SRI helps people with obsessive-compulsive disorder who have not responded to standard SRI treatment.
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- **Quetiapine** (Seroquel®), **olanzapine** (Zyprexa®), and **risperidone** (Risperdal®) reduce agitation and behavioral disturbances for people with dementia.
  Level of confidence: ○○○
- **Atypical antipsychotics** increase the risk of death for elderly people with dementia.
  Level of confidence: ○○○
- **Risperidone** (Risperdal®) and **olanzapine** (Zyprexa®) increase the risk of stroke for elderly people with dementia.
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Depression (with psychotic features)	--	--	All atypicals
Personality disorders	--	--	All atypicals
Post-traumatic stress disorder	--	--	All atypicals
Tourette's syndrome in children and adolescents	--	--	All atypicals

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[3] Bipolar depression was an off-label indication at the time of the research studies. In October 2006, the FDA approved quetiapine (Seroquel®) for bipolar depression.

SRI = serotonin reuptake inhibitor.

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4. Risks for Elderly People With Dementia

Death

Atypical antipsychotics increase the risk of death for elderly people with dementia:

- 35 deaths per 1,000 elderly people taking atypicals.
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Risperidone (Risperdal®) increases the risk of stroke for elderly people with dementia:

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Side Effects	Olanzapine (Zyprexa®)	Risperidone (Risperdal®)	Aripiprazole (Abilify®)	Quetiapine (Seroquel®)	Ziprasidone (Geodon®)
Weight gain	▬▬▬	NSF	NSF	NSF	NSF
Cardiovascular problems	▬	▬	▬▬▬	NSF	NSF
Stroke	■	■	NSF	NSF	NSF
Extrapyramidal symptoms (uncontrollable movements)	▬▬	▬	▬	NSF	▬
Agitation	NSF	NSF	▬▬	NSF	NSF
Gait disturbance	▬	▬	NSF	NSF	NSF
Fatigue	▬	▬	▬▬	NSF	NSF
Sleepiness	▬▬	▬▬	▬▬	▬▬▬▬	▬
Headache	□	NSF	NSF	NSF	NSF
Cognitive problems	■	NSF	NSF	NSF	NSF
Pain	NSF	NSF	▬▬▬▬	NSF	NSF
Gastrointestinal symptoms	NSF	□	▬▬	▬	NSF
Urinary symptoms	▬	■	▬▬▬▬	NSF	NSF
Skin problems	NSF	NSF	▬▬	NSF	NSF
Dry mouth	▬	NSF	NSF	▬▬▬▬	NSF

The length of the bar indicates how many people typically experience the harmful effect.

▬▬▬▬ 21-50%
▬▬ 11-20%
▬ 5-10%
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		200	mg daily	$210
		600	mg daily	$550
Risperidone	Risperdal®	0.25	mg twice a day	$220
		1	mg twice a day	$255
		2	mg twice a day	$425
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OKC

"Getting To Know You ~ The Next 100 Years"

Agenda - Day 1 - June 19 & July 18, 2007

8:15 - 8:30	*Welcome* Dorya Huser, OSDH, Chief Long Term Care
8:30 - 9:30	*"How Ya' Doin'?"* Resident Assessment and Care Plans Christina Bundy, RN, OSDH, Survey Coordinator Pam Hall, RN, OSDH, Survey Coordinator Michelle Raney, RN, OSDH, Survey Coordinator
9:30 - 9:50	Break
9:50 - 11:30	*"How Ya' Doin'?"* Resident Assessment and Care Plans
11:30 - 12:45	Lunch (On your own)
12:45 - 2:00	*"Move It or Lose It!"* Assistive Devices for Restorative Care Sherril York, Ph.D., CAPE, Oklahoma ABLE Tech
2:00 - 2:20	Break
2:20 - 3:05	*"Move It or Lose It!"* Individualized Wheelchair Fitting Jamie Howell, MS, OT, Oklahoma Assistive Technology Center (June) Lynda Crouch, MS, OT, ATP, Oklahoma Assistive Technology Center (July) Jessica Tsotsoros, MS, OTR/L, ATP, Oklahoma Assistive Technology Center
3:05 - 3:25	Break
3:25 - 4:05	*"Fixin' To Change"* New and Proposed Rule Changes James Joslin, OSDH, Chief Health Resources Development Services
4:05 - 4:30	*"Fixin' To Change"* CMS Survey & Certification Letters in Review Jerry Taylor, OSDH, Enforcement Coordinator
4:30	Adjourn

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"Getting To Know You ~ The Next 100 Years"

Agenda - Day 2 - June 20 & July 19, 2007

8:15 - 8:30	*Welcome* **Dorya Huser, OSDH, Chief Long Term Care**
8:30 - 9:45	*"What's New?"* Federal Pharmacy Tag Revisions **Janet Pearce, RN, OSDH, Clinical Health Facility Surveyor** **Karen Gray, RD/LD, OSDH, Training Programs Manager** **Garrett Huxall, DPh, PharmD, CGP, FASCP, Deer Creek Consulting Tulsa**
9:45 - 10:05	Break
10:05 - 11:30	*"What's New?"* Federal Pharmacy Tag Revisions
11:30 - 12:45	Lunch (On your own)
12:45- 1:55	*"What Do Ya' Do Around Here?"* RN Responsibilities and Delegation of Duties **Louise Drake, RN, MHR, Oklahoma Board of Nursing**
1:55 - 2:15	Break
2:15 - 3:30	*"What Do Ya' Do Around Here?"* Nurse Aide Roles, Responsibilities and Retention **Lisa McAlister, RN, OSDH, Director Nurse Aide Registry**
3:30 - 3:50	Break
3:50 - 4:30	*"What Do Ya' Do Around Here?"* Nurse Aides Talk About Resident Centered Care **Mary Fleming, RN, OSDH, Director of Survey**
4:30	Adjourn

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Page #1

NURSING HOME

FINANCIAL ELIGIBILITY

REVISED 08/07

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
ELIGIBILITY REQUIREMENTS
NURSING HOME

OAC 317:35-19

CATEGORICAL RELATIONSHIP

Individual must be either

(A) aged 65
(B) disabled or blind according to the rules of the Social Security Administration (SSA)
(C) have minor children in the home (under age 18)
(D) be pregnant OR
(E) be under age 19

If categorical relationship (disabled or blind) has not already been established the OKDHS social worker submits the medical information to the Oklahoma Health Care Authority (OHCA), Level of Care Evaluation Unit (LOCEU), to request a determination of eligibility for categorical relationship while the SSA application is pending. LOCEU renders a decision on categorical relationship using the same definition used by SSA.

If the applicant has been denied by Social Security as not being disabled, the social worker CANNOT send to LOCEU for a disability decision.

RESIDENCE

The applicant must be residing in the State of Oklahoma with intent to remain.

CITIZENSHIP

The applicant must be either a citizen or lawful permanent resident that has been in the United States lawfully for a minimum of 5 years.

INCOME

Income must be below $3,000. If income is between $1,869 and $3,000, a Medicaid Income Pension trust must be established prior to applicant/client being determined financially eligible. The difference between the client's gross monthly income and $1,869 must remain in the Medicaid Income Pension Trust each month for the client to remain eligible.

If payment of income is made to the individual and another person(s), the income is considered in proportion to the individual's interest. Otherwise, we look at the income of the **applicant only** in determining income eligibility.

RESOURCES

Resource standard is $2,000 for an individual.

EXEMPT RESOURCES

Home property if equity is $500,000 or less, 1 automobile (as long as used 4 times per year for medical purposes), up to $7,500 in an irrevocable burial policy, $1,500 face value of life insurance if client does not have any other burial funds or policies.

TRANSFER OF ASSETS

(A) Transfers during the past 3 years but prior to 02/08/06

If the applicant or spouse has transferred any assets during the past 3 years he/she is potentially ineligible for nursing home benefits. The equity in the transferred amount is divided by $2,000 to determine how many months the applicant is ineligible. The ineligibility period begins with the date of transfer.

(B) Transfer on or after 02/08/06

Any transfer made by the applicant or spouse makes the applicant ineligible for a period of time. That ineligibility period is determined by taking the value of the transferred asset and dividing it by $132.85 to determine how many days of ineligibility the applicant is assessed. The ineligibility period cannot begin until the applicant is both institutionalized (resident of nursing home) and otherwise eligible for Medicaid were it not for the transfer. He/she must be below the $2,000 resources standard before the penalty period can begin.

DEEMING OF RESOURCES

If the total of a couple's resources is $27,000 or less, they are entitled to keep all of these resources. If the total of the couple's resources exceeds $25,000, all of the couple's resources are added together and divided by two. The community spouse can keep his/her one-half up to a maximum of $101,640. The applicant's one-half must be spent down to $2,000. This maximum amount increases in January of each year.

DEEMING OF INCOME

If the community spouse's gross monthly income is less than $2,541, the institutionalized spouse's income can be "deemed" to the community spouse to bring his/her income up to the $2,541 income level. This amount increases in January of each year.

ADDITIONAL ATTACHMENT

Susan Gaston, Ph.D., RN

VITA

Degrees

Kansas State University, Manhattan, Kansas
Degree: Ph.D., 1981
Emphasis on Adult Education and Psychology

University of California at San Francisco
Degree: M.S.N., 1973
Emphasis on Psychiatric Nursing and Psychology

Oklahoma Baptist University, Shawnee, Oklahoma
Degree: B.S.N., 1970
Emphasis on Nursing

Professional Experience

The University of Tulsa, School of Nursing, Director and Professor, 1990-present.

Ball State University, School of Nursing, Muncie, Indiana, Professor, 1985-1990.

Wichita State University, Department of Nursing, Wichita, Kansas, 1979-85
Associate Professor, 1982-85; Tenured 1983; Assistant Professor, 1979-82; Interim Chairperson, 1981-83

Marymount College of Kansas, Department of Nursing, Salina, Kansas, Assistant Professor, 1975-79

Manhattan Area Vo-Tech School, Department of Nursing, Manhattan, Kansas, Instructor, 1974-75

Pittsburg State University, Pittsburg, Kansas, Instructor, 1971-74.

PROFESSIONAL ACTIVITY (Selected)

A. Publications in Refereed Journals

Gaston, S., Pucci, J., and Goodwin, M. "Independent Learning Projects of Registered Nurses in a Mandatory Continuing Education State," Mobius. Vol. 7, No. 2, April 1987, pp. 40-43.

Gaston, S., Goodwin, M., and Pucci, J. "Independent Learning Projects of Registered Nurses," Kansas Nurse. Vol. 61, No. 4, April 1986, pp. 9-10.

Gaston, S. and Pucci, J. "Mandatory Continuing Education in Kansas--Three Years Later," The Journal of Continuing Education in Nursing, Vol. 13, No. 2, 1982, pp. 15-17.

"Nursing Faculty Evaluation of Continuing Education Offerings in Nursing," The Journal of Continuing Education in Nursing, Vol. II, No. 2, March-April 1980, pp. 10-13.

B. Session Chairperson:

Pucci, J. and Gaston, S. "Mandatory Nursing Continuing Education," selected for round table discussion topic and poster presentation through refereed process at Gateway to the Future: Challenge to Educators, sponsored by Stanford University Hospital, Intercollegiate Center for Nursing Education, and University of California, San Francisco, California in cooperation with American Nurses' Association Council on Continuing Education and Staff Development, in San Francisco, October 6-8, 1989.

C. Other Publications

"Attitudes of Approved Kansas Providers Toward CE Provider Evaluation Criteria Utilized by the Kansas State Board of Nursing," Evaluation of the Mandatory Continuing Education System for Nurses in Kansas. Publisher: Task Force on Continuing Education for Nurses in Kansas, July 1982, pp. 58-67.

Gaston, S., Pucci, J. and Goodwin, M. "Independent Learning Projects of Registered Nurses", in Stinson, S., Kerr, J., Gioannetti, P., Field, P., & MacPhail, J. (Eds.), Proceedings of the International Nursing Research Conference, Edmonton: University of Alberta, May 7-9, 1985, p. 147.

Gaston, S. and Pucci, J. "Continuing Education: It's the Law," Kansas State Board of Nursing Newsletter. Vol. 1, No. 3, April-May-June 1988, pp. 22-23.

Pucci, J. and Gaston, S. "Mandatory Nursing Continuing Education," abstract selected for inclusion in proceedings through refereed process at Gateway to the Future: Challenge to Educators, sponsored by Stanford University Hospital, Intercollegiate Center for Nursing Education, and University of California, San Francisco, California in cooperation with American Nurses' Association Council on Continuing Education and Staff Development, in San Francisco, October 6-8, 1989.

D. American Nurses Association (ANA), 1975 to present.

Accreditation Site Visitor, 1982-1995.
Member, Board on Accreditation and Executive Committee, 1988-90, Vice-Chairman, 1988-90.
Member, Accreditation Appeal Committee, American Nurses Credentialing Center, 1991-92
Member, Convention Education Program Committee, 1991.

E. State Nurses Association

Kansas State Nurses Association, Council on Continuing Education, Chairperson,1979-82
Indiana State Nurses Association, CE Review Program, Volunteer, ISPCEN/ISNA, 1985
Committee on Approval, Member,1986-90, Chairperson, 1988-90.
Oklahoma Nurses Association, Committee on Education, member, 1996-97.

Faye #2

NURSING HOME ELIGIBILITY DETERMINATION PROCESS

REVISED 08/07

NURSING HOME ELIGIBILITY DETERMINATION PROCESS

1. Prior to admission the Oklahoma Health Care Authority (OHCA) Form LTC-300R (Nursing Facility Level of Care Assessment Form) is to be completed by the nursing home for each potential nursing facility applicant.
   - This form must be received by the Level of Care Evaluation Unit (LOCEU) of the OHCA within 10 days of the resident's admission.
   - The nursing home will receive reimbursement for a maximum of 10 days prior to receipt by the OHCA of a properly completed LTC-300R and the Oklahoma Department of Human Services (OKDHS) workers cannot approve a client for payment for nursing home prior to that date.
2. The nursing home is to submit the OKDHS Form ABCDM-83 (Notification Regarding Patient in a Nursing Facility Intermediate Care Facility for the Mentally Retarded or Hospice), the OKDHS Form ABCDM-96 (Management of Recipient's Funds Form), and the OKDHS Form ABCDM-83-A (Request for Title XIX Nursing Assessment) to their local OKDHS office within 5 days after admission.
   - These forms are a request for services and the local OKDHS office will then send an application to the client and/or responsible party listed on these forms using the date of receipt of the ABCDM-83 and ABCDM-96 as the application date.
   - It is very important that good contact information be provided to the OKDHS office so the process can begin.
3. The OKDHS social worker mails the client and/or responsible party an application along with an OKDHS Form ADM-92 (County Client Contact and Information Request) requesting necessary verifications and completed application and requests the client/responsible party to schedule an interview if needed. The client/responsible party is required to respond within 10 days of the date of the ADM-92. The social worker determines financial eligibility and establishes a categorical relationship. Financially eligibility should be completed within 45 days of application.
4. The OKDHS worker sends the OKDHS Form ABCDM-37-D (Notice Regarding Financial Eligibility) to the OKDHS nurse.
5. The OKDHS nurse completes the medical eligibility within 20 working days and submits her determination to the OKDHS area nurse.
6. The area nurse enters the medical eligibility decision on the computer within 10 working days.
7. The social worker enters the certification and authorization on the computer.

MIKE FOGARTY
CHIEF EXECUTIVE OFFICER

BRAD HENRY
GOVERNOR

STATE OF OKLAHOMA

OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2007-27

May 4, 2007

Dear Nursing Facility Administrator:

On January 1, 2007, the Level of Care Evaluation Unit (LOCEU) of the Oklahoma Health Care Authority (OHCA) instituted statewide implementation of the Nursing Facility Level of Care Assessment Form (LTC-300R). This form is to be completed for each potential nursing facility applicant prior to admission and replaces the Preadmission Screening and Resident Review (PASRR) Level I Screen Form (LTC-300A).

We believe this new form will continue to improve the process for nursing facility eligibility and will assure compliance with federal mandates. The new LTC-300R provides the following advantages:

- satisfies the federally mandated PASRR screening process.
- provides more timely nursing facility determinations by DHS nurses.
- eliminates the requirement of submission of hard copies of the Minimum Data Set (MDS) for PASRR screening.

In order for the OHCA to comply with federal requirements, we require that the LOCEU receive the mailed LTC-300R form within ten days of the resident's admission. We advised nursing facility staff of this new time requirement during the various trainings conducted throughout the state prior to the January 1, 2007 statewide implementation date. During the transition, submission requirements were eased to allow nursing facilities to become familiar with the new regulations.

Please note that effective June 1, 2007 retroactive SoonerCare reimbursement will only be available for ten days prior to LOCEU's receipt of a properly completed LTC-300R. Also, any outstanding LTC-300R forms not received by the June 1, 2007 deadline will risk loss of retroactive SoonerCare reimbursement.

Please be sure to share this letter with your staff responsible for PASRR and MDS compliance. To review the rule, you may access the OHCA website at www.okhca.org, and under the "Providers" header, click on "Policies & Rules." The rule is located at OAC 317:30-5-123. If you have any questions, you may contact Kathy Smith at (405) 522-7309.

Thank you for providing care to our SoonerCare and O-EPIC members.

Sincerely,

Mike Fogarty

Oklahoma State Department of Health

Nurse Aide Registry

Statistics

Prepared for

Long Term Care Advisory Board

Wednesday, August 8, 2007

Lisa McAlister, BSN, RN
Director, Nurse Aide Registry

For questions regarding:
Nurse Aide Registry, call (405) 271-4085

Oklahoma State Department of Health - Nurse Aide Registry

Number of Individuals on the Nurse Aide Registry as of July 30, 2007

81,316

Total Nurse Aide Certifications on the Registry as of July 30, 2007

Adult Day Care	Certified Medication Aide	Home Health Aide	Developmental Disability Aide	Long Term Care Aide	Residential Care Aide	CMA GM	CMA IA	CMA RG	Feeding Assistant
186	14,154	29,349	7,845	71,634	954	190	172	973	326

Total Certification 126,756*

Initial Nurse Aide Certifications by Quarter FY 2007

Quarter	Adult Day Care	Certified Medication Aide	Home Health Aide	Developmental Disability Aide	Long Term Care Aide	Residential Care Aide	CMA GM	CMA IA	CMA RG	Feeding Assistant	Total Certs
1st	7	230	709	139	1,629	12	41	31	194	59	3,051*
2nd	4	265	638	121	1,485	15	56	54	234	52	2,924*
3rd	0	189	529	107	1,450	11	46	44	248	57	2,681*
4th	1	289	989	103	2,255	13	38	37	66	126	3,983*

Initial Nurse Aide Certifications by Quarter FY 2006

Quarter	Adult Day Care	Certified Medication Aide	Home Health Aide	Developmental Disability Aide	Long Term Care Aide	Residential Care Aide	CMA RG	Feeding Assistant	Total Certifications
2006	35	1,330	2,995	549	6,641	70	111	19	**11,750***

Initial Nurse Aide Certifications by Quarter FY 2005

Quarter	Adult Day Care	Certified Medication Aide	Home Health Aide	Developmental Disability Aide	Long Term Care Aide	Residential Care Aide	Total Certifications
FY 2005	13	1,446	3,272	614	6,748	38	**12,131***

Initial Nurse Aide Certifications for FY 2004

Quarter	Adult Day Care	Certified Medication Aide	Home Health Aide	Developmental Disability Aide	Long Term Care Aide	Residential Care Aide	Total Certifications
FY 2004	8	1,398	3,385	661	6,997	15	**12,464***

***Total Nurse Aides certified and added to the registry by the following:**

• Trained and tested or tested • Reciprocity from another state • Added to registry by waiver • Deemed to test without training