

- If this form is a resubmission, please enter the date and time of the original form that was completed and submitted. This information can be found at the bottom of the PDF that was e-mailed.
- Name of the person submitting this form - Please enter your name.
- E-mail address of the person submitting this form - Please enter your e-mail address.
- Fiscal Year - Please select the fiscal year in which this expense occurred.
- Quarter - Please select the quarter in which this expense occurred.
- Region of CMHC - Please select the region of the CMHC which the expenses occurred.
- Type of activity - Choose as many that apply. It is recommended that you choose one at a time and answer the questions that populate with each selection before selecting the next activity.
 - Attendance at trainings provided by or approved by DDID for current certified evaluators.
 - Method in which the training was completed - Please select one: in-person, online modules in CDS, live via zoom with DDID staff, shadowing of certified PASRR evaluator or other.
 - If selected in-person:
 - Dates of activity - please enter the date that the training was completed.
 - Who completed the training - please list the person's name.
 - How long did it take to complete the training - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - Who was the traveler - please list everyone that traveled.
 - What was the travel for - training or shadowing?
 - How much time was spent traveling to and from the training/shadowing location - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - Who incurred the travel expenses - please list the person that drove to the training.
 - What is the current mileage reimbursement rate for your agency - Please provide the rate that your agency currently reimburses (please use decimal point format).
 - What was the total miles for the trip - please list the number of miles to and from the training.
 - What were the total lodging expenses related to training (if lodging doesn't apply then enter 0.00)?
 - What were the total meal expenses related to training (if meals don't apply then enter 0.00)?
 - What was the registration fee for the training (if no registration fee, then enter 0.00)?
 - If selected online modules in CDS:
 1. Dates of activity - please enter the date that the training was completed.
 2. Who completed the training - please list the person's name.
 3. How long did it take to complete the training - 15 minutes is 1 unit (ex. 1 hour is 4 units).

4. Was DDID notified that the CDS modules were completed? Please answer yes or no.
 - If selected live via zoom with DDID staff:
 1. Dates of activity - please enter the date that the training was completed.
 2. Who completed the training - please list the person's name.
 3. How long did it take to complete the training - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - If selected shadowing of PASRR evaluator:
 1. Did the trainee ride to the evaluation being shadowed with another agency employee? Please answer yes or no.
 - If yes:
 - Who is the certified evaluator that is being shadowed by a trainee?
 - Who is the evaluator trainee shadowing the certified evaluator?
 - How much time did the trainee spend shadowing the certified evaluator?
 - 1. If no:
 - Dates of activity - please enter the date that the training was completed.
 - Who was the traveler - please list everyone that traveled.
 - What was the travel for - training or shadowing?
 - How much time was spent traveling to and from the training/shadowing location - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - What is the current mileage reimbursement rate for your agency - Please provide the rate that your agency currently reimburses (please use decimal point format).
 - What was the total miles for the trip - please list the number of miles to and from the training.
 - Who is the certified evaluator that is being shadowed by a trainee?
 - Who is the evaluator trainee shadowing the certified evaluator?
 - How much time did the trainee spend shadowing the certified evaluator?
 - If selected other:
 - What was the platform of the training? (Please indicate in-person or virtual)
 - If in-person:

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- Please tell the name of the training and the name and credentials of the presenter.
- Who completed the training - please list the person's name.
- How long did it take to complete the training - 15 minutes is 1 unit (ex. 1 hour is 4 units).
- Dates of activity - please enter the date that the training was completed.
- Who was the traveler - please list everyone that traveled.
- What was the travel for - training or shadowing?
- How much time was spent traveling to and from the training/shadowing location - 15 minutes is 1 unit (ex. 1 hour is 4 units).
- Who incurred the travel expenses - please list the person that drove to the training.
- What is the current mileage reimbursement rate for your agency - Please provide the rate that your agency currently reimburses (please use decimal point format).
- What was the total miles for the trip - please list the number of miles to and from the training.
- What were the total lodging expenses related to training (if lodging doesn't apply then enter 0.00)?
- What were the total meal expenses related to training (if meals don't apply then enter 0.00)?
- What was the registration fee for the training (if no registration fee, then enter 0.00)?
- If virtual:
 - Please tell the name of the training and the name and credentials of the presenter.
 - Who completed the training - please list the person's name.

- How long did it take to complete the training - 15 minutes is 1 unit (ex. 1 hour is 4 units).
- Dates of activity - please enter the date that the training was completed.
- Duties performed by PASRR Coordinator
- Type of PASRR Coordinator duties - Please select all that apply: significant change list, formal nursing facility training, supervision activities, provisional application review.
 - If selected significant change list the following questions appear:
 - Did PASRR Coordinator drive to the NF to complete the significant change list? Please answer yes or no.
 - If yes:
 - What is the current mileage reimbursement rate at your agency? (please use decimal point (ex. 0.45).
 - What was the total miles for the trip?
 - How much time was spent with the nursing facility completing the significant change list - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - If no:
 - How much time was spent with the nursing facility completing the significant change list - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - If selected formal nursing facility training the following questions appear:
 - What was the platform of the training? Please indicate in-person or virtual.
 - If in-person:
 - Dates of activity - please enter the date that the training was completed.
 - Who was the traveler - please list everyone that traveled.
 - What was the travel for - training or shadowing?
 - How much time was spent traveling to and from the training/shadowing location - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - What is the current mileage reimbursement rate for your agency - Please provide the rate that your agency currently reimburses (please use decimal point format).
 - What was the total miles for the trip - please list the number of miles to and from the training.

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- What nursing facilities were trained - please list all nursing facilities present.
- Please describe the content of the training - tell us what you trained the nursing facility on related to PASRR.
- How long did the training last - 15 minutes is 1 unit (ex. 1 hour is 4 units).
- If virtual:
 - Dates of activity.
 - What nursing facilities were trained - please list all nursing facilities present.
 - Please describe the content of the training - tell us what you trained the nursing facility on related to PASRR.
 - How long did the training last - 15 minutes is 1 unit (ex. 1 hour is 4 units).
- If selected supervision activities -
 - Choose one: (only one can be chosen per form so if more than one needs to be chosen then an additional form will need to be completed)
 - Assistance to PASRR evaluator related to LOI sent by DDID
 - If Selected:
 - Who was the supervisor - please list the person providing supervision.
 - Who was being supervised - please list the person receiving the supervision.
 - How long did the supervision session last - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - Assistance/Troubleshooting regarding KLOCS issues
 - If Selected:
 - Who was the supervisor - please list the person providing supervision.
 - Who was being supervised - please list the person receiving the supervision.
 - How long did the supervision session last - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - Participating in Medicaid requested activities/KLOCS testing
 - If Selected:
 - Who was the supervisor - please list the person providing supervision.
 - Who was being supervised - please list the person receiving the supervision.

- How long did the supervision session last - 15 minutes is 1 unit (ex. 1 hour is 4 units).
- Assistance with certification activities (answering questions, reviewing of Level II, providing feedback on Level II)
 - If Selected:
 - Who was the supervisor - please list the person providing supervision.
 - Who was being supervised - please list the person receiving the supervision.
 - How long did the supervision session last - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - Please explain the supervision activities - what was the supervision session about/what was discussed.
- If selected provisional application review -
 - Dates of activity
 - How much time was spent completing provisional tasks? (please answer in units)
 - How many provisional applications were reviewed?
 - How many provisional applications were approved?
- Pre-certification PASRR Training Activities
 - Method in which the training was completed - choose one: in-person with DDID staff, online modules in CDS assigned by DDID staff, live via zoom with DDID staff, shadowing of certified PASRR evaluator and other.
 - If selected in person with DDID staff-
 - Who completed the training - please list the name of the new evaluator/trainee.
 - How long did it take to complete the training - 15 minutes is 1 unit (ex. 1 hours is 4 units).
 - Date(s) of activity - please list the date or dates that the training and/or shadowing occurred.
 - Who was the traveler - please list everyone that rode in the car together.
 - What was the travel for (training or shadowing) - please choose one or both.
 - How much time was spent traveling to and from the training/shadowing location - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - Who incurred the travel expenses - please list the driver of the car.

- What is the mileage reimbursement rate at your agency - Please provide the rate that your agency currently reimburses (please use decimal point format).
- What are the total miles for the trip - please list the miles to and from the training/shadowing location(s).
- Total lodging expenses related to training - if lodging was utilized, please list the total amount spent, if not please list zeros with a decimal point.
- Total meal expenses related to training - if meals were purchased for in-person training please list the total amount spent (minus alcoholic beverages), if not please list zeros with a decimal point.
- Training registration fee - if the training required a registration fee please list the amount here, if not please list zeros with a decimal point.
- If selected online modules assigned by DDID staff-
 - Who completed the training - please list the name of the new evaluator/trainee.
 - How long did it take to complete the training - 15 minutes is 1 unit (ex. 1 hours is 4 units).
 - Was DDID notified that the CDS modules were completed - yes or no.
 - Dates of activity - please list the date or dates that the training and/or shadowing occurred.
- If selected live via zoom with DDID staff -
 - Who completed the training - please list the name of the new evaluator/trainee.
 - How long did it take to complete the training - 15 minutes is 1 unit (ex. 1 hours is 4 units).
 - Dates of activity - please list the date or dates that the training and/or shadowing occurred.
 - Did the trainee ride to the evaluation being shadowed with another agency employee - yes or no, choose one.
- If selected shadowing of certified PASRR evaluator –
 - Did the trainee ride to the evaluation being shadowed with another agency employee? Please indicate yes or no.
 - If yes:
 - Dates of activity.
 - Who is the certified evaluator that is being shadowed by a trainee?
 - Who is the evaluator trainee shadowing the certified evaluator? (please answer in units)
 - How much time did the trainee spend shadowing the certified evaluator? (please answer in units)
 - If no:
 - Dates of activity.

- Who was the traveler - please list everyone that rode in the car together.
- What was the travel for (training or shadowing) - please choose one or both.
- How much time was spent traveling to and from the training/shadowing location - 15 minutes is 1 unit (ex. 1 hour is 4 units).
- What is the mileage reimbursement rate at your agency - Please provide the rate that your agency currently reimburses (please use decimal point format).
- What are the total miles for the trip - please list the miles to and from the training/shadowing location(s).
- If selected other:
 - What was the platform of the training? (Please indicate in-person or virtual)
 - If in-person:
 - Please tell the name of the training and the name and credentials of the presenter.
 - Who completed the training - please list the person's name.
 - How long did it take to complete the training - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - Dates of activity - please enter the date that the training was completed.
 - Who was the traveler - please list everyone that traveled.
 - What was the travel for - training or shadowing?
 - How much time was spent traveling to and from the training/shadowing location - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - Who incurred the travel expenses - please list the person that drove to the training.
 - What is the current mileage reimbursement rate for your agency - Please provide the rate that your agency currently reimburses (please use decimal point format).
 - What was the total miles for the trip - please list the number of miles to and from the training.

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- What were the total lodging expenses related to training (if lodging doesn't apply then enter 0.00)?
- What were the total meal expenses related to training (if meals don't apply then enter 0.00)?
- What was the registration fee for the training (if no registration fee, then enter 0.00)?
- If virtual:
 - Please tell the name of the training and the name and credentials of the presenter.
 - Who completed the training - please list the person's name.
 - How long did it take to complete the training - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - Dates of activity - please enter the date that the training was completed.
- Payment for Social Security records
 - How much did the social security records cost? Please enter a dollar amount here.
 - Did the evaluator drive to the Social Security office to obtain needed documents? Yes or No
 - If yes
 - Dates of activity - please enter the date that the records were obtained.
 - Who was the traveler - please list everyone that traveled.
 - How much time was spent traveling to and from the Social Security office - 15 minutes is 1 unit (ex. 1 hour is 4 units).
 - What is the current mileage reimbursement rate for your agency - Please provide the rate that your agency currently reimburses (please use decimal point format).
 - What was the total miles for the trip - please list the number of miles to and from the Social Security office.
 - How much did the Social Security records cost? Please provide dollar amount.
 - Payment for certified mail -
 - Dates of activity - please enter the date that the records were obtained.
 - Did the evaluator drive to the post office to complete the certified mail? Yes or No
 - If yes, please list the traveler.

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- What is the current mileage reimbursement rate for your agency – Please provide the rate that your agency currently reimburses (please use decimal point format).
- What was the total miles for the trip – please list the number of miles to and from the post office.
- How much did the certified mail cost?
- Total Mileage Expense - This value will auto populate when the travel information is completed.
- Total Units - This value will auto populate when the unit questions are answered.
- Current PASRR rate - Please enter the billing rate for the current FY.
- Unit Cost - This value will pre-populate when the total units and the billing rate boxes are complete.
- Total Expenses - This value will pre-populate when all expenditure boxes are complete.
- Additional Information - If you have any additional information/special circumstances that you would like to provide related to these expenses please provide it here.
 - If you have multiple activities that require travel, you will not be able to enter them separately. You will have to add the number of miles for all trips and put in one box. Then specify in this additional information box how many miles for each event. Ex. in-person training = 50 miles and travel to NF for sig change = 14 miles.
- Certification - Please review and verify that you have entered everything accurately before submitting.

Once you submit the form you will have the option to click a button to download a copy of this form in PDF format. It is recommended that you do this to have for your records.

Thank you!