

## MAP 409 PASRR Level I Screen Instruction Sheet

### Section 1: The individual's Admission Information

This section is for general information concerning the individual.

Enter clients full first, middle and last name, address with city, state and zip code, and mailing address if different.

Enter client's date of birth, social security number and Medicaid ID if they have one.

Check the most accurate response to where client has lived for the last year.

Enter where client will be admitted from, i.e. the hospital, home, homeless shelter...

List the reason individual is seeking nursing facility admission, i.e. rehab, long term care, respite...

Expected length of stay: give an estimate for short term admissions, or show as indefinite for long term admissions.

Expected date of admission: list when you expect the client will be admitted to the nursing facility.

Admitting nursing facility: list your nursing facility (NF) here.

Region: list your Community Mental Health Center (CMHC)

Phone, Address, City, State, Zip: list this info for the admitting NF.

Check yes or no if the client has a legally appointed representative.

List their name and designation, i.e. guardian, POA, advocate...

Give the legally appointed individual's contact info.

List who is providing the information to complete this form.

List the relationship of the individual providing the information.

### Section 2: Mental Illness

Thoroughly go through each question in this section relating to diagnosis, level of impairment, and treatment. Information to complete this can be obtained from the H&P, psychosocial, hospital contact, family member, individual, or other supporting documentation.

2a: Diagnosis: Based on responses to your interview, and/or during the review of the documentation, is there Mental Illness documented in the medical record, or stated/suspected/suggested by the individual, family, or other documents? If yes, list the name of condition and the source of this information.

***\*If none identified, check "No" in box 2d and continue to section 3.***

2b. Level of Impairment: This section is used to determine if in the last 6 months the individual has had significant difficulty with interpersonal functioning, concentration, persistence and pace, and adaption to change due to the above listed condition. Based on responses to your interview and/or during the review of documentation if any of these are present, check the appropriate box.

***\*If none identified, check "No" in box 2d and continue to section 3.***

2c. Treatment: This section is used to determine if in the last 2 years, due to the above listed condition, the individual has required intensive psychiatric treatment or experienced episodes of significant disruption to their normal living situation that required supportive services. Based on responses to your interview and/or during the review of documentation if either of these apply, check the appropriate box.

***\*If none identified, check "No" in box 2d and continue to section 3.***

2d. SMI Indication: only check yes here if there is a positive response noted in ALL sections A, B, and C. Otherwise, the prior instructions in each section should have already indicated that 'no' is the appropriate response to this question.

### Section 3: Intellectual Disability (ID)

Thoroughly go through each question in this section relating to diagnosis, deficits in intellectual functioning, onset, and adaptive functioning. Information to complete this can be obtained from the H&P, psychosocial, hospital contact, family member, individual, or other supporting documentation.

3a. Diagnosis and intellectual functioning: Based on responses to your interview, and/or during the review of the documentation, is there an intellectual disability or intellectual deficits documented in the medical record, or stated/suspected/suggested by the individual, family, or other documents, AND did these begin prior to the age of 18?

3b. Adaptive functioning: Based on responses to your interview, and/or during the review of the documentation, does the individual have deficits in adaptive functioning, with onset prior to age 18, such as examples and descriptions in this section.

#### Section 4: Related Condition (RC)

Thoroughly go through each question in this section relating to diagnosis, onset, and functioning. Information to complete this can be obtained from the H&P, psychosocial, hospital contact, family member, individual, or other supporting documentation. A related condition is a severe, chronic disability closely related to intellectual disability (such as cerebral palsy, Down Syndrome, fetal alcohol syndrome, seizure disorder, and traumatic brain injury) which results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disability that requires similar supports. The condition must have manifested prior to the age of 22.

4a. Diagnosis and relation to ID: Based on responses to your interview, and/or during the review of the documentation, is there a related condition documented in the medical record, or stated/suspected/suggested by the individual, family, or other documents, AND did this begin prior to age 22? If yes, list type and source of information.  
***\*If none identified, continue to section 5.***

4b. Intellectual functioning: Based on responses to your interview, and/or during the review of the documentation, did the diagnosis result in impairment in general intellectual functioning?

4c. Adaptive functioning: Based on responses to your interview, and/or during the review of the documentation, did the diagnosis result in substantial functional limitations in 3 or more of the major life activities listed on the form?

#### Section 5: Exempted or delayed Level II referrals

This section is used to determine if the individual is eligible for an exemption or delay of the Level II

5a. Person is a exempt hospital discharge: Exempt hospital discharge for a period of up to 30 days (admitted to any nursing facility directly from a hospital after receiving acute in-patient care at the hospital, and requires nursing facility care for the condition for which he/she received care in the hospital; and whose attending physician has certified before admission to the facility that the individual is likely to require less than thirty (30) calendar days of nursing facility care). An Exempted Hospital Discharge Physician Certification form shall be completed and maintained in the resident's clinical record at the nursing facility. ***\*If an individual who enters the nursing facility as an exempted hospital discharge is later found to require more than 30 days of nursing facility care, the nursing facility must then refer the individual for a PASRR Level II evaluation as soon as it is known.***

5b. Person requires respite care: Time-limited, provisional admissions for respite for a period up to 14 days; a provisional admission form shall be completed and maintained in the resident's clinical record at the nursing facility. ***\*If the individual is not discharged within 14 days of this provisional admission, the nursing facility must refer for a PASRR Level II evaluation. The nursing facility will not be eligible for reimbursement after the 14<sup>th</sup> day of admission until a PASRR determination is made authorizing nursing facility level of care.***

5c. Person has a diagnosis of delirium: Time-limited, provisional admissions for delirium for a period up to 14 days; a provisional admission form shall be completed and maintained in the resident's clinical record at the nursing facility. ***\*If the individual is not discharged within 14 days of this provisional admission, the nursing facility must refer for a PASRR Level II evaluation. The nursing facility will not be eligible for reimbursement after the 14<sup>th</sup> day of admission until a PASRR determination is made authorizing nursing facility level of care.***

#### Section 6: Level II referral designation

This section is used to determine if the individual should be referred to the CMHC for a Level II evaluation if not exempted or delayed.

If there were any "yes" responses in sections 2(MI), 3(ID), or 4(RC); then you would mark "yes" the nursing facility staff will refer for a Level II. The Level II PASRR determination shall be completed prior to admission.

**PLEASE NOTE:** any other answers on the form are meant to lead toward the yes or no in each section, only if there is a "yes" answer should you mark "yes" to this question.

If no, the nursing facility should contact the PRO for the Medicaid level of care determination prior to admission.

Be sure to sign, list your title, date completed, and phone number. Also list the facility and its Medicaid provider number. Always keep the original of this form in the facility records. Send a copy to the CMHC if referred for a Level II.