

Instructions for Completing the Intellectual Disability Level II PASRR Evaluation

Page 1: **Applicant's Name**

First Name & Last Name

Race

White
African American
American Indian
Asian
Alaskan Native
Native Hawaiian/Pacific Islander
Hispanic

Marital Status

Single/Never Married
Married
Divorced
Co-habituating
Widowed
Separated
Unknown

Evaluation Location

Indicate the location of the individual at the point of interview or contact.

Legal Guardian

A Court appointed full guardian. This would not include POA's, financial representatives, etc. It is acceptable to list other representatives, but specify the relationship to the applicant.

ADA Accommodations

Americans with Disabilities Act. This would include adaptive devices, interpreters, or any assistive devices needed to perform the evaluation.

Referral Information

Include area codes with phone numbers.

Type of Referral

This should be consistent on all evaluations. However, there are instances when dually diagnosed residents require an update for only one diagnosis. Please indicate which by checking the appropriate box.

Mental Illness

An individual who meets the criteria on the MAP-409 for a serious mental illness.

Intellectual Disability

An individual who meets the criteria on the MAP-409 for intellectual disability.

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Related Condition

A condition similar to intellectual disability usually caused by a developmental delay during childhood (prior to age 22). See the MAP-409 for conditions that might be indicative of a related condition. ***Note that the individual would meet criteria for substantial functional limitations in three or more of the listed major life activities prior to age 22.***

Dual Diagnosis

An applicant or resident who meets the criteria for both mental illness and intellectual disability or related condition as identified on the MAP-409.

New Admission

An individual is a new admission of he/she is admitted to any NF for the first time or does not qualify as a re-admission. With the exception of certain hospital discharges described herein, all new admissions are subject to Level I screening.

Re-Admission

An individual is a re-admission of he/she was re-admitted to a NF from a hospital to which he/she was transferred for the purpose of receiving care. Re-admissions are not subject to Level I screening, but may be subject to a Subsequent Review if the person has experienced a significant change in condition as defined in 3.44 of this manual.

Hospital Exemption

An individual who currently resides in a hospital whose physician has completed the thirty (30) day exemption form stating that nursing facility is needed for management of the problem for which the individual was hospitalized. This stay is expected to be thirty (30) days or less.

Provisional Admissions

A request for a Level II PASRR should be initiated when it appears that the individual admitted under this provisional admission will not be discharged within the fourteen (14) days. The nursing facility will not be eligible for reimbursement after the fourteenth (14th) day of the admission date until a PASRR determination is made authorizing nursing facility level of care. There are two (2) categories of provisional admissions.

Delirium: An individual who is experiencing an episode of delirium related to a physical condition that is expected to resolve within fourteen (14) days.

Respite: An individual whose caregiver has requested admission to a NF for not more than two (2) weeks (fourteen (14) days) of relief from caregiver responsibility.

New to PASRR

An individual who resides in a nursing facility but has not previously had a Level II performed. This is usually someone who was admitted without adequate information to document the existence of a mental illness or intellectual disability/related condition diagnosis prior to admission.

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Initial Resident Review

An individual who was admitted to the nursing facility without a Level II having been performed prior to admission. This could include a hospital exemption, one of the provisional categories (delirium and respite), or an individual who did not appear to meet criteria upon admission, but new information becomes available or circumstances change.

Significant Change of Condition

A current resident of a NF (who has previously had a Level II evaluation) and experiences a change in physical or mental functioning that will affect that individual's need for either continued nursing facility stay as the least restrictive environment, or might now need specialized services and previously did not.

Subsequent Review

Significant change in condition line should be documented as the date the MDS triggered a significant change. ***The date of admission to the nursing facility is the initial admission date to the facility.***

Informational Sources

Directions for this component are fairly self-explanatory. It should be noted; however, that under record/document review that when previous Level II evaluations are used as an informational resource, this should be documented here

Page 2:

Date of Referral

Date the decision was made to complete the Level II

Date Completed

Date the evaluation was performed (face-to-face interview)

Evaluated by

Name and title of the evaluator, along with the date of the face to face interview

Name of Clinician

Name and title of the person who completed the IQ testing.

Date

Enter the date the testing was performed

Is Psychological Attached?

Please check "yes" and attach with the evaluation. If not, check "no".

DSM IV diagnosis

List the diagnosis with the most prominent symptoms on primary AXIS; list secondary if applicable. Document NONE where this applies/or defer if there is a questionable diagnosis. Document AXIS III, IV, and V if they are known and applicable to the situation.

If No Psychological is Available

If an applicant over the age of 18, or 22 for a developmental disability, cannot obtain the required psychological evaluation, the following shall qualify:
"Supporting documentation" as it relates to eligibility for placement on the SCL

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waiting list, which means: (a) A Psychological or Psycho-educational Report of the assessment results of at least an individual test of intelligence resulting in an IQ score and the results of an assessment of adaptive behavior abilities and shall be signed by the Licensed Psychologist: Licensed Psychological Associate; or Certified Psychologist with Autonomous Functioning who prepared the report; or (b) The assessment resulting in an Intelligence Quotient (IQ): 1. Will have been conducted before the age of 18 for diagnosis of an Intellectual Disability or age 22 for a diagnosis of a Developmental Disability (DD); or 2. If record prior to the age of 18 for an applicant with an intellectual disability or 22 for an applicant with a developmental disability cannot be obtained, the following shall qualify as supporting documentation: (a) Individual Education Plan (IEP) documentation which contains IQ score and report or description of adaptive behavior skills; (b) The results of the Psychological Assessment submitted during the course of guardianship proceedings; or 3. Results of a current Psychological Assessment to include evidence of onset prior to 18 for an intellectual disability or 22 for a developmental disability obtained through a comprehensive developmental history. The Assessment shall also provide documentation ruling out factors or conditions which may contribute to diminished cognitive and adaptive functioning, such as Severe Mental Illness, chronic substance abuse, or medical conditions

IQ Level Document IQ level if available. Include date obtained.

Medical Problems

List medical problems that are current. If an individual has a history of a disorder that is currently stable and not an active problem, note this in Impact of functioning column. List most current first and less active or historical diagnoses as they occurred in order. If hospitalized, the reason(s) for the hospitalization should be documented first.

Impact on Functioning

List the impact each disease has on **current** functional level.

Page 3: **Medications**

List medications here. Do not document “see attached list” on this section. Check the appropriate option for the individual’s ability to self-administer.

List PRN medications

List “**prescribed as needed**” medications and cite the behavior for which they are prescribed. Check those that have been administered for behaviors in the last 60 days.

Pages 4-7: **Part C: Independent/Instrumental Activities of Daily Living**

For each ADL or IADL, please select the appropriate offering. In some cases, more than one may be selected. Offer descriptive comments to further explain when needed. Please select the appropriate numerical rating for each ADL or IADL as described on the evaluation form, from 1-4. **Pre-morbid is defined as the highest level of functioning prior to the current illness or the current level of functioning.** Then, based upon the level of assistance required and the reasons for the assistance being needed, select the appropriate option for the service needed and/or receiving.

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Page 4: Self-Help Development: Toileting, Dressing, Grooming, Eating

Be specific regarding the level of assistance required. More than one selection might be appropriate. Add comments if the selection(s) do not adequately describe the level of functioning/assistance needed. Please select the appropriate numerical rating for pre-morbid functioning, so that Committee can estimate the level of functional loss related to illness, aging, or condition that relates to the developmental disability. For instance, a person with Cerebral palsy will likely deteriorate neurologically as they age.

Page 5: Sensorimotor Development: Ambulation, Speech

Document as specifically as possible. This component is very important for a correct rating of pre-morbid functioning.

Speech and Language

Note whether the applicant has ever spoken, if currently non-communicative. If it appears that he/she has good receptive communication (i.e., responds appropriately to interview), document this.

Page 6: Social Development: Maladaptive Behaviors

Document to what extent the applicant seeks out interaction. Document activities enjoyed and/or disliked in comments section. If the applicant is unable to communicate, please inquire with caregivers.

Academic/Educational

Document grade in school completed. If known, document why schooling was not sought or was stopped; also in comments section.

Independent Living Skills: Functional Learning

Choose the most appropriate option for IADL functioning.

Page 7: Vocational Development

Document any workshops or supervised work settings the applicant has attended. A person can be of retirement age, but still wish to work, if this is the case, circle retirement age only; then document the desire to work in the comments section.

Treatment History

Document treatment the applicant has received or is currently receiving. Document any current medical supports currently received and recommendations for additional medical supports Contact the specific PASRR office where he/she has lived, if not in your region.

Affective Development

Select the most applicable choice for current affective development. Rate pre-morbid abilities for decision making.

Page 8: Supports Currently Needed

Indicate if supports are currently needed to assist with activities listed. Use 'comments' section for further description.

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Pages 9-10 Comprehensive Medical History/Physical Examination Supplement

Specify either an attached document, or systems review performed by a staff member. If the document referred to is current, you may respond "See the attached document". If there are changes noted since the referenced document, please note the changes in the appropriate component.

Page 11: Summary of Findings

Briefly summarize the noted components. This is the summary that is forwarded to the individual's MD, so a brief, but thorough, summary is indicated.

Recommendations

Check the appropriately indicated box.

Page 12: Time Frames

Date of referral is that date when a decision was made to proceed with the Level II ID/DD evaluation. Date sent to nursing facility is just that. This date cannot be prior to the Committee letter date.

Specialized Services

This page also contains a description of specialized services. Compare the abilities of the person being evaluated with the criteria on Page 12, listed from 1-8. If most of these can be answered "yes", this individual may likely require some type of specialized service.

30-Month Placement Option

Select the appropriate option for the determination regarding specialized services. The 30 month option only applies to those evaluations that recommend specialized services. The 30 months is calculated back from the date of the first adverse determination. Adverse meaning that nursing facility is deemed inappropriate.

Page 13: Document the date of the final Committee determination and select the appropriate option by checking the appropriate box. Indicate to which party the interpretation of findings was sent by selecting the appropriate choice. Be sure the evaluator who performed the evaluation signs the interpretation of findings.