

Bulletin

June 2, 2010

Minnesota Department of Human Services -- P.O. Box 64941 -- St. Paul, MN 55164-0941

OF INTEREST TO

- County Social Service Directors
- Social Services Supervisors and Staff
- County Designated LMHA for PASRR
- County Public Health Directors
- Preadmission Screening Administrative Contacts
- Waiver Coordinators CADI, EW & TBI
- Nursing Facility Administrators/Social Workers
- Hospital Discharge Planners
- Tribal Agencies

ACTION/DUE DATE

Immediately.

EXPIRATION DATE

June 2, 2012

Update to Adult Mental Health Preadmission Screening and Resident Review (PASRR) and Level II screening form

TOPIC

The federal Preadmission Screening and Resident Review (PASRR) policies and procedures governing nursing facility (NF) admissions for persons who have or may have a serious mental illness.

PURPOSE

To assist all parties/stakeholders with the policies and procedures for PASRR Level II. This bulletin replaces DHS bulletin #08-53-02.

CONTACT

Maria L. Anderson
Adult Mental Health PASRR Coordinator
Minnesota Department of Human Services
(651) 431-2241
Dhsmn.pasrr@state.mn

SIGNED

L. READ SULIK, MD
Assistant Commissioner
Chemical and Mental Health Services Administration

All entities involved in the process for preadmission screening policies and procedures are required to become familiar with this information and changes, and to implement the preadmission guidelines consistent with the content in this bulletin. This bulletin replaces DHS bulletin 08-53-02.

BACKGROUND

Congress developed the Preadmission Screening and Resident Review (PASRR) program to ensure that admissions and retentions of people with serious mental illness in nursing and boarding care facilities are appropriate, as part of the Omnibus Budget Reconciliation Act (OBRA) 1987 commonly referred to as OBRA regulations. Federal Medicaid law and regulations require states to have a PASRR program to determine whether nursing facility applicants and residents meet nursing facility level of care and/or require specialized services for mental health care.

Under the PASRR program, the Medicaid statute prohibits Medicaid certified nursing facilities (NFs) from admitting any person with a serious mental illness (SMI) unless the state mental health authority (SMHA) or state Medicaid agency has determined that the person requires the level of services the facility provides. Further, the SMHA must determine whether the person requires specialized services to treat mental illness. If placing the person in a NF is deemed appropriate and the person requires specialized mental health services, the SMHA must provide or arrange the provision of such services. The SMHA also must review the needs of NF residents with SMI for NF services and specialized care. The SMHA may delegate or contract admission and determination decisions to any entity without direct or indirect ties to any nursing facility. In Minnesota, the SMHA has delegated responsibilities for PASRR to the county human service agency as the local mental health authority (LMHA) in the county where the person is physically located. This may not be the county of financial responsibility.

Regulations require that States complete specific procedures for preadmission screening to identify people who have or are suspected of having a mental illness. All applicants to either a Medicaid certified NF or boarding care facility, regardless of income, assets, or funding sources, must receive a Preadmission Screen (PAS) and Level I screening prior to admission.

Nursing facilities must not admit any new resident with a serious mental illness who has not received a PASRR determination that the person requires NF services and whether the person needs specialized services. No federal payment may be made for NF services provided to a person with a serious mental illness who has not been screened and approved for admission.

If Level I screening indicates the person may have a serious mental illness, a Level II evaluation and determination must be conducted. The Level II evaluation and determination requires a two-pronged process: (1) whether the person requires NF

services and (2) whether the person has a serious mental illness and if so, requires specialized mental health services. Determinations must be made based on an evaluation conducted by an independent mental health professional. People with SMI who do not require NF services may not be admitted to the NF. If the person with SMI needs NF services and specialized services, the local mental health authority (LMHA) with financial responsibility for the person must provide or arrange for such specialized services.

However, regulations allow states to expedite certain NF admission through advance group (categorical) determinations – Level II determinations based on categories for which NF services are normally needed. Some examples include provisional admissions pending further assessment in cases of delirium and emergency protective services. States must specify an appropriate time limit for provisional admissions. Further, a person later determined to need a longer stay must be given an individualized Level II resident review before continuation of the stay is permitted and payment is made for care beyond the state’s time limit. In cases of delirium in which an accurate diagnosis cannot be made until the delirium resolves and in emergency situations requiring protective services, patients may be admitted provisionally pending further assessment. An emergency admission must not exceed 7 days. Most persons who meet the criteria for a categorical NF determination must still have an individualized evaluation for the need for specialized services. In only two circumstances are specialized services categorical determinations permitted: in the provisional admissions categories for emergencies requiring protection and respite.

The statutory definition of serious mental illness for PASRR does not include persons with a primary diagnosis of dementia, including Alzheimer’s disease and other organic brain disorders. Refer to the Definitions section of this bulletin.

The need for mental health services does not preclude a person from admission to an NF. If NF care is appropriate, the need for mental health services must be assessed. The NF is responsible to provide and/or arrange for routine mental health services in the same manner that the NF provides required other medical and social services. However, if specialized services for mental illness are needed, the local mental health authority (LMHA) is responsible for arranging and/or providing the services identified in the plan of care.

LEGAL REFERENCES

Legal Authority for this bulletin includes:

Omnibus Budget Reconciliation Act (OBRA) 1987

Public Law 100-203, Title IV, Subtitle C, Part 2, Section 4211 (a)(3).

Minnesota Statutes, sections 256B.04, 256B.0911 and 256B.092.

Minnesota Rules, parts 9505.0175 to 9505.0475; 9505.2215; 9525.0004 to 9525.0036.

Code of Federal Regulations, title 42, chapter IV, parts 447.31; 483.1 - 483.75; and, 483.100 - 138.

PROCESSES

PREADMISSION SCREENING PROCESS (PAS)

Preadmission Screening/Community Assessment staff at each county performs tasks related to NF admissions, including determining the need for NF level of care and screening for mental illness. The determination decision is based on information about the person's health status, independence in activities of daily living, and availability of supports and services that could meet the person's needs either in the community or a nursing facility. The LMHA has responsibility for authorizing NF care and identifying the routine and/or specialized mental health services that are needed.

Due to the various populations and needs addressed, there are several discrete components within the PAS process and each has a distinct focus. The three components of the PAS process are:

- Preadmission Screening Assessment (PAS) – under the Long Term Care Consultation (LTCC)
- Level I Screening
- Level II Evaluation and Determination

PREADMISSION SCREENING (PAS)

The PAS identifies the person's need for NF level of care through a screening of the person's health status, independence in activities of daily living, and the availability of supports and services that could meet the person's needs either in an NF or in the community. The Preadmission Screening is conducted by the county social worker and/or public health nurse.

LEVEL I SCREENING

The Level I screening identifies whether the applicant has, or might have, a serious mental illness and is conducted by the LTCC intake team, county worker, or public health nurse. A Level I screen must be completed for all referrals independent of and prior to a NF admission.

Under the federal PASRR guidelines, a person is considered to have a serious mental illness if all three of the following criteria related to diagnosis, level of impairment, and duration of illness are met:

- The person has a diagnosis of mental illness as listed in the American Psychiatric

Association's Diagnostic and Statistical Manual of Mental Disorders (DSM), current edition, excluding a primary diagnosis of dementia, Alzheimer's disease, or other related cognitive conditions; **and**

- The disorder has resulted in significant impairment in major life activities within the past 3 to 6 months; **and**
- The person has received intensive mental health services within the past two years, such as inpatient or partial hospitalization, or other daily community-based mental health treatment and supervision.

If the results of the Level I screening indicate the possibility of a mental illness, a referral must be made to the LMHA who has responsibility to see that a Level II evaluation and determination is completed. If the results to the Level I screening indicate the possibility of a dual diagnosis of mental illness **and** mental retardation or a related condition, both the LMHA and mental retardation authority must be notified to conduct a Level II evaluation and determination. The county social service department is responsible for coordinating this process for persons who have or are suspected of having both a mental illness and mental retardation or a related condition, or reviewing already documented or available collateral information, such as clinical records/discharge summaries from a psychiatric hospitalization.

LEVEL II EVALUATION AND DETERMINATION

The Level II is implemented by the LMHA in the county where the person is physically located to determine whether the person does, in fact, have a mental illness. If a primary or secondary diagnosis of mental illness exists, the screening also determines if the person is covered by regulations under the Omnibus Budget Reconciliation Act (OBRA). An evaluation and determination of mental illness must be based upon current diagnostic and functional assessments and, in part, on the severity of the condition.

Determinations should be based not only on known diagnoses but also on behaviors or other presenting evidence that might be indicative of a serious mental illness. Additional supporting information may be obtained from all relevant resources to confirm the presence of a serious mental illness.

The Level II process includes the determination of need for further evaluation. If a serious mental illness is suspected and there is insufficient current diagnostic information or the information is older than 90 days, an independent mental health professional must complete a diagnostic assessment. The purpose of the diagnostic assessment is to confirm the diagnosis and determine if specialized services are needed or, if not, which routine mental health services would be beneficial. The independent mental health professional cannot be staff of the LMHA or the NF.

Level II evaluations and determinations must be made within an annual average 7 to 9 working days after persons are identified as suspected of having a mental illness (MI) and referred to the LMHA, and prior to admission to a NF. The results of the diagnostic

assessment must be completed before the Level II determination form can be completed.

If sufficient and current information, within 90 days prior to referral, is documented or available to determine whether a diagnosis of mental illness exists, further evaluation may not be indicated. The LMHA may use current information from all known relevant and independent sources but not limited to case management records to the extent that it provides diagnostic and functional assessment information. Diagnostic and functional assessments older than 90 days may be used if updated by the mental health professional.

If the Level II determines that the person has a serious mental illness, requires specialized services, and meets the criteria to be admitted to an NF, a plan must be developed by the LMHA to provide for any identified or prescribed specialized services.

When a person is already residing in an NF and a significant change of condition is identified in the person's mental condition, a Level II, or Resident Review, must be completed. This requirement applies whether the person residing in a NF already has a diagnosis of a mental illness or is now presenting symptoms that indicate a possible diagnosis. NFs must promptly report changes in a resident's mental health condition to the LMHA, which must then promptly conduct a review and determination.

The federal process known as Annual Resident Reviews is no longer required for NF residents who meet the definition of serious mental illness.

EXCEPTIONS TO PREADMISSION SCREENING REQUIREMENTS

Categorical Determinations

Admission to a NF may occur without further evaluation if the LMHA determines that the person meets one of the following categorical determinations.

A person may be admitted to a NF if suspected of having a serious mental illness and one of the categorical determinations is also met. However, referral to an independent mental health professional is required when the length of stay is expected to exceed the established time limits or the person's condition changes to a level where it could reasonably be expected that routine or specialized mental health services may be beneficial.

Convalescent Care/30 Day Exclusion

Convalescent care involves a period of recovery from an acute physical illness or surgery for which hospitalization was required. Admission to a NF must:

- directly follow inpatient care, **and**
- require convalescence for the same condition that resulted in hospitalization, **and**
- be ordered by the treating physician in writing with an estimated length of stay less than 30 days.

If the convalescent care period extends the 30 day period, the NF is responsible for

making a referral to the LMHA to initiate a Level I screening.

Terminal Illness

A terminal illness is defined as a health condition that, due to its nature, can be expected to cause the person to die. If a Level II evaluation is not completed based on assignment in this category, a signed statement from a physician that the person's life expectancy is six months or less must be in the person's active file.

Severe Physical Illness

The illness must result in a level of impairment so severe that, in the judgment of the LMHA, the person could not be expected to benefit from specialized services. This category includes but is not limited to coma, ventilator dependence, functioning at a brain stem level, advanced chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, end stage congestive heart failure and acute cardiovascular accident.

Respite Care

A brief and time-limited stay to provide respite to in-home caregivers may occur if the person requires the level of care provided by a NF. Each stay is limited to a maximum of 30 days in any 12 month period. Placement in community-based alternatives for respite is preferred.

Brief Emergency Stay

An emergency situation exists when the person is in a potentially harmful environment or the caregiver is suddenly incapacitated and cannot provide for the person's care. The limit for the stay is 7 days.

Delirium

This category may be used when the person is temporarily incapacitated such that an accurate evaluation cannot be made. Admission is considered provisional and limited to the time in which the delirium remains clinically evident.

Readmissions or Transfers

A person being readmitted to a NF or being transferred from another NF is not required to have a preadmission screening since this is not considered to be a new admission. However, the person is subject to resident review requirements. If the person does not have a documented Level I screening, the NF is responsible to see that the screening is performed and to ensure that the resident receives a Level II evaluation, if needed.

OUT-OF-STATE ARRANGEMENTS

The LMHA receiving the initial intake call for a NF admission must conduct the Level I screening. If the results indicate the need for a Level II evaluation and determination, the screening must be completed before the person leaves the state of residence. Title 42 of

the CFR requires that the state where the person is currently residing conduct and pay for the preadmission Level I screening and Level II evaluation and determination. Prior to admission, the completed Level I and Level II materials must be faxed to the NF intake worker and the LTCC or LMHA contact person in the county where the NF is located. The LTCC or LMHA contact person must sign off prior to admission. NOTE: A reciprocal agreement is in place between Wisconsin and Minnesota. Therefore, the above procedure does not apply to Wisconsin residents seeking admission to a NF in Minnesota, or Minnesota residents seeking admission to a Wisconsin NF. LMHAs are expected to use Minnesota's procedures for Wisconsin residents seeking admission to a Minnesota Medicaid certified NF.

APPEALS PROCESS

A Level I screening determination or finding is not subject to appeal. However, Level II determinations may be appealed. As part of a Level II appeal, Level I screening findings are subject to review and consideration. Any person who is a potential NF resident or already a resident of a NF and who is adversely affected by a PASRR preadmission screening or resident review determination may initiate an appeal by contacting the Appeals Division, Department of Human Services at (651) 431-3600 or (800) 657-3510. Appeal processes apply only to the person who is seeking admission or his/her legal representative.

NON-COMPLIANCE PENALTIES

Federal and state agencies are committed to protecting the rights of people with mental illness. The preadmission process has been developed to assure appropriate admission to a NF for a person with a diagnosis of serious mental illness. The NF is responsible for having a copy of the Level I and Level II on file in the active resident care record. Reimbursement to a NF for resident days of service for a person with a primary or secondary diagnosis of mental illness is authorized by the LMHA through the Level II determination process. Failure to comply with the preadmission screening process may result in non-payment and/or disallowance of Medicaid reimbursement for NF services. The penalty will be applied retroactively from the time the non-compliance is discovered. Repeated non-compliance could result in loss of Medicaid certification. Counties and facilities must work together to assure that a person with a mental health diagnosis is admitted or retained following the procedures outlined in this bulletin. The process must be corrected and completed immediately if it has not occurred or if it has been completed incorrectly.

Counties and nursing facilities are strongly encouraged to systematically and regularly review the status of NF residents who may have a primary or secondary mental health diagnosis. The review process and subsequent completion of required screenings and documentation does not prevent disallowance of MA funds if non-compliance with the PAS process is identified through an audit.

DEFINITIONS

BOARDING CARE

There are two types of boarding care facilities: Medical Assistance (MA) certified or non-MA certified. MA certified boarding care homes are a setting licensed by the state that provide personal and custodial care, as well as a range from minimal to skilled nursing services and are subject to PASRR policies and procedures. Non-MA certified homes are a setting which can be licensed by or registered with the state to provide assistance with some personal care and some health supervision activities.

CASE MANAGEMENT

Case management services as defined in the Comprehensive Adult Mental Health Act (Minnesota Statutes, section 245.467) means activities that are coordinated with the community support services program and are designed to help adults with serious and persistent mental illness gain access to needed medical, social, education, vocational, and other necessary services as they relate to the client's mental health needs. Case management services include developing a functional assessment, an individualized community support plan, referring and assisting the person to obtain needed mental health and other services, ensuring coordination of services, and monitoring the delivery of services.

DIAGNOSIS

Diagnosis is a term denoting the name of the disease(s) or syndrome(s) a person has or is believed to have. The primary diagnosis is the principal disease or syndrome and the secondary diagnosis is any diagnosis that follows the primary diagnosis. It may occur that a physical diagnosis, such as a hip fracture, is seen as primary along with a primary mental illness, in which case both may be recorded as primary.

DIAGNOSTIC ASSESSMENT

Diagnostic assessment means a written summary of the history, diagnosis, strengths, vulnerabilities, and general service needs of an adult with a mental illness using diagnostic, interview, and other relevant mental health techniques provided by a mental health professional that is used in developing an individualized treatment plan or individual community support plan.

FUNCTIONAL ASSESSMENT

For purposes of this bulletin, functional assessment means an assessment by an authorized mental health professional that includes:

- An assessment of the person's ability to engage in activities of daily living and the level of support that would be needed to assist the person to perform these activities while living in the community. The assessment must determine whether this level of support can be provided to the person in an alternative community setting or whether the level of support needed is such that a NF placement is required.
- An assessment of these additional areas: self-monitoring of health status;

self-administering and scheduling of medical treatment, including medication compliance; self-monitoring of nutritional status; handing of money; dressing appropriately; and grooming.

LEVEL I SCREENING

The Level I screening identifies whether the applicant has, or might have, a serious mental illness and is conducted by the LTCC intake team, county worker, or public health nurse. A Level I screening must be completed for all referrals irrespective of payment source prior to a NF admission.

LEVEL II EVALUATION AND DETERMINATION

The Level II determination is implemented by the local mental health authority (LMHA) to determine whether the potential NF resident or resident of a NF has a serious mental illness. The Level II process includes determination of the need for further evaluation through a diagnostic assessment and/or review of current, within the past 90 days, information.

LOCAL MENTAL HEALTH AUTHORITY (LMHA)

The local mental health authority is normally the county social service/welfare department. In reference to OBRA, the LMHA has been delegated the authority to make final determinations regarding NF admissions. To expedite the PASRR process, responsibility for these duties rests with the county of location, not financial responsibility. If specialized services are required, providing or arranging for these services rest with the county of financial responsibility. At the same time, the State retains oversight and final authority regarding compliance with OBRA.

MENTAL HEALTH PROFESSIONAL

Mental health professional means a person providing clinical services in the treatment of mental illness who is qualified in at least one of the following ways as defined in Minnesota Statutes, section 245.462, subdivision 18.

- In psychiatric nursing: a registered nurse who is licensed under sections 148.171 to 148.285 and who is certified as a clinical specialist in adult psychiatric and mental health nursing but a national nurse certification organization or who has a master's degree in nursing or one of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;
- (2) in clinical social work: a person licensed as an independent clinical social worker under chapter 148D, or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness;
- In psychology: a psychologist licensed under sections 148.88 to 148.98 who has stated to the board of psychology competencies in the diagnosis and treatment of mental illness;

- In psychiatry: a physician licensed under chapter 147 and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry;
- In marriage and family therapy: a marriage and family therapist licensed under sections 148B.29 to 148B.39 with at least two years of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness; or
- In allied fields: a person with a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

NURSING FACILITY (NF)

In reference to PASRR, the term *nursing facility* refers to any Medicaid certified nursing facility or boarding care facility licensed by the State.

OBRA

The Omnibus Budget Reconciliation Act of 1987 (OBRA) specifically includes language that describes responsibilities of the state's mental health authorities to protect the rights of people with mental illness seeking admission, admitted to, or residing in a Medicaid certified NF. The language was codified under CFR Title 42-Public Health, Chapter IV, Part 483, Requirements for States and Long Term Care Facilities.

The OBRA acronym is used informally to designate the Preadmission Screening process.

PREADMISSION SCREENING (PAS)

This process determines the person's need for the level of care provided in a NF. The process includes an assessment of the person's health status, independence in activities of daily and/or instrumental living, and the types of services required to meet the person's needs. The authority for and requirements of this process are contained in Minnesota Statutes, section 256B.0911. The process outlined in this statute includes the components and related parts of the Preadmission Screening, the Level I Screening, and referral for completion of the Level II evaluation and determination. Completion of required level of care determination and Level I screening is required for all admissions to all certified Minnesota nursing facilities, certified boarding care facilities, and admission to "swing" beds. Medicaid payment for these facility-based services will be made only when required PAS activity is completed and documented in the Medicaid Management Information System (MMIS).

ROUTINE MENTAL HEALTH SERVICES

Routine mental health services as provided or arranged by a nursing facility include facilitating access to routine mental health appointments, such as outpatient treatment, and providing medication management.

SERIOUS MENTAL ILLNESS

To be classified as a serious mental illness, all three of the following criteria must be met:

- The illness is a major mental disorder listed in the American Psychiatric

Association's Diagnostic and Statistical Manual of Mental Disorders, current edition, excluding a primary diagnosis of dementia, Alzheimer's disease, or other related cognitive conditions; **and**

- The disorder has resulted in functional limitations in major life activities within the past three to six months that would be appropriate for the person's developmental stage; **and**
- The treatment history indicates that the person has experienced at least one of the following:
 - Psychiatric treatment more intensive than outpatient care (e.g. inpatient or partial hospitalization) more than once in the past two years, **or**
 - Within the past two years and due to the mental disorder, has experienced an episode of significant disruption to the normal living situation for which supportive services were required to maintain functioning in the home or in a residential treatment center, or which resulted in intervention by housing or law enforcement officials.

SPECIALIZED SERVICES

The federal definition includes services specified by the State which, combined with services provided by a NF, result in the continuous and aggressive implementation of an individualized plan of care for a person with a serious mental illness that:

- Is developed and supervised by an interdisciplinary team which includes a physician, qualified mental health professional and, as appropriate, other professionals;
- Prescribes specific therapies and activities for the treatment of a person experiencing an acute episode of serious mental illness, which necessitates supervision by trained mental health personnel; and
- Is directed toward diagnosing and reducing the resident's behavioral symptoms that necessitated institutionalization, improving the person's level of independent functioning and achieving a functioning level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.

The State of Minnesota maintains that these services can be provided across the continuum of mental health community-based and institutional settings. Because specialized services are by definition individualized, the State has chosen not to develop a specific list of services. Examples of specialized services include but are not limited to partial hospitalization, vocational rehabilitation, community support, independent living skills programming, assertive community treatment (ACT), intensive case management, enhanced housing support, crisis/emergency services, enhanced individualized programming in residential mental health treatment settings, and inpatient psychiatric treatment.

STATE MENTAL HEALTH AUTHORITY (SMHA)

The state mental health authority is the designated state agency that is responsible for the development, implementation, and oversight of mental health programs. In Minnesota,

the SMHA is the Department of Human Services.

**ATTACHMENT A – PREADMISSION SCREENING PROCESS (PAS) PROCESS
(DHS-3457A-ENG, 1-08)**

ATTACHMENT B - LEVEL I SCREENING FORM (DHS-3426-ENG, 1-08)

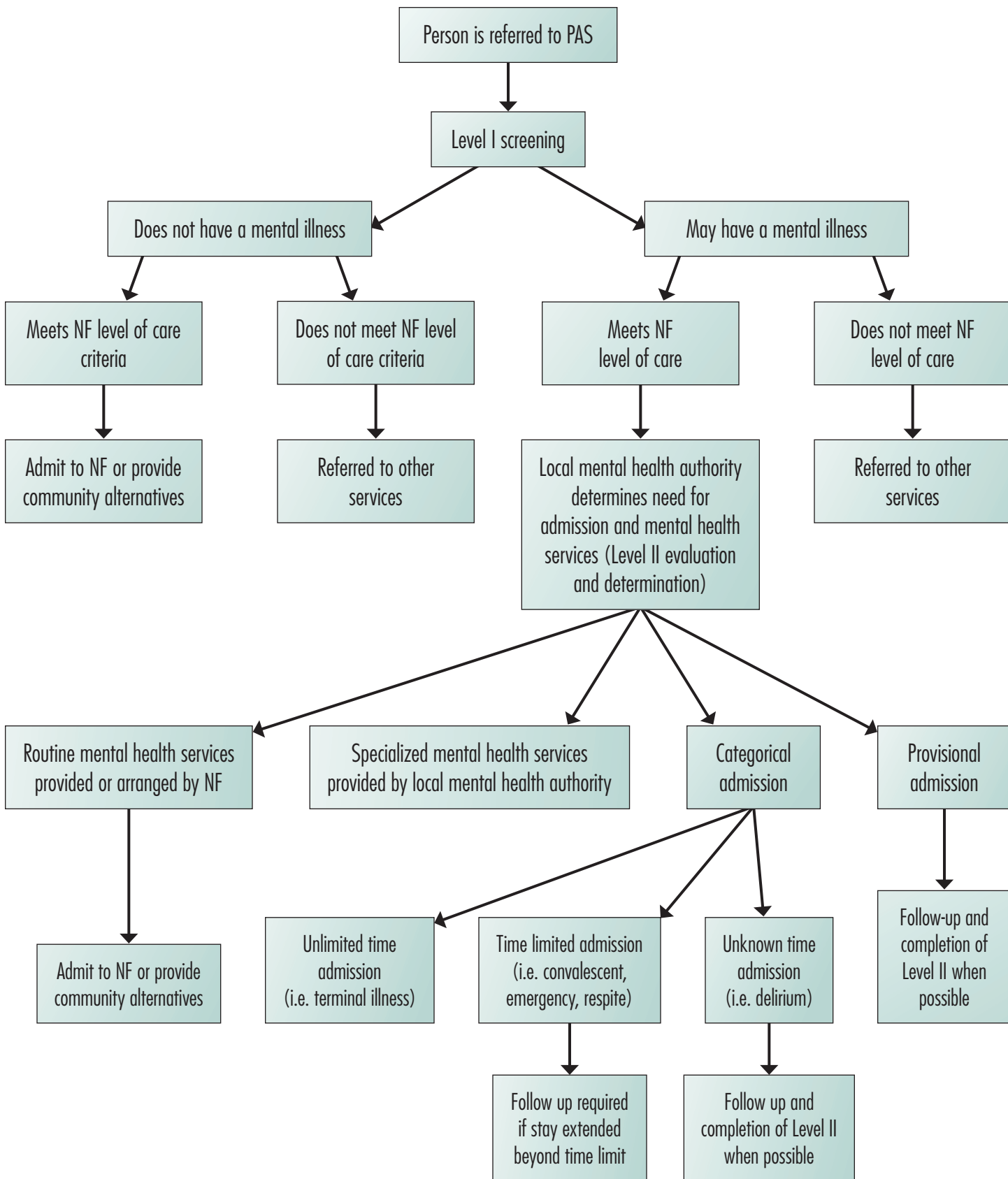
ATTACHMENT C – LEVEL II FORM (DHS-3457-ENG, 5-10)

Americans with Disabilities Act (ADA) Advisory

This information is available in alternative formats to individuals with disabilities by calling (651) 431-2241 (voice) or toll free at (800) 627-3529. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.



Preadmission Screening (PAS) Process for Persons with Mental Illness





Long Term Care Consultation Program

OBRA Level I Criteria

Screening for Mental Retardation or Mental Illness

This form must be completed for person seeking admission to a Medical Assistance certified nursing or boarding care facility or as part of a community assessment.

PERSON'S NAME	DATE OF BIRTH (mm/dd/yyyy)
PMI # (IF APPLICABLE)	DOCTOR/PHONE #

Mental Retardation or Related Condition: In order to consider a person for referral for further evaluation and determination of need for specialized services, an individual may meet ANY of the following criteria; diagnosis, history, or evidence of mental retardation.

1. Does the person have a diagnosis of mental retardation or a related condition? YES NO
2. Has this person ever been considered to have mental retardation or a related condition in the past? YES NO
3. Is there any presenting evidence (cognitive or behavioral) that may indicate the presence of mental retardation or related condition? YES NO
4. Has the person been referred for nursing or boarding care facility placement by an agency that serves persons with mental retardation or related condition? YES NO

If you have answered **yes** to **any** of the previous questions, refer the person to the county offices for persons with developmental disabilities or related conditions for evaluation and determination of need for specialized services.

If the person is being admitted to a certified nursing or boarding care facility and is not subject to a level I I referral forward this form to the facility for inclusion in the person's record. If the person is not being admitted to a facility but is seeking community services retain this form in the person's county record.

Reassessment

 CHANGE

 NO CHANGE

SIGNATURE OF SCREENER	DATE (mm/dd/yyyy)
SIGNATURE OF SCREENER (UPON REVIEW)	DATE (mm/dd/yyyy)
REASSESSMENT SIGNATURE OF SCREENER	DATE (mm/dd/yyyy)

Long Term Care Consultation Program

Screening for Mental Retardation or Mental Illness

This form must be completed for a person seeking admission to a Medical Assistance (MA) certified nursing or boarding care facility OR as part of a community assessment.

PERSON'S NAME	DATE OF BIRTH (mm/dd/yyyy)
PMI # (IF APPLICABLE)	DOCTOR/PHONE #

Mental Illness: In order to refer a person for further evaluation and determination of need for specialized mental health services, the person must meet **all** of the following criteria on diagnosis, level of impairment and duration of illness.

1. Does the person have a major mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders (DSM), current edition excluding a primary diagnosis of dementia, Alzheimer's disease, or other related cognitive conditions? YES NO

and

2. Has the major mental disorder resulted in significantly impaired functioning in major life activities that would be appropriate for the person's developmental stage within the past 3 to 6 months? YES NO

and

3. Does the person's treatment history indicate at least one of the following: YES NO
- Psychiatric treatment more intensive than outpatient care (partial hospitalization or inpatient hospitalization) more than once in the last two years? OR
 - Within the past two years and due to the mental disorder, the person has experienced an episode of significant disruption to the normal living situation for which supportive services were required to maintain functioning at home or in a residential treatment center, or which resulted in intervention by housing or law enforcement officials?

If your answer is **yes** to **all** of the questions above and the person is seeking admission to a MA certified nursing facility a boarding care facility, refer the person to the county local mental health authority for completion of a Level II evaluation and determination of need for specialized services. If the person is seeking a community placement, retain the form in person's record and refer the client to others (county social services, county mental health office, physician, health plan) to receive necessary mental health services.

If your answer is **no** to **any** of the questions above:

- And the person is seeking admission to a MA certified nursing facility or boarding care facility, send the form to the admitting facility for inclusion in the person's records.
- And the person is seeking community placement, retain the form in the person's file. If in the future the person is admitted to a nursing facility, review the form for accuracy and send to the facility.

Reassessment

CHANGE

NO CHANGE

SIGNATURE OF SCREENER	DATE (mm/dd/yyyy)
SIGNATURE OF SCREENER (<i>upon review</i>)	DATE (mm/dd/yyyy)
REASSESSMENT SIGNATURE OF SCREENER	DATE (mm/dd/yyyy)



Evaluative Report

Level II Preadmission Screening (PAS) for Persons with Mental Illness

Determination for Nursing Facility Admission

Persons identified during Level I screening as having or suspected of having a mental illness and who apply as new admissions to Medicaid certified nursing facilities (NF) on or after January 1, 1989 must be referred to the local mental health authority (LMHA) for further review and/or evaluation by an independent mental health professional, regardless of payment source (42CFR483.106).

Assessment Type
<input type="checkbox"/> INITIAL ASSESSMENT
<input type="checkbox"/> RE-SCREENING
<input type="checkbox"/> 90 DAY REVIEW
<input type="checkbox"/> ANNUAL REVIEW

*Note: This form does NOT need to be filled-out for persons seeking a waiver, or with a primary diagnosis of Dementia.

SECTION A: APPLICANT INFORMATION Please fill out completely

COUNTY OF FINANCIAL RESPONSIBILITY		
LAST NAME	FIRST	MI
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PMI NUMBER (MA NUMBER)
REASON FOR SCREENING		
SOURCE OF REFERRAL	ADMITTING NURSING FACILITY	
NURSING FACILITY COUNTY	PREVIOUS LEVEL II ASSESSMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ASSESSMENT DATE (MM/DD/YYYY)

PERSON IS CURRENTLY

MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
LIVING SITUATION PRIOR TO NF DETERMINATION <input type="checkbox"/> Living Independently <input type="checkbox"/> Living with Others <input type="checkbox"/> Hospitalized <input type="checkbox"/> Homeless <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Other: _____

SECTION B: DETERMINATION OF NEED FOR FURTHER ASSESSMENT

Please fill out completely

Has a mental health diagnostic assessment been scheduled?

 YES

If scheduled, wait for results of the diagnostic assessment before completing the remainder of this form.

Diagnostic Assessment Schedule (to be completed within 7-9 working days and prior to admission)

DATE (MM/DD/YYYY)	WITH (NAME & TITLE)		
AGENCY NAME		ADDRESS	PHONE

 NO

If sufficient information is documented or available, proceed with completion of this form. The LMHA may use current information from all relevant and independent sources known to the LMHA, including but not limited to case management records, to the extent it provides diagnostic and functional assessment information. The nursing facility of potential admission does not meet the definition of an independent source for diagnostic purposes. Diagnostic and functional assessments older than 90 days may be used if updated by the mental health professional. *Attach all relevant material.*

SECTION C: FINDINGS AND RECOMMENDATIONS

Please fill out completely

1. The applicant has no evidence of mental illness and is not in need of specialized services.
2. The applicant has a documented mental illness (exclusive of dementia, Alzheimer's disease and other related conditions), does not need specialized services, and the PAS screening team has determined that the applicant meets the criteria for NF care. The NF is responsible for arranging routine mental health services.

FOLLOW-UP/MONITORING PLAN

3. The applicant has a documented mental illness, needs specialized services, and PAS has determined that the applicant meets the criteria for NF care. The county of financial responsibility will provide or arrange for the following specialized mental health services:

A.
B.
C.
D.

(continued on page 3)

SECTION C: FINDINGS AND RECOMMENDATIONS

Please fill out completely

4. The applicant may have a serious mental illness and may need specialized services, but meets one of the categorical determinations for admission.

Admission is approved: (check those that apply)

<input type="checkbox"/> A. Convalescent care (following inpatient care for the same condition, less than 30 days stay, and includes MD written authorization)	<input type="checkbox"/> D. Respite care (less than 30 days per calendar year)
<input type="checkbox"/> B. Terminal illness	<input type="checkbox"/> E. Brief emergency stay (excluding psychiatric emergencies, less than 7 days)
<input type="checkbox"/> C. Severe physical illness	<input type="checkbox"/> F. Delirium

Further assessment and service plan changes must be documented within above indicated time lines upon change in the resident's condition or when the NF stay is anticipated to exceed the projected time limits. The NF is responsible for alerting LMHA to such changes.

MENTAL HEALTH SERVICE RECOMMENDATIONS

5. A provisional admission is approved. The applicant has a mental illness that, in my best judgment, does not require specialized services and, based upon the PAS team's determination, requires NF care. The applicant would be placed in a vulnerable and unsafe situation in the community if not admitted. **A diagnostic assessment shall be completed within 7-9 working days and a final determination shall be made at that time.**

6. The applicant has a documented mental illness, and is not appropriate for NF care based upon the PAS screening results. Admission is denied and the LMHA shall refer the applicant for any needed mental health services.

SECTION D: FINAL DETERMINATION

Please fill out completely

Please answer each question, in completion, to ensure that you understand the objective of placing an individual into a nursing facility or MA certified boarding care.

1.	Does this person meet NF level of care? <input type="checkbox"/> YES <input type="checkbox"/> NO
	A. Does this person need 24 hr supervised care? <input type="checkbox"/> YES <input type="checkbox"/> NO
	B. If yes, is that care needed in a NF? <input type="checkbox"/> YES <input type="checkbox"/> NO
	C. Why is an NF the appropriate setting to meet the person's needs?
2.	Does this person pose a risk to the public or other residents of a NF? <input type="checkbox"/> YES <input type="checkbox"/> NO
	A. If yes, how will the LMHA and NF address these safety concerns?
3.	Does the person wish to return to their former living arrangement? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION E: COUNTY ASSURANCE AND VERIFICATION

Please fill out completely

<input type="checkbox"/> Admission has been denied.	REASON	
<input type="checkbox"/> Admission has been approved: Follow-up will be required if extension is needed beyond the specified time limit.		
NUMBER OF DAYS	BEGINNING DATE (MM/DD/YYYY)	MEDICAL REASON FOR NF PLACEMENT

Please note that ALL information must be filled out in its entirety or the county signing this form will hold ultimate responsibility. *Please attach all relevant information (i.e. Level I, Level II, summary of diagnostic findings, patient history, physician's medical evaluation).*

NAME		SIGNATURE	
TITLE	COUNTY	PHONE NUMBER	DATE

Distribution

1. This form and all supporting documents (including Level I and referral) must be sent to local PAS office upon completion, and
2. A copy of all Level II documents must be kept on file with the LMHA, and
3. A copy must be sent to state mental health authority (SMHA) on a monthly basis, along with all supporting documents to:
 - DHS/Adult Mental Health Division
 - PO Box 64981
 - St. Paul, MN 55164-0981
 - (651) 431-2225
4. All relevant material, including the Level I screening and Level II evaluation and determination, must be kept on file in the active resident care record in the NF. These findings must be shared with the applicant and legal representative, if established.

ADA4 (5-09)

This information is available in alternative formats to individuals with disabilities by calling (651) 431-2225. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.