Update and modification to PASRR
Level II screening for persons who may have a serious mental illness and are seeking nursing facility admission

TOPIC
Federal pre-admission screening policies and procedures governing Nursing Facility (NF) admissions for persons who have or may have a serious mental illness.

PURPOSE
- Update county staff, nursing facilities, hospital admission and discharge planners and other stakeholders re: pre-admission screening policies and procedures under the Omnibus Budget Reconciliation Act (OBRA)
- Identify and clarify county and facility responsibilities and alert counties and nursing facilities of penalties for noncompliance.

CONTACT
Department of Human Services, Mental Health Division
Attn: MH OBRA Coordinator
444 Lafayette Road North
St. Paul, MN 55155-3828

SIGNED

MARIA R. GOMEZ, Assistant Commissioner
Continuing Care
BACKGROUND

All applicants to either a Medicaid-certified NF or boarding care facility, regardless of income, assets or funding sources must receive a Pre-admission Screen (PAS) and Level I Screen. The process was developed to ensure that admissions to nursing and boarding care facilities are appropriate as indicated by the applicant’s level of care determination and specialized service needs. Federal regulations, commonly referred to as OBRA regulations, require specific procedures for pre-admission screening for individuals who have or are suspected of having mental illness.

Neither state nor federal regulations prevent access to a NF. If NF care is appropriate, the need for mental health services must be assessed. The need for mental health services does NOT preclude the individual from admission to a NF. The NF is responsible to provide and/or arrange for routine mental health services in the same manner that the NF provides required 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 AUTHORITY

This Bulletin replaces DHS Bulletins 90-67H; 95-60-1; and, 97-60-5.

Legal Authority for this bulletin includes:
Public Law 100-203, title IV, Subtitle C, Part 2, Section 4211 (a) (3).

Minnesota Statutes, sections 256B.04, 256B.091, 256B.0911 and 256B.092.

Minnesota Rules, parts 9505.0175 to 9505.0475; 9505.2215; 9505.2390 to 9505.2500; 9525.0004 to 9525.0036.

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

THE PRE-ADMISSION SCREENING PROCESS

Pre-admission Screening/Community Assessment staff at each county perform tasks related to nursing facility admissions. They determine the need for nursing facility level of care. They screen persons for mental illness or mental retardation. The 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 persons’s needs either in the community or a nursing facility. The LMHA has responsibility for authorizing nursing facility care and identifying the routine and specialized mental health services that are needed.
Due to the various populations and needs addressed within the pre-admission process, several discrete components exist. Each component has a distinct focus as summarized below.

The three distinct parts are:
- Pre-admission Screening Assessment (PAS)
- Level I Screen
- Level II Assessment and Final Determination

THE PRE-ADMISSION SCREEN (PAS)

The PAS identifies the individual’s need for the level of care provided in a nursing facility through an assessment of the individual’s health status, their independence in activities of daily living and the availability of supports and services that could meet the individual’s needs either in the NF or in the community.

The Pre-admission Screening assessment is conducted by the county social worker and/or public health nurse. DHS Bulletin # 97-67-1 provides the Minnesota Pre-admission Screening Assessment instructions and form.

LEVEL I SCREEN

The Level I screen, performed by the PAS intake team, county worker, or by a public health nurse, identifies whether the applicant has, or might have, a mental illness. A positive response to the Level I Screen requires a referral to the local mental health authority (LMHA). Attached to this bulletin is the Level I Pre-admission Screening form. A Level I screening must be completed prior to admission for all referrals.

Under the federal PASRR guidelines a person has a serious mental illness if they meet all three of the following:

1.) The person has a DSM-IV R diagnosis, excluding a primary diagnosis of dementia or related conditions; and
2.) The disorder has resulted in significant impairment in major life activities within the past 6 months; and
3.) The individual 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 suggest the presence of a mental illness the LMHA has responsibility to see that a Level II evaluation and determination are conducted.

If answers to the Level I screening questions indicate that an individual has or possibly has a dual diagnosis of mental illness and mental retardation or a related condition, the LMHA and mental
retardation authority must both be notified to conduct a Level II Screen. The county social service department is responsible for coordinating the evaluation process for individuals who have or are suspected of having both a mental illness and mental retardation or a related condition.

LEVEL II EVALUATION/DETERMINATION

The Level II evaluation is implemented by the LMHA to determine whether the person does, in fact, have a mental illness. If such a primary or secondary diagnosis exists, the evaluation also determines if the individual is covered by OBRA regulations. This determination must be based upon current diagnostic and functional assessments and is based 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 sources to confirm the presence of a serious mental illness.

If a serious mental illness is suspected and there is not sufficient current diagnostic information present, an independent mental health professional must complete a diagnostic assessment to confirm the diagnosis and determine which “specialized services” are needed or, if not, to recommend to the NF any routine mental health services that would be beneficial.

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

A PAS to determine the need for NF level of care must be completed as a part of the Level II evaluation if it has not been previously completed.

RESIDENT REVIEWS

The federal process known as “Annual Resident Reviews” is no longer required for NF residents who meet the definition of serious mental illness. However, whenever, the NF staff identifies a significant change in the resident’s mental condition, a resident review (Level II evaluation) is required. This requirement applies whether the individual already has a diagnosis of a mental illness OR is now presenting symptoms that indicate a possible diagnosis. When a resident review is needed the NF staff must call the OBRA contact person in the county in which the NF is located to initiate a Level II evaluation.

OUT OF STATE ARRANGEMENTS

The person receiving the initial intake call for a nursing facility admission must conduct the Level
I Screen. If the results indicate the need for a Level II Evaluation, this must be completed before the individual leaves the state of residence. Title 42 of the CFR requires the state in which the individual is a resident to conduct and pay for the Pre-admission Level I and Level II Screening process. These materials are to be faxed prior to admission to the NF intake worker and the OBRA contact person in the county where the NF is located. The OBRA contact person must sign off prior to admission. (Note: A reciprocal agreement is in place between Wisconsin and Minnesota. 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.)

APPEALS

A Level I determination or finding is not subject to appeal. However, Level II findings may be appealed. As part of a Level II appeal issues associated with the Level I review are subject to review and consideration. Any individual who feels adversely affected may appeal by contacting the Appeals Division, Department of Human Services (651) 296-5764.

NON-COMPLIANCE PENALTIES

Both the federal and state agencies are committed to protecting the rights of individuals with mental illness. The pre-admission process has been developed to assure appropriate admissions to NF for individuals with such diagnoses.

Reimbursement to a NF for resident days of service for individuals with primary or secondary diagnosis of mental illness is authorized by the Local Mental Health Authority.

Failure to comply with the pre-admission screening process may result in non-payment and/or disallowance of Medical Assistance reimbursement for NF services. This penalty will be applied retroactively when non-compliance is discovered. Repeated non-compliance with this process could result in loss of MA certification.

The NF is responsible for having on file in the active resident care record a copy of the Level I Screen and the Level II Assessment. (East Metro SAIL counties are advised to review DHS Bulletin 97-67-1.)

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 diagnoses. Counties and facilities must work together to assure that individuals with such diagnoses are admitted or retained following the procedures outlined in this bulletin. In situations where this has not occurred, the process must be corrected immediately.

This review process and subsequent completion of required evaluations and documentation gaps does not prevent disallowance of Medical Assistance funds if non-compliance with the Pre-admission Screening Process becomes identified through an audit procedure.
DEFINITIONS

CASE MANAGEMENT RESPONSIBILITIES

Case management services as defined in the mental health act 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, educational, vocational, and other necessary services as they relate to the client’s mental health needs. Case management services include developing a functional assessment, an individual 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.

CATEGORICAL DETERMINATIONS

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

If the individual is suspected of having a serious mental illness and also meets one of the categorical determinations the person may be admitted to the NF. 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 the person might benefit from routine or specialized mental health services.

**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 the NF must:

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

**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 of this category, a signed statement from a physician that the individual’s life expectancy is six months or less must be in the individual’s active file.
Severe Physical Illness
The illness must result in a level of impairment so severe that, in the judgement of the LMHA, the individual 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, congestive heart failure and acute cardiovascular accident.

Respite Care
A brief and time-limited stay to provide respite to in-home care givers may occur if the individual 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 individual is in a potentially harmful environment or the caregiver is suddenly incapacitated and can not provide for the person’s care. The limit for the stay is 7 days. If indicated, a Level II evaluation must be completed.

Delirium
This category may be used when the individual is temporarily incapacitated such that an accurate evaluation can not be made. Admission is considered provisional and limited to the time in which the delirium remains clinically evident. If indicated a Level II evaluation must be completed as the condition changes.

DIAGNOSIS

Diagnosis is a term denoting the name of the disease(s) or syndrome(s) a person has or is believed to have.

Primary: the principal disease or syndrome.
Secondary: any diagnosis that follows the primary diagnosis.

(Note: It may occur that a physical diagnosis such as a hip fracture is seen as primary along with a primary mental illness. In such cases 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 individual treatment plan or individual community support plan.
FUNCTIONAL ASSESSMENT

“Functional assessment” for purposes of this bulletin means an assessment by an authorized mental health professional that includes:

1. An assessment of the individual’s ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities while living in the community. The assessment must determine whether this level of support can be provided to the individual in an alternative community setting or whether the level of support needed is such that NF placement is required.

2. 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, handling of money, dressing appropriately, and grooming.

LEVEL I SCREEN

This questionnaire relates to an individual’s history and identifies whether the applicant has, or might have, a mental illness or mental retardation or a related condition.

LEVEL II EVALUATION

A Level II evaluation has the function of determining whether a suspected mental illness diagnosis as defined under the federal PASRR regulations exists and routine mental health services and/or specialized services are needed.

LOCAL MENTAL HEALTH AUTHORITY

The local mental health authority is normally the county social service/welfare department. In reference to OBRA they have been delegated the authority to make final determinations regarding NF admissions. 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, Subd. 18.

1. In psychiatric nursing: A registered nurse who is licensed under sections 148.171 to 148.285, and who is a certified as clinical specialist in adult psychiatric and mental health nursing by 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 section 148B.21, subdivision 6, 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;

3. 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;

4. 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;

5. In marriage and family therapy: the mental health professional must be 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

6. 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)

For the purposes of this bulletin, the term nursing facility refers to any Medicaid certified nursing facility or Medicaid certified boarding care facility.

The Social Security Act defines a NF as an institution which is primarily engaged in providing to residents:

- skilled nursing services;
- rehabilitation services, or
- on a regular basis, health-related care and services to residents whose mental or physical condition require care and services above the level of room and board and which can be made available to them only through an institutional setting.

OBRA

The Omnibus Budget Reconciliation Act of 1987 (OBRA) specifically address responsibilities of the state’s mental health authorities to protect the rights of individuals 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.”
“OBRA” is used informally to designate the Pre-admission screen, Level I screen, and Level II evaluation/determination.

PRE-ADMISSION SCREENING (PAS) ASSESSMENT

This process determines the individual’s need for the level of care provided in a NF. The process includes an assessment of the individual’s health status, their independence in activities for daily living and the availability of supports as well as the services required to meet the individual’s needs. The authority for this component is found in Minnesota Statutes, section 256.0911.

PRE-ADMISSION SCREENING PROCESS

The Pre-admission process includes the components and related parts of the pre-admission screening assessment, the Level I screen and the Level II evaluation/determination.

RECENT TREATMENT

The person is considered to have received recent treatment if the history indicates that the individual has experienced at least one of the following:

A. Psychiatric treatment more intensive than outpatient care more than once in the past 2 years; or
B. Within the last 2 years due to the mental disorder, 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 environment, or which resulted in intervention by housing or law enforcement officials.

SERIOUS MENTAL ILLNESS

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

1. The illness is a major mental disorder diagnosable under DSM IVR;
   AND
2. The disorder has resulted in functional limitations in major life activities within the past three to six months;
   AND
3. The individual has required, within the past two years:
   C more than one inpatient or partial hospitalization;
   OR
   C intensive supportive services in the home or a residential treatment center
   OR
C has required intervention by law enforcement due to severe behavioral issues.

SPECIALIZED SERVICES

For Persons With Mental Illness

The federal definition includes services specified by the state which, combined with services provided by the NF, result in the continuous and aggressive implementation of an individualized plan of care that:

C is developed and supervised by an interdisciplinary team which includes a physician, qualified mental health professional, and, as appropriate, other professionals;

C prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness, which necessitates supervision by trained mental health personnel; and

C 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.

Minnesota believes that these services can be provided across the continuum of mental health community-based and institutional settings. Because specialized services are by definition individualized, Minnesota has chosen not to develop a specific list of services. Examples of specialized services include, but are not limited to, specialized day treatment, vocational rehabilitation, community support, independent living skills programming, intensive case management, enhanced housing support, crisis/emergency services, enhanced individualized programming in residential treatment settings, and inpatient psychiatric treatment.
LEVEL II SCREENING PROCESS

PERSON IS REFERRED TO PAS

LEVEL I

DOES NOT HAVE A MENTAL ILLNESS

MEETS NF LEVEL OF CARE CRITERIA

ADMIT TO NF OR PROVIDE COMMUNITY ALTERNATIVES

DOES NOT MEET NF LEVEL OF CARE CRITERIA

REFERRED TO OTHER SERVICES

MAY HAVE A MENTAL ILLNESS

MEETS NF LEVEL OF CARE CRITERIA

LOCAL MENTAL HEALTH AUTHORITY DETERMINES NEED FOR ADMISSION AND MENTAL HEALTH SERVICES (Level II)

REFERRED TO OTHER SERVICES

ROUTINE MENTAL HEALTH SERVICES PROVIDED BY NF

SPECIALIZED MENTAL HEALTH SERVICES PROVIDED BY LOCAL MENTAL HEALTH AUTHORITY

CATEGORICAL ADMISSION

ADMIT TO NF OR PROVIDE COMMUNITY ALTERNATIVES

UNLIMITED TIME ADMISSION (TERMINAL ILLNESS, ETC.)

TIME LIMITED ADMISSION (CONVALESCENT, EMERGENCY, RESPITE, ETC. ADMISSION)

UNKNOWN TIME ADMISSION (DELIRIUM, ETC.)

PROVISIONAL ADMISSION

FOLLOW-UP REQUIRED

FOLLOW-UP AND COMPLETION OF LEVEL II DETERMINATION WHEN POSSIBLE
LEVEL II PRE-ADMISSION SCREENING FOR PERSONS WITH MENTAL ILLNESS
DETERMINATION FOR NURSING FACILITY ADMISSION

Persons identified on Level I screening as having or suspected of having a mental illness must be referred to the Local Mental Health Authority (LMHA) for further review and/or evaluation by an independent mental health professional.

SECTION A

APPLICANT________________________________________DOB_____/_____/______

Last First MI

COUNTY OF FINANCIAL RESPONSIBILITY______________________________

MA#________________________(or) SSN#________________________PMI#____________

REASON FOR REFERRAL____________________________________________

SOURCE OF REFERRAL______________________________________________

ADMITTING NURSING FACILITY (if known)______________________________

PREVIOUS LEVEL II ASSESSMENT (if known) Yes____No____Date_____/_____/____

DETERMINATION OF NEED FOR FURTHER EVALUATION

Has a diagnostic assessment been scheduled?

____Yes--If scheduled, await the 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______________TIME__________WITH______________________________

Name and title

____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. Comments:

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SECTION B FINDINGS AND RECOMMENDATIONS

Based upon further review of relevant data: (Check one only)

1.____The applicant has no evidence of mental illness and is not in need of specialized services. However, the PAS screening team has not made a determination as to the appropriate level of
Sign and return this form to the PAS screening team for determination as to the appropriate level of care.

2. The applicant has a documented mental illness (exclusive of dementia and related conditions), does not need specialized services, and the PAS screening team has determined that the applicant meets the criteria for nursing facility (NF) care. The NF is responsible for arranging routine mental health services.

Follow-up/Monitoring plan____________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. 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.)

___a. Convalescent Care  ___d. Respite Care
   (Following inpatient care for the same condition, less than 30 days stay, and includes MD written authorization)

___b. Terminal Illness

___c. Severe Physical Illness  ___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 the LMHA to such changes.)

Mental health service recommendations____________________________________________
___________________________________________________________________________
___________________________________________________________________________

4. 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.

5. The applicant has a documented mental illness, and is not appropriate for nursing facility care based upon the PAS screening results.

Admission is denied and the LMHA shall refer the applicant for any needed mental health services.

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

a.___________________________________________________________
b.___________________________________________________________
c.___________________________________________________________
d.___________________________________________________________

Admission is approved

******************************************************************************

Signature___________________________Title______________________________________
Local Mental Health Authority Representative

County___________________________________Date_____________________

Distribution:
1. This form and all supporting documents along with the Level I Screening and Referral form must be sent to 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 the State mental health authority (444 Lafayette Road N. St. Paul, MN 55155-3828) on a monthly basis.
4. All relevant material include the Level I screen, Level II assessment and Diagnostic Summary must be kept on file in the active resident care record in the NF.
5. These findings must be shared with the applicant and legal representative if established.

DHS #3457 (01-2001)
LEVEL II INSTRUCTIONS AND PROCEDURES

Introduction:

All persons seeking admission to a nursing facility (NF) regardless of funding source are subject to review to determine the appropriateness of care as provided by the NF. This is referred to as the PRE-ADMISSION SCREEN (PAS). The PAS gathers information on the physical needs as well as activities of daily living with which the applicant needs assistance. The PAS team or staff member determines whether the needs of the individual require NF level of care.

All persons must also be screened for the presence of mental illness regardless of funding source. This procedure is referred to as the LEVEL I SCREEN. The purpose of this screen as detailed in OBRA regulations is to identify persons that may have a serious mental illness.

The LEVEL II EVALUATION/DETERMINATION is designed to confirm the presence or absence of mental illness and provide LMHA authorization or denial of the admission. Persons with mental illness may be admitted to a NF if mental health treatment is offered/provided and NF level of care is needed. As detailed in the individual’s care plan and provided for in federal regulations the provision of mental health services may be the responsibility of the (NF), an independent provider, the LMHA or any combination of these resources.

All screening is to be completed prior to admission to the NF.

Section A
Each item in Section A is important to the State’s responsibility for monitoring NF admissions. Thus, all information requested in Section A is to be completed. When the Level I screen indicates the potential presence of a serious mental illness the LMHA is responsible for further evaluation and documentation. Sufficient information must be provided to determine not only whether mental illness is present, but also whether the applicant has specialized service needs. In most cases a diagnostic and functional assessment is required. In some cases this information may be currently on file with the LMHA. This information is then used to complete the remainder of the form. It is important that the information used be of an independent source, i.e. having no material interest in the admission or discharge of the applicant to or from the nursing home.

Section B
Section B is to be completed by the LMHA/designee after gathering the necessary information. This section provides six possible responses and represents the action of the LMHA as to whether admission, discharge, or denial of admission to a NF must occur.

#1 should be checked when the applicant is not mentally ill and the PAS team or person has not determined whether the individual needs NF level of care. In such cases the form must be signed and returned to the PAS team for screening.

#2. This statement should be checked when the PAS team has determined the need for NF level
of care and the Level II evaluation finds the person is mentally ill, but does not need specialized services.

The NF must coordinate, arrange, and/or deliver the needed routine mental health services. The NF is responsible for alerting the LMHA to any change in the resident’s condition that might suggest the need for specialized services. Length of stay must be evaluated and documented as identified in the care plan.

Note distribution schedule at the end of the Level II form.

#3. Categorical determinations represent the action of the LMHA in those situations where under federal guidelines the Level II evaluation is either not required or not possible given the resident’s condition. Time limits apply to several categories. However, if any extension of the resident’s stay in the NF is anticipated, or the patient’s condition changes such that a Level II evaluation can be completed, such action must be commenced immediately and appropriately documented. If the resident is discharged within the indicated time lines, no further action is required.

Note the distribution schedule at the end of the Level II form.

#4. This section should be checked in those situations where issues of vulnerability and safety require immediate action by the LMHA. Use of this category suggests an emergency of an unanticipated nature. This does not include situations where the individual, team or agency has failed to act in a timely manner. Assumptions reflected in this section are that the individual needs NF care, is probably mentally ill, but does not need specialized services. A diagnostic assessment must be completed and documented.

Note the distribution schedule at the end of the Level II form.

#5. This section should be checked when the most appropriate placement is not in a NF based upon the determination of the PAS report. The LMHA is responsible for working with involved parties in securing the least restrictive setting that provides the needed services. Primary attention must be focused on the mental health needs of the person in making the alternate placement decision. Case management may be helpful in arriving on the most appropriate community or residential plan.

Note the distribution schedule at the end of the Level II form.

#6. Use this category when the applicant’s mental illness is well managed and stable. None the less the applicant needs NF care as determined by PAS, and needs rather extensive specialized services to maintain remission. These services must be arranged and documented by the LMHA.

Note the distribution schedule at the end of the Level II form.

In all cases the form must be signed prior to routing.
SUMMARY OF DIAGNOSTIC FINDINGS

1. Based on my findings, Mr./Ms.__________________________________

(Check and complete those that apply)

_____A. Does not have a mental illness

_____B. Has a primary diagnosis of dementia or a related condition that is supported by the following evidence:

__________________________________________________________

__________________________________________________________

__________________________________________________________

_____C. Has the following mental illness (DSM IV-R)

Axis I ____________ . _______

Axis II ____________ . _______

Axis III ____________ . _______

Axis IV (Stressor Severity)_______

Axis V (GAF Scale) _______

2. Based on my findings, I have determined that: (NOTE: for the purposes of OBRA specialized services is defined in Policy Bulletin# 00-53-3.)

_____A. The person needs specialized services provided through inpatient or partial hospitalization.

_____B. The person needs community based specialized services.

_____C. The person does not need specialized services, but does need the following mental health services.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

3. A copy of the diagnostic assessment: (Check one that applies)

_____ is attached. _____will follow in two working days.

________________________________________________                  _____/_____/______

Signature:                               Title        Date

I qualify as a mental health professional in the following field:

Psychiatry  ______            Psychology  ______

Psychiatric Nursing      ______  Allied Field (specify)  ______

Clinical Social Work    ______
Minnesota Department of Human Services
Preadmission Screening and Assessment Program

LEVEL I: Screening for Mental Illness or Mental Retardation

This form must be completed for persons applying for admission to a Medical Assistance certified nursing or certified boarding care facility.

PERSON'S NAME ___________________________ DOB ________________
RECIPIENT PMI (IF APPLICABLE) ___________________________ DOCTOR/PHONE ___________________________

All seven of the following questions must be asked of each person being screened, or of the person’s representative.

A. Mental Illness: In order to consider a person for referral for further evaluation and determination of need for specialized services (Level II), the individual must meet ALL of the following criteria on diagnosis, level of impairment, and duration of illness.

1. Does the individual have a major mental disorder diagnosable under DSM IV? YES ☐ NO
   (Excluding a primary diagnosis of dementia or related organic condition)

AND

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

AND

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

If you answer YES to ALL of the questions A.1-3 above, refer the person to the county mental health office for completion of Level II evaluation and determination of need for specialized services.

B. Mental Retardation or Related Conditions: If you answer YES to ANY of the following questions, refer the person to the county office for persons with developmental disabilities or related conditions for evaluation and determination of need for specialized services.

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 a 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 conditions?  □ YES  □ NO

NOTES:

SIGNATURE OF SCREENER: ___________________________ DATE: ___________________________

If the person is being admitted to a certified nursing or boarding care facility and is not subject to a Level II referral according to criteria outlined above, forward this form to the facility. If the client is not being admitted to a facility, retain this form in the client's record.