

Level I PASRR Screen and Determination

This screen is to be completed prior to admission to a nursing facility (NF). Failure to complete this form accurately may result in disallowance of Medicaid payment.

Name: _____ DOB: _____

Address: _____

Is this the applicant's first admission to any NF? Yes No Unknown

Admitting diagnosis to NF: Primary: _____

Secondary: _____

Others: _____

SECTION I: MI/MR

Look for indicators of MI/MR on the Medical Certification for Nursing Facility/Home and Community Based Services Form (MCNF/HCBS) MedServ-3008, DOEA Assessment Instrument (701B), CMAT Assessment and any other medical information provided. Answers to questions on page 3 of this form will also assist in making a determination as to whether the individual has indications of, or a diagnosis of mental illness and/or mental retardation.

Part A - Mental Illness

Does the individual have indications of, or a diagnosis of a major mental illness as defined in the DSM-IV R, limited to schizophrenia, mood disorder, severe anxiety disorder, or a mental illness that may lead to a chronic disability?

The screener must answer all questions on the guide to determine a major/serious mental illness.

Yes No

Part B - Mental Retardation

Does the individual have indications of, or a diagnosis of mental retardation as defined in the AAMR Manual on Classification in Mental Retardation or other related conditions such as cerebral palsy, epilepsy, or any other conditions, including autistic disorders, that are closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior (42 CFR 435.1010) which manifested prior to the age of 22?

The screener must answer all questions on the guide to determine mental retardation or a related condition.

Yes No

If both answers are **No**, **STOP!** Level I Screener can sign and date Level I Screen.

Signature: _____ Date Completed: _____

Title: _____ Agency: _____

If any answer in Section I, Part A or Part B is **Yes**, proceed to Section II.

SECTION II: CATEGORICAL DETERMINATION OF DEMENTIA/RELATED DISORDER

Does the individual have a primary diagnosis of dementia (including Alzheimer's Disease or a related condition) or a non-primary diagnosis of dementia with a primary diagnosis that is not a major mental illness? Yes No

If **Mental Illness** only and answer is **Yes**, **STOP!** Level I Screener can sign and date Level I Screen.

Signature: _____ Date Completed: _____

Title: _____ Agency: _____

If **Mental Illness** only and answer is **No**, proceed to Section III.

If **Mental Illness** and **Mental Retardation** or **Mental Retardation** only, proceed to next question.

Does the individual have a dementia diagnosis that exists in combination with mental retardation or a related condition (i.e. Epilepsy, Cerebral Palsy, Prader-Willi Syndrome, Autism, Spina Bifida)?

Yes No

If **Mental Retardation** only and answer is **Yes**, **STOP!** This individual can be admitted or retained in a NF. A Level II Evaluation is not needed. Level I screener can sign and date Level I Screen.

Signature: _____ Date Completed: _____

Title: _____ Agency: _____

If **Mental Retardation** only and answer is **No**, proceed to Section III.

If **Mental Illness** and **Mental Retardation** and any answer is **No**, proceed to Section III.