

**LEVEL I SCREEN FOR PRE-ADMISSION OR RE-ADMISSION SCREENING (PAS/RAS)**  
**THIS IS A PRE-ADMISSION REQUIREMENT FOR ALL APPLICANTS TO A NURSING FACILITY**

As a result of Nursing Home Reform Legislation, it is necessary that all applicants to Medicaid enrolled nursing facilities are screened for serious mental illness (MI) or mental retardation (MR). The information requested below will be used to determine whether the individual needs the level of care provided by a nursing facility and whether the individual is in need of specialized services or services of lesser intensity for MI/MR.

Applicant's Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Responsible Relative/Curator \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

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**PART A – INDIVIDUAL ASSESSMENT**  
**(TO BE COMPLETED BY THE APPLICANT'S PHYSICIAN)**

1. Does the individual have a diagnosis or history of Mental Retardation of related conditions (including developmental disabilities)?  
NO  YES  List diagnosis: \_\_\_\_\_  
\_\_\_\_\_
2. Has the individual been referred by and determined eligible for services by an agency which serves persons with Mental Retardation?  
NO  YES  Name of agency: \_\_\_\_\_  
\_\_\_\_\_
3. Is this admission a result of a judicial commitment or other pending legal action? NO  YES  Describe: \_\_\_\_\_  
\_\_\_\_\_
4. Has this individual behaved in a manner that posed a significant danger or potential danger to self or others within last six months? NO  YES   
Describe: \_\_\_\_\_  
\_\_\_\_\_
5. Is this individual likely to need specialized psychiatric or psychological care above that routinely provided in a nursing care facility? NO  YES   
Describe: \_\_\_\_\_  
\_\_\_\_\_
6. Does this individual have a history of substance abuse and/or substance abuse treatment within the past two years? NO  YES   
Describe: \_\_\_\_\_  
\_\_\_\_\_
7. Were alternative placements considered? NO  YES  Describe: \_\_\_\_\_  
\_\_\_\_\_

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- DIAGNOSIS** – The individual has a major mental disorder diagnosable under the DSM-IV R or later. The mental disorder is a schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability. Dementia, including Alzheimer's disease or related disorder, is not included as a mental order.
- DISABILITY** – The disorder results in functional limitations in major life activities within the past 3 to 6 months. The person would have difficulty on a continuing or intermittent basis in interpersonal functioning, concentration, persistence, pace and adaptation to change.
- DURATION** – the treatment history indicates the individual has received one of the following:
1. Psychiatric treatment more intensive than outpatient care, more than once in the past two years,  
OR
  2. Within the last two years, due to 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.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Physician's Name \_\_\_\_\_ Address \_\_\_\_\_

**PART B – ADVANCE GROUP DETERMINATIONS  
(HEALTH STANDARDS USE ONLY)**

Individuals who have a diagnosis of serious illness or mental retardation may be eligible for admission to a NF prior to a Second Level Screening if they meet any of the following criteria:

- 1. Convalescent care (that does not meet criteria in Part C)--period of convalescence allowed will be consistent with diagnosis and medical condition.
- 2. Terminal illness—up to 6 months.
- 3. Severe physical illness—up to 6 months.
- 4. Dementia/MR—up to 1 year.
- 5. Provisional admissions (delirium)—30 days.
- 6. Provisional admissions (emergency requiring protection services)—7 days.
- 7. Respite—30 days.

These advance group determinations are made by Health Standards and are for Nursing Facility care only. Health Standards must still make a determination regarding the need for specialized services for MI or MR.

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Signature/Title	HSS RO	Effective Date	Expiration Date
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**PART C – EXEMPTED HOSPITAL DISCHARGES  
(HEALTH STANDARDS USE ONLY)**

Does this individual meet **all three** of the following criteria? NO  YES

- The individual: (1) is being admitted to a nursing facility (NF) directly from a hospital after receiving acute inpatient care; and  
(2) requires NF services for the condition for which he or she received care in the hospital; and  
(3) is likely to require less than 30 days of NF services.
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