

PREADMISSION SCREEN AND RESIDENT REVIEW (PASRR) FOR CURRENT OR PROSPECTIVE NURSING HOME RESIDENTS—LEVEL II SCREEN FACESHEET

An asterisk (*) below denotes personally identifiable information that is necessary for tracking purposes by the Department of Health Services in its efforts to ensure compliance with federal and State regulations. This information is not to be used in any manner outside the scope of the contractual language and applicable laws or regulations.

Check one: Preadmission Screen Change of Status Resident Review (check the reason for referral below):

<input type="checkbox"/> Short-term exemption	<input type="checkbox"/> Not previously screened
<input type="checkbox"/> May not need nursing facility care	<input type="checkbox"/> May now need specialized services or specialized psychiatric rehabilitative services
<input type="checkbox"/> Per DHCAA policy	<input type="checkbox"/> May no longer need specialized services or specialized psychiatric rehabilitative services

Check one: Full Screen Partial Screen Abbreviated Screen

Check the appropriate box: Screen for a person who may have an intellectual/developmental disability
 Screen for a person who may have a serious mental illness

Name – Client * County of Responsibility

Date of Birth * <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number * <input type="text"/>
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For Preadmission Screens Only—In what type of residence has the person lived (for at least three months) prior to the referral for a Level II Screen? (check one)

Independent (apartment or house) Group Home (CBRF or Adult Family Home) With Relative
 ICF/IID Hospital Assisted Living (RCAC)
 Other—specify:

Was the person in a hospital during the time of the Level II screen? Yes No

Name – Current or Proposed (if known) Nursing Facility

Legal Status (check one) * <input type="checkbox"/> Voluntary Admission <input type="checkbox"/> Involuntary Admission <input type="checkbox"/> Protective Placement	Date of last Watt's review <input type="text"/>
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Name – Guardian or Health Care Agent, if applicable *

Address

Telephone Number – Home <input type="text"/>	Telephone Number – Work <input type="text"/>	Has the Durable Power of Attorney for Health Care document been activated? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PARTIAL LEVEL II SCREEN

Validation of an Intellectual/Developmental Disability

Does the data about the person (see the Level II Screen, F-20852, page 1) meet the federal definition of a “developmental disability”?

Yes—Continue with the screening process No—No further Level II screening is needed.

Validation of a Serious Mental Illness

Does the data about the person (see the Level II Screen, F-20378, page 1) meet the federal definition of a “serious mental illness”?

Yes—Continue with the screening process No—No further Level II screening is needed.

Note to Nursing Homes: The nursing home should retain a copy of this facesheet and attached documentation in the person's current medical record. If the person's condition or diagnoses change so that he/she later may meet the federal definition of a developmental disability or a serious mental illness, the nursing home will need to submit an updated Level II screen to the appropriate PASRR contract agency.

ABBREVIATED LEVEL II SCREEN

Is an abbreviated Level II screen appropriate because the person qualifies for categorical determination that he/she does not need specialized services or specialized psychiatric rehabilitative services? (Check one)

Yes—there is support for the diagnosis of a severe medical condition AND the social history, progress notes, and other documentation indicate that the person's level of functioning is so severely impaired by his/her medical condition that he/she could not be expected to actively participate or benefit from specialized services. This concludes the Level II process. Check the type of severe medical condition affecting the person:

Medical condition, including, but not limited to terminal illness (i.e., the individual has a medical prognosis that his/her life expectancy is six months or less if the illness runs its course), coma, ventilator dependence, functioning at a brain stem level, chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, congestive heart failure, etc. Specify:

Severe cognitive impairments or deficits due to Alzheimer's disease, dementia, or a related disorder.

Note to Nursing Homes: The nursing home should retain a copy of this facesheet and attached documentation in the person's medical record.

No—support for the diagnosis of a severe medical condition was not found OR documentation was not found that indicates that the person's level of functioning is so severely impaired by his/her medical condition that he/she could not be expected to actively participate or benefit from specialized services. If the documentation might exist, but it was not found or included by the PASRR contract agency, contact the appropriate PASRR contract agency to discuss the data that might exist and how to find or obtain the information. Otherwise, proceed to complete a full Level II screen.

APPROPRIATENESS OF PLACEMENT DETERMINATION

Please check one:

Yes, this person is appropriate for a placement in a nursing facility.

This is expected to be a short-term recuperative care stay.

No, this person does not need placement in a nursing facility; however, he/she may choose to stay because he/she has resided in one or more nursing facilities for at least 30 consecutive months prior to this determination AND he/she was determined to need specialized services (see below).

No, this person does not need placement in a nursing facility.

It is recommended that this person be placed in a less more (check one) restrictive setting than a nursing facility, such as—specify:

NOTE: If a person has both an intellectual/developmental disability and a serious mental illness, the PASRR teams must coordinate their screens; the teams must agree on the placement determination.

Check this box if the person has both an intellectual/developmental disability and a serious mental illness.

SPECIALIZED SERVICES DETERMINATION

Please check one:

This person needs specialized services (i.e., inpatient psychiatric hospitalization) to address his/her mental health needs.

This person needs specialized psychiatric rehabilitation services to address his/her mental health needs.

This person needs specialized services to address his/her developmental disability needs.

This person does not need specialized services or specialized psychiatric rehabilitative services.

Note to Nursing Homes: The nursing home should retain a copy of this facesheet and attached documentation in the person's medical record.

PRINT/TYPE Name and Title - QIDP/QMHP Making the Determinations

Date Level I Referral was Received

SIGNATURE – QIDP/QMRP Making the Determinations

Date of These Determinations

Skilled Nursing Care Level Required: Wisconsin administrative code requires that in order for a person who has an intellectual/developmental disability to be admitted to a nursing home, he/she must meet the criteria for a skilled nursing care level (SNF), as established by a Division of Quality Assurance (DQA) surveyor. In certain circumstances, DQA may waive the SNF care level requirement. A care level or waiver must be obtained prior to admission.