

Section C**TO BE COMPLETED FOR INDIVIDUALS SUSPECTED OF HAVING MENTAL ILLNESS**C0050. I am completing the MI section **Determination for PASRR Eligibility (MI)**

C0100. Primary Diagnosis of Dementia

Does this individual have a PRIMARY diagnosis of Dementia?

0. No

1. Yes

2. Unknown

C0200. Severe Dementia Symptoms

Are the individual's Dementia symptoms so severe that they cannot be expected to benefit from PASRR Specialized Services?

0. No

1. Yes

C0300. Mental Illness Check all that apply:C0300A. Schizophrenia C0300B. Mood Disorder (Bipolar Disorder, Major Depression or other mood disorder) C0300C. Paranoid Disorder C0300D. Somatoform Disorder C0300E. Other Psychotic Disorder C0300F. Schizoaffective Disorder C0300G. Panic or Other Severe Anxiety Disorder C0300H. Personality Disorder C0300I. Any other disorder that may lead to a chronic disability diagnosable under the current DSM C0300J. None of the above apply **C0400. Functional Limitation Check all that apply:**C0400A. Appetite Disturbance C0400B. Sleep Disturbance C0400C. Personal Hygiene C0400D. Impaired Social Interaction C0400E. Threatening or Aggressive Behavior C0400F. Danger to Self or Others C0400G. Employment Difficulties C0400H. Housing Difficulties C0400I. Co-Occurring Substance Abuse C0400J. Criminal Justice Involvement C0400K. None of the above apply

Recent Occurrences

C0500. Inpatient Psychiatric Treatment
 Has this individual experienced a psychiatric treatment more intensive than outpatient care more than once in the past 2 years? 0. No
 1. Yes
 2. Unknown

C0600. Disruption to normal living situation
 Has this individual experienced a significant disruption to their normal living situation requiring supportive services (e.g. residential or respite services) in the last two years due to mental illness? 0. No
 1. Yes
 2. Unknown

C0700. Intervention by law enforcement
 Has this individual experienced intervention by law enforcement, protective services agencies or other housing officials in the last two years due to mental illness? (i.e., evicted, arrested, charged or convicted of a crime) 0. No
 1. Yes
 2. Unknown

C0800. Based on the QMHP assessment, does this individual meet the PASRR definition of mental illness? 0. No
 1. Yes

Specialized Services Determination/Recommendations

C0900. Does the individual need assistance in any of the following areas? Check all that apply

C0900A. Self-monitoring of health status

C0900B. Self-administering of medical treatment

C0900C. Self-scheduling of medical treatment

C0900D. Self-monitoring of medications

C0900E. Self-monitoring of nutritional status

C0900F. Self-help with ADLs such as appropriate dressing and appropriate grooming

C0900G. Independent living such as supported housing

C0900H. Management of money

C0900I. Vocational development, including current vocational skills

C0900J. Psychological evaluation – for individuals who are suspected of having mental illness, but no diagnosis is available

C0900K. Discharge Planning – assessment, planning, facilitation of discharge (may only be delivered within 180 days or less, before planned discharge)

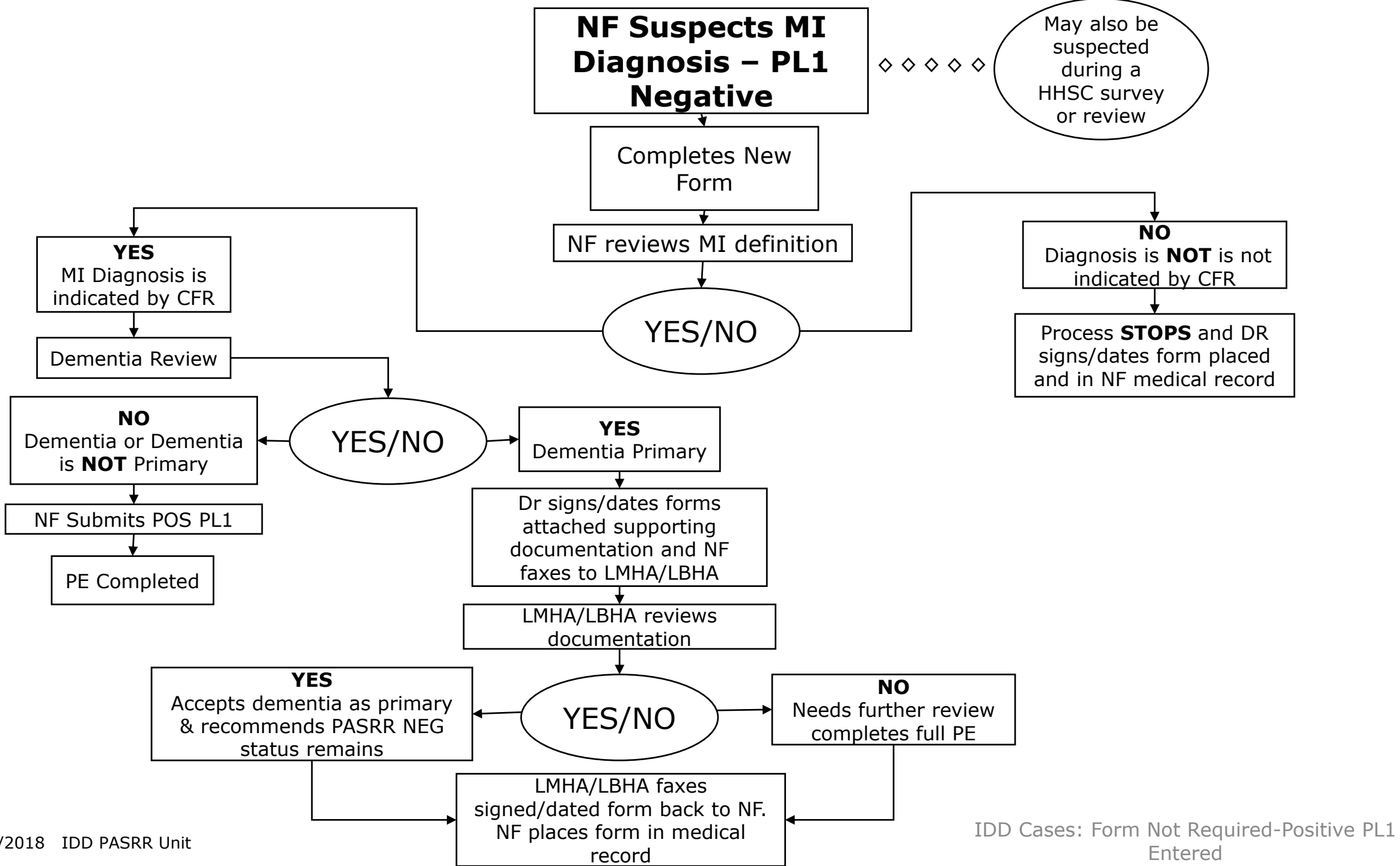
C0900L. Other

C0900M. Other Areas

C0900N. None of the above apply

C1000. Recommended Services Provided/Coordinated by Local Authority

	1. Group Skills Training
	2. Individual Skills Training
	3. Intensive Case Management (This service is also subject to the <180 day stay requirement)
	4. Medication Training & Support Services (Group)
	5. Medication Training & Support Services (Individual)
	6. Medication Training Group
	7. Medication Training Individual
	8. Psychiatric Diagnostic Interview Examination
	9. Psychosocial Rehabilitative Services (Group)
	10. Psychosocial Rehabilitative Services (Individual)
	11. Routine Case Management (This service is also subject to the <180 day stay requirement)
	12. Skills Training & Development (Group)
	13. Skills Training & Development (Individual)





Mental Illness/Dementia Resident Review

Initial Preadmission Screening and Resident Review (PASRR) Evaluation (PE) for Individuals with a Current Negative PASRR Level 1 (PL1) Screening

Section A. Resident and Nursing Facility Identifying Information			
Resident's Name	Date of Birth	Resident's Medicaid No.	Resident's Social Security No.
Nursing Facility Name	Vendor No.	Provider No.	National Provider Identifier (NPI) No.
Nursing Facility Address (Street, City, State and ZIP code)			
Nursing Facility Primary Contact Name		Position	Area Code and Phone No.
Area Code and Fax Number	Email Address		
PASRR Level 1 Document Locator Number (DLN):			
Section B. Mental Illness (MI) Review			

Definition of MI:

Code of Federal Regulations (CFR) 483.102: (A) 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; but (B) Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in paragraph (b)(1)(i)(A) of this section.

Does this individual have a diagnosis of MI that meets the CFR definition above? Yes No

If **Yes**, complete the Diagnosis section then proceed to Section C

If **No**, physician signs and dates the form. No new PL1 is needed. Complete Section E.

New Diagnosis? Yes No

Diagnosis:

Date of Diagnosis:

Section C. Dementia Review

Primary Diagnosis Dementia Defined:

The neurocognitive disorder (dementia) is advanced to the degree that the co-occurring serious mental illness is not likely ever again to be the primary focus of treatment.

Does this individual have a primary diagnosis of Dementia (or related disorder) as defined above?

No, the individual does not have a dementia diagnosis or has a dementia diagnosis but it is not primary.

The physician signs and dates the form. If Section B also indicated a severe mental illness, the nursing facility enters a positive PL1 and a PE will be conducted. Complete Section E.

Yes, the individual has a primary diagnosis of dementia as defined above. Date Diagnosis Assigned _____

The physician signs and dates the form. The nursing facility faxes the form to the local mental health authority (LMHA)/local behavioral health authority (LBHA) for further review. Supporting documentation should be included to support the primary diagnosis of dementia.

An example of appropriate supporting documentation includes a copy of the medical record confirming a primary diagnosis of dementia by the physician.

Signature of Nursing Facility Physician

Date

