

Required for **EVERY MEDICAID CERTIFIED NURSING FACILITY** applicant regardless of payment source. **PLEASE PRINT LEGIBLY**

The information in this document constitutes a Level I screen. This document must be part of each individual’s nursing facility record. The document must be updated only if the individual’s Mental Illness (MI), Intellectual Disability (ID), or Related Condition (RC) status changes (Significant Change Review).

**A. TYPE OF REVIEW: (CHECK ONE)** Pre-Admission Screening  **OR** Resident Review (Significant Change Review)

**B. INDIVIDUAL’S INFORMATION**

Name (Last, First, MI): \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

POA/Legal Guardian/Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Pertinent Medical Diagnoses: \_\_\_\_\_

Is there a primary diagnosis of DEMENTIA: YES  NO

**C. IDENTIFICATION OF MENTAL ILLNESS (MI) EVALUATION CRITERIA**

1. YES  NO  Is there a diagnosed or suspected mental illness? If yes, diagnosis: \_\_\_\_\_  
 A mental illness (from the DSM-5) includes diagnoses such as schizophrenia, or disorders of mood, panic, anxiety, personality, psychotic, somatoform, or substance-related.  
**This list is not all-inclusive; contact the PASRR office for questions on a particular diagnosis.**

**If number 1 is answered no, number 2 and 3 will also be no and no further MI PASRR action is required.**

2. YES  NO  **Due to the mental illness**, has the individual had difficulties with:

- Interpersonal Symptoms: Altercations, evictions, unstable employment, serious difficulty interacting with others, frequently isolated, avoiding others; **OR**
- Serious Difficulty Completing Tasks: Requires assistance with tasks, has errors with tasks, problems with concentration, persistence, or pace in completing tasks; **OR**
- Adapting to change: Self-injury/mutilation, suicidal, physical violence/threats, appetite disturbance, hallucinations, delusions, serious loss of interest, tearfulness, irritability, or withdrawal.

3. YES  NO  **Due to the mental illness**, within the past two years, has the individual had:

- More than one in-patient psychiatric hospitalization; **OR**
- Any intervention by housing, protective services, or law enforcement officials; **OR**
- An episode of significant disruption to their living situation that necessitates supportive services to maintain functioning in a residential setting.

**IF ALL 3 ANSWERS ARE “YES,” A REFERRAL TO PASRR IS REQUIRED PRIOR TO ADMISSION  
 CONTINUE WITH SCREENING FORM FOR INTELLECTUAL DISABILITY (ID) OR RELATED CONDITION (RC) EVALUATION CRITERIA**

**D. IDENTIFICATION OF INTELLECTUAL DISABILITY (ID) EVALUATION CRITERIA**

1. YES  NO  Is there any diagnosis or evidence of developmental disability, or intellectual disability before age 18?

2. YES  NO  Any past or present services for intellectual disability? Name of Agency: \_\_\_\_\_

**IF EITHER ANSWER IS “YES,” A REFERRAL TO PASRR IS REQUIRED PRIOR TO ADMISSION**

**E. IDENTIFICATION OF RELATED CONDITION (RC) EVALUATION CRITERIA**

1. YES  NO  Is there a history, diagnosis, or evidence of a related condition affecting intellectual or adaptive functioning **with age of onset before age 22?** Any severe, chronic disability, **other than mental illness**, that occurred before age 22 may indicate a developmental disability. Examples: spina bifida, autism, blindness, deafness, quadriplegia, epilepsy, seizure disorder, cerebral palsy, a severe head injury or closed head injury (TBI)

**This list is not all-inclusive; contact the PASRR office for questions on a particular diagnosis. IF ANSWERED "YES," A REFERRAL TO PASRR IS REQUIRED PRIOR TO ADMISSION**

**F. REFERRALS FOR LEVEL II EVALUATION TO PASRR**

**Submit the following information with the Level I screen to PASRR at fax number 505-841-5537:**

- |  |   |
|--|---|
| A completed copy of this form (mandatory)            | ID/RC history and documentation, if available       |
| Current physician's history and physical (mandatory) | Neuropsychological consult, if available            |
| List of current medications (mandatory)              | Documentation of Dementia, such as CT or Brain Scan |
| Psychiatric evaluation or consult, if available      | Mental Status Exam, if available                    |

**INCOMPLETE REFERRALS WILL NOT BE PROCESSED**

**G. ADMITTING NURSING FACILITY INFORMATION**

Name of Facility: \_\_\_\_\_ Admissions E-mail Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Expected Date of Admission: \_\_\_\_\_

**H. NAME AND TITLE OF INDIVIDUAL COMPLETING PASRR LEVEL I SCREEN**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Hospital, Nursing Facility, Agency: \_\_\_\_\_  
 Telephone/Extension: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Date Form Completed: \_\_\_\_\_ Date Form Faxed to PASRR: \_\_\_\_\_

**I. LEVEL II EVALUATIONS BY PASRR**

**Level II evaluations, if required, must be completed BEFORE the individual's admission into a nursing facility, except under certain circumstances. Contact the PASRR Office for details.**

**J. SPECIAL INSTRUCTIONS FOR CONVALESCENT CARE ADMISSION – SHORT-TERM SKILLED CARE PLACEMENT**

- **The Individual must currently be in the hospital** and must be going directly to a nursing facility for convalescence for the medical condition the client received treatment for while in the hospital.
- **The Physician must issue an order** certifying that the expected length of stay at the nursing facility will be 30 days or less.
- **A valid convalescent care order** must read as follows:  
**"Admit to (name of nursing facility) for convalescence for (medical condition the client received treatment for in the hospital), for a period not to exceed 30 days."**

**K. LONG-TERM PLACEMENT**

**The Individual may be in an acute care hospital or may be living in a home setting. Before admission to a Medicaid-Certified Nursing Facility for long-term placement, a Level II PASRR Evaluation must be completed for individuals who trigger on the Level I Screen for Mental Illness (MI), Intellectual Disability (ID), or Related Condition (RC).**