

INDIANA PASRR PROGRAM SUMMARY OF PRELIMINARY FINDINGS AND RECOMMENDATIONS OF PASRR / MI LEVEL II MENTAL HEALTH ASSESSMENT

State Form 47183 (R3 / 1-00) / BAIS 0030

This form shall become a ${\bf CONFIDENTIAL}\ {\bf RECORD}$ upon completion in accordance with 42 CFR 483.100 et. al.

* This State agency is requiring disclosure of your Social Security Number per IC 4-1-8-1. The information obtained on this form is confidential under state and federal regulations. This information will not be released except as permitted or required by law or with the consent of the applicant.

ame of applicant / resident:		Date (month, day, year):			
Social Security number: *		Date of birth:		Age:	
Name of NF:					
Address (number and street, city, state, ZIP code):					
Reason for Level II: (check one only) D. MISSED LEVEL II FOR: (check one only)					
A. IPAS B. YEARLY RR C. SIGNIFICANT CHANGE RR PAS YRR SIGNIFICANT CHANGE RR I. Current Psychotropic Medication(s):					
II. Psychiatric Diagnosis(es): (Use current DSM code.)					
III. Based on PASRR / MI guidelines, the Level II assessment preliminarily determines that:					
The individual is is not mentally ill. The individual is is not in need of MI specialized services (inpatient psychiatric care).					
(See back of this form for PASRR definitions of mental illness and MI specialized services)					
IV. The individual needs the following mental health (MH) service(s) pending final determination:					
☐ Diagnosis Review and / or Update by NF / Hospital ☐ Psychiatric Evaluation ☐ Medication Review					
☐ Dementia Work-Up ☐ Individual / Group Therapy			☐ Medication Adjustment		
MH Case Management Services Partial Hospitalization / Day Treatment Medication Monitoring					
☐ Continue Current MH Services ☐ Further Evaluation of Medication Side Effects ☐ Medication Administration					
☐ Yearly RR Required					
Needs Further Review (Specify):					
Other (Specify): MDS reviewed, if one was completed. (May note comments below.)					
☐ None of the above listed services required at this time ☐ MDS reviewed, if one was completed. (May note comments below.) (See IPAS / PASRR Manual, Appendices Section, for Definitions / Descriptions of MH Services.)					
V. COMMENTS: (Include all recommendations, psychiatric and non-psychiatric, which have resulted from this assessment. Use this space to record areas or strategies for care that the NF should follow.)					
NOTE: The results of this assessment do not determine need for NF level of services.					
NOTE: The CMHC assessor will complete this preliminary summary following the Level II assessment and prior to the psychiatrist's signature for all Level II assessments. It will be given to the individual, the legal representative, and the NF, as appropriate. Keep this summary on the NF's chart. Replace with the final determination packet when it is received. The NF must make these findings part of the resident's NF Resident Assessment (RA / MDS) and Plan of Care.					
Exit conference held with: NF Director of Nurses NF Social Worker Other Date of conference (month, day, year):					
Name: CMHC Assessor:	Credentials	Tele	phone number:	Date completed:	
		3.0	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name of CMHC:	City and state:				

I. FEDERAL RULES AND REGULATIONS (November 30, 1992): Effective January 29, 1993 Section 483.102 (b) Definition of PASRR / MI Mental Illness (MI)

An individual is considered to have a serious mental illness (MI) if the individual meets the following requirements: A. **DIAGNOSIS:**

- 1. Has a diagnosis of 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;
- 2. Does not have 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 illness as defined in number 1, above.

AND

B. **LEVEL OF IMPAIRMENT:** Within the past 3 to 6 months, the disorder results in functional limitations in major life activities that would be appropriate for the individual's developmental stage.

At least one of the following characteristics is present on a continuing or intermittent basis:

- 1. **Interpersonal functioning:** serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation;
- 2. Concentration, persistence, and pace: Serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks AND
- 3. **Adaption to change:** serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

AND

- C. RECENT TREATMENT: Treatment history indicates at least one of the following:
 - 1. Psychiatric treatment more intensive than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization); **OR**
 - 2. Within the last 2 years, due to the 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.

II. Definition of PASRR / MI SPECIALIZED SERVICES

A. DEFINITION OF MI SPECIALIZED SERVICES (Indiana Medicaid State Plan)

For PASRR / MI purposes, Specialized Services are defined as the implementation of an individualized plan of care developed under and supervised by a physician, provided by a physician and other mental health professionals, that prescribes specific therapies and activities for the treatment of persons who are experiencing an acute episode of severe mental illness, which necessitates supervision by trained mental health personnel. A nursing facilty resident with mental illness who requires specialized services shall be considered to be eligible for the level of services provided in an institution for mental diseases (IMD) or an inpatient psychiatric hospital (subject to Medicaid reimbursement requirements).

B. DEFINITION OF SPECIALIZED SERVICES [42 CFR 483.120 (a)]

- (1) For mental illness, specialized services means the services specified by the State which, combined with services provided by the NF, results in the continuous and aggressive implementation of an individualized plan of care that -
 - (i) Is developed and supervised by an interdisciplinary team, which includes a physician, qualified mental health professionals and, as appropriate, other professionals;
 - (ii) Prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness, which necessitates supervision by trained mental health personnel; and
 - (iii) Is directed toward diagnosing and reducing the resident's behavioral symptoms that necessitated insitutionalization, improving his or her level of independent functioning, and achieving a functioning level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.