



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF REGULATION AND LICENSURE  
**LEVEL ONE NURSING FACILITY PRE-ADMISSION SCREENING FOR  
 MENTAL ILLNESS/MENTAL RETARDATION OR RELATED CONDITION**

Completion of this form is mandatory for all persons applying for admission to a Medicaid certified bed to determine appropriateness of the nursing facility placement. The Missouri Care Options process does not exempt a person from (or take the place of) this Pre-Admission Screening.

**SECTION A. IDENTIFYING INFORMATION**

1. PERSON'S NAME (LAST, FIRST, MI)	2. DCN	3. SSN	4. DOB	5. SEX	6. RACE
7. PERSON'S MAILING ADDRESS (STREET, CITY, STATE, ZIP)			8. COUNTY	9. TELEPHONE NUMBER	
10. NAME AND ADDRESS OF PROPOSED FACILITY				TELEPHONE NUMBER	
11. CHECK THE APPROPRIATE RESPONSE DESCRIBING THE PERSON'S <b>PRIOR</b> LIVING ARRANGEMENTS					
<input type="checkbox"/> IN OWN HOME OR OTHER NON-INSTITUTIONAL SETTING		<input type="checkbox"/> RESIDENTIAL CARE FACILITY		<input type="checkbox"/> NURSING FACILITY	
<input type="checkbox"/> GROUP HOME		<input type="checkbox"/> OTHER _____			
<input type="checkbox"/> HOSPITAL: (GIVE REASON FOR HOSPITAL ADMISSION HERE) _____					

**SECTION B. LEVEL ONE SCREENING CRITERIA FOR SERIOUS MENTAL ILLNESS**

1. DOES THIS PERSON SHOW ANY SIGNS OR SYMPTOMS OF MAJOR MENTAL DISORDER?  
 NO  YES - LIST HERE: \_\_\_\_\_  
 • GO TO NEXT QUESTION

2. HAS THIS PERSON EVER BEEN DIAGNOSED AS HAVING A MAJOR MENTAL DISORDER? **YOU MUST USE GUIDE #3 ON BACK.**  
 NO  YES - DX: \_\_\_\_\_  
 • GO TO NEXT QUESTION

3. IS THE **PRIMARY** REASON FOR NURSING FACILITY PLACEMENT DUE TO DEMENTIA, INCLUDING ALZHEIMER'S DISEASE OR RELATED DISORDER? **USE GUIDE #4 ON BACK.**  
 NO - IF NO, GO TO THE NEXT QUESTION  
 YES - IF YES, GIVE DX AND SKIP TO SECTION C #1 & #2.  
 DX: \_\_\_\_\_

4. HAS THE PERSON HAD SERIOUS PROBLEMS IN LEVEL(S) OF FUNCTIONING IN THE LAST SIX MONTHS? **YOU MUST USE GUIDE #5 ON BACK.**  
 NO  YES  
 • GO TO NEXT QUESTION

5. HAS THE PERSON RECEIVED INTENSIVE PSYCHIATRIC TREATMENT IN THE PAST TWO YEARS? **YOU MUST USE GUIDE #6 ON BACK.**  
 NO  YES  
 • GO TO NEXT SECTION (C).

**SECTION C. LEVEL ONE SCREENING CRITERIA FOR MENTAL RETARDATION OR RELATED CONDITION**

1. IS THE PERSON KNOWN OR SUSPECTED TO HAVE MENTAL RETARDATION THAT ORIGINATED PRIOR TO AGE 18?  
 NO  YES - DX: \_\_\_\_\_  
 • GO TO NEXT QUESTION

2. IS THE PERSON KNOWN OR SUSPECTED TO HAVE A RELATED CONDITION? **YOU MUST USE GUIDE #7 ON BACK.**  
 NO  YES - DX: \_\_\_\_\_  
 • THIS COMPLETES THE LEVEL I SCREENING. IF YOU CHECKED YES ON #4 OR 5 IN SECTION B, A LEVEL II SCREENING IS INDICATED FOR SERIOUS MENTAL ILLNESS. IF YOU CHECKED YES ON #1 OR 2 IN SECTION C, A LEVEL II SCREENING IS INDICATED FOR MENTAL RETARDATION OR RELATED CONDITION. GO TO NEXT SECTION (D).

**SECTION D. SPECIAL ADMISSION CATEGORIES (to be used only when a Level II Screening is indicated)**

DOES THE PERSON'S CONDITION QUALIFY HIM/HER FOR A SPECIAL ADMISSION CATEGORY?  NO  YES

IF YES, CHECK ONLY ONE OF THE FOLLOWING, IF IT APPLIES. **YOU MUST USE GUIDE #8 ON BACK.**

1. TERMINAL ILLNESS - expected to result in death in six months or less.

2. SERIOUS PHYSICAL ILLNESS - **severe/end stage** disease (or physical condition) as listed on back.

3. RESPITE CARE - stays not more than thirty days to provide relief for in-home caregivers.

4. EMERGENCY PROVISIONAL ADMISSION - **Must be hotlined.** Stays not more than 7 days to protect person from serious physical harm to self or others.

5. DIRECT TRANSFER FROM A HOSPITAL - stays not more than 30 days for the condition for which the person is currently receiving hospital care.

**SECTION E. PERMISSION TO PERFORM SCREENING (Required for all Level II referrals)**

I HAVE RECEIVED NOTICE THAT I MAY NEED FURTHER EVALUATION BEFORE NURSING FACILITY PLACEMENT AND DO HEREBY AUTHORIZE THE RELEASE OF ANY PERTINENT MEDICAL/PSYCHIATRIC RECORDS TO THE STATE OF MISSOURI OR ITS LEGALLY AUTHORIZED REPRESENTATIVES.

SIGNATURE OF PERSON OR LEGAL GUARDIAN GRANTING CONSENT X	DATE X
WITNESS #1 (IF SIGNED BY MARK)	WITNESS #2 (IF SIGNED BY MARK)

**SECTION F. PHYSICIAN'S AUTHORIZATION AND SIGNATURE (Always required)**

I ATTEST THAT THE INFORMATION ON THIS FORM IS COMPLETE AND CORRECT AS KNOWN TO ME.

PHYSICIAN'S SIGNATURE, <b>MUST INCLUDE DISCIPLINE, AND LICENSE NUMBER</b> X	DATE X
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**GUIDE #3 - Major Mental Disorder diagnoses include:** Schizophrenia, Schizoaffective Disorder, Delusional Disorder, Major Depressive Disorder, Bipolar Disorder, Panic Disorder, Severe Anxiety Disorder, Somatoform Disorder, Personality Disorder, Anorexia Nervosa.

**GUIDE #4 - Alzheimer's Disease:** Defined as a dementia with insidious onset with a generally progressive deteriorating course. Diagnoses include Alzheimer's disease with delirium, Alzheimer's disease with delusions, Alzheimer's disease with depression, or Alzheimer's disease uncomplicated.

**Related Disorder:** An organic disorder or condition which manifests itself as a change in the persons' mood, orientation, or behavior. Examples are:

- Mood Disorder due to General Medication Condition (Organic Mood Disorder - DSM III/R),
- Anxiety Disorder due to General Medical Condition,
- Psychotic Disorder due to General Medical Condition, (Organic Delusion Disorder - DSM III/R),
- Delirium due to General Medical Condition,
- Vascular Dementia (Multi-infarct Dementia - DSM III/R).

Also consider other central nervous system conditions that cause progressive deficits in memory or cognition such as:

- Cerebrovascular disease,
- Parkinson's disease,
- Huntington's disease, or
- Systemic conditions that are known to cause dementia (such as hypothyroidism, vitamin B12 deficiency, etc.)

**GUIDE #5 - Serious Problems in Level of Functioning:** Defined as functional limitations in major life activities that would be appropriate for the individual's developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis:

- Interpersonal functioning – individual has 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.
- Concentration, persistence and pace – Individual has serious difficulty in sustaining focused attention for a long enough period to permit 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 assist in completion of these tasks; and
- Adaptation to change – Individual has 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 mental illness, or withdrawal from the situation, or requires intervention by mental health or judicial system.

**GUIDE #6 -Intensive Psychiatric Treatment.** Defined as:

- inpatient psychiatric hospitalization and/or
- any intensive mental health service provided by mental health professionals that is required to stabilize or maintain a person experiencing major mental disorder. Services may be rendered within their current residence, or the person may be moved to another residential setting. These services are not merely medication changes, weekly counseling sessions or routine outpatient visits.

**GUIDE #7 - MR Related Conditions:** Defined as related to mental retardation if it:

- a) results in impairment of general intellectual functioning or adaptive behavior similar to that of mental retardation, and requires treatment/services similar to mental retardation; and

- b) occurs before the age of **22**; and
- c) is likely to continue indefinitely; and
- d) results in substantial functional limitations in 3 or more major life activities (see following list):
  - self-care,
  - understanding and use of language,
  - learning,
  - mobility,
  - self-direction, and
  - capacity for independent living.

Examples of diagnoses that may qualify as related condition if all criteria "a" through "d" (above) are met:

- cerebral palsy,
- epilepsy,
- head or spinal cord injury,
- autism,
- severe hearing and visual impairment,
- multiple sclerosis,
- spina bifida,
- muscular dystrophy,
- orthopedic impairment.

NOTE: Mental illness is not considered a related condition; it is covered under Screening Criteria for Serious Mental Illness.

**GUIDE #8 - Special Admission Categories:**

1. **TERMINAL ILLNESS.** The person has a terminal illness which is expected to result in death in six (6) months or less. (Check Box 2 on Notice to Applicant Form.)
2. **SERIOUS PHYSICAL ILLNESS.** Examples: comatose, ventilator dependent, functioning at brain stem level, or a diagnosis of severe/end stage chronic pulmonary disease, severe/end stage Parkinson's Disease, amyotrophic lateral sclerosis, severe/end stage congestive heart failure, or end stage renal disease. (Check Box 2 on Notice to Applicant Form.)
3. **RESPIRE CARE.** Defined as very brief, finite stays in a Nursing Facility provided for the purpose of relieving family, friends or other primary in-home caregivers with whom the person resides and will continue to reside following the respite stay. If it becomes apparent that the person will stay longer than 30 days, the nursing facility must immediately notify the Division of Regulation and Licensure, COMRU, at 573-526-8609, to determine continued stay. (Check Box 3 on Notice to Applicant Form.)
4. **EMERGENCY PROVISIONAL ADMISSION.** An Emergency Admission must be **HOTLINED**. The admission is for the purpose of protecting the person from serious physical harm to self or others and will not exceed 7 days. If it becomes apparent that the person will stay longer than 7 day, the nursing facility must immediately notify the Division of Regulation and Licensure, COMRU, at 573-526-8609, to determine continued stay. (Check box 4 on Notice to Applicant Form.)
5. **DIRECT TRANSFER FROM A HOSPITAL.** There must be physician certification that the person is likely to require less than 30 days of nursing facility services for the condition for which the person is currently receiving hospital care. If it becomes apparent that the person will stay longer than 30 days, the nursing facility must immediately notify the Division of Regulation and Licensure, COMRU, at 573-526-8609, to determine continued stay. (Check Box 5 on Notice to Applicant Form.)

- If none of the special admission categories apply, check Box 1 on Notice to Applicant Form.

- If a Notice to Applicant Form is not available, call COMRU at 573-526-8609 and one will be faxed to you.