Clear Form Data
FILLABLE FORM

DHS-3457-ENG 2-08

Minnesota Department of **Human Services**

Evaluative Report
Level II Preadmission Screening (PAS) for Persons with Mental Illness

Determination for Nursing Facility Admission

Persons identified during Level I screening as having or suspected of having a mental illness and who apply as new admissions to Medicaid certified nursing facilities (NF) on or after January 1, 1989 must be referred to the local mental health authority (LMHA) for further review and/or evaluation by an independent mental health professional, regardless of payment source (42CFR483.106).

Assessment Type

- ☐ INITIAL ASSESSMENT
- ☐ RE-SCREENING
- ☐ 90 DAY REVIEW
- ☐ ANNUAL REVIEW

SECTION A: APPLICANT INFORMATION

Please fill out completely

COUNTY OF FINANCIAL RESPONSIBILITY			
LAST NAME		FIRST	MI
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PMI NUMBER (MA NUMBER)	
REASON FOR SCREENING			
SOURCE OF REFERRAL		ADMITTING NURSING FACILITY	
NURSING FACILITY COUNTY		PREVIOUS LEVEL II ASSESSMENT? ☐ YES ☐ NO	ASSESSMENT DATE (MM/DD/YYYY)

SECTION B: DETERMINATION OF NEED FOR FURTHER ASSESSMENT

Please fill out completely

Has a mental health diagnostic assessment been scheduled?

☐ **YES**

If scheduled, wait for results of the diagnostic assessment before completing the remainder of this form.

Diagnostic Assessment Schedule (to be completed within 7-9 working days and prior to admission)

DATE (MM/DD/YYYY)	WITH (NAME & TITLE)	
AGENCY NAME	ADDRESS	PHONE

☐ **NO**

If sufficient information is documented or available, proceed with completion of this form. The LMHA may use current information from all relevant and independent sources known to the LMHA, including but not limited to case management records, to the extent it provides diagnostic and functional assessment information. The nursing facility of potential admission does not meet the definition of an independent source for diagnostic purposes. Diagnostic and functional assessments older than 90 days may be used if updated by the mental health professional. *Attach all relevant material.*

SECTION C: FINDINGS AND RECOMMENDATIONS

Please fill out completely

1. ☐ The applicant has no evidence of mental illness and is not in need of specialized services.

2. ☐ The applicant has a documented mental illness (exclusive of dementia, Alzheimer's disease and other related conditions), does not need specialized services, and the PAS screening team has determined that the applicant meets the criteria for NF care. The NF is responsible for arranging routine mental health services.

FOLLOW-UP/MONITORING PLAN

3. ☐ The applicant has a documented mental illness, needs specialized services, and PAS has determined that the applicant meets the criteria for NF care. The county of financial responsibility will provide or arrange for the following specialized mental health services:

A.

B.

C.

D.

4. ☐ The applicant may have a serious mental illness and may need specialized services, but meets one of the categorical determinations for admission.

Admission is approved: (check those that apply)

☐ **A. Convalescent care** (following inpatient care for the same condition, less than 30 days stay, and includes MD written authorization)	☐ **D. Respite care** (less than 30 days per calendar year)
☐ **B. Terminal illness**	☐ **E. Brief emergency stay** (excluding psychiatric emergencies, less than 7 days)
☐ **C. Severe physical illness**	☐ **F. Delirium**

Further assessment and service plan changes must be documented within above indicated time lines upon change in the resident's condition or when the NF stay is anticipated to exceed the projected time limits. The NF is responsible for alerting LMHA to such changes.

MENTAL HEALTH SERVICE RECOMMENDATIONS

5. ☐ A provisional admission is approved. The applicant has a mental illness that, in my best judgment, does not require specialized services and, based upon the PAS team's determination, requires NF care. The applicant would be placed in a vulnerable and unsafe situation in the community if not admitted. **A diagnostic assessment shall be completed within 7-9 working days and a final determination shall be made at that time.**

6. ☐ The applicant has a documented mental illness, and is not appropriate for NF care based upon the PAS screening results. Admission is denied and the LMHA shall refer the applicant for any needed mental health services.

SECTION D: FINAL DETERMINATION

Please fill out completely

Please answer each question, in completion, to ensure that you understand the objective of placing an individual into a nursing facility or MA certified boarding care.

1.	Does this person meet NF level of care? ☐ YES ☐ NO
	A. Does this person need 24 hr supervised care? ☐ YES ☐ NO
	B. If yes, is that care needed in a NF? ☐ YES ☐ NO
	C. Why is an NF the appropriate setting to meet the person's needs?
2.	Does this person pose a risk to the public or other residents of a NF? ☐ YES ☐ NO
	A. If yes, how will the LMHA and NF address these safety concerns?

SECTION E: COUNTY ASSURANCE AND VERIFICATION

Please fill out completely

☐ Admission has been denied.	REASON

☐ Admission has been approved: **Follow-up will be required if extension is needed beyond the specified time limit.**

NUMBER OF DAYS	BEGINNING DATE (MM/DD/YYYY)	MEDICAL REASON FOR NF PLACEMENT

Please note that ALL information must be filled out in its entirety or the county signing this form will hold ultimate responsibility. *Please attach all relevant information (i.e. Level I, Level II, summary of diagnostic findings, patient history, physician's medical evaluation).*

NAME		SIGNATURE	
TITLE	COUNTY	PHONE NUMBER	DATE

Distribution

1. This form and all supporting documents (including Level I and referral) must be sent to local PAS office upon completion, and
2. A copy of all Level II documents must be kept on file with the LMHA, and
3. A copy must be sent to state mental health authority (SMHA) on a monthly basis, along with all supporting documents to:
   DHS/Adult Mental Health Division
   PO Box 64981
   St. Paul, MN 55164-0981
   (651) 431-2225
4. All relevant material, including the Level I screening and Level II evaluation and determination, must be kept on file in the active resident care record in the NF. These findings must be shared with the applicant and legal representative, if established.