

ALABAMA DEPARTMENT
OF
MENTAL HEALTH AND MENTAL
RETARDATION

PREADMISSION SCREENING FOR
MENTAL ILLNESS
AND
MENTAL RETARDATION

OBRA PUBLIC LAW 100-203

1/10/2006

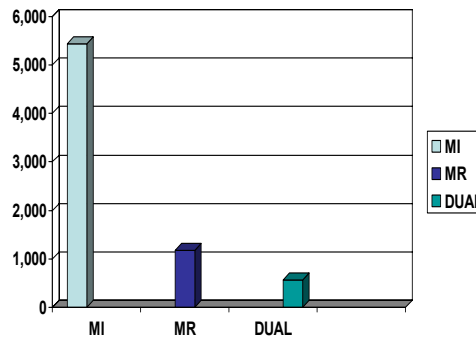
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NOTES

Purpose of the OBRA Law

- To assure appropriate placement for individuals with mental illness (MI) and mental retardation (MR)/related condition (RC)
- To assure appropriate services for individuals with MI/MR/RC
- To assure nursing home resident's medical condition outweigh their mental condition

MI AND MR RESIDENTS IN NURSING FACILITIES



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Words to Know

<p><i>Level I Screen</i> identifies suspected MI/MR</p> <p><i>Level I Determination</i> issues written results</p> <p><i>Level II Evaluation</i> determines eligibility and specialize service needs</p>	<p><i>Level I I Determination</i> issues written results</p> <p><i>Significant Change</i> is a medical or mental change in a NF resident with a diagnosis of MI and/or MR/RC.</p> <p><i>Break in Service</i> is discharged from a NF to a community placement setting for over 30 days</p>
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Major Mental Illness

- A psychiatric disorder of thought and/or mood which significantly impairs judgement, behavior, capacity to recognize reality or ability to copy with the ordinary demands of life.

Mental Retardation

- A significant sub average general intellectual functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period.

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Related Condition

A related condition is attributable to CP, epilepsy, autism or any other condition related to Mental Retardation because this condition could result in impairment of general intellectual functioning or adaptive behavior similar to persons with mental retardation

Dementia Exemption

Individuals with a confirmed diagnosis of Dementia or Alzheimer's Disease are exempt from further screening or evaluation

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OBRA Requirements

- **Level I Preadmission Screening and Determination:**
 - **Completed on all applicants and residents of Medicaid Certified Nursing Facilities**
 - **Completed on all applicants and residents regardless of payment source**
 - **Determines suspected MI and MR/RC**
 - **Determines the need for a Clinical Review/Level II Evaluation**

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Level I Significant Change

- **A medical or mental change in a NF resident with a diagnosis of MI/MR/RC**
- **Significant change is improvement or decline**
- **Level I must be updated for a significant change**
- **Level I is valid until there has been a significant change**

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SIGNIFICANT CHANGE CRITERIA is a decline in a resident's physical or mental condition :

Decline:

- decline in ADLs
- increased Behavioral Symptoms
- decision-making changes
- incontinence pattern changes
- sad or anxious mood
- unplanned weight loss problem
- use trunk restraint or a chair that prevents rising
- unstable condition/disease
- pressure ulcer at Stage II or higher
- overall deterioration

SIGNIFICANT CHANGE CRITERIA is an improvement in a resident's medical/physical or mental condition

Improvement:

- any improvement in ADL physical functioning
- decrease Behavioral Symptoms
- decision making changes
- incontinence pattern changes
- overall improvement

- **Level I Determination**
 - **Screening is not valid without determination**
 - **RN must review for accuracy**
- **Level I Determinations indicate:**
 - **Suspected MI/MR**
 - **Dementia**
 - **The need for further evaluation**



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Completing the Level I form



- **Based on medical information.**
- **Referral source must have access to the medical records**
- **Level I must be submitted on or before NF admission**
- **The Level I Screening is used to identify suspected MI/MR**
- **Reflects diagnoses, psychotropic medications and behaviors**

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LEVEL I SCREENING FOR MENTAL ILLNESS/MENTAL RETARDATION

Please Print. The Form MUST be Completed in Full.

NAME: _____ SSN: _____ DOB: ____/____/____

PRESENT LOCATION: NF Hospital Community Setting (Specify): _____

Facility Name and Room # _____ Street _____ City, State and Zip _____ County _____

LEGAL GUARDIAN, if Applicable: _____ Address: _____

Note: Under OBRA '87, any individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$ 5,000 with respect to each assessment.

The Medical Records contain documentation to support information indicated and submitted on the Level I

REFERRAL SOURCE AND TITLE: _____ DATE: _____

PLACE OF EMPLOYMENT: _____ FAX #: _____ PHONE #: _____

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1. Does the individual have a diagnosis or history of mental retardation or a related condition? Yes No
 - 1a. Specify:
 - Mental Retardation Epilepsy
 - Autism N/A
 - Cerebral Palsy
 - 1b. Did the mental retardation develop before the individual reached age 18? Unknown Yes No N/A
 - 1c. Did the related condition develop before the individual reached age 22? Unknown Yes No N/A
2. Does the individual have a diagnosis or history of a serious mental illness that is not situational or related to a medical condition? Yes No
 - 2a. If yes, specify diagnosis:
 - Schizophrenia
 - Mood Disorder: Major Depression Bipolar Depression
 - Paranoid Disorder
 - Anxiety Disorder
 - Somatoform Disorder
 - Personality Disorder
 - Psychotic Disorder
 - Unspecified Mental Disorder
 - Panic Disorder
3. Has the individual been prescribed or taken any anti-depressant, anti-psychotic and/or anti-anxiety medications on a regular basis within the last 14 days for a general medical condition? Yes No

If yes, list medications:

4. Is there a diagnosis of Dementia, Alzheimer or any related organic disorders? Yes No If yes, complete the MMSE

Provide MMSE Score: ____ Check if unable to test:

4a. If #4 is yes, Check level of consciousness:

Alert Drowsy Stupor Coma N/A

4b. If #2 & #4 are yes, which diagnosis is primary:

Dementia Mental Illness N/A
5. Does the individual's current behavior or recent history within 1 year indicate that he/she is a danger to self or others (suicidal, self-injurious or combative)? Yes No

If yes, explain: _____

6. This Level I is due to one of the following:
 - Significant behavioral change
 - Significant mental health diagnosis change
 - Significant medical decline
 - Significant medical improvement
 - New NF admit
 - Previous Level I incorrect (for nursing home use only)
 - No Level I upon NF admission (for nursing home use only)
7. Is the individual applying for NF care due to the following conditions? (choose one or more of the following):
 - Long term care
 - Convalescent care (Valid ONLY with PT and/or OT orders and for a short term stay as prescribed by MD for 120 days or less)
 - Other short term NF stay
 - Terminal Illness (Life expectancy of 6 mo. or less)
 - Comatose
 - Ventilator dependant
 - Functioning only at brain stem level
 - Cerebella degeneration
 - Advanced Amyotrophic Lateral Sclerosis
 - Huntington's Disease



MINI MENTAL STATE FOR PASRR DEMENTIA ASSESSMENT

PATIENT NAME _____ EDUCATION LEVEL: _____

Maximum Score	Score	Orientation
	()	What is the year, season, date, day, month?
5	()	Where are we (state, county, town, hospital, floor)
		Registration
3	()	Name 3 objects: 1 second to say each. Then ask the patient/resident all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record. Trials _____
		Attention and Calculation
5	()	Serial 7's: 1 point for each correct. Stop after 5 answers. Alternatively spell "world" backwards.
		Recall
3	()	Ask for the 3 objects repeated above. Give 1 point for each correct.
		Language
9	()	Name a pencil and watch (2 points)
	()	Repeat the following "No ifs, ands or buts." (1 point)
	()	Follow a 3 stage command: "Take a paper in your right hand, fold it in half and put it on the floor." (3 points)
		Read and Obey the following:
	()	Close your eyes (1 point)
	()	Write a sentence (1 point)
	()	Copy a design (1 point)
TOTAL SCORE	_____	Assess level of consciousness along a continuum _____
		Alert Drowsy Stupor Coma

Completed by: _____ Date: _____

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Clinical Review/Level II Evaluation

- Confirms MI and MR/RC
- Determines medical eligibility
- Determines specialize service needs



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Nursing Facility Level Of Care Criteria

<p><u>Criteria A</u> Administration of a potent and dangerous injectable medication and intravenous medication and solutions on a daily basis or administration of routine oral medications, eye drops or ointment. Documentation in the record should support the dosage and frequency of the medication Daily basis refers to 7 days per week - Examples: Lasix 40 mg IM qd Lasix 40 mg IV qd Normal saline 1 liter q 24 hrs</p>	<p><u>Criteria B</u> Restorative nursing procedures (such as gait training and bowel and bladder training) in the case of residents who are determined to have restorative potential and can benefit from the training on a daily basis per physician's orders. Documentation should include the following: 1. A frequency of 5 times per week 2. Diagnosis to support the need for restorative nursing procedures 3. Written physician order</p>
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<p><u>CRITERIA C</u> Nasopharyngeal aspiration required for the maintenance of a clear airway. Documentation should include the following: 1. Supporting diagnosis 2. Written physician orders 3. Necessary equipment</p>	<p><u>CRITERIA D</u> Maintenance of tracheostomy, gastrostomy, colostomy, ileostomy, and other tubes indwelling in body cavities as an adjunct to active treatment for rehabilitation of disease for which the stoma was created. Documentation should include 1. Physician order for active treatment 2. type of indwelling tube</p>
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<u>CRITERIA E</u>	<u>CRITERIA F</u>
<p>Administration of tube feedings by naso-gastric tube.</p> <p>Physician's order should support:</p> <ol style="list-style-type: none"> 1. Type of tube 2. Feedings to be administered 3. Frequency of tube changes 	<p>Care of Extensive Decubitus Ulcers or Other Widespread Skin Disorders.</p> <p>Documentation of decubitis should support</p> <ol style="list-style-type: none"> 1. Number of ulcers 2. Stage of decubitis 3. Treatment being rendered <p>•Widespread skin disorders may include the following:</p> <ol style="list-style-type: none"> 1. Psoriasis 2. Herpes

<u>CRITERIA G</u>	<u>CRITERIA H</u>
<p>Observation of unstable medical conditions required on a regular and continuing basis that can only be provided by or under the direction of a registered nurse.</p> <p>•The Alabama Medicaid Agency adopted Medicare guidelines to define an unstable medical condition.</p> <p>•If unstable medical condition is one of the qualifying criteria then the medical record must contain information to support the condition and the active treatment rendered in 60 days prior to admission.</p>	<p>Use of oxygen on a regular or continuing basis.</p> <p>•Documentation should include the following:</p> <ol style="list-style-type: none"> 1. Physician Order 2. Flow of oxygen 3. Frequency 4. Supporting diagnosis

<u>CRITERIA I</u>	<u>CRITERIA J</u>
<p>Application of dressing involving prescription medications and aseptic and/or changing of dressing in non-infected, postoperative or chronic conditions per physician's orders.</p> <ul style="list-style-type: none"> • Documentation should include the following: <ol style="list-style-type: none"> 1. Specific orders from physician for wound care treatment 	<p>Comatose resident receiving routine medical treatment.</p> <ul style="list-style-type: none"> • Documentation should support: <ol style="list-style-type: none"> 1. Diagnosis 2. Total Care 3. Non-responsive state 4. Specific treatment needs



OBRA Rules

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • New Admissions <ul style="list-style-type: none"> - Individuals that have never been admitted into a NF - Individuals discharged from a NF for over 30 days - Require a Level I and determination before admission | <ul style="list-style-type: none"> • Re-admissions <ul style="list-style-type: none"> - Persons with no break in service - Persons returning to the same NF from a hospital <ul style="list-style-type: none"> • Update for significant change if there is MI/MR/RC • Update completed after re-admission |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Inter-facility Transfers

- No break in service
- From one NF to another NF
- Information must be transferred

Out of State Referrals

- Complete on an Alabama form
- Submit to Alabama OBRA
- Submit before admission

Level II Report

- Medicaid Certified Nursing Facilities Only
- Placement changes of residents with a diagnosis of MI/MR
- These residents should be monitored for significant change

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Frequently Ask Questions

1. Who can complete a Level I Screening?
2. Does a Level I have to be completed before admission?
3. Does a Level I significant change apply to all NF residents?
4. Does a significant change apply to a medical change?
5. When does the NF's RN have to review and sign the Level I?
6. Who can complete the Level I for a re-admit?
7. Can admissions be done before a Level II is completed?

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OBRA Preadmission Screening Test – Check the correct answer

1. The purpose of OBRA Preadmission Screening Law 100-203 is to:
 - a. keep individuals with MI out of the community
 - b. ensure appropriate placement for individuals with MI/MR/RC
 - c. keep individuals with MR out of the community

2. Level I Screenings must be completed on:
 - a. all Medicaid recipients only
 - b. all Medicare patients only
 - c. everyone regardless of payment source

3. A Level I Screening determines:
 - a. medical condition
 - b. suspected MI/MR/RC
 - c. eligibility for nursing facility

4. A Level I Screening must be completed and submitted on new admissions:
 - a. before NF admission
 - b. within 14 days of NF admission
 - c. 14 days after admission

5. A Level I significant change is required for:
 - a. all NF residents with a change in behavior
 - b. all NF residents with a confirmed diagnosis of MI/MR
 - c. only NF residents that are a Medicaid recipient

6. A new NF admission has:
 - a. been discharged from a NF for over 30 days
 - b. been transferred to another NF
 - c. been discharged to a hospital

7. A NF re-admission is:
 - a. an individual that is re-admitted to the same NF from a hospital
 - b. an individual that is re-admitted to a different NF
 - c. an individual that is re-admitted to the same NF from home after 30 days

8. An NF interfacility transfer is:
 - a. an individual that is re-admitted to the same NF from a hospital
 - b. an individual that is admitted to a different NF with no break in service
 - c. an individual that is discharged to a hospital

9. A new NF applicant must meet:
 - a. 1 medical criteria
 - b. 3 medical criteria
 - c. 2 medical criteria

10. An updated Level I for a significant change:
 - a. must be completed before admission
 - b. can be completed after re-admission
 - c. is never required

Answers:

1. B
2. C
3. B
4. A
5. B
6. A
7. A
8. B
9. C
10. B