DLN _____ Individual _____

PASRR Evaluation

Section A

Submitter Information

A0100. Name					
A0200A. Street Address					
A0200B. City					
A0200C. State		A0200D. ZIP Code		A0300. NPI/API No.	
A0400. Provider No.				A0500. Vendor No.	

Evaluation Information

A0600. Type of Evaluation(s)

1. IDD only
2. MI only
3. IDD and MI

IDD Information

A0700. LA - IDD Provider No.		A0800. LA - IDD Vendor No.	
A0900. LA - IDD NPI/API No.		A1000. Date of IDD Evaluation	
A1100A. First Name		A1100B. Middle Initial	
A1100C. Last Name		A1100D. Suffix	
A1100E. Phone Number			

A1200. Evaluator Position/Title

A1300A. Type of Credential for IDD Evaluator

1. Qualified Intellectual Disability Professional (QIDP)
2. Qualified Developmental Disability Professional (QDDP)
3. Registered Nurse (RN)
4. Licensed Clinical Social Worker (LCSW)
5. Licensed Professional Counselor (LPC)
6. Licensed Marriage and Family Therapist (LMFT)
7. Licensed Psychologist
8. Advanced Practice Nurse (APN)
9. Physician (MD or DO)
10. Other

A1300B. Other Type of Credential for IDD Evaluator

MI Information

A1400. LA - MI Provider No.		A1500. LA - MI Vendor No.	
A1600. LA - MI NPI/API No.		A1700. Date of MI Evaluation	
A1800A. First Name		A1800B. Middle Initial	
A1800C. Last Name		A1800D. Suffix	
A1800E. Phone Number			
A1900. Evaluator Position/Title			

A2000A. Type of Credential for MI Evaluator

1. Qualified Mental Health Professional-Community Services (QMHP-CS)
2. Registered Nurse (RN)
3. Licensed Clinical Social Worker (LCSW)
4. Licensed Professional Counselor (LPC)
5. Licensed Marriage and Family Therapist (LMFT)
6. Licensed Psychologist
7. Advanced Practice Nurse (APN)
8. Physician (MD or DO)
9. Other

A2000B. Other Type of Credential for MI Evaluator

Location Of Evaluation

A2100. Type of Setting

1. Acute Care
2. Psychiatric Hospital
3. Intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID)
4. Own Home/Family Home
5. Nursing Facility
6. Other

A2200. Other Type of Setting			
A2300A. Name			
A2300B. Street Address			
A2300C. City			
A2300D. State		A2300E. ZIP Code	
A2300F. County		A2300G. Phone Number	

Individual's Information			
A2400A. First Name		A2400B. Middle Initial	
A2400C. Last Name		A2400D. Suffix	
A2500A. Social Security No.		A2500B. Medicare No.	
A2550. CARE ID			
A2600. Medicaid No.		A2700. Birth Date	
A2800. Age at Time of Evaluation		A2900. Sex	

Previous Residence			
A3200A. Previous Residence Type			
1. Private Home 2. ICF/IID 3. Waiver Setting 4. Nursing Facility 5. Other			
A3200B. Other Previous Residence Type			
A3200C. Street Address			
A3200D. City			
A3200E. State		A3200F. ZIP Code	
A3200G. County of Residence		A3200H. Did the individual live with others?	0. No 1. Yes

Next of Kin			
A3300A. Relationship to Individual			
1. Legally Authorized Representative (Legal Guardian) 2. Spouse 3. Child 4. Parent 5. Sibling 6. Other			
A3300B. Other Relationship to Individual			
A3300C. First Name		A3300D. Middle Initial	
A3300E. Last Name		A3300F. Suffix	
A3300G. Phone Number			

A3300H. Street Address			
A3300I. City			
A3300J. State		A3300K. ZIP Code	

Additional Contact Information #1

A3400A. Relationship to Individual			

1. Spouse
2. Child
3. Parent
4. Sibling
5. Other

A3400B. Other Relationship to Individual			
A3400C. First Name		A3400D. Middle Initial	
A3400E. Last Name		A3400F. Suffix	
A3400G. Phone Number			
A3400H. Street Address			
A3400I. City			
A3400J. State		A3400K. ZIP Code	

Additional Contact Information #2

A3500A. Relationship to Individual			

1. Spouse
2. Child
3. Parent
4. Sibling
5. Other

A3500B. Other Relationship to Individual			
A3500C. First Name		A3500D. Middle Initial	
A3500E. Last Name		A3500F. Suffix	
A3500G. Phone Number			
A3500H. Street Address			
A3500I. City			
A3500J. State		A3500K. ZIP Code	

Section B

TO BE COMPLETED FOR INDIVIDUALS SUSPECTED OF HAVING AN INTELLECTUAL DISABILITY OR DEVELOPMENTAL DISABILITIES

B0050. I am completing the IDD section	☐

Determination for PASRR Eligibility (IDD)

B0100. Intellectual Disability To your knowledge, does the individual have an Intellectual Disability which manifested before the age of 18?		0. No 1. Yes
B0200. Developmental Disability To your knowledge, does the individual have a Developmental Disability other than an Intellectual Disability that manifested before the age of 22? (e.g. autism, cerebral palsy, spina bifida)		0. No 1. Yes

Specialized Services Determination/Recommendations

B0400. Does the individual need assistance in any of the following areas? Check all that apply:	
B0400A. Self-monitoring of nutritional support	☐
B0400B. Self-monitoring and coordinating medical treatments	☐
B0400C. Self-help with ADLs such as toileting, grooming, dressing and eating	☐
B0400D. Sensorimotor development with ambulation, positioning, transferring, or hand eye coordination to the extent that a prosthetic, orthotic, corrective or mechanical support devices could improve independent functioning	☐
B0400E. Social development to include social/recreational activities or relationships with others	☐
B0400F. Academic/educational development, including functional learning skills	☐
B0400G. Expressing interests, emotions, making judgments, or making independent decisions	☐
B0400H. Independent living skills such as cleaning, shopping in the community, money management, laundry, accessibility within the community	☐
B0400I. Vocational development, including current vocational skills	☐
B0400J. Additional adaptive medical equipment or adaptive aids to improve independent functioning	☐
B0400K. Speech and language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal)	☐
B0400L. Other	☐
B0400M. Other areas	
B0400N. None of the above apply	☐

B0500. Recommended Services Provided/Coordinated by IDD Providers	
1. Alternate Placement Services	☐
4. Service Coordination (SC)	☐
5. Employment Assistance	☐
6. Supported Employment	☐
7. Day Habilitation	☐
8. Independent Living Skills Training	☐
9. Behavioral Support	☐
10. Habilitation Coordination	☐
B0600. Recommended Services Provided/Coordinated by Nursing Facility	
1. Specialized Physical Therapy (PT)	☐
2. Specialized Occupational Therapy (OT)	☐
3. Specialized Speech Therapy (ST)	☐
4. Customized Manual Wheelchair (CMWC)	☐
5. Durable Medical Equipment (DME)	☐

Section C

TO BE COMPLETED FOR INDIVIDUALS SUSPECTED OF HAVING MENTAL ILLNESS

C0050. I am completing the MI section	☐

Determination for PASRR Eligibility (MI)

C0100. Primary Diagnosis of Dementia Does this individual have a PRIMARY diagnosis of Dementia?	☐ 0. No 1. Yes 2. Unknown
C0200. Severe Dementia Symptoms Are the individual's Dementia symptoms so severe that they cannot be expected to benefit from PASRR Specialized Services?	☐ 0. No 1. Yes

C0300. Mental Illness Check all that apply:

C0300A. Schizophrenia	☐
C0300B. Mood Disorder (Bipolar Disorder, Major Depression or other mood disorder)	☐
C0300C. Paranoid Disorder	☐
C0300D. Somatoform Disorder	☐
C0300E. Other Psychotic Disorder	☐
C0300F. Schizoaffective Disorder	☐
C0300G. Panic or Other Severe Anxiety Disorder	☐
C0300H. Personality Disorder	☐
C0300I. Any other disorder that may lead to a chronic disability diagnosable under the current DSM	☐
C0300J. None of the above apply	☐

C0400. Functional Limitation Check all that apply:

C0400A. Appetite Disturbance	☐
C0400B. Sleep Disturbance	☐
C0400C. Personal Hygiene	☐
C0400D. Impaired Social Interaction	☐
C0400E. Threatening or Aggressive Behavior	☐
C0400F. Danger to Self or Others	☐
C0400G. Employment Difficulties	☐
C0400H. Housing Difficulties	☐
C0400I. Co-Occurring Substance Abuse	☐
C0400J. Criminal Justice Involvement	☐
C0400K. None of the above apply	☐

Recent Occurrences	
C0500. Intensive Psychiatric Treatment Has this individual experienced intensive psychiatric treatment within the previous 2 years?	0. No 1. Yes 2. Unknown
C0600. Disruption to normal living situation Has this individual experienced a significant disruption to their normal living situation requiring supportive services (e.g. residential or respite services) within the previous 2 years due to mental illness?	0. No 1. Yes 2. Unknown
C0700. Crisis Intervention Has this individual experienced intervention by law enforcement, protective service agencies, housing officials or crisis services (i.e. evicted, arrested, charged or convicted of a crime) within the previous 2 years due to mental illness?	0. No 1. Yes 2. Unknown
C0800. Based on the QMHP assessment, does this individual meet the PASRR definition of mental illness?	0. No 1. Yes

Specialized Services Determination/Recommendations	
C0900. Does the individual need assistance in any of the following areas? Check all that apply	
C0900A. Self-monitoring of health status	☐
C0900B. Self-administering of medical treatment	☐
C0900C. Self-scheduling of medical treatment	☐
C0900D. Self-monitoring of medications	☐
C0900E. Self-monitoring of nutritional status	☐
C0900F. Self-help with ADLs such as appropriate dressing and appropriate grooming	☐
C0900G. Independent living such as supported housing	☐
C0900H. Management of money	☐
C0900I. Vocational development, including current vocational skills	☐
C0900J. Psychological evaluation	☐
C0900K. Discharge Planning – assessment, planning, facilitation of discharge (may only be delivered within 180 days or less, before planned discharge)	☐
C0900L. Other	☐
C0900M. Other areas	
C0900N. None of the above apply	☐

C1000. Recommended Services Provided/Coordinated by Local Authority	
1. Group Skills Training	☐
2. Individual Skills Training	☐
3. Intensive Case Management (This service is also subject to the <180 day stay requirement)	☐
4. Medication Training & Support Services (Group)	☐
5. Medication Training & Support Services (Individual)	☐
6. Medication Training (Group)	☐
7. Medication Training (Individual)	☐
8. Psychiatric Diagnostic Examination	☐
9. Psychosocial Rehabilitative Services (Group)	☐
10. Psychosocial Rehabilitative Services (Individual)	☐
11. Routine Case Management (This service is also subject to the <180 day stay requirement)	☐
12. Skills Training & Development (Group)	☐
13. Skills Training & Development (Individual)	☐
14. Cognitive Processing Therapy	☐
15. Counseling Services (CBT - Individual or Group)	☐
16. Peer Support	☐
17. Pharmacological Management	☐

Section D

Nursing Facility Level of Care Assessment - Evaluation of History and Physical Information

Diagnosis

D0100A. Physical/Mental Diagnosis Code	D0100B. Physical/Mental Diagnosis Description	D0100C. Date of Onset, if known	D0100D. Primary Diagnosis
			☐
			☐
			☐
			☐
			☐

D0200. Medications - 1

D0200A. Current Medication	D0200B. Any known side effects for this individual	D0200C. Is it an antipsychotic?
		☐

D0200D. Reason for antipsychotic	

D0200. Medications - 2

D0200A. Current Medication	D0200B. Any known side effects for this individual	D0200C. Is it an antipsychotic?
		☐

D0200D. Reason for antipsychotic	

D0200. Medications - 3		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 4		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 5		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 6		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 7		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 8		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 9		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 10		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 11		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 12		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 13		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 14		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 15		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 16		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 17		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 18		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 19		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0200. Medications - 20		
D0200A. Current Medication	**D0200B. Any known side effects for this individual**	**D0200C. Is it an antipsychotic?**
		☐
D0200D. Reason for antipsychotic		

D0300. Medication Allergies	
D0300. Medication Allergies	

D0400. Number of hospitalizations in the last 90 days		Between 00-90
D0500. Number of emergency room visits in the last 90 days (include all emergency visits)		Between 00-90
D0600A. Is this individual a danger to himself/herself?		0. No 1. Yes
D0600B. If Yes, indicate reason why this individual is a danger to himself/ herself.		
D0700A. Is this individual a danger to others?		0. No 1. Yes
D0700B. If Yes, indicate reason why this individual is a danger to others.		
D0800. Is this individual known to demonstrate self-injurious behaviors?		0. No 1. Yes
D0900. Does the NF supervision and structure mitigate danger to self or others?		0. No 1. Yes 2. Unknown

Terminal Illness/Hospice		
D1000. Is there a physician certification that the individual is expected to live less than 6 months in the individual's chart?		0. No 1. Yes
D1100. Is this individual on hospice?		0. No 1. Yes
D1150. If Yes, what date did the individual enter hospice?		MM/DD/YYYY
D1200. Does this individual require pacemaker monitoring?		0. No 1. Yes 2. Unknown
D1300. Does this individual have an internal defibrillator?		0. No 1. Yes 2. Unknown
D1400A. Tracheostomy Care Does this individual have a tracheostomy?		0. No 1. Yes

D1400B. If Yes, do they require care for their tracheostomy at least one time every day?
0. No
1. Yes

D1500. Does this individual require a ventilator or respirator on a continuous basis to breathe?
0. No
1. Yes

D1600. Does this individual require a ventilator or respirator to breathe at least one time every day?
0. No
1. Yes

D1700A. Oxygen Therapy
Does this individual require Oxygen Therapy?
0. No
1. Yes

D1700B. If Yes, how often?

1. Less than once a week
2. 1 to 6 times a week
3. Once a day
4. Twice a day
5. 3 - 11 times a day
6. 6 - 23 hours
7. 24-hour continuous

D1800. Does this individual have any Special Ports/Central Lines/PICC?
0. No
1. Yes
2. Unknown

D1900. Does this individual receive any treatments by injection?
0. No
1. Yes
2. Unknown

D2000A. Pressure Ulcers
Does this individual have a pressure ulcer (bed sore or decubitus ulcer)?
0. No
1. Yes
2. Unknown

D2000B. If Yes, is it staged as:

1. Stage 1
2. Stage 2
3. Stage 3
4. Stage 4
5. Unstageable
6. SDTI (suspected deep tissue injury)

D2000C. Number of ulcers
Between 00-99

D2100A. Other ulcers, wounds, or skin issues
Does this individual have any other ulcers, wounds, or skin issues?
0. No
1. Yes
2. Unknown

D2100B. If Yes, is it staged as:

1. Stage 1
2. Stage 2
3. Stage 3
4. Stage 4
5. Unstageable
6. SDTI (suspected deep tissue injury)

D2200. Is this individual in a coma (persistent vegetative state or no discernible consciousness)?	0. No 1. Yes
D2300A. Memory Loss Does this individual experience memory loss?	0. No 1. Yes
D2300B. If Yes, indicate the appropriate answer for type of memory loss: 1. Short Term 2. Long Term 3. Unspecified	
D2400A. Developmental Level Is this individual's developmental level normal for their chronological age?	0. No 1. Yes
D2400B. If No, at what developmental level is the individual functioning? 1. < 1 Infant 2. 1 - 2 Toddler 3. 3 - 5 Pre-School 4. 6 - 10 School age 5. 11 - 15 Young Adolescence 6. 16 - 20 Older Adolescence 7. Unknown or unable to assess	
D2500A. Orientation Is the individual oriented to person?	0. No 1. Yes 2. Unknown
D2500B. Is the individual oriented to place?	0. No 1. Yes 2. Unknown
D2500C. Is the individual oriented to time?	0. No 1. Yes 2. Unknown

D2600. Is there any documentation that indicates that the individual has an appliance assisting with bladder or bowel function? Check all that apply:	
D2600A. Indwelling catheter	☐
D2600B. External catheter	☐
D2600C. Ostomy	☐
D2600D. Intermittent catheterization	☐
D2600E. None of the above	☐
D2600F. Unknown	☐

Section E

Nursing Facility Level of Care Assessment - Evaluation of History and Physical Information

Fall History

E0100A. Enter the number of times this individual has fallen in the last 90 days.	Between 000-999
E0100B. In how many of the falls listed above was the individual physically restrained prior to the fall?	Between 000-999
In the falls listed above, how many had the following contributory factors? (More than one factor may apply to a fall. Indicate the number of falls for each contributory factor.)	
E0100C. Environmental (e.g. debris, slick or wet floors, lighting)	Between 000-999
E0100D. Medication(s)	Between 000-999
E0100E. Major Change in Medical Condition (e.g. Myocardial Infarction (MI/Heart Attack), Cerebrovascular Accident (CVA/Stroke), Syncope (Fainting))	Between 000-999
E0100F. Poor Balance/Weakness	Between 000-999
E0100G. Confusion/Disorientation	Between 000-999
E0100H. Assault by Resident or Staff	Between 000-999
E0200. Does this individual have a history of medication error, non-compliance with a self-medication regimen or drug seeking?	0. No 1. Yes 2. Unknown
E0300. Which option best describes this individual's speech pattern?	1. Clear speech - distinct intelligible words 2. Unclear speech - slurred or mumbled words 3. No speech - absence of spoken words
E0400. Which option best describes this individual's ability to express ideas and wants? Consider both verbal and non-verbal expressions	1. Understood 2. Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time 3. Sometimes understood - ability is limited to making concrete requests 4. Rarely/never understood
E0500. Which option best describes this individual's ability to understand others? Understanding verbal content, however able, with a hearing aid or device if applicable	1. Understands - clear comprehension 2. Usually understands - misses some part/ intent of message but comprehends most conversation 3. Sometimes understands - responds adequately to simple, direct communication only 4. Rarely/never understands

E0600. Does this individual have an impaired mental status?
0. No
1. Yes
2. Unknown

E0700. Does this individual have a hearing impairment?
0. No
1. Yes

E0800. Does this individual have a vision impairment?
0. No
1. Yes

E0900. Does the individual typically reject attempts at evaluations and assistance that are necessary to achieve goals for health and well being?
0. No
1. Yes
2. Unknown

E1000A. Pain Management
Is there an indication that the individual currently has issues with pain?
0. No
1. Yes

E1000B. If Yes, how severe is the pain?
1 – Mild
2 – Moderate
3 – Severe
4 – Very severe, horrible
5 – Unable to answer

E1000C. If Yes, what frequency is the pain occurring?
1 – Almost constantly
2 – Frequently
3 – Occasionally
4 – Rarely
5 – Unable to answer

E1100. Does this individual require assistance with eating and drinking?
0. No
1. Yes

E1200A. Eating
How does this individual eat?
1. By mouth
2. By tube inserted in nose
3. By tube inserted into abdomen
4. By tube inserted into artery

E1200B. How much food is eaten by mouth?
1. 75% or more
2. 50-74%
3. 49% or less

E1200C. Does this individual require a mechanically altered diet? (Pureed food)
0. No
1. Yes

E1200D. Is this individual on a therapeutic diet?
0. No
1. Yes

E1300. Which option best describes the individual's functioning around urination?
1. Always continent
2. Occasionally incontinent
3. Frequently incontinent
4. Always incontinent

E1400. Activities of Daily Living (ADL)
Instructions for Rule of 3

* When an activity occurs three times at any one given level, code that level.
* When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all.

Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).

* When an activity occurs at various levels, but not three times at any given level, apply the following:
- When there is a combination of full caregiver performance, and extensive assistance, code extensive assistance.
- When there is a combination of full caregiver performance, weight bearing assistance and/or non-weight bearing.

If none of the above are met, code supervision.

1. ADL Self-Performance
Code for **individual's performance** of ADL's - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff support every time.

0. Independent - no help or staff oversight at any time
1. Supervision - oversight, encouragement or cueing
2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3. Extensive assistance - resident involved in activity, staff provide weight-bearing support
4. Total dependence - full staff performance every time during entire 7-day period
7. Activity occurred only once or twice - activity did occur but only once or twice
8. Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

2. ADL Support Provided
Code for **most support provided**; code regardless of individual's self-performance classification.

0. No setup or physical help from staff
1. Setup help only
2. One person physical assist
3. Two+ persons physical assist
8. ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

E1400A.1. ADL Self-Performance A. Bed mobility - How individual moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	
E1400A.2. ADL Support Provided A. Bed mobility - How individual moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	
E1400B.1. ADL Self-Performance B. Walk in room - How individual walks between locations in his/her room	
E1400B.2. ADL Support Provided B. Walk in room - how individual walks between locations in his/her room	
E1400C.1. ADL Self-Performance C. Walk in hallway - How individual walks in hallway on unit	
E1400C.2. ADL Support Provided C. Walk in hallway - How individual walks in hallway on unit	
E1400D.1. ADL Self-Performance D. Locomotion On Unit Or In Room - How individual moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair	
E1400D.2. ADL Support Provided D. Locomotion On Unit Or In Room - How individual moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair	
E1400E.1. ADL Self-Performance E. Locomotion Off Unit Or In Home - How individual moves to or returns from distant areas in his/her home (e.g. areas set aside for dining, activities or treatments). **If facility has only one floor**, how individual moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair	
E1400E.2. ADL Support Provided E. Locomotion Off Unit Or In Home - How individual moves to or returns from distant areas in his/her home (e.g. areas set aside for dining, activities or treatments). **If facility has only one floor**, how individual moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair	
E1400F.1. ADL Self-Performance F. Dressing - How individual puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and house dresses	
E1400F.2. ADL Support Provided F. Dressing - How individual puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and house dresses	

E1400G.1. ADL Self-Performance Eating - How individual eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)	
E1400G.2. ADL Support Provided Eating - How individual eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)	
E1400H.1. ADL Self-Performance Toilet use - How individual uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal or bedside commode, catheter bag or ostomy bag	
E1400H.2. ADL Support Provided Toilet use - How individual uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal or bedside commode, catheter bag or ostomy bag	
E1400I.1. ADL Self-Performance Medication Management - Level of assistance the individual needs to take prescribed medications	
E1400I.2. ADL Support Provided Medication Management - Level of assistance the individual needs to take prescribed medications	
E1400J.1. ADL Self-Performance Transfer - How individual moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)	
E1400J.2. ADL Support Provided Transfer - How individual moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)	
E1500A. Appropriate Placement Is placement in an NF appropriate for this individual at this time?	0. No 1. Yes
E1500B. Explanation of findings to support that the individual meets or does not meet a nursing facility level of care. Include any additional information to support why this individual does or does not require the level of care provided in a Nursing Facility.	

Section F

Return to Community Living

F0100. Did the individual or LAR participate in this evaluation discussion?		0. No 1. Yes
F0200A. Has this individual received information regarding the services and support alternatives to the nursing facility admission (for Preadmission Screening) or continuation of the nursing facility stay (for Resident Review)?		0. No 1. Yes
F0200B. Does this individual/LAR expect to return to live in the community either following a short term stay in the nursing facility or at some point in the future?		0. No 1. Yes
F0300A. Has this individual been employed in the past 12 months?		0. No 1. Yes 2. Unknown
F0300B. If Yes, what was the occupation?		

F0400. Community Programs
Did this individual receive services from a community program? Check all that apply

F0400A. Adult Foster Care (AFC)	☐
F0400B. Community Attendant Services (CAS)	☐
F0400C. Community Living Assistance and Support Services (CLASS)	☐
F0400D. Consumer Managed Personal Attendant Services (CMPAS)	☐
F0400E. Day Activity and Health Services (DAHS)	☐
F0400F. Deaf Blind with Multiple Disabilities (DBMD)	☐
F0400G. Emergency Response Services (ERS)	☐
F0400H. Family Support Services (FSS)	☐
F0400I. Home & Community-based Services-Adult Mental Health (HCBS-AMH)	☐
F0400J. Home and Community-based Services (HCS)	☐
F0400K. Medically Dependent Children Program (MDCP)	☐
F0400L. Primary Home Care (PHC)	☐
F0400M. Program of All-Inclusive Care for the Elderly (PACE)	☐
F0400N. STAR+PLUS	☐
F0400O. Substance Use Treatment Services	☐

F0400P. Texas Home Living (TxHmL)	☐
F0400Q. Youth Empowerment Services (YES) Waiver	☐
F0400R. Other	☐
F0400S. Other Community Program	
F0400T. None of the above	☐
F0500. Would this individual like to live somewhere other than a Nursing Facility?	0. No 1. Yes 2. Unknown
F0600. Where would this individual like to live now? Check all that apply	
F0600A. Live alone with support	☐
F0600B. A place where there is 24 hour care	☐
F0600C. A group home	☐
F0600D. Family home	☐
F0600E. Other	☐
F0600F. Other location	
F0600G. Unknown	☐
F0700. Community Programs **Is this individual interested in enrolling in a community program? Check all that apply**	0. No 1. Yes
F0700A. Adult Foster Care (AFC)	☐
F0700B. Community Attendant Services (CAS)	☐
F0700C. Community Living Assistance and Support Services (CLASS)	☐
F0700D. Consumer Managed Personal Attendant Services (CMPAS)	☐

F0700E. Day Activity and Health Services (DAHS)	☐
F0700F. Deaf Blind with Multiple Disabilities (DBMD)	☐
F0700G. Emergency Response Services (ERS)	☐
F0700H. Family Support Services (FSS)	☐
F0700I. Home & Community-based Services-Adult Mental Health (HCBS-AMH)	☐
F0700J. Home and Community-based Services (HCS)	☐
F0700K. Medically Dependent Children Program (MDCP)	☐
F0700L. Primary Home Care (PHC)	☐
F0700M. Program of All-Inclusive Care for the Elderly (PACE)	☐
F0700N. STAR+PLUS	☐
F0700O. Substance Use Treatment Services	☐
F0700P. Texas Home Living (TxHmL)	☐
F0700Q. Youth Empowerment Services (YES) Waiver	☐
F0700R. Other	☐
F0700S. Other Community Program	
F0700T. None of the above	☐

F0800. What challenges or barriers has the individual indicated that could impede the opportunity to return to the community? Check all that apply	
F0800A. Care needs are likely greater than support available in community	☐
F0800B. Accessible housing limited	☐
F0800C. Limited or no family/friend support available	☐
F0800D. Limited income to support community living	☐
F0800E. Guardian/family likely not to support community living	☐
F0800F. Interest list slot not available at this time	☐

F0800G. Lost house during NF stay	☐
F0800H. Affordable housing limited	☐
F0800I. Other	☐
F0800J. Other challenges/ barriers	
F0800K. No challenges/barriers	☐
Additional Information F0800L. Describe the individual's strengths, available supports, and barriers to living in the community	

F0900. This individual's needs can be met in: Check all that apply

F0900A. An appropriate community setting	☐
F0900B. List settings and supports required to enable community placement in the space below	
F0900C. In an institutional setting	☐
F0900D. Nursing Facility	☐
F0900E. ICF/IID	☐
F0900F. Other	☐
F0900G. Other location	

F1000. Referrals

1. Adult Foster Care (AFC)
2. Community Attendant Services (CAS)
3. Community Living Assistance and Support Services (CLASS)
4. Consumer Managed Personal Attendant Services (CMPAS)
5. Day Activity and Health Services (DAHS)
6. Deaf Blind with Multiple Disabilities (DBMD)
7. Emergency Response Services (ERS)
8. Family Support Services (FSS)
9. Home & Community-based Services-Adult Mental Health (HCBS-AMH)
10. Home and Community-based Services (HCS)
11. Medically Dependent Children Program (MDCP)
12. Primary Home Care (PHC)
13. Program of All-Inclusive Care for the Elderly (PACE)
14. STAR+PLUS
15. Substance Use Treatment Services
16. Texas Home Living (TxHmL)
17. Youth Empowerment Services (YES) Waiver
18. Other
19. None of the above

F1000. Referrals - 1

F1000A. Community Programs	F1000B. Other Community Program	F1000C. Phone Number	F1000D. Date of Referral

F1000E. Referral Comments	

F1000. Referrals - 2

F1000A. Community Programs	F1000B. Other Community Program	F1000C. Phone Number	F1000D. Date of Referral

F1000E. Referral Comments	

F1000. Referrals - 3

F1000A. Community Programs	F1000B. Other Community Program	F1000C. Phone Number	F1000D. Date of Referral

F1000E. Referral Comments	

F1000. Referrals - 4			
F1000A. Community Programs	**F1000B. Other Community Program**	**F1000C. Phone Number**	**F1000D. Date of Referral**
F1000E. Referral Comments			

F1000. Referrals - 5			
F1000A. Community Programs	**F1000B. Other Community Program**	**F1000C. Phone Number**	**F1000D. Date of Referral**
F1000E. Referral Comments			

Authorization (System Use Only - Do Not Complete)		
IDD Completion Transaction		
H0100A. PTID	H0100B. Status Coach Pending More Info Coach Review Invalid/Complete LA Action Required PCS Processed/Complete Pending More Info Processed/Complete SAS Request Pending Submitted to PCS Submit to SAS	H0100C. Action Coach Pending More Info Coach Review Invalid/Complete PCS Processed/Complete Pending More Info Processed/Complete Submit to PCS Submit to SAS
MI Completion Transaction		
H0200A. PTID	H0200B. Status Coach Pending More Info Coach Review Invalid/Complete LA Action Required PCS Processed/Complete Pending More Info Processed/Complete SAS Request Pending Submitted to PCS Submit to SAS	H0200C. Action Coach Pending More Info Coach Review Invalid/Complete PCS Processed/Complete Pending More Info Processed/Complete Submit to PCS Submit to SAS