

OMNIBUS BUDGET RECONCILIATION ACT '87

**PRE-ADMISSION SCREENING
HANDBOOK
&
TECHNICAL ASSISTANCE GUIDE
for
MCV & UVA HOSPITALS**



**DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND
SUBSTANCE ABUSE SERVICES**

2000

FOREWORD

This Handbook provides guidelines and instructions for MCV and UVA Hospitals which have contracted to conduct the Level II Pre-Admission Screening (PAS). The Handbook is specifically designed to assist staff responsible for coordinating the discharge of patients seeking nursing facility (NF) placement. The Omnibus Budget Reconciliation Act of 1987 (OBRA '87) requires all persons, regardless of source of payment (Medicaid-eligible or private pay), seeking admission to Medicaid-certified nursing facilities to be pre-screened to:

- 1) determine if the individual meets nursing facility level of care criteria and*
- 2) identify specialized services needs, if appropriate.*

The Handbook contains the current standardized forms and instructions for the Level I and Level II components of the PAS process. It also provides assessment documentation requirements, population and service definitions, and resource materials to aid the staff in completing the screening in a timely fashion. Since the implementation of OBRA '87, the Pre-Admission Screening and Resident Reviews (PASRR) program has undergone several revisions to streamline the process and expedite nursing facility placement. These major revisions include the following:

1. The OBRA '87 PAS process is specifically for NF placement only;
2. The Resident Review process is based on significant change and is no longer required annually; and
3. The definition of SMI is based on 3 basic criteria, exclusively: DSM IV diagnosis, Duration & Chronicity.

In addition, the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) has developed standardized evaluation forms for uniform assessment.

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INTRODUCTION AND BRIEF OVERVIEW

The Omnibus Budget Reconciliation Act (OBRA) of 1987 prohibits a Medicaid-certified nursing facility (NF) from admitting any individual who has a diagnosis of serious mental illness (SMI) or mental retardation (MR) or has a related condition (RC) unless that individual has been determined to require the level of care provided by a NF. OBRA '87 requires all states to have a pre-admission screening (PAS) program to identify individuals with SMI, MR or RC, using criteria established by the Health Care Financing Administration (HCFA).

Federal minimum criteria established for making determinations are categorized into two levels. The **Level I PAS** determines whether individuals meet the NF level of care criteria and whether they are suspected of having SMI, MR or RC. The NF level of care assesses the client's medical and physical condition to determine whether he/she requires long term nursing facility care.

If the individual meets the criteria for NF level of care, and has or is suspected of having a diagnosis of SMI, MR or RC, a **Level II PAS** evaluation is conducted to determine the need for specialized services. "Specialized services" for persons with SMI is defined as "Inpatient Psychiatric Hospitalization". However, for persons with MR/RC specialized services are continuous, aggressive generic treatments, therapies or training to improve one's level of independent functioning.

The State Mental Health/Mental Retardation Authority (SMH/MRA) makes the final determination regarding specialized services needs for the individual. In Virginia, the SMH/MRA is the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS).

BACKGROUND AND HISTORY

Since 1977, Virginia has provided nursing facility Pre-admission Screening for Medicaid-eligible persons. Initially, the Department of Medical Assistance Services (DMAS) contracted with local Health and Social Services Departments and, since 1982, with acute care hospitals to conduct pre-admission screenings. In December 1987, Congress approved legislation which revised the federal statutes governing Medicaid-certified NFs. These statutory changes were included in Subtitle C, Title IV of OBRA '87 (P.L. 100-203). (RFP, p.3)

Beginning January 1, 1989, the Omnibus Budget Reconciliation Act of 1987 (OBRA '87) required states to conduct Pre-admission Screening and Annual Resident Reviews (PASARR) [Section 1919(e)(7)(E) of the Social Security Act]. Therefore, individuals with known or suspected diagnoses of SMI, MR or RC, seeking admission to or residing in Medicaid-certified nursing facilities must be assessed to determine the appropriateness of nursing facility placement and to identify specialized service needs. This requirement applies to all individuals regardless of their source of payment.

Effective October 19, 1996, the Annual Resident Review process of OBRA '87 was repealed. As a result of the legislative change, Resident Review (RR) assessments replaced the ARR requirement. Resident Reviews are based on a “significant change” in the NF resident’s mental and/or physical condition. The PAS process remained unchanged.

SECTION I. GOVERNMENT AGENCIES AND PRIVATE ENTITIES RESPONSIBILITIES

- A. ***HEALTHCARE FINANCING ADMINISTRATION (HCFA)*** of the Department of Health and Human Services is the federal agency responsible for administering Medicaid. HCFA functions as an advisory entity which interprets the law, sets regulatory guidelines and monitors each state's implementation of the OBRA '87 PASRR program.
- B. ***DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS)*** is the State Department responsible for the administration and oversight of all Medicaid-funded programs, including the implementation of the OBRA '87 PASRR program.
- C. ***DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES (DMHMRSAS)*** is designated as the state Mental Health/Mental Retardation Authority (MH/MRA) and administers the OBRA '87 PASRR program. DMHMRSAS makes specialized services determinations and, additionally, collaborates with and provides consultation and technical assistance to CSBs for mental health, mental retardation, and substance abuse services.
- D. The local ***HEALTH AND SOCIAL SERVICES DEPARTMENTS*** comprise the PAS committee (at a minimum comprised of a physician, nurse, and social worker) for clients who reside in the community. The PAS committee (discharge planner) is established in a hospital for clients confined for acute care treatment/services. The PAS committee conducts the Level I PAS to determine whether an individual meets nursing facility level of care criteria and to determine which NF applicants have known or suspected diagnoses of SMI, MR or RC and therefore, are referred for Level II PAS evaluation.
- E. ***COMMUNITY SERVICES BOARD (CSB)*** is the local government agency which serves as brokers or providers of Mental Health, Mental Retardation or Substance Abuse Services. The CSB is responsible for assuring specialized services (Inpatient Psychiatric Hospitalization) needs are met for individuals with serious mental illness. The CSB is responsible for the provision of specialized services for persons with mental retardation.
- F. ***DEPARTMENT OF REHABILITATIVE SERVICES (DRS)*** is responsible for specialized services for persons with related conditions only.

G. *PRIVATE ENTITIES* are non-government private practitioners or agencies who provide clinical assessments and specialized services for individuals in the PASRR program.

SECTION II.

PRE-ADMISSION SCREENING TECHNICAL INSTRUCTIONS

The following are technical instructions for completing the evaluation forms:

- A.** Use black ink only to complete the evaluation forms. Draw a line through errors or information that needs to be changed, and write in the correct information. Initial all change(s). Do not erase or use white-out to correct error(s).
- B.** Respond to each item. Do not leave items blank. The data requested in the forms are required by federal regulations to make appropriate informed decisions. If there are data requests for which correct responses cannot be found, write UNK (“Unknown”) or NA (“Not Applicable”), as appropriate. Indicate the sources which were exhausted in search of that information (i.e., “reviewed record, interview caregiver and resident - information UNK”). If items are blank without explanation, the work will be considered incomplete and may be returned for completion.
- C.** Record accurate data. The effects of this process are significant for the facilities, the hospitals, and, of course, the individuals being evaluated. Please make every effort to gather data that is an accurate representation of the individual.
- D.** Ensure that all information is legible. Information that is illegible, regardless of the cause (i.e. fax quality, penmanship, writing in margins), is not acceptable.
- E.** Record the individual’s name in the space provided at the top of specific pages on the form to prevent loss or mix up.
- F.** Use an “X” to mark a box or line, when indicating response to a question that has multiple response options. A single slash line may be mis-interpreted as an inadvertent mark.
- G.** Mark the response option that most accurately describes the individual. Provide comments to clarify/justify each option selected. Comments must be written in concise, descriptive sentences. Avoid one- or two-word comments.
- H.** Determine if a current, comprehensive physical examination dated and signed by a licensed physician is available. If yes, photocopy and attach the physical examination to the evaluation. If no, the “Physical Assessment” form must be completed by the individual’s attending physician. Without a current physical examination, the evaluation cannot be completed and processed which may effect placement and/or reimbursement decisions.

- I. Use the “comment” sections in the form to provide additional information that will contribute to a clear, comprehensive profile of the individual. At the beginning of each comment, write the corresponding section name and item number.
- J. Use only abbreviations such as Dx, PRN, Tx/Rx, which are commonly used in hospital/nursing facility records. Please refer to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, *Physician’s Desk Reference (PDR)*, “Terminology” in the “Glossary” section of this manual for a list of common abbreviations.
- K. Review the “Glossary” section of this manual to ensure that the same definitions are used by all professionals in the PASRR program.

Important Documents

Review the following records to verify the individual’s behavioral and psychosocial needs as appropriate:

- ! Court’s guardianship document, if available;
- ! Most recent history and physical examination, signed and dated by a physician;
- ! Medication records and lab reports;
- ! Discharge summaries from psychiatric or other hospitalizations;
- ! Psychological evaluations and IQ tests;
- ! Previous Level II evaluations;
- ! Admission papers;
- ! Social history;
- ! Formal behavior management programs;
- ! Treatment plans.

SECTION III. PRE-ADMISSION PROCEDURAL INSTRUCTIONS

In the PAS process Acute Care Hospital staff and DMHMRSAS OBRA staff have separate procedural responsibilities. This section outlines these responsibilities utilizing forms designed specifically for the PAS process. The following standardized PAS forms have been developed to assure consistency in the assessment information, efficiency and timeliness:

- The MI/MR Supplement Form is the Level I form used to determine whether a Level II is required based on a diagnosis of SMI, MR/RC.
- The **Uniform Assessment Instrument (UAI)** is the Level I assessment form used to determine whether the client meets the nursing facility (NF) level of care criteria.
- The **Virginia Pre-Admission Screening Form** is the standardized Level II assessment form used to determine the client's specialized services needs.

A. ACUTE CARE HOSPITAL DISCHARGE PLANNER/CASE COORDINATOR

1. Ensures the client (medicaid-eligible/pending or private pay) has reached maximum benefit from his/her in-patient treatment per indication by the interdisciplinary treatment team;
6. Ensures the completeness of the MI/MR Supplement forms;
3. Ensures the completeness of the Uniform Assessment Instrument (UAI);
First four pages only, if **PRIVATE PAY*
4. Uses the current revised standardized Virginia Pre-admission Screening form for the appropriate disability;
5. Ensures the completed PAS packet is forwarded to the appropriate agency DMHMRSAS OBRA Office;
6. Proceeds with the next step of the nursing facility placement process upon

notification of determination by DMHMRSAS;

7. Forwards original PAS packet to NF before or at the time of admission and
8. Notifies DMHMRSAS OBRA Staff of name of NF, telephone number, and date of admission to NF.

*In the event there are emergency circumstances, the Acute Care Hospital discharge planner should contact DMHMRSAS by telephone to discuss the case. Based on the merits of the case, the discharge planner will be given instructions that may permit immediate NF placement. Never FAX the PAS Level II evaluation without prior approval from DMHMRSAS.

B. *DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES STAFF (DMHMRSAS)*

1. Receives the complete Level II PAS assessment from the Acute Care Hospital;
2. Makes the final determination regarding whether the client's condition meets the NF level of care criteria;
3. Makes final determination regarding the need for specialized services;
4. Returns original pre-admission screening packet (including the UAI and Virginia Pre-Admission Screening form) to the Acute Care Hospital;
5. Generates the NF notification letter for private pay clients.

SECTION IV. REMINDERS

The following information (or applicable portions thereof) should be shared with all staff completing any part of the PAS assessment packet.

1. The Pre-admission screening is considered valid only after the approval letter is received by the Acute Care Hospital Discharge Planner/Case Coordinator from DMHMRSAS. Nursing facilities are instructed not to accept clients into their facilities without prior approval.
2. When submitting the PAS packet, include the original MI/MR Supplement, UAI, Level II PAS Form, & ICAP (*information varies depending upon whether case is MI, MR or RC*). Photocopies of other required documentation (i.e. psychological evaluation, history & physical exam) are acceptable.
3. Persons submitting the PAS from Acute Care Hospitals are urged to review the **Addendum to the UAI User's Manual** for general directions on completing the UAI. Although there has been significant improvement in the completion of the UAI overall since the initiation of its use, sections on Functional Status (page 4), Medical/Nursing Needs (page 7), and Cognitive Function (Page 8) continue to be problem areas and require frequent call backs for additional information. Persons responsible for completing these sections (including medical staff) are urged to review the information in the **UAI User's Manual**.
4. Approval for DMAS nursing facility (NF) reimbursement is based upon the client/patient meeting **both** Functional Status **and** Medical/Nursing Needs criteria. Generally an individual must have a certain number of functional dependencies in one of several possible combinations. Accurately assessing Functional dependencies is crucial as it can impact whether a person meets NF criteria. (Page 4-UAI) These are considered separately from the Medical/Nursing Needs when determining if an individual meets DMAS criteria for payment.
5. Although different disciplines in the Acute Care Hospital may complete various sections of the UAI, the discharge planner submitting the PAS packet (usually the Social Worker) is asked to review the entire UAI form for accuracy and completeness before the Level II PAS assessment is initiated to avoid unwarranted Level II Assessments.
6. **Nutrition**
If the answer to weight loss/gain is affirmative, please circle either gain or loss as applies.
7. **Medical/Nursing Needs**
If the answer to "Are there medical/nursing needs?" is affirmative, notes under "Comments" should specifically address one or more items under ".....describe ongoing medical/nursing needs."
8. The physician's signature is required for each UAI completed for clients.

9. Assessment Summary

Caregiver Assessment - refers to the person listed on page 1 of the UAI and questions here should be answered about the Caregiver even though he/she may not be a formal Caregiver.

10. Questions regarding the PAS program may be directed to:

Department of Mental Health, Mental Retardation & Substance Abuse Services

**OBRA Consultant - (804) 371-2134
1220 Bank Street (Jefferson Bldg), Richmond, VA 23219**

PRE-ADMISSION SCREENING

MENTAL ILLNESS

Level II Instructions

SECTION I: IDENTIFICATION

Please use the demographic information found in the medical record. If information in the medical record is different than recorded in the UAI, use the information from the medical record.

1. Record the individual's full last name, first name and middle initial. **Do not use nicknames.** Remember to record the individual's name in the space provided at the top right hand corner on specific pages of the protocol as indicated.
2. Mark the "M" or "F" box with an "X" to indicate the individual's gender as male or female, respectively.
3. Record the individual's date of birth (DOB).
4. Indicate the individual's age in years.
5. Mark the "Yes" box to indicate the individual is paying for NF care with private funds. Otherwise, mark the "No" box if he/she is receiving any public subsidy or his/her eligibility is pending.
6. Record the Medicaid number as entered in the individual's chart. If the individual has applied for Medicaid, write "Pending."
7. Record the individual's Social Security (SSN) as recorded in the chart.
8. Record the Community Service Board (CSB) name serving the area within which the evaluation is completed. This information will be used in cross-tabulating program reports.
9. Record the date the evaluation is completed.
10. Check the box indicating where the evaluation was conducted.
11. Record the name of the Local Area Preadmission Screening Committee (LAPSC), the Contact Person (Public Health Nurse - PHN, Social Worker - SW, MSW, etc.) his or her business telephone number and street address as recorded on the MI/MR Supplement Level I form.
12. Mark the "Yes" or "No" box with an "X" to indicate whether the individual has a legal

SECTION I: Continued

guardian, as appointed by a court of competent (probate) jurisdiction and documented with official papers in the medical record. You may only check "Yes" if you have found a legal document of guardianship. Even if the record states a legal guardian, check "No" if you cannot verify this with the official document. Do not record the name of a power of attorney, responsible party, next of kin, authorized representative, primary caregiver, etc., if he/she is not the individual's legal, court appointed guardian. If the answer is "Yes," in the space provided, list the Legal Guardian's name, telephone number and mailing address and check the box that best describes the relationship of the guardian to the individual. If you check "Other," please specify in the space provided.

13. Identify all Axis I (psychiatric) and Axis II (developmental and personality disorder) diagnoses as indicated in the individual's record. **Please do not use codes.** If there is no recorded diagnosis, note by indicating "No Recorded Diagnosis." If other diagnoses are suggested by the record (Axis I or II), document these. Axis III should reflect all known medical and related conditions/diagnoses as indicated in the record.

SECTION II: PSYCHOSOCIAL

Review the available social history to complete the items in this section.

1. As defined in the glossary, mark the box with an "X" that best describes the individual's marital status.
2. As defined in the glossary, mark the applicable boxes with an "X" to indicate the highest level of education that the individual attained.
3. Briefly describe the individual's last primary means of employment and the nature and length of positions held.
4. Referencing the Doctor's orders, nursing notes, social history, admitting sheet, or other relevant documents, indicate the reasons why the individual is seeking or did seek admission to a NF by checking all that apply.
5. Building evacuation - Based on your observations, is the individual physically and mentally capable of negotiating a path to safety unassisted or with the use of assistive devices? If "No", this should be considered when determining level of care and alternative living arrangements.

SECTION II: Continued

6. Based on the information available from the record describe the history of the individual's MI condition. If no discharge summaries or social histories exist, or if they seem insufficient, the assessor should obtain relevant information by looking for information from the chart, individual, knowledgeable staff person, or family member. Information and/or facts on the following items will assist DMHMRSAS to substantiate the diagnosis: diagnosis of record; length of condition; first date of occurrence; symptoms of record; treatment history of hospitalizations, outpatient care, and any care/services delivered by counselors, mental health staff, psychiatrists and psychologists; and treatment plans used. Also consider if there exists any family history of MI.
7. Gather and record information on any informal support provided to the individual (i.e., family, church, etc.). This information should be gathered both from the file and the individual.

SECTION III: LEVEL OF FUNCTIONING

This section contributes to the evaluation of the individual's need for institutional versus community placement. Interview caregivers (family, provider staff, etc.), to gather the most accurate possible reflection of the individual's functional skills. If the caregiver and/or the individual is unable to assess certain skills (i.e. use of transportation), because the individual has no opportunity to utilize these skills, note "UNK" to signify unknown.

1. Basic Functional Status

Please use these terms in the following manner "Independent" - without verbal cues or physical assistance, "Verbal Assistance" - requires verbal cues to initiate or complete task, "Physical Assistance" - requires "hands on" help of one to complete task, "Dependent" - requires another to complete task.

2. Advanced Functional Skills

Using the terms as described above, indicate the individual's ability to perform these activities if they had the opportunity or were placed in a community-based (non-institutional) setting.

3. Cognitive Skills

Using the terms as described above, how does the individual respond to routines, schedules and instructions, or in your judgement how might they respond.

SECTION III: Continued

4. Sleep Pattern

Mark the applicable box with an "X" to indicate the individual's sleep pattern. You need to consider the individual's "normal" pattern (i.e. early riser, night owl, 5 hours a night) before determining if any problems exist.

5. Ambulation

Mark the box with an "X" that best describes how the individual moves themselves within their environment.

6. Assistive Devices

Assessing the individual's current functional and adaptive capabilities, thoroughly describe the individual's potential to benefit from corrective or adaptive equipment to enhance independent functioning. Describe the type and nature of devices recommended for this purpose.

SECTION IV: MEDICAL HISTORY

1. Psychotropic Medication

From the Medication Administration Record (MAR) sheet, record the codes, purpose (as documented in the chart), dosages, frequencies, changes, and the individual's response to any psychotropic medication(s) that have been prescribed in the last three (3) months. For the code numbers of psychotropic medications, please refer to the glossary under "Psychotropic Medication Codes". If a medication has been prescribed that can mask or mimic psychiatric conditions and it is not specified in the glossary, enter code "102" for "Other" and specify the medication. For example, the assessor might enter the following information into the evaluation: 48 (Mellaril), antipsychotic, 25 mg., tid., no change, reduced aggression.

If the chart does not indicate the purpose for prescribing a medication, record "UNK" in the "Purpose" box. In this case, because the evaluator cannot determine a response to an unknown purpose, the evaluator must record "UNK" in the "Response" box. Do not include medications that are convenience medications, such as aspirin, laxatives and skin care products, or medications that can mask or mimic psychiatric conditions. This list will be critical to the assessor as she/he interprets all the information gathered in the evaluation to formulate recommendations.

SECTION IV: Continued

2. STAT/PRN Administration of Medication

Mark the "No" or "Yes" box with an "X" to indicate whether or not the individual has received an emergency (STAT/PRN) administration of medication to control her/his behavior in the last sixty (60) days. If the response is "Yes," indicate the medication that was administered and the behavior for which the medication was administered on the appropriate lines.

3. Physician Review

Mark the "No" or "Yes" box with an "X" to indicate whether a current physical examination was available. A current physical examination is defined as: (1) completed within the last twelve months; (2) reflective of the individual's presenting condition and (3) signed by a licensed physician. If a current physical examination is available, photocopy and attach it to the evaluation. If a physical examination is not available, forward a copy of the **Virginia Resident Review Level II Instrument Physical Assessment Supplement** form to the individual's attending physician for completion. Remember, the completed Physical Assessment Supplement must be included in the evaluation packet before it is forwarded to DMHMRSAS.

4. Comments

Utilize this space to assure a comprehensive medical portrait of the individual has been provided through the evaluation. The assessor's goal is to describe the individual's presentation, needs, and capacities to the extent that s/he can be clearly identified from a group of individuals as a result of the clarity of descriptive information. The assessor should fully describe the individual's functional and medical status, history of habilitative opportunities and level of benefit, and current functional, medical, and habilitative needs.

5. Signature

In the space provided, print your name legibly, provide your phone number, followed by your signature, credentials and date the evaluation was completed.

SECTION V: PSYCHIATRIC ASSESSMENT

1. Affective Behavior Observations

The following items must be completed—even if the individual is unable or refuses to participate in an interview—based on your direct observations of the individual, because the responses will provide new information and/or substantiate information in the individual's medical records:

- a-e Mark the applicable boxes with an "X" to indicate the individual's strengths and characteristics, in terms of physical features, level of consciousness, manner, mood and affect, and form of thought. If the response is "other," specify the strength(s)/characteristic(s) on the appropriate line.
- f Based on the individual's response(s) to your question(s), determine the individual's orientation level, and mark one box with an "X."
- g Mark the applicable box(es) with an "X" to indicate the individual's communication ability.
- h Mark the applicable box(es) with an "X" to indicate the individual's level of socialization.
- i Based on your interaction with the individual during the evaluation, mark the appropriate box with an "X" to indicate their attitude.

2. Chart of Behavior

As a result of your observations, as well as conducting interviews and a review of available records, check any of the boxes that correspond to behaviors exhibited in the last three (3) months. For each behavior exhibited, on the line provided note the frequency. For example "1X per week for 3 weeks". Note any other symptoms, problems, or behaviors documented or reported by the caregiver or the assessed individual in the space provided under "Comments". If none of these behaviors are present, check "none" before continuing to the next item.

3. Placement in Seclusion/Physical Restraints

Mark the "No" or "Yes" box with an "X" to indicate whether or not the individual has been placed in seclusion or other physical restraints to control dangerous behavior within the last 60 days. If the response is "Yes," describe the behavior that prompted the use of the restraint and the type of restraint that was used.

SECTION V: Continued

4. Comments

Summarize your impressions of the individual's presenting psychiatric status (i.e., specific impressions regarding whether the individual's presenting symptoms are consistent or inconsistent with his/her baseline noted in file). Use this section to describe in detail any problems identified in the "Chart of Behavior" (i.e., if the individual is suicidal, what is the plan, how many previous attempts and what were the strategies?). If the individual's mood was depressed, what cues indicated that to the evaluator? If there were hallucinations, describe the content of these, are they command or persecutory hallucinations, can the individual distinguish them from reality, what is their frequency, has the frequency increased, decreased, or stayed the same? Take any problem steps further so that a very clear picture of the individual's past and present functioning is reflected.

SECTION VI: MI DETERMINATION RECOMMENDATION

This section of the evaluation is used to formulate the recommendations of the assessor's independent evaluation of the individual's physical and mental condition. When the assessor completes this section of the form, the decisions reached should be that of the assessor, consistent with his/her evaluation, even if that decision(s) is in conflict with the diagnoses of record. As such, it serves as the basis for which the DMHMRSAS OBRA Consultant makes the final determination. This section is designed to stand alone, if necessary, and therefore contains certain demographic information to identify the individual being evaluated.

1. Record the individual's last name, first name and middle initial.
2. Record the individual's Social Security Number (SSN).
3. Record the Medicaid Number.
4. If, in the course of the evaluation, you suspect or substantiate that the individual has MR or RC diagnoses, check the "Yes" box(es) and proceed with use of Dual MI and MR/RC Level II Form and follow appropriate instructions.
5. Check "Yes" if as a result of your evaluation (review of charts, MSE, contact with staff and/or family), documentation has substantiated a diagnosis of dementia or related disorder in the absence of a PRIMARY DIAGNOSIS of a major mental illness. List criteria, record rationale in the space provided, continue to Item # 6 and complete the assessment. Otherwise, check "No", continue to item #6 and complete the assessment.
6. Based on your evaluation and clinical judgement, indicate for items (a), (b), and (c), if the individual has functional limitations as a result of the mental disorder. Check all the boxes that apply for each of the three categories. If you check "Other" for any of the items, specify the other functional limitation in the space provided. If none of the conditions apply, check "None". At least one box must be checked in each category (a, b, & c).
7. Based on the information obtained from the record, indicate if the individual has received mental health services within the last two years and/or has had episodes of significant disruption to the normal living situation. Check either or both statements that apply.

Examples of **psychiatric treatment more intensive than outpatient care** would be: (1) psychiatric hospitalization; (2) admission to a crisis stabilization program; and (3) psychiatric partial hospitalization.

SECTION VI: Continued

Examples of **supportive services that might be used to intervene in an episode of significant disruption to the normal living situation** in order to maintain them in their residence could be: (1) use of restraints; (2) PRN medications for control of behavior more than one time per month; and (3) special psychiatric/psychological consultation.

If neither statement applies, check "None".

8. Based on your clinical observations, indicate if the individual meets the DSM IV criteria for any of the major mental disorders listed. If the individual has any other psychiatric or mental disorder that may lead to a chronic disability, check "Other" and specify. If "Yes," check the box(es) that apply, specify if it is Primary (P), or Secondary (S) and proceed to item # 9. If "No", proceed to item #9 and complete the assessment.

9. ***Specialized Services Recommendation***

As defined by DMHMRSAS, would the individual benefit from the provision of specialized services (Inpatient Psychiatric Hospitalization)? If "Yes," you must provide your justification and rationale for the services in the space provided, e.g., "resident is a danger to self and/ or others due to violent, aggressive behavior without provocation."

10. ***Mental Health Services Recommendation***

It should be indicated if the individual requires MH services by checking "Yes" or "No" based on the individualized treatment plan (ITP) or progress notes. If "Yes", check all MH services currently being received under the column entitled, "**Current Mental Health Services.**" Under the "**Recommendations**" column, indicate if the current MH services should "*Continue*" or be "*Discontinued*" and justify the recommendations for the services in the space provided below. If the client requires MH services, but currently is **not** receiving the services, check the corresponding service box under "*New*" in the Recommendations column and justify the need for the service(s) in the space provided below. The objective is to recommend appropriate MH services that ultimately could impact positively on the individual's functioning and quality of life and, also, assure continued placement in the least restrictive environment.

11. ***Signature***

In the space provided, print your name and title legibly and provide your phone number followed

by your signature, credentials and date the evaluation was completed. You are now finished with the evaluation. Please check the evaluation to ensure that all items have been answered and the necessary photocopies are attached before submitting the packet to the DMHMRSAS OBRA staff.

PRE-ADMISSION SCREENING
MENTAL RETARDATION/RELATED CONDITION
Level II Instructions

SECTION I: IDENTIFICATION

Please use the demographic information found in the medical record. If information in the medical record is different than recorded in the UAI, use the information from the medical record.

1. Record the individual's full last name, first name and middle initial. **Do not use nicknames.** Remember to record the individual's name in the space provided at the top right hand corner on specific pages of the protocol as indicated.
2. Mark the "M" or "F" box with an "X" to indicate the individual's gender as male or female, respectively.
3. Record the individual's date of birth (DOB).
4. Indicate the individual's age in years.
5. Mark the "Yes" box to indicate the individual is paying for NF care with private funds. Otherwise, mark the "No" box if he/she is receiving any public subsidy or his/her eligibility is pending.
6. Record the Medicaid number as entered in the individual's chart. If the individual has applied for Medicaid, write "Pending."
7. Record the individual's Social Security (SSN) as recorded in the chart.
8. Record the Community Service Board (CSB) name serving the area within which the evaluation is completed. This information will be used in cross-tabulating program reports.
9. Record the date the evaluation is completed.
10. Check the box indicating where the evaluation was conducted.
11. Record the name of the Local Area Preadmission Screening Committee (LAPSC), the Contact Person (Public Health Nurse - PHN, Social Worker - SW, MSW, etc.) his or her telephone number and street address, as recorded on the MI/MR Supplement Level I form.
12. Mark the "Yes" or "No" box with an "X" to indicate whether the individual has a legal guardian, as

appointed by a court of competent (probate) jurisdiction and documented with official papers in the medical record. You may only check "Yes" if you have found a legal document of guardianship. Even if the record states a legal guardian, check "No" if you cannot verify this with the official document. Do not record the name of a power of attorney, responsible party, next of kin, primary

SECTION I: Continued

caregiver, etc., if they are not the individual's legal, court appointed guardian. If the answer is "Yes," in the space provided, list the Legal Guardian's name, telephone number and mailing address and check the box that best describes the relationship of the guardian to the individual. If you check "Other," please specify in the space provided. If the answer is "No," record the client's complete street address in the space provided and disregard the relationship selections.

13. Identify all Axis I (psychiatric) and Axis II (developmental and personality disorder) diagnoses as indicated in the individual's record. **Please do not use codes.** If there is no recorded diagnosis, note by indicating "No Recorded Diagnosis." If other diagnoses are suggested by the record (Axis I or II), document these. Axis III should reflect all known medical and related conditions/diagnoses as indicated in the record.

SECTION II: PSYCHOSOCIAL

Review the available social history to complete the items in this section.

1. As defined in the glossary, mark the box with an "X" that best describes the individual's marital status.
2. As defined in the glossary, mark the applicable boxes with an "X" to indicate the highest level of education that the individual attained.
3. Academic Skills (MR/RC Only) - For each statement, check "Yes" if the individual is capable of completing the task, or "No" if they are not.
4. Briefly describe the individual's last primary means of employment and the nature and length of positions held.
5. Referencing the Doctor's orders, nursing notes, social history, admitting sheet, or other relevant documents, indicate the reasons why the individual is seeking or did seek admission to a NF by checking all that apply.
6. Building evacuation - Based on your observations, is the individual physically and mentally capable of negotiating a path to safety unassisted or with the use of assistive devices? If "No", this should be considered when determining level of care and alternative living arrangements.
7. Based on the information available from the record describe the history of the individual's MR/RC condition. If no discharge summaries or social histories exist, or if they seem insufficient, the assessor should obtain relevant information by looking for information from the chart, individual, knowledgeable staff person, or family member. Information and/or facts on the following items will assist DMHMRSAS to substantiate the diagnosis: diagnosis of record; length of condition; first date of occurrence; symptoms of record; treatment history of hospitalizations, outpatient care, and any care/services delivered by counselors, mental health staff, psychiatrists and psychologists; and treatment plans used. Also consider if there exists any family history of MR/RC.

SECTION II: Continued

8. This information should be gathered both from the file and the individual. Gather information on any informal support provided to the individual (i.e., family, church, etc.).

SECTION III: LEVEL OF FUNCTIONING

This section contributes to the evaluation of the individual's need for institutional versus community placement. Interview caregivers (family, provider staff, etc.), to gather the most accurate possible reflection of the individual's functional skills. If the caregiver and/or the individual is unable to assess certain skills (i.e. use of transportation), because the individual has no opportunity to utilize these skills, note "UNK" to signify unknown.

1. Basic Functional Status

Please use these terms in the following manner "Independent" - without verbal cues or physical assistance, "Verbal Assistance" - requires verbal cues to initiate or complete task, "Physical Assistance" - requires "hands on" help of one to complete task, "Dependent" - requires another to complete task.

2. Advanced Functional Skills

Using the terms as described above, indicate the individual's ability to perform these activities if they had the opportunity or were placed in a community-based (non-institutional) setting.

3. Cognitive Skills

Using the terms as described above, how does the individual respond to routines, schedules and instructions, or in your judgement how might they respond.

4. Sleep Pattern

Mark the applicable box with an "X" to indicate the individual's sleep pattern. You need to consider the individual's "normal" pattern (i.e. early riser, night owl, 5 hours a night) before determining if any problems exist.

5. Ambulation

Mark the box with an "X" that best describes how the individual moves themselves within their environment.

6. Assistive Devices

Assessing the individual's current functional and adaptive capabilities, thoroughly describe the individual's current use of and/or potential to benefit from corrective or adaptive equipment to

enhance independent functioning. Describe the type and nature of devices recommended for this purpose.

SECTION IV: MEDICAL HISTORY

1. Psychotropic Medication

From the Medication Administration Record (MAR) sheet or medication containers (if at home), record the codes, purpose (as documented in the chart), dosages, frequencies, changes, and the individual's response to any psychotropic medication(s) that have been prescribed in the last three (3) months. For the code numbers of psychotropic medications, please refer to the glossary under "Psychotropic Medication Codes". If a medication has been prescribed that can mask or mimic psychiatric conditions and it is not specified in the glossary, enter code "102" for "Other" and specify the medication. For example, the assessor might enter the following information into the evaluation: 48 (Mellaril), antipsychotic, 25 mg., tid., no change, reduced aggression.

If the chart does not indicate the purpose for prescribing a medication, record "UNK" in the "Purpose" box. In this case, because the evaluator cannot determine a response to an unknown purpose, the evaluator must record "UNK" in the "Response" box. Do not include medications that are convenience medications, such as aspirin, laxatives and skin care products, or medications that cannot mask or mimic psychiatric conditions. This list will be critical to the assessor as she/he interprets all the information gathered in the evaluation to formulate recommendations.

2. STAT/PRN Administration of Medication

Mark the "No" or "Yes" box with an "X" to indicate whether the individual has received an emergency (STAT/PRN) administration of medication to control her/his behavior in the last sixty (60) days. If the response is "Yes," indicate the medication that was administered and the behavior for which the medication was administered on the appropriate lines.

3. Physician Review

Mark the "No" or "Yes" box with an "X" to indicate whether a current physical examination was available. A current physical examination is defined as: (1) completed within the last twelve months; (2) reflective of the individual's presenting condition and (3) signed by a licensed physician. If a current physical examination is available, photocopy and attach it to the evaluation. If a physical examination is not available, forward a copy of the **Virginia Resident Review Level II Instrument Physical Assessment Supplement** form to the individual's attending physician for completion. Remember, the completed Physical Assessment Supplement must be included in the evaluation packet before it is forwarded to the DMHMRSAS.

4. Comments

Utilize this space to assure a comprehensive medical portrait of the individual has been provided through the evaluation. The assessor's goal is to describe the individual's presentation, needs, and capacities to the extent that s/he can be clearly identified from a group of individuals as a result of

the clarity of descriptive information. The assessor should

SECTION IV: Continued

fully describe the individual's functional and medical status, history of habilitative opportunities and level of benefit, and current functional, medical, and habilitative needs.

5. **Signature**

In the space provided, print your name legibly, provide your phone number, followed by your signature, credentials and date the evaluation was completed.

SECTION V: BEHAVIOR ASSESSMENT

1. Affective Behavior Observations

The following items must be completed--even if the individual is unable or refuses to participate in an interview--based on your direct observations of the individual, because the responses will provide new information and/or substantiate information in the individual's medical records:

- a-e Mark the applicable boxes with an "X" to indicate the individual's strengths and characteristics, in terms of physical features, level of consciousness, manner, mood and affect, and form of thought. If the response is "other," specify the strength(s)/characteristic(s) on the appropriate line.
- f Based on the individual's response(s) to your question(s), determine the individual's orientation level, and mark one box with an "X."
- g Mark the applicable box(es) with an "X" to indicate the individual's communication ability.
- h Mark the applicable box(es) with an "X" to indicate the individual's level of socialization.
- i Based on your interaction with the individual during the evaluation, mark the appropriate box with an "X" to indicate their attitude.

2. Placement in Seclusion/Physical Restraints

Mark the "No" or "Yes" box with an "X" to indicate whether or not the individual has been placed in seclusion or other physical restraints to control dangerous behavior within the last 60 days. If the response is "Yes," describe the behavior that prompted the use of the restraint and the type of restraint that was used.

3. Functional Assessment Summary (ICAP, ABS, etc)

The completion of the ICAP is required as part of the MR/RC evaluation (and dual evaluation) process. Information should be obtained from a third party who has known the client for at least three (3) months and has seen him/her on a daily/frequent basis. As a result of completing the ICAP (specifically pp.8-9), as well as conducting interviews and a review of available records, thoroughly summarize any of the aforementioned behaviors. Note any other symptoms, problems, or behaviors documented or reported by the caregiver or the assessed individual.

SECTION VI: MR/RC DETERMINATION RECOMMENDATION

This section of the evaluation is used to formulate the recommendations of the assessor's independent evaluation of the individual's physical and mental condition. When the assessor completes this section of the form, the decisions reached should be that of the assessor, consistent with his/her evaluation, even if that decision(s) is in conflict with the diagnoses of record. As such, it serves as the basis for which the DMHMRSAS OBRA Consultant makes the final determination. This section is designed to stand alone, if necessary, and therefore contains certain demographic information to identify the individual being evaluated.

1. Record the individual's last name, first name and middle initial.
2. Record the individual's Social Security Number (SSN).
3. Record the Medicaid Number.
4. If, in the course of the evaluation, you suspect or substantiate that the individual has a MI diagnosis, check the "Yes" box and proceed with use of a Dual (MI and MR/RC) Level II Form and follow appropriate instructions.
5. Based on a current IQ test, check "Yes" if the individual has a substantiated MR diagnosis and check the box that indicates the level of MR. If MR cannot be substantiated (has RC diagnosis only) check "No", write "NA" for this item and continue to item 7.
6. Thoroughly review the individual's file to determine the existence and results of IQ testing. An IQ Test is valid regardless of the date the test was administered. Copy any IQ testing, transcribe the applicable information in the spaces provided, and submit along with the completed evaluation. It is very important that the IQ test be copied, if available, and submitted with the completed evaluation. If IQ testing is unavailable or considered inaccurate, please contact DMHMRSAS so that a new test can be completed by a qualified professional. The original of an IQ test completed by an assessor should be left/forwarded to the facility to be filed in the individual's record.
7. Based on the evaluation, check "Yes" if the individual has a substantiated RC diagnosis and check at least one (1) box that specifies the condition. If RC cannot be substantiated, check "No", and if MR was substantiated, continue to item 8. If neither RC or MR can be substantiated, STOP here, draw a line through items 8-10, and sign-off on the page indicated.
8. Items (a-h) are federally identified characteristics commonly associated with MR/RC individuals in need of specialized services. Assess the individual's status as noted in the medical record, resident interview and observation, and caregiver interview; and provide your clinical opinion as to the individual's abilities or inabilities in each of these areas.
9. ***Specialization Services Recommendations - MR/RC***

As defined by DMHMRSAS, would the individual benefit from the provision of MR/RC

specialized services? In some instances, the client is already receiving specialized services.

SECTION VI: Continued

If yes, for PAS MR/RC, using the definitions provided in the glossary, check the corresponding box under “**Current Specialized Services**” to identify the services currently being received. Then indicate, under “**Recommendations,**” whether any of these services should be Continued or Discontinued and justify the recommendation(s) in the space provided below. If the client requires Specialized Services, but currently is not receiving the service(s), check the corresponding box under “New” only in the “Recommendation” column and justify the need for the service(s) in the space provided below. The objective is to recommend appropriate Specialized Services that ultimately will impact positively on the individual’s quality of life while allowing him/her to reside in the least restrictive placement environment.

10. *Services of Lesser Intensity Recommendation - MR/RC*

Using the definitions provided in the glossary, check "Yes" if you are recommending MR/RC services of a lesser intensity and check all boxes for services that you feel may be appropriate. Check "No" if you are not recommending services of a lesser intensity.

11. *Signature*

In the space provided, print your name legibly, provide your phone number, followed by your signature, credentials and date the evaluation was completed. You are now finished with the evaluation. Please check the evaluation to ensure that all items have been answered, and necessary photocopies are attached before submitting the packet to the DMHMRSAS.

PRE-ADMISSION SCREENING

DUAL (MI & MR or MI & RC) DIAGNOSIS

Level II Instructions

SECTION I: IDENTIFICATION

Please use the demographic information found in the medical record. If information in the medical record is different than recorded in the UAI, use the information from the medical record.

1. Record the individual's full last name, first name and middle initial. **Do not use nicknames.** Remember to record the individual's name in the space provided at the top right hand corner on specific pages of the protocol as indicated.
2. Mark the "M" or "F" box with an "X" to indicate the individual's gender as male or female, respectively.
3. Record the individual's date of birth (DOB).
4. Indicate the individual's age in years.
5. Mark the "Yes" box to indicate the individual is paying for NF care with private funds. Otherwise, mark the "No" box if he/she is receiving any public subsidy or his/her eligibility is pending.
6. Record the Medicaid number as entered in the individual's chart. If the individual has applied for Medicaid, write "Pending."
7. Record the individual's Social Security (SSN) as recorded in the chart.
8. Record the Community Service Board (CSB) name serving the area within which the evaluation is completed. This information will be used in cross-tabulating program reports.
9. Record the date the evaluation is completed.
10. Check the box indicating where the evaluation was conducted.
11. Record the name of the Local Area Preadmission Screening Committee (LAPSC), the Contact Person (Public Health Nurse - PHN, Social Worker - SW, MSW, etc.) his or her telephone number and street address, as recorded on the MI/MR Supplement.
12. Mark the "Yes" or "No" box with an "X" to indicate whether the individual has a legal guardian, as appointed by a court of competent (probate) jurisdiction and documented with official papers in the medical record. You may only check "Yes" if you have found a legal document of guardianship. Even if the record states a legal guardian, check "No" if you cannot verify this with the official document. Do not record the name of a power of attorney, responsible party, next of kin, authorized representative, primary caregiver, etc., if he/she is not the individual's legal, court

appointed guardian. If the answer is "Yes," in the space

SECTION I: Continued

provided, list the Legal Guardian's name, telephone number and mailing address and check the box that best describes the relationship of the guardian to the individual. If you check "Other," please specify in the space provided. If the answer is "No," record the client's complete street address in the space provided and disregard the relationship selections.

13. Identify all Axis I (psychiatric) and Axis II (developmental and personality disorder) diagnoses as indicated in the individual's record. **Please do not use codes.** If there is no recorded diagnosis, note by indicating "No Recorded Diagnosis." If other diagnoses are suggested by the record (Axis I or II), document these. Axis III should reflect all known medical and related conditions/diagnoses as indicated in the record.

SECTION II: PSYCHOSOCIAL

Review the available social history to complete the items in this section.

1. As defined in the glossary, mark the box with an "X" that best describes the individual's marital status.
2. As defined in the glossary, mark the applicable boxes with an "X" to indicate the highest level of education that the individual attained.
3. Academic Skills (MR/RC Only) For each statement, check "Yes" if the individual is capable of completing the task, or "No" if they are not.
4. Briefly describe the individual's last primary means of employment and the nature and length of positions held.
5. Referencing the Doctor's orders, nursing notes, social history, admitting sheet, or other relevant documents, indicate the reasons why the individual is seeking or did seek admission to a NF by checking all that apply.
6. Building evacuation - Based on your observations, is the individual physically and mentally capable of negotiating a path to safety unassisted or with the use of assistive devices? If "No", this should be considered when determining level of care and alternative living arrangements.
7. Based on the information available from the record describe the history of the individual's MR/RC condition. If no discharge summaries or social histories exist, or if they seem insufficient, the assessor should obtain relevant information by looking for information from the chart, individual, knowledgeable staff person, or family member. Information and/or facts on the following items will assist DMHMRSAS to substantiate the diagnosis: diagnosis of record; length of condition; first date of occurrence; symptoms of record; treatment history of hospitalizations, outpatient care, and any care/services delivered by counselors, mental health staff, psychiatrists and psychologists; and treatment plans used. Also consider if there exists any family history of MR/RC.

SECTION II: Continued

8. Based on the information available from the record describe the history of the individual's MI condition. If no discharge summaries or social histories exist, or if they seem insufficient, the assessor should obtain relevant information by looking for information from the chart, individual, knowledgeable staff person, or family member. Information and/or facts on the following items will assist DMHMRSAS to substantiate the diagnosis: diagnosis of record; length of condition; first date of occurrence; symptoms of record; treatment history of hospitalizations, outpatient care, and any care/services delivered by counselors, mental health staff, psychiatrists and psychologists; and treatment plans used. Also consider if there exists any family history of MI.
9. Gather and record information on any informal support provided to the individual (i.e., family, church, etc.). This information should be gathered both from the file and the individual.

SECTION III: LEVEL OF FUNCTIONING

This section contributes to the evaluation of the individual's need for institutional versus community placement. Interview caregivers (family, provider staff, etc.), to gather the most accurate possible reflection of the individual's functional skills. If the caregiver and/or the individual is unable to assess certain skills (i.e. use of transportation), because the individual has no opportunity to utilize these skills, note "UNK" to signify unknown.

1. Basic Functional Status

Please use these terms in the following manner "Independent" - without verbal cues or physical assistance, "Verbal Assistance" - requires verbal cues to initiate or complete task, "Physical Assistance" - requires "hands on" help of one to complete task, "Dependent" - requires another to complete task.

2. Advanced Functional Skills

Using the terms as described above, indicate the individual's ability to perform these activities if they had the opportunity or were placed in a community-based (non-institutional) setting.

3. Cognitive Skills

Using the terms as described above, how does the individual respond to routines, schedules and instructions, or in your judgement how might they respond.

4. Sleep Pattern

Mark the applicable box with an "X" to indicate the individual's sleep pattern. You need to consider the individual's "normal" pattern (i.e. early riser, night owl, 5 hours a night) before determining if any problems exist.

SECTION III: Continued

5. Ambulation

Mark the box with an "X" that best describes how the individual moves themselves within their environment.

6. Assistive Devices

Assessing the individual's current functional and adaptive capabilities, thoroughly describe the individual's current use of and/or potential to benefit from corrective or adaptive equipment to enhance independent functioning. Describe the type and nature of devices recommended for this purpose.

SECTION IV: MEDICAL HISTORY

1. Psychotropic Medication

From the Medication Administration Record (MAR) sheet or medication containers (if at home), record the codes, purpose (as documented in the chart), dosages, frequencies, changes, and the individual's response to any psychotropic medication(s) that have been prescribed in the last three (3) months. For the code numbers of psychotropic medications, please refer to the glossary under "Psychotropic Medication Codes". If a medication has been prescribed that can mask or mimic psychiatric conditions and it is not specified in the glossary, enter code "102" for "Other" and specify the medication. For example, the assessor might enter the following information into the evaluation: 48 (Mellaril), antipsychotic, 25 mg., tid., no change, reduced aggression.

If the chart does not indicate the purpose for prescribing a medication, record "UNK" in the "Purpose" box. In this case, because the evaluator cannot determine a response to an unknown purpose, the evaluator must record "UNK" in the "Response" box. Do not include medications that are convenience medications, such as aspirin, laxatives and skin care products, or medications that cannot mask or mimic psychiatric conditions. This list will be critical to the assessor as she/he interprets all the information gathered in the evaluation to formulate recommendations.

2. STAT/PRN Administration of Medication

Mark the "No" or "Yes" box with an "X" to indicate whether the individual has received an emergency (STAT/PRN) administration of medication to control her/his behavior in the last sixty (60) days. If the response is "Yes," indicate the medication that was administered and the behavior for which the medication was administered on the appropriate lines.

SECTION IV: Continued

3. **Physician Review**

Mark the "No" or "Yes" box with an "X" to indicate whether a current physical examination was available. A current physical examination is defined as: (1) completed within the last twelve months; (2) reflective of the individual's presenting condition and (3) signed by a licensed physician. If a current physical examination is available, photocopy and attach it to the evaluation. If a physical examination is not available, forward a copy of the **Virginia Resident Review Level II Instrument Physical Assessment Supplement** form to the individual's attending physician for completion. Remember, the completed Physical Assessment Supplement must be included in the evaluation packet before it is forwarded to the DMHMRSAS.

4. **Comments**

Utilize this space to assure a comprehensive medical portrait of the individual has been provided through the evaluation. The assessor's goal is to describe the individual's presentation, needs, and capacities to the extent that s/he can be clearly identified from a group of individuals as a result of the clarity of descriptive information. The assessor should fully describe the individual's functional and medical status, history of habilitative opportunities and level of benefit, and current functional, medical, and habilitative needs.

5. **Signature**

In the space provided, print your name legibly, provide your phone number, followed by your signature, credentials and date the evaluation was completed.

SECTION V: BEHAVIOR AND PSYCHIATRIC ASSESSMENT

1. **Affective Behavior Observations**

The following items must be completed--even if the individual is unable or refuses to participate in an interview--based on your direct observations of the individual, because the responses will provide new information and/or substantiate information in the individual's medical records:

- a-e Mark the applicable boxes with an "X" to indicate the individual's strengths and characteristics, in terms of physical features, level of consciousness, manner, mood and affect, and form of thought. If the response is "other," specify the strength(s)/characteristic(s) on the appropriate line.
- f Based on the individual's response(s) to your question(s), determine the individual's orientation level, and mark one box with an "X."
- g Mark the applicable box(es) with an "X" to indicate the individual's communication ability.

SECTION V: Continued

- h Mark the applicable box(es) with an "X" to indicate the individual's level of socialization.
- i Based on your interaction with the individual during the evaluation, mark the appropriate box with an "X" to indicate their attitude.

2. Chart of Behavior

As a result of your observations, as well as conducting interviews and a review of available records, check any of the boxes that correspond to behaviors exhibited in the last three (3) months. For each behavior exhibited, on the line provided note the frequency. For example "1X per week for 3 weeks". Note any other symptoms, problems, or behaviors documented or reported by the caregiver or the assessed individual in the space provided under "Comments". If none of these behaviors are present, check "none" before continuing to the next item.

3. Placement in Seclusion/Physical Restraints

Mark the "No" or "Yes" box with an "X" to indicate whether or not the individual has been placed in seclusion or other physical restraints to control dangerous behavior within the last 60 days. If the response is "Yes," describe the behavior that prompted the use of the restraint and the type of restraint that was used.

4. Functional Assessment Summary (ICAP, ABS, etc)

The completion of the ICAP is required as part of the MR/RC evaluation (and dual evaluation) process. Information should be obtained from a third party who has known the client for at least three (3) months and has seen him/her on a daily/frequent basis. As a result of completing the ICAP (specifically pp.8-9), as well as conducting interviews and a review of available records, thoroughly summarize any of the aforementioned behaviors. Note any other symptoms, problems, or behaviors documented or reported by the caregiver or the assessed individual.

SECTION VI: DUAL DETERMINATION RECOMMENDATION

This section of the evaluation is used to formulate the recommendations of the assessor's independent evaluation of the individual's physical and mental condition. When the assessor completes this section of the form, the decisions reached should be that of the assessor, consistent with his/her evaluation, even if that decision(s) is in conflict with the diagnoses of record. As such, it serves as the basis for which the DMHMRSAS OBRA Consultant makes the final determination. This section is designed to stand alone, if necessary, and therefore contains certain demographic information to identify the individual being evaluated.

1. Record the individual's last name, first name and middle initial.
2. Record the individual's Social Security Number (SSN).

SECTION VI: Continued

3. Record the Medicaid Number.
4. Based on a current IQ test, check "Yes" if the individual has a substantiated MR diagnosis and check the box that indicates the level of MR. If MR cannot be substantiated check "NA" and continue to item 6.
5. Thoroughly review the individual's file to determine the existence and results of IQ testing. An IQ Test is valid regardless of the date the test was administered. Copy any IQ testing, transcribe the applicable information in the spaces provided, and submit along with the completed evaluation. It is very important that the IQ test be copied, if available, and submitted with the completed evaluation. If IQ testing is unavailable or considered inaccurate, please contact DMHMRSAS so that a new test can be completed by a qualified professional. The original of an IQ test completed by an assessor should be left/forwarded to the facility to be filed in the individual's record.
6. Based on the evaluation, check "Yes" if the individual has a substantiated RC diagnosis and check at least one (1) box that specifies the condition. If RC cannot be substantiated, check "No", and if MR was substantiated, continue to item 7. If neither RC or MR can be substantiated, STOP here, draw a line through 7, 8, and 9 before continuing on to item 10.
7. Items (a-h) are federally identified characteristics commonly associated with MR/RC individuals in need of specialized services. Assess the individual's status as noted in the medical record, resident interview and observation, and caregiver interview; and provide your clinical opinion as to the individual's abilities or inabilities in each of these areas.
8. ***Specialization Services Recommendations - MR/RC***

As defined by DMHMRSAS, would the individual benefit from the provision of MR/RC specialized services? In some instances, the client is already receiving specialized services. If yes, for PAS MR/RC, using the definitions provided in the glossary, check the corresponding box under "**Current Specialized Services**" to identify the services currently being received. Then indicate, under "**Recommendations**," whether any of these services should be Continued or Discontinued and justify the recommendation(s) in the space provided below. If the client requires Specialized Services, but currently is not receiving the service(s), check the corresponding box under "New" only in the "Recommendation" column and justify the need for the service(s) in the space provided below. The objective is to recommend appropriate Specialized Services that ultimately will impact positively on the individual's quality of life while allowing him/her to reside in the least restrictive placement environment.

9. ***Services of Lesser Intensity - MR/RC***

Using the definitions provided in the glossary, check "Yes" if you are recommending MR/RC services of a lesser intensity and check all boxes for services that you feel might be appropriate. Check "No" if you are not recommending services of a lesser intensity.

SECTION VI: Continued

Signature

In the space provided, print your name legibly, provide your phone number, followed by your signature, credentials and date the evaluation was completed.

DETERMINATION RECOMMENDATION - Mental Illness

10. Check "Yes" if as a result of your evaluation (review of charts, MSE, contact with staff and/or family), documentation has substantiated a diagnosis of dementia or related disorder in the absence of a PRIMARY DIAGNOSIS of a major mental illness. If "Yes", explain criteria and you must record rationale in the space provided, draw a line through 11-13, continue with items 14 and 15, then sign-off as indicated. If the Dementia Diagnosis Exclusionary Category does not apply, check "No" and continue with item #11.
11. Based on your evaluation and clinical judgement, indicate for items (a), (b), and (c), if the individual has functional limitations as a result of the mental disorder. Check all the boxes that apply for each of the three categories. If you check "Other" for any of the items, specify the other functional limitation in the space provided. If none of the conditions apply, check "None". At least one box must be checked in each category (a, b, & c).
12. Based on the information obtained from the record, indicate if the individual has received mental health services within the last two years and/or has had episodes of significant disruption to the normal living situation. Check either or both statements that apply.

Examples of **psychiatric treatment more intensive than outpatient care** would be: (1) psychiatric hospitalization; (2) admission to a crisis stabilization program; and (3) psychiatric partial hospitalization.

Examples of **supportive services that might be used to intervene in an episode of significant disruption to the normal living situation** in order to maintain them in their residence could be: (1) use of restraints; (2) PRN medications for control of behavior more than one time per month; and (3) special psychiatric/psychological consultation.

If neither apply check "None."

13. Based on your clinical observations, indicate if the individual meets the DSM IV criteria for any of the major mental disorders listed. If the individual has any other psychiatric or mental disorder that may lead to a chronic disability, check "Other" and specify. In this context, do not include substance abuse, dementia, or any mental disorder due to a general medical condition as a major mental disorder. If "Yes" check the box(es) that apply, specify if it is Primary (P), or Secondary (S), list criteria and record rationale in the space provided before proceeding to item nine. If "No," proceed to item #9.

SECTION VI: Continued

14. *Specialized Services Recommendation - Mental Illness*

As defined by DMHMRSAS, would the individual benefit from the provision of specialized services (Inpatient Psychiatric Hospitalization)? If "Yes," you must provide the justification and rationale for those services in the space provided, (e.g., resident is a danger to self and/ or others due to violent, aggressive behavior without provocation).

15. *Mental Health Services Recommendation - Mental Illness*

In some instances many clients are already receiving mental health services. If yes, for PAS/MI, using the definitions provided in the glossary, check "Yes" if the individual currently is receiving services or if you are recommending the provision of mental health services of a lesser intensity than specialized services and check all boxes that you feel might be appropriate. Then indicate whether any of these services checked should be Continued, Discontinued or initiated as a new service. The objective is to recommend appropriate mental health services that ultimately could impact positively on the individuals quality of life and assure placement in the least restrictive environment. If you are recommending a new service or discontinuation of an existing mental health service, you must provide your justification and rationale in the space provided.

16. *Signature*

In the space provided, print your name legibly, provide your phone number, followed by your signature, credentials and date the evaluation was completed. You are now finished with the evaluation. Please check the evaluation to ensure that all items have been answered, and the necessary photocopies are attached before submitting the packet DMHMRSAS.

GLOSSARY

Adult Care Residence - any place, establishment, or institution, public or private, operated or maintained for the maintenance of care of four or more adults who are aged, infirm, or disabled and who are cared for in a primarily residential setting, except: (i) a facility or portion of a facility licensed by the State Board of Health or the Department of Mental Health, Mental Retardation and Substance Abuse Services, but including any portion of such facility not so licensed; (ii) the home or residence of an individual who cares for or maintains only persons related to him by blood or marriage; and (iii) a facility or any portion of a facility serving infirm or disabled persons between the ages of 18 and 21 (or 22 if enrolled in an educational program for the handicapped when such facility is licensed by the Virginia Department of Social Services as a child-caring institution), but including any portion of the facility not so licensed. Included in this definition are any two or more places, establishments, or institutions owned or operated by a single entity and providing maintenance or care to a combined total of four or more aged, infirm or disabled adults.

Acute Inpatient Psychiatric Hospital - a freestanding psychiatric hospital, a state hospital in which individuals may receive treatment for serious mental disorders or a 24-hour psychiatric unit in a general hospital.

Adaptive Functioning - an individual's effectiveness in areas, including communication, daily living skills and social skills, and to what degree an individual meets standards of independence and social responsibility that are expected of an individual of her/his age and cultural/ethnic background.

Affect - observable changes in an individual's emotions or feelings that are evident from facial expressions, gestures, tone of voice, etc., even when an individual is not discussing her/his feelings. See "mood."

Alcohol/other drug abuse treatment - inpatient or outpatient treatment for alcohol/other drug abuse.

Alzheimer's Disease - as stated in the DSM-IV: The essential feature of this condition is the presence of Dementia of insidious onset and a generally progressive, deteriorating course for which all other specific causes have been excluded by the history, physical examination and laboratory tests. The Dementia involves a multifaceted loss of intellectual abilities, such as memory, judgment, abstract thought and other high cortical functions, and changes in personality and behavior.

Agnosia - an individual's failure to identify or recognize objects, despite intact sensory function.

Anxiety Disorder - is characterized by patterns of anxiety and avoidance behavior. While anxiety is a normal part of existence, these disorders cause impairment in social and occupational functioning.

Apathetic/withdrawn - an individual's lack of emotion, feeling or interest in activity or interaction with others.

Aphasia - a language disorder in which an individual experiences partial or total loss of the ability to articulate ideas in any form.

Applicant - an individual who is seeking admission to a nursing facility.

Appropriate in Quality and Intensity to Stated Themes - affect or mood that is clearly different than the affect or mood that a typical individual would exhibit in a given situation.

Apraxia - an inability to perform motor activities, despite intact comprehension and motor function.

Attentive - paying attention; observant.

Attitude - a body position or way of carrying oneself that reveals an individual's disposition or opinion.

Atypical Psychosis - disorders in which there are psychotic symptoms (delusions, hallucinations, incoherence, marked loosening of associations, catatonic excitement or stupor, or grossly disorganized behavior) that do not meet the criteria for any other nonorganic psychotic disorder and about which there is inadequate information to make a specific diagnosis or about which there is contradictory information. See "Psychotic Disorder, Not Otherwise Specified".

Autism - is a developmental disability which appears in childhood and results from a lack of organization in functioning of the brain. Symptoms include self-absorption, inaccessibility, aloneness, inability to relate, highly repetitive play, rage reactions when interrupted, predilection for rhythmical movements and language disturbances.

Bipolar Disorder - includes mixed, manic, depressed and seasonal. Manic disorder is characterized by a distinct period of abnormally and persistently elevated, expansive or irritable mood.

Bizarre Behavior - behavior that is abnormal, because it is extremely unusual, odd or strikingly unconventional.

Blindness - complete or partial inability to see.

Blocking - sudden stops in the normal flow of ideas or speech, without immediate, observable cause or reason. For example, an individual is "blocking," if he/she suddenly stops in the middle of an idea, phrase or sentence and seems unable to remember what he/she was going to say for no apparent reason.

Blunted Affect - lack of emotional expression or feeling.

Break in Service - discharge of an individual to community care, her/his home or a residential care facility, or to a location outside of the State of Virginia.

Cerebral Palsy - is a developmental disability caused by damage to the brain in utero or during birth, resulting in various types of paralysis and lack of motor coordination, particularly for muscles used in speech.

Circumstantiality - a pattern of speech in which an individual's responses are delayed, due to incidental information, such as excessive background information, needless explanations, parenthetical remarks or tedious details.

Coherent - marked by a logical or orderly relation of parts that affords comprehension or recognition. See "incoherent."

Consumer Status Report - a consumer-center report completed annually by the staff of the Community Services Board serving the resident's locality, which identifies the needs and types of services which are being delivered to the resident. It denotes the name(s) of the providers, the frequency of the services and any customized equipment purchased. It also describes the individual's current service/program participation, progress, regress and any problems noted.

Content of Thought - what an individual believes or thinks. See "form of thought."

Cooperative - marked by a willingness to act or work together toward a common end or purpose.

Crisis Intervention - a mental health service to assist individuals who are experiencing acute mental health dysfunction requiring immediate clinical attention to: prevent exacerbation of a condition; prevent injury to the client or others; and provide treatment in the least restrictive setting.

Current Physical Examination - completed within the last 12 months; signed by a licensed physician; and reflective of the individual's presenting condition(s).

Day Treatment/Partial Hospitalization - mental health services provided in a nonresidential setting in group sessions of three or more consecutive hours per day. Services include the major diagnostic, medical, psychiatric and psychoeducational treatment modalities designed for individuals with serious mental disorders who require coordinated, intensive, comprehensive and multidisciplinary treatment.

Deafness - complete or partial loss of ability to hear.

Deficits in Adaptive Behavior - significant limitations in an individual's effectiveness in meeting standards of independence, learning, maturation and/or social responsibility that are expected of an individual of her/his age and cultural/ethnic background, as determined by clinical evaluation and standardized scales.

Delusional Disorder - the essential feature of this disorder is the presence of one or more nonbizarre delusions that persist for at least one month. This category was called Paranoid Disorder in DSM-III and Delusional (Paranoid) Disorder in DSM-III-R.

Dementia - as outlined in the DSM-IV, a diagnosis must meet the following five conditions:

1. Demonstrable evidence of impairment in short or long term memory (inability to learn new information) may be indicated by inability to remember three objects after five minutes. Long term memory impairment may include inability to recall past personal information (e.g., what happened yesterday, birthplace, occupation) or facts of common knowledge (e.g., past presidents, well-known dates).
2. This condition would include at least one of the following:
 - a. Impairment of abstract thinking by inability to find similarities and differences between related words, difficulty in defining words and concepts, and other similar tasks.

- b. Impaired judgement, as indicated by inability to make reasonable plans to deal with interpersonal, family, and job-related problems and issues.
 - c. Other disturbances of higher cortical function such as aphasia (disorder of language), apraxia (inability to carry out motor activities despite intact comprehension and motor function), agnosia (failure to identify or recognize objects despite intact sensory function), and constructional difficulty (inability to copy three dimensional figures, assemble blocks or arrange sticks in specific designs).
 - d. Personality changes, i.e., alteration or accentuation of premorbid traits.
3. The disturbance in criterion (a) or (b) significantly interferes with work or usual social activities or relationships with others.
 4. The disturbance does not occur exclusively during the course of a delirium.
 5. The disturbance must either:
 - a. Have evidence from history, physical examination, or laboratory tests, of a specific organic factor (or factors) judged to be etiologically related.
 - b. In the absence of such evidence, an etiologic organic factor can be presumed if the disturbance cannot be accounted for by any inorganic mental disorder, e.g., major depression accounting for cognitive impairment.

Developmental Disability - (mental retardation) is characterized by subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period (onset is 18 or below). Significantly below average is considered to be an IQ of 70 or below.

Discharged - status assigned to an individual who is released from a nursing facility to a place, institution or establishment (including acute care hospital, state facility, adult care residence, own home, etc.), outside the nursing facility system.

Dual Diagnosis - a diagnosis of developmental disability and/or mental retardation/related condition and mental illness.

Education - means the highest level of academic training acquired by the individual. The following choices defined as: (1) Less than High School - education at the elementary/middle school level less; (2) Some High School - education at the secondary level without the attainment of high school diploma; (3) High School Graduate - a high school diploma or equivalency certificate was received; (4) Some College - education at an institution of higher learning without attainment of a baccalaureate or associate degree; (5) College Graduate education with the attainment of a baccalaureate or associate degree; and (6) Special Education- an educational program designed for individuals with a learning disability.

Encephalitis - condition resulting from inflammation of the brain.

Epilepsy/Seizure Disorder - results from a sudden loss of consciousness accompanied sometimes by muscular contractions or spasms.

Flat affect - lack of emotional expression or feeling.

Flippant/insincere - remarks or responses that are disrespectful or indifferent.

Form of thought - manner in which an individual believes or thinks and in which he/she relates one idea to the next, which is generally considered to be manifested in the individual's flow and patterns of speech. See "content of thought."

Friedreich's Ataxia - is an inherited degenerative disease with sclerosis of the spinal cord. Accompanied by ataxia, speech impairment, lateral curvature of the spinal column, and peculiar swaying and irregular movements, with paralysis of the muscles, especially of the lower extremities. Onset in childhood or adolescence.

Guarded/resistant - cautious; restrained; wary of revealing personal information.

Head Injuries - injuries to the head resulting in developmental limitations.

Hemiparesis - paralysis of one side of the body only.

Hemiplegia - paralysis of only one-half of the body.

Hydrocephaly - increased accumulation of cerebrospinal fluid in the brain resulting in developmental anomalies, infection, injury or brain tumors.

Illogical - contradictory to or disregarding the principles of logic.

Impediment - a speech defect that prevents clear articulation; a lisp, stammer or stutter.

Impoverished - responses that are understandable, but convey little information because of repeated phrases or vagueness. See "poverty of content."

Inattentive - showing a lack of attention, interest, notice or regard.

Incoherent - not marked by a logical or orderly relation of parts that affords comprehension or recognition. Note: "Incoherent" is not used when the disturbance is due to aphasia. See "coherent."

Income Sources - The options are defined as: (1) Black Lung - is a disability trust fund administered by the Department of Labor. This federal compensation program is designed to aid coal workers who have been determined to suffer from pneumoconiosis. Benefit payments can also be made to dependents or survivors; (2) Pension - is a sum of money paid regularly as a retirement benefit from a job; (3) Social Security - includes Social Security pensions, survivor 5 benefits, and permanent disability insurance payments made by the Social Security Administration; (4) SSI/SSDI - are payments made by federal, state, and local welfare agencies to low income persons who are aged (65 years old or over), blind, or disabled; (5) VA Benefits - include Veterans Administration pensions and disability payments; (6) Wages/Salary - means wages, salary, commissions, bonuses, or tips for all jobs (before deduction for

taxes, etc.) including sick leave pay.

Intermediate Care Facility for the Mentally Retarded (ICF/MR) - any beds, specifically certified for Medicaid reimbursement program, which are designated for providing care or

supervision for residents who have a primary diagnosis of mental retardation or developmental disability.

Inventory for Client and Agency Planning (ICAP) - functional assessment instrument.

Irrelevant - having no applications or effects in a specified circumstance. For example, an individual's statements may be rational, but irrelevant, because they do not pertain to the circumstance or subject at hand.

Labile Affect - dramatic fluctuations in an individual's emotions or feelings, in response to trivial matters; exaggerated emotions.

Legal Guardian - Court appointed and supervised individual to manage the person and/or finances of another who has been found to be incapable of handling his/her own affairs. A designation as "representative payee" or as the individual with "power of attorney" is not equivalent to a designation as guardian.

Level of Consciousness - the relative degree to which an individual is aware of her/his environment, sensations and thoughts.

Living Arrangements - The following options are defined as: (1) Adult Care Residence - means any place, establishment, or institution, public or private, operated or maintained for the maintenance or care of four or more adults who are aged, infirm or disabled and who are cared for in a primarily residential setting; (2) Adult Foster Home - is a small group home setting for three or fewer residents needing care; (3) Apartment - is a private residence, rented by the client or by another person; (4) House - refers to a private residence, including mobile homes; (5) Mental Health/Mental Retardation Facility is a MH/MR residential or institutional facility licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services; (6) Nursing Facility - refers to a nursing home licensed by the Virginia Department of Health; and (7) Rented Rooms - are rooms with or without board, residential clubs, hotels, YMCA/YWCA rooms, etc. Rented rooms may include a private bath, but the inclusion of a private kitchen for preparing meals would constitute an apartment.

Logical - showing ability to reason, as well as consistency of reasoning.

Long Term Care Units - specific licensed hospital beds that are designated, and certified, for providing care for long term care patients.

Loose Associations - little connection between ideas, feelings and thoughts. Note: "Incoherent" denotes a more severe degree of disconnection of ideas, feelings and thoughts.

Major Affective Disorder - see "Bipolar Disorder" or "Major Depression"

Major Depression - includes single episode/recurrent, chronic, melancholic or seasonal depression disorder not otherwise specified. Major depression is characterized by depressed mood most of the day or nearly everyday, markedly diminished interest or pleasure in most or almost all activities and significant weight loss or gain.

Mannerisms - an individual's distinctive behavioral trait; idiosyncrasy.

Marital Status - the status of the client relative to the civil rite or legal status of marriage as reported by the client. The following choices are defined as: (1) married includes those who have been married only once and have never been widowed or divorced, as well as those currently married persons who remarried after having been widowed or divorced; (2) widowed includes clients whose most recent spouse has died; (3) separated includes legally separated, deserted, or living apart; (4) divorced means legally divorced; and (5) single includes never married, annulled marriage and individuals who report that they have a common law marriage.

Meningitis - inflammation of the membranes of the spinal cord or brain.

Mental Health Services - specific psychiatric services, of a lesser intensity than specialized services, that are required to meet the evaluated individual's needs are considered a NF service and are, thus, included within the scope of NF services. They must be provided to residents who need them without charge because they are covered NF services. A NF is not obligated to provide SOLI if it does not have residents who require these services. If a resident develops a need for SOLI after admission, the NF must either provide the services, or, where appropriate, obtain the service from an outside source. These SOLIs are to be implemented by all levels of NF staff who come in contact with the resident who is MI or MR/RC. SOLI options are defined as:

1. psychiatric consultation
2. out-patient psychiatric services
3. behavior management
4. psychotropic medication management
5. day treatment/partial hospitalization
6. psychosocial rehabilitation services

Mental Illness - a current diagnosis of a major psychiatric mental disorder, as defined by the DSM-IV, without a primary diagnosis of dementia (including Alzheimer's or related disorder).

Mental Retardation - is characterized by subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period (onset is 18 or below). Significantly below average is considered to be an IQ of 70 or below. The American Association on Mental Retardation (AAMR) specifies four levels of mental retardation as: Mild - 55-70; Moderate 40-54; Severe 20-39; and Profound below-20.

Microcephaly - abnormal smallness of the head often seen in MR, it is congenital.

Mood - overall emotional tone that an individual maintains in a variety of situations.

Mood Disorder- includes bipolar disorder (mixed, manic, depressed, seasonal); major depression (single episode or recurrent); which may be chronic, melancholic type or have seasonal pattern; cyclothymia; dysthymia (primary/secondary or early/late onset); bipolar disorder NOS; depressive disorder NOS.

Multiple Sclerosis - is characterized by inflammation and subsequent hardening of myelin in many areas of the spinal cord and brain. It is a progressive disease of the nervous system with onset usually in young adulthood, eventually resulting in complete loss of motor control with the individual becoming bedridden.

Muscular Dystrophy - is a progressive muscle disease which causes weakness and atrophy of the muscles, respiratory difficulty and heart failure. Muscular Dystrophy is often seen with mild retardation.

N/A - abbreviation for "not applicable."

New Admission - the initial admission of an individual to a nursing facility. Note: An individual is not considered to be a new admission, if he/she has "discharged" or "transfer" status (See "discharged" and "transfer"), from one nursing facility to another even if acute care hospitalization occurred between nursing facility readmissions.

Nursing Facility (NF) - any long term care beds licensed by the Department of Health and specifically certified for Medicaid reimbursement.

Nursing Facility Activities - Structured and/or non-structured tasks or events provided by or coordinated by nursing facility staff to the meet the resident's needs of socialization, recreation and/or entertainment.

Occupational Therapy - includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings.

Out-Patient Services - mental health services provided in a traditional clinical psychiatric setting, other than the inpatient psychiatric facility.

Panic Disorder- includes panic disorder with agoraphobia, agoraphobia without history of panic disorder; social phobia; panic disorder without agoraphobia; generalized anxiety disorder; obsessive compulsive disorder; posttraumatic stress disorder.

Paranoid Disorder - includes delusional (paranoid) disorder (e.g. erotomania, grandiose, jealous, persecutory, somatic, and unspecified) induced psychotic disorder.

Paraparesis - partial paralysis affecting the lower limbs.

Paraplegia - partial paralysis of the lower portion of the body and of both legs.

Perseveration - continued or repetitive activity or actions; uncontrollable repetition of a gesture, phrase or word; spontaneous recurrence of an image, thought or tune in the mind.

Personality Disorder - includes paranoid, schizoid, schizotypal, histrionic, narcissistic, antisocial, borderline, avoidant, dependent, obsessive compulsive and passive aggressive. Characteristics include enduring patterns of perceiving, relating to and thinking about the environment and oneself that are inflexible and maladaptive and cause either significant functional impairment or subjective distress.

Physical Therapy - includes services to address the promotion of sensorimotor function through

enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation.

Physician - a doctor of medicine or osteopathy licensed in Virginia.

Polio - inflammation of the spinal cord causing atrophy of muscle groups and permanent deformity.

Power of Attorney - designates in writing a person who will be responsible for decision-making for the client if he/she becomes unable to make informed decisions for him/herself. Power of Attorney can be revoked if the client later becomes able to make his/her own decisions.

Preadmission Screening - a federally mandated assessment conducted for all individuals (private and medicaid) applying for admission to a medicaid-certified nursing facility. The Level I portion of the screening determines if the applicant meets the nursing facility level of care criteria. The Level II portion of the preadmission screening is conducted subsequent to the Level I for all persons who meet the federal diagnostic criteria for a diagnosis(es) of a Serious Mental Illness, Mental Retardation or a Related Condition. The purpose of the Level II is to determine if additional services (specialized services) are required to meet the individual's disability needs.

Pressured - a flood of rapid speech that is difficult to interrupt; emphatic, loud speech. For example, an individual's speech is "pressured," if he/she seems to be in a rush to express a tremendous number of ideas.

Primary Physician - is the doctor the person sees most often, or the doctor who manages the person's overall medical care, or the doctor who would be called in case of an emergency.

Psychiatric Consultation - a mental health service provided by a psychiatrist or a QMHP under the supervision of a psychiatrist; that involves a comprehensive assessment of an individual's psychiatric condition to include a psychiatric history, mental status examination, diagnostic impressions and treatment recommendations.

Psychiatrist - a board eligible or certified doctor of medicine or osteopathy licensed in Virginia, specializing in psychiatry with three years clinical experience.

Psychologist - a masters degree in psychology from an accredited college or university.

Psychosocial Rehabilitation - mental health services provided in a nonresidential setting in group sessions of three or more consecutive hours per day. Services include: assessment; medication education; opportunities to learn and use independent living skills, and to enhance social and interpersonal skills; family support and/or education within a supportive and normalizing program structure and environment.

Psychotropic Medication Management - a mental health service provided by a physician or QMHP with professional psychiatric pharmacological training and experience to: possess knowledge and awareness of importance of prescribed medications; identify medications; understand the role of proper dosage and schedules; monitor signs of adverse effects; and make recommendations for medication adjustment as indicated.

Quadriplegia - paralysis of all four extremities and usually the trunk of the body.

Qualified Mental Health Professional (QMHP) - degree in mental health or related field from an accredited college and one year clinical experience providing direct services to persons with mental illness.

Qualified Mental Retardation Professional (QMRP) - degree in mental health or a related field and one year clinical experience providing direct services to persons with mental retardation or other developmental disabilities.

Rambling - aimless and lengthy wandering from one thought to another.

Readmission - an individual being readmitted to a nursing facility, following a temporary absence for hospitalization or for therapeutic leave.

Registered Nurse - a professional nurse or registered nurse licensed in the State of Virginia.

Related Condition - means individuals who have a severe, chronic disability that meets all of the following conditions:

1. Is attributable to -
 - a. Cerebral palsy or epilepsy, autism, spina bifida, muscular dystrophy, multiple sclerosis, traumatic head injury, spinal cord injury, etc;
 - b. Any other condition, other than MI, found to be closely related to mental retardation because this condition may result in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation and requires treatment or services similar to those required for these persons;
2. It is manifested before the individual reaches age 22,
3. It is likely continue indefinitely; and
4. It results in substantial limitations in three or more of the following areas of major life activity:
 - a. Self-care;
 - b. Understanding and use of language;
 - c. Learning;
 - d. Mobility;

- e. Self-direction; and
- f. Capacity for independent living.

Relevant - related to the matter at hand; pertinent. See "irrelevant."

Representative Payee - is a person or organization authorized by a government agency to receive and manage a government benefit for a person deemed incapable of managing his/her own benefit.

Resident Review - a federally mandated assessment conducted for individuals residing in a medicaid-certified facility based on criteria that identifies a significant change in the individual's physical and/or mental condition. The purpose of the assessment is to determine if the individual continues to meet the nursing facility level of care criteria and determine whether specialized services should be Continued, Discontinued or Initiated as a new service(s).

Restless - incapable of being still, relaxing or resting, regardless of the presumed cause and of whether or not the behavior is voluntary. For example, a "restless" individual would exhibit excessive movement, which may include pacing, pulling at her/his clothes, wringing her/his hands, etc.

Schizoaffective Disorder - the essential feature of this disorder is an uninterrupted period of illness

during which, at some time, there is a Major Depressive, Manic, or Mixed Episode concurrent with symptoms that meet the criteria for Schizophrenia, but are not due to the direct physiological effects of a substance.

Schizophrenia - includes disorganized, catatonic and paranoid types and is characterized by patterns of delusions which are false beliefs, hallucinations, incoherence or marked loosening of associations, flat or grossly inappropriate affect and disturbances in psychomotor behavior.

Serious Mental Illness - as outlined in section 483.102(b)(1) of HCFA's final rule for PASRR, the following is a definition of "serious mental illness":

1. An individual is considered to have a serious mental illness (SMI) if the individual meets the following requirements on diagnosis, level of impairment and duration of illness:
 - (i) Diagnosis. The individual has a major mental disorder diagnosable under the DSM-IV and the mental disorder is--
 - a. A 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; but
 - b. Not 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 disorder as defined in paragraph (b)(1)(I)(A) of this section.
 - (ii) Level of impairment. The disorder results in functional limitations in major life activities within the past 3 to 6 months 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:

- a. Interpersonal functioning. The 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;
- b. Concentration, persistence and pace. The individual has 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
- c. Adaptation to change. The 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 illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

(iii) Recent treatment. The treatment history indicates that the individual has experienced at least one of the following:

- a. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization); or
- b. 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.

Services Of a Lesser Intensity (SOLI) - are considered a NF service and are, thus, included within the scope of NF services. They must be provided to residents who need them without charge because they are covered NF services. A NF is not obligated to provide SOLI if it does not have residents who require these services. If a resident develops a need for SOLI after admission, the NF must either provide the services, or, where appropriate, obtain the service from an outside source. These SOLIs are to be implemented by all levels of NF staff who come in contact with the resident who is MI or MR/RC. SOLI options are defined as:

1. **Adjustment needs** - adaptations to different environments or a change made to improve function or condition.
2. **Basic grooming** - care of personal appearance, cleanliness of body and clothing.
3. **Behavior management** - lesser intensity application of behavior techniques in an attempt to systematically change maladaptive patterns of behavior.
4. **Non-customized durable medical equipment supplies** - standard medical equipment/supplies without specialized adaptations or adjustments.
5. **Nutritional** - service to insure proper intake of nutrients appropriate for an individual's

requirements.

6. **Occupational therapy** - therapeutic use of work, self-care and play/social activities to increase independent function, enhance development and prevent disability. May include adaptation of tasks or environment to achieve maximum independence and to enhance quality of life.
7. **Physical therapy** - rehabilitation concerned with restoration of function and prevention of disability following disease, injury, or loss of body part or function. Therapies used to improve circulation, strengthen muscles, increase range of motion, and train or retrain an individual to perform the activities of daily living. Restorative nursing - patient care service utilized for regaining health and strength.
8. **Restorative nursing** - patient care utilized for regaining health and strength.
9. **Speech/language pathology** - includes identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills.
10. **Vision/hearing** - any apparatus to improve or increase visual or auditory deficits.

Significant Change in Condition - a consistent pattern of either two or more areas of decline, or two or more areas of improvement in one's physical and/or mental condition.

Skilled Nursing Facility (SNF) - any long term care bed specifically certified for Medicare reimbursement.

Social Worker - a masters or bachelors degree from a school of social work accredited or approved by the Council on Social Work Education.

Somatoform Disorder - includes somatization disorder; conversion disorder; somatoform pain disorder; hypochondriasis; body dysmorphic disorder; undifferentiated somatoform disorder; and somatoform disorder NOS.

Specialized Services for Mental Illness - the individual program plan must be developed under and supervised by a physician. The prescribed components of the individual specialized services program must be provided by a physician or other QMHPs. The purpose of specialized services for individuals with MI who are experiencing an acute episode of severe MI which necessitates 24-hour supervision by trained mental health personnel, is to diagnose or reduce the recipient's psychotic or neurotic symptoms which necessitated institutionalization, to improve his/her level of functioning and, whenever possible, to achieve the recipients discharge from inpatient status at the earliest possible time.

Specialized Services for Mental Retardation or Related Condition - the individual program plan must be developed and supervised by an interdisciplinary team that represent areas that are relevant to identifying the client's needs and designing training programs that meet the client's needs. The purpose of specialized services for individuals with MR/RC, is to direct them toward acquisition of the behavior necessary for the client to function with as much self-determination and independence as possible; to prevent or decelerate regression or loss of current optimal functional status. Specialized service options for MR are defined as:

1. **Behavior skills** - training in the appropriate interaction and communication with supervisors and other trainees, self-control, attention program rules and coping skills, and developing/enhancing

- social skills in relating to the general population and peer groups; developing a sense of responsibility to one's community; and decision making.
2. **Communication skills** - training to effectively utilize expressive and receptive language skills to make needs and desires known
 3. **Community living skills** - training used to develop community living readiness and independence (food preparation, clothing care, bed-making, etc.).
 4. **Resource utilization skills** - training in time, use of the telephone, money, warning sign recognition; and personal identification such as the individual's personal address and telephone number, and use of community services, resources, and cultural opportunities.
 5. **Day health and rehabilitation** - individualized activities and training programs with an operational focus on functional skill development, social learning and interaction, support, training, supervision, and transportation to improve one's functional level or maintain an optimal level of functioning as well as to ameliorate the individual's disabilities or deficits by reducing the degree of impairment or dependency. Emphasis is on a person~entered approach to program development and community opportunity.
 6. **Education** - traditional formalized classroom training.
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7. **Environmental skills** - training in punctuality, self-discipline, the care of personal belongings, respect for property, remaining on a task, and adequate attendance and training in actual sites and integrated settings where the skills will be performed.
 8. **Pre-vocational/sheltered workshop** - skill training to develop work-readiness skills.
 9. **Self-advocacy skills** - training in problem solving and decision making.
 10. **Self-help/personal care skills** - training in personal appearance and cleanliness, use of medication, and dental care.
 11. **Social skills development** - training in initiating and maintaining relationships and interactions with peers.
 12. **Supported employment** - provision of ongoing services including supervision, training, counseling, advocacy, transportation or other supports needed to maintain an individual in paid employment in an integrated setting.
 13. **Task leaning skills** - training in eye/hand coordination tasks with varying levels of assistance by supervisors; developing alternative training strategies; and using actual, everyday sites to offer training and reinforce learning.
 14. **Transportation to specialized services** - transportation to and from the training sites, services, and support activities.
 15. **Assistive technology evaluation** - an evaluation to assess an individual with a physical or sensory disability in the selection, acquisition or use of any item, equipment, or product system designed to maintain or improve functional capabilities of the resident in areas of seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself or working.
 16. **Assistive technologies** - any item, equipment, or product system designed to increase, maintain or improve functional capabilities of the resident in areas of seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself or working. (See attached examples

for each Assistive technology device or modification listed below:)

- a. **Communication devices** - a variety of devices with letters, words, pictures, signs, etc., that permit communication by individuals with impaired physical and/or verbal ability.
- b. **Compensatory devices** - any device used by an individual with a disability that makes up for that defect.
- c. **Environmental control device** - any electronic apparatus operated by persons with severe disabilities that permits remote control of various home or vehicle functions such as heating, lighting, telephone, television, doorlocks, drapes, air conditioning, etc.
- d. **Environmental modifications** - physical adaptations or structural modifications, as needed only for situations of direct medical or remedial benefit, to the homes, work sites, surroundings or conditions of an individual with a physical or sensory disability that permits access to or use of products or facilities.
- e. **Feeding device** - any apparatus or appliance used to increase one's ability to eat or be fed.
- f. **Wheelchair fitting-customized** - specialized parts or modifications made to one's wheelchair to compensate for severe forms of physical disabilities.
- g. **Wheelchair seating/positioning device** - apparatus for holding or placing the body or part, especially the head or trunk, in a certain position.

- h. **Mobility aids** - equipment designed to increase, maintain, or improve one's capability to walk or maneuver in one's environment.

Spina Bifida - is a congenital defect in which the walls of the spinal cord undergo incomplete formation causing gross deformity and paralysis in the lumbar portion of the body. Hydrocephalus, or increased accumulation of cerebrospinal fluid within the ventricles of the brain, is common.

Spinal Cord Injury - is permanent damage to the spinal cord resulting in paralysis (loss of sensation and movement) to all or some limbs and the trunk of the body.

Stammer/stutter - hesitant, repetitive or stumbling speech, which may include involuntary pauses and syllabic repetition.

Tangentiality - only superficially relevant. For example, an individual who is exhibiting "tangentiality" may begin responding to a question, but will soon stray further and further away from the point of the question.

Targeted Case Management - services to assist a targeted group of individuals who must meet DMHMRSAS's definition for "Serious Mental Illness", "Serious Emotional Disturbance", or at risk of serious emotional disturbance without obtaining medical, psychiatric, social educational, vocational, and other supports essential to meeting basic needs. The service involves assessment, planning, linking, advocating, and monitoring service delivery to access the individual's receipt of and participation in appropriate types and levels of services.

Terminology - the abbreviations below are provided to assist you in translating entries and notes in the individual's medical records. If you encounter an abbreviation that is unfamiliar and is not listed below,

please ask a hospital/nursing facility staff member to interpret the abbreviation.

AAROM:	Active assisted range of motion	LOC:	Level of care
ABD:	Abdominal	MED:	Medication
ADL:	Activities of daily living	MG:	Milligram
ADMIN:	Administer	ML:	Milliliter
AD LIB:	At liberty	NOC:	Night
AROM:	Active range of motion	NEURO:	Neurological
AS TOL:	As tolerated	NG:	Nasogastric
B/P:	Blood pressure	NPO:	Nothing by mouth
BEE:	Basil expended caloric need	0:	Oral
BID:	Two times a day	02:	Oxygen
BM:	Bowel movement	PERI:	Perineal
BR:	Bathroom	PERL:	Pupils react equally
C:	Centigrade	PO:	By mouth
CATH:	Catheter	POT:	Potential
cc:	Cubic centimeters	PRN:	As necessary
D/C	Discontinue	PROM:	Passive range of motion
DNI:	Do not intubate	Q:	Every
DNR:	Do not resuscitate	QID:	Four times a day
DRSG:	Dressing	QOD:	Every other day
DO:	Diagnosis	SHIFT:	Every shift
ETOH:	Alcohol	RO:	Reality orientation
FREQ:	Frequently	S:	Without
FX:	Fracture	S.O.B.	Short of breath
G-TUBE:	Gastrostomy tube	S/P:	Status post
GI:	Gastrointestinal	S/S:	Signs and symptoms
GM:	Gram	SL:	Sublingual
GTT:	Drops	SQ:	Subcutaneous
H.A.:	Aid	STAT:	Immediately
HEMI:	Hemiplegia	SYMP:	Symptoms
HOB:	Head of bed	TEMP:	Temperature
HR:	Hour	TID:	Three times a day
HS:	Hours of sleep	TPN:	Total parenteral nutrition
HX:	History of	TRACH:	Tracheostomy

HYG:	Hygiene	TPR:	Temp., pulse, respiration
I&O:	Intake and output	TX/RX:	Treatment/Medication Prescription
IBW:	Ideal body weight	URI:	Upper respiratory infect.
IM:	Intramuscular	UTI:	Urinary tract infect.
IV:	Intravenous	VENT:	Ventilator
L:	Liter	WT:	Weight

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