

**SCREENING FOR ADMISSIONS TO THE NURSING FACILITY or SWING BED FOR
MENTAL ILLNESS or INTELLECTUAL and DEVELOPMENTAL DISABILITIES**

Identification Information:

Last Name:	First Name:	MI	Date Of Birth:
Address:			Social Security Number:
City:		State:	Zip:

Primary Admitting Diagnosis: _____

Secondary Diagnoses: _____

Prior to this nursing facility admission request, did this individual receive any Medicaid funded, State paid, or privately paid in-home services? (e.g., homemaker services, chore services, personal care, nursing services, emergency response systems, nutritional support, adult day centers, assisted living centers, senior centers and assistive technology) YES NO

	YES	NO	Unknown
1. Does the individual have a condition of, or is there any presenting evidence* that may indicate the individual may have an intellectual or developmental disability?			
2. Is the individual being referred by an agency that provides support for individuals with intellectual or developmental disabilities and has the individual been determined to be eligible for that agency's services?			
3. Does this individual have a condition of, or is there any presenting evidence* that may indicate the individual may have mental illness? {Indicate a "YES" response if the individual being referred has any type of physician documented dementia diagnosis}			

*"Presenting Evidence" includes: Mental Illness diagnosis found in the Diagnostic and Statistical Manual of Mental Disorders (DSM) Manual. "Mental illness," a diagnosis regarding schizophrenia; mood, paranoid, panic, or other anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder per the diagnostic criteria specified within DSM-5. Resident prescribed drug(s) classified as: psychotropic, antipsychotic, antianxiety, antidepressant, or hypnotic medication, regardless of reason for medication. The individual has a severe, chronic disability attributable to intellectual disability, cerebral palsy, epilepsy, head injury, brain disease, autism or any other disorder, other than mental illness, that is closely related to intellectual disability and requires treatment or services similar to those required for individuals with intellectual disabilities. Such a condition must cause impairment of general intellectual functioning or adaptive behavior. In addition, the disability must have manifested itself before the individual reached age 22 and the disability is likely to continue indefinitely.

If any of the answers for questions 1 through 3 (as listed in the table above) are "YES", or "Unknown", contact the Long Term Services and Supports (LTSS) Nurse Consultant assigned to your facility. If all the answers are "NO", the individual may be placed without further evaluation.

___ This individual does not need to be referred for further evaluation.

___ This individual was referred to the LTSS Nurse Consultant on: _____ / _____.
(Complete date/time)

Signature of Designated Facility Representative

Date Signed