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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)  **Planned Action Notice**  **PASRR Determination Supporting Information** |
| 1. **Determination of Intellectual Disability / Related Condition** | |
| **A. ID/RC (1) - DDA Client** | |
| 1. Is the person a client of DDA?  Yes  No   **If yes, the person is PASRR eligible. If no, go to Section B.**   1. If Question 1 above is “No,” date referral to intake / eligibility was offered: | |
| **B. ID/RC (2) - Intellectual Disability** | |
| 1. Does the person have an IQ score of less than 70, as measured by a standardized, reliable test of intellectual functioning?  Yes  No   **If yes, go to B2. If no, go to Section C.**   1. Does the person have impairments in adaptive functioning?  Yes  No   **If yes, go to B3. If no, the person is not PASRR eligible under intellectual disability.**  *These impairments result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communication, social participation, and independent living, and across multiple environments, such as home, school, work, and recreation.*   1. Did the onset of the disability occur before the age of 18?  Yes  No   **If yes, go to B4. If no, go to Section C.**   1. Is the condition expected to continue indefinitely?  Yes  No   **If yes, the person is PASRR eligible. If no, go to Section C.** | |
| **C. ID/RC (3) - Related Condition** | |
| 1. Does the person have cerebral palsy or epilepsy?  Yes  No   **If yes, go to Section D. If no, go to C2.**   1. Does the person have a severe, chronic disability other than mental illness that results in impairment of general intellectual functioning (see B1 above) or adaptive functioning similar to that of individuals with Intellectual Disabilities (ID) (See B2 above)?  Yes  No   **If yes, go to C3. If no, the person is not PASRR eligible.**   1. Does this condition require treatment or services similar to those required for individuals with ID?  Yes  No   **If yes, go to Section D. If no, the person is not PASRR eligible under related condition.** | |
| **D. ID/RC (4) Related Condition - Additional Criteria** | |
| 1. Did the onset of the disability occur before age 22?  Yes  No   **If yes, go to D2. If no, the person is not PASRR eligible.**   1. Is the condition expected to continue indefinitely?  Yes  No   **If yes, go to D3. If no, the person is not PASRR eligible.**   1. Does this condition result in substantial functional limitations in three or more of the  following areas in major life activity:  Yes  No  * Self-care; * Understanding and use if language; * Learning; * Mobility; * Self-direction; * Capacity for independent living.   **If yes, the person is PASRR eligible. If no, the person is not PASRR eligible.** | |
| **E. ID/RC (5) - DDA Client Determination and Evidence** | |
| **Determination:**  Evidence of ID/RC not found.  The individual is determined to have ID/RC as a DDA client.  The individual is determined to have ID.  The individual is determined to have RC.  **List evidence used for determination**: | |
| 1. **Determination of Nursing Facility Level of Care** | |
| **Meets Nursing Facility Level of Care (NFLOC)?**   1. Does the person have a need for hands on assistance with two or more ADL’s?  Yes  No 2. Does the person need daily care provided by a RN or LPN?  Yes  No 3. Does the person have a need for assistance with three or more ADL’s?  Yes  No 4. Does the person have a cognitive impairment and needs hands on assistance with one or more ADL’s?  Yes  No | |
| 1. **Determination of Specialized Services** | |
| PASRR Specialized Services required?  Yes  No  **Reason(s) for no services assigned:**  Experiencing delirium  Too ill to participate  Dementia with severe level of impairment  Pending professional evaluation  Admission expected to be of such short duration, additional services would not be beneficial  Stamina level does not allow participation at this time  No additional unmet needs identified  ID / RC needs being met by other supports (describe): | |
| If no Specialized Services are recommended, list sources of evidence or key documents supporting this determination: | |
| Comments: | |