Adult Protective Services (When APS is necessary, not to exceed 7 days)

Respite Care (Short term respite to caregiver, cannot exceed 30 days)

Severe Physical Illness (Medical condition so severe it prohibits benefit from or participation in SS)

Level II with request for categorical determination sent to DDD/DMHAS. Determination notice sent to individual, guardian, NF.

**ADMIT TO NF**

NF responsible for conducting Level II by day 40 if individual isn’t discharged. **ADMIT TO NF**

Physician certifies on Level I that individual will be in NF for less than 30 days

DMHAS agent completes Level II form. Physician must certify that dementia diagnosis is primary diagnosis or more progressed than co-occurring MI, **ADMIT TO NF**

Terminal Illness (Life expectancy of less than 6 months)

Positive Screen (Fax to OCCO)

If Level II indicates no SS, send determination letter to individual, guardian, NF, **ADMIT TO NF**

If Level II indicates need for SS, **DO NOT ADMIT TO NF**

No PASRR Level II determination requests. Sent for full Level II.

Request for Primary MI Dementia Exclusion

Request for IDD/MI Categorical Determination

Request for 30 Day Exempted Hospital Discharge

**ADMIT TO NF**, copy of Level I remains in medical chart

Negative Screen

Positive Level I sent to appropriate Level II authority (DDD and/or DMHAS)

Level I completed prior to nursing facility entry

Other Setting

Community Setting

Hospital