OBRA PREADMISSION SCREENING REPORT

Level II Summary

Date of Review:

| I. Individual’s Information | | | |
| --- | --- | --- | --- |
| Name: | | Social Security #: XXX-XX- | |
| Address: | | | |
| DOB: | Supported by DDS  Yes  No | | DDS#: |
|  | DDS Class Member  Yes  No | |  |
| Hospital: | | | |
| Skilled Nursing Facility: | | | |

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| **II. Reason for Referral** | |
| Change in health status | Family no longer able to provide care |
| Convalescent/Rehabilitation | Respite |
| Other (specify): | |

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| **III. Legal Representative/Guardian/Family/Contact Person** |
| Name: |
| Address: |
| Phone: |

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| **IV. Sources of Information** | |
| DSS/DSS-contracted agency referral | Hospital: |
| Individual: | Nursing Facility: |
| Family: | DDS Case Manager: |
| Agency Nurse: | Other: |

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| **V.** **Preadmission Living Situation** | | |
| Community Living Arrangement (CLA) | Continuous Residential Supports (CRS) Home | Individualized Home Supports (IHS) |
| Community Companion Home (CCH) | Family Home  Own Home | Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) |
| Provider/Agency: | | Other: |

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| **VI. Developmental History** |
| Documentation received by DDS indicates this individual has intellectual disability (ID) in the range of:  Mild ID  Moderate ID  Severe ID  Profound ID |
| IQ testing results prior to age 18:       Unknown |
| Developmental milestones: WNL  Delayed  Unknown |
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| Documentation received by DDS indicates this individual has a developmental disability (DD) |
| Developmental disability prior to age 22:  Yes  No Specify: |
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| Individual’s Diagnoses: |
| Medications: |
| Allergies: |
| Other pertinent information: |

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| **VII. Developmental Disability Functional Profile Areas** | | | | | | |
| **Learning/Self-Direction/Independent Living** | | | | | | |
|  | ID prior to age 18,  DD prior to age 22 | | | Current level of functioning | | |
|  | If documentation of ID is present in the DDS file, only complete current level of functioning in Functional Profile Area | | | Based on an interview with the individual, legal representative(s), SNF staff | | |
|  |  | | |  | | |
|  | Yes | No | Unknown | Yes | No | Unknown |
| Special Education Services |  |  |  |  | | |
| Completed grade school |  |  |  |
| Completed high school |  |  |  |
| Taking or completed college courses |  |  |  |  |  |  |
| Currently or previously married |  |  |  |  |  |  |
| Currently or previously employed |  |  |  |  |  |  |
| Currently or previously had a driver’s license |  |  |  |  |  |  |
| Currently or previously resided in own apartment or own home |  |  |  |  |  |  |
| Initiates phone calls |  |  |  |  |  |  |
| Knows value of money |  |  |  |  |  |  |
| Currently or previously managed/had a bank account |  |  |  |  |  |  |
| Oriented to current date, time and location |  |  |  |  |  |  |
| Independently schedules medical/dental appointments |  |  |  |  |  |  |
| Able to self-administer medications |  |  |  |  |  |  |
| Currently or previously shopped for food and clothing independently |  |  |  |  |  |  |
| Other pertinent information: | | | | | | |

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| **Self-Care** | | | | | | |
|  | ID prior to age 18,  DD prior to age 22 | | | Current level of functioning | | |
|  | Independent | Needs Assistance | Total Care | Independent | Needs Assistance | Total Care |
| Dresses self completely |  |  |  |  |  |  |
| Dresses appropriately for weather conditions |  |  |  |  |  |  |
| Uses silverware appropriately |  |  |  |  |  |  |
| Bathes or showers |  |  |  |  |  |  |
| Cares for all toileting needs |  |  |  |  |  |  |
| Brushes teeth |  |  |  |  |  |  |
| Makes own bed |  |  |  |  | | |
| Does laundry |  |  |  |
| Other pertinent information: | | | | | | |

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| **Understanding Language/Communication** | | | | | | |
|  | ID prior to age 18,  DD prior to age 22 | | | Current level of functioning | | |
|  | Yes | No | Unknown | Yes | No | Unknown |
| Able to read |  |  |  |  |  |  |
| Able to write |  |  |  |  |  |  |
| Tells or retells stories or jokes |  |  |  |  |  |  |
| Asks “what, why, when” questions |  |  |  |  |  |  |
| Can listen to a story for at least 5 minutes |  |  |  |  |  |  |
| Uses gestures to communicate |  |  |  |  |  |  |
| Uses sign language to communicate |  |  |  |  |  |  |
| Use of adaptive device(s) to communicate |  |  |  |  |  |  |
| Uses eye movement or other nonverbal communication |  |  |  |  |  |  |
| Other pertinent information: | | | | | | |

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| **Mobility** | | | | | | |
|  | ID prior to age 18,  DD prior to age 22 | | | Current level of functioning | | |
|  | Yes | No | Unknown | Yes | No | Unknown |
| Walks unassisted |  |  |  |  |  |  |
| Is able to walk only on level ground |  |  |  |  |  |  |
| Uses a walker or a cane |  |  |  |  |  |  |
| Uses a wheelchair |  |  |  |  |  |  |
| Spends most of the time in bed |  |  |  |  |  |  |
| Other pertinent information: | | | | | | |

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| **VIII. Health Information Review** |
| Medical information including current diagnoses, medications and medication allergies can be found on the Health Screen/Interagency Referral document or the OBRA preadmission referral packet received from DSS or a DSS-contracted agency. |
| If there is an alternative document or source for the individual’s medical information, please specify: |
| Advance Directives  Yes  No Code Status: |

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| **IX. Identified Safety Precautions** |
| Swallowing Risk due to: |
| Severe limitations in mobility requiring: |
| Severe seizure disorder requiring: |
| Other condition(s) requiring safety precautions (specify): |
| Unknown |

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| **X. Behavioral Needs** |  |
| Wandering | Unsafe/unhealthy hygiene habits |
| Impaired judgment with threats to health/safety | Abusive/Assaultive (verbal or physical) |
| Other: | Unknown |

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| **XI. Nursing Needs** |
| Assess and monitor medical status: |
| Monitor medication effectiveness and possible side effects: |
| Monitor prescribed diet: |
| Other: |

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| **XII. Therapy Services** |
| Occupational: |
| Physical: |
| Respiratory: |
| Other: |

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| **XIII. Vocational Needs** |
| Current vocational placement or day program: |

**XIV. Conclusion**

**Intellectual Disability Status:**

Intellectual disability **is**  substantiated prior to age 18.

Intellectual disability **is not** substantiated prior to age 18.

**Developmental Disability Status:**

Developmental disability **is**  substantiated prior to age 22.

Developmental disability **is not** substantiated prior to age 22.

**Placement:**

Individual is eligible for short term nursing facility placement with goal to return to community.

Individual is eligible for long term nursing facility placement.

Individual does not meet eligibility criteria for nursing facility placement.

**Service Needs:**

No specialized service needs are present at this time.

The following Specialized Service needs have been identified:

Behavior modification/management

Out-of-facility recreational opportunities beyond that provided by nursing facilities

Vocational or day programming services

Adaptive equipment needed (specify):

Habilitation services (e.g., physical therapy, speech therapy, occupational therapy etc.)

Case management to determine specialized service needs

Other (specify):

Specialized service needs can be met by the nursing facility.

Specialized service needs can be met with the assistance of DDS in the nursing facility.

**Recommendations and level of support needed to return to the community:**

***Please contact the individual’s DDS Case Manager for Care Plan Conferences, changes in condition, hospitalizations, need for change in code status, or upon the individual’s death.***

Case Manager:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DDS OBRA/Long-Term Care Nurse:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nurse’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_