

**PREADMISSION SCREENING AND RESIDENT  
REVIEW MANUAL**

**MAINE DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

**OFFICE OF ADULT MENTAL HEALTH SERVICES**

**And**

**OFFICE OF ADULTS WITH COGNITIVE AND PHYSICAL  
DISABILITY SERVICES**

**32 BLOSSOM LANE  
11 STATE HOUSE STATION  
AUGUSTA ME 04333-0011**

**April 2008**

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# PREADMISSION SCREENING AND RESIDENT REVIEW MANUAL

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## I. Introduction

**a. Explanatory Statement.** The Preadmission Screening and Resident Review (PASRR) program seeks to ensure that persons who are otherwise eligible for care in a nursing facility (NF) and who also have a mental illness or developmental disability receive the additional care necessary to meet their needs. Persons whose needs for specialized services due to mental illness or developmental disability are too great for NFs to provide will be referred to a more appropriate level of care and service.

The general eligibility for NF care is not a subject of this manual. Persons may not be admitted to NFs due to mental health or developmental disability needs alone; persons must meet the general medical eligibility requirements for NF care prior to the administration of the Level I screen.

Periodic PASRR reviews after admission, initial screening and assessment, will **not** result in changes in eligibility for NF care, unless the person's needs are greater than an NF can provide. Changes noted through PASRR reviews after admission **may** result in changes in the level or intensity of specialized services, including referral to a more intensive level of care outside the NF.

The first edition of this manual was issued in 1997, to serve as a reference and guide to staff of nursing facilities and hospitals and other interested parties. This edition of the manual has been revised to reflect some changes in the PASRR process. The processes described here have been reviewed to ensure that there is full integration with other evaluative and care-planning processes. Significant additions to the manual include an operational definition of "change in condition" for mental health and developmental disability and flow charts/diagrams of the PASRR review process.

**b. Authority.** Screening and evaluation through the PASRR program is required for participation in MaineCare. Persons who do not comply with the requirements of the PASRR program may be denied payment for services provided in an NF. Similarly, NFs that do not comply may have MaineCare billings disallowed. The required elements of a PASRR program are described in detail at [42 CFR Ch IV, Subpart C \(§483.100 et seq.\)](#).

It is available for purchase from the Superintendent of Documents, PO Box 371954, Pittsburgh PA 15250-7954. It is also available at many public libraries.

This manual is published under the authority of the Department of Health and Human Services (DHHS). DHHS is the state mental health and the state developmental disability authority. This manual coincides with the requirements of the MaineCare Manual as described at 10-144 CMR Ch II, Section 67.05. This section of the [MaineCare Manual](#) may be accessed online at

For further information or technical assistance for the PASRR program, please contact Preadmission Screening Services for Adult Cognitive and Physical Disability Services in the DHHS Regional Office nearest you. For Adult Mental Health Services please contact the statewide PASRR Coordinator in Region 2. You will find the addresses and phone numbers in the Directory section of this manual. Users of this manual are encouraged to contact their Provider Relations Specialist in the DHHS Office of MaineCare Services for questions related to MaineCare, or the Office of Licensing and Regulatory Services for questions related to licensing requirements.

## II. Definitions

Definitions include sources when applicable, in parentheses.

- a. **Change in condition:** a change in status, either physical or mental, which results in a decline or improvement in the mental health or developmental disability status or functional abilities of the resident, and is unexplained by the use of medication, a medication interaction, an acute illness or infection. The change in condition (CIC) review has replaced the requirement for an annual resident review.
- b. **CIC:** change in condition.
- c. **CFR:** Code of Federal Regulations.
- d. **CMR:** Code of Maine Regulations.
- e. **Code of Federal Regulations:** the collection of rules and regulations of the Federal government. 42 CFR Ch IV, Subpart C governs the PASRR program.
- f. **Code of Maine Regulations:** the collection of rules and regulations of the State of Maine. These include the licensing rules for NFs (10-144 CMR 110), and the MaineCare Manual (10-144 CMR 101).
- g. **Dementia:** a clinical syndrome characterized by a decline in mental function of long duration in an alert individual. Symptoms of dementia include memory loss and the loss or diminution of other cognitive abilities, such as learning ability, judgment, comprehension, attention, and orientation to time and place and to oneself (from “Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities,” 10-144 CMR 110, Ch 23.A.2).
- h. **Department of Health and Human Services:** the state MaineCare (Medicaid), mental health and developmental disability authority, the administrator of the Minimum Data Set (MDS) program and the licensing authority for NFs.
- i. **DHHS:** the Department of Health and Human Services.
- j. **DSM** *American Psychiatric Diagnostic and Statistic Manual*, current edition. Required by 42 CFR § 483.102(b)(1)(i) to identify and describe major mental illness.
- k. **Level I screen:** the preliminary screen conducted on all persons seeking admission to a nursing facility (NF) or skilled nursing facility (SNF), to identify persons with major mental illness or developmental disability.

- l. **Level II assessment:** the evaluation process that confirms the presence of a mental illness or developmental disability, determines the need for specialized services, and makes recommendations for the provision of services.
- m. **MaineCare Manual:** the regulations governing the MaineCare (Medicaid) program in Maine, 10-144 CMR 101.
- n. **MDS:** Minimum Data Set. A comprehensive assessment program conducted by NFs and administered by DHHS.
- o. **Mental health authority:** The Department of Health and Human Services (DHHS), the agency of state government authorized to make determinations of need for admission to a nursing facility, for persons who have been identified as having a major mental illness.
- p. **Mental illness:** a primary or secondary diagnosis of a mental disorder as defined in the *American Psychiatric Association's Diagnostic and Statistic Manual of Mental Disorders* (current edition), which does not include dementia (from "Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities," 10-144 CMR 110, Ch 1). See section III for more details.
- q. **Developmental disability:** a significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period (from "Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities," 10-144 CMR 110, Ch1; the American Association on Developmental disability's *Manual on Classification in Mental Retardation*[1983]). See Section IV for more details.
- r. **Developmental disability authority:** The Department of Health and Human Services (DHHS), the agency of state government authorized to make determinations of need for admission to a nursing facility, for persons who have been identified as having developmental disability.
- s. **Minimum Data Set (MDS):** the state approved assessment instrument which is the current core set of screening, clinical and functional status elements forming the foundation for the comprehensive assessment of all residents in nursing facilities (from "Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities," 10-144 CMR 110, Ch 12 B.1.b).
- t. **Module V:** the preadmission screening tool to identify persons with major mental illness or developmental disability. It is divided into two parts, Level I screen and Level II assessment.
- u. **NF:** nursing facility.
- v. **Nursing facility:** a facility licensed by DHHS to provide nursing services.
- w. **PASRR:** Pre-admission Screening and Resident Review.
- x. **Pre-Admission Screening:** the procedure that screens each applicant to a nursing facility in order to ensure that individuals with mental illness or developmental disability require the level of care furnished by the facility. A part of the PASRR program.

- y. **Specialized Services:** services that are provided in addition to the routine care provided by an NF, and that result in the continuous and aggressive implementation of an individualized plan of care for mental illness. These services are part of the State MaineCare (Medicaid) Plan.

### III. Mental Illness

- a. **Specific Conditions.** A person is considered to have a serious mental illness if the person meets the following requirements of diagnosis, level of impairment and duration of illness.
- i. **Diagnosis.** The person has a major mental disorder diagnosable under the DSM, current edition. This mental disorder is
    - 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
    - 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.
  - ii. **Level of impairment.** Within the past 3 to 6 months the disorder has resulted in functional limitations in major life activities that would be appropriate for the person's developmental stage. A person typically has at least one of the following characteristics on a continuing or intermittent basis:
    - interpersonal functioning. The person 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; and/or
    - concentration, persistence, and pace. The person 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/or
    - adaptation to change. The person 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 person has experienced at least one of the following:

- psychiatric treatment more intensive than outpatient care more than once in the past 2 years (e.g., partial hospitalization or inpatient hospitalization); or
  - within the last 2 years and due to the mental disorder, 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.
- b. Dementia.** A person is considered to have dementia if there is a primary diagnosis of dementia, as described in the DSM, or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in Section III.a.i, above. (Agitated dementia with a suspicion of mental illness should be noted on the level 1 screen and sent to the department of mental health services for review).
- c. Specialized Services.** Specialized services are those that are provided in addition to the routine care provided by an NF, and that result in the continuous and aggressive implementation of an individualized plan of care for mental illness. DHHS considers specialized services to be appropriate in an NF when they
- i. are developed and overseen by an interdisciplinary team that includes a physician and mental health professionals; and
  - ii. prescribe specific therapies and activities supervised by trained mental health personnel; and
  - iii. are directed towards diagnosing and reducing the person's behavioral symptoms, improving the level of independent functioning, and achieving a functioning level that permits reduction in the intensity of mental health services at the earliest possible time.
- The prescribed therapies and activities in the individualized care plan may include, but are not limited to the services of a psychiatrist, nurse practitioner, psychologist or other qualified mental health professional, psychological testing or evaluation, occupational therapy testing or evaluation, psychotherapy, medication education, crisis planning and intervention services, day hospitalization or acute care hospitalization and case management necessary to coordinate the services described in the plan.
- d. Services of Lesser Intensity than Specialized Services.** The NF must provide mental health services that are of a lesser intensity than specialized services to all residents who need the lesser services.
- e. Specialized Community NFs.** DHHS supplements the services of several NFs throughout the state, to provide more intensive specialized services than would be provided at a community NF. Contact the Preadmission Screening Services at the DHHS Regional Office to discuss this option.

## IV. Developmental disability

- a. **Specific Conditions.** A person is considered to have developmental disability if there exists
- iii. a level of retardation (mild, moderate, severe, or profound) described in the American Association on Developmental disability's *Manual on Classification in Mental Retardation*(1983), or
  - ii. a severe, chronic disability that meets all of the following conditions:
    1. It is attributable to
      - cerebral palsy or epilepsy; or
      - any other condition, other than mental illness, found to be closely related to developmental disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with developmental disability, and requires treatment or services similar to those required for these persons; and
    2. It is manifested before the person reaches age 22; and
    3. It is likely to continue indefinitely; and
    4. It results in substantial functional limitations in three or more of the following areas of major life activity:
      - self-care,
      - understanding and use of language,
      - learning,
      - mobility,
      - self-direction,
      - capacity for independent living.
- b. **Specialized Services.** Specialized services are those which, when combined with services provided by the NF or other service providers, result in a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services, that is directed toward
- i. The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and
  - ii. The prevention or deceleration of regression or loss of current optimal functional status.

[Initial Assessment flowchart](#)

## V. Level I Screens

### a. Who Must Be Screened

- iv. **Persons Seeking Admission to an NF in Maine.** ALL persons who apply for admission to an NF in Maine and who meet the standards for medical need must be screened prior to admission. Screening is required regardless of the method of payment. It is required whether or not mental illness or developmental disability is known or suspected.
- v. **People who reside outside Maine and are being admitted to an NF in Maine.** All people must be screened (Level I). Level I screens for people who are residing in NFs in another state must be completed by the out-of-state NF. Level I screens for people who are residing in the community, out of state, are the responsibility of the admitting NF.

### b. Exceptions.

People who meet the following conditions are exempt from Level I pre-admission screening:

- i. **People who are being readmitted to the same NF.** There is no time limit from the time of discharge from the NF to the readmission. This exception applies to people who were discharged to a hospital or another setting. The NF is responsible for maintaining a copy of the original Level I screen. However, a person with a confirmed diagnosis who has been readmitted from a hospital may require a **Change in Condition** review.
- ii. **People who are transferring from one NF to another,** without an intervening hospitalization, within Maine. The transferring NF is required to ensure that the Level I screen and Level II assessment, if applicable, have been completed in the past and that copies of each are provided to the receiving NF. People with a confirmed diagnosis may require a **Change in Condition** review.
- iii. **People who had been at an NF, were discharged to a hospital, and are being admitted to a different NF,** within Maine. The admitting NF is required to ensure that the Level I screen had been completed previously and may make a referral for a **Change in Condition** review if the person has a confirmed diagnosis.
- iv. **People who are otherwise required to be screened are exempt if they have been admitted to an NF**
  - directly from a hospital, and
  - the NF care is for the same condition treated during the hospitalization, and
  - the expected length of stay in the NF is 30 calendar days or less. The discharging hospital physician must document that the NF stay is expected to be 30 days or less.

**If the length of stay exceeds 30 calendar days, the NF must complete the Level II assessment within 40 calendar days of admission.**

- c. **Process. The following process is used to complete the Level I Screen.\***
- i. **Persons authorized to screen.** The Level I Screen may be completed by hospital discharge planners, licensed social workers, registered professional nurses, psychologists, physicians and professional NF staff.
  - ii. **Responsibility.** Completion and retention of Level I Screens is the responsibility of the NF to which the person is seeking admission, for new admissions. Hospital staff may complete the Level I Screen and forward it to the admitting NF. Discharging NFs must provide admitting NFs with a copy of the Level I screen prior to admission.
  - iii. **Determinations.** The Level I screening process makes only two determinations:
    - there is no known or suspected mental illness or developmental disability, or
    - there is a known or suspected mental illness or developmental disability.
  - iv. **Referral to DHHS.** The NF to which application for admission has been made is responsible for forwarding Level I screens **that indicate a known or suspected mental illness or developmental disability** to DHHS for a Level II assessment. Level I screens that indicate a known or suspected **mental illness** should be FAXED to the statewide PASRR Coordinator. Level I screens that indicate known or suspected **developmental disability** should be FAXED to Developmental disability Services in the appropriate Region.

\* Form. Module V: Level 1 Screen [Microsoft Word](#)\* [Adobe PDF](#)\*

### [Initial Assessment Flowchart](#)

## VI. Level II Assessments

- a. **Who Must Be Assessed.** Except those persons whose conditions meet the requirements for advance group determinations, all persons who apply for admission to an NF in Maine, who have or are suspected to have a diagnosis of mental illness or developmental disability, must be assessed prior to admission. Assessment is required regardless of the method of payment.
- b. **Advance Group Determinations.** The following describes conditions which exempt or defer Level II assessments. Admission to an NF is permitted when the applicable conditions are met.
  - iv. **Admission for Convalescent Care.** The following conditions apply:
    - person must have been hospitalized for treatment; and
    - the discharge does not qualify as an exempted hospital discharge (see V. B. iv, above); and
    - the expected length of stay is not expected to exceed 30 calendar days. The discharging hospital physician must document in writing that the NF stay is expected to be 30 days or less. If the length of stay exceeds 30 calendar days, the NF must request the Level II assessment to be completed within 40 calendar days of admission.
  - v. **Respite Care.** The following conditions apply:
    - the person is expected to return to the in-home caregivers following the respite stay; and
    - no more than 30 calendar days of respite care may be used in any 12 month period; and
    - the stay may not exceed 15 calendar days.If the length of stay exceeds the 30 day annual limit or 15 calendar days, the NF must request the Level II assessment to be completed within 10 calendar days of the 30<sup>th</sup> day of the annual limit or the 15<sup>th</sup> day of admission, whichever is applicable.
  - vi. **Terminal Illness.** The following conditions apply:
    - the person has a medical prognosis that life expectancy is 6 months or less if the illness runs its normal course; and
    - a physician has documented the prognosis in writing. If the length of stay exceeds six months, the NF must notify DHHS. A Level II assessment is not required.
  - vii. **Severe Physical Illness.** The following conditions apply:
    - the person must have a severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or diagnoses which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services; and
    - a physician has documented the diagnosis and condition in writing.
  - viii. **Delirium.** The following conditions apply:

- an accurate diagnosis cannot be made until the delirium clears; and
  - a physician documents the diagnosis and condition in writing. If the delirium persists beyond the 30<sup>th</sup> calendar day of admission, the NF must notify DHHS.
- c. **Co-Occurring Disorders.** Persons who have or are suspected of having both a mental illness and developmental disability will be provided a Level II assessment that is integrated and coordinated for both disorders. NFs must notify DHHS if an integrated Level II assessment is needed.
- Level II Assessment Form - [Microsoft Word\\*](#), [Adobe PDF\\*](#)
- d. **Diagnostic Cross-Walks.** Federal regulations require the use of the DSM, current version, for the identification of mental illnesses and the American Association on Mental Retardation's 1983 definition. Please refer to the Diagnostic Criteria for mental illness, from the DSM, current version. Information related to the diagnosis of developmental disability is available at the Regional Office nearest you.

e. **Process**

- i. **Referral.** DHHS will arrange for a Level II assessment, to be conducted by a contracted assessment provider for persons suspected of having mental illness and by Developmental Disability Services (DS) for persons suspected of having developmental disability. DHHS will ensure the completion of the Level II assessment. This normally takes nine working days after receipt of the level 1 screen by DHHS.
- ii. **Evaluation Report.** The contracted assessment provider/DS will complete the assessment, confirm the diagnosis or lack of diagnosis of mental illness or developmental disability and the basis for all conclusions, and submit an evaluation report to DHHS. The report, if there is a confirmed diagnosis, must
  - recommend community NF care and identify the services of a lesser intensity that are required to meet the person's needs; or
  - recommend community NF care and identify the specialized services required to meet the person's needs; or
  - recommend NF care in a specialized community NF with more intensive specialized services than would be provided at a community NF; or
  - recommend acute care.

Copies of the report must be provided to the person and a legal representative (if one exists), the NF, the attending physician, and the hospital (if admission is being sought from a hospital).

- iii. **Notification.** Preadmission Screening Services or Developmental disability Services may notify the NF, the discharging hospital and the person of the recommendations and determination verbally. A written letter of final

determination will be provided to the same people to whom the report was provided.

f. Please see Appendix for Level II Assessment, Mental Illness Component.

## VII. Changes in Condition

- a. **Application.** This section provides functional guidance to NF staff and assessors regarding changes in condition for mental illness or developmental disability. This is intended to augment, not supplant, definitions of change in condition referenced in the licensing rules for NFs (10-144 CMR 110) or the MDS manual.
- b. **Functional Definition:** a change in status, either physical or mental, which results in a decline or improvement in the mental health or cognitive and functional (for persons with developmental disability) status of the resident, and is unexplained by the use of medication, a medication interaction, an acute illness or infection. For all persons, this requires ruling out such things as physical or environmental causes and medication interaction/reaction.
  - i. **Special considerations for people with mental illness.** The following are specific circumstances and situations that must be considered a change in condition for people with mental illness:
    - suicidal gestures or ideation;
    - homicidal gestures or ideation;
    - rapid onset or otherwise unexplained changes in destructive or violent behavior;
    - symptoms of depression, including withdrawal in the absence of impending death;
    - unexplained changes in eating, sleeping, or usual activities;
    - unexplained changes in agitation, including
      - increase or reduction without apparent cause, or
      - agitation not easily addressed or relieved;
    - unexplained changes in anxiety levels (intensity or duration);
    - psychosis or psychotic symptoms;
    - first event of disorder with cyclical pattern (e.g., seasonal affective disorder);
    - improvement following intervention if there is an indication that specialized services are no longer needed;
    - new diagnosis of an illness or the exacerbated condition of an existing disorder frequently associated with depression and/or anxiety (e.g., Parkinson's).
  - ii. **Special considerations for people with developmental disability.** The following are specific circumstances and situations that must be considered a change in condition for people with developmental disability:

- changes in behavior from the individual's baseline. The baseline behavior should be well documented in an initial assessment, care plan or behavioral intervention plan;
  - changes in agitation, including increase or reduction without apparent cause and/or agitation not easily addressed or relieved;
  - changes in self injurious behavior from baseline;
  - repeated or sustained outbursts without apparent cause, that is different from usual or baseline behavior;
  - changes in sensorium or neurocognitive status, from baseline;
  - reduced cooperation with or increased resistance to habilitation plans or personal care, from baseline;
  - a change in cognitive abilities and/or social adaptive functioning as determined by a psychological assessment that documents either a significant gain or loss in cognitive abilities and/or social adaptive functioning;
  - subtle changes, whether a decline or an improvement, over longer periods of time;
  - improvement following intervention;
  - mental status changes not previously present.
- ii. **Co-Occurring Disorders.** Persons with known co-occurring disorders (mental illness and developmental disability) must be assessed using BOTH lists of special considerations.
- c. **Process.** The process for requesting a change in condition review is similar to the request for a Level II assessment.
- i. **Integration with MDS.** The change in condition MUST trigger a reassessment in the Minimum Data Set system. This must be done within 14 calendar days of identification of the change in condition.
  - ii. **Deadline to request a change in condition assessment.** NFs must notify DHHS Preadmission Screening Services or Developmental disability Services within 7 calendar days following the MDS reassessment, but under no circumstances later than 21 days following the identification of the change in condition.
  - iii. **Referral.** Preadmission Screening Services or Developmental Disability Services will arrange for a change in condition review, to be conducted by an outside provider or DS, as applicable. This should take no more than nine working days.
  - iv. **Evaluation Report.** The outside provider/DS will complete the review and submit an evaluation report to Preadmission Screening Services or Developmental Disability Services, citing the basis for recommendations. The report may

- recommend continued NF care and identify the specialized services required to meet the person's needs;
- recommend continued NF care and identify the services of a lesser intensity that are required to meet the person's needs;
- recommend another level of care than NF.

Copies of the report must be provided to the person and a legal representative (if one exists), the NF, the attending physician, and the hospital (if admission is being sought from a hospital).

- v. **Notification.** Preadmission Screening services/DS may notify the NF, the discharging hospital and the person of the recommendations and determination verbally. A written letter of final determination will be provided to the same people to whom the report was provided.

d. **In condition flowchart** ([Microsoft Word\\*](#))

## VIII. Directory and References.

### Mental Health Services

- **Region I (Cumberland and York Counties):**  
175 Lancaster St. , Portland, Me 04101  
(207)822-0270 (voice) 1-800-269-5208 (voice)  
TTY: 888-254-0311  
FAX: 207-822-0295
- **Region II (Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset and Waldo Counties):**  
Region II Augusta  
Physical Address:  
41 Anthony Ave. Augusta, Me 04330  
Mailing Address:  
DHHS-41 Anthony Ave, 11 State House Station, Augusta, ME 04333-0011  
Phone: (207)287-9170 or 1-800-675-1828  
FAX: (207)287-9152  
TTY: 1-800-606-0215
- **Region II Lewiston**  
200 Main Street Lewiston, ME 04240  
Phone: (207)795-4300 1-800-482-7517  
FAX: (207)795-4445  
TTY: 1-800-606-0215
- **Region II Rockland**  
91 Camden Street Suite 103 Rockland, ME 04841  
Phone: (207)596-4302 1-800-432-7802

FAX: (207)596-2304  
TTY: 1-800-606-0215

**Region III (Piscataquis, Penobscot, Washington, Hancock, Aroostook Counties):**

- Region III Bangor:  
176 Hogan Road, Bangor 04401  
Telephone: (207)941-4360 or 1-800-963-9491  
FAX: (207)941-4389  
TTY: 1-800-606-0215
- Region III Machias:  
15 Prescott Drive, Suite 3, Machias 04654  
Telephone: (207)-255-1955 or 1-800-432-7846  
FAX: (207)255-1958  
TTY: (207)255-1958
- Region III Caribou:  
30 Skyway Drive, Unit 100 Caribou, ME 04736  
Telephone: (207)493-4000 or 1-800-432-7366  
FAX: (207)493-4173  
TTY: 1-800-606-0215

**Developmental Disability Services**

**Region I (Cumberland and York Counties):**

- 175 Lancaster St., Portland 04101  
Telephone: 207-822-0270 or 1-800-269-5208  
FAX: 207-822-0295  
TTY: 888-254-0311

**Region II- (Androscoggin, Franklin and Oxford Counties):**

- 114 Corn Shop Lane  
Farmington, ME 04938  
Telephone: 207-778-8400 or 1-800-442-6382  
FAX: 207-778-8410  
TTY: 1-800-606-0215
- 200 Main Street Lewiston, ME 04240  
Telephone: 207-795-4300 or 1-800-482-7517  
FAX: 207-795-4444  
TTY: 1-800-606-0215
- 15 Mollison Way, Lewiston 04242  
Telephone: 207-753-9100 or 1-800-866-1803  
FAX: 207-782-1753  
TTY: 1-800-606-0215

- 243 Main Street South Paris, ME 04281  
Telephone:  
FAX: 207-743-1698  
TTY: 1-800-606-0215

**Region II-Augusta (Kennebec and Somerset Counties):**

- SHS #11, 41 Anthony Avenue, Augusta, ME 04330  
Telephone: 207-287-2205 or 1-800-232-0944  
FAX: 207-287-7186  
TTY: 1-800-606-0215
- 32 Blossom Lane SHS 11 2nd Floor Marquardt Augusta ME 04333  
Telephone: 207-287-4242  
FAX: 207-287-9915

**Region II-Rockland (Knox, Lincoln, Sagadahoc and Waldo Counties):**

- 91 Camden Street, Suite 103, Rockland, ME 04841  
Telephone: 207-596-4302 or 1-800-704-8999  
FAX: 207-596-2304  
TTY: 1-800-606-0215

**Region III-Bangor ( Penobscot and Piscataquis Counties):**

- 176 Hogan Road, Bangor 04401  
Telephone: 207-941-4360 or 1-800-963-9491  
FAX: 207-941-4389  
TTY: 1-800-606-0215

**Region III-Machias (Washington and Hancock Counties):**

- 15 Prescott Drive, Suite 3, Machias 04654  
Telephone: 207-255-1955  
FAX: 207-255-1958  
TTY: 1-800-606-0215

**Region III-Caribou (Aroostook County):**

- 30 Skyway Drive, Unit 100 Caribou, ME 04736  
Telephone: 207-493-4000 or 1-800-432-7366  
FAX: 207-493-4173  
TTY: 1-800-606-0215

## **Preadmission Screening Services**

Region I: Telephone: (207) 822-0270  
Fax: 822-0295  
TTY: 822-0272

Region II: Telephone: (207) 287-2175  
Fax: 287-9152  
TTY: 287-6640

Region III: Telephone: (207) 941-4099  
Fax: 941-4278  
TTY: 941-4392

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