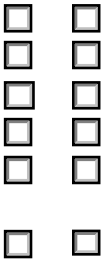

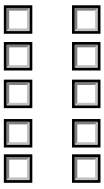

PASRR LEVEL I SCREEN

DETERMINATION FOR MENTAL ILLNESS, INTELLECTUAL DISABILITY, AND OTHER RELATED CONDITIONS

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

IF YOU NEED ASSISTANCE WITH COMPLETING THIS FORM OR HAVE GENERAL QUESTIONS ABOUT PASRR, PLEASE CALL [illegible] AT 1-8[illegible]

APPLICANT NAME:

10. OTHER RELATED CONDITIONS (ORC)

Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions: is attributed to epilepsy or cerebral palsy; or any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons; and it is manifested before the person reaches age 22; and it is likely to continue indefinitely; and 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, and capacity for independent living.

10.1	HAS THE INDIVIDUAL BEEN DIAGNOSED WITH OR SUSPECTED OF HAVING ONE OR BOTH OF THE FOLLOWING CONDITIONS?	Y ☐ N ☐ CEREBRAL PALSY Y ☐ N ☐ EPILEPSY
10.2	DOES THE INDIVIDUAL HAVE ANY OTHER CONDITION, OTHER THAN A SERIOUS MENTAL ILLNESS THAT: • Is closely related to an intellectual disability (ID) • Results in impairment of general intellectual functioning or adaptive behavior similar to that of individuals with an ID • Requires treatment or services similar to those required for individuals with an ID	Y ☐ N ☐ IF YES, PLEASE SPECIFY:

STOP **IF ALL OF THE QUESTIONS ABOVE RESULTED IN "NO" STOP HERE AND GO TO SECTION 11 ON THIS PAGE.**

If more than one condition is "YES", answer the remaining questions on this page for each condition. One ORC form may be submitted with separate responses for each condition.

10.3	DID THE ORC MANIFEST BEFORE THE INDIVIDUAL REACHED THE AGE OF 22?	Y ☐ N ☐
10.4	IS THE ORC LIKELY TO CONTINUE INDEFINITELY?	Y ☐ N ☐
10.5	CHECK ALL AREAS OF SUBSTANTIAL FUNCTIONAL LIMITATION WHICH WERE PRESENT **PRIOR TO AGE 22 AND WERE DIRECTLY THE RESULT OF THE ORC.**	☐ SELF-CARE ☐ UNDERSTANDING/USE OF LANGUAGE ☐ LEARNING ☐ MOBILITY ☐ SELF-DIRECTION ☐ CAPACITY FOR INDEPENDENT LIVING
10.6		☐ WERE **3 OR MORE LIMITATIONS** NOTED?

11. NEXT STEPS

STOP	WERE **ANY** OF THE RESPONSES ABOVE "YES"?	**ANY** "YES" RESPONSE FOR QUESTIONS (10.1) OR (10.2) AND (10.3, 10.4, 10.6) MEETS PASRR CRITERIA FOR THE DIAGNOSIS OF ORC. **FAX THIS ENTIRE FORM TO [illegible]. [illegible] WILL DETERMINE WHETHER A LEVEL II IS NECESSARY.**
	WERE **ALL** OF THE RESPONSES ABOVE "NO"?	IF THE RESPONSES TO THE ABOVE QUESTIONS ARE ALL `NO' AND THERE IS NO MENTAL ILLNESS DIAGNOSIS, OR ONLY A DEMENTIA DIAGNOSIS, FAX THIS FORM TO THE NURSING FACILITY PRIOR TO DISCHARGE AND NOT TO KEPRO. **PASRR SCREENING MATERIAL MAY BE SUBJECT TO AUDIT.**

12. ATTESTATION

I ATTEST THAT I HAVE SPOKEN DIRECTLY WITH THE APPLICANT AND/OR GUARDIAN OR POA WHILE FILLING OUT THIS FORM.	**SIGNATURE REQUIRED:**