1. Does the individual have a suspected diagnosis or history of an Intellectual Disability or a Related Condition? ☐ Yes ☐ No
   1a. Specify.
   ID: ☐ Intellectual Disability
       Did the ID develop before age 18?
       ☐ Unknown ☐ Yes ☐ No ☐ N/A
   RC: ☐ Autism
       Did the Autism develop before age 22?
       ☐ Unknown ☐ Yes ☐ No ☐ N/A
   ☐ Cerebral Palsy
       Did the Cerebral Palsy develop before age 22?
       ☐ Unknown ☐ Yes ☐ No ☐ N/A
   ☐ Epilepsy/Seizure Disorder
       Did the Epilepsy/Seizure Disorder develop before age 22?
       ☐ Unknown ☐ Yes ☐ No ☐ N/A
   ☐ Other Related Condition: ________________________________________
       Did the Other RC develop before age 22?
       ☐ Unknown ☐ Yes ☐ No ☐ N/A

2. Does the individual have a current, suspected or history of a Major Mental Illness as defined by the Diagnostic & Statistical Manual of Mental Disorders (DSM) current edition? Choose “No” if the person’s symptoms are situational or directly related to a medical condition. (e.g. depressive symptoms caused by hyperthyroidism, depression caused by stroke or anxiety due to COPD, these conditions must be documented in the medical records by a physician) ☐ Yes ☐ No
   2a. If yes, check the appropriate disorder below.
       ☐ Schizophrenia ☐ Schizoaffective Disorder ☐ Psychotic Disorder NOS
       ☐ Major Depression ☐ Depressive Disorder NOS ☐ Dysthymic Disorder
       ☐ Bipolar Disorder ☐ Generalized Anxiety Disorder ☐ Panic Disorder
       ☐ PTSD ☐ OCD ☐ Somatoform Disorder ☐ Conversion Disorder
       ☐ Personality Disorders ☐ Unspecified Mental Disorder
       ☐ Other Mental Disorder in the DSM _______________  

3. Has the individual’s “Medical Condition” required the administration or prescription of any anti-depressant, anti-psychotic, and/or anti-anxiety medications within the last 14 days? ☐ Yes ☐ No
   3a. If yes, list psychotropic medications for the Medical Condition
       (Do not list PRN medications):
       ________________________________________

4. Is there a diagnosis of Dementia, Alzheimer’s or any related organic disorders? ☐ Yes ☐ No (Note: If yes is checked, Dementia must be documented in the medical records by a physician)
   4a. If yes, complete the MSE. (If unable to test due to Dementia, enter “0” as a valid MSE score; if unable to test due to any other condition, check unable to test, and leave MSE score blank)
       Provide MSE Score: _____ Check if unable to test: ☐

4b. If #4 is yes, check level of consciousness:
       ☐ Alert ☐ Drowsy ☐ Stupor ☐ Coma ☐ N/A

4c. If #2 & #4 are yes, which diagnosis is primary?:
       ☐ Dementia ☐ Mental Illness ☐ N/A
       (The primary diagnosis must be documented in the medical records as “primary” by a physician)

5. Does the individual’s current behavior or recent history within 1 year indicate that they are a danger to self or others? (Suicidal, self-injurious or combative) ☐ Yes ☐ No
   5a. If yes, explain: __________________________________________

6. Submission of this Level I is due to one of the following:
       ☐ New Nursing Facility Admission
       (For current NH residents, select one of the below Significant Changes):
       ☐ Medical Improvement
       ☐ Medical Decline
       ☐ Mental Illness Improvement
       ☐ Mental Illness Decline
       ☐ Behavioral Changes
       ☐ Short Term to Long Term Stay (only for MI/ID/RC Categorical Convalescent Care Residents)
       ☐ Mental Health Diagnosis Change (i.e. New MH diagnosis)
       ☐ Previous Level I Incorrect (For NH use only)
       ☐ No Level I and Determination or/and Level II and Determination upon NH admission (For NH use only)
7. Select Long Term Care or the applicable Short Term Care Option:
   - ☐ Long Term Care
   - ☐ Convalescent Care-Applicable for patients with or without MI/ID/RC diagnoses
     For MI/ID/RC patients (1) you must have PT and/or OT orders as prescribed by a physician for 5x a week for 120 days or less (2) is not a danger to self or others and (3) must be **currently in the hospital w/ a direct admission into the NH**.
     - ☐ Respite for no more than 7 days & is not a danger to self or others (**Respite is not reimbursed by Medicaid under the NH Program**)
     - ☐ NH admission for an emergency situation requiring protective services by DHR, person can not be a danger to self or others, if admission will exceed 7 days, the OBRA office **must** be contacted immediately to prevent non-compliance (**Not applicable if currently in a hospital or other protective environment**)
   - ☐ Other Short Term Stay (If applicable, persons with MI/ID/RC must have the Level II completed prior to admission)
     - ☐ IV Therapy  ☐ Wound Care  ☐ Diabetes Care  ☐ Home (in community) Convalescent Care
     - ☐ Other (please specify) ________________________________________________________________

8. Is this individual terminally ill (life expectancy of six months or less), comatose, ventilator dependent, functioning at brain stem level or diagnosed as having Cerebella Degeneration, Advanced ALS, or Huntington’s Disease as certified by an MD?  ☐ Yes  ☐ No