



P R O V I D E R B U L L E T I N

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To: Nursing Facilities and Residential Facilities Providing Assisted Living Service Under the Aged and Disabled Waiver

Subject: Mental Health Screening

Overview

410 IAC 16.2-5-11.1 requires that licensed residential providers complete an evaluation of mental health for individuals who receive Medicaid or federal Supplemental Security Income (SSI). This includes licensed residential facilities providing assisted living services under the Aged and Disabled Waiver program. The Indiana State Department of Health (ISDH) provided the following information to clarify that evaluation.

Mental Health Evaluation

The mental health evaluation for individuals who receive Medicaid or federal SSI, and who reside in licensed residential facilities under the Aged and Disabled Waiver program, generated questions from providers participating in the program. In an effort to respond to these questions, the Division of Aging and the ISDH want to clarify appropriate compliance with this state licensure requirement.

Pre-admission Evaluation

To comply with the mental health evaluation requirement, the facility must include in its pre-admission evaluation the following questions:

1. Does the resident have a diagnosed major mental illness listed in *410 IAC 16.2-5-11.1* (b) (1), A through H?
2. Does the resident have any history of treatment for a major mental illness within the last two years?
3. Does the resident have a history of individual behavior within the last two years that would be considered dangerous to facility residents, staff, or the individual?

Referral to Mental Health Service Provider

- If the individual is identified as having a major mental illness based on information obtained in the pre-admission evaluation, the individual must be referred to a mental health service provider for

consultation about needed services. A positive response to one or more of the three questions above should trigger a referral.

Providers may work with the community mental health center to set up the referral service prior to obtaining the service. However, other mental health service providers are also acceptable. Please do not use State Form 47179 – Indiana Pre-Admission Screening and Resident Review (PASRR) Program Screen for Depression, because it will be confusing if it is used for residential care.

Link to the Complete Rule

To view the entire rule, go to <http://www.in.gov/legislative/iac/T04100/A00162.PDF?> and see page 94, 410 IAC 16.2-5-11.1.

Contact at ISDH

Providers who need assistance during the evaluation process may contact Debbie Beers, ISDH, at (317) 233-7067.