

**South Dakota PASRR Program
ID/DD LEVEL II EVALUATION FORM**

This form is **ONLY** used for **Intellectual/Developmental Disability** Level II PASRRs

FORM DIRECTIONS

The State Intellectual Disability Authority (SIDA) will send this form following the referral for a Level II evaluation. This form will be sent in any one of these scenarios for an individual with a suspected ID/DD PASRR condition:

1. Pre-Admission Needing a Level II
2. Status Change Resident Review Needing a Level II
3. SIDA Level II Expiration

Submit this completed form and documentation to the SIDA at PASRRIDD@state.sd.us

APPLICANT INFORMATION

First Name

Last Name

DOB

Anticipated Admission Date

SECTION 1- Additional Documentation

The SIDA is requesting additional documentation to complete the Level II evaluation for the individual identified during the Level I process as having an Intellectual/Developmental Disability PASRR condition. The most current records should be submitted, preferably within the last 30 days. The Level II cannot be completed until the following information is received:

Current Care Plan

Most recent (last 2 weeks) **Skilled Therapy** notes

- ✓ **Therapy Discharge Summaries** (only if no longer participating in skilled therapy)

Challenging Behavior notes (only if present)

Activities of Daily Living documentation (only if most recent MDS is greater than 30 days old)

Urinary and Bowel Continence documentation (only if most recent MDS is greater than 30 days old)

Skin Integrity notes (only if skin alterations are present)

- ✓ Include wound locations, measurements, and dressing changes

Current Medication List

- ✓ Include notes regarding **ability to self-administer medications (including insulin)** and/or **barriers to self-administering**

Hospitalizations during this review period

- ✓ Include hospitalization dates and reason for hospitalization

Other Relevant Medical Records (if applicable)

SECTION 2- Discharge Planning

Complete the following 10 questions. The Level II cannot be completed until the following questions are answered.

1. What was the resident's prior living arrangement? (e.g., living alone, with family, assisted living center, etc.)

2. What is the resident's discharge goal?

3. Does the resident have family/friends available to care for them?

4. If the resident wishes to return to the community, has a Section Q Long Term Services and Supports (LTSS) referral been made for options planning? Yes No
Please elaborate:

5. Does the resident have a home to return to?

6. If no, what housing options have been explored?

7. What alternative residential settings (e.g., Assisted Living Centers) have you contacted?

8. What were their responses?

9. Is the resident willing to relocate to another community?

10. What are the barriers to the resident being discharged?