DEPARTMENT OF HEALTH SERVICES
Division of Care and Treatment Services
F-20822 (09/2016)

STATE OF WISCONSIN
Wisconsin Statutes
§§ 50.42 (2r), 51.42 (3) (ar) 13, and 51.437 (4m) (L)

County of Responsibility

COUNTY REVIEW OF NURSING HOME, IMD OR ICF / IID REFERRALS

Instructions: Personally identifiable information collected on this form is confidential and will be used for identification purposes only. The completion of this form does not constitute placement and specialized services determinations under the PASRR program or establish MA eligibility. The County Agency shall send the form to the facility to which admission was requested.

Name	Date of Birth (mm/dd/yyyy)
Current Permanent Address (Street, City, State, Zip Code)	Social Security Number

Current Type or Residence

☐ Own home or apartment ☐ With relative ☐ CBRF or Adult Family Home
☐ RCAC ☐ Hospital ☐ ICF / IID ☐ Other (e.g., jail, homeless)

Name - Facility Being Recommended	Address - Facility (Street, City, State, Zip Code)

Check **ALL** the boxes below that apply to the individual. The client has a :

☐ Mental illness

☐ Intellectual / Developmental disability due to a brain injury
- ☐ Brain injury that occurred prior to 22nd birthday
- ☐ Brain injury that occurred after 22nd birthday

☐ Intellectual / Developmental disability not due to brain injury

Recommendation regarding institutional placement: (Check the appropriate box.)

☐ NURSING FACILITY - ADMISSION RECOMMENDED (Check the applicable boxes below.)

A short-term exemption from Level II Screening applies. (Note: Short-term exemptions may not be used consecutively to extend the time in a facility without a PASRR Level II Screen.)

- ☐ Hospital Discharge Exemption - 30 day maximum
- ☐ Emergency Placement - 7 day maximum
- ☐ Respite Care - 30 days per year maximum

The person may need nursing facility placement beyond the permitted timeframes of the short-term exemptions. Level II Screen required. It is permissible for the county PASRR liaison to check one of the boxes below along with one of the short-term exemptions above.

- ☐ County has received a recently completed Level II Screen summary from the PASRR evaluation team.
- ☐ Person needs a Level II Screen by area PASRR evaluation team.
- ☐ Person has a brain injury that occurred after 22nd birthday and does not have an additional developmental disability or an accompanying mental illness requiring a PASRR Level II Screen.

☐ Admission to a licensed nursing home that is not Medicaid certified. (Note: PASRR only applies to Medicaid certified nursing facilities.)
☐ ICF / IID (FDD) ADMISSION RECOMMENDED
☐ The county believes that the person does not have mental illness or developmental disability as defined in s. 51.01, Stats., and therefore, county approval is not necessary.

Miscellaneous Comments (Check all that apply.)

☐ If the request for the county approval had been made prior to admission, the approval would be been granted.
☐ Questions regarding county of responsibility exist and a residency determination from DHS may be requested.
☐ ADMISSION NOT RECOMMENDED for the following reasons(s):

☐ OTHER COMMENTS

SIGNATURE - County Staff Person Completing This Form	Title	Today's Date