

COLORADO PASRR STATUS CHANGE

CLIENT NAME: _____ DOB: _____ SSN: _____ - -

MEDICAID # (or PP): _____ CMHC: _____

NURSING FACILITY: _____

SOURCE OF INFORMATION (NF STAFF & TITLE): _____

PRIMARY REASON FOR CALL: _____

_____ Diagnosis of Major Mental Illness (**Circle one:** Schizophrenia, Major Depression, Schizoaffective D/O, Psychotic D/O NOS, Delusional D/O, Dysthymia, Bipolar, Cyclothymia)

_____ Major tranquilizer or psychotropic medication prescribed on a regular basis for a non-organic condition. **List:** _____, _____, _____, _____, _____

Change in behavior or mental status that is not due to organic or physical/medical conditions. Some examples are: (**check all that apply**)

Deterioration in mental status that has not been reversed by NF staff interventions:

- depressed mood irritability lack of interest/pleasure confusion paranoia
 memory/concentration difficulties excessive feelings of worthlessness/guilt hopelessness
 mood swings (high/lows) grandiose feelings/statements easily distracted delusions
 hallucinations disorganized thinking pressured speech suicidal thoughts w/o plan/intent

Changes in ADLs not accounted for by physical/medical condition:

- sleep disturbances fatigue/loss of energy incontinence (B/B) communication difficulties
 difficulty w/ mobility bathing/hygiene difficulty w/ dressing other _____

Behavioral changes not accounted for by organic condition:

- psychomotor agitation/retardation impaired/poor judgment poor impulse control
 impaired decision making bizarre behavior physical abuse to others/self verbal abuse
 resistive to care inappropriate sexual behavior intrusiveness other _____

Other: (list) _____

NEED FOR LEVEL II NO _____ YES _____ If yes, include a copy with the Level II.

REASON: _____

COMPLIANCE FOR NH: NO _____ YES _____ If yes, NH failed to complete **Status Change** _____ **PAS** _____

CMHC SIGNATURE

DATE

CMHC MUST USE APPROVED FORMS TO COMPLETE STATUS CHANGE INFORMATION

Revised 1/13/05

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