

# What to Submit to COMRU for client entering a Skilled Nursing Facility

Ensure the information provided to COMRU is legible to prevent delays in processing.

Below is a guideline to expedite the application process.

Each application is individualized and COMRU retains the right to request additional information.

For further guidance, Please visit the COMRU website at <http://health.mo.gov/seniors/nursinghomes/pasrr.php>

Please visit the DMH webpage at <https://dmh.mo.gov/dev-disabilities/programs/pasrr-level-ii-assessments>

## All Applications

### **DA 124 A/B form**

#### **(Initial Assessment – Social and Medical)**

Be sure to complete all blanks;

Submit only a **current** medication list with dosage and frequency – include all injections.

Be sure to list the onset of any related Intellectual Disabilities diagnosis

(TBI, Seizures, Paraplegia, Quadriplegia, Multiple Sclerosis, Cerebral Palsy, etc)

Be sure Section B #12 (Level of Care requested by the Physician) is answered

Be sure Section B #16 (Assessed Needs) contains a complete rationale for each category.

Per State Regulation, Assessed Needs must meet a mandated **24-point count**

<https://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c30-81.pdf>

(What nursing care is required/needed for each category?) (Include the Rehab and Restorative frequency.)

Be sure Section B #19 (Form Completed by) is dated and fax number provided.

### **DA 124 C form**

#### **(Level One Nursing Facility Pre-Admission Screening for MI/ID)**

Be sure to complete all blanks;

If client was hospitalized, include the reason for hospital admission on Section A #11;

Be sure Section B #1 was answered – List the signs and symptoms the client is exhibiting (Not diagnosis)

Be sure Section B #2 (Mental Illness Diagnosis) is answered – Refer to the client's diagnosis list

If Section B #5 is answered YES – Please list the date of the inpatient psych stay in the margin.

Be sure Section F contains the Physician Signature, Discipline, License Number and Date

Educational Tool

## For a client currently in the Hospital or not currently placed into the SNF

### **Current** History and Physical

(Submit minimum necessary information to make determination – medical consults, CT scans, x-rays and labs **are typically not** necessary)

## For a client with Mental Illness

### **Current** Psych Evaluation

### **Current** Nursing Notes (1 week) – if the client is currently in the hospital

### Letter of Stability – If client is currently inpatient psych/or currently referred to psych in the hospital (The letter from the physician attests that the client is stable and is not dangerous to self and others.) (The letter needs to be dated by the physician.)

## For a client with Intellectual Disabilities or Related Condition

### If Related Condition (Section C #2) (Attach the Intellectual Disability Worksheet – Guide #7, located on COMRU's webpage.)

## Special Admission Category

### If Seeking Special Admission Category for Client (Attach and fully complete the Special Admission Category Sheets (2 pages), located on COMRU's webpage) Be sure to include a copy of the current History and Physical

## For a client transferring to Missouri from another State.

### If Seeking placement in Missouri (Out of State Client) Please refer to the Department of Mental Health's "Out-of-State Referrals for Nursing Facility Placement" <https://dmh.mo.gov/media/pdf/guideline-7pdf>