

**NEW YORK STATE DEPARTMENT OF HEALTH
SCREEN/PASRR
FREQUENTLY ASKED QUESTIONS (FAQ)
OCTOBER 2009**

SCREENER QUALIFICATIONS

- Q1. How do I know if I am qualified to complete SCREEN Form: DOH-695 (2/2009)?**
A1. Only persons who have completed the New York State Department of Health (NYSDOH) approved SCREEN training, offered in May 2009 or thereafter, are qualified to complete SCREEN Form: DOH-695 (2/2009). Qualified SCREENERS can be identified by their new ten digit identification number.
- Q2. I was trained and qualified to complete a previous version of SCREEN Form: DOH-695. Will the NYSDOH “grandfather me in” and allow me to complete SCREEN Form: DOH-695 (2/2009)?**
A2. No, you will not be “grandfathered in.” Refer to Dear Administrator Letters DRS/DAL 09-03 and DAL 09-06.
- Q3. Who can do the SCREEN?**
A3. Title 10 New York Compilation of Codes Rules and Regulations (10 NYCRR) Section 400.11 states, “the SCREEN shall be completed by a professional with demonstrated skills in assessing psychosocial situations, including but not limited to social work and discharge planning professionals, who has successfully completed a training program in patient case mix screening approved by the department to train individuals in the completion of the patient screening form (SCREEN), as contained in section 400.12 of this Part.”
- Q4. I have attended the new SCREEN training course and have been assigned a new SCREENER identification number. Is a new Hospital/Community Patient Review Instrument (H/C PRI) number required for completing the H/C PRI?**
A4. No, if you have attended H/C PRI training and have been assigned an identification number, that number remains valid for completing the H/C PRI or PRI.
- Q5. I have attended the new SCREEN training and have not been assigned a new SCREENER identification number yet. What should I do?**
A5. If you have not received your SCREENER identification number within 7 weeks of taking the course, contact IPRO at 516-326-7767 ext. 325.
- Q6. Can one person complete the H/C PRI and a different person complete the SCREEN?**
A6. Yes, the H/C PRI and SCREEN can be completed by different persons.
 - The H/C PRI must be completed by a qualified assessor who has been assigned an identification number by the NYSDOH.

- The SCREEN must be completed by a qualified SCREENER assigned a SCREENER identification number by the NYSDOH.

Q7. Can we identify the person who completed the SCREEN and verify they are a trained and qualified SCREENER?

A7. Yes, SCREEN item 38 includes the title, printed name, SCREENER identification number, and signature of the qualified SCREENER. The current NYSDOH contractor (IPRO) maintains a list of trained, qualified SCREENERS.

SCREEN FORM

Q8. What SCREEN form should I use prior to the release of DOH-695 (2/2009)?

A8. Prior to the release of SCREEN Form: DOH-695 (2/2009), you should be using SCREEN Form: DOH-695 (4/04).

Q9. How do I obtain SCREEN Form: DOH-695 (4/04)?

A9. Call the Distribution Center at 518-465-8170 or fax your request to 518-465-0432 and include your postal mailing address. DOH-695 (4/04) is not available electronically and will not be available once DOH-695 (2/2009) is implemented.

Q10. How will I know when SCREEN Form: DOH-695 (2/2009) becomes effective?

A10. The release date will be posted on the Health Provider Network (HPN), at the NYSDOH website www.nyhealth.gov and at the IPRO website www.ipro.org.

Q11. What SCREEN form will I be using after the Department implements the revised SCREEN Form: DOH-695 (2/2009)?

A11. Form DOH-695 (2/2009) will be the only acceptable version of the form, once implemented.

Q12. Why was the SCREEN form changed?

A12. The SCREEN form was changed so that it would more closely align with the federal regulations.

Q13. Will the longer form, DOH-695 (2/2009), take more time to complete?

A13. No, form DOH-695 (2/2009) should not take longer to complete.

Q14. When will copies of SCREEN Form: DOH-695 (2/2009) be available?

A14. Copies of SCREEN Form: DOH-695 (2/2009) will be available as soon as the NYSDOH approves release of the form. The release date will be posted on the HPN, the IPRO website www.ipro.org and at the NYSDOH website www.nyhealth.gov. Select Forms, and then select SCREEN.

Q15. How do I obtain copies of SCREEN Form: DOH-695 (2/2009) and the Instruction Manual for SCREEN Form: DOH-695 (2/2009) once it is released?

A15. When released, form DOH-695 (2/2009) and Instruction Manual DOH-695i (2/2009) will be available as a PDF and found at www.nyhealth.gov. Select Forms, and then select

SCREEN. When released, the form and instruction manual will also be available by calling the Distribution Center at 518-465-8170 or faxing your request to 518-465-0432 (include your postal mailing address).

UPDATES

Q16. How will I be informed of SCREEN updates?

A16. Qualified SCREENERS should periodically check the HPN and the NYSDOH website www.nyhealth.gov for SCREEN updates.

Q17. How do I update SCREEN Form: DOH-695 (2/2009)?

A17. The revised SCREEN Form: DOH-695 (2/2009) cannot be updated or altered. A new form must be completed when necessary.

PRI

Q18. What is the hotline number for PRI and SCREEN questions?

A18. Contact IPRO at 866-333-4702.

Q19. Can the H/C PRI completion date be later than the SCREEN completion date?

A19. No, a completed H-C PRI is required to complete the SCREEN.

Q20. A completed H/C PRI is needed before I start the SCREEN. The H/C PRI was completed a while ago. Can I still use it?

A20. The H/C PRI that is used with the SCREEN must reflect the person's current condition. If the H/C PRI does not reflect the person's current condition, it cannot be used.

SCREEN REQUIREMENTS

Q21. Why do I need to do a SCREEN?

A21. The SCREEN is required by 10 NYCRR and is based on Federal Regulations found in Title 42 Code of Federal Regulations (42 CFR), Part 483, Subpart C. The SCREEN currently serves two purposes. The first purpose of the SCREEN is to determine the person's ability to be cared for in a setting other than a Residential Health Care Facility (RHCF). The second purpose of the SCREEN is to assess persons being recommended for RHCF placement for possible mental illness, and/or mental retardation/developmental disability and this is accomplished with a Level I Review.

Q22. Who needs to have a SCREEN completed?

A22. A SCREEN must be completed for:

- All persons prior to admission to a RHCF.
- A hospitalized person who is designated as Alternate Level of Care (ALC).

- Residents of a RHCF who are newly diagnosed with serious mental illness and/or mental retardation/developmental disability.
- Residents who no longer meet the categorical determinations criteria (see items 27-30 on the SCREEN).
- Residents of a RHCF or patients designated ALC who have been previously identified as having a serious mental illness and/or mental retardation/developmental disability and are experiencing a significant change in physical or mental condition.

Q23. What must be done for a person applying to a waiver program and must a SCREEN be completed for a person in a waiver program?

A23. A SCREEN is required for all individuals, including those in waiver programs, who are applying for RHCF placement. Questions related to specific waiver eligibility requirements should be directed to the specific waiver program.

Q24. What are the timeframes for completing the SCREEN?

A24. The timeframes are:

- The SCREEN must be completed prior to admission to a RHCF for every person, for any reason and any length of stay.
- As soon as a person has been newly diagnosed with a mental illness and/or mental retardation/developmental disability. (See 42 CFR 483.20(e) & 483.108(c); 42 USC 1396r(e)(7)).
- For persons designated Alternate Level of Care (ALC), the SCREEN must be completed prior to, or within 24 hours, of the patient's assignment to ALC status and every 30 days thereafter. (See 10 NYCRR Section 85.8)
- As soon as possible when the ALC patient's status changes as evidenced by a change in the patient's assigned Resource Utilization Group (RUG-II). (See 10 NYCRR Section 85.8)
- As soon as the person who was previously identified as having serious mental illness and/or mental retardation/developmental disability is identified as having a significant change in physical or mental condition. A new SCREEN and Level II Evaluation must be completed within 14 calendar days. (See 42 U.S.C. Section 1396r(e)(7)(B)(iii)).
- As soon as the person no longer meets the criteria for a categorical determination on items 27-30 of the SCREEN. (See 42 CFR, Part 483, Subpart C)

Q25. Can the date of SCREEN initiation and completion be the same?

A25. Yes

Q26. Is a nursing home required to have a completed SCREEN before it admits the resident?

A26. Yes, 10 NYCRR 415.26 requires a SCREEN to be completed prior to admission to a RHCF. Federal Regulations 42 CFR Part 483, Subpart C require a Level I Review to be completed for all persons prior to admission to a RHCF and a Level II Evaluation to be completed for certain individuals prior to admission to a RHCF.

Q27. Our RHCF is admitting a person who previously resided at our facility and who does not qualify as a readmission. Do we need a completed SCREEN prior to admission?

A27. Yes.

Q28. A resident of our RHCF was admitted to the hospital and lost his RHCF bed hold. We are readmitting him. Do we need to have a new SCREEN completed prior to the resident's return?

A28. Yes. If the resident was discharged, the resident is considered a new admission and requires a new SCREEN be completed prior to admission.

Q29. I was called to do a SCREEN on a patient going to a RHCF for rehabilitation. He will be there less than 30 days. Does he need to have a SCREEN done?

A29. Yes, a SCREEN must be done for all persons prior to admission to a RHCF.

Q30. Must I complete a new SCREEN before a RHCF resident is transferred to the hospital?

A30. No, a copy of the resident's most recent SCREEN, which may include a copy of a Level II Evaluation, should accompany the resident.

Q31. When did the regulations change to require a completed SCREEN prior to a sub-acute or rehabilitation stay?

A31. The regulations regarding completion of a SCREEN for persons requiring a sub-acute or rehabilitation stay in a RHCF have not changed. A completed SCREEN is required prior to any RHCF admission in accordance with 10 NYCRR 415.26 and Federal Regulations 42 CFR Part 483, Subpart C.

Q32. Why does the information provided in this section of the FAQs differ from the information provided on page 4 of the Instruction Manual for SCREEN Form: DOH-695 (2/2009)?

A32. Page 4 of the Instruction Manual for SCREEN Form: DOH-695 (2/2009) has been revised. The revised page is found on the Health Provider Network (HPN), at the NYSDOH website www.nyhealth.gov and at the IPRO website www.ipro.org. It should replace the existing page 4 in your Instruction Manual.

IDENTIFICATION (Items 1-6)

Q33. Item 2 requires the person's Social Security number. Can I include only the last four digits?

A33. No, the full number is required.

DIRECT REFERRAL FACTOR FOR RHCF (Item 7)

Q34. This person has a home in the community (owns or rents a home, lives in an Adult Care Facility or with family or friends) and that residence is still available, but the person is not capable of living alone in that home or the home is unsafe. Do I answer YES to item 7?

A34. You must explore all appropriate community based options as to what physical living space is available. *Safety factors will be addressed in other items.*

Q35. What about shelters?

A35. If a shelter meets a particular person's needs, it may be considered as an appropriate community based option. Some shelters provide more services than others, although most are intended for temporary placement.

Q36. Our goal for this person is RHCF placement. Should I answer NO to item 7?

A36. All information on the SCREEN must be an accurate reflection of this person's current condition and circumstances. Answer the item as it relates to this person's current condition.

DIRECT REFERRAL FACTORS FOR COMMUNITY BASED ASSESSMENT (Items 8-12)

Q37. Must a community based assessment be completed as a part of every SCREEN?

A37. No, if all Direct Referral Factors For Community Based Assessment (items 8-12) are marked NO, do **not** refer for a community based assessment.

Q38. When must a community based assessment be completed as a part of a SCREEN?

A38. If any Direct Referral Factors For Community Based Assessment (item 8-12) is answered YES, a community based assessment must be completed.

Q39. Who can complete a community based assessment?

A39. A community based assessment can be completed by qualified, competent individuals or authorized agencies including, but not limited to:

- Certified Home Health Agencies (CHHA), including VNA and Public Health
- Lombardi Long Term Home Health Care Programs (LTHHCP)
- Community Alternative Systems Agencies (CASA)

Q40. Must the community based assessment be completed by a qualified SCREENER?

A40. No

Q41. Who is considered an informal support (item 10)?

A41. An informal support is defined as an individual who provides any service to this person on a voluntary (not paid) basis. This includes service providers that charge no fee or a nominal fee (i.e., friendly visiting) as informal supports. Refer to the Instruction Manual for SCREEN Form: DOH-695 (2/2009), item 10.

Q42. Item 12 refers to the person's ADL status prior to the most recent acute episode. How do I find out what his/her ADL status was?

A42. Sources of data for completing the SCREEN may include the person, informal supports (family, friends, neighbors), formal service agencies, medical records and professional staff.

Q43. Must I always interview family members and informal supports?

A43. No, although they may be a valuable resource for important information regarding the person being assessed. (See A41)

Q44. If any of the Direct Referral Factors For Community Based Assessment (items 8, 9, 10, 11, or 12) is answered YES and the person is referred for a community based assessment, do I (the qualified SCREENER) need to continue completing the SCREEN?

A44. Yes, you need to continue completing the SCREEN based on the outcome of the community based assessment. If the community based assessment determines that the person can or cannot be cared for in the community, the SCREENER attaches the community based assessment to the SCREEN and proceeds to Referral Recommendation, and continues as the guidelines direct.

HOME AND CAREGIVING ARRANGEMENTS (Items 13-20)

Q45. The informal support system is not available on certain days of the week (item 13). When I estimate the number of hours per day that the informal support is able to assist, as the Instruction Manual directs, it does not reflect a true picture of the person's circumstances. How do I document this?

A45. The SCREENER is providing an estimate of hours based on the available information. The criteria can be found in the Instruction Manual for SCREEN Form: DOH-695 (2/2009), item 13. If there are days when no one is available, you may attach additional supporting documentation and document this on the SCREEN.

Q46. Item 14 references the person's potential situation within six months. What do I base my answer on?

A46. Your answer should be based on interviews, record review, observation and your judgment.

REFERRAL RECOMMENDATION (Item 21)

No questions were submitted.

DEMENTIA DIAGNOSIS (Item 22)

Q47. If the person has a diagnosis of dementia documented in the medical record (item 22) do I need to continue completing the SCREEN?

A47. Yes, follow the guidelines and proceed to item 23.

Q48. What if the family says the person has dementia?

A48. A family reported finding does not qualify as a documented diagnosis. Answer item 22, YES, if the person has a diagnosis of dementia (including Alzheimer's disease) documented in the medical record.

LEVEL I REVIEW FOR POSSIBLE MI (Item 23)

Q49. Why do I need to do a Level I Review?

A49. Federal Regulation 42 CFR Part 483, Subpart C requires a Level I Review (items 23-26) for possible mental illness and/or mental retardation/developmental disability for all persons prior to admission to a RHCF.

Q50. When must a Level I Review be completed?

A50. A Level I, Pre-Admission Screen Resident Review (PASRR) (items 23-32) must be completed when a person's SCREEN Referral Recommendation (item 21) indicates RHCF (a) (1, 2, 3 or 4) or RHCF for Restorative Services (b) (1).

Q51. What is the timeframe for completing a Level I Review?

A51. A Level I Review must be completed concurrent with completion of the SCREEN. See A24 for specific timeframes.

Q52. Where do I find guidance to help me answer item 23 correctly?

A52. Refer to the Instruction Manual for SCREEN Form: DOH-695 (2/2009) item 23, to determine if this person is considered to have a serious mental illness for Level I Review purposes. The SCREENER must be careful to review all of the requirements for this item to determine if the individual meets all of the criteria on diagnosis, level of impairment and duration of illness/recent treatment. Case specific concerns should be referred to the NYSDOH's contractor (IPRO).

LEVEL I REVIEW FOR POSSIBLE MR/DD (Items 24-26)

Q53. Are the Office of Mental Retardation Developmental Disabilities (OMRDD) Developmental Disabilities Services Offices (DDSO) responsible to conduct Level II Evaluations for individuals who are not known to the OMRDD system?

A53. Yes. In accordance with PASRR, all persons who seek admission to RHCF's are screened to determine whether they appear to present with a mental disability, including

mental retardation or developmental disabilities. If they appear to have such a disability, the person must be referred to the appropriate DDSO for a PASRR Level II Evaluation. The DDSO must initiate a Level II Evaluation whether or not the person is known to the OMRDD system of care. The Level II Evaluation includes verification of mental retardation or other developmental disability, as well as a review of whether the person is appropriate for the level of care provided by the RHCF, and whether the person is in need of specialized services or services of a lesser intensity.

If the DDSO cannot determine that the person meets the criteria for mental retardation or developmental disability, the Level II Evaluation is ended. The person is informed of additional steps that may be taken to establish the disability. The process for admitting the person to the nursing facility may proceed without completion of the entire PASRR Level II Evaluation. If the person is admitted to the nursing facility and is later determined by OMRDD to have mental retardation or another developmental disability, a new Level II Evaluation may be initiated.

CATEGORICAL DETERMINATIONS (Items 27-30)

Q54. What exactly is convalescent care?

A54. For the purposes of completing the SCREEN, convalescent care is defined as a medically prescribed period of post acute hospitalization recovery in a RHCF not to exceed 120 days as documented by the physician in the medical record. The criteria can be found in the Instruction Manual for SCREEN Form: DOH-695 (2/2009), item 27.

Q55. Would the administration of IV antibiotics in a RHCF qualify as convalescent care?

A55. A physician's order for IV antibiotics alone would not meet the qualifying criteria for convalescent care as a Categorical Determination (see Instruction Manual for item 27).

Q56. Isn't any person in the hospital considered seriously physically ill?

A56. No, not every person in the hospital meets the SCREEN criteria for seriously physically ill. The criteria can be found in the Instruction Manual for SCREEN Form: DOH-695 (2/2009), item 28.

Q57. If the H/C PRI documented the person was terminally ill, should I answer item 29 YES?

A57. No, for the purposes of completing the SCREEN, the definition of terminally ill is a person for whom there is documentation in the medical record, by the physician, that his/her life expectancy is six months or less. The criteria can be found in the Instruction Manual for SCREEN Form: DOH-695 (2/2009), item 29.

Q58. I think this person will only have a brief stay in the RHCF. I do not have documentation supporting this. Can I answer item 30 YES?

A58. No, before admission to the facility, documentation is required including certification by the attending physician that the individual is likely to require less than 30 days nursing facility services. (see 42 CFR, Subpart C 483.106)

DANGER TO SELF OR OTHERS QUALIFIERS (Items 31-32)

Q59. Review of the person's medical records raises a question about whether the person is a danger to self or others. How do I answer item 31?

A59. If there is any question about whether the person is a danger to self or others, answer the item YES and seek a psychiatric evaluation as noted in the Instruction Manual for SCREEN Form: DOH-695 (2/2009).

Q60. If a person is forgetful or noncompliant with medications or treatments, would this be considered a danger to self or others (item 31)?

A60. If the person's behavior raises any questions about whether he/she is a danger to self or others, answer item 31 YES. Refer to the Instruction Manual for SCREEN Form: DOH-695 (2/2009), item 31, for details.

Q61. Item 32 requires a psychiatric evaluation before I can continue the SCREEN process. The person is refusing the psychiatric evaluation. What should I do?

A61. This should be addressed on an individual basis by the medical team.

Q62. Item 32 references a licensed mental health professional. Who can complete the psychiatric evaluation referenced in item 32?

A62. The evaluation must be consistent with NYS licensure and scope of practice guidelines. The Instruction Manual for SCREEN Form: DOH-695 (2/2009), item 32 notes that the psychiatric evaluation must be completed by one of the following: a board certified/eligible psychiatrist, Ph.D. psychologist, psychiatric nurse or MSW social worker.

LEVEL II REFERRALS (Items 33-34)

Q63. Why do I need to make a Level II Referral?

A63. The Level I Review will identify persons suspected or known to be affected by serious mental illness and/or mental retardation/developmental disability. Federal Regulation 42 CFR Part 483, Subpart C requires a Level II Referral for those persons to determine whether RHCF placement is appropriate or specialized services are required.

Q64. Under what circumstances must a Level II Referral be made?

A64. A Level II Referral must be made when:

- The Level I Review determines the person to have possible mental illness (item 23 is marked YES) and/or possible mental retardation/developmental disability (item 24, 25 or 26 is marked YES) and the person does not meet any of the Categorical Determinations (items 27-30 are marked NO).

- The person has been determined to meet a Categorical Determination (any item 27-30 is marked YES) but is determined to be a danger to self or others based on a current psychiatric evaluation by a licensed mental health professional (item 32 is marked YES).
- The person no longer meets the criteria for a Categorical Determination.
- The person was previously identified as having serious mental illness and/or mental retardation/developmental disability and is identified as having a significant change in physical or mental condition.
- The person is newly diagnosed with a serious mental illness and/or mental retardation/developmental disability.

Q65. How do I make a Level II Referral?

A65. Refer to the Instruction Manual for SCREEN Form: DOH-695 (2/2009), item 33, for details.

Q66. Can the person be placed in a RHCF while we wait for the Level II Recommendation?

A66. No, the purpose of the Level II Evaluation is to determine if a RHCF would be an appropriate placement and can meet the needs of the person.

Q67. We admitted a resident who met the criteria for convalescent care (item 27 is answered YES). It now appears the person will reside at the facility longer than 120 days. What should I do?

A67. As soon as it has been determined that the person will reside in the facility longer than 120 days, a new SCREEN needs to be completed. The person no longer meets the criteria for a Categorical Determination, and must have a LEVEL II Referral made. Follow the guidelines on the SCREEN and the Instruction Manual for SCREEN Form: DOH-695 (2/2009).

Q68. We admitted a resident whose physician certified that the person would reside at the facility for less than 30 days (item 30 is answered YES). It now appears the person will reside at the facility longer than 30 days. What should I do?

A68. As soon as it has been determined that the person will reside in the facility longer than the physician certified length of stay, a new SCREEN needs to be completed. The person no longer meets the criteria for a brief and finite stay, and must have a Level II Referral made. The Level II Evaluation must be conducted within 40 calendar days of admission. (See 42 CFR, Subpart C 483.106 (b)(2)(ii).) Follow the guidelines on the SCREEN and the Instruction Manual for SCREEN Form: DOH-695 (2/2009).

Q69. The Level I Review identified the person as having possible mental illness and possible mental retardation/developmental disability. Should I simultaneously refer the person for a Level II Mental Illness Evaluation and for a Level II Mental Retardation/Developmental Disability Evaluation?

A69. You must determine which referral to make first. Follow the guidelines in the SCREEN and the Instruction Manual for SCREEN Form: DOH-695 (2/2009).

Q70. For a RHCF resident, how do I determine if a significant change has occurred for the person identified on the Level I Review as having a serious mental illness and/or mental retardation/developmental disability?

A70. Guidelines for determining a significant change can be found in Chapter 2 of the current MDS 2.0 User's Manual.

ALSO SEE Q75.

LEVEL II RECOMMENDATIONS (Item 35)

Q71. What is the timeframe for completing a Level II PASRR?

A71. Federal Regulation 42 CFR 483 Subpart C requires a Level II PASRR to be completed 7-9 business days after request, on average.

Q72. We referred a person for a Level II Evaluation nine days ago and still do not have the results. Who do I contact?

A72. Contact the mental health and/or mental retardation/developmental disability review entity that is handling the Level II Referral.

Q73. If the Level II Evaluation for a person with mental illness recommends the need for specialized services, can the person be placed in a RHCF?

A73. RHCF's do not provide specialized services for persons with serious mental illness, therefore, an RHCF would not meet the needs of persons with serious mental illness. The State Plan and Federal Regulation 42 CFR 483 Subpart E provide an appeals process for the person. The person being evaluated has a right to appeal the decision through a fair hearing process by an Administrative Law Judge.

PATIENT/RESIDENT/PERSON DISPOSITION (Item 36)

No questions were submitted.

PATIENT/RESIDENT/PERSON AND/OR LEGAL REPRESENTATIVE AND/OR HEALTH CARE AGENT ACKNOWLEDGEMENT (Item 37)

Q74. Item 37 requires a signature, but the person is not capable of signing. What do I do?

A74. The acknowledgement cannot be left blank if this person is unwilling/unable to sign, and this person has no legal representative or health care agent. If the person is unwilling or unable to sign item 37, the SCREENER must enter the reason in the space where the signature is required and have a witness cosign the reason with the SCREENER. The person being SCREENED should have the opportunity to sign the documents, if at all

possible, since they are part of the SCREEN process. See the Instruction Manual for SCREEN Form: DOH-695 (2/2009) for details.

QUALIFIED SCREENER (Item 38)

No questions were submitted.

NOTIFICATION OF NEED FOR LEVEL II EVALUATION (Page 7)

Q75. Why do I need to give the person being referred for a Level II Evaluation a copy of page 7 of the SCREEN?

A75. Federal Regulation 42 CFR Subpart C 483.128(a) "...requires the issuance of written notice to the individual or resident, and his or her legal representative, that the individual or resident is suspected of having mental illness or mental retardation/developmental disability and is being referred to the State mental health or mental retardation authority for Level II screening."