**Section 300.4020 Reassessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S**

a) At least every three months, the PRSC shall document review of the resident's progress, assessments and treatment plans. If needed, the PRSC shall inform the appropriate IDT members of the change in resident's condition. The appropriate IDT member will reassess the individual and update the resident's assessment, assuring the continued accuracy of the assessment.

b) *All persons admitted to a nursing home facility with a diagnosis of serious mental illness who remain in the facility for a period of 90 days shall be re-screened by the Department of Human Services or its designee at the end of the 90-day period, at 6 months, and annually thereafter to assess their continued need for nursing facility care and shall be advised of all other available care options.* (Section 2-104.3 of the Act) Complete comprehensive reassessments shall be conducted in the following areas:

1) Psychiatric evaluation;

2) Psychosocial assessment update (including significant events, e.g., death of a significant other since the last reassessment);

3) Skills assessment update, including an assessment of resident levels of functioning and reassessment of rehabilitation potential (an evaluation of the individual's strengths, potentials, environmental opportunities and ability to achieve or likelihood of achieving maximum functioning); and a narrative statement of the individual's strengths and potential as they directly relate to the individual's functional limitations with recommendations for treatment and/or services, and the potential of the individual to function more independently. A complete reassessment shall be required if changes in the resident's functional level make the current assessment inapplicable. If a complete reassessment is not required, the update must include a narrative summary of the reevaluated assessment;

4) Recreation and leisure activities updates, including the resident's participation, perceived enjoyment, frequency of self-initiated involvement versus staff coaxing or refusal, and recommended interventions;

5) Physical examination update, including, but not limited to:

A) Medical history and medication history updates, including any illness and changes in medical diagnosis and medication prescription or indication of administration compliance that have occurred since the last assessment;

B) Oral screening update completed by a dentist or registered nurse;

C) Nutritional update completed by a dietitian or the food service supervisor under the direction of the dietitian; and

6) Other assessments needed, as determined by the interdisciplinary team.

(Source: Amended at 35 Ill. Reg. 11419, effective June 29, 2011)