afmc℠ PASRR
Preadmission Screening and Resident Review

JOB+AID

How To Complete a DMS 787 Form

1. Get the form

Download the current form at https://humanservices.arkansas.gov/wp-content/uploads/DMS787.docx.

2. Complete the Form

Fill out the form completely, legibly and accurately. Incomplete or unclear forms will delay the PASRR process.

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Level I Preadmission Screen
Major Mental Conditions / Intellectual Disabilities and Related Conditions

SECTION I **Applicant Information**

Name _____
Last First Middle

Home Address:

Phone Number:
D.O.B.

Medicaid Number
Medicare Number
Social Security Number
Applicant's Current Location:
☐ Home ☐ Hospital ☐ Skilled Nursing Facility
Other (specify)

Guardian/Responsible Party/Next of Kin
Name
Address
Zip
Phone Number

Person Completing Level I Screen and Date DMS-787 Completed: _____

Name:

Employer:

Email Address:

Phy.Address:

Phone:

Comments:

Complete All Sections and Answer All Questions | Read and Follow Instructions

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3. Required information (Section 1 Applicant Information)

Be sure to include:

- Legal first and last name (include middle name or initial if available)
- Home address
- Phone number
- Date of birth
- Social security number
- Medicare and/or Medicaid number (if available)
- Current location (where the Level II assessment if occur, if needed)
- Circle Guardian/Power of Attorney/Next of Kin if applicable and add contact information

4. Complete the Second Column

- Date form is completed
- Your name
- Facility name
- Email address
- Physical address
- Phone number
- Use comments section for additional contacts or details. (e.g., SNF stay only, SNF to LTC, Hospice)

5. Section II Intellectual/Development Disabilities/Related Conditions

- Answer every question completely and accurately.

6. Section III Major Mental Conditions

- Answer every question completely and accurately, including Major Neurocognitive Disorder
- Complete DMS-780 form, if needed. This form is used to substantiate a diagnosis of Dementia, to include diagnosis, history, and if MI is a Primary Illness to the Dementia and signed off by the Physician or Physician extender. For more information, please see https://humanservices.arkansas.gov/wp-content/uploads/dms_780.doc

7. Submit the completed form to DHS DPSQA Med Needs for processing

For more information refer to:

- DPSQA website https://humanservices.arkansas.gov/divisions-shared-services/provider-services-quality-assurance/information-for-providers/medical-needs-for-nursing-homes/
- AFMC website https://medicaid.afmc.org/pasrr