Detailed Item by Item Guide for completing the PASRR Level I Screening Form for Referring Entities Version 1.0
# TABLE OF Contents

1. Overview ........................................................................................... 3
2. Purpose ............................................................................................. 4
3. When to perform a PASRR Level 1 (PL1) Screening ......................... 5
4. Submission of a PASRR Level 1 (PL1) Screening Form ..................... 7
5. Formatting Requirements .................................................................. 8
6. Form Assistance ............................................................................... 9
7. Item by Item steps for completing the PL1 Screening Form .............. 10
   Section A: Submitter Information ...................................................... 10
   Items A0100 through A0510 ............................................................. 10
   Section A: Referring Entity Information (Screener), ....................... 10
   Items A0600 through A1200B ......................................................... 10
   Section B: Personal Information (Individual being screened), .......... 12
   Items B0100A through B0655 ......................................................... 12
   Section C: PASRR Screen (Screener), ........................................... 15
   Items C0100 through C0300 ........................................................... 15
   Section C: Local Authority Information (LA only) ......................... 17
   Items C0400 through C0900 ........................................................... 17
   Section D: Nursing Facility Choices ............................................... 17
   Section E: Alternate Placement Preferences (Screener), .................. 19
   Items E0100 through E0400 ........................................................... 19
   Section E: Alternate Placement Disposition (Local Authority), ........... 20
   Items E0500A through E0900 ......................................................... 20
   Items F0100 through F0200 ........................................................... 20
1. Overview

This guide is to be used only for referring entities making referrals to a Medicaid certified nursing facility (NF). A referring entity (RE) is the entity that refers or recommends NF placement for an individual.

A RE may be either a person or an entity. It can include a hospital discharge planner, physician’s office, legally authorized representative (LAR), family member, or an intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID) that refers the individual for NF admission. Below are additional examples of potential REs:

- acute care hospitals
- psychiatric hospitals
- NFs when discharging from one NF and admitting directly to another
- LARs
- family members
- physicians, including office staff
- assisted living facilities
- group homes
- hospice providers
- home health agencies
- adult protective services
- state supported living centers
- emergency placement source, such as a law enforcement agency
- other community healthcare providers
2. Purpose

The PASRR Level I (PL1) screening form is designed to identify persons who are suspected of having mental illness (MI), intellectual disability (ID) or a developmental disability (DD), also referred to as related conditions (RCs).

This guide provides comprehensive step-by-step instructions for REs on when and how to complete the PL1 Screening form.

If documentation entered on the PL1 screening form indicates a suspicion of MI, ID, or DD, a PASRR Evaluation (PE) must be completed to confirm PASRR eligibility. Note: All persons who have a positive PL1 screening must be referred for a PASRR Evaluation.

The PE is designed to confirm the suspicion of MI, ID or DD/RC. Note: All persons who are confirmed as having MI, ID, or DD are identified as PASRR-positive. Administering the PE helps to ensure that PASRR-positive individuals are placed in the most integrated residential setting of their choice, where they can receive the specialized services needed to improve and maintain their best level of functioning.

The term “perform” has specific meaning in this document. It means that, depending on the admission type, a specific entity will screen the person and fill out all fields on a blank hardcopy version of the PL1 screening form.

The term “person” is used in this document in some places to replace the term “individual”.

Last Updated November 2019
3. When to perform a PASRR Level 1 (PL1) Screening

As mandated by state and federal requirements, the PL1 screening must be completed for every person seeking admission to a Medicaid-certified NF prior to admission, regardless of the person’s funding source, diagnosis, or age. NFs are not allowed to admit a person without receiving a completed PL1 screening form.

Blank copies of the PL1 screening form can be found on the TMHP website here: http://www.tmhp.com/Pages/LTC/ltc_forms.aspx.

If the PL1 screening indicates a suspicion of MI, ID, or DD, the RE completing the PL1 screening must then determine if the person meets one of the following admission types: exempted hospital discharge, expedited admission, or preadmission type.

For exempted hospital discharges and expedited admission type NF admissions, the RE will send the completed paper PL1 screening form to the NF with the person being admitted to the NF. The NF will then submit the PL1 screening on the Texas Medicaid and Healthcare Partnership (TMHP) Long Term Care (LTC) Online Portal once the person is admitted.

**Exempted Hospital Discharge**—An individual can be admitted to the NF directly from an acute care hospital if the person is suspected of having MI, ID or DD and a physician has certified that the person will likely require less than 30 days of NF care for the condition for which the person was hospitalized.

**Expedited Admission**—A person can be admitted to the NF directly from an acute care hospital or another NF if the person is suspected of having MI, ID, or DD and the person falls into one of the following seven categories: terminally ill, severe physical illness, convalescent care, delirium, respite, emergency protective services, or coma.

Note: The only time that a NF can complete the PL1 screening is when the person is being discharged from one NF for admission directly to another NF. In this situation, the discharging NF becomes the RE and must perform a new PL1 screening using expedited admission. The new PL1 screening form then must be sent to the admitting NF with the person being admitted there.
**Preadmission Process** – A person being admitted to the NF from the community (such as his (or her) home, a group home, psychiatric hospital, or jail) must follow the Preadmission Process.

When the local authority is aware a person from a non-acute facility (Preadmission) is seeking admission to a NF or is requesting a PASRR diversion, the local authority should reach out to the referring entity, in most cases the family or an advocate. The local authority should provide a blank copy of the PL1 and explain the purpose of the form and offer assistance with completing the form.

When the local authority is aware that an individual for a non-acute facility (Preadmission) is seeking admission to a NF or is requesting a PASRR diversion, the local authority should reach out to the referring entity, in most cases the family or an advocate. The local authority should provide a blank copy of the PL1, explain the purpose of the form and offer assistance with completing the form.

The RE faxes the PL1 screening form to the local mental health authority (LMHA), local behavioral health authority (LBHA), or local intellectual developmental disabilities authority (LIDDA), also known as local authorities. (See note below.) This serves as notification for the LMHA, LBHA, or LIDDA to enter the PL1 screening into the TMHP LTC Online Portal, initiate the 72-hour face to face contact, and complete and submit the PE within 7 days of receiving the PL1 screening form. A person’s PL1 screening and PE must both be completed before the person is admitted to the NF.

If the PE is positive, the NF reviews the PE (including recommended specialized services) and certifies on the PL1 screening form whether it is willing and able to serve the person before the person can be admitted. The NF must also confirm that the person has met Medical Necessity by reviewing the history section of the PE before admission.

**NOTE:** If the PL1 screening indicates that a person is suspected of having a MI, the completed PL1 screening form is faxed to the LMHA or LBHA. If the PL1 screening indicates a person is suspected of having a ID or DD/RC, the completed PL1 screening form is faxed to the LIDDA. The fax numbers for LMHAs, LBHAs, and LIDDAs are located at the following link: [https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/contact-pasrr-program-staff](https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/contact-pasrr-program-staff).
4. Submission of a PASRR Level 1 (PL1) Screening Form

The PL1 screening form can only be submitted on the LTC Online Portal by a NF, LMHA, LBHA, or LIDDA.
5. Formatting Requirements

The following formatting conventions should be used when completing the PL1 screening form:

- When completing the hand written, paper PL1 screening form to be used for data entry, capital letters may be easiest to read. Print legibly.
- When entering dates on the form, use the following format: “mm/dd/yyyy”. For example, July 6, 2018, would be recorded as 07/06/2018.
- Use a check mark on the paper PL1 screening form where the instructions state to “Check all that apply” or “Check only one” if specific conditions are met. Otherwise, these boxes must remain blank.
- “Unknown” is a response option to several items. Use this as a response when other responses don’t apply. It should not be used to signify lack of information about the item.
6. Form Assistance

Contact **HHSC PASRR Unit** by email PASRR.Support@hhsc.state.tx.us about the following:

- Assistance or cooperation from an NF, LMHA, LBHA, or LIDDA
- Assistance with locating information to perform the PL1 screening
- Assistance with locating blank copies of the PL1 screening form or additional training resources
- Policy guidance on PASRR requirements and admission types
7. Item by Item steps for completing the PL1 Screening Form

Section A: Submitter Information

Items A0100 through A0510, Submitter information, is for the NF, LMHA, LBHA, or LIDDA only. This section does not apply to the RE and does not need to be completed by the RE.

Section A: Referring Entity Information (Screener),

Items A0600 through A1200B

**INTENT:** The purpose of this section is to document the identifying and contact information for the person who performed the PL1 screening.

**Steps for Assessment**

1. The information requested in this section is required, unless otherwise indicated.

   **A0600. Date of Assessment**—Enter the date that the PL1 screening was performed using the “mm/dd/yyyy” format.

   **A0700A. First Name**—Enter the first name of the RE representative who performed the PL1 screening.

   **A0700B. Middle Initial**—Enter the middle initial of the RE representative who performed the PL1 screening. This field is optional.

   **A0700C. Last Name**—Enter the last name of the RE representative who performed the PL1 screening.

   **A0700D. Suffix**—Enter the suffix of the RE representative who performed the PL1 screening. This field is optional.

   **A0800. Position/Title**—Enter the professional position or title of the RE representative who performed the PL1 screening.
A0900A. Type of Entity—Select the type of entity for the RE’s current location from the drop-down list provided.

1. Acute Care
2. Psychiatric Hospital
3. ICF/IID
4. Family Home
5. NF
6. Physician (MD/DO)
7. Other (Other can include any of the entities listed in section 1 of this guide)

A0900B. Other Type of Entity—This field is to be used only if you have selected “7, Other,” in the ‘Type of Entity’ field (A0900A).

A0900C. Physician First Name—Enter the first name of the physician.

A0900D. Physician Middle Initial—Enter the middle initial of the physician. This field is optional.

A0900E. Physician Last Name—Enter the last name of the physician.

A0900F. Physician Suffix—Enter the suffix of the physician.

A1000A. Name—Enter the name of the RE’s current location, i.e., name of hospital or clinic, group home, assisted living, etc. If the RE is coming from his or her home, enter Home.

A1000B. Street Address—Enter the RE’s street address (i.e., street name and number) or P.O. Box.

A1000C. City—Enter the city of the RE’s current location.

A1000D. State—Enter the state of the RE’s current location.

A1000E. ZIP Code—Enter the ZIP Code of the RE’s current location.

A1000F. Phone Number—Enter the 10-digit telephone number of the RE’s current location.
A1100. Date of Last Physical Examination—Enter the date of the individual’s most recent physical examination completed by a licensed medical doctor. This exam may be referred to in the medical record as a History and Physical (H&P).

A1200A. Certification of Signature—Check this box to certify that the RE, or RE representative, has completed the PL1 screening form with information that is true and accurate.

A1200B. Signature Date—Enter the date that the RE, or RE representative, signed the PL1 screening form.

Section B: Personal Information (Individual being screened),

Items B0100A through B0655

INTENT: The purpose of this section of the PL1 screening form is to document the identifying and contact information for the person being screened.

B0100A. First Name—Enter the first name of the person being screened.

B0100B. Middle Initial—Enter the middle initial of the person being screened. This field is required only if the person has a middle name.

B0100C. Last Name—Enter the last name of the person being screened.

B0100D. Suffix—Enter the suffix of the person being screened, if they have one.

B0200A. Social Security No.—Enter the person’s nine-digit Social Security number.

B0200B. Medicare No.—Enter the person’s Medicare number if applicable. If the person does not have a Medicare number, enter N/A.

B0300. Medicaid No.—Enter the person’s Medicaid number. If the person does not have Medicaid, enter an ‘N’.

B0400. Birth Date—Enter the person’s date of birth in “mm/dd/yyyy” format.

B0500. Age at Time of Screening—Enter the person’s age as of the date that the PL1 screening was performed.

B0600. Gender—Select the person’s gender: 1. Male or 2. Female.

Last Updated November 2019
**B0650. Individual is deceased or has been discharged?** This field will be completed by the NF when applicable after admission.

**B0655. Deceased/Discharged Date**—This field will be completed by the NF.

### Section B: Previous Residence (Individual being screened),

### Items B0700A through B0700G

**B0700A. Previous residence type**—Select the person’s residence, location type, or program prior to seeking admission to a NF from the list provided.

1. Private Home
2. ICF/IID
3. Waiver Setting
4. Nursing Facility
5. Other
6. Unknown

**B0700B. Other residence type**—If person’s residence or location type is listed as “5. Other” in B0700A, enter the person’s previous residence or location type.

**B0700C. Street Address**—Enter the street address or P.O. Box of the person’s previous residence or location type.

**B0700D. City**—Enter the city of the person’s previous residence or location type.

**B0700E. State**—Enter the state of the person’s previous residence or location type.

**B0700F. ZIP Code**—Enter the ZIP Code of the person’s previous residence or location type.

**B0700G. County of Residence**—Enter the county of the person’s previous residence or location type.

### Section B: Next of Kin (Individual being screened),
Items B0800A through B0800K

If the person has a next of kin, complete this section. Otherwise, enter N/A in B0800A.

**B0800A. Relationship to Individual**—Select the next of kin’s relationship to the person from the list provided. For instance, if the person has an LAR, select “1. Legally Authorized Representative” here.

1. Legally Authorized Representative
2. Spouse
3. Child
   1. Parent
   2. Sibling
   3. Other

**B0800B. Other Relationship to Person**—If the relationship is listed as “6. Other” in field B0800A, enter the other relationship type here.

**B0800C. First Name**—Enter the first name of the person’s next of kin.

**B0800D. Middle Initial**—Enter the middle initial of the person’s next of kin if he or she has one.

**B0800E. Last Name**—Enter the last name of the person’s next of kin.

**B0800F. Suffix**—Enter the suffix of the person’s next of kin. This field is optional.

**B0800G. Phone Number**—Enter the 10-digit telephone number of the person’s next of kin.

**B0800H. Street Address**—Enter the current street address or P.O. Box of the person’s next of kin.

**B0800I. City**—Enter the city of the person’s next of kin.

**B0800J. State**—Select the state of the person’s next of kin.

**B0800K. ZIP Code**—Enter the ZIP Code of the person’s next of kin.
Section C: PASRR Screen (Screener),

Items C0100 through C0300

INTENT: This section is to be completed by the RE for people suspected of having mental illness, or an intellectual or developmental disability.

Steps for Assessment

A. Conduct psychiatric diagnostic evaluation or identify current diagnoses. This may require reviewing the medical record, if available, for diagnoses. Other sources may include but are not limited to: verbal interview with the person or LAR, observation, progress notes, annual physical exam, the most recent history and physical, hospital discharge summaries or diagnosis list.

B. Complete questions C0100, C0200, and C0300 based on the information found in Step A.

C0100. Mental Illness—Select whether this individual demonstrates evidence of a mental illness.

0. No

1. Yes

A mental illness is defined as the following: a schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability.

Dementia, including Alzheimer’s disease or a related disorder, is a neurocognitive disorder. It is not a mental illness.

C0200. Intellectual Disability—Select whether this individual demonstrates evidence of an intellectual disability.

0. No

1. Yes

C0300. Developmental Disability—Select whether this individual demonstrates evidence or indicators of a developmental disability, which is also a Related Condition. A Developmental Disability, according to the Developmental Disabilities
Act, section 102 (8); the term ‘developmental disability’ means a severe, chronic disability of an individual 5 years of age or older that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;

2. Is manifested before the individual attains age 22;

3. Is likely to continue indefinitely;

4. Results in substantial functional limitations in three or more of the following areas of major life activity;
   
   a. Self-care;
   
   b. Receptive and expressive language;
   
   c. Learning;
   
   d. Mobility;
   
   e. Self-direction;
   
   f. Capacity for independent living; and
   
   g. Economic self-sufficiency.

5. Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

   a. No
   
   b. Yes

A link to the HHSC list of approved related conditions is included below:


Last Updated November 2019
**Section C: Local Authority Information (LA only)**

**Items C0400 through C0900**

**INTENT:** The RE does not complete this section. This section is auto-populated when the PL1 screening is entered into the LTC Online Portal.

---

**Section D: Nursing Facility Choices**

**INTENT:** The purpose of this section is to document the person’s or LAR’s choice for NF admission.

Steps for Assessment;

1. The NF selected for an admission under Expedited or Exempted Hospital Discharge conditions **must** be listed.

2. For Preadmissions, the RE can list up to 5 NF options, but there must be at least one NF listed, regardless of whether the PL 1 is positive or negative.

3. In a Preadmission, if all the NF options that were initially listed have been exhausted, the RE must complete another section D with new NF options and fax it to the LMHA, LBHA or LIDDA so the information can be entered into the TMHP LTC Online portal. This will enable an alert to be sent to the newly listed NFs to review the PE on the TMHP LTC Portal.

The referring entity can obtain the answers to questions D0100A thru D0100M by contacting each potential NF.

**D0100A. Contract No.—** Enter the contract number for the person’s or LAR’s NF choice.

**D0100B. Vendor No.—** Enter the vendor number for the person’s or LAR’s NF choice.
**D0100C. NPI**—Enter the National Provider Identifier for the person’s or LAR’s NF choice.

**D0100D. Facility Name**—Enter the facility name for the person’s or LAR’s NF choice.

**D0100E. Street Address**—Enter the street address or P.O. Box for the person’s or LAR’s NF choice.

**D0100F. City**—Enter the city for the person’s or LAR’s NF choice.

**D0100G. State**—Enter the state for the person’s or LAR’s NF choice.

**D0100H. ZIP Code**—Enter the Zip Code for the person’s or LAR’s NF choice.

**D0100I. Phone**—Enter the 10-digit telephone number for the person’s or LAR’s NF choice.

**D0100J. NF Contact First Name**—Enter the first name of the contact person at the NF.

**D0100K. NF Contact Middle Initial**—Enter the middle initial of the contact person at the nursing facility. This field is optional.

**D0100L. NF Contact Last Name**—Enter the last name of the contact person at the NF.

**D0100M. NF Contact Suffix**—Enter the suffix of the contact person at the NF. This field is optional.

**D0100N. NF is willing and able to serve individual**—The NF completes this field.

**D0100O. NF admitted the individual**—The NF completes this field.

**D0100P. NF Date of Entry**—The NF completes this field.

**D0100Q. Comments**—Enter any additional comments relevant to the person’s PL1 screening, NF choices, personal contacts, NF contacts, alternate placement needs, or any other pertinent information.
Section E: Alternate Placement Preferences (Screener),

Items E0100 through E0400

**INTENT:** The purpose of this section is to document the person’s alternate placement preferences. This section should also include discussion of barriers and challenges to community placement, any plan to remove stated barriers, and the type of supports needed for successful community placement. This section is completed by the RE.

Steps for Assessing Alternate Placement:

**E0100. Where would this individual like to live now?** Check all the residential settings in which the person or LAR expresses an interest.

   A. Live alone with support
   B. A place where there is 24-hour care
   C. A group home
   D. Family home
   E. Other
   F. Other location
   G. Unknown

**E0200. Comments about where the individual would like to live**—Enter relevant information regarding the person’s or LAR’s preferred residential setting. These comments should include barriers to the preferred residential setting, as well as supports needed.

**E0300. Living Arrangement Options**—Check all the living arrangement options in which the person or LAR expresses an interest.

   A. By themselves
   B. With a roommate
   C. With family
   D. With a lot of friends
   E. Other Individual
   F. Other
   G. Unknown
**E0400. Comments about with whom the individual would like to live**—Enter relevant information regarding the person’s or LAR’s preferred living arrangement options. These comments should include barriers to the preferred living arrangement options, as well as supports needed.

---

**Section E: Alternate Placement Disposition (Local Authority),**

**Items E0500A through E0900**

**INTENT:** The referring entity will not complete this section. The purpose of this section is to document alternate placement to which the person was admitted.

- **E0500A. Admitted to**—The local authority completes this field.
- **E0500B. Admitted to Other**—The local authority completes this field.
- **E0600A. Community Program**—The local authority completes this field.
- **E0600B. Other Community Program**—The local authority completes this field.
- **E0700. Name of ICF/IID Facility**—The local authority completes this field.
- **E0800. Own Home/ Family Home Comments**—The local authority completes this field.
- **E0900. Alternate Placement Date of Entry**—The local authority completes this field.

---

**SECTION F: Admission Category (RE/LA)**

**Items F0100 through F0200**

**INTENT:** The purpose of this section is to document the type of admission for this individual. The only choices available in this section are exempted and expedited admissions.

A Preadmission is indicated by selecting “0. No” in F0100 (Exempted Hospital Discharge) and “0. Not Expedited Admission” in F0200 (Expedited Admission).
Steps for Assessment

1. If the individual is an Exempted Hospital Discharge or an Expedited Admission to the NF, the PL1 screening must be completed by the RE and must be sent to the NF with the individual.

**F0100. Exempted Hospital Discharge** - Has a physician certified that this individual is likely to require **less than 30 days** of NF services to treat the condition for which the individual was hospitalized? Select whether this individual qualifies for an Exempted Hospital Discharge.

   0. No

   1. Yes

**F0200. Expedited Admission**—Select the category of expedited admission this individual is being admitted under. Choose “0. Not Expedited Admission” if this individual will not be admitted to the NF under one of the conditions listed below.

0. **Not Expedited Admission**

   1. **Convalescent Care**: Individual is admitted from an acute care hospital to an NF for convalescent care with an acute physical illness or injury which required hospitalization and is expected to remain in the NF for greater than 30 days.

   2. **Terminally Ill**: Individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course. An individual's medical prognosis is documented by a physician’s certification, which is kept in the individual's medical record maintained by the NF.

   3. **Severe Physical Illness**: An illness resulting in ventilator dependence or diagnosis such as chronic obstructive pulmonary disease, Parkinson’s disease, Huntington’s disease, amyotrophic lateral sclerosis, or congestive heart failure, which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services.

   4. **Delirium**: Provisional admission pending further assessment in case of delirium where an accurate diagnosis cannot be made until the delirium clears.

   5. **Emergency Protective Services**: Provisional admission pending further assessment in emergency situations requiring protective services, with placement in the NF not to exceed 7 days.
6. **Respite**: Very brief and finite stay of up to a fixed number of days to provide respite to in-home caregivers to whom the individual with MI or ID is expected to return following the brief NF stay.

7. **Coma**: Severe illness or injury resulting in inability to respond to external communication or stimuli, such as coma or functioning at brain stem level.