

**Beginning June 27, 2014**, all Texas nursing facilities will be subject to [new Phase 2 requirements](#) for the Texas Medicaid PASRR Level 1 (PL1) process. Facilities that do not properly follow the new procedures will see a negative effect to their LTCMI and reimbursement processes.

**On June 17, SimpleLTC hosted a PASRR Phase 2 training webinar**, in conjunction with DADS, for all Texas nursing facilities. More than 1,000 long-term care professionals registered for the training and over 200 individual questions were asked during the session. This document contains answers to all questions that were not covered directly during the training. They have been answered here by DADS, SimpleLTC, or a combination of both.

**The topics here cover a broad cross-section of PASRR topics** and are not related solely to PASRR Phase 2 changes. Therefore, this document can be a helpful reference for your facility. For more information, and to view the entire recorded webinar, please visit the [SimpleLTC PASRR Resource Center](#).

	Question	Answer	Answered by
1.	How do we handle residents who have been in the facility for a long period of time but do not have a PASRR on file?	If the individual has been a long-term care resident who has not experienced any breaks in care for hospitalization, discharge, etc., there should be a PL1 created for them by the portal. If there is not a PL1 on file, the NF should complete and submit a PL1.	DADS
2.	How do I submit PL1 forms for residents who already reside in the NF? I have attempted, but I get a rejection of past 90 days that the PL1 cannot be accepted.	TMHP will not accept PL1 submissions that are more than 90 days old. You will need to use current dates to submit this form. You can use a free comment field or the 'Add Note' feature to enter the resident's actual admission date.	DADS
3.	What actually is the law enforcement intervention? Does this include prison institutions?	It is very general to include all forms of law enforcement intervention, meaning anytime an office of the law (of any level or discipline) intervenes for this individual, it will meet this requirement.	DADS
4.	How long do you wait before notifying state after notifying RE about PASSR?	If the RE refuses to comply with completing the PL1, the RE should immediately be reported to <a href="mailto:PASSR@dshs.state.tx.us">PASSR@dshs.state.tx.us</a> .	DADS

5.	Is there a list of diagnoses that meet the MI or ID criteria?	<p>No, all IDD diagnosis qualify an individual for PASRR services. There is a list of developmental disabilities, also known as related conditions, available on the DADS PASRR webpage. All MI diagnoses must meet 3 additional criteria:</p> <ol style="list-style-type: none"> <li>1. Intervention by law enforcement.</li> <li>2. Significant disruption to daily living.</li> <li>3. At least 2 psychiatric inpatient hospitalizations within the past 2 years.</li> </ol> <p>NOTE: <u>It is very important</u> for NFs to remember that formal diagnosis and medical record have no place in completion of the PL1. The PL1 is a documentation of a <i>suspicion</i> of MI, ID or DD. If NFs attempt to utilize formal diagnosis and medical record to complete the PL1, they will risk misidentifying potentially PASRR-eligible residents, which could have negative impacts during recertification survey.</p>	DADS
6.	Every resident is supposed to have a PL1. What about residents who have lived at the facility for years? Who would fill out the PL1? Primary care physician, family or who?	Residents who have resided at the facility for years and did not experience any breaks in care have already had a PL1 created for them by portal conversion. The portal looked at the most recent MDS and/or legacy PASARR documents to create a PL1 for all residents in the NF prior to 05/24/13 and all residents admitted post 05/24/13 who did not have a PL1 in the portal.	DADS
7.	What about all of the residents who have not had a PL1 and have never been out to the hospital? What do we do about those PL1s?	The NF should complete a PL1 for these individuals with suspected indications documented in Section C. If MI, ID or DD is indicated in Section C, Section F should be documented as an Expedited Admission for convalescent care. If there is no suspicion of MI, ID or DD indicated in section C, the PL1 can be data-entered and the PASRR process ends.	DADS
8.	If PASRR is not sent with transfer papers and resident is back in facility, what is the timeframe for entering the PL1 in SimpleLTC?	The PL1 should always be entered immediately; there is no timeframe.	DADS
9.	Is it true that hospitals have 24-48 hours after discharge to complete PL1?	The hospital cannot have 24-48 hour delay for completing the PL1 as it is to come with the resident upon transfer.	DADS
10.	On the PL1 done on a family from home, do I notify LA for PE to be completed only if positive or for all when coming from home before admission?	Everyone admitted to the NF must have a PL1. Individuals only receive the PE if the PL1 indicates a suspicion of ID, MI or DD. For Preadmission positive individuals (those coming from home or other community placement), once the PL1 is faxed to the LA/LMHA, that serves as notification to complete the PE. You will only fax positive PL1s to the LA/LMHA. Negative PL1s will be data-entered by the NF and the PASRR process ends.	DADS

11.	If a resident is coming from home, would the PCP be responsible for PASRR?	Yes.	DADS
12.	We have hospitals send residents to us with a positive PASRR because they are on antidepressants. They are not sending it to the LA. Are residents with depression a positive PL1?	Medical diagnosis should not be considered when completing a PL1. The PL1 is the documentation of any suspicion of MI, ID or DD. The only thing that should be considered in PL1 completion is whether the evaluator suspects the individual of having MI, ID or DD. The diagnosis does not determine who the PL1 is sent to; that is determined by type of admission. Expedited Admission and Exempted Hospital Discharge PL1s are sent with the individual to the NF for data entry to the portal. Preadmission positive PL1s are to be faxed to the LA/LMHA for data entry to the portal and initiation of the PE.	DADS
13.	How soon will a DADS or DSHS representative follow up with a referring entity that is not complying with completing the PL1? (The question was a bit of a poke because they don't even follow up with us when we have concerns for about two to three weeks.)	Please check your contact information as I can assure you DADS PASRR unit returns/answers all email and telephone messages within 48 hours. DSHS responds to reports of non-compliance within a business day Monday through Friday and as early as possible for any issues reported on the weekends.	DADS
14.	So to confirm, if we do not receive the PL1 upon admission and we request it by end of business and they do not comply, then we are to report that to dads at that time?	Correct, or you can notify DSHS (PASRR@dshs.state.tx.us) immediately after requesting from RE.	DADS
15.	What is the facility responsibility when a resident expires?	Answer B0600 and B0650 on the PL1 indicating whether the individual deceased or discharged and date of movement.	DADS
16.	Are the facilities going to be disciplined for having to submit positive PL1 when the referring facilities have neglected to do so prior to admission of the resident?	Yes, because DADS has been very explicit since implementation on the process for how to handle non-compliance. We are approximately one year into implementation and there is no reason for a NF to not have formally addressed this issue at this late date.	DADS
17.	If the resident has a diagnosis of dementia/Alzheimer's, do we still need to answer 'yes' to the questions in Section C if they do have an approved diagnosis?	NFs should only be completing the PL1 in NF-to-NF transfers. Formal diagnosis should not be considered when completing the PL1. The only thing that should be considered in PL1 completion is whether the evaluator <i>suspects</i> the individual of having MI, ID or DD.	DADS
18.	I have a resident who is missing a PL1 and she has been here for a year. Who would be the referring entity?	If you are sure there is no PL1 in the portal for this resident, the NF is the RE.	DADS

19.	Where does dementia come in to play with PASRR?	It is a diagnosis for which an individual will be evaluated to determine PASRR eligibility. Dementia diagnosis does not qualify or prevent an individual for PASRR services; there are other requirements.	DADS
20.	How should facilities address rejected forms due to non-matching identifying information, when family/responsible party provides information that conflicts with data bank?	Inform family of issue, provide contact information for HHSC TIERS (211) and assist the family in contacting TIERS to correct the information. The PL1 cannot/will not be accepted to the portal if the demographic information does not match what is in TIERS. The NF is responsible for successful submission of the PL1.	DADS
21.	Will someone follow up with the person who called in the complaint (regarding a non-compliant RE)?	Yes.	DADS
22.	We received notice the PL1 needed to be submitted on the date of admission or possibly face a fine. Is this accurate? Is there an amount of time given (as in 24 hours, or does it HAVE to be that date)?	Yes, that is accurate. No, there is no time window.	DADS
23.	If a resident is admitted on a Friday after business hours, will the nursing facility be penalized for submitting the PL1 on Monday?	No, as long as it is submitted first thing Monday morning and the facility has not established a trend of submitting PL1s late.	DADS
24.	If an admitted resident has a primary diagnosis of Dementia with psychosis or other psych diagnosis with Dementia, would that person still be considered positive PL1?	All MI diagnosis must meet three additional criteria: <ol style="list-style-type: none"> <li>1. Intervention by law enforcement.</li> <li>2. Significant disruption to daily living.</li> <li>3. At least two psychiatric inpatient hospitalizations within the past two years.</li> </ol>	DADS
25.	Are referring home health agencies aware of the PASRR process?	Yes, they received education and direction from DADS.	DADS
26.	If a resident is missing a PL1 from several months ago, can the facility submit the PL1?	Yes, using current dates.	DADS
27.	Can anyone generate a PASRR? Does it have to be a nurse?	When you say 'generate a PASRR' I am not sure what you mean. Submission of the PL1 creates the alert for PE completion.	DADS

28.	How long do we have to submit that PL1? What if they admit on weekend to a SNF?	There is no timeframe; the PL1 is to be submitted immediately upon receipt when the resident is transferred to the NF. If they are admitted on the weekend it should be entered first thing Monday morning.	DADS
29.	If a person needs to be admitted from community and we do not have time for the doctor to be educated by the appropriate authorities, what do we do to get the person in? Ask the family to do PL1?	Contact DSHS for provider education. It is not going to help your facility to admit the resident a different way. Your facility must reach out to DADS/DSHS to educate and train your community providers to ensure program compliance.	DADS
30.	If the PL1 is positive and entered, does the facility still need to invite LA for IDT/care plan meeting? Many times LA hasn't even come in to do a PE, yet.	The LA must participate in the IDT/care plan meeting for all PASRR positive individuals. The LA has a requirement to complete the PE within 7 days of the first notification. If a resident with a positive PL1 has been in your NF for 14 days without the PE being performed by the LA, your NF should contact DADS. The PE must be completed within 7 days from the first notification (first notification is synonymous with NF admission as the PL1 must be entered first) and the IDT must be held within the first 14 days of admission. Therefore the PE will always be completed before the IDT meeting.	DADS
31.	Is it also for the first care plan only or for each meeting every three months and as needed?	LA must participate in the first care plan; however, if subsequent meetings will impact Specialized Services delivery or the comprehensive care plan, the LA should be involved.	DADS
32.	If a PL1 already exists from prior facility, is the new nursing facility receiving patient still required to enter another one?	The process for NF-to-NF transfers is the discharging NF is to complete a new PL1 Screening Form. If there is an indication of MI, ID or DD in section C, Section F should be documented as an Expedited Admission for convalescent care. When a NF-to-NF transfer occurs, the sending NF is considered to be the RE and is required to complete a PL1 indicating that the resident is expedited admission for convalescent care. The receiving NF will then submit the PL1 to TMHP.	DADS
33.	For patients prior to June 27th, 2014, do we need to do PASRR for all residents now in our facility?	Every resident that is in your facility should have a PL1 on file. You only need to submit a new PL1 for residents who do not already have an active PL1.	DADS
34.	Since we have 92 days to complete the LTCMI, what is the penalty for not submitting PL1? Holding the LTCMI until one is performed? Or is there going to be some kind of fine to the NF?	TMHP will not accept an LTCMI for a resident until an active PL1 is on file for that resident. If your LTCMI cannot be submitted because of a missing PL1 and becomes late (past the 92-day window), it must be resubmitted as a Purpose Code E and must be billed at the default RUG. In addition, surveys will now include tag F285 which will flag a resident with positive MI/IDD if a PE is not on file. Since F285 flags based on the presence of a PE and a PL1 are required in order to initiate a PE, a missing PL1 could result in deficiencies during surveys.	DADS

35.	What is the PL1 requirement for a 5-day hospice respite?	A PL1 is required for every resident admitted to the NF. The PL1 should be submitted as an expedited admission by coding F0200 as “Respite”. If the resident resides in the facility less than 14 days, a PE will not be performed.	DADS
36.	I have a facility with seven residents who need confirming. Their PASRR has been done for months. We called the LA this morning to remind them. How will this affect their LTCMI?	LTCMIs can be submitted and processed successfully as long as a PL1 has been submitted for the resident. Most of the time, PE completion does not affect LTCMI submission. The PE does affect LTCMI submission if the resident is a PASRR-positive preadmission and the LTCMI is not an admission assessment, MN is determined based on the PE and the LTCMI cannot be submitted until the PE is completed. This shouldn’t affect NFs most of the time since preadmission PASRR-positive individuals should not be admitted to the NF until the PE has been completed. Again, If a resident with a positive PL1 has been in your NF for 14 days without the PE being performed by the LA/LMHA, your NF should contact DADS.	DADS
37.	Is it required that the facility hold a special IDT for the LA or will the LA be required to attend the regularly scheduled IDT?	<p>TAC rules require that the NF to “coordinate with the local authority to schedule an IDT meeting to discuss the individual’s recommended specialized services.” The NF should work with the LA to schedule the IDT/care plan meeting for a time that works for both the NF and the LA. The LA must be included in all PASRR-positive individuals’ IDT/care plan meetings because the LA is responsible for monitoring all specialized services being provided to the individual, including those that are the responsibility of the NF, and the LA-assigned service coordinator is a required member of the IDT.</p> <p>The LA must be included in all PASRR positive individuals’ IDT/care plan meetings because:</p> <ol style="list-style-type: none"> <li>1. The LA is responsible for monitoring all specialized services being provided to the individual including those that are the responsibility of the NF.</li> <li>2. The LA-assigned service coordinator is a required member of the IDT.</li> </ol>	DADS
38.	If the RE is family, how do we answer section A0600 through A1200B?	If the RE is the family, your NF should not be completing Section A0600–A1200B; this should be done by a family member. If the RE doesn’t fit into one of the choices available in A0900A, the option for “Other” should be chosen.	DADS
39.	If a PL1 is inactivated by DADS, do we need to complete a new PL1 form?	A PL1 is only inactivated if a new PL1 with a later Date of Assessment (A0600) is submitted. If the original PL1 is inactivated and the resident has returned to the facility, you must submit a new PL1.	DADS

40.	Is depression considered mental illness?	No MI diagnosis alone is a PASRR qualifying condition. The presence of dementia or depression must also meet the requirements of the PASRR MI definition to be a qualifying condition.	DADS
41.	After completing the PL1, can you immediately do LTCMI or do you have to wait?	Once the PL1 has successfully been submitted to TMHP, the LTCMI can be submitted. The LTCMI will be rejected until the PL1 shows a DLN number in SimpleLTC.	DADS
42.	Clarification question: If a patient has a diagnosis of depression but does not have the 3 conditions listed by Heather Cook (intervention by law enforcement, etc.), would we code the PL1 as a 0 for no MI?	No, your NF should not be considering diagnosis or any medical record for completion of the PL1. The PL1 is to be completed purely from observation. The attempt to diagnose in the PL1 will cause your NF to miss potentially PASRR residents which could cause problems during facility survey.	DADS
43.	Clarify once again: they must have ALL of the 3 conditions for MI, not just one?	NF should not be concerned with the 3 tenets of MI for PASRR eligibility. NFs are <i>only</i> responsible for completing the PL1 which is should not include formal diagnosis or medical record. The LA is responsible for determining if the resident meets the full qualifications for MI/IDD.	DADS
44.	When a PL1 is received showing a need for PE, yet the receiving facility recognized that the three criteria are not met, can RE request a new PASRR from the referring entity?	No, submit the PL1 as-is. The PASRR evaluation will confirm or deny the suspicion documented on the PL1.	DADS
45.	There was some confusion about the PL1 when this was initially rolled out because it was so new. How soon will it be before facilities will start being tagged?	The hold harmless period for NF PASRR program compliance begins 08/01/14. Federal tag F285 will be enforced and surveyors will be checking whether or not residents with MI/IDD have had a PE completed.	DADS
46.	If you admit a patient with a negative PL1, but when you start entering the form on the Portal realize that the resident actually has a mental illness, should you correct the form when entering or enter as it was completed previously?	The facility should submit the PL1 as-is.	DADS
47.	After CHOW takes over, how long do you have to be compliant?	Once a new Medicaid contract number has been issued, the NF will have 90 days to complete a PL1 for each resident.	DADS
48.	Does the facility have to enter every PL1 after admission or does the hospital, etc., enter it?	The NF will submit the PL1 for all admissions except PL1-positive preadmissions (they are submitted by the LA). The RE never submits the PL1 themselves; REs do not have access to the portal.	DADS

49.	If we have a resident coming from home, what are the steps that we must take prior to admission?	Your NF should refer to the DADS PASRR webpage which has process flows for all three PASRR admission types. The NF should work with the RE (family, doctor, etc.) to get a PL1 completed. If the PL1 is PASRR-positive, it must be faxed to the LA so that they data-enter to the portal and initiate the PE, which must be conducted and submitted to the portal prior to admission of the resident.	DADS
50.	What do you do if no one has done a PL1, and they get to the nursing home? Do I do it?	The RE should be contacted so that they can complete the PL1. If the RE is uncooperative and/or refuses, the NF should report non-compliance to: PASRR@dshs.state.tx.us.	DADS
51.	Please clarify: RE is responsible to submit information to Local Authorities, not send the form for NF for them to input it for them?	In all situations, the RE completes the PL1. If the PL1 is a PASRR positive preadmission (individual not coming from the hospital), the RE will fax the PL1 to the LA. Otherwise, the RE sends the PL1 with the individual upon transfer for the NF to submit to TMHP.	DADS
52.	Sometimes the last section (F) does not let you answer either question.	You can only code values in Section F when the PL1 is PASRR-positive (at least one value in Section C is “Yes”).	DADS
53.	On Exempt stays, what if they stay longer than 30 days? Do we need to get a PL1 done?	A PL1 is required to be submitted to TMHP for all residents, including Exempted hospital discharges, upon admission to the NF. If the resident stays for more than 30 days, the LA will be sent an electronic alert notifying them to conduct a PE.	DADS
54.	Do I have to submit a PL1 form for all my inpatients or have to wait for electronic alert?	Submission of the PL1 Screening Form is the first step of the admission process the NF must take for every resident admitted. There is no alert for PL1 submission. The electronic alert notifies the facility when an already-completed PL1 needs to be certified. Electronic alerts do not indicate to the facility that they need to submit a PL1. The facility is responsible for submitting the PL1 and certifying it once the PE is completed (if required).	DADS
55.	If PASRR is sent and resident is in facility, what is the timeframe to get PL1 entered in SimpleCFS?	There is no timeframe; the PL1 should be submitted immediately upon admission to the NF (not before and not after).	DADS
56.	Where can we find the reports in SimpleLTC?	Log in to SimpleLTC, go to the Texas tab, then click “Medicaid Reports”.	SimpleLTC
57.	Is there ever a time the resident can answer the questions on the PASRR if they are alert and oriented any time?	No, the RE must complete the PL1 and assess whether or not they think the resident might have MI/IDD.	DADS



58.	So if I received a new patient in my facility with a positive PASRR from the hospital or referring entity, I do not enter that PASRR but fax to the local authority?	Yes, if the NF receives a positive PL1 from the RE and the resident does not fall into one of the Expedited Admission or Exempt Hospital Discharge categories in Section F on the PL1, the PE must be faxed to the RE and the PE must be completed by the LA before the resident can be admitted to the facility.	SimpleLTC
59.	For someone who was a long-term resident prior to the PASRR phase, do I need to go back and do a PASRR on that patient now or only when alerted?	All residents should have a PL1 on file. If a resident does not have a PL1 on file, one should be submitted. The new alerts only identify if specialized services for an <i>existing</i> PL1 need to be certified. There is no alert for PL1 submission.	DADS
60.	If a resident expires, do we need to update the PL1 to show expiration date?	Yes, your NF will need to use the “Update Form” process to update B0650 and B0655 on the PL1.	DADS
61.	Can you repeat the website for reporting non-compliant facilities (for submitting PASRRs)?	To report noncompliant REs, email DSHS at <a href="mailto:PASRR@dshs.state.tx.us">PASRR@dshs.state.tx.us</a> and DADS at <a href="mailto:PASRR@dads.state.tx.us">PASRR@dads.state.tx.us</a> . Include the hospital telephone number and a contact name.	DADS
62.	If readmitted from the hospital and the patient already has a PL1, does another PL1 need to be completed upon readmission?	If a resident has been discharged from the facility for more than 30 days, a new PL1 is required.	DADS
63.	If the patient is coming from the community, the PL1 needs to be submitted to LA before admitting the patient, correct?	Yes: <ol style="list-style-type: none"> <li>1. The PL1 must be faxed to the LA/LMHA.</li> <li>2. The LA/LMHA will complete the PE and submit to TMHP within 7 days.</li> <li>3. The NF must certify the admission, D0100N.</li> <li>4. Then the resident can be admitted.</li> </ol>	DADS
64.	How does the referring entity complete the PL1 if at a hospital or from a doctor’s office when those individuals do not have access to the portal to complete said form?	A blank copy of the PL1 form can be accessed on the <a href="#">SimpleLTC PASRR website</a> along with a step-by-step guide for completing the PL1.	SimpleLTC
65.	How long does the LA have to do their part?	The LA has a total of 7 days to perform and submit the PE to the portal from the first notification. The LA receives the first notification to perform the PE when the positive PL1 is submitted. There are several timers to be met within the 7-day total: <ul style="list-style-type: none"> <li>• 72 hours to initiate PE from first notification</li> <li>• 5 days to make collateral calls from first notification</li> <li>• 7 days to complete and submit the PE from first notification</li> </ul>	DADS

66.	Sometimes the referring entity is a private MD who absolutely refuses to do it, stating that they know nothing about this. Are private physicians educated and where can they go to get educated?	Yes, private physicians are required to complete the PL1 when they are the RE. DSHS can assist with educating doctors and hospitals about their PASRR responsibilities. You can contact them via email at <a href="mailto:PASRR@dshs.state.tx.us">PASRR@dshs.state.tx.us</a> . If further assistance is required, contact the DADS PASRR unit.	DADS
67.	What does CHOW stand for?	Change of Ownership.	DADS
68.	What number do we call to report referring entity non-compliance?	Noncompliant REs can be reported to DSHS by emailing <a href="mailto:PASRR@dshs.state.tx.us">PASRR@dshs.state.tx.us</a> .	DADS
69.	Just to clarify: for a patient with positive PL1, referring entity will complete and submit? Or does the referring entity complete the PL1 and NF submits?	If a PL1 is a PASRR-positive preadmission, it should be completed by the RE and submitted by the LA. However, all expedited admissions, exempt hospital discharges, and PASRR-negative PL1s are completed by the RE and submitted by the NF.	DADS
70.	Can you explain how the Data Conversion is going to work? I have seen this in Simple in at least one of the facilities, but only one so far.	TMHP created a PL1 for every NF resident using the most recent MDS submitted and/or legacy PASARR documentation. A PL1 created by the data conversion process is considered an active PL1 for the resident and, if PASRR-positive, will result in a PE being performed by the LA as usual. However, the NF is required to submit a PL1 for every resident admitted to the NF and the data conversion process is a one-time mechanism meant to ensure residents with MI/IDD get a PL1 performed. NFs should verify that all of their residents have a PL1 on file by searching in the SimpleLTC “Activity” view to make sure that they are compliant. If a resident is missing a PL1, the NF is required to submit a PL1 for that resident.	DADS
71.	How do I complete a PL1 for the Medicaid residents already in the facility?	Blank PL1 forms and instructions for completing the PL1 can be found at <a href="http://www.simpleltc.com/PASRR">http://www.simpleltc.com/PASRR</a> . Once the PL1 is completed, it can be submitted in SimpleLTC by going to the “Texas” tab and clicking “Create Form”, then “PL1”. You will need to use current dates as the portal will not accept a PL1 assessment date more than 90 days past.	DADS
72.	What happens if the referring entity does not send a PASRR to the NF on transfer? And does the PASRR need to be entered at the NF before the patient admits or after?	The NF should contact the RE to request the PL1 Screening Form. If the RE refuses to comply, the NF should inform DADS and DSHS via the PASRR email addresses.  The PL1 should be entered immediately upon admission, not prior and not after. The PL1 can never be submitted by the NF prior to the individual being physically present in the NF.	DADS

73.	We are a new facility that has not yet received our Medicare/Medicaid number. We have PASRRs for all of the patients who have admitted to our facility. How do we complete their PASRRs in the system?	New facilities must wait until they receive their Medicaid contract number. Once the facility receives its new Medicaid contract number, they can contact SimpleLTC Support for assistance on linking their TMHP profile to SimpleLTC.	DADS
74.	How far back on admissions are we going to go?	PASRR compliance is not a timing issue. There should be a PL1 on file for all current residents.	DADS
75.	What is a CHOW?	CHOW is an abbreviation for Change of Ownership.	DADS
76.	Are we supposed to put a PL1 in for all our prior Medicaid residents that were in the facility before the changes and, if so, what assessment date do we use? And do these changes roll out on 6/27/14 or 6/1/14?	Your facility was responsible for implementing PASRR upon the initial roll out May 24, 2013.  The PASRR redesign phase II changes take effect on 6/27/14. New PL1s do not need to be submitted for residents when phase II takes effect. A new PL1 is only necessary if the resident did not previously have a PL1 on file. You can determine this by looking up the resident in the SimpleLTC "Activity" view and seeing if they have a PL1.	DADS
77.	So is it true that the hospitals (referring facilities) will be filling out the PL1 but the SNF still submits form?	Yes, except in PASRR-positive preadmission scenarios. In PASRR-positive preadmission scenarios, the RE completes the PL1 and gives it to the LA to submit.	DADS
78.	What if the hospital completes the form? Are they to actually submit them to get a DLN number?	The RE is able to complete the PL1 (on paper) but is unable to submit the PL1 since they do not have TMHP access. Only the LA (PL1-positive preadmissions) or the NF (all other cases) can submit the PL1 to TMHP.	DADS
79.	When the LA comes out, are they the ones who answer the 3 questions to determine positive PE?	No, The RE indicates in Section C of the PL1 whether or not there is <i>suspicion</i> of a MI/IDD when they complete the PL1. The LAs completion of the PE confirms or denies the suspicion documented on the PL1.	DADS
80.	He said a LA had to submit the PL1 from the hospital. I think it is for Preadmission from other sources, not hospital.	Anytime a PL1 is a PASRR-positive preadmission, (individuals not coming directly from the hospital, generally private home, group home, psychiatric rehab, any setting other than the hospital), it must be submitted to TMHP by the LA. All other PL1s can be submitted by the NF.	DADS

81.	The PL1 missing report is not aware of all residents in the facility if they are private pay or Medicare and no forms have been sent to the portal. Correct? Yet they are supposed to have a PL1?	All residents are required to have a PL1 on file. The missing PL1 report will only show Medicaid residents who have had an LTCMI completed (“Processed/Complete”) in the last 100 days. All residents are required to have a PL1 on file. The report is not designed to identify all residents needing a PL1 but to assist facility efforts in reducing the number of residents that are missing a PL1 so LTCMI submission will not be impacted. Questions regarding the PL1 report can be directed to the <a href="#">SimpleLTC Support Team</a> .	SimpleLTC
82.	We recently had a CHOW before the new changes. These 10 facilities do not have a PL1 showing on the new contract site. What should we do about these?	A PL1 must be submitted for every resident in the facility per the CHOW process. Please stagger PL1 submissions—every positive PL1 that is submitted will generate an alert to the LA to initiate the PE within 72 hours. Submitting no more than 7-10 CHOW PL1s weekly will allow the LA adequate time to respond to alerts.	DADS
83.	If I have a pending Medicaid resident and I’ve done the LTCMI, do I need to put in a PL1 or will the state collect the information from the LTCMI?	A PL1 is required regardless of whether or not an LTCMI has been submitted. The information will not automatically be pulled from the LTCMI / MDS.	DADS
84.	If you receive a resident from another NF where a PL1 was transmitted, is the receiving facility responsible for completing another PL1?	In a NF-to-NF transfer, the discharging NF is considered the RE and should complete the PL1. If there are any indications in Section C, Section F must be documented to be an Expedited Admission for convalescent care. The receiving NF should submit the PL1 to TMHP just like receiving the resident from any other RE.	DADS
85.	What if you complete PL1 and cannot locate date of last physical by a MD?	If the hospital discharge paperwork is available, consult dates provided. Contact the RE to determine the date or consult with family. A general estimate is acceptable. If the family states “last summer,” use 05/01/13 for the date of the last annual physical examination.	DADS
86.	On the list it has schizophrenia and CVA and psychosis. Does that qualify to be coded under the PL1?	Remember, this diagnosis is not relevant for NFs in completing the PL1. The PL1 is not to include consideration of formal diagnosis or medical record.	DADS
87.	Give website again for the list of diagnosis?	Please see the slides regarding the definition of MI and the definition of IDD.	DADS
88.	What is the timeframe which the PL1 should be completed upon admission – within 24 hours, within 36 hours, etc.?	The PL1 should be completed prior to admission and submitted when the resident arrives at the NF (except in PASRR-positive preadmissions where the LA submits the PL1). The PL1 should be the very first piece of documentation that you submit to TMHP for the resident. The PL1 should be submitted immediately upon admission to the NF (not before and not after).	DADS

89.	Since the DSM-IV TR has been introduced across the country, there are many diagnoses. Since we are Licensed Social Workers, we need the formal written diagnosis. Our schooling indicates MI as with one diagnosis and DADS has something else.	This is not relevant for NFs in completing the PL1. The PL1 is not to include consideration of formal diagnosis or medical record. The attempt to diagnose residents via the PL1 will result in the misidentification of many potentially positive residents and could have a negative impact during survey and recertification.	DADS
90.	The LA is not notifying the facilities when they are coming. They just showed up today without any notice. How can we be held accountable for the 14-day window when we are not aware of when they will show up?	LA should schedule NF visits in advance to ensure the individual, record and NF staff are available. Please discuss with your LA and if the issues continue, notify DADS via PASRR email inbox.  The 14-day window for scheduling the IDT/care plan is not impacted by the LA scheduling a visit to the NF to complete the PE. The LA and NF have separate responsibilities within the program that are not mutually exclusive.	DADS
91.	We were told the admitted report of residents with missing PL1s is inaccurate. How can you verify the accuracy of this?	The SimpleCFS missing PL1 report will only show Medicaid residents who have had an LTCMI completed (“Processed/Complete”) in the last 100 days. All residents are required to have a PL1 on file. The report is not designed to identify all residents needing a PL1 but to assist facility efforts in reducing the number of residents that are missing a PL1 so LTCMI submission will not be impacted. Issues with the report can be reported to the <a href="#">SimpleLTC Support Team</a> .	SimpleLTC
92.	Where do we get the completed PE? Is this electronic, will it be in the form of an alert?	The completed PE can be accessed through SimpleLTC’s Activity screen once the PL1 is in “PE Confirmed” status. At that time, if you click the “Actions” menu for the resident’s PL1, you will see an option for “View PE”. In addition, a link to view the PE is available from the “Certify” screen if you click “Certify” on the Actions menu of a PL1 with status ending in “PE Confirmed”.	SimpleLTC
93.	Whose responsibility is it at the Nursing Facility to inform DADS of a CHOW?	It is up to the facility to choose a person to be responsible for reporting the CHOW to DADS PASRR. It is recommended that this be the person who is responsible for the facility’s PASRR activities.	DADS
94.	What if person is coming from home? When is PL1 done and submitted? Still uncertain about people coming from home, especially if MI is suspected.	A person coming from home is Preadmission: <ol style="list-style-type: none"> <li>1. The PL1 must be faxed to the LA.</li> <li>2. The LA will complete the PE and submit to the portal within 7 days.</li> <li>3. The NF must certify the admission, D0100N.</li> <li>4. Then the resident can be admitted.</li> </ol>	DADS

95.	My concern is when you have someone coming from home and have diagnosis of MR. I know that PASRR has to be done before admission. When this is done, do we put in SimpleCFS? Do we fax it to someone and if so who? I am in this situation now and not sure the correct protocol.	A PL1 is considered PASRR-positive if there is suspicion of MI/IDD. For PASRR-positive preadmissions, the PL1 must be faxed to the LA so that the LA can enter the PL1 on the portal and perform the PE prior to admission. For PASRR-negative preadmissions and all other PL1 scenarios, the NF can submit the PL1 to TMHP themselves (through either SimpleLTC or the LTC Online Portal).	SimpleLTC
96.	Do private pay residents have to have PASRR? What about current residents who don't have PASRR?	PASRR is a requirement for all residents in a Medicaid-certified NF regardless of payor. Private pay and Medicare residents must also have a PL1 completed. If a current resident does not have a PL1 on file, the NF should complete and submit a PL1.	SimpleLTC
97.	Do we need to do a PL1 on residents currently in the facility?	Yes, if the resident does not already have a PL1 on file.	SimpleLTC
98.	Please identify the LA (local authorities) again.	You can find a link to look up contact information for your Local Authority (for MI or IDD) on the <a href="#">SimpleLTC PASSR page</a> .	SimpleLTC
99.	Who completes or submits the PE?	Local Authorities are entities that contract with the DADS & DSHS to conduct the PE and help provide specialized services for PASRR residents. Every county has two LAs, one for MI and one for IDD. You can find a link to look up contact information for your Local Authority on the <a href="#">SimpleLTC PASSR page</a> .	SimpleLTC
100.	What is the designated fax line for PASRR?	A link to look up contact information for your Local Authority can be found on the <a href="#">SimpleLTC PASSR page</a> .	SimpleLTC
101.	If the nursing home resident goes to the hospital for a short stay and comes back, do we have to complete another PASRR?	Only if the resident is discharged from the NF for more than 30 days.	SimpleLTC
102.	Just to confirm, if the patient comes from the hospital the hospital should submit the PL1, not the NF, correct?	No, if a resident is a preadmission for the hospital and is PASRR-positive, the hospital completes the PL1 but the LA submits it. If the resident is PASRR-negative, the hospital completes the PL1 but the NF submits it.	SimpleLTC
103.	If a facility is missing PL1's can we put them in now?	Yes, NFs should verify that a PL1 has been submitted for every resident in the NF regardless of payor.	SimpleLTC
104.	We did a CHOW effective 12/1/2013. How long after the CHOW do we have to complete the PL1?	Once the new Medicaid contract number has been issued, the facility has 90 days to submit a PL1 for each resident.	SimpleLTC

105.	We are currently going through a CHOW. Do we need to complete PL1 on the entire building?	Yes, NFs should verify that a PL1 has been submitted for every resident in the NF regardless of payor.	SimpleLTC
106.	If the resident has been in the facility more than 92 days without a PL1, how can I submit and PL1?	There are no time restrictions preventing you from submitting a new PL1. In SimpleLTC, go to the Texas tab and then hit "Create Form" and then "PL1" to begin the process.	SimpleLTC
107.	Is there a "list" of what is considered MI/IDD?	Yes, please review the slides regarding definition of IDD and definition of MI under PASRR.	SimpleLTC
108.	Does age come into play in this process, e.g., seizure diagnosis prior to age 22?	Yes, some IDD-related conditions require that the condition manifested itself before age 22. For more information, please review the DADS list of related conditions at <a href="http://www.simpleltc.com/PASRR">http://www.simpleltc.com/PASRR</a> .	SimpleLTC
109.	What if I know an individual has a diagnosis but I don't know or there is information about the other three qualifiers? How do I answer questions on the MDS Section A?	A1500 on the MDS states "Is the resident currently considered by the state level II PASRR process to have a serious mental illness..." The PE is the Texas version of the state level II assessment. If a PE performed by the LA shows that the resident does have MI/IDD, A1500 should be coded as 1. If the PE shows the resident does not have MI/IDD or a PE was not performed, the field should be coded as 0. For more information, contact your State RAI Coordinator or the RAI Manual.	SimpleLTC
110.	So if a PL1 is positive, on my MDS A1500, should I indicate that individual qualifies for MI and MR?	A1500 on the MDS states "Is the resident currently considered by the state level II PASRR process to have a serious mental illness..." The PE is the Texas version of the state level II assessment. If a PE performed by the LA shows that the resident does have MI/IDD, A1500 should be coded as 1. If the PE shows the resident does not have MI/IDD or a PE was not performed, the field should be coded as 0. For more information, contact your State RAI Coordinator or the RAI Manual.	SimpleLTC
111.	If a resident was in the hospital, then was discharged home with home health and then goes to a nursing facility within 30 days, who is responsible for the PL1?	If the resident is discharged for less than 30 days, a new PL1 is not required.	SimpleLTC
112.	On CHOW facilities, it says submit PL1 on every resident. Do you mean just those admitted after CHOW started or all residents of facility?	No, the TMHP system sees the old facility and the new facility as being separate. Therefore, a new PL1 must be submitted for all residents present in the NF at the time of the CHOW as well as all residents admitted after the CHOW takes place.	SimpleLTC
113.	What process is SR 5316853 that is inactivating PL1s in the portal?	DADS requested TMHP to perform a one-time inactivation of several duplicate PL1s that were created as part of the data conversion process from MDS data to ensure that a given resident only has one active PL1 in the TMHP system at one time.	SimpleLTC

<b>114.</b>	So, if a hospital sends a positive PL1 and they have not submitted it to the LA before admission, do we just refuse to admit until the LA has been notified?	For PASRR-positive preadmissions, the PE must be completed and certified prior to the resident entering the NF. The NF can contact the RE (hospital) and have them fax the PL1 to the LA for submission to TMHP. However, it may save time for the NF to fax the PL1 to the proper LA themselves.	SimpleLTC
<b>115.</b>	We do not have the alert tab on SimpleLTC.	The alert tab will appear in the SimpleCFS application beginning June 27, 2014.	SimpleLTC
<b>116.</b>	When will the alert button be available?	The Alerts feature will appear early in the week of June 23, in SimpleLTC even though alerts will not be generated by TMHP until the phase II changes roll out on June 27, 2014.	SimpleLTC
<b>117.</b>	In the past, we were told that PASRR needs to be submitted within 24 hours. Is that correct MUST it be same day? Or is the timeframe longer from admission?	The NF should submit the PL1 as soon as possible once the resident is admitted to the facility. The PL1 should be the first piece of documentation submitted to TMHP.	SimpleLTC
<b>118.</b>	Is it correct that the only time we need a new PASRR on an admission is if the patient has been discharged for 30 days?	A PL1 is required for all admissions to the NF regardless of payor. The only exception is for readmissions within 30 days which do not require a PL1.	SimpleLTC
<b>119.</b>	For existing residents who do not have a PL1, who is responsible for completing it?	If a PL1 is not on file for an existing resident, the NF should complete one as soon as possible.	SimpleLTC
<b>120.</b>	I have several residents who have been in the facility before the May 2013 change but never had a PL1 done by the first conversion. What do I do?	If a PL1 is not on file for an existing resident, the NF should complete one as soon as possible.	SimpleLTC
<b>121.</b>	What do we do about long-term residents who do not currently have a PASSR?	If a PL1 is not on file for an existing resident, the NF should complete one as soon as possible.	SimpleLTC
<b>122.</b>	What if the exemption or expedited admission does not apply to that resident?	The RE completes the PL1. If the PL1 is PASRR-positive, the PL1 is sent by the RE to the LA for submission. Once the LA submits the PL1, the LA completes the PE, and the NF certifies their ability to serve, the resident can be admitted to the NF. If the PL1 is PASRR-negative, the PL1 is sent by the RE to the NF, the NF will admit the resident and submit the PL1.	SimpleLTC
<b>123.</b>	Will all of our long-term residents “auto-convert” to have a PASRR?	No. If an existing resident does not have a PL1 on-file, one should be completed and submitted by the NF.	SimpleLTC



124.	Do I need a PASRR on a long-term resident who goes to the hospital and returns to us?	If the resident is discharged from the NF for more than 30 days, a new PL1 is required.	SimpleLTC
125.	After a CHOW, do we put the date of entry as the original entry date or the CHOW date?	The CHOW date is the date of entry because the resident is technically transferring from the old pre-CHOW facility to the new post-CHOW facility.	SimpleLTC
126.	Is there a window of time to submit PL1 after admission, i.e., 24 hours? What about on weekends or holidays?	The NF should submit the PL1 as soon as possible once the resident is admitted to the facility. The PL1 should be the first piece of documentation submitted to TMHP.	SimpleLTC
127.	Who is responsible for completing the PASRRs after completion of CHOW, since we are not allowed to do so?	NFs are allowed to complete the PL1 in NF-to-NF transfers. The sending NF is considered to be the RE. In the case of a CHOW, the same nursing facility is both the sending and receiving nursing facility	SimpleLTC
128.	If resident discharged and readmitted to facility and has met two of requirements (disruption and intervention from law enforcement), and has a history of inpatient stay outside the past two years, would they also qualify for mental illness with diagnosis?	The resident must meet all three conditions defined by 42 CFR 483.102(b) to be considered as having MI for PASRR purposes. (See the slide regarding the definition of MI)	SimpleLTC
129.	If resident is private pay and PE recommends PT, then that would be billed to resident, correct? Does the resident or their RP have a right to refuse this recommendation?	<p>Specialized services are delivered to Medicaid eligible residents only. The PE will be completed for individuals whom are non-Medicaid and Medicaid pending. The PE will have recommended specialized services that the NF must certify they can provide or arrange for. If/when the individual becomes Medicaid eligible the service delivery and tracking will begin.</p> <p>A resident can refuse SS. An IDT must be held for discussion, the resident must sign documentation indicating their personal choice and reasons why. This information will be documented and maintained by the LA/LMHA.</p> <p>If the resident disagrees with the determination on the PE, contact the LA/LMHA whom performed the PE to initiate Fair Hearing rights.</p>	DADS
130.	Opening new facility. So how will there be a pre PL1?	If the new facility will be Medicaid-certified, a PL1 should be completed for every resident admitted after the facility opens. Once the facility receives its Medicaid contract number, the PL1 can be submitted through SimpleLTC.	SimpleLTC
131.	Are Assisted Living and Independent Living facilities responsible for filling out PASRRs?	Any entity referring a resident to NF care is considered a RE and should complete the PL1.	SimpleLTC

132.	You referred to a positive PL1 as a “chance” to have MI or IDD and all positive PL1s have to go through the LA. What if dementia is the primary and IDD/MI is secondary? Can the NF enter the PL1 or does it still go through the LA?	Unless a resident falls into one of the expedited admission or exempt hospital discharge categories, PASRR-positive PL1s must be faxed to the LA. NFs can only submit a PL1 if it is an expedited admission, exempt hospital discharge, or a PASRR-negative preadmission.	SimpleLTC
133.	How do you expect a nursing facility to report noncompliance with only one referring hospital?	DADS/DSHS address noncompliant REs in a discrete and anonymous manner. The hospital will not be aware that a nursing facility has reported them. DADS/DSHS are extremely sensitive to the relationship between NFs and hospitals.	SimpleLTC
134.	Do I have to do a PL1 for every resident for a CHOW? Even those previously done by the other ownership?	If a resident is in the pre-CHOW facility, a new PL1 must be submitted for them under the new post-CHOW facility because the resident is technically transferring from the old pre-CHOW facility to the new post-CHOW facility.	SimpleLTC
135.	A resident with a positive PASRR goes to hospital and returns to NF and a significant change MDS is done. Does the NF resubmit a PL1 form or do we fax to LA do to positive PASRR?	If the resident is discharged for more than 30 days, a new PL1 must be completed upon admission to the NF. When an MDS SCSA occurs, an electronic alert will automatically notify the LA to perform a new PE if MDS coding determines PASRR eligibility might be affected by the SCSA.	SimpleLTC
136.	Where do we find the PASRR maintenance therapy forms 2465? Is it on the DADS site under PASRR tab?	DADS Form 2465 (Request for Specialize Services) can be found on the DADS website at <a href="http://www.dads.state.tx.us/forms/2465/">http://www.dads.state.tx.us/forms/2465/</a> .	DADS
137.	The RE completes the PL1 form and then the NF submits the PL1 form. Can a non-clinical person (admission director, bookkeeper, data entry clerk) submit the PL1 at the NF level on TMHP? Or does it need to be a nurse?	There are no restrictions on the qualifications of the person submitting the PL1 form to TMHP.	SimpleLTC
138.	LA is refusing to accept PL1 by fax. They said it has to be submitted in the portal?	The LA only submits PL1s that are PASRR-positive preadmissions. The NF submits all other PL1s. If you are certain that the PL1 is not a PASRR-positive preadmission, please contact the DADS PASRR unit for assistance.	SimpleLTC
139.	When the LA is notified of a change in diagnosis, will the LTCMI/payment be put on hold until the PE is completed?	No. The LTCMI is only rejected if no PL1 is on file for a resident. If the LA is alerted to perform a new PE, it will affect LTCMI submissions.	SimpleLTC
140.	If a resident is ready for d/c and the PL1 is positive for probable MI, after we fax it to LA, how soon will that resident be able to be admitted to SNF?	The resident cannot be admitted to the NF until the LA completes the PE and the NF certifies their ability to provide the required specialized services. The LA has 7 days to complete the PE for PASRR-positive preadmission PL1s.	SimpleLTC

<b>141.</b>	How do you certify that you have done PE?	Once the LA has completed the PE, NFs can view the requested specialized services and certify their ability to serve by searching for the PL1 by going to the “Texas” tab in SimpleLTC and clicking the “PASRR” link. Once the PL1 is located, you can click the “Actions” menu and hit “Certify” to view the specialized services and certify nursing facility’s ability to serve.	SimpleLTC
<b>142.</b>	What I have encountered is that the PL1 is positive but we submit it anyway. Will we be held responsible for submitting the wrong info?	The TMHP system will reject any PL1s that are PASRR-positive preadmissions. NFs can and should submit PL1s that are PASRR-positive for expedited admission and exempt hospital discharge scenarios.	SimpleLTC
<b>143.</b>	What do we use as the referring and receiving entity blanks?	The RE is the entity that referred the resident to the NF. Examples include the hospital, a doctor, family member, LAR, or law enforcement. Information about the RE is coded on A0600 - A1200 on the PL1. Information about the NF or LA that is submitting the PL1 is entered in A0100-A0510.	SimpleLTC
<b>144.</b>	With the CHOW situation, are we to create a new PL1 or re-enter the previous PL1?	A new PL1 must be performed for every resident.	SimpleLTC
<b>145.</b>	When a resident is admitted from home and hasn’t seen the doctor, who is responsible for filling out the PL1?	In this situation, whoever refers the resident to NF care should be the RE for PL1 purposes. This can be a family member, LAR, community service, or law enforcement.	SimpleLTC
<b>146.</b>	Can you send all the slides for this webinar to my registered email address to future references?	You can find the webinar recording and slides at <a href="http://www.simpleltc.com/PASRR">www.simpleltc.com/PASRR</a> .	SimpleLTC
<b>147.</b>	If a patient comes from home and they are negative PASRR, do we get the info from family on part A of PASRR? Do we list the family member as the assessor?	Yes, in this case, the family is the RE.	SimpleLTC
<b>148.</b>	Are home health, hospice, and assisted living required to do PL1/PASSR?	Only Medicaid-certified NFs are required to submit PL1s.	SimpleLTC
<b>149.</b>	So the LA only needs to come out if positive eligibility is met?	Yes, the LA is only involved in the IDT team if a PE is performed and the results are PASRR-positive.	SimpleLTC
<b>150.</b>	What if the referring facility is a hospital in another state?	If the RE is located in another state and has trouble understanding their PASRR obligations, please contact the DADS PASRR unit for assistance.	SimpleLTC

151.	Do NFs need to fax the noncompliance of PL1 from RA to state office of DADS?	If an RE is noncompliant, the NF should contact DSHS via email at <a href="mailto:PASRR@dshs.state.tx.us">PASRR@dshs.state.tx.us</a> .	SimpleLTC
152.	What qualifies as “Specialized Services”? What is “PE”?	Specialized services are services (such as specialized therapy or DME) that must be provided by the NF or the LA as a result of the resident’s MI/IDD. If the resident is PASRR-positive on the PE, the NF must certify whether or not they are willing and able to perform the specialized services listed on the PE (B0600).	SimpleLTC
153.	If PL1 is positive from hospital and does not fall in the expedited admission and exempted discharge, and they don’t have the portal, can they fax it to the local authority?	Yes, REs do not have access to the TMHP Portal so they must fax preadmission PASRR-positive PL1s to the LA for submission.	SimpleLTC
154.	We had a CHOW in 2013 but no change in vendor number. Do we have to do PL1 on all the residents?	Yes, anytime a CHOW occurs, new PL1s must be submitted for every resident under the new Medicaid contract number. Any residents residing in the pre-CHOW facility that are still in your facility must have a new PL1 submitted.	SimpleLTC
155.	How do you create a blank form to be filled out to send from NF to NF?	A blank PL1 is available at <a href="http://www.simpleltc.com/PASRR">http://www.simpleltc.com/PASRR</a> .	SimpleLTC
156.	So if the patient has a MI but does not meet the three requirements, would we answer no to that question?	The patient must meet all three conditions be considered as having MI under PASRR.	SimpleLTC
157.	I have done an audit and there are several current residents prior to 4/24/13 that I am not seeing a PL1 for. These are the ones that the LA was to complete. Will the lack of having that form complete affect future payment?	Beginning June 27, 2014, if a PL1 is not on file for a resident, the LTCMI will be rejected by TMHP until a PL1 has been submitted. Until the LTCMI is accepted, the NF will not be paid for the days covered by that LTCMI.	SimpleLTC
158.	If you admit the resident, how long do you have before the PL1 needs to be submitted?	The PL1 should be immediately once the resident is admitted to the NF.	SimpleLTC
159.	What happens when hospital says no MI, but when NF reviews paperwork MI is in hospital paperwork?	The NF can contact DADS PASRR unit to request a PE be performed.	SimpleLTC
160.	Can you please go over what diagnosis can indicate a positive PL1	Please see the definitions of MI/IDD on the slides for more information.	SimpleLTC

<p><b>161.</b> I have a new building being built, which should open around January. It is not a change of ownership. I do not know if the NPI number will change but the address is definitely going to change. Will we have to redo all of the PASRRs at that time?</p>	<p>No, if a CHOW is not happening and the facility's Medicaid contract number is not changing, it is not necessary to submit new PL1s.</p>	<p>SimpleLTC</p>
<p><b>162.</b> If we have a long-term resident who has a grandfathered PL1 and is negative, but has psychiatric services and have diagnosed him with bipolar disorder/schizoaffective disorder, do we have to update PL1?</p>	<p>No, a new PL1 is not required. If you believe the resident may meet the qualifications for MI/IDD, please contact DADS PASRR unit to request a new PE.</p>	<p>SimpleLTC</p>
<p><b>163.</b> For social workers at hospitals who don't complete PL1s or totally botch them up, do we just email the Local Authority with the hospital name, resident name, and social worker name?</p>	<p>If you need assistance with non-compliant hospitals, please contact DSHS via email at <a href="mailto:PASRR@dshs.state.tx.us">PASRR@dshs.state.tx.us</a>.</p>	<p>SimpleLTC</p>
<p><b>164.</b> When we transfer a resident to another NF, we have problems generating a PL1. Do we do it as a draft? It doesn't seem to generate correctly. Is there any training for us to generate that correctly from SimpleLTC?</p>	<p>When transferring a resident to a new NF, you should use the blank PL1 available at <a href="http://www.simpleltc.com/PASRR">http://www.simpleltc.com/PASRR</a>.</p>	<p>SimpleLTC</p>
<p><b>165.</b> So if we receive a positive PASSR from a hospital stating MI for depression but the resident does not meet any other requirements, can we change the PASSR when entering into the system?</p>	<p>No, the PL1 should be entered as coded by the RE. Once the PL1 has been submitted, the NF should contact DADS PASRR unit to request a PE.</p>	<p>SimpleLTC</p>
<p><b>166.</b> If the PL1 is clearly incorrect (either should be positive or not positive) when we receive it from the referring entity, should we correct the PL1 or enter as we received it?</p>	<p>The PL1 should be entered as coded by the RE. Once the PL1 has been submitted, the NF should contact DADS PASRR unit to request a PE.</p>	<p>SimpleLTC</p>
<p><b>167.</b> How do we submit the PL1 prior to admission? There is a box that requests the admission date and it won't let the form be submitted until after the resident is in the building.</p>	<p>The PL1 should be completed prior to admission and submitted once the resident arrives at the facility. PL1s should not be submitted to TMHP prior to the resident arriving at the facility.</p>	<p>SimpleLTC</p>

168.	What about out-of-state referring facilities referring to Texas that claim no knowledge of PL1?	PASRR is a part of the Federal requirements for all states with Medicaid programs. Some states may use differing terminology for PASRR screenings. If you run into trouble, contact the DADS PASRR unit for assistance ( <a href="mailto:PASRR@dads.state.tx.us">PASRR@dads.state.tx.us</a> ).	SimpleLTC
169.	Please clarify: positive PEs are to be faxed and not entered as we have been doing, but they may still be admitted to facility?	Nursing facilities never submit the PE. The PE is only completed and submitted by the LA. NFs submit all PL1s except for PASRR-positive preadmission PL1s. PASRR-positive preadmission PL1s must be faxed to the LA for submission. The PL1 must be completed prior to admission and submitted at the time the resident arrives at the facility.	SimpleLTC
170.	So we are not to admit a resident to the NF without a PASSR? But if we do not receive one from referring entity can we complete one?	DADS does not recognize this scenario to be valid. If the NF requires assistance getting a RE to complete a PL1, please contact the DADS PASRR unit.	DADS
171.	If a PL1 form has been inactivated by DADs after being accepted, what is the responsibility of the NF?	A PL1 will automatically be inactivated if a PL1 with a later Date of Assessment is submitted. If the resident is admitted to your facility and the only PL1 on-file is inactivated, you must complete and submit a new PL1.	SimpleLTC
172.	If the CHOW has been done, will the Missing PL1 report correctly let us know what PL1s are missing?	The “Medicaid Residents Missing PL1” report only identifies residents who have had an LTCMI submitted in the last 100 days but do not have a PL1 on file. The report is not designed specifically for the CHOW scenario. When a CHOW occurs the NF should use their current resident roster as a checklist to make sure PL1s are done for pre-CHOW residents and keep a list of all residents admitted after the CHOW to make sure PL1s are done for them as well.	SimpleLTC
173.	So does that mean that once the CHOW is complete, we must redo the PL1 for everyone in our building within 90 days?	Yes, once the new Medicaid contract # is issued and the facility can submit forms, a new PL1 must be submitted for every resident in the facility (pre- and post-CHOW) within 90 days.	DADS
174.	What is the email address to report noncompliance of referring entities?	Noncompliant REs can be reported to DSHS by emailing <a href="mailto:PASRR@dshs.state.tx.us">PASRR@dshs.state.tx.us</a> .	DADS
175.	The local authority keeps the PE; they do not give us a copy. Don't we need this on the chart for compliance?	A copy of the PE is available in SimpleLTC once the PL1 is in a status ending in “PE Confirmed” by clicking on the “Actions” menu and clicking “View PE”	SimpleLTC
176.	The local authority will only be attending care plan meetings of positive PASRR residents or all residents?	LAs will only attend IDT / care plan meetings for residents which are PASRR-positive on the PE.	DADS