
PASRR Level 1 Screening Updates

NF Providers must submit PL1 Screening Form updates directly on the LTC Online Portal. Only users with appropriate security permissions can submit updates.

The PL1 Screening Form cannot be updated if the status is *Form Inactivated* or *PL1 Inactive* or if a matching PE with a DLN is found. The PL1 Screening Form can only be updated until an associated PE has been successfully submitted.

The status of a PL1 Screening Form does not usually change upon submission of an update, and no parent/child form is created. The History trail shows the fields that have been updated, listing the previous and new values.

Fields that can be updated on the PL 1 without changing the form status:

- A0600. Date of Assessment
- B0100A. First Name
- B0100B. Middle Initial
- B0100C. Last Name
- B0100D. Suffix
- B0200A. Social Security No.
- B0200B. Medicare No.
- B0300. Medicaid No.
- B0400. Birth Date
- B0600. Gender
- B0700A. Previous Residence Type
- B0700B. Other Residence Type
- B0700C. Street Address
- B0700D. City
- B0700E. State
- B0700F. ZIP Code
- B0700G. County of Residence
- B0800A. Relationship to Individual
- B0800B. Other Relationship to Individual
- B0800C. First Name
- B0800D. Middle Initial
- B0800E. Last Name
- B0800F. Suffix
- B0800G. Phone Number
- B0800H. Street Address
- B0800I. City
- B0800J. State
- B0800K. ZIP Code

Screen Shots for TMHP Confirm and Admit process

[Return To Alerts Page](#)

Subject: PL1 needs Certification - First Notification

Sent: 2/22/2018 1:42:52 PM

A positive PASRR Evaluation has been submitted. The Nursing Facility must review the PE, including PASRR recommended Specialized Services, and certify on the PL1 Screening form whether "Able to Serve the Individual" or "Unable to Serve the Individual" by clicking the corresponding button on the yellow "Form Actions" tool bar and confirming the selection on the pop up screen by clicking "OK". The Nursing Facility also needs to schedule and conduct the IDT meeting.

Nursing Facility: LAKE WORTH INVESTMENT INC

Vendor No.: 5038

Provider No.: 001001122

Individual:

Medicaid No.:

Social Security No.:

PASRR Evaluation DLN:

PASRR Condition: IDD only

UnLock Form

PASRR LEVEL 1 SCREENING

Current Status: Individual Placed in NF - PE Confirmed Name: DLN: Username: nfpasrr_ext
E DLN:

Form Actions:

Print Update Form Add Note Initiate NFSS Able to Serve the Individual Unable to Serve the Individual Create IDT Print IDT

Section A. Section B. Section C. Section D. Section E. Section F. IDT

Section A.		
Submitter Information		
A0100.	Name	MHMR OF TARRANT COUNTY
A0200.	Address	A. Street Address 3840 HULEN ST B. City FORT WORTH C. State Texas(TX) D. ZIP Code 761070000
A0300.	NPI/API	D001019618
A0400.	Provider No.	001019618
A0500.	Vendor No.	0200
A0510.	County	Tarrant
Referring Entity Information		

5000006 Username: ntpasrr_ext

Unable to Serve the Individual

Create IDT

Print IDT

on A.

Section B.

Section C.

Section D.

Section E.

Section F.

IDT

Message from webpage



Press 'OK' to confirm Able to Serve Individual
Press 'Cancel' to cancel transaction.

OK

Cancel

MHMR OF TARRAM

A. Street Ad

3840 HULEN ST

B. City

FORT WORTH

C. State

Texas(TX)



761070000

D001019618

F. City

FORT WORTH

G. State

Texas(TX)

H. Zip Code

761350000

I. Phone

5646546546

J. NF Contact First Name

first

K. NF Contact Middle Initial

L. NF Contact Last Name

last

M. NF Contact Suffix

N. NF is willing and able to serve individual

1. Yes

O. NF Admitted the individual

1. Yes

P. NF Date of Entry

2/11/2018

Q. Comments

Large empty text area for comments with a vertical scrollbar on the right side.



UnLock Form

PASRR LEVEL 1 SCREENING

Current Status: Pending Placement in NF - PE Confirmed Name: _____ DLN: _____ Username: nfpasrr_ext
E DLN: _____

Form Actions:

- Print
- Add Note
- Initiate NFSS
- Admitted to NF
- Create IDT
- Print IDT

- Section A.**
- Section B.
- Section C.
- Section D.
- Section E.
- Section F.
- IDT

Section A.

Submitter Information

Change Status for form to Individual Placed in NF - PE Confirmed **Enter the notes below:**

Text to be added to form history

• NF Date of Entry 

001018971

5594



C. NPI

1013222488

D. Facility Name

REMARKABLE HEALTHCARE OF SEGUI

E. Street Address

1339 EASTWOOD DRIVE

F. City

SEGUIN

G. State

Texas(TX)



H. Zip Code

781550000

I. Phone

8303793900

J. NF Contact First Name

Gregory

K. NF Contact Middle Initial

L. NF Contact Last Name

Harrison

M. NF Contact Suffix

N. NF is willing and able to serve individual

1. Yes



O. NF Admitted the individual

1. Yes



P. NF Date of Entry

3/6/2018



Q. Comments

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