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Services

Preadmission Screening and Resident Review (PASRR) Level 1 Screening Form Overview

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**HHSC PASRR Policy and Specialized
Services**

Session Objectives

At the conclusion of this session participants will gain an understanding of:

- The new changes to the PASRR Level 1 (PL1) Screening Form;
- How to certify and admit a resident on the PL1 Screening Form;
- How to discharge a resident on the PL1 Screening Form



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History and Compliance

- PASRR was created in 1987 as part of the Omnibus Budget Reconciliation Act.
- PASRR is a federally mandated program that requires all states to pre-screen all individuals, regardless of payor source or age, seeking admission to a Medicaid certified nursing facility.



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What is a PASRR Level 1 (PL1) Screening Form? (1 of 2)

- The PASRR process requires an initial PL1 Screening Form for persons seeking admission into a nursing facility (NF).
- The PL1 Screening Form is completed by the referring entity (RE) to identify whether a person is suspected of having Mental Illness (MI), Intellectual Disability (ID) or Developmental Disability(DD)/Related Condition (RC).
- If the PL1 Screening Form identifies an individual suspected of having MI, ID, or DD/RC, then a PASRR Evaluation (PE) is completed to confirm or deny this suspicion.



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What is a PASRR Level 1 (PL1) Screening Form? (2 of 2)

- **What happens to the completed PL1?**
 - **Negative PL1** – The NF enters PL1 Screening Form into the Long-Term Care (LTC) Online Portal and the PASRR process ends.
 - **Positive PL1** – The NF or Local Authority (LA) enters the PL1 into the LTC Online Portal and the LA will receive an alert to complete a PE.



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What is a PASRR Evaluation (PE)?

- Completed by the local intellectual and developmental disability authority (LIDDA), local mental health authority (LMHA) or local behavioral health authority (LBHA) to confirm or deny the suspicion of MI, ID or DD/RC.
- It's a Face-to-face evaluation of the person with a positive PL1 Screening Form who is suspected of having a MI, ID, or DD/RC.



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PASRR Level 1 (PL1) Screening Form Overview



Section A (1 of 4)

PASRR Level 1 Screening

Current Status: Unsubmitted | Name: John Doe | DLN: 0 | Username: nfpasrr_ext

Form Actions:

Print

Save as Draft

Section A

Section B

Section C

Section D

Section E

Section F

Discharge

Submitter Information

Collapse ^

A0100. Name

KPC PROMISE SKILLED NURSING FACILITY OF

A0200A. Street Address

1101 GRACE STREET

A0200B. City

WICHITA FALLS

A0200C. State

Texas(TX)

A0200D. ZIP Code

763010000

A0300. NPI/API No.

1649834185

A0400. Provider No.

001030680

A0500. Vendor No.

5301

A0510. County

Wichita



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Section A (2 of 4)

Referring Entity Information

Collapse ^

● A0600. Date of Screening

05/11/2023



Screener

● A0700A. First Name

Jessica

A0700B. Middle Initial

● A0700C. Last Name

Smith

A0700D. Suffix

● A0800. Position/Title

Social Worker



Section A (3 of 4)

Type of Entity

● A0900A. Type of Entity

1. Acute Care

A0900B. Other Type of Entity

A0900C. Referring Physician First
Name

Nolan

A0900D. Referring Physician
Middle Initial

I

A0900E. Referring Physician Last
Name

Duncan

A0900F. Referring Physician Suffix

Screening Location

● A1000A. Name

Wichita Falls Acute Care

● A1000B. Street Address

123 Apple st.

● A1000C. City

Wichita Falls

● A1000D. State

Texas(TX)

● A1000E. ZIP Code

76301

● A1000F. Phone Number

9401234567

● A1100. Date of Last Physical Examination

04/30/2023



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Section A (4 of 4)

Certification

I certify that to the best of my knowledge this information is true and accurate.



● A1200A. Referring Entity Certification



A1200B. Certification Date

05/11/2023





Section B (1 of 3)

PASRR Level 1 Screening

Current Status: Unsubmitted | Name: John Doe | DLN: 0 | Username: nfpasrr_ext

Form Actions:

Print

Save as Draft

Section A

Section B

Section C

Section D

Section E

Section F

Discharge

Individual's Information

Collapse ^

● B0100A. First Name

John

B0100B. Middle Initial

● B0100C. Last Name

Doe

B0100D. Suffix

● B0200A. Social Security No.

234567890

B0200B. Medicare No.

● B0300. Medicaid No.

Enter '+' if pending, 'N' if not Medicaid recipient

N

● B0400. Birth Date

02/24/1970



B0500. Age at Time of Screening

53

● B0600. Gender

1. Male





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Section B (2 of 3)

Residence

● B0700A. Residence Type

1. Private Home

B0700B. Other Residence Type

● B0700C. Street Address

1401 Meridian Cv.

● B0700D. City

Wichita Falls

● B0700E. State

Texas(TX)

● B0700F. ZIP Code

76301

● B0700G. County of Residence

Wichita



Section B (3 of 3)

Next of Kin

B0800A. Relationship to Individual

1. Legally Authorized Representative (Legal Guardian) ▼

B0800B. Other Relationship to Individual

● B0800C. First Name

Sarah

B0800D. Middle Initial

● B0800E. Last Name

Doe

B0800F. Suffix

● B0800G. Phone Number

9405641234

● B0800H. Street Address

1401 Meridian Cv.

● B0800I. City

Wichita Falls

● B0800J. State

Texas(TX) ▼

● B0800K. ZIP Code

76301



Section C (1 of 2)

PASRR Level 1 Screening

Current Status: Unsubmitted | Name: John Doe | DLN: 0 | Username: nfpasrr_ext

Form Actions:

Print

Save as Draft

Section A

Section B

Section C

Section D

Section E

Section F

Discharge

PASRR Screening

Collapse ^

● **C0090. Primary Diagnosis of Dementia**

Is there evidence that dementia is the primary diagnosis for this individual? (This must be listed in the medical record as the primary diagnosis by the physician.)

0. No

● **C0100. Mental Illness**

Is there evidence or an indicator this is an individual that has a Mental Illness?

0. No

● **C0200. Intellectual Disability**

Is there evidence or an indicator this is an individual that has an Intellectual Disability?

1. Yes

● **C0300. Developmental Disability**

Is there evidence or indicators that this is an individual that has a Developmental Disability (Related Condition) other than an Intellectual Disability (e.g., Autism, Cerebral Palsy, Spina Bifida)? See the HHSC ICD-10 related condition list: [Click Here](#)

0. No



Section C (2 of 2)

Local Authority Information

Collapse ^

C0400. LA - MI Provider No.

001019620

C0500. LA - MI Vendor No.

0230

C0600. LA - MI NPI/API No.

D001019620

C0700. LA - IDD Provider No.

001019620

C0800. LA - IDD Vendor No.

0230

C0900. LA - IDD NPI/API No.

D001019620



Section D

PASRR Level 1 Screening

Current Status: Unsubmitted | Name: John Doe | DLN: 0 | Username: nfpasrr_ext

Form Actions:

Print

Save as Draft

Section A

Section B

Section C

Section D

Section E

Section F

Discharge

Nursing Facility Choices

Collapse ^

Nursing Facilities

Enter Provider No. and Vendor No. and click lookup tool to populate NF information.

^ ● D0100A. Provider No.

001030680



● D0100B. Vendor No.

5301

D0100C. NPI No.

1649834185

D0100D. Facility Name

KPC PROMISE SKILLED NURSING FACILITY

D0100E. Street Address

1101 GRACE STREET

D0100F. City

WICHITA FALLS

D0100G. State

TX

D0100H. ZIP Code

76301000

● D0100I. Phone

9407894561

● D0100J. NF Contact First Name

Esther

D0100K. NF Contact Middle Initial

● D0100L. NF Contact Last Name

Davis

D0100M. NF Contact Suffix

D0100N. NF is willing and able to serve individual



D0100O. NF Admitted the individual

0. No

● D0100P. NF Admission Date

05/11/2023



D0100Q. Comments



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Section E (1 of 2)

PASRR Level 1 Screening

Current Status: Unsubmitted | Name: John Doe | DLN: 0 | Username: nfpasrr_ext

Form Actions:

Print

Save as Draft

Section A

Section B

Section C

Section D

Section E

Section F

Discharge

Alternate Placement Preferences

Collapse ^

● E0100. Where would this individual like to live now?

Check all that apply

☐

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



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Section E (2 of 2)

● E0300. Living Arrangement Options

Check all that apply

- ☐ A. By themselves ☒ B. With a roommate ☐ C. With family ☐ D. With a lot of friends
☐ E. Other

F. Other Individual

- ☐ G. Unknown

E0400. Comments about with whom the individual would like to live



Section F (1 of 3)

PASRR Level 1 Screening

Current Status: Unsubmitted | Name: John Doe | DLN: 0 | Username: nfpasrr_ext

Form Actions:

Print

Save as Draft

Section A

Section B

Section C

Section D

Section E

Section F

Discharge

Admission Category

Collapse ^

● F0100. Exempted Hospital Discharge

Has a physician certified that individual is likely to require less than 30 days of NF services? (For individuals being admitted from acute care in the hospital)

0. No





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Section F (2 of 3)

● F0200. Expedited Admission

Does this individual meet any of the following categories for an expedited admission into the nursing facility?

(Please select one category 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 nursing facility.
- ☐ 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, 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 nursing facility 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.



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Section F (3 of 3)

F0300A. Preadmission

- ☐ This PL1 is completed with a suspicion of positive PASRR eligibility and therefore submitted with the **Preadmission** type of admission because the LA is the submitter.

F0300B. Is the individual seeking an NF diversion?

F0400. Negative PASRR Eligibility

- ☐ This PL1 is completed with a suspicion of negative PASRR eligibility and therefore submitted with the **Negative PASRR Eligibility** type of admission.



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Certify/Admit on the PL1 Screening Form



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Certify/Admit on the PL1 Screening Form (1 of 4)

Current Status: Pending Placement in NF - PE Confirmed | Name: James Harrison | DLN: 231365000005 |
Username: nfpasrr_ext
PE: 2313651000006

Form Actions:
[Print](#) [Add Note](#) [Admitted to NF](#)

Section A Section B Section C **Section D** Section E Section F Discharge

Nursing Facility Choices

[Collapse](#) ^

Nursing Facilities

Enter Provider No. and Vendor No. and click lookup tool to populate NF information.

^

D0100A. Provider No. 001015125	D0100B. Vendor No. 5513	D0100C. NPI No. 1891991584	D0100D. Facility Name GREEN VALLEY HEALTHCARE AND RE	
D0100E. Street Address 6850 RUFÉ SNOW DR	D0100F. City FORT WORTH	D0100G. State TX	D0100H. ZIP Code 76148C	D0100I. Phone 8176547891
D0100J. NF Contact First Name Sarah	D0100K. NF Contact Middle Initial	D0100L. NF Contact Last Name Powers	D0100M. NF Contact Suffix	
D0100N. NF is willing and able to serve individual			1. Yes	
D0100O. NF Admitted the individual			0. No	
D0100P. NF Admission Date			MM/DD/YYYY	
D0100Q. Comments				



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Certify/Admit on the PL1 Screening Form (2 of 4)

Current Status: Pending Placement in NF - PE Confirmed | Name: James Harrison | DLN: 231365000005 |
Username: nfpasrr_ext
PE: 2313651000006

Form Actions:
[Print](#) [Add Note](#) [Admitted to NF](#)

Section A Section B Section C **Section D** Section E Section F Discharge

Nursing Facility Choices

Collapse ^

Nursing Facilities

Enter Provider No. and Vendor No. and click lookup tool to populate NF information.

^

D0100A. Provider No. 001015125	D0100B. Vendor No. 5513	D0100C. NPI No. 1891991584	D0100D. Facility Name GREEN VALLEY HEALTHCARE AND RE	
D0100E. Street Address 6850 RUFÉ SNOW DR	D0100F. City FORT WORTH	D0100G. State TX	D0100H. ZIP Code 76148C	D0100I. Phone 8176547891
D0100J. NF Contact First Name Sarah	D0100K. NF Contact Middle Initial	D0100L. NF Contact Last Name Powers	D0100M. NF Contact Suffix	

D0100N. NF is willing and able to serve individual 1. Yes ▾

D0100O. NF Admitted the individual 0. No ▾

D0100P. NF Admission Date MM/DD/YYYY

D0100Q. Comments



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Certify/Admit on the PL1 Screening Form (3 of 4)

Change Status for form **231365000005** to **Individual Placed in NF - PE Confirmed**

Text to be added to form history:

● **NF Admission Date**

05/16/2023



Cancel

Change Status



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Certify/Admit on the PL1 Screening Form (4 of 4)

Section A

Section B

Section C

Section D

Section E

Section F

Discharge

Nursing Facility Choices

Collapse ^

Nursing Facilities

Enter Provider No. and Vendor No. and click lookup tool to populate NF information.

D0100A. Provider No.	D0100B. Vendor No.	D0100C. NPI No.	D0100D. Facility Name		
001015125	5513	1891991584	GREEN VALLEY HEALTHCARE AND RE		
D0100E. Street Address	D0100F. City	D0100G. State	D0100H. ZIP Code	D0100I. Phone	
6850 RUFÉ SNOW DR	FORT WORTH	TX	76148C	8176547891	
D0100J. NF Contact First Name	D0100K. NF Contact Middle Initial	D0100L. NF Contact Last Name	D0100M. NF Contact Suffix		
Sarah		Powers			
D0100N. NF is willing and able to serve individual		1. Yes ▾			
D0100O. NF Admitted the individual		1. Yes ▾			
D0100P. NF Admission Date		05/16/2023			
D0100Q. Comments					
<div></div>					



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Discharging on the PL1 Screening Form



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Discharging on the PL1 Screening Form (1 of 4)

PASRR Level 1 Screening


Unlock Form

Current Status: Awaiting PE | Name: John Doe | DLN: 231365000003 | Username: nfpasrr_ext

Form Actions:

Print

Use as Template

Update Form

Add Note

Section A

Section B

Section C

Section D

Section E

Section F

Discharge

Submitter Information

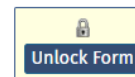
Collapse ^



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Discharging on the PL1 Screening Form (2 of 4)

PASRR Level 1 Screening



Current Status: Awaiting PE | Name: John Doe | DLN: 231365000003 | Username: nfpasrr_ext

Form Actions:

Print

Use as Template

Add Note

Section A

Section B

Section C

Section D

Section E

Section F

Discharge

Discharge Information

Collapse ^

H0100. Individual is deceased or has been discharged?

1. Disch

0. Deceased
1. Discharged

H0150. Deceased/Discharged Date

05/16/2023

Alternate Placement Disposition

Collapse ^

Admission Information

H0200A. Admitted to

3. Own home/family home

H0200B. Admitted to Other



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Discharging on the PL1 Screening Form (3 of 4)

Specify Community Program

H0300A. Community Program

H0300B. Other Community Program

H0400. Name of ICF/IID Facility

● H0500. Own Home/Family Home Comments

The resident discharged back to their own [home](#).

● H0600. Alternate Placement Date of
Entry

05/16/2023



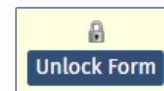
Submit Form



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Discharging on the PL1 Screening Form (4 of 4)

PASRR Level 1 Screening



Current Status: PL1 Inactive | Name: John Doe | DLN: 231365000003 | Username: nfpasrr_ext

Form Actions:

Print

Use as Template

Add Note

Section A

Section B

Section C

Section D

Section E

Section F

Discharge

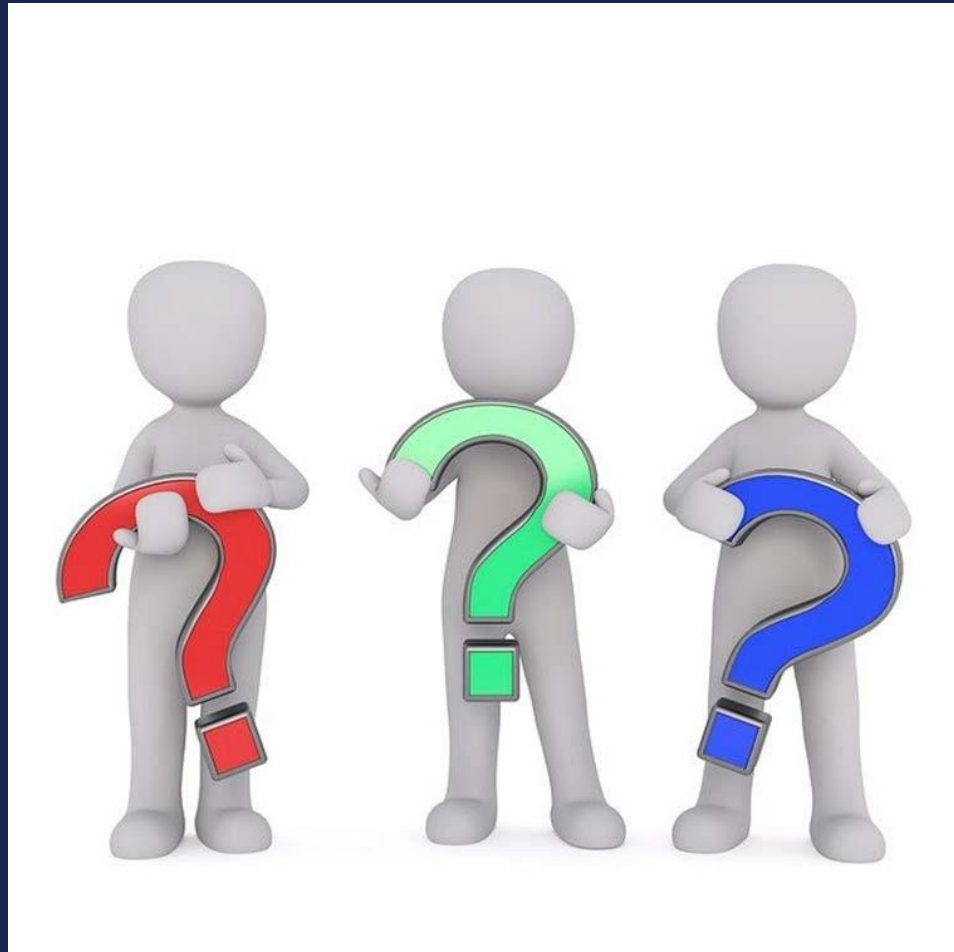
Submitter Information

Collapse ^

Questions



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Thank you

PASRR.Support@hhsc.state.tx.us

Recording and handouts are available here



PASRR Level 1 (PL1) Screening Form Changes

June 2023

Section A		
Current Language or Location		New Language or Relocation
A0600	Date of Assessment	Date of Screening
A0900C	Physician First Name	Referring Physician First Name
A0900D	Physician Middle Initial	Referring Physician Middle Initial
A0900E	Physician Last Name	Referring Physician Last Name
A0900F	Physician Suffix	Referring Physician Suffix
A1200A	Certification of Signature	Referring Entity Certification
A1200B	Signature Date	Certification Date
Section B		
Current Language or Location		New Language or Relocation
Sub header	Personal Information	Individual's Information
B0650	Individual is deceased or has been discharged?	Relocated to "Discharge" tab of the PL1
B0655	Deceased/Discharged Date	Relocated to "Discharge" tab of the PL1
Sub header	Previous Residence	Residence
B0800A	1. Legally Authorized Representative	1. Legally Authorized Representative (Legal Guardian)
Section C		
Current Language or Location		New Language or Relocation
Sub header	PASRR Screen	PASRR Screening
C0090		New question: "Primary Diagnosis of Dementia"

Section D		
Current Language or Location		New Language or Relocation
D0100P	Date of Entry	NF Admission Date
Section E		
Current Language or Location		New Language or Relocation
E0500A-E0900	Alternate Placement Disposition	Relocated to "Discharge" Section
Section F		
Current Language or Location		New Language or Relocation
N/A		Added "F0300A. Preadmission"
N/A		Added "F0300B. Is the individual seeking an NF diversion?"
N/A		Added "F0400. Negative PASRR Eligibility"
Discharge Section		
Current Language or Location		New Language or Relocation
N/A		Added "Discharge" Section on PL1
B0650	"Individual is deceased or has been discharged?"	"H0100" of the Discharge Section on the PL1
B0655	"Deceased/Discharged Date"	"H0150" of the Discharge Section on the PL1
E0500A-E0900	Alternate Placement Disposition	"H0200A-H0600" of the Discharge Section on the PL1