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# **Preadmission Screening and Resident Review (PASRR) Overview for Nursing Facilities**

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# Session Objectives

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

- Form 1012- Mental Illness/Dementia Resident Review;
- Discharging on the PASRR Level 1 (PL1) Screening Form
- Nursing Facility PASRR Responsibilities



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# **Form 1012: Mental Illness/Dementia Resident Review**

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# Form 1012 Purpose (1 of 3)

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- The purpose of Form 1012 - Mental Illness/Dementia Resident Review, is to determine if an individual with a current negative PL1 Screening Form needs further evaluation for mental illness (MI).
- Form 1012 should be completed by the NF when the NF learns new information about the individual's diagnosis, medical condition or history.



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# Form 1012 Purpose (2 of 3)

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Form 1012 is not used when:

- An individual has a positive PL1 Screening Form and a negative PE;
- An individual has a positive PE for MI but now has a primary diagnosis of dementia; or
- An individual with a negative PL1 Screening Form but is suspected of having an ID/DD/RC.



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# Form 1012 Purpose (3 of 3)

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- Only the NFs complete Form 1012.
- Physicians only sign the form if the individual has a primary diagnosis of dementia or does not have a MI.



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# Form 1012 – Section A

Section A. Resident and Nursing Facility Identifying Information			
Resident's Name	Date of Birth	Resident's Medicaid No.	Resident's Social Security No.
Nursing Facility Name	Vendor No.	Provider No.	National Provider Identifier (NPI) No.
Nursing Facility Address (Street, City, State and ZIP code)			
Nursing Facility Primary Contact Name		Position	Area Code and Phone No.
Area Code and Fax No.	Email Address		
PASRR Level 1 Document Locator Number (DLN):		PASRR Level 1 Date of Assessment:	



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# Form 1012 - Section B

## Section B. Dementia Review

### Dementia Defined:

For the purposes of PASRR, dementia is a neurologically driven disease that results in a decline in mental ability severe enough to interfere with independence and daily life. Neither dementia nor psychosis or depression related to dementia is a mental illness.

### Does this individual have a primary diagnosis of Dementia (or related disorder) as defined above?

The major neurocognitive disorder is advanced to the degree that a co-occurring serious mental illness is not likely ever again to be the primary focus of treatment.

- No**, the individual does not have a dementia diagnosis or has a dementia diagnosis, but it is not primary. Complete Section C. The physician does not need to sign Section B.1.
- Yes**, the individual has a primary diagnosis of dementia as defined above. The physician signs and dates the form attesting to the dementia diagnosis. Complete Sections D and E of the form. File the form in the resident's medical record.

### Section B.1. Physician Attestation

Print Name of Physician (Last, First, MI):	License No.:	License State:	Dementia Diagnosis Date of Onset:

 \_\_\_\_\_

Signature (I attest that the information submitted contained within section B of this form is true and correct and applies to the resident indicated in section A.)

\_\_\_\_\_  
Physician's Signature Date



# Form 1012 – Section C



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## Section C. Mental Illness (MI) Indication

Indicate each diagnosis that is applicable for the resident. Each diagnosis selected must be documented in the NF medical record by the admitting, attending, or consulting physician. If "yes" is checked, and it is a new diagnosis, include the date of onset.

Does this individual have a diagnosis of:

1. Schizophrenia .....  Yes  No Date of Onset: \_\_\_\_\_
2. Mood Disorder (Bipolar Disorder, Major Depression, or other mood disorder) .....  Yes  No Date of Onset: \_\_\_\_\_
3. Paranoid Disorder .....  Yes  No Date of Onset: \_\_\_\_\_
4. Somatoform Disorder .....  Yes  No Date of Onset: \_\_\_\_\_
5. Schizoaffective Disorder .....  Yes  No Date of Onset: \_\_\_\_\_
6. Panic or Other Severe Anxiety Disorder .....  Yes  No Date of Onset: \_\_\_\_\_
7. Personality Disorder .....  Yes  No Date of Onset: \_\_\_\_\_
8. Any Other Disorder .....  Yes  No Date of Onset: \_\_\_\_\_

List Other MI Disorder:

If all the responses are **No**, physician signs and dates the form. A new PL1 is not needed at this time. Complete Sections D and E.

If any of the responses are **YES**, the nursing facility needs to complete a new PL1 and Sections D and E of the form. A full PASRR Evaluation will be conducted after the nursing facility submits the new positive PL1.

Print Name of Physician (Last, First, MI):

License No.:

License State:



Signature (I attest that the information submitted contained within section C of this form is true and correct and applies to the resident indicated in section A.)

Physician's Signature Date



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# Form 1012 - Section D

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## Section D. Nursing Facility Action


Select one:

- The PL1 remains negative and no new PL1 needs to be completed. The nursing facility files the completed form in the resident's chart.
- A new positive PL1 was submitted on \_\_\_\_\_ according to the instructions in Section C with DLN \_\_\_\_\_.



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# Form 1012 - Section E

Section E. Staff Completing Form	
Print Name (Last, First, MI)	Title
	
Signature	Signature Date
(I attest that the information contained in this form is true and correct.)	

# Form 1012 – Physician Signature

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Only a physician, which includes a psychiatrist, can sign Form 1012. A Nurse Practitioner or Physician's Assistant cannot sign this form.



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# **Qualifiers for Mental Illness (MI)**

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# Examples of MI

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Examples of MI diagnoses are:

- Schizophrenia
- Mood Disorder (Bipolar Disorder, Major Depressive Disorder or other mood disorder)
- Paranoid Disorder
- Severe Anxiety Disorder
- Schizoaffective Disorder
- Post Traumatic Stress Syndrome



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# What is Not an MI (1 of 2)

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What is not considered an MI:

- Neurocognitive Disorders, such as Alzheimer's disease, other types of dementia, Parkinson's disease, and Huntington's, are not indicative of a mental illness. (DSM-5)
- Depression, unless diagnosed as Major Depression, is not defined as an MI.
- Anxiety, unless diagnosed as severe anxiety disorder, is not defined as an MI.

Note: *DSM-5 = Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*



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# What is Not an MI (2 of 2)

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## Additional Guidance

- Psychological changes that are co-occurring with dementia that may be confused with MI:
  - ▶ Personality Changes
  - ▶ Depression
  - ▶ Anxiety
  - ▶ Inappropriate Behavior
  - ▶ Paranoia
  - ▶ Agitation
  - ▶ Hallucinations

*Note: Unless an individual has an MI before a diagnosis of dementia, these changes are caused by their dementia.*



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# MI PASRR Eligibility (1 of 2)

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- For an individual to meet the federal PASRR definition of MI, they must have a qualifying MI diagnosis, a functional limitation (threatening or aggressive behavior, impaired social interaction, etc.), and have at least one of the following “Recent Occurrences” listed on the PE in Section C.



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# MI PASRR Eligibility (2 of 2)

Recent Occurrences	
C0500. Intensive Psychiatric Treatment Has this individual experienced intensive psychiatric treatment within the previous 2 years?	<input type="text"/> 0. No 1. Yes 2. Unknown
C0600. Disruption to normal living situation Has this individual experienced a significant disruption to their normal living situation requiring supportive services (e.g. residential or respite services) within the previous 2 years due to mental illness?	<input type="text"/> 0. No 1. Yes 2. Unknown
C0700. Crisis Intervention Has this individual experienced intervention by law enforcement, protective service agencies, housing officials or crisis services (i.e. evicted, arrested, charged or convicted of a crime) within the previous 2 years due to mental illness?	<input type="text"/> 0. No 1. Yes 2. Unknown
C0800. Based on the QMHP assessment, does this individual meet the PASRR definition of mental illness?	<input type="text"/> 0. No 1. Yes



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# **Discharging on the old PL1 Screening Form**

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# Discharging on the old PL1 Screening Form (1 of 3)



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**Form Actions:**

**Section A.**

Submitter Information

# Discharging on the old PL1 Screening Form (2 of 3)



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B0400.	• Birth Date	04/24/1964
B0500.	Age at Time of Screening	50
B0600.	• Gender	1. Male
B0650.	Individual is deceased or has been discharged?	
B0655.	Deceased/Discharged Date	mm/dd/yyyy

# Discharging on the old PL1 Screening Form (3 of 3)



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Alternate Placement Disposition		
E0500.	Admission Information	<p>♦ A. Admitted to</p> <input type="text"/> <p>B. Admitted to Other</p> <input type="text"/>
E0600.	Specify Community Program	<p>A. Community Program</p> <input type="text"/> <p>B. Other Community Program</p> <input type="text"/>
E0700.	Name of ICF/IID Facility	<input type="text"/>
E0800.	Own Home/Family Home Comments	<input type="text"/>
E0900.	♦ Alternate Placement Date of Entry	mm/dd/yyyy <input type="text"/>



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# **Discharging on the new PL1 Screening Form**

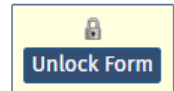
---

# Discharging on the new PL1 Screening Form (1 of 4)



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## PASRR Level 1 Screening



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 ^

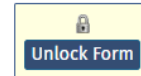


# Discharging on the new PL1 Screening Form (2 of 4)



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## 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

H0150. Deceased/Discharged Date

05/16/2023

0. Deceased  
1. Discharged

### Alternate Placement Disposition

Collapse ^

### Admission Information

H0200A. Admitted to

H0200B. Admitted to Other

3. Own home/family home

# Discharging on the new PL1 Screening Form (3 of 4)



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## 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

# Discharging on the new PL1 Screening Form (4 of 4)



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## PASRR Level 1 Screening

 [Unlock Form](#)

**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 ^



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# **Nursing Facility Responsibilities Related to PASRR**

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# NF Responsibilities Related to PASRR (1 of 8)

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- If an individual seeks admission to a NF, the NF must:
  - Coordinate with the referring entity (RE) to ensure the RE completes a PL1; and
  - Provide assistance in completing the PL1, if the RE is a family member, Legally Authorized Representative (LAR), other personal representative selected by the individual, or a representative from an emergency placement source and requests assistance in completing the PL1.
- A NF must not admit an individual who has not had a PL1 completed before the individual is admitted to the NF.



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# NF Responsibilities Related to PASRR (2 of 8)

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- If an individual's PL1 indicates the individual is not suspected of having MI, ID, or DD, a NF must enter the PL1 from the RE into the LTC Online Portal. The NF may admit the individual into the NF through the routine admission process.



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# NF Responsibilities Related to PASRR (3 of 8)

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- For an individual whose PL1 indicates the individual is suspected of having MI, ID, or DD, a NF:
  - enters the PL1 into the LTC Online Portal if the individual's admission category is:
    - Expedited admission; or
    - Exempted hospital discharge; and
  - does not enter the PL1 into the LTC Online Portal if the individual's admission category is preadmission.



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# NF Responsibilities Related to PASRR (4 of 8)

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- Within seven calendar days after the LIDDA, LMHA, or LBHA has entered a PE or resident review into the LTC Online Portal for an individual or resident who is PASRR positive for MI, ID, or DD, a nursing facility must:
  - Review the recommended list of NF specialized services, LIDDA specialized services, and LMHA/LBHA specialized services; and
  - Certify in the LTC Online Portal whether the individual's or resident's needs can be met in the NF.



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# NF Responsibilities Related to PASRR (5 of 8)

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- After an individual or resident who is determined to be PASRR positive for MI, ID or DD from a PE or resident review has been admitted to a NF, the facility must:
  - Convene the Interdisciplinary Team (IDT) meeting within 14 calendar days after admission or, for a resident review, within 14 calendar days.



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# NF Responsibilities Related to PASRR (6 of 8)

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1. Participate in the IDT meeting to:
  - a. Identify which of the NF specialized services, LIDDA/LMHA/LBHA specialized services recommended for the resident that the resident, or LAR on the resident's behalf, wants to receive; and
  - b. Determine whether the resident is best served in a facility or community setting.



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# NF Responsibilities Related to PASRR (7 of 8)

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- Additional Responsibilities:
  - Provide staff from the LIDDA/LMHA/LBHA access to the resident and the resident's clinical facility records upon request from the LIDDA/LMHA/LBHA.
  - Include in the comprehensive care plan:
    - The NF specialized services agreed to by the resident or LAR; and
    - The NF PASRR support activities



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# NF Responsibilities Related to PASRR (8 of 8)

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- Start providing therapy service within three business days after receiving approval from HHSC in the LTC Online Portal
- Promptly report a significant change in the mental or physical condition of a resident by submitting a MDS Significant Change in Status Assessment Form in the LTC Online Portal.



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# Reminders

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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)



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Current Status: Pending Placement in NF - PE Confirmed | Name: James Harrison | DLN: 231365000005 |  
Username: nfpasrr\_ext  
PE: 231365100006

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

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



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Current Status: Pending Placement in NF - PE Confirmed | Name: James Harrison | DLN: 231365000005 |  
Username: nfpasrr\_ext  
PE: 231365100006

Form Actions:

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		
<input type="text" value="001015125"/> <input type="button" value="Q"/>	<input type="text" value="5513"/>	<input type="text" value="1891991584"/>	<input type="text" value="GREEN VALLEY HEALTHCARE AND RE"/>		
D0100E. Street Address	D0100F. City	D0100G. State	D0100H. ZIP Code	D0100I. Phone	
<input type="text" value="6850 RUFÉ SNOW DR"/>	<input type="text" value="FORT WORTH"/>	<input type="text" value="TX"/>	<input type="text" value="76148C"/>	<input type="text" value="8176547891"/>	
D0100J. NF Contact First Name	D0100K. NF Contact Middle Initial	D0100L. NF Contact Last Name		D0100M. NF Contact Suffix	
<input type="text" value="Sarah"/>	<input type="text"/>	<input type="text" value="Powers"/>		<input type="text"/>	
D0100N. NF is willing and able to serve individual		<input type="button" value="1. Yes"/> ▾			
D0100O. NF Admitted the individual		<input type="button" value="0. No"/> ▾			
D0100P. NF Admission Date		<input type="text" value="MM/DD/YYYY"/> <input type="button" value="📅"/>			
D0100Q. Comments					
<input type="text"/>					



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



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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

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



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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.

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

# HHSC PASRR Resources

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1. [PASRR Forms & Instructions | Texas Health and Human Services](#)
2. For questions regarding PASRR, please email:
3. [PASRR.Support@hhsc.state.tx.us](mailto:PASRR.Support@hhsc.state.tx.us)



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# PASRR Mailbox Support Tips (1 of 2)

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When sending an email to the PASRR mailbox, please keep in mind the following:

- Include as much detail as possible
- Send the Document Locator Number (DLN) of the PASRR form(s) rather than names, Social Security Number, etc.
- Do not send an encrypted email – send the DLN so there is no need for an encrypted email.
- Include your contact information.
- Do not copy other HHSC staff, mailboxes, or other staff on your email.



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# PASRR Mailbox Support Tips (2 of 2)

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- Do not send duplicative emails.
- If your question is about an error message or an error code you have received, include a screen shot.
- If you are having a TMHP LTC online portal issue, call TMHP first. Only contact the PASRR Unit if they are unable to assist you and include in the email: the date, time, name of person you talked to and the case number TMHP assigned you.

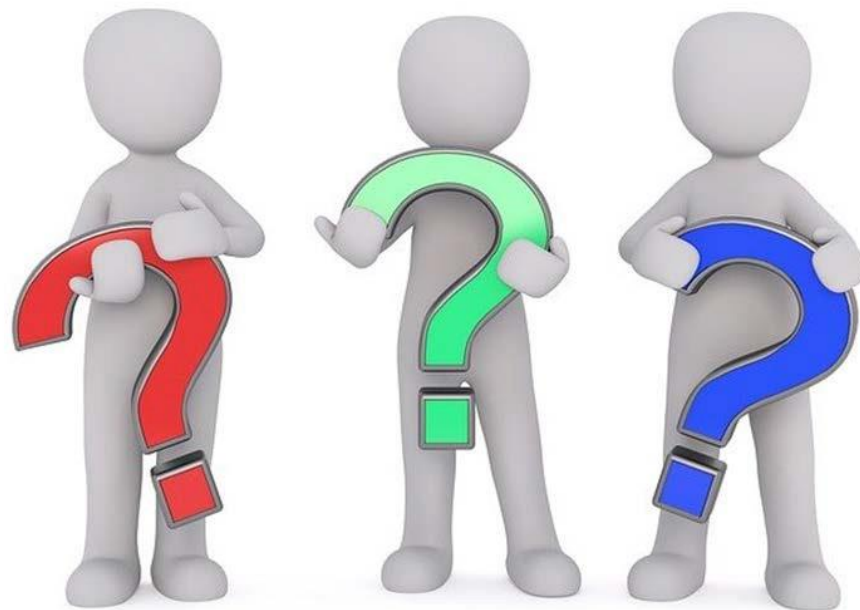


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# Questions

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# Thank you

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[PASRR.Support@hhsc.state.tx.us](mailto:PASRR.Support@hhsc.state.tx.us)

[Recording and handouts are available here](#)