Detailed Item by Item Guide
for completing the
PASRR Level I Screening Form
and
Interdisciplinary Team (IDT) Form
Version 1.3
## CONTENTS

Overview................................................................................................................................. 3

Purpose .................................................................................................................................... 3

When to perform and submit a PASRR Screening................................................................. 4

When to complete and submit an IDT form........................................................................... 4

How to perform and submit a PASRR Screening................................................................. 4

How to complete and submit an IDT form............................................................................ 5

PASRR Level 1 Screening and IDT Form Retention Period.................................................. 5

Coding Conventions.............................................................................................................. 6

Assistance.............................................................................................................................. 6

Item by Item steps for completing the PL1 Screening Form.................................................. 8

Section A: Submitter Information.......................................................................................... 8

Section A: Referring Entity Information.............................................................................. 8

Section B: Personal Information............................................................................................ 8

Section C: PASRR Screen..................................................................................................... 10

Section C: Local Authority Information............................................................................. 10

Section D: Nursing Facility Choices.................................................................................... 10

Section E: Alternate Placement Preferences...................................................................... 12

Section E: Alternate Placement Disposition....................................................................... 13

Section F: Admission Category............................................................................................ 13

Item by Item steps for completing the IDT Form.................................................................. 15

IDT Participants Information.................................................................................................. 15

IDT Specialized Services...................................................................................................... 17

Other Information.................................................................................................................. 17

IDT Confirmation................................................................................................................... 18

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OVERVIEW
This guide is to be used in conjunction with the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal.

PURPOSE
The PASRR Level I (PL1) Screening Form is designed to identify persons who are suspected of having Mental Illness (MI), Intellectual Disability (ID) or a Developmental Disability (DD) also referred to as Related Conditions (RC).

The PASRR Evaluation (PE) is designed to confirm the suspicion of MI, ID or DD/RC and ensure the individual is placed in the most integrated residential setting receiving the specialized services needed to improve and maintain the individual’s level of functioning.

If documentation entered on the PL1 indicates MI/ID/DD, a PE must be completed.

The term “perform” has specific meaning in this document. It means the Local Authority (LA), Referring Entity (RE) or Nursing Facility (NF) will screen the individual and fill out all fields on a blank hardcopy version of the PL1 Screening Form.

This document will describe details about the PL1 Screening Form and the IDT form.

For an individual with a positive PE, the interdisciplinary team (IDT) meeting is held within 14 days of an individual’s admission into the nursing facility to determine whether the individual is best served in a facility or community setting and identify which of the specialized services recommended for the resident that the individual, or LAR on the individual’s behalf, wants to receive.

The interdisciplinary team consists of:

- the individual;
- the individual’s Legally Authorized Representative (LAR), if any;
- a registered nurse from the nursing facility with responsibility for the individual;
- a representative of the Local Authority (LA) or Local Mental Health Authority (LMHA); and
- others as follows:
  - concerned persons whose inclusion is requested by the individual or LAR;
  - persons specified by the individual or LAR, nursing facility, or LA or LMHA, as applicable, who are professionally qualified or certified or licensed with special training and experience in the diagnosis, management, needs, and treatment of people with MI, ID, or DD; and
if the individual is school eligible, representatives of the appropriate school district as requested by the individual or LAR.

As a required member of the IDT, a representative of the LA or LMHA will confirm their attendance at the meeting (in person or by phone) and that the specialized services listed on the IDT were those agreed to during the IDT meeting.

**When to perform and submit a PASRR Screening**

The PL1 must be completed and submitted via the LTC Online Portal for every individual seeking admission to a Medicaid certified nursing facility prior to admission, regardless of funding source.

The RE or NF will perform the PL1 Screening Form, for Expedited Admissions and Exempted Hospital Discharges. The RE will send the PL1 Screening paper form to the NF with the individual. The NF will then submit the PL1 on the LTC Online Portal.

The RE will perform the PL1 Screening Form for individuals admitted to the NF under the Preadmission process.

Only an LA or NF can submit a PL1 on the LTC Online Portal.

**When to complete and submit an IDT form**

During the IDT meeting, the NF representative will fill out the IDT paper form. Then the NF will enter the information from the paper form into the IDT tab of the PL1 on the LTC Online Portal within three business days after the IDT meeting.

A representative of the LA or LMHA will, within five business days after the IDT meeting, confirm on the IDT tab their participation in the meeting and the specialized services agreed upon in the IDT meeting.

**How to perform and submit a PASRR Screening**

The PL1 Screening Form can only be submitted on the LTC Online Portal. The LTC Online Portal can be accessed via www.tmhp.com. A log-on identification number is required to access the portal for submission and corrections. Access details can be found on the TMHP website.

The individual or Legally Authorized Representative (LAR) should always be given the opportunity for translator services. The LA will arrange or work in cooperation with the RE for translator services as needed.
The PL1 submission procedure:
1. Enter the data from the hand written PL1 Screening paper form into the online version of the PL1.
2. Retain a copy of the hand written PL1 Screening paper form, with the appropriate original signatures, in the individual's record.
3. The PL1 Screening must include the address of the individual, or LAR or the address where the individual or LAR can be contacted.
4. The PL1 Screening must include at least 1 nursing facility choice entered in Section D regardless of PASRR eligibility.

**HOW TO COMPLETE AND SUBMIT AN IDT FORM**

Only an NF can create and submit an IDT meeting on the LTC Online Portal. A new DLN is not assigned when the IDT meeting is successfully submitted.

To access the IDT form, click on the IDT tab located on the individual's completed PL1 Screening Form on the LTC Online Portal.

The IDT tab submission procedure:
1. Enter the data from the hand-written paper form onto the IDT tab of the PL1 on the LTC Online Portal.
2. Retain a copy of the hand written IDT form in the individual's record.
3. The IDT form must include:
   - the date of the IDT meeting;
   - the names of those who participated in the IDT meeting;
   - the nursing facility specialized services, LA specialized services and LMHA specialized services that were agreed to in the IDT meeting; and
   - the determination of whether the resident is best served in a facility or community setting.

**PASRR LEVEL 1 SCREENING AND IDT FORM RETENTION PERIOD**

The electronic version of the PL1 Screening and IDT form will be retained on the TMHP LTC Online Portal for a period of six (6) years from the date of submission. Keep the hand written PL1 Screening and IDT paper form with the appropriate original signatures in the individual's record for 5 years after the individual's discharge or death.

If the individual is a minor, records should be kept for 3 years past the date that the individual reaches legal majority age under Texas law.
CODING CONVENTIONS
The following coding conventions should be used when submitting the PL1 Screening Form and IDT Form:

- All fields with red dot are required fields. The form cannot be submitted without populating these fields.
- Not all fields are required. Some fields are conditionally required. Answers to various fields determine what downstream fields are required. For example: ‘Other Residence Type’ (B0700B) is only required if an answer of “5.Other” is entered for ‘Previous Residence Type’ (B0700A).
- When completing the hand written PL1 Screening and IDT paper form to be used for data entry, capital letters may be easiest to read. Print legibly.
- You can enter a date automatically by clicking the date picker icon next to the field you need to complete, and then select the appropriate date. When entering dates manually, use the following format: “mm/dd/yyyy”. For example, July 6, 2008, would be recorded as 07/06/2008.
- Click on the appropriate check boxes (or use a check mark on the paper form of the PL1 and IDT) where the instructions state to “check all that apply” or “check only one”, if specified condition is met; otherwise these boxes remain blank.
- “Unknown” is a response option to several items. Check this response when none of the other responses apply. It should not be used to signify lack of information about the item.

ASSISTANCE
Call TMHP at 1-800-626-4117, Option 1 for:

- General Inquiries
- PASRR Level I (PL1) Screening Form Status
- PASRR Evaluation (PE) Form Status
- IDT Form Submission and Confirmation Process
- Claim Forms
- Claim Submissions

Call DADS PASRR Unit at 1-855-435-7180 for:

- Questions specifically related to ID/DD
- Assistance with locating information to complete the PL1 Screening Form
- Assistance/cooperation from a Referring Entity, Local Authority or Nursing Facility
- Assistance locating forms, individuals, Local Authority or additional training resources
- Assistance with the interdisciplinary team (IDT) process
Call **DSHS PASRR Unit** at (512) 776-7111 or 1-888-963-7111 for:

- Questions specifically related to MI
- Assistance with locating information to complete the PL1 Screening Form
- Assistance/cooperation from a Referring Entity, Local Authority or Nursing Facility
- Assistance locating forms, individuals, Local Authority or additional training resources
- Assistance with the interdisciplinary team (IDT) process

How to prevent **Timing Out** of the TMHP LTC Online Portal:

It is important to note that when submitting the PL1 Screening Form or the IDT Form on the LTC Online Portal, the system will time-out after 20 minutes of no activity. To prevent this from happening, the submitter has the following options:

**PL1 Screening Form:**

- Start and finish (submit or save as draft) within 20 minutes.
- Click on a different tab of the PL1 Screening Form and then return to the tab. This will reset the timer for another 20 minutes.

**IDT Form:**

To prevent timing out after 20 minutes of no activity, the user must continue entering data on the IDT tab in order to prevent the time-out (this can include navigating between PL1 tabs). The data entered on the IDT tab will not be lost as long as the user doesn’t look at a previous IDT submission, click on “Add Note”, or unlock the PL1.
ITEM BY ITEM STEPS FOR COMPLETING THE PL1 SCREENING FORM

SECTION A: SUBMITTER INFORMATION (NF/LA only)
INTENT: The purpose of this section is to document the identifying and contact information for the person submitting the PASRR Level I (PL1) Screening Form.

Steps for Assessment
1. Fields A0100-A0510 will be disabled and auto populated with submitter identifying information linked to the submitter's TMHP LTC Online Portal logon identification number.

A0100. Name—Agency name or first name, middle initial and last name of the submitter of this PL1 Screening Form.
A0200A. Street Address—Current mailing address, including street or P.O. Box of the submitter.
A0200B. City—City of the submitter.
A0200C. State—State of the submitter.
A0300. NPI/API—National Provider Identifier or Atypical Provider Identifier for the agency under which the submitter provides services.
A0400. Contract No.—Contract number for the agency under which the submitter provides services.
A0500. Vendor No. — Vendor number for the agency under which the submitter provides services.
A0510. County—County for the agency under which the submitter provides services.

SECTION A: REFERRING ENTITY INFORMATION (Screener)
INTENT: The purpose of this section is to document the identifying and contact information for the person who performed the PASRR Level I (PL1) Screening Form.

Steps for Assessment
1. The information requested in this section is required, unless otherwise indicated.
2. If the RE did not perform the PL1 and the person is being admitted as Exempted Hospital Discharge or Expedited Admission, the NF should perform and submit the PL1.

A0600. Date of Assessment—Enter the date that the PL1 was performed via date picker or manually entering the date using the “mm/dd/yyyy” format.
A0700A. First Name—Enter the first name of the RE who performed the PL1 Screening.
A0700B. Middle Initial—Enter the middle initial of the RE who performed the PL1 Screening. This field is optional.

A0700C. Last Name—Enter the last name of the RE who performed the PL1 Screening.

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

A0800. Position/Title—Enter the professional position or title of the RE who performed the PL1 Screening.

A0900A. Type of Entity—Select the type of entity for the RE’s current location from the drop down list provided.
   1. Acute Care
   2. Psychiatric Hospital
   3. ICF/IID
   4. Family Home
   5. Nursing Facility
   6. Physician (MD/DO)
   7. Other

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

A0900C. Physician First Name—Enter the first name of the individual’s medical doctor. This field is optional.

A0900D. Physician Middle Initial—Enter the middle initial of the individual’s medical doctor. This field is optional.

A0900E. Physician Last Name—Enter the last name of the individual’s medical doctor. This field is optional.

A0900F. Physician Suffix—Enter the suffix of the individual’s medical doctor if applicable. This field is optional.

A1000A. Name—Enter the RE’s current location.

A1000B. Street Address—Enter the street address or P.O. Box of the RE’s current location.

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

A1000D. State—Select the state of the RE’s current location from the drop down list provided.

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

A1000F. Phone Number—Enter the 10-digit telephone number of the RE’s current location.

A1100. Date of Last Physical Examination—Enter the date of the individual’s most recent physical examination performed by a licensed medical doctor. This exam may be referred to in the medical record as a History and Physical (H&P).
A1200A. Certification of Signature—Check this box to certify that the RE, or RE representative, has signed the PASRR Level I Screening.

A1200B. Signature Date—Enter the date that the RE, or RE representative, signed the PL1 Screening Form.

SECTION B: PERSONAL INFORMATION (Individual being screened)

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

Steps for Assessment
1. The information requested in this section is required, unless otherwise indicated or if the field is disabled and pre-populated.
2. The PL1 cannot be submitted without this information.
3. B0500 will be pre-populated with the individual's age. The calculation will be based on the submitter's answer in 'Date of Assessment' (A0600) minus 'Birth Date' (B0400).

B0100A. First Name—Enter the first name of the individual being screened.
B0100B. Middle Initial—Enter the middle initial of the individual being screened. This field is optional.
B0100C. Last Name—Enter the last name of the individual being screened.
B0100D. Suffix—Enter the suffix of the individual being screened. This field is optional.
B0200A. Social Security No.—Enter the Individual's nine-digit Social Security Number, if available.
B0200B. Medicare No.—Enter the Individual's Medicare Number, if available.
B0300. Medicaid No.—Enter the Individual's Medicaid Number. If the individual does not have Medicaid, enter an 'N'. If the individual is Medicaid pending, enter a ‘+’.
B0400. Birth Date—Enter the individual's Date of Birth in "mm/dd/yyyy" format, or via the date picker icon next to this field.
B0500. Age at Time of Screening—This field is disabled and displays the individual’s age as of the date that the PL1 Screening was performed.
B0600. Gender—Select the individual's gender from the drop down list provided.
B0650. Individual is deceased or has been discharged? This field is only available when the ‘Update Form’ button is clicked after submission of the PL1. Select a value from the drop down list when the resident is:
   0. Deceased
   1. Discharged
B0655. Deceased/Discharged Date – Enter or select the date from the date picker icon, when the individual was discharged from the NF or deceased. This date is required when
B0650. *Individual is deceased or has been discharged?* is not blank. This date cannot be a future date, must be on or after assessment date and must be greater than birth date.

**B0700A. Previous residence type**— Select the individual’s previous residence/location type or program prior to current residence from drop down list provided.

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

**B0700B. Other residence type**— This field is only available if you chose “5. Other” in B0700A. Enter the individual’s previous residence or location type that is not listed in B0700A.

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

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

**B0700E. State**— Select the state of the individual’s previous residence or location type from the drop down list provided.

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

**B0700G. County of Residence**— Select the county of the individual’s previous residence or location type from the drop down list provided.

**B0800A. Relationship to Individual**— Select the next of kin’s relationship to the individual from the drop down list provided. If the individual has a Legally Authorized Representative (LAR), select “1. Legally Authorized Representative” here and enter the LAR’s identification information in fields B0800C through B0800K.

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

**B0800B. Other Relationship to Individual**— This field is only available if you selected “6. Other” in field B0800A. Enter the other relationship type to the individual being screened which is not listed in B0800A.

**B0800C. First Name**— Enter the first name of the individual’s next of kin or LAR.

**B0800D. Middle Initial**— Enter the middle initial of the individual’s next of kin or LAR. This field is optional.

**B0800E. Last Name**— Enter the last name of the individual’s next of kin or LAR.
**B0800F. Suffix**—Enter the suffix of the individual's next of kin or LAR. This field is optional.

**B0800G. Phone Number**—Enter the 10-digit telephone number of the individual's next of kin or LAR.

**B0800H. Street Address**—Enter the current street name or P.O. Box of the individual’s next of kin or LAR.

**B0800I. City**—Enter the city of the individual’s next of kin or LAR.

**B0800J. State**—Select the state of the individual’s next of kin or LAR from the drop down menu provided.

**B0800K. ZIP Code**—Enter the ZIP Code of the individual’s next of kin or LAR.

**SECTION C: PASRR SCREEN (Screener)**

**INTENT:** This section is to be completed for individuals suspected of having Mental Illness.

**Steps for Assessment**

1. Identify diagnoses: Review the medical record, if available, for diagnoses. Medical record sources can include but are not limited to: verbal interview with the individual or LAR, observation, progress notes, Annual Physical Exam, the most recent History and Physical, hospital discharge summaries or diagnosis list.

2. If the answers to C0100=No, C0200=No, and C0300=No, one nursing facility choice must be entered in section D. If the PL1 is being submitted on to the LTC Online Portal by an LA, the evaluation is complete.

3. These are required fields.

**C0100. Mental Illness**—Select whether or not this individual demonstrates evidence of a Mental Illness.

   0. No
   1. Yes

A mental disorder is defined as the following: a schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability. Dementia including Alzheimer's disease or a related disorder, is a neurologically driven disease that through evaluation is not indicative of a mental illness, it is a medical condition.

**C0200. Intellectual Disability**—Select whether or not this individual demonstrates evidence of an Intellectual Disability.

   0. No
   1. Yes

**C0300. Developmental Disability**—Select whether or not this individual demonstrates evidence or indicators of a Developmental Disability (related condition) other than an
Intellectually Disability. A link to the DADS list of approved related conditions is included below: [http://www.dads.state.tx.us/providers/guidelines/ICD-9-CM_Diagnostic_Codes.pdf](http://www.dads.state.tx.us/providers/guidelines/ICD-9-CM_Diagnostic_Codes.pdf)

0. No
1. Yes

**SECTION C: LOCAL AUTHORITY INFORMATION (LA only)**

**INTENT:** The purpose of this section is to document the LA associated with the submission of the PL1 Screening Form.

**Steps to Assessment**
1. These fields are disabled and auto populated based on the county entered in field A0510.

**C0400. LA-MI Contract No.** – The Local Mental Health Authority contract number under which the submitter provides services.

**C0500. LA-MI Vendor No.** – The Local Mental Health Authority vendor number under which the submitter provides services.

**C0600. LA-MI NPI/API No.** – The Local Mental Health Authority National Provider Identifier or Atypical Provider Identifier under which the submitter provides services.

**C0700. LA-IDD Contract No.** – The Intellectual/Developmental Disability Local Authority contract number under which the submitter provides services.

**C0800. LA-IDD Vendor No.** – The Intellectual/Developmental Disability Local Authority vendor number under which the submitter provides services.

**C0900 LA-IDD NPI/API No.** – The Intellectual/Developmental Disability Local Authority National Provider Identifier or Atypical Provider Identifier under which the submitter provides services.

**SECTION D: NURSING FACILITY CHOICES (RE/LA Preadmission type only)**

**INTENT:** The purpose of this section is to document the individual or LAR’s choice(s) for nursing facility admission.

**Steps for Assessment**
1. This section can have up to 5 NF choices, which is the limit at one time, for Preadmissions. There must be at least 1 NF choice for an admission under Expedited or Exempted Hospital Discharge conditions. There must be 1 NF choice listed, regardless of whether or not the PL 1 is positive or negative.
2. If the submitter is an NF, fields D0100A-D0100H will be disabled and auto populated based on the submitted contract/vendor number.

3. After entering the contract and vendor numbers in field D0100A and D0100B, the user must click the magnifying glass. This action will auto populate and disable fields D0100C through D0100H.

**D0100A. Contract No.** — Enter the contract number for the individual or LAR's nursing facility choice.

**D0100B. Vendor No.** — Enter the vendor number for the individual or LAR's nursing facility choice.

**D0100C. NPI** — The National Provider Identifier for the individual or LAR's nursing facility choice.

**D0100D. Facility Name** — Facility name for the individual or LAR's nursing facility choice.

**D0100E. Street Address** — The street name or P.O. Box for the individual or LAR's nursing facility choice.

**D0100F. City** — The city for the individual or LAR's nursing facility choice.

**D0100G. State** — The state for the individual or LAR's nursing facility choice.

**D0100H. ZIP Code** — The Zip Code for the individual or LAR's nursing facility choice.

**D0100I. Phone** — Enter the 10-digit telephone number for the individual or LAR's nursing facility choice.

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

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

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

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

**D0100N. NF is willing and able to serve individual** — This field is disabled. After the NF reviews the PE that is linked to the PL1 for this individual, the NF will select the appropriate button from the yellow navigational bar corresponding to their ability or inability to serve the individual and provide or arrange for their specialized services as identified in the PE. Then this field will be auto populated with this answer.

**D0100O. NF admitted the individual** — This drop down list is always disabled. It will be auto populated based on the click of the button “Admitted to NF” found in the yellow navigational bar.

**D0100P. NF Date of Entry** — This field is only available and required after the button “Admitted to NF” is clicked. Enter the date that the individual was admitted to the facility via the data picker, or manually enter the date using the “mm/dd/yyyy” format.
**D0100Q. Comments**—Enter any additional comments relevant to the individual’s PASRR Level I Screening, Nursing Facility choices, Personal contacts, Nursing Facility contacts, alternate placement needs or any other pertinent information.

**Delete NF Choice**—Click this link next to the nursing facility you wish to delete.

**Add NF Choice**—Click this link to add another nursing facility to the list of choices, and then enter the information required.

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**SECTION E: ALTERNATE PLACEMENT PREFERENCES (Screener)**

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

**Steps for Assessment**

1. This section is only available for data entry after the PL1 has been successfully submitted on the LTC Online portal and the user clicks on the “Enter Disposition” button in the “Workflow Actions” section of the yellow navigational bar when viewing the PL1.
2. The individual should receive information on all alternate placement settings for which they are eligible, and are available in the community in which they choose to reside.
3. Appropriate referrals to community placement should be initiated immediately.

**E0100. Where would this individual like to live now?**—Click on all the residential settings the individual or LAR express an interest in.

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

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

**E0300. Living Arrangement Options**—Click all the living arrangement options the individual or LAR express an interest in.

- 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**— Enter relevant information regarding the individual or LAR's preferred living arrangement options. These comments should include barriers to the preferred living arrangement options, as well as supports needed.

**SECTION E: ALTERNATE PLACEMENT DISPOSITION (Screener)**

**INTENT:** The purpose of this section is to document where the individual was admitted.

**Steps for Assessment**

1. Enter the information for where the resident was admitted in the community. This admission information cannot be a nursing facility.

2. This section is only available for data entry after the PL1 has been successfully submitted on the LTC Online portal and when the user clicks on the “Enter Disposition” button in the “Workflow Actions” section of the yellow navigational bar when viewing the PL1.

**E0500A. Admitted to**— Select the community setting to which the individual was admitted from the drop down list provided.

1. Community Program  
   1. CLASS (SG 2)  
   2. CBA (SG 3)  
   3. PACE (SG 11)  
   4. DBMD (SG 16)  
   5. MDCP (SG 18)  
   6. STAR+Plus (SG 19)  
   7. HCS (SG 21)  
   8. TxHmL (SG 22)

**E0500B. Admitted to Other**— This field is only available, and therefore required, if you selected “4. Other” in E0500A. Enter where the individual was admitted to that is not listed in the drop down list above.

**E0600A. Community Program**— Select the community program to which the individual was admitted from the drop down list provided.
9. YES (DSHS Waiver)
10. Other

**E0600B. Other Community Program**—This field is only available, and therefore required, if you selected “10. Other” in E0600A. Enter where the individual was admitted to that is not listed in the drop down list above.

**E0700. Name of ICF/IID Facility**—Enter the name of the ICF/IID where the individual currently lives.

**E0800. Own Home/ Family Home Comments**— Enter more information regarding the choice of “3. Own home/family home”.

**E0900. Alternate Placement Date of Entry**—Enter the date the individual was admitted to the alternate location using the “mm/dd/yyyy” format, or via the date picker icon.

**SECTION F: ADMISSION CATEGORY (RE/LA)**

**INTENT:** The purpose of this section is to document the type of admission for this individual.

**Steps for Assessment**
1. If the individual is an Exempted Hospital Discharge or an Expedited Admission to the NF, the PL1 is to be performed by the RE and sent to the NF with the individual. The NF then submits the PL1 on the LTC Online Portal.
2. If the RE did not complete the PL1, and the NF cannot obtain the PL1 from the RE, and the NF wishes to admit the individual, the NF will perform and submit the PL1 on the LTC Online Portal.

**F0100. Exempted Hospital Discharge**—Has a physician certified that this individual is likely to require less than 30 days of NF services? (For the same condition the individual was hospitalized) Select whether or not this individual qualifies for an Exempted Hospital Discharge.
   0. No
   1. Yes

**F0200. Expedited Admission**— Select the category of Expedited Admission this individual is being admitted under. Choose “0. Not Expedited Admission” if this individual will not be admitted to the Nursing Facility under one of the conditions listed.
   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.
**ITEM BY ITEM STEPS FOR COMPLETING THE IDT FORM**

**Interdisciplinary Team (IDT)**

**INTENT:** The purpose of this section is for the NF to document the type of meeting that was held, the date the meeting was held, the meeting participants, the individual’s PASRR condition, and the specialized services agreed to. The LA/LMHA will then document their participation and confirm that the specialized services listed are those agreed upon during the IDT meeting.

**G0100. Type of IDT Meeting**—1. Initial 2. Specialized Services Review.

The initial IDT is the meeting that must be held within 14 days of the individual’s admission. The Specialized Services Review is a meeting that is held on a quarterly, annual, or other basis to discuss specialized services for the individual.

**G0200. Date of IDT Meeting**— Enter the date the meeting was held using the "mm/dd/yyyy" format, or via the date picker icon next to this field. This date must be after the assessment date of the last Positive PE, and it also cannot be a future date.

**G0300. Individual PASRR Condition**— The individual is PASRR positive for: 1. IDD only, 2. MI only or 3. IDD and MI.

**IDT PARTICIPANTS INFORMATION**

The purpose of this section is to document who attended the IDT meeting in person or by telephone. Mandatory participants include the Nursing Facility RN, the Individual, the Legally Authorized Representative (if applicable) and the LA-IDD and/or LA-MI. Other participants as requested by the individual or their LAR.

**G0400. IDT Participation**— The maximum number of participants that can be documented on the LTC Online Portal is twelve.

**G0400A. Participant Type**


**G0400B. Attendance Type**

1. Yes - Attended in person, 2. Yes - Attended via phone, 3. No - Did not attend or 4. No - Not Applicable

**G0400C. Title**

Therapist (LMFT), 7. Licensed Psychologist, 8. Advanced Practice Nurse (APN), 9. Physician (MD or DO), 10. Qualified Mental Health Professional (QMHP), 11. Other

G0400D. Other Title— This field is only available if you have selected “11. Other” in the ‘Title’ field (G0400C).

G0400E. First Name— Enter the first name of the meeting participant.

G0400F. Middle Initial— Enter the middle initial of the meeting participant. This field is optional.

G0400G. Last Name— Enter the last name of the meeting participant.

G0400H. Suffix— Enter the suffix of the meeting participant. This field is optional.

**IDT SPECIALIZED SERVICES**

Specialized Services are defined as support services that are identified through the PE process that are in addition to nursing facility services, and are provided to individuals who have been identified as having MI, ID/DD.

**Specialized Services Indication**

G0500A. Are Specialized Services indicated at this time? - 0. No 1. Yes. Indicate whether Specialized Services are indicated at this time.

G0500B. Was there a discussion of the Individual’s need for habilitation therapies (OT, PT, ST)? 0. No 1. Yes. Indicate whether there was a discussion on the individual’s need for habilitation therapies.

G0600. Individual Acceptance/ Refusal of Specialized Services Indicated- 0. The Individual has refused all Specialized Services at this time, 1. The Individual has accepted one or more of the Specialized Services at this time.

G0700. List of Nursing Facility Specialized Services- Check only the services the Individual or their Legally Authorized Representative (LAR) agreed to by checking the boxes next to the specialized service.

A. Customized Manual Wheelchair (CMWC)
B. Durable Medical Equipment (DME).
C. Specialized Assessment Occupational Therapy (OT)
D. Specialized Assessment Physical Therapy (PT)
E. Specialized Assessment Speech Therapy (ST)
F. Specialized Occupational Therapy (OT)
G. Specialized Physical Therapy (PT)
H. Specialized Speech Therapy (ST)
I. None of the above apply

**G0800. List of LA/LMHA Specialized Services** - Check *only* the services the Individual or their Legally Authorized Representative (LAR) agreed to by checking the boxes next to the specialized service.

**LA Specialized Services**
A. Service Coordination  
B. Alternate Placement Assistance  
C. Vocational Activities  
D. Pre-Vocational Activities  
E. Employment Assistance  
F. Supported Employment  
G. Day Habilitation  
H. Independent Living Skills Training  
I. Behavioral Support

**LMHA Specialized Services**
J. Group Skills Training  
K. Individual Skills Training  
L. Intensive Case Management  
M. Medication Training (Group)  
N. Medication Training (Individual)  
O. Medication Training & Support Services (Group)  
P. Medication Training & Support Services (Individual)  
Q. Psychiatric Diagnostic Interview Examination  
R. Psychosocial Rehabilitative Services (Group)  
S. Psychosocial Rehabilitative Services (Individual)  
T. Routine Case Management  
U. Skills Training & Development (Group)  
V. Skills Training & Development (Individual)

*If none of the Specialized Services apply from fields G0800A thru G0800I and G0800J thru G0800V, please check:*

W. None of the above apply

**G0900. Type of Durable Medical Equipment (DME)** - This field is enabled only if G0700B is checked. Check all that apply.
A. Gait Trainers  
B. Standing Boards  
C. Special Needs Car Seats or Travel Restraints  
D. Specialized/Treated pressure reducing support surface mattresses  
E. Positioning Wedges  
F. Prosthetic Devices
**OTHER INFORMATION**

**G1000. Individual Is Best Served In** - 0. Nursing Facility 1. Community Setting. Select the setting where the individual is best served.

**G1100. Comments** – Enter any applicable comments regarding where the individual is best served in. This field is optional.

**IDT CONFIRMATION**

**G1200. LA/LMHA Specialized Services and Participation Confirmation** -

**G1200A.** I am Confirming the MI section – Check if the LMHA is confirming this section.

**G1200B.** LA - MI We agree – 0. No or 1. Yes. Does the LMHA agree to the specialized services indicated above? If the LA-MI indicates “No” in field G1200B that they “Do Not Agree” then field G1200C “Comments” become a required field, and the LA-MI must document why they are not in agreement with the list of specialized services discussed during the IDT meeting.

Note: If the LA-MI notices an error in the information entered by the NF (misspelled name, inadvertently left off a participant’s name or specialized service, etc.) the LA-MI should call the NF and ask them to correct the error BEFORE they confirm. Once the LA-MI confirms and clicks on the “Submit” button, neither the NF nor the LA-MI can make corrections without entering a new IDT form.

**G1200C.** LA - MI Specialized Services Comments – There is a limit of 500 alphanumeric characters. This section is required if G1200B is “0. No”. Indicate the reasons the LA-MI does not agree, such as the complete list of specialized services is not entered on the IDT tab.

**G1200D.** LA - MI Signature Date – enter the confirmation date using the "mm/dd/yyyy" format, or via the date picker icon next to this field.

**G1200E.** LA - MI Attendance Type - 1. Yes - Attended in person, 2. Yes - Attended via phone, 3. No - Did not attend. If the answer is “3. No – Did not attend” then the comment section in F must be filled out (required field).
G1200F. LA - MI Participation Confirmation Comments – if applicable. There is a limit of 500 alphanumeric characters. This is a required field G1200E is entered as “3. No – Did not attend”. Indicate reason why the LA-MI did not attend, such as the notice of the meeting did not come in a timely manner.

G1200G. I am Confirming the IDD section – Check if the LA is confirming this section.

G1200H. LA - IDD We agree – 0. No or 1. Yes. Does the LA agree to the specialized services indicated above? If the LA-IDD indicates “No” in field G1200H that they “Do Not Agree” then field G1200I “Comments” become a required field, and the LA-IDD must document why they are not in agreement with the list of specialized services discussed during the IDT meeting.

Note: If the LA-IDD notices an error in the information entered by the NF (misspelled name, inadvertently left off a participant’s name or specialized service, etc.) the LA-IDD should call the NF and ask them to correct the error BEFORE they confirm. Once the LA-IDD confirms and clicks on the “Submit” button, neither the NF nor the LA-IDD can make corrections without entering a new IDT form.

G1200I. LA - IDD Specialized Services Comments –. There is a limit of 500 alphanumeric characters. This section is required if G1200H is “0. No”. Indicate the reasons the LA-IDD does not agree, such as the complete list of specialized services is not entered on the IDT tab.

G1200J. LA - IDD Signature Date – enter the confirmation date using the ”mm/dd/yyyy” format, or via the date picker icon next to this field.

G1200K. LA - IDD Attendance Type - 1. Yes - Attended in person, 2. Yes - Attended via phone or 3. No - Did not attend. If the answer is “3. No – Did not attend” then the comment section in L must be filled out (required field).

G1200L. LA - IDD Participation Confirmation Comments – if applicable. There is a limit of 500 alphanumeric characters. This is a required field G1200K is entered as “3. No – Did not attend”. Indicate reason why the LA-IDD did not attend, such as the notice of the meeting did not come in a timely manner.