Detailed Item by Item Guide for completing the PASRR Level I Screening Form Version 1.4
# TABLE OF Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TABLE OF Contents</strong></td>
<td>2</td>
</tr>
<tr>
<td>1. Overview</td>
<td>3</td>
</tr>
<tr>
<td>2. Purpose</td>
<td>4</td>
</tr>
<tr>
<td>3. When to perform and submit a PASRR Screening</td>
<td>5</td>
</tr>
<tr>
<td>4. How to perform and submit a PASRR Screening</td>
<td>6</td>
</tr>
<tr>
<td>5. PASRR Level 1 Screening Form Retention Period</td>
<td>7</td>
</tr>
<tr>
<td>6. Coding Conventions</td>
<td>8</td>
</tr>
<tr>
<td>7. Form Assistance</td>
<td>9</td>
</tr>
<tr>
<td>8. Item by Item steps for completing the PL1 Screening Form</td>
<td>10</td>
</tr>
<tr>
<td>Section A.1: Submitter Information (NF/LA only)</td>
<td>10</td>
</tr>
<tr>
<td>Section A.2: Referring Entity Information (Screener)</td>
<td>11</td>
</tr>
<tr>
<td>Section B: Personal Information (Individual being screened)</td>
<td>13</td>
</tr>
<tr>
<td>Section C.1: PASRR Screen (Screener)</td>
<td>16</td>
</tr>
<tr>
<td>Section C.2: Local Authority Information (LA only)</td>
<td>17</td>
</tr>
<tr>
<td>Section D: Nursing Facility Choices</td>
<td>18</td>
</tr>
<tr>
<td>Section E.1: Alternate Placement Preferences (Screener)</td>
<td>20</td>
</tr>
<tr>
<td>Section E.2: Alternate Placement Disposition (Screener)</td>
<td>21</td>
</tr>
<tr>
<td>Section F: Admission Category (RE/LA)</td>
<td>22</td>
</tr>
</tbody>
</table>
1. Overview

This guide is to be used in conjunction with the Texas Medicaid & Healthcare Partnership (TMHP) Long-Term Care (LTC) Online Portal. This document provides complete step-by-step instructions for local authorities and nursing facilities (NF) on when and how to submit The PASRR Level 1 (PL1) Screening Form Portable Document Format (PDF) Printable form.

The term “person” is used in this document in some places to replace the term “individual”.
2. 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 that depending on the admission type, a specific entity will screen the person and fill out all fields on a blank hardcopy version of the PL1 Screening Form:

- the Local Authority (Local Intellectual and Developmental Disability Authority (LIDDA), Local Mental Health Authority (LMHA, and Local Behavioral Health Authority (LBHA) when it is a pre-admission),
- Nursing Facility (see note below), or
- Referring Entity (RE) when it is an Expedited or Exempted Hospital Admission.

A RE is an entity such as a hospital discharge planner, physician’s office, Legally Authorized Representative (LAR), family member, or Intermediate Care Facility (ICF), that refers the individual for Nursing Facility (NF) admission.
3. When to perform and submit a PASRR Screening

The PL1 must be performed and submitted via the LTC Online Portal for every person seeking admission to a Medicaid certified nursing facility prior to admission, regardless of the individual’s funding source, diagnosis, or age.

For Expedited Admissions and Exempted Hospital Discharges, the RE will perform the PL1 Screening Form. 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.

**Note:** The exception to the RE performing the PL1 is when the person is being discharged from one NF and being admitted directly to another NF. In this situation, the discharging NF becomes the RE and must perform a new PL1, using Expedited Admission, Convalescent Care, then send the new PL1 to the admitting NF with the person regardless of the length of time the person is anticipated to remain in the new facility.

The Preadmission Process is when there is an NF admission from an RE in the community (such as from home, a group home, psychiatric hospital, jail, etc.) that is not Expedited Admission. If the RE is a family member, they may request assistance from the NF to complete the PL1 Screening Form.

The RE faxes the PL1 to the LA. This serves as the notification for the LA to enter the PL1, initiate the 72-hour face to face contact and submit the PE into the LTC Portal within 7 days. The PL1 and PE must both be completed prior to admission to the NF.
4. 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 PL1 submission procedure by the NF for Exempted Hospital Discharges, Expedited Admissions, and Negative PASRR eligibility Enters the data from the hand written PL1 Screening paper form into the online version of the PL1.

1. Retain a copy of the hand written PL1 Screening paper form, with the appropriate original signatures, in the individual’s record.
2. The PL1 Screening must include the address of the individual, or LAR or the address where the individual or LAR can be contacted.
3. The PL1 Screening must include at least 1 nursing facility choice entered in Section D regardless of PASRR eligibility.

The PL1 submission procedure by the LA for Preadmission Process:

1. The RE faxes the positive PL1 Screening Form to the LA.
2. The LA enters the data from the hand written positive PL1 Screening paper form into the online version of the PL1 immediately upon receipt.
3. Retain a copy of the hand written PL1 Screening paper form, with the appropriate original signatures, in the individual’s record.
4. The PL1 Screening must include the address of the individual, or LAR or the address where the individual or LAR can be contacted.
5. The PL1 Screening must include at least one nursing facility choice entered in Section D.
5. PASRR Level 1 Screening Form Retention Period

Due to current litigation, all LIDDA/LMHA and LBHA’s must keep all handwritten PL1 Screening form in the person’s record until notified otherwise by HHSC Legal Services. The electronic version of the PE will be retained in the LTC online portal system.
6. Coding Conventions

The following coding conventions should be used when submitting the PL1 Screening Form:

- All fields with red dot are required fields. The form cannot be submitted without populating these fields.
- Not all fields are 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 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, 2018, would be recorded as 07/06/2018.
- Click on the appropriate check boxes (or use a check mark on the paper form of the PL1) 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.
7. Form 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
- Claim Forms
- Claim Submissions

Contact **HHSC PASRR Unit** at **1-855-435-7180** or email **PASRR.Support@hhsc.state.tx.us** about the following:

- Assistance or cooperation from an NF or LA
- Assistance with locating information to perform and submit the PL1 Screening Form and NFSS form.
- Assistance with locating screenings and evaluations, or additional training resources.
- Policy guidance on specialized services and therapy assessment types.
- Assistance or cooperation from Referring Entities.

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

It is important to note that when submitting the PL1 Screening 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.
8. Item by Item steps for completing the PL1 Screening Form

Section A.1: 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.

- **A0200D. ZIP Code**—Zip Code 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.2: 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.1: PASRR Screen (Screener)

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

Steps for Assessment

A. 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.

B. 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 a LA, the evaluation is complete.

C. These are required fields.

**C0100. Mental Illness**—Select whether 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 this individual demonstrates evidence of an Intellectual Disability.

0. No

1. Yes

**C0300. Developmental Disability**—Select whether this individual demonstrates evidence or indicators of a Developmental Disability (related condition) other than
an Intellectually Disability. A link to the HHSC list of approved related conditions is included below: https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/icd10-codes.pdf

0. No
1. Yes

Section C.2: 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

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

Steps for Assessment

A. 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 the PL 1 is positive or negative.
B. If the submitter is an NF, fields D0100A- D0100H will be disabled and auto populated based on the submitted contract/vendor number.
C. 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.
Section E.1: 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.2: 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
2. ICF/IID
3. Own home/family home
4. Other

**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.

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)
9. Youth Empowerment Services (YES) 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 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.