Referring Entity
Detailed Item by Item Guide
for completing the
PASRR Level I Screening Form
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Overview
This guide is to be used only for Referring Entities making a referral for a Pre-Admission Screening and Resident Review Evaluation (PASRR) to the Local Mental Health Authority (LMHA) and or Local Authority (LA). Referring Entities are the first entity that refers or recommends nursing facility placement for an individual. Referring Entities are generally hospital staff, e.g. discharge planners or social workers. Referring Entities can also be a physicians’ offices, home health agencies, hospice agencies, psychiatric facilities, law enforcement agencies, family members or other community healthcare providers.

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). (Note: The individual must be referred for a PASRR Evaluation even if the individual has a primary diagnosis of dementia.)

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 PASRR Evaluation (PE) must be completed.

The term “perform” has specific meaning in this document. It means the Referring Entity (RE) will screen the individual and fill out the appropriate fields on a blank hardcopy version of the PL1 Screening Form.

This document will describe details about the PL1 Screening Form only.

When to perform and submit a PASRR Screening
The PL1 must be performed for every individual seeking admission to a Medicaid certified nursing facility prior to admission, regardless of funding source of the individual.

Note: A referring entity must ensure the following activities are completed before an individual is admitted to a nursing facility, complete the Level I screening for an individual seeking admission into a nursing facility, unless the individual is being admitted to the same facility in which the individual resided prior to hospitalization, in which case the nursing facility may complete the Level I screening.

The RE will perform the PL1 Screening, and, determine if the individual meets one of the following admission types: Exempted Hospital Discharge, Expedited Admission, or Preadmission Type.
In Exempted Hospital Discharge and Expedited Admission type admissions the RE will send the completed PL1 Screening paper form to the NF with the individual. The NF will then submit the PL1 on the Texas Medicaid and Healthcare Partnership (TMHP) Long Term Care (LTC) Online portal.

In the Pre-Admission Process the RE will perform the PL1 Screening Form and fax the PL1 Screening form to the LMHA/LA.

If the PASRR Level I (PL1) Screening Form indicates that an individual is suspected of having a MI the completed PL1 form will be faxed to the LMHA. If the PASRR Level I (PL1) Screening Form indicates that an individual is suspected of having a IDD the completed PL1 form will be faxed to the LA. NOTE: The fax numbers are located on the DSHS website; under the PASRR Training – Referring Entities (Hospitals & Doctor’s offices) http://www.dshs.state.tx.us/mhsa/pasrr/,

If the PASRR Level I (PL1) Screening Form indicates that an individual is suspected of having an ID or a DD/RC the form will be faxed to the Local Authority (LA). The related conditions list and fax numbers are located on the DADS website. http://www.dads.state.tx.us/providers/pasarr/index.html

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

The PL1 Screening Form can only be submitted on the TMHP LTC Online Portal. The LTC Online Portal can be accessed via www.tmhp.com. Blank copies of the PL1 Screening Form can be found on the TMHP website.

Only an LMHA/LA or NF can submit a PL1 on the TMHP LTC online portal.

The individual/ 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.

**PASRR Level 1 Screening Retention Period**

The electronic version of the PL1 Screening will be retained in the TMHP LTC Online Portal system for a period of six (6) years from the date of submission. Keep the hand written PL1 Screening 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.
Assistance

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

- Questions specifically related to ID/DD or related conditions.
- 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.

Call **DSHS PASRR** 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 for hospitals.
Section A: Submitter Information (NF/LA only) does not apply to Referring Entities.

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.

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. Enter the corresponding number for the RE’s current location.
   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—Enter the information only 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.

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
B0500. Age at Time of Screening—This field is calculated when the birth date is entered.
B0600. Gender— Enter the gender.
   1. Male
   2. Female
B0650. Individual is deceased or has been discharged? This information may be provided to the LMHA and or LA as an update. Enter the following if the individual is deceased or discharged prior to the PE being completed.
      0. Deceased
      1. Discharged
B0655. Deceased/Discharged Date – Enter the date when the individual was discharged from the NF or deceased. 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— Enter the corresponding number for the individual’s previous residence/location type or program prior to current residence.
   1. Private Home
   2. ICF/IID
   3. Waiver Setting
   4. Nursing Facility
   5. Other
   6. Unknown
B0700B. Other residence type— Enter the information only if “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**— Enter the corresponding number for the next of kin’s relationship. If the individual has a Legally Authorized Representative (LAR), enter “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**— Enter the information only 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— Enter the corresponding number 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.

See MH diagnosis resource list at DSHS website: http://www.dshs.state.tx.us/mhsa/pasrr/

C0200. Intellectual Disability— Enter the corresponding number whether or not this individual demonstrates evidence of an Intellectual Disability.
   0. No
   1. Yes

C0300. Developmental Disability— Enter the correct corresponding number 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/search/gsearch.html?q=related+conditions&cx=015921339483614075310%3A2ol5zxcz3be&cof=FORID%3A11
   0. No
   1. Yes
Section C: Local Authority Information (LA) does not apply to Referring Entities.

Section D: Nursing Facility Choices (RE/LA)

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. If the RE (hospital case manager or discharge planner) will be entering the information into the form and the NF choices that were initially listed have been exhausted the RE will need to complete another section D and fax to the LMHA or LA so the information can be entered into the TMHP LTC Online portal.

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**—The NF will be required to enter into the TMHP portal if they are able to serve the individual. When communicating with the NF regarding the individual’s acceptance into the NF, inquire as to whether the NF has indicated in the TMHP if their ability or inability to serve the individual and provide or arrange for their specialized services as identified in the PE.

**D0100O. NF admitted the individual**—The NF will enter the information.

**D0100P. NF Date of Entry**—The NF will enter the information.

**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.
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. 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.
2. Appropriate referrals to community placement should be initiated immediately.

E0100. Where would this individual like to live now?— Enter the corresponding letter for all the residential settings the individual or LAR has expressed 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—Enter the corresponding letter for all the living arrangement options in which the individual or LAR has expressed 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**—Enter the corresponding number for all the community settings which the individual was admitted.
   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 indicated “4. Other” in E0500A. Enter where the individual was admitted to that is not listed in the drop down list above.

**E0600A. Community Program**—Enter the corresponding number for community program to which the individual was admitted.
   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. YES (DSHS Waiver)
   10. Other

**E0600B. Other Community Program**—This field is only available, and therefore required, if you indicated “10. Other” in E0600A. Enter where the individual was admitted.

**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.

(Note: In addition to alternate placement date of entry, the discharge date must be entered in the fields located on page 2.

**B0650. Individual is deceased or has been discharged?**

**B0655. Deceased/Discharged Date.**
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) Enter the corresponding number for whether or not this individual qualifies for an Exempted Hospital Discharge.
   0. No
   1. Yes

F0200. Expedited Admission—Enter the corresponding number for whether or not the individual’s condition meets the Expedited Admission process. 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.