

## Level 1 Pre-Admission Screening and Resident Review (PASRR)

This screening form applies to all persons being considered for admission to a Medicaid certified nursing facility (NF), and to any current resident of a Medicaid certified nursing facility who could benefit from a new PASRR Level II due to a significant change in condition (either improving or declining).

NAME	
ADDRESS LINE 1	
ADDRESS LINE 2	
ADSA ID (IF AVAILABLE)	DATE OF BIRTH (MM/DD/YYYY)
LEGAL REPRESENTATIVE OR NSA	
RELATIONSHIP	PHONE (WITH AREA CODE)
ADDRESS	CITY STATE ZIP CODE

Nursing facility admission pending  
 Current nursing facility resident

Date of admission (if current resident): \_\_\_\_\_

For a significant change, indicate the date of the significant change: \_\_\_\_\_

### Section I. Serious Mental Illness (SMI) / Intellectual Disability (ID) or Related Condition (RC) Determination

#### A. Serious Mental Illness Indicators

1. Has the individual shown indicators of having any of the following mental disorders? If known, include the appropriate code using the most current version of the Diagnostic and Statistical Manual (DSM).

<u>Schizophrenic Disorders</u>	Yes	No	<u>Psychotic Disorder NOS</u>	Yes	No
DSM Code, if known:	<input type="checkbox"/>	<input type="checkbox"/>	DSM Code, if known:	<input type="checkbox"/>	<input type="checkbox"/>
<u>Mood Disorders – Depressive or Bipolar</u>	Yes	No	<u>Anxiety Disorders</u>	Yes	No
DSM Code, if known:	<input type="checkbox"/>	<input type="checkbox"/>	DSM Code, if known:	<input type="checkbox"/>	<input type="checkbox"/>
<u>Delusional Disorder</u>	Yes	No	<u>Personality Disorders</u>	Yes	No
DSM Code, if known:	<input type="checkbox"/>	<input type="checkbox"/>	DSM Code, if known:	<input type="checkbox"/>	<input type="checkbox"/>

2. Does the person exhibit serious functional limitations (described below) related to a serious mental illness?  Yes  No

Serious functional limitations may be demonstrated by: substantial difficulty interacting appropriately and communicating effectively with other persons, evidenced by, for example, a history of altercations, evictions, or firings, a fear of strangers, or avoidance of interpersonal relationships and social isolation; serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings; serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, demonstrated by agitation, exacerbation of symptoms associated with the illness, withdrawal from the situation; or a need for intervention by the mental health or judicial system.

• **A referral for a PASRR Level II for SMI is required if:**

1. (a) Any of the boxes in A1 are marked Yes; **OR**  
 (b) Sufficient evidence of SMI is not available, but there is a credible suspicion that a SMI may exist (for example, all of the boxes are marked No in A1, but A2 is marked Yes; see Instructions for more information);

**AND**

2. The requirements for exempted hospital discharge do not apply (see Section IIA).

• **A referral for a PASRR Level II for SMI is not required if:**

1. There are no indicators of SMI in any of the boxes in A1 **and** the “No” functional limitations box is checked in A2.
2. There are indicators of SMI in Section 1A, but the requirements for exempted hospital discharge are met (see Section IIA).

**Continue to Section I.B.**

**B. Intellectual Disability / Related Condition Indicators**

Yes No

- 1. Does the individual have documented evidence of an intellectual disability?  
(An intellectual disability is evidenced by an IQ of less than 70 based on standardized, reliable tests; onset before age 18; duration likely to last lifelong and concurrent impairments in adaptive functioning.)  
**OR**
- 2. Does the person have documented evidence of a related condition?  
If so, list condition(s):  
("Related condition" refers to a severe, chronic disability that is attributable to cerebral palsy, epilepsy, or other condition related closely to intellectual disability, resulting in impairment of general intellectual functioning or adaptive behavior similar to intellectual disability and requiring similar treatment or services; onset before age 22; duration likely to last lifelong and concurrent impairments in adaptive functioning.)  
**OR**
- 3. Has the individual received services from, or been referred to, an agency or facility that serves individuals with intellectual disabilities?  
**OR**
- 4. Does the person exhibit three or more serious functional limitations (described below) similar to those of persons with intellectual or developmental disabilities?  
Serious functional limitations may be demonstrated by substantial difficulty with any of the following: understanding and communicating, getting around (mobility), self-care, getting along with people (social and interpersonal functioning), life activities (home, academic, and occupational functioning), participation in society (participation in family, social, and community activities).

- **A referral for a PASRR Level II for ID/RC is required if:**
  - 1. (a) Any of the boxes in B.1, 2, 3, or 4 are marked **Yes**; **OR**  
(b) Sufficient evidence of ID / RC is not available, but there is a credible suspicion that ID/RC may exist (See Instructions. Note that a "yes" on B.4 may indicate an undiagnosed ID/RC);  
**AND**
  - 2. The requirements for exempted hospital discharge are not met (See Section IIA).
- **A PASRR Level II for ID/RC is not required if:**
  - 1. All of the boxes in B.1, 2, 3, or 4 are marked **No**;  
**OR**
  - 2. There are indicators of ID/RC in Section 1B, but the requirements for exempted hospital discharge are met (See Section IIA)

**C. Additional Relevant Information**

Yes No

- 1. Does the individual have a diagnosis of dementia? Comment (if applicable):
- 2. Does the individual have a substance use disorder? Comment (if applicable):
- 3. Does the individual have a diagnosis of delirium? Comment (if applicable):

- If the person has ID/RC indicators in B.1, 2, or 3, and the requirements for exempted hospital discharge (Section IIA below) do not apply, **a referral for a PASRR Level II for ID/RC is required.**
- If sufficient evidence of ID / RC isn't available, but there is a credible suspicion (see instructions) that ID/RC may exist, **a referral for a PASRR Level II for ID / RC is required** if the requirements for exempted hospital discharge do not apply.
- Continue to Section II.
- If there are no ID / RC indicators noted, referral for **a PASRR Level II for ID/RC is not required.**

**Continue to Section III.**

**Section IIA. Exempted Hospital Discharge**

CHECK ALL THAT APPLY

- The individual with SMI or ID/RC will be admitted directly to a NF from a hospital after receiving acute inpatient care at the hospital.
- The individual with SMI or ID/RC requires NF services for the condition for which he or she received care in the hospital.
- The individual's attending physician certifies that the individual is likely to require fewer than 30 days of nursing facility services.

If all three boxes are marked, the individual meets the requirements for an exempted hospital discharge and can be referred to a NF without a PASRR Level II. If all three boxes are marked, check the "Exempted Hospital Discharge" box in Section III. A physician, ARNP or physician's assistant must sign section III.

**Section IIB. Categorical Determination**

CHECK ANY THAT APPLY (SEE INSTRUCTIONS)

- Referral to NF for protective services of seven (7) days or less
- Referral to NF for respite of 30 days or less

If one of these indicators applies, check the "Categorical Determination" box in Section III. The referring party must sign section III.

**Section III. Documentation of:**

- Exempted Hospital Discharge (per Section II.A)
- Categorical Determination (per Section II.B)

**This section is only required if the individual meets the requirements for Exempted Hospital Discharge or Categorical Determination.**

NAME OF PERSON IDENTIFYING BASIS FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION

TITLE

LIST DATA USED FOR DETERMINATION

WHAT EVIDENCE DID YOU USE TO CONCLUDE THE INDIVIDUAL MEETS THE CRITERIA FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION?

SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN'S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE)

DATE

**Section IV. Service Needs and Assessor Data**

- No Level II evaluation indicated:** Person does not show indicators of SMI or ID/RC.
- Level II evaluation referral required for SMI:** Person shows indicators of SMI per Section 1.A.
- Level II evaluation referral required for ID/RC:** Person shows indicators of ID or RC per Section 1.B.
- Level II evaluation referrals required for SMI and ID/RC:** Person shows indicators of both SMI and ID/RC per Sections 1. A and B.
- Level II evaluation referral required for significant change.**
- No Level II evaluation indicated at this time due to exempted hospital discharge: Level II must be completed if scheduled discharge does not occur.**

**NOTE:** If Level II evaluation is required for SMI, forward this document to the BHSIA PASRR contractor immediately. If an indicator of ID/RC is identified, forward this document to the DDA PASRR Coordinator immediately. See link below.

**PASRR CONTACT INFORMATION IS AVAILABLE AT:**

For SMI - <https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/pre-admission-screening-and-resident-review-pasrr>

For ID/RC - <https://www.dshs.wa.gov/dda/consumers-and-families/pre-admission-screening-and-resident-review-pasrr-program>

NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT)

NAME OF AGENCY

TITLE

TELEPHONE NUMBER (INCLUDE AREA CODE)

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE

ADDITIONAL COMMENTS (REQUIRED IF REFERRING DUE TO CREDIBLE SUSPICION OF SMI, ID, OR RC)

## Level 1 Pre-Admission Screening and Resident Review (PASRR) Instructions

### What is the purpose of this form?

Federal regulations (42 CFR §483.100 – 138) require that all individuals applying for or residing in a Medicaid-certified nursing facility be screened to determine whether they:

1. Have serious mental illness or an intellectual disability or related condition; and if so,
2. Require the level of services provided by a nursing facility; and if so
3. Require specialized services beyond what the nursing facility may provide.

This form documents the first level of screening. If serious mental illness or intellectual disability or a related condition is identified or credibly suspected, a Level II evaluation is required to confirm that identification, determine whether the individual requires nursing facility level of care, and determine whether specialized services are required.

### Who may complete this form?

Any professional who is referring an individual for admission to a nursing facility may complete this form. The form may also be completed by designated HCS or DDA staff who are facilitating the referral. If an exempted hospital discharge is identified under Section II, a physician, ARNP, or physician's assistant must complete and sign Section III. In the case of a respite stay for an individual with ID/RC, the DDA regional administrator or designee must complete and sign Section III.

The nursing facility is responsible for ensuring that the form is complete and accurate before admission. After admission, the NF must retain the Level I form as part of the resident record. In the event the resident experiences a significant change in condition, or if an inaccuracy in the current Level I is discovered, the NF must complete a new PASRR Level I and make referrals to the appropriate entities if a serious mental illness and/or intellectual disability or related condition is identified or suspected.

### Readmissions and Transfers

Readmission: when an individual discharges from a hospital to the same facility they resided in prior to the hospital stay, a new PASRR screen is not required unless there has been a significant change in condition.

Interfacility Transfer: when an individual transfers from one NF to another without an intervening hospital stay, a new PASRR screen is not required unless there has been a significant change in condition.

### Section I. Serious Mental Illness / Intellectual Disability or Related Condition (RC) Determination

Credible suspicion of SMI: The person exhibits or is reliably reported to exhibit one or more of the functional limitations described in A2 of Section I and, although none of the diagnoses in A1 can be confirmed, there is some evidence that a serious mental illness may exist. Explain the factors that led you to the conclusion the person may have a SMI in the Additional Comments box in Section IV.

Credible suspicion of ID / RC: Although a diagnosis of intellectual disability or related condition cannot be confirmed, the person exhibits significant limitations in either intellectual functioning (reasoning, learning, problem solving) or in adaptive behavior (everyday social and practical skills). Records or verbal accounts indicate that these limitations began before age 18 (for ID) or 22 (for related condition) and are expected to be life-long.

### Sections II and III. Exempted Hospital Discharge or Categorical Determination for Individual with SMI or ID / RC

Exempted Hospital Discharge: Per 42 C.F.R. §483.104, a person may be admitted to a NF without a PASRR Level II when he or she admitted to the NF directly from a hospital after receiving acute inpatient care at the hospital; the NF admission is to treat the condition for which the person was hospitalized; and the person's attending physician, ARNP, or physician's assistant certifies that the person requires fewer than 30 days of nursing facility services.

Categorical Determination: For a respite admission, the DDA Regional Authority or designee must complete and sign Section III. **The PASRR Level II must still be completed prior to NF admission**, but an abbreviated version may be allowed.

For an exempted hospital discharge or categorical determination, if the NF becomes aware that the stay may last beyond the associated time limit, the NF must contact the SMI PASRR contractor and/or the DDA regional coordinator as soon as the NF becomes aware of the possibility.

### Timeliness and Distribution of PASRR Documents:

- The referring party must complete the PASRR Level I as soon as NF referral is considered.
- Fax all Level I forms identifying possible ID/RC to the DDA PASRR Coordinator immediately.
- For all individuals identified as possibly having SMI, contact the BHSIA PASRR Contractor immediately.
- The referring party must include the Level I form as part of the NF referral packet.

To get more Level I Pre-Admission Screening and Resident Review (PASRR) forms, visit the Forms and Records Management website at <http://www.dshs.wa.gov/forms/eforms.shtml>.