



**Detailed Item by Item
Guide for Local
Authorities and
Nursing Facilities
to Complete the PASRR
Level 1 Screening Form**

Version 2.0

July 2021



TEXAS
Health and Human
Services

Table of Contents

| | |
|--|-----------|
| Table of Contents | 2 |
| 1. Overview | 3 |
| 2. Purpose | 4 |
| 3. Completion of the PASRR Level 1 Screening Form | 5 |
| 4. How to Submit a PASRR Level 1 Screening Form | 6 |
| 5. PASRR Level 1 Screening Form Retention Period | 7 |
| 6. Coding Conventions | 8 |
| 7. Assistance | 9 |
| 8. Item-by-item steps for completing the PASRR Level 1 Screening Form | 11 |
| Section A.1: Submitter Information (NF/LA only) | 11 |
| Steps for Assessment | 11 |
| Section A.2: Referring Entity Information (Screener) | 11 |
| Steps for Assessment | 11 |
| Section B: Personal Information (Individual being screened) | 13 |
| Steps for Assessment | 13 |
| Section C.1: PASRR Screen (Screener) | 15 |
| Steps for Assessment | 15 |
| Section C.2: Local Authority Information (LA only) | 16 |
| Steps to Assessment | 16 |
| Section D: Nursing Facility Choices | 17 |
| Steps for Assessment | 17 |
| Section E: Alternate Placement Preferences (Screener) | 18 |
| Steps for Assessment | 19 |
| Alternate Placement Disposition | 20 |
| Steps for Assessment | 20 |
| Section F: Admission Category (RE/LA) | 21 |
| Steps for Assessment | 21 |

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 nursing facilities (NF) and the local intellectual and developmental disability authority (LIDDA), local mental health authority (LMHA) and local behavioral health authority (LBHA) on when and how to submit the Preadmission Screening and Resident Review (PASSR) Level 1 (PL1) Screening form Portable Document Format (PDF) Printable form.

In this guide, the term Local Authority (LA) is used for either a LIDDA, LMHA, or LBHA. The term "person" is used in this document in some places to replace the term "individual" which is used on the PL1 form.

2. Purpose

The PASRR Level I (PL1) Screening form is designed to identify people who are suspected of having mental illness (MI), intellectual disability (ID) or a developmental disability (DD), also referred to as related conditions (RCs).

If documentation entered on the PL1 Screening form indicates a suspicion of MI, ID, or DD, a PASRR Evaluation (PE) must be completed to confirm PASRR eligibility. The PE is designed to confirm the suspicion of MI, ID or DD/RC and ensure the person is placed in the most integrated residential setting receiving the specialized services needed to improve and maintain the person's level of functioning.

3. Completion of the PASRR Level 1 Screening Form

The referring entity (RE) is responsible for screening the person and documenting the results of the screening on a paper copy of the PASRR Level 1 (PL1) Screening form. An RE is the entity that refers a person to a nursing facility, such as a hospital discharge planner, attending physician, legally authorized representative (LAR) or other personal representative selected by the person, a family member of the person, or a representative from an emergency placement source such as law enforcement.

The PL1 Screening form must be completed for every person seeking admission to a Medicaid-certified nursing facility (NF) prior to admission, regardless of the person's funding source, diagnosis, or age.

Expedited and Exempted Hospital Discharge admission types are used for people being discharged from an acute care medical hospital to a NF. The RE completes the PL1 Screening form and sends the paper copy of the PL1 Screening form to the NF with the person. The NF will then submit the PL1 Screening form on the LTC Online Portal.

The Preadmission process is when there is a NF admission from a RE in the community (such as from home, a group home, psychiatric hospital, jail, etc.) that is not an Expedited Admission or Exempted Hospital Discharge. 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 Screening form, initiate the 72-hour face-to-face contact and submit the PE into the LTC Portal within seven days. The PL1 Screening form and PE must both be completed prior to admission to the NF.

Note: When a person is being discharged from one NF and being admitted directly to another NF, the discharging NF becomes the RE. In this situation, the discharging NF completes a new PL1 Screening form, using Expedited Admission-Convalescent Care. The discharging NF then sends the new PL1 Screening form to the admitting NF with the person regardless of the length of time the person is anticipated to remain in the new facility.

4. How to Submit a PASRR Level 1 Screening Form

The PASRR Level 1 (PL1) Screening form is submitted on the LTC Online Portal by the NF or LA. 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.

Depending on the type of admission, the PL1 submission procedure by the NF or LA is as follows:

1. The NF enters the data from the paper copy of the PL1 Screening form into the LTC Online Portal upon admission for Exempted Hospital Discharge, Expedited, or Negative admission types.
2. The LA enters the data from the faxed copy of the PL1 Screening form into the LTC Online Portal immediately upon receipt from the referring entity for Preadmissions.

5. PASRR Level 1 Screening Form Retention Period

Due to current litigation, LIDDAs, LMHAs and LBHAs must keep all paper copies of the PASRR Level 1 Screening form in the person's record until notified otherwise by the Health and Human Services Commission (HHSC). The electronic version of the PL1 will be retained in the LTC Online Portal system.

6. Coding Conventions

The following coding conventions should be used when submitting the PASRR Level 1 (PL1) Screening Form on the TMHP LTC Online Portal:

- 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 a handwritten PL1 Screening paper form to be used for data entry, please 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 copy of the PL1 Screening form) 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

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 30 minutes of no activity. An alert will pop-up to notify of the impending time-out. To prevent this from happening, the submitter has the following options:

- Start and finish (submit or save as draft) within 30 minutes.
- Click on a different tab of the PL1 Screening Form and then return to the tab. This will reset the timer for another 30 minutes.

7. Assistance

Types of calls to refer to TMHP at **800-626-4117**, Option 1:

- NF forms completion – including PASRR Level 1 (PL1) Screening Form, PASRR Comprehensive Service Plan (PCSP), and Nursing Facility Specialized Services (NFSS) form.
- LA forms completion – including PL1 Screening Form, PASRR evaluation (PE), and PCSP.
- Rejection codes on the forms and PASRR Transaction Identification numbers (PTIDs).
- Management of the **Provider Action Required** status.
- If the Medicaid, Social Security, or Medicare number and the name match the person's Medicaid ID card and the form is set to status **ID Invalid**, call TMHP to see what their options are regarding form resubmittal.
- PL1 Screening Form, PE, PCSP, and NFSS form submission error messages, and the NFSS PTID and PE PTID error messages.
- PL1 1 Screening Form, PASRR Evaluation, PCSP, and NFSS status questions.

Types of emails to refer to the HHS PASRR Unit at PASRR.Support@hhsc.state.tx.us:

- Assistance or cooperation from a referring entity, NF, LIDDA, or LMHA or LBHA.
- Assistance with locating information to complete and submit the PL1 screening form, PE, PCSP, and NFSS forms.
- Assistance locating forms, people residing in or entering an NF, LIDDAs, LMHA/LBHAs, or additional training resources.
- Policy guidance on PASRR processes, specialized services, and therapist assessments.
- Questions specifically related to MI, ID, DD or related conditions.

For additional learning opportunities, information, and forms:

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/pasrr-forms-instructions>

To find resources referenced in this document from the TMHP website, users will need to access the website at www.tmhp.com and select:

1. "Programs" from the main TMHP website
2. Long-Term Care (LTC)
3. Any of the following:
 - a. Provider Bulletins
 - b. Provider Education
 - c. Reference Materials
 - d. Forms

The screenshot shows the TMHP website interface. At the top left is the TMHP logo with the text "TEXAS MEDICAID & HEALTHCARE PARTNERSHIP" and "A STATE MEDICAID CONTRACTOR". To the right are links for "Provider" and "Client/Cliente", and a search bar. The navigation menu includes "Home", "1. Programs", "Topics", "Resources", "Contact", and "My Account". The "1. Programs" link is highlighted with a red box. Below the navigation is a banner for "Long-Term Care" with a description: "HHSC administers programs providing long-term care (LTC) services and institutional care to eligible clients." and a button for "LTC Online Portal". Below the banner is a breadcrumb trail: "Home > Programs > Long Term Care (LTC)".

2. Long-Term Care (LTC)

- a. Provider Bulletins
- b. Provider Education
- c. Reference Material
- d. Forms

Long-Term Care (LTC)
Last updated on 5/31/2020

The Texas Health and Human Services Commission (HHSC) administers programs providing long-term care (LTC) services and institutional care to eligible clients.

The Texas Medicaid & Healthcare Partnership (TMHP) supports the provider community through provider education and

Recent News

In-Home Day Habilitation Information for Program Providers for COVID-19 (IL 2021-07)
1/27/2021

HCS, TxHmL Quarterly

8. Item-by-item Steps for Completing the PASRR Level 1 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 1 (PL1) Screening form.

Steps for Assessment

Fields A0100-A0510 will be disabled and auto populated with the submitter identifying information linked to their 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. Provider No.—Provider number (formerly known as the **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 completed the PASRR Level 1 (PL1) Screening form.

Steps for Assessment

1. If the person is admitted under the Exempted Hospital Discharge or Expedited Admission to the NF, the PL1 Screening form is to be completed by the RE and sent to the NF with the person. The NF then submits the PL1 Screening form on the LTC Online Portal.
2. If the RE did not complete the PL1 Screening form, and the NF cannot obtain the PL1 Screening form from the RE, the NF cannot admit the person.
3. If the RE is uncooperative, and the RE is a hospital, the NF must email PASRR.Support@hhsc.state.tx.us with the name of the hospital, name of the staff person the NF spoke with, what attempts were made to get the PL1 from the

hospital, and a direct telephone number for this hospital staff person, not a general hospital line.

A0600. Date of Assessment—Enter the date that the PL1 Screening form was completed 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 completed the PL1 Screening form.

A0700B. Middle Initial—Enter the middle initial of the RE who completed the PL1 Screening form. This field is optional.

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

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

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

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 person’s physician. This field is required if you have entered “6. Physician (MD/DO)” in field A0900A.

A0900D. Physician Middle Initial—Enter the middle initial of the person’s physician. This field is optional.

A0900E. Physician Last Name—Enter the last name of the person’s physician. This field is required if you have entered “6. Physician (MD/DO)” in field A0900A.

A0900F. Physician Suffix—Enter the suffix of the person’s physician. This field is optional.

A1000A. Name—Enter name of the RE’s current location (i.e., name of hospital or clinic, group home, assisted living, etc.). If the RE is performing the screening at his or her home, enter Home.

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.

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 person’s most recent physical examination completed 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 PL1 Screening form.

A1200B. Signature Date—Enter the date that the RE, or RE’s 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 PASRR Level 1 (PL1) Screening form cannot be submitted without this information.
3. B0500 will be pre-populated with the person’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 person being screened.

B0100B. Middle Initial—Enter the middle initial of the person being screened. This field is optional.

B0100C. Last Name—Enter the last name of the person being screened.

B0100D. Suffix—Enter the suffix of the person being screened, if they have one.

B0200A. Social Security No.—Enter the person’s nine-digit Social Security Number.

B0200B. Medicare No.—Enter the person’s Medicare Number, if available.

B0300. Medicaid No.—Enter the person’s Medicaid Number. If the person does not have Medicaid, enter an ‘N’. If the person is Medicaid pending, enter a ‘+’ sign.

B0400. Birth Date—Enter the person’s date of birth in the “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 person’s age as of the date that the PL1 Screening form was completed.

B0600. Gender—Select the person’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 Screening form. 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 person 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 person'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 person's previous residence or location type that is not listed in B0700A.

B0700C. Street Address—Enter the street address or P.O. Box of the person's previous residence or location type.

B0700D. City—Enter the city of the person's previous residence or location type.

B0700E. State—Select the state of the person's previous residence or location type from the drop-down list provided.

B0700F. ZIP Code—Enter the ZIP Code of the person's previous residence or location type.

B0700G. County of Residence—Select the county of the person'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 person from the drop-down list provided. If the person has a 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 person being screened which is not listed in B0800A.

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

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

B0800E. Last Name—Enter the last name of the person’s next of kin or LAR.

B0800F. Suffix—Enter the suffix of the person’s next of kin or LAR. This field is optional.

B0800G. Phone Number—Enter the 10-digit telephone number of the person’s next of kin or LAR.

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

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

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

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

Section C.1: PASRR Screen (Screener)

INTENT: This section is to be completed for people suspected of having a MI, ID or DD.

Steps for Assessment

1. Identify diagnoses: Review the medical record, if available, for an MI, ID, or DD diagnoses. Medical record sources can include but are not limited to: verbal interview with the person, family members or LAR, observation, progress notes, annual physical exam, the most recent History and Physical, hospital discharge summaries or diagnosis list.
2. If you cannot locate a diagnosis, but suspect that the person does have an MI, ID, or DD, then document that information in this section of the form.
3. These are required fields.

C0100. Mental Illness—Select whether this person demonstrates evidence of MI.

0. No
1. Yes

Examples of MI diagnoses are:

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

What is not considered an MI:

- Neurocognitive Disorders, such as Alzheimer’s disease, other types of dementia, Parkinson’s disease, and Huntington’s. (DSM-5*);

- Depression, unless diagnosed as Major Depression; and
- Anxiety, unless diagnosed as severe anxiety disorder.

*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

Additional Guidance:

Psychological changes that are co-occurring with dementia that may be confused with MI:

- Personality Changes
- Depression
- Anxiety
- Inappropriate Behavior
- Paranoia
- Agitation
- Hallucinations

Note: Unless a person has an MI diagnosis before being diagnosed with dementia, these changes/symptoms are caused by the dementia.

C0200. Intellectual Disability—Select whether this person demonstrates evidence of ID.

- 0. No
- 1. Yes

C0300. Developmental Disability—Select whether this person demonstrates evidence or indicators of DD (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 local authority (LA) associated with the submission of the PASRR Level 1 (PL1) Screening form.

Steps to Assessment

These fields are disabled and auto populated based on the county entered in field A0510.

C0400. LA-MI Provider No.—The LMHA or LBHA provider number under which the contractor delivers services.

C0500. LA-MI Vendor No.—LMHA/LBHA vendor number under which the vendor delivers services.

C0600. LA-MI NPI/API No.—The LMHA/LBHA National Provider Identifier or Atypical Provider Identifier under which the provider delivers services.

C0700. LA-IDD Provider No.—The local intellectual and developmental disability authority (LIDDA) provider number under which the contractor delivers services.

C0800. LA-IDD Vendor No.—The LIDDA vendor number under which the vendor delivers services.

C0900 LA-IDD NPI/API No.—The LIDDA National Provider Identifier or Atypical Provider Identifier under which the provider delivers services.

Section D: Nursing Facility Choices

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

Steps for Assessment

1. For an admission under Expedited or Exempted Hospital Discharge, there must be at least 1 NF choice listed, regardless of whether the PASRR Level 1 (PL1) Screening form is positive or negative.
2. Fields D0100A- D0100H will be disabled and auto populated based on the NF’s provider/vendor number.
3. For Preadmissions, this section can have up to five NF choices, which is the limit at one time. If there are five choices entered, once an NF confirms they are not willing and able to serve the person on the PL1 Screening form, another NF choice can be added.
 - a. If the submitter is a local authority (LA), the provider and vendor numbers must be entered in fields D0100A and D0100B, and the user must click the magnifying glass. This action will auto populate and disable fields D0100C through D0100H.
 - b. **Delete NF Choice**—Click this link next to the NF you wish to delete. This link is only displayed for an LA.
 - c. **Add NF Choice**—Click this link to add another NF to the list of choices, and then enter the information required. This link is only displayed for an LA.

D0100A. Provider No.—Enter the provider number for the person or LAR’s NF choice.

D0100B. Vendor No.—Enter the vendor number for the person or LAR’s NF choice.

D0100C. NPI—The National Provider Identifier for the person or LAR’s NF choice.

D0100D. Facility Name—Facility name for the person or LAR’s NF choice.

D0100E. Street Address—The street name or P.O. Box for the person or LAR’s NF choice.

D0100F. City—The city for the person or LAR’s NF choice.

D0100G. State—The state for the person or LAR’s NF choice.

D0100H. ZIP Code—The ZIP Code for the person or LAR’s NF choice.

D0100I. Phone—Enter the 10-digit telephone number for the person or LAR’s NF choice.

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

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

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

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

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

D0100O. NF Admitted the individual—This drop-down list is always disabled and auto-populated with “0. No” by default when initiating a PL1. It will be auto-populated with “1. Yes” upon submission of a PL1 for Exempted Hospital Discharge, Expedited Admission or Negative PASRR eligibility before submitting the PL1 on the LTC Online Portal, or when the “Admitted to NF” button, found in the yellow “Form Actions” bar, is clicked by the NF on a successfully submitted preadmission PL1 that the NF certified able to serve the person when there is an associated positive PE.

D0100P. NF Date of Entry— Enter the date that the person was admitted to the facility via the date picker, or manually enter the date using the “mm/dd/yyyy” format.

1. Expedited Admission (EA), Exempted Hospital Discharge (EHD), or Negative: This field is enabled and required.
 - ▶ After the NF enters a date in D0100P and completes the PL1 as negative, EHD, or EA, then field **D0100O** will contain “1. Yes” before submission on the LTC Online Portal.
2. Preadmission: The field is enabled and optional. If the NF enters a date in this field, they will get an error message when attempting to submit the form on the LTC Online Portal. This field will be auto populated by the system depending on which of the following actions is taken by the NF:
 - a. After submission of a positive preadmission PE, the NF which admitted the person must certify that they are willing and able to serve the person by clicking on the “Able to Serve the Individual” button on the PL1, then click on the “Admitted to NF” button in order to complete this field. The system will auto-populate this field with “1. Yes”.
 - b. If the NF certifies they are not able to serve the person, then the “Admitted to NF” button will not be displayed. The system will keep the current value of “0. No”.

Note: Neither the buttons to indicate ability to serve the person or the “Admit to NF” button will be displayed to the NF if the associated PE is negative.

D0100Q. Comments—Enter any additional comments relevant to the person’s PL1 screening, NF choices, personal contacts, NF contacts, alternate placement needs or any other pertinent information.

Section E: Alternate Placement Preferences (Screener)

INTENT: The purpose of this section is to document where the person would like to live other than a NF. The RE completes this section to the best of the RE’s ability during the screening process. 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.

NFs and local authorities (LAs) will be required to record the person's responses in Section E, fields E0100-E0400 (Alternate Placement Preferences) when initially submitting the PASRR Level 1 (PL1) Screening form. The section will be enabled for data entry only if the person for whom the form is being submitted has a positive PL1 Screening form. If the PL1 Screening form is negative, the section will not be enabled.

Steps for Assessment

2. This section is completed by the RE, and the NF or LA will be required to enter this information when submitting the PL1 form on the LTC Online Portal.
2. It is important for the NF and LA to know what the person's wishes or preferences are regarding future living arrangements. This creates a conversation upon admission to the NF as to what future possibilities may be available for that person if NF care is no longer needed.
3. The person 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.
4. Appropriate referrals to community placement should be initiated immediately.

E0100. Where would this individual like to live now? — This section is documented on the PL1 Screening form by the RE. Click on all the residential settings the person or legally authorized representative (LAR) expresses an interest in as documented on the hard copy PL1 Screening form:

- 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 person or LAR's preferred residential setting as documented on the hard copy PL1 Screening form. 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 person or LAR express an interest in as documented on the hard copy PL1 Screening form.

- 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 person or LAR’s preferred living arrangement options as documented on the hard copy PL1 Screening form. These comments should include barriers to the preferred living arrangement options, as well as supports needed.

Alternate Placement Disposition

INTENT: The purpose of this section is to document where the person is admitted after the person leaves the nursing facility (NF).

NF and local authority (LA) users with the correct permissions will be required to fill out or update Section E, fields E0500-E0900 (Alternate Placement Disposition) of a Preadmission Screening and Resident Review (PASRR) Level 1 (PL1) Screening form that is in an active status when using the “Update Form” functionality for a discharge.

This section is also enabled and required when the LA clicks on the “Enter Disposition” and “Save Disposition” buttons in the “Workflow Actions” section of the yellow navigational bar when viewing the PL1 Screening form.

These changes are being made to ensure that the person’s alternate placement disposition will be documented and available at the time of discharge on the PL1 Screening Form. History notes will be inserted on the PL1 Screening form when the ‘Alternate Placement Disposition’ section fields are updated.

Additional information about this change will be published in future news articles on the TMHP LTC web page here: <https://www.tmhp.com/programs/ltc>

Steps for Assessment

1. Enter the information for where the resident was admitted in the community.
2. This admission information cannot be a nursing facility.
3. 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 person 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 person went to that is not listed in the drop-down list above, for example, to another nursing facility.

E0600A. Community Program—Select the community program to which the person 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

* now STAR+Plus

**now Star Kids

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

E0700. Name of ICF/IID Facility—Enter the name of the intermediate care facility for individuals with an intellectual disability or related condition (ICF/IID) where the person 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 person 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 person.

Steps for Assessment

1. If the person is admitted under the Exempted Hospital Discharge or Expedited Admission to the NF, the PASRR Level 1 (PL1) Screening form is to be completed by the referring entity (RE) and sent to the NF with the person. The NF then submits the PL1 Screening form on the Long-Term Care (LTC) Online Portal.
2. If the RE did not complete the PL1 Screening form, and the NF cannot obtain the PL1 Screening form from the RE, the NF cannot admit the person.
3. If the RE is uncooperative, and the RE is a hospital, the NF must email PASRR.Support@hhsc.state.tx.us with the name of the hospital, name of the staff person the NF spoke with, what attempts were made to get the PL1 from the hospital, and a direct telephone number for this hospital staff person, not a general hospital line.

F0100. Exempted Hospital Discharge. Has a physician certified that the person is likely to require less than 30 days of NF services for the condition the person was hospitalized for? (For persons being admitted from an acute care hospital). —Select whether this person qualifies for an Exempted Hospital Discharge.

0. No
1. Yes

Note: The physician's certification is not documented on the PL1 Screening form and must be recorded in the medical records that accompany the person to the NF.

F0200. Expedited Admission. Does this individual meet any of the following categories for an expedited admission into the nursing facility? — Select the category of Expedited Admission this person is being admitted under. Choose "0. Not Expedited Admission" if this person will not be admitted to the NF under one of the conditions listed.

0. Not Expedited Admission

1. **Convalescent Care:** Person 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:** Person has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course. A person's medical prognosis is documented by a physician's certification.
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 person 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 seven 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 person 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.

Preadmission— The PL1 Screening form does not have a specific check box to indicate a Preadmission A Preadmission is the default admission type when selecting:

- F0100 of the PL1 Screening form as "0. No." and
- F0200 of the PL1 Screening form as "0. Not Expedited Admission."

The NF is not allowed to submit positive Preadmission PL1s into the LTC Online Portal.