



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

Texas Health and Human Services

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Overview

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

Purpose

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

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 and ensure an individual is placed in the most integrated residential setting receiving the specialized services needed to improve and maintain an individual's level of functioning.

Completion of the PASRR Level 1 Screening Form

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

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

Expedited and Exempted Hospital Discharge admission types are used for individuals 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 individual. The NF will then submit the PL1 Screening Form on the Long Term Care (LTC) Online Portal.

The Preadmission admission type is used when there is a NF admission from an RE in the community (such as from home, a group home, psychiatric hospital, jail, etc.). If the RE is a family member, they may request assistance from the NF to complete the PL1 Screening Form.

For Preadmissions, the RE faxes the PL1 Screening Form to the LA. This serves as the notification for the LA to submit the PL1 Screening Form into the LTC Online Portal immediately, initiate the in-person contact within 72 hours, and submit the PE into the LTC Online Portal within seven days. The PL1 Screening Form and PE must both be submitted prior to admission to the NF.

Note: When an individual 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 an individual regardless of the length of time the individual is anticipated to remain in the new facility.

The discharging NF then updates their PL1 Screening Form for the discharge.

How to Submit a PASRR Level 1 Screening Form

The 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 Screening Form 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 Admission, or Negative PASRR Eligibility 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 Preadmission type.

PASRR Level 1 Screening Form Retention Period

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

Coding Conventions

The following coding conventions should be used when submitting the 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 *'Residence Type'* (B0700A).
- When completing a handwritten PL1 Screening 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.

Assistance

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

- NF forms completion – including PL1 Screening Form, PASRR Comprehensive Service Plan (PCSP), and Nursing Facility Specialized Services (NFSS) form.
- LA forms completion – including PL1 Screening Form, 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 individual’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, PE, PCSP, and NFSS status questions.

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

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

For additional learning opportunities, information, and forms: <https://www.hhs.texas.gov/providers/long-term-care-providers/long-term-care-provider-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/Client', and a search bar. The navigation menu includes 'Home', '1. Programs', 'Topics', 'Resources', 'Contact', and 'My Account'. The main content area features a large image of hands being held, with a dark overlay containing the text 'Long-Term Care' and 'HHSC administers programs providing long-term care (LTC) services and institutional care to eligible clients.' Below this is a blue button labeled 'LTC Online Portal'. A breadcrumb trail reads 'Home > Programs > Long Term Care (LTC)'. On the left sidebar, a menu titled '2. Long-Term Care (LTC)' lists: 'Provider Bulletins', 'a. Provider Education', 'b. Reference Material', and 'd. Forms'. The main content area has a heading 'Long-Term Care (LTC)' with a sub-heading 'Last updated on 5/31/2020'. The text below states: 'The Texas Health and Human Services Commission (HHSC) administers programs providing long-term care (LTC) services and institutional care to eligible clients.' and 'The Texas Medicaid & Healthcare Partnership (TMHP) supports the provider community through provider education and...'. On the right sidebar, the 'Recent News' section features a headline: 'In-Home Day Habilitation Information for Program Providers for COVID-19 (IL 2021-07)' dated 1/27/2021, and a link for 'HCS, TxHML Quarterly'.

Item-by-Item Steps for Completing the PASRR Level 1 Screening Form

Section A.1: Submitter Information

INTENT: The purpose of this section is to document the identifying and contact information for the individual submitting the 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 No.—National Provider Identifier or Atypical Provider Identifier for the agency under which the submitter provides services.

A0400. Provider No.—Provider 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

INTENT: The purpose of this section is to document the identifying and contact information for the individual who completed the PL1 Screening Form.

Steps for Screening

1. If the individual is admitted to the NF under the Exempted Hospital Discharge, Expedited Admission, or Negative PASRR Eligibility category, the PL1 Screening Form is to be completed by the RE and sent to the NF with the individual. 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 an individual.
3. If the RE is uncooperative, and the RE is a hospital, the NF must email PASRR.Support@hsc.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 Screening Form from the hospital, and a direct telephone number for this hospital staff person (not a general hospital line).

A0600. Date of Screening—Enter the date that the PL1 Screening Form was completed via date picker or manually entering the date using the “mm/dd/yyyy” format.

Screener

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.

Type of Entity

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. Referring Physician First Name—Enter the first name of the individual’s physician. This field is required if you have entered “6. Physician (MD/DO)” in field A0900A.

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

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

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

Screening Location

A1000A. Name—Enter name of the RE’s current location (i.e., name of hospital or clinic, group home, assisted living, etc.).

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 individual’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).

Certification

A1200A. Referring Entity Certification—Check this box to certify that the RE, or RE representative, has certified that the information entered on the PL1 Screening Form is true and accurate.

A1200B. Certification Date—Enter the date that the RE, or RE’s representative, certified that the information entered on the PL1 Screening form is true and accurate.

Section B: Individual's Information

INTENT: The purpose of this section is to document the identifying and contact information for the individual 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 Screening Form 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 Screening' (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, if they have one.

B0200A. Social Security No.—Enter the individual's nine-digit Social Security Number.

B0200B. Medicare No.—Enter the individual's Medicare Number, if available.

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

B0400. Birth Date—Enter the individual'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 an individual's age as of the date that the PL1 Screening Form was conducted.

B0600. Gender—Select the individual's gender from the drop-down list provided.

Residence

B0700A. 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 address 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.

Next of Kin

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

1. Legally Authorized Representative (Legal Guardian)
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 Screening

INTENT: This section is to be completed by the RE to identify individuals suspected of having an MI, ID or DD/RC.

Steps for Assessment

1. Identify diagnoses: Review the medical record, if available, for an MI, ID, and/or DD/RC diagnoses. Medical record sources can include but are not limited to: verbal interview with the individual, 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 an individual does have an MI, ID, and/or DD/RC, then document that information in this section of the form.
3. These are required fields.

C0090. Primary Diagnosis of Dementia- Is there evidence that dementia is the primary diagnosis for this individual? (This must be listed in the medical record as the primary diagnosis by the physician.)

- 0. No
- 1. Yes

C0100. Mental Illness—Is there evidence or an indicator this is an individual that has a Mental Illness?

- 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 an individual has an MI diagnosis before being diagnosed with dementia, these changes/symptoms are caused by the dementia.

C0200. Intellectual Disability— Is there evidence or an indicator this is an individual that has an Intellectual Disability?

- 0. No
- 1. Yes

C0300. Developmental Disability— Is there evidence or indicators that this is an individual that has a developmental disability (related condition) other than an intellectual disability (e.g., autism spectrum disorder, cerebral palsy, spina bifida)? 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 PL1 Screening Form.

Steps for 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 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 individual or LAR's choice(s) for NF admission.

Steps for Assessment

1. For an admission under Expedited Admission, Exempted Hospital Discharge or Negative PASRR Eligibility, there must be only 1 NF choice listed.
2. Fields D0100A- D0100H will be disabled and auto populated based on the NF's provider/vendor number if the NF is the submitter.
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 a NF confirms they are not willing and able to serve the individual on the PL1 Screening Form, another NF choice can be added.

- A. If the submitter is an LA, fields D0100A and D0100B are enabled and required for the LA to complete, and the user must click the magnifying glass. This action will auto populate the disabled 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 individual or LAR’s NF choice.

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

D0100C. NPI No.—The National Provider Identifier for the individual or LAR’s NF choice.

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

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

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

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

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

D0100I. Phone—Enter the 10-digit telephone number for the individual 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. If there is an associated PE, and it is positive for PASRR eligibility, and after the NF reviews the associated PE, the NF will select the appropriate button located under the “Form Actions” heading corresponding to their ability to serve the individual (and provide or arrange for their specialized services as identified in the PE) or inability to serve the individual. 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 Screening Form. 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 Screening

Form on the LTC Online Portal. It will also be auto populated with “1. Yes” when the “Admitted to NF” button, located under the “Form Actions” heading, is clicked by the NF on a successfully submitted preadmission PL1 Screening Form that the NF certified able to serve the individual when there is an associated positive PE. If the associated PE is negative to PASRR eligibility, then the “Admitted to NF” button will be displayed upon submission of the negative PE without the NF being required to certify their ability to serve the person.

D0100P. NF Admission Date— Enter the date that the individual 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 PASRR Eligibility: This field is enabled and required.
 - A. After the NF enters a date in D0100P and completes the PL1 Screening Form as negative, EHD, or EA, then field **D01000** will contain “1. Yes” before submission on the LTC Online Portal.
2. Preadmission: The field is disabled and blank. 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 that intends to admit the individual must certify that they are willing and able to serve the individual by clicking on the “Able to Serve the Individual” button on the PL1 Screening Form, 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 individual, then the “Admitted to NF” button will not be displayed. The system will keep the current value of “0. No”.
 - C. After submission of a negative PE, the NF that intends to admit the individual clicks on the “Admitted to NF” button in order to complete this field on the “Change Status Confirmation” page. The system will auto-populate this field with “1. Yes.”

Note: The buttons to indicate ability or inability to serve the individual will not be displayed to the NF if the associated PE is negative.

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

Section E: Alternate Placement Preferences

INTENT: The purpose of this section is to document where an individual 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 LAs will be required to record the individual’s responses in Section E, fields E0100-E0400 (Alternate Placement Preferences) when initially submitting the PL1 Screening Form. The section will be enabled for data entry only if the individual for whom the form is being submitted has a suspicion of positive PASRR eligibility on the PL1 Screening Form. If the PL1 Screening Form is negative for PASRR eligibility, this section will not be enabled.

Steps for Assessment

1. This section is completed by the RE, and the NF or LA will be required to enter this information when submitting the PL1 Screening Form on the LTC Online Portal.
2. It is important for the NF and LA to know what the individual’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 an individual if NF care is no longer needed.
3. An 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.
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 individual or 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 individual 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 an individual 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 an individual 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.

Section F: Admission Category

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

Steps for Assessment

1. If an individual is admitted to the NF under the Exempted Hospital Discharge, Expedited Admission or Negative PASRR Eligibility category, the PL1 Screening Form is to be completed by the RE and sent to the NF with the individual. 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 individual.
3. If the RE is uncooperative, and the RE is a hospital, the NF must email PASRR.Support@hsc.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 Screening Form from the hospital, and a direct telephone number for this hospital staff person (not a general hospital line).
4. If the individual will be admitted to the NF under the Preadmission category, the PL1 Screening Form is to be completed by the RE and faxed to the LA who then submits it on the LTC Online Portal.

F0100. Exempted Hospital Discharge. Has a physician certified that individual is likely to require less than 30 days of NF services? (For individuals being admitted from an acute care hospital). — If the submitter of the PL1 is a NF, then select whether this individual qualifies for an Exempted Hospital Discharge. If the submitter of the PL1 is an LA, then this field is disabled, and it will be auto populated with “0. No” when field F0300A is clicked. It will also be disabled and auto populated with “0. No” when fields C0100, C0200 and C0300 are all completed with “0. No.”

- 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 individual to the NF.

F0200. Expedited Admission. Does this individual meet any of the following categories for an expedited admission into the nursing facility? — If the submitter of the PL1 is a NF, then 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 NF under one of the conditions listed. If the submitter of the PL1 is an LA, then all F0200 categories will be disabled, and category “0. Not Expedited Admission” will be auto selected when field F0300A is clicked. All F0200 categories will be disabled and category “0. Not Expedited Admission” will be auto selected when fields C0100, C0200 and C0300 are all completed with “0. No.”

- 0. **Not Expedited Admission**
- 1. **Convalescent Care:** Individual is admitted from an acute care hospital to a 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 record is maintained by the NF.
- 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 an 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 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 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.

F0300A. Preadmission

This PL1 Screening Form is completed with a suspicion of positive PASRR eligibility and therefore submitted with the Preadmission type of admission because the LA is the submitter. If the submitter of the PL1 is a NF, this field is disabled and blank. If the submitter of the PL1 is an LA, this field is enabled and required.

F0300B. Is the individual seeking a NF diversion? - If the submitter of the PL1 is a NF, this field is disabled and blank. If the submitter of the PL1 is an LA, this field is enabled and required when field F0300A is clicked.

0. No

1. Yes

F0400. Negative PASRR Eligibility

This PL1 is completed with a suspicion of a negative PASRR eligibility and therefore submitted with the **Negative PASRR Eligibility** type of admission. This field is always disabled. It will be auto selected if fields C0100, C0200 and C0300 are all completed with "0. No."

Discharge (LA/NF only)

Discharge Information

H0100. 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

H0150. Deceased/Discharge 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 H0100. '*Individual is deceased or has been discharged?*' is not blank. This date cannot be a future date, and it must be on or after the screening date.

Alternate Placement Disposition (NF/LA only)

INTENT: The purpose of this section is to document where an individual is admitted after the individual leaves the NF.

NF and LA users with the correct permissions will be required to fill out or update fields H0200-H0600 (Alternate Placement Disposition) of a PL1 Screening Form that is in an active status when using the "Update Form" functionality for a discharge.

This is to ensure that an individual’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.

This section is also enabled and required when the LA clicks on the “Enter Disposition” and “Save Disposition” buttons under the “Workflow Actions” heading when viewing the submitted PL1 Screening Form.

Steps for Assessment

1. Enter the information for where the resident was admitted in the community.
2. This admission information cannot be a NF.
3. This section is only available for data entry after the PL1 Screening Form has been successfully submitted on the LTC Online portal and when the user clicks on the “Enter Disposition” button under the “Workflow Actions” heading . This section is also available for data entry when the submitted PL1 Screening Form is being updated for a discharge.

Admission Information

H0200A. Admitted to—Select the community setting to which an individual was admitted from the drop-down list provided.

1. Community Program
2. ICF/IID
3. Own home/family home
4. Other

H0200B. Admitted to Other—This field is only available, and therefore required, if you selected “4. Other” in H0200A. Enter where an individual went to that is not listed in the drop-down list above; for example, to another NF.

H0300A. Community Program—Select the community program to which an individual was admitted from the drop-down list provided.

1. Adult Foster Care (AFC)
2. Community Attendant Services (CAS)
3. Community Living Assistance and Support (CLASS)
4. Consumer Manages Personal Assistance Services (CMPAS)
5. Day Activity and Health Services (DAHS)

6. Deaf Blind with Multiple Disabilities (DBMD)
7. Emergency Response Services (ERS)
8. Family Support Services (FSS)
9. Home & Community-based Services-Adult Mental (HCBS-AMH)
10. Home and Community-based Services (HCS)
11. Medically Dependent Children Program (MDCP)
12. Primary Home Care (PHC)
13. Program of All-Inclusive Care for the Elderly (PACE)
14. STAR+PLUS
15. Substance Use Treatment Services
16. Texas home Living (TxHmL)
17. Youth Empowerment Services (YES Waiver)
18. Other
19. None of the above

H0300B. Other Community Program—This field is only available if you chose “18. Other” in H0300A. Enter the other community program that is not listed in the field H0300A drop-down list.

H0400A. Name of ICF/IID Facility—Enter the name of ICF/IID. This field is enabled and required when “2. ICF/IID” is selected in field H0200A.

H0500. Own Home/Family Home Comments—Enter any comments regarding the individual’s own home or family home. This field is enabled and required when “3. Own home/family home” is selected in field H0200A.

H0600. Alternate Placement Date of Entry—Enter the date via the date picker, or manually enter the date using the “mm/dd/yyyy” format.