

# **Detailed Item by Item Guide for Referring Entities to Complete the PASRR Level 1 Screening Form**

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**TEXAS**  
Health and Human  
Services

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# Table of Contents

<b>Table of Contents</b> .....	<b>2</b>
<b>1. Overview</b> .....	<b>3</b>
<b>2. Purpose</b> .....	<b>4</b>
<b>3. When to Complete a PASRR Level 1 Screening Form</b> .....	<b>5</b>
<b>4. Submission of a PASRR Level 1 Screening Form</b> .....	<b>8</b>
<b>5. Formatting Requirements</b> .....	<b>9</b>
<b>6. Form Assistance</b> .....	<b>10</b>
<b>7. Item-by-Item Steps for Completing the PL1 Screening Form</b> .....	<b>11</b>
Section A: Submitter Information (NF/LA only) .....	11
Section A: Referring Entity Information (Screener) .....	11
Items A0600 through A1200B.....	11
Section B: Personal Information (Individual being screened) .....	13
Items B0100A through B0655.....	13
Section B: Previous Residence (Individual being screened) .....	14
Items B0700A through B0700G.....	14
Section B: Next of Kin (Individual being screened) .....	14
Items B0800A through B0800K.....	14
Section C: PASRR Screen (Screener), Items C0100 through C0300 .....	15
Section C: Local Authority Information (LA only) .....	17
Items C0400 through C0900 .....	17
Section D: Nursing Facility Choices .....	18
Section E: Alternate Placement Preferences (Screener) .....	20
Items E0100 through E0400.....	20
Section E: Alternate Placement Disposition .....	21
Items E0500A through E0900 .....	21
Section F: Admission Category (RE/LA) .....	21
Items F0100 through F0200 .....	21

# 1. Overview

This guide provides referring entities complete step-by-step instructions on when and how to complete the Preadmission Screening and Resident Review (PASRR) Level 1 (PL1) Screening form. A PL1 Screening form is required for all persons seeking admission to a Medicaid-certified nursing facility (NF).

A referring entity (RE) is an entity or person that refers a person to a Medicaid-certified NF. There are many types of referring entities, including the following:

- Acute Care Hospitals
- Psychiatric Hospitals
- Family members
- Legally Authorized Representatives (LAR)
- Nursing Facilities
- Physicians, (including office staff)
- Assisted Living Facilities
- Group Homes
- Hospice Providers
- Home Health Agencies
- Adult Protective Services
- Law Enforcement
- State Supported Living Centers
- Other community healthcare providers

## 2. Purpose

The PASRR 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. **Note: All people who are confirmed as having MI, ID, or DD are identified as PASRR-positive.**

Administering the PE helps to ensure that PASRR-positive people are placed in the most integrated residential setting of their choice, where they can receive the specialized services needed to improve and maintain their best level of functioning.

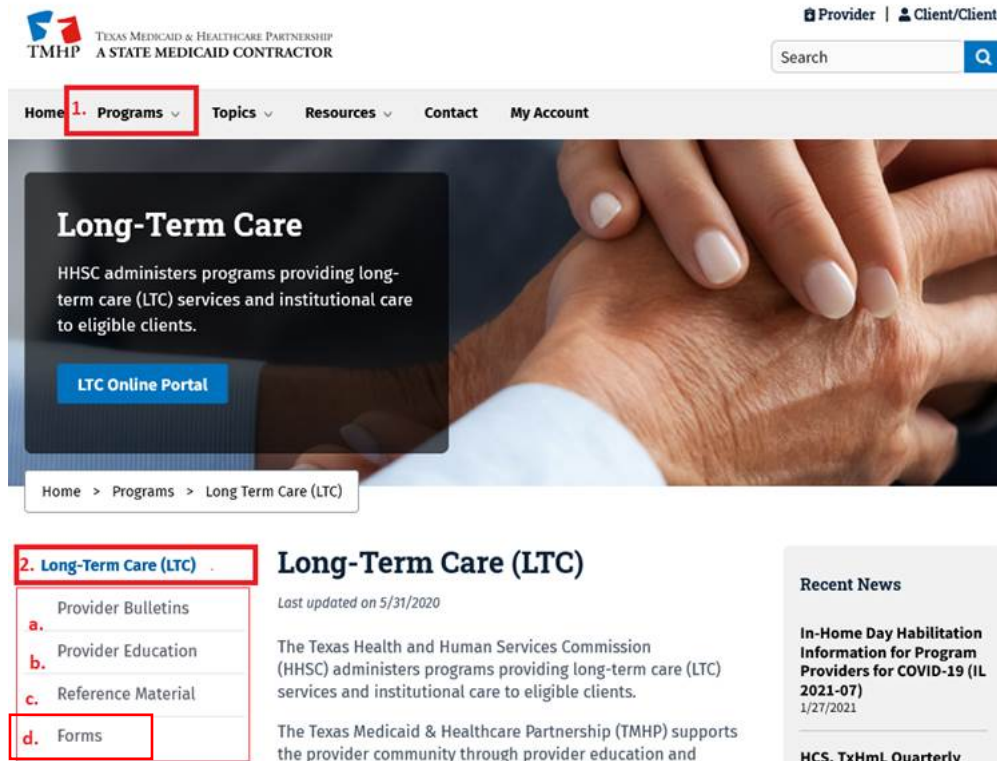
The term "person" or "people" is used in this document in some places to replace the term "individual" or "individuals" which is used on the PL1 screening form.

### 3. When to Complete a PASRR Level 1 Screening Form

As mandated by state and federal requirements, the PASRR PL1 Screening form must be completed for every person seeking admission to a Medicaid-certified NF prior to admission, regardless of the person’s funding source, diagnosis, or age. NFs are not allowed to admit a person without receiving a completed PL1 Screening form.

Blank copies of the PL1 Screening form can be found on the Texas Medicaid and Healthcare Partnership (TMHP) website at <http://www.tmhp.com> and select:

1. “Programs” from the main TMHP website
1. Long-Term Care (LTC)
2. Forms:



If the PL1 Screening form indicates a suspicion of MI, ID, or DD, the referring entity (RE) completing the PL1 screening must then determine if the person meets one of the following admission types: exempted hospital discharge, expedited admission, or preadmission type.

For exempted hospital discharges and expedited admission type NF admissions, the RE will send the completed paper PL1 Screening form to the NF with the person being admitted to the NF. The NF will then submit the PL1 Screening form on the TMHP Long Term Care (LTC) Online Portal once the person is admitted.

**Exempted Hospital Discharge**—A person can be admitted to the NF directly from an acute care hospital if the person is suspected of having MI, ID or DD **and** a physician has certified that the person will likely require less than 30 days of NF care for the condition for which the person was hospitalized.

**Expedited Admission**—A person can be admitted to the NF directly from an acute care hospital or another NF if the person is suspected of having MI, ID, or DD and the person falls into one of the following seven categories: terminally ill, severe physical illness, convalescent care, delirium, respite, emergency protective services, or coma.

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.

**Preadmission Process** – The Preadmission Process is when there is a NF admission from an 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.

When the local authority is aware a person from a non-acute facility (Preadmission) is seeking admission to a NF or is requesting a PASRR diversion, the local authority should reach out to the referring entity, in most cases the family or an advocate.

The local authority should provide a blank copy of the PL1, explain the purpose of the form, and offer assistance with completing the form.

The RE faxes the PL1 Screening form to the local mental health authority (LMHA), local behavioral health authority (LBHA), or local intellectual developmental disabilities authority (LIDDA), also known as local authorities (LA). (See note below.) This serves as notification for the LA to enter the PL1 screening into the TMHP LTC Online Portal, initiate the 72-hour face-to-face contact, and complete and submit the PE into the LTC Portal within seven days of receiving the PL1 Screening form. A person's PL1 Screening form and PE must both be completed before the person is admitted to the NF.

If the PE is positive, the NF reviews the PE (including recommended specialized services) and certifies on the PL1 Screening form whether it is willing and able to serve the person before the person can be admitted. The NF must also confirm that the person has met medical necessity by reviewing the history section of the PE before admission.

NOTE: If the PL1 Screening form indicates that a person is suspected of having MI, the completed PL1 Screening form is faxed to the LMHA or LBHA. If the PL1 Screening indicates a person is suspected of having ID or DD/RC, the completed PL1 Screening form is faxed to the LIDDA. The fax numbers for LMHAs, LBHAs, and LIDDAs are located at the following link:

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

## **4. Submission of a PASRR Level 1 Screening Form**

The PASRR PL1 Screening form can only be submitted on the Long-Term Care Online Portal by a nursing facility or local authority.



## 5. Formatting Requirements

The following formatting conventions should be used when completing the PASRR PL1 Screening form:

- When completing a handwritten PL1 Screening paper form to be used for data entry, please print legibly.
- When entering dates on the form, use the following format: "mm/dd/yyyy". For example, July 6, 2018, would be recorded as 07/06/2018.
- Use a check mark on the paper PL1 screening form where the instructions state to "Check all that apply" or "Check only one" if specific conditions are met. Otherwise, these boxes must remain blank.
- "Unknown" is a response option to several items. Use this as a response when other responses don't apply. It should not be used to signify lack of information about the item.

## 6. Form Assistance

Contact **HHSC Preadmission Screening and Resident Review (PASRR) Unit** by email [PASRR.Support@hsc.state.tx.us](mailto:PASRR.Support@hsc.state.tx.us) about the following:

- Assistance or cooperation from a nursing facility, local mental health authority, local behavioral health authority, or local intellectual and developmental disability authority.
- Assistance with locating information to complete the PASRR Level 1 (PL1) Screening form
- Assistance with locating a blank copy of the PL1 Screening form or additional training resources
- Policy guidance on PASRR requirements and admission types
- Questions specifically related to mental illness, intellectual disability, developmental disability or related conditions.

REs can also obtain information regarding PASRR and the RE responsibilities at the following HHSC webpage for Referring Entities/Hospital Discharge Planners: <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/preadmission-screening-resident-review-pasrr/referring-entitieshospital-discharge-planners>

## 7. Item-by-Item Steps for Completing the PL1 Screening Form

### Section A: Submitter Information (NF/LA only)

**The RE does not complete this section.** This section is auto populated by the system when the PASRR Level 1 (PL1) Screening is entered into the LTC Online Portal by the NF or LA.

### Section A: Referring Entity Information (Screener)

#### Items A0600 through A1200B

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

#### Steps for Assessment

The information requested in this section is required, unless otherwise indicated.

**A0600. Date of Assessment**—Enter the date that the PL1 screening was completed using the “mm/dd/yyyy” format.

**A0700A. First Name**—Enter the first name of the RE representative who completed the PL1 Screening.

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

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

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

**A0800. Position/Title**—Enter the professional position or title of the RE representative who performed the PL1 Screening.

**A0900A. Type of Entity**—Enter 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 (Other can include any of the entities listed in section 1 of this guide)

**A0900B. Other Type of Entity**—This field is required if you entered “7. Other” in field A0900A.

**A0900C. Physician First Name**—Enter the first name of the 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 physician. This field is optional.

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

**A0900F. Physician Suffix**—Enter the suffix of the physician. This field is optional.

**A1000A. Name**—Enter the 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 RE’s street address (i.e. street name and number or the P.O. Box number).

**A1000C. City**—Enter the city of the RE’s current location.

**A1000D. State**—Enter the state of the RE’s current location.

**A1000E.**

**ZIP Code**—Enter the 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’s representative, has completed the PL1 screening form with information that is true and accurate.

**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)

### Items B0100A through B0655

INTENT: The purpose of this section of the PASRR Level 1 (PL1) Screening form is to document the identifying and contact information for the person being screened.

Section B is very important as it provides critical information needed for the person to be served in a NF or alternate living situation. Please review the information carefully as many of the errors on the PL1 Screening form are made in this section.

#### Please pay particular attention to:

- Spelling of first and last name
- Social Security Number (SSN)
- Medicaid number (if any)
- Medicare number (if any)
- Date of birth

REs must complete all fields in Section B. If the information requested is unknown, write "unknown." Do not leave it blank.

**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 required only if the person has a middle name.

**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 applicable. If the person does not have a Medicare number, enter N/A.

**B0300. Medicaid No.**—Enter the person's Medicaid number. If the person does not have Medicaid, enter an 'N'. If the person is in the process of obtaining Medicaid, enter a '+' sign.

**B0400. Birth Date**—Enter the person's date of birth in "mm/dd/yyyy" format.

**B0500. Age at Time of Screening**—Enter the person's age as of the date that the PL1 Screening was performed.

**B0600. Gender**—Enter the person's gender: 1. Male or 2. Female.

**B0650. Individual is deceased or has been discharged?** This field will be completed by the NF when applicable after admission.

**B0655. Deceased/Discharged Date**—This field will be completed by the NF when applicable after admission.

## **Section B: Previous Residence (Individual being screened)**

### **Items B0700A through B0700G**

**B0700A. Previous Residence Type**—Enter the person’s residence, location type, or program prior to seeking admission to a NF from the 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 required if you have entered “5. Other” in field 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**— Enter the state of the person’s previous residence or location type.

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

**B0700G. County of Residence**—Enter the county of the person’s previous residence or location type.

## **Section B: Next of Kin (Individual being screened)**

### **Items B0800A through B0800K**

REs must enter the contact information for the person's next of kin. This information may be useful in order to contact someone who knows the person's history. If the information is unknown, write “unknown” in this section.

**B0800A. Relationship to Individual**—Enter the next of kin's relationship to the person from the list provided. For instance, if the person has an LAR, enter "1." for Legally Authorized Representative" here.

1. Legally Authorized Representative
2. Spouse
3. Child
4. Parent
5. Sibling
6. Other

**B0800B. Other Relationship to Individual**—This field is required if you have entered "6. Other" in field B0800A.

**B0800C. First Name**—Enter the first name of the person's next of kin.

**B0800D. Middle Initial**—Enter the middle initial of the person's next of kin if they have one.

**B0800E. Last Name**—Enter the last name of the person's next of kin.

**B0800F. Suffix**—Enter the suffix of the person's next of kin. This field is optional.

**B0800G. Phone Number**—Enter the 10-digit telephone number of the person's next of kin.

**B0800H. Street Address**—Enter the current street address or P.O. Box of the person's next of kin.

**B0800I. City**—Enter the city of the person's next of kin.

**B0800J. State**—Enter the state of the person's next of kin.

**B0800K. ZIP Code**—Enter the ZIP Code of the person's next of kin.

## **Section C: PASRR Screen (Screener), Items C0100 through C0300**

**INTENT:** This section is to be completed by the RE for people suspected of having mental illness, or an intellectual or developmental disability.

### **Steps for Assessment**

Identify diagnoses: Review the medical record, if available, for 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.

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.

C0100, C0200, and C0300 are required fields.

**C0100. Mental Illness**—Select whether this person demonstrates evidence of 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 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 an intellectual disability.

- 0. No



1. Yes

Intellectual disability is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior. Adaptive behaviors include real-life skills such as grooming, getting dressed, avoiding danger, safe food handling, following rules, managing money, cleaning, and making friends. Adaptive behavior also includes the ability to work, practice social skills, and take personal responsibility. This disability originates before the age of 18.

**C0300. Developmental Disability**—Select whether this person demonstrates evidence or indicators of a developmental disability (related condition) other than an intellectual disability.

0. No
1. Yes

Developmental disability (DD) - (Also known as a related condition (RC)) is cerebral palsy or epilepsy, or any other condition, other than mental illness, found to be closely related to intellectual disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with an intellectual disability, and requires treatment or services similar to those required for persons with an intellectual disability. The developmental disability is manifested before the person reaches 22 years old; is likely to continue indefinitely; and results in substantial functional limitation in at least three of the following areas of major life activity:

- Self-care;
- Understanding and use of language;
- Learning;
- Mobility;
- Self-direction; and
- Capacity for independent living.

Note: The HHSC list of approved related conditions and a definition of what a related condition is can be found by using the link below:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/health/icd10-codes.pdf>

## **Section C: Local Authority Information (LA only)**

### **Items C0400 through C0900**

**INTENT:** The RE does not complete this section. This section is auto-populated by the system when the PL1 screening is entered into the LTC Online Portal by the NF or LA.

## Section D: Nursing Facility Choices

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

### Steps for Assessment;

1. The NF selected for an admission under Expedited Admission or Exempted Hospital Discharge conditions **must** be listed.
2. The NF selected for Negative PL1 Screening form admissions must be listed.
3. For Preadmissions, the RE can list up to five NF options, but there must be at least one NF listed.
4. In a Preadmission, if all the NF options that were initially listed have been exhausted, the RE must complete another section D with new NF options and fax it to the LMHA, LBHA or LIDDA so the information can be entered into the TMHP LTC Online portal. This will enable an alert to be sent to the newly listed NFs to review the PE on the TMHP LTC Online Portal.

The referring entity can obtain the answers to questions D0100A thru D0100M by contacting each potential NF.

**D0100A. Provider No.** (formerly known as Contract No.)—Enter the provider number for the person's or LAR's NF choice.

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

**D0100C. NPI**—Enter the National Provider Identifier (NPI) for the person's or LAR's NF choice.

**D0100D. Facility Name**—Enter the facility name for the person's or LAR's NF choice.

**D0100E. Street Address**—Enter the street address or P.O. Box for the person's or LAR's NF choice.

**D0100F. City**—Enter the city for the person's or LAR's NF choice.

**D0100G. State**—Enter the state for the person's or LAR's NF choice.

**D0100H. ZIP Code**—Enter the ZIP Code for the person's or LAR's NF choice.

**D0100I. Phone**—Enter the 10-digit telephone number for the person's 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**— The NF completes this field.

**D0100O. NF Admitted the Individual**— The NF completes this field.

**D0100P. NF Date of Entry**— The NF completes this field.

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

## Section E: Alternate Placement Preferences (Screener)

### Items E0100 through E0400

**INTENT:** The purpose of this section is to document where the person would like to live other than a NF. Complete this section to the best of your ability during the screening process. If you are unable to obtain an answer, write "Unknown" or "N/A." Do not leave a field blank.

It is important for the NF 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.

If the person being screened is suspected of having MI, ID, or DD and states they would prefer not to be admitted to a NF, if possible, then the RE should contact the LIDDA or LMHA, or LBHA to discuss other living options available to meet this person's needs. This process is called diversion since the option "diverts" an individual from living in an institutionalized setting.

The LIDDA or LMHA/LBHA may be contacted at:

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

This section is completed by the RE, and the NF or local authority (LA) will be required to enter this information when submitting this form on the LTC Online Portal if there are evidence or indicators of MI, ID, or DD documented in Section C.

### Steps for Assessing Alternate Placement:

**E0100. Where would this individual like to live now? Check all that apply –** Check all the residential settings in which the person or legally authorized representative (LAR) expresses an interest. If the person or LAR expresses an interest in living in the NF check "B" as a NF is a 24-hour care facility

- 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 (if E. 'Other' is selected, enter the person's or LAR's preferred residential setting here)
- G. Unknown

**E0200. Comments about where the individual would like to live**—Enter relevant information regarding the person’s or LAR’s preferred residential setting. These comments should include barriers to the preferred residential setting, as well as supports needed for a community placement if the RE is aware of any barriers or supports needed.

**E0300. Living Arrangement Options. Check all that apply** —Check all the living arrangement options in which the person or LAR expresses an interest.

- A. By themselves
- B. With a roommate
- C. With family
- D. With a lot of friends
- E. Other
- F. Other Individual (if E. Other Individual is selected, enter the person’s or LAR’s preferred individual here)
- G. Unknown

**E0400. Comments about with whom the individual would like to live** — Enter relevant information regarding the person’s or LAR’s preferred living arrangement options. Would they like to live alone, with another person, or other people, in a family situation, or are they unsure at this time?

## **Section E: Alternate Placement Disposition**

### **Items E0500A through E0900**

**INTENT:** The referring entity will not complete this section. The purpose of this section is to document the alternate placement to which the person was admitted after the person leaves the NF.

## **Section F: Admission Category (RE/LA)**

### **Items F0100 through F0200**

**INTENT:** The purpose of Section F of the PASRR Level 1 (PL1) Screening form is to document the type of admission for the person being screened. All fields must be completed.

If Section C of the PL1 Screening form indicates the person is not suspected of having MI, ID, or DD, this person is considered a Negative admission and the RE does not complete Section F.

While the only visible choices available in this section are for Exempted Hospital Discharge and Expedited Admission, the Preadmission process will be in this section also.

The types of admission categories documented in Section F are used when Section C of the PL1 Screening form indicates the person is suspected of having MI, ID, or DD. These admission types are described below along with instructions on how to document each one in Section 3.

**F0100. Exempted Hospital Discharge** - Has a physician certified that this person is likely to require **less than 30 days** of NF services to treat the condition for which the person was hospitalized? Enter whether this person qualifies for an Exempted Hospital Discharge.

- 0. No
- 1. Yes

**Note:** The physician's certification must be recorded in the medical records that accompany the person to the NF.

**F0200. Expedited Admission**—Enter the category number of the 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 below.

**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 prognosis is documented by a physician's certification, which is kept in the individual's medical record maintained by the nursing facility.
3. **Severe Physical Illness:** An illness resulting in ventilator dependence or a diagnosis, such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, or congestive heart failure, that results in a level of impairment so severe that the individual could not be expected to benefit from specialized services.
4. **Delirium:** Provisional admission pending further assessment in case of delirium where an accurate diagnosis cannot be made until the delirium clears.
5. **Emergency Protective Services:** Provisional admission pending further assessment in emergency situations requiring protective services, with placement in the nursing facility not to exceed 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/DD 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 indicated on the PL1 Screening form by answering:

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