

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

Texas Health and Human Services

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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 individuals seeking admission to a Medicaid-certified nursing facility (NF).

A referring entity (RE) is an entity or an individual that refers an individual 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

Note: In this guide, the term Local Authority (LA) is used collectively for Local Intellectual Developmental Disability Authority (LIDDA), Local Mental Health Authority (LMHA), and Local Behavioral Health Authority (LBHA).

Purpose

The PL1 Screening Form is designed to identify individuals who are suspected of having a mental illness (MI), intellectual disability (ID) or 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.

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

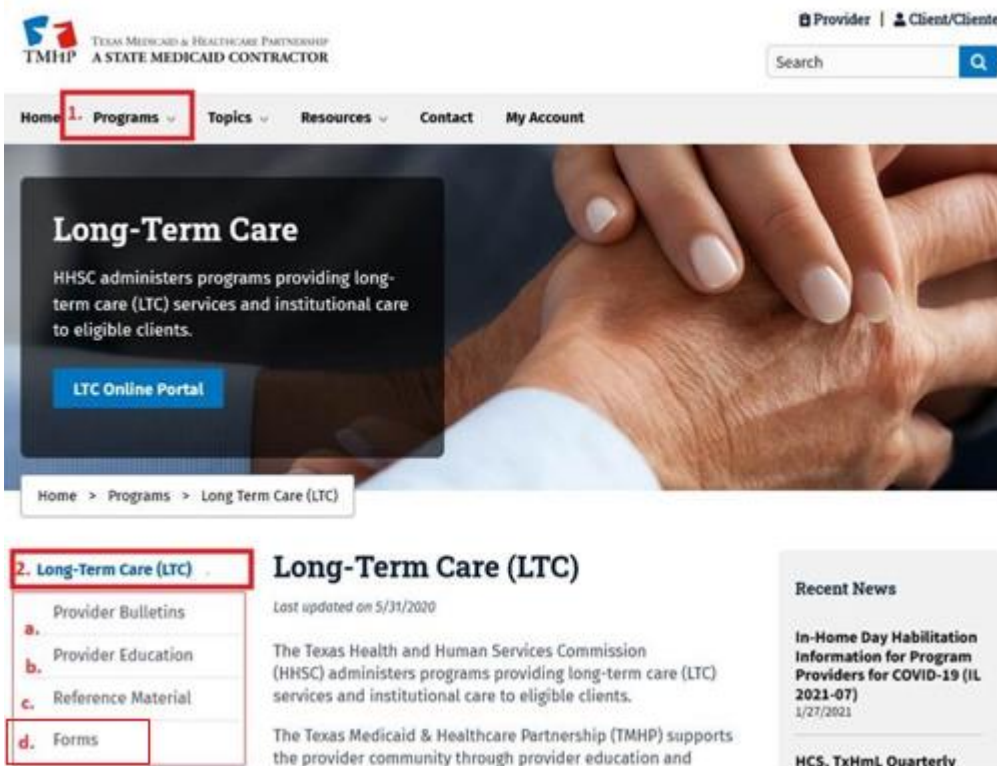
Administering the PE helps to ensure that PASRR-positive individuals are placed in the most integrated residential setting of their choice, where they can receive the specialized services needed to improve and maintain their best level of functioning.

When to Complete a PASRR Level 1 Screening Form

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

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

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



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

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

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

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

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.

Preadmission Process – 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.) and if an individual is suspected of having MI, ID or DD. If the RE is a family member, they may request assistance from the NF to complete the PL1 Screening Form.

When the RE is requesting a PASRR NF diversion, the LA should provide a blank copy of the PL1 Screening Form, explain the purpose of the form, and offer assistance with completing the form.

The RE faxes the PL1 Screening Form to the LA. This serves as notification for the LA to enter the PL1 Screening Form into the TMHP LTC Online Portal immediately, initiate the 72-hour in-person contact, and complete and submit the PE into the LTC Online Portal within seven days of receiving the PL1 Screening Form. An individual's PL1 Screening Form and PE must both be submitted on the LTC Online Portal before the individual 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 individual before the individual can be admitted. The NF must also confirm that the individual has met medical necessity by reviewing the history section of the PE before admission.

NOTE: If the PL1 Screening Form indicates that an individual is suspected of having MI, the completed PL1 Screening Form is faxed to the LMHA or LBHA. If the PL1 Screening Form indicates an individual 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>

Submission of a PASRR Level 1 Screening Form

The PL1 Screening Form can only be submitted on the Long-Term Care Online Portal by a NF or LA.

Formatting Requirements

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

- When completing a handwritten PL1 Screening Form to be used for data entry, please print legibly.
- 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.

Form Assistance

Contact **HHSC PASRR Unit** by email PASRR.Support@hsc.state.tx.us about the following:

- Assistance with or cooperation from a NF, LMHA/LBHA, or LIDDA
- Assistance with locating information to complete the 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 MI, ID, DD/RC.

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>.

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 PL1 Screening Form is entered into the LTC Online Portal by the NF or LA.

Section A: Referring Entity Information

Items A0600 through A1200B

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 Assessment

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

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

Screener

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

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

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

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

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

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 the ‘*Type of Entity*’ field (A0900A).

A0900C. Referring 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. Referring Physician Middle Initial—Enter the middle initial of the physician. This field is optional.

A0900E. Referring 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. Referring Physician Suffix—Enter the suffix of the physician. This field is optional.

Screening Location

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

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 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’s representative, has completed the PL1 Screening Form with information that 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

Items B0100A through B0600

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

Section B is very important as it provides critical information needed for the individual 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 individual being screened.

B0100B. Middle Initial—Enter the middle initial of the individual being screened. This field is required only if the individual has a middle name.

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

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

B0400. Birth Date—Enter the individual’s date of birth in.

B0500. Age at Time of Screening—Enter the individual’s age as of the date that the PL1 Screening Form was performed.

B0600. Gender—Enter the individual’s gender: 1. Male or 2. Female.

Section B: Residence

Items B0700A through B0700G

B0700A. Residence Type—Enter the individual’s residence, location type, or program prior to seeking admission to a NF from the list provided.

1. Private Home
2. Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (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 individual’s previous residence or location type.

B0700D. City—Enter the city of the individual’s previous residence or location type.

B0700E. State— Enter the state of the individual’s previous residence or location type.

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

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

Section B: Next of Kin

Items B0800A through B0800K

REs must enter the contact information for the individual's next of kin. This information may be useful in order to contact someone who knows the individual'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 individual from the list provided. For instance, if the person has an LAR, enter "1." for legally authorized representative (legal guardian) here.

1. Legally Authorized Representative (Legal Guardian)
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. Enter the other relationship type to the individual being screened that is not listed in B0800A

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

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

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

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

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

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

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

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

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

Section C: PASRR Screening Items C0090 through C0300

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

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 individual, 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 individual does have an MI, ID, or DD, then document that information in this section of the form.

C0090, C0100, C0200, and C0300 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 a person 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

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— 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, cerebral palsy, spina bifida)?

- 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 ID because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of an individual with an ID, and requires treatment or services similar to those required for individuals with an ID. The DD is manifested before the individual 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 Form is entered into the LTC Online Portal by the NF of LA.

Section D: Nursing Facility Choices

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

Steps for Assessment

1. Only one NF must be entered for an admission under Expedited Admission, Exempted Hospital Discharge or Negative PASRR Eligibility type.
2. For Preadmissions, the RE can list up to five NF options, but there must be at least one NF listed.
3. In a Preadmission, if all the NF options that were initially listed were unable to serve the individual, 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. — Enter the provider number for the individual's or LAR's NF choice.

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

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

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

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

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

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

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

D0100I. Phone—Enter the 10-digit telephone number for the individual’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 Admission Date—The NF completes this field.

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

Section E: Alternate Placement Preferences

Items E0100 through E0400

INTENT: The purpose of this section is to document where an individual 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 an 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 person if NF care is no longer needed.

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

The LA 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 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, and/or DD/RC 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 individual or LAR expresses an interest. If an individual 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 individual's or LAR's preferred residential setting here)
- G. Unknown

E0200. Comments about where the individual would like to live—Enter relevant information regarding an individual'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 an individual 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 individual's or LARs preferred individual here)
- G. Unknown

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

Section F: Admission Category

Items F0100 through F0400

INTENT: The purpose of Section F of the PL1 Screening Form is to document the type of admission for an individual being screened. All fields must be completed.

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 individual is likely to require **less than 30 days** of NF services? 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—Does this individual meet any of the following categories for an expedited admission into the NF? —Enter the category number of the expedited admission this person is being admitted under. Enter “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 aNF for convalescent care with an acute physical illness or injury which required hospitalization and is expected to remain in the NF for greater than 30 days.

2. **Terminally Ill:** Individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course. An individual's medical prognosis is documented by a physician's certification, which is kept in the individual's medical record maintained by the nursing facility.
3. **Severe Physical Illness:** An illness resulting in ventilator dependence or diagnosis, such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, 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 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.

F0300B. Is the individual seeking a NF diversion?

0. No
1. Yes

F0400. Negative PASRR Eligibility

This PL1 Screening Form is completed with a suspicion of a negative PASRR eligibility and therefore submitted with the **Negative PASRR Eligibility** type of admission.

Discharge

Note: The Discharge section is to be completed by the NF or LA only. The RE is not responsible for completing this section.