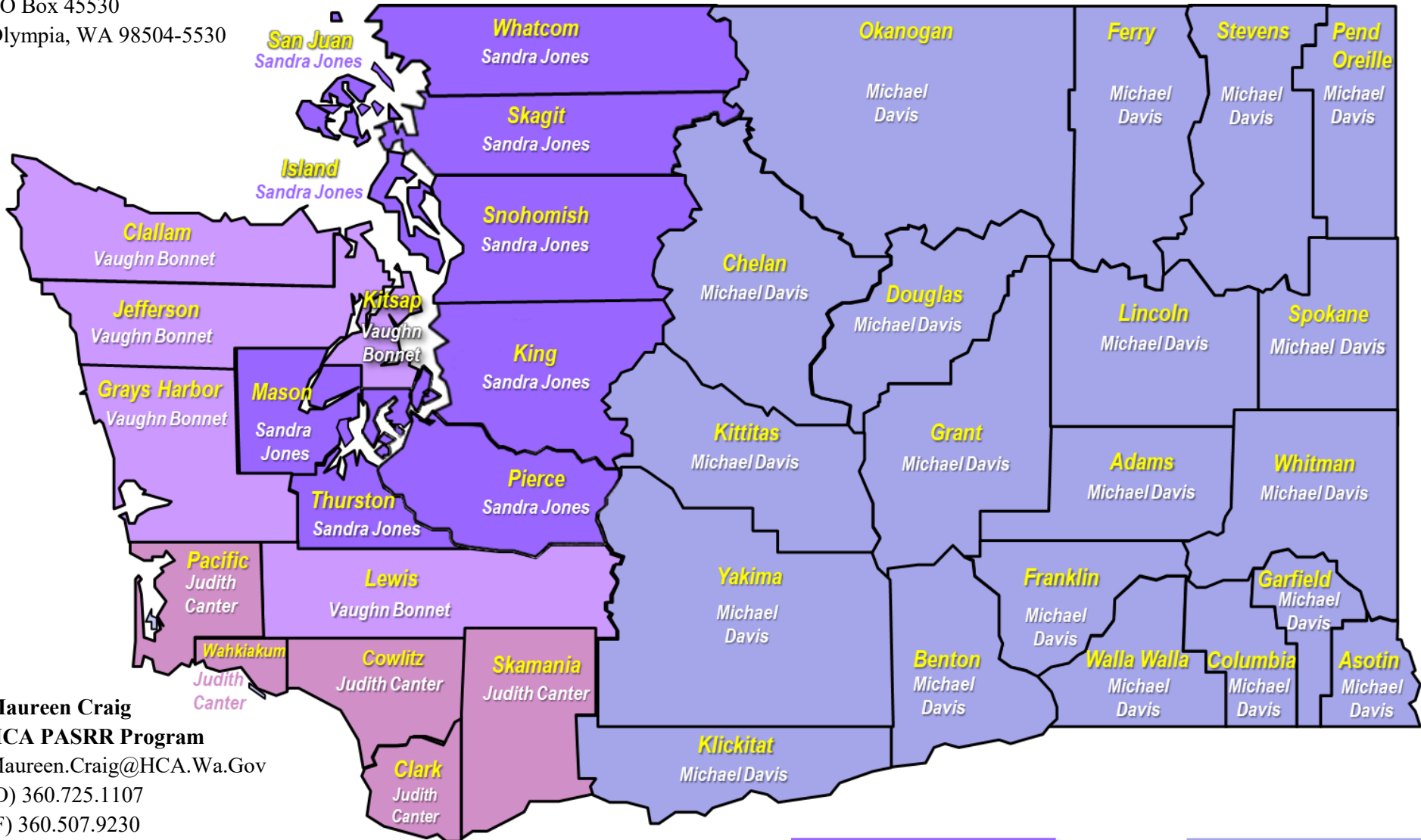


www.HCA.WA.Gov/PASRR

Effective July 1, 2019

PO Box 45530

Olympia, WA 98504-5530



Maureen Craig

HCA PASRR Program

Maureen.Craig@HCA.Wa.Gov

(O) 360.725.1107

(F) 360.507.9230

Vaughn Bonnet

(O) 360-633-0915

(F) 360-876-1222

vbonnet3@yahoo.com

Judith Canter

Mindful, Inc.

(O) 360-903-7415

(F) 360 696-8542

jcmindfulinc@gmail.com

Sandra L Jones

SL Jones, LLC

(O) 425-361-8262

(F) 425-338-1470

sljonesllc@gmail.com

Michael Davis

Applied Insight

(O) 509-768-1600

(F) 509-769-0700

Michael@AppliedInsight.net

WA STATE BH PASRR PROGRAM Quick Reference Guide for the Level I form

- Required **BEFORE** admission to SNF
- Federally mandated

Medicaid-Certified nursing facilities cannot admit prior to completion of PASRR process.

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

This screening form applies to all persons being considered for admission to a Medicaid-Certified Nursing Facility (NF). The nursing facility is responsible for ensuring that the form is complete and accurate before admission. After admission, the NF must retain the Level I form as part of the resident record. In the event the resident experiences a significant change* in condition, or if an inaccuracy in the current Level I is discovered, the NF must complete a new PASRR Level I and make referrals to the appropriate entities if a serious mental illness and/or intellectual disability or related condition is identified or suspected.

NAME	ADSA ID (IF AVAILABLE)	DATE OF BIRTH
LEGAL REPRESENTATIVE OR NSA**	FACILITY NAME (IF APPLICABLE)	
RELATIONSHIP	NSA PHONE (WITH AREA CODE)	FACILITY ADDRESS LINE 1
NSA ADDRESS	FACILITY ADDRESS LINE 2	
NAME OF PERSON COMPLETING FORM	PHONE NUMBER OF PERSON COMPLETING FORM	

Nursing facility admission pending; anticipated date of admission: _____

Current nursing facility resident

Date of admission (if current resident): _____

For a significant change, indicate the date of the significant change: _____

* **Significant change in physical or mental condition** for PASRR purposes means a deterioration or improvement or mental condition of a resident with serious mental illness or intellectual disability or related condition such that may reasonably require new, different, or fewer specialized services than the resident had been receiving, or 2 placement is a reasonable consideration for the resident.

** NSA means Necessary Supplemental Accommodation, a person identified by DDA, if needed, to assist an individual with intellectual disability or related condition (ID/RC) to understand decisions made by DDA.

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

A. Serious Mental Illness Indicators

YES NO

1. Has the individual shown indicators within the last two years of having any of the following mental disorders appropriate box and include current version of the Diagnostic and Statistical Manual (DSM) code if known:

<input type="checkbox"/> Schizophrenic Disorders DSM Code, if known:	<input type="checkbox"/> Psychotic Disorder NOS DSM Code, if known:	<input type="checkbox"/> Personality Disorder DSM Code, if known:
<input type="checkbox"/> Mood Disorders – Depressive or Bipolar DSM Code, if known:	<input type="checkbox"/> Anxiety Disorders DSM Code, if known:	<input type="checkbox"/> Delusional Disorder DSM Code, if known:
<input type="checkbox"/> Other Psychotic Disorder DSM Code, if known:		

2. Is there evidence the person exhibits serious functional limitations (described below) during the past 12 months related to a serious mental illness?

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

When in doubt contact your MH PASRR Contractor
It is the Evaluator's responsibility to decide which Level II to perform.

- Initial Psychiatric Evaluation Summary or
- Invalidation or
- Follow up / Significant Change in Condition

3. Has the individual experienced either of the following? If yes, please indicate either a, or b, below.

a. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).

b. Within the last two years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

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

1. All of the questions in Section 1A (1, 2 and 3) are marked **Yes**; OR
2. Sufficient evidence of SMI is not available, but there is a **credible suspicion** that a SMI may exist (more information); and
3. The requirements for exempted hospital discharge do not apply (see Section IIA).

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

1. Any of the questions in Section 1A (1, 2 or 3) are marked **No** and there is no credible suspicion of SMI.
2. There are indicators of SMI in Section 1A, but the requirements for exempted hospital discharge are met. **Continue to Section I.B.**

B. Intellectual Disability Related Conditional Indicators

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has the person received services from the Department of Social & Health Services, Developmental Disabilities Administration or another agency that serves individuals with intellectual disability?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does the individual have an intellectual disability?
<input type="checkbox"/>	<input type="checkbox"/>	3. Does the person have intellectual disability?

If the answer to B1 is yes, answer "Yes" to question 1.

A referral for a PASRR Level II for ID/RC is required if Section 1B.1 is marked "Yes".
A PASRR Level II for ID/RC is not required if Section 1B.1 is marked "No".

Exempted Hospital Discharge

If a Level II is indicated:

BUT the individual is returning to the SNF after receiving acute inpatient care at a hospital

AND the individual requires NF services for the condition for which he or she received care in a hospital

AND the individual's attending physician certifies that the individual is likely to require fewer than 30 days of nursing facility care

THEN the individual does **not** require a MH Level II before entering the SNF **BUT** you **do** have to complete Section IIA of the Level I.

Categorical Determination

If the individual has a referral to NF for protective services of 7 days or less

OR a referral to NF for respite of 30 days or less **BUT** you **do** have to complete Section III of the Level I.

Credible Suspicion

If there is **ANY** credible suspicion, contact the contractor for your county:

- Talking of suicide
- Any MH treatment while hospitalized
- Striking out at staff
- Individual's psychiatric symptoms negatively impacting their care.

STOP
Unless DD go to page 4

Don't forget page 4!

Individual have a diagnosis of dementia? Comment (if applicable): _____

Individual have a primary diagnosis? Comment (if applicable): _____

Individual have a substance use disorder? Comment (if applicable): _____

Individual have a diagnosis of delirium? Comment (if applicable): _____

Individual's primary language English? Comment (include culture, ethnic origin, or communication): _____

Section IV. Service Needs and Assessor Data

No Level II evaluation indicated: Person does not show indicators of SMI or ID/RC.

Level II evaluation referral required for SMI: Person shows indicators of SMI per Section 1.A.

Level II evaluation referral required for ID/RC: Person shows indicators of ID or RC per Section 1.B.

Level II evaluation referrals required for SMI and ID/RC: Person shows indicators of both SMI and ID/RC per Sections 1.A and 1.B.

Level II evaluation referral required for significant change.

No Level II evaluation indicated at this time due to exempted hospital discharge: Level II must be completed if scheduled discharge does not occur.

No Level II evaluation indicated at this time due to categorical determination identified by DDA or BHA: Level II must be completed if scheduled discharge does not occur. *See reverse*

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

PASRR CONTACT INFORMATION IS AVAILABLE AT:
For SMI - www.dshs.wa.gov/pasrr
For ID/RC - <https://www.dshs.wa.gov/dda/consumers-and-families/pre-admission-screening-and-resident-review-pasrr-program>

NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT)	NAME OF FACILITY OR AGENCY
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)
ADDRESS	CITY STATE ZIP CODE

By entering my name in the signature fields below, I indicate my intent to sign this record and agree that my electronic signature is the legally binding equivalent to my handwritten signature.

SIGNATURE OF PERSON COMPLETING THIS FORM _____ DATE _____

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