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

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

What is the purpose of this form?

Federal regulations (42 CFR §483.100 – 138) require that all individuals applying for or residing in a Medicaid-certified nursing facility be screened to determine whether they:

1. Have serious mental illness or an intellectual disability or related condition; and if so,
2. Require the level of services provided by a nursing facility; and if so
3. Require specialized services beyond what the nursing facility may provide.

This form documents the first level of screening. If serious mental illness or intellectual disability or a related condition is identified or credibly suspected, a Level II evaluation is required to confirm that identification, determine whether the individual requires nursing facility level of care, and determine whether specialized services are required

See Page 5 for definitions and instructions.

NAME: FIRST MIDDLE INITITAL LAST		ADSA ID (IF AVAILABLE)	DATE OF BIRTH (MM/DD/YYYY)
LEGAL REPRESENTATIVE OR FAMILY MEMBER		RECEIVING NURSING FACILITY (IF APPLICABLE)	
RELATIONSHIP	PHONE (WITH AREA CODE)	RECEIVING NURSING FACILITY ADDRESS LINE 1	
REPRESENTATIVE OR FAMILY MEMBER ADDRESS		RECEIVING NURSING FACILITY ADDRESS LINE 2	

☐ New Nursing facility admission;

Anticipated date of admission: _____

☐ Current nursing facility resident

Date of admission (if current resident): _____

☐ **Significant Change***, indicate the date of the significant change: _____

**See Page 5 for definitions and instructions.*

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

A. Serious Mental Illness Indicators

Yes ☐ No ☐ 1. Does the individual have known or suspected indicators for serious mental illness? Check the appropriate box(s).

	☐ PTSD (trauma or stressors related)	☐ Personality Disorders	☐ Schizophrenic Disorders and other Psychotic Disorder
	☐ Mood Disorders	☐ Anxiety Disorders	☐ Other (i.e., Credible suspicion of any behavioral health disorder, OCD, eating disorder, SUD, etc.)

Yes ☐ No ☐ 2. Is there evidence the person exhibits functional limitations (described below) related to a known or suspected behavioral health disorder?

Examples include, but are not limited to:

- Inappropriate behavior or communication (altercations, evictions, avoidance, social isolation)
- Difficulty adapting to changing circumstances (work, school, family)
- Agitation, withdrawal, or intervention by mental health and/or judicial system
- Failure to thrive, refusal of treatment, SUD, homelessness
- Psychiatric hospitalization
- Inability to maintain function at home or in residential environment

If the answer(s) to Section I.A. is "Yes", forward this form to your SMI PASRR Contractor.

- **A referral for a PASRR Level 2 for SMI is required if:**
  1. Any of the questions in Section I are marked **YES**, or there is known, suspected and/or credible suspicion of SMI; AND
  2. The requirements for Exempted Hospital Discharge do not apply (see Section II.A.)**.**
- **A referral for a PASRR Level 2 for SMI is not required if:**
  1. Both of the questions in Section 1 are marked **No** or

There are indicators of SMI in Section 1, but the requirements for Exempted Hospital Discharge are met per Section IIA.

SMI Contact information can be found at: www.hca.wa.gov/pasrr

Continue to Section I.B.

B. Intellectual Disability / Related Conditional Indicators

Yes	No		
☐	☐	1.	Has the person received services from the Developmental Disabilities Administration?
			If the answer to B1 is yes, SKIP to question B11 and answer "Yes" to question B11.
☐	☐	2.	Does the individual have an IQ score of less than 70, as measured by a standardized, reliable test of intellectual functioning?
☐	☐	3.	Does the person have impairments in adaptive functioning as described in the current DSM? According to the Diagnostic and Statistical Manual of Mental Disorders these impairments result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communications, social participation, and independent living, and across multiple environments, such as home, school, work, and recreation.
☐	☐	4.	Did the condition causing the IQ and adaptive functioning impairments occur before age 18?
☐	☐	5.	Is the condition expected to continue indefinitely?
			If the answers to B2, B3, B4, and B5 are all yes, SKIP to question B11 and answer "Yes" to question B11.
☐	☐	6.	Does the individual have a severe, chronic disability, other than mental illness, that results in impairment of general intellectual functioning or adaptive functioning?
☐	☐	7.	Did the onset of the disability occur before age 22?
☐	☐	8.	Is the condition expected to continue indefinitely?
☐	☐	9.	Does the condition result in substantial functional limitations in three or more of the following areas of major life activity: self-care; understanding and use of language; learning; mobility; self-direction; or capacity for independent living?
			If the answers to B6, B7, B8, and B9 are all yes , SKIP to question B11 and answer "Yes" to question B11.
☐	☐	10.	In the absence of a diagnosis of intellectual disability or related condition as described in B1 – B9, do you have reason to believe this individual has undiagnosed intellectual disability or related condition? If yes, please explain:
			If the answer to B10 is yes, SKIP to question B11 and `answer "Yes" to question B11.
☐	☐	11.	Does this individual have an intellectual disability or related condition, or do you have reason to believe the individual may have an undiagnosed intellectual disability or related condition?

If the answer to B11 is "Yes", forward this form to your regional DDA ID/RC PASRR Team.
Follow up by Developmental Disabilities Administration is required before this individual can be admitted to a nursing facility.

12. Please share any additional comments regarding this individual related to a possible intellectual disability or related condition:

- **A referral for a PASRR Level 2 for ID/RC is required if:**
  If Section I.B.11. is marked "Yes".
- **A PASRR Level 2 for ID/RC is not required if:**
  If Section I.B.11. is marked "No".

DDA ID/RC *contact information can be found at:* https://www.dshs.wa.gov/dda/PASRR

C. Additional Relevant Information

Yes	No		
☐	☐	1.	(a) Does the individual have a diagnosis of dementia? Comment (if applicable):
☐	☐		(b) Is dementia the primary diagnosis? Comment (if applicable):
☐	☐	2.	Does the individual have a substance use disorder? Comment (if applicable):
☐	☐	3.	Does the individual have a diagnosis of delirium? Comment (if applicable):
☐	☐	4.	Is the individual's primary language English? Comment (include primary language and any other considerations for adaption to culture, ethnic origin, or communication):

Section II.A. Exempted Hospital Discharge

CHECK ALL THAT APPLY

☐ The individual with SMI or ID/RC will be admitted directly to a NF from a hospital after receiving acute inpatient care at the hospital.

☐ The individual with SMI or ID/RC requires NF services for the condition for which they received care in the hospital.

☐ The individual's attending physician certifies that the individual is likely to require fewer than 30 days of nursing facility services.

If all three boxes are marked, the individual meets the requirements for an exempted hospital discharge and can be referred to a NF without a PASRR Level II.

For individuals with ID/RC, the PASRR Level 1 must be forwarded to the DDA PASRR Coordinator prior to nursing facility admission.

Section II.B. Categorical Determination

CHECK ANY THAT APPLY (SEE INSTRUCTIONS)

☐ Referral to NF for protective services of seven (7) days or less

☐ Referral to NF for respite of 30 days or less

If one of these indicators applies, the individual meets the requirements for Categorical Determination. ***Check the "Categorical Determination" box in Section III. The referring party must sign section III.***

Section III. Documentation of:

☐ **Exempted Hospital Discharge ("EHD" per Section II.A)**

☐ **Categorical Determination ("CD" per Section II.B)**

This section is only required if the individual meets the requirements for Exempted Hospital Discharge or Categorical Determination.

PERSON IDENTIFYING BASIS FOR EHD OR CD (SIGN BELOW)	TITLE

LIST DATA USED FOR DETERMINATION

WHAT EVIDENCE DID YOU USE TO CONCLUDE THE INDIVIDUAL MEETS THE CRITERIA FOR EHD OR CD?

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 (PHYSICIAN, ARNP, PHYSICIAN'S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE) DATE

Section IV. Service Needs and Assessor Data

☐ **No Level 2 evaluation indicated**: Person does not show indicators of SMI or ID/RC. Do not refer to PASRR

☐ **Level 2 evaluation referral required for SMI**: Person shows indicators of SMI per Section 1.A.

☐ **Level 2 evaluation referral required for ID/RC**: Person shows indicators of ID or RC per Section 1.B.

☐ **Level 2 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 2 evaluation referral required for significant change.**

☐ **No Level 2 evaluation indicated at this time due to exempted hospital discharge: Level 2 must be completed if scheduled discharge does not occur.**

☐ **No Level 2 evaluation indicated at this time due to categorical determination identified by DDA or BHA: Level 2 must be completed if scheduled discharge does not occur.**

Note:

If Level 2 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.hca.wa.gov/pasrr

For ID/RC - https://www.dshs.wa.gov/dda/PASRR

NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT)	NAME OF FACILITY OR AGENCY
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)
EMAIL	FAX 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)

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

What is the purpose of this form?

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 1 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 1 and make referrals to the appropriate entities if a serious mental illness and/or intellectual disability or related condition is identified or suspected.

Any professional who is referring an individual for admission to a nursing facility may complete this form. The form may also be completed by designated HCS or DDA staff who are facilitating the referral. If an exempted hospital discharge is identified under Section II, a physician, ARNP, or physician's assistant must complete and sign Section III. In the case of a respite stay for an individual with an intellectual disability or related condition (ID/RC), the DDA regional administrator or designee must complete and sign Section III.

Readmissions and Transfers

Readmission: when an individual discharges from a hospital to the same facility they resided in prior to the hospital stay, a new PASRR screen is not required unless there has been a significant change in condition.

Interfacility Transfer: when an individual transfers from one NF to another with or without an intervening hospital stay, a new PASRR screen is not required unless there has been a significant change in condition.

Significant change in physical or mental condition for PASRR purposes means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status and requires interdisciplinary review or revision of the care plan, or both.

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

Credible suspicion of SMI: The person exhibits or is reliably reported to exhibit one or more of the functional limitations described in A2 of Section I and, although none of the diagnoses in A1 can be confirmed, there is some evidence that a serious mental illness may exist. Explain the factors that led you to the conclusion the person may have a SMI in the Additional Comments box in Section IV.

Credible suspicion of ID / RC: Although a diagnosis of intellectual disability or related condition cannot be confirmed, the person exhibits significant limitations in either intellectual functioning (reasoning, learning, problem solving) or in adaptive behavior (everyday social and practical skills). Records or verbal accounts indicate that these limitations began before age 18 (for ID) or 22 (for related condition) and are expected to be life-long.

Sections II and III. Exempted Hospital Discharge or Categorical Determination for Individual with SMI or ID / RC

Exempted Hospital Discharge: Per 42 C.F.R. §483.104, a person may be admitted to a NF without a PASRR Level II when he or she admitted to the NF directly from a hospital after receiving acute inpatient care at the hospital; the NF admission is to treat the condition for which the person was hospitalized; and the person's attending physician, ARNP, or physician's assistant certifies that the person requires fewer than 30 days of nursing facility services. For individuals with ID/RC, the Level 1 must be forwarded to the DDA PASRR Coordinator upon NF admission.

Categorical Determination: For a respite admission for those with ID/RC, the DDA Regional Authority or designee sign Section III. **The PASRR Level II determinations must still be completed prior to NF admission**, but an abbreviated version may be allowed.

For a respite admission for those with SMI indicators, the referring party must complete the Level 1 screening form and contact the MH Contractor for his/her county prior to admission to the SNF. The PASRR Level 2 (either an invalidation or full evaluation) must still be completed prior to NF admission.

For an exempted hospital discharge or categorical determination, if the NF becomes aware that the stay may last beyond the associated time limit, the NF must contact the SMI PASRR contractor and/or the DDA regional coordinator as soon as the NF becomes aware of the possibility.

Timeliness and Distribution of PASRR Documents:

- The referring party must complete the PASRR Level 1 as soon as NF referral is considered.
- Fax all Level 1 forms identifying possible ID/RC to the DDA PASRR Coordinator immediately.
- For all individuals identified as possibly having SMI, contact the BHA PASRR Contractor immediately.
- The referring party must include the Level 1 form as part of the NF referral packet.
- **An individual cannot be admitted to a Medicaid-Certified Nursing Facility before a Level 1 and a Level 2 (if required) is completed.**

To get more Level 1 Pre-Admission Screening and Resident Review (PASRR) forms, visit the Forms and Records Management website at http://www.dshs.wa.gov/forms/eforms.shtml.