DLN _____ Individual _____

PASRR Level 1 Screening

Section A

Submitter Information (NF/LA only)

A0100. Name			
A0200A. Street Address			
A0200B. City		A0200C. State	
A0200D. ZIP Code			
A0300. NPI/API No.		A0400. Provider No.	
A0500. Vendor No.		A0510. County	

Referring Entity Information

A0600. Date of Screening			

Screener

A0700A. First Name		A0700B. Middle Initial	
A0700C. Last Name		A0700D. Suffix	
A0800. Position/Title			

Type of Entity

A0900A. Type of Entity		A0900B. Other Type of Entity	

1. Acute Care
2. Psychiatric Hospital
3. ICF/IID
4. Family Home
5. Nursing Facility
6. Physician (MD/DO)
7. Other

A0900C. Referring Physician First Name	
A0900D. Referring Physician Middle Initial	
A0900E. Referring Physician Last Name	
A0900F. Referring Physician Suffix	

Screening Location			
A1000A. Name			
A1000B. Street Address			
A1000C. City		A1000D. State	
A1000E. ZIP Code		A1000F. Phone Number	
A1100. Date of Last Physical Examination			

Certification			
I certify that to the best of my knowledge this information is true and accurate.			
A1200A. Referring Entity Certification ☐		A1200B. Certification Date	

Section B

Individual's Information

B0100A. First Name		B0100B. Middle Initial	
B0100C. Last Name		B0100D. Suffix	
B0200A. Social Security No.		B0200B. Medicare No.	
B0300. Medicaid No.		B0400. Birth Date	
B0500. Age at Time of Screening		B0600. Sex	1. Male 2. Female

Residence

B0700A. Residence Type	1. Private Home 2. ICF/IID 3. Waiver Setting 4. Nursing Facility 5. Other 6. Unknown	B0700B. Other Residence Type	
B0700C. Street Address			
B0700D. City			
B0700E. State		B0700F. ZIP Code	
B0700G. County of Residence			

Next of Kin			
B0800A. Relationship to Individual	1. Legally Authorized Representative (Legal Guardian) 2. Spouse 3. Child 4. Parent 5. Sibling 6. Other	B0800B. Other Relationship to Individual	
B0800C. First Name		B0800D. Middle Initial	
B0800E. Last Name		B0800F. Suffix	
B0800G. Phone Number			
B0800H. Street Address			
B0800I. City		B0800J. State	
B0800K. ZIP Code			

Section C

PASRR Screening

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
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, Cerebral Palsy, Spina Bifida)? See the HHSC ICD-10 related condition list: Click Here		0. No 1. Yes

Local Authority Information (LA only)

C0400. LA - MI Provider No.	
C0500. LA - MI Vendor No.	
C0600. LA - MI NPI/API No.	
C0700. LA - IDD Provider No.	
C0800. LA - IDD Vendor No.	
C0900. LA - IDD NPI/API No.	

Section D

Nursing Facility Choices - 1

D0100A. Provider No.		D0100B. Vendor No.	
D0100C. NPI No.			
D0100D. Facility Name			
D0100E. Street Address			
D0100F. City		D0100G. State	
D0100H. ZIP Code		D0100I. Phone	
D0100J. NF Contact First Name		D0100K. NF Contact Middle Initial	
D0100L. NF Contact Last Name		D0100M. NF Contact Suffix	
D0100N. NF is willing and able to serve individual		0. No 1. Yes	
D0100O. NF Admitted the individual		0. No 1. Yes	
D0100P. NF Admission Date			
D0100Q. Comments			

Nursing Facility Choices - 2			
D0100A. Provider No.		D0100B. Vendor No.	
D0100C. NPI No.			
D0100D. Facility Name			
D0100E. Street Address			
D0100F. City		D0100G. State	
D0100H. ZIP Code		D0100I. Phone	
D0100J. NF Contact First Name		D0100K. NF Contact Middle Initial	
D0100L. NF Contact Last Name		D0100M. NF Contact Suffix	
D0100N. NF is willing and able to serve individual		0. No 1. Yes	
D0100O. NF Admitted the individual		0. No 1. Yes	
D0100P. NF Admission Date			
D0100Q. Comments			

Nursing Facility Choices - 3			
D0100A. Provider No.		D0100B. Vendor No.	
D0100C. NPI No.			
D0100D. Facility Name			
D0100E. Street Address			
D0100F. City		D0100G. State	
D0100H. ZIP Code		D0100I. Phone	
D0100J. NF Contact First Name		D0100K. NF Contact Middle Initial	
D0100L. NF Contact Last Name		D0100M. NF Contact Suffix	
D0100N. NF is willing and able to serve individual		0. No 1. Yes	
D0100O. NF Admitted the individual		0. No 1. Yes	
D0100P. NF Admission Date			
D0100Q. Comments			

Nursing Facility Choices - 4			
D0100A. Provider No.		D0100B. Vendor No.	
D0100C. NPI No.			
D0100D. Facility Name			
D0100E. Street Address			
D0100F. City		D0100G. State	
D0100H. ZIP Code		D0100I. Phone	
D0100J. NF Contact First Name		D0100K. NF Contact Middle Initial	
D0100L. NF Contact Last Name		D0100M. NF Contact Suffix	
D0100N. NF is willing and able to serve individual		0. No 1. Yes	
D0100O. NF Admitted the individual		0. No 1. Yes	
D0100P. NF Admission Date			
D0100Q. Comments			

Nursing Facility Choices - 5			
D0100A. Provider No.		D0100B. Vendor No.	
D0100C. NPI No.			
D0100D. Facility Name			
D0100E. Street Address			
D0100F. City		D0100G. State	
D0100H. ZIP Code		D0100I. Phone	
D0100J. NF Contact First Name		D0100K. NF Contact Middle Initial	
D0100L. NF Contact Last Name		D0100M. NF Contact Suffix	
D0100N. NF is willing and able to serve individual		0. No 1. Yes	
D0100O. NF Admitted the individual		0. No 1. Yes	
D0100P. NF Admission Date			
D0100Q. Comments			

Section E

Alternate Placement Preferences

E0100. Where would this individual like to live now? Check all that apply

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

E0300. Living Arrangement Options Check all that apply

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

Section F

Admission Category

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 acute care in the hospital)

0. No
1. Yes

F0200. Expedited Admission
Does this individual meet any of the following categories for an expedited admission into the nursing facility?

(Please select one category below)

0. Not Expedited Admission
1. Convalescent Care: Individual is admitted from an acute care hospital to an 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 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 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 7 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 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 an NF diversion?

0. No
1. Yes

F0400. Negative PASRR Eligibility

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

Discharge

Discharge Information (NF/LA only)

H0100. Individual is deceased or has been discharged?	0. Deceased 1. Discharged
H0150. Deceased/Discharged Date	

Alternate Placement Disposition (NF/LA only)

Admission Information

H0200A. Admitted to	1. Community Program 2. ICF/IID 3. Own home/family home 4. Other	H0200B. Admitted to Other	

Specify Community Program

H0300A. Community Program	1. Adult Foster Care (AFC) 2. Community Attendant Services (CAS) 3. Community Living Assistance and Support Services (CLASS) 4. Consumer Managed Personal Attendant 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 Health (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	
H0400. Name of ICF/IID Facility	
H0500. Own Home/Family Home Comments	
H0600. Alternate Placement Date of Entry	