

Department of Health Care
Services

Mental Health Services Division

Preadmission Screening and
Resident Review

Guide to
Completing
the PASRR
Level I 6170

September 2016

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This is a guide accompanying the Sample PASRR Level I screening form (DHCS 6170). This guide is intended to be used for training purposes when reviewing the Sample 6170. The form will be referred to as Level I 6170 through the rest of this document.

Submit your Level I 6170 screens online at <https://pasrr.dhcs.ca.gov>.

***1) New Admissions and Status Change**

Initial Preadmission Screening (PAS)

Select “Initial Preadmission Screening (PAS)” for all new admissions.

Resident Review (RR) (Status Change)

Select “Resident Review (RR) (Status Change)” if the resident has already been admitted to your facility and you are updating the existing PASRR on file for either of the following reasons:

- A. The resident’s stay has exceeded the 30-day exempted hospital discharge¹. The Resident Review Level I 6170 should be submitted by the 40th calendar day after admission for such cases.
- B. There is a significant change in a resident’s physical or mental condition. According to the MDS 3.0 manual a “significant change” is a decline or improvement in a resident’s status that:
 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not “self-limiting” (for declines only);
 2. Impacts more than one area of the resident’s health status; and
 3. Requires interdisciplinary review and/or revision of the care plan.

Resident Identification

Continue completing the “Resident Identification” section of the Level I 6170. Select “Next”.

Facility Completing Level I

Your facility name, address, phone number, and the name of the staff completing the Level I form (DHCS 6170) will be auto-populated by the system. If the information about your facility is incorrect in this section, please call 916-650-6659.

Question 15

If the resident is returning from a brief hospital stay, select “YES”, otherwise select “NO”.

Question 16

Note: Question #16 is not required if you selected “Resident Review (RR) (Status Change)” for question #2.

¹ See section *3 of this guide for further details about the 30-day exempted hospital discharge.

Select “YES” if:

- There is a PASRR on file which was submitted online within the last 18 months for the same resident and there is no change in condition.
 - If you select “YES”, this will complete your PASRR and result in a Negative Level I. Sections 3-8 (questions 17a – 39) will appear blank on the PDF Level I 6170 because they are not required.
 - Please Print the PDF Level I 6170 and file it in the resident’s medical record. **You are done with the PASRR process. No further action is required.**

Select “NO” if:

- There is a PASRR on file which was submitted online within the last 18 months for the same resident, but there is a change in condition.
 - If you select “NO”, you will be prompted to continue completing the Level I 6170. Click “Next” to continue to the next section.

***2) Positive and Negative Level I 6170s**

A tentative result of either “Negative” or “Positive” will appear on the Level I 6170 after it has been submitted online. A tentative resolution of “Level I – Categorical Review” may also appear on your Level I Case List online. Since these results are tentative, it is advised to periodically review the status of the submitted case from your Level I Case List online until it reaches the final “Closed” status.

Level I – Negative

If the Level I 6170 outcome is “Negative”, the case state will be “Closed”, the resolution will be “LII – Not Required”, and the reason code will identify why the case was closed as a “Negative”. A Level II evaluation is not required.

The Level I 6170 can be coded as “Negative” for the following reasons:

1. **No MI/ID/DD/RC/Dementia:** There is no mental illness or intellectual disability identified on the 6170.
2. **30-Day Exempted Hospital Discharge:** The resident will be staying less than 30 days at the facility (30-day exempted hospital discharge) and is receiving NF services for the same condition for which the resident was initially admitted to the acute hospital.
3. **Less than 18 months:** The nursing facility has submitted a 6170 online for the same resident in the past 18 months and there is no change in condition (“YES” was selected for question 16)
4. “YES” was selected for any of the Categorical reasons (questions 19b – 25).

Your PASRR process is complete if your Level I 6170 outcome is “Negative” and the status of your case is identified as “Closed” on your Level I Case List online. Please print, distribute, and file all available documents in the resident’s medical record.

Level I – Categorical Review

- If the case resolution is “LI – Categorical Review” or “LII – Categorical Review”
 - DHCS is reviewing the case to determine if the resident could benefit from additional specialized mental health services.
 - The case has not been closed yet.
 - Final documents will be available when the case is closed.
 - Please check the Level I Case List online periodically for an update.

- If the case is “Closed” as “LII – Not Required” or “LII – Categorical”
 - DHCS has determined that the resident may not benefit from additional specialized mental health services.
 - A Level II evaluation is not required.
 - **You are done with the PASRR process. No further action is required.**
 - Please print, distribute, and file the Categorical letter in the resident’s medical record.

Level I – Positive

If there is a diagnosed or suspected mental illness identified on the Level I 6170, the case will be coded as “Positive”.

- The case state, resolution, and reason code fields will not appear on the Level I 6170 for Positive cases.
- The Level I 6170 will automatically be sent to the DHCS Contractor for a Level II prescreening call.
- Please check the Level I Case list online periodically for an update.

*3) 30-Day Exempted Hospital Discharge

This exemption applies to residents who are being admitted to a NF directly from a hospital after receiving acute inpatient care at the hospital; require NF services for the same condition for which the resident was being treated for at the hospital and the attending physician has certified before admission that the resident’s stay will not exceed 30-days at the NF.

- If this exemption applies:
 - Select “YES” for all questions 17a through 18a, enter the physician’s name in question 18b and check number 18c.
 - The case will be closed as “LII – Not Required”.
 - The final PDF Level I 6170 will indicate “LI – Negative” and “Reason Code: 30-Day Exempted Hospital Discharge”.
 - Print, distribute, and file the documents in the resident’s medical record. **You are done with the PASRR process. No further action is required.**

- If this exemption does not apply:
 - Select at least one “NO” for questions 17a through 18a.
 - Select “Next” to move on to the next section.

If the resident’s stay exceeds 30 days, you must submit a Level I 6170 as a Resident Review by the 40th calendar day after admission.

*4) Categorical Determination

If “YES” is selected for any of questions 19b through 25

*Note: You can only make a selection on question 19b if question 19a is a YES or UNKNOWN.

- You will be prompted to stop and submit the Level I 6170.
 - The case resolution will be “LI – Categorical Review” or “LII – Categorical Review”
 - The Level I 6170 will be submitted to DHCS for further review. Final documents will be available after review.
 - Please periodically check the Level I Case List online for further updates.
- If your case is closed as “LII – Not Required” or “LII – Categorical”:
 - DHCS has determined that the resident may not benefit from specialized mental health services, but may continue to reside at the facility. **A Level II evaluation is not required.**
 - A Categorical letter will be available. Please print the Categorical letter and Level I 6170 and file them in the resident’s medical record.
 - The Level I 6170 will indicate “LI – Negative” and sections 5 – 8 will be blank since they are not required.
 - If your case resolution changes from “LI- Categorical Review” or “LII- Categorical Review” to “LI – Submitted”:
 - The case has been referred to the DHCS Contractor for further review.
 - The DHCS Contractor will contact your facility and schedule a Level II evaluation if deemed necessary.
 - The PDF Level I 6170 will indicate “LI – Negative”.
 - Periodically check the Level I Case List online until the case reaches the “closed” status.
 - Print, distribute and file all necessary documents in the resident’s medical record.

If “NO” is selected for all of questions 19b through 25

- Click “Next” and continue to the next sections of the Level I 6170.

***5) Mental Illness**

- Select “YES” if the resident has a diagnosed mental illness or suspected mental illness, or is prescribed psychotropic medication.
- For questions 26 through 28 at least one “YES” must be selected to qualify for a Level II mental illness evaluation.
- For questions 29 or 30 “YES” or “UNKNOWN” must be selected to qualify for a Level II mental illness evaluation.

***6) Intellectual or Developmental Disability (ID)/ (DD) or Related Condition (RC) Screen**

If any of the Intellectual/Developmental Disabilities or Related Conditions applies to the resident, select “YES”.

- The Level I 6170 is not automatically sent to the California Department of Developmental Services (CDDS) for an ID/DD/RC Level II evaluation referral.
- You must print the Level I 6170 after submission and send it to the Department of Developmental Services for an ID/DD/RC Level II evaluation.
- Fax the PDF Level I 6170 form to 916-654-3256 or mail the PDF Level I 6170 form to:

California Department of Developmental Services
Federal Programs Operations Section
1600 9th Street, Room 320, MS 3-9
Sacramento, CA 95814

***7) Substance Use Disorder**

- You will complete this section if the resident has qualified for a Level II mental health evaluation either by a) at least one “YES” being selected for questions 26 through 28; and b) “YES” or “UNKNOWN” being selected for question 29 or 30.
- Click “Next” to continue to the next section.

***8) Conservatorship**

- If the resident has a court appointed conservator, please select “YES” and provide contact information for the conservator in the appropriate fields.
- The facility is responsible for providing the conservator with a copy of the resident’s Determination Letter if available.

Preadmission Screening and Resident Review (PASRR) Level I Screening Document

Sample 6170



The federal Omnibus Reconciliation Act (Public Law 100-203) and [42 CFR 483.100 - 38](#) requires that each resident, regardless of payment source, applying for admission to, or residing in, a Medicaid-certified Nursing Facility be screened for mental illness and intellectual disability. Federal law prohibits payment for Nursing Facility services until the PASRR screening has been completed.



Questions? MI-DHCS Tel: (916) 650-6659 Fax: (916) 319-0980 ID/DD/RC-DDS Tel: (916) 654-2300 Fax: (916) 654-3256

PASRR CID : 200#####

***1) Select PAS for new admissions. Select RR if updating an existing PASRR for the same resident.**

1. Date Started ##/##/2016

2. Screening Type Initial Preadmission Screening (PAS) Resident Review (RR) (Status Change)

Section I - Resident Identification

3. Last Name Sample	First Name Form 6170	Middle Name	4. Date Of Birth ##/##/####
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5. What type of bed is the resident currently residing in?

- General Acute Care Hospital
- Skilled Nursing Facility
- Other - specify
- Psychiatric Health Facility (PHF)
- Acute Psychiatric Hospital/ Unit
- Rehabilitation/ Hospital
- STP/ IMD
- Group Home/ Assisted Living
- ICF/ ID

6. Gender
 Male Female Other

7. Marital Status
 Single Married Widowed Other

8. Primary Language Spoken
English

9. Language Interpreter Needed?
 Yes No

10. Hearing Impaired?
 Yes No

13. **Physical** diagnosis at time of transfer/admission to Nursing Facility
Enter physical diagnosis. If none, enter "None"

Section II - Facility Completing Level I

14. Facility Details

Facility Name:	Facility name and address	Name of Person Completing Form:	Nursing, Director
Address:		Phone: (707) 651-1000	Fax:
		E-mail Address:	

15. Yes No Is the resident returning to a NF after a brief hospital stay? **#16 is not required if you selected "Resident Review (RR)(Status Change)" for #2 above**

16. Yes No Is there a current (less than 18 months) PASRR on file for this resident with no significant change in condition? If no, go to the next section.

State Use Only Comments:

Tentative Level I Screening Result:

***2) Level I - Negative or Positive (depending on diagnosis)**

Case State: Closed Resolution: LII - Not Required Reason Code: If LI - Negative

Section III - 30-Day Exempted Hospital Discharge ***3) Select YES for 17a-18c if resident will be staying less than 30 days**

17.a. Yes No Has the resident been admitted from a hospital after receiving acute inpatient care and requires NF convalescent or rehabilitation services related to the condition for which they received care in the hospital?

17.b. Yes No Will the resident's stay at your facility likely to require less than 30 days of NF services?

18.a. Yes No Has the attending physician certified before/upon admission to the NF that the resident is likely to require less than 30 days of NF services?

18.b. Enter Physicians Name (for example 'Dr. John Smith')

18.c. I acknowledge that the information entered in 18a and 18b (if applicable) is true.

18.d. Date new Level I Due (Day 31 after admission)

Preadmission Screening and Resident Review (PASRR) Level I Screening Document

PASRR CID	Last Name	First Name	Middle Initial	DOB
200-###-###	Sample	Form 6170		##/##/####

Section IV - Categorical Determination *4) If YES for any of 19b-25, the Level I will stop here and will be submitted to DHCS for further review.

- 19.a. Yes No Unknown Is there a diagnosis or other evidence of a neurocognitive disorder, e.g., Alzheimer's Disease, Traumatic Brain Injury, Cerebrovascular Disease, CVA, TIA, other dementias, etc?
- 19.b. Yes No Unknown Does the individual have serious difficulty communicating their needs, responding appropriately to direct questions, or otherwise engaging in a meaningful verbal interaction as a result of a cognitive deficit?
- 20.a. Yes No **Terminal Illness**
Briefly describe why you think the resident could or could not benefit from specialized mental health services.
- Severe Physical Condition**
- 21.a. Yes No The resident has a severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or diagnosis such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, or congestive heart failure which results in a level of impairment so severe that the resident could not be expected to benefit from specialized services.
- 22. Yes No Does the resident require protective services resulting in a stay of less than 7 days?
- 23. Yes No Is the resident on a Welfare and Institutions Code 5150? (Stay is not expected to exceed 72 hours).
- 24. Yes No Is the resident on a Welfare and Institutions Code 5250? (Stay is not expected to exceed 14 days).
- 25. Yes No Is the resident being admitted to provide temporary respite for the in-home caregiver (respite case less than 15 days)? (CA Health & Safety Code, Section 1418.1)

Preadmission Screening and Resident Review (PASRR) Level I Screening Document

PASRR CID	Last Name	First Name	Middle Initial	DOB
200-###-###	Sample	Form 6170		##/##/####

Section V - Mental Illness *5) To qualify for a mental illness evaluation, 26, 27 or 28 must be YES and 29 and 30 must be either YES or UNKNOWN.

Diagnosed Mental Illness

26. Yes No Does the resident have a diagnosed mental disorder such as Schizophrenia/Schizoaffective Disorder, Psychotic/Psychosis, Delusional, Depression, Mood Disorder, Bipolar, or Panic/Anxiety?

Suspected Mental Illness

27. Yes No After observing the resident or reviewing their records, do you believe the resident may be experiencing serious depression or anxiety, unusual or abnormal thoughts, extreme difficulty coping, or significantly unusual behaviors not considered normal in their current circumstances?

Psychotropic Medication

28. Yes No Has the resident been prescribed psychotropic medications?

29. Yes No Unknown In addition, the mental health disorder results in functional limitations in major life activities within the **past 6 months**. For example, the resident is no longer able to meet work demands, interact with family and friends, or attend medical appointments due to anxiety, depression, or bizarre thought processes, etc. A resident typically has serious difficulty in at least one of the following characteristics on a continuing or intermittent basis:

Interpersonal Functioning

Interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and/or social isolation.

Concentration, Persistence, and Pace

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, difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.

Adaptation to Change

The resident has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

The recent treatment history indicates that the resident, within the last two years, has experienced at least one of the following:

30. Yes No Unknown

- Psychiatric treatment more intensive than outpatient care (e.g., hospitalization or other acute intervention).
- (Due to the mental disorder) an episode of significant disruption to the normal living situation requiring supportive services, relocation to a residential treatment environment, or intervention by a housing authority or law enforcement.
- Suicide attempts.

Section VI - Intellectual or Developmental Disability (ID) / (DD) or Related Condition (RC) Screen *6) Enter YES if ID/DD/RC

31. Yes No Unknown Does the resident have or is suspected of having a primary diagnosis of ID/DD/RC?

32. Yes No Unknown Does the resident have a history of a substantial disability prior to the age of 22?

33. Yes No Unknown Is the resident a consumer of Regional Center Services?

34. Yes No Unknown Is the resident a consumer of any ID/DD service, past or present, other than Regional Center Services?

35. Yes No Unknown Has the resident ever been referred to Regional Center Services?

36. Yes No Unknown As a result of ID/DD, does the resident experience functional limitations? Examples of functional limitations include mobility, self-care, self-direction, learning/understanding/using language, capacity for living independently.

Section VII - Substance Use Disorder *7) Enter YES or NO if known, enter UNKNOWN if unsure

37. Yes No Unknown Alcohol

38. Yes No Unknown Drug

Preadmission Screening and Resident Review (PASRR) Level I Screening Document

PASRR CID	Last Name	First Name	Middle Initial	DOB
200-###-###	Sample	Form 6170		##/##/####

***8) Select YES if the resident has a Conservator and enter the Conservator details, otherwise select NO.**

Section VIII - Conservatorship (Court Appointed) Power of Attorney (medical/fiduciary) is not a conservatorship

39. Yes No Does the resident have a Conservator?