

**Department of Health
Care Services**

**Clinical Assurance and
Administrative Support
Division**

**Preadmission Screening
and Resident Review**

**Guide to
Completing
the PASRR
Level I
Screening**

May 2018

Contents

Initial Preadmission Screening (PAS)	2
Resident Review (RR) (Status Change)	2
Section I: Resident Identification	2
• Questions 1 – 13:	2
Section II: Facility Completing Level I	3
• Question 14:	3
• Question 15	3
• Question 16	3
Positive and Negative Level I Screenings	4
• Level I – Negative	4
• Level I – Positive	5
Section III: 30-Day Exempted Hospital Discharge	5
Section IV: Categorical Determination	6
• Question 19a:	6
• Questions 19b – 25	6
LI – Categorical Review	6
LII – Categorical Review	6
LIII – Categorical Review	6
LI – Categorical/ LII - Categorical	7
Section V: Mental Illness	7
Section VI: Intellectual or Developmental Disability (ID)/ (DD) or Related Condition (RC) Screen	7
Section VII: Substance Use Disorder	7
Section VIII: Conservatorship	8
Submitting the Level I Screening to DHCS	8

This is a guide accompanying the Sample PASRR Level I screening. This guide is intended to be used for training purposes when reviewing the Sample Level I Screening.

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

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 individual has already been admitted to your facility and you are updating the existing PASRR on file for either of the following reasons:

- A. The individual's stay has exceeded the 30-day exempted hospital discharge¹. The Resident Review Level I Screening should be submitted by the 40th calendar day after admission for such cases.
- B. There is a significant change in an individual's physical or mental condition. According to the MDS 3.0 manual a "significant change" is a decline or improvement in an individual'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) and
 2. Impacts more than one area of the individual's health status and
 3. Requires interdisciplinary review and/or revision of the care plan.

Section I: Resident Identification

Questions 1 – 13:

Continue completing the "Resident Identification" section of the Level I Screening. Select "Next."

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

Section II: Facility Completing Level I

Question 14:

Your facility name, address, phone number, and the name of the staff completing the Level I Screening will be auto-populated by the system. If the information about your facility is incorrect in this section, please call the DHCS IT Service Desk at 916-440-7000.

Question 15:

If the individual is returning from a brief hospital stay, select "YES," otherwise select "NO."

Question 16:

If you are completing a Resident Review (RR) Level I Screening, question 16 will be disabled. You are not required to answer it.

If you are completing an Initial Preadmission Screening (PAS) Level I Screening, please answer question 16:

No change in condition:

- Select "YES" if there is a PASRR on file for the same individual and there has been no change in condition.
- If you select "YES," you are done with the PASRR. A Level II evaluation is not required. Sections 3-8 (questions 17a – 39) will appear blank on the PDF Level I Screening because they are not required.
- Please print and file the PDF Level I Screening and Notice of No Need letter.

You are done with the PASRR process. No further action is required.

Change in condition:

- Submit a Resident Review (RR) Level I Screening.

Positive and Negative Level I Screenings

A tentative result of either "Negative" or "Positive" will appear on the Level I Screening 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 Screening outcome is "Negative," the case state will be "Closed," the resolution may be "LII – Not Required," or "LI – Categorical" and the reason code will identify why the case was closed as a "Negative." A Level II evaluation is not required.

The Level I Screening can be coded as "Negative" for the following reasons:

1. **No Mental Illness (MI):** Mental illness is not identified on the Level I Screening.
2. **30-Day Exempted Hospital Discharge:** The attending physician has certified that the individual 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 individual was initially admitted to the acute hospital.
3. **No Change in Condition:** There is a Level I Screening on file for the same individual and there has been no change in condition ("YES" was selected for question 16).
4. **Categorical:** "YES" was selected for any of the Categorical reasons (questions 19b – 25).

Your PASRR process is complete if the outcome of the Level I Screening is "Negative" **and** the status of your case is identified as "Closed" on your Level I Case List online. Please print, distribute, and file the Level I Screening and Notice of No Need letter.

Level I – Positive

If there is a diagnosed or suspected mental illness identified on the Level I Screening (at least one YES for questions 26 – 28 and at least one UNKNOWN or YES for questions 29 – 30), the case will be coded as “Positive.”

- The case state, resolution, and reason code fields will be blank on the Level I Screening for Positive cases.
- The Level I Screening will automatically be sent to the DHCS Contractor for a Level II prescreening call.
- Please periodically check the Level I Case list online for an update.

Section III: 30-Day Exempted Hospital Discharge

An individual qualifies for the 30-day Exempted Hospital Discharge if:

1. The individual is admitted to a NF directly from a hospital after receiving acute inpatient care at the hospital and
2. The individual requires NF services for the same condition for which the individual was being treated for at the hospital and
3. The attending physician has certified before admission that the individual'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 Screening will indicate “LI – Negative” and “Reason Code: 30-Day Exempted Hospital Discharge.”
 - Print, distribute, and file the documents in the individual’s medical record.
- You are done with the PASRR process.**
- **Note:** If the individual’s stay exceeds 30 days, you must submit a Level I Screening as a Resident Review by the 40th calendar day after admission.

➤ 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.

Section IV: Categorical Determination

Question 19a:

- If YES or UNKNOWN, complete question 19b.
- If NO, complete question 20a.

Questions 19b – 25

If YES is selected for any:

- You will be prompted to stop and submit the Level I Screening.
- The case resolution will be “LI – Categorical Review”
- The Level I Screening will be submitted to DHCS for further review. Final documents will be available after review.
- Please periodically check the Level I Case List online to review the case resolution.

LI – Categorical Review

- The facility selected a Categorical reason on the Level I Screening such as primary Neurocognitive Disorder, terminal illness, severe physical condition, etc.
- DHCS is reviewing the case to determine if the individual 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 periodically check the Level I Case List online for an update.

LII– Categorical Review

- The facility indicated a suspected or diagnosed mental illness on the Level I Screening.
- DHCS Contractor called the facility and discovered that the individual has a Categorical condition. **This is a false positive.**
- DHCS is reviewing the case to determine if the individual 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 periodically check the Level I Case List online for an update.

LI – Categorical/ LII - Categorical

DHCS has determined that the individual may not benefit from specialized mental health services, but may continue to reside at the facility.

A Level II evaluation is not required.

- The Categorical letter should be available to you online. Access the letter by logging on to PASRR and accessing your Level I Cases list online. Click on the green icon that appears on your case list to see the drop down of all documents available to you.

If NO is selected for all of 19b - 25:

- Click "Next" and continue to the next sections of the Level I Screening.

Section V: Mental Illness

To qualify for a mental illness evaluation:

- Select at least one "YES" for questions 26 through 28 AND
- Select at least one "YES" or "UNKNOWN" for questions 29 and 30.

Section VI: Intellectual or Developmental Disability (ID)/ (DD) or Related Condition (RC) Screen

If any of the Intellectual/Developmental Disabilities or Related Conditions applies to individual, select "YES".

- The Level I Screening is automatically sent to the California Department of Developmental Services (CDDS) for an ID/DD/RC Level II evaluation referral.
- You do not need to mail or fax the Level I Screening to CDDS.

Section VII: Substance Use Disorder

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

Section VIII: Conservatorship

- If the individual 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 individual's Determination Letter if available.

Submitting the Level I Screening to DHCS

- When you see the "Submit" button, please click once and wait until the system refreshes the page.
- Do not close out from your PASRR or the Internet until the system finishes generating the Level I Screening.
- Print and file the Level I Screening and the Notice of Need or No Need letter if it is available.
- If the Level I Screening is negative, you are done with the PASRR process.
- If the Level I Screening is positive, please continue monitoring the Level I Cases list for an update to the case resolution.

Sample Level I Screening

State of California-Health and Human Services Agency

Department of Health Care Services

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



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) 440-7000 ID/DD/RC-DDS Tel: (916) 654-2300 Fax: (916) 654-3256

PASRR CID : ##### **PAS:** new admission. **RR:** if significant change in condition or 30-Day Exempted Hospital Discharge no longer applies.

1. Date Started ##/##/#### 2. Screening Type Initial Preadmission Screening (PAS) Resident Review (RR) (Status Change)

Section I - Resident Identification

3. Last Name	First Name	Middle Name	4. Date Of Birth
Sample	Level I Screening		##/##/####

5. What type of bed is the resident currently residing in?

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

6. Gender 7. Marital Status
 Male Female Other Single Married Widowed Other

8. Primary Language Spoken 9. Language Interpreter Needed? 10. Hearing Impaired?
English Yes No Yes No

13. **Physical** diagnosis at time of transfer/admission to Nursing Facility

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 not required if # 2 "Resident Review (RR)(Status Change)" selected**

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.

If question 16 is Yes, PASRR done. Remaining sections will be blank. No Need letter is generated.

Tentative Level I Screening Result:

Level I - Negative or Positive (depending on diagnosis)

State Use Only Comments:

Case State: Resolution: Reason Code:

Section III - 30-Day Exempted Hospital Discharge **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)

If question 17a.-18c. apply, the PASRR is done. Remaining sections will be blank. No Need letter is generated.

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

PASRR CID	Last Name	First Name	Middle Initial	DOB
xxx-xxx-xxx	Sample	Level I Screening		xx/xx/xxxx

Section IV - Categorical Determination If YES for any of 19b-25, the Level 1 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)

If any of questions 19b. - 25 are YES, facility cannot complete remaining sections.

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

PASRR CID xxx-xxx-xxx	Last Name Sample	First Name Level I Screening	Middle Initial	DOB xx/xx/xxxx
--------------------------	---------------------	---------------------------------	----------------	-------------------

Section V - Mental Illness To qualify for a mental illness evaluation 26,27 or 28 must be YES and 29 or 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?

If questions 26 - 28 are ALL NO, the PASRR is complete. Remaining questions will be blank. No Need letter is generated

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, and 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.

30. Yes No Unknown The recent treatment history indicates that the resident, within the last two years, has experienced at least one of the following:

- 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.

If questions 29 AND 30 are NO, facility cannot complete past section VI (ID/DD). Sections after VI are blank. No Need letter is generated.

Section VI - Intellectual or Developmental Disability (ID) / (DD) or Related Condition (RC) Screen Enter Yes if D/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 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
xxx-xxx-xxx	Sample	Level I Screening		xx/xx/xxxx

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?