

**Date:** April 13, 2026  
**To:** Preadmission Screening and Resident Review (PASRR) Partners  
**Subject:** Updated PASRR Level 1 Screening  
**Purpose:** The PASRR Level 1 Screening has been revised to improve accuracy and overall process efficiency.

### **Executive Summary**

The PASRR Level 1 Screening is the first step in the PASRR process, determining whether an individual requires further evaluation for Serious Mental Illness (SMI) or Intellectual Disability, Developmental Disability, or Related Conditions (ID/DD/RC). This update introduces changes to facility information, identification fields, and screening logic to reduce false positives and streamline the process.

### **Background**

Submitting a Level 1 Screening results in one of three possible outcomes: (1) immediate termination with a negative screening, (2) immediate termination with an Exempted Hospital Discharge, or (3) referral to a Level 2 contractor for further review. If referred to a Level 2 contractor, the contractor must gather additional information to decide whether a case can be closed as a Categorical case or if the individual needs a Level 2 Evaluation.

### **Level 1 Screening Changes**

#### **Facility Information**

This section has been revised to capture the Preferred Contact Method.

#### **Section 1 – Individual Information**

This section has been revised to capture the Primary Language and Medical Plan Information as questions 1-6, adding two required questions.

- The **Primary Language** drop-down menu was added to enable selection of the individual's primary language.

- The **Medical Plan Information** tool tip for this question will change depending on the option selected in the drop down.
  - The drop-down menu defaults to **Medi-Cal Client Index Number (CIN)**, the member number for billing Medi-Cal. The CIN number format is 8 digits plus 1 letter (e.g., 12345678A).
  - The second option is the **Medicare Beneficiary Identifier (MBI)**. The format is 11 alphanumeric characters, e.g., 1EG4-TE5-MK73. (The tool tip has a detailed breakdown of the format)
  - The third option is **Private Insurance/ID#**, which remains unchanged.

The unknown option was removed from the dropdown menu. However, if staff do not have any of the three identifiers, they can select Private Insurance and type in "NA".

## **Section 2 – Intellectual Disability (ID) or Developmental Disability (DD) or Related Conditions (RC)**

This section has been revised to minimize false positives. The questions in this section changed from 5-8 to questions 7-10. Question 7 and its logic have been updated, and bold text now emphasizes what qualifies as an ID/DD/RC condition. Also, the "Unknown" option has been removed from all questions in this section.

### **Old question:**

5. The Individual has or is suspected of having a primary diagnosis of ID/DD/RC. ID/DD/RC include disabilities that originated before the age of 18, are expected to continue indefinitely, and constitute a substantial disability for an individual. This includes intellectual disability, cerebral palsy, epilepsy, autism, and closely related disabling conditions, but shall not include handicapping conditions that are solely physical in nature.

### **New question:**

7. Does the Individual have or is suspected of having a primary diagnosis of an Intellectual Disability, Developmental Disability, or Related Condition (ID/DD/RC)? **ID/DD/RC includes intellectual disability, cerebral palsy, epilepsy, autism, and closely related disabling conditions, but shall not include handicapping conditions that are solely physical in nature.**

If question 7 is answered "No," skip question 8 and move to questions 9-10.

### **Section 3 – Serious Mental Illness (SMI)**

This section has been revised to minimize false positives. This section was previously questions 9-11. Two questions were added, so this section is now questions 11-15.

#### **Old questions:**

9. Does the Individual have a serious diagnosed mental disorder such as Depressive Disorder, Anxiety Disorder, Panic Disorder, Schizophrenia/Schizoaffective Disorder, or symptoms of Psychosis, Delusions, and/or Mood Disturbance?

10. After observing the Individual or reviewing their records, do you believe the Individual may be experiencing serious depression or anxiety, unusual or abnormal thoughts, extreme difficulty coping, or significantly unusual behaviors or does the individual actively engage in community mental health services?

11. Has the Individual been prescribed psychotropic medications for Serious Mental Illness?

#### **New questions:**

- **Question 11 - Does the Individual have a diagnosed Mental Illness disorder?**

If "Yes," the following checkboxes will appear, allowing all diagnoses to be documented, and question 12, "Suspected Mental Illness," will be deemed not applicable.

- Anxiety Disorder
- Bipolar Disorder
- Depressive Disorder
- Schizophrenia/Schizoaffective Disorder or symptoms of Psychosis
- Other

If Schizophrenia/Schizoaffective Disorder is selected, functional limitations and recent treatment are automatically marked "Yes," proceed to question 15, Psychotropic Medications.

If "Other" is selected, proceed to question 13, Functional Limitations, as question 12 for suspected mental illness is not applicable.

If "No" is selected for question 11, proceed to question 12, Suspected Mental Illness.

- **Question 12 – Suspected Mental Illness**

After observing the Individual or reviewing their records, do you believe the Individual may be experiencing symptoms of major depression or anxiety, unusual or abnormal thoughts, extreme difficulty coping, significantly unusual behaviors, or the Individual actively engages in community mental health services?

If “Yes” is selected for question 12, Suspected Mental Illness, proceed to question 13, Functional Limitations. If “No” is selected for both questions 11 and 12, the other questions are not applicable, and the SMI screening will close as negative.

Questions 13 and 14, on functional limitations and recent treatment, were added to help determine whether the diagnosed or suspected mental illness is considered serious and a Level 2 Evaluation may be needed.

- **Question 13 - Functional Limitations** 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, 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, make frequent errors, or require 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 options to select are "Yes," "No," or "Unknown."

- **Question 14 - Recent Treatment**

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.

The options to select are "Yes," "No," or "Unknown."

If "No" is selected for questions 13 and 14, the remaining questions are not applicable, and the screening will close out as negative for serious mental illness. A Notice of No Need Letter will be generated.

If "Yes" or "Unknown" are selected for questions 13 and 14, proceed to question 15, Psychotropic Medications. Your screening is on track to be positive for serious mental illness, depending on how you answer the questions in the next two sections.

- **Question 15 - Psychotropic Medication** (this question remains unchanged)

Has the Individual been prescribed psychotropic medications for Mental Illness?

Select "Yes" or "No." If "Yes" is selected, a text box will appear to enter psychotropic medications. Afterward, you can proceed to the next section.

#### **Section 4 – Categorical Determination**

The Categorical Determination questions 12-15 become 16-19 and due to the changes in the previous sections.

#### **Section 5 – Current Physical Diagnoses, Bed Type and Exempted Hospital Discharge**

This section was previously questions 16-18, are now questions 20-22.

- **Question 22- Does the individual meet the criteria for an Exempted Hospital Discharge?**
  - The “Unknown” option has been removed. Select “Yes” or “No.”

DHCS’s ongoing Level 1 & 2 training webinars and the PASRR Level 1 Assessment Guide will now include information on the new Level 1 Screening.

#### **References**

For further guidance, please visit the [PASRR website](#).

For PASRR Information Notices, please visit the [PASRR Information Notices](#) page. For training material, please visit the [PASRR Training](#) page.

For questions regarding this PASRR IN, please contact DHCS’ PASRR program staff at [ITServiceDesk@dhcs.ca.gov](mailto:ITServiceDesk@dhcs.ca.gov).

Sincerely,

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