



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

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 I 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 I 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. See last page for definitions and additional instructions.

|                                |                            |      |  |                            |
|--------------------------------|----------------------------|------|--|----------------------------|
| NAME: FIRST                    | MIDDLE INITIAL             | LAST | ADSA ID (IF AVAILABLE)                             | DATE OF BIRTH (MM/DD/YYYY) |
| LEGAL REPRESENTATIVE OR NSA**  |                            |      | FACILITY NAME (IF APPLICABLE)                      |                            |
| RELATIONSHIP                   | NSA PHONE (WITH AREA CODE) |      | FACILITY ADDRESS LINE 1                            |                            |
| NSA ADDRESS                    |                            |      | FACILITY ADDRESS LINE 2                            |                            |
| NAME OF PERSON COMPLETING FORM |                            |      | PHONE NUMBER OF PERSON COMPLETING FORM (AREA CODE) |                            |

Nursing facility admission pending; anticipated date of admission: \_\_\_\_\_

Current nursing facility resident

Date of admission (if current resident): \_\_\_\_\_

For a significant change, indicate the date of the significant change: \_\_\_\_\_

\* **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.

\*\* NSA means Necessary Supplemental Accommodation, a person identified by DDA, if needed, to assist an individual with an intellectual disability or related condition (ID/RC) to understand decisions made by DDA.

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

#### A. Serious Mental Illness Indicators

YES NO

1. Has the individual shown indicators within the last two years of having any of the following mental disorders? Check the appropriate box and include current version of the Diagnostic and Statistical Manual (DSM) code if known.

Schizophrenic Disorders  
DSM Code, if known:

Psychotic Disorder NOS  
DSM Code, if known:

Personality Disorders  
DSM Code, if known:

Mood Disorders – Depressive or Bipolar  
DSM Code, if known:

Anxiety Disorders  
DSM Code, if known:

Delusional Disorder  
DSM Code, if known:

Other Psychotic Disorder  
DSM Code, if known:

2. Is there evidence the person exhibits serious functional limitations (described below) during the past six (6) months related to a serious mental illness?

Serious functional limitations may be demonstrated by: substantial difficulty interacting appropriately and communicating effectively with other persons, evidenced by, for example, a history of altercations, evictions, or firings, a fear of strangers, or avoidance of interpersonal relationships and social isolation; serious difficulty in 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; serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, demonstrated by agitation, exacerbation of symptoms associated with the illness, withdrawal from the situation; or a need for intervention by the mental health or judicial system

3. Has the individual experienced either of the following? If yes, please indicate either a, or b, below.
- a. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).
- b. Within the last two years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

• **A referral for a PASRR Level II for SMI is required if:**

1. All of the questions in Section 1A (1, 2 **and** 3) are marked **Yes**; OR
2. Sufficient evidence of SMI is not available, but there is a **credible suspicion** that a SMI may exist (see Instructions for more information); **and**
3. The requirements for exempted hospital discharge do not apply (see Section IIA).

• **A referral for a PASRR Level II for SMI is not required if:**

1. Any of the questions in Section 1A (1, 2 **or** 3) are marked **No and** there is no credible suspicion of SMI; or
2. There are indicators of SMI in Section 1A, but the requirements for exempted hospital discharge are met (see Section IIA).

**Continue to Section I.B.**

**B. Intellectual Disability Related Conditional Indicators**

Yes No

1. Has the person received services from the Developmental Disabilities Administration or another agency or facility that serves individuals with intellectual disabilities?

*If the answer to B1 is yes, answer "Yes" to question B11. A referral to the DDA PASRR Coordinator is required.*

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 (DSM-5), 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, answer "Yes" to question B11. A referral to the DDA PASRR Coordinator is required.*

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, answer "Yes" to question B11. A referral to the DDA PASRR Coordinator is required.*

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, answer "Yes" to question B11. A referral to the DDA PASRR Coordinator is required.*

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, please forward this form to your regional DDA PASRR Coordinator. Follow up by DDA is required before this individual can be admitted to a nursing facility. Contact information can be found at:*

<https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/PASRR%20Regional%20Contacts.docx>

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

• **A referral for a PASRR Level II for ID/RC is required if:**

If Section I.B.11 is marked "Yes".

• **A PASRR Level II for ID/RC is not required if:**

If Section I.B.11 is marked "No".

**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 IIA. 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 he or she 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. If all three boxes are marked, check the "Exempted Hospital Discharge" box in Section III. A physician, ARNP or physician's assistant must sign section III. **For individuals with ID/RC, the PASRR Level I must be forwarded to the DDA PASRR Coordinator upon nursing facility admission.***

**Section IIB. 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, check the "Categorical Determination" box in Section III. The referring party must sign section III.*

**Section III. Documentation of:**

- Exempted Hospital Discharge (per Section II.A)**
- Categorical Determination (per Section II.B)**

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

|   |       |
|---|-------|
| NAME OF PERSON IDENTIFYING BASIS FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION | TITLE |
|---|-------|

LIST DATA USED FOR DETERMINATION

WHAT EVIDENCE DID YOU USE TO CONCLUDE THE INDIVIDUAL MEETS THE CRITERIA FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION?

**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 II evaluation indicated:** Person does not show indicators of SMI or ID/RC.
- Level II evaluation referral required for SMI:** Person shows indicators of SMI per Section 1.A.
- Level II evaluation referral required for ID/RC:** Person shows indicators of ID or RC per Section 1.B.
- Level II evaluation referrals required for SMI and ID/RC:** Person shows indicators of both SMI and ID/RC per Sections 1. A and B.
- Level II evaluation referral required for significant change.**
- No Level II evaluation indicated at this time due to exempted hospital discharge: Level II must be completed if scheduled discharge does not occur.**
- No Level II evaluation indicated at this time due to categorical determination identified by DDA or BHA: Level II must be completed if scheduled discharge does not occur.**

**NOTE:** If Level II 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](http://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) |          |
| 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?

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.

### 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 without an intervening hospital stay, a new PASRR screen is not required unless there has been a significant change in condition.

### 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 I must be forwarded to the DDA PASRR Coordinator upon NF admission.

Categorical Determination: For a respite admissions 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 I as soon as NF referral is considered.
- Fax all Level I 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 I form as part of the NF referral packet.
- **An individual cannot be admitted to a Medicaid-Certified Nursing Facility before a Level I and a Level II (if required) is completed.**

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