State of Alaska • Department of Health and Social Services • Senior and Disabilities Services

Pre-Admission Screening and Resident Review (PASRR) Level I

To ensure an individual is placed in a long term care facility appropriately and receives needed services, federal regulations, 42 CFR 483.100 - 483.138 require a Pre-Admission Screening and Resident Review (PASRR) Level I screening for individuals who have or may have a diagnosis of mental illness, intellectual disabilities, and/or related conditions. The PASRR Level I Screening is required for all applicants to long term care Medicaid certified facilities, regardless of the individual's payment source, and for long term care Medicaid certified facility residents who have had a significant change in condition or diagnosis (resident review). All information requested on this form is required.
Submit complete form, with all required signatures and attachments, by direct secure messaging (DSM) to: ***dsds.ltcauthorizations@hss.soa.directak.net***

Name of Individual (Last, First, MI)

DOB	**Medicaid #** (if applicable)	**Address** (Street, City, State, Zip)	**Telephone Number**

Name of Representative	**Address** (Street, City, Zip)	**Telephone Number**	**Type of Representative**

Current Location	**Admitting Facility & ID #**	**Address** (Street, City, Zip)	**Telephone Number**	**Email**	**Contact Name/Title**
	SPH LTC 1005654	4300 Bartlett St., Homer, AK., 99603	907-235-0233	kedens@sphosp.org	Katy Edens, MSW

If multiple facilities are being considered, please identify these here (*Facility ID # and Name*):

Applicant	**Resident**
☐ New Admission. Proposed/Actual Date:_____ ☐ Inter-facility Transfer (from one facility to another)	☐ Significant Change (Resident Review) ☐ Condition improvement- LOC from SNF to ICF ☐ Condition decline- LOC from ICF to SNF ☐ New diagnosis

Exempted Hospital Discharge (does not require PASRR Level II evaluation)	☐ Individual being admitted to LTC facility for less than 30 days, as certified by physician
Primary Dementia/Mental Illness (does not require PASRR Level II evaluation)	☐ Primary dementia in combination with mental illness as certified by physician

Name of Individual:	**Admitting Facility ID#:** SPH LTC 1005654

PASRR Categorical Determinations (certain circumstances that are time-limited that only require an abbreviated PASRR Level II evaluation report)	☐ Individual has a primary diagnosis of dementia, Alzheimer's disease or related disorder in combination with diagnosis of intellectual disability or related condition. (Further evaluation may be required for validation of diagnosis) ☐ Individual admitted directly to LTC facility from hospital for convalescent care for an acute physical illness and is likely to require less than 90 days of NF services ☐ Terminal illness, as certified by physician (life expectancy of less than six months) ☐ Severe physical illness resulting in level of impairment so severe that individual needs LTC services but cannot be expected to benefit from specialized services.

Identify primary/secondary diagnosis, applicable code, and age of onset	**Primary Diagnosis and Code (ICD-10)**	**Secondary Diagnosis and Code (ICD-10)**	**Date of Onset**
Mental Illness			
Intellectual Disability			
Related Condition			

The individual has been referred for or has received services/treatment for mental illness	☐ Yes	☐ No
The individual has been referred for or has received services/treatment for intellectual disability or related condition	☐ Yes	☐ No
The individual has a history or other indication of substance abuse disorder	☐ Yes	☐ No
Any known or suspected diagnosis of mental illness, intellectual disability, substance abuse disorder, or related condition	☐ Yes	☐ No

Physician's Name: **Physician's Signature:**	**Date:**

Functional and Adaptive Needs (*Check all that apply)*		
Communication/Language	☐ unable to communicate basic needs ☐ does not understand directions	☐ does not participate in conversation ☐ incoherent/bizarre speech content
Challenges with Practical Skills	☐ occupation skills ☐ safety ☐ schedule/routines ☐ mobility/ travel/transportation	☐ use of money ☐ healthcare and self-care ☐ use of telephone
Challenges with Conceptual Skills	☐ language and literacy ☐ limitations in reasoning ☐ learning, problem-solving	☐ time & number concepts ☐ self- direction
Completion of Tasks/Activities	☐ difficulty completing ☐ makes mistakes/errors with tasks ☐ needs assistance to complete	☐ slow pace to completion ☐ lacks persistence ☐ difficulty concentrating
Harmful to Self or Others	☐ head bangs ☐ hits, bites, or scratches self ☐ threatens physical violence	☐ causes physical pain to others ☐ threatens physical violence ☐ suicidal ideation/attempt
Unusual Activities	☐ talks to self ☐ makes faces or odd noises	☐ stares at objects or into space ☐ hallucinations or delusions

Name of Individual:	**Admitting Facility ID#:** SPH LTC 1005654

Disruptive Behavior	☐ challenging/combative ☐ interferes with others ☐ excessive irritability	☐ yells or screams ☐ uncooperative ☐ overly demanding
Socially Inappropriate Behaviors	☐ spits at others ☐ verbally abusive ☐ inability to follow rules ☐ history of altercation	☐ social isolation ☐ challenges with independent living ☐ inappropriately touches self or others
Withdrawn Behavior	☐ difficulty interacting with others ☐ sad or worried	☐ uninterested in activities ☐ anxious or fearful
Destructive to Property	☐ defaces or breaks objects ☐ tears or cuts materials	☐ attempts to burn objects
Has Experienced Restrictive Interventions	☐ interpersonal skills ☐ restraints	☐ medication to control behavior
Challenges with Social Skills	☐ seclusion ☐ social responsibility ☐ self-esteem	☐ social problem-solving ☐ vulnerable to manipulation by others

Check all that were reviewed during PASRR Level I Screening	☐ H&P (required) ☐ Plan of Care ☐ Current psychological evaluation (if applicable) ☐ Other (specify):

Signatures and Contact Information

The State is responsible for the final determination regarding PASRR. If review of the Level I PASRR Screening indicates a need for a PASRR Level II evaluation, the State may require additional documentation, will complete the evaluation and make a determination regarding appropriate placement within 7-9 business days, and will notify all parties of the outcome.

Name of person Completing this PASRR Level I Screening	**Date**	**Telephone Number**	**Email**
Signature:			

Name of Individual:	**Admitting Facility ID#:** SPH LTC 1005654

State of Alaska use only - **Preadmission Screening and Resident Review Determination**

Date Received:	**Date Reviewed:**	**Date of Determination:**
Date of Admission:		
Name of SDS Reviewer:		**Contact Information:**

Applicable Category	***Based on the information reviewed by SDS, the following determination is made. If admission or continued placement for this individual is approved, all services as identified by the PASRR Level II evaluation must be provided, by collaborative effort with the state, to meet the individual's nursing and disability-specific needs. A copy of the PASRR evaluation report will be provided for inclusion in the medical record; the recommendations made in that report must be incorporated into the plan of care. A notice has been provided to the individual and/or his/her representative of the need for a Level II evaluation if applicable, and a summary of the PASRR Level II evaluation report.***	
Negative Screen	☐ PASRR Level I screening does **not** indicate need for Level II PASRR evaluation. Applicant may be admitted to the LTC facility.	
Exempted Hospital Discharge	☐ Placement in facility for 30 days or less, as certified by physician. If the individual stays beyond the 30 days, an individualized PASRR Level II evaluation must be completed by the state on or before the 40th day. The facility shall notify SDS on day 25 that it anticipates the resident will need services more than 30 days. **Day 25 is:**	
Primary Dementia/Mental Illness	☐ Primary dementia in combination with mental illness. May be admitted to the LTC facility.	
PASRR Categorical Determinations (certain circumstances that are time-limited that require an abbreviated PASRR Level II evaluation report)	☐ Convalescent care for a period of 90 days or less, as certified by the physician. If the individual stays beyond the 90 days, an individualized PASRR Level II evaluation must be completed. The facility shall notify SDS on day 85 that it anticipates the resident will need services more than 90 days. **Day 85 is:**	
	☐ Primary dementia in combination with a diagnosis of intellectual disability or related condition applies. A Level II evaluation may be required, if there is a substantial change in condition.	
	☐ Terminal illness, as certified by attending physician. A Level II evaluation may be required, if there is a substantial change in condition.	
	☐ Severe physical illness. A Level II evaluation may be required, if there is a substantial change in condition.	
Resident Review	☐ May be considered appropriate for continued placement in the LTC facility, without specialized services for disability-specific needs.	
	☐ May not continue to reside in LTC facility. Alternative placement and services are developed by the state in cooperation with the facility. Payment continues until transfer completed.	
Level II PASRR Evaluation needed	☐ Mental Illness ☐ Intellectual disability ☐ Related condition	Date referred for Level II evaluation: Date Level II report received: