PENNSYLVANIA PREADMISSION SCREENING RESIDENT REVIEW IDENTIFICATION FORM

PA-PASRR-ID (REVISED March 1, 2009)

The information collected on this form has been required by Federal Statute (P.L 100-203) since January 1, 1989. This form replaces the July 1999 edition. Beginning March 1, 2009, all new applications for nursing facility services must include the answers to the questions in this edition. This process applies to all applicants, regardless of payer source. As a result of a Resident Review (RR), current residents must have on file the answers to questions on this form. Failure to complete a PA-PASRR-ID form may result in sanctions against the nursing facility.

APPLICANT/RESIDENT NAME - LAST, FIRST:	
SOCIAL SECURITY NUMBER:	DATE THE FORM IS COMPLETED:

A PASRR-ID form must be completed for all individuals applying for admission to an MA-certified nursing facility. If the applicant/resident is unable to answer the questions him or herself, anyone else who is knowledgeable about his or her medical condition and history (e.g. family member, legal representative, member of health care team) can complete the form.

NURSING FACILITIES ARE RESPONSIBLE FOR ASSURING THE ACCURACY OF INFORMATION REPORTED ON THIS FORM PRIOR TO ADMISSION

Nursing facilities must complete a new PASRR-ID for residents who experience a change in condition that affects their target status. Do not complete a new PASRR-ID for residents readmitted from an acute care hospital, unless the individual has a change in condition that affects their target status.

Nursing facilities are to advise applicants/residents of their rights to know how this form will be used, how to obtain a copy of this form, and the procedure to appeal the results that occurs from the use of this form.

Section I – DIAGNOSES – What Are The Applicant's/Resident's Current Diagnoses?

INSTRUCTIONS: List Primary and Secondary Diagnoses used for nursing facility services. If an individual has a diagnosis of a serious mental illness (MI), mental retardation (MR) and/or other related condition (ORC) and it is not the primary or secondary diagnosis, list in the block marked "Target Diagnosis". If the MI/MR/ORC diagnosis is also a primary or secondary diagnosis, list it again in the target diagnosis section. If there is no target diagnosis, write "None" or "Not Applicable" in the target diagnosis line.

The individual named above is being considered for nursing facility services on the basis of the following medical diagnoses (Dx):

PRIMARY Dx:	SECONDARY Dx:
TARGET Dx:	

Section II – SERIOUS MENTAL ILLNESS (MI) – An individual is considered to have a serious MI if he/she meets all of the following requirements regarding diagnoses, level of impairment and duration of illness.

INSTRUCTIONS: This section consists of **four parts** (II-A through II-D) and asks questions related to serious **MI**. If the answer to question II-A is "NO," go to question II-D. If the answer to II-A is "YES," answer all questions in Section II. If the answer in Section II-C 2, 3 or 4 is "YES", the individual is considered a target.

Note: For this purpose, individuals whose primary diagnosis is not considered a serious MI and who have a diagnosis of dementia (including Alzheimer's Disease and other organic brain diseases) are to be excluded from PASRR Evaluation and continued with regular admission.

Section II-A – DIAGNOSES: Does the individual have one of the following diagnoses?

☐ YES - Check the appropriate boxes ☐ NO - Skip to II-D

☐ SCHIZOPHRENIA ☐ DELUSIONAL (PARANOID DISORDER) ☐ PSYCHOTIC DISORDER NOT OTHERWISE SPECIFIED

☐ PERSONALITY DISORDER ☐ PANIC OR OTHER SEVERE ANXIETY DISORDER ☐ SOMATOFORM DISORDER

☐ MOOD DISORDER (BI-POLAR OR DEPRESSION) ☐ ANOTHER MENTAL DISORDER THAT MAY LEAD TO CHRONIC DISABILITY

Section II-B – LEVEL OF IMPAIRMENT: The mental disorder resulted in functional limitations in major life activities within the past 3 to 6 months that were not appropriate for the individual's developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis. Check the appropriate box(s):

☐ **1. Interpersonal functioning.** The individual has serious difficulty interacting appropriately and communicating effectively with other individuals, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.

☐ **2. Concentration, persistence and pace.** The individual has 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, manifests difficulties in concentration, is unable to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.

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

Section II-C – RECENT TREATMENTS/HISTORY: The treatment history for the mental disorder indicates that the individual has experienced at least one of the following within the last two years:

1. Inpatient Treatment: Psychiatric treatment more intensive than outpatient psychiatric care more than once in the past 2 years (e.g. partial hospitalization, inpatient hospitalization, long term structured rehabilitation or state hospitalization):

☐ Indicate Name of Inpatient Facility and Date: _____

2. Suicide History: Check the appropriate box(s):

☐ Suicide Ideation With Plan (verified by psychiatric consult) ☐ Suicide Attempt – Date: _____

3. Electroconvulsive Therapy – ECT (related to MI): ☐ YES – Date: _____ ☐ NO

4. Intensive Case Management (ICM):

☐ MI-ICM – Indicate Name and Telephone Number: _____

5. Supportive Services – 302 Related To MI:

☐ Within the last 2 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.

Section II-D – Does the applicant/resident meet all of the requirements of having a serious MI listed in **Sections II-A thru II-C** above?

☐ YES ☐ NO

Section III – MENTAL RETARDATION (MR) - An applicant/resident is considered to be mentally retarded if all of the criteria listed below in III-A through III-C are met or has received services from an MR agency in the past. If evidence is not present to at least suspect that the individual meets each of the three criteria, the individual should not be identified within the MR target population. Documentation is not necessary to support each criterion as long as the individual is suspected to meet each criterion based on observations and knowledge about the individual. The individual completing this form is responsible for reporting information used in making the identification and should complete the Related Questions, when applicable.

INSTRUCTIONS: If the answer to III-A is "NO", complete questions III-E, III-F and III-G. If the answer to question III-A is "YES", answer all questions Section III.

Section III-A – Has this individual ever been diagnosed with MR?

☐ YES ☐ NO (**Skip to III-E**)

Section III-B – If tested, did the individual have significantly sub-average intellectual functioning (i.e., two standard deviations below the norm, an I.Q. of about 70 or below) prior age 22?

☐ YES ☐ NO

Related Questions: Is intellectual functioning documented on a standardized general intelligence test?

☐ YES – What is the name and date of the test and the tester's professional qualifications?

_____

_____

☐ NO – What is the basis of the reviewer's findings?

_____

_____

Section III-C – The individual has impairments in adaptive behavior that show:

☐ 1. Significant limitation in meeting the standards of maturation, learning, personal independence, and/or social responsibility for his/her age and cultural group; **or**

☐ 2. Substantial functional limitation in three or more of the following areas of major life activities which are not related to the normal aging process: (Check all that apply)

☐ SELF-CARE ☐ RECEPTIVE AND EXPRESSIVE LANGUAGE ☐ LEARNING
☐ MOBILITY ☐ SELF-DIRECTION ☐ CAPACITY FOR INDEPENDENT LIVING

Related Questions: Are impairments in adaptive behavior documented by standardized test or placement in special education?

☐ YES – What is the name and date of the test and the tester's professional qualifications or school system?

_____

_____

☐ NO – What is the basis of the reviewer's findings?

_____

_____

Section III-D – There is documentation to substantiate that these conditions in **III-A, III-B and/or III-C** occurred between the individual's birth and prior to age 22.

☐ YES ☐ NO

Related Question: What documentation substantiates that these conditions occurred between the individual's birth and prior to age 22?

_____

_____

Section III-E – Has the individual received mental retardation services from an MR agency in the past or been registered with the county MH/MR office for services?

☐ YES – Identify Agency/County: _____

☐ NO

Section III-F – Has the individual ever been a resident of a MR state facility (e.g. – state hospital, state school or state MR center)?

☐ YES – Indicate name of facility and dates:

_____

_____

☐ NO

Section III-G – Does the individual have presenting evidence to indicate MR based on the criteria listed in **III-A thru III-F** above?

☐ YES ☐ NO

THIS SECTION INTENTIONALLY LEFT BLANK

Section IV – OTHER RELATED CONDITIONS (ORC) – "ORC" include physical, sensory or neurological disabilities which manifested prior to age of 22 are likely to continue indefinitely and result in substantial functional limitations in three or more of the following areas of major life activity: capacity for independent living, mobility, self-direction, learning, understanding and use of language, and self-care. Examples of individuals with ORC include: Individuals with paraplegia or quadriplegia (due to spinal cord injuries), spina bifida, cerebral palsy, blindness and deafness, epilepsy, seizure disorder, head injuries or other injuries (such as gunshot wounds). It is important to note that an individual can have an ORC regardless of whether the ORC impairs his/her intellectual abilities.

The key to determining whether an individual has an ORC is the age of onset of the disability. It is the obligation of the person completing the PA-PASRR-ID to determine age of onset. If the clinical record does not clearly eliminate the possibility that the individual's physical disability occurred prior to age of 22, the nursing facility must ask the individual (or the individual's representative if necessary), and document the response, and target the individual accordingly. This information must be available upon request to representatives of the Department.

INSTRUCTIONS: An individual is considered to have an ORC which is a severe physical developmental disability if he/she meets all of the conditions in **IV-A through IV-D** below.

Section IV-A – Has the individual been diagnosed as having one or more of the following conditions?

☐ YES - Check the appropriate box(es) ☐ NO - **Skip to IV-E**

☐ CEREBRAL PALSY ☐ AUTISM ☐ EPILEPSY/SEIZURE DISORDER ☐ TOURETTE'S SYNDROME
☐ MENINGITIS ☐ ENCEPHALITIS ☐ HYDROCEPHALUS ☐ MULTIPLE SCLEROSIS
☐ POLIO ☐ SPINA BIFIDA ☐ ANOXIC BRAIN DAMAGE ☐ BLINDNESS AND DEAFNESS
☐ PARAPLEGIA OR QUADRIPLEGIA (DUE TO SPINAL CORD INJURIES)
☐ HEAD INJURIES OR OTHER INJURIES (SUCH AS GUNSHOT WOUNDS) SO LONG AS THE INJURIES WERE SUSTAINED PRIOR TO **AGE OF 22**.

or

☐ Any other condition, other than a serious **MI**, found to be closely related to **MR**, because this condition has resulted in impairment of general intellectual functioning or adaptive behavior similar to that of individuals with **MR**, and requires treatment or services similar to those required for individuals with **MR**.

SPECIFY: _____

Section IV-B – Were the ORC manifested before the individual reached the **age of 22**?

☐ YES ☐ NO

Section IV-C – Are the ORC likely to continue indefinitely?

☐ YES ☐ NO

Section IV-D – Do the ORC result in substantial functional limitations in 3 or more of the following areas of major life activity? Check all areas of substantial functional limitation which were present **prior to age of 22** and were directly the result of the ORC.

☐ SELF-CARE ☐ UNDERSTANDING AND USE OF LANGUAGE ☐ LEARNING
☐ MOBILITY ☐ CAPACITY FOR INDEPENDENT LIVING ☐ SELF-DIRECTION

Section IV-E – Was the individual/family informed of the Community Based Waiver Program?

☐ YES ☐ NO

Section IV-F – Does the individual meet criteria of an ORC as defined in **IV-A thru IV-D**?

☐ YES ☐ NO

Section V – EXCEPTIONAL ADMISSION – Does the applicant/resident meet criteria for Exceptional Admission to a facility without Preadmission Screening Evaluation?

INSTRUCTIONS: Criteria in V-A thru V-D of this section apply to individuals who answered "YES" in Sections II-D, III-G or IV-F. Any applicant/resident identified as an exceptional admission in Section V can be admitted to a facility for a limited time without further evaluation. However, if the admission will exceed the time periods outlined in this Section, the nursing facility must notify the Department using an MA-408 form.

Section V-A – Individual is an Exempted Hospital Discharge ☐ YES ☐ NO

Although identified as an individual with a serious MI, MR or ORC, an applicant/resident who is not dangerous to self and/or others may be directly admitted for nursing facility services from an acute care hospital for a period up to 30-days without further evaluation if such admission is based on a written, medically-prescribed period of recovery for the conditions requiring hospitalization.

If the individual is admitted under these criteria and continues in residence for more than 30-days, a new PA-PASRR-ID form must be completed. The Department must be notified on the MA 408 within 48 hours and an evaluation must be completed. Failure to report these changes in condition in a timely manner may result in sanctions against the nursing facility.

Section V-B – Individual Requires Respite Care ☐ YES ☐ NO

Although identified as an individual with a serious MI, MR or ORC, an applicant/resident who is not dangerous to self and/or others may be admitted for Respite Care for a period up to 14-days without further evaluation if he/she is certified by a referring or attending physician to require 24-hour nursing facility services and supervision.

If the individual's condition changes from respite to long term and he/she is going to stay in the nursing facility, the Department must be notified on the MA 408 within 48 hours and an evaluation must be completed. Failure to report these changes in condition in a timely manner may result in sanctions against the nursing facility.

Section V-C – Individual Requires Emergency Placement ☐ YES ☐ NO

Although identified as an individual with a serious MI, MR or ORC, an applicant/resident who is not dangerous to self and/or others may be admitted for emergency placement for a period of up to 30-days without further evaluation if the Area Agency on Aging's Protective Services has certified that such placement is needed.

If the individual's condition changes from emergency to long term and he/she is going to stay in the nursing facility, the Department must be notified on the MA 408 within 48 hours and an evaluation must be completed with an explanation of emergency placement to long term. The Department will then notify the appropriate Protective Services Unit of the referring Area Agency on Aging. An OBRA evaluation must be completed by the responsible OPTIONS site. Failure to report these changes in condition in a timely manner may result in sanctions against the nursing facility.

Section V-D – Individual is in a Coma or Functions at Brain Stem Level ☐ YES ☐ NO

Although identified as an individual with a serious MI, MR or ORC, an applicant/resident who is not dangerous to self and/or others may receive nursing facility services without further evaluation if certified by the referring or attending physician to be in a coma or who functions at brain stem level. The condition must require intense 24-hour nursing facility services and supervision and is so extreme that the individual cannot focus upon, participate in, or benefit from specialized services.

If the individual's condition changes from coma or functions at brain stem level, to functioning at a higher level and is going to stay in the nursing facility, the Department must be notified on the MA 408 within 48 hours and an evaluation must be completed. Failure to report this change in condition in a timely manner may result in sanctions against the nursing facility.

Section VI – COMMUNICATON

INSTRUCTIONS: The individual completing this form must answer Section VI for the applicant/resident. It is also his/her responsibility to obtain complete, factually correct and current information before completing and signing this form in Section VIII-A. Check the appropriate box and complete accompanying information.

Does the applicant/resident have a communication problem which would require an interpreter or other assistance to participate in or understand the PASRR evaluation process?

☐ YES – **Describe**: _____

☐ NO

Section VII – TYPE OF ADMISSION

INSTRUCTIONS: The individual completing this form must answer Section VII for the applicant/resident. It is also his/her responsibility to obtain complete, factually correct and current information before completing and signing this form in Section VIII-A.

Indicate the type of admission – Check the appropriate box:

☐ **Regular Admission – Complete Sections VIII-A and VIII-B**

☐ **Target Group (Report on MA 408, refer to OPTIONS/UMR Team for PASRR evaluation and completion. All targeted residents must have Program Office approval prior to admission) – Complete Sections VIII-A and VIII-C**

☐ **Exceptional Admission (Report on MA 408) – Complete Sections VIII-A and VIII-D**

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Section VIII – CERTIFICATIONS - Signatures, Telephone Numbers and Dates

INSTRUCTIONS: If there is a "NO" response in Sections II-D, III-G and IV-F, complete Sections VIII-A and VIII-B. If there is a "YES" response in Section II-D (MI), III-G (MR) or IV-F (ORC), and if **all** answers to Section V (Exceptional Criteria) are "NO," complete Section VIII-A and Section VIII-C.

If there is a "YES" response to any question in Section V (Exceptional Criteria), complete Sections VIII-A and VIII-D.

Section VIII-A – Individual Completing Form:

SIGNATURE:	TELEPHONE NUMBER:	DATE:

Please Sign The Appropriate Admission Type Below

Section VIII-B – Regular Admission – No further PASRR Evaluation is needed. This is to certify that the applicant/resident does not need to have any additional PASRR Evaluations completed. **Note: Answers in Sections II-D, III-G and IV-F are all "NO."**

SIGNATURE:	TELEPHONE NUMBER:	DATE:

Section VIII-C – Target Group – PASRR Evaluation is required. This is to certify that the applicant/resident meets criteria for referral to the designated Area Agency on Aging for PASRR Evaluation or that the applicant/resident will be referred to the Department's Utilization Management Review Team for PASRR Evaluation. **Note: Answers in Sections II-D, III-G or IV-F are "YES" and the answer to Section V is "NO".**

SIGNATURE:	TELEPHONE NUMBER:	DATE:

Section VIII-D – Exceptional Admission – This is to certify that the applicant/resident was targeted for evaluation, but has a condition which meets the criteria for exceptional admission indicated in Section V. **Note: When answers in Sections II-D, III-G or IV-F are "YES" and one or more answers in Section V are "YES".**

PRINT ATTENDING PHYSICIAN'S NAME:	TELEPHONE NUMBER:
ATTENDING PHYSICIAN'S SIGNATURE:	DATE:

Affix UMR Stamp Here: