

**Pre-Admission Screening/Resident Review (PASRR)
Level I, Form 0460**

Last name: _____ First name: _____

SSN: _____ DOB: _____ Name/phone # of screener: _____

Agency and branch or hospital: _____ Date of screening: _____

Form 0460 must be completed for **all** individuals who will be admitted to a Medicaid/Medicare-certified Nursing Facility, regardless of payment source. Please complete parts I – III. (*Detailed instructions available, request “Form SDS 0460INS”*)

Pre-Admission Screening/Resident Review (PASRR) Level I is a federal requirement (Social Security Act, section 1919(e)(7)) to evaluate all individuals who will be admitted to a Nursing Facility (NF) for indicators of Mental Retardation/Developmental Disability (MR/DD) or Serious Mental Illness (SMI). The purpose of PASRR Level I is to identify individuals who may have MR/DD or SMI.

I. Does the individual have indicators of MR/DD/SMI? (*See form 0460INS for detailed instructions and definitions of MR/DD/SMI.*)

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1 = No MR/DD/SMI indicators (*proceed to part III*)

2 = MR/DD indicators

3 = SMI indicators

4 = Both SMI **and** MR/DD indicators

II. **Complete this section only if the individual is identified with indicators of MR/DD or SMI.** (*See form 0460INS for detailed instructions and definitions.*)

For individuals with **MR/DD** indicators, are conditions of Exempted Hospital Discharge or Categorical Determinations met?

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Exempted Hospital Discharge for MR/DD

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Categorical Determination for MR/DD: End of life care for terminal illness

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Categorical Determination for MR/DD: Emergency situation

For individuals with **SMI** indicators, are conditions of Exempted Hospital Discharge met?

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Exempted Hospital Discharge for SMI

Individuals identified with indicators of MR/DD or SMI may be admitted directly to a NF if above conditions are met, further evaluation will be conducted at the NF based on duration of NF service (OAR 411-070-0043(3)(c)(A)-(B)).

III. Nursing Facility (NF) service decisions: (*Please check one box that describes the individual's disposition.*)

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1) The individual has **no** MR/DD/SMI indicators; proceed with NF admission.

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2) The individual has MR/DD indicators **and** meets the conditions of Exempted Hospital Discharge or a Categorical Determination. Proceed with NF admission and notify DHS by calling 503-947-4229.

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3) The individual has MR/DD indicators and does **not** meet the conditions of Exempted Hospital Discharge or a Categorical Determination. NF admission must be authorized by DHS, please call 503-947-4229 to request PASRR Level II. If NF admission is authorized, please document name of level II evaluator: _____

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4) The individual has **both** MR/DD and SMI indicators and meets the conditions of Exempted Hospital Discharge or a Categorical Determination for MR/DD. Proceed with NF admission and notify PASRR/DD by calling 503-947-4229.

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5) The individual has **both** MR/DD and SMI indicators and does **not** meet the conditions of Exempted Hospital Discharge or a Categorical Determination. NF admission must be authorized by DHS, please call both 503-947-4229 (MR/DD) and the local community mental health program/PASRR contractor to request PASRR Level II. If NF admission is authorized, please document name of level II evaluator: _____

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6) The individual has SMI indicators **and** meets the conditions of Exempted Hospital Discharge; proceed with NF admission.

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7) The individual has SMI indicators and does **not** meet the conditions of Exempted Hospital Discharge. NF admission **must** be authorized, please contact the local community mental health program/PASRR contractor to request PASRR Level II. If NF admission is authorized, please document name of the level II evaluator: _____

Nursing facility: _____

City: _____

Signature of Screener: _____

Date: _____

See back of this form for instructions to obtain forms

Distribution of completed form: The form is forwarded to the nursing facility prior to resident admission.

To obtain forms: SDS 0460 and 0460INS may be ordered by fax 503-373-0829 or email forms.distribution@state.or.us or available on the DHS website <http://www.oregon.gov/DHS/>, choose “forms” on the left side of the page.

If you have questions about Pre-Admission Screening/Resident Review (PASRR), please call 503-945-5923.