

**INSTRUCTIONS**  
DHS 1178 (Rev. 03/20)

**PREADMISSION SCREENING RESIDENT REVIEW (PAS/RR) LEVEL I SCREEN**

**PURPOSE:**

This form shall be used as a uniform preadmission screening tool to identify serious mental illness (SMI) or Intellectual Disabilities/Developmental Disabilities (ID/DD) individuals or individuals with both conditions. This form shall be completed by the applicant's *attending or primary care physician, advance practice registered nurse, or registered nurse (discharge planner in hospital only)*.

**GENERAL INSTRUCTIONS:**

ALL applicants for admission to a Medicaid certified NF shall have a "PREADMISSION SCREENING RESIDENT REVIEW LEVEL I SCREEN" form completed prior to admission. The date of the PASRR Level I screen is no later than the day of admission to the facility for compliance.

**INSTRUCTIONS FOR USING THE LEVEL I SCREEN FORM**

Each question listed under the two (2) major sections of PART A: Serious Mental Illness (SMI), PART B: Intellectual Disabilities/Developmental Disabilities (ID/DD) must be answered as directed before the section on Determination can be completed:

(1) PART A: Serious Mental Illness

- (a) The individual has symptom(s) and/or current diagnosis of serious mental illness as listed under the broad diagnostic categories defined in the "*Diagnostic and Statistical Manual of Mental Disorders, 3<sup>rd</sup> Edition, Revised (DSM-III-R)*" of SCHIZOPHRENIA, MOOD DISORDER, DELUSIONAL (PARANOID) DISORDER, PANIC OR OTHER SEVERE ANXIETY DISORDERS, SOMATIFORM DISORDERS, PERSONALITY DISORDERS, SUBSTANCE RELATED DISORDER, OR PSYCHOTIC DISORDERS NOT ELSEWHERE CLASSIFIED that may lead to chronic disability;
- (b) The level of impairment seriously affects the individual's interpersonal functioning:
  - (i) Difficulty interacting appropriately and communicating effectively with other persons, possibly has history of altercations, evictions, unstable employment, frequently isolated, avoids others.
  - (ii) Has serious difficulty in completion of tasks in work, requires assistance with tasks, errors with tasks, concentration, persistence, or pace.
  - (iii) Has serious difficulty in adapting to change such as suicidal self-injurious, self-mutilation behavior, physical violence or threats, having appetite disturbance(s), hallucinations, delusions, serious loss of interest/withdrawals, tearfulness, and irritability.
- (c) FOR PASRR PURPOSES ONLY: Individuals with a primary or secondary diagnosis of SMI (ONLY) under Dementia as defined in the DSM-III-R (including Alzheimer's disease or a related condition) will not be considered as SMI and is excluded from the Level II process:

- (i) The individual has a current diagnosis of dementia (including Alzheimer's Disease or a related disorder) as defined in the DSM-III-R;
- (ii) Meets the diagnostic criteria for dementia. For e.g., there are global impairments of cognitive functioning; personality changes; and disturbances in behavior and affect; and social and occupational functioning; and
- (iii) There should be collaborative evidence, to include a comprehensive mental status exam from the history, physical examination, or laboratory tests to support the diagnosis.
- (iv) In the absence of such evidence an organic factor can be presumed if the disturbance can't be accounted for by a functional mental disorder.

(d) Psychoactive Drugs within the last two (2) years

- (i) Refers to drugs that affect the mind and behavior;
- (ii) Examples of classes of psychoactive drug include: antipsychotic, antidepressant and anti-anxiety drugs;
- (iii) The prescription of a psychoactive drug on a regular basis in the absence of a neurological disorder is an indication that Level II screening is necessary; and
- (iv) Evidence of psychoactive drug use alone need not be taken as an indication that further review is needed when there is a medical diagnosis and justification for its use that is not in connection with a mental disorder. For e.g., the use of Valium as an adjunct in seizure disorders, such as, epilepsy.

(2) PART B: Intellectual Disabilities/Developmental Disabilities (ID/DD) /Related Conditions:

- (a) Level of intellectual disabilities (mild, moderate, severe, or profound) described in the *American Association on Mental Retardation's Manual on Classification in Mental Retardation (1983)* manifested before age 18; or  
Related conditions refers to severe, chronic disability, such as, CP, epilepsy or autism that is attributed to a mental or physical impairment or combination of mental and physical impairments, is manifested before age 22, is likely to continue indefinitely, and results in substantial functional limitations in three or more areas of major life activities (mobility, self-care/direction, learning, understanding/use of language, capacity for living independently).
- (b) There should be collaborative evidence if an ID/DD individual has or have presence of Dementia (including Alzheimer's disease or a related condition) as these individuals are NOT excluded from PASRR.
- (c) Indicate if the individual is receiving ID/DD services.

(3) DETERMINATION: The decision made in the Determination section must be based on the answers and corresponding evidence given on PART A: SERIOUS MENTAL ILLNESS (SMI) or PART B: INTELLECTUAL DISABILITIES/DEVELOPMENTAL DISABILITIES (ID/DD) in order to be valid:

- (a) If **ALL** of the answers in PARTS A or B are “**NO**”, **SIGN** and **DATE** in the box indicating the Level I Screen is **NEGATIVE** for **SMI** or **DD/ID**.

**Note:** The attending physician, Advanced Practice Registered Nurse (APRN) or Hospital Discharge Planner Registered Nurse (RN) must date and sign the form in the box provided.

- (b) If **ANY** of the answers in PARTS A or B are “**YES**”, **COMPLETE PART C (backside)** of this form.

- (c) **PART C:** are conditions that make an exception for the SMI or DD/ID individual from going on to the Level II evaluation and determination process. **ONLY** one item may be selected:

- (i) Items #1 through #6 are self-explanatory and are medical decisions made by the individual’s attending or primary care physician.
- (ii) If any answer to PART C is “YES”, no referral for Level II evaluation and determination is necessary at the time form is completed. **NOTE THE TIME CONSTRAINTS.**
- (iii) If all of the answers to PART C are “NO”, a referral for Level II evaluation and determination must be made.
- (iv) The attending physician, Advanced Practice Registered Nurse (APRN) or Hospital Discharge Planner Registered Nurse (RN) must date and sign the form in the box provided at the bottom of the page to indicate that PART C is completed.

**FILING/DISTRIBUTION INSTRUCTIONS:**

- (1) The EW shall scan form into KOLEA.
- (2) Copies of this form and all attachment(s) as appropriate shall be submitted with the facility’s monthly census report for all admissions to State’s designee, Health Services Advisory Group (HSAG).
- (3) The LEVEL I SCREENING FORM is available:

Contract Monitoring and Compliance Section Health Care Services Branch  
Med-QUEST Division  
P.O. Box 339  
Honolulu, Hawaii 96809-0339