

PASRR PROCESS QUIZ ANSWER KEY

QUIZ answer key

True/False and Reference:

T A NF must not admit an individual who has not had a PASRR Level I screening (PL1) conducted before the individual is admitted to the facility.

Reference: §19.2704(b) - A nursing facility must not admit an individual who has not had a PASRR Level I screening (PL1) conducted before the individual is admitted to the facility.

F A NF only needs to enter a PL1 in the Long Term Care (LTC) Online Portal if it is suspected that the resident has MI, ID, or DD.

Reference: §19.2704(c) - If an individual's PL1 indicates the individual is not suspected of having MI, ID, or DD, a nursing facility must enter the PL1 from the referring entity into the Long Term Care (LTC) Online Portal. The nursing facility may admit the individual into the facility through the routine admission process.

T A NF must not enter a PL1 into the LTC Online Portal if the individual's admission status is pre-admission.

Reference: §19.2704(d)(1)(A)-(B)(2) - For an individual whose PL1 indicates the individual is suspected of having MI, ID, or DD, a nursing facility:

(1) must enter the PL1 into the LTC Online Portal if the individual's admission category is:

(A) expedited admission; or

(B) exempted hospital discharge; and

(2) must not enter the PL1 into the LTC Online Portal if the individual's admission category is pre-admission.

F A NF must check the LTC Online Portal weekly for messages related to admission and directives related to the PASRR process.

*Reference: §19.2704(g) - A nursing facility must check the LTC Online Portal **daily** for messages related to admissions and directives related to the PASRR process.*

T A NF must certify in the LTC Online Portal within seven calendar days that the resident's needs can be met in the NF, after a representative from the Local Intellectual Developmental Disabilities Authority (LIDDA) or Local Mental Health Authority (LMHA) has entered a PASRR Level II evaluation (PE) or resident review.

Reference: §19.2704(h)(2) - Within seven calendar days after the Local Intellectual Developmental Disabilities Authority (LIDDA) or Local Mental Health Authority (LMHA) has entered a PASRR Level II evaluation (PE) or resident review into the LTC Online Portal for an individual or resident who has MI, ID, or DD, a nursing facility must:

(2) certify in the LTC Online Portal whether the individual's or resident's needs can be met in the nursing facility.

F A NF must convene an IDT meeting within 30 calendar days of admission for a resident review with the LIDDA or LMHA.

Reference: §19.2704(i)(1)-(2) - After an individual or resident who is determined to have MI, ID, or DD from a PE or resident review has been admitted into a nursing facility, the facility must:

1. Contact the LIDDA or LMHA after the individual's admission or, for a resident after the LTC Online Portal generated an automated notification to the LIDDA or LMHA, to schedule an IDT meeting to discuss nursing facility specialized services, LIDDA specialized services, and LMHA specialized services; and

*2. Convene the IDT as defined by 40 TAC §19.2703(14) meeting within **14 calendar days** after admission or, for a resident review, **within 14 calendar days** after the LTC Online Portal*

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generated an automated notification to the LIDDA or LMHA.

I A NF must enter into the LTC Online Portal information within 3 business days after the IDT meeting for residents determined to have MI, ID, or DD from a PE or resident review.
Reference: §19.2704(i)(5)(A)-(D) - After an individual or resident who is determined to have MI, ID, or DD from a PE or resident review has been admitted into a nursing facility, the facility must enter into the LTC Online Portal within 3 business days after the IDT meeting.

F The following are information that the LIDDA or LMHA is responsible for entering into the LTC Online Portal after the IDT meeting.

- the date of the IDT meeting;
- the name of the persons who participated in the IDT meeting;
- the nursing facility specialized services, LIDDA specialized services; LMHA specialized services that were agreed to in the IDT meeting; and
- the determination of whether the resident is best served in a facility or community setting.

*Reference: §19.2704(i)(5)(A)-(D) - **The facility must enter into the LTC Online Portal within 3 business days** after the IDT meeting for a resident the following information:*

(A) the date of the IDT meeting;

(B) the name of the persons who participated in the IDT meeting;

(C) the nursing facility specialized services, LIDDA specialized services; LMHA specialized services that were agreed to in the IDT meeting; and

(D) the determination of whether the resident is best served in a facility or community setting.

I A NF must initiate and or provide specialized services within 30 days after the date that the services are agreed upon in the IDT meeting for residents determined to have MI, ID, or DD from a PE or resident review has been admitted to the NF.

Reference: §19.2704(i)(7)(A)(B) - After an individual or resident who is determined to have MI, ID, or DD from a PE or resident review has been admitted into a nursing facility, the facility must, if Medicaid or other funding is available:

(A) initiate nursing facility specialized services within 30 days after the date that the services are agreed to in the IDT meeting; and

(B) provide nursing facility specialized services agreed to in the IDT meeting to the resident.

I There are additional requirements for reporting incidents and complaints, including abuse and neglect for PASRR positive residents including reporting to the resident's service coordinator and LMHA representative if it involves a resident with MI receiving LMHA specialized services.

Reference: §19.2709(1)(2) - In addition to reporting incidents and complaints, including abuse and neglect, to DADS as required by §19.602 of this chapter (relating to Incidents of Abuse and Neglect Reportable to the Texas Department of Aging and Disability Services (DADS) and Law Enforcement Agencies by Facilities) and §19.2006 of this chapter (relating to Reporting Incidents and Complaints), a nursing facility must report the information by making a telephone report immediately after learning of the incident or complaint:

(1) to the service coordinator, if it involves a designated resident; and

(2) to the LMHA representative, if it involves a resident with MI receiving LMHA specialized services.

I A NF must complete a new PL1 for ALL residents when there is a change of ownership (CHOW).
Reference: A nursing facility must complete a new PL1 per 40 TAC §19.2704(a)(1) when there is a change of ownership (CHOW).

F A NF can use the prior NF's PL1 after a NF-to-NF transfer.

*Reference: A nursing facility must complete a new PL1 per 40 TAC §19.2704(a)(1) when there is a change of ownership (CHOW) or **NF-to-NF transfer**. In the case of a NF-to-NF transfer, the referring facility must provide the receiving facility with a paper copy of the current PL1.*