

Pre-Admission Screening and Resident Review (PASRR)

Information for Hospitals, Medical Offices, and Nursing
Facilities

2019

Introduction



Washington State Department of Social and Health Services

For Your Information ...

- Today's webinar will focus on the role of hospitals and nursing facilities in the PASRR process, person-centered practices and integrated care.
- CEUs are available.

Regulations Related to PASRR/PASARR

Both the federal government and the State of Washington regulate PASRR.

- The federal rules related to PASRR can be found at: [42 C.F.R. 483.100 - 483.138](#) (Note: an annual PASRR is no longer required but Code of Federal Regulation has not been revised to reflect this change.)
- Washington Administrative Code addresses PASRR in two sections: [388-97-1910](#) through [388-97-2000](#) and Section [388-834](#).

What does PASRR do?



PASRR has three goals:

- To identify people referred to nursing facilities who have an intellectual disability or related condition (ID/RC) or a serious mental illness (SMI);
- To determine that individuals are placed appropriately; and
- To make sure individuals receive the services they need for ID/RC or SMI.

Why is PASRR Important?

According to [Medicaid.gov](https://www.Medicaid.gov):

“PASRR can advance person-centered care planning by assuring that psychological, psychiatric, and functional needs are considered along with personal goals and preferences in planning long term care”.

PASRR can enhance nursing facility (NF) care by providing additional disability-related services not included in the NF daily rate and by making recommendations to the NF.

Referring party
(usually hospital or
nursing facility)
completes Level I

The PASRR Process at a Glance

DDA
completes
Level II
process

HCA
completes
Level II
process

Admission to Medicaid
Certified Nursing Facility

Indicators of ID/RC
and/or SMI?

ID/RC =
YES

ID/RC = NO and
SMI = NO

SMI =
YES

ID/RC = YES
and SMI =
YES

ID/RC = intellectual disability or
related condition
SMI = serious mental illness

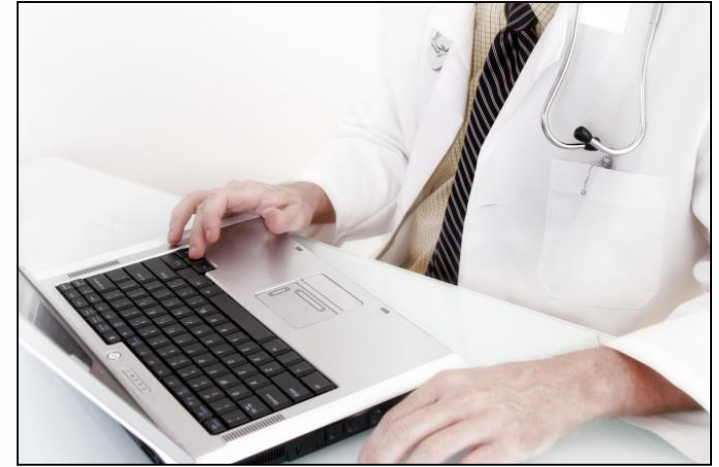
What Referring Parties Need to Know

- You must complete a PASRR Level I.
- The PASRR Level I form should be accessed from the DSHS website to ensure use of the current version. (The form number is [14-300](#).)
- The current form was revised September 2018.

What Nursing Facilities Need to Know

- The current form is dated September 2018.
- The SNF should not admit patients without a completed PASRR.
- File a complaint with [Department of Health](#) if you see a pattern of noncompliance.

Additional Considerations for Referring Parties



- Best practice: Include the PASRR Level I form in the hospital intake packet for use in anticipated NF admission.
- Share patient information with the PASRR evaluator as soon as possible. To see what information is required, follow these links:
 - [§483.134 Info for MH Evaluator](#)
 - [§483.136 Info for ID/RC Assessor](#)
- Being proactive reduces response time.

Guardianship or Power of Attorney (POA)

- Assisted decision making can't be assumed – current paperwork must be presented (check expiration date).
- Power of Attorney is granted by the person requesting assistance and can be withdrawn at any time.
- Guardianship does not deny the right to make choices.
- If a PASRR determination is challenged by a guardian or POA, refer the issue to the PASRR evaluator.



Medicaid-Certified nursing facilities cannot admit prior to completion of PASRR process.



Level 1 Pre-Admission Screening and Resident Review (PASRR)

This screening form applies to all persons being considered for admission to a Medicaid-Certified Nursing Facility (NF). The nursing facility is responsible for ensuring that the form is complete and accurate before admission. After admission, the NF must retain the Level I form as part of the resident record. In the event the resident experiences a significant change* in condition, or if an inaccuracy in the current Level I is discovered, the NF must complete a new PASRR Level I and make referrals to the appropriate entities if a serious mental illness and/or intellectual disability or related condition is identified or suspected.

Any professional who is referring an individual for admission to a nursing facility may complete this form. The form may also be completed by designated HCS or DDA staff who are facilitating the referral. If an exempted hospital discharge is identified under Section II, a physician, ARNP, or physician's assistant must complete and sign Section III. In the case of a respite stay for an individual with an intellectual disability or related condition (ID/RC), the DDA regional administrator or designee must complete and sign Section III. See last page for definitions and additional instructions.

NAME: FIRST	MIDDLE INITIAL	LAST	ADSA ID (IF AVAILABLE)	DATE OF BIRTH (MM/DD/YYYY)
LEGAL REPRESENTATIVE OR NSA**			FACILITY NAME (IF APPLICABLE)	
RELATIONSHIP	NSA PHONE (WITH AREA CODE)		FACILITY ADDRESS LINE 1	
NSA ADDRESS			FACILITY ADDRESS LINE 2	
NAME OF PERSON COMPLETING FORM			PHONE NUMBER OF PERSON COMPLETING FORM (AREA CODE)	

☐ Nursing facility admission pending; anticipated date of admission: _____

☐ Current nursing facility resident

Date of admission (if current resident): _____

For a significant change, indicate the date of the significant change: _____

* **Significant change in physical or mental condition** for PASRR purposes means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.

** NSA means Necessary Supplemental Accommodation, a person identified by DDA, if needed, to assist an individual with an intellectual disability or related condition (ID/RC) to understand decisions made by DDA.

For more information about significant change of condition, see the [Resident Assessment Instrument Manual](#) pages 2-24 through 2-29.

The instructions related to “significant change of condition” have been updated to match recent CMS guidance.

Section I. Serious Mental Illness (SMI) / Intellectual Disability (ID) or Related Condition (RC) Determination

A. Serious Mental Illness Indicators

YES NO

☐ ☐

1. Has the individual shown indicators within the last two years of having any of the following mental disorders? Check the appropriate box and include current version of the Diagnostic and Statistical Manual (DSM) code if known.

☐ Schizophrenic Disorders

DSM Code, if known:

☐ Psychotic Disorder NOS

DSM Code, if known:

☐ Personality Disorders

DSM Code, if known:

☐ Mood Disorders – Depressive or Bipolar

DSM Code, if known:

☐ Anxiety Disorders

DSM Code, if known:

☐ Delusional Disorder

DSM Code, if known:

☐ Other Psychotic Disorder

DSM Code, if known:

Include the
DSM, if
known

☐ ☐

2. Is there evidence the person exhibits serious functional limitations (described below) during the past six (6) months related to a serious mental illness?

Serious functional limitations may be demonstrated by: substantial difficulty interacting appropriately and communicating effectively with other persons, evidenced by, for example, a history of altercations, evictions, or firings, a fear of strangers, or avoidance of interpersonal relationships and social isolation; 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; serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, demonstrated by agitation, exacerbation of symptoms associated with the illness, withdrawal from the situation; or a need for intervention by the mental health or judicial system

☐ ☐

3. Has the individual experienced either of the following? If yes, please indicate either a, or b, below.

☐ a. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).

☐ b. Within the last two 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.

• A referral for a PASRR Level II for SMI is required if:

1. All of the questions in Section 1A (1, 2 and 3) are marked Yes; OR
2. Sufficient evidence of SMI is not available, but there is a credible suspicion that a SMI may exist (see Instructions for more information); and
3. The requirements for exempted hospital discharge do not apply (see Section IIA).

• A referral for a PASRR Level II for SMI is not required if:

1. Any of the questions in Section 1A (1, 2 or 3) are marked No and there is no credible suspicion of SMI; or
2. There are indicators of SMI in Section 1A, but the requirements for exempted hospital discharge are met (see Section IIA).

Continue to Section I.B.

- If an individual has all three indicators:
Refer to PASRR.
- If an individual does NOT have all three indicators, but you believe the individual may have SMI: Refer to PASRR.
- The same criteria is used for a significant change.
- **For SMI (only)**, a referral for Level II is not required if all the criteria for Exempted Hospital Discharge are met and the stay is less than 30 days.

Section I. Serious Mental Illness (SMI) / Intellectual Disability (ID) or Related Condition (RC) Determination

A. Serious Mental Illness Indicators

YES NO

- ☒ ☐ 1. Has the individual shown indicators within the last two years of having any of the following mental disorders? Check the appropriate box and include current version of the Diagnostic and Statistical Manual (DSM) code if known.

<input type="checkbox"/> <u>Schizophrenic Disorders</u> DSM Code, if known: <input type="text"/>	<input type="checkbox"/> <u>Psychotic Disorder NOS</u> DSM Code, if known: <input type="text"/>	<input type="checkbox"/> <u>Personality Disorders</u> DSM Code, if known: <input type="text"/>
<input type="checkbox"/> <u>Mood Disorders – Depressive or Bipolar</u> DSM Code, if known: <input type="text"/>	<input type="checkbox"/> <u>Anxiety Disorders</u> DSM Code, if known: <input type="text"/>	<input type="checkbox"/> <u>Delusional Disorder</u> DSM Code, if known: <input type="text"/>
<input type="checkbox"/> <u>Other Psychotic Disorder</u> DSM Code, if known: <input type="text"/>		

- ☒ ☐ 2. Is there evidence the person exhibits serious functional limitations (described below) during the past six (6) months related to a serious mental illness?

Serious functional limitations may be demonstrated by: substantial difficulty interacting appropriately and communicating effectively with other persons, evidenced by, for example, a history of altercations, evictions, or firings, a fear of strangers, or avoidance of interpersonal relationships and social isolation; 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; serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, demonstrated by agitation, exacerbation of symptoms associated with the illness, withdrawal from the situation; or a need for intervention by the mental health or judicial system

- ☒ ☐ 3. Has the individual experienced either of the following? If yes, please indicate either a, or b, below.
- ☐ a. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).
 - ☐ b. Within the last two 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.

• A referral for a PASRR Level II for SMI is required if:

1. All of the questions in Section 1A (1, 2 and 3) are marked Yes; OR
2. Sufficient evidence of SMI is not available, but there is a credible suspicion that a SMI may exist (see Instructions for more information); and
3. The requirements for exempted hospital discharge do not apply (see Section IIA).

• A referral for a PASRR Level II for SMI is not required if:

1. Any of the questions in Section 1A (1, 2 or 3) are marked No and there is no credible suspicion of SMI; or
2. There are indicators of SMI in Section 1A, but the requirements for exempted hospital discharge are met (see Section IIA).

Continue to Section I.B.

☐ ☐ 3. Has the individual experienced either of the following? If yes, please indicate either a, or b, below.

☐ a. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).

☐ b. Within the last two 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.

• **A referral for a PASRR Level II for SMI is required if:**

1. All of the questions in Section 1A (1, 2 and 3) are marked Yes; OR
2. Sufficient evidence of SMI is not available, but there is a credible suspicion that a SMI may exist (see Instructions for more information); and
3. The requirements for exempted hospital discharge do not apply (see Section IIA).

• **A referral for a PASRR Level II for SMI is not required if:**

1. Any of the questions in Section 1A (1, 2 or 3) are marked No and there is no credible suspicion of SMI; or
2. There are indicators of SMI in Section 1A, but the requirements for exempted hospital discharge are met (see Section IIA).

Continue to Section I.B.

B. Intellectual Disability Related Conditional Indicators

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has the person received services from the Developmental Disabilities Administration or another agency or facility that serves individuals with intellectual disabilities?

If the answer to B1 is yes, answer "Yes" to question B11. A referral to the DDA PASRR Coordinator is required.

<input type="checkbox"/>	<input type="checkbox"/>	2. Does the individual have an IQ score of less than 70, as measured by a standardized, reliable test of intellectual functioning?
<input type="checkbox"/>	<input type="checkbox"/>	3. Does the person have impairments in adaptive functioning as described in the current DSM? According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), these impairments result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communications, social participation, and independent living, and across multiple environments, such as home, school, work, and recreation.
<input type="checkbox"/>	<input type="checkbox"/>	4. Did the condition causing the IQ and adaptive functioning impairments occur before age 18?
<input type="checkbox"/>	<input type="checkbox"/>	5. Is the condition expected to continue indefinitely?

If the answers to B2, B3, B4, and B5 are all yes, answer "Yes" to question B11. A referral to the DDA PASRR Coordinator is required.

<input type="checkbox"/>	<input type="checkbox"/>	6. Does the individual have a severe, chronic disability, other than mental illness, that results in impairment of general intellectual functioning or adaptive functioning?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did the onset of the disability occur before age 22?
<input type="checkbox"/>	<input type="checkbox"/>	8. Is the condition expected to continue indefinitely?
<input type="checkbox"/>	<input type="checkbox"/>	9. Does the condition result in substantial functional limitations in three or more of the following areas of major life activity: self-care; understanding and use of language; learning; mobility; self-direction; or capacity for independent living?

If the answers to B6, B7, B8, and B9 are all yes, answer "Yes" to question B11. A referral to the DDA PASRR Coordinator is required.

<input type="checkbox"/>	<input type="checkbox"/>	10. In the absence of a diagnosis of intellectual disability or related condition as described in B1 – B9, do you have reason to believe this individual has undiagnosed intellectual disability or related condition? If yes, please explain:
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If the answer to B10 is yes, answer "Yes" to question B11. A referral to the DDA PASRR Coordinator is required.

<input type="checkbox"/>	<input type="checkbox"/>	11. Does this individual have an intellectual disability or related condition, or do you have reason to believe the individual may have an undiagnosed intellectual disability or related condition?
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If the answer to B11 is yes, please forward this form to your regional DDA PASRR Coordinator. Follow up by DDA is required before this individual can be admitted to a nursing facility. Contact information can be found at:
<https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/PASRR%20Regional%20Contacts.docx>

12. Please share any additional comments regarding this individual related to a possible intellectual disability or related condition:

An example of “another agency or facility that serves individuals with ID” might be the United Cerebral Palsy Association of WA or other similar agencies.

Referral requirements are clear.



Clarification About “Related Condition”

- ☐ ☐ 6. Does the individual have a severe, chronic disability, other than mental illness, that results in impairment of general intellectual functioning or adaptive functioning?
- ☐ ☐ 7. Did the onset of the disability occur before age 22?
- ☐ ☐ 8. Is the condition expected to continue indefinitely?
- ☐ ☐ 9. Does the condition result in substantial functional limitations in three or more of the following areas of major life activity: self-care; understanding and use of language; learning; mobility; self-direction; or capacity for independent living?

If the answers to B6, B7, B8, and B9 are all yes, answer “Yes” to question B11. A referral to the DDA PASRR Coordinator is required.

- The form makes it clear that functional limitations alone *do not* necessitate a referral.
- Functional deficits must be attributable to a severe disability which occurred prior to age 22 and is expected to continue indefinitely.
- This includes TBI, stroke, etc. If in doubt, refer.

<ul style="list-style-type: none"> • A referral for a PASRR Level II for ID/RC is required if: If Section I.B.11 is marked "Yes". • A PASRR Level II for ID/RC is not required if: If Section I.B.11 is marked "No". 																			
C. Additional Relevant Information <table border="0"> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1. (a) Does the individual have a diagnosis of dementia? Comment (if applicable):</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>(b) Is dementia the primary diagnosis? Comment (if applicable):</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2. Does the individual have a substance use disorder? Comment (if applicable):</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3. Does the individual have a diagnosis of delirium? Comment (if applicable):</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4. Is the individual's primary language English? Comment (include primary language and any other considerations for adaption to culture, ethnic origin, or communication):</td> </tr> </table>		Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	1. (a) Does the individual have a diagnosis of dementia? Comment (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	(b) Is dementia the primary diagnosis? Comment (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	2. Does the individual have a substance use disorder? Comment (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the individual have a diagnosis of delirium? Comment (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	4. Is the individual's primary language English? Comment (include primary language and any other considerations for adaption to culture, ethnic origin, or communication):
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Section IIA. Exempted Hospital Discharge CHECK ALL THAT APPLY <input type="checkbox"/> The individual with SMI or ID/RC will be admitted directly to a NF from a hospital after receiving acute inpatient care at the hospital. <input type="checkbox"/> The individual with SMI or ID/RC requires NF services for the condition for which he or she received care in the hospital. <input type="checkbox"/> The individual's attending physician certifies that the individual is likely to require fewer than 30 days of nursing facility services. <i>If all three boxes are marked, the individual meets the requirements for an exempted hospital discharge and can be referred to a NF without a PASRR Level II. If all three boxes are marked, check the "Exempted Hospital Discharge" box in Section III. A physician, ARNP or physician's assistant must sign section III. For individuals with ID/RC, the PASRR Level I must be forwarded to the DDA PASRR Coordinator upon nursing facility admission.</i>																			
Section IIB. Categorical Determination CHECK ANY THAT APPLY (SEE INSTRUCTIONS) <input type="checkbox"/> Referral to NF for protective services of seven (7) days or less <input type="checkbox"/> Referral to NF for respite of 30 days or less <i>If one of these indicators applies, check the "Categorical Determination" box in Section III. The referring party must sign section III.</i>																			
Section III. Documentation of: <input type="checkbox"/> Exempted Hospital Discharge (per Section II.A) <input type="checkbox"/> Categorical Determination (per Section II.B) This section is only required if the individual meets the requirements for Exempted Hospital Discharge or Categorical Determination.																			
NAME OF PERSON IDENTIFYING BASIS FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION	TITLE																		
LIST DATA USED FOR DETERMINATION																			
WHAT EVIDENCE DID YOU USE TO CONCLUDE THE INDIVIDUAL MEETS THE CRITERIA FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION?																			
By entering my name in the signature fields below, I indicate my intent to sign this record and agree that my electronic signature is the legally binding equivalent to my handwritten signature.																			
SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN'S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE)	DATE																		

Space for additional relevant information

A diagnosis of dementia does not exclude an individual from the PASRR process, but it is considered relevant information.

The PASRR process must be completed if the individual has a diagnosis of dementia.

What about people who are going to a NF for short-term rehab after hospital treatment?



How does the hospital designate an Exempted Hospital Discharge?

Complete Sections IIA and III in the PASRR Level I

Section IIA. Exempted Hospital Discharge	
CHECK ALL THAT APPLY	
<input type="checkbox"/> The individual with SMI or ID/RC will be admitted directly to a NF from a hospital after receiving acute inpatient care at the hospital.	
<input type="checkbox"/> The individual with SMI or ID/RC requires NF services for the condition for which he or she received care in the hospital.	
<input type="checkbox"/> The individual's attending physician certifies that the individual is likely to require fewer than 30 days of nursing facility services.	
<i>If all three boxes are marked, the individual meets the requirements for an exempted hospital discharge and can be referred to a NF without a PASRR Level II. If all three boxes are marked, check the "Exempted Hospital Discharge" box in Section III. A physician, ARNP or physician's assistant must sign section III. For individuals with ID/RC, the PASRR Level I must be forwarded to the DDA PASRR Coordinator upon nursing facility admission.</i>	
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<input type="checkbox"/> Categorical Determination (per Section II.B)	
This section is only required if the individual meets the requirements for Exempted Hospital Discharge or Categorical Determination.	
NAME OF PERSON IDENTIFYING BASIS FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION	TITLE
<input type="text"/>	<input type="text"/>
LIST DATA USED FOR DETERMINATION	
<input type="text"/>	
WHAT EVIDENCE DID YOU USE TO CONCLUDE THE INDIVIDUAL MEETS THE CRITERIA FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION?	
<input type="text"/>	
By entering my name in the signature fields below, I indicate my intent to sign this record and my electronic signature is the legally binding equivalent to my handwritten signature.	
SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN'S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE)	DATE
<input type="text"/>	<input type="text"/>

All EHDs must be signed by physician, PA, or ARNP.

What happens if a person entered the facility on an EHD, but the stay later extends beyond 30 days?

Section IIA. Exempted Hospital Discharge

CHECK ALL THAT APPLY

- ☐ The individual with SMI or ID/RC will be admitted directly to a NF from a hospital after receiving acute inpatient care at the hospital.
- ☐ The individual with SMI or ID/RC requires NF services for the condition for which he or she received care in the hospital.
- ☐ The individual's attending physician certifies that the individual is likely to require fewer than 30 days of nursing facility services.

If all three boxes are marked, the individual meets the requirements for an exempted hospital discharge and can be referred to a NF without a PASRR Level II. If all three boxes are marked, check the "Exempted Hospital Discharge" box in Section III. A physician, ARNP or physician's assistant must sign section III. *For individuals with ID/RC, the PASRR Level I must be forwarded to the DDA PASRR Coordinator upon nursing facility admission.*

What about people who admit to the NF for a respite stay?

- For individuals with ID/RC, the DDA PASRR Assessor completes the Level I.
- Contact the regional PASRR Coordinator if you wish to refer someone to a NF for respite (a Regional DDA Authority or designee will sign section III).
- Respite admissions must be 30 days or less (allowed: 30 total days over the course of 1 year).



Categorical Determination

Section IIB. Categorical Determination	
CHECK ANY THAT APPLY (SEE INSTRUCTIONS)	
<input type="checkbox"/> Referral to NF for protective services of seven (7) days or less	
<input type="checkbox"/> Referral to NF for respite of 30 days or less	
<i>If one of these indicators applies, check the "Categorical Determination" box in Section III. The referring party must sign section III.</i>	
Section III. Documentation of:	
<input type="checkbox"/> Exempted Hospital Discharge (per Section II.A)	
<input type="checkbox"/> Categorical Determination (per Section II.B)	
This section is only required if the individual meets the requirements for Exempted Hospital Discharge or Categorical Determination.	
NAME OF PERSON IDENTIFYING BASIS FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION [Redacted]	TITLE [Redacted]
LIST DATA USED FOR DETERMINATION [Redacted]	
WHAT EVIDENCE DID YOU USE TO CONCLUDE THE INDIVIDUAL MEETS THE CRITERIA FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION? [Redacted]	
By entering my name in the signature fields below, I indicate my intent to sign this record and my electronic signature is the legally binding equivalent to my handwritten signature.	
SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN'S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE) [Redacted]	DATE [Redacted]

CDs are typically signed by a Regional DSHS Authority/ Designee.

Referral resources are listed
on page 4

If there is credible suspicion of
SMI or ID/RC, but no diagnosis,
you must complete the
Additional Comments section.

Section IV. Service Needs and Assessor Data	
<input type="checkbox"/> No Level II evaluation indicated: Person does not show indicators of SMI or ID/RC.	
<input type="checkbox"/> Level II evaluation referral required for SMI: Person shows indicators of SMI per Section 1.A.	
<input type="checkbox"/> Level II evaluation referral required for ID/RC: Person shows indicators of ID or RC per Section 1.B.	
<input type="checkbox"/> Level II evaluation referrals required for SMI <u>and</u> ID/RC: Person shows indicators of both SMI and ID/RC per Sections 1. A and B.	
<input type="checkbox"/> Level II evaluation referral required for significant change.	
<input type="checkbox"/> No Level II evaluation indicated <u>at this time</u> due to exempted hospital discharge: Level II <u>must</u> be completed if scheduled discharge does not occur.	
<input type="checkbox"/> No Level II evaluation indicated <u>at this time</u> due to categorical determination identified by DDA or BHA: Level II <u>must</u> be completed if scheduled discharge does not occur.	
NOTE: If Level II evaluation is required for SMI, forward this document to the BHA PASRR contractor immediately. If an indicator of ID/RC is identified, forward this document to the DDA PASRR Coordinator immediately. See link below.	
<u>PASRR CONTACT INFORMATION IS AVAILABLE AT:</u>	
For SMI - www.hca.wa.gov/pasrr	
For ID/RC - https://www.dshs.wa.gov/dda/PASRR	
NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT)	NAME OF FACILITY OR AGENCY
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)
ADDRESS	CITY STATE ZIP CODE
By entering my name in the signature fields below, I indicate my intent to sign this record and agree that my electronic signature is the legally binding equivalent to my handwritten signature.	
SIGNATURE OF PERSON COMPLETING THIS FORM	DATE
ADDITIONAL COMMENTS (REQUIRED IF REFERRING DUE TO CREDIBLE SUSPICION OF SMI, ID, OR RC)	

The last page
contains
additional
information.

Many of your
questions are
answered
here.

Level 1 Pre-Admission Screening and Resident Review (PASRR) Instructions

What is the purpose of this form?

Federal regulations (42 CFR §483.100 – 138) require that all individuals applying for or residing in a Medicaid-certified nursing facility be screened to determine whether they:

1. Have serious mental illness or an intellectual disability or related condition; and if so,
2. Require the level of services provided by a nursing facility; and if so
3. Require specialized services beyond what the nursing facility may provide.

This form documents the first level of screening. If serious mental illness or intellectual disability or a related condition is identified or credibly suspected, a Level II evaluation is required to confirm that identification, determine whether the individual requires nursing facility level of care, and determine whether specialized services are required.

Readmissions and Transfers

Readmission: when an individual discharges from a hospital to the same facility they resided in prior to the hospital stay, a new PASRR screen is not required unless there has been a significant change in condition.

Interfacility Transfer: when an individual transfers from one NF to another without an intervening hospital stay, a new PASRR screen is not required unless there has been a significant change in condition.

Section I. Serious Mental Illness / Intellectual Disability or Related Condition (RC) Determination

Credible suspicion of SMI: The person exhibits or is reliably reported to exhibit one or more of the functional limitations described in A2 of Section I and, although none of the diagnoses in A1 can be confirmed, there is some evidence that a serious mental illness may exist. Explain the factors that led you to the conclusion the person may have a SMI in the Additional Comments box in Section IV.

Credible suspicion of ID / RC: Although a diagnosis of intellectual disability or related condition cannot be confirmed, the person exhibits significant limitations in either intellectual functioning (reasoning, learning, problem solving) or in adaptive behavior (everyday social and practical skills). Records or verbal accounts indicate that these limitations began before age 18 (for ID) or 22 (for related condition) and are expected to be life-long.

Sections II and III. Exempted Hospital Discharge or Categorical Determination for Individual with SMI or ID / RC

Exempted Hospital Discharge: Per 42 C.F.R. §483.104, a person may be admitted to a NF without a PASRR Level II when he or she admitted to the NF directly from a hospital after receiving acute inpatient care at the hospital; the NF admission is to treat the condition for which the person was hospitalized; and the person's attending physician, ARNP, or physician's assistant certifies that the person requires fewer than 30 days of nursing facility services. For individuals with ID/RC, the Level I must be forwarded to the DDA PASRR Coordinator upon NF admission.

Categorical Determination: For a respite admissions for those with ID/RC, the DDA Regional Authority or designee sign Section III.

The PASRR Level II determinations must still be completed prior to NF admission, but an abbreviated version may be allowed.

For a respite admission for those with SMI indicators, the referring party must complete the Level 1 screening form and contact the MH Contractor for his/her county prior to admission to the SNF. The PASRR Level 2 (either an invalidation or full evaluation) must still be completed prior to NF admission.

For an exempted hospital discharge or categorical determination, if the NF becomes aware that the stay may last beyond the associated time limit, the NF must contact the SMI PASRR contractor and/or the DDA regional coordinator as soon as the NF becomes aware of the possibility.

Timeliness and Distribution of PASRR Documents:

- The referring party must complete the PASRR Level I as soon as NF referral is considered.
- Fax all Level I forms identifying possible ID/RC to the DDA PASRR Coordinator immediately.
- For all individuals identified as possibly having SMI, contact the BHA PASRR Contractor immediately.
- The referring party must include the Level I form as part of the NF referral packet.
- **An individual cannot be admitted to a Medicaid-Certified Nursing Facility before a Level I and a Level II (if required) is completed.**

To get more Level I Pre-Admission Screening and Resident Review (PASRR) forms, visit the Forms and Records Management website at <http://www.dshs.wa.gov/forms/eforms.shtml>.

What is the NF's responsibility for PASRR at admission?

- Confirm the PASRR process has been completed.
- Questions to ask:
 - PASRR Level I
 - Correct information
 - HCA or DDA PASRR assessor confirmed:
 - ✓ Has a disability
 - ✓ Requires NF care
 - ✓ Needs specialized services

How can the NF tell if all pre-admission requirements have been met?

- A Level I has been completed and appears accurate.
- When indicated on the Level I, Level II determinations have been completed as evidenced by:
 1. A completed PASRR Level II Assessment.
--OR--
 2. For ID/RC:
 - A completed PASRR Determinations and Planned Action Notice (PAN) ([Form 10-573](#)).
 - A completed DDA PASRR Significant Change Invalidation indicating no PASRR impact ([Form 10-623](#)).

How can the NF tell if all pre-admission requirements have been met? (Continued)

For SMI:

- A completed Notice of Determination.
- A completed Level II Invalidation Form; this form remains valid unless there is a change in condition for the individual.

Each of the forms listed for ID/RC and SMI are completed by the PASRR Assessor.

What is the NF's responsibility after admission?

- If you see errors on the Level I, or if a resident with SMI or ID/RC experiences a significant change of condition, the SNF must complete and forward a new Level I to DDA or HCA.
- Make a note in the resident's chart why a new Level I was completed.
- The Level I, Level II and most recent follow-up must be kept in the resident's chart. Incorporate PASRR information into the resident's care plan.
- If the resident discharges before you get a written report, file the report in the client's chart; no follow up is necessary.
- If you have questions, contact the PASRR Assessor.



How do I incorporate PASRR recommendations from the Level II or follow-up into the care plan?



Person Centered Care

CMS Definition:

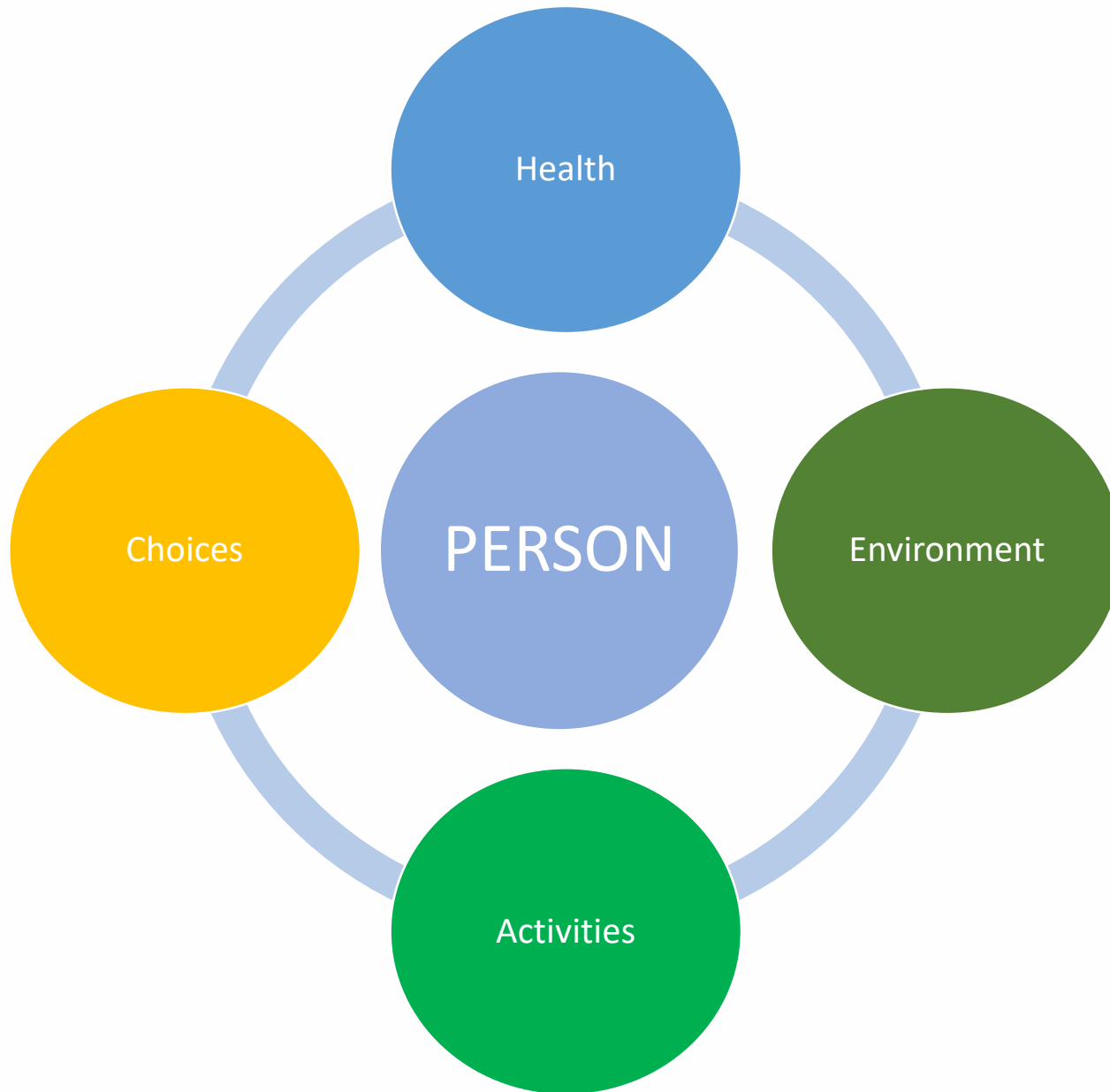
From Appendix PP, F540:
.... person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.



What does person-centered care look like?

Providing person-centered care

- Respects resident values, preferences and expressed needs
- Respects individuals emotional and physical space and adjusts to the individuals changing needs
- Seeks to understand and respect the perspective of the resident
- Ensures opportunities for engagement that help a resident live their life well



Person-centered care reaches into all aspects of a resident's life.

CMS also includes person-centered care planning in many aspects of their nursing home regulations:

- F553 - Resident rights
- F655 – Comprehensive Person Centered Care Planning
- F584 – Safe Environment
- F740 – Behavioral Health

Why is person centered care important?

Person-centered care can lead to:

- Better health outcomes
- Increased satisfaction with life
- Increased satisfaction with providers and care
- Better engagement in self care

Stronger relationships:

- Increased trust by the resident
- Reduced stress for staff

How does person centered care relate to PASRR and PASRR services?



Listen to the
Resident!

Person-centered Specialized Services

- Specialized services (SS) are equipment, therapies, or other provisions that are needed by an individual because of the ID/RC or SMI.
- SS are provided *in addition to* NF care and are paid for by DDA or HCA.
- NF care should work in tandem with SS toward the same goals.
- SS may occur in the NF or in a community setting while the person resides in a NF.
- For SMI, contact your community [Behavioral Health Organization](#).



How does the NF coordinate with Specialized Service providers?



- Provide input for PASRR assessments.
- Keep SS goals in mind when care planning.
- Share any needed information with SS providers.
- Discuss other scheduled activities.
- Report relevant observations, concerns, or questions to the PASRR Assessor or SS provider.

A Final Thought

PASRR is a partnership between the resident, important people in the resident's life, hospital, NF, and state agencies.

At its center is our common desire to provide person-centered, high-quality services for each individual we serve.



PASRR Contacts

- **Developmental Disabilities Administration (ID/RC):** Terry Hehemann, ID/RC PASRR Program Manager - teresa.hehemann@dshs.wa.gov
- **Health Care Authority (SMI):** Larita Paulsen, SMI PASRR Program Manager larita.paulsen@hca.wa.gov; Maureen Craig, Administrative Assistant Maureen.craig@hca.wa.gov
- **Residential Care Services:** Lisa Herke, NH Policy Program Manager lisa.herke@dshs.wa.gov

PASRR Contacts

- **Home and Community Services:** Julie Cope, System Change Specialist
julie.cope@dshs.wa.gov
- **Department of Health:** Liz Gordon, Clinical Care Supervisor,
Investigation and Inspection - Elizabeth.Gordon@DOH.WA.GOV

Where can I find more information?

ID/RC PASRR Internet Site:

www.dshs.wa.gov/dda/pasrr

SMI PASRR Internet Site:

www.hca.wa.gov/pasrr

