

# Pre-Admission Screening and Resident Review (PASRR)

Information for Hospitals, Medical Offices, and  
Nursing Facilities

2017

# Introduction

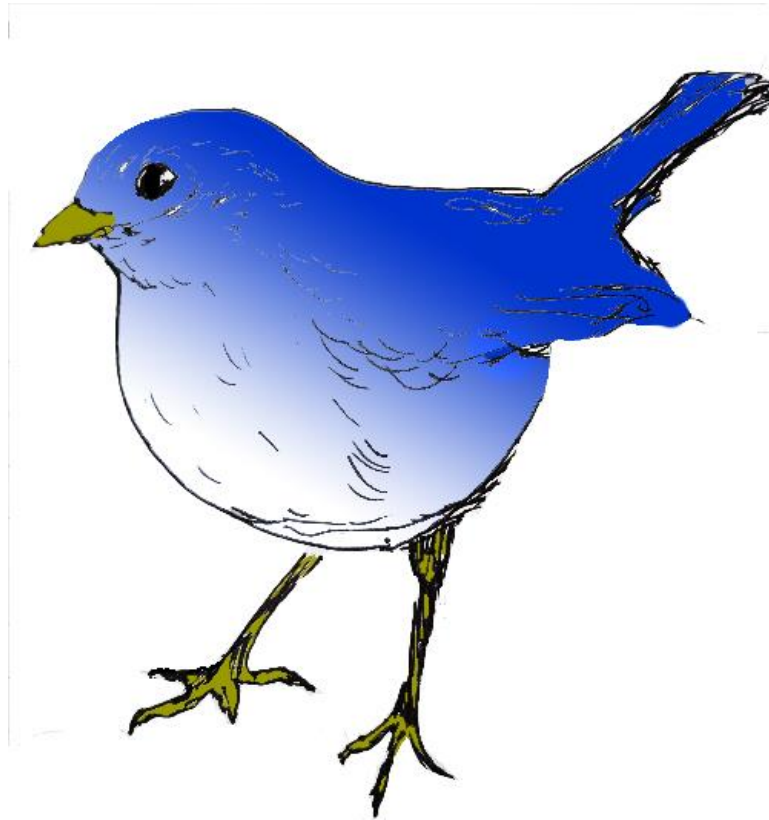


# FYI...

- Previous years' webinars can be found at: <https://www.dshs.wa.gov/dda/consumers-and-families/pre-admission-screening-and-resident-review-pasrr-program>
- Today's webinar will focus on revisions to the form, program updates, the role of hospitals and nursing facilities in the PASRR process, and answers to frequently asked questions.
- CEUs are available. Certificates will be emailed to individuals who registered, logged in and participate through the end of the webinar. If you are participating as a group, the individual who registered must distribute certificates to the remainder of the group.
- Multiple caseworkers may be associated with a PASRR client.



# Communicating through PASRR



# 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 CFR has not been revised to reflect this change.)
  - Updated 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 they are placed appropriately;
  - To make sure they receive the services they need for ID/RC or SMI.



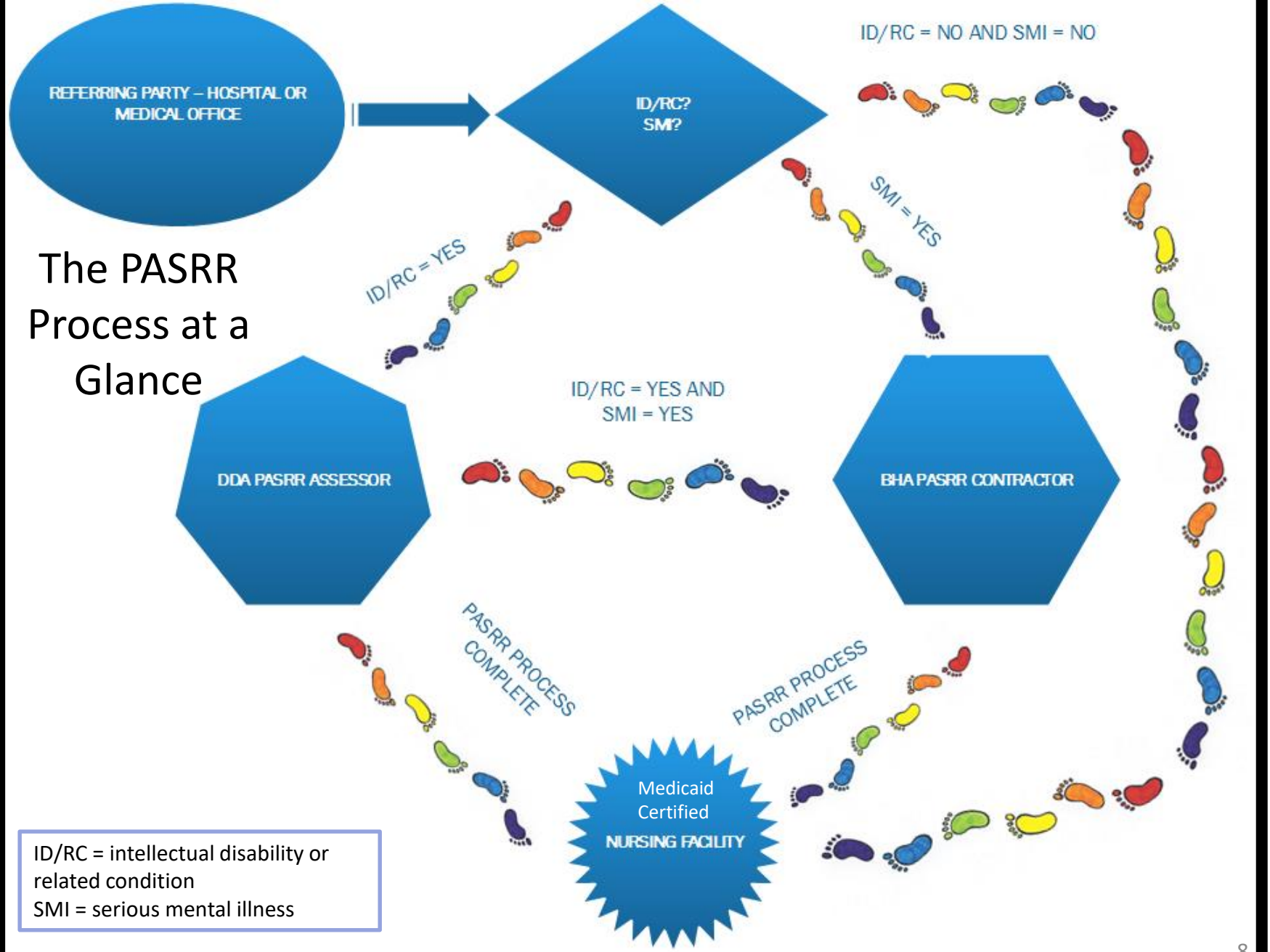
## Why is PASRR Important?

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.

# The PASRR Process at a Glance



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



## But won't this take forever?



The PASRR team knows the importance of timely hospital discharges and is prepared to respond quickly. However, there are steps hospitals or medical offices can take to ensure the process goes smoothly.

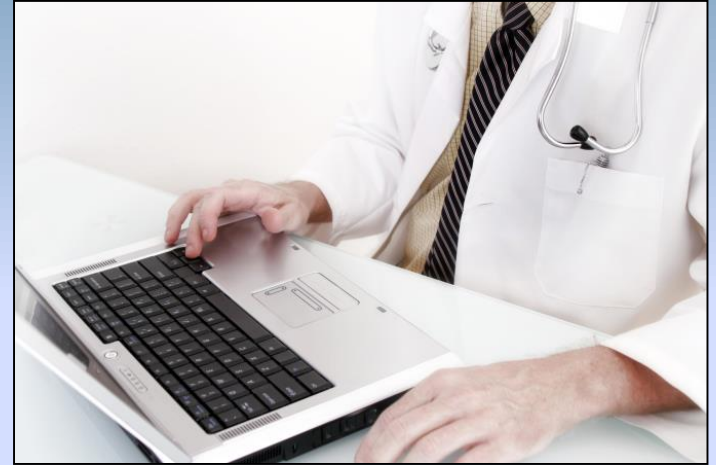
# What Referring Parties Need to Know

- You must complete a PASRR Level I for ***every person*** entering a Medicaid-certified nursing facility, ***regardless*** of whether the individual has Medicaid or where the individual is admitting from (hospital, group home, assisted living or their own home). If the individual is identified as having ID/RC or SMI, immediately send the completed level 1 to the DDA PASRR Coordinator or the BHA PASRR Contractor.
- 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 has a revision date of **08/2017**.

# What Receiving SNFs Need to Know

- As noted, the current form has a revision date of **08/2017**.
- If the SNF observes that referring parties are using an outdated version of the form, they should:
  1. Inform the hospital, physicians office etc. that a new form is in use; and
  2. Do one of the following:
    - Request the referring party to complete a new form prior to admission;
    - OR
    - Complete a new form in the SNF making a note in the clients chart why the new form was completed.

# 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 information regarding the patient 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 will reduce response time!

Who do we contact if we feel the assessor is not responding in a timely manner? Medicare has regulations about when a patient should discharge...

For concerns about assessors, contact:

- Behavioral Health Administration:
  - Debra Hoeman, PASRR Program Manager - [hoemadl@dshs.wa.gov](mailto:hoemadl@dshs.wa.gov)
- Developmental Disabilities Administration:
  - Terry Hehemann, PASRR Program Manager - [hehemtl@dshs.wa.gov](mailto:hehemtl@dshs.wa.gov)



What if we have a referring hospital that consistently fails to complete the PASRR process?

Reminder:

- The SNF should not admit patients without PASRR completed.
- File a complaint with [Department of Health](#) if you see a pattern.

# A Word About Guardianship or Power of Attorney (POA)

- Assisted decision making can't be assumed – current paperwork must be presented (check expiration date).
- POA 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.



## What's changed on the PASRR Level I form?



- The definition of “Credible Suspicion” has been clarified.
- Electronic signatory information has been added.



## 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 [REDACTED]		ADSA ID (IF AVAILABLE) [REDACTED]	DATE OF BIRTH (MM/DD/YYYY) [REDACTED]
LEGAL REPRESENTATIVE OR NSA** [REDACTED]		FACILITY NAME (IF APPLICABLE) [REDACTED]	
RELATIONSHIP [REDACTED]	NSA PHONE (WITH AREA CODE) [REDACTED]	FACILITY ADDRESS LINE 1 [REDACTED]	
NSA ADDRESS [REDACTED]		FACILITY ADDRESS LINE 2 [REDACTED]	
NAME OF PERSON COMPLETING FORM [REDACTED]		PHONE NUMBER OF PERSON COMPLETING FORM (AREA CODE) [REDACTED]	

Nursing facility admission pending; anticipated date of admission: [REDACTED]

Current nursing facility resident  
Date of admission (if current resident): [REDACTED]

For a significant change, indicate the date of the significant change: [REDACTED]

\* **Significant change in physical or mental condition** for PASRR purposes means a deterioration or improvement in the physical or mental condition of a resident with serious mental illness or intellectual disability or related condition such that: 1) The resident may reasonably require new, different, or fewer specialized services than the resident had been receiving; or 2) Community placement is a reasonable consideration for the resident.

\*\* 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.

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

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

PASRR can be completed without knowing the specific SNF the patient will discharge to.

Who completes the Level I or Level II forms?

The referring party completes the Level I. The PASRR Assessor completes the Level II and can assist with the Level I, if there are questions.



## 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:

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.

Include the  
DSM, if  
known

## 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="checkbox"/> <u>Psychotic Disorder NOS</u> DSM Code, if known: _____	<input type="checkbox"/> <u>Personality Disorders</u> DSM Code, if known: _____
<input type="checkbox"/> <u>Mood Disorders – Depressive or Bipolar</u> DSM Code, if known: _____	<input type="checkbox"/> <u>Anxiety Disorders</u> DSM Code, if known: _____	<input type="checkbox"/> <u>Delusional Disorder</u> DSM Code, if known: _____
<u>Other Psychotic Disorder</u> DSM Code, 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
- If an individual does NOT have all three indicators, but you believe the individual may have SMI: REFER
- 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.*

# What about when...

- An individual with a schizophrenic behavioral history, has a new episode. Does that require a new Level I?
- An individual has developed some mild depression while in the nursing facility. Does that require a new Level I?
- An individual has a diagnosis of depression or anxiety. How do I know if that is considered SMI?
- An individual has dementia with behaviors?

Use the form to make those decisions. Are all three indicators “YES” or do you suspect SMI? If Yes: Refer.

Section I. Serious Mental Illness (SMI) / Intellectual Disability (ID) or Related Condition (RC) Determination			
<b>A. Serious Mental Illness Indicators</b>			
YES	NO	<input checked="" type="checkbox"/> <input type="checkbox"/> 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="checkbox"/> <u>Psychotic Disorder NOS</u> DSM Code, if known: _____
		<input type="checkbox"/> <u>Mood Disorders – Depressive or Bipolar</u> DSM Code, if known: _____	<input type="checkbox"/> <u>Anxiety Disorders</u> DSM Code, if known: _____
		<input type="checkbox"/> <u>Personality Disorders</u> DSM Code, if known: _____	
		<input type="checkbox"/> <u>Delusional Disorder</u> DSM Code, if known: _____	
		<input type="checkbox"/> <u>Other Psychotic Disorder</u> DSM Code, if known: _____	
<input checked="" type="checkbox"/> <input type="checkbox"/> 2. Is there evidence the person exhibits serious functional limitations (described below) during the past six (6) months related to a serious mental illness?			
<p>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</p>			
<input checked="" type="checkbox"/> <input type="checkbox"/> 3. Has the individual experienced either of the following? If yes, please indicate either a, or b, below.			
<input type="checkbox"/> a. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).			
<input type="checkbox"/> 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.			
<ul style="list-style-type: none"> <li>• A referral for a PASRR Level II for SMI is required if:                             <ol style="list-style-type: none"> <li>1. All of the questions in Section 1A (1, 2 and 3) are marked Yes; OR</li> <li>2. Sufficient evidence of SMI is not available, but there is a <b>credible suspicion</b> that a SMI may exist (see Instructions for more information); and</li> <li>3. The requirements for exempted hospital discharge do not apply (see Section IIA).</li> </ol> </li> <li>• A referral for a PASRR Level II for SMI is not required if:                             <ol style="list-style-type: none"> <li>1. Any of the questions in Section 1A (1, 2 or 3) are marked No and there is no credible suspicion of SMI; or</li> <li>2. There are indicators of SMI in Section 1A, but the requirements for exempted hospital discharge are met (see Section IIA).</li> </ol> </li> </ul>			
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.*

- 2. Does the individual have an IQ score of less than 70, as measured by a standardized, reliable test of intellectual functioning?
- 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.
- 4. Did the condition causing the IQ and adaptive functioning impairments occur before age 18?
- 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.*

- 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.*

- 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:

*If the answer to B10 is yes, answer "Yes" to question B11. A referral to the DDA PASRR Coordinator is required.*

- 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?

*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.

• **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**

Yes No

1. (a) Does the individual have a diagnosis of dementia? Comment (if applicable): \_\_\_\_\_

(b) Is dementia the primary diagnosis? Comment (if applicable): \_\_\_\_\_

2. Does the individual have a substance use disorder? Comment (if applicable): \_\_\_\_\_

3. Does the individual have a diagnosis of delirium? Comment (if applicable): \_\_\_\_\_

4. Is the individual's primary language English? Comment (include primary language and any other considerations for adaption to culture, ethnic origin, or communication): \_\_\_\_\_

**Section II.A. 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.*

**Section II.B. Categorical Determination**

CHECK ANY THAT APPLY (SEE INSTRUCTIONS)

Referral to NF for protective services of seven (7) days or less

Referral to NF for respite of 30 days or less

*If one of these indicators applies, check the "Categorical Determination" box in Section III. The referring party must sign section III.*

**Section III. Documentation of:**

Exempted Hospital Discharge (per Section II.A)

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 _____
--	---------------



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?

Some people with ID/RC or SMI don't need to be assessed by DDA or BHA prior to NF admission. These cases are called Exempted Hospital Discharge (EHDs).

- To qualify as an EHD, three things must be true:
  - The person will go directly from a hospital to the NF;
  - The person will be treated for the same condition in the NF as they were treated for in the hospital; and
  - The treating physician certifies in writing that the NF stay is expected to last less than 30 days.
    - The signature can be electronic (see form for detail)



# How does the hospital designate an EHD?

Complete Sections IIA and III in the PASRR Level I to show the EHD.

## 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.***

## Section III. Documentation of:

- Exempted Hospital Discharge (per Section II.A)
- 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 my signature is the legally binding equivalent to my handwritten signature.**

SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN'S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE)

DATE

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 and the person does not meet PASRR Level II criteria?

Section II.A. 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.
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. <i>For individuals with ID/RC, the PASRR Level I must be forwarded to the DDA PASRR Coordinator upon nursing facility admission.</i>

This should never occur because:

- The physician should not sign this section for individuals that do not meet the Level II requirements; a signature indicates the physician believes the individual may have an SMI or ID/RC (which would require follow up after 30 days). The Exempted Hospital Discharge only applies to individuals **who would otherwise have been referred for a Level II.**
- If the individuals meets all the criteria for an EHD, a physician, ARNP or PA is required to sign the section regarding EHD.
- If an individual admitted on an EHD and the stay extends beyond 30 days, the SNF is responsible to notify the PASRR assessor.

# What is a Categorical Determination?

<b>Section II.B. Categorical Determination</b>	
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>	
<b>Section III. Documentation of:</b>	
<input type="checkbox"/> Exempted Hospital Discharge (per Section II.A)	
<input type="checkbox"/> Categorical Determination (per Section II.B)	
<b>This section is only required if the individual meets the requirements for Exempted Hospital Discharge or Categorical Determination.</b>	
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]	
<b>By entering my name in the signature fields below, I indicate my intent to sign this record and my signature is the legally binding equivalent to my handwritten signature.</b>	
SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN'S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE) [Redacted]	

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

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

- For individuals with ID/RC, the DDA PASRR Assessor must complete 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).



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**

- No Level II evaluation indicated: Person does not show indicators of SMI or ID/RC.
- Level II evaluation referral required for SMI: Person shows indicators of SMI per Section 1.A.
- Level II evaluation referral required for ID/RC: Person shows indicators of ID or RC per Section 1.B.
- Level II evaluation referrals required for SMI and ID/RC: Person shows indicators of both SMI and ID/RC per Sections 1. A and B.
- Level II evaluation referral required for significant change.
- No Level II evaluation indicated at this time due to exempted hospital discharge: Level II must be completed if scheduled discharge does not occur.
- No Level II evaluation indicated at this time due to categorical determination identified by DDA or BHA: Level II must 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.

**PASRR CONTACT INFORMATION IS AVAILABLE AT:**

For SMI - [www.dshs.wa.gov/pasrr](http://www.dshs.wa.gov/pasrr)

For ID/RC - <https://www.dshs.wa.gov/dda/consumers-and-families/pre-admission-screening-and-resident-review-pasrr-program>

NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT) [REDACTED]		NAME OF FACILITY OR AGENCY [REDACTED]	
TITLE [REDACTED]		TELEPHONE NUMBER (INCLUDE AREA CODE) [REDACTED]	
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]
<b>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.</b>			
SIGNATURE OF PERSON COMPLETING THIS FORM [REDACTED]		DATE [REDACTED]	
ADDITIONAL COMMENTS (REQUIRED IF REFERRING DUE TO CREDIBLE SUSPICION OF SMI, ID, OR RC) [REDACTED]			

**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>.



The last page contains additional information

The form has been modified to accept an electronic signature in both areas where a signature may be required. This will simplify retaining electronic medical records and electronic transmission of the form.

<b>Section III. Documentation of:</b>	
<input type="checkbox"/> Exempted Hospital Discharge (per Section II.A)	
<input type="checkbox"/> Categorical Determination (per Section II.B)	
<b>This section is only required if the individual meets the requirements for Exempted Hospital Discharge or Categorical Determination.</b>	
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]	
<b>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.</b>	
SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN'S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE) [REDACTED]	DATE [REDACTED]

NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT) [REDACTED]	NAME OF FACILITY OR AGENCY [REDACTED]
TITLE [REDACTED]	TELEPHONE NUMBER (INCLUDE AREA CODE) [REDACTED]
ADDRESS [REDACTED]	CITY [REDACTED]
	STATE [REDACTED]
	ZIP CODE [REDACTED]
<b>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.</b>	
SIGNATURE OF PERSON COMPLETING THIS FORM [REDACTED]	DATE [REDACTED]

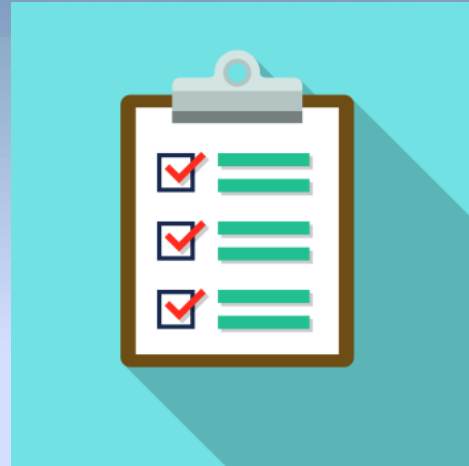
# What is the NF's responsibility for PASRR at admission?



- Confirm that the PASRR process has been completed as required prior to admission.
- Questions to ask:
  - Is there a PASRR Level I?
  - Is the information in the Level I correct?
  - If the Level I indicates SMI or ID/RC, has the BHA or DDA PASRR assessor confirmed whether the person:
    - Has a disability?
    - Requires NF care?
    - Needs specialized services?
- Note: PASRR is conducted at admission and following a significant change (improvement or decline). It is not conducted annually.

## 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 form  
OR:
    2. For ID/RC:
      - A completed PASRR Determinations and Planned Action Notice (PAN) Form ([form 10-573](#)).
      - The SNF will receive a written report within 30 days of receiving a copy of the PAN
- For SMI:
- A completed Notice of Determination ([form 15-480](#))
  - A completed Level II Invalidation Form ([form 14-413](#)); this form remains valid unless there is a change in condition for the individual.



Each of the forms listed above are completed by the PASRR Assessor.



# What is the NF's responsibility after admission?



- If you realize there are errors on the Level I (no matter how minor), or if a resident with SMI or ID/RC experiences a significant change of condition, the SNF must complete a new Level I, following all instructions including forwarding to DDA or BHA if indicated.
- Make a note in the resident's chart why a new Level I was completed.
- The Level I and Level II (when indicated) must be kept in the resident's chart. Other PASRR follow-ups are not required to be kept in the chart per regulation, but it is a best practice.
- 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 into the care plan?



- Read the entire Level II report; it contains important information about the individual’s goals, preferences, and strengths, as well as support needs.
- For DDA PASRRs, review the “professional evaluations” section. The NF must have these evaluations completed and provided to the PASRR assessor within 30 days, along with a copy of the NF care plan.
- PASRR goals must be incorporated into the NF care plan.

# What are 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 BHA.
- 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 BH, contact your community [Behavioral Health Organization](#).





# How does the NF coordinate with SS providers?

- Keep SS goals in mind when service 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.

The NF feels the Level I was not completed accurately and the hospital will not respond to our requests to redo it. What do we do?

The NF should complete a new Level I and refer as necessary for a Level II. Document the reason why you are completing a new Level I.



# Does a patient admitting directly from the ER need a PASRR Level I completed?

Yes; every person admitting to a Medicaid certified facility must have a Level I completed prior to admit. The only exception is if the client is returning to the same facility they resided in prior to the trip to the ER. See the instructions on the last page:

## **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.

# A Final Thought

PASRR is a partnership between hospitals, NFs,  
and State Agencies;

At its center is our common desire to provide  
the most individualized, high-quality services  
for each individual we serve;

PASRR is life-changing.



Painting

by

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# PASRR Contacts



- Behavioral Health Administration:
  - Debra Hoeman, PASRR Program Manager - [hoemadl@dshs.wa.gov](mailto:hoemadl@dshs.wa.gov)
- Department of Health:
  - Liz Gordon, Clinical Care Supervisor, Investigation and Inspection - [Elizabeth.Gordon@DOH.WA.GOV](mailto:Elizabeth.Gordon@DOH.WA.GOV)
- Developmental Disabilities Administration:
  - Terry Hehemann, PASRR Program Manager - [hehemtl@dshs.wa.gov](mailto:hehemtl@dshs.wa.gov)
- Healthcare Authority:
  - Tonya Nichols, Nursing Consultation Advisor - [tonja.nichols@hca.wa.gov](mailto:tonja.nichols@hca.wa.gov)
- Home and Community Services:
  - Debbie Blackner, System Change Specialist – [benned@dshs.wa.gov](mailto:benned@dshs.wa.gov)
- Residential Care Services:
  - Charles Demler, NH Policy Program Manager - [demleCS@dshs.wa.gov](mailto:demleCS@dshs.wa.gov)



# Where can I find more information?

DDA PASRR Internet Site:

<https://www.dshs.wa.gov/dda/consumers-and-families/pre-admission-screening-and-resident-review-pasrr-program>

BHA PASRR Internet Site:

[www.dshs.wa.gov/pasrr](http://www.dshs.wa.gov/pasrr)

