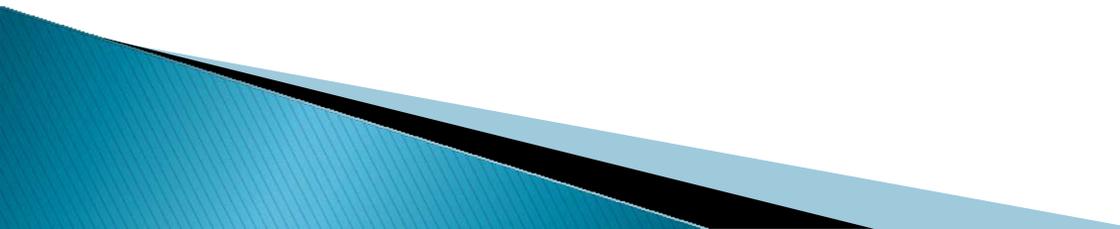


State of Utah
PASRR Training
Hospitals and
Nursing Facilities
April 12, 2019



Utah PASRR Level I Screening

PASRR TECHNICAL ASSISTANCE CENTER'S POWER OF PASRR
WEBINAR SERIES

ADAPTED BY THE STATE MENTAL HEALTH AUTHORITY

PAM BENNETT, LCSW, UTAH DEPARTMENT OF HUMAN SERVICES
ERIN LLOYD, RN, UTAH DEPARTMENT OF HEALTH

PASRR – The Big Picture

- **CMS is more engaged than ever** in promoting PASRR as a mechanism to improve quality of life for nursing facility residents with a mental illness, intellectual disability, and/or related condition.
 - **A trend is building for measurement** of PASRR quality, outcomes, and effectiveness. “Show us the data.”
 - **The goal of PASRR** is to ensure all persons with a mental illness, intellectual disability, and/or related condition are identified. It also ensures their needs are measured and the full array of needed services and supports are detailed in written recommendations, and that the recommended services and supports are delivered.
- 

Reminder: Why PASRR is important

- 560,000 individuals with mental illness are residing in nursing facilities nationwide.
 - Mental illness is often a key factor in the need for nursing facility placement.
 - Nursing facilities serve the same number of persons with intellectual disabilities as do large developmental centers.
 - Relatively few disability specific or disability tailored services are standard in nursing facilities.
- 

Level I Screening: The Requirements

Purpose of the Level I screening:

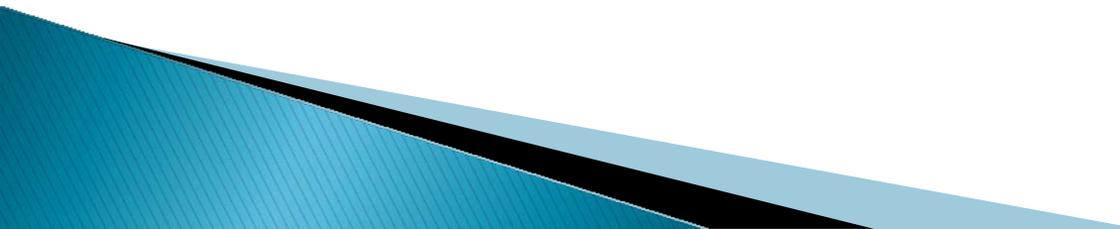
To identify all applicants to, and residents of, Medicaid certified nursing facilities who might have a serious mental illness, intellectual disability, and/or related condition.

Level I Identifies:

- Diagnosis or a credible suspicion
 - Intellectual Disability
 - Related Conditions
 - Serious Mental Illness
 - Primary Dementia
- 

Level I Regulatory Requirements:

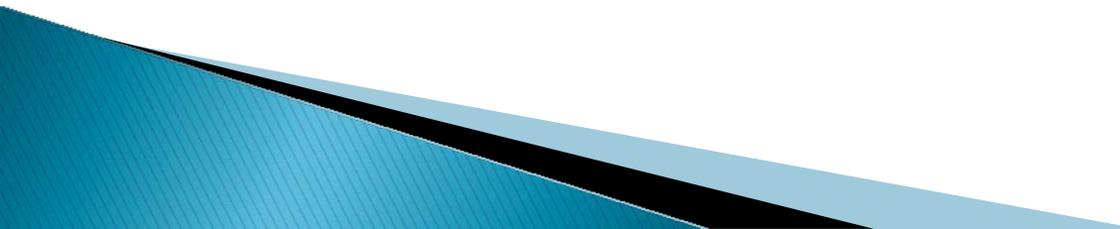
State Medicaid Agency:

- Has the overall responsibility for the quality of all aspects of the state PASRR program (42 CFR 431.621 and 42 CFR 483.104)
 - Must assure that every new admission to a Medicaid certified nursing facility receives a Level I screening before admission. This includes individuals with and without Medicaid as a payer source.
 - Identify all persons who are **suspected** of having a mental illness or intellectual disability (42 CFR 483.102)
- 

Level I Regulatory Requirements

- The local PASRR office and/or Division of Services for People with Disabilities (DSPD) must be notified whenever an individual is suspected or known to have a mental illness, intellectual disability, and/or related condition.
 - The nursing facility must document the date of referral, name of person contacted and the agency on the Level I.
 - Facilities must have a system for tracking persons with a suspected PASRR condition who are approved through the hospital exemption.
- 

Level I Regulatory Requirements:

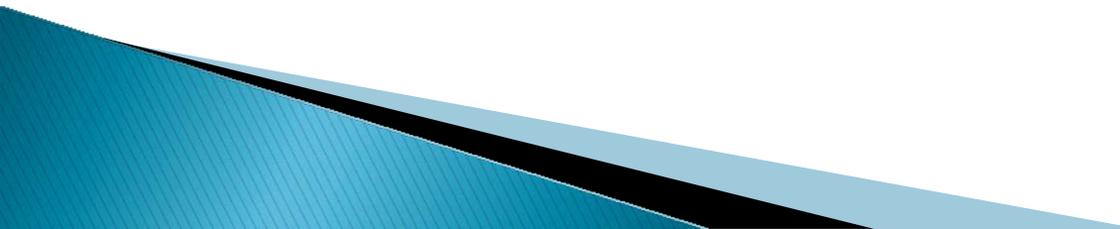
- The individual and legal representative must be provided **written notice** that a PASRR condition is suspected or known and of the referral to the correct PASRR authority for a Level II.
 - Facilities must have procedures and training for staff regarding identifying persons not identified upon admission as having a PASRR condition.
 - Facilities must have written procedures designating responsibility for performing Level I screening, specified instruments and training for screeners.
- 

Who can complete the Level I screening?

Utah Administrative Code R414-501-2(6):

“Health care professional” means a duly licensed or certified physician, physician assistant, nurse practitioner, physical therapist, speech therapist, occupational therapist, registered professional nurse, licensed practical nurse, social worker, or qualified ID/RC professional.

Keys to Successful Level I form:

- Look beyond reported diagnoses to consider potential evidence of undiagnosed PASRR conditions;
 - Look beyond reported dementia diagnoses to confirm presence of dementia;
 - When both dementia and mental illness are present, gather sufficient information to allow the evaluator to determine which condition is primary.
- 

Where to Find Level I Forms

- Go to the Division of Substance Abuse and Mental Health's website: www.dsamh.utah.gov

Utah.gov | Division of Substance Abuse and Mental Health | human services

SERVICES PROVIDERS EDUCATION REPORTS ABOUT CONTACT

SUBSTANCE ABUSE AND MENTAL HEALTH

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicideline.org

In crisis? Call the 24/7 Suicide Prevention Lifeline for immediate, free, confidential support.
1-800-273-8255

LINEA DE PREVENCIÓN DE SUICIDIO
1-800-828-9454

¿En crisis? Llame a cualquier hora a la Línea de Prevención de Suicidio para obtener apoyo inmediato, gratis, y confidencial.
1-800-273-8255

Find Treatment In Your Area
Mental health and substance use disorder treatment services are available in every Utah county. Click the blue button to find help in your area.
Medicaid/Uninsured →

Protop Treatment Clinics in Utah

What's New?
2018 DSAMH Strategic Plan
Suicide and Firearm Injury in Utah - Executive Summary
Suicide and Firearm Injury in Utah - Final Report

How Do I?
Apply to be a Justus Certified Provider
Find PASRR Information
Get an Alcohol Server Card
Enter names into the EASY database

DSAMH Calendar
Click here for our calendar of upcoming events.
View Calendar

> Overview And Purpose

PASRR stands for Pre-Admission Screening/Resident Review and is part of the Federal Omnibus Budget Reconciliation Act. This federal law was enacted for three purposes:

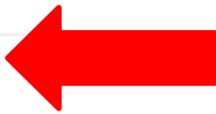
1. To ensure that people with mental illnesses in Medicaid-funded nursing homes are being adequately diagnosed and treated
 2. To ensure that those with mental illness or a developmental disability only (and no substantial physical problems), are not being warehoused in nursing homes
 3. To ensure that the federal government is not paying for long term care of the mentally ill or developmentally disabled in nursing homes that do not meet nursing facility criteria
- The PASRR process consists of two levels of assessment or evaluation: Level I and Level II. The Level I contains demographic information, medical, psychiatric and developmental diagnoses. It also serves to document when and if a Level II is needed and is requested.
 - The PASRR Level II evaluation is an in-depth review of medical, social, and psychiatric history, as well as ADL functioning. It also documents nursing care services that are required to meet the person's medical needs. This comprehensive evaluation is funded by federal money, which is managed separately by State mental health and Developmental disability authorities. There is no charge to the patient.
 - There are advantages to the patient because of the PASRR process. First, he/she receives an in-depth evaluation of his/her psychiatric status, which is reviewed by a psychiatrist. This service is provided at no cost to the patient. Second, recommendations made in the Level II are closely monitored by the State Bureau of Medicare/Medicaid Program Certification and Resident Assessment, which provide oversight and approves payment to the nursing facility from Medicaid. This helps to ensure better care and monitoring by staff in the nursing facility.
 - The need to complete the PASRR process is fairly specific and all nursing facilities that accept Medicaid as a primary payment must complete a Level I on every resident, regardless of how the individual resident will be paying for his/her nursing facility stay.

System Access

- [Log in to the PASRR System](#)
- [Create a PASRR Login](#)

Download Forms

| |
|--|
| ✕ PASRR Forms |
| <ul style="list-style-type: none">• Level I Form• Level II Form |
| + Facility Forms |



- Enter the number of Level I's you would like to print and click Generate Level One Form(s).
Remember each one has a unique identifier and cannot be duplicated.

PASRR

UTAH DEPARTMENT of
HUMAN SERVICES



Level One Generation Screen

** You may request up to 5 Level One Forms at a time

Generate Level One Form(s)

DRAFT



State of Utah

Revised 04/04/2019

Pre-Admission Screening/Resident Review (PASRR)
Identification Screening (LEVEL I - ID SCREEN)
In accordance to 42CFR 483.128 and R414-503-3

Instructions for filling out Level I ID Screen

1. Level I ID Screen must be completed prior to admission to all Medicare/Medicaid Certified Nursing Facilities, regardless of the payment source. All Nursing Facilities with Medicaid Certified Beds must complete the Level I ID process.
2. Fill out Page 1 through 4 completely.
3. Keep this form with the Applicant/Residents Medical Records.
4. Screener must sign page 4.

Level I forms must not be copied

Level I Forms have unique document numbers. To print additional Level I Forms please go to:

<http://pasrr.dhs.utah.gov/dhspasrr/public/PublicLevelOneAction.do>

- * Enter the number of Level I forms you would like.
- * Click the "Generate the Level One Forms".

Level II Referrals:

Mental Health (SMI): Please call your Local PASRR office for SMI Level II referrals.. For a list of Local PASRR offices go to <https://dsamh.utah.gov/providers/pasrr>.

ID-RC: Please send all supporting documentation to dspd_pasrr@utah.gov. If you have not received a response from the State Division of Services for People with Disabilities (DSPD) or an ID-RC evaluator within three business days, or have any questions, please contact DSPD at (801) 538-4175.

If you have any questions on the Level I ID Screening form or Level II evaluations, please call the State Mental Health Authority at (801) 538-3918 or (801) 538-3939.

The Level I ID Screen is based on federal minimum criteria required under section 1929(b) (3) (f) of the Social Security Act. A screening of the following criteria is to determine if the Applicant/Resident has a possible Serious Mental Illness (SMI) and/or an Intellectual Disability or Related Conditions (ID-RC).

The Level I screener is only required to notify the Applicant/Resident of the need for a PASRR Level II evaluation when the Level I indicates there may be a diagnosis of Serious Mental Illness, Intellectual Disability or Related Condition which requires a referral for a Level II evaluation. The Applicant/Resident and/or legal representative AND the screener are required to sign page 4 prior to scheduling the evaluation. If the Applicant/Resident refuses to sign, document as such on the signature line. This is a notification that an evaluation may be completed, not a release of information.

**PRE-ADMISSION SCREENING APPLICANT/RESIDENT REVIEW
IDENTIFICATION (ID) SCREENING
DOCUMENT NUMBER: 693757**

SECTION 1

| | |
|------------------------------------|-----|
| 1.1 SCREENING DATE (MM/DD/YYYY) | / / |
|------------------------------------|-----|

Applicant/Resident's Information

| | | |
|--|---|---------------------------------------|
| 1.2 NAME (LAST, FIRST, MIDDLE) | 1.3 LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER X X X - X X - _____ | 1.4 DATE OF BIRTH (MM/DD/YYYY) / / |
| 1.5 PLACEMENT PRIOR TO REQUEST FOR NURSING FACILITY PLACEMENT: | | 1.6 10 DIGIT MEDICAID ID NUMBER |

Nursing Facility Information

| | |
|----------------------------|--|
| 1.6 NURSING FACILITY NAME: | 1.7 NURSING FACILITY ADMISSION DATE: (MM/DD/YYYY) / / |
|----------------------------|--|

SECTION 2

2.1 CURRENT MEDICAL DIAGNOSIS

| ICD-Codes | Diagnosis Description | ICD-Codes | Diagnosis Description |
|-----------|-----------------------|-----------|-----------------------|
| (-) | | (-) | |
| (-) | | (-) | |
| (-) | | (-) | |

2.2 PSYCHIATRIC/SUBSTANCE USE DIAGNOSIS

| ICD-Codes | Diagnosis Description | ICD-Codes | Diagnosis Description |
|-----------|-----------------------|-----------|-----------------------|
| (-) | | (-) | |
| (-) | | (-) | |
| (-) | | (-) | |

2.3 INTELLECTUAL DISABILITY OR RELATED CONDITION (ID/RC) DIAGNOSIS

| ICD-Codes | Diagnosis Description | ICD-Codes | Diagnosis Description |
|-----------|-----------------------|-----------|-----------------------|
| (-) | | (-) | |
| (-) | | (-) | |
| (-) | | (-) | |

2.4 IF ANY OF THE FOLLOWING IS CHECKED "YES" THE PASRR LEVEL II EVALUATION IS NOT REQUIRED AT THIS TIME. (If the Applicant/Resident continues to need Nursing Facility Services please complete a revised Level I Screen prior to the end of stay and refer for a Level II evaluation if needed.)

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Medical Diagnosis Only-No Psychiatric or ID-RC Diagnosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to admission the attending hospital Physician certifies in writing that the Applicant/Resident will be admitted for "30 days or less" following a medical hospitalization |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospice Respite stay of "5 days or less" OR Respite stay of "14 days or less" |
| <input type="checkbox"/> | <input type="checkbox"/> | Provisional stay of "7 days or less" Must call and notify APS and document on the Level I of Emergency Only placement. |

Comments and Notes _____

2.5 SERIOUS MENTAL ILLNESS (SMI) CRITERIA

Revised 01/03/2017

2.5.A Applicant/Resident has a diagnosis that falls within at least one of the following diagnostic groupings of Serious Mental Illness (SMI) as defined by the State Mental Health Authority. IF ANY OF THE BOXES BELOW ARE CHECKED "YES," A LEVEL II PASRR EVALUATION IS NEEDED.

| Check all that apply | | | |
|--------------------------|--|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Schizophrenia | <input type="checkbox"/> | Schizoaffective Disorder |
| <input type="checkbox"/> | Delusional Disorder | <input type="checkbox"/> | Psychosis NOT otherwise specified |
| <input type="checkbox"/> | Major Depression | <input type="checkbox"/> | Bipolar Disorder |
| <input type="checkbox"/> | Panic Disorder | <input type="checkbox"/> | Obsessive Compulsive Disorder |
| <input type="checkbox"/> | Post-Traumatic Stress Disorder | <input type="checkbox"/> | Generalized Anxiety Disorder |
| <input type="checkbox"/> | Somatization Disorder | <input type="checkbox"/> | Personality Disorders |
| <input type="checkbox"/> | If none of the above SMI diagnostic categories apply, and the Applicant/Resident has a prescribed antipsychotic, antidepressant, mood stabilizer or anti-anxiety medication for a Serious Mental Illness (SMI) within the last year please list diagnosis: | | |

2.5.B Please note source(s) of diagnosis information.

| | | | | | | | |
|--------------------------|-----------|--------------------------|--------|--------------------------|----|--------------------------|--------------------|
| <input type="checkbox"/> | H&P | <input type="checkbox"/> | Family | <input type="checkbox"/> | MD | <input type="checkbox"/> | Applicant/Resident |
| <input type="checkbox"/> | Suspected | <input type="checkbox"/> | Other: | | | | |

2.5.C FUNCTIONAL LIMITATIONS FOR APPLICANT/RESIDENT WITH SMI ONLY:

IF ANY OF THE BOXES BELOW ARE CHECKED "YES," PLEASE CONTACT YOUR LOCAL PASRR OFFICE TO DETERMINE IF A LEVEL II IS NEEDED.

| | Care | Key Words/Phrases | YES-include Collateral | NO |
|---------|---|--|--------------------------|--------------------------|
| 2.5.C.1 | Interpersonal Symptoms (for individuals with Mental Illness only) | Interpersonal; Serious difficulty interacting with others; Altercations; Evictions; Unstable employment; Frequently isolated; Avoids others | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5.C.2 | Completing Tasks (for individuals with Mental Illness only) | Serious difficulty completing tasks; Required assistance with tasks; Errors with tasks; Concentration; Persistence; Pace | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5.C.3 | Adapting to Change (for individuals with Mental Illness only) | Self-injurious or self-mutilations; Suicidal; Physical violence or threats; Appetite disturbance; Hallucinations or delusions; Serious loss of interest; Tearfulness; Irritability; Withdrawal | <input type="checkbox"/> | <input type="checkbox"/> |

2.6 DEMENTIA DIAGNOSIS FOR APPLICANT/RESIDENT WITH SMI ONLY:

IF ANY OF THE BOXES BELOW ARE CHECKED "YES," PLEASE CONTACT YOUR LOCAL PASRR OFFICE TO DETERMINE IF A LEVEL II IS NEEDED.

| Dementia Diagnosis | Diagnosis Description | YES-include Collateral | NO |
|---|--|--------------------------|--------------------------|
| Documented evidence of Dementia diagnosis (Dementia is so severe that the individual will not benefit from SMI services.) | Is there a diagnosis of Dementia? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Has a medical Dementia work-up been completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Has a comprehensive mental status evaluation been completed? | <input type="checkbox"/> | <input type="checkbox"/> |

SMI Comments and Notes _____

- Level I Screen indicates referral for Level II evaluation SMI is **NOT** needed.
- Level I Screen indicates referral for Level II evaluation SMI **IS** needed (If the Applicant/Resident has SMI and ID-RC, refer to **BOTH** Local Mental Health PASRR Office and the State Intellectual Disability Authority).

Date of Referral to Your Local PASRR Office: ____/____/____ Name of Person Contacted: _____

Name of Agency Contacted: _____ Name of Evaluator: _____

Reason for Screen Out : _____

SECTION 3

Revised 01/03/2017

3.1 INTELLECTUAL DISABILITY OR RELATED CONDITION (ID-RC) CRITERIA

The Applicant/Resident has a diagnosis that falls within at least one of the following diagnostic groupings:

(Check all that apply)

| Check all that apply | |
|--------------------------|---|
| <input type="checkbox"/> | Documented Evidence of Intellectual Disability (onset before age 18 years old) |
| <input type="checkbox"/> | Cerebral Palsy (onset before age 22 years old) |
| <input type="checkbox"/> | Acquired/Traumatic Brain Injury (onset before age 22 years old) |
| <input type="checkbox"/> | Epilepsy/Seizure Disorder (onset before age 22 years old) |
| <input type="checkbox"/> | Autism (Autism Spectrum Disorder) (onset before age 22 years old) |
| <input type="checkbox"/> | Other Related Conditions (E.g. Spina Bifida, Prader-Willi, Fragile-X, Fetal Alcohol Syndrome, Down Syndrome) (onset before age 22 years old) List Diagnosis/Condition: |

OR

3.2 Without an Intellectual Disability or Related Condition (ID-RC) diagnosis, there are indications the Applicant/Resident may have an Intellectual Disability or Related Condition (ID-RC). (Check all that apply)

| Check all that apply | |
|--------------------------|--|
| <input type="checkbox"/> | Receipt of Services by ID-RC Agency (public or private) past, present and/or referrals |
| <input type="checkbox"/> | The presence of cognitive or behavioral indicators of cognitive/intellectual deficits prior to age 22 years old |
| <input type="checkbox"/> | A history of significant developmental delays |
| <input type="checkbox"/> | Special Education classification, such as Intercultural Disability, Autism, Multiple Disability, Other Health Impaired or Traumatic Brain Injury that indicates Intellectual Disability or a Related Condition |

AND

3.3 FUNCTIONAL LIMITATIONS (contact Local PASRR Office for ruling)

For the Applicant/Resident to have Related Conditions the Applicant/Resident MUST have an identified condition and meet all the following requirements for that specific condition:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Occurred prior to his/her 22nd Birthday |
| <input type="checkbox"/> | Is likely to continue throughout his/her life |
| <input type="checkbox"/> | Has resulted in significant functional deficits in at least 3 of the following areas (Circle all that apply): Self-care Learning Mobility Self-direction Capacity of independent living Understanding and use of language |

Level I Screen indicates referral for Level II evaluation for **ID-RC** is **NOT** needed.

Level I Screen indicates referral for Level II evaluation for **ID-RC** is needed.

If the Applicant/Resident has **BOTH SMI** and **ID-RC**, refer to **BOTH** your Local Mental Health PASRR Office and the State Intellectual Disability Authority.

Date of Referral to **ID-RC** PASRR Office: _____ / _____ / _____ Name of Person Contacted: _____

Name of Agency Contacted: _____ Name of Evaluator: _____

Reason for Screen Out : _____

Additional SMI and/or ID-RC Comments _____

NOTICE OF REFERRAL FOR
PRE-ADMISSION SCREENING/RESIDENT REVIEW (PASRR)
LEVEL II EVALUATION

4.1 REQUIRED LEVEL I SCREENER SIGNATURE

I certify that the above information is true and correct to the best of my knowledge and is adequately documented in the Applicant/Resident's medical record.

_____/_____/_____
Please print Name, Agency and Licensure of the Level I Screener Date

_____/_____/_____
Signature Date

4.2. APPLICANT/RESIDENT/LEGAL REPRESENTATIVE SIGNATURE

| | |
|----------------------------|---|
| NAME (LAST, FIRST, MIDDLE) | SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) XXX-XX-_____ |
|----------------------------|---|

The PASRR Level I ID Screen indicates you may have a diagnosis of Serious Mental Illness and/or Intellectual Disability or Related Condition (ID-RC) which requires a referral for a Level-II evaluation.

This is to notify you of the need for the Level II evaluation to determine your level of care and ensure your needs can be met in the nursing facility. There is no cost for this evaluation. You may choose to have family and/or legal representation at the time of the evaluation. If you have a legal representative designated under state law you must notify them.

You will be contacted by the Local PASRR Office to conduct this Level II evaluation. If you have any questions regarding this notice, please contact the staff at the Nursing Facility.

_____/_____/_____
Signature of Applicant/Resident/Legal Representative Date

STOP HERE UNLESS THIS IS A REVISED LEVEL I

NOTICE OF REVISED LEVEL I

Revised Level I Date of original Level I _____/_____/_____

Reason for Revised Level I _____

This completed Level I Screening must accompany the data sent for the PASRR level II evaluation.

Triggering Level II evaluations:

- Refer to the local PASRR office or DSPD for a Level II evaluation for anyone with a symptom, diagnosis, or behavior that may indicate the presence of a serious mental illness, intellectual disability, and/or related condition.
 - Refer to the local PASRR office for a Level II evaluation for anyone that scores above a 19 on the PHQ9, section D of the MDS.
 - Any individual admitted to a nursing facility from out of state must have a Utah Level I completed, prior to or on the day of admission. A Level II must be referred if there is not a Level II PASRR from the previous state.
- 

What is a Level II PASRR?

- A PASRR Level II is a comprehensive evaluation conducted by local PASRR evaluators to determine if an individual has a serious mental illness, intellectual disability and/or related condition.
 - If it is determined that the individual has a serious mental illness, intellectual disability and/or related condition, the evaluator will complete recommendations for continued care.
 - Recommendations can include medication management, specialized services, or behavior management in order to care for the individual.
- 

Intellectual Disability and Related Condition



PASRR

Intellectual Disability Defined

- An IQ of 70 or less
- Plus, **substantial functional limitation in three or more** of the following areas of major life activity:

| | |
|----------------------------------|-----------------------------------|
| • Self-Care | • Learning |
| • Expressive/ Receptive Language | • Mobility |
| • Self-Direction | • Capacity for Independent Living |
| • Economic Self-Sufficiency | |

- Onset during **developmental period** (prior to 18 years of age)

Related Condition Defined

Medical conditions associated with developmental delay include, but are not limited to:

Down Syndrome

Autism Spectrum Disorder

Fetal Alcohol Syndrome

Cerebral Palsy

Traumatic Brain Injury

Spina Bifida

Epilepsy/Seizure Disorder

Plus, substantial functional limitation in three or more of the areas of major life activity.

Onset during developmental period (prior to 22 years of age)

IDENTIFICATION (ID) SCREENING

DOCUMENT NUMBER: 653524

SECTION 1

| | |
|-----------------------------------|-----|
| 11 SCREENING DATE (MM/DD/YYYY) | / / |
|-----------------------------------|-----|

Applicant/Resident's Information

| | | |
|---|---|--------------------------------------|
| 12 NAME (LAST, FIRST, MIDDLE) | 13 LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER XXX - XX - _____ | 14 DATE OF BIRTH (MM/DD/YYYY) / / |
| 15 PLACEMENT PRIOR TO REQUEST FOR NURSING FACILITY PLACEMENT: | | |

Nursing Facility Information

| | |
|---------------------------|---|
| 16 NURSING FACILITY NAME: | 17 NURSING FACILITY ADMISSION DATE: (MM/DD/YYYY) / / |
|---------------------------|---|

SECTION 2

2.1 CURRENT MEDICAL DIAGNOSIS

| ICD-Codes | Diagnosis Description | ICD-Codes | Diagnosis Description |
|-----------|-----------------------|-----------|-----------------------|
| (-) | | (-) | |
| (-) | | (-) | |
| (-) | | (-) | |

2.2 PSYCHIATRIC/SUBSTANCE USE DIAGNOSIS

| ICD-Codes | Diagnosis Description | ICD-Codes | Diagnosis Description |
|-----------|-----------------------|-----------|-----------------------|
| (-) | | (-) | |
| (-) | | (-) | |
| (-) | | (-) | |

2.3 INTELLECTUAL DISABILITY OR RELATED CONDITION (ID/RC) DIAGNOSIS

| ICD-Codes | Diagnosis Description | ICD-Codes | Diagnosis Description |
|-----------|-----------------------|-----------|-----------------------|
| (-) | | (-) | |
| (-) | | (-) | |
| (-) | | (-) | |

2.4 IF ANY OF THE FOLLOWING IS CHECKED "YES" THE PASRR LEVEL II EVALUATION IS NOT REQUIRED AT THIS TIME. (If the Applicant/Resident continues to need Nursing Facility Services please complete a revised Level I Screen prior to the end of stay and refer for a Level II evaluation if needed.)

| YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Medical Diagnosis Only-No Psychiatric or ID-RC Diagnosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior to admission the attending hospital Physician certifies in writing that the Applicant/Resident will be admitted for "30 days or less" following a medical hospitalization |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospice Respite stay of "5 days or less" OR Respite stay of "14 days or less" |
| <input type="checkbox"/> | <input type="checkbox"/> | Provisional stay of "7 days or less" Must call and notify APS and document on the Level I of Emergency Only placement. |

Comments and Notes _____

SECTION 3

Revised 01/03/2017

3.1 INTELLECTUAL DISABILITY OR RELATED CONDITION (ID-RC) CRITERIAThe Applicant/Resident has a diagnosis that falls within at least one of the following diagnostic groupings:

(Check all that apply)

| Check all that apply | |
|--------------------------|---|
| <input type="checkbox"/> | Documented Evidence of Intellectual Disability (onset before age 18 years old) |
| <input type="checkbox"/> | Cerebral Palsy (onset before age 22 years old) |
| <input type="checkbox"/> | Acquired/Traumatic Brain Injury (onset before age 22 years old) |
| <input type="checkbox"/> | Epilepsy/Seizure Disorder (onset before age 22 years old) |
| <input type="checkbox"/> | Autism (Autism Spectrum Disorder) (onset before age 22 years old) |
| <input type="checkbox"/> | Other Related Conditions (E.g. Spina Bifida, Prader-Willi, Fragile-X, Fetal Alcohol Syndrome, Down Syndrome) (onset before age 22 years old) List Diagnosis/Condition: |

OR

3.2 Without an Intellectual Disability or Related Condition (ID-RC) diagnosis, there are indications the Applicant/Resident may have an Intellectual Disability or Related Condition (ID-RC). (Check all that apply)

| Check all that apply | |
|--------------------------|--|
| <input type="checkbox"/> | Receipt of Services by ID-RC Agency (public or private) past, present and/or referrals |
| <input type="checkbox"/> | The presence of cognitive or behavioral indicators of cognitive/intellectual deficits prior to age 22 years old |
| <input type="checkbox"/> | A history of significant developmental delays |
| <input type="checkbox"/> | Special Education classification, such as Intercultural Disability, Autism, Multiple Disability, Other Health Impaired or Traumatic Brain Injury that indicates Intellectual Disability or a Related Condition |

AND**3.3 FUNCTIONAL LIMITATIONS (contact Local PASRR Office for ruling)**For the Applicant/Resident to have Related Conditions the Applicant/Resident MUST have an identified condition and meet all the following requirements for that specific condition:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Occurred prior to his/her 22nd Birthday |
| <input type="checkbox"/> | Is likely to continue throughout his/her life |
| <input type="checkbox"/> | Has resulted in significant functional deficits in at least 3 of the following areas (Circle all that apply): Self-care Learning Mobility Self-direction Capacity of independent living Understanding and use of language |

- Level I Screen indicates referral for Level II evaluation for ID-RC is **NOT** needed.
- Level I Screen indicates referral for Level II evaluation for ID-RC is needed.

If the Applicant/Resident has BOTH SMI and ID-RC, refer to BOTH your Local Mental Health PASRR Office and the State Intellectual Disability Authority.

Date of Referral to ID-RC PASRR Office: _____ / _____ / _____ Name of Person Contacted: _____

Name of Agency Contacted: _____ Name of Evaluator: _____

Reason for Screen Out: _____

If the Level I indicates a Level II is needed for an ID/RC PASRR (known or suspected), send information to the Division of Services for People with Disabilities (DSPD) at:

dspd_pasrr@utah.gov

Referrals must include:

- Completed Level I
- Current History and Physical
- Physician notes and social worker notes
- Documentation for Intellectual Disability/Related Condition

ID/RC PASRR Process

- Once the ID/RC PASRR referral is received, it is reviewed by DSPD and forwarded to a PASRR contractor.
- An evaluator will contact the facility within three business days. If no contact has been made after three business days then call Sheri at DSPD at 801-538-4175.
- ID/RC Level II evaluations do not always require a face-to-face evaluation, it can be based on documentation.

ID/RC PASRR Referrals

- All referrals must be submitted via email, including requests for copies of past ID/RC Level II evaluations.
- Make sure contact information is included with each referral and updated in the PASRR system.
- Do NOT fax the referrals. Faxes will not be accepted.
- Refer end of stay reassessments via email, not before 10 days prior to the end of stay.

ID/RC PASRR Referrals

- Reminder: PASRR determinations can take up to nine business days to complete. Please plan accordingly, determinations may not be completed the same day as the referral.
- Please do not call DSPD upon submission, only if no contact has been made within three business days.
- Do NOT send referrals directly to the evaluators. All referrals must be emailed to DSPD to track when a referral was received.
- Review all recommendations and care plan accordingly.

How to get a copy of an ID/RC PASRR

- Upon completion, the evaluator will email a copy of the PASRR to the current contact on file.
- Additional copies can be obtained by emailing Sheri at:

dspd_pasrr@utah.gov

LEVEL II SMI REFERRALS

If the Level I indicates a Level II SMI evaluation is needed (bottom of page 2) contact your **Local** PASRR Office

2.5 SERIOUS MENTAL ILLNESS (SMI) CRITERIA

Revised 01/03/2017

2.5.A Applicant/Resident has a diagnosis that falls within at least one of the following diagnostic groupings of Serious Mental Illness (SMI) as defined by the State Mental Health Authority. IF ANY OF THE BOXES BELOW ARE CHECKED "YES," A LEVEL II PASRR EVALUATION IS NEEDED.

| Check all that apply | | | |
|--------------------------|--|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Schizophrenia | <input type="checkbox"/> | Schizoaffective Disorder |
| <input type="checkbox"/> | Delusional Disorder | <input type="checkbox"/> | Psychosis NOT otherwise specified |
| <input type="checkbox"/> | Major Depression | <input type="checkbox"/> | Bipolar Disorder |
| <input type="checkbox"/> | Panic Disorder | <input type="checkbox"/> | Obsessive Compulsive Disorder |
| <input type="checkbox"/> | Post-Traumatic Stress Disorder | <input type="checkbox"/> | Generalized Anxiety Disorder |
| <input type="checkbox"/> | Somatization Disorder | <input type="checkbox"/> | Personality Disorders |
| <input type="checkbox"/> | If none of the above SMI diagnostic categories apply, and the Applicant/Resident has a prescribed antipsychotic, antidepressant, mood stabilizer or anti-anxiety medication for a Serious Mental Illness (SMI) within the last year please list diagnosis: | | |

2.5.B Please note source(s) of diagnosis information.

| | | | | | | | |
|--------------------------|-----------|--------------------------|--------------------------|--------------------------|----|--------------------------|--------------------|
| <input type="checkbox"/> | H&P | <input type="checkbox"/> | Family | <input type="checkbox"/> | MD | <input type="checkbox"/> | Applicant/Resident |
| <input type="checkbox"/> | Suspected | | <input type="checkbox"/> | Other: | | | |

2.5.C FUNCTIONAL LIMITATIONS FOR APPLICANT/RESIDENT WITH SMI ONLY:

IF ANY OF THE BOXES BELOW ARE CHECKED "YES," PLEASE CONTACT YOUR LOCAL PASRR OFFICE TO DETERMINE IF A LEVEL II IS NEEDED.

| | Care | Key Words/Phrases | YES-include Collateral | NO |
|---------|---|--|--------------------------|--------------------------|
| 2.5.C.1 | Interpersonal Symptoms (for individuals with Mental Illness only) | Interpersonal; Serious difficulty interacting with others; Altercations; Evictions; Unstable employment; Frequent; isolated; Avoids others | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5.C.2 | Completing Tasks (for individuals with Mental Illness only) | Serious difficulty completing tasks; Required assistance with tasks; Errors with tasks; Concentration; Persistence; Pace | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5.C.3 | Adapting to Change (for individuals with Mental Illness only) | Self-injurious or self-mutilations; Suicidal; Physical violence or threats; Appetite disturbance; Hallucinations or delusions; Serious loss of interest; Tearfulness; Irritability; Withdrawal | <input type="checkbox"/> | <input type="checkbox"/> |

2.6 DEMENTIA DIAGNOSIS FOR APPLICANT/RESIDENT WITH SMI ONLY:

IF ANY OF THE BOXES BELOW ARE CHECKED "YES," PLEASE CONTACT YOUR LOCAL PASRR OFFICE TO DETERMINE IF A LEVEL II IS NEEDED.

| Dementia Diagnosis | Diagnosis Description | YES-include Collateral | NO |
|---|--|--------------------------|--------------------------|
| Documented evidence of Dementia diagnosis (Dementia is so severe that the individual will not benefit from SMI services.) | Is there a diagnosis of Dementia? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Has a medical Dementia work-up been completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| | Has a comprehensive mental status evaluation been completed? | <input type="checkbox"/> | <input type="checkbox"/> |

SMI Comments and Notes:

- Level I Screen indicates referral for Level II evaluation SMI is **NOT** needed.
- Level I Screen indicates referral for Level II evaluation SMI **IS** needed (If the Applicant/Resident has SMI and ID-RC, refer to **BOTH** Local Mental Health PASRR Office and the State Intellectual Disability Authority).

Date of Referral to Your Local PASRR Office: ____/____/____ Name of Person Contacted: _____

Name of Agency Contacted: _____ Name of Evaluator: _____

Reason for Screen Out: _____

LEVEL II SMI REFERRALS

- Local PASRR offices are based on geographic counties
- Find the list by going to the PASRR website: dsamh.utah.gov > How Do I > Find PASRR Information > Contact Local PASRR Office

| LOCAL MENTAL HEALTH AND ID-RC PASRR OFFICE DIRECTORY | | |
|--|--|---------------------|
| County/Facility | Agency | Phone |
| ALL ID-RC | Sheri DeVore--DSPD | 385-321-1821 |
| Beaver | Joe Coombs, Independent Contractor | 435-668-9916 |
| Box Elder | Bear River Mental Health | 435-734-9449 |
| Cache | Bear River Mental Health | 435-752-0750 |
| Carbon | Four Corners Community Behavioral Health | 435-637-7200 |
| Daggett | North Eastern Counseling | 435-828-2949 |
| Davis | Davis Behavioral Health | 801-336-1788 |
| Davis | Valley Behavioral Health | 801-293-7422 |
| Duchesne | North Eastern Counseling | 435-828-2949 |
| Emery | Four Corners Community Behavioral Health | 435-637-7200 |
| Garfield | Joe Coombs, Independent Contractor | 435-668-9916 |
| Grand | Four Corners Community Behavioral Health | 435-637-7200 |
| Iron | Joe Coombs, Independent Contractor | 435-668-9916 |
| Juab | Wasatch Mental Health | 801-367-7513 |
| Kane | Joe Coombs, Independent Contractor | 435-668-9916 |
| Millard | Wasatch Mental Health | 801-367-7513 |
| Morgan | Weber Human Services | 801-625-3741 |
| Piute | Wasatch Mental Health | 801-367-7513 |
| Rich | Bear River Mental Health | 435-752-0750 |
| Salt Lake | Advance Behavioral Care | 801-478-2780 |
| Salt Lake | Valley Behavioral Health | 801-293-7422 |
| Salt Lake | Wasatch Mental Health | 801-367-7513 |
| San Juan | Niki Olsen | 435-979-6228 |
| Sanpete | Wasatch Mental Health | 801-367-7513 |
| Sevier | Wasatch Mental Health | 801-367-7513 |
| Summit | Valley Behavioral Health | 801-293-7422 |
| Tooele | Valley Behavioral Health | 801-293-7422 |
| Uintah | North Eastern Counseling | 435-828-2949 |
| Utah | Wasatch Mental Health | 801-367-7513 |
| Wasatch | Wasatch Mental Health | 801-367-7513 |
| Washington | Joe Coombs, Independent Contractor | 435-668-9916 |
| Wayne | Wasatch Mental Health | 801-367-7513 |
| Weber | Hope and Healing Therapy | 801-837-8638 |
| Weber | Weber Human Services | 801-625-3741 |

PASRR Letters of Determination

Letters of Determination (LOD) is the final review and shows the recommendation(s) or a denial for an Applicant/Resident.

In order to receive notification a LOD has been completed a Hospital Update Form or Nursing Facility Update Form must be completed.

DSPD Coming Online

DSPD is working with programmers to use the PASRR web-based system.

Hopefully, within the next several months, DSPD notifications will be automated similar to the SMI notifications.

Hospital/Nursing Facility Update Forms

WHEN SHOULD WE COMPLETE THIS FORM?

Any time there is a change in the information provided on the form (i.e., facility name, phone numbers, email addresses, authorized employees)

WHERE CAN WE FIND THIS UPDATE FORM?

The PASRR page on DSAMH's website (dsamh.utah.gov) > How Do I > Find PASRR Information > Facility Forms

WHO SHOULD COMPLETE THE UPDATE FORM?

The Facility Administrator/Designee should sign the form once all fields are completed.

WHERE DO I SEND THE UPDATE FORM?

Email the form to: pasrradmin@utah.gov

Hospital Update Form

COMPLETING THE UPDATE FORM

1. **Name of Hospital**
2. **Business Address:** physical address of the hospital
3. **Business Phone Number:** The phone number the State PASRR Office should call if there are questions
4. **Business Email:** The email address to which correspondence from the PASRR web-based system will be sent (i.e., LODs)
5. **PASRR Contact Person:** Person the State PASRR Office should contact if there are questions.
6. **Signature of Administrator/Designee**


State of Utah
GARY R. HERBERT
Governor
SPENCER J. COX
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES
ANN SILVERBERG WILLIAMSON
Executive Director
Division of Substance Abuse and Mental Health
DOUG THOMAS
Director

Hospital Update Form for State PASRR (Pre-Admission Screening Resident Review) Mental Health Authority

PLEASE PRINT LEGIBLY (All fields are required)

1. Name of Hospital: _____
2. Business Address: _____
3. Business Phone Number: _____
4. Business E-mail (for correspondence from our system): _____
5. PASRR Contact Person: _____
Position: _____
Phone Number: _____
E-mail Address: _____

I understand that it is my responsibility to notify the State PASRR office upon a change of contact information.

I hereby certify that the above information is true and correct to the best of my knowledge.

Administrator/Designee's Name: _____ Date: _____
Administrator/Designee's Signature: _____

State PASRR Office use only
Hospital ID: _____ Date Received: _____ Date Entered: _____
Notes: _____

DSAMEL, 193 North 1950 West, Salt Lake City, Utah 84116
Telephone (801) 538-7010 • Fax (801) 538-4000
Business hours are Monday through Friday 8:00 a.m. - 5:00 p.m.
pasrradmin@uh.gov

UTAH
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Nursing Facility Update Form

COMPLETING THE UPDATE FORM

1. **Name of Nursing Facility (NF)**
2. **Business Address:** physical address of the NF
3. **Business Phone Number:** The phone number the State PASRR Office should call if there are questions
4. **Business Email:** The email address to which correspondence from the PASRR web-based system will be sent (ie, LODs)
5. **Facility Specialties**
6. **Staff Information:** Employees authorized to access the PASRR web-based system.
7. **Signature of Administrator**

utah department of
human services
SUBSTANCE ABUSE AND MENTAL HEALTH
PASRR Nursing Facility Update Form

PLEASE PRINT LEGIBLY (All Fields are Required)

1. Name of Nursing Facility: _____
2. Business Address: _____
3. Business Phone Number: _____
4. Business E-mail (for correspondence from our system and can not be used as a login): _____
5. Please Circle all that your facility specializes:
Skilled Nursing _____ Short Term Care _____ Long Term Care _____
Locked Units _____ Locked Buildings _____ Dementia/Alzheimer Care _____
Other (please describe special services): _____
6. Staff Authorized to access the PASRR System (administrator's information is entered above their signature).
Suggestions: Admissions, BOM/Medical Records, Resident Advocate/SSW, DON/ADON, etc.
Please note that names and emails must match the UMD login and should not be hotmail accounts.

| Position | Name | Phone | E-mail Address |
|----------|-------|-------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I understand that it is my responsibility to notify the State PASRR office immediately upon a change of authorization.
I understand that changes not made through the quarterly change report must be done on Nursing Facility letterhead, signed by the Administrator, and email to pasrradmin@utah.gov.

Print Administrator's Name _____ Phone _____ E-mail Address _____

Administrator's Signature _____ Date _____

State PASRR Office use only

PASRR Letters of Determination

SMI Email Notification – Hospitals

- For residents in a hospital, an email will be automatically sent from pasrrsend@utah.gov when the State PASRR Office completes the Letter of Determination.
- The email is sent to the business email address indicated on the most recent Hospital Update Form.
- The body of the email will state what type of determination was approved/denied. You are required to give a copy of the letter to attending physician, as indicated in the email.
- A copy of the LOD will be attached to this email, with the client's first name with last initial and Level I number only.

PASRR Letters of Determination

SMI Email Notification – Nursing Facilities

- For residents already admitted to your facility, an email will be automatically sent from pasrrsend@utah.gov when the State PASRR Office completes the Letter of Determination.
- The email is sent to the business email address indicated on the most recent Nursing Facility Update Form.
- The email will include the link to the PASRR System to get the LOD.
- You are required to give a copy of the letter to the attending physician, as indicated in the email.

PASRR Letters of Determination

Email Notification – Nursing Facilities

For residents coming to your facility from the community, you will need to complete a name search to review LOD.

(We will go over this in more detail this afternoon.)

Sample LOD Notification Emails

HOSPITAL

The PASRR Determination results for: Test T » 4. Hospital Determinations ×



pasrrsend@utah.gov

to gerijardine, kraymond, me ▼

12:10 PM (0 minutes ago)



A PASRR Level II Determination has been completed for Test T, Level I Number; 900030. The patient has been approved for Short Term Stay. Please print the attached Letter of Determination and give it to the patient, his or her legal representative and the attending physician. This message has been automatically generated. Please do not reply to this message. This message is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, any disclosure, copying, or distribution of this information is strictly prohibited. If you have received this information in error, please immediately advise the sender by forwarding this email to pasrradmin@utah.gov and delete this message. Thank you.



NURSING FACILITY

Completed Determination for: Testing C. » 1. Determinations ×



pasrrsend@utah.gov

to kraymond, me ▼

Thu, Jan 17, 9:53 AM



A new PASRR Level II Determination is available for Testing C. Level I Number: 900004. Go to <https://pasrr.dhs.utah.gov/dhspasrr/pasrrHeaderAction.do> to view this determination. Please provide a copy of this letter to the attending Physician.

Example of LOD Letters



State of Utah
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Governor
SPENCER J. COX
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES
ANN SILVERBERG WILLIAMSON
Executive Director

Division of Substance Abuse and Mental Health
DOUG THOMAS
Director

PASRR LETTER OF DETERMINATION

Determination Date: 05/05/2016 - 3:29 PM

Short Term Stay

Mr. John G. - Level I 607637

The purpose of this notice is to inform you that you have been approved for Nursing Facility Services. The State PASRR (Preadmission Screening Resident Review) Office has determined that as long as your medical condition requires services you are approved for a Short Term Stay from 05/05/2016 to 09/02/2016. Please speak with the discharge planner if you desire to leave the Nursing Facility.

If you are receiving services through Medicaid, reimbursement for Nursing Facility Services will be terminated on 09/02/2016. Also, if you continue to need Nursing Facility Services, the Nursing Facility must contact your local PASRR Office prior to 09/02/2016 to request a reassessment.

Please contact the State PASRR Office at (801) 538-3918 or at the address listed at the bottom of this page with any questions regarding this letter.

Sincerely,

Robert H. Snarr, MPA, CMIIC, NCC
State Mental Health PASRR Program Manager

c: Pending

Reference: This determination complies with the Code of Federal Regulations 42, Part 483 Subpart C, Volume 57, No. 230.



State of Utah
GARY R. HERBERT
Governor
SPENCER J. COX
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES
ANN SILVERBERG WILLIAMSON
Executive Director

Division of Substance Abuse and Mental Health
DOUG THOMAS
Director

PASRR LETTER OF DETERMINATION

Determination Date: 04/10/2019 - 12:10 PM

Short Term Stay

Admit Date: 04/10/2019 - 12:00 AM

Mr. Test Test, NF Resident - Level I 900030
Care Of: Joe Test
159 N Davis Blvd
Roy UT 84010

Dear Mr. Test:

The purpose of this notice is to inform you that you have been approved for Nursing Facility Services. The State PASRR (Preadmission Screening Resident Review) Office has determined that as long as your medical condition requires services you are approved for a Short Term Stay from 04/10/2019 to 08/08/2019.

Please speak with the discharge planner if you desire to leave the Nursing Facility.

Also, if you continue to need Nursing Facility Services, the Nursing Facility must contact your local PASRR Office prior to 08/08/2019 to request a reassessment.

Please contact the State PASRR Office at (801) 538-3918 or at the address listed at the bottom of this page with any questions regarding this letter.

Sincerely,

Robert H. Snarr, MPA, LCMHC
State Mental Health PASRR Program Administrator

c: Country Life Care Center

Reference: This determination complies with the Code of Federal Regulations 42, Part 483 Subpart C, Volume 57, No. 230.

DSAMH Website PASRR Page

There are forms and training materials available to you on the DSAMH Website PASRR page: <http://dsamh.utah.gov>

Scroll past “How Do I?”

Click the “Find PASRR Information” link

The screenshot shows the DSAMH website homepage. At the top, there is a navigation menu with links for SERVICES, PROVIDERS, EDUCATION, REPORTS, ABOUT, and CONTACT. The main header features the text "SUBSTANCE ABUSE AND MENTAL HEALTH" and two columns of information about the Suicide Prevention Lifeline, including the phone number 1-800-273-8255. Below this is a section titled "Find Treatment In Your Area" with a map and a "Medical Payments" button. The footer contains three columns: "What's New?", "How Do I?", and "DSAMH Calendar". A red arrow points to the "How Do I?" section, which lists links for "Apply for a Limited Self-Diagnosis", "Find PASRR Information", "Obtain PASRR Service Schedules", and "Review Items on the OIG Inspection Findings and Recommendations".

DSAMH Website PASRR Page

Information on the PASRR Page includes:

- **Overview and Purpose**
- **System Access**
PASRR System & Create UMD
- **Download Forms**
Level I and Level II Forms
Nursing Facility and Hospital Update Forms
- **Local & State PASRR Office Contacts**
- **Training Resources**
Manuals
Memos
PowerPoint Presentations
- **Frequently Asked Questions**

PRE-ADMISSION SCREENING/RESIDENT REVIEW (PASRR)

Overview And Purpose

PASRR stands for Pre-Admission Screening/Residents Review and is part of the Federal Omnibus Budget Reconciliation Act. This federal law was enacted for three purposes:

1. To ensure that people with mental illnesses in Medicaid-funded nursing homes are being adequately diagnosed and treated.
2. To ensure that those with mental illness or a developmental disability only (and no substantial physical problem), are not being warehoused in nursing homes.
3. To ensure that the federal government is not paying for long term care of the mentally ill or developmentally disabled in nursing homes that do not meet nursing facility criteria.

- The PASRR process consists of two levels of assessment or evaluation: Level I and Level II. The Level I contains demographic information, medical, psychiatric and developmental diagnoses. It also services documents when and if a Level II is needed and is requested.
- The PASRR Level II evaluation is an in-depth review of medical, social, and psychiatric history, as well as ADL functioning. It also documents nursing care services that are required to meet the person's medical needs. This comprehensive evaluation is funded by federal monies, which is managed separately by State mental health and Developmental disability authorities. There is no charge to the patients.
- There are advantages to the patient because of the PASRR process. First, no one receives an in-depth evaluation of his/her psychiatric status, which is reviewed by psychiatrists. This service is provided at no cost to the patient. Second, recommendations made in the Level II are closely monitored by the State Bureau of Medicaid/Medical Program Certification and Resident Assessment, which provide oversight and approve payment to the nursing facility from Medicaid. This helps to ensure better care and monitoring by staff in the nursing facility.
- The need to complete the PASRR process is fairly specific and all nursing facilities that accept Medicaid as a primary payment must complete a Level I on every resident, regardless of how the individual resident will be paying for his/her nursing facility stay.

System Access

- Log in to the PASRR System
- Create a PASRR Login

Download Forms

- PASRR Forms
- Facility Forms

Contact Local PASRR Office

- Local PASRR and ID-RC Agencies by County
- Other Helpful PASRR Contacts

Training Resources

- PASRR Manuals
- PowerPoint Presentations
- Important Memos
- Helpful Training Materials

Frequently Asked Questions

- FAQ Memo

