

PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL I SCREENING ASSESSMENT GUIDE

Updated October 2024

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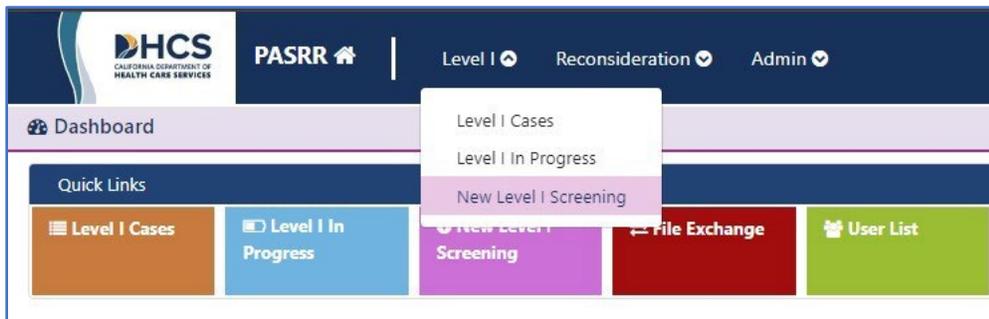
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NEW LEVEL I SCREENING

How to start a new Level I Screening in the PASRR system:

1. Log into the PASRR system using the direct link: <https://portal.dhcs.ca.gov>.
2. Enter your Microsoft account credentials.
3. Select the PASRR (PRODUCTION) icon.
4. On the Dashboard, select the "Level I" dropdown menu.
5. Select "New Level I Screening" (**see Screenshot 1**).

Screenshot 1:



FACILITY INFORMATION

This section assists in identifying the facility submitting the screening and their current contact information (**see Screenshot 2**). Required fields are marked with an asterisk (*), and you can hover over the number in the blue circle for a definition or more information.

The Facility Name, Facility Address, Facility Phone Number, Date Started, and Name of Person Completing Level I Screening will auto-populate and are connected to your PASRR account. If this information is incorrect, please stop and contact ITServiceDesk@DHCS.CA.GOV.

Please provide the following information:

- » Direct Phone Number and extension, if applicable
- » Facility Discharge Planner Fax
 - If there is no discharge planner fax, then the medical records fax number can be used to move forward with the screening.

- » Facility Medical Records Fax
- » Direct Email
- » Medical Plan Information (Medi-Cal, Medicare, Private Insurance #/ID, Not Available)
 - If you select one of the available options from the “Medical Plan Information” dropdown menu, you are required to enter the corresponding medical plan number in the adjacent field. If you are unable to enter the medical plan number, please select “Not Available.”

Screenshot 2:

Facility Name SUNNY VIEW MANOR	Facility Address 22445 CUPERTINO ROAD CUPERTINO CA 95014	Facility Phone Number (408) 253-4300	Direct Phone Number*	Ext.
Date Started 06/20/2024	Name of Person Completing Level I Screening Rose Gold	Facility Discharge Planner Fax *	Facility Medical Records Fax	
Direct Email	Medical Plan Information * Please enter medical plan information. ▼			

Key
Required fields are marked with an asterisk (*).
Hover over (i) for definition or more information.

SECTION I – INDIVIDUAL INFORMATION

Questions 1-4

This section assists in identifying the Individual and the Level I Screening type (see **Screenshot 3**).

Screenshot 3:

Section I - Individual Information

1 Last Name *	First Name *	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Date Of Birth * MM/DD/YYYY		
3 Screening Type * <input type="radio"/> Initial Preadmission Screening(PAS) 1 <input type="radio"/> Resident Review (RR) (Status Change) 2		4 Admission Date 3 * MM/DD/YYYY

1. Enter the Individual's Last Name, First Name, and Middle Name.
2. Enter the Individual's Date of Birth.
3. Enter the Screening Type (PAS or RR) (see Definition 1).
 - **Initial Preadmission Screening (PAS)** is selected for a **new admission** to the Medicaid-certified skilled nursing facility (SNF).
 - **Resident Review (RR)** is selected as a **status change** to update the previous PASRR.
4. Enter the Individual's current admission date to your facility. If it is a community admission to the SNF, you may enter a future admission date.

Definition 1:

- » **New Admission:** An Individual who has never been admitted to your facility and does not qualify as an interfacility transfer, or an Individual who has been discharged to the community and needs to return to the Medicaid-certified SNF.
- » **Status Change:** For current SNF residents, readmissions, and interfacility transfers who experience a significant change of condition or exceed the number of days allowed for their Categorical Determination or Exempted Hospital Discharge.

If you save the screening after this section, the case will be assigned a nine-digit PASRR CID number, and the status will be "In Progress." In-progress cases can be edited by selecting the edit screening button on the Level I Cases list. The system will retain the case in progress for two weeks before deleting it if not fully submitted.

SECTION II – INTELLECTUAL OR DEVELOPMENTAL DISABILITY OR RELATED CONDITIONS (ID/DD/RC)

This section assists in identifying whether an Individual has a suspected or confirmed diagnosis of ID/DD/RC (**see Screenshot 4**).

Screenshot 4:

Section II – Intellectual or Developmental Disability or Related Conditions (ID/DD/RC) -

5 The Individual has or is suspected of having a primary diagnosis of ID/DD/RC. ID/DD/RC include disabilities that originated before the age of 18, are expected to continue indefinitely, and constitute a substantial disability for an individual. This includes intellectual disability, cerebral palsy, epilepsy, autism, and closely related disabling conditions, but shall not include handicapping conditions that are solely physical in nature. *

Yes No Unknown

6 Because of their ID/DD/RC, the Individual experiences functional limitations. Examples of functional limitations include mobility, self-care, self-direction, learning/understanding/using language, and capacity for living independently. These limitations shall not be related to a physical or mental health condition that the Individual is also experiencing, they should be limitations caused solely by a developmental disability or conditions. *

Yes No Unknown

7 Has the Individual ever been referred to Regional Center for Services? *

Yes No Unknown

8 Has the Individual received services through a regional center? *

Yes No Unknown

Select "Yes," "No," or "Unknown" for the following questions:

5. The Individual has or is suspected of having a primary diagnosis of ID/DD/RC. ID/DD/RC include disabilities that originated before the age of 18, are expected to continue indefinitely, and constitute a substantial disability for an Individual. This includes intellectual disability, cerebral palsy, epilepsy, autism, and closely related disabling conditions, but shall not include handicapping conditions that are solely physical in nature.
 - If "Yes," a text box will appear to specify the type of ID/DD/RC suspected or the ID/DD/RC diagnosis.
6. Because of their ID/DD/RC, the Individual experiences functional limitations. Examples of functional limitations include mobility, self-care, self-direction, learning/understanding/using language, and capacity for living independently. These limitations shall not be related to a physical or mental health condition that the Individual is also experiencing, they should be limitations caused solely by a developmental disability or conditions.
 - If "Yes," a text box will appear to describe the functional limitations.
7. Has the Individual ever been referred to Regional Center for Services?
 - If "Yes," a text box will appear to provide the name of each regional center the Individual has been referred to.
8. Has the Individual received services through a Regional Center?
 - If "Yes," a text box will appear to describe the services.

If any questions in this section are answered "Yes," the case will be positive for ID/DD/RC and referred to the Department of Developmental Services (DDS) for their ID/DD/RC Level II referral process. For questions related to this section, please contact DDS at (833) 421-0061.

SECTION III – SERIOUS MENTAL ILLNESS (SMI)

Questions 9-11

This section assists in identifying whether an Individual has a suspected or diagnosed mental illness (see **Screenshot 5**).

Screenshot 5:

Section III - Serious Mental Illness - Definition 4

Diagnosed Mental Illness

9 Does the Individual have a serious diagnosed mental disorder such as Depressive Disorder, Anxiety Disorder, Panic Disorder, Schizophrenia/Schizoaffective Disorder, or symptoms of Psychosis, Delusions, and/or Mood Disturbance? *

Yes No

Suspected Mental Illness

10 After observing the Individual or reviewing their records, do you believe the Individual may be experiencing serious depression or anxiety, unusual or abnormal thoughts, extreme difficulty coping, or significantly unusual behaviors or does the individual actively engage in community mental health services?

Yes No

Psychotropic Medication

11 Has the Individual been prescribed psychotropic medications for Serious Mental Illness? 5 *

Yes No

Select "Yes" or "No" for the following questions:

9. Does the Individual have a serious diagnosed mental disorder such as Depressive Disorder, Anxiety Disorder, Panic Disorder, Schizophrenia/Schizoaffective Disorder, or symptoms of Psychosis, Delusions, and/or Mood Disturbance?
 - If "Yes," a text box will appear to specify the diagnosis or describe the symptoms, and question 10 is not required.
10. After observing the Individual or reviewing their records, do you believe the Individual may be experiencing serious depression or anxiety, unusual or abnormal thoughts, extreme difficulty coping, or significantly unusual behaviors or does the Individual actively engage in community mental health services?
 - If "Yes," a text box will appear to describe the symptoms or behaviors.

11. Has the Individual been prescribed psychotropic medications for Serious Mental Illness?

- If "Yes," a text box will appear to specify the psychotropic medications.

If all the questions in this section are answered "No," the Level I Screening can be submitted. The case will be negative for SMI, and the resolution will be "LII - Not Required." A "Notice of No Need Letter" will be available on the Level I Cases list.

If any question in this section is answered "Yes," the case may be positive for SMI, depending on how the next two sections are answered.

SECTION IV – CATEGORICAL DETERMINATION

Questions 12-15

This section assists in identifying whether an Individual has a Categorical condition that would prevent the Individual from benefiting from specialized mental health services (see Screenshot 6).

Screenshot 6:

Section IV – Categorical Determination (Only one out of 12-15 can be selected as "Yes")

Brief Stay

12 The Individual requires a stay of less than fifteen (15) calendar days. *

Yes No

Delirium

13 The Individual has a diagnosis of Delirium 6 and further diagnosis cannot be made until the Delirium clears. *

Yes No

Severe Physical Condition

14 The individual could not benefit from Specialized Add-on Services because of conditions including but not limited to coma, ventilator dependence, hospice and neurocognitive disorder. Neurocognitive disorder, and the previously used term, "Dementia," refers to a physical condition that disrupts the individual's capacity to engage in productive interaction or to communicate their needs such that participating in a face-to-face or telehealth evaluation would be unreasonably disruptive to their care. *

Yes No

15 If response to question number 12, 13, or 14 is yes, select the data source(s) that is the basis for the categorical selection: *

Hospital/Facility records Physician's evaluation Records of community mental health centers Records of community intellectual disability or developmental disability providers

Select "Yes" or "No" for the following questions:

12. The Individual requires a stay of less than fifteen (15) calendar days.

- If "Yes," 12a will appear to select the reason for brief stay.
 - Either Providing respite for caregiver(s) for a period not to exceed fourteen (14) calendar days, or

Protective services where the Stay is not expected to exceed six (6) calendar days, or an Emergency situation requiring protective services with placement in a Nursing Facility not to exceed seven (7) calendar days.

- If one of the reasons apply, questions 13 and 14 are not required.
- If none of the reasons listed apply, you must select "No" in response to question 12.

13. The Individual has a diagnosis of Delirium and further diagnosis cannot be made until the Delirium clears.

- If "Yes" is selected for this question, questions 12 and 14 are not required.

14. The Individual could not benefit from Specialized Add-on Services because of conditions including but not limited to coma, ventilator dependence, hospice, and neurocognitive disorder. Neurocognitive disorder, and the previously used term, "Dementia," refers to a physical condition that disrupts the Individual's capacity to engage in productive interaction or to communicate their needs such that participating in a face-to-face or telehealth evaluation would be unreasonably disruptive to their care.

- If "Yes" is selected, a text box for 14a will appear to provide the specific severe physical conditions that prevent the Individual from participating in Specialized Add-on Services and questions 12 and 14 are not required.

Select a type of data source for the following question:

15. If response to question number 12, 13, or 14 is yes, select the data source(s) that is the basis for the categorical selection:

- Select either Hospital/Facility records, Physician's evaluation, Election of hospice status, Records of community mental health centers, and Records of community intellectual disability or developmental disability providers.

If any question in this section is answered "Yes," the case may close as a Categorical, depending how the next section is answered.

SECTION V - CURRENT PHYSICAL DIAGNOSES, BED TYPE, AND EXEMPTED HOSPITAL DISCHARGE

Questions 16-18

This section assists in identifying physical health diagnoses, bed type, and if they qualify as an exempted hospital discharge (see **Screenshot 7**).

See Screenshot 7:

Section V - Current Physical Diagnoses, Bed Type, and Exempted Hospital Discharge

16 Specify all of the Individual's current physical diagnoses that require Nursing Facility services. *

17 Identify the Individual's current location by selecting one (1) of the following: *

General Acute Care Hospital Nursing Facility Group Home/Assisted Acute Psychiatric Hospital/Unit

Special Treatment Program/Institution for Mental Disease Intermediate Care Facility Other – specify

18 Does the Individual meet the criteria for an Exempted Hospital Discharge? **8** *

Yes No Unknown

Save Submit Cancel

Enter information in the text box for the following question:

16. Specify all the Individual's current physical diagnoses that require Nursing Facility services.

- a. This section can also be used to give additional information to the Level II Evaluation contractor. For example, the name of the SNF the Individual is being discharged to and the planned bed type placement.

Select the Individuals current bed type for the following question:

17. Identify the Individual's current location by selecting one (1) of the following: General Acute Care Hospital, Nursing Facility, Group Home/Assisted, Acute Psychiatric Hospital/Unit, Special Treatment Program/Institution for Mental Disease, Intermediate Care Facility, Other-specify.

- If the Individual is a community or out-of-state admission to the SNF, the SNF should select "Other" and enter the Individual's current location information.

Select Yes, No, or Unknown for the following question:

18. Does the Individual meet the criteria for the Exempted Hospital Discharge (EHD)?
- Only select "Yes" if all the following criteria apply:
 - » The Individual is directly admitted to the Medicaid-certified skilled nursing facility (SNF) from a hospital after receiving acute inpatient care at the hospital.
 - » The Individual requires SNF services for the same condition they were receiving care for in the hospital.
 - » The attending physician has provided written certification prior to SNF admission, stating that the Individual's stay is likely to require less than 30 calendar days of SNF services. This certification must be provided to the SNF to ensure the EHD was used correctly.

If the EHD question in this section is answered "Yes," the Level I Screening can be submitted. The case will be negative for Serious Mental Illness (SMI), and the resolution will be "LI – Exempted Hospital Discharge." An "Exempted Hospital Discharge Letter" will be available on the Level I Cases list.

If one "Yes" is selected for Section IV - Categorical Determination and the EHD question is answered "No" or "Unknown," the Level I Screening can be submitted. The case will be negative for SMI, and the resolution will be "LI-Categorical Review" while in review. If the case closes as a Categorical, the resolution will be "LI-Categorical," and a "Categorical Letter" will be available on the Level I Cases list.

If any question in Section III - Serious Mental Illness (SMI) is answered "Yes," and if all "No" options are selected for Section IV - Categorical Determination and the EHD question is answered "No" or "Unknown," the Level I Screening can be submitted. The case will close as positive for SMI, and the status will be "LI-Submitted" while in review. If the Level II Evaluation contractor confirms the Individual does not have an SMI, the resolution will close as "LII-Attempt – No SMI," and an "Attempt Letter" will be available on the Level I Cases list. If the contractor confirms the Individual does have an SMI, a Level II Evaluation will be conducted. After the Level II Evaluation, the case will be sent to a DHCS Clinical Psychologist for review. Once the case is closed, the resolution will be "Determination Available," and the "Determination Letter" will be available on the Level I Cases list.

When submitting a Level I Screening, please wait for the page to refresh to the Level I Case list. If you close the browser early, the screening will not fully submit correctly.

LEVEL I SCREENING CORRECTIONS

The Level I Screening must always reflect the Individual's current condition.

"In Progress" Screenings:

- » Can be edited by clicking on the pencil icon on your Dashboard or Level I Cases list.
- » Will automatically delete from the PASRR system after two weeks if not submitted.

Submitted Screenings:

- » Cannot be edited, even by DHCS.
- » For minor demographic errors, such as misspelling the first name or entering the wrong date of birth, make handwritten corrections and provide your initials on the printed Level I Screening for your records and TAR submission.
- » For major demographic and/or clinical errors, such as entering the wrong last name or selecting the wrong option for the clinical questions, the hospital must submit a new Pre-Admission Screening (PAS) and the SNF must submit a new Resident Review (RR) to update the previous screening.

ACCEPTABLE PASRR RESOLUTIONS AND LETTERS

A PASRR resolution letter is available once the PASRR process is completed, and the case is closed. To check the status of PASRRs, please review your Level I Cases list. The Case State field should indicate "Closed," and the Resolution field will provide the outcome. The resolution letter can be downloaded from the "View Letter" button in the action column. The letters must be distributed to the appropriate parties listed in the Cc, and copies of the PASRR must be included in the Individual's Medical Records.

It is crucial that a facility does not discharge an Individual to the Medicaid-certified SNF until the PASRR is closed with a valid resolution.

The following types of PASRR resolutions are valid PASRR resolutions and acceptable for admission to the Medicaid-certified skilled nursing facility (SNF):

- » **LI - Exempted Hospital Discharge (Exempted Hospital Discharge Letter)**
- » **LI – Categorical (Categorical Letter)**
- » **LII – Categorical (Categorical Letter)**
- » **LII - Attempt - No SMI (Attempt Letter)**
- » **LII - Not Required (Notice of No Need Letter)**
- » **Determination Available (Determination Letter)**
- » **Reconsideration Completed (Reconsideration Letter)**

Here are explanations for each acceptable resolution:

- » **LI - Exempted Hospital Discharge:** The Individual meets the qualifying conditions for an exempted hospital discharge (EHD). This resolution is valid for 30 days from the day the Individual is admitted to the Medicaid-certified SNF. If the Individual remains in the SNF for longer than 30 days, a new Level I Screening must be submitted as a Resident Review (RR) by day 31 to restart the PASRR process.
- » **LI - Categorical:** There is no need for specialized mental health services due to the Individual's categorical condition; a Level II Evaluation is not required.
- » **LII - Categorical:** The Level I Screening is initially positive for serious mental illness (SMI), but later determined to be a false positive upon review, and the correct categorical reason was identified. There is no need for specialized mental health services due to the Individual's categorical condition; a Level II Evaluation

is not required.

- » **LII - Attempt - No SMI:** The Level I Screening is initially positive for SMI but later determined to not have an SMI upon review. A Level II Evaluation is not required.
- » **LII - Not Required: The** Level I Screening was negative for SMI; a Level II Evaluation is not required. *Determination Available:* The Level II Evaluation contractor confirmed the Individual has an SMI. A Level II Evaluation is conducted and used to generate a Determination. The Determination lists the recommended Level of Care (LOC) and specialized mental health services. If there is a disagreement with the Determination, a Reconsideration request can be submitted in the PASRR system within 90 days of the Determination.
- » **Reconsideration Completed:** A review of the recommended Level of Care or specialized services listed in the Determination is completed. The outcome of the review potentially alters the original Determination.

UNACCEPTABLE PASRR RESOLUTIONS AND LETTERS

The following PASRR resolutions are not valid PASRR resolutions and are unacceptable for admission to a Medicaid-certified SNF:

- » **LI - Categorical Review**
- » **LI - In Progress**
- » **LI - Submitted (Notice of Need Letter)**
- » **LII – Unavailable (Unavailable Letter)**
- » **LII – Attempt (All Attempt Letters except for LII – Attempt – No SMI)**
- » **In Reconsideration**

Here are explanations for each unacceptable resolution:

- » **LI - Categorical Review:** The Level I Screening was positive for a Categorical condition and is pending review by the Level II Evaluation contractor to confirm the Categorical condition. SNF admission must be deferred until an acceptable resolution is obtained.
- » **LI - In Progress:** The Level I Screening is in progress and has not been submitted. The facility must submit the screening before a resolution can be determined.
- » **LI - Submitted: The Level I Screening was positive for a possible SMI and is pending review by the Level II Evaluation contractor. Admission to the SNF must be deferred until a valid resolution is obtained. The Notice of Need Letter provided is not a resolution letter and serves as a notification that a Level II review is needed.**
- » **LII - Unavailable and all LII - Attempt reasons (except for LII – Attempt – No SMI & Attempt - Duplicate):** The PASRR process is incomplete due to the specified reason. If the Individual is still at the facility and can participate in a Level II Evaluation, the facility must submit a new Level I Screening to restart the PASRR process.

- » **In Reconsideration:** The Reconsideration review process by DHCS is ongoing, and admission must be deferred until the resolution "Reconsideration Completed" with an appropriate reconsideration letter. Once the Reconsideration letter is available, please review carefully, as it may request the submission of a new PASRR to restart the PASRR process.

FILE EXCHANGE PROCESS FOR PASRR

The file exchange is a mandatory step for sending the completed PASRR to the admitting Medicaid-certified SNF before the Individual discharges from the facility. This ensures that the discharging facility completed the PASRR process and the admitting facility receives all necessary PASRR documents. File exchanges can only be sent on closed PASRR cases.

How to Initiate a File Exchange:

1. In the PASRR system, select the "Admin" dropdown menu.
2. Select "File Exchange."
3. Search the "PASRR CID#."
4. Select the "Initiate File Exchange" button under the action column.
5. Select the "To Facility" dropdown menu and type the name of the facility to which the file exchange is being sent (**see Screenshot 8**).
6. Confirm the Facility Name and Address.
7. Email the List of Approvers to inform them of the incoming file exchange or call the facility.
8. Select the "Ok" button.
9. Select "Ok" on the file exchange successfully pop-up.

Screenshot 8:

File Exchange 200-009-451

Required fields are marked with an asterisk (*).

From Facility **SUNNY VIEW MANOR**

To Facility *

A & C CONV HOSPITAL OF MILLBRAE

Ok Cancel

To Facility Address **33 MATEO AVENUE, MILLBRAE, CA, 94030**

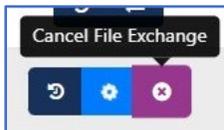
Approvers

- pasrr-Approver@yahoo.com | Viridian Green
- mangobanana@gmail.com | test adv
- testyrr@gmail.com | test tresf
- testanf@gmail.com | test tesdt
- testaddsalconi@gmail.com | saloni test

How to cancel a File Exchange that has been Initiated:

1. In the PASRR system, select the "Admin" dropdown menu.
2. Select "File Exchange."
3. Search "PASRR CID#."
4. Select the "Cancel File Exchange" button under the action column (**see Screenshot 9**).

Screenshot 9:



How to Accept a File Exchange Sent to Your Facility:

1. In the PASRR system, on the Dashboard, the Approver can view the incoming file exchange in the "Incoming File Exchange Requests" widget at the bottom left-hand corner (**see Screenshot 10**).
2. Confirm that the Individual is a future admission before accepting.
3. Select the "Accept Case" button (**see Screenshot 11**).

Screenshot 10:

Incoming File Exchange Requests				
PASRR CID	Resident Name	From Facility	Days Left	Action
200-009-458	DDS 3, May	SUNNY VIEW MANOR 22445 CUPERTINO ROAD CUPERTINO CA 95014	4	<input type="checkbox"/> <input type="checkbox"/>
200-009-456	DDS1, May	SUNNY VIEW MANOR 22445 CUPERTINO ROAD CUPERTINO CA 95014	4	<input type="checkbox"/> <input type="checkbox"/>
200-009-451	Determination 2, May	SUNNY VIEW MANOR 22445 CUPERTINO ROAD CUPERTINO CA 95014	5	<input type="checkbox"/> <input type="checkbox"/>

Screenshot 11:



How to Deny a File Exchange Sent to Your Facility:

1. In the PASRR system, on the Dashboard, the Approver can view the incoming file exchange in the "Incoming File Exchange Requests" widget at the bottom left-hand corner.
2. Select the "Decline Case" button (see Screenshot 12).

Screenshot 12:



Reviewing the PASRR:

When there is an incoming file exchange, the admitting facility must accept the case and review the PASRR for the following:

1. Ensure the responses to the PASRR's clinical questions were submitted accurately.
2. Confirm the PASRR closed with a valid resolution.

If the facility confirms that the PASRR was submitted accurately and closed with a valid resolution, they can authorize the discharge to their facility.

TREATMENT AUTHORIZATION REQUESTS (TAR):

Treatment Authorization Requests (TAR) are submitted by Medicaid-certified SNFs for billing PASRR services. Authorization requirements for specific procedures and services are governed by state and federal law. Certain medical procedures and services must receive authorization from the Department of Health Care Services (DHCS) before reimbursement can be approved.

- » The DHCS TAR field office uses the closed date on the valid resolution letter for reimbursement purposes. This date must be before or on the day of admission for the SNF to receive proper reimbursement for their services. Therefore, the entire PASRR process must be completed prior to admission.
- » If SNFs accept an admission without completing the PASRR process, Federal Financial Participation (FFP) will only be available for services rendered after the PASRR process is completed.
- » The TAR must include the Level I Screening and a valid resolution letter.
 - Please submit the initial Pre-Admission Screening (PAS) along with any applicable updated Resident Review (RR).
- » If a PASRR closes with a Determination, the recommended Level of Care (LOC) listed on the Determination must align with the facility's Level of Care. If it does not, the PASRR must be corrected before the Individual can be admitted to the facility, or the Individual must be placed in the recommended Level of Care.