



The Department of Health Care Services

Online PASRR Level I Training Manual

Updated Version January 22, 2015 Level I Training for Facilities

**Training for Online PASRR Screening
for General Acute Care Hospitals
and Skilled Nursing Facilities**

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California Department of
Health Care Services

1. INTRODUCTION

This training manual was created to assist General Acute Care Hospitals (GACH) and Skilled Nursing Facilities (SNF) to use “Online PASRR”, the online 6170 paper form. It provides background on the Preadmission Screening and Resident Review (PASRR) program, describes how to access and log in to Online PASRR, and guides the user on completing the Level I screening.

This document was prepared by the California Department of Health Care Services’ (DHCS) PASRR Section which is part of the Program Oversight & Compliance Branch of the Mental Health Services Division. The PASRR Section is responsible for ensuring the federal government’s Centers for Medicare and Medicaid Services (CMS) PASRR requirements and timelines are met.

1.1 REVIEW

The PASRR Level I form is used by all General Acute Care Hospitals and Nursing Facilities (NF) statewide. Within each facility there are two roles: the “User” who performs screenings and the PASRR “Administrator” who can see all cases for the facility. Online PASRR is an electronic, comprehensive system that supports all the steps in the PASRR process described below.

1. Level I Screen – Conducted by facility staff
 - If an individual has no mental health needs, the process stops and a letter is issued indicating no need for further evaluation.
 - If an individual has or is suspected to have a mental illness, they require an evaluation and a letter is generated to indicate this need.
2. Level II Evaluation – Conducted by a mental health clinician contracted by DHCS
3. Determination Letter (DL) – Composed by a licensed Consulting Psychologist in the DHCS PASRR section that includes recommendations for level of care and, if necessary, specialized services.
4. Notification – A completed DL will be available in Online PASRR to the user who performed the screening and the facility’s administrator. It is the responsibility of the facility to deliver a copy of the DL to the resident and other necessary parties depending on legal status of the individual, i.e. if they have a medical power of attorney, a conservator with medical decision making authority, and others as appropriate.

2. THE LEVEL I SCREEN

The Level I screen is completed online and submitted electronically to DHCS.

PASRR Screening is federally mandated and uniquely funded:

- (Section 1919(e)(7) of the Social Security Act and Chapter 42 of the Code of Federal Regulations, §483.100 through 483.138)
- Funded 75 percent Federal Financial Participation (FFP) and 25 percent State General Fund (SGF)

A Level I Preadmission screening must be administered to all NF applicants and should yield a positive result if the individual has a mental illness (MI) or is suspected of having an intellectual disability (ID). The PASRR process must be completed prior to the resident's admission to a Medicaid certified NF. If the PASRR process is not completed FFP is not available.

The initial screening is not designed to be a comprehensive evaluation. A Level I PASRR screening includes a review of documentation available at the screening location, relying on medical and psychiatric records. A Level I screening can be conducted with the available resources, including direct observations, client interviews, and collateral sources, such as personal caregivers and treatment providers.

A Resident Review is required any time a NF resident exhibits a significant change¹ in their physical or mental condition. It is also recommended, in the interest of best practices, that a new PASRR Level I is conducted a minimum of every 18 months. It may be convenient for the NF to conduct the Review along with the resident's Annual Review or some other periodic event typically conducted in nursing facilities.

It is important that the user entering the Level I PASRR screening is sufficiently trained in medical terminology and the use of medical records.

Online PASRR is a flexible system that changes as one moves through the questions. Depending on responses, subsequent items may become inactive or new questions may appear on the screen. For individuals without mental health needs, the form will be very brief. Online PASRR notifies the user that it will generate a letter stating that a more complete mental health evaluation is not needed. A longer form is automatically available if mental health needs are identified, and a letter is automatically generated stating that a mental health evaluation (Level II) is needed.

¹ There is no federal guideline specific to PASRR that defines "significant change in condition." The DHCS PASRR Section recommends utilizing the change of condition protocol for the MDS 3.0 manual (p. 2-20) a "significant change" is a decline or improvement in a resident's status that:

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting" (for declines only);
2. Impacts more than one area of the resident's health status; and
3. Requires interdisciplinary review and/or revision of the care plan.

2.1 ONLINE PASRR SCREENING TOOL

The Online PASRR Level I Screening Tool has eleven sections. Each section has one online page with several questions. The system changes as the user progresses through the sections with some questions being blocked and new questions appearing, depending on an earlier response. Mandatory fields are indicated by a red border. After completing a section, click 'Next' to move to the next section. If you want to go back to the previous section, click the 'Prev' button.

The Level I PASRR Screening sections are described below.

SECTIONS I - V

Section Title	Type of Information Entered
Section I. Resident Identification	Individual's name, identifying information, primary and secondary diagnosis, etc.
Section II. Facility Completing Level I	Name and address of facility
Section III. Mental Illness Screen	Diagnosis or indications of mental illness
Section IV. Intellectual or Developmental Disability or Related Condition	Indications of DD or other conditions requiring additional referral to other state agencies.
Section V. Major and Mild Neurocognitive Disorders	Information regarding exclusionary diagnoses. PASRR Evaluations are not required in cases of extreme neurocognitive disorders where the individual is incapable of being served by mental health interventions.

At this point in the screening, if there are obviously no mental health diagnosis identified, Online PASRR displays a notification that the screening is complete and a letter is being generated to state that no further evaluation is needed. In all other cases, Online PASRR displays the following additional sections.

SECTIONS VI - XII

Section Title	Type of information Entered
Section VI. Provisional Admission	Additional information regarding exclusionary criteria such as delirium status, requirement for protective services, or respite care for caregivers.
Section VII. Section30-Day Exempted Hospital Discharge	30 days of service required with physician that admission will be less than 30 days. Individuals who are expected to require less than 30 days in the NF do not require a Level II evaluation.
Section VIII. Resident Information	Marital status, language, insurance
Section IX. Community Placement	Community placement options must be considered.

Section Title	Type of information Entered
Section X. Conservatorship (Court Appointed)	Conservator contact information
Section XI. Individualized Determination (Severe Medical Condition)	Additional exclusionary criteria: Terminal illness, assessment of benefit or lack of benefit from mental health services

After completing the screening, the Online PASRR's Case List page is displayed. It shows the name of each individual, the status of the case, its resolution, and any actions taken. The Letter of Need or the Letter of No Need that results from the Screen can be accessed and printed. Both the user who performed the screening and the facility's PASRR Administrator can access the case and its documentation.

2.1.1 GENERAL SYSTEM USER NOTES

Advancing through the pages

At the bottom of each page are buttons with the available options. The user may advance to the next page by clicking NEXT or go back to the previous page by clicking PREV. Whenever a page is completed by clicking NEXT, the Screening is saved up to that point and may be revisited from the Dashboard. **In order to move backward, the user must use the PREV function. Do not use the browser's "back" button to move backward.** This action will fail to save any information entered on that page.

Pausing during a screening

You may stop at any time during the screening. The information you have entered will be saved through the last section fully completed. Partially completed sections do not save. A user may access partial screens with the blue pencil in the Level I Screening in Progress window as seen on your dashboard. To pause a screen, save the page you are working on by clicking next, and then select Dashboard. The screen status is now In Progress.

User Errors

If the user realizes he or she made an error during entry of the screening data or receives an unexpected outcome, e.g. a notice of no need when there is an obvious presence of mental illness, do not select Submit. Select Prev and go back through the screens to find and correct the error.

However, once the Screen has been submitted, there is no way to reverse the Screen results. If a Screen is submitted with incorrect data, a new Level I must be completed.



2.2 LEVEL I SCREEN SYSTEM BASICS

How to log in for the first time, set or re-set your password, and set or re-set your security questions are provided in the PASRR System Basics Training Manual.

Entry Screen

Online PASRR's entry screen provides contact information to the DHCS PASRR Section and to the California Department of Developmental Services (CDDS). It randomly displays a security question that you selected the first time you logged in.

The screenshot shows the "PASRR" entry screen. At the top left is the DHCS HealthCareServices logo. The main content area has four buttons arranged in a 2x2 grid:

- Faster** (blue button): More secure screening, helping patients stay in the community.
- Request Delegated Hospital Packet** (yellow button): Contact the PASRR coordinator, DHCS, Medi-cal utilization Management Division (UMD), (916)654-0521.
- Referrals to DMH** (red button): Mail PASRR - DHCS 6170 to: Department of Mental Health, PASRR Section, P. O. Box 997413, MS 2703 Sacramento, CA 95899-7413.
- Referrals to DDS** (green button): Mail Level II Referral to: Department of developmental services, PASRR Section, P. O. Box 997413, MS 2703 Sacramento, CA 95899-7413.

To the right of the buttons is a "security question" section:

Welcome NFUser4!
Before you can enter PASRR, please answer the following question

What is the name of the company of your first job?

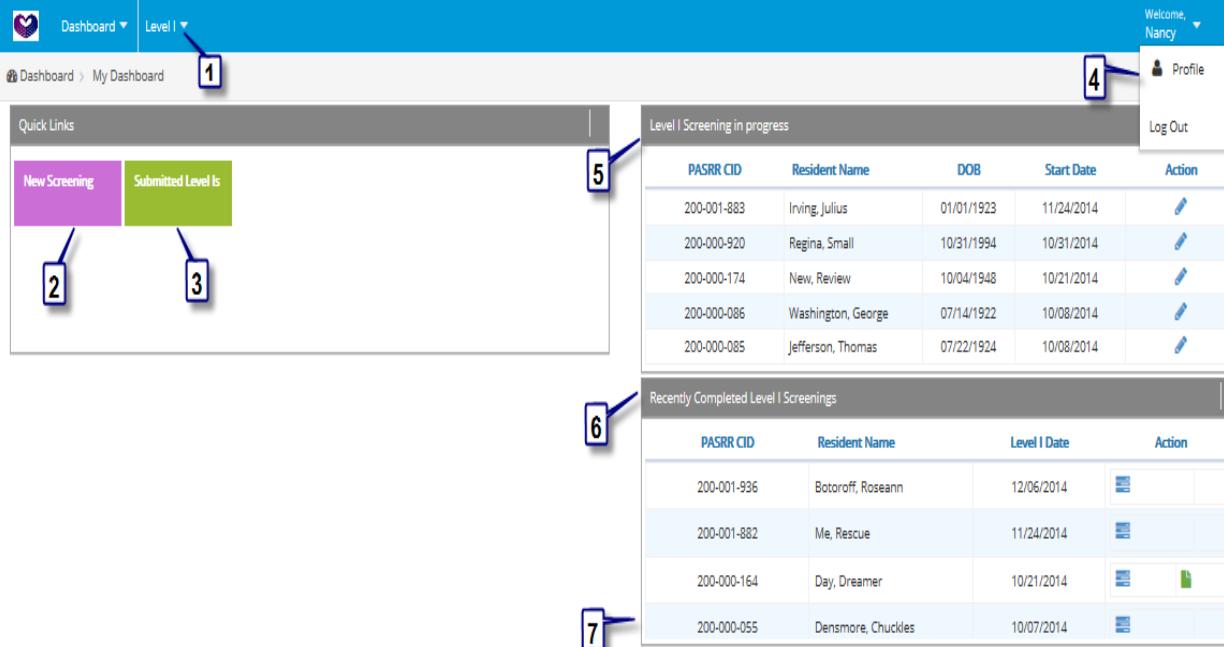
At the bottom of the screen are copyright and version information:

Copyright © 2014 State of California, All Rights Reserved.

PASRR Version 3.4.0.0

Using the Dashboard

When you log in to Online PASRR, your personal dashboard will be displayed. From the dashboard you access the system's main functions. You can change your security questions and answers, initiate a new screen, access and edit a previous screen, etc. You may also access a complete list of the Level I screenings you submitted by clicking on the green box labeled "Submitted Level Is."



The screenshot shows the Online PASRR dashboard with the following elements and numbered callouts:

- 1** Dashboard > My Dashboard
- 2** New Screening (purple button)
- 3** Submitted Level Is (green button)
- 4** Welcome, Nancy (Profile and Log Out)
- 5** Level I Screening in progress (table)
- 6** Recently Completed Level I Screenings (table)
- 7** PASRR CID (Client Identifier)

Level I Screening in progress

PASRR CID	Resident Name	DOB	Start Date	Action
200-001-883	Irving, Julius	01/01/1923	11/24/2014	
200-000-920	Regina, Small	10/31/1994	10/31/2014	
200-000-174	New, Review	10/04/1948	10/21/2014	
200-000-086	Washington, George	07/14/1922	10/08/2014	
200-000-085	Jefferson, Thomas	07/22/1924	10/08/2014	

Recently Completed Level I Screenings

PASRR CID	Resident Name	Level I Date	Action
200-001-936	Botoroff, Roseann	12/06/2014	
200-001-882	Me, Rescue	11/24/2014	
200-000-164	Day, Dreamer	10/21/2014	
200-000-055	Densmore, Chuckles	10/07/2014	

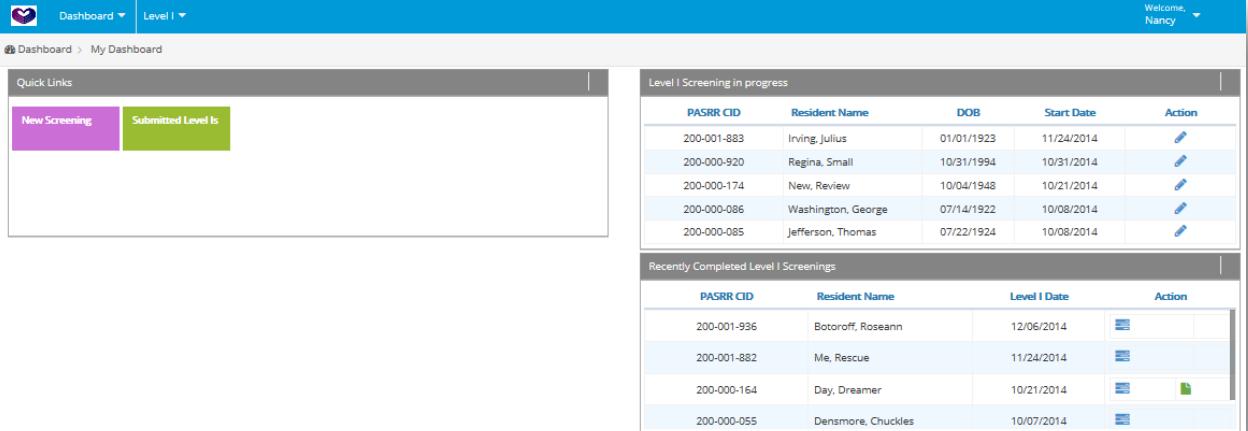
- Level 1** – Opens Section 1 of a new resident screening
- New Screening** – Alternate method to open Section 1 of a new resident screening
- Submitted Level Is** – Open the list of your cases on the Case List page
- 'Down Arrow'** – Opens your Profile and shows the Log Out command
- Level I Screening in Progress** – Displays your Level I Screenings in progress. Click the **'pencil'** in the Action column to edit a particular document.
- Recently Completed Level I Screenings** – Displays your completed Level I screenings. Click the **blue stack icon** to see the Level I form, click the **green document icon** to preview the associated document.
- PASRR CID** - The Client Identifier assigned by the PASSR software. Assigning an identifier specifically for Online PASSR protects the individual's personal health information such as social security or Medi-Cal number.

3. GETTING STARTED

A new Level I Screen may be initiated in two ways.

3.1 OPEN LEVEL I

1. On the dashboard, click '**New Screening**' in the purple box.

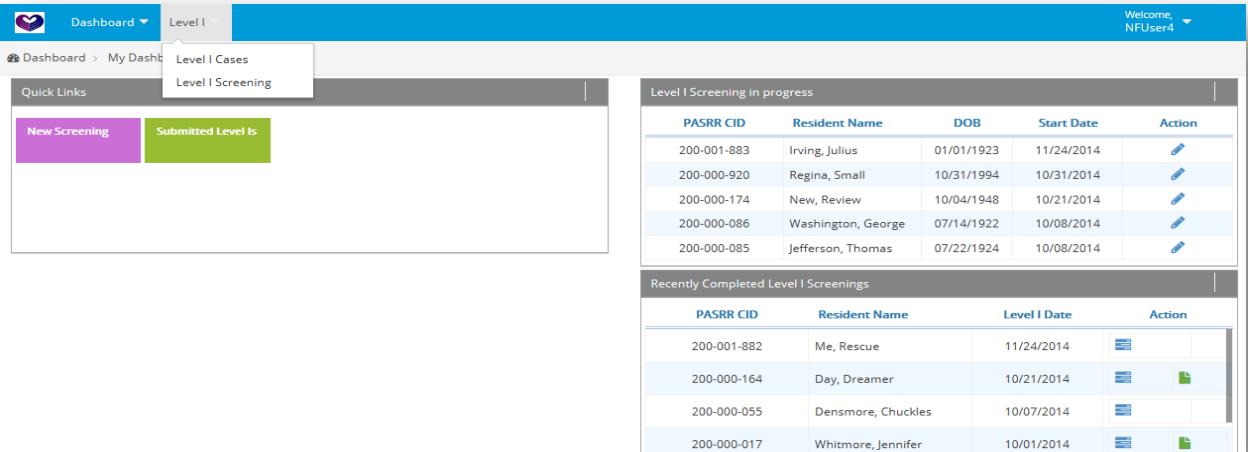


The screenshot shows the 'Dashboard' tab selected in the top navigation bar. Below it, the 'Level I' dropdown is open, with 'New Screening' highlighted in purple. The main content area is titled 'Level I Screening in progress' and shows a table of five screening entries. Below this is a section titled 'Recently Completed Level I Screenings' with a table of four completed entries. The 'New Screening' button is located in a 'Quick Links' sidebar on the left.

PASRR CID	Resident Name	DOB	Start Date	Action
200-001-883	Irving, Julius	01/01/1923	11/24/2014	
200-000-920	Regina, Small	10/31/1994	10/31/2014	
200-000-174	New, Review	10/04/1948	10/21/2014	
200-000-086	Washington, George	07/14/1922	10/08/2014	
200-000-085	Jefferson, Thomas	07/22/1924	10/08/2014	

PASRR CID	Resident Name	Level I Date	Action
200-001-936	Botoroff, Roseann	12/06/2014	
200-001-882	Me, Rescue	11/24/2014	
200-000-164	Day, Dreamer	10/21/2014	
200-000-055	Densmore, Chuckles	10/07/2014	

2. Alternatively, go to the Level I menu and select "**Level I Screening**" from the dropdown menu.

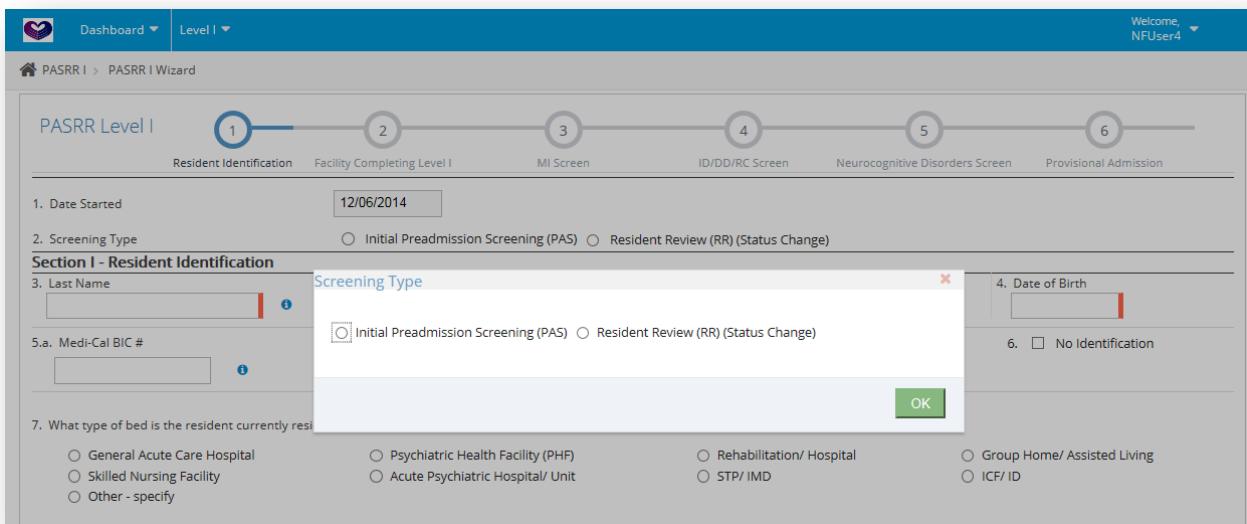


The screenshot shows the 'Dashboard' tab selected in the top navigation bar. Below it, the 'Level I' dropdown is open, with 'Level I Screening' selected. The main content area is titled 'Level I Screening in progress' and shows a table of five screening entries. Below this is a section titled 'Recently Completed Level I Screenings' with a table of five completed entries. The 'Level I Screening' option is highlighted in the 'Level I' dropdown menu.

PASRR CID	Resident Name	DOB	Start Date	Action
200-001-883	Irving, Julius	01/01/1923	11/24/2014	
200-000-920	Regina, Small	10/31/1994	10/31/2014	
200-000-174	New, Review	10/04/1948	10/21/2014	
200-000-086	Washington, George	07/14/1922	10/08/2014	
200-000-085	Jefferson, Thomas	07/22/1924	10/08/2014	

PASRR CID	Resident Name	Level I Date	Action
200-001-882	Me, Rescue	11/24/2014	
200-000-164	Day, Dreamer	10/21/2014	
200-000-055	Densmore, Chuckles	10/07/2014	
200-000-017	Whitmore, Jennifer	10/01/2014	

3. Select the screening type. You may perform an Initial Preadmission Screening or, if there has been a significant status change in condition for a resident, a Resident Review.



A Resident Review is required any time a NF resident exhibits a significant change² in their physical or mental condition. It is also recommended, in the interest of best practices, that a new PASRR Level I is conducted a minimum of every 18 months. It may be convenient for the NF to conduct the Review along with the resident's Annual Review or some other periodic event typically conducted in nursing facilities.

² There is no federal guideline specific to PASRR that defines "significant change in condition." The DHCS PASRR Section recommends utilizing the change of condition protocol for the MDS 3.0 manual (p. 2-20) a "significant change" is a decline or improvement in a resident's status that:

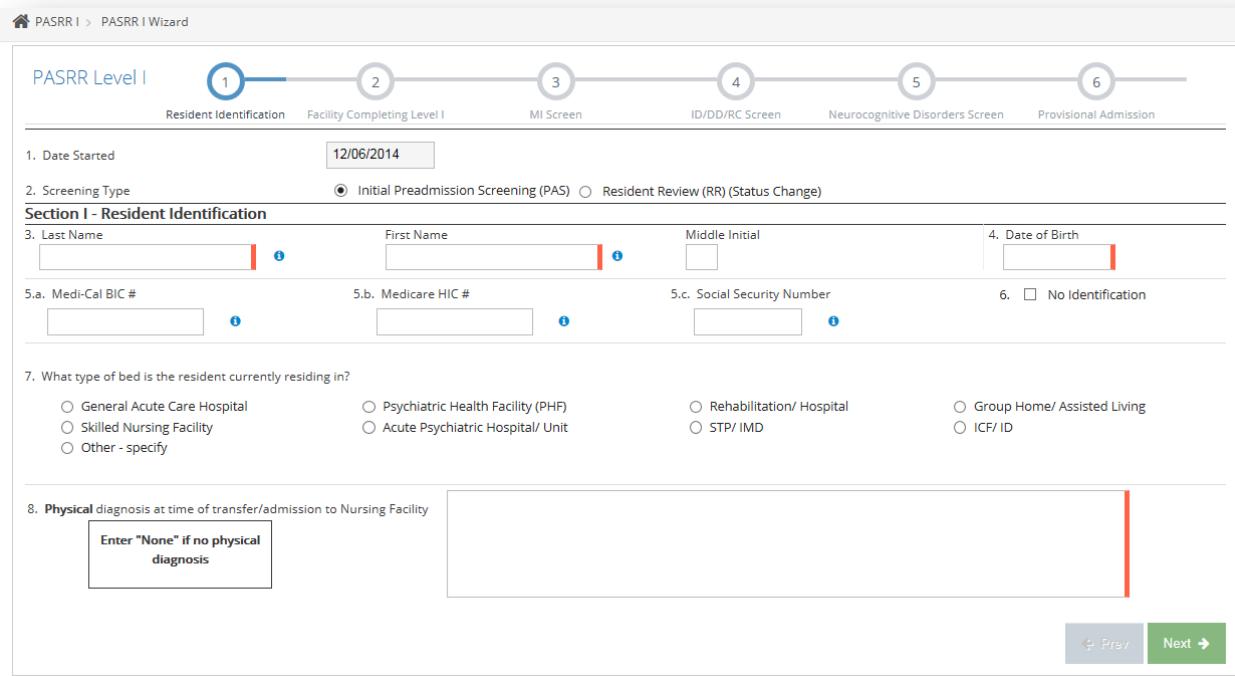
4. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting" (for declines only);
5. Impacts more than one area of the resident's health status; and
6. Requires interdisciplinary review and/or revision of the care plan.

4. COMPLETE LEVEL 1 SCREENING

This part of the training manual describes each section of the Level I Screening.

4.1 SECTION I – RESIDENT IDENTIFICATION

The purpose of this section is to provide general identifying information about the individual being screened, including name, current Level of Care (LOC), and a brief summary of their medical and mental conditions.



- Complete the section to identify the individual.
- **Red** – Any item or text boxes with red is required.
- **Blue Circle** – If you hover your mouse over the blue circle with a question mark, helpful information about the question will display.
- **Items 5.a, 5.b, and 5.c** – Provide as many of these identifying numbers as you can. If you only have one, enter it and move to item 7.
 - **Item 5.a** – Medi-Cal BIC # should be 14 characters long. In some cases a resident may have only 9 characters.
 - **Item 6** provides an option if the individual has no identification.
- **Item 8** - enter all the physical diagnoses separated by a comma.
- Select Next to move to the next section.

4.2 SECTION II – FACILITY COMPLETING LEVEL I

The purpose of this section is to provide necessary information about the facility performing the screening and the conditions of the proposed admission.

PASRR Level I					
Resident Identification	Facility Completing Level I	MI Screen	ID/DD/RC Screen	Neurocognitive Disorders Screen	Provisional Admission
PASRR CID 200-001-936	Last Name Botoroff	First Name Roseann		Middle Initial	DOB 12/12/1940
Section II - Facility Completing Level I					
9. Name of facility (no initials) completing the Level I prior to admission/transfer to the NF (PAS) or the NF where the resident currently resides (RR). This is the location where the Level II evaluation will occur when applicable.					
Facility Name: NORTHBAY MEDICAL CENTER	Name of Person Completing Form: User, Nancy				
Address: 1200 B GALE WILSON BOULEVARD	Phone: (707) 646-5000				
City: FAIRFIELD	Fax:				
State: CA	E-mail Address:				
Zip code: 94533					
10.a. Has the resident been out of a Nursing Facility for more than 90 days, whether in an acute hospital or community setting?					
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Transfer Date <input type="text"/> or Date Admitted <input type="text"/>			
10.c. Enter the proposed transfer date to the NF or enter the date the resident was admitted to the NF where currently located					
◀ Prev Next ▶					

- **Item 9** – Refers to the facility where the individual is residing at the time of the preadmission Screen.
- **Item 10. a** - The purpose of this question is to capture anyone who has been out of a facility for less than 90 days and is returning to the NF level of care, in which case they would not require a new PASRR screen (unless they have had a change in condition- Item 10b). If this Screen is for a new admission, select UNKNOWN for this question.

Item 10.b - This question only applies to Re-Admission after the resident has been released from the facility temporarily and is returning. The purpose of this question is to capture anyone who has had a change in condition, in which case they would require a new PASRR screen.

4.3 SECTION III – MENTAL ILLNESS SCREEN

The purpose of this section is to record any established or suspected mental illness. Any individual with a recent history of mental illness or who is suspected of having a mental illness requires a PASRR Level II evaluation.

PASRR Level I					
Resident Identification	Facility Completing Level I	MI Screen	ID/DD/RC Screen	Neurocognitive Disorders Screen	Provisional Admission
PASRR CID 200-001-936	Last Name Botoroff	3	4	5	6
					DOB 12/12/1940
Section III - Mental Illness (MI) Screen					
11. Diagnosis - Does the resident have, or is suspected of having, a mental illness?					
<input checked="" type="checkbox"/> Yes - Select applicable boxes <input type="radio"/> No			<input type="checkbox"/> Schizo affective Disorder (SAD) <input type="checkbox"/> Delusional (Paranoid Disorder) <input type="checkbox"/> Mood Disorder <input type="checkbox"/> Panic or Other Severe Anxiety Disorder <input type="checkbox"/> Bipolar <input type="checkbox"/> Other - specify		
Indications of MI					
12. Recent Treatment/History - The treatment history for the mental disorder indicates that the resident has experienced at least one of the following within the last two years.					
a. <input type="radio"/> Yes <input type="radio"/> No	Hospitalization for psychiatric treatment	d. <input type="radio"/> Yes <input type="radio"/> No	Significant disruption		
b. <input type="radio"/> Yes <input type="radio"/> No	Intensive Case Management	e. <input type="radio"/> Yes <input type="radio"/> No	Suicide Ideation with Plan (verified by psychiatric consult)		
c. <input type="radio"/> Yes <input type="radio"/> No	County Mental Health Services	f. <input type="radio"/> Yes <input type="radio"/> No	Suicide Attempt		
13. <input type="radio"/> Yes <input type="radio"/> No	Functional Limitation in Major Life Activities				
The disorder results in functional limitations in major life activities within the past three to six months that would be appropriate for the resident's developmental stage.					
14. <input type="radio"/> Yes <input type="radio"/> No	Interpersonal Functioning				
The resident has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and/or social isolation.					
15. <input type="radio"/> Yes <input type="radio"/> No	Concentration, Persistence, and Pace				
The resident has 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, manifests difficulties in concentration, demonstrates inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.					
16. <input type="radio"/> Yes <input type="radio"/> No	Adaptation to Change				
The resident has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.					
<input style="border: 1px solid #ccc; padding: 2px 10px; margin-right: 5px;" type="button" value="← Prev"/> <input style="border: 1px solid #ccc; padding: 2px 10px;" type="button" value="Next →"/>					

- **Item 11** - Enter the appropriate response. This information should be supported by a historical diagnosis. If there is no diagnosis in the available information, enter NO.
- ❖ **TIP:** This item is to register any psychiatric diagnoses the individual already has. The next sections will allow the user to enter information that suggests the person **may** have a mental illness.
- **Items 12 - 16** - Enter the appropriate response. In this section, the user may refer to available documentation for an indication of one of these problem areas. **Enter YES if** there is any indication of a positive status in one of the problem areas.
 - This screening does not require one to conduct a formal evaluation. If the problem area is clearly not supported, enter NO. If there is any suspicion of one of these problem areas, enter YES.
- ❖ **TIP:** These items help the system determine whether the person is suspected of having a mental illness.

4.4 SECTION IV – INTELLECTUAL OR DEVELOPMENTAL DISABILITY OR RELATED CONDITION DETERMINATION

The purpose of this section is to determine whether an individual may have an Intellectual or Developmental Disability that may require an additional referral to another state agency.

PASRR Level I					
Resident Identification	Facility Completing Level I	MI Screen	ID/DD/RC Screen	Neurocognitive Disorders Screen	Provisional Admission
PASRR CID 200-001-936	Last Name Botoroff	First Name Roseann	4	5	6
Section IV - Intellectual or Developmental Disability (ID/DD) or Related Condition (RC) Screen <hr/> 17. <input type="radio"/> Yes <input type="radio"/> No/Unknown Does the resident have an ID/DD/RC diagnosis? 18. <input type="radio"/> Yes <input type="radio"/> No/Unknown Does the resident have a history of a substantial disability prior to the age of 22? 19. <input type="radio"/> Yes <input type="radio"/> No/Unknown Is the resident a consumer of Regional Center services?					
← Prev Next →					

- **Items 17 – 19** - Answer YES only if the available information clearly indicates one of these areas. If the answer is unknown or the available information does not clearly support it, enter NO/UNKNOWN.

❖ **TIP:** A notification will appear indicating a need for referral to the Department of Developmental Services. The facility is responsible for making this referral.

4.5 SECTION V –NEUROCOGNITIVE DISORDERS

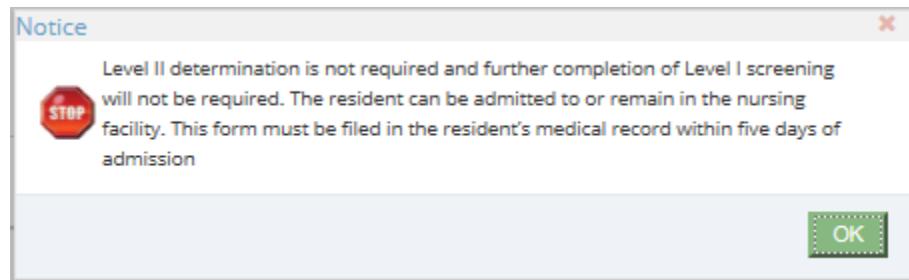
The purpose of this section is to establish that a categorical determination is necessary and a Letter of No Need will be produced. It identifies individuals with an advanced neurocognitive disorder who are unable to participate in additional mental health specialized services.

PASRR Level I		Resident Identification	Facility Completing Level I	MI Screen	ID/DD/RC Screen	Neurocognitive Disorders Screen	Provisional Admission
PASRR CID 200-001-936		Last Name Botoroff			First Name Roseann	Middle Initial 5	DOB 12/12/1940
Section V - Major and Mild Neurocognitive Disorders Screen <small>(formerly Dementia/Related Disorder Screen)</small>							
20. <input type="radio"/> Yes <input type="radio"/> No/Unknown Is there documented evidence that a major or mild Neurocognitive Disorder is due to Alzheimer's?							
21. <input type="radio"/> Yes <input type="radio"/> No/Unknown Is there documented evidence that a major or mild Neurocognitive Disorder is due to Traumatic Brain Injury, Vascular Disease, or Stroke/CVA?							
22. <input type="radio"/> Yes <input type="radio"/> No/Unknown Is there documented evidence that a major or mild Neurocognitive Disorder is due to any other causes than those listed in questions 21 and 22?							
← Prev Next →							

- **Items 20 – 22** - Answer YES only if the available information clearly indicates one of these areas. If the answer is unknown or the documentation does not clearly support it, enter NO/UNKNOWN.

If items 20 – 22 are YES, Online PASRR dynamically displays questions 23 and 24 to request additional information.

1. If the individual has no indicators of mental illness by the end of this section, Online PASRR will display a notice ending the screening because there is no need for a Level II evaluation.



2. Click OK.

PASRR I > PASRR I Wizard

PASRR Level I

Resident Identification Facility Completing Level MI Screen ID/DD/RC Screen Neurocognitive Disorders Screen Provisional Admission

PASRR CID: 200-001-936
Last Name: Botoroff
First Name: Roseann
Middle Initial: S
DOB: 12/12/1940

Section V - Major and Mild Neurocognitive Disorders Screen
(formerly Dementia/Related Disorder Screen)

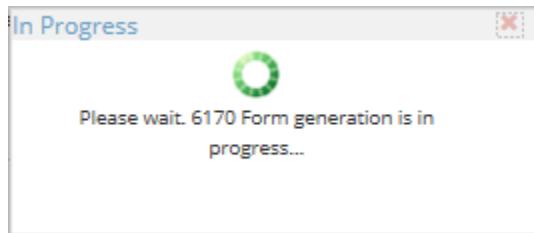
20. Yes No/Unknown Is there documented evidence that a major or mild Neurocognitive Disorder is due to Alzheimer's?

21. Yes No/Unknown Is there documented evidence that a major or mild Neurocognitive Disorder is due to Traumatic Brain Injury, Vascular Disease, or Stroke/CVA?

22. Yes No/Unknown Is there documented evidence that a major or mild Neurocognitive Disorder is due to any other causes than those listed in questions 21 and 22?

Buttons: ← Prev | Submit →

- Click SUBMIT and Online PASRR generates a letter stating there is no need for further evaluation.



- A notice displays as the 6170 form is generated.
- Once the form is complete, Online PASRR opens to the Case List window where the user may view all their completed cases. You will see the most recent case at the top of the list.
- To learn more about Case List or how to Save or Print a document go to Section List of Cases or Print a Document.

❖ **TIP:** If you receive a notice of no need when there is an obvious presence of mental illness, you should go back and check your work. Select 'PREV' to return to previous screens. Do not submit of the Screen.

❖ **TIP:** Once the Screen has been submitted, there is no way to edit the results of the Screen. You must initiate a new Level I.

4.6 SECTION VI – PROVISIONAL ADMISSION

This section is included to identify those individuals who are being admitted for reasons typically associated with a short term condition.

PASRR Level I						6
Resident Identification	Facility Completing Level I	MI Screen	ID/DD/RC Screen	Neurocognitive Disorders Screen	Provisional Admission	DOB 11/15/1939
PASRR CID 200-001-937	Last Name Stevens	First Name Peter	Middle Initial			
Section VI – Provisional Admission (Advanced Categorical Screen)						
25 a. <input type="radio"/> Yes <input type="radio"/> No Does the resident have delirium? Pending further assessment of delirium when an accurate diagnosis cannot be made until the delirium clears.						
26 a. <input type="radio"/> Yes <input type="radio"/> No Does the resident require protective services? Pending further assessment in emergency situations requiring protective services, with placement in a Nursing Facility.						
27 a. <input type="radio"/> Yes <input type="radio"/> No Is the resident being admitted to provide temporary respite for the in-home caregiver? (CA Health & Safety Code, Section 1418.1) Brief respite care for in-home caregivers, with placement of the resident in a NF.						
◀ Prev Next ▶						

1. **Item 25 – 27** - Answer YES only if the available information clearly indicates one of these areas. If the answer is unknown or the documentation does not clearly support it, enter NO/UNKNOWN.

4.7 SECTION VII – 30- DAY EXEMPTED HOSPITAL DISCHARGE

This section is included to identify those individuals who are being admitted from a hospital and are expected to require less than 30 days of care. Those expected to require admission to the facility for less than 30 days will be identified as not being referred for a Level II Evaluation. If, for some reason, the resident remains in the facility for more than 30 days, a new PASRR screen will be required on day 31.

PASRR Level I		7	8	9	10	11
30-Day Exempted Hospital Discharge		Resident Information	Community Placement	Conservatorship	Individualized Determination	
PASRR CID	200-001-997	Last Name Stevens	First Name Peter	Middle Initial	DOB 11/15/1939	
Section VII - 30-Day Exempted Hospital Discharge						
28 a. <input type="radio"/> Yes <input type="radio"/> No Has the resident been admitted from a hospital after receiving acute inpatient care and requires NF convalescent or rehabilitation services related to the condition for which they received care in the hospital?						
28 b. <input type="radio"/> Yes <input type="radio"/> No Will the resident's stay at your facility likely to require less than 30 days of NF services?						
29 a. <input type="radio"/> Yes <input type="radio"/> No Has the attending physician certified before/upon admission to the NF that the resident is likely to require less than 30 days of NF services?						
29 b. Enter Physician's Name <input type="text" value="Peter Stevens"/>						
29 c. <input type="checkbox"/> I acknowledge that the information entered in 29a and 29b (if applicable) is true. *						
29 d. Date new Level I Due (Day 31 after admission) <input type="text" value="11/31/2019"/>						
◀ Prev Next ▶						

- Item 28. a.** - If the individual is being admitted from a hospital, answer YES unless the person is admitted to the facility for reasons other than the reason they were in the hospital. If the answer is NO, select Next to move to Section VIII.
- Items 28.b.to 29.d.** - If the answer to 28. A. is YES, answer these items.

Signature Information

29 b. * Enter Physician's Name. (for example 'Dr. John Smith')	<input type="text" value="Peter Stevens"/>
29 c. * <input type="checkbox"/> I acknowledge that the information entered in 29a and 29b (if applicable) is true.	
OK Cancel	

- Item 29.b.and c.-** Indicate acknowledgement or endorsement by a physician. The physician is not required to sign a document of endorsement.

❖ **TIP:** These items are included to support a 30 day exemption which requires a physician's endorsement. An example of such a brief SNF stay would be when an elderly individual requires several days to recover from minor surgery but does not require a hospital level of care.

4.8 SECTION VIII – RESIDENT INFORMATION

The purpose of this section is to document demographic data.

PASRR Level I



30-Day Exempted Hospital Discharge PASRR CID 200-001-937	8 Resident Information Last Name Stevens	9 Community Placement First Name Peter	10 Conservatorship	11 Individualized Determination Middle Initial	DOB 11/15/1939
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Section VIII - Resident Information

30. Gender ---- Please Select ---- <input checked="" type="checkbox"/>	31. Marital Status ---- Please Select ---- <input checked="" type="checkbox"/>	32. Date of Last Complete Physical Examination <input type="text"/>		
33. Primary Language Spoken ---- Please Select ---- <input checked="" type="checkbox"/>	34. Language Interpreter Needed? <input type="radio"/> Yes <input type="radio"/> No	35. Hearing Impaired? <input type="radio"/> Yes <input type="radio"/> No		
36. Type of Insurance (check all that apply)				
<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medi-Cal Pending	<input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Pending	<input type="checkbox"/> Managed Care <input type="checkbox"/> HMO	<input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance	<input type="checkbox"/> Private Pay <input type="checkbox"/> Unknown

[← Prev](#) [Next →](#)

Item 32 - Enter the date of last physical examination. If the date is not known, enter the date of the last known encounter with a physician. Obtain this information from interviewing the client, caregivers, or from the available documentation.

4.9 SECTION IX – COMMUNITY PLACEMENT

The purpose of this section is to consider whether community placement is an option.

PASRR Level I		30-Day Exempted Hospital Discharge	Resident Information	Community Placement	Conservatorship	Individualized Determination							
PASRR CID 200-001-937		Last Name Stevens		First Name Peter		Middle Initial	DOB 11/15/1939						
Section IX - Community Placement <p>39. <input type="radio"/> Yes <input checked="" type="radio"/> No Is Community Placement an option?</p> <p>If No, Select all applicable reasons</p> <table> <tr> <td><input type="checkbox"/> Community resources unavailable</td> <td><input type="checkbox"/> Due to, or change in medical, mental, and/ or physical functioning capability</td> </tr> <tr> <td><input type="checkbox"/> Caregiver unavailable</td> <td><input type="checkbox"/> Resident, conservator, or family choice</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>								<input type="checkbox"/> Community resources unavailable	<input type="checkbox"/> Due to, or change in medical, mental, and/ or physical functioning capability	<input type="checkbox"/> Caregiver unavailable	<input type="checkbox"/> Resident, conservator, or family choice	<input type="checkbox"/> Other	
<input type="checkbox"/> Community resources unavailable	<input type="checkbox"/> Due to, or change in medical, mental, and/ or physical functioning capability												
<input type="checkbox"/> Caregiver unavailable	<input type="checkbox"/> Resident, conservator, or family choice												
<input type="checkbox"/> Other													
◀ Prev Next ▶													

- **Item 39** - Enter the appropriate information. If the answer is unknown, enter NO.
 - If NO is selected, reasons are displayed. Enter the reason community placement is not an option.
- **Version Issue:** In future versions of Online PASRR, this question will read, “Have community placement alternatives been considered?”

4.10 SECTION X – CONSERVATORSHIP (COURT APPOINTED)

The purpose of this section is to capture information about the resident's conservator if one has been appointed.



PASRR Level I

30-Day Exempted Hospital Discharge Resident Information Community Placement Conservatorship Individualized Determination

PASRR CID: 200-001-937 Last Name: Stevens First Name: Peter Middle Initial: DOB: 11/15/1939

Section X – Conservatorship (Court Appointed) Power of Attorney (medical/fiduciary) is not a conservatorship

40. Yes No Does the resident have a Conservator?

Name: _____

Address: _____

City: _____

State:

Zip Code: _____

Phone: _____

Fax: _____

Prev **Next**

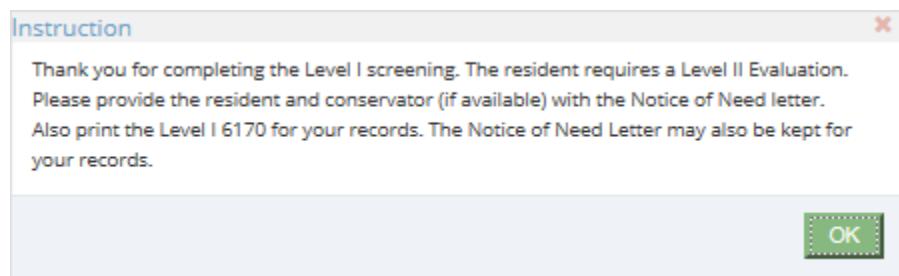
- If the individual has a Conservator, the section expands to accept more information.

4.11 SECTION XI - INDIVIDUALIZED DETERMINATION- SEVERE MEDICAL CONDITION

This section is intended to identify individuals who have such severe physical illness that they are unable to participate in any mental health services, such as those individuals on hospice or in a coma.

PASRR Level I		30-Day Exempted Hospital Discharge	Resident Information	Community Placement	Conservatorship	Individualized Determination
PASRR CID 200-001-937		Last Name Stevens		First Name Peter		Middle Initial 11 DOB 11/15/1939
Section XI - Individualized Determination <hr/> 41. <input type="radio"/> Yes <input type="radio"/> No Terminal Illness The resident has a terminal illness as defined for hospice purposes in §418.3, CFR, Title 42, Part 483. The attending physician certified the resident's life expectancy is less than six months.						
43. <input type="radio"/> Yes <input type="radio"/> No Severe Physical Condition The resident has a severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or diagnosis such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, or congestive heart failure which results in a level of impairment so severe that the resident could not be expected to benefit from specialized services.						
<input type="button" value="← Prev"/> <input type="button" value="Submit →"/>						

- Enter the appropriate information. Enter NO unless the available information clearly indicates one of these conditions. **Item 42** appears if you select YES for 41.
- **Item 44** appears if you select YES for 43.
- **Submit** - Click submit to automatically send the screening to DHCS.



- **OK** - Click OK and the system submits the Level I to DHCS.
- A notice appears while the Form 6170 generates.
- After the submission is complete, the List of Cases opens and you see the case you just completed at the top of the list.

You may then print this completed form for your records and include it in the individual's file. The Screen will be submitted to DHCS electronically by Online PASRR.

If a Level II Evaluation is needed, the facility will be contacted by the DHCS Contractor to schedule an interview.

4.12 LIST OF CASES

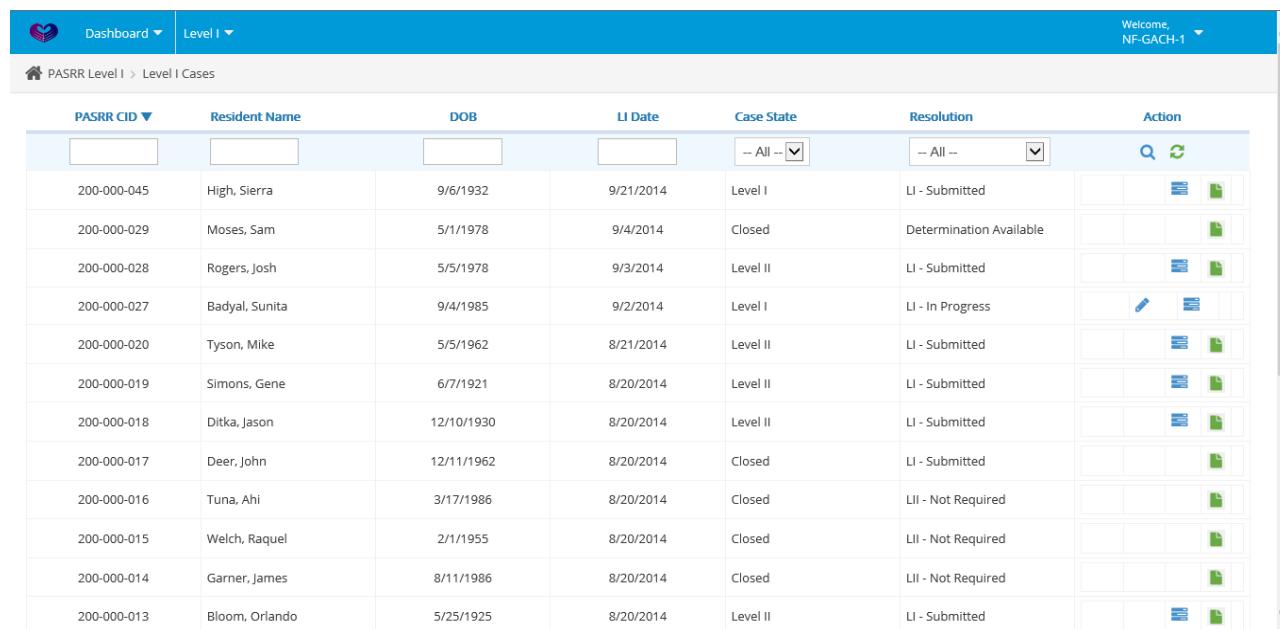
After submitting a Level I screen, the List of Cases opens. After the submission is complete, the List of Cases opens and you see the case you just completed at the top of the list. . From here you can print documents, such as the Level I DHCS 6170 form or letters generated by Online PASRR. You can also review the status of the case.

To reach this page from your dashboard, click on **Submitted LIs** in the green box.

You have several options for sorting the Case List. The down arrows allow the user to sort the list according to their preference.

To put your In Progress cases at the top: in the **Resolution** column, select the down arrow and highlight **'LI – In Progress'**.

To narrow your search, you can filter the Case List by specific search criteria or even seek a particular case by entering the CID number or other data such as the resident's last or first names.



PASRR CID ▼	Resident Name	DOB	LI Date	Case State	Resolution	Action
200-000-045	High, Sierra	9/6/1932	9/21/2014	Level I	LI - Submitted	 
200-000-029	Moses, Sam	5/1/1978	9/4/2014	Closed	Determination Available	
200-000-028	Rogers, Josh	5/5/1978	9/3/2014	Level II	LI - Submitted	 
200-000-027	Badyal, Sunita	9/4/1985	9/2/2014	Level I	LI - In Progress	 
200-000-020	Tyson, Mike	5/5/1962	8/21/2014	Level II	LI - Submitted	 
200-000-019	Simons, Gene	6/7/1921	8/20/2014	Level II	LI - Submitted	 
200-000-018	Ditka, Jason	12/10/1930	8/20/2014	Level II	LI - Submitted	 
200-000-017	Deer, John	12/11/1962	8/20/2014	Closed	LI - Submitted	
200-000-016	Tuna, Ahi	3/17/1986	8/20/2014	Closed	LII - Not Required	
200-000-015	Welch, Raquel	2/11/1955	8/20/2014	Closed	LII - Not Required	
200-000-014	Garner, James	8/11/1986	8/20/2014	Closed	LII - Not Required	
200-000-013	Bloom, Orlando	5/25/1925	8/20/2014	Level II	LI - Submitted	 

- **PASRR CID** – The Client Identifier is assigned by the PASSR software. Assigning an identifier specifically for the PASSR software protects the individual's personal health information such as Social Security or Medicare number.
- **Resident Name** – The list of individuals is listed by last name.
- **DOB** – Date of Birth
- **LI Date** – Date the Level I screen was submitted to DHCS. This date may differ from the date of admission.

The information in the next two columns tracks the movement of the case through the PASRR workflow. The status of the case changes as it is routed from facilities to DHCS, to Contractors, back to DHCS for the Determination Letter, and back to the facility. This information allows the facility to follow the progress of the case online as it moves from one entity to the next. As the case moves through its life-cycle and entities in different roles put their updates into Online PASRR, the case state is automatically updated to show status.

PASRR Level I > Level I Cases						
PASRR CID ▼	Resident Name	DOB	LI Date	Case State	Resolution	Action
200-001-937	Stevens, Peter	11/15/1939	12/6/2014	Level I	All – Determination Available Duplicate In Reconsideration LI - In Progress LI - Submitted LI - Attempted LI - Categorical LI - Not Required LI - Unavailable Reconsideration Completed	 
200-000-955	Jackfrost, James	3/1/1995	11/18/2014	Level II		 
200-000-929	Barker, Bob	12/2/1935	11/4/2014	Level II		 
200-000-922	David, Troop	9/5/1992	11/4/2014	Level II		 
						 
						 

- **Case State** – This column identifies current state of the case in the PASRR workflow. There are four possible states:
 - Level I – The first state can be either a Preadmission or Resident Review screen
 - Level II – The second state occurs when the resident is evaluated for mental illness by the DHCS contracted evaluator that submits recommendations for treatment and placement.
 - Closed – The case is closed due to completion of Level I or Level II activities. For example; if a case will not require a Level II evaluation or when a Determination Letter is issued, a case is closed.
 - Reconsideration – A case may be reopened when a resident, nursing facility, or conservator request that DHCS review the status of a resident who already has a case.
- **Resolution** – Within a case state, a case is in a specific status. For example, within Level I, the resolution of a case may be: In Progress, in DHCS Review, or Ready for Contractor Assignment. These terms help the facility understand exactly where the case is in the PASRR Workflow.



STATUS AS DEFINED BY THE RESOLUTION AND CASE STATE

RESOLUTION	CASE STATES	STATUS
Determination Available	Closed	<p>The Determination is complete and the Determination Letter is available.</p> <p>The entire Level II process is complete and a Determination Letter has been issued.</p>
Duplicate	None	The system will not allow a nursing facility or hospital to perform a new Level I screening if a screening is already in progress in the system and the case is active.
In Reconsideration	Reconsideration	<p>When a reconsideration request is received by the PASRR office, a PASRR Consulting Psychologist (other than the one who authored the Determination Letter) will review the request along with other relevant information and respond to the requestor through a letter processed in Online PASRR.</p> <p>The user will be able to track the progress of the Reconsideration procedure in the Case State window.</p> <p>Once the Reconsideration Letter has been published, it will be available to the Facility. The Screener or the Facility PASRR Administrator will be able to view the Reconsideration Letter in the Case List window.</p>
L I – In progress	Level I	The Level I screening has begun and is not yet complete.
L I – Submitted	Level I	The Level I screening has been submitted to DHCS and the information in it indicates that an evaluation is required.
L II – Attempted	Closed	<p>A Level II was attempted but not completed. One of the following reasons was selected:</p> <ul style="list-style-type: none">➤ Discharged➤ Deceased➤ Transferred to Acute Care Hospital➤ Never Admitted to Facility➤ NF Evacuated due to Natural Disaster
L II – Categorical	Closed	<p>The PASRR Level II process was terminated due to a Categorical Determination. One of the following reasons was selected:</p> <ul style="list-style-type: none">➤ Dementia➤ Advanced Physical Illness➤ Terminally Ill
L II – Not Required	Closed	The Level I screening has been submitted to DHCS and the information in it indicates that an evaluation is not needed.
L II – Unavailable	Closed	<p>A Level II will not be performed because the individual is not available. One of the following reasons was selected:</p> <ul style="list-style-type: none">➤ Discharged➤ Deceased

RESOLUTION	CASE STATES	STATUS
		<ul style="list-style-type: none"> ➤ Transferred to Acute Care Hospital ➤ Never Admitted to Facility ➤ NF Evacuated due to Natural Disaster
Reconsideration Completed	Closed	The Reconsideration has been completed

- **Action** – Documents created by Online PASRR can be accessed and printed from here. Documents are in PDF format.



- To sort or filter your files, enter search criteria in, for example, the Resident Name or Case State box. Click the magnifying glass to sort.



- Click this Refresh icon to refresh the page and show all your cases after a sort.



- Click the blue Form icon to view a Level I Evaluation



- Click the green Document icon to see any letters, such as Notice of Need Letter or Determination Letter.



- Click the blue Pencil icon to edit a Level I Evaluation that is still in progress.

5. PRINT A DOCUMENT

From the dashboard, access the Case List page via the Level I menu.

The Case List displays only the cases you have entered. Users will only have access to cases that you submitted. Administrators have access to all cases in the Facility.

Select the case and the document that you would like to print. The document opens as a PDF and is then available to save or print.

Note: Adobe Acrobat Reader or other PDF viewer must be installed on your system and the system must be connected to a printer.

PASRR Level I > Level I Cases						
PASRR CID ▾	Resident Name	DOB	UI Date	Case State	Resolution	Action
200-000-029	Moses, Sam	5/1/1978	9/4/2014	Closed	Determination Available	
200-000-017	Deer, John	12/11/1962	8/20/2014	Closed	LI - Submitted	
200-000-016	Tuna, Ahi	3/17/1986	8/20/2014	Closed	LII - Not Required	
200-000-015	Welch, Raquel	2/1/1955	8/20/2014	Closed	LII - Not Required	
200-000-014	Garner, James	8/11/1986	8/20/2014	Closed	LII - Not Required	
200-000-012	Smith, Steven	2/14/1956	8/20/2014	Closed	LII - Not Required	
200-000-006	Admission, Provisional	3/11/1982	8/5/2014	Closed	LII - Not Required	
200-000-005	Thirty-Days, Under	8/1/1982	8/5/2014	Closed	LII - Not Required	
200-000-002	Tyson, Mike	5/5/1962	8/1/2014	Closed	LII - Not Required	
200-000-001	Iyer, Rukhmini	8/13/1934	8/1/2014	Closed	LII - Not Required	
100-000-080	JANE, Kimberly	7/4/1988	8/4/2014	Closed	LII - Not Required	
100-000-073	Cruz, John	5/8/1963	7/21/2014	Closed	LII - Not Required	
100-000-070	James, Stacy	7/9/1986	7/21/2014	Closed	LII - Not Required	
100-000-005	Costa, Janis	11/10/1990	7/2/2014	Closed	LII - Not Required	

Click on the document icon on the right of the screen, in the **Action** column, and it will display in a separate window. You can print or save the document.



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

Peter Stevens
NORTHBAY MEDICAL CENTER
1200 B GALE WILSON BOULEVARD
FAIRFIELD, CA, 94533

LEVEL I DATE : 12/06/2014
PASRR CID : 200-001-937

Dear Peter Stevens,

NOTICE OF PASRR LEVEL II EVALUATION

All individuals entering a Medicaid certified nursing facility are required to have a Preadmission Screening Resident Review (PASRR) Level I screen and, if necessary, a Level II evaluation completed, pursuant to 42 U.S.C. 1296r(e)(7).

The PASRR team for the Department of Health Care Services (DHCS) has reviewed your Level I PASRR Screening Document (DHCS 6170). The purpose of this notice is to inform you that your Level I PASRR screen indicated that a Level II PASRR evaluation is necessary to ensure that the nursing facility is able to provide the level of care and services that you need.

Your Notice of PASRR Level II Evaluation will appear similar to this sample. Click the print icon to print the document.