California Department of Health Care Services
PASRR Facility Training
What is PASRR?

PASRR:

Pre-Admission Screening and Resident Review
  • Required by law per 42 CFR 483.100-483.138

Goal of PASRR:

To determine if individuals with serious mental illness (SMI) and/or intellectual/developmental disability (ID/DD) or related conditions (RC) require the need for:
  • Nursing Facility (NF) services (considering the least restrictive setting)
  • Specialized services

Achieved by:

Level I screening
  • Tool that helps identify possible SMI and/or ID/DD/RC

Level II evaluation
  • Determines placement & specialized services
  • Department of Health Care Services (DHCS) is responsible for SMI Level II evaluations/determinations
  • Department of Developmental Services (DDS) is responsible for ID/DD/RC evaluations/determinations
The whole PASRR process is required:

Prior to an individual being admitted into a Medicaid-certified nursing facility
  • Regardless of the individual’s insurance type

Pre-Admission compliance:

Currently, California PASRRs are done post-admission
  • DHCS is working with Centers for Medicare & Medicaid Services (CMS) to reach pre-admission compliance
When is PASRR Required?

There are two types of Level I screenings:

<table>
<thead>
<tr>
<th>Initial Pre-Admission Screening (PAS)</th>
<th>Resident Review (RR) (Status Update)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required for all <strong>new admissions</strong></td>
<td>Required for all <strong>readmissions</strong> and current nursing facility residents who experience a <strong>significant change</strong> in their mental or physical condition</td>
</tr>
<tr>
<td>• Day of admission</td>
<td>• As soon as the change is discovered</td>
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</table>

**New admission:**

• Individual who has never been admitted to your facility before; **OR**
• Individual who does not qualify as a **readmission**

**Significant change:**

• A decline or improvement in an individual's condition that requires revision of the care plan and/or level of care

**Readmission:**

• Those already admitted to your facility;
• Leave to the hospital to receive care with return anticipated; **AND**
• Return to your facility
Who should submit the Level I screening?

The facility is responsible for designating qualified staff for submitting the Level I screening. It is recommended that qualified staff submitting the Level I screening have:

- Knowledge of medical terminology
- Knowledge related to the medical history and current status of the resident
- Secure facility email address to avoid any HIPAA violations

DHCS does not limit the number of qualified staff a facility can enroll or have in each role in the online PASRR system. It is recommended that a facility have at least two Admin roles for the facility.

The two types of roles are:

<table>
<thead>
<tr>
<th>User Role</th>
<th>Admin Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Can create new Level I screenings</td>
<td>• Can create new Level I screenings</td>
</tr>
<tr>
<td>• Can edit only their 'in progress' screenings</td>
<td>• Can edit all ‘in progress’ screenings for the facility</td>
</tr>
<tr>
<td>• Can view only their submitted screenings</td>
<td>• Can view all submitted screenings for the facility</td>
</tr>
<tr>
<td>• Can print only their submitted screenings and letters</td>
<td>• Can print all submitted screenings and letters for the facility</td>
</tr>
</tbody>
</table>
Resident Identification
Questions 1-6

Question 1. Date Started
- Auto Populates
- Can’t be edited or backdated
- Date used for reimbursement

Question 2. Screening Type
- PAS is for new admissions
- RR is for status updates
- If RR is selected, then the admission date is the original date of admission

Question 6. Physical Diagnosis
- List current conditions
Resident Information
Questions 7-13

This section helps identify if an interpreter is needed. Please notify the DHCS PASRR contractor if an interpreter is needed when they call to schedule the Level II due to a positive (SMI) Level I screening.

Questions 9 & 10
• The primary language spoken and if an interpreter is needed

Questions 11-13
• If hearing impaired, list the type of interpreter needed

TAKE NOTE:
This is when the PASRR CID# is automatically assigned and the case status is now ‘in progress’.
• ‘In progress’ cases can be edited (pencil icon) from the Dashboard or Level I Cases list
• Unsubmitted screenings left ‘in progress’ will be deleted from the PASRR system after 2 weeks
Facility Completing Level I
Questions 14-16

Question 14. Facility Details
• Auto populates
• If this is not your facility, please stop and contact PASRR IT Service Desk.

Email: ITServiceDesk@dhcs.ca.gov

Phone: (916) 440-7000 and select option 1

Question 16. Current PASRR
• Prevents duplicate screenings at your facility, for the same individual with the same admission date
• Not required for RR

(Question #16.)
30-Day Exempted Hospital Discharge
Questions 17A-18D

Questions 17A-18C
Only true exemption to the PASRR process.

I. The individual is discharged from the hospital into a Medicaid NF; **AND**
II. The individual requires NF services for the same condition as the hospital stay; **AND**
III. An attending physician certifies that the individual will be staying less than 30 days

Question 18D
- Date a new RR (status update) is due if individual stays over 30 days
- PASRR online system does not alert/notify when a RR is due
- RR should be completed no later than the 40th day of admission
Neurocognitive/Categorical Determination

Questions 19A-25

This section helps identify when an individual cannot benefit from specialized services due to one of these categorical reasons.

Question 19A
• Is there a suspected or diagnosed neurocognitive disorder (NCD)?

Questions 19B/C
• Due to the severity of the NCD, will the individual have difficulty communicating their needs?

Questions 20A/B Terminal Illness
• Is the individual on hospice care?

Questions 21A/B Physical Condition
• Due to the severity of a physical condition, will the individual have difficulty communicating their needs?
Mental Illness (MI)
Questions 26-28

Question 26. Diagnosed MI
• Is there a diagnosis of mental illness?

Question 27. Suspected MI
• If no diagnosis, do you suspect a mental illness?

Question 28. Psychotropic Medication
• List all names of psychotropic medication, regardless of what the intended use is for
Mental Illness (MI) (Cont.)
Questions 29-30

Questions 29 & 30 Recent Functional Limitations
- Indicators for serious mental illness (SMI)
- Assess if MI is impacting daily activities

### Recent Functional Limitations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. In the past 6 months, the resident is no longer able to meet work demands, interact with family and friends, or attend medical appointments due to anxiety, depression, or bizarre thought processes. A resident typically has serious difficulty in at least one of the following characteristics on a continuing or intermittent basis:</td>
<td></td>
<td></td>
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<tr>
<td>Interpersonal Functioning</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Communicating appropriately and effectively with others, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and/or social isolation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concentration, Persistence, and Pace</td>
<td></td>
<td></td>
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<tr>
<td>Sustained 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 setting difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptation to Change</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The resident has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30. The recent treatment history indicates that the resident, within the last two years, has experienced at least one of the following:
- Psychiatric treatment more intensive than outpatient care (e.g., hospitalization or other acute intervention).
- (Due to the mental disorder) an episode of significant disruption to the normal living situation requiring supportive services, relocation to a residential treatment environment, or intervention by a housing authority or law enforcement.
- Suicide attempts.

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**SMI?**

- **Yes**
  - 29 & 30 if either = Yes OR Unknown
  - Continue to ID/DD/RC section of screening

- **No**
  - 29 & 30 if both = No
  - Continue to ID/DD/RC section of screening

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Intellectual/Developmental Disability or Related Conditions (ID/DD/RC)

Questions 31-36

This section helps identify if there is a suspected developmental disability. If yes, then it is automatically sent to the California Department of Developmental Services (DDS). Please contact DDS for questions related to this section.

**DDS Phone:** (916) 654-2300
Substance Use Disorder
Questions 37-38

This section is only required for a positive (SMI) screening. If negative, the screening will close after the ID/DD/RC section.
Conservatorship
Question 39

This section is only required for a positive (SMI) screening. If negative, the screening will close after the ID/DD/RC section.

It is the facility's responsibility to notify everyone involved in the individual’s health care plan of a scheduled Level II evaluation.
Level I Corrections

Level I screening should always match the minimum data set (MDS)
  • Recommend during facility’s annual or quarterly reviews of the MDS check to see if a status update (RR) is needed

Level I screening cannot be edited once submitted, even by DHCS.

If you need to make corrections to a submitted Level I screening:

Minor demographic information (name, birthdate, etc.)
  • Make handwritten corrections and initial on printed Level I screening (for your records and TAR submissions)

Major demographic and/or clinical information
  • Submit a new screening as a Resident Review (status update)
Positive Level I screenings are automatically sent to the DHCS contractor for review and processing. The current DHCS contractor is Maximus Health Services, Inc. When they call to schedule the Level II, they will be asking questions containing PHI to determine if an evaluation is deemed necessary.
Visit

During a visit, the evaluator will travel to the facility. Upon arrival, they will present a letter of introduction and ID badge. They will need to have access to the medical records along with conducting a face-to-face evaluation with the individual.
No Visit

DHCS Contractor calls facility to schedule Level II Evaluation

No Visit

Attempt

During the phone call, DHCS contractor codes case as attempt due to discharge, deceased, isolation, no SMI, never admitted, or duplicate case

Case closed/ No letter
(See Example F)

If individual becomes available, submit a new Level I screening

Categorical

During the phone call, DHCS contractor codes case as (Level II) Categorical due to appropriate categorical reason not marked on Level I

Case automatically sent to DHCS for review

Case closed/ Categorical letter available from Level I Cases list
(See Example G)
Request for Reconsideration

If the resident, facility, and/or Conservator disagrees with the DHCS Level II Determination, please submit a PASRR Request for Reconsideration. The Reconsideration form is located on the DHCS PASRR website:

https://www.dhcs.ca.gov/services/MH/Pages/PASRR_reconsideration.aspx

Please send the completed form and Determination letter to DHCS.

Mail:

Department of Health Care Services
Clinical Assurance and Administrative Support Division
PASRR Section
PO Box 997419 MS 4506 Sacramento CA 95899-7419

Fax: (916) 319-0980

When DHCS receives the Reconsideration Request, clinical staff will review the case, resulting in modified recommendation(s) or no changes to the original Determination.

Request a State Hearing

If still dissatisfied with the reconsideration process, a State hearing may be requested from the California Department of Social Services (CDSS).

Mail:

Department of Social Services
State Fair Hearing Division
P.O. Box 944243
Mail Station 9-17-37
Sacramento, CA 94244-2430

Phone: 1-800-952-5253
Contact

**DHCS**
For PASRR service requests/questions, please contact DHCS IT Service Desk.
**Email:** [ITServiceDesk@dhcs.ca.gov](mailto:ITServiceDesk@dhcs.ca.gov)
**Phone:** (916) 440-7000 and select option 1

Support is available Monday through Friday from 7:00am – 5:00pm. Requests will not be processed after business hours, weekends, or state holidays. DHCS IT Service Desk will create a work order ticket for your request.

**Field Office/TAR**
For questions related to TAR submissions, please contact the TAR Office.
**Phone:** 1 (800) 541-5555

**DDS**
For questions related to ID/DD/RC Level II evaluations/determinations, please contact DDS.
**Phone:** (916) 654-2300
**Fax:** (916) 654-3256