

# **PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL I SCREENING GUIDE**

**Updated April 2026**

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# NEW LEVEL 1 SCREENING

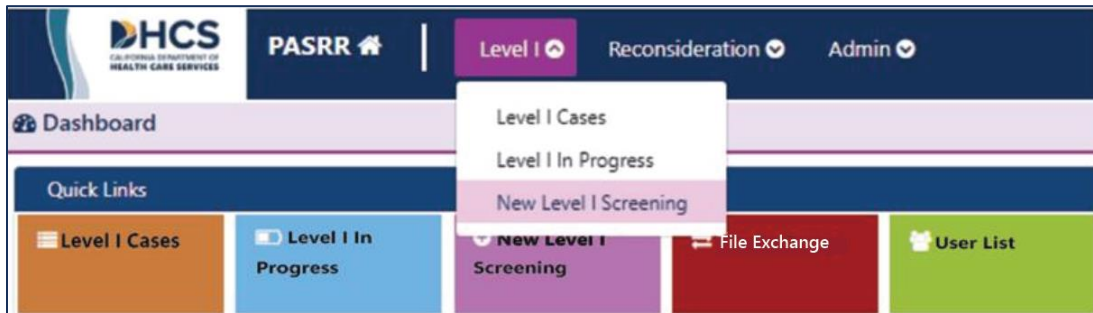
The Level 1 Screening is submitted online by the facility and is a tool used to help identify possible Serious Mental Illness (SMI) or Intellectual/Developmental Disability or Related Conditions (ID/DD/RC).

## Initiate a New Level 1 Screening

To start a new Level 1 Screening in the PASRR system:

1. Log in using the direct link: <https://portal.dhcs.ca.gov>.
2. Enter your Microsoft account credentials.
3. On the Dashboard, select the "Level 1" dropdown menu.
4. Select "New Level I Screening."

### Screenshot 1: PASRR Dashboard



## KEY

Required fields are marked with an asterisk. You can hover over the blue circle to view definitions or additional details.

## FACILITY INFORMATION

This section identifies the facility submitting the Level 1 Screening and includes the facility's current contact information (**see Screenshot 2**). Please ensure the contact information is accurate and up to date, as it may be used by the DHCS contractor if a Level 2 review is required.

The **Facility Name**, **Facility Address**, **Facility Phone Number**, **Date Started**, and **Name of Person Completing the Level 1 Screening** will auto populate based on your PASRR account. If any of this information is incorrect, stop and contact [ITServiceDesk@dhcs.ca.gov](mailto:ITServiceDesk@dhcs.ca.gov) for assistance.

## Contact Information

Please provide the following contact information:

- » Direct Phone Number and extension, if applicable
- » Facility Discharge Planner Fax number
- » Facility Medical Records Fax number
- » Direct Email address
- » Preferred Contact Method
  - The dropdown menu will display all available contact methods. Select your preferred option

## Screenshot 2: Facility Information and Key

The screenshot shows a form titled "Level I Screening" with a "Collapse" button in the top right. The form is divided into several sections:

- 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:** 04/06/2026
- Name of Person Completing Level I Screening:** Rose Gold
- Facility Discharge Planner Fax\*:** ( ) \_ - \_
- Facility Medical Records Fax:** ( ) \_ - \_
- Direct Email:** (Empty text box)
- Preferred Contact Method\*:** -- Select -- (Dropdown menu)

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

## SECTION 1 – INDIVIDUAL INFORMATION

Questions 1-6. This section identifies the individual and specifies the Level 1 Screening type.

## Screenshot 3: Section 1 – Individual Information

The screenshot shows a form titled "Section 1 - Individual Information" with a close button in the top right. The form contains the following fields:

- 1 Last Name\*:** (Empty text box)
- First Name\*:** (Empty text box)
- Middle Name:** (Empty text box)
- 2 Date Of Birth\*:** MM/DD/YYYY (Empty text box)
- 3 Primary Language\*:** English (Dropdown menu)
- 4 Medical Plan Information\*:** Medi-Cal Client Index Number (CIN) (Dropdown menu)
- 5 Screening Type\*:**  Initial Preadmission Screening (PAS) 1  Resident Review (RR) (Status Change) 2
- 6 Admission Date\*:** MM/DD/YYYY (Empty text box)

## Question 1

Enter the individual's last name, first name, and middle name.

## Question 2

Enter the individual's date of birth.

## Question 3

Select the individual's primary language from the dropdown menu. It will auto-populate to English unless you select another language.

## Question 4

Select the individual's Medical Plan Information from the dropdown menu. Options include:

- » Medi-Cal Client Index Number (CID) – Example format: 12345678A
- » Medicare Beneficiary Identifier (MBI) – Example format: 1EG4-TE5-MK73
- » Private Insurance Number/ID (PIN) – Private insurance number only

This field will default to CIN unless another plan type is selected. You may hover over the blue information icon to view the required format for each plan. After selecting the plan type, enter the corresponding plan number in the text box. The CIN can be found on the State of California Benefits Identification Card.



## Question 5

Enter the Screening Type: Initial Preadmission Screening (PAS) or Resident Review (RR).

- » **Initial Preadmission Screening (PAS):** Select for a **new admission** to a Medicaid-certified skilled nursing facility (SNF).
- » **Resident Review (RR):** SNFs select this option for current SNF residents, readmissions, or interfacility transfers who experience a **significant change in condition**, or when the allotted days of the previous PASRR have expired and the screening must be updated.

## New Admission

An individual who has never been admitted to the Medicaid certified SNF or was previously discharged to the community and is now seeking admission again.

## Significant Change in Condition

A major decline or improvement in the residents' status that:

- » Will not normally resolve without staff intervention or standard disease-related clinical treatment (i.e., the condition is not self-limiting); and
- » Affects more than one area of the individual's health status; and
- » Requires interdisciplinary review and/or revision of the care plan.

## Question 6

Enter the individual's current admission date at the facility. If the admission is from the community to the SNF, you may enter a future admission date.

## Level 1 Screening Duplicate Check and Save

After Question 6, the system automatically performs a duplicate check. If your facility has previously submitted a similar screening, a warning pop-up will appear. If the screening is **not** a duplicate, select **Continue** to proceed with completing the submission.

If you select **Save** after completing this section, the system will assign a nine-digit PASRR CID number and the case status will update to "In Progress." In Progress cases can be edited by selecting the **Edit Screening** button on the Level 1 Cases list.

The system will retain an In Progress case for two weeks; if it is not fully submitted within that timeframe, it will be automatically deleted.



# SECTION 2 – INTELLECTUAL OR DEVELOPMENTAL DISABILITY OR RELATED CONDITIONS (ID/DD/RC)

Questions 7-10. This section identifies whether an individual has a suspected or confirmed diagnosis of ID/DD/RC.

## Screenshot 4: Section 2 – ID/DD/RC

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

7 Does the Individual have or is suspected of having a primary diagnosis of an Intellectual Disability, Developmental Disability, or Related Condition (ID/DD/RC)? **ID/DD/RC 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

8 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

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

Yes  No

10 Has the Individual received services through a regional center? \*

Yes  No

Select **“Yes”** or **“No”** for the following questions:

### Question 7

Does the individual have or is suspected of having a primary diagnosis of an Intellectual Disability, Developmental Disability, or Related Conditions (ID/DD/RC)? **ID/DD/RC includes intellectual disability, cerebral palsy, epilepsy, autism, and closely related disabling conditions, but shall not include conditions that are solely physical in nature.**

- » If **“Yes,”** a text box will appear so you can enter the suspected or confirmed ID/DD/RC condition. Question 8 will then be required.
- » If **“No,”** Question 8 is not required; continue to Question 9.

### Question 8

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 and continue to Question 9.
- » If **“No,”** continue to Question 9.

## Question 9

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 and continue to Question 10.
- » If **“No,”** continue to Question 10.

## Question 10

Has the individual received services through a Regional Center?

- » If **“Yes,”** a text box will appear to describe the services and continue to Question 11.
- » If **“No,”** continue to Question 11.

If any questions in this section are answered **“Yes,”** the case will be positive for ID/DD/RC and will be referred to the Department of Developmental Services (DDS) for their ID/DD/RC Level 2 referral process. For questions related to this section, please contact DDS at (833) 421-0061 or [DDS.PASRR@dds.ca.gov](mailto:DDS.PASRR@dds.ca.gov).

# SECTION 3 – SERIOUS MENTAL ILLNESS (SMI)

Questions 11-15. This section identifies whether an individual has a suspected or diagnosed mental illness (MI) and if the MI qualifies as a Serious Mental Illness (SMI).

## Screenshot 5: Section 3 – SMI

Section III - Serious Mental Illness - Definition

**Diagnosed Mental Illness**

11 Does the Individual have a diagnosed Serious Mental Illness 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**

12 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

Select **“Yes”** or **“No”** for the following questions:

## Question 11: Diagnosed Mental Illness

Does the individual have a diagnosed mental illness disorder such as Depressive Disorder, Anxiety Disorder, Panic Disorder, **Schizophrenia/Schizoaffective**

**Disorder**, or symptoms of Psychosis, Delusions, and/or Mood Disturbance?

- » If **"Yes,"** checkboxes will appear to select the type of disorder, and Question 12 will not be required; continue to Question 13.
- » If **Schizophrenia/Schizoaffective Disorder** is selected, Questions 13 and 14 will automatically be marked **"Yes"** for functional limitations and recent treatment, as this condition is automatically considered serious.
- » If **"Other"** is selected, a text box will appear to specify the diagnosis not listed or to describe the symptoms.
- » If **"No,"** continue to Question 12.

## Question 12: Suspected Mental Illness

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.
- » If **"No,"** for both Questions 11 and 12, submit the screening. The case will close as negative for SMI, and the Notice of No Need Letter will be generated.
- » If **"Yes,"** for either Question 11 or 12, continue to Question 13 and 14.

## Screenshot 6: Section 3 – SMI Functional Limitations and Recent Treatment

**Functional Limitations due to Mental Illness**

13 ★ The mental health disorder results in functional limitations in major life activities within the past **6 months**. For example, 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, etc. A resident typically has serious difficulty in at least one of the following characteristics on a continuing or intermittent basis:

- **Interpersonal Functioning**  
Interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, **homelessness**, firing, fear of strangers, avoidance of interpersonal relationships and/or social isolation.
- **Concentration, Persistence, and Pace**  
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, 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.
- **Adaptation to Change**  
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.

Yes  No  Unknown

**Recent Treatments due to Mental Illness**

14 ★ The recent treatment history indicates that the resident, within the last **2 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) **homelessness** or 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.

Yes  No  Unknown

Select “**Yes**,” “**No**,” or “**Unknown**” for the following questions:

### **Question 13: Functional Limitations due to Mental Illness**

The mental health disorder results in functional limitations in major life activities within the past **6 months**. For example, 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 etc. A resident typically has a serious difficulty in at least one of the following characteristics on a continuing or intermittent basis:

- » **Interpersonal Functioning:** Interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, **homelessness**, firing, fear of strangers, avoidance of interpersonal relationships and/or social isolation.
- » **Concentration, Persistence, and Pace:** 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, 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.
- » **Adaptation to Change:** 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.
- » If “**Yes**,” “**No**,” or “**Unknown**” continue to Question 14.

### **Question 14: Recent Treatment due to Mental Illness**

The recent treatment history indicates that the resident, within the last **2 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) **homelessness** or 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.

- » If **“Yes”** or **“Unknown”** for Question 13 or 14 the screening is on track to become a positive for SMI depending on how the questions are answered in the next sections. Continue to Question 15.
- » If **“No”** for both Question 13 and 14 then, Question 15 is not required. Submit the screening. The case will close as negative for SMI, and the Notice of No Need Letter will be generated.

## Screenshot 7: Section 3 – SMI Psychotropic Medication

**Psychotropic Medication**

**15** Has the Individual been prescribed psychotropic medications for Serious Mental Illness? **6 \***

Yes  No

## Question 15: Psychotropic Medication

Has the individual been prescribed psychotropic medications for Serious Mental Illness?

- » If **“Yes,”** a text box will appear to specify the psychotropic medications and continue to Question 16.
- » If **“No,”** continue to Question 16.

## SECTION 4 – CATEGORICAL DETERMINATION

Questions 16-19. This section helps identify whether an individual has a categorical condition that would prevent them from benefiting from specialized mental health services.

## Screenshot 8: Section 4 – Categorical Determination

Section IV – Categorical Determination (Only one out of 16-19 can be selected as “Yes”)

**Brief Stay**

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

Yes  No

**Delirium**

**17** The Individual has a diagnosis of Delirium **7** and further diagnosis cannot be made until the Delirium clears. **\***

Yes  No

**Severe Physical Condition**

**18** 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

Select **“Yes”** or **“No”** for the following questions:

## Question 16: Brief Stay

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

- » If **"Yes,"** 16a will appear to select the reason for the brief stay.
  - Either select:
    - 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, Question 17 and 18 are not required. Continue to Question 19.
- » If **none** of the reasons apply, select **"No"** in response to Question 16 and continue to Question 17.

## Question 17: Delirium

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

- » If **"Yes,"** Question 16 and 18 are not required.
- » If **"No,"** continue to Question 19.

## Question 18: Severe Physical Condition

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,"** a text box for 18a will appear to provide the specific severe physical condition that prevent the individual from participating in specialized add-on services and Question 16 and 17 are not required. Continue to Question 19.
- » If **"No,"** continue to Question 20. If all **"No,"** Question 19 is not required. Continue to Question 20.

## Screenshot 9: Section 4 – Categorical Determination Data Source

19 Please select the data source(s) that is the basis for the above categorical selection(s). \*

Hospital/Facility records    Physician's evaluation    Records of community mental health centers

Records of community intellectual disability or developmental disability providers

### Question 19

Please select the data source(s) that is the basis for the above categorical selection(s).

- » Hospital/Facility records
- » Election of hospice status
- » Records of community mental health centers
- » Records of community intellectual disability or developmental disability providers

Only one question out of Question 16-18 may be answered "Yes."

- » If one "Yes," the two remaining questions are not required, and the screening is on track to become a Categorical depending on how the questions are answered in the next section. Continue to Question 20.
- » If all "No," Question 19 is not required. Continue to Question 20.

## SECTION 5 – CURRENT PHYSICAL DIAGNOSIS, BED TYPE, AND EXEMPTED HOSPITAL DISCHARGE

Question 20-22. This section helps identify the individual's physical health diagnoses, current bed type, and if they qualify as an exempted hospital discharge.

## Screenshot 10: Section 5 – Current Physical Diagnoses, Bed Type, and Exempted Hospital Discharge

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

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

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

General Acute Care Hospital    Nursing Facility    State/Veterans/Military Hospital    Acute Psychiatric Hospital/Unit

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

22 Does the Individual meet the criteria for an Exempted Hospital Discharge? 9 \*

Yes    No

Enter information in the text box for the following question:

### Question 20

Specify all the Individual's current physical diagnoses that require Skilled Nursing Facility services. This section can also be used to give additional information to the Level 2 Evaluation contractor. For example, the name of the SNF the Individual is being discharged to and the planned bed type placement.

### Question 21

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

- » General Acute Care Hospital
- » Nursing Facility
- » State/Veterans/Military Hospital
- » 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,**" or "**No**" for the following question:



## Question 22

Does the Individual meet the criteria for the Exempted Hospital Discharge (EHD)?

The Hospital may select "**Yes**," if all the 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, **and**
- » The individual requires SNF services for the same condition for which they receive care in the hospital, **and**
- » The attending physician has provided written certification prior to SNF admission stating that the Individual's stay is likely to require fewer than 30 calendar days of SNF services. This certification must be provided to the SNF to ensure the EHD was used correctly.

The **SNF** must select "**No**" for this question, as SNFs do not meet the qualifications for an EHD.

- » If "**Yes**," the case will close as Exempted Hospital Discharge. An Exempted Hospital Discharge Letter will be available on the Level 1 Cases list.
- » If "**No**," the following closures outcomes may occur if you submit the Level 1 Screening:

## Categorical

If one "**Yes**," is selected in Section 4- Categorical Determination, the Level 1 Screening will go to Level 2 review with the DHCS contractor. They need to confirm whether the individual qualifies as having a Categorical condition.

- » If the individual has a Categorical condition, a Level 2 Evaluation is not required, and the case will close as Categorical and a Categorical letter will be available on the Level 1 Cases list.
- » If the individual does not have a Categorical condition, the case will be screened for SMI.

## Positive for Serious Mental Illness (SMI)

If all selections in Section 4- Categorical Determination are “**No**,” the case will be positive for SMI, the Level 1 Screening will go to Level 2 review with the DHCS contractor. They will need to confirm whether the individual qualifies as having an SMI.

- » If the individual has an SMI, a Level 2 Evaluation is required. Once the DHCS contractor completes the Level 2 Evaluation, the case is forwarded to a DHCS Consulting Psychologist (CP) for review. Once finalized, the case will close as Determination Available, and the Determination letter will be available on the Level 1 Cases list.
- » If the individual does not have an SMI, a Level 2 Evaluation is not required. The case will close as Attempt- No SMI and an Attempt letter will be available on the Level 1 Cases list.

### Important Submission Note:

When submitting a Level 1 Screening, please wait for the page to refresh back to the Level 1 Case list. If the browser is closed early, the screening will not fully submit.

## LEVEL 1 SCREENING CORRECTIONS

The Level 1 Screening must always reflect the individual’s current condition.

### In Progress Screening

Can be edited by:

- » Selecting the pencil icon on the Level 1 Cases list.
- » Will automatically delete after two weeks if not submitted.

### Submitted Screening

Can not be edited, even by DHCS staff.

- » **For minor demographic errors**, such as a misspelled name or incorrect date of birth, make handwritten corrections on the printed PASRR documents and initial.
- » **For major demographic errors**, such as entering the wrong name or selecting an incorrect answer for the clinical questions, the hospital submits a new initial Preadmission Screening (PAS) and the SNF selects a new Resident Review (RR).

# VALID PASRR RESOLUTIONS AND LETTERS

A PASRR must be closed with a valid resolution before an Individual can be admitted to a Medicaid certified SNF. Check the status on the Level 1 Cases list in the PASRR system; the case must show "Closed." You can download the resolution letter using the View Letter button and must distribute copies to all parties listed in the Cc and keep one in the Individual's medical record.

## Valid PASRR Resolutions:

- » L1 – Exempted Hospital Discharge
- » L1 – Categorical
- » L2 – Categorical
- » L2 – Attempt – No SMI
- » L2 – Not Required
- » Determination Available
- » Reconsideration Completed

These resolutions confirm the PASRR process is completed and they individual can be admitted as a new admission to the SNF.

Here is a brief explanation for each PASRR resolution:

## L1 - Exempted Hospital Discharge (EHD)

The individual qualifies for an EHD. This resolution is valid for 30 days from admission to a Medicaid certified SNF. If the stay goes past 30 days, a new Level 1 Screening must be submitted as a Resident Review (RR) by day 31.

## L1 - Categorical

The individual has a Categorical condition that prevents them from benefiting from specialized mental health services. A Level 2 Evaluation is not required.

## L2 - Categorical

The Level 1 was initially positive for SMI; however, after a Level 2 review, a categorical condition applies instead, and a Level 2 Evaluation is not required.

## **L2 - Attempt – No SMI**

The Level 1 was initially positive for SMI; however, after a Level 2 review, it was determined that the individual does not have a qualifying SMI, so a Level 2 Evaluation is not required.

## **L2 – Not Required**

The Level 1 was negative for SMI, so a Level 2 Evaluation is not required.

## **Determination Available**

The Level 2 DHCS contractor confirmed that the individual has an SMI, so a Level 2 Evaluation is required. After the evaluation is completed, a Determination is issued with the recommended Level of Care (LOC) and any needed specialized mental health services. If a facility disagrees with the Determination, it may submit a Reconsideration Request within 90 days of closure.

## **Reconsideration Completed**

The Determination was reviewed after a Reconsideration request was submitted. The review may change the original findings, or the findings may remain the same. The Reconsideration Letter may also instruct the facility to submit a new PASRR, so it should be reviewed carefully.

# **INVALID PASRR RESOLUTIONS AND LETTERS**

The following PASRR resolutions are not valid for admission to a Medicaid-certified SNF because the PASRR process is not yet complete.

### **Invalid PASRR Resolutions:**

- » L1 – Categorical Review
- » L1 – In Progress
- » L1 – Submitted (Notice of Need Letter)
- » L2 – Unavailable
- » L2 – Attempt (All Attempt reasons except L2 – Attempt – No SMI)
- » In Reconsideration

Here is a brief explanation for each PASRR resolution:

## **L1 – Categorical Review**

The Level 1 Screening indicates a possible categorical condition and is pending Level 2 review. The DHCS contractor must confirm the categorical condition before the PASRR can close. SNF admission must be deferred until a valid resolution is issued.

## **L1 – In Progress**

The Level 1 Screening has not been submitted yet. The facility must submit it before any PASRR resolution can be made.

## **L1 – Submitted**

The Level 1 Screening was positive for possible SMI and is awaiting a Level 2 review. The Notice of Need Letter is not a resolution; it is only a notification. SNF admission must be deferred until a valid resolution is issued.

## **L2 – Unavailable & L2 - Attempt**

For all Unavailable and Attempt reasons except *L2 – Attempt – No SMI* and *Attempt – Duplicate*, the PASRR process could not be completed. If the individual remains at the facility, the facility must submit a new Level 1 Screening to restart the PASRR process

## **L2 – Attempt - Duplicate**

The PASRR process could not be completed because there is a previous PASRR already exists. The facility must confirm that the previous PASRR closed with a valid resolution and use that one. If they need help locating a previous PASRR, they can contact [ITServiceDesk@dhcs.ca.gov](mailto:ITServiceDesk@dhcs.ca.gov) for assistance.

## **In Reconsideration**

The DHCS Consulting Psychologist is reviewing the Determination. SNF admission must be deferred until the Reconsideration is issued.

## **FILE EXCHANGE PROCESS**

The file exchange is a required step for sending the completed PASRR to the admitting Medicaid certified SNF for new admissions coming from a hospital or for interfacility transfers. An **interfacility transfer** means a transfer from one

Medicaid certified SNF to another Medicaid certified SNF, with or without an intervening hospital stay.

This ensures the discharging facility has completed the PASRR process and that the admitting facility receives all necessary PASRR documents.

File exchanges can only be sent on PASRR cases that are fully closed for SMI.

For **community admissions**, the SNF completes the initial Preadmission Screening (PAS) and should not expect a file exchange from another facility.

## Reviewing the PASRR

The admitting SNF must review the PASRR before authorizing the admission to confirm:

- » The PASRR closed with a valid resolution; and
- » If the PASRR closed with a Determination, the facility must be able to provide the recommended Level of Care and any needed specialized mental health services

## Initiate a File Exchange

How to start a file exchange in the PASRR system:

1. Select the "Admin" drop down menu
2. Select "File Exchange"
3. Search the PASRR CID#
4. Under the Action column, select the "Initiate File Exchange" button
5. Select the "To Facility" drop down menu (**see Screenshot 11**)
6. Type or choose the name of the facility the file exchange is being sent to
7. Confirm the facility name and address selected are correct
8. Email the list of approvers to inform them of the incoming file exchange or call the facility
9. Select the "Ok" button
10. Select "Ok" on the file exchange pop-up message

## Screenshot 11: Initiate File Exchange

The screenshot shows a web form titled "File Exchange" with the phone number "200-010-071". A note states: "Required fields are marked with an asterisk (\*)." The form includes the following fields and controls:

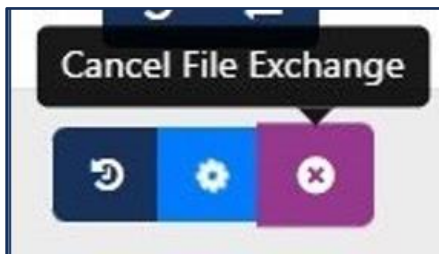
- From Facility:** SUNNY VIEW MANOR
- To Facility:** A dropdown menu with "20# (V,ILLA - MARIA)'s" selected. It is marked with a red asterisk (\*). To its right are "Ok" and "Cancel" buttons.
- To Facility Address:** 20 VILLA MARIA, NOVATO, CA, 94927
- Approvers:** A list of three users:
  - NFAdmin8@dhcs.ca.gov | NFAdmin8 NFAdmin8
  - 987test987@gmail.com | Amrit Mahal
  - 567test567@gmail.com | Amrit Mahal

## Cancel a File Exchange

How to cancel a file exchange in the PASRR system:

1. Select the "Admin" drop down menu
2. Select "File Exchange"
3. Search the PASRR CID#
4. Under the Action column, select the "Cancel File Exchange" button

## Screenshot 12: Cancel File Exchange

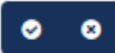


## Accept a File Exchange

The approver can accept a file exchange on the Dashboard:

1. View incoming file exchange requests in the "Incoming File Exchange Requests" widget at the bottom lefthand corner (**see Screenshot 13**)
2. Confirm the individual is a future admission
3. Select the "Accept Case" button (**see Screenshot 14**)

### Screenshot 13: Incoming File Exchange Requests Widget

Incoming File Exchange Requests				
PASRR CID	Resident Name	From Facility	Days Left	Action
200-010-066	Test, K	20# (V,ILLA - MARIA)'s 20 VILLA MARIA NOVATO CA 94927	5	 
200-010-067	First, CDO	SUNNY VIEW MANOR 22445 CUPERTINO ROAD CUPERTINO CA 95014	5	 
200-010-069	Test, Det	20# (V,ILLA - MARIA)'s 20 VILLA MARIA NOVATO CA 94927	5	 
200-010-071	EHD, Only One	SUNNY VIEW MANOR 22445 CUPERTINO ROAD CUPERTINO CA 95014	5	 

### Screenshot 14: Accept File Exchange



### Deny a File Exchange

The approver can deny a file exchange on the Dashboard:

1. View incoming file exchange requests in the "Incoming File Exchange Requests" widget at the bottom lefthand corner (see Screenshot 13)
2. Select the "Decline Case" button (see Screenshot 15)

### Screenshot 15: Decline File Exchange





# PASRR DOCUMENTS FOR BILLING AND AUTHORIZATION

All PASRR documents are available in the Online PASRR system, and facilities must use the system to access, download, or print documents for billing purposes.

If a PASRR document is located at a **previous facility**, please contact that facility and request that they **initiate a file exchange**. If the facility is unable to obtain the needed documents, they may contact [ITServiceDesk@dhcs.ca.gov](mailto:ITServiceDesk@dhcs.ca.gov) for assistance.

For billing, reimbursement is based on the **closed date on the valid PASRR resolution letter**. For new admissions to a Medicaid certified SNF, the PASRR must be closed with a valid resolution on or before the admission date to ensure full reimbursement.

When submitting documents always include:

- » PASRR Level 1 Screening
- » PASRR Resolution Letter

If the PASRR did not close with a valid resolution and the individual remains at the facility, a new Level 1 Screening must be submitted to restart the PASRR process. When resubmitting, always include the **previous PASRR** along with the **new valid PASRR** together. Submitting both documents demonstrates that the original PASRR was completed before admission and that the corrected PASRR was submitted afterward. If both documents are not included, reviewers may modify the dates because they will not have the original PASRR to verify that it was submitted prior to admission.