

Date: November 12, 2024

To: General Acute Care Hospitals, Psychiatric Hospitals, Psychiatric Health Facilities, Veteran Hospitals, Military Hospitals (Hospitals)
Medicaid-certified Skilled Nursing Facility Organizations (SNFs)

Subject: Preadmission Screening and Resident Review (PASRR) Resolutions and Letters

Purpose: This PASRR Information Notice (IN) clarifies the types of PASRR resolutions and letters.

Executive Summary

This PASRR Information Notice provides guidance on the types of PASRR resolutions and letters that are acceptable for admission to Medicaid-certified skilled nursing facilities (SNFs). It also outlines the steps that facilities must take when encountering unacceptable resolutions.

Background

Per Title 42 of the Code of Federal Regulations (C.F.R.) sections 483.100 through 483.138, all individuals, regardless of payer source, seeking admission to a Medicaid-certified SNF are subject to a PASRR screening and evaluation of suspected serious mental illness (SMI) or intellectual disability, developmental disability, and/or related condition(s) (ID/DD/RC). All individuals must have a preliminary screening (Level I Screening). If the Level I Screening indicates suspected SMI and/or ID/DD/RC, the individual must be referred for further evaluation (Level II Evaluation). The goal of the Level II Evaluation and subsequent Determination process is to ensure appropriate placement of individuals in the least restrictive setting that best meets their needs and identify the need for specialized services (PASRR Determination). The Level II Evaluation is performed by a Level II Contractor. The screening and evaluation information is used by DHCS (State Mental Health Authority) and/or by the Department of Developmental Services (DDS) to issue the PASRR Determination. Federal Financial Participation (FFP) is available for services provided to a Medicaid eligible individual determined to need SNF care or specialized services after the PASRR process has been completed (42 C.F.R. 483.122). Therefore, the PASRR process must be completed prior to a SNF accepting admission.

Acceptable PASRR Resolutions

A PASRR resolution letter is available in the PASRR Online System once the PASRR process for SMI is completed, and the case is closed. To check the status of PASRRs, please review the Level I Cases list.¹ The PASRR process for SMI is completed if the Case State field is “Closed,” and the Resolution is one of the listed outcomes below. The resolution letter can be downloaded from the “View Letter” button in the Action column.

The following types of PASRR resolutions are acceptable for admission to the Medicaid-certified SNF:

- 1. LI - Exempted Hospital Discharge**
- 2. LI - Categorical**
- 3. LII - Categorical**
- 4. LII - Attempt - No SMI**
- 5. LII - Not Required**
- 6. Determination Available**
- 7. Reconsideration Completed**

The following types of PASRR resolutions are unacceptable for admission to the Medicaid-certified SNF:

- 1. LI - Categorical Review**
- 2. LI - In Progress**
- 3. LI - Submitted**
- 4. LII – Unavailable**
- 5. LII – Attempt (All Other Variations)**
- 6. In Reconsideration**

Explanations for each acceptable resolution are below:

- 1. LI - Exempted Hospital Discharge:** The individual meets the qualifying conditions for an Exempted Hospital Discharge (EHD). This resolution is valid for 30 calendar days from the day the individual is admitted to the Medicaid-certified SNF. If the individual remains in the SNF longer than 30 days, a new Level 1 Screening must be submitted as a Resident Review (RR) by calendar day 31 to restart the PASRR process.

¹ The PASRR process for ID/DD/RC is completed if: 1) the ID/DD Case status is “No” or 2) the ID/DD Case status is “Yes,” and the requesting facility receives by mail a “Notice of No Need Letter” from DDS or “PASRR Summary Report” from the Regional Center that completed the ID/DD/RC Level II Evaluation. Efforts to update the PASRR Online System so that facilities can electronically view these documents for future cases is in progress.

Example of the Exempted Hospital Discharge letter:

Below is a summary of your Level I Screening:
Level I Screening for: 9 Testing
Submitted on: 04/10/2024
Submitted by: NF User2
Result: Negative
Reason: Exempted Hospital Discharge
Level II Mental Health Evaluation Referral: Not Required

2. **LI - Categorical:** No need for specialized mental health services due to the individual's categorical condition; Level II Evaluation is not required. Example of the LI Categorical letter:

Preadmission Screening and Resident Review (PASRR) CATEGORICAL DETERMINATION REPORT	
L1 Cat	DHCS Determination Date: 06/05/2024
Date of Birth: 06/04/2024	Primary Language: N/A
Conservator: N/A	
Does applicant/resident require Nursing Facility Services due to a medical and/or mental health condition:	Yes
Are Specialized Services Recommended:	No
Regarding the Hospital/Facility records, an accurate diagnosis cannot be made until delirium clears. No further evaluation is required at this time.	
PASRR Type: PAS	DHCS Determination Date: 06/05/2024
Level I Screening Information: L1 Submitted Date: 06/04/2024 L1 Facility Name: #ACACIA, (PARK)' NURSING" &" REHAB/ CENTER L1 Name of Person Completing Form: Thomas Jenkins Result: No	
PASRR Level II SMI Evaluator: PASRR ContractorAdmin, Contractor	Determination Type: LI - Categorical

3. **LII - Categorical:** Initially positive for SMI, but later determined to be a false positive upon review, and the correct categorical reason was identified. No need for specialized mental health services due to the individual's categorical condition; Level 2 Evaluation is not required. Example of the LII Categorical

letter:

Preadmission Screening and Resident Review (PASRR) CATEGORICAL DETERMINATION REPORT	
5 Testing	DHCS Determination Date: 04/10/2024
Date of Birth: 04/10/2024	Primary Language: N/A
Conservator: N/A	
Does applicant/resident require Nursing Facility Services due to a medical and/or mental health condition:	Yes
Are Specialized Services Recommended:	No
Considering Hospital/Facility records, the individual has a condition expected to require less than fifteen days of care in a nursing facility. No further evaluation required at this time.	
PASRR Type: PAS	DHCS Determination Date: 04/10/2024
Level I Screening Information: L1 Submitted Date: 04/10/2024 L1 Facility Name: SUNNY VIEW MANOR L1 Name of Person Completing Form: NF User2 Result: No	
PASRR Level II SMI Evaluator: PASRR ContractorAdmin, Contractor	Determination Type: LII - Categorical

4. **LII - Attempted - No SMI:** Initially positive for SMI, but later determined to not have an SMI upon review; Level II Evaluation is not required. Example of the Attempt- No SMI letter:

After reviewing the Positive Level I Screening and speaking with staff, a Level II Mental Health Evaluation was not scheduled for the following reason:
<ul style="list-style-type: none"> The individual has no serious mental illness (SMI). No intensive treatment in the last 2 years

5. **LII - Not Required:** Negative for SMI; Level II Evaluation is not required. Example of the Notice of No Need letter:

Below is a summary of your Level I Screening:
Level I Screening for: test pasrr
Submitted on: 06/13/2024
Submitted by: weston patterson
Result: Negative for SMI and ID/DD/RC
Level II Mental Health Evaluation Referral: Not Required for SMI and ID/DD/RC

6. **Determination Available:** Confirmed the individual has an SMI. A Level II Evaluation is conducted and used to generate a Determination. The Determination lists the recommended level of care (LOC) and specialized mental health services. If the individual, family/court appointed conservator, guardian, legal representative, or facility disagrees with the SMI Determination, a Reconsideration request can be submitted in the PASRR Online System within

90 days of the Determination. Example of the Determination letter:

Preadmission Screening and Resident Review (PASRR) CATEGORICAL DETERMINATION REPORT	
Name: Feb Cat	DHCS Determination Date: 05/31/2024
Date of Birth: 02/27/2024	Primary Language: English
Conservator:	
Does applicant/resident require Nursing Facility Services due to a medical and/or mental health condition:	No
Are Specialized Add-on Services Needed:	Yes
<p>This Individualized Determination Report is based on a review of the applicant's medical and social history, which reveals a significant medical condition with mental stressors that require nursing care. The noted expression of needs and preferences and the active participation in care are positive traits that can assist with various treatments.</p>	
Recommended Level of Care	Intermediate Care Facility (ICF).
<p>The above recommended level of care is provisional only, pending an assessment according to California Code of Regulations, Title 22 § 72445 (d)(1). This assessment, required to identify an individual's current level of functioning and program needs, must be conducted by the nursing facility in conjunction with the local mental health director.</p>	

7. **Reconsideration Completed:** Review of the LOC or specialized mental health services listed in the Determination, potentially altering the original

Determination. Example of the Reconsideration letter:

Name: End To End	Date of Birth: 06/05/2024
Nursing Facility (NF): #ACACIA, (PARK)' NURSING" &" REHAB/ CENTER	Conservator:
Address: 1611 SCENIC DRIVE MODESTO CA 95355	Address: N/A
Facility Contact: (123) 456-7890	Tel:
Tel: (209) 523-5667	

The Department of Health Care Services (DHCS), Preadmission Screening and Resident Review (PASRR) Section, received a Request for Reconsideration. A Consulting Psychologist has reviewed related records and the information provided in the Reconsideration request.

Upon review of this Reconsideration request, DHCS recommends a Special Treatment Program (STP) level of care. Continue to monitor progress and implement changes as needed. While the original report cannot be revised, this Reconsideration response may be submitted to the Field Office for the Treatment Authorization Request (TAR) as a correction notice.

Medi-Cal beneficiaries not satisfied with this recommendation may file for a State Fair hearing by contacting the Department of Social Services, State Hearing Division at 1(800)952-525. For questions related to reimbursement, contact the TAR office at 1(800)541-5555.

PASRR Type: PAS	Date of (Proposed) Admission to NF: 06/05/2024
Level 1 Date: 06/05/2024	Level 2 Date: 06/05/2024
Level 1 Author: Thomas Jenkins	Level 2 Evaluator: PASRR ContractorAdmin
Level 1 Outcome:	Level 2 Location: #ACACIA, (PARK)' NURSING" &" REHAB/ CENTER
Suspected SMI: No	Suspected ID/DD/RC: No
DHCS Determination Date: 06/05/2024	DHCS Consulting Psychologist:
Reconsideration Request:	
Requested by: End To End	Date of Reply: 06/05/2024
Date Submitted: 06/05/2024	DHCS Consulting Psychologist: PASRR Clinician

Unacceptable PASRR Resolutions

The following PASRR resolution letters are not acceptable for admission to a Medicaid-certified SNF:

- LI - Categorical Review:** The Level I Screening was positive for a Categorical condition and is pending review by the DHCS contractor to confirm the Categorical condition. SNF admission must be deferred until an acceptable resolution is obtained.
- LI - In Progress:** Indicates a Level I Screening is in progress but has not yet been submitted. The facility must submit the screening before a resolution can be determined.

- 3. LI - Submitted:** The Level I Screening was positive for a possible SMI and is pending review by the DHCS contractor. SNF admission must be deferred until an acceptable resolution is obtained. The Notice of Need Letter provided is not an acceptable resolution letter and only serves as a notification that a Level II review is needed.
- 4. LII - Unavailable:** Indicates an incomplete PASRR process due to the specified reason. If the individual is still at the facility and can participate in the Level II Evaluation, the facility must submit a new Level I Screening to restart the PASRR process.
- 5. LII – (All other) Attempt Resolutions:** The only acceptable Attempt resolution is Attempt - No SMI. All other Attempt resolutions indicate an attempt to schedule a Level II Evaluation and complete the PASRR process but failed for the reason identified on the letter. If the individual is still at the facility and can participate in the Level II Evaluation, the facility must submit a new Level I Screening to restart the PASRR process.
- 6. In Reconsideration:** The Reconsideration review process by DHCS is ongoing, and SNF admission must be deferred until the resolution is "Reconsideration Completed" and the admitting SNF can provide the recommended LOC and specialized mental health services.

Facilities must ensure compliance by adhering to these guidelines, thereby facilitating appropriate admissions and care for individuals in Medicaid-certified SNFs.

References

For further guidance, please visit the [PASRR website](#).

For PASRR Information Notices, please visit the [PASRR Information Notices](#) page.

For training material, please visit the [PASRR Training](#) page.

For questions regarding this PASRR IN, please contact DHCS' PASRR program staff at ITServiceDesk@dhcs.ca.gov.

Sincerely,

Kyna Kemp, Chief
PASRR Section
Clinical Assurance Division
Department of Health Care Services