
Preadmission Screening and Resident Review (PASRR)

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This section outlines current Preadmission Screening and Resident Review (PASRR) policy. The results of the *Preadmission Screening and Resident Review (PASRR) Level I Screening* must be submitted with the Long Term Care *Treatment Authorization Request* (LTC TAR). For more information, refer to Long Term Care TAR instructions in this manual.

Introduction

Federal laws governing nursing facilities were revised effective January 1989 by *Public Law 100-203*, the *Omnibus Budget Reconciliation Act (OBRA)* of 1987 (*Nursing Home Reform Act*), and 42 *Code of Federal Regulations (CFR)* Sections 483.100 through 483.116. These laws require preadmission screening (PAS) for all individuals initially entering a nursing facility (NF) to determine if they have a serious Mentally Ill (MI) or Intellectual or Developmental Disability (ID/DD). If an individual is found to be mentally ill or has an intellectual or developmental disability, the screening helps determine whether NF care is appropriate or whether the individual needs specialized services. However, with the enactment of *Public Law 104-315* in October 1996, Annual Resident Reviews are no longer required. An additional requirement has been added for NFs to promptly notify the state mental health and/or intellectual or developmental disability authority, as applicable, if there is a significant change in the physical or mental condition of an individual who is mentally ill or has an intellectual or developmental disability. This would warrant a re-evaluation to determine if the NF is still the most appropriate setting and/or if the individual could benefit from specialized services for his/her MI/ID/DD.

Part 1: Responsibility For Performing PASRR Level I Screenings

Introduction

Each individual applying for NF admission is subject to the PASRR Level I screening and Level II evaluation, if applicable, prior to admission. The following agents are responsible for completing the PASRR Level I screening, depending upon the type of facility from which the individual is entering the NF system.

General Acute Care Hospital

General Acute Care Hospitals (GACHs) are responsible for performing Level I screenings on new admissions entering the NF from the GACH. In addition, the GACH is responsible for providing access to medical records and making arrangements for a Level II evaluation with the state's third party contractor for individuals who, as a result of the Level I screening, show an indication of MI/ID/DD. A copy of the PASRR determination must be completed and sent with the individual to the nursing facility (NF).

Note: These responsibilities are also required for free-standing psychiatric hospitals that discharge an individual to a NF.

Nursing Facility

The admitting NF is responsible for performing PASRR Level I screening when the new admission is entering the NF from a community setting. The admitting NF cannot admit the individual without the PASRR determination.

Note: In all cases, including interfacility transfers, the admitting NF is ultimately responsible for ensuring that the PASRR determination is completed prior to admission, since the LTC TAR will not be approved without confirmation of the determination.

The NF is also responsible for submitting another Level I screening as a resident review (RR) after the first PAS, only if there is a significant change in their physical or mental condition. This change could be either a change in the recipient's mental condition that would result in further evaluation/ determination about the appropriateness of the setting or treatment, or a change in the resident's physical condition that would make the resident more amenable to specialized mental health or developmental services.

Readmission

A readmission is defined as an individual that was readmitted to a NF from a hospital to which the individual was transferred for the purpose of receiving care. The NF is responsible for submitting a new Level I screening as a RR if there has been a significant change in the individual's condition upon readmission.

Interfacility Transfer

An interfacility transfer is defined as an individual who has been transferred from one NF to another, with or without an intervening hospital stay. The NF is responsible for submitting a new Level I screening as a RR if there has been a significant change in condition.

PASRR Exemption

Exempted Hospital Discharge

An individual is exempt from the Level II evaluation if he or she meets the following three requirements:

1. The individual is admitted to a NF from a hospital after receiving acute inpatient care; and
2. The individual needs NF services for the condition for which he or she received care in the hospital; and
3. The attending physician has certified before admission as likely to require less than 30 days of NF care.

Note: If the individual is later found to require more than 30 days of NF care, a PASRR Level I screening as a RR must be submitted by the NF within 31 days of admission.

ICF/DD and State Developmental Centers

Residents of an ICF/DD, ICF/DD-H, ICF/DD-N or State Developmental Center are exempt from PASRR.

Swing Beds

Swing beds are exempt from PASRR.

Note: Subacute facilities with a Medicare swing-bed arrangement are included in this exemption.

Table 1: Nursing Facility Recipients Exempt From PASRR

Category of Residents	Needs Level I	Exempt
State mental facility	N/A	Yes
Swing beds	N/A	Yes
ICFDD, ICF/DD-H, ICF/DD-N, State Developmental Centers	N/A	Yes

Part 2: Description of the PASRR Process

PASRR Level I

The PASRR Level I screening is used to identify if an individual that is being admitted to a Medicaid certified NF is suspected of MI/DD/ID/RC at his or her initial entry into the NF. The Level I screening is also used to identify any individual for whom a community setting may be more appropriate than NF placement.

The Level I screening must be completed with reference to newly revised MI criteria and current MI/DD/ID/RC criteria. A sample Level I screening is included in *Figures 1 through 4* on a following page. MI/ID/DD criteria or “triggers” also are included following the screening.

How to Submit the Level I Screening

The Level I screening must be submitted through the Online PASRR system on the [DHCS Application Portal](#). The facility representative that is submitting the Level I screening must be enrolled in the Online PASRR system. To enroll, follow the instructions on the [DHCS PASRR webpage](#).

PASRR Level II Evaluation

DHCS and DDS Regional Centers perform PASRR Level II evaluations and determinations regarding:

- SMI/ID/DD/RC condition
- Appropriate level of care for individuals with a SMI/ID/DD/RC condition
- Need for specialized services

Department of Health Care Services

For individuals who have been identified by PASRR Level I screening as possibly having a serious mental illness, the Level I screening is submitted to a third party contractor through the PASRR online system. The contractor will contact the provider and arrange for a Level II evaluation to further assess the individual. The Level II evaluation is performed in-person or via telehealth in special circumstances.

Department of Developmental Services

When an individual has been identified as a result of the PASRR Level I screening as having an indication of an ID/DD or RC, the Level I screening is submitted to DDS for further review. If there is an indication of ID/DD/RC and the onset of the condition occurred to the individual before the age of 18, he or she is referred to a Regional Center for evaluation and determination.

For those patients who have an indication of both MI/ID/DD/RC, DDS makes a referral to the appropriate Regional Center. DDS gives notice of the final determination to the patient or his/her legal representative, and the NF.

Documentation

The Regional Center completes a PASRR summary report upon completion of the Level II determination, which is to be inserted in the resident's current medical record. A copy of this documentation must accompany the initial reauthorization TAR.

Notice of Determination

Department of Health Care Services

After the Level II evaluation is completed, a final determination is made by DHCS. The determination is available to view in the PASRR online system at [DHCS Application Portal](#). The provider should give a copy of the determination to the evaluated individual, the individual's legal representative, the individual's attending physician, and the individual's provider of the individuals need for NF level of services and/or specialized add-on services. The provider should also submit a copy of the determination with the TAR.

Department of Developmental Services

DDS notification of the final determination of the PASRR is made by submitting a PASRR summary report to:

1. The evaluated individual or his or her legal guardian; and
2. The admitting or retaining NF

Specialized Services

If it is determined as a result of the Level II evaluation that the patient needs specialized services, arrangements for specialized services will be made by DHCS/DDS in collaboration with the NF, the attending physician, the patient and the patient's family or legal guardian.

Definition of Specialized Services for Individuals Identified as MI:

For the purposes of PASRR, the term “Specialized Services” means any services or supports recommended by an individualized Level II determination that a particular nursing facility resident requires due to mental illness that supplement the scope of services that the facility must provide under reimbursement as nursing facility services.

Definition of Specialized Services for Individuals Identified as ID/DD

Specialized services for developmentally disabled individuals are defined as services specified by the Regional Center which, combined with services provided by the nursing facility or other service providers, result in the continuous and aggressive implementation of an *Individual Program Plan* (IPP) developed and supervised by an interdisciplinary team that includes a Qualified Intellectual Disability Professional, the consumer, and as appropriate, the person's parents, legal guardian, conservator, or other necessary professionals.

Part 3: PASRR and TAR Processing

New Admission

The PASRR determination for a new admission to a Medicaid certified NF must be completed prior to admission.

Medi-Cal authorization for NF services will begin on the date the determination is completed. Any days requested prior to the date of the determination will be denied in accordance with 42 CFR Section 483.122.

30-Day Exempt

If an NF resident was admitted as a 30-day exempt but was later found to require a longer period of NF level of care, any reauthorization TAR must have documentation that a PASRR Level I screening as a RR was completed on or before the first day Medi-Cal authorization was requested.

TAR Submission: Initial Authorization

The initial TAR must be submitted within 10 working days of admission and have a copy of the PASRR determination attached. This allows the field office full access to all documentation needed for evaluation. If verification of PASRR determination does not accompany the TAR, NF authorization will be deferred or denied until the required determination is completed and documented with the NF TAR.

Note: Refer to the Long Term Care TAR instructions in this manual for more information regarding NF TARs and the relationship between NF TARs and PASRR.

TAR Completion Procedures: Initial Authorization

Part II, Section C of the Long Term Care (LTC) TAR should contain the following summary information for all individuals who are subject to PASRR. This applies whether the DHCS Level I screening was completed by the NF submitting the LTC TAR, the GACH, or by another NF on an interfacility transfer. This also applies to individuals who qualify for the exempted hospital discharge and are later determined to need LTC.

Initial TAR Only:

- Community option available (choose): Yes or No
- PASRR completed by (choose): DHCS or Acute or NF
- Date PASRR completed (insert): (date)
- Date referred to DHCS/DDS for Level II screen (insert): (date)

Reauthorization TAR Only:

- Date Level II /Resident Review completed (insert or choose): (date) or N/A
- Community options available? (choose): Yes or No

If the individual is an exempted hospital discharge and now needs LTC, the TAR must document the medical condition that warranted the exempted hospital discharge and the changed condition that now requires continued stay.

Exempted Hospital Discharge Now Needs Long Term Care:

- Community option available (choose): Yes or No
- Date Medi-Cal authorization requested (insert): (date)
- Date PASRR completed (insert): (date)
- Date Referred for Level II screen (insert): (date)

The field office will update the patient's profile and service information in the Service, Utilization, Review & Guidance (SURGE) system to reflect that a PASRR referral was made.

Reauthorization After Level II

The initial reauthorization TAR must have an attached copy of the determination documentation from DHCS/DDS. The recipient's profile will be updated at this time by the field office with the results of the PASRR Level II determination.

If the determination has not been completed prior to the reauthorization TAR submission date, the NF should still submit the reauthorization TAR prior to the expiration of the previous TAR. The NF should indicate on the reauthorization TAR that a Level II screening has not been completed. The Medi-Cal field office will take appropriate action by deferring the reauthorization TAR and by notifying PASRR. The Oversight Unit will determine a reason for the delay in screening and will facilitate the screening. When the screening has been completed, the NF will return the deferred reauthorization TAR with the documentation that the screening has been completed.

Reauthorization When Change of Status

If there was a change in the resident's health or mental status that raises a question about the resident's MI/ID/DD/RC condition, and the required Level I screening RR was not completed, the reauthorization TAR will be denied until the date of the determination 42 CFR, Section 483.106, provides the authority for denial of this payment.

Level I/Level II Documentation

A copy of the Level I screening and determination must be kept in the resident's current medical chart to allow access for Medi-Cal field office verification, Licensing and Certification monitoring, and Centers for Medicare & Medicaid Services (CMS) verification.

Medi-Cal Field Office Review

Medi-Cal field offices will review the Level I screening and determination completed by delegated hospitals and NFs to assess the quality of information. The Minimum Data Set (MDS) 3.0 will be reviewed to determine if the assessment is consistent with the Level I screening. The review also will assess the timeliness of the determination and the need for additional training or clarification.

Medi-Cal field offices reserve the right to perform audits to review NF's medical records to determine if the information presented on the Level I screening and determination is consistent with the documentation in the medical record and/or recipient observation.

For any questions regarding the PASRR procedure, please email PASRR@dhcs.ca.gov

Part 4: Completion of the PASRR Level I Screening

Introduction

The following is a sample Level I screening used to identify if a Medicaid NF admission is suspected or diagnosed of MI/ID/DD/RC. Based on the information collected in Sections I through V, a decision is made whether or not the individual needs a Level II evaluation.

Figure 1: Sample Level I Screening Section I

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

Section I - Individual Information

1 Last Name * First Name *

Middle Name

2 Date Of Birth *
MM/DD/YYYY

3 Screening Type *
 Initial Preadmission Screening(PAS) (?) Resident Review (RR) (Status Change) (?)

Admission Date ? *
MM/DD/YYYY

Figure 2: Sample Level I Screening Section II

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

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

Yes No Unknown

Specify type/Diagnosis

5 The Individual has a history of a substantial disability prior to the age of 22. *

Yes No Unknown

Age of onset

6 The Individual has received services through a Regional Center. *

Yes No Unknown

Describe the services

Figure 3: Sample Level I Screening Section III

7 The Individual has received ID/DD services, from another agency or facility. *

Yes No Unknown

Describe the services

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

Yes No Unknown

Describe the services

9 Because of ID/DD, the Individual experiences functional limitations. Examples of functional limitations include mobility, self-care, self-direction, learning/understanding/using language, capacity for living independently. functional limitations ? *

Yes No Unknown

Describe the limitations

Figure 4: Sample Level I Screening Section III (continued)

Section III - Serious Mental Illness - Definition ?
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Diagnosed Mental Illness ?

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

Yes No

Explain

Figure 5: Sample Level I Screening Section III (continued)

Suspected Mental Illness

11 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

Explain

Psychotropic Medication ?

12 The Individual has been prescribed psychotropic medications for mental illness. ? *

Yes No

List Medications

Figure 6: Sample Level I Screening Section IV

Section IV – Categorical Determination ? (Only one out of 13-15 can be selected as "Yes")

Brief Stay ?

13 The Individual requires less than 15 days stay.

Yes No

13a Please select the reason for brief stay *

Protective services (Stay is not expected to exceed 6 days)

Providing temporary respite for the in-home caregiver (respite case less than 15 days)

If none of the above reasons apply, you must select "no" for 13 and continue screening.

*

Figure 7: Sample Level I Screening Section IV (continued)

Severe Physical Condition ?

15 The individual could not benefit from specialized (mental health) services ? because there is a severe physical condition such as coma, ventilator dependence, or neurocognitive disorder (dementia) that prevents the individual from engaging with others, communicating effectively, and/or participating in mental health care; Or the Individual has a terminal illness that is currently being treated under palliative, comfort, or hospice care

Yes No

15a Provide the physical diagnoses that causes the individual to require Nursing Facility care, followed by the specific conditions or reasons that prevent the individual from participating in specialized services. *

16 Please select the data source that is the basis for the above categorical application *

Hospital/Facility records Physician’s evaluation Election of hospice status

Records of community mental health centers

Records of community intellectual disability or developmental disability providers

Figure 8: Sample Level I Screening Section V

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

17 Please indicate the physical diagnosis/diagnoses that requires NF level of care. *

18 What type of bed is the resident currently residing in? *

General Acute Care Hospital Skilled Nursing Facility Group Home/Assisted

Acute Psychiatric Hospital/Unit Special Treatment Program/Institution for Mental Disease

Intermediate Care Facility Other – specify

19 Exempted Hospital Discharge ? *

Yes No Unknown

Mental Illness

Triggers

Section III of the Level I screening must be completed with reference to revised “Serious Mental Illness Criteria” and the MI indicators on the MDS. The individual may qualify for a Level II evaluation for MI if any one of questions 10 – 12 are marked “Yes”.

Intellectual Or Developmental Disability

Triggers

Section II of the Level I screening must be completed with reference to the “Intellectual or Developmental Disability ‘Triggers’ for Level II Referrals” and the ID/DD indicators on the MDS. The Level I looks for suspicion, not proof, of intellectual or developmental disability or a related condition. If any one of questions 4 through 9 are marked “Yes”, the Level I screening is automatically sent to the Department of Developmental Services for a possible Level II evaluation for ID/DD/RC.

Developmental Disability: State Definition

Developmental Disability” means a disability that originates before an individual attains 18 years of age, continues or can be expected to continue indefinitely, and constitutes a substantial disability for the individual.

As defined by the Director of Developmental Services, this term shall include intellectual or developmental disability, cerebral palsy, epilepsy and autism. This term includes disabling conditions found to be closely related to intellectual disability cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability but shall not include other handicapping conditions that are solely physical in nature: *Welfare and Institutions Code* [W&I Code], Section 4512(a)(1).

Intellectual or Developmental Disability: State Definition

“Developmental disability” means a disability that:

- Originates before an individual attains 18 years of age
- Continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual

This term shall include:

- Intellectual disability
- Cerebral palsy
- Epilepsy
- Autism and
- Other disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability but shall not include other handicapping conditions that are solely physical in nature.

“Substantial disability” means the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person:

- (A) Self-care
- (B) Receptive and expressive language
- (C) Learning
- (D) Mobility
- (E) Self-direction
- (F) Capacity for independent living
- (G) Economic self-sufficiency

Reference: W&I Code 4512

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.