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# **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, the subsequent 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.»

## «Initial TAR Submission

The initial TAR must 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 TAR Completion for Long Term Care and TAR for Long Term Care 20-1 Form sections found in this manual for more information regarding NF TARs and the relationship between NF TARs and PASRR.

## Subsequent Reauthorization TARs with Determination Letter

If applicable, the subsequent reauthorization TAR must have an attached copy of the determination letter from DHCS/DDS.

## Subsequent TAR Following Significant Change in Condition

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 subsequent 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.

For any questions regarding the PASRR procedure, please email [PASRR@dhcs.ca.gov](mailto: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.



Section I - Individual Information

1 Last Name \* First Name \* Middle Name

2 Date Of Birth \* MM/DD/YYYY

3 Screening Type \* 4 Admission Date 3 \* MM/DD/YYYY

Initial Preadmission Screening(PAS) 1

Resident Review (RR) (Status Change) 2

«Figure 1: Sample Level I Screening Section I»

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

**5** 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

**6** 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  Unknown

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

Yes  No  Unknown

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

Yes  No  Unknown

«**Figure 2: Sample Level I Screening Section II**»

Section III - Serious Mental Illness - Definition 4

**Diagnosed Mental Illness**

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

Yes  No

Specify the diagnosis or describe the symptoms.

Explain

**Suspected Mental Illness**

10 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

Describe the symptoms or behaviors.

Explain

**Psychotropic Medication**

11 Has the Individual been prescribed psychotropic medications for Serious Mental Illness? 5 \*

Yes  No

If yes, specify the psychotropic medications:

List Medications

«Figure 3: Sample Level I Screening Section III»

Section IV – Categorical Determination (Only one out of 12-15 can be selected as "Yes")

**Brief Stay**

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

Yes  No

**12a** Please select the reason for brief stay. \*

- Providing respite for caregiver(s) for a period not to exceed fourteen (14) calendar days.
- Protective services (Stay is not expected to exceed six (6) calendar days). Emergency situation requiring protective services with placement in a Nursing Facility not to exceed seven (7) calendar days.

If none of the reasons listed in field number 12a apply, you must select no in response to field number 12. \*

**Delirium**

**13** The Individual has a diagnosis of Delirium **6** and further diagnosis cannot be made until the Delirium clears.

Yes  No

**Severe Physical Condition**

**14** 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

**14a** Provide the specific severe physical conditions that prevent the Individual from participating in Specialized Add-on Services. \*

**15** If response to question number 12, 13, or 14 is yes, select the data source(s) that is the basis for the categorical selection: \*

- 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 4: Sample Level I Screening Section IV»

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

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

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

General Acute Care Hospital    Nursing Facility    Group Home/Assisted    Acute Psychiatric Hospital/Unit

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

**18** Does the Individual meet the criteria for an Exempted Hospital Discharge? 8 \*

Yes    No    Unknown

«**Figure 5:** Sample Level I Screening Section V»

## **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 closely related disabling conditions but shall not include 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.

<b>Symbol</b>	<b>Description</b>
«	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.