Pre-Admission Screening and Resident Review (PASRR)
Information for Hospitals, Medical Offices, and Nursing Facilities

2018
FYI...

- Previous years’ webinars can be found at: https://www.dshs.wa.gov/dda/consumers-and-families/pre-admission-screening-and-resident-review-pasrr-program

- Today’s webinar will focus on revisions to the form, program updates, the role of hospitals and nursing facilities in the PASRR process, and answers to frequently asked questions.

- CEUs are available. Certificates will be emailed to individuals who registered, logged in and participate through the end of the webinar. If you are participating as a group, the individual who registered must distribute certificates to the remainder of the group.

- Multiple caseworkers may be associated with a PASRR client.
Regulations Related to PASRR/PASARR

- Both the federal government and the State of Washington regulate PASRR.
  - The federal rules related to PASRR can be found at: 42 C.F.R. 483.100 - 483.138 (Note: an annual PASRR is no longer required but CFR has not been revised to reflect this change.)
What does PASRR do?

- PASRR has three goals:
  - To identify people referred to nursing facilities who have an intellectual disability or related condition (ID/RC) or a serious mental illness (SMI);
  - To determine that they are placed appropriately;
  - To make sure they receive the services they need for ID/RC or SMI.
Why is PASRR Important?

According to Medicaid.gov:

“PASRR can advance person-centered care planning by assuring that psychological, psychiatric, and functional needs are considered along with personal goals and preferences in planning long term care”.

PASRR can enhance nursing facility (NF) care by providing additional disability-related services not included in the NF daily rate and by making recommendations to the NF.
Referring party (usually hospital or nursing facility) completes Level I Indicators of ID/RC and/or SMI?

- ID/RC = YES
- SMI = YES
- ID/RC = YES and SMI = YES

DDA completes Level II process

HCA completes Level II process

Admission to Medicaid Certified Nursing Facility

ID/RC = intellectual disability or related condition
SMI = serious mental illness
Timeliness Matters

The PASRR team knows the importance of timely hospital discharges and is prepared to respond quickly. However, there are steps hospitals or medical offices can take to ensure the process goes smoothly.
What Referring Parties Need to Know

• You must complete a PASRR Level I for every person entering a Medicaid-certified nursing facility, regardless of whether the individual has Medicaid or where the individual is admitting from (hospital, group home, assisted living or their own home). If the individual is identified as having ID/RC or SMI, immediately send the completed level 1 to the DDA PASRR Coordinator or the HCA PASRR Contractor.

• The PASRR Level I form should be accessed from the DSHS website to ensure use of the current version. The form number is 14-300.

• The current form has a revision date of September 2018.
Additional Considerations for Referring Parties

• Best practice: Include the PASRR Level I form in the hospital intake packet for use in anticipated NF admission.

• Share information regarding the patient with the PASRR evaluator as soon as possible. To see what information is required, follow these links:
  – §483.134 Info for MH Evaluator
  – §483.136 Info for ID/RC Assessor

• Being proactive will reduce response time!
What Receiving SNFs Need to Know

• As noted, the current form has a revision date of September 2018.

• If the SNF observes that referring parties are using an outdated version of the form, they should:

  1. Inform the hospital, physicians office etc. that a new form is in use; and

  2. Do one of the following:

     • Request the referring party to complete a new form prior to admission;

     OR

     • Complete a new form in the SNF making a note in the clients chart why the new form was completed.

• The SNF should not admit patients without PASRR completed.
• File a complaint with Department of Health if you see a pattern of noncompliance.
Who do we contact if we feel the assessor is not responding in a timely manner? Medicare has regulations about when a patient should discharge...

For concerns about assessors, contact:

- **Health Care Authority:**
  - Debra Hoeman, PASRR Program Manager – [debbie.hoeman@hca.wa.gov](mailto:debbie.hoeman@hca.wa.gov)

- **Developmental Disabilities Administration:**
  - Terry Hehemann, PASRR Program Manager - [hehemtl@dshs.wa.gov](mailto:hehemtl@dshs.wa.gov)
A Word About Guardianship or Power of Attorney (POA)

- Assisted decision making can’t be assumed – current paperwork must be presented (check expiration date).
- POA is granted by the person requesting assistance and can be withdrawn at any time.
- Guardianship does not deny the right to make choices!
- If a PASRR determination is challenged by a guardian or POA, refer the issue to the PASRR evaluator.
The instruction related to “significant change of condition” has been updated to match recent CMS guidance.
Include the DSM, if known

1. Has the individual shown indicators within the last two years of having any of the following mental disorders? Check the appropriate box and include current version of the Diagnostic and Statistical Manual (DSM) code if known.

   - Schizophrenic Disorders
     DSM Code, if known: [ ]
   - Psychotic Disorder NOS
     DSM Code, if known: [ ]
   - Personality Disorders
     DSM Code, if known: [ ]
   - Mood Disorders – Depressive or Bipolar
     DSM Code, if known: [ ]
   - Anxiety Disorders
     DSM Code, if known: [ ]
   - Delusional Disorder
     DSM Code, if known: [ ]
   - Other Psychotic Disorder
     DSM Code, if known: [ ]

2. Is there evidence the person exhibits serious functional limitations (described below) during the past six (6) months related to a serious mental illness?

   Serious functional limitations may be demonstrated by: substantial difficulty interacting appropriately and communicating effectively with other persons, evidenced by, for example, a history of altercations, evictions, or firings, a fear of strangers, or avoidance of interpersonal relationships and social isolation; serious difficulty in 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; serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, demonstrated by agitation, exacerbation of symptoms associated with the illness, withdrawal from the situation; or a need for intervention by the mental health or judicial system.

3. Has the individual experienced either of the following? If yes, please indicate either a, or b, below.
   a. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).
   b. Within the last two years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

A referral for a PASRR Level II for SMI is required if:
1. All of the questions in Section 1A (1, 2 and 3) are marked Yes; OR
2. Sufficient evidence of SMI is not available, but there is a credible suspicion that a SMI may exist (see Instructions for more information); and
3. The requirements for exempted hospital discharge do not apply (see Section IIA).

A referral for a PASRR Level II for SMI is not required if:
1. Any of the questions in Section 1A (1, 2 or 3) are marked No and there is no credible suspicion of SMI; or
2. There are indicators of SMI in Section 1A, but the requirements for exempted hospital discharge are met (see Section IIA).

Continue to Section I.B.
- If an individual has all three indicators: REFER

- If an individual does NOT have all three indicators, but you believe the individual may have SMI: REFER

- The same criteria is used for a significant change.

- **For SMI (only), a referral for Level II is not required if all the criteria for Exempted Hospital Discharge are met and the stay is less than 30 days.**
Referral requirements are clear.

An example of “another agency or facility that serves individuals with ID” might be the United Cerebral Palsy Association of WA or other similar agencies.
Clarification About “Related Condition”

- Does the individual have a severe, chronic disability, other than mental illness, that results in impairment of general intellectual functioning or adaptive functioning?
- Did the onset of the disability occur before age 22?
- Is the condition expected to continue indefinitely?
- Does the condition result in substantial functional limitations in three or more of the following areas of major life activity: self-care; understanding and use of language; learning; mobility; self-direction; or capacity for independent living?

If the answers to B6, B7, B8, and B9 are all yes, answer “Yes” to question B11. A referral to the DDA PASRR Coordinator is required.

The form makes it clear that functional limitations alone do not necessitate a referral.

Functional deficits must be attributable to a severe disability which occurred prior to age 22 and is expected to continue indefinitely.

This includes TBI, stroke, etc. If in doubt, refer.
A diagnosis of dementia does not exclude an individual from the PASRR process, but it is considered relevant information. The PASRR process must be completed if the individual has a diagnosis of dementia.

### C. Additional Relevant Information

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<td><img src="a" alt="1" /> Does the individual have a diagnosis of dementia? Comment (if applicable):&lt;br&gt;<img src="b" alt="2" /> Is dementia the primary diagnosis? Comment (if applicable):&lt;br&gt;<img src="c" alt="2" /> Does the individual have a substance use disorder? Comment (if applicable):&lt;br&gt;<img src="d" alt="3" /> Does the individual have a diagnosis of delirium? Comment (if applicable):&lt;br&gt;<img src="e" alt="4" /> Is the individual’s primary language English? Comment (include primary language and any other considerations for adaptation to culture, ethnic origin, or communication):</td>
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### Section II.A. Exempted Hospital Discharge

- The individual with SMI or ID/RC will be admitted directly to a NF from a hospital after receiving acute inpatient care at the hospital.
- The individual with SMI or ID/RC requires NF services for the condition for which he or she received care in the hospital.
- The individual’s attending physician certifies that the individual is likely to require fewer than 30 days of nursing facility services.

- If all three boxes are marked, the individual meets the requirements for an exempted hospital discharge and can be referred to a NF without a PASRR Level II. If all three boxes are marked, check the “Exempted Hospital Discharge” box in Section III. A physician, ARNP or physician’s assistant must sign Section III. For individuals with ID/RC, the PASRR Level II must be forwarded to the DDA PASRR Coordinator upon nursing facility admission.

### Section II.B. Categorical Determination

- Referral to NF for protective services of seven (7) days or less
- Referral to NF for respite of 30 days or less

If one of these indicators applies, check the “Categorical Determination” box in Section III. The referring party must sign Section III.

### Section III. Documentation of:

- Exempted Hospital Discharge (per Section II.A)
- Categorical Determination (per Section II.B)

This section is only required if the individual meets the requirements for Exempted Hospital Discharge or Categorical Determination.

| NAME OF PERSON IDENTIFYING BASIS FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION | TITLE |
| LIST DATA USED FOR DETERMINATION |

WHAT EVIDENCE DID YOU USE TO CONCLUDE THE INDIVIDUAL MEETS THE CRITERIA FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION?

By entering my name in the signature fields below, I indicate my intent to sign this record and agree that my electronic signature is the legally binding equivalent to my handwritten signature.

SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN’S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE)  DATE
What about people who are going to a NF for short-term rehab after hospital treatment?

Some people with ID/RC or SMI don’t need to be assessed by DDA or HCA prior to NF admission. These cases are called Exempted Hospital Discharge (EHDs).

- To qualify as an EHD, three things must be true:
  - The person will go directly from a hospital to the NF;
  - The person will be treated for the same condition in the NF as they were treated for in the hospital; and
  - The treating physician certifies in writing that the NF stay is expected to last less than 30 days.
    - The signature can be electronic (see form for detail)
How does the hospital designate an EHD?

Complete Sections IIA and III in the PASRR Level I to show the EHD.

Section IIA. Exempted Hospital Discharge

CHECK ALL THAT APPLY

- The individual with SMI or ID/RC will be admitted directly to a NF from a hospital after receiving acute inpatient care at the hospital.
- The individual with SMI or ID/RC requires NF services for the condition for which he or she received care in the hospital.
- The individual’s attending physician certifies that the individual is likely to require fewer than 30 days of nursing facility services.

If all three boxes are marked, the individual meets the requirements for an exempted hospital discharge and can be referred to a NF without a PASRR Level II. If all three boxes are marked, check the “Exempted Hospital Discharge” box in Section III. A physician, ARNP or physician’s assistant must sign section III. For individuals with ID/RC, the PASRR Level I must be forwarded to the DDA PASRR Coordinator upon nursing facility admission.

Section III. Documentation of:

- Exempted Hospital Discharge (per Section IIA)
- Categorical Determination (per Section IIB)

This section is only required if the individual meets the requirements for Exempted Hospital Discharge or Categorical Determination.

NAME OF PERSON IDENTIFYING BASIS FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION

[TITLE]

LIST DATA USED FOR DETERMINATION

WHAT EVIDENCE DID YOU USE TO CONCLUDE THE INDIVIDUAL MEETS THE CRITERIA FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION?

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DATE
What happens if a person entered the facility on an EHD, but the stay later extends beyond 30 days and the person does not meet PASRR Level II criteria?

This should never occur because:

- The physician should not sign this section for individuals that do not meet the Level II requirements; a signature indicates the physician believes the individual may have an SMI or ID/RC (which would require follow up after 30 days). The Exempted Hospital Discharge only applies to individuals who would otherwise have been referred for a Level II.

- If the individuals meets all the criteria for an EHD, a physician, ARNP or PA is required to sign the section regarding EHD.

- If an individual admitted on an EHD and the stay extends beyond 30 days, the SNF is responsible to notify the PASRR assessor.
Categorical Determinations

• For individuals with ID/RC, the DDA PASRR Assessor typically completes the Level I.

• Contact the regional PASRR Coordinator if you wish to refer someone to a NF for respite (a Regional DDA Authority or designee will sign section III).

• Respite admissions must be 30 days or less (allowed: 30 total days over the course of 1 year).
How is a Categorical Determination Documented?

### Section II.B. Categorical Determination

CHECK ANY THAT APPLY (SEE INSTRUCTIONS)

- [ ] Referral to NF for protective services of seven (7) days or less
- [ ] Referral to NF for respite of 30 days or less

*If one of these indicators applies, check the “Categorical Determination” box in Section III. The referring party must sign section III.*

### Section III. Documentation of:

- [ ] Exempted Hospital Discharge (per Section II.A)
- [ ] Categorical Determination (per Section II.B)

This section is only required if the individual meets the requirements for Exempted Hospital Discharge or Categorical Determination.

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**LIST DATA USED FOR DETERMINATION**

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**WHAT EVIDENCE DID YOU USE TO CONCLUDE THE INDIVIDUAL MEETS THE CRITERIA FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION?**

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**SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN’S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE)**

**CDs are typically signed by a Regional DSHS Authority/ Designee.**
Referral resources are listed on page 4.

If there is credible suspicion of SMI or ID/RC but no diagnosis, you must complete the Additional Comments section.

**Section IV. Service Needs and Assessor Data**

- **No Level II evaluation indicated:** Person does not show indicators of SMI or ID/RC.
- **Level II evaluation referral required for SMI:** Person shows indicators of SMI per Section 1.A.
- **Level II evaluation referral required for ID/RC:** Person shows indicators of ID or RC per Section 1.B.
- **Level II evaluation referrals required for SMI and ID/RC:** Person shows indicators of both SMI and ID/RC per Sections 1.A and B.
- **Level II evaluation referral required for significant change.**
- **No Level II evaluation indicated at this time due to scheduled hospital discharge:** Level II must be completed if scheduled discharge does not occur.
- **No Level II evaluation indicated at this time due to categorical determination identified by DDA or BHA:** Level II must be completed if scheduled discharge does not occur.

**NOTE:** If Level II evaluation is required for SMI, forward this document to the BHA PASRR contractor immediately. If an indicator of ID/RC is identified, forward this document to the DDA PASRR Coordinator immediately. See link below.

**PASRR CONTACT INFORMATION IS AVAILABLE AT:**
- For SMI - [www.hca.wa.gov/pasrr](http://www.hca.wa.gov/pasrr)
- For ID/RC - [https://www.dshs.wa.gov/dda/PASRR](https://www.dshs.wa.gov/dda/PASRR)

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<th>NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT)</th>
<th>NAME OF FACILITY OR AGENCY</th>
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**SIGNATURE OF PERSON COMPLETING THIS FORM**

**DATE**

**ADDITIONAL COMMENTS (REQUIRED IF REFERRING DUE TO CREDIBLE SUSPICION OF SMI, ID, OR RC)**
Level 1 Pre-Admission Screening and Resident Review (PASRR) Instructions

What is the purpose of this form?
Federal regulations (42 CFR §483.100 – 139) require that all individuals applying for or residing in a Medicaid-certified nursing facility be screened to determine whether they:
1. Have serious mental illness or an intellectual disability or related condition; and if so,
2. Require the level of services provided by a nursing facility; and if so
3. Require specialized services beyond what the nursing facility may provide.

This form documents the first level of screening. If serious mental illness or intellectual disability or a related condition is identified or credibly suspected, a Level II evaluation is required to confirm that identification, determine whether the individual requires nursing facility level of care, and determine whether specialized services are required.

Readmissions and Transfers
Readmission: when an individual discharges from a hospital to the same facility they resided in prior to the hospital stay, a new PASRR screen is not required unless there has been a significant change in condition.
Interfacility Transfer: when an individual transfers from one NF to another without an intervening hospital stay, a new PASRR screen is not required unless there has been a significant change in condition.

Section I. Serious Mental Illness / Intellectual Disability or Related Condition (RC) Determination
Credible suspicion of SMI: The person exhibits or is reliably reported to exhibit one or more of the functional limitations described in A2 of Section I and, although none of the diagnoses in A1 can be confirmed, there is some evidence that a serious mental illness may exist. Explain the factors that led you to the conclusion the person may have a SMI in the Additional Comments box in Section IV.
Credible suspicion of ID / RC: Although a diagnosis of intellectual disability or related condition cannot be confirmed, the person exhibits significant limitations in either intellectual functioning (reasoning, learning, problem solving) or in adaptive behavior (everyday social and practical skills). Records or verbal accounts indicate that these limitations began before age 18 (for ID) or 22 (for related condition) and are expected to be life-long.

Sections II and III. Exempted Hospital Discharge or Categorical Determination for Individual with SMI or ID / RC
Exempted Hospital Discharge: Per 42 C.F.R. §483.104, a person may be admitted to a NF without a PASRR Level II when he or she admitted to the NF directly from a hospital after receiving acute inpatient care at the hospital; the NF admission is to treat the condition for which the person was hospitalized; and the person’s attending physician, ARNP, or physician’s assistant certifies that the person requires fewer than 30 days of nursing facility services. For individuals with ID/RC, the Level I must be forwarded to the DDA PASRR Coordinator upon NF admission.
Categorical Determination: For a respite admissions for those with ID/RC, the DDA Regional Authority or designee sign Section III. The PASRR Level II determinations must still be completed prior to NF admission, but an abbreviated version may be allowed.
For a respite admission for those with SMI indicators, the referring party must complete the Level I screening form and contact the MH Contractor for his/her county prior to admission to the SNF. The PASRR Level 2 (either an invalidation or full evaluation) must still be completed prior to NF admission.
For an exempted hospital discharge or categorical determination, if the NF becomes aware that the stay may last beyond the associated time limit, the NF must contact the SMI PASRR contractor and/or the DDA regional coordinator as soon as the NF becomes aware of the possibility.

Timeliness and Distribution of PASRR Documents:
- The referring party must complete the PASRR Level I as soon as NF referral is considered.
- Fax all Level I forms identifying possible ID/RC to the DDA PASRR Coordinator immediately.
- For all individuals identified as possibly having SMI, contact the BHA PASRR Contractor immediately.
- The referring party must include the Level I form as part of the NF referral packet.
- An individual cannot be admitted to a Medicaid-Certified Nursing Facility before a Level I and a Level II (if required) is completed.

To get more Level I Pre-Admission Screening and Resident Review (PASRR) forms, visit the Forms and Records Management website at [http://www.dshs.wa.gov/forms/eforms.shtml](http://www.dshs.wa.gov/forms/eforms.shtml).
What is the NF’s responsibility for PASRR at admission?

- Confirm that the PASRR process has been completed as required prior to admission.
- Questions to ask:
  - Is there a PASRR Level I?
  - Is the information in the Level I correct?
  - If the Level I indicates SMI or ID/RC, has the HCA or DDA PASRR assessor confirmed whether the person:
    - Has a disability?
    - Requires NF care?
    - Needs specialized services?
- Note: PASRR is conducted at admission and following a significant change (improvement or decline). It is not conducted annually.
How can the NF tell if all pre-admission requirements have been met?

- A Level I has been completed and appears accurate.
- When indicated on the Level I, Level II determinations have been completed as evidenced by:
  1. A completed PASRR Level II assessment
     OR:
  2. For ID/RC:
     - A completed PASRR Determinations and Planned Action Notice (PAN) Form (form 10-573).
     - The SNF will receive a written report within 30 days of receiving a copy of the PAN
     - A completed DDA PASRR Significant Change Review Form (form 10-610) indicating no PASRR impact.

For SMI:
- A completed Notice of Determination (form 15-480)
- A completed Level II Invalidation Form (form 14-413); this form remains valid unless there is a change in condition for the individual.

Each of the forms listed above are completed by the PASRR Assessor.
# DSHS 10-610

## DDA PASRR Significant Change Review

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1. Describe significant change reported: [ ]

2. Does the reported change have a potential impact on PASRR determinations? [ ] Yes [ ] No

3. Why or why not?

If the reported significant change has a potential impact on PASRR determinations, a PASRR Level II Determinations Planned Action Notice, DSHS 10-573, is attached. The full Level II report will follow within 30 days.

If no potential impact on PASRR determinations is identified, the current PASRR plan remains in effect. A new Level II is not needed at this time.

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cc: Nursing facility resident
Guardian / NSA
Nursing facility
What is the NF’s responsibility after admission?

• If you realize there are errors on the Level I (no matter how minor), or if a resident with SMI or ID/RC experiences a significant change of condition, the SNF must complete a new Level I, following all instructions including forwarding to DDA or HCA if indicated.

• Make a note in the resident’s chart why a new Level I was completed.

• The Level I and Level II (when indicated) and most recent follow-up must be kept in the resident’s chart. Incorporate PASRR information into the resident’s care plan.

• If the resident discharges before you get a written report, file the report in the client’s chart; no follow up is necessary.

• If you have questions, contact the PASRR Assessor.
How do I incorporate PASRR recommendations from the Level II or follow-up into the care plan?

• Read the entire Level II report; it contains important information about the individual’s goals, preferences, and strengths, as well as support needs.

• For DDA PASRRs, review the “professional evaluations” section. The NF must have these evaluations completed and provided to the PASRR assessor within 30 days, along with a copy of the NF care plan.

• PASRR goals must be incorporated into the NF care plan.
What are specialized services?

- Specialized services (SS) are equipment, therapies, or other provisions that are needed by an individual because of the ID/RC or SMI.
- SS are provided *in addition to* NF care and are paid for by DDA or HCA.
- NF care should work in tandem with SS toward the same goals.
- SS may occur in the NF or in a community setting while the person resides in a NF.
- For SMI, contact your community [Behavioral Health Organization](#).
How does the NF coordinate with Specialized Service providers?

- Keep SS goals in mind when service planning.
- Share any needed information with SS providers.
- Discuss other scheduled activities.
- Report relevant observations, concerns, or questions to the PASRR Assessor or SS provider.
Does a resident admitting directly from the ER need a PASRR Level I completed?

Yes; every person admitting to a Medicaid certified facility must have a Level I completed prior to admit. The only exception is if the client is returning to the same facility they resided in prior to the trip to the ER. *Admissions from ERs can NOT be exempted hospital discharges.*

See the instructions on the last page:

**Readmissions and Transfers**

Readmission: when an individual discharges from a hospital to the same facility they resided in prior to the hospital stay, a new PASRR screen is not required unless there has been a significant change in condition.

Interfacility Transfer: when an individual transfers from one NF to another without an intervening hospital stay, a new PASRR screen is not required unless there has been a significant change in condition.
A PASRR Initiative: The Communication Toolkit

**Level Of Representation Checklist**

Please refer to Appendix B. For Examples of Levels of Representation.

<table>
<thead>
<tr>
<th>LEVEL OF REPRESENTATION</th>
<th>ACTUAL OBJECT</th>
<th>ASSOCIATED OBJECT</th>
<th>PHOTOGRAHP</th>
<th>ICON</th>
<th>TEXT</th>
<th>UNKNOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How does the person gain information within their daily routine? (e.g., What is the next activity? Where are they going?).</td>
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<td>2. How is the individual provided choices?</td>
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<td>3. What visual information does the person use within their environment and community?</td>
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<td>4. What does the individual direct your attention to?</td>
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<tr>
<td>5. What items does the individual show you or provide you when named?</td>
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<td>6. How are favorite community symbols recognized?</td>
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<tr>
<td>7. How do they recognize their favorite snack?</td>
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<tr>
<td>8. Does the individual demonstrate they can identify individual items in a book or magazine?</td>
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<tr>
<td>9. When offered 2-3 symbols and shown one symbol that is identical to one of the items, can the individual match to that symbol?</td>
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</tr>
<tr>
<td>10. When offered 2-3 symbols and asked to show me (label item), can the individual successfully reference (touch, take, point to, look at, etc.) the correct symbol?</td>
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<td></td>
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</tr>
</tbody>
</table>

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A Final Thought

PASRR is a partnership between hospitals, NFs, and State Agencies;

At its center is our common desire to provide the most individualized, high-quality services for each individual we serve.
PASRR Contacts

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• Residential Care Services:
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Where can I find more information?

ID/RC PASRR Internet Site:
https://www.dshs.wa.gov/dda/consumers-and-families/pre-admission-screening-and-resident-review-pasrr-program

SMI PASRR Internet Site:
www.hca.wa.gov/pasrr