

Behavioral Health (BH) Preadmission Screen and Resident Review (PASRR) Notice of Determination

Instructions: To complete this form, save it to your computer and open it in Adobe Reader.

Date

Client first and last name

You have been referred for skilled nursing facility/nursing facility (SNF/NF) care. Your PASRR Level I Screening indicated the need for a PASRR Level II Evaluation due to:

Extended SNF stay (>30 days).

Significant change in your behavioral health.

Existing/suspected behavioral health diagnosis.

Other:

The federally required Preadmission Screening and Resident Review (PASRR) process is intended to:

- Identify whether you are an individual that may need, or may benefit from behavioral health services;
- Determine whether nursing facility care/services are the most supportive and least restrictive environment for your behavioral health needs;
- Assess your behavioral health, and make behavioral health recommendations that are appropriate for you while residing in a nursing facility; and/or
- Inform you of other options that are available to you regarding specialized behavioral health services.

The full PASRR report will be sent to the nursing facility where you are staying and will become part of your medical record within 30 days. Nursing facility social services/nursing staff and/or the Interdisciplinary Care Team can talk with you about your PASRR evaluation and offer you an opportunity to read it. If you do not receive a copy of your PASRR report, please ask SNF staff for a copy.

The PASRR evaluation and recommendations do not require you to do anything. If any behavioral health care is recommended for you, it is **your** decision if you want to accept behavioral health services.

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Determination

Based on a review of your records and conversations with you and others involved in your care, the Washington Behavioral Health (BH) PASRR Team has made the following determinations, effective as of the date of this notice.

BH has determined that:

1. You **do do not** have a mental health diagnosis, as defined in federal regulations (42 C.F.R.§483.102(1)).
2. You **do do not** meet the requirements for nursing facility level of care due to your current mental health needs, as outlined in WAC 388-106-0355,1,(d), WAC 388-106-0090 and WAC 388-106-0010.

Note: This form does not determine your medical eligibility for nursing facility level of care.

3. If you have a mental health diagnosis and you meet the requirements for nursing facility level of care:

You **may may not** benefit from specialized behavioral health services. If you are determined to need these services, they would help you to acquire skills or behaviors that will enable you to function with as much self-determination and independence as possible, and/or in order to prevent or slow the loss of your current functional status, while you reside at a nursing facility.

4. If you have **not** been determined to require specialized behavioral health services, that determination is based on the following reason(s):

You have a serious physical illness which results in a level of impairment so severe that you are not expected to benefit from specialized behavioral health services.

You have a diagnosis of dementia which results in a level of impairment so severe that you are not expect to benefit from specialized behavioral health services.

You are experiencing delirium that prevents an accurate mental health diagnosis at this time.

The Washington BH PASRR Team has not identified any services in addition to services provided by the nursing facility that will assist you to function with as much independence as possible, and/or prevent or slow any loss of your functional ability.

Legal guardian information

First and last name

Street address

City

State

Zip code

Evaluator information

First and last name

Title

Organization

Phone (with area code)

To sign this form, do **not** use the “Fill & Sign” function. Instead, click in the signature field to add your signature.

Signature

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Distribution of this notice

Instructions

Pre-admission to Nursing Facility

- Copy to Hospital
- Copy to Skilled Nursing Facility
- Copy to Patient Record

Nursing Facility

- Copy to Patient Record
- Copy to Attending Physician

Comments

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Determining authority

This determination is being made by the following authority:

- Washington Administrative Code (WAC) 388-106-0355
Am I eligible for nursing facility care services? WAC 388-97-1920
- Preadmission screening - Level I. WAC 388-97-2000
Preadmission Screening and Resident Review (PASRR) determination and appeal rights. WAC 388-97-1940
- Advanced categorical determinations, not subject to preadmission screening—Level II.
- Preadmission screening - Level II. WAC 388-97-1960

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Appeal rights

You have **ninety (90) days from the receipt of this notice to appeal** any of the following decisions:

- That you do not meet the requirements for nursing facility level of care; or
- That you are not in need of specialized behavioral health services.

You have the following rights:

- To decline or terminate services at any time.
- To have another person represent you at the hearing (HCA does not pay for attorneys, but free or low cost legal assistance may be available in your community. For additional information call 1- 888-201-1014);
- To receive copies of your PASRR evaluation, determination and any recommendations;
- To submit documents into evidence;
- To testify at the hearing and to present witnesses to testify on your behalf; and
- To cross examine witnesses testifying for the department.

A form to request an administrative hearing is included. See section 6: *Administrative hearing request*.

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Optional community residential settings

Other residential programs and services that may be available to you.

Adult Family Homes

Adult Family Homes are regular neighborhood homes where staff assumes responsibility for the safety and well-being of the adult. A room, meals, laundry, supervision and varying levels of assistance with care are provided. Some provide occasional nursing care. Some offer specialized care for people with mental health issues, developmental disabilities or dementia. The home can have two to six residents and is licensed by the state.

Assisted Living Facilities

A long term care option that provides personal care support services such as meals, medication management, bathing, dressing, and transportation.

Supported Living Services

Supported Living Services provide support in activities of daily living to persons who live in their own homes or congregate care facilities in the community. Supports may vary from a few hours per month up to 24 hours per day of one-to-one support. Clients pay for their own rent, food, and other personal expenses.

✉ Mail your request to:

Office of Administrative Hearings (OAH)
 P.O. Box 42488
 Olympia WA, 98504-2488

☎ Phone: (360) 407-2700

📠 Fax: (360) 664-8721

I am requesting a hearing because of the following PASRR determination(s) made by the Health Care Authority (HCA). You may attach additional information if needed.

Information of person requesting fair hearing (appellant)

First and last name

Phone (with area code)

Street address

City

State

Zip code

DSHS/HCA client ID (if known)

Regional support network (if known)

Information of person representing you (representative)

⚠ If you are going to represent yourself, do not fill out this section.

First and last name

Phone (with area code)

Organization

Street address

City

State

Zip code

Assistance and accomodation

Do you need an interpreter or other assistance or accommodation for the hearing? Yes No

If yes, what language or assistance?

You can receive assistance and support from an Ombuds close to where you live. For information about how to contact the Ombuds office in your area, please call the DBHR Office of Consumer Partnerships at: 1- 800-446-0259 Ext. 4.

For agency use only

Verbal request taken Date

First and last name

Phone (with area code)