



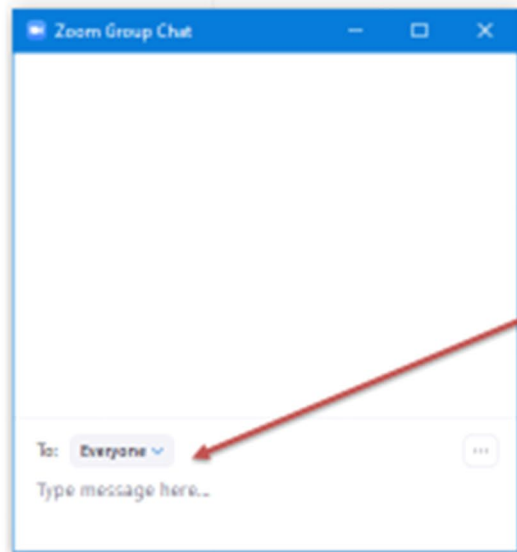
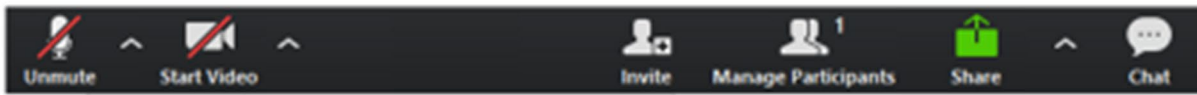
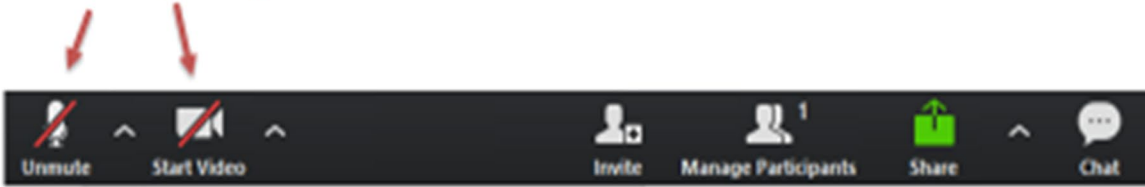
Transforming
Lives

PASRR: Pre-Admission Screening and Resident Review

Information for hospitals, medical offices and nursing facilities
2024

Presented by: Beth Loska (HCA), Tiffany Meyers(RCS), Rebecca Kaiser (HCS), Heidi Johnston (DDA), Debbie Hoeman (RCS), Yvonne Alexander (DDA).

Please remember to keep your microphone and video off during the presentation!



If you have a question during the presentation, post it in the **“Chat”** section and make sure **“everyone”** is selected

Participants (2)

Molly Parker (Host, Me)

John Smith

More ▾

- Rename
- Make Host
- Put In Waiting Room
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To rename yourself, pull up the participants list, find your name, and right click.



Introduction



Washington State Department of Social and Health Services



For Your Information ...

- We will focus on the unique roles of Washington hospitals, clinic and nursing facilities regarding federally mandated Pre-Admission Screening and Resident Review.
- PASRR helps our patients in their journey from hospital to skilled nursing facility, using person-centered practices and integrated care.



Purpose of PASRR is to:

- Transition resident to most supportive and least restrictive setting.
- Identify person-centered services critical to the success of the most vulnerable.
- Continuously improve quality and delivery across the state.



Regulations Related to PASRR

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 Code of Federal Regulation has not been revised to reflect this change.)
- Washington Administrative Code addresses PASRR in two sections: [388-97-1910](#) through [388-97-2000](#) and Section [388-834](#).



Department of Social and Health Services

Health Care Authority
Medicaid State Agency

Developmental Disabilities Administration
PASRR Program

Behavioral Health/Serious
Mental Illness PASRR Program

We all use the same
Level I
Pre-Admission and Resident Review Form



PASRR In Washington



Level I Hospitals & Community

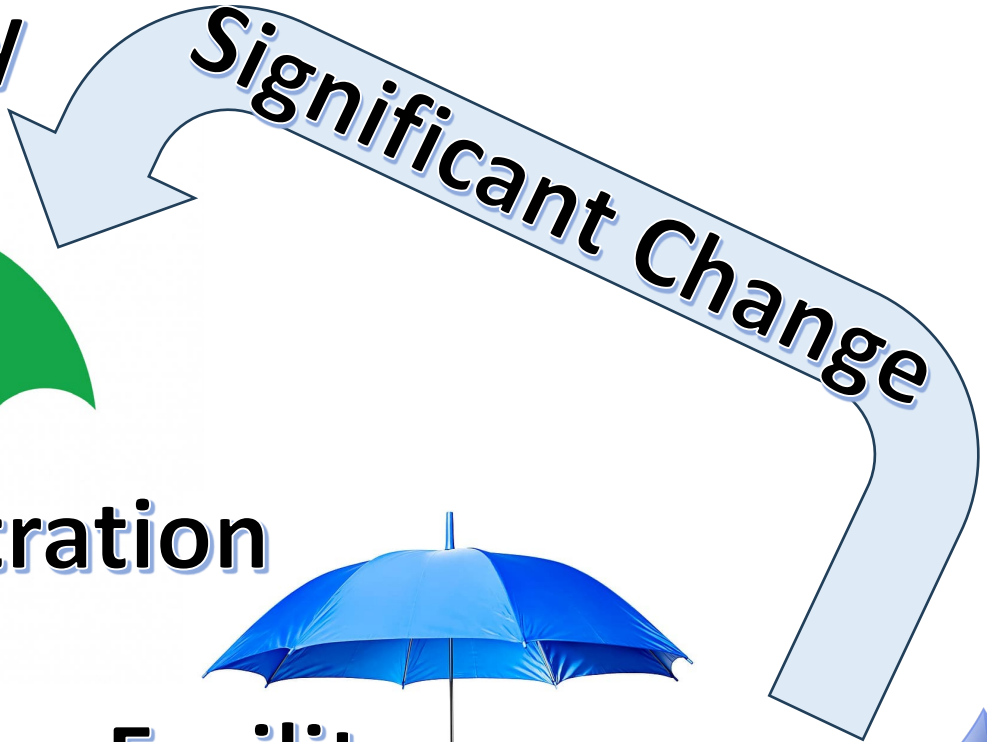


Level II State Administration



Nursing Facility

Significant Change





Hospitals and
Community Partners

Level I – Forward to DDA/BH

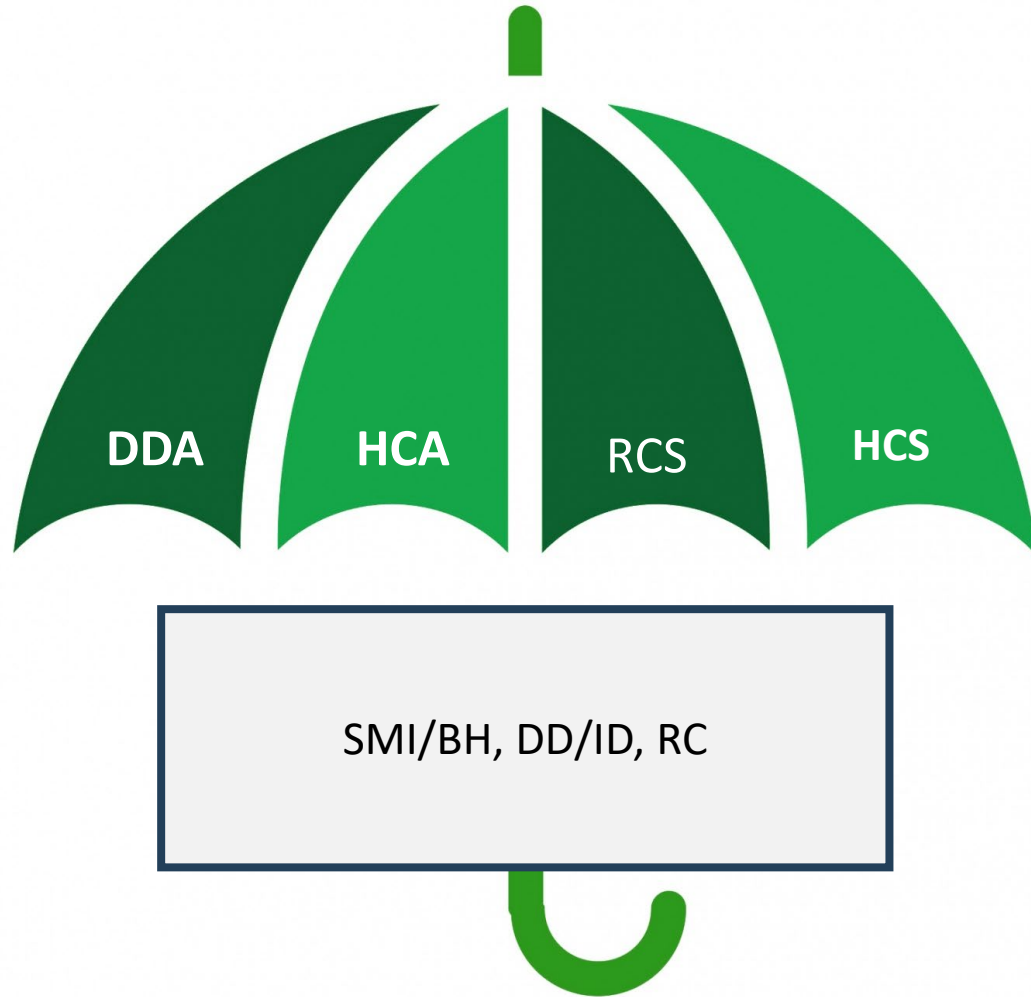
- Hospital admission is the ideal time to identify potential PASRR clients.
- Hospitals & clinics referring Level I PASRR forms are expected to adhere to state policies.
- Level I referrals may be initiated by specialty providers as well (Internal Medicines, etc.).
- “For a respite admission for those with SMI indicators, The PASRR Level 2 (either an invalidation or full evaluation) must still be completed prior to Hospital Discharge/ NF admission.” Pg 5, Level I PASRR Form.



Important Notice – WA Level I Forms

- Addition option for PASRR Level I referral coming soon:
 - PASRR screener cannot rule out possible MI/ID/RC based on the available data.
 - The completed Level 1 is sent to the PASRR Evaluators/Assessors for determination.
- **Please fill out Level I forms with all relevant data.**
 - **Your signature on the Level I form is an attestation that you have properly screened the individual. This form is a federal requirement and should include all pertinent data.**
 - **Do not leave the Level I blank.**

Level II's, Training & Enforcement



- A client does not have to be eligible for DDA state services to qualify under PASRR.
 - PASRR is **more** inclusive!
- Refer all clients with 'known or suspected' mental health concerns.
- Traumatic brain injuries and stroke are examples of related conditions if they occurred prior to age 22.



Incorporate Level II into Care Plan

- Nursing Facilities should not admit clients without a complete Level II PASRR evaluation.
- Specialized service recommendations from PASRR should be reviewed by a multi-disciplinary team.
- These recommendations should be incorporated into the individual's care plan.
- Minimum Data Set review could indicate PASRR conditions or other changes in resident behavior would indicate the need for a significant change.



What does PASRR do?



PASRR has three goals:

- To identify people referred to nursing facilities who have an intellectual disability or related condition or a serious mental illness.
- To determine that individuals are admitted appropriately.
- To make sure individuals receive the services they need for ID/RC or SMI.



Why is PASRR important?

According to [Medicaid.gov](https://www.Medicaid.gov):

“PASRR can also 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 care by providing additional disability-related services not included in the NF daily rate and by making recommendations to the NF.

Medicaid-Certified nursing facilities cannot admit prior to completion of PASRR process.



Level 1 Pre-Admission Screening and Resident Review (PASRR)

This screening form applies to all persons being considered for admission to a Medicaid-Certified Nursing Facility (NF). The nursing facility is responsible for ensuring that the form is complete and accurate before admission. After admission, the NF must retain the Level I form as part of the resident record. In the event the resident experiences a significant change* in condition, or if an inaccuracy in the current Level I is discovered, the NF must complete a new PASRR Level I and make referrals to the appropriate entities if a serious mental illness and/or intellectual disability or related condition is identified or suspected.

Any professional who is referring an individual for admission to a nursing facility may complete this form. The form may also be completed by designated HCS or DDA staff who are facilitating the referral. If an exempted hospital discharge is identified under Section II, a physician, ARNP, or physician's assistant must complete and sign Section III. In the case of a respite stay for an individual with an intellectual disability or related condition (ID/RC), the DDA regional administrator or designee must complete and sign Section III. See last page for definitions and additional instructions.

NAME: FIRST	MIDDLE INITIAL	LAST	ADSA ID (IF AVAILABLE)	DATE OF BIRTH (MM/DD/YYYY)
LEGAL REPRESENTATIVE OR NSA**			FACILITY NAME (IF APPLICABLE)	
RELATIONSHIP	NSA PHONE (WITH AREA CODE)		FACILITY ADDRESS LINE 1	
NSA ADDRESS			FACILITY ADDRESS LINE 2	
NAME OF PERSON COMPLETING FORM			PHONE NUMBER OF PERSON COMPLETING FORM (AREA CODE)	

- Nursing facility admission pending; anticipated date of admission: _____
- Current nursing facility resident
Date of admission (if current resident): _____
For a significant change, indicate the date of the significant change: _____
- * **Significant change in physical or mental condition** for PASRR purposes means a major decline or improvement in the resident's status that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one area of the resident's health status, and requires interdisciplinary review or revision of the care plan, or both.
- ** NSA means Necessary Supplemental Accommodation, a person identified by DDA, if needed, to assist an individual with an intellectual disability or related condition (ID/RC) to understand decisions made by DDA.

For more information about significant change of condition, see the [Resident Assessment Instrument Manual](#) pages 2-24 through 2-29.

The instructions related to “significant change of condition” have been updated to match recent CMS guidance.

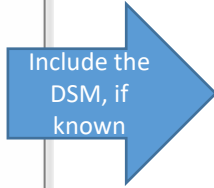


Section I. Serious Mental Illness (SMI) / Intellectual Disability (ID) or Related Condition (RC) Determination

A. Serious Mental Illness Indicators

YES NO

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 does NOT have all three indicators, but you believe the individual may have SMI, refer to PASRR.
- Any positive findings in Section 1.A.1., to include anxiety and/or depression refer to PASRR.
- 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.

Section I. Serious Mental Illness (SMI) / Intellectual Disability (ID) or Related Condition (RC) Determination			
A. Serious Mental Illness Indicators			
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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.			
<input type="checkbox"/>	<u>Schizophrenic Disorders</u> DSM Code, if known: <input type="text"/>	<input type="checkbox"/>	<u>Psychotic Disorder NOS</u> DSM Code, if known: <input type="text"/>
<input type="checkbox"/>	<u>Mood Disorders – Depressive or Bipolar</u> DSM Code, if known: <input type="text"/>	<input type="checkbox"/>	<u>Anxiety Disorders</u> DSM Code, if known: <input type="text"/>
<input type="checkbox"/>	<u>Personality Disorders</u> DSM Code, if known: <input type="text"/>	<input type="checkbox"/>	<u>Delusional Disorder</u> DSM Code, if known: <input type="text"/>
<u>Other Psychotic Disorder</u> DSM Code, if known: <input type="text"/>			
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			
<input checked="" type="checkbox"/>	3. Has the individual experienced either of the following? If yes, please indicate either a, or b, below.		
<input type="checkbox"/>	a. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).		
<input checked="" type="checkbox"/>	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.		
<ul style="list-style-type: none"> • A referral for a PASRR Level II for SMI is required if: <ol style="list-style-type: none"> 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 <u>credible suspicion</u> 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: <ol style="list-style-type: none"> 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.			



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:**

- All of the questions in Section 1A (1, 2 and 3) are marked **Yes**; OR
- Sufficient evidence of SMI is not available, but there is a credible suspicion that a SMI may exist (see Instructions for more information); and
- 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:**

- Any of the questions in Section 1A (1, 2 or 3) are marked **No** and there is no credible suspicion of SMI; or
- 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.

B. Intellectual Disability Related Conditional Indicators

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has the person received services from the Developmental Disabilities Administration or another agency or facility that serves individuals with intellectual disabilities?
<i>If the answer to B1 is yes, answer "Yes" to question B11. A referral to the DDA PASRR Coordinator is required.</i>		
<input type="checkbox"/>	<input type="checkbox"/>	2. Does the individual have an IQ score of less than 70, as measured by a standardized, reliable test of intellectual functioning?
<input type="checkbox"/>	<input type="checkbox"/>	3. Does the person have impairments in adaptive functioning as described in the current DSM? According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), these impairments result in failure to meet developmental and sociocultural standards for personal independence and social responsibility. Without ongoing support, the adaptive deficits limit functioning in one or more activities of daily life, such as communications, social participation, and independent living, and across multiple environments, such as home, school, work, and recreation.
<input type="checkbox"/>	<input type="checkbox"/>	4. Did the condition causing the IQ and adaptive functioning impairments occur before age 18?
<input type="checkbox"/>	<input type="checkbox"/>	5. Is the condition expected to continue indefinitely?
<i>If the answers to B2, B3, B4, and B5 are all yes, answer "Yes" to question B11. A referral to the DDA PASRR Coordinator is required.</i>		
<input type="checkbox"/>	<input type="checkbox"/>	6. Does the individual have a severe, chronic disability, other than mental illness, that results in impairment of general intellectual functioning or adaptive functioning?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did the onset of the disability occur before age 22?
<input type="checkbox"/>	<input type="checkbox"/>	8. Is the condition expected to continue indefinitely?
<input type="checkbox"/>	<input type="checkbox"/>	9. 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?
<i>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.</i>		
<input type="checkbox"/>	<input type="checkbox"/>	10. In the absence of a diagnosis of intellectual disability or related condition as described in B1 – B9, do you have reason to believe this individual has undiagnosed intellectual disability or related condition? If yes, please explain:
<i>If the answer to B10 is yes, answer "Yes" to question B11. A referral to the DDA PASRR Coordinator is required.</i>		
<input type="checkbox"/>	<input type="checkbox"/>	11. Does this individual have an intellectual disability or related condition, or do you have reason to believe the individual may have an undiagnosed intellectual disability or related condition?
<i>If the answer to B11 is yes, please forward this form to your regional DDA PASRR Coordinator. Follow up by DDA is required before this individual can be admitted to a nursing facility. Contact information can be found at: https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/PASRR%20Regional%20Contacts.docx</i>		
12. Please share any additional comments regarding this individual related to a possible intellectual disability or related condition:		

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.



Referral requirements are clear.



Clarification about “Related Condition”

- 6. Does the individual have a severe, chronic disability, other than mental illness, that results in impairment of general intellectual functioning or adaptive functioning?
- 7. Did the onset of the disability occur before age 22?
- 8. Is the condition expected to continue indefinitely?
- 9. 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 before age 22 and is expected to continue indefinitely.
- This includes TBI, stroke, etc. If in doubt, refer.



• **A referral for a PASRR Level II for ID/RC is required if:**
If Section I.B.11 is marked "Yes".

• **A PASRR Level II for ID/RC is not required if:**
If Section I.B.11 is marked "No".

C. Additional Relevant Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. (a) Does the individual have a diagnosis of dementia? Comment (if applicable):
<input type="checkbox"/>	<input type="checkbox"/>	(b) Is dementia the primary diagnosis? Comment (if applicable):
<input type="checkbox"/>	<input type="checkbox"/>	2. Does the individual have a substance use disorder? Comment (if applicable):
<input type="checkbox"/>	<input type="checkbox"/>	3. Does the individual have a diagnosis of delirium? Comment (if applicable):
<input type="checkbox"/>	<input type="checkbox"/>	4. Is the individual's primary language English? Comment (include primary language and any other considerations for adaption to culture, ethnic origin, or communication):

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 IIB. 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.

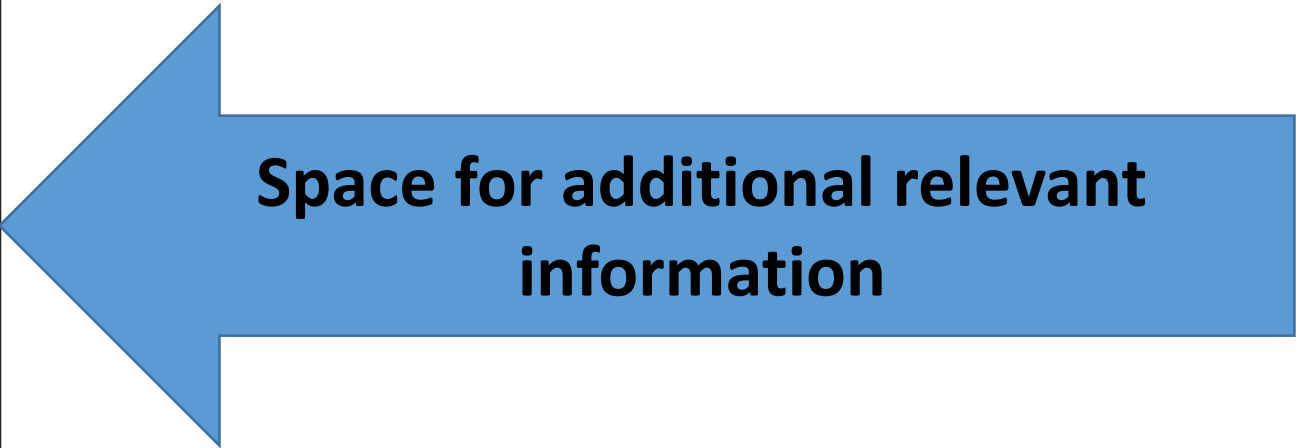
NAME OF PERSON IDENTIFYING BASIS FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION	TITLE
---	-------

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
---	------



A diagnosis of dementia does not exclude an individual from the PASRR process, and it is considered relevant information.

The PASRR process must be completed if the individual has a diagnosis of dementia.



What about people who are going to a NF for short-term rehab after hospital treatment?



How does the hospital designate an Exempted Hospital Discharge?

Complete Sections IIA and III in the PASRR Level I

Section IIA. Exempted Hospital Discharge	
CHECK ALL THAT APPLY	
<input type="checkbox"/> 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.	
<input type="checkbox"/> The individual with SMI or ID/RC requires NF services for the condition for which he or she received care in the hospital.	
<input type="checkbox"/> The individual's attending physician certifies that the individual is likely to require fewer than 30 days of nursing facility services.	
<i>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.</i>	
Section III. Documentation of:	
<input type="checkbox"/> Exempted Hospital Discharge (per Section II.A)	
<input type="checkbox"/> 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
<input type="text"/>	<input type="text"/>
LIST DATA USED FOR DETERMINATION	
<input type="text"/>	
WHAT EVIDENCE DID YOU USE TO CONCLUDE THE INDIVIDUAL MEETS THE CRITERIA FOR EXEMPTED HOSPITAL DISCHARGE OR CATEGORICAL DETERMINATION?	
<input type="text"/>	
By entering my name in the signature fields below, I indicate my intent to sign this record and my electronic signature is the legally binding equivalent to my handwritten signature.	
SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN'S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE)	DATE
<input type="text"/>	<input type="text"/>

All EHDs must be signed by physician, PA or ARNP.

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?

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.*

What about people who admit to the NF for a respite stay?

- 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 one calendar year).



What is a Categorical Determination?

Section II.B. Categorical Determination	
CHECK ANY THAT APPLY (SEE INSTRUCTIONS)	
<input type="checkbox"/> Referral to NF for protective services of seven (7) days or less	
<input type="checkbox"/> Referral to NF for respite of 30 days or less	
<i>If one of these indicators applies, check the "Categorical Determination" box in Section III. The referring party must sign section III.</i>	
Section III. Documentation of:	
<input type="checkbox"/> Exempted Hospital Discharge (per Section II.A)	
<input type="checkbox"/> 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 my electronic signature is the legally binding equivalent to my handwritten signature.	
SIGNATURE (PHYSICIAN, ARNP, PHYSICIAN'S ASSISTANT OR REGIONAL AUTHORITY / DESIGNEE)	DATE
█	█

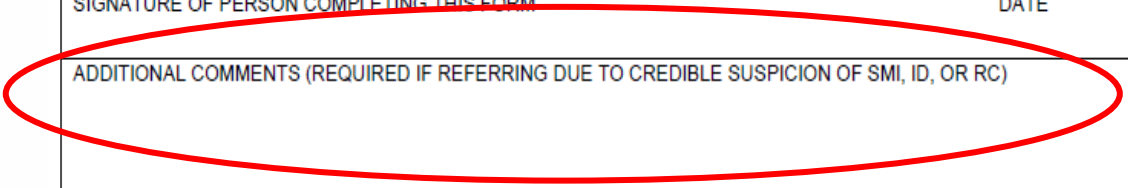
CDs are typically signed by a Regional DSHS Authority/Designee.



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	
<input type="checkbox"/> No Level II evaluation indicated: Person does not show indicators of SMI or ID/RC. <input type="checkbox"/> Level II evaluation referral required for SMI: Person shows indicators of SMI per Section 1.A. <input type="checkbox"/> Level II evaluation referral required for ID/RC: Person shows indicators of ID or RC per Section 1.B. <input type="checkbox"/> Level II evaluation referrals required for SMI <u>and</u> ID/RC: Person shows indicators of both SMI and ID/RC per Sections 1. A and B. <input type="checkbox"/> Level II evaluation referral required for significant change. <input type="checkbox"/> No Level II evaluation indicated <u>at this time</u> due to exempted hospital discharge: Level II <u>must</u> be completed if scheduled discharge does not occur. <input type="checkbox"/> No Level II evaluation indicated <u>at this time</u> due to categorical determination identified by DDA or BHA: Level II <u>must</u> be completed if scheduled discharge does not occur.	
<p>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.</p> <p>PASRR CONTACT INFORMATION IS AVAILABLE AT: For SMI - www.hca.wa.gov/pasrr For ID/RC - https://www.dshs.wa.gov/dda/PASRR</p>	
NAME OF PERSON COMPLETING THIS FORM (PLEASE PRINT)	NAME OF FACILITY OR AGENCY
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)
ADDRESS	CITY STATE ZIP CODE
<p>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.</p>	
SIGNATURE OF PERSON COMPLETING THIS FORM	DATE
<p>ADDITIONAL COMMENTS (REQUIRED IF REFERRING DUE TO CREDIBLE SUSPICION OF SMI, ID, OR RC)</p>	





The last page contains additional information.

Many of your questions are answered here.

Level 1 Pre-Admission Screening and Resident Review (PASRR) Instructions

What is the purpose of this form?

Federal regulations (42 CFR §483.100 – 138) 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 1 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>.



COVID-19: PASRR timelines no longer in effect

- In March 2020, Washington received CMS approval of an 1135 waiver that impacts PASRR timelines.
- This waiver allowed that PASRR Level 1 and Level 2 assessments not be required for 30 days after admission.
- The waiver is NO longer in effect. PASRR must be completed BEFORE admission to a nursing facility.



Back to Basics: PASRRs must be completed before admission

The nursing home bears the responsibility to track admissions and obtain a Level 1 and Level 2, if indicated.

A facility could be cited for failing to obtain a PASRR Level 1 and a Level 2 before to admission.



DDA PASRR can help people with intellectual disabilities or related conditions

- Assistive Technology.
- Therapeutic Supplies.
- Remote Services.



Communication with the PASRR team is highly important for the resident, the PASRR Team and the nursing facility!

- Let PASRR know as soon as possible if a PASRR resident:
 - Has a significant change in condition.
 - Is diagnosed with COVID.
 - Is hospitalized.
 - Experiences behavior challenges.
 - Requests supports in addition to regular NF care.
 - Passes away.



Residential Care Services Behavioral Health Support Team

BHST Mission:

- Create Long Term success for people with behavioral challenges living in long-term and community-based settings.
- Provide clinical and regulatory expertise to facility staff to help them provide high-quality, person-centered care while remaining in compliance with regulations.

Why you Might Call the BHST!

- Are you preparing to admit a new resident?
- Are you struggling to provide care & services because of a resident's behaviors?
- Are you looking for training about behavioral health or mental health?
- Do you have regulatory questions?
- Are you looking for new ways to approach care & services?
- Are you looking for a way to better understand the residents you serve?

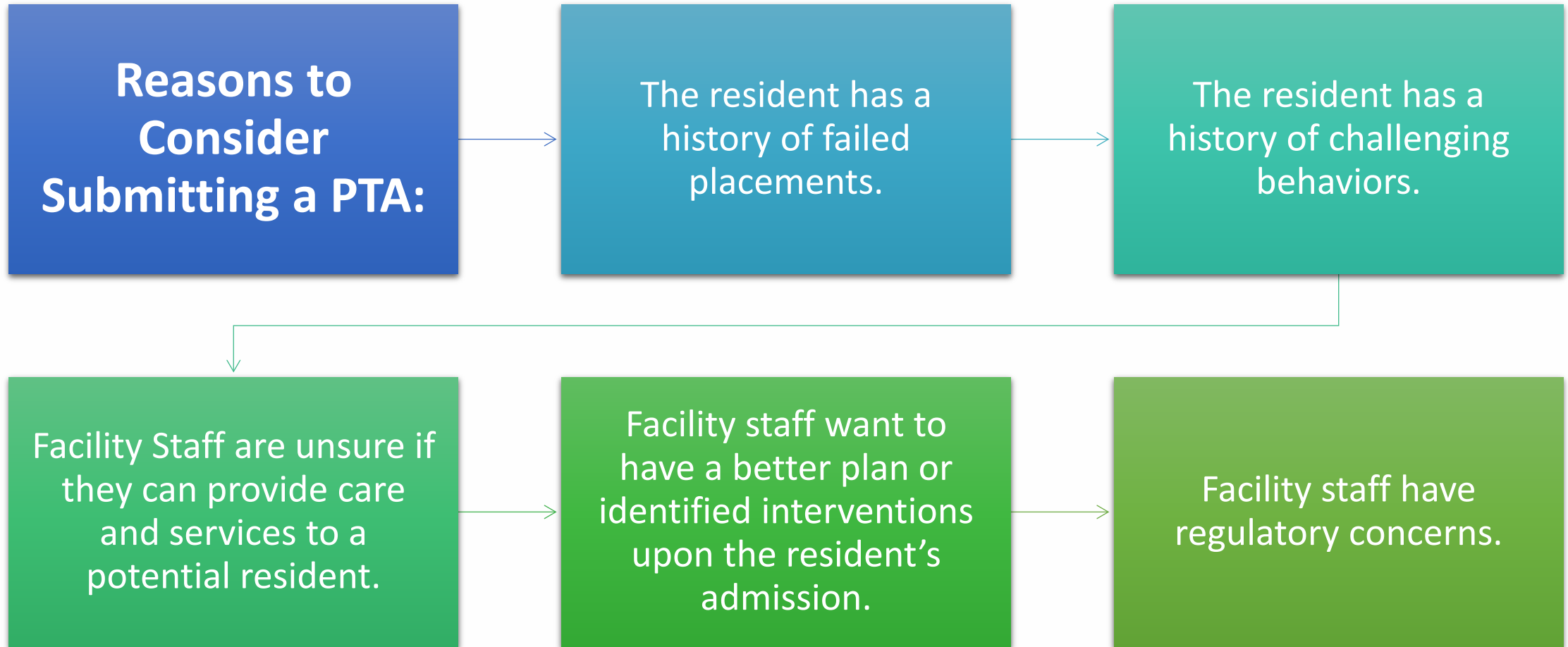


Resident Specific Consultations


- Consultations Include:
 - Behavioral Health Interventions
 - Regulatory Expertise
 - Community Resources
 - Communication & Coordination with Case Management Teams
 - ...And More!



Preliminary Technical Assistance



Connection Café: An Informal Q & A Opportunity




**Something NEW from your
RCS Behavioral Health Support Team!**

Over the years of supporting providers, we've noticed that you appreciate spending time after the 'official' meeting to talk about anything and everything. So, we created the...

"This subject made me think of something else I wanted to ask you about..."

"Can you help me understand the investigation, inspection, and citation process in general?"

"My staff would love to sit and talk with you the way I am now, just to pick your brain..."



RCS BHST Connection Café!

All staff (regardless of role or discipline) are invited to participate in an informal question-and-answer session with an RCS Behavioral Health Quality Improvement Consultant (BQIC). Ask us anything about behavioral challenges, care planning, relevant WACs and whatever else comes to mind.

Consultants have a unique combination of expertise and experience, including:

- Working knowledge of your regulations.
- Understanding trauma-informed care concepts.
- Real-world clinical experience from working in hospitals, nursing homes, community mental health agencies, case management positions, other DSHS jobs and more.
- Helping others with their interesting challenge, so we may have seen your interesting challenge before!

Additional Information:

- Cafes will be scheduled for a minimum of 90 minutes – but we'll stick around if you want to keep talking.
- Cafes will take place with one facility at a time.
- We're flexible! If staff come into the Café briefly to ask questions and then return to work, that's fine.
- Meeting in person is preferred, but if you're only able to meet digitally we can accommodate that!
- Cafes aren't formal or scripted, but it helps if you have some questions ready to get things started!
- Cafes can be provided over multiple days and times to accommodate staff who work shifts.
- Cafes are available to Nursing Homes, Assisted Living Facilities and Supported Living agencies statewide.
- Our expertise is behavioral health. We may not have answers for things like remodeling or infection control, but we can point you towards someone who does.

If you'd like to schedule an RCS BHST Connection Café or want to learn more, please email RCSBHST@dshs.wa.gov.

BHST Training



Are you interested in free behavioral health training for you and your staff?
Do you or your staff need CEUs or required Trauma-Informed Care training?

The RCS Behavioral Health Support Team Training Specialist has you covered!

The BHST Training Specialist has a unique blend of behavioral health and regulatory expertise. In each training, you will learn techniques and strategies to respond effectively to a variety of resident challenging behaviors while remaining in compliance with WACs.

Training information:

- Each training will provide generalized, best practice knowledge on a subject. They will not focus on specific resident cases.
- Trainings are 1-2 hours in length.
- Continuing Education Credits are available for some trainings - with more to come.
- We offer a menu of trainings that are ready to go. However, if your building is dealing with something that is not on the menu, we would be happy to create something to meet your specific need.
- Trainings are offered throughout each month on a rotating basis ([click here](#) to see the latest calendars). However, we are flexible and would be happy to provide trainings on dates and times that work best for you.
- Trainings are presented on a web platform with a live instructor. On-demand recordings are not available currently.
- All staff from facilities across the state are encouraged to attend, regardless of role or discipline.

Testimonials:

"I'm feeling hopeful! I took three pages of notes. I thought it was great training for my staff and found your stories especially helpful to illustrate your points."

"Krylle was so prompt and helpful in responding to my email, and we are registered for the Crisis Response and De-Escalation Training."

Please email ALTSABHSTTraining@dshs.wa.gov to schedule a training or for more information.

- Free Trainings!
- Many Classes have Continuing Education Credits Awarded for Completion.
- Courses are generally 1-2 Hours in Length.
- All Training are Provided Through Zoom to Improve Access to LTC Staff Statewide!

Behavioral Health Training:

- Coping with Abuse (2.5 CEU)
- Trauma Informed Care (1.5 CEU)
- Active Listening (1.5 CEU)
- Professional Boundaries (1 CEU)
- Mandated Reporting (1 CEU)
- Documentation Basics (2 CEU)
- Co-occurring Disorders (2 CEU)
- Greif and Loss
- ...And more!

Behavioral Health Support Team
Training Schedule

JUNE 2024						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	31	1
2	3	4 Trauma Informed Care (1.5 CEU's) 1pm-2:30pm Click HERE to Register!	5	6 Coping With Abuse Training-(2.5 CEU's) 10am-12:30pm Click HERE to Register!	7	8
9	10	11 Coping With Abuse Training-(2.5 CEU's) 10am-12:30pm Click HERE to Register!	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27 Mandated Reporting 1pm-2:00pm (1CEU) Click HERE to Register!	28	29
30						

All trainings are on Zoom. If you have any questions, please email ALTSABHSTTraining@dshs.wa.gov. All scheduled trainings are open to providers and their staff, from different facilities, across the state. As a reminder, not all our trainings are certified for continuing education credits. Those trainings that offer continuing education credits are labeled as such.

Technical Assistance, Staffing's & Regulations

The BHST Assist's With:

- Answering Regulatory Questions
- Advising within Complex Case Staffing's
- Advising on Complex Situations



How Do I Send A Referral?



RESIDENT NAME / DOB



NAME OF THE HOME /
FACILITY



CONTACT NAME / PHONE
NUMBER OF A PERSON AT
THE FACILITY



A BRIEF EXPLANATION OF
WHAT IS GOING ON (SUCH AS
BEHAVIORS OR CONCERNS)



FACILITY APPROVAL FOR THE
BHST REFERRAL

Send General-Inquires to:

RCSBHST@dshs.wa.gov

Send Training Requests to:

ALTSABHSTTRAINING@dshs.wa.gov





Significant Change of Condition

Significant change definition is in the Resident Assessment Instrument, RAI, Manual, in Chapter 2

Referrals to PASRR for significant change

- Must be done promptly.
- Required for individuals who have been previously identified by PASRR as having mental illness, or intellectual disability or related condition.
- Required for those not previously identified.



Referral to PASRR for significant change may not be necessary if...

The resident is expected to return to baseline function within two weeks, and any one of the following apply:

- The interdisciplinary team, IDT, can initiate corrective action to address the symptoms.
- A short-term illness is causing the symptoms.
- Cyclical signs and symptoms are associated with a previous diagnosis.



Resident-Centered Care Planning





How do I incorporate PASRR recommendations from the Level II or follow-up into the care plan?





Resident Care and PASRR





BH PASRR Scenarios - Negative PASRR Level 1

1. Ms. Thomas has no history of SMI, is on no psychotropic medications and is displaying no signs/symptoms of depression, anxiety, etc.
 - 1.A.1. (Serious Mental Illness Indicators) marked “no.”
 - 1.A.2. (functional limitations) marked “no.”
 - 1.A.3. (inpatient psychiatric hospitalization or needing supportive services to prevent disruption to normal living situation, such as COPEs for MH reasons) is marked “no”.
 - Skip sections IIA, IIB and III as these only pertain to SNF stays of <30 days.
 - On page 4, section IV, the first box is marked, **“No Level II evaluation indicated: Person does not show indicators of SMI or ID/RC.”**
 - Lastly, discharge planning staff/Social Services will need to sign the Level I form verifying completion and accuracy.



BH PASRR Scenarios – Positive PASRR Level I

2. **Mr. Smith has a history of depression and has been on Celexa for six years, is accepting of his medical hospitalization and the plan for nursing facility placement.**
 - Section 1.A.1. (indicators) will be marked “yes.”
 - 1.A.2 (functional limitations) will be marked “no.”
 - 1.A.3. will most likely be marked “no.”
 - Skip sections IIA, IIB and III as these only pertain to SNF stays of <30 days.
 - On page 4, section IV will have the 2nd box marked, **“Level II evaluation referral required for SMI: Person shows indicators of SMI per Section 1.A.”**
 - Lastly, discharge planning staff/Social Services will need to sign the Level I form verifying completion and accuracy.
 - Under Additional Comments, please add any pertinent information regarding medications, PH9 scores, and other additional notes – especially if you have triaged records with the PASRR contractor for your area prior to submission.



BH PASRR Scenarios - Negative PASRR Level 1

3. Mr. Brown has a history of depression and is on Celexa and is recuperating from a fall. This medical hospitalization has been rough for him. He is displaying active symptoms of depression such as declining or refusing some days of therapies, is irritable with nursing staff and is withdrawn. However, the medical team think that under normal circumstances, rehab will be less than 30 days.
- Section 1.A.1. (indicators) will be marked “yes.”
 - 1.A.2. (functional limitations) will now be marked “yes” – since his psychiatric symptoms or behaviors are negatively impacting his care.
 - The criteria for Section IIA. “Exempted Hospital Discharge” is met and should be notated in as such in Section III.
 - Page 4, Section IV, the last box should be marked, “**Level II evaluation referral for SMI**”.



BH PASRR Scenarios – Positive PASRR Level 1

4. Mr. Clark has a history of depression and has active symptoms of depression. He is deconditioned and will require more than 30 days at the nursing facility.

- Section 1.A.1. (indicators) will be marked “yes.”
- 1.A.2. (functional limitations) will be marked “yes.”
- 1.A.3. may be either yes or no.
- Skip sections IIA, IIB and III as these only pertain to <30 days.
- Page 4, Section IV will have the 2nd box marked, “**Level II evaluation referral required for SMI: Person shows indicators of SMI per Section 1.A.**”

In this circumstance, if the patient is identified while still in the hospital, the patient will need to be seen for the PASRR Level 2 Evaluation preadmission **before admission to the nursing facility. The nursing facility can be cited for accepting a patient with a positive Level I without a completed Level 2.



BH PASRR Scenarios – Significant Change Level 1

5. Ms. Smith initially had a negative PASRR Level 1 and entered the nursing facility for rehab. Unfortunately, she had some setbacks resulting in a longer than anticipated stay. She became more depressed, withdrawn and began losing weight. She scored 16/27 on the PHQ-9 and her primary physician was contacted regarding the possibility of starting an antidepressant.

- This is an example of a Significant Change.
- Complete a new PASSR Level 1, **noting the significant change date** (approximately) on page 1, and on Page 4.
- Skip sections IIA, IIB and III as these only pertain to <30 days.
- Section IV, mark the 5th box down, **“Level II evaluation referral required for significant change.”**

Reinvestment Grants

- Washington state participates in the Civil Money Penalty Fund Grant Program.
- <https://www.dshs.wa.gov/altsa/civil-money-penalty-cmp-funds>





A Final Thought

PASRR is a partnership between the resident, important people in the resident's life, hospital, NF and state agencies.

At its center is our common desire to provide person-centered, high-quality services for each individual we serve.





Where can I find more information?

ID/RC PASRR website: www.dshs.wa.gov/dda/pasrr

SMI PASRR website: www.hca.wa.gov/pasrr

Behavioral Health Support for Providers:

www.dshs.wa.gov/altsa/residential-care-services/behavioral-health-support-providers

BHST Email: rscbhst@dshs.wa.gov

BHST Referral Message Line: 360-725-3445



PASRR Contacts

DSHS Developmental Disabilities Administration (ID/RC)

Lonnie Keesee, ID/RC PASRR Unit Manager, lonnie.keesee@dshs.wa.gov

Heidi Johnston, PASRR Program Manager, heidi.johnston@dshs.wa.gov

Wendy Einer, PASRR Program Coordinator, wendy.einer@dshs.wa.gov

[Pre-Admission Screening and Resident Review \(PASRR\) Program | DSHS \(wa.gov\)](#)

Washington Health Care Authority (SMI)

Beth Loska, LTC Coordination Manager/PASRR, elizabeth.loska@hca.wa.gov

Tabitha Craven, PASRR Program Manager, tabitha.craven@dshs.wa.gov

BH PASRR Evaluator map is located at www.hca.wa.gov/pasrr

DSHS Aging and Long-Term Services Administration's Residential Care Services

Charles Demler, NH Policy Program Manager, Charles.demler@dshs.wa.gov



PASRR Contacts

Aging and Long-Term Support Administration

RCS Behavioral Health Support Team

Debbie Hoeman, Behavioral Health Policy Program Manager debbie.hoeman@dshs.wa.gov

Home and Community Services

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Rebecca Kaiser, RCL Enrollment Specialist, Rebecca.kaiser@dshs.wa.gov

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Liz Gordon, Clinical Care Supervisor, Investigation and Inspection

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Questions and Answers

