

PASRR applies to ALL admissions from hospitals to Medicaid certified nursing facilities regardless of the pay source, reason for admission or anticipated length of stay.

### **Hospital to Nursing Facility PASRR Procedure**

1. If Medicaid is paying for the nursing facility stay – the single entry point (SEP) completes the Level I screen as part of the ULTC 100.2 – The SEP must complete the ULTC100.2 within **2 business days**
2. If Medicaid is not paying for the nursing facility stay – the hospital completes the Level I screen
3. All Level I screens with triggers must be submitted to Dual Diagnosis Management for review ***PRIOR TO*** nursing facility admission. DDM reviews the Level I screen to determine if the individual meets state guidelines for a Level II evaluation. If the individual requires a Level II evaluation, a DDM clinician refers the case to the local OBRA contractor for a mental health evaluation or to the Division for Developmental Disabilities for a MR/DD evaluation. DDM has 2 days to complete this review. However, DDM standards are to complete the review within 6 hours of receiving all necessary information to complete the review.
  - Level I screens that do not have triggers should not be submitted to DDM. All Level I screens that come across the web based PASRR system require some type of review by DDM, even if not a clinical review. Therefore, submitting Level I screens that do not have triggers and are therefore unnecessary, slows down the DDM review process. This in turn, holds up the outcome/discharge process. To obtain a hard copy of the Level I screens that do not have triggers, print a blank copy of the Level I screen form and complete it by hand. A copy of this Level I screen can be sent to the nursing facility.
  - Nursing facility residents returning or transferring to nursing facility placement do not need DDM review except when the original NF placement was for Convalescent Care or for patients on psychiatric units going to a new nursing facility. Nursing facility residents with developmental disabilities who are transferring to a different facility need approval from the Division for Developmental Disabilities after a Community Centered Board completes a transfer request form.
  - Hospital staff on all units should know what ‘triggers’ a Level I.
    - Meds
    - Diagnoses
    - Symptoms
    - History
  - There is NO SUCH thing as a Respite admission exclusion to PASRR. HCBS programs have a Respite service they pay nursing facility to provide. These are not considered nursing facility admissions.

- Hospital staff is responsible for the accuracy of any information provided to complete a PASRR Level I, regardless of who actually fills out the form.
- 1. The OBRA evaluator has **2 business days** to complete a Level II mental health evaluation. The Community Centered Board has **8 state business days** to complete a Level II MR/DD evaluation.
- 2. DDM reviews the mental health Level II with the state mental health authority to make a determination regarding placement.
- 3. If the admission is approved, DDM completes the letter of approval and forwards it to the referring agency as directed by the state mental health authority and gives:

For Medicaid recipients:

- a) The approval letter with the authorization number is forwarded to the referring SEP case manager.
- b) The DDM clinician phones the SEP case manager with the authorization number.
- c) The SEP case manager issues the letter and authorization number to the receiving nursing facility.

For non-Medicaid recipients;

- a) The authorization number is called to the referral source
- b) The approval letter with the authorization number is faxed to the receiving nursing facility.
4. The Division for Developmental Disabilities makes a determination regarding placement after review of the MR/DD Level II within 8 state business days of the Level II referral. A verbal notification and an e-mail are provided to DDM by the DD program specialist. Division for Developmental Disabilities completes notification letters and issues them to appropriate parties.

Additional information:

- Nursing facilities cannot give medications without an appropriate diagnosis.
- Nursing facilities must have neurological exams on file to substantiate all dementia diagnosis.
- Only DDM (or state Division for Developmental Disabilities for MR/DD individuals) can approve Convalescent Care, Terminal, or Severity of Illness PASRR admissions.
- Sources of inaccurate information are being tracked by DDM and reported to CDHS and HCPF for consideration of further action.

Please report any problems to Denise Ellis at the Colorado Division of Mental Health, [denise.ellis@state.co.us](mailto:denise.ellis@state.co.us) or Nora Brahe at Health Care Policy and Finance, [nora.brahe@state.co.us](mailto:nora.brahe@state.co.us). Please be specific – give names, dates, and times of faxes.