



Policy: GG.1806
Title: **Preadmission Screening and Resident Review (PASRR)**
Department: Medical Management
Section: Long Term Services and Supports

CEO Approval: /s/ Michael Hunn 09/24/2024

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Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy describes the Preadmission Screening and Resident Review (PASRR) process for CalOptima Health Members in Long Term Care (LTC) facilities.

II. POLICY

- A. General Acute Care Hospitals are required to complete the PASRR Level I Screening prior to discharging an individual to a Skilled Nursing Facility (SNF). The admitting LTC Skilled Nursing Facility must not submit a new Level I Screening and must instead confirm the PASRR process was completed by the hospital.
- B. In accordance with the Federal Omnibus Reconciliation Act and subsequent amendments, and Title 42, Code of Federal Regulations, Sections 483.100-138, a SNF shall ensure:
 1. An online PASRR Level I Screening, or evaluation is completed, either prior to admission or on the first (1st) day of admission.
 2. Prior to admission, the SNF must ensure the hospital completed the PASRR by accepting and reviewing PASRR documentation submitted by the hospital via the file exchange feature in the PASRR Online System for Serious Mental Illness (SMI) cases.
 - a. If there is a technical issue that prevents the hospital from utilizing the file exchange feature, then mail, email, or fax is allowable, as long as the file exchange in the PASRR Online System also occurs within three (3) calendar days of the technical issue being resolved.
 - b. If the SNF determines the hospital did not initiate the file exchange in the PASRR Online System, the SNF must contact the hospital and request that they initiate the file exchange prior to discharging the individual.
 3. For individuals being admitted from a community-level setting, the SNF must submit a Level I Screening as a PAS to initiate the PASRR process. The SNF may enter a future tentative date on the Level I Screening to start and complete the process prior to admission date.

- a. In instances of positive Level I Screenings, the Level II contractor will call the SNF to confirm the information on the Level I Screening and determine if a Level II Evaluation (Initial Assessment) is needed.
- b. As part of the Initial Assessment process, the Level II contractor will make two (2) attempts in forty-eight (48) hours to confirm a positive Level I Screening and request medical records from the SNF. The SNF must participate in the Initial Assessment process within twenty-four (24) hours of submitting the completed Level I Screening or upon request of the Level II contractor.
- c. If the Level II contractor is unable to complete the Initial Assessment process because the SNF is nonresponsive or does not provide the required documentation timely, the Level II contractor will close the case as an “attempt” or “unavailable”.
- d. A PASRR case closed as an “attempt” or “unavailable” due to the SNF not providing the required documentation, the SNF will be required to restart the PASRR process by completing a new Level I Screening.
- e. To prevent administrative delays and loss of Medi-Cal funding, SNFs are urged to participate in the Initial Assessment.
- f. For Members receiving a Level II Evaluation via telehealth, the Level II contractor must obtain verbal or written consent from the Member or conservator.
- g. The consent is not received prior to the Level II Evaluation, the Level II contractor will close the case as “unavailable” and require the SNF to submit a new Level I screening to commence the PASRR process again.

C. Readmissions

1. A Member is a readmission if they were readmitted to a SNF from a hospital to which they were transferred for the purpose of receiving care.
2. If the Member already has a PASRR on file and is readmitted to the same SNF, the hospital does not need to complete a new PASRR for the Member. The existing PASRR is still valid.
3. If the Member goes to the hospital and then goes to a different LTC SNF, the admitting SNF must obtain the PASRR documentation from the previous SNF, unless the PASRR was sent to the hospital. In this case the hospital must send the documentation to the admitting SNF.
4. The SNF must not submit a new Level I screening as a PAS for readmissions or for individuals being transferred from another SNF.
5. The documentation must be exchanged between facilities within three (3) calendar days of the request via the file exchange feature in the PASRR Online System for SMI cases, and by mail, fax, or email for ICF/DD/RC cases.
6. If there is a technical issue that prevents the Hospital or SNF from utilizing the file exchange feature in the PASRR Online System for SMI cases, then mail, email, or fax is allowable, provided the file exchange in the PASRR Online System also occurs within three (3) calendar days of the technical issue being resolved.

D. Resident Review

1. The SNF is required to initiate a Resident Review (RR) by completing a Level I Screening when there is a significant change in condition relating to the Member's SMI and/or ID/DD/RC or when the Minimum Data Set (MDS) does not match the Level I Screening from the hospital.
2. The SNF must initiate the RR within seventy-two (72) hours of identification of a significant change in condition or identification of variance between the MDS and Level I Screening.
3. When a Member is returning from a hospital stay (readmission), there may be a clear change in condition. In instances when the significant change is evident, the Member is subject to a RR within seventy-two (72) hours upon return to the SNF. In other cases, it may take time before the change in condition is apparent. In these situations, the SNF should use the MDS Significant Change in Status Assessment to evaluate whether a RR is required.

E. A LTC Nursing Facility functioning as a Special Treatment Program (STP) shall perform PASRR Level I Screening at the time of application for admission to the facility for a CalOptima Health Member. In every instance, the STP LTC Nursing Facility shall refer the Member to the DHCS Division of Mental Health (DMH) for Level II evaluation. Retroactive Eligibility for Medi-Cal: If a Member residing in a LTC Nursing Facility LTC SNF becomes retroactively eligible for Medi-Cal due to the denial of a third party payer or award by the county's social services, the LTC Nursing Facility shall complete a PASRR Level I Screening at the time of notification of eligibility and make referral to Level II evaluation as appropriate.

F. Out of LTC Nursing Facility System More Than Ninety (90) Calendar Days: If a Member has been out of the LTC Nursing Facility LTC SNF system for more than ninety (90) calendar days, whether in an acute hospital or community setting, the Member does not qualify as a readmission. The Member shall be treated as a new admission and shall be subject to a PASRR Level I Screening.

G. Continuing LTC Nursing Facility Resident

1. The significant change may be either a change in the Member's mental condition that would result in further evaluation or determination about the appropriateness of the setting or treatment, or a change in the Member's physical condition that would make the Member more amenable to specialized mental health or developmental service. A Member who has been initially admitted to the LTC Nursing Facility LTC SNF system and received a PASRR Level I Screening or Level II evaluation (whether or not a Member has been determined to be MI, ID, or DD) shall be considered a continuing LTC Nursing Facility LTC SNF Resident and shall not be subject to another PASRR Level I Screening, with the following exceptions:
 - a. The Member is out of the LTC Nursing Facility LTC SNF system for more than ninety (90) calendar days and shall be evaluated as a new admission;
 - b. The Member experiences a change in his or her medical or mental condition that may indicate a change in MI, ID, or DD status; or
 - c. Upon admission, readmission or transfer: A printout of the DHCS 6170 form must be provided to CalOptima Health with the LTC Authorization Request Form (ARF). If the original DHCS 6170 form is not available, the receiving LTC Nursing Facility LTC SNF shall complete another Level I Screening, and refer to Level II, if appropriate.
2. A Member who is a continuing Nursing Facility Resident may move within the nursing facility system as a readmission or an interfacility transfer without being subject to further PASRR evaluation.

H. CalOptima Health LTC Nursing Facility LTC SNF Resident Exempt from PASRR

1. “Less than 30-day exempt” identifies three (3) categories of new admissions that are exempted from PASRR based on an expected stay of less than thirty (30) calendar days:
 - a. Exempted hospital discharge;
 - i. After receiving acute inpatient care, a Member needs LTC SNF services for the condition for which a Member received care in the hospital and is admitted to a nursing facility from a hospital. The attending physician has certified before admission that the Member is expected to require less than thirty (30) calendar days of LTC SNF care.
 - b. A Member identified as MI, ID, or DD, admitted for less than thirty (30) calendar days; and
 - c. A Member admitted for respite, stabilization, rehabilitation, or medication control expected to stay less than thirty (30) calendar days.
 - i. If the exempt Member is later found to require more than thirty (30) calendar days of LTC Nursing Facility care, a PASRR Level I Screening shall be submitted by the 40th calendar day after admission.
2. A Member residing in an ICF/DD, ICF/DD-H or ICF/DD-N has had a preadmission review by Regional Center of Orange County (RCOC) and shall not require further assessment.

Table 1 – LTC Nursing Facility Residents subject to PASRR

CATEGORY OF RESIDENT	REQUIRES LEVEL I	EXEMPT
NEW TO MEDI-CAL LTC NURSING FACILITY SYSTEM		
New admission - never resided in any LTC Nursing Facility	*	
Newly eligible for Medicare/Medi-Cal	*	
Does not qualify as a readmission - out of LTC Nursing Facility system more than ninety (90) calendar days	*	
30-Day Exemptions		
Exempted hospital discharge admitted from a hospital after receiving acute inpatient care at the hospital, needs NF services for the condition for which he or she received care in the hospital, and attending physician has certified before admission that he or she is likely to require less than thirty (30) calendar days LTC Nursing Facility care.		*
MI or ID or DD admitted for less than thirty (30) calendar days.		*
Member admitted for respite, stabilization, rehabilitation, medication control, etc. and is expected to stay less than thirty (30) calendar days.		*
If any thirty (30) calendar day exemption is found to require more than thirty (30) calendar days of LTC Nursing Facility care.	* Within 40 calendar days of admission	
LONG TERM RESIDENT OF MEDI-CAL NF SYSTEM		
Readmission to the same LTC Nursing Facility after temporary hospitalization when length of hospital stay was ninety (90) calendar days or less. (If hospitalization is more than ninety (90) calendar days, see “Does not qualify as readmission,” above).		*

CATEGORY OF RESIDENT	REQUIRES LEVEL I	EXEMPT
Significant change in a previously screened resident who was not determined to be MI, ID, or DD, but is now experiencing symptoms of MI, ID, or DD.	* Refer immediately	
Interfacility transfer from one LTC Nursing Facility to another Nursing facility with or without an intervening hospital stay of ninety (90) calendar days or less. <u>PASRR report must accompany resident to new facility.</u>	*	
Significant change in MI, ID, or DD condition for any LTC Nursing Facility Resident.	* Refer immediately	
EXEMPTIONS		
ICF/DD, ICF/DD-H, or ICF/DD-N		*

III. PROCEDURE

- A. In accordance with Title 42, Code of Federal Regulations, Sections 483.100-138, a LTC Nursing Facility shall ensure:
 1. The completion of PASRR Level I Screening either prior to admission or on the first (1st) day of admission; and
 2. Online PASRR Level I Screening submission to DHCS-specific website.
 3. If an LTC SNF does not complete the actions outlined in Section III of this policy, CalOptima Health shall deny an authorization request for LTC Nursing Facility services until the PASRR Level I Screening is completed and submitted to the DHCS specific website.
- B. The admitting LTC Nursing Facility shall enter the results of the PASRR Level I Screening (DHCS 6170) form on the CalOptima Health Long Term Care Authorization Request Form (LTC ARF). The LTC ARF must include:
 1. Confirmation that the PASRR Level I Screening was completed;
 2. Whether the Level I Screening result is negative or positive for SMI and/or ID/DD/RC; and
 3. The PASRR Case Identification (CID) number.
 4. Hospitals and SNFs can find this information on the Level I Screening result that is immediately generated by the PASRR Online System once a Level I Screening is submitted.
- C. CalOptima Health can render a decision for an authorization request if the Level I Screening is negative for SMI and/or ID/DD/RC and the required information is received.
- D. If PASRR Level I Screening is positive for SMI and/or ID/DD/RC and advances to a Level II Screening, SNFs are required to submit PASRR Level II Evaluation Letter once the process is complete. CalOptima Health will pend the authorization request until PASRR Level II Evaluation letter is received.
 1. Once the PASRR Level II Screening is completed, the SNF must provide the resulting Level II Evaluation letter to CalOptima Health within three (3) calendar days of issuance to obtain approval of authorization request for SNF placement.

2. Resulting Level II Evaluation Letters include the following:
 - a. Attempt Letter: Issued by the Department of Health Care Services (DHCS) when the visit for a SMI Level II Evaluation is unable to be scheduled for various reasons (e.g., Hospital or SNF not providing medical records or is nonresponsive, Member has been discharged)
 - b. Categorical Letter: Issued by DHCS when the case is closed for a categorical reason.
 - c. Determination Letter: Issued by DHCS when the SMI Level II Evaluation is complete.
 - d. Unavailable Letter: Issued by DHCS when the visit for SMI Level II Evaluation is scheduled but the evaluation is unable to be completed because the individual is not available for various reasons.
 - e. Pre-Admission Screen/Annual Resident Review Summary Report: Issued by the Department of Developmental Services (DDS) Regional Center when the ID/DD/RC Level II Evaluation is completed.

E. PASRR and LTC Authorization Request Form (ARF) Processing

1. The admitting LTC Nursing Facility shall perform a PASRR Level I Screening on a “new admission” to a nursing facility on or before the first (1st) day the CalOptima Health LTC ARF authorization is requested.
 - a. CalOptima Health LTC ARF authorization for LTC Nursing Facility services will begin on the date the screening is accurately completed.
 - b. Days requested prior to the date of Level I Screening will be denied in accordance with 42 CFR §483.122.
2. If a Member’s eligibility is established retroactively after admission to the LTC Nursing Facility, due to the denial of a third-party payer or award by the county’s social services, PASRR shall be completed no later than the date the LTC Nursing Facility is notified of Medi-Cal eligibility. The CalOptima Health LTC ARF shall be approved by the CalOptima Health LTSS Department from the date eligibility is established.
3. If a Member residing in a LTC Nursing Facility was admitted as a thirty (30)-calendar day exempt but requires a longer period of LTC Nursing Facility level of care, the reauthorization ARF must have documentation that a PASRR Level I Screening was completed on or before the first (1st) day CalOptima Health LTC ARF was requested.
4. For a Member who, as a result of the PASRR Level I Screening is suspected of MI, ID, or DD, the facility shall refer to the Level II agency within five (5) business days of the Level I evaluation.
5. The initial LTC ARF shall be submitted to the CalOptima Health LTSS Department within twenty-one (21) calendar days after admission and have the appropriate PASRR documentation included.
 - a. If verification of the PASRR screening does not accompany the LTC ARF, LTC Nursing Facility authorization shall be deferred or denied until the required screening is completed and documented with the LTC ARF.

- b. For recipients referred for PASRR Level II Evaluation, the LTC ARF shall be authorized for the standard time frame in accordance with CalOptima Health Policy GG.1800: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from a Nursing Facility Level A (NF-A) and Level B (NF-B).
- 6. ARF Completion/Initial Authorization: The LTC Nursing Facility responsible for submitting the LTC ARF shall complete Section III of the Long Term Care (LTC) ARF.
 - a. During a Reauthorization ARF only, if the Member experienced a change in condition, the LTC Nursing Facility shall complete section III.
 - i. If the Resident Review was not completed, with a Member change in condition the reauthorization ARF shall be denied until the date of the referral in accordance with 42 CFR, Section 483.106 which provides the authority for denial of this payment.
 - b. The CalOptima Health LTSS Department shall update the recipient's profile to reflect that a PASRR referral was made.
- 7. Resident Review Documentation: Documentation of the resident review evaluation shall be noted at the bottom of the DHCS 6170 form. The resident review evaluation and any other documentation of resident review must be maintained in the Member's medical record at the SNF.
- 8. The CalOptima Health LTSS Department reserves the right to perform audits to review a LTC Nursing Facility's medical records to ensure the PASRR Level I Screening was completed.

IV. ATTACHMENT(S)

- A. CalOptima Health Long Term Care Authorization Request Form (ARF)

V. REFERENCE(S)

- A. California Department of Developmental Services
- B. California Welfare and Institutions Code, §4512
- C. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- D. CalOptima Health Policy GG.1800: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from a Nursing Facility Level A (NF-A) and Level B (NF-B)
- E. Department of Health Care Services (DHCS) All Plan Letter 23-004: Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care (Supersedes APL 22-018)
- F. Department of Health Care Services (DHCS) Online PASRR System Basics Training Manual
- G. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-027: Subacute Care Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care
- H. Department of Health Care Services Preadmission Screening Resident Review (PASRR) Information Number (IN): 23-001: Hospitals' and SNFs' Preadmission Screening and Resident Review (PASRR) Responsibilities Regarding Prior Authorizations for Members in a Managed Care Plan (MCP)
- I. Department of Health Care Services Preadmission Screening Resident Review (PASRR) Information Number (IN): 23-002: Medicaid-Certified Skilled Nursing Facilities (SNFs') Preadmission Screening and Resident Review (PASRR) Responsibilities
- J. Medi-Cal Long Term Care Provider Manual
- K. Title 22, California Code of Regulations (CCR), §76047
- L. Title 42, Code of Federal Regulations (CFR), §§435.1009, and 483.100-483.138

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
08/10/2016	Department of Health Care Services (DHCS)	Approved as Submitted
07/03/2023	Department of Health Care Services (DHCS)	Approved as Submitted
04/17/2024	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/1996	GG.1806	Preadmission Screening and Preadmission Screening and Resident Review (PAS/PASRR)	Medi-Cal
Revised	04/01/2007	GG.1806	Preadmission Screening and Preadmission Screening and Resident Review (PAS/PASRR)	Medi-Cal
Revised	06/01/2016	GG.1806	Preadmission Screening Resident Review (PASRR)	Medi-Cal OneCare Connect
Revised	06/01/2017	GG.1806	Preadmission Screening Resident Review (PASRR)	Medi-Cal OneCare Connect
Revised	11/01/2018	GG.1806	Preadmission Screening Resident Review (PASRR)	Medi-Cal OneCare Connect
Revised	10/01/2019	GG.1806	Preadmission Screening Resident Review (PASRR)	Medi-Cal OneCare Connect
Revised	10/01/2020	GG.1806	Preadmission Screening Resident Review (PASRR)	Medi-Cal OneCare Connect
Revised	08/01/2021	GG.1806	Preadmission Screening Resident Review (PASRR)	Medi-Cal OneCare Connect
Revised	12/31/2022	GG.1806	Preadmission Screening Resident Review (PASRR)	Medi-Cal
Revised	05/01/2023	GG.1806	Preadmission Screening Resident Review (PASRR)	Medi-Cal OneCare
Revised	11/01/2023	GG.1806	Preadmission Screening Resident Review (PASRR)	Medi-Cal OneCare
Revised	09/01/2024	GG.1806	Preadmission Screening Resident Review (PASRR)	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Authorized Representative	<p><u>Medi-Cal</u>: Any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member.</p> <p><u>OneCare</u>: Has the meaning given to the term Personal Representative in section 164.502(g) of Title 45 of, Code of Federal Regulations. A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting in loco parentis who have the authority under applicable law to make health care decisions on behalf of unemancipated minors and as further described in CalOptima Health Policy HH.3009: Access by Member's Authorized Representative.</p>
Department of Health Care Services (DHCS)	The single State department responsible for the administration of the Medi-Cal Program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs as provided by statute and/or regulation.
Developmental Disability (DD)	As defined by the Lanterman Developmental Disabilities Services Act (1977) at W&I section 4512(a)(1), a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. This term includes intellectual disability, cerebral palsy, epilepsy, and autism. This term also includes disabling conditions found to be closely related to intellectual disability but shall not include other handicapping conditions that are solely physical in nature.
Intellectual Disability (ID)	A condition manifested before the person reaches age 22 and results in impairment of general intellectual functioning or adaptive behavior and significant limitations in at least three (3) or more of the following areas: communication, self-care, home living, social skills, use of community resources, self-direction, understanding and use of language, learning, mobility, capacity for independent living.
Intermediate Care Facility (ICF)	<p><u>Medi-Cal</u>: A residential facility certified and licensed by the State to provide medical services at a lower level of care than is provided at Skilled Nursing Facilities (SNFs), and meets the standards specified in 22 CCR section 51212.</p> <p><u>OneCare</u>: A facility that primarily provides health-related care and services above the level of custodial care but does not provide the level of care available in a hospital or Skilled Nursing Facility.</p>
Intermediate Care Facility/Developmentally Disabled (ICF/DD)	A facility that provides twenty-four (24)-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.

Term	Definition
Intermediate Care Facility/Developmentally Disabled –Habilitative (ICF/DD-H)	A facility with a capacity of four (4) to fifteen (15) beds that provides twenty-four (24)-hour personal care, habilitation, developmental, and supportive health services to fifteen (15) or fewer developmentally disabled persons who have intermittent recurring needs for nursing services but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care.
Intermediate Care Facility/Developmentally Disabled – Nursing (ICF/DD-N)	A facility with a capacity of four (4) to fifteen (15) beds that provides twenty-four (24)-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care. The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated.
Long Term Care (LTC)	For purposes of this policy, care provided to Members in a LTC Nursing Facility and subacute care services.
Member	A beneficiary enrolled in a CalOptima Health program.
Mental Illness (MI)	Member must meet criteria for Serious Mental Illness (SMI). A Member must have any one (1) diagnosis of the following major mental illness within the last two (2) years: one or more of the following diagnosis: <ol style="list-style-type: none"> 1. Schizophrenia; 2. Paranoia; 3. Mood Disorder and depressive disorders; 4. Panic or other severe anxiety disorders; 5. Somatoform Disorders; 6. Factitious Disorders; 7. Personality disorders; 8. Other psychotic disorders; 9. Other mental disorder that may lead to a chronic disability <ol style="list-style-type: none"> a. Not a primary diagnosis of dementia, including Alzheimer’s disease or a related disorder, or a non-primary diagnosis of dementia, unless the primary diagnosis is a major mental disorder.
Minimum Data Set (MDS)	A clinical screening system, mandatory by federal law for use in Long Term Care Nursing Facilities, that assess the key domains of function, health, and service use MDS assessment forms include MDS-HC for home care and the MDS 3.0 for LTC Nursing Facility Residents.
Nursing Facility Resident	For purposes of this policy, CalOptima Health Members residing in a Long Term Care Nursing Facility.
Plan of Care	An individual written Plan of Care completed, approved, and signed by a Physician and maintained in the Member’s medical records according to Title 42, Code of Federal Regulations (CFR).
Preadmission Screening and Resident Review (PASRR) Level I Screening	A screening completed by a Long Term Care Nursing Facility for each resident that is going to be admitted to a Medicaid certified LTC Nursing Facility. The purpose of the Level I Screening is to identify a resident who has a mental illness or is suspected of having mental illness, an intellectual/developmental disability, or a related condition to determine if specialized services are needed during their stay in a LTC Nursing Facility.

Term	Definition
Preadmission Screening and Resident Review (PASRR) Level II Evaluation	An evaluation is necessary to ensure that the resident identified with mental illness and/or intellectual disability is residing in a facility that can provide the necessary level of care and specialized services. Federal law requires that DHCS contract with a third party entity with the capacity to perform detailed clinical Level II evaluations.