

# NV MMIS PASRR Training



Nevada Medicaid Provider Training



**What is PASRR?**



# What is PASRR?

## Pre Admission Screening and Resident Review (PASRR):

- Federally mandated program (OBRA 87) (42 CFR 483 Subpart C)
- Ensures all individuals applying for admission to Medicaid certified nursing facilities are screened for evidence of Mental Illness (MI), Intellectual Disabilities (ID), and/or Related Conditions (RC) regardless of payment source
- Ensures an individual is placed appropriately in the least restrictive setting possible
- Ensures an individual also receives specialized services if needed for the management of MI, ID and/or RC



**What is DXC Technology's role with PASRR?**



## What is DXC Technology's role with PASRR?

- DXC Technology is the current Quality Improvement Organization (QIO-like vendor) contracted with the Division of Health Care Financing and Policy (DHCFP). DXC Technology is referred to as Nevada Medicaid
- The DHCFP contracts with the QIO-like vendor to conduct Level I Identification screenings and PASRR Level II determinations.



**What is the PASRR Screening Tool?**



# What is the PASRR Screening Tool?

- Web and rules based
- Provides consistent screening and uniformity along the continuum of care
- Provides one integrated screening process
- 24/7 access available to registered users



# **How the PASRR Screening Tool Works**





# How the PASRR Screening Tool Works:

- User submits a PASRR Level I request via a secure web solution via the Nevada Provider Web Portal.
- Real-time or near real-time determination is rendered via the auto adjudication process.
- Tool generates appropriate determination letters.
- When needed, screen is sent for manual review by Nevada Medicaid (DXC Technology) staff.



# **Accessing the PASRR System**

# Accessing the PASRR System:

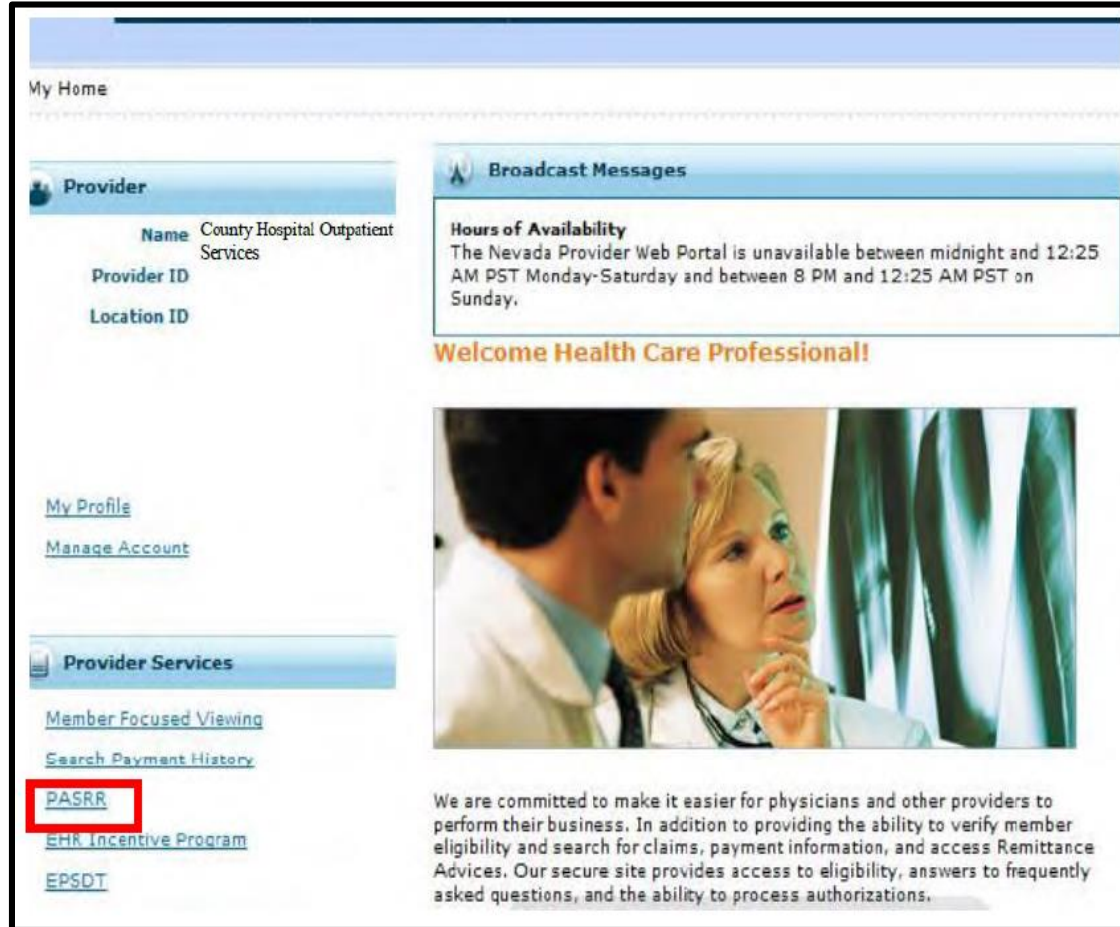


You must be a registered user of the Provider Web Portal.

1. Go to [www.medicaid.nv.gov](http://www.medicaid.nv.gov).
2. Click on the “EVS” tab.
  - a. Click on the “Provider Login (EVS)” tab.
  - b. Enter your User ID.
  - c. Click ‘Log In’ button.

A screenshot of the 'Provider Login' form, which is enclosed in a thick black border. The form has a blue header with the text 'Provider Login' and a question mark icon. Below the header, there is a section labeled '\*User ID' with a text input field containing the placeholder text 'Enter User ID here.'. This input field is highlighted with a red rectangular box. Below the input field is a blue 'Log In' button. At the bottom of the form, there are three blue hyperlinks: 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'.

# Accessing the PASRR System:



3. From the user's home page, select 'PASRR' from the 'Provider Services' section.



# Logging in to the PASRR System

# Logging in to the PASRR System:

**Log Into Nevada PASRR Screening Tool:**


**User ID:**

**Password:**

Note: After some period of inactivity, the system will log you out automatically and ask you to log in again.

**PROVIDERS:**

Please note your passwords will expire every 60 days. If your password has expired or is about to expire. You will need to visit the Nevada Provider Portal. [Click here](#) to change your Password.

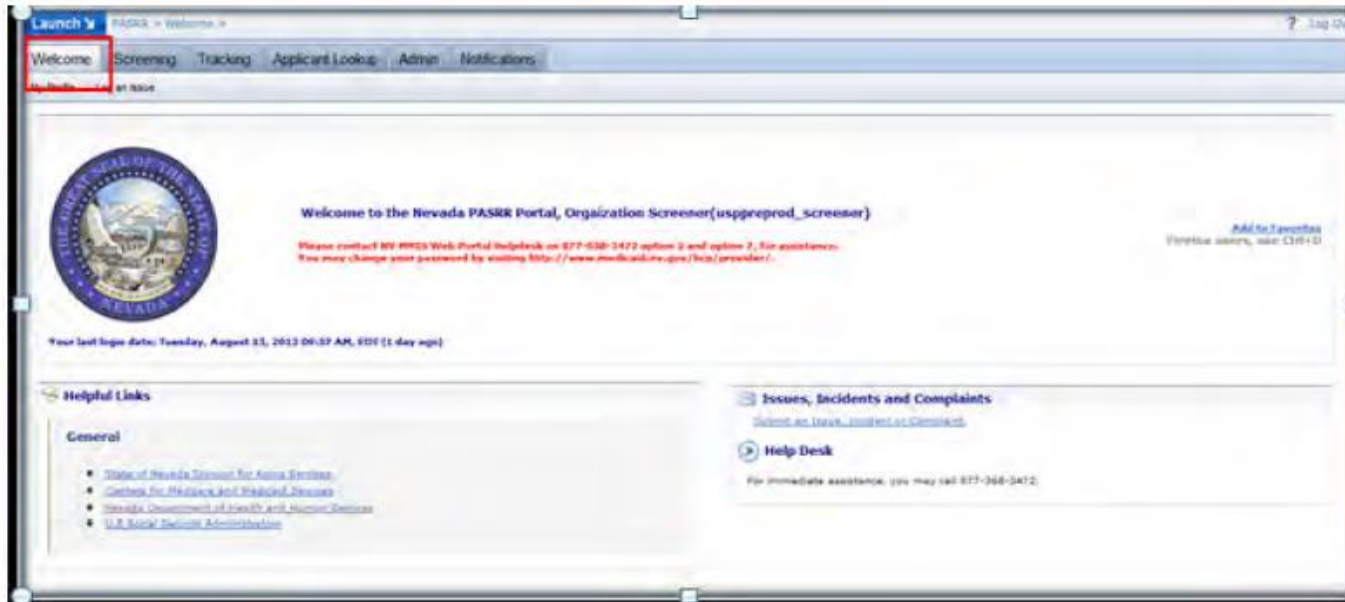
If you have any problems resetting your password please contact the web portal helpdesk at 877-638-3472  option 2, option 7

1. Enter your Provider Web Portal User ID and password.
2. Click the 'Log in' button.



**Welcome Tab**

# Welcome Tab:



The 'Welcome' tab is displayed after you sign in to the PASRR system. This page provides:

- Help Desk Contact Information
- General Helpful Links

There are also sub-tabs that allow for:

- Profile management (My Profile)
- Logging an issue





**My Profile**

# My Profile:

The screenshot displays the 'My Profile' page for a user named Jenny Abramson. The page is divided into several sections:

- User Information:** Fields for Name (Jenny Abramson), Login Name (vzfxkh), Telephone Number (800-688-6696 x7), Email Address (jenny.abramson@hp.com), Medicaid Provider Number, and NPI.
- Credentials:** A dropdown menu for Credential type (Other (Specify in Comment)) and a text field for Comment (Business Analyst).
- Alerts:** A checkbox for 'Receive Email alerts' which is currently checked.
- Current Organization Associations And Roles:** A table listing the user's associations with various organizations and their roles.
- Add New Association (Step 1):** A section for adding a new organization, including fields for Organization Name, ORC Code, and Role.

Sl.#	ORC	Role	Status	Action
1	ED1041067487	Data Analysts	SAVED	<a href="#">Delete Association</a>
2	ED1041067487	Help Desk	SAVED	<a href="#">Delete Association</a>
3	ED1041067487	Nurse Analysts	SAVED	<a href="#">Delete Association</a>
4	ED1041067487	Nurse Admins	SAVED	<a href="#">Delete Association</a>
5	ED1041067487	Usp Administrators	SAVED	<a href="#">Delete Association</a>
6	TE1041067490	Admin	SAVED	
7	TE1041067490	Screeners	SAVED	<a href="#">Delete Association</a>
8	TE1041067490	Tracker	SAVED	<a href="#">Delete Association</a>

[Click here to cancel all PENDING changes](#)

**Add New Association (Step 1)**

Enter Organization Name:  [Get ORC code](#)

Enter ORC Code:  [Get Roles](#) [Cancel](#)

You must register yourself under at least one organization. To add an association:  
1. Enter the Organization Name and click on the Get ORC code link.  
OR  
2. Enter the Organization Registration Code and click on the Get Roles Link.  
After you select that link, you will need to select the role you are registering for from the dropdown list on step 2.

The 'My Profile' screen allows the user to edit and maintain the following information:

- User Information
- Credentials
- Organization Associations and Roles

Please refer to Web Announcement 903 (March 30, 2015) at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) for information about instructions regarding how to request a role within an organization.





# Applicant Lookup


# Applicant Lookup:

Welcome Screening Tracking **Applicant Lookup** Admin Notifications

Current Organization details and User roles: [Click Here](#) to expand/collapse

 **Enter your search criteria:** 

[show search criteria](#)

Name (Last , First)*		SSN** (999999999):	Date of Birth (mm/dd/yyyy):
<input type="text"/>	<input type="text"/>	<input type="text"/> Undocumented Resident: <input type="checkbox"/>	<input type="text"/> 
Screening ID (99999999):	Medicaid ID:	PASRR Number:	NVP ID (999999):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your search criteria must contain a combination of 3 unique values or the Screening ID along with one other value.  
\* The first and last name count as one value.  
\*\* If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.

- Always start with performing an applicant lookup as there may be an existing PASRR on file.
- User has to enter a minimum of three identifiers to perform an applicant search:
  - Last Name
  - First Name
  - SSN
  - DOB
  - Medicaid ID

# Applicant Lookup: No Applicants Found

Enter your search criteria:

Name (Last , First)*		SSN** (999999999):	Date of Birth (mm/dd/yyyy):
<input type="text"/>	<input type="text"/>	<input type="text"/> Undocumented Resident: <input type="checkbox"/>	<input type="text"/>
Screening ID (99999999):	Medicaid ID:	PASRR Number:	NVP ID (999999):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your search criteria must contain a combination of 3 unique values or the Screening ID along with one other value.  
\* The first and last name count as one value.  
\*\* If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.

There are no results matching your search criteria.  
You may change your criteria for search or click on 'Create Applicant' button above, to create an Applicant with the above supplied data.

Select an Applicant

Narrow your search to see more.

NVP ID	Last Name	First Name	Middle Name	Date Of Birth	Gender	SSN	Medicaid ID
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There are no Applicants found matching the search criteria. Either Submit a new Level I PASRR Screening form, revise your search criteria or contact the helpdesk for further assistance.

- Verify correct demographic information is available before performing applicant search:
- If incorrect information is used, or no PASRR is on file, the search will yield a result of 'There are no results matching your search criteria'.

# Applicant Lookup: Applicant on File

**Launch** ▾ Home > Applicant Lookup >

Welcome | Screening | Tracking | **Applicant Lookup** **1** | Admin | Notifications

Current Organization details and User roles: [Click Here](#) to expand/collapse

**Enter your search criteria:**  
[show search criteria](#)

<b>Name (Last , First)*</b>		<b>SSN** (999999999):</b>	<b>Date of Birth (mm/dd/yyyy):</b>
<input type="text" value="test"/>	<input type="text" value="test"/> <b>2</b>	<input type="text"/>	<input type="text"/>
		Undocumented Resident: <input type="checkbox"/>	
<b>Screening ID (99999999):</b>	<b>Medicaid ID:</b>	<b>PASRR Number:</b>	<b>NVP ID (999999):</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your search criteria must contain a combination of 3 unique values or the Screening ID along with one other value.  
\* The first and last name count as one value.  
\*\* If Applicant/Patient doesn't have an SSN, check 'Undocumented Resident'.

**Select an Applicant**

(Displaying 2 of 2 record(s)) Narrow your search to see more.

NVP ID	Last Name	First Name	Middle Name	Date Of Birth	Gender	SSN	Medicaid ID
257030	<a href="#">Tester</a>	Test	1	08/19/1967	Male	xxx-xx-	

**3**

1. Click on the 'Applicant Lookup' tab.
2. Enter identifiers into the search criteria and click the 'Search' button.
3. When the applicant is identified, click on the applicant's last name.

# Applicant Lookup: Existing PASRR

PASRR History									
History ID	Screening ID	PASRR #	Start Date	End Date	Went To Level II	Level II Diag. Type	isCategorical B	Certification	Delete
223932	55976	2014085135IC	03/26/2014		No		No	-	<input type="checkbox"/>
									Delete

Screening History						
MUST ID	Status	Screening Type	Submission Date	Completed Date	Screener Organization	Screener Name
<a href="#">122439</a>	<a href="#">PASRR Manual Review</a>	Change in Condition Review (PASARR Only)	10/28/2010	10/28/2010	HP Enterprise Services	Helpdesk, USP
<a href="#">122434</a>	<a href="#">PASRR Manual Review</a>	Change in Condition Review (PASARR Only)	10/08/2010	10/08/2010	HP Enterprise Services	Helpdesk, USP
<a href="#">122415</a>	Completed	PASRR	10/08/2010	10/08/2010	HP Enterprise Services	Helpdesk, USP

312\_100\_38\_0611

After selecting the recipient's last name, if a PASRR exists, it will be displayed under 'Screening History' and/or 'PASRR History'.



# Screening History



# Screening History:

Screening History						
Screening ID	Status	Screening Type	Submission Date	Completed Date	Screener Organization	Screener Name
<a href="#">89715</a>	Saved	PASRR(PAS)			ABC Org	Fraga, Thea
<a href="#">55976</a>	Completed	Resident Review(RR)	03/26/2014	03/26/2014		Fraga, Thea
<a href="#">55968</a>	Completed	PASRR(PAS)	03/26/2014	04/25/2014		User, HelpDesk
<a href="#">48151</a>	Completed	LOC Service Level Change	11/11/2013	12/11/2013		User, HelpDesk
<a href="#">48150</a>	Completed	LOC Service Level Change	11/11/2013	11/11/2013		User, HelpDesk

Latest Notifications:	
File	Created On
<a href="#">PASRR_IC_55976.pdf</a>	2014-03-26 19:44:04.0

- The 'Screening ID' may be selected under the 'Screening History' tab to view the PASRR notification.
- Click on the arrow to the right of 'Latest Notifications' to view the most current screen (PDF file).



**Screening Tab**

# Screening Tab:

The screenshot shows the 'Screening' tab of a web application. At the top, there is a navigation bar with tabs: 'Welcome', 'Screening' (active), 'Tracking', 'Applicant Lookup', 'Admin', 'Notifications', 'Reports', and 'QA'. Below the navigation bar, there is a section for 'Current Organization details and User roles'. It includes a 'Select Organization' dropdown set to 'HP Enterprise Services - ORC:ED1041067487' and a 'Go' button. Below this, it shows 'Current User: Helpdesk, USP (usp:helpdesk)', 'Org Name: HP Enterprise Services - ORC:ED1041067487', and 'Org Roles: Admin, Data Analysts, Help Desk, Nurse Admins, Nurse Analysts, Screeners, USP Administrators'. There are also links for 'Screenings', 'My Inbox', 'PASRR Level 2 Screens', and 'Submit New Screen'.

Below the organization details, there is a 'Screening Filter' section. It has a table with columns: 'Filter By', 'Condition', 'Filter Value', and 'Action'. The first row has 'Applicant First Name' in the 'Filter By' column, 'Equals' in the 'Condition' column, and an empty text box in the 'Filter Value' column. The second row has 'Applicant Last Name' in the 'Filter By' column, 'Equals' in the 'Condition' column, and 'tester' in the 'Filter Value' column. There are buttons for 'Add Filter', 'Clear All Filters', and 'Remove Selected Filters'.

Below the filter section, there is a 'Screening List' section. It has a link for '[ Show Archived Screens ]'. Below this, there is a table with columns: 'MUST ID', 'Applicant Name', 'USP ID', 'Status', 'Submission Date', 'Completed Date', and 'Screening Name'. The table shows 4 rows of data. The first row is highlighted in orange, the second in green, the third in green, and the fourth in green. There are also links for 'more...' next to each row. At the bottom right, it says 'Displaying: 1-7 of 7'.

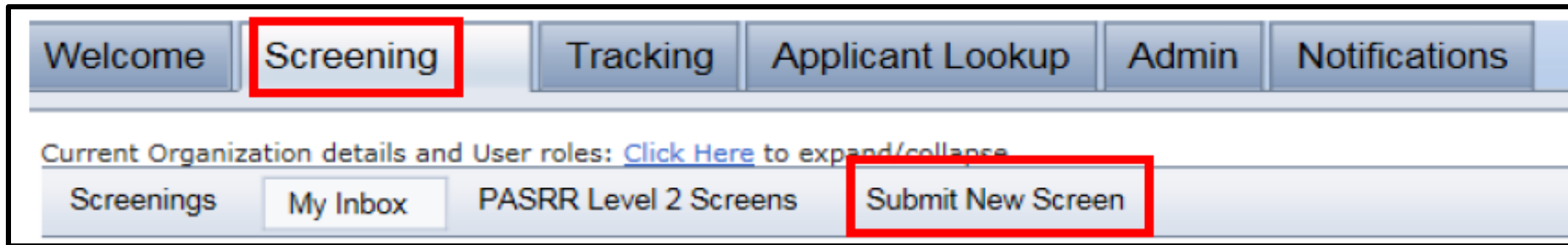
MUST ID	Applicant Name	USP ID	Status	Submission Date	Completed Date	Screening Name
122836	tester, test 4	USP160857	Saved			Admin, Organization (Carson-Tahoe Hospital)
122831	tester, test 1	USP160854	Completed	04/20/2011	05/20/2011	Admin, Organization (Carson-Tahoe Hospital)
122832	tester, test 1	USP160854	Completed	04/19/2011		Helpdesk, USP (HP Enterprise Services)
122832	tester, test 1	USP160854	Completed	04/19/2011		Helpdesk, USP (HP Enterprise Services)

- The 'Screening' tab allows users with the screening role to manage and submit PASRR screens.
- From this tab, users have access to screens that they have entered or screens that have been entered by others within their organization.



**Submit New Screen**

# Submit New Screen:



1. Click on the 'Screening' tab.
2. Click on the 'Submit New Screen' tab.

# Submit New Screen: Verify Contact Information, Enter Applicant Information and Select Screening Type

The screenshot shows a web application interface for submitting a new screen. At the top, there are tabs: 'Screenings', 'My Inbox', 'PASRR Level 2 Screens', and 'Submit New Screen'. The 'Submit New Screen' tab is active, and a button with a right-pointing arrow and the text 'Submit New Screen' is visible.

**Step 1. Verify Your Contact Information**

This step contains two rows of input fields. The first row has 'Screener Name:', 'Organization:', and 'Organization Id:'. The second row has 'Address:', 'Telephone:', 'Fax:', and 'Email:'.

**Step 2. Enter Applicant Information**

This step contains several input fields. The first row has 'Last Name:', 'First Name:', and 'Middle Name:'. The second row has 'SSN (999999999):', 'NVP ID:', and 'Date of Birth (mm/dd/yyyy):'. Below these is a checkbox labeled 'Check box if recipient is Medicaid eligible' and a 'Medicaid ID:' field.

**Step 3. Enter Screening Type**

This step contains a 'Screening Type:' dropdown menu. Below the dropdown is a note: 'Select appropriate Screening Type based on the screening to be created. The Screening Type can NOT be changed after you start filling the form.'


At the bottom left, there is a 'Continue' button.

1. Verify your contact information.
2. Enter applicant information:
  - Last Name
  - First Name
  - SSN
  - DOB
  - If Medicaid Eligible:
    - A. Click the box next to 'Check box if recipient is Medicaid eligible'.
    - B. Enter 11-digit Medicaid ID.
3. Select 'Screening Type':
  - Select 'PASRR (PAS)' if initial PASRR request.
  - Select 'Resident Review (RR)' if PASRR exists, but there has been a change in condition (r/t MI, ID/RC or Dementia).
4. After steps 1-3 are completed user will click the 'Continue' button.



**Error Alert for Existing Applicant**

# Error Alert for Existing Applicant:

 **Submit New Screen**

**Validation Messages/Errors:**

- The information entered does not match our records. Please check that your SSN, Name, Date Of Birth, USP ID, MedicaidId match. Also verify that you have entered the name and date of birth accurately

**Step 1. Verify Your Contact Information**

<b>Screener Name:</b>	<b>Organization:</b>	<b>Organization Id:</b>	
Fraga, Thea	HP Enterprise Services	HP11111111	
<b>Address:</b>	<b>Telephone:</b>	<b>Fax:</b>	<b>Email:</b>
2610 wycliff Rd Raleigh NC 27601	919-816-4303		thea.fraga@hp.com

☒ Submit this Screen On-Behalf

Selecting this option box allows you to enter Contact details of the person on-behalf of whom you are entering this screen.

**Step 2. Enter Applicant Information**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>SSN (999999999):</b>	<b>NVP ID:</b>	<b>Date of Birth (mm/dd/yyyy):</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Check box if recipient is Medicaid eligible</b>	<input type="checkbox"/>	
<b>Medicaid ID:</b>	<input type="text"/>	

The error alert for an existing applicant displays at the top of the screen.





**PASRR Page 1**

# PASRR Page 1: Applicant Information

Applicant Information				
<b>Applicant Information 1</b>				
Last Name		First Name	Middle Name	
Testing		Test		
<b>Recipient's Permanent Mailing Address 1</b>				
Street Address				
City		State	Zip Code	
		Nevada		
<b>Recipient's Current Location (Physical Address) 1</b>				
Physical Address Location Type				
<input type="radio"/> Same as Screener Organization Address				
<input type="radio"/> Same as Permanent Mailing Address				
<input type="radio"/> Other (Enter New Address)				
Enter Physical Location				
<b>Personal Details 2</b>				
Social Security Number		Recipients Home or Cell Phone Number	Gender	Marital Status
XXXXXXXXXX		Number 999-999-9999	<input type="radio"/> Select One	-- Select --
			<input checked="" type="radio"/> Female	
			<input type="radio"/> Male	
Other Insurance Name and Number		Medicaid ID Number	Medicaid Status	Medicaid County of Residence
			-- Select --	-- Select --
Is Applicant's Primary Language English?		If No, What is their Primary Spoken Language?		Is Interpreter Needed?
<input type="radio"/> Yes		-- Select --		<input type="radio"/> Yes
<input checked="" type="radio"/> No				<input type="radio"/> No
Applicant's Preferred Setting of Care		Who has Legal Responsibility for this Applicant?		
-- Select --		-- Select --		

1. Enter Applicant Information:
  - A. Enter recipient's permanent mailing address.
  - B. Select current location.
  - C. Select gender.
  - D. Select marital status.
2. If Medicaid ID was not entered in Step 2 of the 'Submit New Screen' process, and recipient is currently eligible:
  - A. Enter 11-digit Medicaid ID.
  - B. Select Medicaid status.
  - C. Select county of residence.

# PASRR Page 1: Applicant Information and Legally Responsible Party

Is Applicant's Primary Language English? <input type="radio"/> Yes <input checked="" type="radio"/> No	If No, What is their Primary Spoken Language? -- Select --	Is Interpreter Needed? <input type="radio"/> Yes <input type="radio"/> No
Applicant's Preferred Setting of Care -- Select --	Who has Legal Responsibility for this Applicant? -- Select --	
Who has Legal Responsibility for this Applicant? Self		
Who has Legal Responsibility for this Applicant? Legally Responsible Person		
Responsible Party Information (Required if recipient has indicators of MI/MR/RC) ?		
Name		
Street Address		
City	State -- Select --	Zip Code
Home Phone or Cell Phone Number 999-999-9999		Work Phone Number 999-999-9999

1. **Select Yes or No if applicant's primary language is English.**
  - a. If Yes, proceed to the next question.
  - b. If No, select Primary Language Spoken and select whether an interpreter is needed (Yes or No).
2. **Who is legally responsible for the applicant?**
  - a. If self, proceed to the next question.
  - b. If Legally Responsible Party:
    - Complete the Responsible Party Information.
    - Required if there are indicators of MI, ID/RC.

# PASRR Page 1: Other Contact Person / Attending Physician

Other Contact Person ?			
Type of Contact	Name		
-- Select --			
Street Address			
City	State	Zip Code	
	Nevada		
Home Phone or Cell Phone Number 999-999-9999		Work Phone Number 999-999-9999	

Attending/ Primary Physician ?			
Physician Name	Telephone Number 999-999-9999	Physician Fax	Physicians NPI
Street Address		Mailing Address (if different from street address)	
City	State	Zip Code	
	Nevada		
Internal Use only			
Screening ID: 89715			
1 2 3 4 next >>			
Save Validate Submit Delete			

1. Other Contact Person:
  - a. Complete if there are indicators of MI/ID/RC.
2. Attending/Primary Physician:
  - a. Complete if there are indicators of MI/ID/RC.

Note I: User may select either '2' or 'Next' to proceed to next page.

Note II: User may click 'Save' button to save information that has been entered.



**PASRR Page 2**

# PASRR Page 2: Substance Abuse/Severe Physical Illness

Physical Health Diagnoses ?	
Substance Abuse ?	
Has History of, or Currently has a Substance Abuse Problem	Date of Last Use (mm/dd/yyyy)
<input type="radio"/> Yes	
<input type="radio"/> No	
Severe Physical Illness ?	
Is there a severe physical illness?	Severe Physical Illness Diagnoses
<input type="radio"/> Yes	<input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS)
<input type="radio"/> No	<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)
	<input type="checkbox"/> Coma
	<input type="checkbox"/> Congestive Heart Failure (CHF)
	<input type="checkbox"/> Huntingtons Disease
	<input type="checkbox"/> Parkinson
	<input type="checkbox"/> Ventilator Dependence (Functioning at a Brain Stem Level)
	<input type="checkbox"/> Other
Other Severe Physical Illness	

1. Has History of Or Currently Has a Substance Abuse Problem.
  - a. If No, proceed to next question.
  - b. If Yes, enter date of last use.
2. Is there a Severe Physical Illness?
  - a. If No, proceed to next question.
  - b. If Yes, select applicable diagnosis from list.

# PASRR Page 2: Terminal Illness

Terminal Illness ?	
Terminal Illness - (where physician has certified life expectancy of 6 months or less) <input type="radio"/> Yes <input type="radio"/> No	Has Doctor Certified a Terminal Prognosis? <input type="radio"/> Yes <input type="radio"/> No
Name of Physician <input type="text"/>	Date of Physician Certification (mm/dd/yyyy) <input type="text"/>

1. Is there a Terminal Illness (Where Physician Has Certified Life Expectancy of 6 Months or Less)?
  - a. If No, proceed to next question.
  - b. If Yes, Has Doctor Certified a Terminal Prognosis (select Yes or No)?
    - i. If Yes, enter name of physician.
    - ii. Enter date of physician certification.

# PASRR Page 2: Dementia

Cognitive Impairment		
Is there a Cognitive Impairment Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Cognitive Impairment Diagnoses <b>Alzheimer's Disease</b> <b>Creutzfeldt-Jakob Disease</b> <b>Dementia</b> <b>Frontotemporal Dementia</b> <b>Lewy Body Dementia</b> <b>Multi-infarct Dementia</b> <b>Pre-Senile Dementia</b> <b>Other</b>	If Other Cognitive Impairment Diagnosis, Specify	Is Dementia the Primary Diagnosis ? <input type="radio"/> Yes <input type="radio"/> No

1. Is there a Cognitive Impairment Diagnosis?
  - a. If No, proceed to next question.
  - b. If Yes, select appropriate diagnosis from list and indicate whether Dementia is the Primary Diagnosis (Select Yes or No).



# PASRR Page 2: Current Psychiatric Medications

**Current Medications ?**

**Medications ?** How many to add? 1

**Medications ?**

Medication Name (Some OTC medications may not be available in the dropdown)

Type of Medication  
-- Select --

If this is a Psychiatric Medication and there is no Mental Health Diagnosis, Identify Purpose for this Medication

Screening ID: 89715 << prev 1 2 3 4 next >>

**Note:** Complete this section only if psychiatric medications are being administered.

1. Type medication in 'Medication Name' box.

2. Select 'Type of Medication'

-OTC

-Formulary

a. To enter additional medications, indicate how many to add and click 'Add Medications' button.

**Note:** Additional fields for entry will be added by the system.

3. Once section is completed, select either '3' or 'Next' to proceed to the next page.



**PASRR Page 3**

# PASRR Page 3: Mental Health Diagnosis

Mental Health		
Mental Health (MH) Diagnoses		
Is there an MH Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No	Disorders/Diagnoses Severe Anxiety/Panic Disorder Bipolar Disorder Delusional Disorder Eating Disorder Major Depression Personality Disorder Psychotic Disorder Schizoaffective Disorder Schizophrenia Somatoform Disorder Other	If Other MH Diagnosis, Specify

## 1. Is there a Mental Health (MH) Diagnosis?

- a. If No, proceed to next question.
- b. If Yes, select appropriate diagnosis from list.
  - i. If applicant has depression (not major) and is stable on medications, select 'Other' from diagnosis list.
  - ii. In 'If Other MH Diagnosis, Specify' box, type something similar to 'Has depressive d/o stable on meds'.

**Note:** Choosing major depression will trigger PASRR to come to manual review status and may trigger request for records.

## PASRR Page 3: ID (Formerly MR)

Mental Retardation (MR) Diagnosis			
Is there an MR Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No	If MR Diagnosis is Present/Suspected, Indicate the Severity Level	Age at Onset (years)	Are MR Services Being Provided? <input type="radio"/> Yes <input type="radio"/> No

### 1. Is there an ID Diagnosis or Suspicion of ID?

- If No, proceed to next question.
- If Yes, indicate Severity Level, Age at Onset, and if ID (MR) Services are being provided (Yes or No).

**Note:** If there is an ID diagnosis, PASRR will come to manual review status and it will trigger a request for records.

# PASRR Page 3: Conditions Related to ID (MR) Diagnoses

Conditions Related to Mental Retardation (RC) Diagnoses		
Is there a RC Diagnosis? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Select All RC Diagnoses Autism Blindness Cerebral Palsy Closed Head Injury Deafness Epilepsy(Seizure Disorder) Other	If Other RC Diagnoses, Specify	Did the Condition Manifest Prior to Age 22? <input type="radio"/> Yes <input type="radio"/> No

## 1. Is there an RC Diagnosis?

- a. If No, proceed to next question.
- b. If Yes, select appropriate diagnosis from list and indicate whether condition manifested prior to age 22 (Yes or No).

## Related Condition Defined:

- A condition found to be closely related to ID because it results in impairment of intellectual functioning or adaptive behavior similar to that of a person with ID and requires services similar to those required by ID individuals.
- Manifested prior to age 22.
- Must be expected to continue indefinitely.
- Results in substantial functional limitations in 3 or more major life activities: Self-Care, Understanding/Use of Language, Learning, Mobility, Self-Direction or Capacity for Independent Living.


# PASRR Page 3: Mental Health Behavioral Profile

Mental Health Behavioral Profile <a href="#">?</a>	
<p>Concentration/Task Limitations within the Past 6 Months</p> <p><input type="checkbox"/> Serious difficulty completing age related tasks</p> <p><input type="checkbox"/> Serious loss of interest in things</p> <p><input type="checkbox"/> Serious difficulty maintaining concentration/attention</p> <p><input type="checkbox"/> Numerous errors in completing tasks which she/he should be physically capable</p> <p><input type="checkbox"/> Requires assistance with tasks for which she/he should be physically capable of accomplishing</p> <p><input type="checkbox"/> Other</p>	<p>Other Concentration Task Limitations</p> <div></div>
<p>Adaptation Problems/Changes within the past 6 months</p> <p><input type="checkbox"/> Requires mental health intervention due to increased symptoms</p> <p><input type="checkbox"/> Requires judicial intervention due to symptoms</p> <p><input type="checkbox"/> Symptoms have increased as a result of adaptation difficulties</p> <p><input type="checkbox"/> Serious agitation or withdrawal due to adaptation difficulties</p> <p><input type="checkbox"/> Other</p>	<p>Adapting To Changes Other</p> <div></div>

**Note:** Please do not complete if behaviors are related to a medical condition.

1. Select Applicable Task Limitations/ Adaptation Problems.
  - Must have occurred within past 6 months.

# PASRR Page 3: Mental Health Treatment

Mental Health Treatments ?		How many to add? 1 ▼	Add Mental Health Treatments
Mental Health Treatments ?			
Treatments Received within the Past 2 Years		Date Treatment was Received (mm/dd/yyyy)	
Inpatient Psychiatric Hospital ▼		<input type="text"/>	
			

1. Select the appropriate treatment (received within past 2 years):

- Inpatient Psychiatric Hospitalization
- Partial Hospitalization/Day Treatment
- Outpatient Treatment
- None

2. Enter the date the treatment was received.

**Note I:** All inpatient psychiatric hospitalizations within past 2 years must be indicated – not just current admission.

**Note II:** Use 'Add Mental Health Treatments' to add additional fields for entry if needed.

# PASRR Page 3: Mental Health Interventions

Mental Illness Interventions		Add Additional Intervention
Interventions to Prevent Hospitalization	Intervention Treatment Date (MM/DD/YYYY)	Delete
If Other MI Intervention, Specify		

1. Select the appropriate Mental Illness interventions (received within past 2 years):

- Supportive Living
- Housing Intervention
- Other
- None
- Unknown

2. Enter Intervention Treatment Date.

**Note I:** For L2K: Select 'Other' and then enter comment in box 'If other MI Intervention, specify.'

**Note II:** May select 'Add Additional Intervention' to add additional fields for entry.



# PASRR Page 3: Cognitive Status

Cognitive Status ?		
Orientation ?		
Oriented to Time	Oriented to Person	Oriented to Place
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No

Orientation questions must be answered Yes or No.

# PASRR Page 3: Mood and Behavior / Interpersonal Functioning

Mood and Behavior ?				
<input type="checkbox"/> Wandering		<input type="checkbox"/> Physically Abusive		<input type="checkbox"/> Resists Care
<input type="checkbox"/> Socially Inappropriate/Disruptive Behavioral Symptoms		<input type="checkbox"/> Verbally Expressions of Distress		
<input type="checkbox"/> Self Deprecation	<input type="checkbox"/> Unrealistic Fears	<input type="checkbox"/> Anxious Non-Health Complaints/Concerns	<input type="checkbox"/> Persistent Anger	
<input type="checkbox"/> Repetitive Verbalizations	<input type="checkbox"/> Negative Statements	<input type="checkbox"/> Sad, pained worried facial expressions	<input type="checkbox"/> Crying/Tearfulness	
<input type="checkbox"/> Unpleasant Mood in Morning	<input type="checkbox"/> Insomnia/Disturbed Sleep Patterns	<input type="checkbox"/> Reduced Social Interaction/Isolation	<input type="checkbox"/> Repetitive Physical Movements	<input type="checkbox"/> Withdrawal From Activities of Interest

Interpersonal Functioning ?		
<input type="checkbox"/> Combative	<input type="checkbox"/> Dangerous to Self, Others, or Property?	<input type="checkbox"/> Altercations
<input type="checkbox"/> Evictions Due To Socially Inappropriate Behavior	<input type="checkbox"/> Fear of Strangers	<input type="checkbox"/> Illogical Comments
<input type="checkbox"/> Suicide Attempts/Ideation	<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Excessive Irritability
<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Paranoid Ideation	<input type="checkbox"/> Homicidal
<input type="checkbox"/> Anxious		Other Conditions <input type="text"/>

**Note:** Do not complete if behaviors are related to medical condition.

- Both sections must be completed if there are indicators of MI or if applicable.
- Must have occurred within the past 6 months.

# PASRR Page 3: Categoricals

Categoricals	
Is this a Request for a Short Term Nursing Facility Stay? <input checked="" type="radio"/> Yes <input type="radio"/> No	If Yes Then Indicate the Duration of the Nursing Facility Stay <a href="#">Convalescent Care - 45 Days</a>
<input type="checkbox"/> Recipient was directly admitted to a Nursing Facility after receiving acute inpatient care in a hospital	
<input type="checkbox"/> Recipient requires Nursing Facility services for the condition for which the recipient received care in the hospital	
<input type="checkbox"/> Attending physician has certified prior to NF admission that the recipient will require less than 30 days of NF services	Name of the certifying Physician

1. If request is for short term SNF stay, indicate the duration:

- 45 days
- 30 days
- 7 days

**Note:** Only mark Yes if applicable and the individual has indicators of MI/ID/RC.



**PASRR Page 4**

# PASRR Page 4: Communication

Communication ?	
Makes Self Understood	Understand/Use of Language
<div>-- Select --</div>	<div><input type="checkbox"/> <b>Uses Language/Speaks With No Difficulty</b></div> <div><input type="checkbox"/> <b>Incomprehensible sounds</b></div> <div><input type="checkbox"/> <b>Gestures</b></div> <div><input type="checkbox"/> <b>Writing</b></div> <div><input type="checkbox"/> <b>Assistive Devices</b></div> <div><input type="checkbox"/> <b>Sign Language</b></div> <div><input type="checkbox"/> <b>Does Not Understand/Use Language</b></div> <div><input type="checkbox"/> <b>Understands Language But Does Not Use</b></div> <div><input type="checkbox"/> <b>Speaks with Difficulty</b></div>

1. Select from the list under 'Makes Self Understood':
  - Understood
  - Usually Understood
  - Sometimes Understood
  - Rarely Understood
2. Select appropriate choice from 'Understand/Use of Language'.

## PASRR Page 4: Functional Limitations

Functional Limitations	
Does the applicant have any functional limitations? <input type="radio"/> Yes <input checked="" type="radio"/> No	Select All That Apply <a href="#">Incapable of Self-Care</a> <a href="#">Incapable of Self-Direction</a> <a href="#">Immobile</a> <a href="#">Incapable of Independent Living</a> <a href="#">Incapable of Learning</a>

**Note:** Complete only if the limitations are due to MI, ID/RC.

1. Does the applicant have functional limitations?
  - a. If No, proceed to next question.
  - b. If Yes, select all that apply.

# PASRR Page 4: Screener Certification

## Screener Certification ?

Who supplied the information entered on this form?

- ☐ Applicant
- ☐ Family Member
- ☐ Friend
- ☐ Medical Record
- ☐ Doctor
- ☐ Nurse
- ☐ Case Manager
- ☐ Social Worker
- ☐ Other

1. Select appropriate box under 'Screener Certification'.
2. Check both certification boxes.
3. After all sections are completed on this page user may select the 'Save' 'Validate' 'Submit' or 'Delete' button.

☐ By checking this box I certify that the individual being screened or their appropriate family member or guardian has been informed that Nursing Facility placement is being considered.

I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation.

☐ By checking this box I certify that I have completed the above screening of the applicant to the best of my knowledge.

I understand falsification as: an individual who certifies a material and false statement in this screening will be subject to investigation for Medicaid fraud and will be referred to the appropriate state agency for investigation



**Validate / Delete Functions**



# Validate / Delete Functions:

Fix the following errors and click Submit to submit your form:

Page Number	Error	Section
<a href="#">1</a>	<a href="#">Street Address is required.</a>	<a href="#">Recipient's Permanent Mailing Address</a>
<a href="#">1</a>	<a href="#">City is required.</a>	<a href="#">Recipient's Permanent Mailing Address</a>
<a href="#">1</a>	<a href="#">Zip Code is required.</a>	<a href="#">Recipient's Permanent Mailing Address</a>
<a href="#">1</a>	<a href="#">Physical Address Location Type is required.</a>	<a href="#">Recipient's Current Location (Physical Address)</a>
<a href="#">1</a>	<a href="#">Marital Status is required.</a>	<a href="#">Personal Details</a>
<a href="#">1</a>	<a href="#">Medicaid Status is required.</a>	<a href="#">Personal Details</a>
<a href="#">1</a>	<a href="#">Medicaid County Of Residence is required.</a>	<a href="#">Personal Details</a>

ning ID: 89715      << prev [1](#) **[2](#)** [3](#) [4](#) next >>     

- The 'Validate' button displays errors on the form that need to be corrected before the system will allow the form to be submitted.
- The 'Delete' button may be selected by the user prior to screen submission.
- The 'Submit' button may be selected by the user in order to submit PASRR screen.

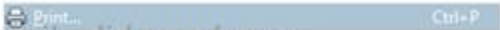


**Screen Submitted**

# Screen Submitted: Completed

Screening has been submitted and your Screening ID for reference is

Screening ID	Current status of your Screening	PASRR #	Description
	Completed		An email should have arrived in your inbox explaining Screening Disposition. You may view the screening notification by clicking on Notifications tab



## While you wait, did you know...

- Depending on the information available in your screening form, your screening could be:
- Completed - an email notification sent with this Disposition. Look in Notifications tab for screening notifications
  - Referred to Level II for PASRR screenings
  - Referred to Manual Review - needs a Nurse's attention
  - Referred to the provider - need additional documentation
- These statuses are shown in the screenings list towards your screening.

The display above shows the screen completion confirmation.

# Screen Submitted: Manual Review

**Screening List**  
[Show Archived Screen]

Results Per Page: 25      Displaying: 1-7 of 7

MUST ID	Applicant Name	USP ID	Status	Submission Date	Completed Date	Screener Name
<u>122855</u>	tester, test 4	USP160837	Saved			Admin, Organization (Carson-Tahoe Hospital) <a href="#">more...</a>
122853	tester, test 1	USP160854	Completed	04/20/2011	05/20/2011	Admin, Organization (Carson-Tahoe Hospital) <a href="#">more...</a>
122852	tester, test 1	USP160854	Completed	04/19/2011		Helpdesk, USP (HP Enterprise Services) <a href="#">more...</a>
122852	tester, test 1	USP160854	Completed	04/19/2011		Helpdesk, USP (HP Enterprise Services) <a href="#">more...</a>

**Workflow Task:**

**Additional Information Required:**

Additional Information is required. Please review the messages in the [Messages](#) section of this page to see what action is required. If you need to attach a file, please use the "Add Attachment" section on this page. **IMPORTANT:** [Attachments](#) must be added before submitting your reply.

Message Text:

250 characters limit

If a screen goes to manual review:

- The user may access the screen by selecting 'Screening List' located under the 'Screening' tab.
- Select appropriate Screening ID number that is underlined on the left hand side of the screen.
- In the 'Additional Information Required' box, respond to the Nevada Medicaid clinical reviewer note and select 'Submit' in order to submit screen back to manual review status.



**PASRR Turnaround Time**



# PASRR Turnaround Time:

## Level I:

- The Level I determination date is based on the date of receipt of completed request, which includes requested records.
- Acute Facility –1 business day
- Non Acute Facility –3 business days

## Level II:

- The Level II referral date is based on the date of receipt of completed request and required/requested records.
- The Date of Referral for Level II evaluation is considered a “0” day.
- The turnaround time is 7 business days from date of referral to complete the Level II.



**Notifications Tab**

# Notifications Tab:

The screenshot shows the 'Notifications' tab in the PASRR System. The interface includes a top navigation bar with tabs: Welcome, Screening, Tracking, Applicant Lookup, Admin, Notifications (selected), Reports, QA, and Third Party. Below the navigation bar, there is a section for 'Current Organization details and User roles' with a link to 'Click Here to expand/collapse'. The main content area is titled 'Notification Filter' and contains a table with columns: Filter By, Condition, Filter Value, and Action. The 'Filter By' column has a dropdown menu with 'Log ID' selected. The 'Condition' column has a dropdown menu with 'Equals' selected. The 'Filter Value' column is empty. The 'Action' column has an 'Add Filter' button. Below the filter section, there is a 'Notification List' section with a link to 'Show Archived Notifications'. The list shows two notifications, both for 'PASRR Level II Referral Notification'. The first notification is for 'Applicant Name' and the second is for 'Applicant or Legal Guardian'. Both notifications were created and sent on 05/27/2011 at 17:51. The first notification was sent via Email to the Screener, and the second was sent via Regular Mail to the Applicant or Legal Guardian. The list is displayed in a table with columns: Log ID, PASRR, Applicant Name, Notification Name, PDF File, Date Created, Date Sent, Receiver, Method, Address, and Screener Name. The table shows two rows of data, both for 'PASRR Level II Referral Notification'. The first row is for 'Applicant Name' and the second is for 'Applicant or Legal Guardian'. Both notifications were created and sent on 05/27/2011 at 17:51. The first notification was sent via Email to the Screener, and the second was sent via Regular Mail to the Applicant or Legal Guardian. The list is displayed in a table with columns: Log ID, PASRR, Applicant Name, Notification Name, PDF File, Date Created, Date Sent, Receiver, Method, Address, and Screener Name.

Log ID	PASRR	Applicant Name	Notification Name	PDF File	Date Created	Date Sent	Receiver	Method	Address	Screener Name
11552	122885		PASRR Level II Referral Notification	<a href="#">PASRR L2 Referral 122885.pdf</a>	05/27/2011 17:51	05/27/2011 17:51	Screener	Email		
11552	122885		PASRR Level II Referral Notification	<a href="#">PASRR L2 Referral 122885.pdf</a>	05/27/2011 17:51		Applicant or Legal Guardian	Regular Mail		

- The PASRR System generates notification letters based on the outcome of the screening.
- The user has the option to print the notification letter and provide a copy of the letter to the applicant and/or responsible person at the time of the screening.





# **PASRR Level I Determinations**



# PASRR Level I Determinations:

IC:

- Okay to admit to NF
- No MI, ID, RC or Dementia

IB:

- Okay to admit to NF
- Dementia Alzheimer OBS

IA:

- Do not admit to NF until Level II has been completed.



# **PASRR Level II Determinations**



# PASRR Level II Determinations:

## **IA:**

- Do not admit to NF until Level II has been completed.

## **IIA:**

- Do not admit to NF.
- Contact Department of Public Behavioral Health (DPBH), Aging and Disability Services Division (ADSD), and/or Medicaid Staff to assist in arranging for alternative placement.

## **IIB:**

- Okay to admit to NF if facility is able to provide or arrange for the Specialized Services being recommended.
- NF must notify DPBH if PASRR IIB for MI.
- NF must notify ADSD if PASRR IIB for ID/RC.



# Categorical Determinations



# Categorical Determinations:

## IIE – 45:

- Expires 45 days from date of determination.

## IIE – 30:

- Expires 30 days from date of determination.

## IIE-7:

- Expires 7 days from date of determination.

## IIG:

- Severe Physical Illness -The individual has a severe physical illness/condition which results in a level of impairment so severe that the individual could not be expected to benefit from specialized services.

## IIF:

- The individual is terminally ill and has a physician's certification of a life expectancy of 6 months or less.

# Categorical Determinations:

**Date of Request:** 10/22/2015

**Determination Date:** 10/23/2015

**Determination:**

**IIE - Time Limited-Expires 45 days from the date of this determination.**

This is a time-limited determination. Client may be admitted into a nursing facility. This determination expires within 45 days of the date of this determination. If it appears this recipient will remain in your facility past the 45 days, you must contact HPES to request and receive a new PASRR Level I Identification Screening prior to the expiration date.

Note I: The PASRR start and end dates may be viewed under the ‘PASRR History’ field when performing an applicant search.

Note II: If it appears the recipient will remain in the NF past the end date of the PASRR, a new PASRR Level I should be requested at least 10 business days prior to the end of the time limit.

Start Date	End Date
10/23/2015	12/07/2015



**Contacts / Resources**





## **Contacts / Resources:**

### **Nevada Medicaid NV MMIS PASRR/LOC:**

1-800-525-2395

### **State of Nevada Division of Health Care Financing and Policy Long Term Support Services – Facilities Unit:**

775-684-3619

### **Medicaid Services Manual Chapter:**

MSM Chapter 500 Nursing Facilities can be accessed via the 'Quick Links' tab @ [www.medicaid.nv.gov](http://www.medicaid.nv.gov)<<Medicaid Services Manual



**Thank you**