

Pre-Admission Screening/ Resident Review (PASRR)
Data Summary Instructions

Eligibility-

Pre-Admission Screening – Level II:

- Any person approved for admission to a Medicaid-certified, licensed nursing facility for long-term care; AND
- Who meets the PASRR Level I definition of “Serious Mental Illness (SMI) Indicators

Resident Review –

- Any person in a Medicaid-certified, licensed nursing facility long-term care placement who demonstrates psychiatric symptomatology that places them at risk for Specialized Services (inpatient psychiatric hospitalization).

Evaluations-

Preadmission Screen and Resident Review (PASRR) Level I Identification and Screening (T2010) – This review involves an analysis of data regarding symptoms of mental illness and results in a decision to deny or perform a Preadmission Screen Level II/Resident Review Evaluation. Notification of this decision will be sent to the NF and AMH. Reviews may be repeated one time within 12 months to adjust treatment recommendations or arrange for mental health services.

Preadmission Screen Level II or Resident Review (PASRR) Comprehensive Evaluation (T2011) – The determination of the person’s need for Specialized Services and a determination of the most appropriate care setting as defined by OBRA 1987. It involves the collection and evaluation of data pertinent to the person’s Psychosocial functioning, medical and cognitive status, history of psychiatric treatment and medication needs. The assessment will result in a completed PAS Level II or Resident Review Report on file at the Addictions and Mental Health Division (AMH) and in the client’s chart. Limited to one evaluation per 12 month period.

Identification Data

County Code – fill in “000”

5-Provider codes can be obtained from your local billing office

Identify whether the person is currently in “acute care” or a “nursing home”

Clinical Status

7 - Indicate date that your office received the Resident Review or Level I referral.

8- Use first three codes listed in current DSM.

9- If this box is coded 1 (yes) the Level II evaluator must assist the Nursing Facility (NF) in transferring the client to an inpatient psychiatric facility.

10- Please note the name of the facility that will provide “Specialized Services”.

11- Based on the Level II Evaluation, please indicate the type of mental health service needed and who will provide each service.

12- Estimate the hours per year of mental health services that this client might need. Number should correspond to the services described in 11.

Signatures

13- PAS Level II evaluations and Resident Reviews must be completed by a Qualified Mental Health Professional and a Licensed Medical Practitioner. Please print the name of the QMHP.

14- Signature of QMHP

15- Telephone number of QMHP

16- Please print name of Licensed Medical Practitioner

17- Signature of LMP

18- Identify category of health professional completed the medical review.

19- Date PAS Level II or Resident Review was completed.

For questions regarding PASRR, please contact:

Level I – Renee Shearer, SPD, DHS 503-945-5923

PAS Level II or Resident Reviews for MI– Rebecca Curtis, AMH, DHS 503-945-9715

Forms – Deborah Johnson, AMH, DHS 503-945-9716 or go to <http://www.oregon.gov/DHS/mentalhealth/pasr/main.shtml>

Billing Questions –Medicaid Unit, AMH, 503-947-5528

