
Preadmission Screening and Resident Review (PASRR)

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This section outlines current Preadmission Screening and Resident Review (PASRR) policy. The results of the *Preadmission Screening and Resident Review (PASRR) Level I Screening* must be submitted with the Long Term Care *Treatment Authorization Request* (LTC TAR). For more information, refer to Long Term Care TAR instructions in this manual. Questions regarding the PASRR procedure can be mailed to PASRR@dhcs.ca.gov.

Introduction

Federal laws governing nursing facilities were revised effective January 1989 by *Public Law 100-203*, the *Omnibus Budget Reconciliation Act (OBRA)* of 1987 (*Nursing Home Reform Act*), and 42 *Code of Federal Regulations (CFR)* Sections 483.100 through 483. These laws require preadmission screening (PAS) be performed for all individuals initially entering a Medicaid certified nursing facility (NF) to determine whether they have a serious mental illness (SMI) or intellectual or developmental disability or a related condition (ID/DD/RC). This is referred to as the Level I screening. If an individual has a serious mental illness or has an intellectual or developmental disability or related condition, the screening helps determine whether NF care is appropriate or whether the individual needs specialized services.

If the outcome of the screening is negative, no further evaluation is required. However, if the screening indicates that the individual is found to have an SMI, an evaluation is performed by the Department of Health Care Services (DHCS) third-party contractor. If the screening indicates that the individual is found to have an ID/DD/RC, the evaluation is performed by the Department of Developmental Services (DDS) Regional Centers. The result of this evaluation is referred to as the determination.

Annual Resident Review

The CFR refers to the PASARR program. However, in accordance with the enactment of *Public Law 104-315* in October 1996, an annual resident review (ARR) is no longer required.

An additional requirement has been added for NFs to promptly notify DHCS, DDS, or both, as applicable, if there is a significant change in the physical or mental condition of an individual who has a serious mental illness or has an intellectual or developmental disability. This would warrant a re-evaluation, or resident review (RR), to determine if the NF is still the most appropriate setting and/or if the individual could benefit from specialized services for a SMI or ID/DD/RC. Henceforth, DHCS refers to this program as PASRR.

Part 1: Responsibility For Performing PASRR Level I Screenings

Introduction

Each individual applying for NF admission is subject to the PASRR Level I Screening and Level II Evaluation, if applicable, prior to admission. The following agents are responsible for completing the PASRR Level I Screening, depending upon the type of facility from which the individual is entering the NF system.

Hospitals and Other Facilities Discharging a Patient to a Nursing Facility

General Acute Care Hospitals (GACHs), military hospitals, Department of Veterans Affairs (VA) hospitals, free-standing children's or psychiatric hospitals, and psychiatric health facilities must perform Level I Screenings on new admissions entering the NF from their facilities. In addition, they must provide access to medical records and make arrangements for a Level II Evaluation with the state's third-party contractor for individuals who, as a result of the Level I Screening, show an indication of SMI or ID/DD/RC. Finally, they must send a copy of the completed PASRR determination or final letter with the individual to the NF.

Nursing Facilities

An admitting NF must ensure that the PASRR process is completed **prior** to admission. LTC TAR will not be approved without confirmation of the determination or final resolution letter.

When a new admission is entering from a community setting, the admitting NF must perform a PASRR Level I Screening and obtain a PASRR determination before admitting the patient.

After the first PAS, if there is a significant change in a resident's physical or mental condition, the NF must perform another Level I Screening as a RR. This change could be either a change in the resident's mental condition that requires further assessment about the appropriateness of the setting or treatment, or a change in the resident's physical condition that could make the resident more amenable to specialized mental health or intellectual/developmental services.

Readmission

When an individual is readmitted to a NF from a hospital to which the individual was transferred for the purpose of receiving care, the NF must submit a new Level I Screening as a RR only if there has been a significant change in the individual's condition.

Interfacility Transfer

When an individual is transferred from one Medicaid-certified NF to another, with or without an intervening hospital stay, the admitting NF must perform a new Level I Screening as a RR only if there has been a significant change in condition from the previous PAS.

PASRR Exemption

Exempted Hospital Discharge

An individual who meets the following three requirements is exempt from the Level II Evaluation:

1. The individual is admitted to a Medicaid-certified NF from a hospital after receiving acute inpatient care.
2. The individual needs NF services for the condition for which he or she received care in the hospital; and
3. The attending physician provides written certification before admission as likely to require less than 30 days of NF care.

Note: If the individual is later found to require more than 30 days of NF care, a PASRR Level I screening as a RR must be submitted by the NF on day 31. The PASRR process must be completed with a final determination by day 40.

ICF/DD and State Developmental Centers

Residents of an ICF/DD, ICF/DD-H, ICF/DD-N or State Developmental Center are exempt from PASRR.

Swing Beds

Swing beds are exempt from PASRR.

Note: Subacute facilities with a Medicare swing-bed arrangement are included in this exemption.

Table 1: Nursing Facility Recipients Exempt From PASRR

Category of Residents	Needs Level I	Exempt
State mental facility	N/A	Yes
Swing beds	N/A	Yes
ICFDD, ICF/DD-H, ICF/DD-N, State Developmental Centers	N/A	Yes

Part 2: Description of the PASRR Process

PASRR Level I

The PASRR Level I Screening is used to identify if an individual that is being admitted to a Medicaid certified NF has or is suspected of having an SMI or ID/DD/RC at his or her initial entry into the NF. The Level I Screening is also used to identify any individual for whom a community setting may be more appropriate than NF placement.

The Level I Screening must be completed with reference to newly revised SMI criteria and current SMI or ID/DD/RC criteria. A sample Level I Screening with explanatory SMI or ID/DD/RC criteria or “triggers” are included with *Figures 1 through 5* at the end of this section.

How to Submit the Level I Screening

The Level I screening must be submitted through the PASRR Online system on the [DHCS Application Portal](#). The facility representative that is submitting the Level I screening must be enrolled in the PASRR Online system. To enroll, follow the instructions on the [DHCS PASRR webpage](#).

PASRR Level II Evaluation

DHCS and DDS Regional Centers perform PASRR Level II evaluations and determinations regarding:

- SMI/ID/DD/RC condition
- Appropriate level of care for individuals with a SMI/ID/DD/RC condition
- Need for specialized services

DHCS Responsibility

For individuals who have been identified as having or suspected of having a SMI, the PASRR online system submits the Level I Screening to a third-party contractor. The contractor will contact the provider to review the case and determine whether a Level II Evaluation is needed. If an evaluation is required, the contractor will arrange for an in-person or telehealth Level II Evaluation to further assess the individual. After the Level II Evaluation is completed, DHCS makes a final determination. If a Level II evaluation is not needed, the case will be closed with the appropriate closure resolution.

DDS Responsibility

When an individual has been identified as having an ID/DD/RC, the PASRR online system submits the Level I Screening to DDS for further review. If there is an indication of ID/DD/RC and the onset of the condition occurred to the individual before the age of 18, the individual is referred to a Regional Center for evaluation and determination. Individuals who have an indication of both SMI and ID/DD/RC will receive a determination from both DHCS and DDS.

Notice of Determination and Documentation Process

Once the PASRR Level II Evaluation is completed, a PASRR Determination from DHCS is available to view in the PASRR Online system on the [DHCS Application Portal](#). For individuals evaluated by DDS, the Regional Center completes a PASRR Summary Report, which is uploaded to the PASRR Online system. A copy of the PASRR Determination or PASRR Summary Report must be provided to the evaluated individual, their legal representative and placed in the individual's medical record.

The discharging provider must use the File Exchange in the PASRR Online system to electronically transfer the completed PASRR Level I Screening, PASRR Determination, and any other relevant PASRR documents to the admitting Medicaid-certified NF. The NF must include a copy of the PASRR Level I Screening and final determination with the TAR.

Specialized Services

If the Level II Evaluation finds that the patient needs specialized services, as defined by *42 CFR Section 483.120*, arrangements for specialized services will be made by the NF.

Complete PASRR vs. Incomplete PASRR

The PASRR Process generates several types of letters. Some indicate a completed PASRR process and that the patient is ready for potential admission to a NF. Others signal that the process was halted before a conclusion about whether the patient has a SMI or ID/DD/RC. These letters indicate that the process was not completed and needs to be redone before the patient is admitted to a NF.

Letters Indicating Completed PASRR

- Notice of No Need
- Exempted Hospital Discharge (EHD)
- Individualized Determination (for example., “Skilled Nursing Facility” or “Special Treatment Program”)
- Categorical Determination
- Level II Attempt – No SMI Reconsideration Letter

Letters Not Considered Complete

- Level II – Unavailable (any reason)
- Level II Attempt – Any Attempt letter other than No SMI

Part 3: PASRR and the LTC TAR Processing

When a NF provider submits a LTC TAR, the PASRR Level I screening and PASRR Determination or final letter must be attached. Failure to include these documents may result in the LTC TAR being deferred or denied.

Medi-Cal authorization for NF services will begin on the date the PASRR Determination or final letter is completed. Any days requested prior to the date of the PASRR determination or final letter will be denied in accordance with *42 CFR Section 483.122*.

Note: See the *TAR Completion for Long Term Care and TAR for Long Term Care 20-1 Form* sections found in this manual for more information regarding NF TARs and the relationship between NF TARs and PASRR.

Initial LTC TAR Submission

The initial LTC TAR must have a copy of the Level I Screening and a PASRR Determination or other complete PASRR letter attached. (See previous page.) If the Level I Screening and a complete PASRR letter do not accompany the TAR, authorization for LTC services will be deferred or denied until the required documents are submitted with the LTC TAR.

Subsequent Reauthorization LTC TARs with Determination Letter

If applicable, the subsequent reauthorization LTC TAR must have attached copies of the Level I Screening and most recent PASRR Determination or complete PASRR letter.

Subsequent LTC TAR Following Significant Change in Condition

If there was a change in the resident's health or mental status that raises a question about the resident's SMI or ID/DD/RC condition, and the required Level I Screening RR was not completed, the subsequent LTC TAR will be denied until the date of the PASRR determination or final letter. *42 CFR, Section 483.106*, provides the authority for denial of this payment.

Level I/Level II Documentation

A copy of the Level I Screening and PASRR Determination or final letter must be kept in the resident's current medical chart to allow access for Medi-Cal field office verification, Licensing and Certification monitoring, and Centers for Medicare & Medicaid Services (CMS) verification.

Medi-Cal Treatment Authorization Request (TAR) Review

Medi-Cal clinical staff will review the Level I Screening and PASRR Determination or other complete PASRR letter to assess the quality of TAR information. The Minimum Data Set (MDS) 3.0 must also be consistent with the PASRR Level I Screening. Finally, the review will assess the timeliness of the PASRR completion and the need for additional training or clarification.

Completion of the PASRR Level I Screening

Introduction

The following is a sample Level I Screening used to identify if a Medicaid-certified NF admission is suspected or diagnosed of SMI or ID/DD/RC. Based on the information collected in Sections I through V, a decision is made whether or not the individual needs a Level II Evaluation.

The screenshot shows a web form titled "Section I - Individual Information". It contains four numbered fields with red asterisks indicating required information:

- 1 Last Name ***: A text input field with a blue border and a vertical cursor.
- First Name ***: A text input field.
- Middle Name**: A text input field.
- 2 Date Of Birth ***: A date input field with a light blue background and the placeholder text "MM/DD/YYYY".
- 3 Screening Type ***: Two radio button options:
 - ☐ Initial Preadmission Screening(PAS) **1**
 - ☐ Resident Review (RR) (Status Change) **2**
- 4 Admission Date **3** ***: A date input field with a light blue background and the placeholder text "MM/DD/YYYY".

Figure 1: Sample Level I Screening Section I

Intellectual Or Developmental Disability or Related Conditions

Definition

According to Welfare and Institutions Code (W&I Code) Section 4512(a)(1), “Developmental disability” means 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 shall include:

- Intellectual disability
- Cerebral palsy
- Epilepsy
- Autism and
- Other closely related disabling conditions but will not include handicapping conditions that are solely physical in nature.

According to W&I Code Section 4512(l)(1), “Substantial disability” means the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person:

- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency

Section II – Intellectual or Developmental Disability or Related Conditions (ID/DD/RC)

5 The Individual has or is suspected of having a primary diagnosis of ID/DD/RC. ID/DD/RC include disabilities that originated before the age of 18, are expected to continue indefinitely, and constitute a substantial disability for an individual. This includes intellectual disability, cerebral palsy, epilepsy, autism, and closely related disabling conditions, but shall not include handicapping conditions that are solely physical in nature. *

☐ Yes ☐ No ☐ Unknown

6 Because of their ID/DD/RC, the Individual experiences functional limitations. Examples of functional limitations include mobility, self-care, self-direction, learning/understanding/using language, and capacity for living independently. These limitations shall not be related to a physical or mental health condition that the Individual is also experiencing, they should be limitations caused solely by a developmental disability or conditions. *

☐ Yes ☐ No ☐ Unknown

7 Has the Individual ever been referred to Regional Center for Services? *

☐ Yes ☐ No ☐ Unknown

8 Has the Individual received services through a regional center? *

☐ Yes ☐ No ☐ Unknown

Figure 2: Sample Level I Screening Section II

Triggers

Section II of the Level I screening must be completed with reference to the “Intellectual or Developmental Disability ‘Triggers’ for Level II Referrals” and the ID/DD indicators on the MDS. The Level I looks for suspicion, not proof, of intellectual or developmental disability or a related condition. If any one of questions five through eight are marked “Yes”, the Level I screening is automatically sent to the Department of Developmental Services for a possible Level II evaluation for ID/DD/RC.

Section III - Serious Mental Illness - Definition 4

Diagnosed Mental Illness

9 Does the Individual have a serious diagnosed mental disorder such as Depressive Disorder, Anxiety Disorder, Panic Disorder, Schizophrenia/Schizoaffective Disorder, or symptoms of Psychosis, Delusions, and/or Mood Disturbance? *

☒ Yes ☐ No

Specify the diagnosis or describe the symptoms.

Explain

Suspected Mental Illness

10 After observing the Individual or reviewing their records, do you believe the Individual may be experiencing serious depression or anxiety, unusual or abnormal thoughts, extreme difficulty coping, or significantly unusual behaviors or does the individual actively engage in community mental health services? *

☒ Yes ☐ No

Describe the symptoms or behaviors.

Explain

Psychotropic Medication

11 Has the Individual been prescribed psychotropic medications for Serious Mental Illness? 5 *

☒ Yes ☐ No

If yes, specify the psychotropic medications:

List Medications

Figure 3: Sample Level I Screening Section III

Mental Illness

Triggers

Section III of the Level I Screening must be completed with reference to revised “Serious Mental Illness Criteria” and the SMI indicators on the MDS. The individual may qualify for a Level II Evaluation for SMI if any one of questions 9 – 11 are marked “Yes”.

Section IV – Categorical Determination (Only one out of 12-15 can be selected as “Yes”)

Brief Stay

12 The Individual requires a stay of less than fifteen (15) calendar days. *

☒ Yes ☐ No

12a Please select the reason for brief stay. *

☐ Providing respite for caregiver(s) for a period not to exceed fourteen (14) calendar days.

☐ Protective services (Stay is not expected to exceed six (6) calendar days). Emergency situation requiring protective services with placement in a Nursing Facility not to exceed seven (7) calendar days.

If none of the reasons listed in field number 12a apply, you must select no in response to field number 12. *

Delirium

13 The Individual has a diagnosis of Delirium 6 and further diagnosis cannot be made until the Delirium clears.

☐ Yes ☐ No

Severe Physical Condition

14 The individual could not benefit from Specialized Add-on Services because of conditions including but not limited to coma, ventilator dependence, hospice and neurocognitive disorder. Neurocognitive disorder, and the previously used term, “Dementia,” refers to a physical condition that disrupts the individual’s capacity to engage in productive interaction or to communicate their needs such that participating in a face-to-face or telehealth evaluation would be unreasonably disruptive to their care. *

☒ Yes ☐ No

14a Provide the specific severe physical conditions that prevent the Individual from participating in Specialized Add-on Services. *

15 If response to question number 12, 13, or 14 is yes, select the data source(s) that is the basis for the categorical selection: *

☐ Hospital/Facility records ☐ Physician’s evaluation ☐ Election of hospice status

☐ Records of community mental health centers ☐ Records of community intellectual disability or developmental disability providers

Figure 4: Sample Level I Screening Section IV

Section V - Current Physical Diagnoses, Bed Type, and Exempted Hospital Discharge

16 Specify all of the Individual's current physical diagnoses that require Nursing Facility services. *

17 Identify the Individual's current location by selecting one (1) of the following: *

☐ General Acute Care Hospital ☐ Nursing Facility ☐ Group Home/Assisted ☐ Acute Psychiatric Hospital/Unit

☐ Special Treatment Program/Institution for Mental Disease ☐ Intermediate Care Facility ☐ Other – specify

18 Does the Individual meet the criteria for an Exempted Hospital Discharge? 8 *

☐ Yes ☐ No ☐ Unknown

Figure 5: Sample Level I Screening Section V

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.