



IMPORTANCE OF PASRR

PASRR is an important tool for states to use in rebalancing services away from institutions and towards supporting individuals in the least restrictive setting that meets their needs, especially with community-based care when possible. PASRR can also advance person-centered care planning by assuring that developmental, psychological, and functional needs are considered along with personal goals and preferences in planning rehabilitative care.

WHAT ARE SPECIALIZED SERVICES?

Specialized services may be recommended through the Level II evaluation. These services include behavioral health assessment, treatment planning, individual and family counseling, crisis services, psychiatric evaluation, and medication management. If recommended, specialized services are offered by a separate provider who comes to the Skilled Nursing Facility to work directly with residents.

HOW CAN I APPEAL?

When placement is not approved, a first level appeal may be submitted to The Georgia Collaborative ASO within 10 business days of the decision. If the first level appeal is not approved, a second level appeal may also be submitted within 10 business days. Please submit all requests for appeal via fax.



Website:

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The Georgia Collaborative ASO

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PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) FOR SKILLED NURSING FACILITIES

LEVEL II REVIEW PROCESS



What is PASRR?

Preadmission Screening and Resident Review (PASRR) is a federal requirement designed to prevent the inappropriate placement of individuals with mental illness or intellectual and developmental disabilities in long-term care. PASRR requires that all applicants to a Medicaid-certified nursing facility:

1. be evaluated for mental illness, intellectual and developmental disabilities, and/or a related condition;
2. be offered the most appropriate setting for their needs (in the community, a skilled nursing facility, or in an acute care setting);
3. receive the services that they need in the appropriate setting.

WHAT IS THE GEORGIA COLLABORATIVE ASO?

The Georgia Collaborative ASO is a partnership between Beacon Health Options, Behavioral Health Link (BHL), and the Delmarva Foundation whose goal is to provide easy access to high quality care for individuals in Georgia receiving behavioral health and developmental disability services. Improving outcomes for individuals, delivering clinically appropriate telephonic crisis intervention, and coordinating systems allow for a seamless service delivery to both the providers and the individuals we serve.



NEED MORE INFORMATION ON PASRR?

Check out our website at
www.georgiacollaborative.com
or call us toll-free at
855.606.2725

PASRR WORKFLOW

After the referral for a Level II evaluation is made and the required medical records are received, the following steps are taken to determine the need for Skilled Nursing Facility level of care:

1. The submitted documentation is reviewed to assess whether there is sufficient information to make a determination for Skilled Nursing Facility placement.
2. A face-to-face assessment may be scheduled with the individual, family, and relevant facility staff to gather additional assessment information.
3. The determination, including a detailed Summary of Findings with recommendations for care, will be provided to the individual or their representative and the referring provider/facility within 7 business days.
4. The level-of-care determination for the individual will fall into one of three categories:
 - Skilled Nursing Facility Approval with specialized services
 - Skilled Nursing Facility Approval without specialized services
 - Skilled Nursing Facility Non-Approval

PASRR LEVEL II REFERRALS

PASRR Level II referrals are made by Georgia Medical Care Foundation/Alliant (GMCF) to The Georgia Collaborative ASO if there is evidence of a mental illness, an intellectual/developmental disability, or a related condition during the Level I process. This referral initiates the Level II process.

WHAT DOCUMENTATION SHOULD BE SUBMITTED FOR A LEVEL II?

When submitting documentation for a Level II evaluation, the following information must be received within 48 hours of the referral:

- Demographic information
- Completed DMA-6 with functional assessment
- Current history and physical examination (H&P) completed by physician; medical history; and medication administration records (MARS)
- Social history and psychiatric evaluation
- Documentation confirming intellectual and developmental disabilities, when available