



State of California—Health and Human Services Agency
Department of Health Care Services



MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

04/23/2023

Dear XXXXX,

The Preadmission Screening and Resident Review (PASRR) is a federally mandated program that provides a Preadmission Screening as part of one's admission to a Medicaid-Certified Nursing Facility and a Resident Review if there is a change of condition to a current resident. It is required for every resident or individual discharging to a Medicaid-Certified Nursing Facility in order to assess for a possible mental illness (MI) or intellectual/developmental disability (ID/DD) and begins with the Level I Screening.

In the event of a positive screening, PASRR regulations require a more thorough evaluation by an independent clinician contracted with the Department of Health Care Services (DHCS). The results of this Level II Evaluation are then reviewed by a licensed psychologist in DHCS and determinations are made regarding the appropriate level of care and recommendations for specialized services. If the resident experiences a significant change of condition to such a degree that it would prompt a change in level of care or specialized services, the facility should submit a new Level I Screening as a Resident Review, and a new Level II Evaluation may be conducted. The PASRR process is administered in California by the Department of Health Care Services.

Your Level I Screening was conducted at _____, followed by a Level II Evaluation on 04/22/2023, by _____. The results of this Level II Evaluation are provided in the PASRR Determination Report attached to this letter. Facility staff will receive a copy of this Determination Report, will discuss the results with you in a timely manner, and will incorporate the recommendations into your care plan.

What you need to do:

If you agree with the recommendations of the attached Determination Report, you do not need to do anything.

If you disagree with the recommendations, you may request a reconsideration by completing a Request for Reconsideration form (DHCS 3701) found at the DHCS website www.dhcs.ca.gov/services/MH/Pages/PASRR.aspx. This request must be made within ninety days of the date of this letter.

You may also file an appeal by calling the California Department of Social Services (CDSS), Public Information and Assistance Unit at 1-800-952-5253 or writing a letter to the Department of Social Services requesting a "Medicaid State Fair Hearing" at the following address:

Department of Social Services
State Fair Hearing Division
P.O. Box 944243 Mail Station 9-17-37
Sacramento, CA 94244-2430
Tel: 800-952-5253

General questions, complaints, or concerns not related to PASRR may be addressed by the Department of Health Care Services Division of Mental Health, Ombudsman Unit. Ombudsman staff may be reached by phone Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m. or at the following location:

Department of Health Care Services- Ombudsman
1501 Capitol Avenue, MS 4412
P.O. Box 997413
Sacramento, CA 95899-7413
Phone: 888-452-8609
Fax: 916-440-7438
Email: mmcduombudsmanoffice@dhcs.ca.gov

Disclaimer: The Department of Health Care Services does not conduct direct evaluations with individuals. The contents of this determination are intended to provide recommendations for care based solely on third party information provided by an independent source. Recommendations are to be carried out under the direct supervision of properly credentialed health care providers who actively participate in the individual's care and with consideration of all medical contraindications by a licensed physician. The DHCS is not responsible for the direct provision of any mental health service including assessment, therapy, and/or crisis intervention. Requirements for informed consent are the responsibility of your treatment providers.

We wish you well in your continued care.

Sincerely,

Consulting Psychologist
Department of Health Care Services - PASRR Section

Cc: As appropriate the Facility Administrator or designee will distribute copies of this report

- Resident and Resident's Conservator or Guardian (if applicable)
- Discharge Hospital and Resident's Attending Physician
- Admitting NF

**Preadmission Screening and Resident Review (PASRR)
INDIVIDUALIZED DETERMINATION REPORT**

Name:	DHCS Determination Date: 04/23/2023
Date of Birth:	Primary Language:
Conservator: None	
Does applicant/resident require Nursing Facility Services due to a medical and/or mental health condition:	Yes
Are Specialized Services Recommended:	Yes

This Determination Report is based on a review of the applicant's medical and social history which reveals a significant medical condition with mental stressors that require nursing care.

The noted expression of needs and preferences and the active participation in care are positive traits that can assist with various treatments.

Recommended Specialized Services: Services and supports that supplement nursing facility care to address mental health needs.

Medication Education and Training	Ongoing monitoring of current psychotropic medication or a recommendation of medication for psychiatric symptoms. This service may be combined with education in the use of the medication and its side effects and, whenever possible, assists in becoming more independent in the administration of medications.
Mental Health Rehabilitation Activities	These include therapeutic community, dance, music, art, exercise, leisure, recreation, orientation, education, and/or skill building activities.
Activities of Daily Living (ADL) Training/Reinforcement	Skill training and support to improve day to day activities such as dressing, bathing, feeding, toileting, and grooming.
Supportive Services	Interactions with facility staff that encourage problem solving, socialization, reality orientation or focus on therapeutic goals.
Psychotherapy/Counseling	Individual and/or group and/or family treatment provided by a licensed mental health professional. Therapy may include a combination of strategies and techniques such as supportive, cognitive behavioral, psychodynamic, art/music, counseling, skills training, and existential therapies, among others.
Substance Rehabilitative Services	A therapeutic approach to the rehabilitation/cessation of alcohol abuse, illicit drug use or misuse of over-the-counter and prescription medication.
Psychiatry Consultation and/or Follow-up Care	Services to provide psychopharmacological intervention and monitoring of mental conditions. These providers will evaluate the efficacy and necessity of psychiatric medications, review lab profiles, make adjustments as needed, and address side effects.
Safety Monitors	Safety monitors for risk of seizures and self-harm.
Behavior Monitors	Behavior Monitors for self-injurious behavior.

Additional Functional/Medical Recommendations-

Sleep Specialist Consultation	Services to improve and maintain proper sleep hygiene.
Dietary Consultation	Services to manage weight and/or special nutritional needs.

Alternative Community Placement Settings and Features-

Substance Use Consideration	It is important that the potential for substance use is considered when selecting community placement.
Accessibility Accommodations	Accessibility accommodations address physical, sight, hearing, and/or communication impairment and must be provided in any alternative placement. A facility should provide shower bars.

The following alternative placements and services may be found through county resources:

<p>Residential Options:</p> <ul style="list-style-type: none"> • Residential Care Facility for the Elderly • Residential Care Facility for the Chronically III • Continuing Care Retirement Community • Adult Residential Facility • Sober Living Treatment Facility • Home Health Services • In-Home Supportive Services Program 	<p>Healthcare Services:</p> <ul style="list-style-type: none"> • Individual Mental Health Rehabilitation • Targeted Case Management • Medication Support Service • Community Based Adult Service • Adult/older Adult system of care • Personal Care Services Program
<p>Social Support Services:</p> <ul style="list-style-type: none"> • Family Caregiver Support Program • Long-Term Care Ombudsman Program • Supplemental Nutrition Assistance Program • Vocational Rehabilitation Services • Alzheimer's Association • Alzheimer's Day Care Resource Center • Adult Protection Services 	<p>Senior Services:</p> <ul style="list-style-type: none"> • Senior Companion Program • Health Insurance Counselling and Advocacy • Multipurpose Senior Services Program • Senior Community Services Employment Program • Senior Information and Assistance Program • Program of All Inclusive Care for the Elderly • Senior Care Action Network

PASRR Type: Initial Preadmission Screening (PAS)	DHCS Determination Date: 04/23/2023
<p>Level 1 Screening Information: L1 Submitted Date: 04/21/2023 L1 Facility Name: L1 Name of Person Completing Form: ID/DD/RC: No</p>	<p>Level II Evaluation Information : L2 Interview Date: 04/22/2023 L2 Submitted Date: 04/23/2023 L2 Interview Location: L2 Evaluator:</p>
DHCS Consulting Psychologist:	Determination Type: Individualized