

# PASRR

AUGUST 2025



# DISCLAIMER

SoonerCare policy is subject to change. The information included in this presentation is current as of August 2025. The most current information can be found on the OHCA public website at [oklahoma.gov/ohca](https://oklahoma.gov/ohca).

# **PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR)**

**PURPOSE:** To assure that residents living in nursing facilities with mental illness, an intellectual disability or related condition are in the appropriate level of care and receiving the services to meet their needs.

# PASRR PROCESS

- Does the client have or is suspected to have a major MI (Mental Illness), ID (Intellectually Disability ) or RC (Related Condition)?
- Do they need NF (nursing facility) level of care?
- Do they require specialized services?



**LEVEL I PASRR**

# LEVEL I SCREENING

- The LTC-300R form must be submitted electronically by nursing facilities for all NF applicants for the Level I PASRR Screening process.
- Please see full details of Level I Screening at OHCA policy 317:35-19-2.
- Forms must be completed on all NF applicants regardless of pay source or level of care, skilled or long-term care.

# LEVEL I SCREENING

To be eligible for NF services, the individual must:

- Require a treatment plan involving the planning and administration of services which require skills of licensed technical or professional personnel that are provided directly or under the supervision of such personnel and are prescribed by the physician.
- Have a physical impairment or combination of physical and mental impairments.
- Require professional nursing supervision (medication, hygiene and dietary assistance).

# LEVEL I SCREENING (CONT.)

- Lack the ability to care for self or communicate needs to others.
- Require medical care and treatment in a nursing facility to minimize physical health regression and deterioration. A physician's order and results from a standardized assessment which evaluates type and degree of disability and need for treatment must support the individual's need for NF level of care. Only standardized assessments approved by OHCA and administered in accordance with Medicaid-approved procedures shall be used to make the NF level of care determination.



# LEVEL I SCREENING FORM

- The LTC-300R/Level I screening form must be received by OHCA within 10 days of admission.
- Per OAC 317:30-5-123, SoonerCare payment may not be made for a resident whose LTC300R requirements have not been satisfied in a timely manner.
- The form must be completed electronically via the OHCA secure provider portal (faxed or emailed LTC-300R will not be accepted unless arrangements have been made with OHCA due to technical difficulties).
- For questions regarding submitting or correcting the LTC-300R please refer to the "PASRR Level 1 (LTC-300R) Training PowerPoint" located at [oklahoma.gov/ohca/providers/provider-training.html](http://oklahoma.gov/ohca/providers/provider-training.html)

ADMISSION DATE										OHCA/MA HEALTH CARE AUTHORITY										DISCHARGE		DECEASED DATE	
NURSING FACILITY LEVEL OF CARE ASSESSMENT																							
<b>A. IDENTIFYING INFORMATION</b>																							
Client Name (Last, First, MI)						Social Security Number				Date of Birth		RACE		Hisp Y N		Gender M F		Coverage		Level II Required: Yes No			
Facility Name						Address				City		State		Zip		Level II Completed Date							
Facility Provider Number				DHS Case Number				RID Number				New Adm/Inter-facility Transfer/Name of Transferring Facility										Reviewer Initials/Date	
COUNTY		PRIOR LIVING ARRANGEMENT: ICF/MR Asst. Living				Own Home Relative's Home Res Care				Mental Hospital (MD) SNF Other Group Home				DHS USE ONLY <input type="checkbox"/> I agree <input type="checkbox"/> I disagree with NF assessment (See attached).				Nurse Signature:					
<b>B. CLIENT ASSESSMENT</b>																							
1 DRESSING/GROOMING		Independent		Needs Help		Total Assistance		21 SPEECH		No Impairment		Impairment		Total Loss									
2 BATHING								22 HEARING				<input type="checkbox"/>											
3 EATING								23 VISION		No		Moderate		Excessive									
4 TRANSFERRING		<input type="checkbox"/>						24 HEART DISEASE															
5 MOBILITY		<input type="checkbox"/>						25 HYPERTENSION/STROKE															
6 BOWEL/BLADDER FUNCTION		<input type="checkbox"/>						26 EMPHYSEMA/COPD															
7 ANSWERS/CALLS ON TELEPHONE		Independent		Needs Help		Total Assistance		27 DIABETES															
8 SHOPPING/RANDS								28 ARTHRITIC CONDITIONS															
9 ARRANGES TRANSPORTATION								29 TERMINAL ILLNESS						Substantial Problem									
10 PREPARES MEALS								MENTAL STATUS		No Problem		Some Problem											
11 LAUNDRY								30 MEMORY/RECALL															
12 HOUSEKEEPING/CLEANLINESS								31 IRRATIONAL BEHAVIOR															
13 MANAGES MONEY								32 CONFUSED															
14 MANAGES MEDICATION								33 IMPULSIVE															
15 DIET		NUTRITION Regular		Modified		Therapeutic		Formula Only		34 HALLUCINATIVE													
										35 DELUSIONAL													
16 COMMUNICATION				Understandable		Non-Verbal		Communicate		36 TX COMPLIANCE													
						<input type="checkbox"/>		<input type="checkbox"/>		37 AGITATED													
				No Problem		Some Problems		Substantial Problems		38 FEARFUL													
17 HEALTH OR SAFETY ISSUES										39 WITHDRAWN													
18 CONSUMER SUPPORT										40 AGGRESSIVE													
19 SOCIAL RESOURCES										41 REFUSES ACTIVITIES													
				Low Risk		Mod. Risk		High Risk		42 SUICIDAL													
20 HEALTH ASSESSMENT										43 HOMICIDAL													
										44 SEIZURES													
<b>C. SERVICES PROVIDED</b>																							
FREQ.		FREQ.				FREQ.				FREQ.				FREQ.									
Ventilator/Respirator		Vital Signs Eval.				Sterile Dressing				Ostomy Care				Injections									
Decubitus/Lesion Care		Rehab. PT/OT				Intake & Output				Trach. Care				Isolation									
Medication Regulation		Speech Therapy				Behavior Observ.				Tube Feeding				IV Fluids									
Retrain Bowel/Bladder		Active Treatment				Catheter Care				Suctioning				Oxygen									
No Services Needed																							
Primary Diagnosis: Code:											Secondary Diagnosis: Code:												
<b>D. COMMENTS</b>																							
<b>E. LEVEL I PASSRR SCREEN THIS SECTION IS BEING COMPLETED BY:</b>																							
NF Authorized Official						Hospital Authorized Official						DHS Official											
IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, CONTACT LOCEU FOR CONSULTATION:																							
Does the individual have any:																							
1. Yes No		Evidence of serious mental illness including possible disturbances in orientation or mood (dementia or other organic mental disorders are not considered a serious mental illness)?																					
2. Yes No		Diagnosis of a serious mental illness (such as a schizophrenic, paranoid, panic, mood or other severe anxiety or depressive disorder, somatoform disorder, personality disorder, or other psychotic disorder, or another mental disorder that may lead to a chronic disability)?																					
3. Yes No		Recent history of mental illness or been prescribed a psychotropic medication for a possibly undiagnosed mental illness in the absence of a justifiable neurological disorder (within the last two years)?																					
4. Yes No		Diagnosis of mental retardation or a related condition?																					
5. Yes No		History of mental retardation or a related condition?																					
6. Yes No		Evidence of possible mental retardation or related condition (cognitive or behavior functions)?																					
THE CLIENT IS NOT A DANGER TO SELF OR OTHERS.																							
Exempted Hospital Discharge: (See Instructions for definition) Yes No																							
Short term stay category Delirium Emergency Respite (Refer to instructions for further information.) Not Applicable																							
Consultation Date LOCEU/OHCA staff name Consultation and any Level II evaluation results																							

Name and Title	Signature	Date	Telephone No.
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**LEVEL II PASRR**

# LEVEL I SCREENING INDICATORS FOR LEVEL II

Level 1 PASRR Screen (from OHCA LTC-300R)

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED **YES**, CONTACT LEVEL OF CARE EVALUATION UNIT FOR CONSULTATION:

1. ☐ Yes ☐ No ☐ Does the individual have any evidence of serious mental illness including possible disturbances in orientation or mood (dementia or other organic mental disorders are not considered a serious mental illness)?

2. ☐ Yes ☐ No ☐ Does the individual have any diagnosis of a serious mental illness (such as a schizophrenic, paranoid, panic, mood or other severe anxiety or depressive disorder, somatoform disorder, personality disorder, or other psychotic disorder, or another mental disorder that may lead to a chronic disability)?

3. ☐ Yes ☐ No ☐ Does the individual have any recent history of mental illness or been prescribed a psychotropic medication for a possibly undiagnosed mental illness in the absence of a justifiable neurological disorder (within the last two years)?

4. ☐ Yes ☐ No ☐ Does the individual have any diagnosis of mental retardation or a related condition?

5. ☐ Yes ☐ No ☐ Does the individual have any history of mental retardation or a related condition?

6. ☐ Yes ☐ No ☐ Does the individual have any evidence of possible mental retardation or related condition (cognitive or behavior functions)?

THE CLIENT ☐ IS ☐ IS NOT A DANGER TO SELF OR OTHERS.

Exempted Hospital Discharge: (See instructions for definition) ☐ Yes ☐ No

Short term stay category: Delirium or Emergency or Respite (Refer to instructions for further information.) or Not Applicable

# PRIOR TO ADMISSION

A yes answer to any of the six questions in Section E of the LTC-300R form regarding MI or ID/RC requires a “Screening for Level II PASRR” to be faxed to a LOCEU analyst at 405-708-7181.



# WHO FILLS OUT FORMS?

- An NF administrator or their designee which may include a licensed nurse, social service director or social worker, admissions or MDS coordinator.
- It is the responsibility of the NF to ensure a Level II is completed on a member that meets the previous criteria.

# LEVEL II PASRR EVALUATION SCREENING

- This form is typable and should not be handwritten.
- Please complete every field on the form.
- The Member ID is the member's Medicaid (Soonercare) number, if applicable.
- The Provider ID/Service LOC is the provider number given once a facility or provider becomes contracted with OHCA.

# SCREENING FOR LEVEL II PASRR FORM

Screening for PASRR Level II, fax 405-708-7181



Provider Name:	Provider ID w/ Service Loc:
Person Ordering PASRR:	Phone Number:
	Email Address:
Member Name:	Member ID:
Social Security #	Member's DOB:
Legal Guardian:	Legal Guardian Name:

Race:	Ethnicity:	Gender:
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Payer Source	Marital Status
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If the individual is discharging from a hospital please provide the name, address, phone number of contact person, and member room number at the hospital.



# INSTRUCTIONS FOR COMPLETING "SCREENING FOR LEVEL II PASRR" FORMS

1. Go to the OHCA Website: [oklahoma.gov/ohca](http://oklahoma.gov/ohca)
2. Click on "Providers"
3. Click on "Behavioral Health"
4. Click on "Templates/Forms"
5. Scroll to "Screening for Level II PASRR"
6. Complete form
7. Fax to 405-708-7181

\*\*\*NOTE: Screenings will be worked in the order received.  
An LOC analyst will contact you once the screening is received.

# LEVEL II PASRR

- Please see full details of Level II screening and evaluation in OAC 317:35-19-8 & OAC 317:35-19-9.
- **MI Level II PASRR** evaluations are conducted by OU College of Nursing (OUCON).

\*\*\*An OHCA LOC analyst will ask the NF/provider to submit medical records to OUCON either via fax at 405-271-2626 or email at [CON-PASRR@ouhsc.edu](mailto:CON-PASRR@ouhsc.edu) with the subject line “PASRR medical records.”

\*\*\*Please do not send medical records to OUCON prior to completion of the Screening for Level II PASRR completed by an OHCA LOC analyst.

# LEVEL II PASRR

- **ID/RC Level II PASRR** evaluations are conducted by OHS (OKDHS).
- Dual Level II PASRRs are conducted by both OHS and OUCON.
- Please note that Level II evaluations may be completed via videoconferencing as outlined in the global message sent out on 5/9/2023: [oklahoma.gov/ohca/providers/updates/global-messages/global-messages.html](https://oklahoma.gov/ohca/providers/updates/global-messages/global-messages.html).

# **SPECIALIZED SERVICES DEFINED FOR CLIENTS WITH MI**

- Inpatient psychiatric stay
- Specialized services are services such as outpatient counseling



# **SPECIALIZED SERVICES DEFINED FOR CLIENTS WITH ID/RC**



- Specialized services are those services that emphasize a collaborative effort between DDS and nursing facilities to provide an individual treatment plan designed to enhance an individual's independence, quality of life and/or decrease regression.
- Specialized services are personalized, individual oriented and person centered and may include but are not limited to therapies such as occupational, physical and vocational services.

# PROVISIONAL ADMISSIONS DEFINED

- Special circumstances by which an individual may be temporarily waived from having a Level II evaluation prior to admission to a SoonerCare (Medicaid) certified nursing facility are listed in OAC 317:35-19-9 - PASRR screening process.
- If a resident has SoonerCare, payment for nursing facility services will not be made after the provisional admission ending date.

# PROVISIONAL ADMISSIONS

- All provisional admissions require prior approval from an LOCEU analyst if MI, ID/RC is present or suspected
- Emergency - APS initiated
- Respite - must have medical needs; usually 15 days at a time with an allowance for up to 30 days/calendar year
- Delirium - call when it clears

# DELIRIUM DEFINED

Any person with mental illness, an intellectual disability or related condition that is not a danger to self or others may be admitted if the individual is experiencing a condition that precludes screening such as effects of coma, anesthesia, medication, unfamiliar environment, severity of illness or electrolyte imbalance.





# APS EMERGENCY REQUEST LETTER

- WHO - client name, SS #, DHS case #
- WHAT - request 7-day emergency
- WHEN - state inclusive dates
- WHERE - intended NF
- WHY - reason for the emergency
- No harm statement

# EXEMPTED HOSPITAL DISCHARGE

- Individual must be admitted to the NF directly from a medical hospital.
- Individual must require NF services for the condition for which he/she was receiving in the hospital.
- The attending physician must certify in writing that the individual is likely to require less than 30 days of NF services.

# RESIDENT REVIEW

- Per OAC 317:35-19-9, Resident Reviews are a follow-up to the pre-admission assessment.
- RRs are completed annually on clients with MI in a NF that have had previous determinations by the MI authority identifying significant changes and/or the need for specialized services.
- If an RR is denied, the NF is responsible for making arrangements. Examples: The client requires inpatient psychiatric treatment or community placement when the client no longer meets NF criteria.
- Data from the RR and discharges is reported to CMS annually.

# TRANSFERS

- The Level I screening form must be completed for transfer clients just as it is for new admissions. This includes transfers from sister facilities.
- Please see OAC 317:35-19-14 for more information on new admissions, readmissions, inter-facility transfers and same level of care program transfers.



# WATCH FOR INDICATORS OF MI

- Any diagnosis of mental illness.
- Client coming from an inpatient psychiatric facility.
- Client coming from a residential care facility.
- Client is on psychotropic medication.



# INDICATORS OF MI (CONT.)

- Coming from a state hospital.
- Family report.
- Coming from another nursing facility and no diagnosis information provided.
- When in doubt, fill out “Screening for Level II PASRR” and fax to 405-708-7181.

# INDICATORS OF ID/RC

- An individual is considered to have an ID diagnosis if he/she has:
  - A level of intellectual disability (mild, moderate, severe or profound) described in the American Association on Intellectual Disability's manual or classification in Intellectual Disability (1983).
  - The American Association on Intellectual Disabilities states an individual IQ Score must be 70 with a +/- of 5 standard deviations.



# INDICATORS OF ID (CONT.)

To be classified as ID, the client must have the following:

- An IQ of less than 70 that manifests prior to the age of 18.
- Exhibit limitations in two or more applicable adaptive skills areas :
  - Communication
  - Self-care
  - Home living
  - Social skills
  - Use of community resources
  - Self-direction
  - Health and safety
  - Functional academics
  - Leisure
  - Work



# THINGS TO LOOK FOR WITH ID

- Diagnosis of ID prior to age 18.
- Special education classes.
- Never went to school; kept at home.
- Never worked, married or had kids.
- Psychological evaluation indicating ID.
- Previous resident of an ICF/IID.



# RELATED CONDITIONS

- An individual is considered to have a related condition if he/she has a severe chronic disability (developmental disability) with the following:
  - It's attributable to a mental or physical impairment or combination of mental and physical impairment.
  - Is manifested before the person is 22 years of age.
  - Is likely to continue indefinitely.
  - Results in substantial functional limitations in three or more major life activity areas prior to age 22.

# RELATED CONDITIONS (CONT.)

- Types of related conditions include but are not limited to cerebral palsy, epilepsy, paraplegia, quadriplegia, traumatic brain injuries (TBI), spinal bifida, autism, muscular dystrophy, etc.
- Any other condition except for mental illness that is found to be closely related to intellectual disability resulting in impairment of general intellectual functioning or adaptive behavior.
- Pay close attention to these things detailed in the records received or historical information provided by family members, caretakers or legal representatives.

# MAJOR LIFE AREA ACTIVITIES

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

**SIGNIFICANT  
CHANGE**

# **SIGNIFICANT CHANGE DEFINED**

- Any change in a client's physical or mental condition that may require a review of the client's level of care and services required to meet their needs.
- A significant change should also trigger a new Resident Review (Level II).
  - If a client has a significant change in symptoms that required a psychiatric inpatient stay, then a new Level II should be completed.

# SIGNIFICANT CHANGE

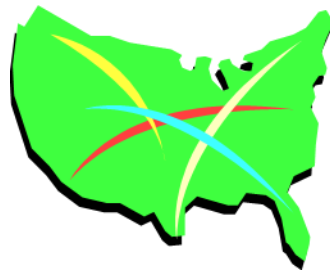
- Will trigger an update to the Minimum Data Set (MDS).
- MI - new diagnosis of mental illness.
- ID/RC - new diagnosis of intellectual disability/related conditions.
- Improvement or decline in medical condition.

**OUT OF STATE**



# OUT-OF-STATE APPLICANTS

- Obtain copy of other state's PASRR.
- Ask for a PASRR to be done in current state.
- Relocate client within Oklahoma borders.
- Consult an OHCA LOCEU analyst before admission.



# **PASRR TIME PROCESS**

# PASRR EVALUATIONS



- Average of 7 to 9 working days.
- Results will be provided by an OHCA LOCEU/PASRR analyst.
- You may request a fair hearing if you disagree with the results.

# ADDITIONAL INFORMATION



- APS initiates emergency PASRRs .
- Court orders and physician recommendations do not meet requirements for emergency PASRR.
- On holidays, weekends or after hours, APS may place the client, and they will notify OHCA on the next business day.

# MINIMUM DATA SET (MDS)

- The MDS is a detailed resident assessment and care screening that is required to be submitted to the Oklahoma State Health Department for all nursing facility admissions.
- The nursing facility is responsible for making sure that if any information regarding MI or ID/RC is identified when completing the MDS, a consultation with an OHCA LOCEU analyst is indicated to determine if a Level II evaluation is required.

# PENALTIES

- Inappropriate admissions - no consultation with OHCA.
- No LTC-300R/Level I form submitted to LOCEU by NF.
- No Level II screening done prior to admission.
- Client does not fall under a provisional admission.
- Client had a Level II screening, but the results are not current.

\*\*\*Remember when in doubt, reach out!



# CONTACT INFO

## OHCA LOCEU/PASRR UNIT

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# REFERENCES

- Omnibus Budget Reconciliation Act of 1987/ Public Law 100-203
- 42 CFR 483.100
- 42 CFR 483.102
- OAC 340:100; OAC 340:100-15
- OHCA Policy: OAC 317:30-5-123;
- [OAC 317:35-19-1 through 31](#)
- [oklahoma.gov/ohca/policies-and-rules/xpolicy/medical-assistance-for-adults-and-children-eligibility/nursing-facility-services.html](#)





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## GET IN TOUCH

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)

Agency: 405-522-7300  
Helpline: 800-987-7767  
Call Center: 800-522-0114

