

PASRR FORMS

- MAP 409 – PASRR Level I** – Completed prior to admission to any Nursing Facility (NF) participating in the Kentucky Medicaid Program for all individuals seeking admission regardless of payer source. The NF completes in KLOCS and if indicated, KLOCS triggers a task for a Level II evaluation.
- MAP 4092 – Exempted Hospital Discharge form** – Completed by an admitting hospital physician to exempt a NF from referring PASRR individuals (that meet the requirements) from the PASRR process for up to 30 days.
- MAP 4093 – Provisional Admission form for Respite or Delirium** – Completed by the NF to exempt themselves from referring PASRR individuals (that meet the requirements) from the PASRR process for up to 14 days.
- MAP 4094 – Notification of Intent to Refer form** – Completed by NF and provided to individual/guardian upon initial referral for PASRR.
- MAP 4095 – Significant Change Form** – Completed in KLOCS by NF for current residents who meet the criteria outlined on the significant change form as a newly identified PASRR individual. Also used for a change in condition for individuals already identified as meeting PASRR criteria that affects at least one of the following: NF Level of Care (LOC), Specialized Service (SS) or Services of Lesser Intensity needs. NF must complete within 14 days from the time the NF new or should have known of the change.
- PASRR**
- Level II – Evaluation** – Completed by the Community Mental Health Center (CMHC) evaluator to determine if the referred individual meets LOC, and if so, determine what their SS and Services of Lesser Intensity needs are. Final determinations must be completed in KLOCS within 9 business days from the date it was referred to the CMHC.
- PASRR 4 – Response to Referral** – Completed in KLOCS by the CMHC to notify the NF that an individual did not meet (or could not be determined to meet) PASRR criteria. Final determinations must be completed in KLOCS within 9 business days from the date it was referred to the CMHC.
- PASRR 5 – Recommended Services** – Used by CMHC to give the NF a summary of the PASRR Level II evaluation findings. Uploaded into KLOCS with final approval determinations.
- PASRR 6 – Placement Option Form** – Completed and uploaded into KLOCS for individuals who meet the 30-month option rule.
- PASRR 7 – Refusal of SS** – Used when an individual/guardian refuses the specialized services recommended.
- PASRR 8 – Explanation of Billing** – Used by CMHC to detail all billed units of time and activities required to complete each evaluation, regardless of outcome.

**Regardless of the date of admission, type of admission, or type of referral; once the CMHC receives a referral from the nursing facility, the PASRR determination must be completed in KLOCS within nine (9) business days. If the CMHC goes beyond the nine days, they must submit to DBHDID a written explanation for the delay. The CMHC should maintain an adequate number of trained evaluators to ensure timeframes are met.*

ACRONYMS

ADL	–	Activities of Daily Living
CMHC	–	Community Mental Health Center
CM	–	Case Manager
CMS	–	Center for Medicaid Services (Federal)
DBHDID	–	Department for Behavioral Health, Developmental and Intellectual Disabilities
DCBS	–	Department for Community Based Services
DMS	–	Department for Medicaid Services (State)
H&P	–	History and Physical
ICF	–	Intermediate Care Facility for Individual with intellectual disabilities
ID	–	Intellectual Disability
KLOCS	–	Kentucky Level of Care System
LOC	–	Level of Care
LOI	–	Lack of Information
LTC	–	Long-Term Care
NF	–	Nursing Facility
OATS	–	Office of Administrative and Technology Services
OIG	–	Office of Inspector General
PASRR	–	Pre-admission Screening and Residential Review
PCSP	–	Person Centered Service Plan (sometimes referred to as the Plan of Care)
PRO	–	Peer Review Organization (Carewise is the current contractor)
QIDP	–	Qualified Intellectual Disability Professional
QMHP	–	Qualified Mental Health Professional
R to R	–	Response to Referral
RC	–	Related Condition
SMI	–	Serious Mental Illness
SS	–	Specialized Services

ICD 10 Codes Website

<https://www.icd10data.com/ICD10CM/Codes/F01-F99>