

## **PASRR – Pre-Admission Screening Resident Review**

The Pre-Admission Screening Resident Review (PASRR) Unit determines whether or not an individual who has an active diagnosis of Mental Illness (MI) or Intellectual/ Developmental Disability (ID/DD) meets the criteria for admission to a nursing facility and may require specialized services. PASRR is required for ALL persons seeking admission to Medicaid certified nursing facilities, regardless of whether their stay at the nursing facility will be paid for by Medicaid, Medicare or other resources. No individual shall be admitted to a Medicaid certified nursing facility without a completed PASRR screen.

### **What is needed to make a referral for application?**

A current PASRR Level I screening form must be completed to initiate the review process.

When the individual will be screened as a Categorical Group Determination, the following documentation must be submitted:

- History and Physical
- Medicaid Eligibility Assessment (MEA) needed only if Medicaid will be payer
- PASRR Referral Form
- Psychiatric Evaluation (MI Individuals only)
- Detailed Social History (ID/DD Individuals only)
- IQ Testing – if available (ID/DD Individuals only)

When the individual will be requiring long-term care, the following documentation must also be submitted:

- History and Physical
- Medicaid Eligibility Assessment (MEA) needed only if Medicaid will be payer
- PASRR Referral Form
- Comprehensive Medication History
- Neurological Assessment
- Any Specialty Evaluation
- Discharge Summary
- Two current weeks of nursing and/or MD notes
- Mental Health Assessment (MI Individuals only)
- Psychiatric Consultation (MI Individuals only)
- Psychometric/ IQ testing (ID/DD Individuals only)
- Detailed Social History (ID/DD Individuals Only)
- IEP, ISP or Area Agency plan and personal profile

### **Where to Apply:**

Since PASRR's implementation in 1989, the Department of Health and Human Services (DHHS) has the responsibility of implementing this program. Effective November 1, 2016 DHHS has contracted with Keystone Peer Review Organization, Inc. (KEPRO) to be the vendor of the program for New Hampshire.

\*\*Please contact KEPRO for the most updated versions of PASRR forms.

Please submit PASRR screening information to:

KEPRO

Phone: 1-844-526-4480

Fax: 1-844-490-9555

[NHreviews@KEPRO.com](mailto:NHreviews@KEPRO.com)

### **How Eligibility is Determined:**

Once all the required documentation is received, the information is reviewed within 9 business days and the referring agent and accepting nursing facility will be notified of the determination.