

PASRR Notice of Determination

Date:

Client Name:

- You have been referred for nursing facility care.
- You have been in the nursing facility longer than 30 days.
- You have had a significant change in your behavioral health.

The federally required preadmission screening and resident review (PASRR) process is intended to:

- Identify whether you are an individual that may need or perhaps benefit from behavioral health services;
- Determine whether you need nursing facility services;
- Inform you of other options available to you;
- Assess your behavioral health, and if you choose nursing facility services, make behavioral health service recommendations if appropriate.

If the full PASRR report is not attached, it will be sent to the nursing facility where you are staying, and become part of your medical record within 30 days. The nursing facility social work or nursing staff will talk with you about your PASRR evaluation, and offer you an opportunity to read it. If you do not receive a copy, please ask the social work or nursing staff for a copy of it and/or to discuss it with you.

The PASRR evaluation and recommendations do not require you to do anything.

If any behavioral healthcare is recommended for you, it is YOUR decision if you want to accept behavioral health services.

Determination

Based on a review of your records and conversations with you and others involved in your care, DBHR has made the following determinations, effective as of the date of this notice.

DBHR has determined that:

- You do do not have a mental health diagnosis, as defined in federal regulations (42 C.F.R. §483.102(1)).
- You do do not meet the requirements for nursing facility level of care, as defined in WAC 388-106-0355.
- If you have a mental health diagnosis and you meet the requirements for nursing facility level of care, you do do not currently require specialized behavioral health services. If you are determined to need these services, they would help you to acquire skills or behaviors that will enable you to function with as much self-determination and independence as possible, and/or in order to prevent or slow the loss of your current functional status, while you reside at a nursing facility.

- If you have **NOT** been determined to require specialized behavioral health services, that determination is based on the following reason(s):
 - You have a serious physical illness which results in a level of impairment so severe that you are not expected to benefit from specialized behavioral health services.
 - You have a diagnosis of dementia which results in a level of impairment so severe that you are not expected to benefit from specialized behavioral health services.
 - You are experiencing a delirium that prevents an accurate mental health diagnosis.
 - DBHR has not identified any services in addition to services provided by the nursing facility that will assist you to function with as much independence as possible, and/or prevent or slow any loss of your functional ability.

LEGAL GUARDIAN'S NAME

ADDRESS LINE 1 CITY STATE ZIP CODE

ADDRESS LINE 2 CITY STATE ZIP CODE

EVALUATOR'S SIGNATURE

EVALUATOR'S PRINTED NAME

EVALUATOR'S TITLE

ORGANIZATION

EVALUATOR'S PHONE (WITH AREA CODE)

Distribution of this Notice

PRE-ADMISSION TO NURSING FACILITY

- Copy to Hospital
- Copy to Skilled Nursing Facility
- Copy to Patient Record

NURSING FACILITY

- Copy to Patient Record
- Copy to Attending Physician

DISTRIBUTION COMMENTS

This Determination is being made by the following authority

Washington Administrative Code (WAC) 388-106-0355

Am I eligible for nursing facility care services?

WAC 388-97-1920

Preadmission screening - Level I.WAC 388-97-2000

Preadmission screening and resident review (PASRR) determination and appeal rights.

WAC 388-97-1940

Advanced categorical determinations, not subject to preadmission screening—Level II.

WAC 388-97-1960

Preadmission screening - Level II.

Your Appeal Rights

You have ninety (90) days from the receipt of this notice to appeal any of the following decisions:

- That you do not meet the requirements for nursing facility level of care; or
- That you are not in need of specialized behavioral health services.

You have the following rights:

- To decline or terminate services at any time.
- To have another person represent you at the hearing (DSHS does not pay for attorneys, but free or low cost legal assistance may be available in your community. For additional information call 1-888-201-1014);
- To receive copies of your PASRR evaluation, determination and any recommendations;
- To submit documents into evidence;
- To testify at the hearing and to present witnesses to testify on your behalf; and
- To cross examine witnesses testifying for the department.

A form to request an administrative (fair) hearing is included.

Optional Community Residential Settings

Other residential programs and services that may be available to you:

Adult Family Homes

Adult Family Homes are regular neighborhood homes where staff assumes responsibility for the safety and well-being of the adult. A room, meals, laundry, supervision and varying levels of assistance with care are provided. Some provide occasional nursing care. Some offer specialized care for people with mental health issues, developmental disabilities or dementia. The home can have two to six residents and is licensed by the state.

Assisted Living Facilities

A long term care option that provides personal care support services such as meals, medication management, bathing, dressing, and transportation.

Supported Living Services

Supported Living services provide support in activities of daily living to persons who live in their own homes or congregate care facilities in the community. Supports may vary from a few hours per month up to 24 hours per day of one-to-one support. Clients pay for their own rent, food, and other personal expenses.

DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
Request for Mental Health Fair Hearing
 Per Chapter 182-526 for DSHS hearing rules.

| <p>MAIL YOUR REQUEST TO THE FOLLOWING ADDRESS</p> <p>OFFICE OF ADMINISTRATIVE HEARINGS (OAH) PO BOX 42488 OLYMPIA WA 98504-2489</p> <p>Phone: (360) 407-2700 Fax: (360) 664-8721</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; padding: 2px;">FOR AGENCY USE ONLY</th> </tr> <tr> <td style="padding: 2px;">VERBAL REQUEST TAKEN</td> </tr> <tr> <td style="padding: 2px;">DATE</td> </tr> <tr> <td style="padding: 2px;">NAME</td> </tr> <tr> <td style="padding: 2px;">TELEPHONE NUMBER (WITH AREA CODE)</td> </tr> </table> | FOR AGENCY USE ONLY | VERBAL REQUEST TAKEN | DATE | NAME | TELEPHONE NUMBER (WITH AREA CODE) |
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| FOR AGENCY USE ONLY | | | | | | |
| VERBAL REQUEST TAKEN | | | | | | |
| DATE | | | | | | |
| NAME | | | | | | |
| TELEPHONE NUMBER (WITH AREA CODE) | | | | | | |

I am requesting a hearing because of the following PASRR determination(s) made by the Division of Behavioral Health and Recovery:

You may attach additional information, if needed.

| | |
|--|-------------------------------------|
| NAME OF PERSON REQUESTING FAIR HEARING (APPELLANT) | TELEPHONE NUMBER (WITH AREA CODE) |
| ADDRESS | CITY STATE ZIP CODE |
| DSHS / HCA CLIENT ID (IF KNOWN) | REGIONAL SUPPORT NETWORK (IF KNOWN) |

I am represented by (if you are going to represent yourself, do not fill in the next two lines):

| | |
|----------------------------|-----------------------------------|
| YOUR REPRESENTATIVE'S NAME | TELEPHONE NUMBER (WITH AREA CODE) |
| ORGANIZATION | |
| ADDRESS | CITY STATE ZIP CODE |

Do you need an interpreter or other assistance or accommodation for the hearing? Yes No
 If yes, what language or assistance:

You can receive assistance and support with your Fair (Administrative) Hearing from an Ombuds close to where you live. For information about how to contact the Ombuds office in your area, please call the Division of Behavioral Health and Recovery (DBHR) Office of Consumer Partnerships at: 1-800-446-0259 Ext. 4.