

PASRR Records Request

RE: **Patient's Name**

Date:

The above-named individual has been referred to DDA for completion of the PASRR process. Per federal regulation, PASRR must be completed prior to admission to any Medicaid-certified Nursing Facility (NF).

§483.106 Basic rule.

(a) *Requirement.* The State PASRR program must require—(1) **Preadmission** screening of all individuals with mental illness or intellectual disability who apply as new admissions to Medicaid NFs on or after January 1, 1989.

Federal rules establish the minimum data that must be reviewed by the State Intellectual Disability Authority. In order to facilitate the timely completion of the PASRR process, DDA requests that you forward any records that contain information pertaining to the required categories. Records may be forwarded by fax or secure email. (For contact information, see Page 3 of this document.)

§483.136 Evaluating whether an individual with intellectual disability requires specialized services (PASRR/IID).

(a) *Purpose.* The purpose of this section is to identify the minimum data needs and process requirements for the State intellectual disability authority to determine whether or not the applicant or resident with intellectual disability, as defined in §483.102(b)(3) of this part, needs a continuous specialized services program, which is analogous to active treatment, as defined in §435.1010 of this chapter and §483.440.

(b) *Data.* Minimum data collected must include the individual's comprehensive history and physical examination results to identify the following information or, in the absence of data, must include information that permits a reviewer specifically to assess:

- (1) The individual's medical problems;
- (2) The level of impact these problems have on the individual's independent functioning;
- (3) All current medications used by the individual and the current response of the individual to any prescribed medications in the following drug groups:
 - (i) Hypnotics,
 - (ii) Antipsychotics (neuroleptics),
 - (iii) Mood stabilizers and antidepressants,
 - (iv) Antianxiety-sedative agents, and
 - (v) Anti-Parkinson agents.
- (4) Self-monitoring of health status;
- (5) Self-administering and scheduling of medical treatments;
- (6) Self-monitoring of nutritional status;
- (7) Self-help development such as toileting, dressing, grooming, and eating;
- (8) Sensorimotor development, such as ambulation, positioning, transfer skills, gross motor dexterity, visual motor perception, fine motor dexterity, eye-hand coordination, and extent to which prosthetic, orthotic, corrective or mechanical supportive devices can improve the individual's functional capacity;
- (9) Speech and language (communication) development, such as expressive language (verbal and nonverbal), receptive language (verbal and nonverbal), extent to which non-oral communication systems can improve the individual's function capacity, auditory functioning, and extent to which amplification devices (for example, hearing aid) or a program of amplification can improve the individual's functional capacity;
- (10) Social development, such as interpersonal skills, recreation-leisure skills, and relationships with others;
- (11) Academic/educational development, including functional learning skills;
- (12) Independent living development such as meal preparation, budgeting and personal finances, survival skills, mobility skills (orientation to the neighborhood, town, city), laundry, housekeeping, shopping, bedmaking, care of clothing, and orientation skills (for individuals with visual impairments);
- (13) Vocational development, including present vocational skills;
- (14) Affective development such as interests, and skills involved with expressing emotions, making judgments, and making independent decisions; and
- (15) The presence of identifiable maladaptive or inappropriate behaviors of the individual based on systematic observation (including, but not limited to, the frequency and intensity of identified maladaptive or inappropriate behaviors).

(c) *Data interpretation*—(1) The State must ensure that a licensed psychologist identifies the intellectual functioning measurement of individuals with IID or a related condition.

PASRR Regional Contacts

DDA Level II Contacts

If a client needs a Level II evaluation for an intellectual disability or related condition, contact the PASRR Regional Coordinator in the county where the client lives.

Regional DDA Office	Counties	Phone	Fax ATTN: PASRR Coordinator
Region 1 North DDA Office West 1611 Indiana Spokane WA 99205-4221	Spokane, Grant, Okanogan, Adams, Chelan, Douglas, Lincoln, Ferry, Stevens, Whitman, Pend Oreille	(509) 329-2900	(509) 568-3037
Region 1 South DDA Office 1002 North 16 th Avenue Yakima WA 98902	Yakima, Kittitas, Benton, Franklin, Walla Walla, Columbia, Garfield, and Asotin, Klickitat	(509) 225-7970	(509) 575-2326
Region 2 North DDA Office 119 N. Commercial St. Suite 700 Bellingham, WA 98225	Snohomish, Skagit, Island, San Juan, and Whatcom	(425) 339-4833	(425) 339-4856
Region 2 South DDA Office 1700 E. Cherry St. Suite 200 Seattle WA 98122-4695	King	(206) 568-5700	(206) 720-3334
Region 3 North DDA Office 1305 Tacoma Ave., S Suite 300 Tacoma WA 98405	Pierce, Kitsap, Clallam, Jefferson	(253) 404-5500	(253) 597-4368
Region 3 South DDA Office 6860 Capitol Blvd. SE Tumwater, WA 98501	Thurston, Mason, Lewis, Grays Harbor, Pacific, Wahkiakum, Cowlitz, Skamania, and Clark	(360) 725-4250	(360) 586-6502