

User Guide

Preadmission Screening and Resident Review

March 11, 2024



WISCONSIN DEPARTMENT
of HEALTH SERVICES

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1 Introduction

The Preadmission Screening and Resident Review (PASRR) Level I Wizard allows users to search for an existing PASRR, create a new PASRR, and submit a PASRR for review. The PASRR Level II Referral Wizard allows contractors to review the PASRR referrals and indicate whether the referral should be a partial, abbreviated, or full screen. The system will automatically issue reimbursement for nursing homes that will be seen on their Remittance Advices.

2 Assign Role for Preadmission Screening and Resident Review Level I Wizard Access

The account administrator must initially establish clerk accounts and assign roles for the various functions the clerks will be performing. Administrators will need to assign the **PASRR** role for clerks to access the PASRR Level I Wizard to complete and send a new PASRR.

Administrators can refer to the Clerk Maintenance chapter of the [ForwardHealth Provider Portal Account User Guide](#) for detailed instructions on assigning roles and setting up clerk accounts.

3 Access Preadmission Screening and Resident Review Level I Wizard

1. Access the ForwardHealth Portal at www.forwardhealth.wi.gov/.

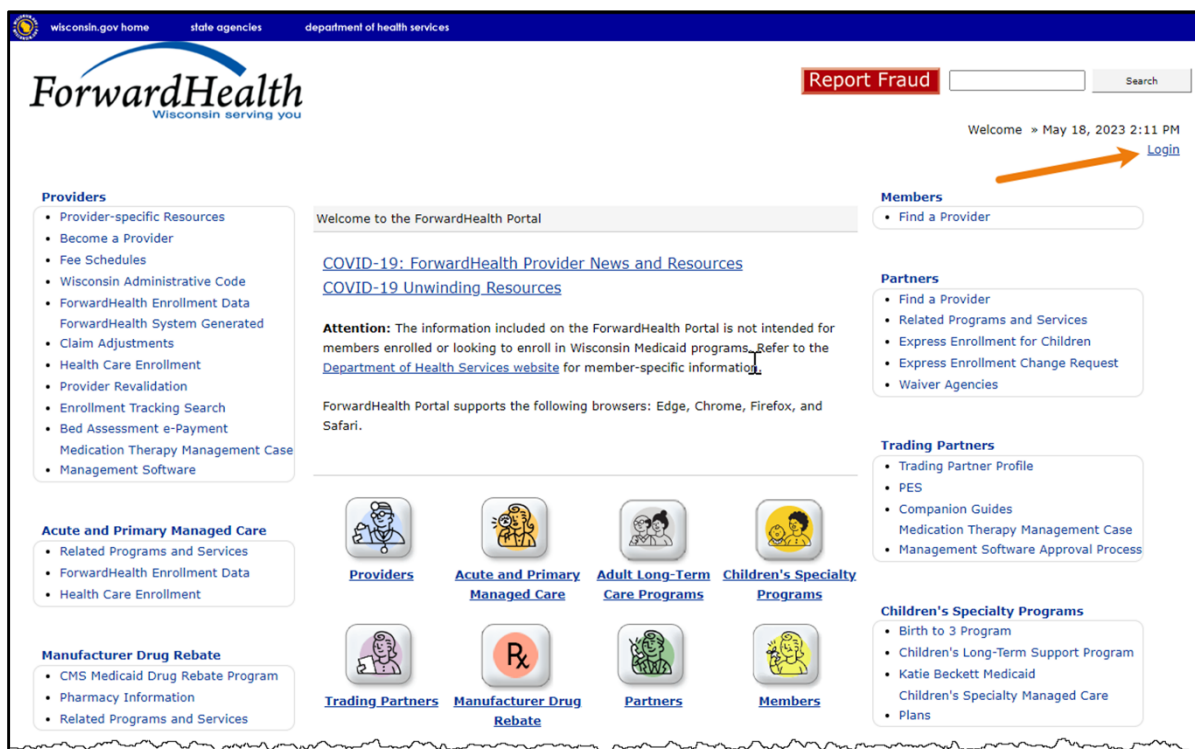


Figure 1 ForwardHealth Portal Homepage

2. Click **Login**. A Sign In box will be displayed.

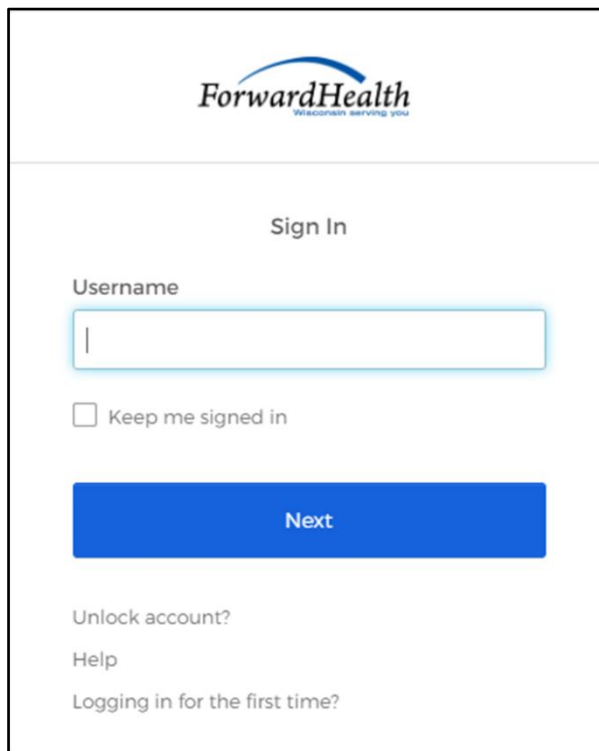
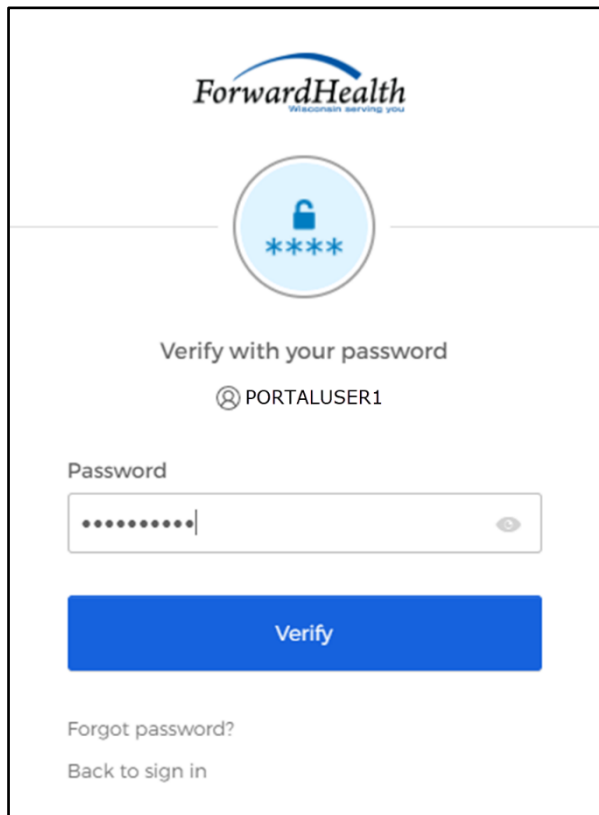
The image shows a 'Sign In' box for ForwardHealth. At the top is the ForwardHealth logo with the tagline 'Wisconsin serving you'. Below the logo is the title 'Sign In'. There is a text input field labeled 'Username' with a blue border and a cursor. Below the input field is a checkbox labeled 'Keep me signed in'. A large blue button labeled 'Next' is positioned below the checkbox. At the bottom of the box are three links: 'Unlock account?', 'Help', and 'Logging in for the first time?'.

Figure 2 Sign In Box

3. Enter the user's username.

- Click **Next**. A Verify with your password box will be displayed.



ForwardHealth
Wisconsin serving you

Verify with your password

PORTALUSER1

Password

Verify

[Forgot password?](#)

[Back to sign in](#)

Figure 3 Verify With Your Password Box

- Enter the user's password.

6. Click **Verify**. The secure Provider page will be displayed.

The screenshot displays the ForwardHealth InterChange Provider portal. The top navigation bar includes links for Home, Search, Providers, Enrollment, Claims, Prior Authorization, Remittance Advices, Trade Files, Health Check, Max Fee Home, Account, and Contact Information. Below the navigation bar, a message states: "You are logged in with NPI: 0123456789, Taxonomy Number: 000000000X, Zip Code: 53714, Financial Payer: Medicaid".

The main content area is divided into several sections:

- What's New?**: A section with a magnifying glass icon and a list of updates:
 - Providers can improve efficiency while reducing overhead and paperwork by using real-time applications available on the new ForwardHealth Portal.
 - New Rate Reform Part 3 Ideas/Recommendations Requested.
 - Incentive Payments. . . Are you Eligible?
 - ForwardHealth System Generated Claim Adjustments
- Messages**: A section with a message icon and a status of "*** No rows found ***".
- Claims**: A section with a status of "*** No rows found ***".
- Prior Authorizations**: A section with a status of "*** No rows found ***".
- Remittance Advices**: A section with a status of "To get RA's older than 121 days, please contact provider services." and a link to "View Remittance Advices".

On the right side, there are two sections:

- Home Page**: A list of links including Update User Account, Customize Home Page, Demographic Maintenance, Electronic Funds Transfer, Check My Revalidation Date, Revalidate Your Provider Enrollment, Check Enrollment, Provider Enrollment Upload File Check, and ForwardHealth E-payment.
- Quick Links**: A list of links including Register for E-mail Subscription, Provider-specific Resources, Request Portal Access, Designate 835 Receiver, Online Handbooks, ForwardHealth Updates, Fee Schedules, Forms, Become a Provider, Enrollment Tracking Search, Training Listing, Explanation of Benefits (EOBs), Newborn Reporting, Provider Based Bills (PBB), Express Enrollment for Adults, Accessing the MTM Member List instructions, MTM Data Dictionary, Medication Therapy Management (MTM), Documentation Storage, View Nursing Home Rate Communications, Nursing Home LOC Request - Add/Revise, View Submitted Nursing Home LOC Requests, Update Pending Nursing Home LOC Request, Cancel Pending Nursing Home LOC Request, Nursing Home Level Of Care Reports, Hospice Election, Express Enrollment for Children, Express Enrollment for Pregnant Women, Express Enrollment Change Request, Physical Exam Health Indicators, MedSolutions, Wisconsin Medicaid Promoting Interoperability Program, Wisconsin Medicaid Promoting Interoperability Program Appeal, Upload Audit Documentation, Wisconsin Well Woman Program Policy and Procedure Manual, Hospital Pay For Performance, Other Coverage Discrepancy Report, Prior Authorization Exempted, and **PASRR Level I Wizard** (highlighted with an orange arrow).

At the bottom right, there is a section for **Electronic Visit Verification Links** with links for Add Worker, Upload Worker File, Manage Workers, List of Workers within your Agency, and EVV Portal Functionality User Guide. The footer of the page includes the text "Wisconsin EVV Customer Care - 833-931-2035."

Figure 4 Secure Provider Page

- Click **PASRR Level I Wizard** under Quick Links on the Providers page. The PASRR Screens panel will be displayed.

PASRR Screens

Required fields are indicated with an asterisk(*).

If you wish to add a new Level I PASRR, select the 'Add New PASRR' button.
If you wish to continue or modify an existing Level I PASRR, use the Search Criteria to find the existing record.

One of the following is required for the Search Criteria:

- PASRR Level I ID
- Level I Request Key
- Member ID
- Social Security Number and Date of Birth
- First/Last Name and Date of Birth

Search Criteria

First Name	<input type="text"/>	PASRR Level I ID	<input type="text"/>
Last Name	<input type="text"/>	Level I Request Key	<input type="text"/>
Member ID	<input type="text"/>	From Date	<input type="text"/>
Social Security Number	<input type="text"/>	To Date	<input type="text"/>
Date of Birth	<input type="text"/>		

Figure 5 PASRR Screens Panel

4 Preadmission Screening and Resident Review Search

The PASRR search function allows the user to search for resident information.

1. Enter one of the following search criteria for the resident on the PASRR Screens panel:
 - PASRR Level I ID—This is the ID the user receives if they have submitted the PASRR Level I to interChange.
 - Level I Request Key—This is the saved ID the user receives if they save the PASRR prior to submitting to interChange.
 - Member ID—This is the resident's 10-digit Medicaid member ID.
 - Social Security Number and Date of Birth—This is the resident's nine-digit Social Security number (SSN) and date of birth in mm/dd/yyyy format.
 - First/Last Name and Date of Birth—This is the resident's first and last name and date of birth in mm/dd/yyyy format.

- Click **Search**. The search results will be displayed at the bottom of the panel.

PASRR Screens

Required fields are indicated with an asterisk(*).

If you wish to add a new Level I PASRR, select the 'Add New PASRR' button.
If you wish to continue or modify an existing Level I PASRR, use the Search Criteria to find the existing record.

One of the following is required for the Search Criteria:

- PASRR Level I ID
- Level I Request Key
- Member ID
- Social Security Number and Date of Birth
- First/Last Name and Date of Birth

Search Criteria

First Name PASRR Level I ID
 Last Name Level I Request Key
 Member ID From Date
 Social Security Number To Date
 Date of Birth

Search Results

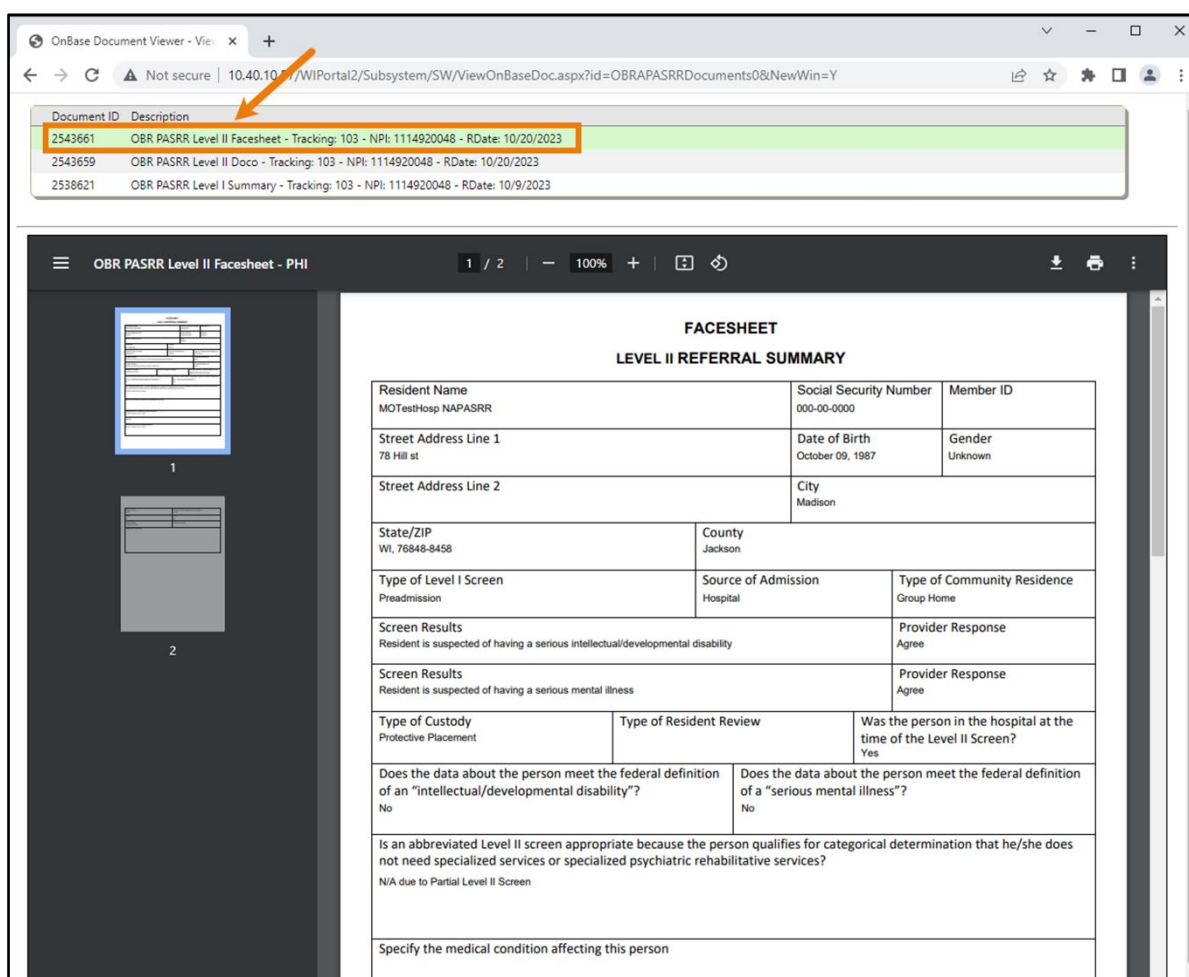
PASRR Level I ID	Level I Request Key	Member ID	First Name	Last Name	Social Security Number	Date of Birth	Level I Status	Level I Submission Date	Level II Required	Level II Status
103	-	9010004970	ROZY	CHERRY	454-54-4654	01/09/1989	Completed	04/03/2023	Yes	Completed

Figure 6 PASRR Screens Panel—Search Results

The following information will be displayed under the search results:

- PASRR Level I ID—This column displays the ID the user receives if they have submitted the PASRR Level I to interChange. A hyphen (-) will be displayed if the Level I status indicates “In Progress.”
- Level I Request Key—This column displays the saved ID the user receives if they save the PASRR prior to submitting to interChange. A hyphen (-) will be displayed if the Level I status indicates “Completed.”
- Member ID—This column displays the resident’s ID. A member ID will be present if the resident is a Medicaid member.
- First Name—This column displays the resident’s first name.
- Last Name—This column displays the resident’s last name.
- Social Security Number—This column displays the resident’s nine-digit SSN.
- Date of Birth—This column displays the resident’s date of birth in mm/dd/yyyy format.

- **Level I Status**—This column displays the Level I status. Values are “In Progress” or “Completed.”
 - **Level I Submission Date**—This column displays the Level I submission date. Note: The submission date will only be displayed if the Level I status indicates “Completed.” A hyphen (-) will be displayed if the Level I status indicates “In Progress.”
 - **Level II Required**—This column displays whether a Level II review is required. Values are “Yes,” “No,” or a hyphen (-) if the Level I status indicates “In Progress.”
 - **Level II Status**—This column displays the Level II status. Values are “Requested,” “Completed,” or a hyphen (-) if the Level I status indicates “In Progress” or “No.”
3. Click the **View PASRR Documentation** link to bring up the OnBase Document Viewer. All of the records documents associated to the selected PASRR record and any supporting documentation that had been loaded previously will be displayed. This button will not be available if the selected record has not been submitted and has a Level I status of “In Progress.”
 4. Click the desired document and scroll down to view the screens.



The screenshot shows the OnBase Document Viewer interface. At the top, a browser window displays the URL: 10.40.10.1/WIPortal2/Subsystem/SW/ViewOnBaseDoc.aspx?id=OBRAPASRRDocuments0&NewWin=Y. Below the browser window, a table lists documents:

Document ID	Description
2543661	OBR PASRR Level II Facesheet - Tracking: 103 - NPI: 1114920048 - RDate: 10/20/2023
2543659	OBR PASRR Level II Doco - Tracking: 103 - NPI: 1114920048 - RDate: 10/20/2023
2538621	OBR PASRR Level I Summary - Tracking: 103 - NPI: 1114920048 - RDate: 10/9/2023

The first document is highlighted in green, and an orange arrow points to it. Below the document list, the selected document is displayed in a viewer. The document is titled "OBR PASRR Level II Facesheet - PHI" and shows a "LEVEL II REFERRAL SUMMARY" form. The form contains the following information:

FACESHEET LEVEL II REFERRAL SUMMARY		
Resident Name MOTesthosp NIPASRR	Social Security Number 000-00-0000	Member ID
Street Address Line 1 78 Hill st	Date of Birth October 09, 1987	Gender Unknown
Street Address Line 2	City Madison	
State/ZIP WI, 76848-8458	County Jackson	
Type of Level I Screen Preadmission	Source of Admission Hospital	Type of Community Residence Group Home
Screen Results Resident is suspected of having a serious intellectual/developmental disability		Provider Response Agree
Screen Results Resident is suspected of having a serious mental illness		Provider Response Agree
Type of Custody Protective Placement	Type of Resident Review	Was the person in the hospital at the time of the Level II Screen? Yes
Does the data about the person meet the federal definition of an "intellectual/developmental disability"? No		Does the data about the person meet the federal definition of a "serious mental illness"? No
Is an abbreviated Level II screen appropriate because the person qualifies for categorical determination that he/she does not need specialized services or specialized psychiatric rehabilitative services? N/A due to Partial Level II Screen		
Specify the medical condition affecting this person		

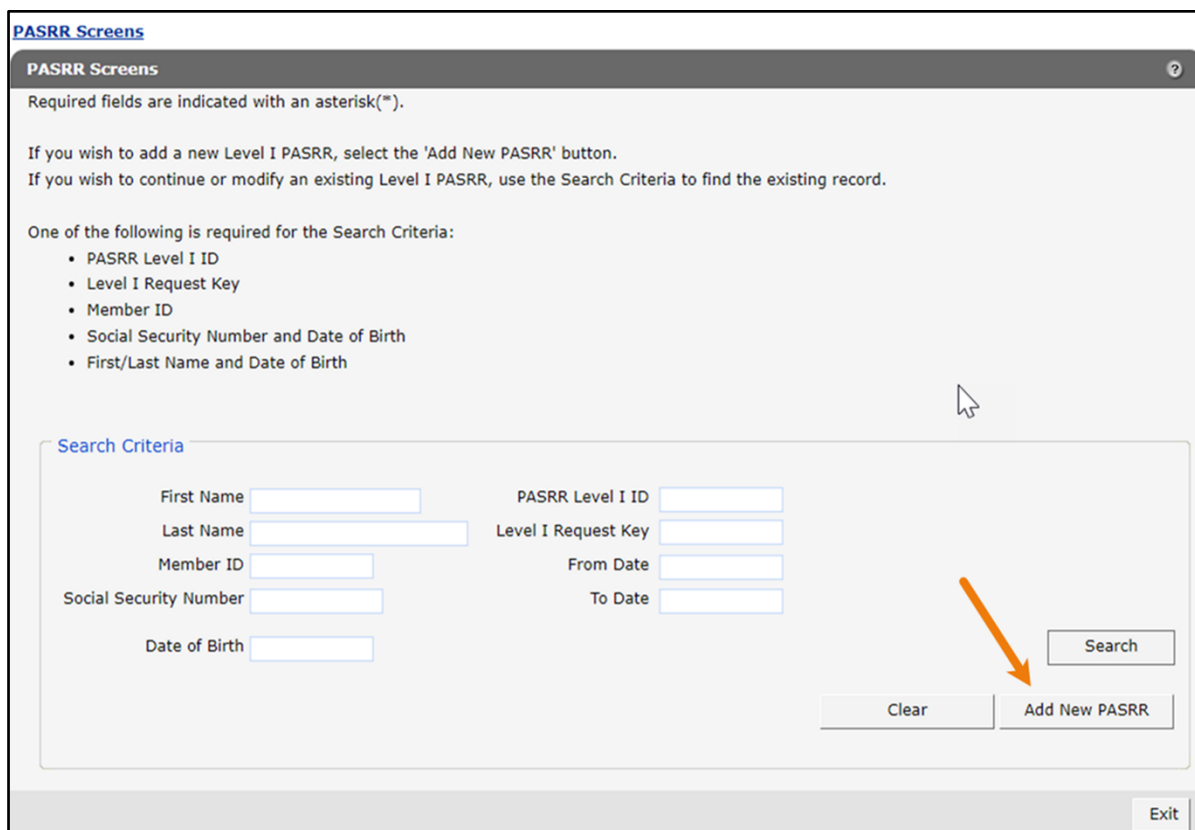
Figure 7 OnBase Document Viewer

5. The user can click **Exit** to return to the Provider secure homepage. Clicking **Next** or **Add New PASRR** will take the user to the Resident Information panel.

5 Create a New Preadmission Screening and Resident Review

This functionality allows the user to create a new Preadmission Screening and Resident Review.

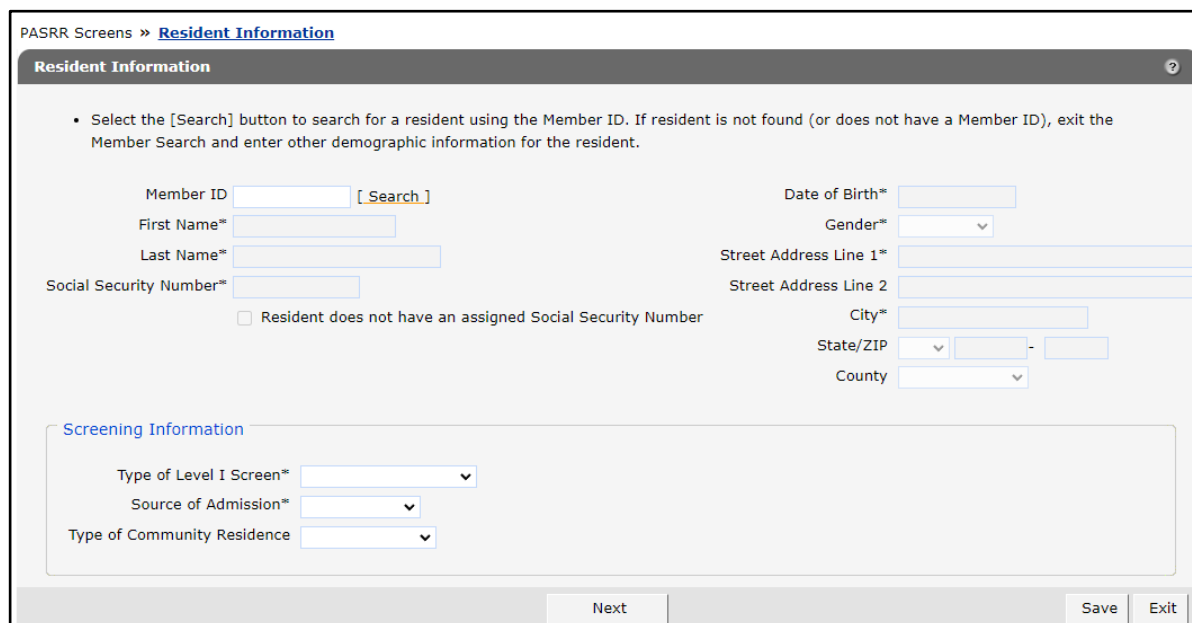
1. Click the **Add New PASRR** button on the PASRR Screens panel.



The screenshot displays the 'PASRR Screens' interface. At the top, a header bar reads 'PASRR Screens' with a help icon. Below the header, instructions state: 'Required fields are indicated with an asterisk(*)'. 'If you wish to add a new Level I PASRR, select the 'Add New PASRR' button.' and 'If you wish to continue or modify an existing Level I PASRR, use the Search Criteria to find the existing record.' A list of search criteria is provided: 'One of the following is required for the Search Criteria: PASRR Level I ID, Level I Request Key, Member ID, Social Security Number and Date of Birth, First/Last Name and Date of Birth'. The 'Search Criteria' section contains input fields for First Name, Last Name, Member ID, Social Security Number, Date of Birth, PASRR Level I ID, Level I Request Key, From Date, and To Date. At the bottom right, there are three buttons: 'Search', 'Clear', and 'Add New PASRR'. An orange arrow points to the 'Add New PASRR' button. An 'Exit' button is located at the bottom right of the panel.

Figure 8 PASRR Screens Panel—Add New PASRR

The Resident Information panel will be displayed.



PASRR Screens » [Resident Information](#)

Resident Information

- Select the [Search] button to search for a resident using the Member ID. If resident is not found (or does not have a Member ID), exit the Member Search and enter other demographic information for the resident.

Member ID [Search]

First Name*

Last Name*

Social Security Number*

☐ Resident does not have an assigned Social Security Number

Date of Birth*

Gender*

Street Address Line 1*

Street Address Line 2

City*

State/ZIP -

County

Screening Information

Type of Level I Screen*

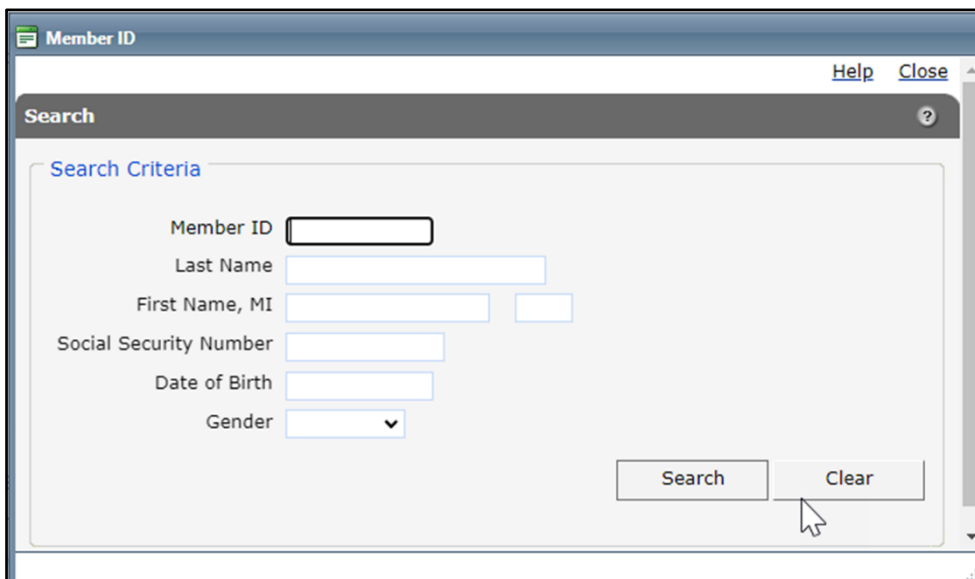
Source of Admission*

Type of Community Residence

Next Save Exit

Figure 9 Resident Information Panel

- Click [Search]. A Member ID Search pop-up screen will be displayed.



Member ID

[Help](#) [Close](#)

Search

Search Criteria

Member ID

Last Name

First Name, MI

Social Security Number

Date of Birth

Gender

Search Clear

Figure 10 Member ID Search Pop-up Screen

3. Enter the resident's member ID and click the **Search** button.
 - If the resident cannot be found, the search results will display “No rows found.” An individual does not need a member ID to submit a Level I screen.

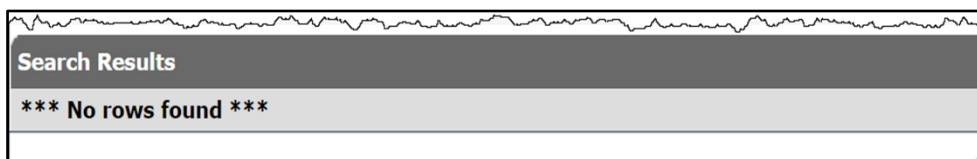


Figure 11 Member ID Search Pop-up Screen—No Rows Found

Exit the search by clicking **Close**. The other fields on the panel will now be enabled and the user can enter all of the resident's demographic data. Note: If the resident does not have an SSN or the user does not have it, select the box indicating the resident does not have an assigned SSN.

- If the member is found, the Resident Information panel will be populated with the resident's information. The user may only modify the street address, city, state, and zip code fields if necessary. Note: Any changes to the address information will not automatically update the member's information elsewhere.
4. Select the appropriate information from the drop-down menus under the Screening Information section at the bottom of the panel.

Figure 12 Resident Information Panel—Populated

Note: The user can click the **Save** button to save their work at any time. This will generate a Level I Request Key that the user can use to search for the PASRR to continue working on later.

PASRR Screens » Resident Information » Nursing Facility Information » **Level I Screen Data Saved**

Level I Screen Data Saved

Level I Request Key: 29

Your Level I Screen data has been saved. You may return at a later time to complete the request.

Your data will be saved for 30 calendar days. If you do not return within 30 calendar days, you will have to start the Level I Screen process over.

Exit

Figure 13 Screen Data Saved Screen

- Click **Next**. The Nursing Facility Information panel will be displayed. Unless the provider is a hospital, the fields will self-populate with information of the provider that logged in to their secure Portal. If known, hospitals should enter the information of the nursing facility the resident will be admitted to. If needed, nursing homes may enter another nursing home's information. Nursing homes also need to answer **Yes** or **No** to the question in the Nursing Facility Admission section at the bottom of the panel. If "Yes," the nursing home will need to enter the admission date in mm/dd/yyyy format.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#)

Nursing Facility Information

• **Note to Hospitals:** If you know the Nursing Facility the Resident is being admitted to, please enter it here.

NPI [\[Search \]](#)

Nursing Facility Name

Street Address Line 1

Street Address Line 2

City

State/ZIP -

Nursing Facility Admission

Has the Resident been admitted to the Nursing Facility listed above?* ☐ Yes ☒ No

Admission Date

Previous Next Save Exit

Figure 14 Nursing Facility Information Panel

6. Click **Next**. The Guardian/HCPOA Information panel will be displayed.

The screenshot shows the 'Guardian/HCPOA Information' panel within the PASRR Screens application. The breadcrumb trail at the top reads: 'PASRR Screens » Resident Information » Nursing Facility Information » Guardian/HCPOA Information'. The panel title is 'Guardian/HCPOA Information' with a help icon. The main content area contains a bullet point stating: '42 CFR 483.128(a) requires that the resident or his/her legal representative receive a written notice if the resident is suspected of having a serious mental illness or a developmental disability, and therefore, will require a Level II Screen. You may tell the resident or his/her legal representative that the Level II Screen will determine if the resident does have a serious mental illness or developmental disability, as defined in the federal regulations, and if so, if the resident is appropriate for nursing facility placement and if the resident needs specialized services or specialized psychiatric rehabilitative services to address his/her disability needs.' Below this text are two questions with radio button options: 'Does the resident have an activated HCPOA?*' (Yes/No) and 'Does the resident have a Guardian?*' (Yes/No). There is a text input field for 'Date of last Watts review' and a dropdown menu for 'Type Of Custody'. At the bottom, there are four buttons: 'Previous', 'Next', 'Save', and 'Exit'.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPOA Information](#)

Guardian/HCPOA Information ?

- **42 CFR 483.128(a) requires that the resident or his/her legal representative receive a written notice if the resident is suspected of having a serious mental illness or a developmental disability, and therefore, will require a Level II Screen.** You may tell the resident or his/her legal representative that the Level II Screen will determine if the resident does have a serious mental illness or developmental disability, as defined in the federal regulations, and if so, if the resident is appropriate for nursing facility placement and if the resident needs specialized services or specialized psychiatric rehabilitative services to address his/her disability needs.

Does the resident have an activated HCPOA?* ☐ Yes ☐ No

Does the resident have a Guardian?* ☐ Yes ☐ No

Date of last Watts review

Type Of Custody

Figure 15 Guardian/HCPOA Information Panel

7. Answer **Yes** or **No** to the questions asking if the resident has an activated health care power of attorney (HCPOA) and whether they have a guardian. If the user answers “Yes” to the first question, the HCPOA Information section will be displayed. If the user answers “Yes” to the second question, the Guardian Information section will be displayed. If the user answers “Yes” to both questions, the HCPOA and Guardian Information sections will be displayed. All fields are required in these sections. In addition, if the user answers “Yes” to the second question, the date of the last Watts review must be entered in mm/dd/yyyy format and the type of custody must be selected from the drop-down menu. The corresponding information sections will remain closed if the user answers “No” to both questions.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPOA Information](#)

Guardian/HCPOA Information

• **42 CFR 483.128(a) requires that the resident or his/her legal representative receive a written notice if the resident is suspected of having a serious mental illness or a developmental disability, and therefore, will require a Level II Screen.** You may tell the resident or his/her legal representative that the Level II Screen will determine if the resident does have a serious mental illness or developmental disability, as defined in the federal regulations, and if so, if the resident is appropriate for nursing facility placement and if the resident needs specialized services or specialized psychiatric rehabilitative services to address his/her disability needs.

Does the resident have an activated HCPOA?™ ☒ Yes ☐ No

Does the resident have a Guardian?™ ☒ Yes ☐ No

Date of last Watts review

Type Of Custody

HCPOA Information

Name™

Street Address Line 1™

Street Address Line 2™

City™

State/ZIP™ -

Primary Telephone™

Guardian Information

Name™

Street Address Line 1™

Street Address Line 2™

City™

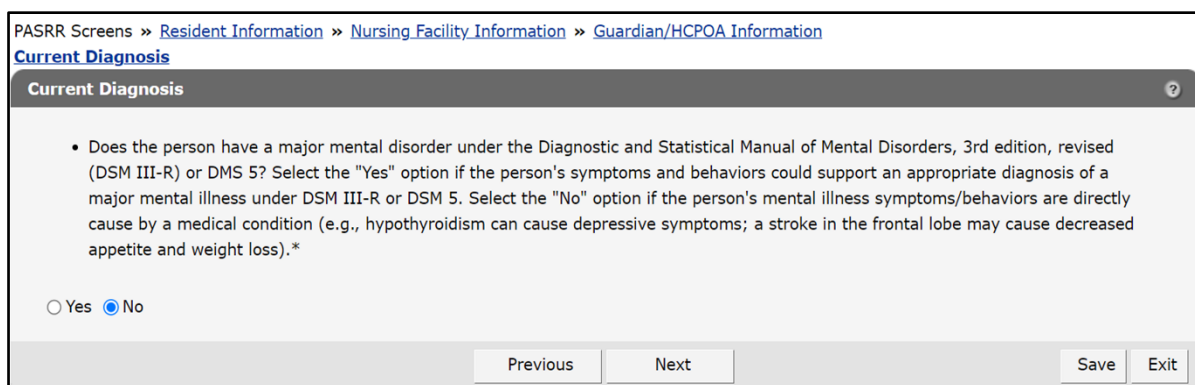
State/ZIP™ -

Primary Telephone™

Figure 16 Guardian/HCPOA Information Panel

8. Enter the required information if applicable.

9. Click **Next**. The Current Diagnosis panel will be displayed.



The screenshot shows the 'Current Diagnosis' panel within the PASRR system. At the top, there is a breadcrumb trail: 'PASRR Screens » Resident Information » Nursing Facility Information » Guardian/HCP/POA Information'. Below this, the title 'Current Diagnosis' is displayed in a dark header bar. The main content area contains a bulleted question: 'Does the person have a major mental disorder under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised (DSM III-R) or DMS 5? Select the "Yes" option if the person's symptoms and behaviors could support an appropriate diagnosis of a major mental illness under DSM III-R or DSM 5. Select the "No" option if the person's mental illness symptoms/behaviors are directly cause by a medical condition (e.g., hypothyroidism can cause depressive symptoms; a stroke in the frontal lobe may cause decreased appetite and weight loss).*'. Below the question, there are two radio buttons: 'Yes' and 'No'. The 'No' option is selected, indicated by a blue dot. At the bottom of the panel, there are four buttons: 'Previous', 'Next', 'Save', and 'Exit'.

Figure 17 Current Diagnosis Panel

10. Answer **Yes** or **No** to the question asking if the person's symptoms support a diagnosis of a major mental illness. Answering "Yes" will result in a PASRR Level II Referral.

11. Click **Next**. The Medications panel will be displayed.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCP/POA Information](#)
[Current Diagnosis](#) » [Medications](#)

Medications

- Within the past six months, has this person received psychotropic medication(s) to treat symptoms or behaviors of a major mental disorder under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised (DSM III-R) or DSM 5 (see the previous panel for clarification)? If the person received psychotropic medication(s) to treat a medical condition, symptoms or behaviors that are due to a medical condition, or otherwise do not suggest the presence of a major mental illness, then provide a progress note in the person's record identifying the medication(s) and medical reason (e.g., symptoms or behaviors) for which the medication(s) is prescribed. For example, Elavil, which is an antidepressant, may be prescribed to alleviate pain; Remeron, which is an antidepressant, may be used to increase appetite that was diminished due to a stroke. Attach a copy of the progress note to this Level I Screen.
- Select all applicable medications below and select the name of the psychotropic medications the person has received within the past six months. The below list includes the trade names of the commonly used psychotropic medications and is not meant to be comprehensive. Some medications are approved for multiple purposes (e.g., Paxil may be used to treat anxiety or depression; Tegretol may be used as an anticonvulsant or a mood stabilizer).

☐ Yes ☐ No

Select all that apply

Abilify	<	
Ativan	<<	
Buspar	>	
Celexa	>>	
Clozaril		
Cymbalta		

Other - Specify medication(s) received:

Medication Explanation

What is medication used for if not taken for mental illness?

Previous Next Save Exit

Figure 18 Medications Panel

12. Answer **Yes** or **No** to the question in the first bullet asking if the person received psychotropic medication(s) to treat symptoms or behaviors of a major mental disorder.

13. If “Yes,” the user must select the appropriate medications from the list and/or specify the medication in the Other—Specify medication(s) received field using the free text box. Text is limited to 500 characters. Answering “Yes” will result in a PASRR Level II referral.

- Select a medication from the box listing the medications. To select more than one row, hold down the Ctrl key and click all applicable medications.

The screenshot shows a web form titled "Select all that apply". On the left, a list of medications includes Abilify (highlighted in blue), Ativan, Buspar, Celexa, Clozaril, and Cymbalta. To the right of this list are four buttons: "<", "<<", ">", and ">>". The ">" button is highlighted with an orange box, and an orange arrow points to it from a text input field labeled "Other - Specify medication(s) received:". To the right of these buttons is a larger, empty text box. Below the medication lists is a section titled "Medication Explanation" with a text input field and the label "What is medication used for if not taken for mental illness?". At the bottom of the form are four buttons: "Previous", "Next", "Save", and "Exit".

Figure 19 Medication Panel

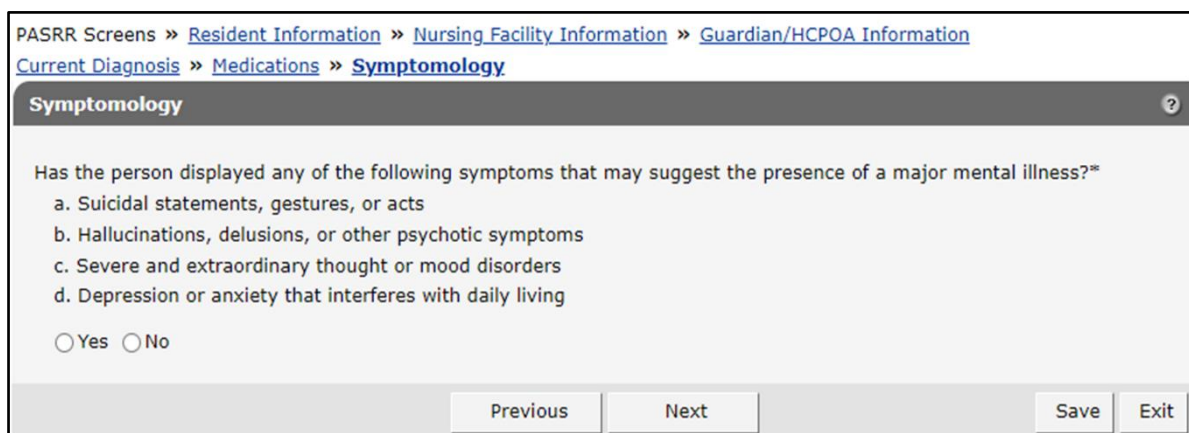
- Click >. The selected medication(s) will be added to the box on the right side.

This screenshot shows the same form as Figure 19, but with changes. The medication list on the left now includes Ativan, Buspar, Celexa, Clozaril, Cymbalta, and Effexor. The ">" button is no longer highlighted. The larger text box on the right now contains the word "Abilify". The "Other - Specify medication(s) received:" field and the "Medication Explanation" section remain the same. The bottom navigation buttons ("Previous", "Next", "Save", "Exit") are also present.

Figure 20 Medication Panel

14. Answer the question about what the medication is used for if not for mental illness under the Medication Explanation section using the free text box if applicable. Text is limited to 500 characters.

15. Click **Next**. The Symptomology panel will be displayed.

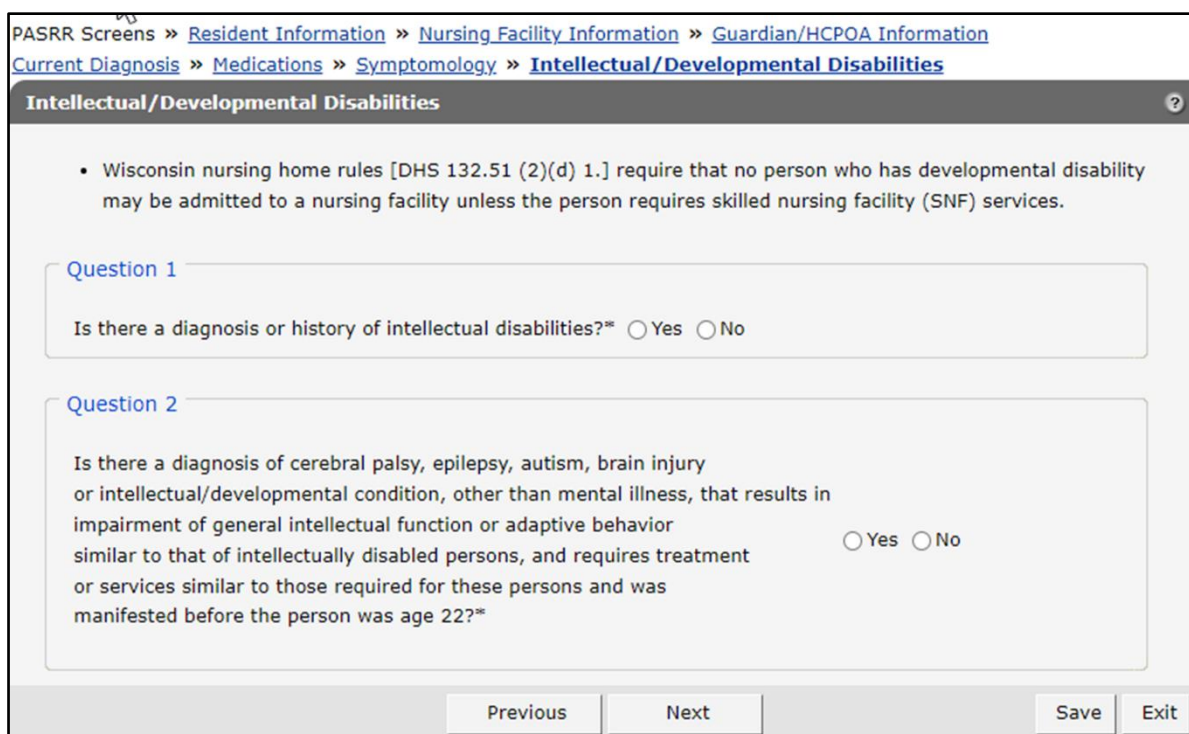


The screenshot shows the Symptomology panel within the PASRR system. The breadcrumb trail at the top reads: PASRR Screens » Resident Information » Nursing Facility Information » Guardian/HCPOA Information » Current Diagnosis » Medications » Symptomology. The panel title is "Symptomology". The main question is: "Has the person displayed any of the following symptoms that may suggest the presence of a major mental illness?*" The list of symptoms includes: a. Suicidal statements, gestures, or acts; b. Hallucinations, delusions, or other psychotic symptoms; c. Severe and extraordinary thought or mood disorders; d. Depression or anxiety that interferes with daily living. At the bottom left, there are radio buttons for "Yes" and "No". At the bottom right, there are four buttons: "Previous", "Next", "Save", and "Exit".

Figure 21 Symptomology Panel

16. Answer **Yes** or **No** to the question asking if the person has displayed any of the following symptoms. Answering "Yes" will result in a PASRR Level II referral.

17. Click **Next**. The Intellectual/Developmental Disabilities panel will be displayed.

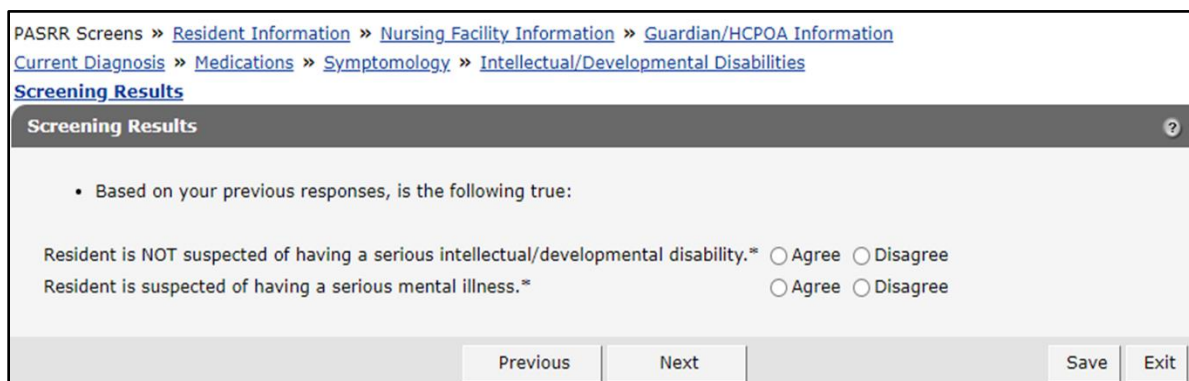


The screenshot shows the Intellectual/Developmental Disabilities panel within the PASRR system. The breadcrumb trail at the top reads: PASRR Screens » Resident Information » Nursing Facility Information » Guardian/HCPOA Information » Current Diagnosis » Medications » Symptomology » Intellectual/Developmental Disabilities. The panel title is "Intellectual/Developmental Disabilities". A bullet point states: "Wisconsin nursing home rules [DHS 132.51 (2)(d) 1.] require that no person who has developmental disability may be admitted to a nursing facility unless the person requires skilled nursing facility (SNF) services." Below this, there are two questions. Question 1 is: "Is there a diagnosis or history of intellectual disabilities?*" with "Yes" and "No" radio buttons. Question 2 is: "Is there a diagnosis of cerebral palsy, epilepsy, autism, brain injury or intellectual/developmental condition, other than mental illness, that results in impairment of general intellectual function or adaptive behavior similar to that of intellectually disabled persons, and requires treatment or services similar to those required for these persons and was manifested before the person was age 22?*" with "Yes" and "No" radio buttons. At the bottom right, there are four buttons: "Previous", "Next", "Save", and "Exit".

Figure 22 Intellectual/Developmental Disabilities Panel

18. Answer **Yes** or **No** to the two diagnosis questions. Answering "Yes" to either or both questions will generate a PASRR Level II referral.

19. Click **Next**. The Screening Results panel will be displayed. The statements may vary based on the data that was entered by the user in the previous panels. They will either state that the resident is suspected or not suspected of having a serious intellectual/developmental disability and/or a serious mental illness.



PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPOA Information](#)
[Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#)
[Screening Results](#)

Screening Results ?

• Based on your previous responses, is the following true:

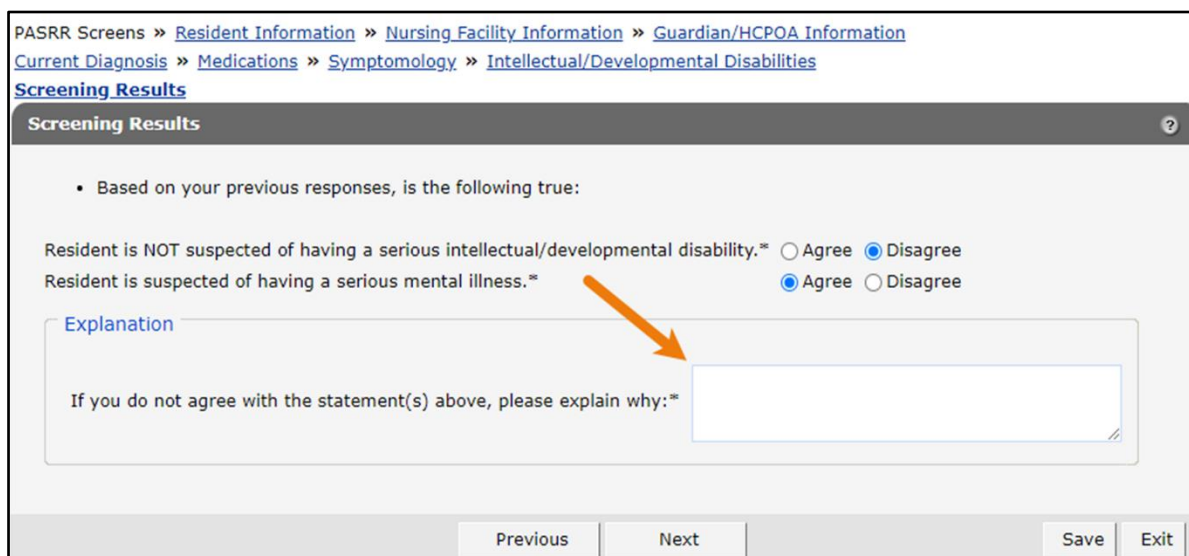
Resident is NOT suspected of having a serious intellectual/developmental disability.* ☐ Agree ☐ Disagree

Resident is suspected of having a serious mental illness.* ☐ Agree ☐ Disagree

Previous Next Save Exit

Figure 23 Screening Results Panel

20. Select **Agree** or **Disagree** to the two statements. If the user disagrees with a statement, an explanation free text box will be displayed for the user to explain why they disagree. Text is limited to 500 characters. Note: A PASRR Level II referral would typically be required if the resident is suspected of having a serious intellectual/developmental disability or mental illness.



PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPOA Information](#)
[Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#)
[Screening Results](#)

Screening Results ?

• Based on your previous responses, is the following true:

Resident is NOT suspected of having a serious intellectual/developmental disability.* ☐ Agree ☒ Disagree

Resident is suspected of having a serious mental illness.* ☒ Agree ☐ Disagree

Explanation

If you do not agree with the statement(s) above, please explain why:*

Previous Next Save Exit

Figure 24 Screening Results Panel—Explanation

21. Click **Next**. Note: If the user clicks **Next** and has disagreed to both statements, a warning message will be displayed at the top of the panel. To move to the next panel, the user can change their answers to agree or check the **Ignore** box and click **Continue**.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPQA Information](#)
[Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#)
[Screening Results](#) » [Short-Term Exemptions](#)

The following messages were generated:

Warning: Confirm previous responses. If you still disagree with the screening results, a Level II referral is required. Screening Results ☐ Ignore

[Continue](#)

Screening Results ?

- Based on your previous responses, is the following true:

Resident is NOT suspected of having a serious intellectual/developmental disability.* ☐ Agree ☒ Disagree

Resident is suspected of having a serious mental illness.* ☐ Agree ☒ Disagree

Figure 25 Screening Results Panel—Warning Message

The Short-Term Exemptions panel will be displayed.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPQA Information](#)
[Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#)
[Screening Results](#) » [Short-Term Exemptions](#)

Short-Term Exemptions ?

- The following situations, which are all for short-term admission, are the only exemptions from Level II Screening.

Hospital Discharge Exemption - 30 Day Maximum

Is this person entering the nursing facility from a hospital for the purpose of convalescing from a medical problem for 30 days or less?* ☐ Yes ☐ No

Emergency Placement - 7 Day Maximum

Is this person entering the nursing facility because it appears probable that an individual will suffer irreparable physical or medical decline, injury or death if not immediately placed?* ☐ Yes ☐ No

Respite Care - 7 Days Per Stay Maximum; 30 Days Per Year Maximum

Is this person entering the nursing facility to provide a planned respite to in-home caregivers after which the person is expected to return to his/her home?
 Note: Medicaid payment for a nursing facility stay is not permissible for respite care, unless the person receives Medicaid Waiver funds (e.g., CIP) or is enrolled in a Medicaid managed care program (e.g., Family Care) and the funds from these sources includes respite care. * ☐ Yes ☐ No

Previous Next Save Exit

Figure 26 Short-Term Exemptions Panel

22. Answer **Yes** or **No** to the short-term exemption questions. Only one short-term exemption is allowed. If all three questions are answered “No,” click **Next** and proceed to [Step 32](#).

If more than one question is answered “Yes,” an error message will be displayed indicating only one short-term exemption can be selected. Select the short-term exemption that is the most applicable.

The screenshot displays the 'Short-Term Exemptions' panel in a web application. At the top, a breadcrumb trail shows the navigation path: PASRR Screens » Resident Information » Nursing Facility Information » Guardian/HCPOA Information » Current Diagnosis » Medications » Symptomology » Intellectual/Developmental Disabilities » Screening Results » Short-Term Exemptions. Below this, a black banner with white text states: 'The following messages were generated:'. Underneath the banner, a red error message reads: 'Please select the short-term exemption that is most applicable, only one short-term exemption may be selected.' The panel title 'Short-Term Exemptions' is in a grey header bar with a help icon. The main content area has a light grey background and contains a bulleted note: 'The following situations, which are all for short-term admission, are the only exemptions from Level II Screening.' There are two exemption sections, each with a blue title and a question with radio buttons. The first section is 'Hospital Discharge Exemption - 30 Day Maximum' with the question: 'Is this person entering the nursing facility from a hospital for the purpose of convalescing from a medical problem for 30 days or less?*' and 'Yes' selected. The second section is 'Emergency Placement - 7 Day Maximum' with the question: 'Is this person entering the nursing facility because it appears probable that an individual will suffer irreparable physical or medical decline, injury or death if not immediately placed?*' and 'Yes' selected.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPOA Information](#) » [Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#) » [Screening Results](#) » [Short-Term Exemptions](#)

The following messages were generated:

Please select the short-term exemption that is most applicable, only one short-term exemption may be selected.

Short-Term Exemptions ?

- The following situations, which are all for short-term admission, are the only exemptions from Level II Screening.

Hospital Discharge Exemption - 30 Day Maximum

Is this person entering the nursing facility from a hospital for the purpose of convalescing from a medical problem for 30 days or less?*

☒ Yes ☐ No

Emergency Placement - 7 Day Maximum

Is this person entering the nursing facility because it appears probable that an individual will suffer irreparable physical or medical decline, injury or death if not immediately placed?*

☒ Yes ☐ No

Figure 27 Short-Term Exemptions Panel—Error Message

23. Click **Next**.

24. The Additional Directions panel will be displayed. If the user answered “Yes” to any of the questions, an F-20822 form is needed, and the user may upload it. Also, if the short-term stay changes to a longer period, the user can indicate it in the Exemption: Staying Long section. Note: If it has been determined the resident will be staying past the short-term exemptions period after the Level I has been submitted, the user should go back to the record then navigate to the Additional Directions panel and indicate “Yes” under the Exemption: Staying Long section instead of creating a new PASRR record.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPOA Information](#) » [Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#) » [Screening Results](#) » [Short-Term Exemptions](#) » [Severe Medical Condition](#) » [Severe Cognitive Deficits](#) » [Referral Documentation](#) » [Additional Directions](#)

Additional Directions

- If you have answered "Yes" to any of the Short-Term Exemptions, the person may enter the nursing facility with approval, as evidence by receipt of a signed F-20822 form from the county, for the specified period of time without a referral for a PASRR Level II Screen.
- **Note:** For emergency placements, a signed F-20822 form is not required prior to admission; however, a request for the F-20822 should be made on the first business day following admission.

Upload Supporting Documentation

File Upload No file chosen

- If, during the short-term stay, it is established that the person will be staying for a longer period of time than permitted, the person must be referred for a Level II Screen on or before the last day of the permitted time period. Please modify the PASRR record if you wish to indicate the person is staying past their exemption period. Medicaid payments are not to be made to a nursing facility after the last day of the permitted time period until the Level II Screen is completed if the facility fails to make a referral for a Level II Screen within the permitted time period.

Exemption: Staying Long

Is the person staying longer than the permitted exemption period?* ☐ Yes ☒ No

Figure 28 Additional Directions Panel

25. To upload supporting documentation, click **Choose File** and select the desired file for uploading.

26. Click **Upload**. The file name will appear and a confirmation message will be displayed at the top of the panel indicating the file has been successfully uploaded.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPOA Information](#)
[Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#)
[Screening Results](#) » [Short-Term Exemptions](#) » [Severe Medical Condition](#) » [Severe Cognitive Deficits](#)
[Referral Documentation](#) » **Additional Directions**

Additional Directions

- If you have answered "Yes" to any of the Short-Term Exemptions, the person may enter the nursing facility with approval, as evidence by receipt of a signed F-20822 form from the county, for the specified period of time without a referral for a PASRR Level II Screen.
- **Note:** For emergency placements, a signed F-20822 form is not required prior to admission; however, a request for the F-20822 should be made on the first business day following admission.

Upload Supporting Documentation

File Upload No file chosen

- If, during the short-term stay, it is established that the person will be staying for a longer period of time than permitted, the person must be referred for a Level II Screen on or before the last day of the permitted time period. Please modify the PASRR record if you wish to indicate the person is staying past their exemption period. Medicaid payments are not to be made to a nursing facility after the last day of the permitted time period until the Level II Screen is completed if the facility fails to make a referral for a Level II Screen within the permitted time period.

Exemption: Staying Long

Is the person staying longer than the permitted exemption period?" ☐ Yes ☒ No

Figure 29 Additional Directions Panel

27. Answer **Yes** or **No** to the question under the Exemption: Staying Long section, answer asking if the person is staying longer than the permitted exemption period.
28. If "No," click **Next** and proceed to [Step 40](#).
29. If "Yes," click **Next** and a warning message will be displayed at the top of the panel.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPOA Information](#)
[Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#)
[Screening Results](#) » [Short-Term Exemptions](#) » [Severe Medical Condition](#) » [Severe Cognitive Deficits](#)
[Referral Documentation](#) » [Additional Directions](#)

The following messages were generated:

Warning: You have selected a short-term exemption and indicated the person is staying longer, please consider if the short-term exemption is applicable. [Additional Directions](#) ☐ [Ignore](#)

[Continue](#)

Additional Directions

- If you have answered "Yes" to any of the Short-Term Exemptions, the person may enter the nursing facility with approval, as evidence by receipt of a signed F-20822 form from the county, for the specified period of time without a referral for a PASRR Level II Screen.
- Note:** For emergency placements, a signed F-20822 form is not required prior to admission; however, a request for the F-20822 should be made on the first business day following admission.

Upload Supporting Documentation

File Upload No file chosen

- If, during the short-term stay, it is established that the person will be staying for a longer period of time than permitted, the person must be referred for a Level II Screen on or before the last day of the permitted time period. Please modify the PASRR record if you wish to indicate the person is staying past their exemption period. Medicaid payments are not to be made to a nursing facility after the last day of the permitted time period until the Level II Screen is completed if the facility fails to make a referral for a Level II Screen within the permitted time period.

Exemption: Staying Long

Is the person staying longer than the permitted exemption period?* ☒ Yes ☐ No

Figure 30 Additional Directions Panel—Warning Message

30. Check the **Ignore** box and click **Continue**. The Severe Medical Condition panel will be displayed.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPOA Information](#)
[Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#)
[Screening Results](#) » [Short-Term Exemptions](#) » [Additional Directions](#) » [Severe Medical Condition](#)

Severe Medical Condition

Question 1

Does the person have a severe medical condition, including but not limited to Chronic Obstructive Pulmonary Disease (COPD), Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis (ALS) or Congestive Heart Failure (CHF), or a terminal illness (a physician has indicated there is six months or less of life expectancy)?*

☐ Yes ☐ No

Figure 31 Severe Medical Condition Panel—Question 1

31. Answer **Yes** or **No** to the question asking if the person has a severe medical condition. If “Yes,” Question 2 will be displayed. If “No,” Question 2 will not be displayed.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPOA Information](#)
[Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#)
[Screening Results](#) » [Short-Term Exemptions](#) » [Additional Directions](#) » **Severe Medical Condition**
[Severe Cognitive Deficits](#)

Severe Medical Condition

Question 1

Does the person have a severe medical condition, including but not limited to Chronic Obstructive Pulmonary Disease (COPD), Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis (ALS) or Congestive Heart Failure (CHF), or a terminal illness (a physician has indicated there is six months or less of life expectancy)?*

☒ Yes ☐ No

Question 2

Does the person's medical condition substantially limit the person's ability to participate in activities?*

☐ Yes ☒ No

Previous Next Save Exit

Figure 32 Severe Medical Condition Panel—Question 2

32. Answer **Yes** or **No** to the question asking if the person’s medical condition substantially limits their ability to participate activities.
33. Click **Next**. The Severe Cognitive Defects panel will be displayed.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPOA Information](#)
[Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#)
[Screening Results](#) » [Short-Term Exemptions](#) » [Additional Directions](#) » [Severe Medical Condition](#)
Severe Cognitive Deficits

Severe Cognitive Deficits

- Does the person have cognitive deficits due to dementia, Alzheimer's disease or similar degenerative process that substantially interferes with his/her independent functioning and results in a level of impairment that the person could not be expected to participate in or benefit from specialized services? For example, a person who can follow only one-step directions, scores low on the Brief Interview for Mental Status (BIMS), cannot remember a list of three items after five minutes, etc. generally should qualify for an Abbreviated Level II Screen. In addition, there must be documentation that provides a reasonable basis for concluding that these deficits are not due to a reversible condition (e.g., delirium or a long-standing history of a serious mental illness, it is essential to include information about prior functioning to demonstrate that there has been a decrease in functioning compared to prior levels.*

☐ Yes ☒ No

Previous Next Save Exit

Figure 33 Severe Cognitive Defects Panel

34. Answer **Yes** or **No** to the question asking if the person has cognitive deficits due to dementia, Alzheimer's disease, or a similar degenerative process that substantially interferes with their independent functioning.

35. Click **Next**. The Referral Documentation panel will be displayed.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPA Information](#)
[Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#)
[Screening Results](#) » [Short-Term Exemptions](#) » [Severe Medical Condition](#) » [Severe Cognitive Deficits](#)
Referral Documentation

Referral Documentation

Please upload any documentation such as tests, other evaluations, and pertinent progress notes to verify the medical or cognitive condition and the severity of impact the condition has on the person's independent functioning. The PASRR contractor will determine if the documentation supports the criteria for an Abbreviated Level II Screen.

Suggested Documentation:

- Face Sheet
- Current Med List/Physician's Orders
- Diagnosis List
- History and Physical and/or Physician progress note
- Psychiatric Evaluation/Notes
- Current Nursing Notes
- Sections C, D and GG of MDS
- Most recent PT/OT and Speech Therapy

Upload Supporting Documentation

File Upload* No file chosen

Figure 34 Referral Documentation Panel

36. To upload supporting documentation, click **Choose File** and select the desired file for uploading.

37. Click **Upload**. The file name will appear and a confirmation message will be displayed at the top of the panel indicating the file has been successfully uploaded.

The screenshot shows the 'Referral Documentation' panel in the PASRR system. At the top, a navigation breadcrumb trail includes: PASRR Screens » Resident Information » Nursing Facility Information » Guardian/HCP/POA Information » Current Diagnosis » Medications » Symptomology » Intellectual/Developmental Disabilities » Screening Results » Short-Term Exemptions » Severe Medical Condition » Severe Cognitive Deficits » Referral Documentation. Below this, a black banner displays the message: 'The following messages were generated: File was uploaded successfully.' The main section is titled 'Referral Documentation' and contains instructions: 'Please upload any documentation such as tests, other evaluations, and pertinent progress notes to verify the medical or cognitive condition and the severity of impact the condition has on the person's independent functioning. The PASRR contractor will determine if the documentation supports the criteria for an Abbreviated Level II Screen.' Under 'Suggested Documentation:', a bulleted list includes: Face Sheet, Current Med List/Physician's Orders, Diagnosis List, History and Physical and/or Physician progress note, Psychiatric Evaluation/Notes, Current Nursing Notes, Sections C, D and GG of MDS, and Most recent PT/OT and Speech Therapy. The 'Upload Supporting Documentation' section features a 'File Upload*' area with a 'Choose File' button and 'No file chosen' text. An 'Upload' button is to the right. Below this, a 'File Name' field displays 'Diagnosis File.pdf'. At the bottom, there are 'Previous', 'Next', 'Save', and 'Exit' buttons. Two orange arrows highlight the 'File Name' field and the 'Upload' button.

Figure 35 Referral Documentation—File Uploaded

38. Click **Next**. The Level II Screening Referral will be displayed providing additional information.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPA Information](#) » [Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#) » [Screening Results](#) » [Short-Term Exemptions](#) » [Severe Medical Condition](#) » [Severe Cognitive Deficits](#) » [Referral Documentation](#) » **Level II Screening Referral**

Level II Screening Referral

- The PASRR Contractor will perform a Level II Screen to determine if the person has a developmental disability and/or a serious mental illness as defined by the federal PASRR regulations, and if so, then whether or not the person needs nursing facility placement and if the person needs specialized services. The screening agency will notify the nursing facility, the county of responsibility and the resident or his/her legal representative of the determinations.
- **Note:** If a person has a developmental disability or a mental illness at the time of a proposed admission to a nursing facility, State statutes only permit a health care agent to admit a person to a nursing facility for up to three months of a post-hospitalization recuperative care or for up to 30 days of respite care. Otherwise, guardianship and protective placement is necessary prior to admission, except in the event of an emergency. Similarly, if a person already has a guardian, the guardian is only permitted to consent to an admission to a nursing facility for up to 60 days of recuperative care or for up to 30 days of respite care. Otherwise, a protective placement order is necessary prior to admission, except in the event of an emergency.

Previous Next Save Exit

Figure 36 Level II Screening Referral

39. Click **Next**. The Level I Screening Attestation panel will be displayed.

PASRR Screens » [Resident Information](#) » [Nursing Facility Information](#) » [Guardian/HCPA Information](#) » [Current Diagnosis](#) » [Medications](#) » [Symptomology](#) » [Intellectual/Developmental Disabilities](#) » [Screening Results](#) » [Short-Term Exemptions](#) » [Severe Medical Condition](#) » [Severe Cognitive Deficits](#) » [Referral Documentation](#) » [Additional Directions](#) » **Level I Screening Attestation**

Level I Screening Attestation

Name* Title*

Telephone Number*

Attestation

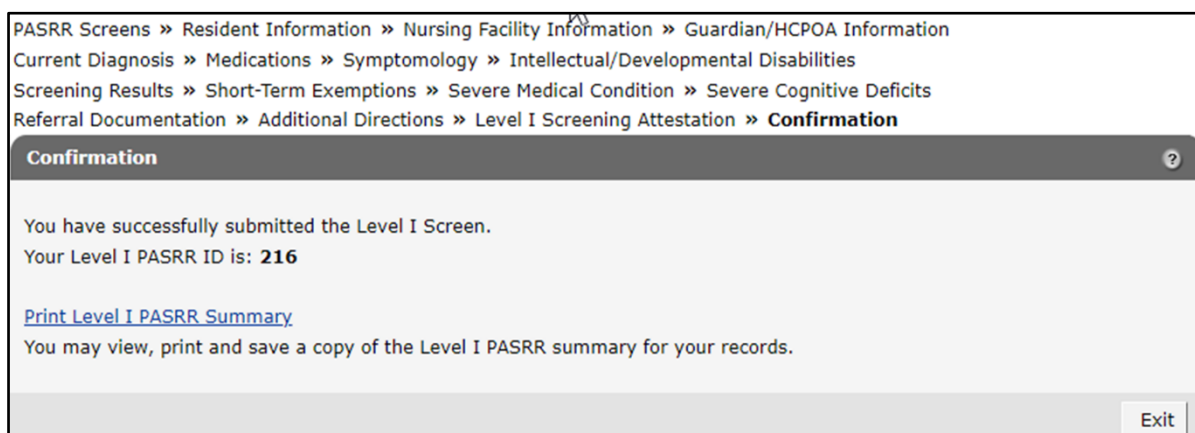
I attest that the information in this Level I Screening is true and accurate to the best of my knowledge.* ☐

Previous Submit Exit

Figure 37 Level I Screening Attestation Panel

40. Fill in the required information and check the box under the Attestation section.

41. Click **Submit**. A Confirmation panel will be displayed.



The screenshot shows a web application interface. At the top, a breadcrumb trail reads: "PASRR Screens » Resident Information » Nursing Facility Information » Guardian/HCP/POA Information » Current Diagnosis » Medications » Symptomology » Intellectual/Developmental Disabilities » Screening Results » Short-Term Exemptions » Severe Medical Condition » Severe Cognitive Deficits » Referral Documentation » Additional Directions » Level I Screening Attestation » **Confirmation**". Below this is a dark grey header bar with the word "Confirmation" in white and a question mark icon on the right. The main content area is light grey and contains the text: "You have successfully submitted the Level I Screen." followed by "Your Level I PASRR ID is: **216**". Below this is a blue hyperlink: "[Print Level I PASRR Summary](#)". Under the link is the text: "You may view, print and save a copy of the Level I PASRR summary for your records." At the bottom right of the panel is a grey button labeled "Exit".

Figure 38 Confirmation Panel

42. The user will be assigned a Level I PASRR ID and may print the Level I PASRR Summary by clicking **Print Level I PASRR Summary**. The first page of the Level I summary will be displayed. Scroll down to view the entire summary. The printed summary should go to the individual and responsible party (if applicable), 42 C.F.R. § 483.128(a).

PREADMISSION SCREEN AND RESIDENT REVIEW (PASRR)			
LEVEL I SCREEN SUMMARY			
Resident Name TEST RESIDENT		Social Security Number	Member ID
Street Address Line 1 100 MAIN STREET		Date of Birth 01/01/1950	Gender MALE
Street Address Line 2		City ANYTOWN	
State/ZIP WI, 53784-0001		County DANE	
Type of Level I Screen PREADMISSION		Source of Admission INDEPENDENT	Type of Community Residence INDEPENDENT
Nursing Facility Name XYZ HEALTHCARE			NPI 1215936430
Street Address Line 1 123 FIRST STREET		City ANYTOWN	
Street Address Line 2		State/ZIP WI, 54703	
Has the resident been admitted to the Nursing Facility above? NO			Admission Date
Activated HCPOA NO	Guardian NO	Date of last Watts review	Type of Custody
HCPOA Name			Primary Telephone
Street Address Line 1		City	
Street Address Line 2		State/ZIP	
Guardian Name			Primary Telephone
Street Address Line 1		City	
Street Address Line 2		State/ZIP	
Does the person have a major mental disorder? YES	Has the person displayed any symptoms that may suggest the presence of a major mental illness? NO		
Has this person received psychotropic medication(s) to treat symptoms or behaviors of a major mental disorder? YES			

Figure 39 Preadmission Screen and Resident Review Level I Screen Summary

43. Click **Exit**. The user will be returned to their secure Provider Portal homepage.
44. The user can then use their ID to search for and check the status of their submitted PASRR from the PASRR Screens panel. The user can continue to modify the PASRR until the Level II Status indicates “Completed” or Level II Required is “No” and it has been less than 90 days. Note: If the Level I is modified while the contactor is in the process of working on the Level II, the following error will be displayed when the contractor tries to submit: “The Level I Screen has been modified, please exit the wizard and start again once the Level I Status is completed.”

PASRR Screens

PASRR Screens

Required fields are indicated with an asterisk(*).

If you wish to add a new Level I PASRR, select the 'Add New PASRR' button.
If you wish to continue or modify an existing Level I PASRR, use the Search Criteria to find the existing record.

One of the following is required for the Search Criteria:

- PASRR Level I ID
- Level I Request Key
- Member ID
- Social Security Number and Date of Birth
- First/Last Name and Date of Birth

Search Criteria

First Name PASRR Level I ID

Last Name Level I Request Key

Member ID From Date

Social Security Number To Date

Date of Birth

Search Results

PASRR Level I ID	Level I Request Key	Member ID	First Name	Last Name	Social Security Number	Date of Birth	Level I Status	Level I Submission Date	Level II Required	Level II Status
216	-		Test	Resident	000-00-0000	01/01/1950	Completed	06/12/2023	Yes	Requested

Figure 40 PASRR Screens Panel—Search Results

Note: The user can click the **View PASRR Documentation** button to view the PASRR form and any supporting documentation that had been submitted previously.

6 Request Preadmission Screening and Resident Review Level II Referral Wizard Access

The PASRR Level II Referral Wizard is completed by a Wisconsin PASRR contractor. The wizard allows the contractor to review the PASRR referrals and indicate whether the referral should be a partial, abbreviated, or full screen. The PASRR Level II Referral is only completed by the contractor if the Level I responses result in a referral for the Level II screen.

To request access to the PASRR Level II Referral Wizard, complete the following steps:

1. Access the ForwardHealth Portal at www.forwardhealth.wi.gov/.

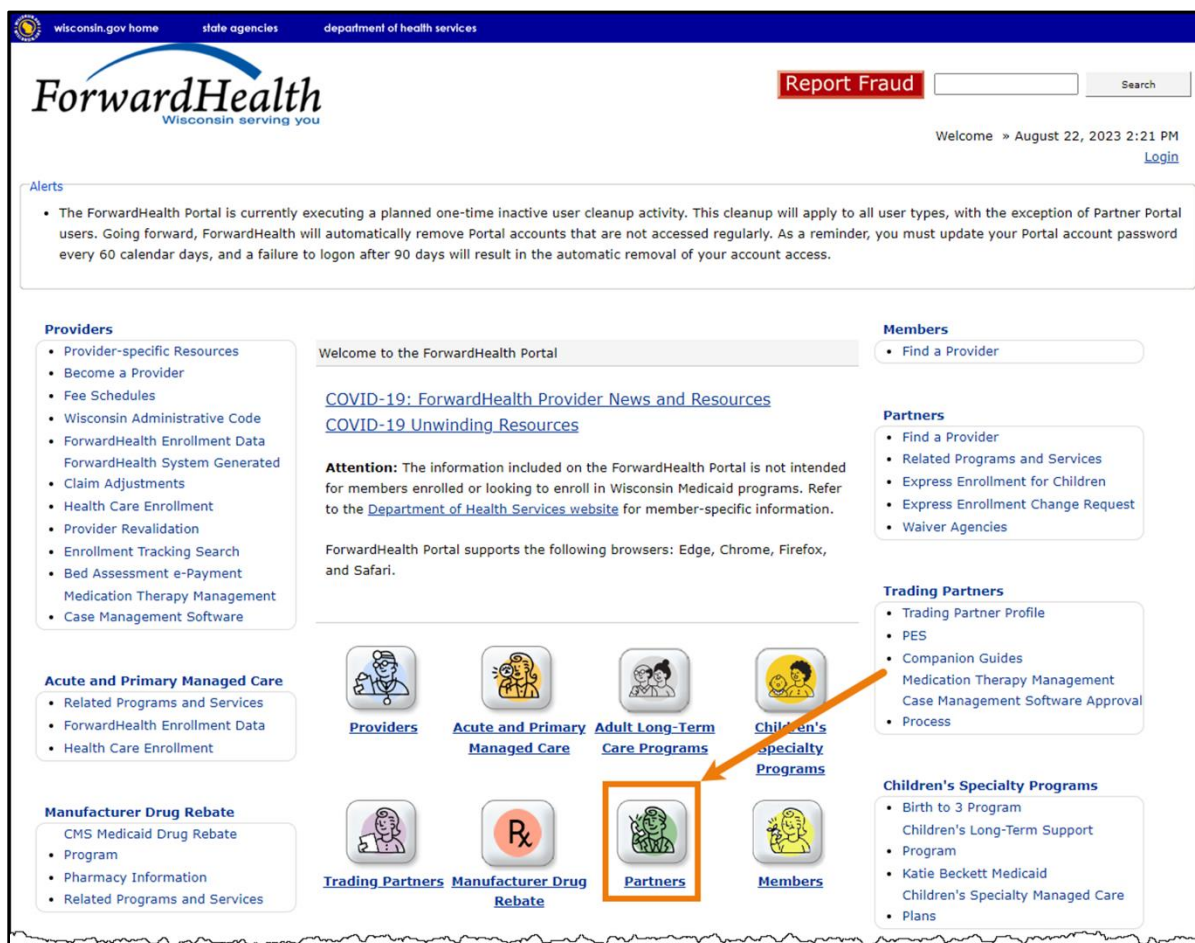


Figure 41 ForwardHealth Portal Homepage

2. Click **Partners**. The public Partner homepage will be displayed.

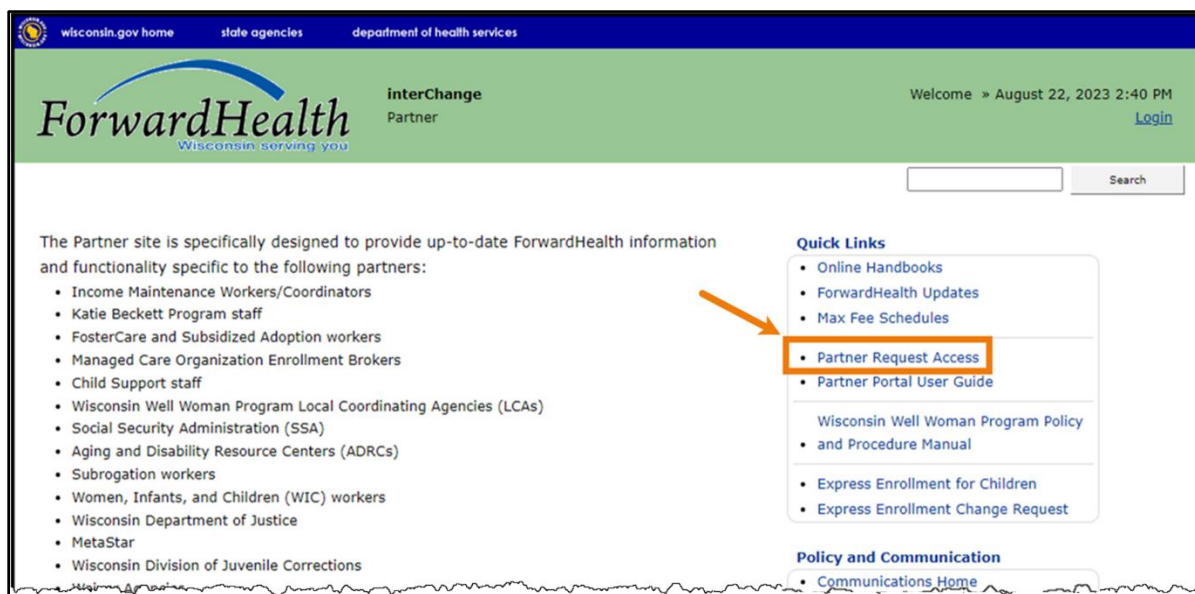


Figure 42 Public Partner Homepage

3. Click **Partner Request Access** in the Quick Links box. The Portal Access Request Type page will be displayed.

Figure 43 Portal Access Choose Request Type Panel—Request Partner Portal Access

4. Check the New User requesting Partner Portal Access checkbox.

- Click **Next**. The Portal Access Request Information page will be displayed.

Portal Access Request Information ?

Required fields are indicated with an asterisk (*).

- Requested User ID must be Alphanumeric.
- Requested User ID can not begin with a number.
- Requested User ID must be at least 6 characters in length.
- Requested User ID can not be greater than 20 characters.

User Information

First Name*

Last Name*

E-Mail Address*

Confirm E-Mail*

Requested User ID*

Work Phone Number* Ext.

Role*

Date Requested

Security Agreement

The User understands that the Portal Access User Account Agreement (hereinafter "Agreement"), effective today, is made by and between the State of Wisconsin Department of Health Services ("DHS") and users who sign up for an account on this website (hereinafter "User").

WHEREAS, User renders certain professional health care services ("Services") to ForwardHealth members, and submits documentation of those Services to DHS; and,

WHEREAS, DHS, in its implementation of the ForwardHealth program in Wisconsin, provides a System of operational and informational support to respond to User inquiries to exchange

☐ Please check the box if you have read and agreed to Wisconsin's User Security Agreement.

Figure 44 Portal Access Request Information Page

- Enter the required information. Note that all fields are required. The Date Requested field defaults to the current date.
- For the Role* field, select **PASRR Contractor** from the drop-down menu.

Portal Access Request Information

Required fields are indicated with an asterisk (*).

- Requested User ID must be Alphanumeric.
- Requested User ID can not begin with a number.
- Requested User ID must be at least 6 characters in length.
- Requested User ID can not be greater than 20 characters.

User Information

First Name* JOHN

Last Name* DOE

E-Mail Address* johndoe@gmail.com

Confirm E-Mail* johndoe@gmail.com

Requested User ID* 123456789

Work Phone Number* (608)123-4567 Ext.

Role*
Metastar
Metastar Reviewer
NH Auditor
Out-of-Home Care
Outreach Contract Partner
PASRR Contractor
PCG Administrator
Personal Care Independent Assessment C
PPS MH & AODA Reports
QSSI Role
RAC Auditor
Resource Center
Resource Center Enrollment
Special Needs Plan
SSA
Subro Contractor
Subrogation
WI PROMISE Grant Team
WIC
WPI State Worker

Date Requested

Security Agreement

The User understands the "Agreement", effect of the Health Services ("DH") ("User").

WHEREAS, User represents and warrants that the User is a member, and submit the User's information to the State of Wisconsin Department of Health Services ("Services") to ForwardHealth; and,

WHEREAS, DHS, in its role as the State of Wisconsin Department of Health Services, provides a program in Wisconsin, provides a program to User inquiries to exchange

☐ Please check the box to indicate that you have read and agree to the User Security Agreement.

Previous Next Exit Clear

Figure 45 Portal Access Request Information Page

8. Read the Security Agreement and check the security agreement checkbox.

9. Click **Next**. The Portal Access Additional Information panel will be displayed.

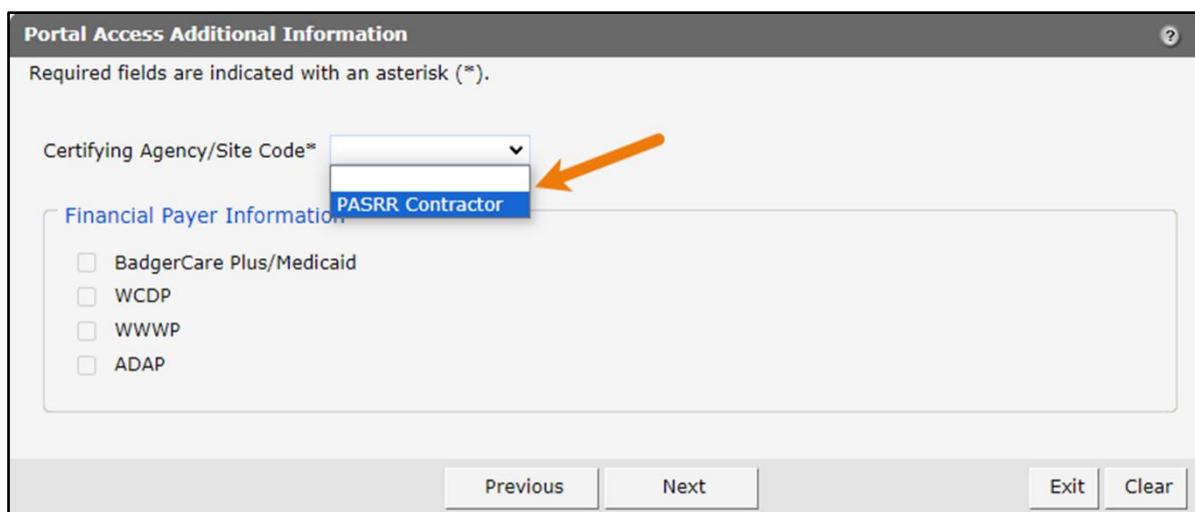


Figure 46 Portal Access Additional Information Panel

10. Select **PASRR Contractor** from the drop-down menu.
11. Click **Next**.
12. The Portal Access Secret Questions panel will be displayed.

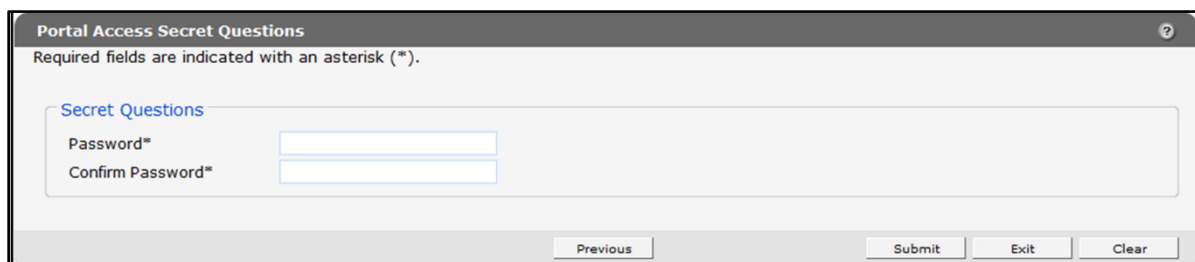


Figure 47 Portal Access Secret Questions Panel

13. Create a password and retype the password to confirm it is correct.
14. Click **Submit**. If the submission is successful, the following message will be displayed.



Figure 48 Submission Confirmation

If there is a problem with the submission, an error message will be displayed indicating what corrections need to be made.

7 Access Preadmission Screening and Resident Review Level II Referral Wizard

1. Access the ForwardHealth Portal at www.forwardhealth.wi.gov/.

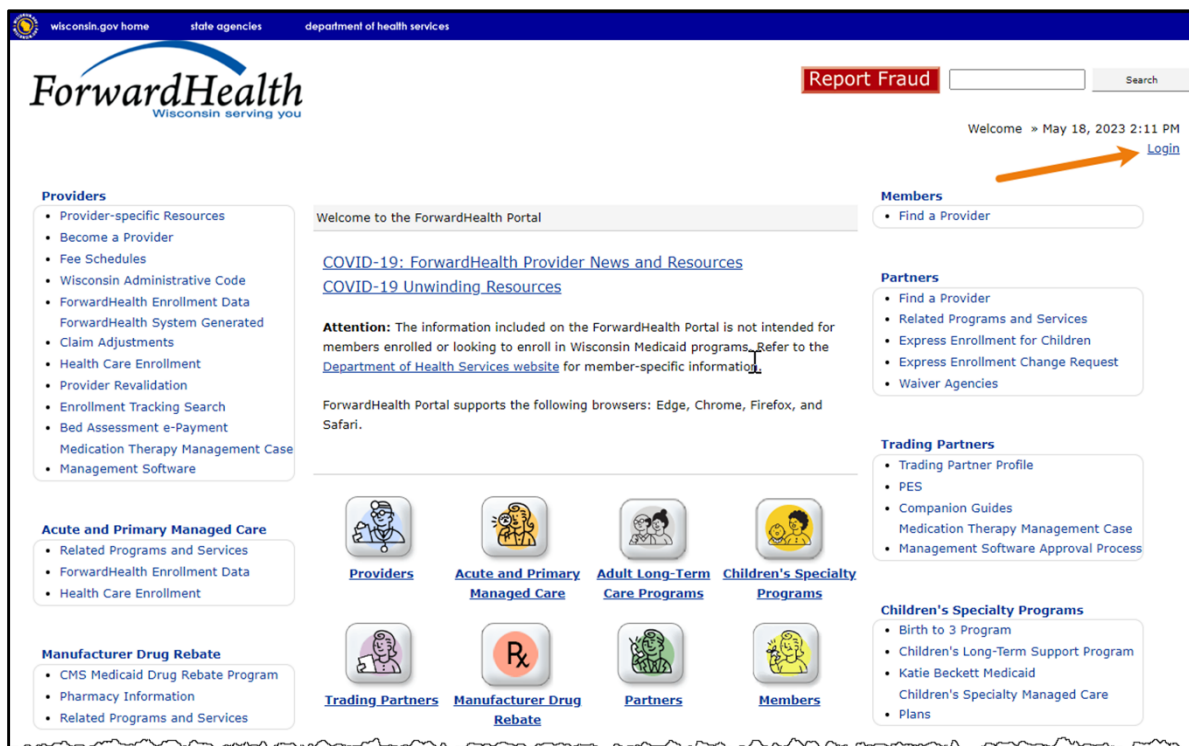


Figure 49 ForwardHealth Portal Homepage

2. Click **Login**. A Sign In box will be displayed.

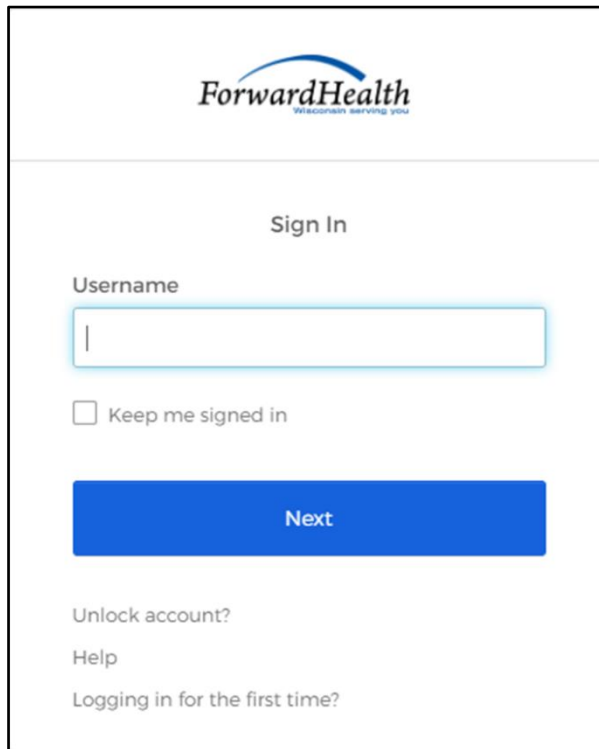
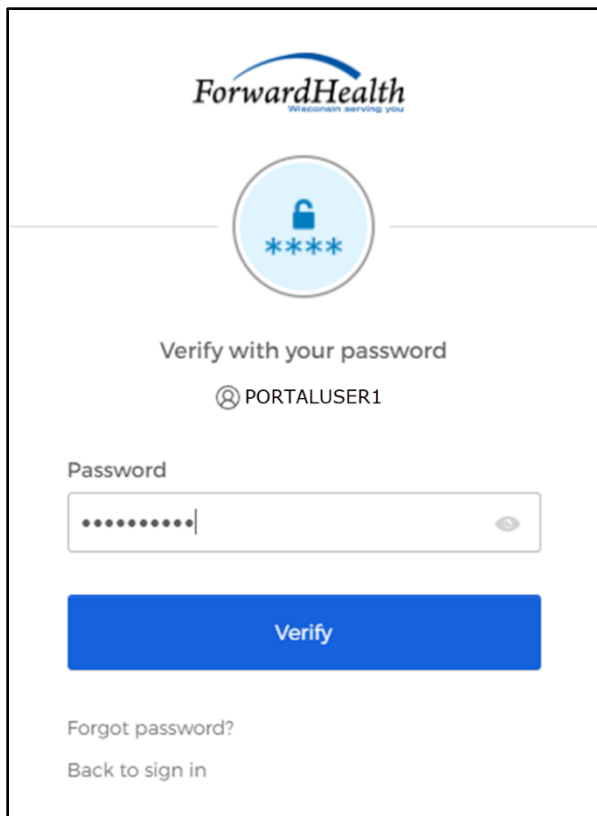
The image shows a 'Sign In' box for ForwardHealth. At the top is the ForwardHealth logo with the tagline 'Wisconsin serving you'. Below the logo is the title 'Sign In'. There is a text input field labeled 'Username' with a blue border and a cursor. Below the input field is a checkbox labeled 'Keep me signed in'. A large blue button labeled 'Next' is positioned below the checkbox. At the bottom of the box are three links: 'Unlock account?', 'Help', and 'Logging in for the first time?'.

Figure 50 Sign In Box

3. Enter the user's username.

4. Click Next. A Verify with your password box will be displayed.



ForwardHealth
Wisconsin serving you

Verify with your password

PORTALUSER1

Password

.....

Verify

[Forgot password?](#)

[Back to sign in](#)

Figure 51 Verify With Your Password Box

5. Click **Verify**. The secure partner page will be displayed.

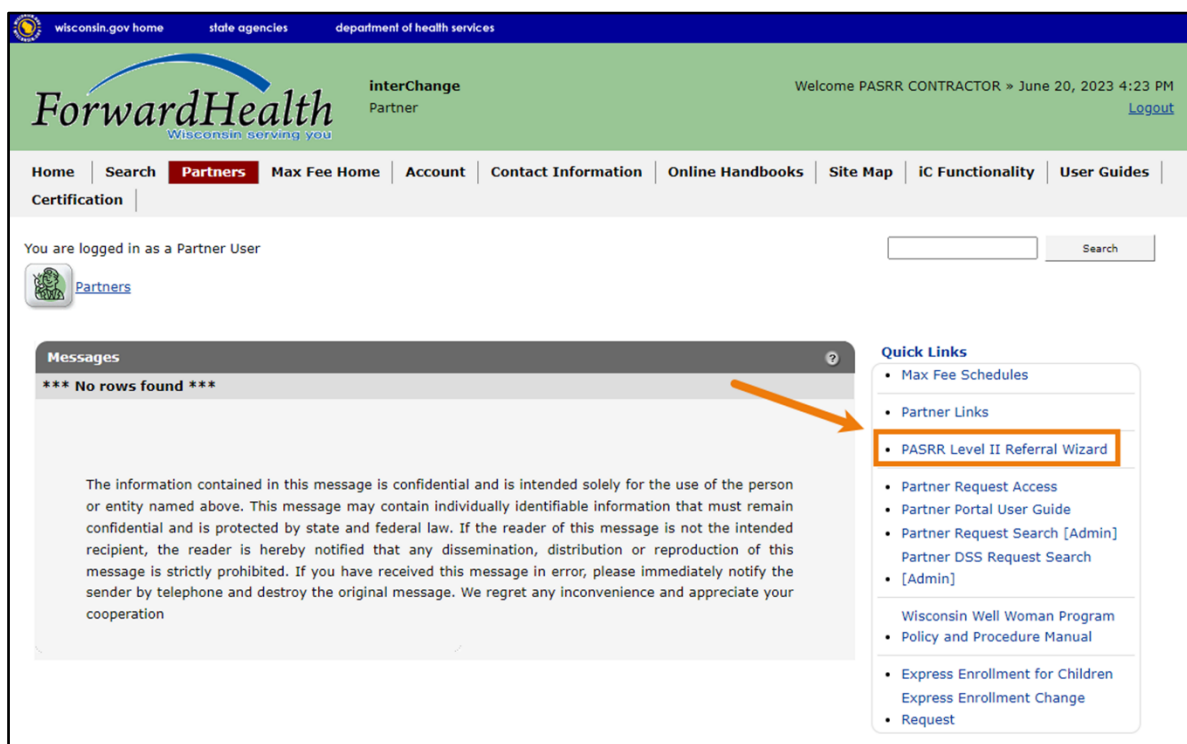


Figure 52 Secure Partner Page

6. Click **PASRR Level II Referral Wizard** under Quick Links on the Partners page. The PASRR Referral Search panel will be displayed with search results. Note: Only cases that have been referred for a Level II screen will be displayed. The Level II Results column will have a hyphen (-) displayed if the referral has not been completed or “Completed” if the referral has been submitted.

PASRR Referral Search

PASRR Referral Search

- Required fields are indicated with an asterisk (*).
- One of the following is required:
 - Level I PASRR ID
 - Member ID
 - Social Security Number and Date of Birth
 - First/Last Name and Date of Birth

Search Criteria

First Name Level I PASRR ID

Last Name From Date

Member ID To Date

Social Security Number

Date of Birth

Search Results

Level I PASRR ID	Member ID	First Name	Last Name	Social Security Number	Date of Birth	Level I Status	Level I Submission Date	Level II Required	Level II Results
148	6110558966	SETUP	TEST	888777999	01/01/1990	In Progress	05/03/2023	Y	-
168		Test AA	Cher	345987654	02/02/2000	In Progress	05/09/2023	Y	-
187		NIDAMID	Cher	789234908	03/27/1978	Completed	05/14/2023	Y	-
189		NIDDMID	Cher	768902367	02/23/1987	Completed	05/14/2023	Y	-
191		IDANMID	Cher	000000000	12/12/2011	Completed	05/14/2023	Y	-
193		IDDNMID	Cher	000000000	03/23/1967	Completed	05/14/2023	Y	-
194		Defect Test	Cher	888777999	02/03/1987	In Progress	05/15/2023	Y	-
195		Defect Test	Cher	000000000	01/29/1987	Completed	05/15/2023	Y	-
197	2110792728	RONDA	ENEGEL	988789888	08/31/1991	In Progress	05/15/2023	Y	-
198	9010004932	RONIN	RITTER	987654231	10/01/1980	Completed	05/15/2023	Y	-
199	9010000418	RON	MARK	000000000	06/02/1994	Completed	05/15/2023	Y	-
200		X	X	000000000	06/02/1998	Completed	05/15/2023	Y	-
201	1208247018	RONALD	SANCHEZSQA	986343432	08/19/1998	Completed	05/15/2023	Y	-
202	5550100722	RONALD	CARR	555010722	06/06/1966	In Progress	05/15/2023	Y	-
203	2110666722	RON	FIELD	251454561	01/01/2005	In Progress	05/15/2023	Y	-
204	1120000630	RONALD	ADAMS	000000000	04/12/1978	Completed	05/15/2023	Y	-
205	9010002535	RONDA	ENEGEL	988789888	08/04/1959	Completed	05/15/2023	Y	-
206	6110713961	RON	SCHOLFIELD	480261696	08/17/1993	Completed	05/15/2023	Y	-
207	9000087791	RONNIE	DYBEVIK	372737271	09/01/1996	Completed	05/15/2023	Y	-
208	7113324120	RONALD	BINAGI	432674536	09/09/1997	Completed	05/15/2023	Y	-
209	6111411462	RONALD	EDWARDS	135931111	05/29/1932	In Progress	05/15/2023	Y	-
210	6011111140	RONY	THOMAS	000000000	12/12/1985	Completed	05/15/2023	Y	-
211	6444444442	RONNY	SMITHERS	000000000	04/30/1987	Completed	05/15/2023	Y	-
214		Test Eight five	Cher	678546789	01/01/2000	Completed	05/16/2023	Y	-
216		Test	Resident	000000000	01/01/1950	Completed	06/12/2023	Y	-
217		Test	Resident	000000000	01/01/1950	Completed	06/14/2023	Y	-
218		Test e	CHeR	000000000	01/01/2000	Completed	06/15/2023	Y	-

Figure 53 PASRR Referral Search Panel

7. Select the desired row and click **Next**. The Referral Information panel will be displayed and populated with information from the PASRR Level I Wizard.

Figure 54 Referral Information Panel

8. Answer **Yes** or **No** to the question asking if the person was in the hospital at the time of the Level II Screen. Depending on the type of Level I screen, an additional Type of Resident Review field may be displayed with a drop-down menu.
- The user can click the **View Level I Screening Documentation** link to bring up the OnBase Document Viewer. All of the documents that were uploaded in Level I in addition to the Level I summary document will be displayed.
 - Click the desired document and scroll down to view the screens.

OnBase Document Viewer - View OBRA PASRR Documents - Google Chrome

Not secure | 10.40.10.57/WIPortal2/Subsystem/ViewOnBaseDoc.aspx?id=Level1ScreeningDoc0&NewWin=Y

Document ID	Description
2539908	OBR PASRR Level I Summary - Tracking: 112 - NPI: 1114920048 - RDate: 10/11/2023

OBR PASRR Level I Summary - PHI 2 / 3 | 71% +

1

2

3

NO	NO		Primary Telephone
HCPOA Name			
Street Address Line 1		City	
Street Address Line 2		State/ZIP	
Guardian Name		Primary Telephone	
Street Address Line 1		City	
Street Address Line 2		State/ZIP	
Does the person have a major mental disorder?		Has the person displayed any symptoms that may suggest the presence of a major mental illness?	
NO		YES	
Has this person received psychotropic medication(s) to treat symptoms or behaviors of a major mental disorder?			
NO			

Medication List:

Other Medications:

What is medication used for if not taken for mental illness?

Is there a diagnosis or history of intellectual disabilities?

YES

Is there a diagnosis of cerebral palsy, epilepsy, autism, brain injury or intellectual/developmental condition other than mental illness, that results in impairment of general intellectual function or adaptive behavior similar to that of the

Figure 55 OnBase Document Viewer

- Click **Next**. The Partial, Abbreviated, or Full Level II Screen panel will be displayed. Note: The contractor determines whether a partial, abbreviated, or full screen is appropriate on a case-by-case basis. The Partial Level II Screen will be displayed first.

The screenshot shows a web application window titled "PASRR Referral Search » Referral Information » Partial Level II Screen". The main heading is "Partial Level II Screen" with a help icon. Below the heading, there is a bullet point: "Please select the appropriate response(s).". There are two sections, each with a blue heading and a question, followed by two radio button options.

Suspected ID/DD

Does the data about the person (see the Level II Screen, F-20852, page 1) meet the federal definition of an "intellectual/developmental disability"?*

☐ Yes - Continue with the screening process

☐ No - No further Level II screening is needed

Suspected MI

Does the data about the person (see the Level II Screen, F-20378, page 1) meet the federal definition of a "serious mental illness"?*

☐ Yes - Continue with the screening process

☐ No - No further Level II screening is needed

At the bottom, there are three buttons: "Previous", "Next", and "Exit".

Figure 56 Partial Level II Screen Panel

- Answer **Yes** or **No** to the questions asking if the data about the person meets the federal definition of an "intellectual/developmental disability" or "serious mental illness." The Suspected ID/DD section will not be displayed if the resident has not been referred for intellectual and development disabilities. In addition, the Suspected MI section will not be displayed if the resident has not been referred for mental illness. Note: If the resident was referred for the wrong condition or an additional condition is determined in the Level II PASRR screen, the contractor will need to contact the provider who submitted the Level I PASRR to update and resubmit it.

11. Click **Next**. If “Yes” is answered for either or both questions, the Abbreviated Level II Screen panel will be displayed. If “No” is answered for both questions, proceed to [Step 19](#).

The screenshot shows a web application window titled "PASRR Referral Search » Referral Information » Partial Level II Screen » **Abbreviated Level II Screen**". Below the title bar, it says "Level II Attestation". The main content area has a header "Abbreviated Level II Screen" with a help icon. The content includes a bulleted question: "Is an abbreviated Level II screen appropriate because the person qualifies for categorical determination that he/she does not need specialized services or specialized psychiatric rehabilitative services?" There are two radio button options: "Yes - there is support for diagnosis of a severe medical condition AND the social history, progress notes, and the other documentation indicate that the person's level of function is so severely impaired by his/her medical condition that he/she could not be expected to actively participate or benefit from specialized services. This concludes the Level II process." and "No - support for the diagnosis of a severe medical condition was not found OR documentation was not found that indicates that the person's level of functioning is so severely impaired by his/her medical condition that he/she could not be expected to actively participate or benefit from specialized services. If the documentation might exist, but it was not found or included by the PASRR contract agency, contact the appropriate contract agency to discuss the data that might exist and how to find or obtain the information. Otherwise, proceed to complete a full Level II screen." Below the "Yes" option is a text box labeled "Specify the medical condition affecting this person:". At the bottom, there are three buttons: "Previous", "Next", and "Exit".

Figure 57 Abbreviated Level II Screen Panel

12. Answer **Yes** or **No** to the question asking if an abbreviated Level II screen is appropriate. If “Yes,” specify the medical condition affecting the person in the free text box. Text is limited to 500 characters.
13. Click **Next**.

14. Answering “Yes” on the Abbreviated Level II Screen panel will display the Appropriate of Placement Determination panel with the following values.

The screenshot shows a web application window titled "PASRR Referral Search » Referral Information » Partial Level II Screen » Abbreviated Level II Screen". Below the title bar, the page header reads "Level II Attestation » **Appropriate of Placement Determination**". The main content area has a dark header with the title "Appropriate of Placement Determination" and a help icon. The instructions state: "Please select the appropriate response:*". There are three radio button options: 1) "Yes, this person is appropriate for a placement in a nursing facility." followed by a dropdown menu for "This is expected to be a short-term recuperative stay:". 2) "This person does not need placement in a nursing facility or a 'less' restrictive setting could meet their needs." followed by a text input field for "Please specify setting:". 3) "It is recommended that this person be placed in a 'more' restrictive setting than a nursing facility." followed by a text input field for "Please specify setting:". At the bottom, there are three buttons: "Previous", "Next", and "Exit".

Figure 58 Appropriate of Placement Determination Panel

- Select one of the statements and any required additional information. Only one statement can be selected.
- Click Next and proceed to [Step 19](#).

15. Answering “No” on the Abbreviated Level II Screen panel will display the Appropriate of Placement Determination panel with the following values. Select one of the statements and enter any required additional information. Only one statement can be selected.

PASRR Referral Search » Referral Information » Partial Level II Screen » Abbreviated Level II Screen
Level II Attestation » **Appropriate of Placement Determination**

Appropriate of Placement Determination

- Please select the appropriate response:*

☐ Yes, this person is appropriate for a placement in a nursing facility.

This is expected to be a short-term recuperative stay:

No, this person does not need placement in a nursing facility; however, he/she may choose to stay because he/she has

☐ resided in one or more nursing facilities for at least 30 consecutive months prior to this determination AND he/she was determined to need specialized services.

☐ This person does not need placement in a nursing facility or a 'less' restrictive setting could meet their needs.

Please specify setting:

☐ It is recommended that this person be placed in a 'more' restrictive setting than a nursing facility.

Please specify setting:

Previous Next Exit

Figure 59 Appropriate of Placement Determination Panel

16. Select one of the statements and enter any required additional information. Only one statement can be selected.
17. Click **Next**. The Specialized Services Determination panel will be displayed. Depending on the answer selected on the previous panel, the user will see various responses below. Up to four responses may be displayed.

PASRR Referral Search » Referral Information » Partial Level II Screen » Abbreviated Level II Screen
Appropriate of Placement Determination » **Specialized Services Determination**

Specialized Services Determination

- These responses are based on your answer from the Appropriate of Placement Determination screen. Please select the appropriate response(s).

☐ This person needs specialized psychiatric rehabilitation services to address his/her mental health needs

☐ This person needs specialized services to address his/her developmental disability needs

☐ This person does not need specialized services or specialized psychiatric rehabilitative services

Previous Next Exit

Figure 60 Specialized Services Determination Panel

18. Select the appropriate response(s).

19. Click **Next**. The Level II Attestation panel will be displayed.

PASRR Referral Search » Referral Information » Partial Level II Screen » Abbreviated Level II Screen
Appropriate of Placement Determination » **Level II Attestation** » Specialized Services Determination

Level II Attestation

- **Skilled Nursing Care Level Required:** Wisconsin administrative code requires that in order for a person who has intellectual/developmental disability to be admitted to a nursing home, he/she must meet the criteria for a skilled nursing care level (SNF), as established by a Division of Quality Assurance (DQA) surveyor. In certain circumstances, DQA may waive the SNF care level requirement. A care level or waiver must be obtained prior to admission.
- **Note:** PDF file formats are accepted for supporting documentation uploads.

Upload Supporting Documentation

File Upload No file chosen

Contractor Information

Name* Title*

Referral Date Additional Comments

Admission Date

Attestation

I attest that the information provided in this Level II Screening is true and accurate to the best of my knowledge.* ☐

Figure 61 Level II Attestation Panel

20. To upload supporting documentation, click **Choose File** and select the desired file for uploading.

21. Click **Upload**. The file name will appear, and a confirmation message will be displayed at the top of the panel indicating the file has been successfully uploaded.

PASRR Referral Search » Referral Information » Partial Level II Screen » Abbreviated Level II Screen
Level II Attestation » Appropriate of Placement Determination » Specialized Services Determination

The following messages were generated:
 File was uploaded successfully.

Level II Attestation

- **Skilled Nursing Care Level Required:** Wisconsin administrative code requires that in order for a person who has intellectual/developmental disability to be admitted to a nursing home, he/she must meet the criteria for a skilled nursing care level (SNF), as established by a Division of Quality Assurance (DQA) surveyor. In certain circumstances, DQA may waive the SNF care level requirement. A care level or waiver must be obtained prior to admission.
- **Note:** PDF file formats are accepted for supporting documentation uploads.

Upload Supporting Documentation

File Upload No file chosen

File Name
 Supporting_Documentation.pdf

Contractor Information

Name* Title*

Referral Date Additional Comments

Admission Date

Attestation

I attest that the information provided in this Level II Screening is true and accurate to the best of my knowledge.* ☐

Figure 62 Level II Attestation Panel—Upload File

22. Complete the fields under the Contractor Information section and check the box under the Attestation section.

23. Click **Submit**. The Confirmation panel will be displayed.

PASRR Referral Search » Referral Information » Partial Level II Screen » Abbreviated Level II Screen
 Level II Attestation » Appropriate of Placement Determination » Specialized Services Determination » **Confirmation**

Confirmation

- You have successfully submitted the Level II Screen.
- [Print Level II Facesheet](#)
- You may view, print and save a copy of the Level II Facesheet for your records.

Figure 63 Confirmation Panel

24. The user may print the Level II Facesheet by clicking **Print Level II Facesheet** to view, download, or print a copy for their records.

FACESHEET
LEVEL II REFERRAL SUMMARY

Resident Name NIDAMID Cher		Social Security Number 789234908	Member ID
Street Address Line 1 jtyktyk		Date of Birth March 27, 1978	Gender Male
Street Address Line 2		City jtyk;	
State/ZIP WI, 89022-9999	County Grant		
Type of Level I Screen Change of Condition	Source of Admission Hospital	Type of Community Residence	
Screen Results		Provider Response	
Screen Results Resident is suspected of having a serious mental illness		Provider Response Disagree	
Type of Custody	Type of Resident Review	Was the person in the hospital at the time of the Level II Screen? Yes	
Does the data about the person meet the federal definition of an "intellectual/developmental disability"?		Does the data about the person meet the federal definition of a "serious mental illness"? No	
Is an abbreviated Level II screen appropriate because the person qualifies for categorical determination that he/she does not need specialized services or specialized psychiatric rehabilitative services? N/A due to Partial Level II Screen			
Specify the medical condition affecting this person			
Appropriate of Placement Determination N/A due to Partial Level II Screen			
Specify			
Specialized Services Determination N/A due to Partial Level II Screen			

Figure 64 Facesheet Level II Referral Summary

25. The user can search for a completed PASRR Level II referral by entering the PASRR ID and clicking **Search** from the PASRR Referral Search panel. Note: No additional changes can be made once the Level II results indicate “Completed.” If the PASRR Level II referral indicated the wrong condition or an additional condition, the contractor should reach out to the Level I provider to change the referral **before** submitting the Level II referral. Once the Level II referral is completed it locks the Level I record.

PASRR Referral Search

• Required fields are indicated with an asterisk (*).

• One of the following is required:

- Level I PASRR ID
- Member ID
- Social Security Number and Date of Birth
- First/Last Name and Date of Birth

Search Criteria

First Name Level I PASRR ID

Last Name From Date

Member ID To Date

Social Security Number

Date of Birth

Search Results

Level I PASRR ID	Member ID	First Name	Last Name	Social Security Number	Date of Birth	Level I Status	Level I Submission Date	Level II Required	Level II Results
222	Test		Resident	000000000	01/01/1950	Completed	07/05/2023	Y	Completed

Figure 65 PASRR Referral Search Panel—Level II