



Wyoming
Department
of Health

PASRR

PASRR Level 1 Information

Course Content

In this training, we will discuss:

- How to view Preadmission Screening and Resident Review (PASRR) Level 1 Information
- How to enter and submit Preadmission Screening and Resident Review (PASRR) Level 1 Information



PASRR

How to view, enter and submit PASRR Level 1
information

PASRR Level 1 Information

Wyoming
Department
of Health

Sign In - Non Production

Username

Password

Remember me

Sign In

OR

New users click here

Need Help Signing In?

Log in with
Credentials

Log into the BMS system:

- Log into the Provider Portal with your username and password

PASRR Level 1 Information

Wyoming
Department
of Health

Domain → 568800005 *

Eligibility Inquiry *

Profile →

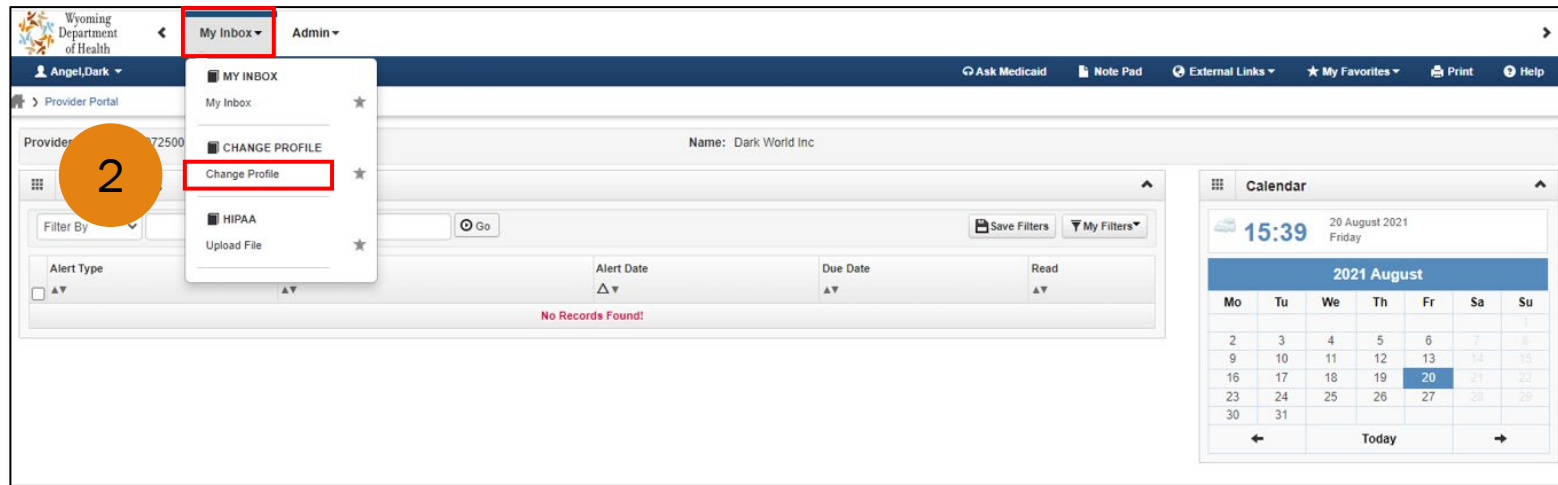
Select Favorite → Go → Click Go

Next, choose the domain and role:

- Select domain from the domain drop-down list
- Select “Eligibility Inquiry” from the profile drop-down list
- Click Go

PASRR Level 1 Information

1



If you are already logged into the Provider Portal, you can change your profile:

1. Select My Inbox.
2. Select Change Profile.

Next, choose the domain and role:

- Select domain from the domain drop-down list
- Select “Eligibility Inquiry” from the profile drop-down list



PASRR Level 1 Information

The screenshot shows the Wyoming Department of Health Provider Portal interface. At the top, the 'Member' dropdown menu is highlighted with a red box and a circled '1'. Below it, the 'MEMBER LTC ASSESSMENTS' section is visible, with 'PASRR Level I' selected and highlighted by a red box and a circled '2'. The main content area shows a table with columns for Alert Type, Alert Message, Alert Date, Due Date, and Read, but it displays 'No Records Found!'. A calendar widget on the right shows the date 26 August 2021.

To view PASRR Level 1 information:

1. Click Member.
2. Select PASRR Level 1.

PASRR Level 1 Information

The screenshot shows the 'Member PASRR Level 1 Assessments List' page. At the top left, there is a 'Select Add' button highlighted with an orange box and an arrow pointing to it. Below this, there is a 'Close' button and an 'Add' button highlighted with a red box. The main area is titled 'PASRR Level 1 List' and features a 'Filter By' dropdown menu highlighted with a red box and an orange arrow pointing to it. The dropdown menu is open, showing a list of filter options: First Name, Last Name, Level 1 Determination, Level 1 Screening Number, Member Id, NPI, Provider Id, Provider Name, Review Date, and Status. Below the filter menu is a table with columns: Member Id, First Name, Last Name, NPI, Provider Id, Provider Name, Review Date, Level 1 Determination, and Status. The table currently displays 'No Records Found!' in red text. The top navigation bar includes 'My Inbox', 'Member', and various utility icons like 'Ask Medicaid', 'Note Pad', 'External Links', 'My Favorites', 'Print', and 'Help'.

From the Member PASRR Level 1 Assessment List page, use the filter to search or select add to add a new user:

- Select Filter By to search by First Name, Last Name, Level 1 Determination, Level 1 Screen Number, Member Id, NPI, Provider Id, Provider Name, Review Date and Status
- Select Add to add a PASRR Level 1

PASRR Level 1 Information

Wyoming Department of Health

My Inbox Member

Ask Medicaid Note Pad External Links My Favorites Print Help

Provider Portal Member Eligibility Inquiry Member PASRR Level I Assessments List Member PASRR Level I Assessment Information

Close Submit

Diagnosis Codes

Primary Psychiatric Diagnosis:

1: 2:

PRI/SEC Diagnosis of OBS, Dementia, or Alzheimer's:

1: 2:

PRI/SEC Diagnosis of Intellectual Disability/Developmental Disability:

1: 2:

Current Medical Diagnosis:

1: 2:

3: 4:

5: 6:

7: 8:

9: 10:

For the Diagnosis Codes section:

- Complete the Diagnosis Codes that apply to your member's condition

PASRR Level 1 Information

For the Screening section:

- Answer the required Yes or No to the Mental Illness and Intellectual Disability screening questions

The screenshot shows a web browser window with the URL: Provider Portal > Member Eligibility Inquiry > Member PASRR Level I Assessments List > Member PASRR Level I Assessment Information. The browser's address bar includes links for Ask Medicaid, Note Pad, External Links, My Favorites, Print, and Help. Below the browser window, there are 'Close' and 'Submit' buttons. The main content area is titled 'Screening' and is enclosed in a red border. It contains two sections: 'Mental Illness Screening (answer all questions)' and 'Intellectual Disability Screening (answer all questions)'. Each section contains four numbered questions with radio button options for 'No' and 'Yes'.

Screening

Mental Illness Screening (answer all questions)

1. Does this person have a psychiatric diagnosis?
 No Yes *
2. Does this person have any history of Mental Illness requiring treatment more intensive than outpatient services in the past two years?
 No Yes *
3. Is there any presenting evidence of Mental Illness including possible disturbance in orientation, affect or mood that is not attributable to dementia or other medical diagnosis list above?
 No Yes *

Screening

Intellectual Disability Screening (answer all questions)

1. Does this person have a diagnosis of Intellectual Disability or Developmental Disability?
 No Yes *
2. Does this person have any history of Intellectual Disability or Developmental Disability?
 No Yes *
3. Are there cognition or behavior deficits indicating Intellectual Disability or Developmental Disability?
 No Yes *
4. Was this person referred by an agency that serves persons with Intellectual Disability and Developmental Disability, and has this person been eligible for that agency's service?
 No Yes *

PASRR Level 1 Information

Provider Portal > Member Eligibility Inquiry > Member PASRR Level I Assessments List > Member PASRR Level I Assessment Information

Close Submit

Categorical Determination For MI or ID Individual

Answer ALL questions for any individual who may have Mental Illness (MI) or Intellectual Disability (ID). A Categorical Determination is not an exemption from PASRR; You must attach an LT101 and current history and physical to verify determination. The nursing facility must re-review this individual making sure all necessary services are being provided.

1. Does this individual have possible or probable MI or ID, does he or she have a terminal illness, verified in writing by a physician?
 No Yes *
2. Does this individual have possible or probable MI or ID, is he or she comatose, ventilator dependent, functioning at brain stem level, have a diagnosis of COPD, severe Parkinson's Disease, Amyotrophic Lateral Sclerosis, Congestive Heart Failure, Huntington's disease, CVA, quadriplegia, advanced multiple sclerosis, muscular dystrophy, end stage renal disease (ESRD), severe diabetic neuropathy or refractory anemia? (Diagnosis and ICD-9 code must be listed above)
 No Yes *
3. Does this individual have possible or probable MI or ID, does he or she have a medical condition, subsequent to discharge from acute care hospital, for which convalescent care is likely to require LESS THAN 120 days of nursing facility services?
 No Yes *
4. Does this individual have possible or probable MI or ID, does he or she require a provisional placement for respite care or due to delirium not to exceed 14 days?
 No Yes *
5. Does this individual have possible or probable MI or ID, does he or she require an emergency placement for his or her safety, not to exceed 7 days?
 No Yes *

For the Categorical Determination for MI or ID Individual section:

- Answer the required Yes or No Categorical Determination for Mental Illness (MI) or Intellectual Disabilities (ID) screening questions

PASRR Level 1 Information

The screenshot shows a web-based form for PASRR Level 1 screening. At the top left, there are 'Close' and 'Submit' buttons. An orange arrow points to the 'Submit' button with the text 'Click Submit'. Below the buttons are five screening questions, each with 'No' and 'Yes' radio button options. The bottom section of the form is titled 'Electronic Signature Statements of Understanding' and is highlighted with a red border. It contains a 'Provider Name' field, a 'Date' field (09/26/2021), and four numbered statements. An orange arrow points to the bottom of this section with the text 'Check'.

Close Submit Click Submit

1. Does this individual have possible or probable MI or ID, does he or she have a terminal illness, verified in writing by a physician?
 No Yes *

2. Does this individual have possible or probable MI or ID, is he or she comatose, ventilator dependent, functioning at brain stem level, have a diagnosis of COPD, severe Parkinson's Disease, Amyotrophic Lateral Sclerosis, Congestive Heart Failure, Huntington's disease, CVA, quadriplegia, advanced multiple sclerosis, muscular dystrophy, end stage renal disease (ESRD), severe diabetic neuropathy or refractory anemia? (Diagnosis and ICD-9 code must be listed above)
 No Yes *

3. Does this individual have possible or probable MI or ID, does he or she have a medical condition, subsequent to discharge from acute care hospital, for which convalescent care is likely to require LESS THAN 120 days of nursing facility services?
 No Yes *

4. Does this individual have possible or probable MI or ID, does he or she require a provisional placement for respite care or due to delirium not to exceed 14 days?
 No Yes *

5. Does this individual have possible or probable MI or ID, does he or she require an emergency placement for his or her safety, not to exceed 7 days?
 No Yes *

Electronic Signature Statements of Understanding

Provider Name: _____ Date: 09/26/2021

1. I am the person represented by the name displayed above.

2. I have agreed to submit the PASRR level 1 screening by electronic means.

3. I have read the definitions and conditions incorporated into this level 1 screening instrument; and I certify that the information entered is true and correct to the best of my knowledge and is adequately documented in the applicant/resident case record.

4. I understand that an electronic signature has the same legal effect and enforceability as a written signature.

By checking this box, I am electronically signing this PASRR level 1 screening.

Check

Next, review and understand the statements required for your electronic signature:

- Click the checkbox to electronically sign the PASRR Level 1 screening document
- Click Submit

A message will appear indicating that the screening record was created successfully



Wyoming
Department
of Health

Thank you

PASRR Level 1 Information