California Department of Health Care Services
PASRR Facility Training

What is PASRR?

PASRR

- Preadmission Screening and Resident Review.
- Required by law per federal regulations 42 CFR 483.100-483.138.

Required

- For all Medicaid certified nursing facility applicants.
  - Regardless of the individual's insurance type.
  - Dependent on the facility's certification. Must be Medicaid Certified.
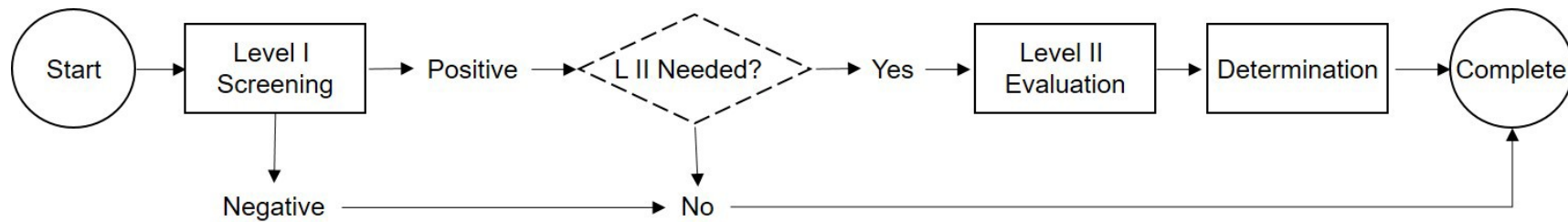
Goal of PASRR

To determine if individuals with serious mental illness (SMI) and/or intellectual/developmental disability (ID/DD) or related conditions (RC) require:

- Nursing facility (NF) services, considering the least restrictive setting.
- Specialized services.

Achieved

- By completing the PASRR process.

PASRR Process

Level I Screening	Level II Evaluation	Determination
• Submitted online by the facility. • Tool that helps identify possible SMI and/or ID/DD/RC.	• Face-to-face evaluation that helps determine placement & specialized services. • Department of Health Care Services (DHCS) is responsible for SMI Evaluations, which by law must be performed by a third party contractor. • Department of Developmental Services (DDS) is responsible for ID/DD/RC Evaluations.	• SMI Determinations will be available online and will include placement and treatment recommendations for the individual. • ID/DD/RC Determinations will be issued by DDS according to their separate process.

Preadmission Compliance

- Currently, California PASRRs are completed post-admission.
- DHCS is working with Centers for Medicare & Medicaid Services (CMS) to reach preadmission compliance in the near future.

Types of Level I Screenings

Select "New Level I Screening" from the Dashboard. There are two types of Level I Screenings:

Initial Preadmission Screening (PAS)
Required: • For all **new admissions**, submitted on the day of admission.

Resident Review (RR) (Status Update)

Required:
 	
• For an Initial Preadmission Screening (PAS) or Resident Review (RR) that needs to be updated for current residents, **readmissions**, or **inter-facility transfers** due to one of the following reasons:
 	
   • The individual experienced a **significant change** in their mental or physical condition. The Resident Review should be submitted as soon as the change is discovered.
 	
   • The individual qualified for the **30-day exempted hospital discharge (EHD)**, but their stay has exceeded the 30 days and they are no longer exempt. The Resident Review should be submitted no later than the 40th calendar day after admission.
 	
   • The previous PAS/RR screening was submitted with errors. The Resident Review should be submitted as soon as discovered.
 	
   • The previous PAS/RR screening was closed as an Attempt or Unavailable and now the individual is available to participate. The Resident Review should be submitted as soon as the person is available. If the individual was discharged into the community, then upon return they should be treated as a new admission and a PAS would be required not a RR.

PASRR Definitions

New Admission	Individual who had never been admitted to your facility before; **OR** an individual who does not qualify as a readmission.
Readmissions	An Individual who is already admitted to your facility; leaves to the hospital to receive care with return anticipated; and returns to your facility.
Inter-facility Transfers	An individual who transfers from one nursing facility (NF) to another NF, with or without an intervening hospital stay. The transferring NF is responsible for ensuring copies of the individual's most recent PASRR accompany the transferring individual.
30-Day Exempted Hospital Discharge (EHD)	30-Day Exemption from the PASRR process if the following apply: 1. The individual is admitted to a NF directly from a hospital after receiving acute inpatient care at the hospital; **AND** 2. The individual requires NF services for the same condition for which the individual was being treated for at the hospital; **AND** 3. The attending physician has certified before admission that the individual's stay will not exceed 30-days at the NF.
Significant Change	A decline or improvement in an individual's condition that requires revision of the care plan or level of care.
ID/DD/RC	Severe and chronic disability that is attributable to a mental or physical impairment that begins before an individual reaches adulthood. These disabilities include intellectual disability, cerebral palsy, epilepsy, autism, and disabling conditions closely related to intellectual disability or requiring similar treatment.

Enrollment

How to Enroll in the Online PASRR System

The facility is responsible for designating qualified staff for submitting the Level I Screening. It is recommended

they have:

- Knowledge of medical terminology.

- Knowledge related to the medical history and current status of the resident.

Please complete the Facility Approver Certification Appointment form and email to ITServiceDesk@dhcs.ca.gov.

DHCS does not limit the number of staff a facility can have enrolled as a user. However, only 2 staff from the facility can be designated in the role of an Approver.

Please visit dhcs.ca.gov/pasrr for detailed instructions on submitting the form.

Emails

- E-mail addresses cannot be shared or reassigned. Each enrollee is required to have their own valid email address that has not been assigned to anyone in the past, nor used by anyone currently. A unique and secure facility email address is recommended to avoid any HIPAA violations.

Roles

The role determines the enrollee's level of access in the PASRR system.

- **Approver** role is reserved for two contacts per facility that the facility administrator designates to approve staff access requests, view user list, edit user list, and reset the password for their personal PASRR account. The Approver role also has authorization to initiate and complete file transfers in the PASRR system.

- **User** role can access all PASRRs entered in their facility, view user list (read only view) and reset the password for their personal PASRR account. PASRR Facility Approvers submit a request to add a User through the Online PASRR System.

How to Request Enrollment for an Approver Role

Facility Approver Certification Appointment Form

This section provides instructions on the process to complete the Facility Approver Certification Appointment Form and email it to the IT Service Desk.

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Instructions

- To ensure the confidentiality of facilities PASRR data, DHCS requests the facility administrator designate **two** contacts for approving staff requests for access in the PASRR system.

- The **Approvers** will be responsible for **adding users, removing users**, and electronic PASRR **File Exchanges.**

- The facility administrator needs to choose facility type, provide Approver 1 information, provide Approver 2 information, sign the form and email the form to ITServiceDesk@dhcs.ca.gov

- Once the request is approved by DHCS, please follow the instructions in the Azure Registration Manual, located at dhcs.ca.gov/pasrr under the "Training" tab to complete your registration.

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State of California
Health and Human Services Agency
Department of Health Care Services

Facility Approver Certification Appointment Form
For access to **Preadmission Screening and Resident Review (PASRR)** System

Facility Name:

Facility Address:

Facility Phone:

Facility Type: ◯ Skilled Nursing Facility (SNF)   ◯ General Acute Care Hospital (GACH)

To ensure the confidentiality of facilities PASRR data, the Department of Health Care Services requests the Facility Administrator designate two contacts to be responsible for approving facility staff requests for access to the confidential patient data in the PASRR system. The Contacts will also be responsible for electronic PASRR File Exchanges.
Please complete the information below and email the fillable signed form to ITServiceDesk@dhcs.ca.gov. The email must be sent from the signer's (Facility Administrator) email account. Hand written and scanned forms will not be accepted. If you have any questions, please email to ITServiceDesk@dhcs.ca.gov.

Add Approvers:

Last Name	First Name	Job Title	Cell Phone Number	Email Address	Status
					Add
					Add

Remove Approvers:

Last Name	First Name	Job Title	Cell Phone Number	Email Address	Status
					Remove
					Remove

Facility Administrator Certification: I, the undersigned:

☐ Designate the above facility individuals to have independent authority to approve access requests and file exchanges in the PASRR system. DHCS may rely on approvals, denials, and changes made by the above individuals in its processing of access requests to this facility's data in the PASRR system. As changes occur to the above approving contacts, I will sign an updated certification and forward it to DHCS.

Facility Administrator (Signature)   Date

Facility Administrator (Printed Name)   Facility Administrator (E-mail address)

</td>
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</table>

How an Approver can "Add User" in the PASRR System

1. Click the User List (either from "Admin" dropdown menu or "User List" quick link).

2. Click "Add User" button (top right).

3. Fill in required User Information (Email, First Name, Last Name, Title, etc.).

4. Click the "Save" button.

- Please do not change the first and last name once saved. E-mails cannot be reassigned to new staff. Each staff must have their own unique e-mail address.

How an Approver can "Add User" in the PASRR System (Con't.)

Last Name	First Name	Email	Status	Last Login	Inactive Date	Role	Job Title	Action
Yellow	Mellow	MellowYellow@demo.com	Active	N/A	N/A	▸ GACH/NF User	RN	🔔
Yellow	Mellow	MellowYellowDemo@yahooo.com	Active	N/A	N/A	▸ GACH/NF User	DON	🔔

- The **red bell icon** indicates the request is pending approval from DHCS. An email is automatically generated to the DHCS IT Service Desk and sent to PASRR for approval. Once approved, the bell icon will disappear and an email will be sent to the user with instructions on how to log in.

How a User/Approver can view their facility PASRR accounts

1. Click the User List (either from "Admin" dropdown menu or "User List" quick link).

2. Click on the "Status" field (far right top) and choose the "Select" option.

- This allows User/Approvers to view all "Inactive" or "Active" accounts in the PASRR system.
- Only Approvers can edit the User's information.

How an Approver can "Inactivate" User accounts in the PASRR System

1. Click the User List (either from "Admin" dropdown menu or "User List" quick link).

2. Ensure the User List is showing "Active" accounts. You can do this by clicking on the "Status" field (far right top) and selecting "Active". Click on the "Edit" button under the Action column.

3. Click "Request to Inactivate User from the Facility".

4. A red bell icon will appear under the Action column on the "User List". Once the request is approved by DHCS, the red bell icon will disappear.

User Information   User History   Role History   Facility History

Basic Details

Email *	First Name *	MI	Last Name *
m.mouse@yahoo.com	Mickey		Mouse

Status *	Job Title *	Cell Phone
Active	DON	(__) __-___

Role & Facility Details

Role Category *	Role *	Facility *
Facility	GACH/NF User	GOLDEN LIVING CENTER - PETALUMA (101 MONROE STREET, , PETALUMA, CA, 94952)

Save | Request to Inactivate User from Facility | Cancel

Last Name	First Name	Email	Status	Last Login	Inactive Date	Role	Job Title	Action
Yellow	Mellow	MellowYellow@demo.com	Active	N/A	N/A	▸ GACH/NF User	RN	🔔
Yellow	Mellow	MellowYellowDemo@yahooo.com	Active	N/A	N/A	▸ GACH/NF User	DON	🔔

How an Approver can "Activate" an Inactive User's account

1. Click the User List (either from "Admin" dropdown menu or "User List" quick link).

2. Click on the "Status" field (far right top) and select "Inactive".

3. Click on the "Edit" button under Action column.

4. Status has now changed from "Inactive" to "Active".

5. Click "Save" button.

How an Approver can change an email address for a User account in the PASRR System

1. Follow instructions to "Inactivate" current account.

2. Follow instructions to "Add New User".

- Please note the current account must be inactivated before a new account is added.

How an Approver can initiate an Electronic File Exchange

Facilities can electronically transfer completed PASRR screenings and documents from one facility to another. **Only Approvers may initiate or accept/decline an electronic file transfer.**

1. Click on the "File Exchange List" (either from "Admin" dropdown menu or "File Exchange" quick link).

2. Select most recent PASRR for the resident. Please note the case must be **closed** to transfer the screening to a different facility.

3. Click on the file exchange button under action to initiate the exchange to a different facility.

4. Select the facility that you are sending the Level I Screening to (please verify the name of the facility/address is correct) and click the "**Ok**" button. An email confirmation is generated to the Approver role of the sending facility and the Approver role of the receiving facility.

⇄ File Exchange 200-008-339

Required fields are marked with an asterisk (*).

From Facility **GOLDEN LIVING CENTER - PETALUMA**

To Facility *

A & C CONV HOSPITAL OF MILLBRAE   ▼   ✓ Ok   ✕ Cancel
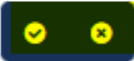
To Facility Address **33 MATEO AVENUE, MILLBRAE, CA, 94030**

👥 Approvers

- NFAdmin1@intra.dhs.ca.gov | NFAdmin1 NFAdmin1
- pasrr-Approver@yahoo.com | Viridian Green
- pasrr-portal6@yahoo.com | Rose Gold

How an Approver can initiate an Electronic File Exchange (Con't.)

5. The Approver in the receiving facility will see an "Incoming File Exchange Requests" widget on their dashboard. **A file exchange should only be accepted after the resident is admitted to your facility.** The Approver can accept, or decline the file exchange under the "Action" column in the "Incoming File Exchange Requests" dashboard widget. The file exchange request will expire in five calendar days if not accepted by the receiving facility. If the file exchange request expires, the Approver can initiate it again.

Incoming File Exchange Requests				
PASRR CID	**Resident Name**	**From Facility**	**Days Left**	**Action**
200-008-386	Tester, Phife	GOLDEN LIVING CENTER - PETALUMA 101 MONROE STREET PETALUMA CA 94952	5	✓ ✕

New Level 1 Screening

Facility Information (auto-populated by system)

This section auto-populates with date, name and address of the facility, and name of the person completing the form.

Date Started

- Cannot be edited or backdated.
- Date used for TAR reimbursement.

Facility information

- Name and address of facility.
- Name and email of staff completing the form.
- If this is not your facility or name, please stop and contact DHCS IT Service Desk.

PASRR 🏠   Level I ⌄   Admin ⌄   NFAdmin TEST, Test ⌄

✻ Level *I* Screening

Facility Information

Facility Name	**Facility Address**	**Phone**
KAISER FDN HOSP MANTECA D/P SNF	1777 WEST YOSEMITE AVENUE MANTECA CA 95337	(209) 825-3700
Date Started	**Name of Person Completing Level I Screening**	
11/16/2020	NFAdmin TEST M Test	

Section I- Individual Information
Questions 1-3 This section helps identify the individual, screening type, and determines if the individual qualifies for Exempted Hospital Discharge (EHD).

Question 1. Individual Information- Red Asterisk (required information)

- Name of resident.

- Date of birth.

Question 2. Does resident qualify for Exempted Hospital Discharge?

- Answer "yes" if all three criteria apply: (1) discharged from medical facility to Medicaid NF, (2) the individual requires NF services for same condition as hospital stay, and (3) attending physician certifies the individual will be staying less than 30 days.

- If #2 is "yes", screening will close with No Need Letter generated. If #2 is "no", continue to question #3.

Question 3. Screening type: PAS or RR

- Select screening type and admission date.

- This question checks for duplicate screenings.

Required fields are marked with an asterisk (*).

Section I - Individual Information			
❶ Last Name *	First Name *	Middle Name	Date Of Birth *
Smith	Mary		06/01/2021

❷ Exempted Hospital Discharge ❓ *
　○ Yes　● No　○ Unknown

❸ Screening Type *
　○ Initial Preadmission Screening (PAS)❓　○ Resident Review (RR) (Status Change)❓

Admission Date *
MM/DD/YYYY

💾 Save　✔ Submit　✖ Cancel

Please Note: Once this section is completed, the PASRR CID# is automatically assigned and the case status changes to "In Progress".

- "In Progress" cases can be edited with the pencil icon from the Dashboard or Level I Cases list.

- Screenings left "In Progress" will be **deleted from the PASRR system if not submitted within two weeks.**

Section II- Intellectual or Developmental Disability (ID)/ (DD) or Related Condition (RC)
Questions 4-9

This section helps identify a suspected or diagnosed intellectual/developmental disability. If "yes", then it is automatically sent to the California Department of Developmental Services (DDS). Please contact DDS at (916) 654-1954 for questions related to this section.

Question 4

- Is there a suspected or diagnosed ID/DD/RC?

Question 5

- Does the individual have a history of a substantial disability prior to 22 years of age?

Question 6, 7, and 8

- Is the individual a consumer of Regional Center Services or been referred to RCS?

Question 9

- Due to ID/DD or RC, does the individual experience functional limitations?

Section II – Intellectual or Developmental Disability or Related Conditions (ID/DD/RC) ❓

❹ The Individual has or is suspected of having a primary diagnosis of ID/DD/RC. ✱
○ Yes   ○ No   ○ Unknown

❺ The Individual has a history of a substantial disability prior to the age of 22. ✱
○ Yes   ○ No   ○ Unknown

❻ The Individual is a consumer of Regional Center Services. ✱
○ Yes   ○ No   ○ Unknown

❼ The Individual is a consumer of any ID/DD service, past or present, other than Regional Center Services. ✱
○ Yes   ○ No   ○ Unknown

❽ Has the Individual ever been referred to Regional Center Services? ✱
○ Yes   ○ No   ○ Unknown

❾ Because of ID/DD, the Individual experiences functional limitations. Examples of functional limitations include mobility, self-care, self-direction, learning/understanding/using language, capacity for living independently. functional limitations ❓ ✱
○ Yes   ○ No   ○ Unknown

[Collapse All] [💾 Save] [✔ Submit] [✖ Cancel]

Section III- Mental Illness
Questions 10-12

This section helps determine if the individual may have a serious mental illness and benefit from specialized services.

Question 10. Diagnosed Mental Illness

- Is there a diagnosis of mental illness?
- If "yes", question #11 is not required.

Question 11. Suspected Mental Illness

- If no diagnosis, do you suspect a mental illness?
- If "yes", a text box will appear for you to provide more details regarding the suspected mental illness.

Question 12. Psychotropic Medication

- If "yes" a text box will appear to list all the names of prescribed psychotropic medications for mental illness.

Section III- Serious Mental Illness ❓

Diagnosed Mental Illness ❓
10 Does the Individual have a diagnosed mental disorder such as Depression, Anxiety, Panic, Schizophrenia/Schizoaffective Disorder, Psychotic, Delusional, and/or Mood Disorder? ✱
○ Yes ○ No

Suspected Mental Illness
11 After observing the Individual or reviewing their records, do you believe the Individual may be experiencing serious depression or anxiety, unusual or abnormal thoughts, extreme difficulty coping, or significantly unusual behaviors?
○ Yes ○ No

Psychotropic Medication ❓
12 The Individual has been prescribed psychotropic medications for mental illness. ❓
● Yes ○ No

Explain

Section IV-Categorical Determination

Questions 13-16

This section helps identify if an individual has a categorical condition, thus preventing them from benefiting from specialized services.

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Questions 13 and 13a

- Does the individual require less than a 15 day stay?
- If "yes", 13a must be answered.

Questions 14 and 14a

- Due to the severe physical condition, will the individual have difficulty communicating their needs?
- If "yes", 14a must be answered. Please provide the physical diagnoses that causes the individual to require Nursing Facility care, followed by the specific conditions or reasons that prevent the individual from participating in specialized services.

Question 15

- Does the resident have delirium?

If questions 13, 14 or 15 are answered "yes", question #16 is required.

Question 16 (Election of hospice status is only available if question #14 is "yes")

- Select data source for basis for the categorical application.

</div>

Section IV-Categorical Determination (Con't)

Section IV – Categorical Determination ❷ (Only one out of 13-15 can be selected as "Yes"")

Brief Stay ❷

13 The Individual requires less than 15 days stay.
○ Yes ○ No

Severe Physical Condition ❷

14 The individual could not benefit from specialized (mental health) services ❷ because there is a severe physical condition such as coma, ventilator dependence, or neurocognitive disorder (dementia) that prevents the individual from engaging with others, communicating effectively, and/or participating in mental health care; Or the Individual has a terminal illness that is currently being treated under palliative, comfort, or hospice care.

● Yes ○ No

14a Provide the physical diagnoses that causes the individual to require Nursing Facility care, followed by the specific conditions or reasons that prevent the individual from participating in specialized services. ✱

[   ]

Delirium ❷

15 The individual has a diagnosis of delirium. Further diagnosis cannot be made until delirium clears.
○ Yes ○ No

16 Please select the data source that is the basis for the above categorical application ✱
○ Hospital/Facility records ○ Physician's evaluation ○ Election of hospice status ○ Records of community mental health centers ○ Records of community intellectual disability or developmental disability providers

[🖫 Save] [✔ Submit] [✖ Cancel]

Categorical?

Yes → If one "Yes" is selected for #13-#15 → Complete #16 → Screening will close → Sent to DHCS for review → Case closed & Categorical letter generated

No → If all "No" selected for #13-#15 → Continue to Current Physical Diagnosis & Bed Type Section

Section V- Current Physical Diagnoses and Bed Type

Questions 17-18

This section helps identify current physical diagnosis and bed type.

Questions 17

- List all current physical diagnoses in text box.

Question 18

- Select type of bed the resident is currently residing in. If you select "other"- add a brief description, address, and phone number where the resident currently resides.

Section V – Current Physical Diagnoses and Bed Type

17 Please list all current physical diagnoses ✱

18 What type of bed is the resident currently residing in? ✱

○ General Acute Care Hospital ○ Skilled Nursing Facility ○ Group Home/Assisted ○ Acute Psychiatric Hospital/Unit ○ Special treatment Program/Institution for Mental Disease ○ Intermediate Care Facility
○ Other – specify

Collapse All | 🖫 Save | ✓ Submit | ✕ Cancel

Click the Submit button to submit screening. Pop up message will appear after completed.

ℹ Level I Screening Submitted ✖

Thank you for completing the Level I screening. The resident requires a Level II Evaluation. Please provide the resident and conservator (if available) with the Notice of Need Letter. Also print the Level I Screening PDF for your records. The Notice of Need Letter may also be kept for your records.

✕ OK

Do not close out of your browser early. Allow the system to refresh to the Level I Cases list and verify your case is now visible.

Level I Corrections

The Level I Screening should always reflect the individual's current condition. We recommend checking if a Resident Review is needed during a facility's annual or quarterly MDS reviews.

"In Progress" Screenings:

- Can be edited by clicking on the pencil icon on your Dashboard or Level I Cases list.
- Will automatically delete from the PASRR system after two weeks if not submitted.

Submitted Screenings:

- Cannot be edited, even by DHCS.
- For minor demographic errors, such as misspelling of the first name or entering the wrong date of birth, make hand written corrections and initial on the printed Level I Screening for your records and TAR submission.
- For major demographic and/or clinical errors, such as entering the wrong last name or selecting the wrong option during the clinical questions, submit a new screening as a Resident Review (RR) (Status Update).

Level II Process

Positive Level I Screenings are automatically sent to the DHCS contractor for review and processing. When they call to schedule the Level II, they will be asking questions containing PHI to determine if an evaluation is deemed necessary.
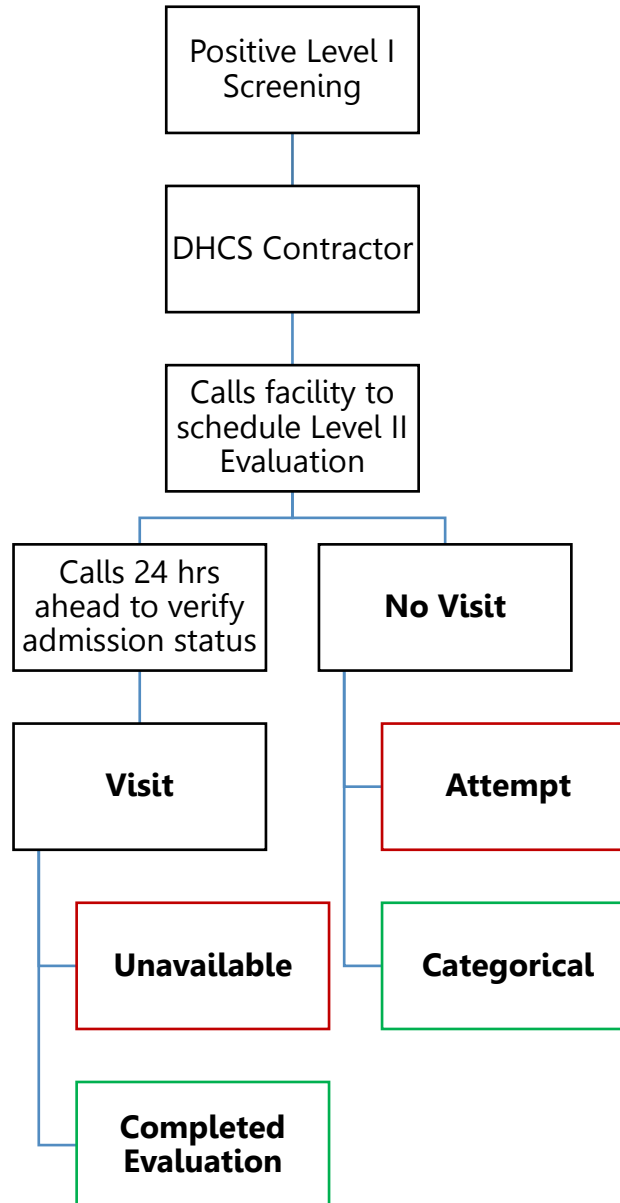
Visit

If the contractor deems a Level II Evaluation is necessary, they will schedule a visit. The visit may be conducted face-to-face or via telehealth. During a face-to-face visit, the evaluator will travel to the facility and upon arrival, they will present a letter of introduction and ID badge. They will need to have access to the medical records along with conducting a face-to-face evaluation with the individual.

```
                    ┌──────────────────────────┐
                    │ Calls 24 hrs ahead to    │
                    │ verify admission status  │
                    └──────────────────────────┘
                              │
                    ┌──────────────────┐
                    │      Visit       │
                    └──────────────────┘
                              │
            ┌─────────────────┴──────────────────┐
   ┌────────────────┐                   ┌────────────────────────┐
   │  Unavailable   │                   │  Completed Evaluation  │
   └────────────────┘                   └────────────────────────┘
            │                                      │
  ┌──────────────────────┐              ┌────────────────────────┐
  │ Case closed/         │              │     Sent to DHCS        │
  │ Unavailable letter   │              └────────────────────────┘
  │ available online     │                         │
  └──────────────────────┘              ┌────────────────────────┐
            │                            │   Reviewed by DHCS      │
  ┌──────────────────────┐              │ Consulting Psychologist │
  │ If individual becomes │             └────────────────────────┘
  │ available/ Required   │                        │
  │ to submit new Level I │             ┌────────────────────────┐
  │ Screening            │              │ Case closed/            │
  └──────────────────────┘             │ Determination letter    │
                                        │ available online        │
                                        └────────────────────────┘
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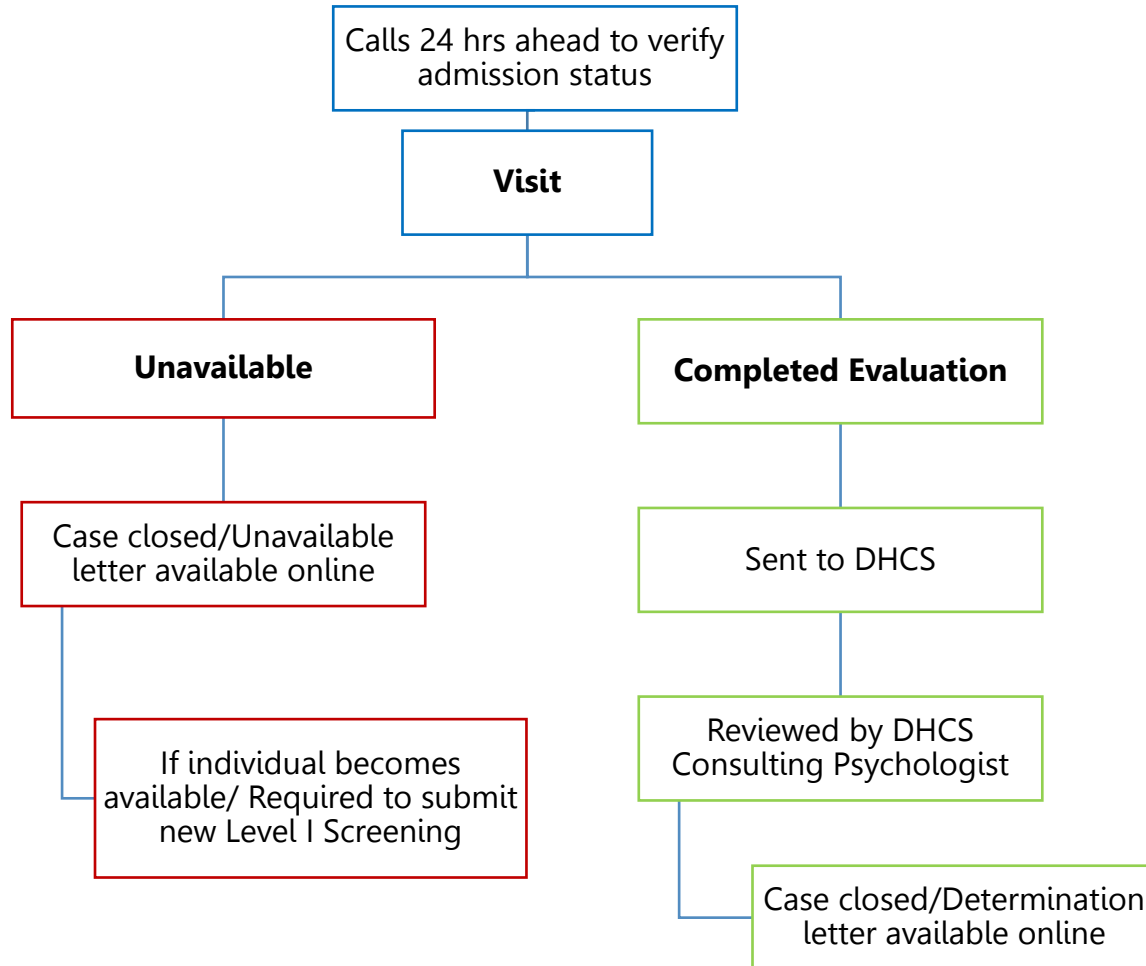
No Visit

If the contractor deems a Level II Evaluation is not necessary, they will not schedule a visit.

```
                        ┌─────────────────────────────┐
                        │ Calls facility to schedule  │
                        │      Level II Evaluation    │
                        └─────────────────────────────┘
                                      │
                        ┌─────────────────────────────┐
                        │          No Visit           │
                        └─────────────────────────────┘
                          │                         │
        ┌─────────────────────────────┐   ┌─────────────────────────────┐
        │          Attempt            │   │        Categorical          │
        │ Due to: discharge, deceased,│   │ Due to: appropriate         │
        │ isolation, no SMI, never    │   │ Categorical reason not      │
        │ admitted or duplicate       │   │ marked on Level I Screening  │
        └─────────────────────────────┘   └─────────────────────────────┘
                   │                                  │
        ┌─────────────────────────────┐   ┌─────────────────────────────┐
        │ Case closed/ Attempt letter │   │         Sent to DHCS        │
        │      available online       │   └─────────────────────────────┘
        └─────────────────────────────┘                │
                   │                       ┌─────────────────────────────┐
        ┌─────────────────────────────┐   │     Reviewed by DHCS        │
        │ If individual becomes       │   │   Consulting Psychologist   │
        │ available/ Required to      │   └─────────────────────────────┘
        │ submit new Level I Screening│                │
        └─────────────────────────────┘   ┌─────────────────────────────┐
                                          │ Case closed/Categorical     │
                                          │ letter available online     │
                                          └─────────────────────────────┘
```

Appeals

Request for Reconsideration

If the resident, facility, and/or conservator disagrees with the DHCS Level II Determination, please submit a PASRR Request for Reconsideration. The Reconsideration form is located on the DHCS PASRR website at dhcs.ca.gov/pasrr. Please send the completed form to DHCS.

Mail:

> Department of Health Care Services
> Clinical Assurance Division
> PASRR Section
> PO Box 997419 MS 4507
> Sacramento CA 95899-7419

Fax: (916) 319-0980

E-mail: PASRR@dhcs.ca.gov

When DHCS receives the Reconsideration Request, clinical staff will review the case, resulting in modified recommendation(s) or no changes to the original Determination.

Request a State Hearing

If still dissatisfied with the reconsideration process, a State Fair Hearing may be requested from the California Department of Social Services (CDSS).

Mail:

> Department of Social Services
> State Fair Hearing Division
> P.O. Box 944243 Mail Station 9-17-37
> Sacramento, CA 94244-2430

Phone: 1-800-952-5253

Contact

DHCS

Please visit our PASRR website at dhcs.ca.gov/pasrr

All PASRR questions/requests need to be directed to the DHCS IT Service Desk. IT Service Desk requires a first name, last name, and phone number before a work order ticket can be created.

For service requests including: adding/deleting approvers to your facility, please include the Facility Approver Certification Form located on the PASRR website. For questions related to a Level I Screening, Level II Evaluation, or Determination, please include the PASRR CID# in the email request.

DHCS IT Service Desk can be reached by email or by phone:
Email: ITServiceDesk@dhcs.ca.gov
Phone: (916) 440-7000 and select option 1

Support is available Monday through Friday from 7:00am – 5:00pm. Requests will not be processed after business hours, weekends, or state holidays.

Field Office for Treatment Authorization Requests (TAR)

The DHCS PASRR Section does not have jurisdiction over TAR submissions. If you have questions related to TAR submissions or payment, please contact the Field Office.
Phone: 1-800-541-5555

DDS

For questions related to ID/DD/RC Level II Evaluations/Determinations, please contact DDS.
Phone: (916) 654-1954
Fax: (916) 654-3256