

CO PASRR Provider Training

June 2026

Agenda

PathTracker

Provisional Approvals

Resident Reviews

Q&A



PathTracker

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Understanding PathTracker

What is PathTracker?

- A feature within AssessmentPro that nursing facilities use to report and maintain their PASRR census.
- Reports and tracks:
 - Admissions
 - Discharges
 - Transfers

Why PathTracker matters?

- The location of all PASRR LII residents are monitored.
- PT supports federal PASRR reporting requirements.

When should PathTracker be updated?

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Char Garrett 11

Search site...

Create New Screen

Action Required

Drafts

ServiceMatters Review

Clinical Review

Recent Outcomes

PathTracker

My Screens

Facility Screens

My Action Required Screens

Individual Name	Assessment Type	Expiration Date	Last Updated
0 No items to display			

Update PathTracker when...

Person admits to a nursing facility

Person discharges from a nursing facility

Person transfers to a new nursing facility

Person has died

Nursing Facility Admissions

Admitting facility enters PathTracker notices FOLLOWING admission.

- The facility should receive a copy of the Notice of Determination (NOD) from the discharging provider.
- If the NOD is not received, the admitting NF will have access to this once they admit to the individual in PathTracker.

Federal regulations require that the nursing facility maintain a copy of the notification (NOD), also known as the Summary of Findings Report, in the resident's current medical record at all times.

Nursing Facility Admissions

- New residents should appear in your **Admittance Queue** if your NF was identified on the Level I.
- If the individual does not appear in your **Admittance Queue**, select **Individual not shown? Click here to search**.

Update PathTracker
once the physical
admission has
occurred

Individual not
shown? Click here
to search

The screenshot shows a web application interface for managing nursing facility admissions. At the top, there is a navigation bar with a home icon, the user name 'Char Garrett', a notification badge with '11', and a search bar. Below this is a 'Create New Screen' button. A horizontal menu contains several options: 'Action Required', 'Drafts', 'ServiceMatters Review', 'Clinical Review', 'Recent Outcomes', and 'PathTracker'. The 'PathTracker' option is highlighted with a purple box. Below the menu, there are two tabs: 'Admittance Queue' and 'Census'. The 'Admittance Queue' tab is active and highlighted with a purple box. The main content area displays a table titled 'Admittance Queue'. The table has columns for 'First Three Letters of First Name', 'First Three Letters of Last Name', 'Identification Type', 'Last Four of Identification Number', 'Date of Birth', and 'Actions'. A single row is visible with the following data: 'XXX', 'LAS', 'Social Security Number', '5244', and '01/01/1950'. The 'Actions' column for this row contains two buttons: 'Admit' (highlighted with a purple box) and 'Remove from Queue'. Above the table, there is a search bar with the text 'Individual not shown? Click here to search' (highlighted with a purple box and an arrow from the callout). A pagination bar at the bottom shows '1 - 1 of 1 items'.

First Three Letters of First Name	First Three Letters of Last Name	Identification Type	Last Four of Identification Number	Date of Birth	Actions
XXX	LAS	Social Security Number	5244	01/01/1950	<button>Admit</button> <button>Remove from Queue</button>

Nursing Facility Admissions

- If the individual does **NOT** appear in the Admittance Queue, search for the individual by their SSN or other identification number.
- After verifying the correct individual, select **Admit**.

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 Char Garrett 11

PathTracker Search

Select search criteria:

Social Security Number

XXX-XX-XXXX

Q

First Three Letters of First Name	First Three Letters of Last Name ↑	Date of Birth	Identification Type	Last Four of Identification Number	
XXX	LAS	01/01/1950	Social Security Number	6543	Admit

Required Information for Admission Notices

Admission
date

Where the
individual is
admitting from

The determination
date of the most
recent PASRR
screen

Admit to Facility

Individual name : XXXXX LastName1234

Admitting facility : EVERGREEN NURSING HOME
XXXXXX
XXXXXX
XXXXXX
ALAMOSA, CO 81101

Admission date : 6/5/2026

Expected length of stay : Less than 30 days

Is the individual being admitted from a known facility?
☐ Known facility
☒ Other location

Admitted from : Community Setting

Address line one : XXXXXXXX

Address line two :

City : COLORADO SPRINGS State : CO ZIP : 80910-

Phone number :

What is the individual's PASRR condition?
☐ A mental health condition
☐ An intellectual disability
☐ A condition related to intellectual disability
☐ No known or suspected PASRR condition

Select the assessment for this admission:

AID	Type	Outcome	LOS	Determina...	End Date	Submitting Facility
5625479	Level I	No Level II Required - No SMI/ID/RC		06/05/2026		EVERGREEN NURSING HOME

☐ Assessment not listed
☐ Date of assessment not known
☐ No assessment was submitted for this admission

Date of determination:

Completed by: Char Garrett Phone: Date: 6/5/2026

Admission ID:

☐ By admitting this person in the PathTracker Census, the Nursing Facility commits to providing the services outlined in the PASRR pre-admission assessment and any subsequent assessments, as long as this person remains a resident.

Cancel Submit

Full name and
complete social
security number

Expected length
of stay

What is their
PASRR
condition(s)

Attestation Alert

5625479

Level I

No Le
Requi
SM/IO

☐ Assessment not listed

☐ Date of assessment not known

☐ No assessment was submitted

Completed by: Char Garrett

Admission ID:

☐ By admitting this person in the PathTracker Census, the Nursing Facility commits to providing the services outlined in the PASRR pre-admission assessment and any subsequent assessments, as long as this person remains a resident.

Cancel

Submit

Attest that the NF can provide the services outlined in the PASRR when admitting the person into the *PathTracker* census.

Transfers and Discharges

- A resident can only be present on **one** facility's census at a time.
- The transferring NF is responsible to complete transfer in PathTracker **before** the accepting NF can admit the individual.
 - The **new** accepting facility will admit the individual in PathTracker once **physical** admission occurs.
- Additionally, PathTracker should also be updated once a resident has **discharged** or is **deceased**.

Name	Identification Type	Last 4 of Identification Number	Date of Birth	Date of Admission	End Date	Total Length of Stay	Edit	Discharge
LastName110711548, XXXXX	Social Security Number	1548	01/01/1950	06/25/2025		344	✓	Discharge/Transfer/Deceased
LastName131106249, XXXXX	Social Security Number	6249	01/01/1950	08/26/2025		282	✓	Discharge/Transfer/Deceased
LastName225508437, XXXXX	Driver's License/State ID	8437	01/01/1950	09/18/2025		259	✓	Discharge/Transfer/Deceased
LastName227331002, XXXXX	Social Security Number	1002	01/01/1950	11/21/2022		1291	✓	Discharge/Transfer/Deceased
LastName245321245, XXXXX	Social Security Number	1245	01/01/1950	07/05/2024		699	✓	Discharge/Transfer/Deceased
LastName249141447, XXXXX	Social Security Number	1447	01/01/1950	02/13/2024		842	✓	Discharge/Transfer/Deceased
LastName257112968, XXXXX	Social Security Number	2968	01/01/1950	09/10/2025		267	✓	Discharge/Transfer/Deceased
LastName274131145, XXXXX	Social Security Number	1145	01/01/1950	07/01/2024		703	✓	Discharge/Transfer/Deceased

Required Information for Discharge/Transfer/Deceased Notices

Reason for departure

Date of departure

Discharge disposition location

Make sure to save a copy of the PASRR NOD before completing.

After submitting, you will lose access to this person's information

Discharge/Transfer/Deceased

Individual : XXXXX LastName227331002

Submitting facility : EVERGREEN NURSING HOME
XXXXX
XXXXX
XXXXX
ALAMOSA, CO 81101

Discharge/transferred/deceased date 6/5/2026

Discharged, transferred, or deceased?

Is the individual being discharged/transferred to a known facility?
☒ Known facility
☐ Other location

Known facility state :

Individual's profile will be revoked for the current facility's users that do not have access to the profile

Phone:

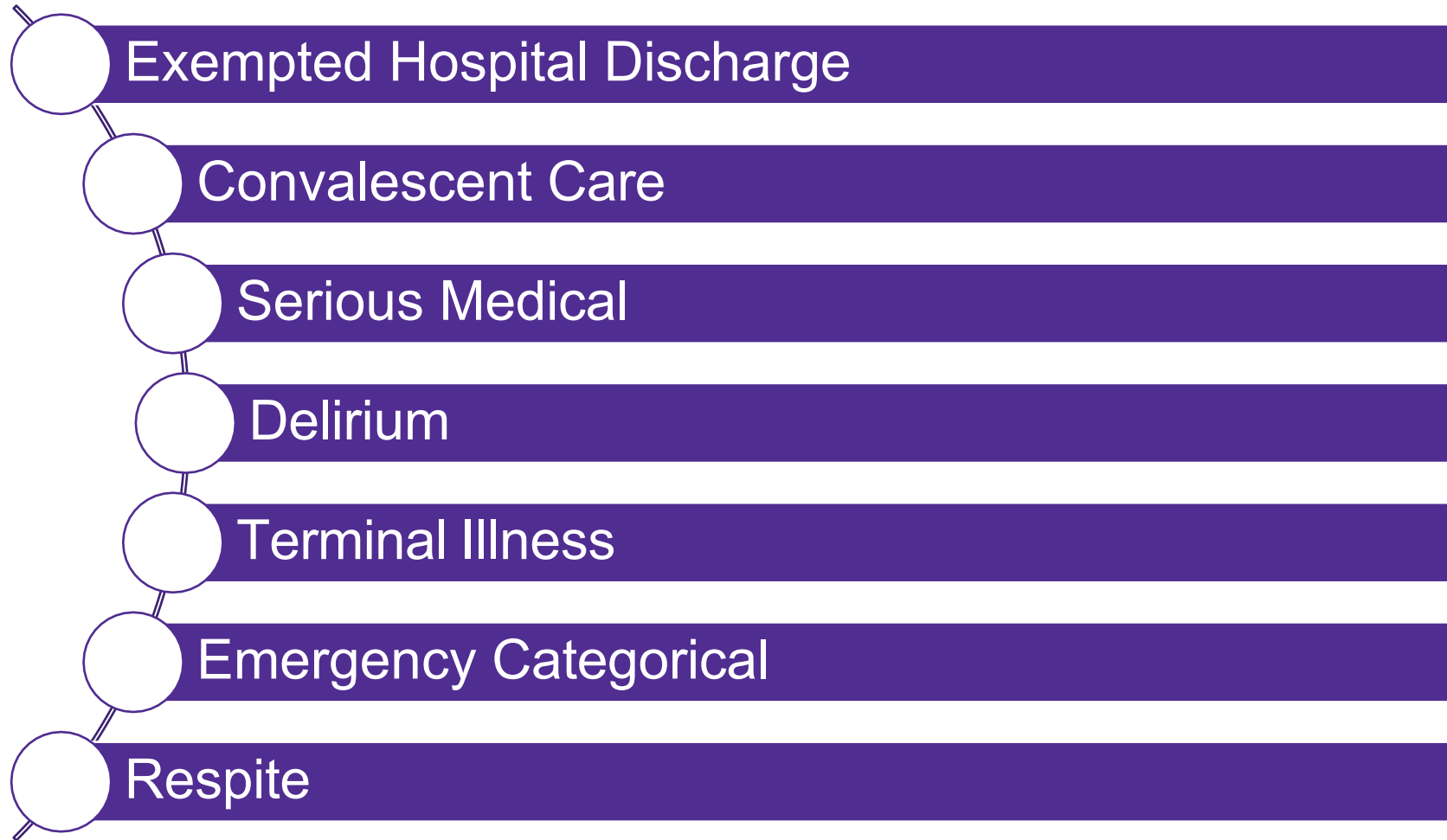
Date: 6/5/2026

Cancel Submit

Provisional Approvals



Types of Provisional Approval



Exempted Hospital Discharge

Criteria:

- Admitting to a NF after receiving acute inpatient care at the hospital; AND
- Requires NF care for the condition for which they received care in the hospital; AND
- Likely to require less than thirty (30) days of nursing facility services; AND

Required documentation:

- The **Physician Certification** verifying that less than 30 days of NF care is sufficient – requires physician signature

 COLORADO Department of Health Care Policy & Financing		
Physician Certification of Eligibility for the Exempted Hospital Discharge (EHD) or Convalescent Care Categorical		
This signed certification of eligibility can be uploaded into AssessmentPro at the time of Level I submission for Maximus' consideration of an EHD or Convalescent Care Categorical applicability. This form only applies to nursing facility applicants, on a preadmission basis, who have a known or suspected mental illness, intellectual disability, and/or related condition. Your organization may create and use a similar form for either option requested, if it includes the criteria identified below.		
Nursing Facility Applicant Information		
First Name:	Last Name:	M.I.:
Date of Birth:		
Name of Discharging Hospital:		
Exempted Hospital Discharge (30 days)		
An Exempted Hospital Discharge (per 42 CFR 483.106(b)(2)) means the nursing facility applicant:		
1. Is being admitted to a nursing facility after receiving acute inpatient care at the hospital; AND	☐ Yes ☐ No	
2. Requires nursing facility care for the condition for which they received care in the hospital; AND	☐ Yes ☐ No	
3. Are likely to require less than thirty (30) days of nursing facility services.	☐ Yes ☐ No	
Note: The attending physician, upon signing below, certifies that the nursing facility applicant meets eligibility. If "No" was answered to any of the above questions, the individual is not eligible. The Level I screen must still be submitted so Maximus can determine if a preadmission Level II Evaluation is needed.		
Attending Physician Signature:		Date:
Attending Physician Name (printed):		License No:
Convalescent Care Categorical (60 days)		
A Convalescent Categorical (per 42 CFR 483.130(d)(1)) means the nursing facility applicant:		
1. Requires convalescent care from an acute physical illness, AND	☐ Yes ☐ No	
2. The acute physical illness required [inpatient] hospitalization, AND	☐ Yes ☐ No	
3. They do not meet all criteria for an Exempted Hospital Discharge, AND	☐ Yes ☐ No	
4. Are likely to require less than sixty (60) days of nursing facility services.	☐ Yes ☐ No	
Note: The attending physician, upon signing below, certifies that the nursing facility applicant meets eligibility. If "No" was answered to any of the above questions, the individual is not eligible. The Level I screen must still be submitted so Maximus can determine if a preadmission Level II Evaluation is needed.		
Attending Physician Signature:		Date:
Attending Physician Name (printed):		License No:
Exempted Hospital Discharge and Convalescent Categorical Form July 2025		

Convalescent Care (up to 60 days)

 **COLORADO**
Department of Health Care
Policy & Financing

Physician Certification of Eligibility for the
Exempted Hospital Discharge (EHD) or Convalescent Care Categorical

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Nursing Facility Applicant Information		
First Name:	Last Name:	M.I.:
Date of Birth:		
Name of Discharging Hospital:		

Exempted Hospital Discharge (30 days)	
An Exempted Hospital Discharge (per 42 CFR 483.106(b)(2)) means the nursing facility applicant:	
1. Is being admitted to a nursing facility after receiving acute inpatient care at the hospital; AND	☐ Yes ☐ No
2. Requires nursing facility care for the condition for which they received care in the hospital; AND	☐ Yes ☐ No
3. Are likely to require less than thirty (30) days of nursing facility services.	☐ Yes ☐ No
Note: The attending physician, upon signing below, certifies that the nursing facility applicant meets eligibility. If "No" was answered to any of the above questions, the individual is not eligible. The Level I screen must still be submitted so Maximus can determine if a preadmission Level II Evaluation is needed.	
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1. Requires convalescent care from an acute physical illness, AND	☐ Yes ☐ No
2. The acute physical illness required [inpatient] hospitalization, AND	☐ Yes ☐ No
3. They do not meet all criteria for an Exempted Hospital Discharge, AND	☐ Yes ☐ No
4. Are likely to require less than sixty (60) days of nursing facility services.	☐ Yes ☐ No
Note: The attending physician, upon signing below, certifies that the nursing facility applicant meets eligibility. If "No" was answered to any of the above questions, the individual is not eligible. The Level I screen must still be submitted so Maximus can determine if a preadmission Level II Evaluation is needed.	
Attending Physician Signature:	Date:
Attending Physician Name (printed):	License No:

Exempted Hospital Discharge and Convalescent Care Categorical Form
July 2025

Page 1 of 1

Criteria (similar to EHD):

- Requires convalescent care from an acute physical illness, AND
- The acute physical illness required [inpatient] hospitalization, AND
- They do not meet all criteria for an Exempted Hospital Discharge, AND
- Are likely to require less than sixty (60) days of nursing facility services.

Required documentation:

- The **Physician Certification** verifying that less than 60 days of NF care is sufficient – requires physician signature.

Serious Medical

Criteria:

- Presence of a severe physical illness
- Condition prevents participation in or needing specialized services
- No specified timeframe identified

Note: If improvements occur, the facility should submit a Status Change.

Required documentation:

- Documentation identifying that NF admission is intended for care of the identified medical or functional need

Delirium (up to 7 days)

Criteria:

- Level I identifies symptoms of delirium which would prevent an accurate Level II outcome
- Presence of a known or suspect PASRR condition

Required documentation:

- Medical records supporting delirium diagnosis

Terminal Illness (up to 180 days)

Criteria:

- Terminal condition prevents participation in specialized services
- Life expectancy $\leq$ 6 months
- Known or suspected PASRR condition
- Psychiatrically stable

Required documentation:

- Hospice contract **OR**
- Physician's documentation indicating life expectancy is 6 months or less

Emergency Categorical (up to 7 days)

Criteria:

- There is an urgent need for NF care for no more than 7 days
- Lower LOC is not available or appropriate
- Authorization was provided by an appropriate state employee or authorized designee
- Psychiatrically stable: does not present a risk of harm to self or others

Respite (up to 30 days)

Criteria:

- Requires 30 days or less of respite care per certification period
- Expected to return to the community upon respite completion
- Presence of a known or suspect PASRR condition

Note: Medicaid reimbursement is only provided with one of the approved waivers

Required documentation:

- Verification within the Level I referral

Provisional Approval Reminders

- Current NF residents **cannot** be approved EHD, Convalescent Categorical, or Respite categorical.
 - Current residents **can** be approved for Serious Medical or Terminal Illness.
- Back-to-back EHD and/or 60-day convalescent categoricals are not permitted **UNLESS**:
 - The resident has discharged to the community OR
 - The resident has discharged to a non-institutional setting

Psychiatric Stability

Certain provisional admission will require confirmation of psychiatric stability, in addition to required criteria being met.

Clinical Presentation	Psych Stable for a Provisional (EHD or Categorical)?	Psych Stable for Onsite Level II?
Suicidal thoughts with plan	NO	YES
Not responding to treatment	NO	YES
Not participating in evaluations or treatment	NO	YES
Restraint or involuntary medication administration is needed to keep the person safe	NO	YES
Acute aggression with risk of harm to self or others	NO	NO
Isolated incident of aggression with known precursor that has not recurred	NO	YES
Symptoms are mild or intermittent, e.g., agitation or anxiety	YES	YES
Individual is able to calm self	YES	YES
Behaviors respond to intervention	YES	YES



Resident Reviews

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Types of Resident Reviews

Continued Stay Review (CSR) Requests

- Applicable for residents admitted to the nursing facility on a time-limited stay but a longer stay is now needed

Status Changes

- Applicable for current residents who have experienced a significant change in their condition



Defining Status Change Resident Reviews



Declines in the person's condition



Improvement in condition



New mental health diagnoses



New interest in returning to the community

Examples of Status Change

- Increased behavioral, psychiatric, or mood-related symptoms
- Behavioral, psychiatric, or mood related symptoms that have not responded to ongoing treatment
- Improvement or decline in a medical condition
- Physical change with behavioral, psychiatric, or mood-related symptoms, or cognitive abilities
- Indicates a preference to leave the facility
- Condition or treatment is significantly different than described in the most recent PASRR Level II
- Exhibits behavioral, psychiatric, or mood-related symptoms suggesting the presence of Mental Illness where dementia is not the primary diagnosis
- Intellectual Disability/Related Condition not previously identified and evaluated through PASRR
- **Nursing facility residents who are psychiatrically hospitalized and plan to return to the nursing facility**

Level I submission is **not** required for:

Conversion of payor source

Transfer from one Medicaid nursing facility to another
WITHOUT a significant change or expiring limited stay

Developmental Disability Determination made by the
CMA

Questions?

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Thank You for Attending!



<https://www.surveymonkey.com/r/L2F5RLZ>

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