CO PASRR Provider Training

June 2026

Agenda

- PathTracker
- Provisional Approvals
- Resident Reviews
- Q&A

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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.

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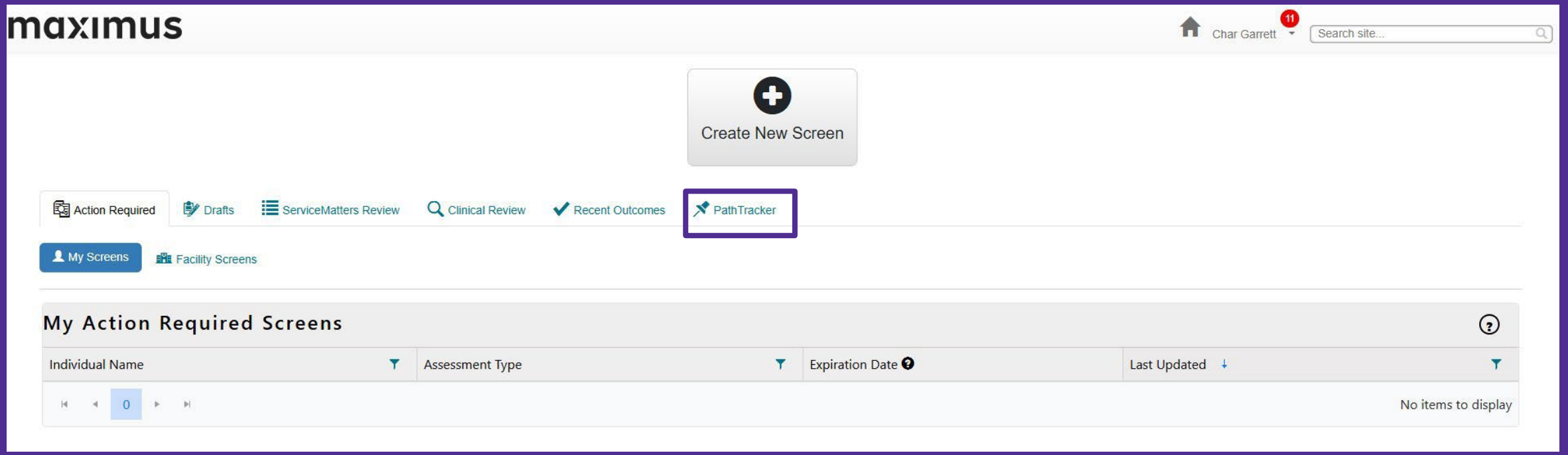
When should PathTracker be updated?



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.

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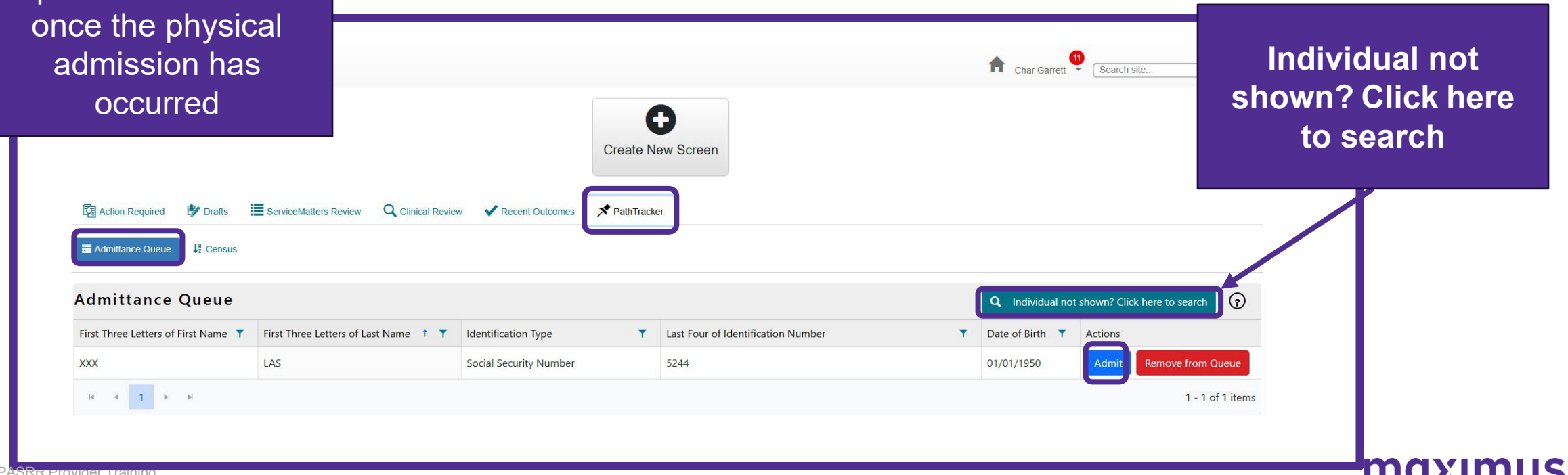
Nursing Facility Admissions

- 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

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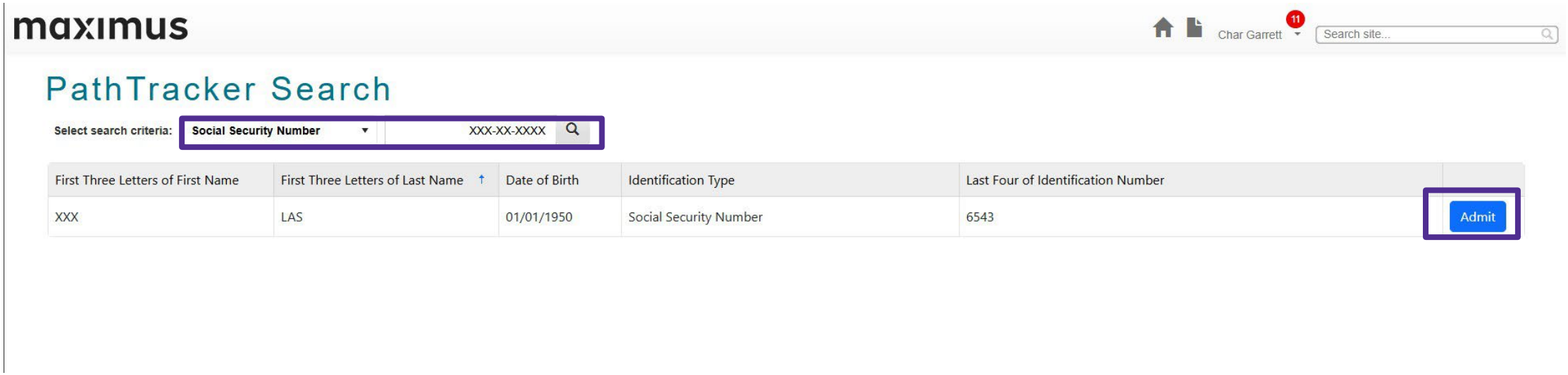
Nursing Facility Admissions

- 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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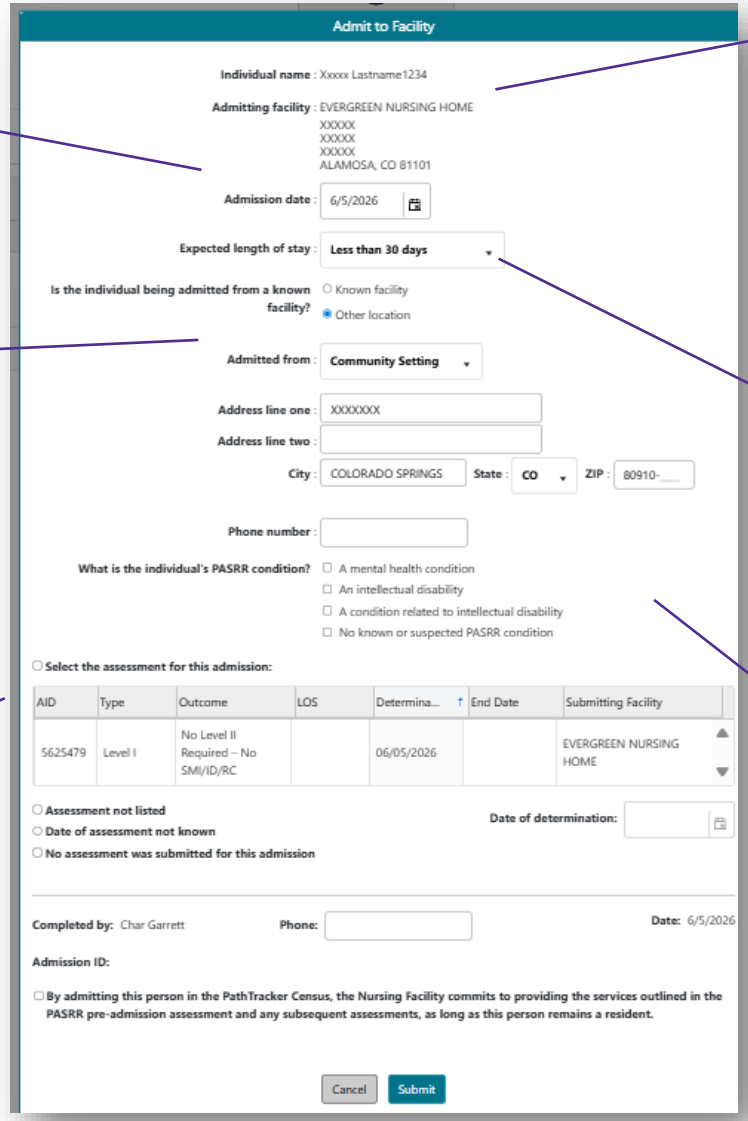
Required Information for Admission Notices

Admission date

Where the individual is admitting from

The determination date of the **most recent** PASRR screen



Full name and complete social security number

Expected length of stay

What is their PASRR condition(s)

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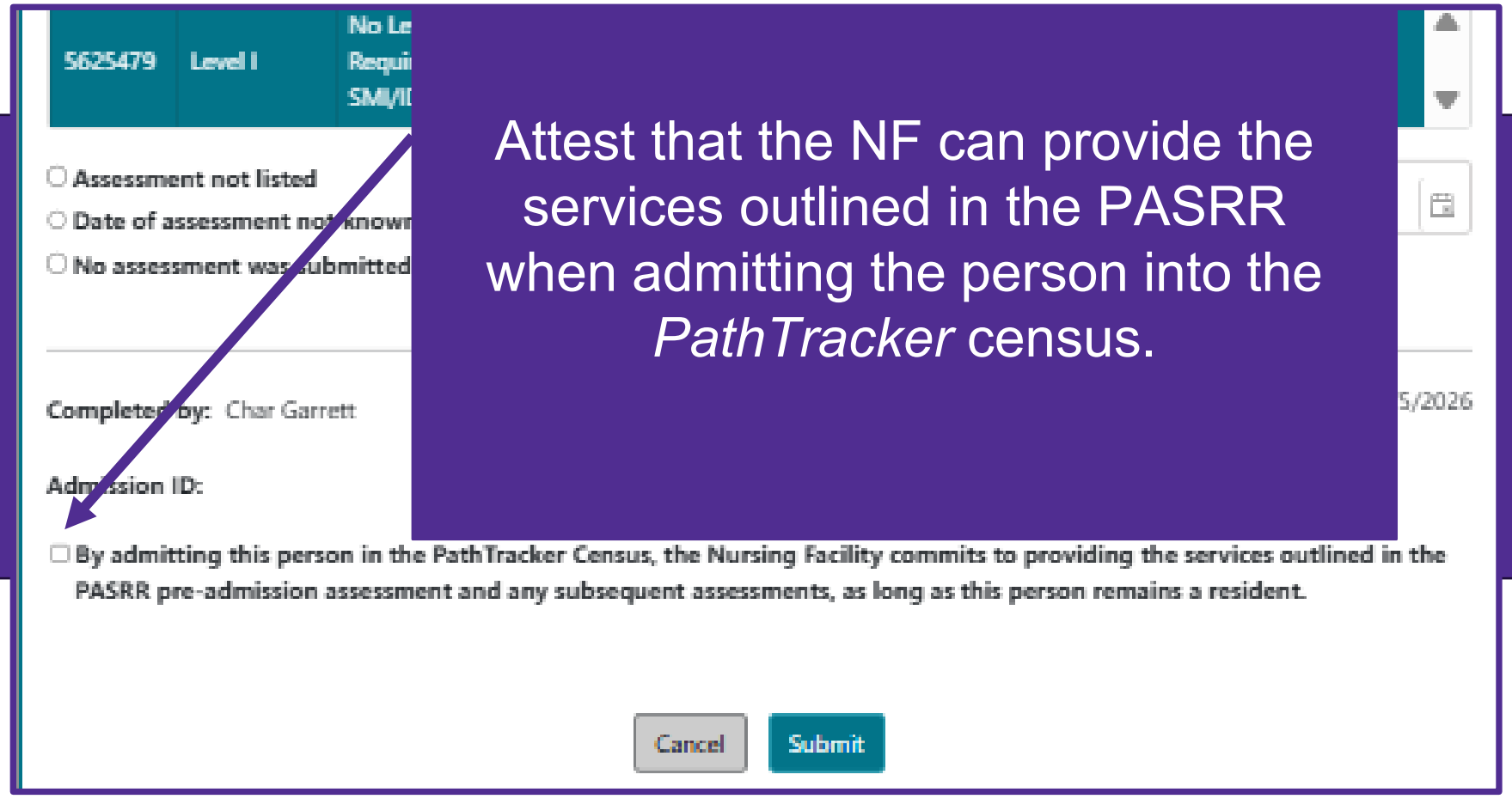
Attestation Alert



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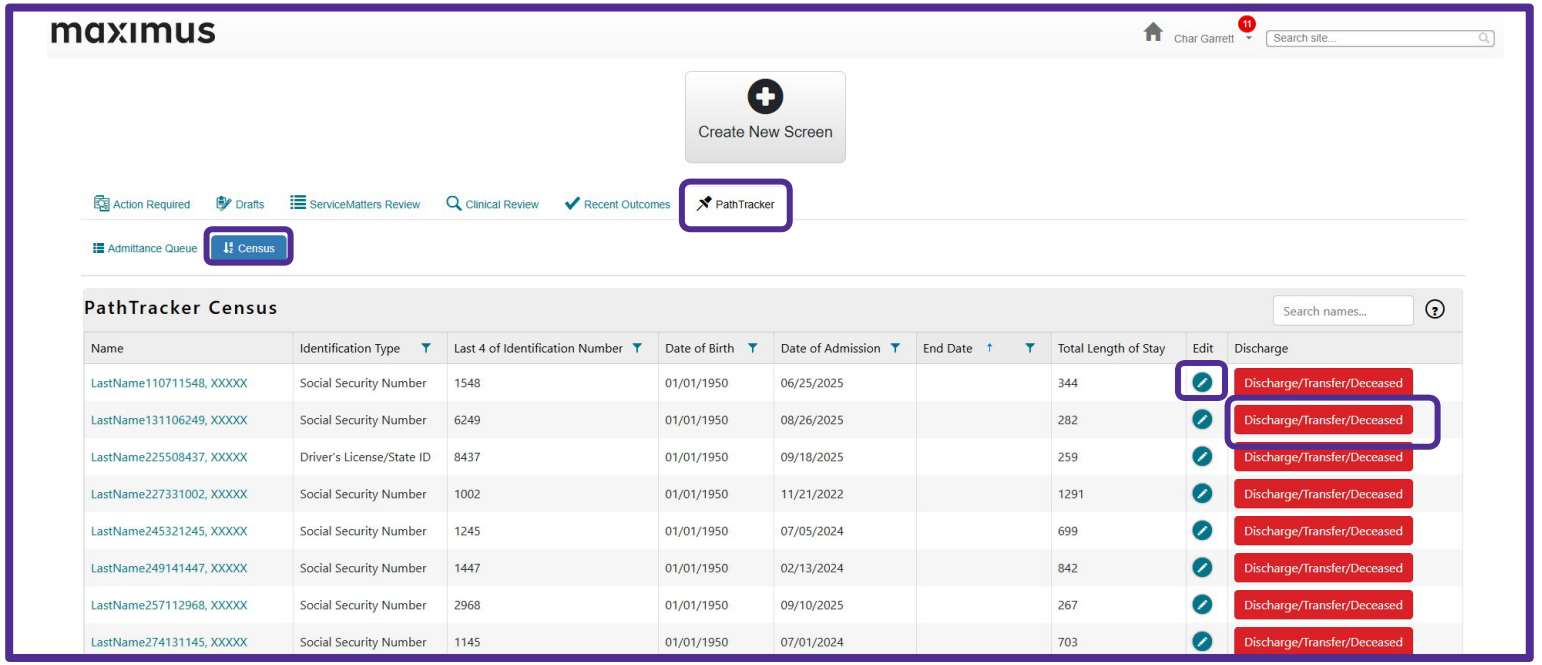
Transfers and Discharges

- 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**.



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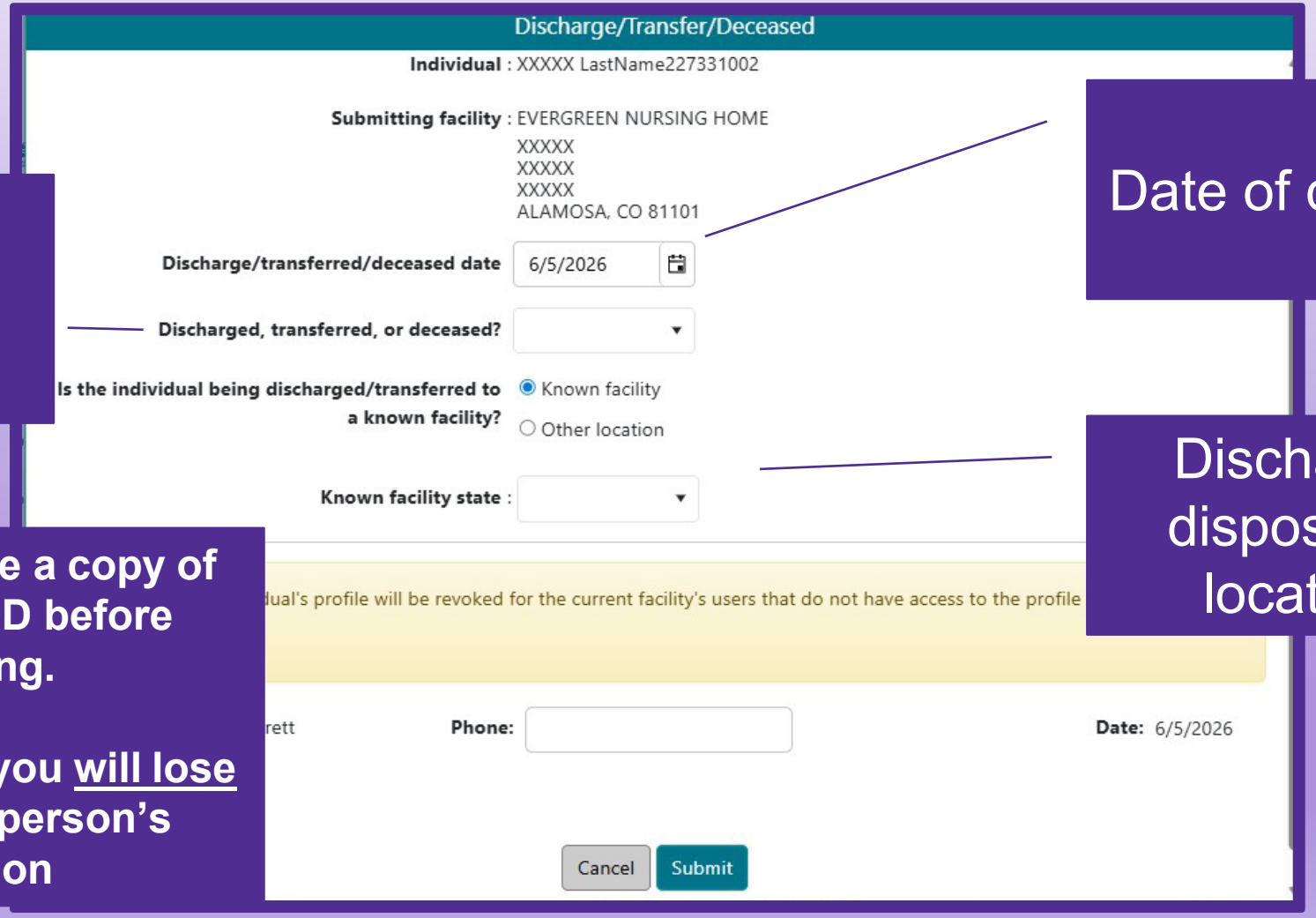
Required Information for Discharge/Transfer/Deceased Notices



Reason for departure

Date of departure

Discharge disposition location

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

After submitting, you <u>will lose</u> access to this person's information

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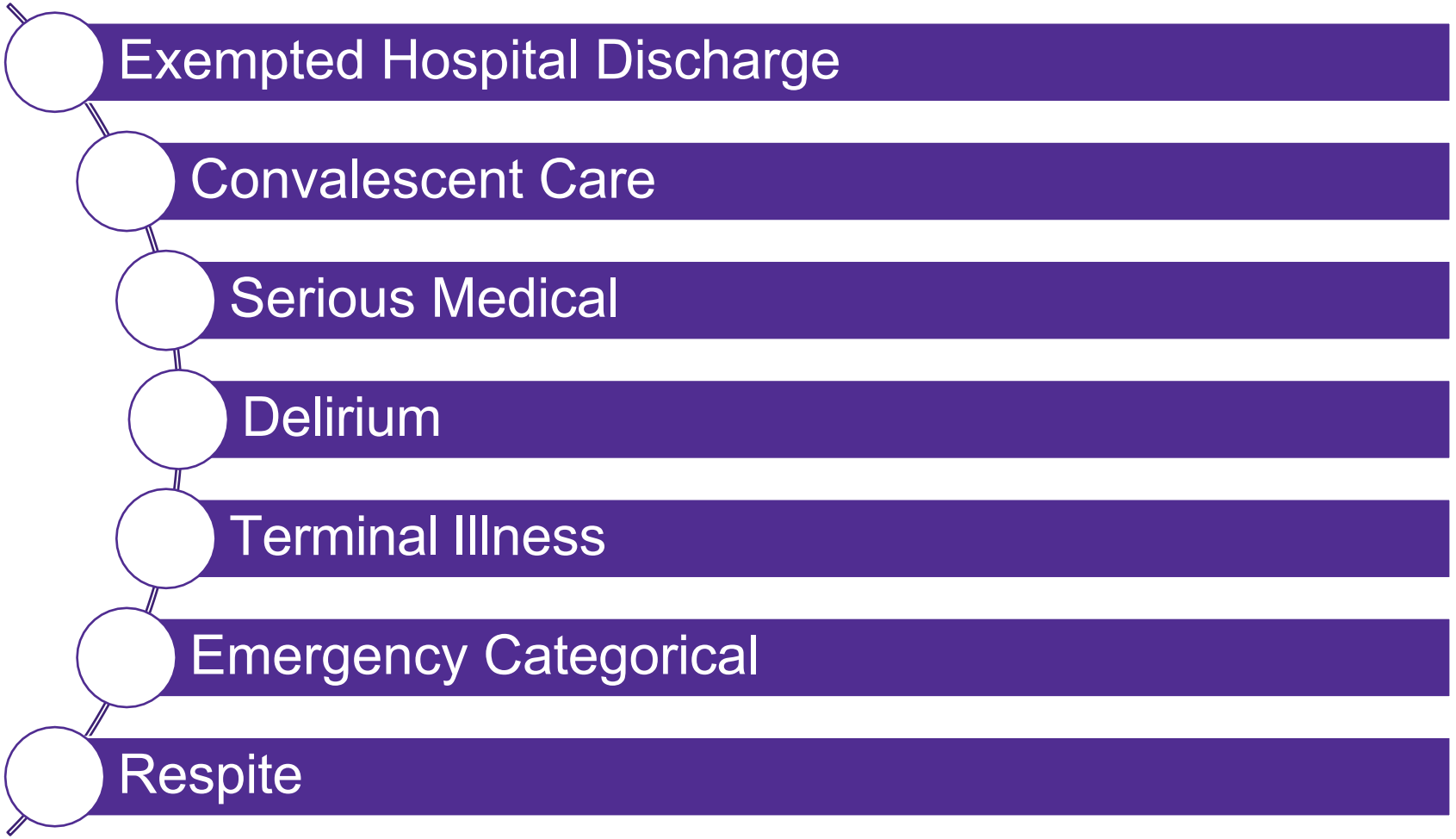
Provisional Approvals

Types of Provisional Approval



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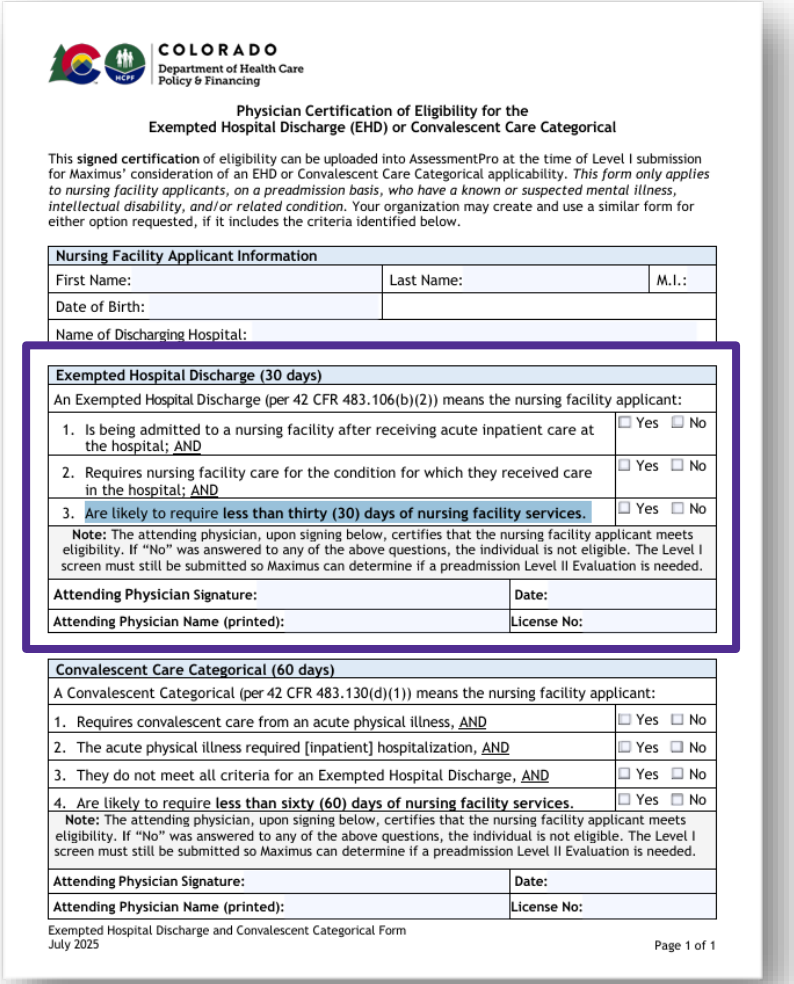
Exempted Hospital Discharge

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



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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.	
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Exempted Hospital Discharge and Convalescent Categorical Form
July 2025

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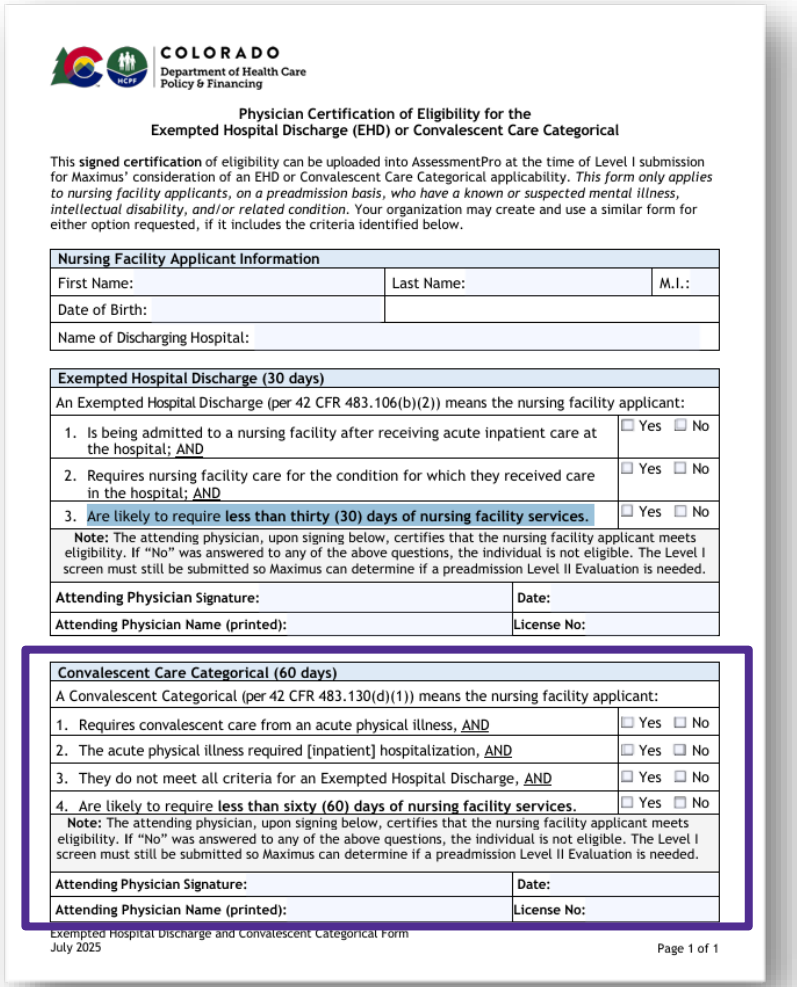
Convalescent Care (up to 60 days)



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Attending Physician Signature:	**Date:**
Attending Physician Name (printed):	**License No:**

Exempted Hospital Discharge and Convalescent Categorical Form
July 2025

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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.

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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

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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 ≤ 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

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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

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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

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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 currents residents who have experienced a significant change in their condition

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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

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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

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Questions?

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Thank You for Attending!

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

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