CO PASRR Q&A

Presented by Lori Crawford and Char Garrett

July 7, 2026

Agenda

- Timely Submissions
- Provisional Approvals
- Psychiatric Stability
- Level I Reminders
- Open Questions

Timely Submission

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Timely Submission

- In Colorado, a Level I should be submitted in AssessmentPro when:
  - An individual is considering admission to a Medicaid Certified NF (i.e. for preadmission screening)
  - A Resident Review is needed due to a significant change (i.e., for a status change review) or a continued stay request.

Timely Submission

- **All** individuals seeking admission to a Medicaid certified nursing facility **must** have a preadmission screening **prior to** NF admission.
- Individuals whose Level I screen shows PASRR indicators of a SMI, ID, and/or RC will need an in-depth evaluation, called a Level II, **prior to** NF admission.

Planned and proactive Level I submission helps avoid potential NF admission delays in the event that a comprehensive Level II assessment is required.

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Changes in Location

Notify the Help Desk when the PASRR individual's location has change prior to the onsite assessment.

Including all transfers, discharges, and deceases

Changes in location impact the PASRR determination process.

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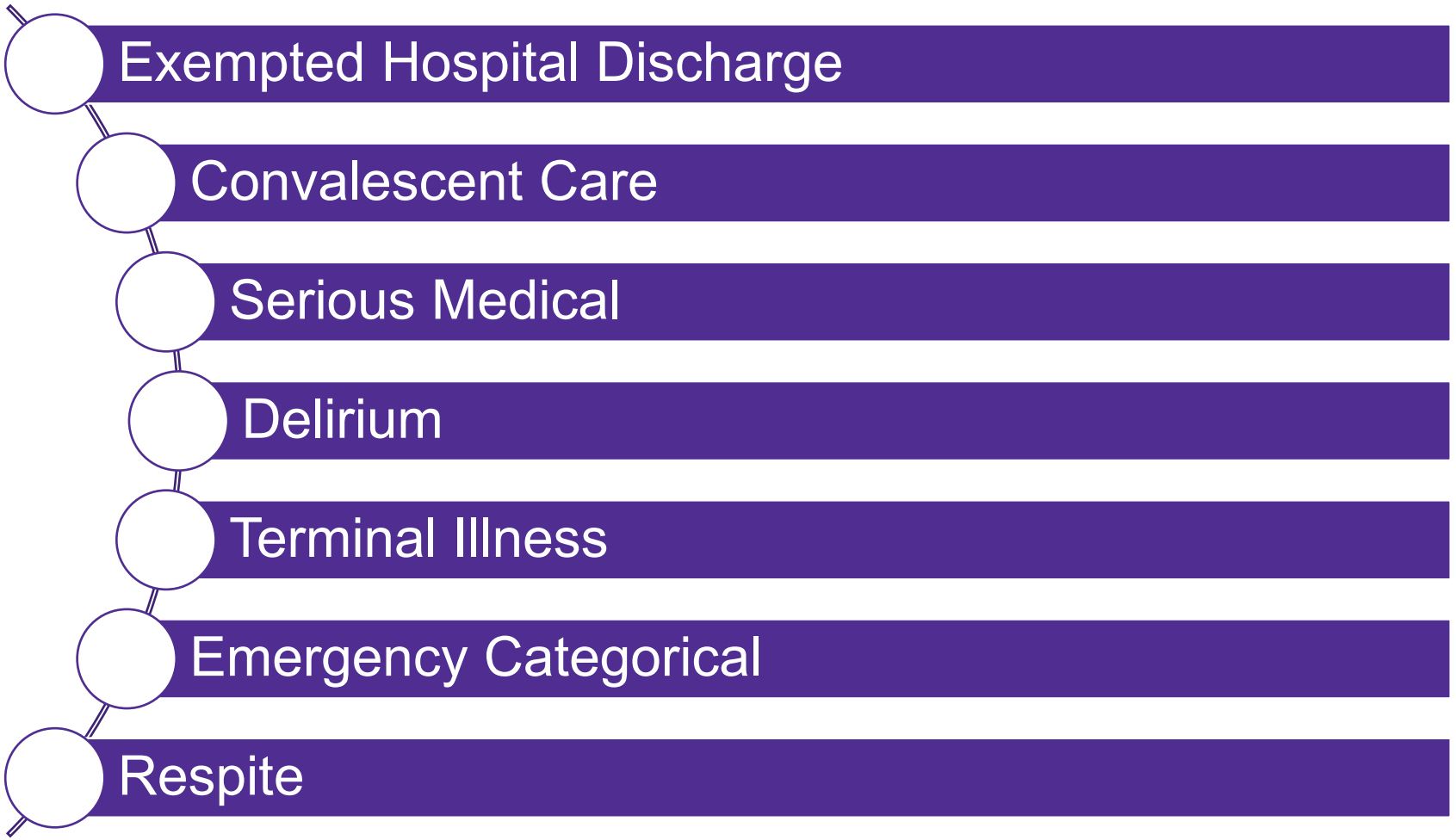
Provisional Approvals

Types of Provisional Approval



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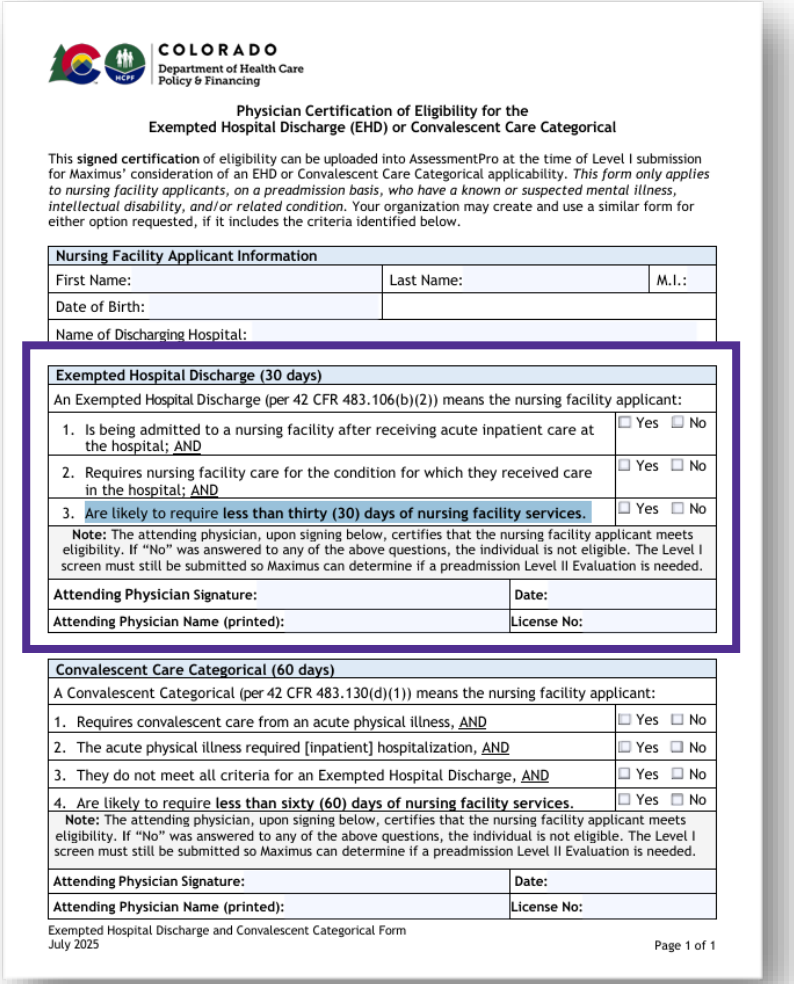
Exempted Hospital Discharge

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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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
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Exempted Hospital Discharge and Convalescent Categorical Form
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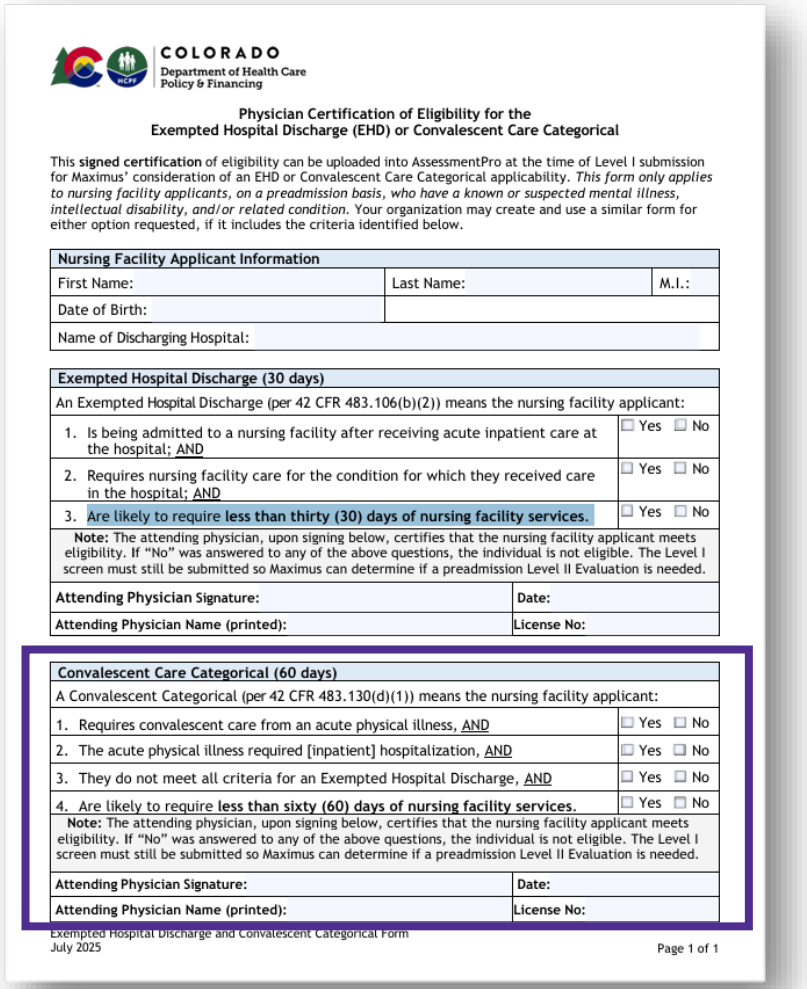
Convalescent Care (up to 60 days)



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Exempted Hospital Discharge and Convalescent Categorical Form
July 2025

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Criteria (similar to EHD):

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- 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

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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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When to Submit a Psychiatric Stability Statement

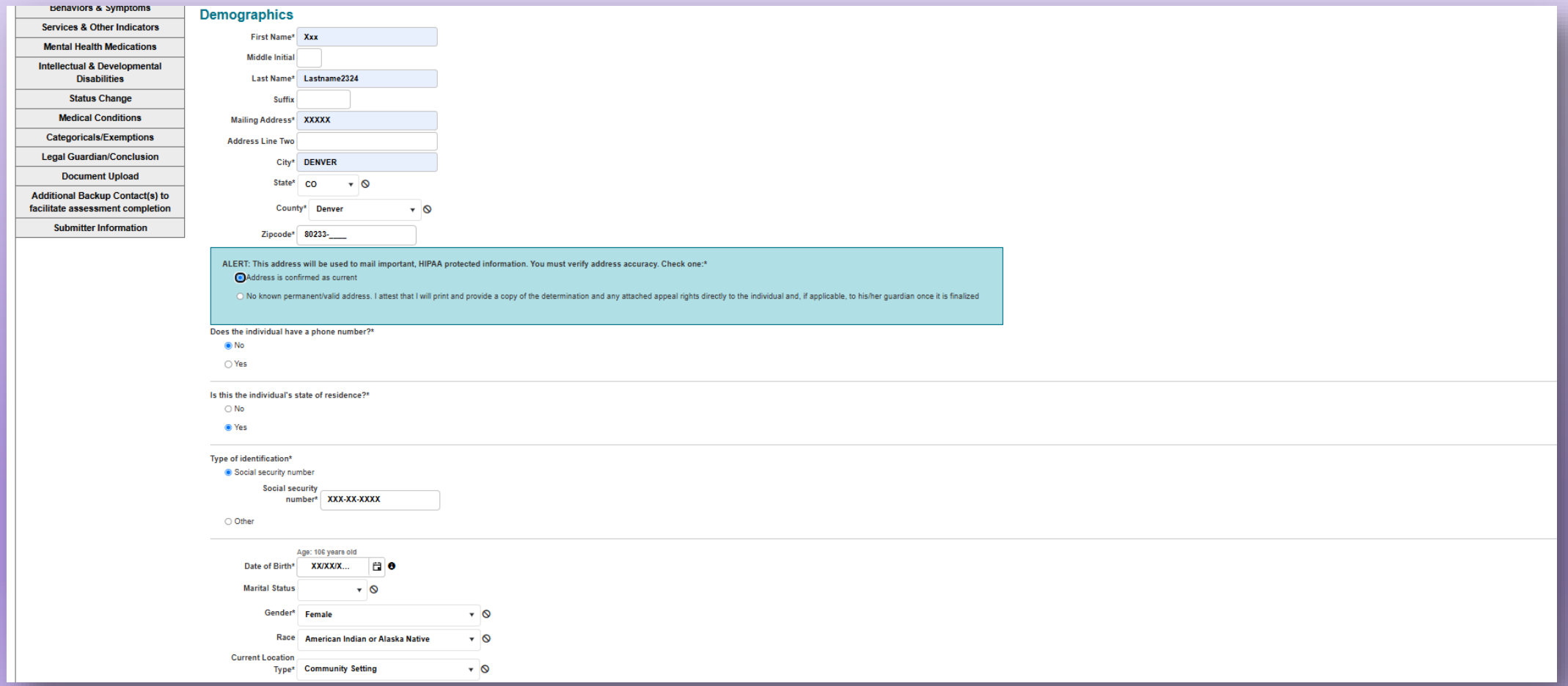
A letter of psychiatric stability must be submitted **with** required documentation at Level I for :	
PASRR individuals who are currently incarcerated	PASRR individuals who are currently hospitalized for psychiatric conditions

Letters should include:	
Statement of stability	Signature from a treating physician with psychiatric credentialing

Level I Reminders

Demographics

- Be sure to verify demographics prior to submitting the LI referral



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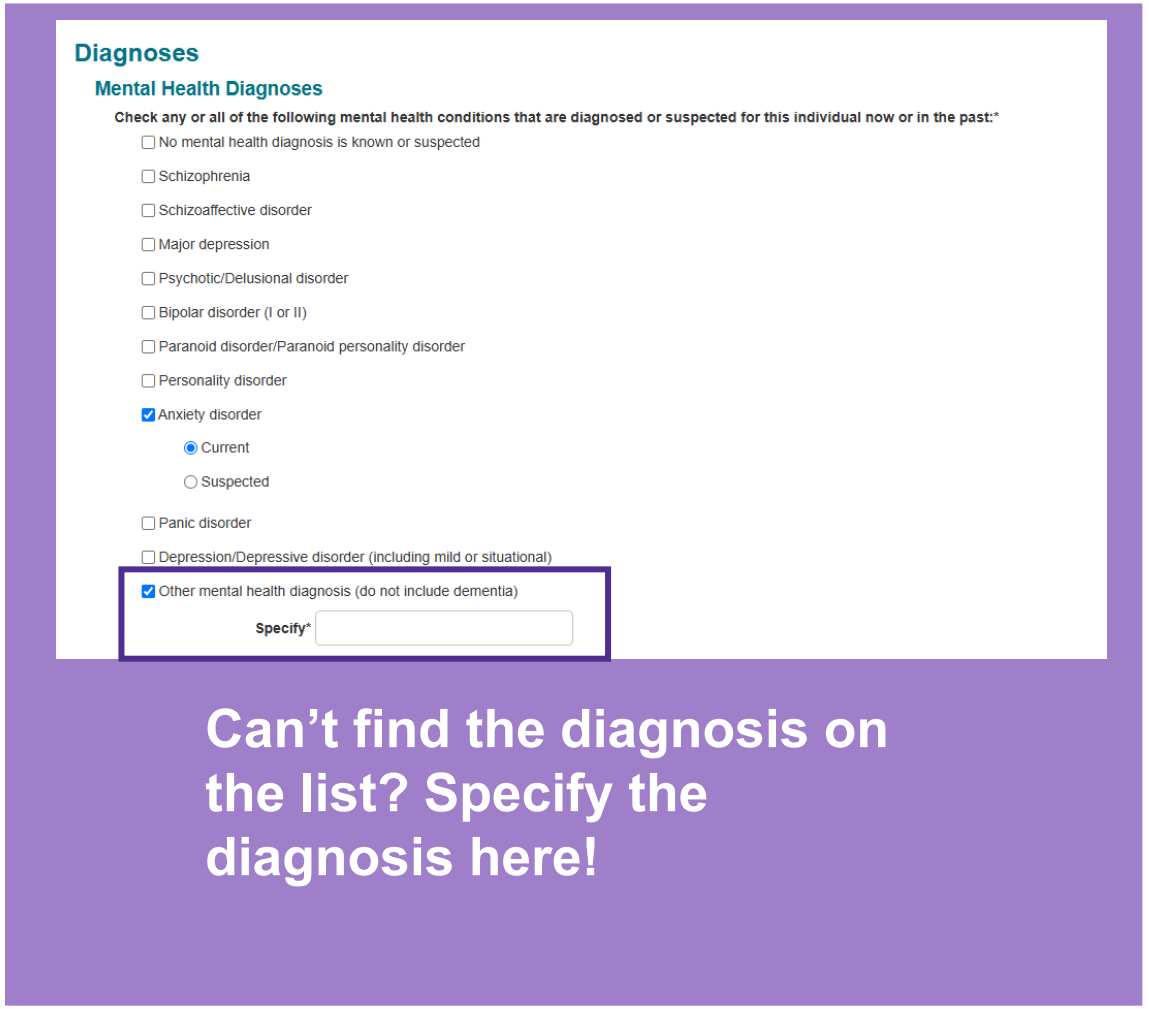
Diagnoses

- Accurately identify mental health diagnoses with information verified in medical records
- Diagnoses should be retrieved from:
  - H&P
  - Psychiatric Evaluations
  - Nursing/Physician's Notes
- Identify Major Depression/Depressive Disorders by corresponding F-codes



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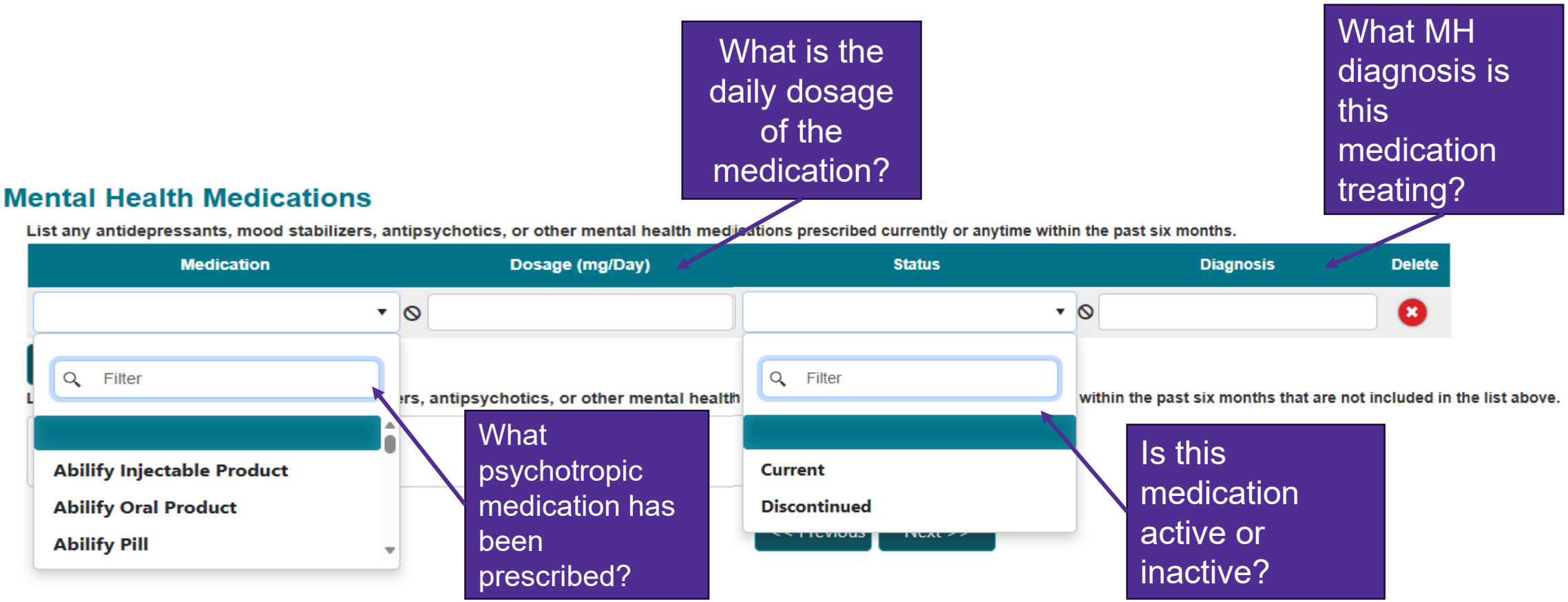
Medication List



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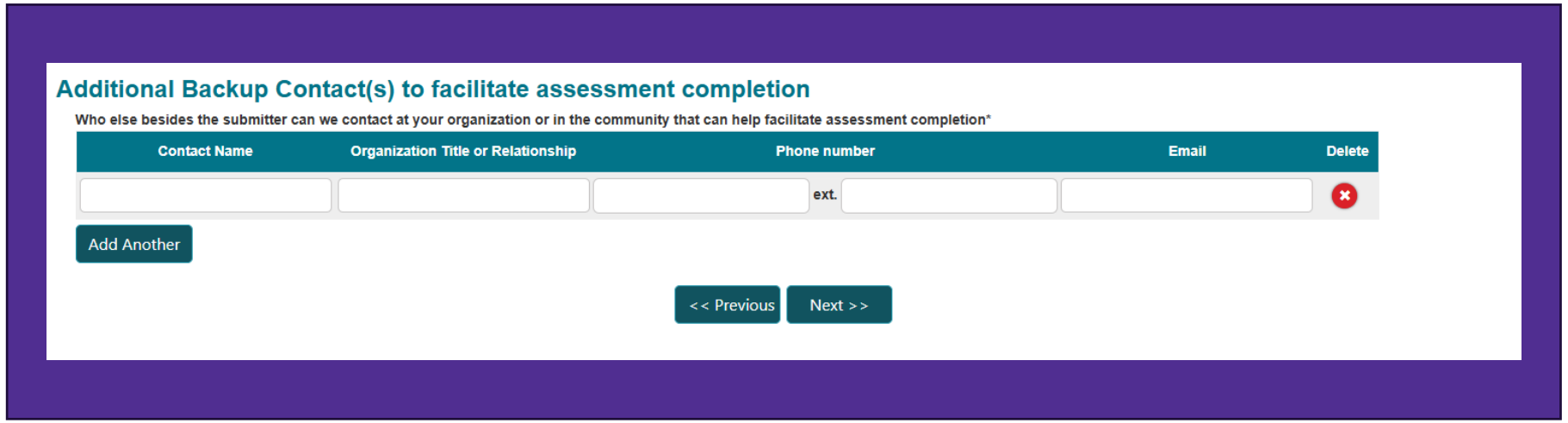
Additional Contacts

- Be sure to include any additional point of contacts in the LI submission
  - ✓ Include name, title, phone number, AND email
  - ✓ Ensure that additional contact is familiar with the individual and PASRR
- Failure in identifying an additional contact can may result in delays in the PASRR LII and determination processes.



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Thank you for attending today. Do you have any suggestions or ideas on how we can improve your learning experience?

Complete our brief survey to share your feedback:

Enter this survey link into your browser

OR

Using your phone, scan the QR code

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

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