

SD PASRR: Provider Training

September 2025

Agenda

Removal of 75
and older
Categorical

Addition of
Emergency
Categorical

Updated Provider
Manual and
Screening Form

Updated SIDA
Outcomes

PASRR Process:
What PASRR
Individuals Need
to Know

Updated
Maximus SD
PASRR Website

Categorical Updates

75 and Older and Emergency Categorical.

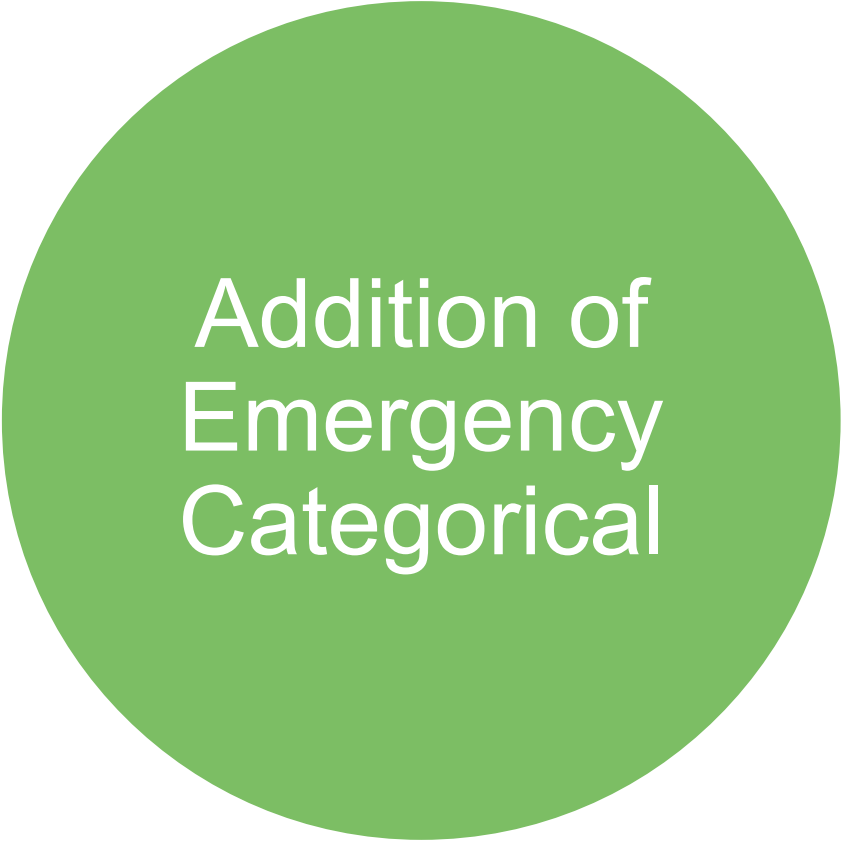


Removal of 75 and Older Categorical

SD PASRR continues to support conducting PASRRs for all individuals, regardless of age.

- Starting October 1, 2025, the 75 or older categorical option will no longer be available.
- Due to this categorical no longer being an option, an increase in the need for Level IIs is expected; please submit screens promptly to accommodate this.
- The removal of the 75 and older categorical does not mean that you should default to another categorical.

Anyone who previously received this outcome is grandfathered in = new referrals are not required.



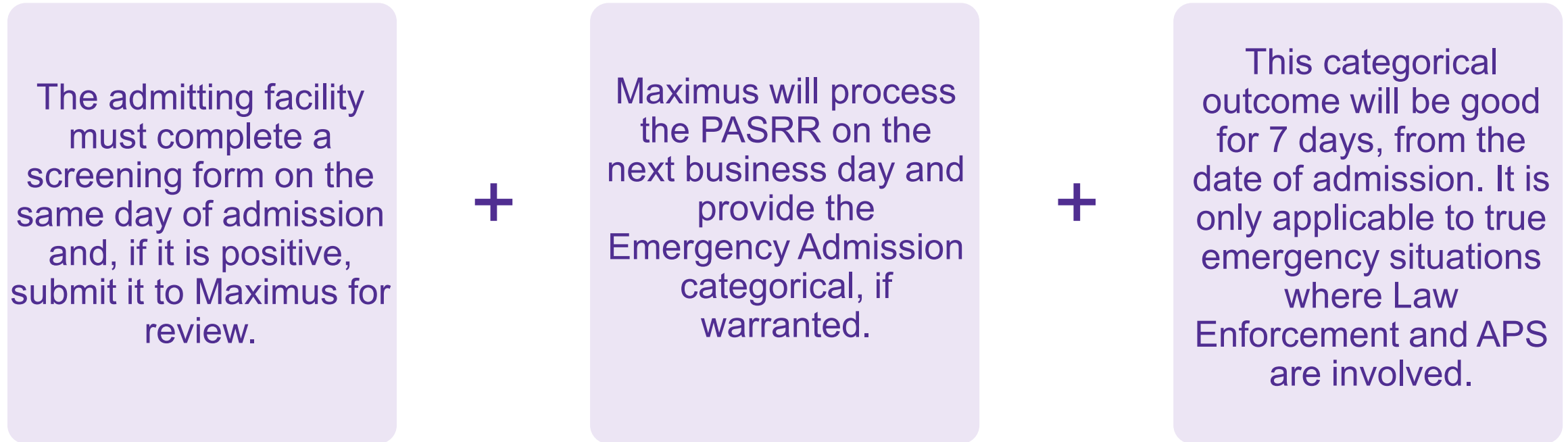
Addition of Emergency Categorical

Beginning October 1, 2025, you will have the option to choose an Emergency Categorical.

Criteria for this categorical includes:

- A provisional emergency admission following suspected abuse or neglect or a natural disaster that involves loss of housing or unsafe housing for the individual.
- Documented involvement by law enforcement or adult protective services.

Important To Know: Emergency Categorical



This is not to be used because the hospital needs the bed or because the facility is trying to discharge the individual quickly.

If it is used incorrectly, payment can be denied.

Revisions to Key Documents

Recent updates have been made to the Provider Manual, Screening Form, and SIDA outcomes.



Updated Provider Manual

SOUTH DAKOTA MEDICAID
BILLING AND POLICY MANUAL
Preadmission Screening and Resident Review (PASRR)

UPDATED
July 24

PASRR

OVERVIEW

This manual serves as a reference for providers who facilitate placement for and deliver services to individuals in Medicaid certified nursing facilities. The purpose is to describe state and federal requirements for Preadmission Screening and Resident Review (PASRR), which applies to all applicants to and residents of Medicaid certified nursing facilities, regardless of the individual's method of payment.

PROGRAM REQUIREMENTS

Federal Requirements

Preadmission Screening and Resident Review (PASRR) is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care.

PASRR requires that Medicaid-certified nursing facilities:

- Evaluate all individuals for serious mental illness (SMI) and/or intellectual and developmental disabilities (ID/DD)
- Offer all individuals the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings)
- Provide all individuals the services they need in those settings.

As part of the Omnibus Budget Reconciliation Act (OBRA) enacted in 1987, Congress developed the PASRR program to prevent inappropriate admission and retention of individuals with SMI and/or ID/DD in nursing facilities. The PASRR program in South Dakota is an important tool to use in rebalancing services away from institutions and towards supporting individuals in their community.
([Olmstead vs L.C.](#))

The PASRR process requires that all individuals applying to Medicaid-certified nursing facilities be given a preliminary assessment to determine whether they might have SMI or ID/DD. This is called a "Level I screen". Those individuals who test positive at a Level I are then evaluated in depth, called "Level II" PASRR. The findings of this evaluation result in determination of need, determination of appropriate setting, and a set of recommendations for services to inform the individual's plan of care.

Regulations governing PASRR are found in Code of Federal Regulations (CFR) [42 CFR 483 Subpart C](#)

Responsible Authorities

- State Medicaid Authority (SMA)- is the Department of Social Services, Division of Medical Services. The State Medicaid Authority has the responsibility to operate the PASRR program as approved by CMS in the Medicaid State Plan.
- State Mental Health Authority (SMHA)- is the Department of Social Services, Division of Behavioral Health and is responsible for the determinations for individuals with a confirmed

1. Aligns with new categorical changes.

2. Revisions to the ID/DD section.

3. Ensure the ongoing goal of consistency throughout the manual.

You can always access your manual through the SD PASRR provider website:
<https://maximusclinicalservices.com/svcs/sd/pasrr/resources>

Updated Screening Form

Updates made to:

1. Categorical options
2. Status Change
3. SMI/ID
4. Documentation checklist

You can access the form and instructions on how to complete the form on the website:

<https://maximusclinicalservices.com/svc/sd/pasrr/resources>

MS-130 South Dakota PASRR Program LEVEL I SCREENING FORM Last Update 9/25

FORM INSTRUCTIONS

DETAILED FORM INSTRUCTIONS CAN BE FOUND ON THE PASRR WEBSITE AT:
https://maximusclinicalservices.com/svcs/south_dakota
*Indicates a required field. The PASRR will not be processed without these fields completed.

REMINDER – The entity completing this PASRR holds the responsibility of notifying the individual that the PASRR screening is being completed and the final outcome of the PASRR.

SCREENING TYPE

*WHAT TYPE OF PASRR SCREEN IS THIS?

☐ Pre-Admission (not currently residing in a NF) ☐ Resident Review (currently residing in a NF)

*If a Categorical is being requested, select appropriate option

Is the Terminal Illness Categorical outcome being requested? ☐ Yes ☐ No
(Applicable for Pre-Admission and Resident Reviews, requires documentation supporting end of life stage from physician)

Is the Severe Physical Illness Categorical outcome being requested? ☐ Yes ☐ No
(Applicable for Pre-Admission and Resident Reviews, requires valid and reliable documentation of severe physical illness)

Is the Convalescent 100 Day Categorical outcome being requested? ☐ Yes ☐ No
(Applicable for Pre-Admission only, must come from a hospital, requires a physician order)

Is the Respite Categorical outcome being requested? ☐ Yes ☐ No
(Applicable for Pre-Admission only, requires a physician order)

Is the Emergency Placement outcome being requested? ☐ Yes ☐ No
(Applicable for Pre-Admission only, requires documented involvement from Adult Protective Services or Law Enforcement and must follow the policy found in the PASRR provider manual
https://dhs.sd.gov/docs/medicaid/providers/hillmanmanuals/Institutional/PreAdmission_Screening_and_Resident_Review.pdf)

*RESIDENT REVIEW QUESTIONS (leave blank if Pre-Admission screen)

Is the review a result of a concluding 30-day Exempted Hospital Discharge? ☐ Yes ☐ No
End date:

Is the review a result of a concluding 100-day Convalescent Categorical? ☐ Yes ☐ No
End date:

Is the review a result of a concluding 30-day Respite Categorical? ☐ Yes ☐ No
End date:

Is the review a result of a concluding 7-day Emergency Placement Categorical? ☐ Yes ☐ No
End date:

Is the review a result of a time limited Level II outcome by the State Mental Health Authority and/or State ID/DD Authority? ☐ Yes ☐ No
End date:

Is the review a result of a significant change in status? ☐ Yes ☐ No
Select change in status: ☐ Medication Change ☐ Symptom Change ☐ Diagnosis Change ☐ Recent Psychiatric Hospitalization
☐ Other

Updated Screening Form: Form Instructions

MS-130	South Dakota PASRR Program LEVEL I SCREENING FORM	Last Update 9/25		
<table><tr><td>FORM INSTRUCTIONS</td></tr><tr><td>DETAILED FORM INSTRUCTIONS CAN BE FOUND ON THE PASRR WEBSITE AT: https://maximusclinicalservices.com/svcs/south_dakota *Indicates a required field. The PASRR will not be processed without these fields completed. REMINDER – The entity completing this PASRR holds the responsibility of notifying the individual that the PASRR screening is being completed and the final outcome of the PASRR.</td></tr></table>			FORM INSTRUCTIONS	DETAILED FORM INSTRUCTIONS CAN BE FOUND ON THE PASRR WEBSITE AT: https://maximusclinicalservices.com/svcs/south_dakota *Indicates a required field. The PASRR will not be processed without these fields completed. REMINDER – The entity completing this PASRR holds the responsibility of notifying the individual that the PASRR screening is being completed and the final outcome of the PASRR.
FORM INSTRUCTIONS				
DETAILED FORM INSTRUCTIONS CAN BE FOUND ON THE PASRR WEBSITE AT: https://maximusclinicalservices.com/svcs/south_dakota *Indicates a required field. The PASRR will not be processed without these fields completed. REMINDER – The entity completing this PASRR holds the responsibility of notifying the individual that the PASRR screening is being completed and the final outcome of the PASRR.				

- Beginning October 1st, 2025, ALL PASRRs must be completed using the most updated Screening Form dated 9/25
- Fields with an asterisk (*) are required, and the PASRR will not be processed or deemed valid without these fields complete.
- The entity completing the PASRR MUST inform the individual that the PASRR screening is occurring, explaining what PASRR is, and the final outcome of the PASRR.

Updated Screening Form: Screening Type

SCREENING TYPE	
*WHAT TYPE OF PASRR SCREEN IS THIS?	
<input type="checkbox"/> Pre-Admission (not currently residing in a NF)	<input type="checkbox"/> Resident Review (currently residing in a NF)
*If a Categorical is being requested, select appropriate option	
Is the Terminal Illness Categorical outcome being requested? (Applicable for Pre-Admission and Resident Reviews, requires documentation supporting end of life stage from physician)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Severe Physical Illness Categorical outcome being requested? (Applicable for Pre-Admission and Resident Reviews, requires valid and reliable documentation of severe physical illness)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Convalescent 100 Day Categorical outcome being requested? (Applicable for Pre-Admission only, must come from a hospital, requires a physician order)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Respite Categorical outcome being requested? (Applicable for Pre-Admission only, requires a physician order)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Emergency Placement outcome being requested? (Applicable for Pre-Admission only, requires documented involvement from Adult Protective Services or Law Enforcement and must follow the policy found in the PASRR provider manual https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Institutional/PreAdmission_Screening_and_Resident_Review.pdf)	<input type="checkbox"/> Yes <input type="checkbox"/> No
*RESIDENT REVIEW QUESTIONS (leave blank if Pre-Admission screen)	
Is the review a result of a concluding 30-day Exempted Hospital Discharge? End date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the review a result of a concluding 100-day Convalescent Categorical? End date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the review a result of a concluding 30-day Respite Categorical? End date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the review a result of a concluding 7-day Emergency Placement Categorical? End date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the review a result of a time limited Level II outcome by the State Mental Health Authority and/or State ID/DD Authority? End date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the review a result of a significant change in status? Select change in status: <input type="checkbox"/> Medication Change <input type="checkbox"/> Symptom Change <input type="checkbox"/> Diagnosis Change <input type="checkbox"/> Recent Psychiatric Hospitalization <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Pre-Admission – ONLY for those individual not yet residing in a NF
- Resident Review – ONLY for those individuals currently residing in a NF
- Categoricals are an abbreviated Level II option and are only available on a positive PASRR. If Yes is selected for one of these, the required documentation must be submitted. Also, note which categoricals are available for which PASRR type.
- If submitting a positive Resident Review, it is required to select which type of resident review is needing processed.
- Note there is a space under ‘significant change’ for OTHER. This can be used in cases where the PASRR was missed, and the facility is correcting this issue.

Updated Screening Form: Demographics

DEMOGRAPHICS		
*LAST NAME	*FIRST NAME	MI
*DATE OF BIRTH	*GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
*CURRENT MAILING ADDRESS (street, city, state, zip)		
*SOCIAL SECURITY NUMBER	*MEDICAID ID (if applicable)	
*DOES THE INDIVIDUAL HAVE A LEGAL GUARDIAN? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ARE LEGAL GUARDIAN DOCUMENTS AVAILABLE FOR REVIEW? <input type="checkbox"/> Yes <input type="checkbox"/> No		
LEGAL GUARDIAN NAME (first and last)	LEGAL GUARDIAN PHONE NUMBER	
LEGAL GUARDIAN MAILING ADDRESS (street, city, state, zip)		
*WHAT HAS BEEN THE INDIVIDUAL'S TYPICAL LIVING SITUATION OVER THE LAST YEAR? <input type="checkbox"/> Homeless <input type="checkbox"/> Home Alone <input type="checkbox"/> Home w/ family <input type="checkbox"/> Home w/ supports <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Other		
*WHERE DOES THE INDIVIDUAL SAY THEY WOULD LIKE TO LIVE WITHIN THE NEXT YEAR? <input type="checkbox"/> Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Group Home <input type="checkbox"/> Other (explain)		

- If the individual has a legal guardian, it is now required to include the guardian's name, phone number, and mailing address. If this information is not known at the time of the PASRR, please indicate that in the space provided for the legal guardian section.
- The question regarding the living situation in the last year, please include all living locations. Example, if the resident has resided in the NF for the last 8 months, please also include where the resident resided prior to the NF.
- It is required that the individual being screened is asked about where they would like to live in the next year.

Updated Screening Form: Current Location of Applicant

CURRENT LOCATION OF APPLICANT		
*Include best contact for interviews (if needed) in the Primary/Secondary Contact section.		
*WHERE IS THE INDIVIDUAL NOW? <input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Psychiatric Facility <input type="checkbox"/> Home <input type="checkbox"/> Group Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Other (explain)		
*Current Location Name	*CITY	*STATE
*Current Location ADDRESS (if in home, include home address)	*ZIPCODE	*FAX
* PRIMARY CONTACT	*CONTACT EMAIL	*CONTACT PHONE
*SECONDARY CONTACT	*SECONDARY CONTACT EMAIL	*SECONDARY CONTACT PHONE

- PASRRs are completed by a variety of entities. There is no requirement on who can complete the PASRR, only that the entity completing the PASRR has the necessary information and the capability to ask the individual questions if needed to appropriately complete the screening.
- If the individual is at home, please include the individual's home address.
- If the individual is at a facility, please include that facility's name and address.
- The Primary and Secondary contacts should be able to assist in setting up an interview evaluation if warranted. If the individual is capable of this without assistance, please include their information under the Secondary Contact.
- Two contacts are required. This ensures that the PASRR process can continue if one staff member is out of the office or unavailable.

Updated Screening Form: Admitting Facility

ADMITTING FACILITY		
(Only for Pre-Admission. Leave blank for Resident Review)		
*IS THE ADMITTING FACILITY KNOWN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FACILITY NAME (must write full name- no abbreviations)	CITY	STATE
FACILITY ADDRESS	ZIPCODE	FAX
FACILITY PRIMARY CONTACT	CONTACT EMAIL	CONTACT PHONE

- This section is only required if the screening type is Pre-Admission.
- Answer the question – Is the admitting facility known?
- If known, you are required to complete the facility's name/address/etc.

Updated Screening Form: Series Mental Illness Screening

SERIOUS MENTAL ILLNESS SCREENING	YES	NO	SUSPECTED
<p>*Does this individual have a confirmed or suspected serious mental illness diagnosis limited to the following disorders? (Required to check which disorder):</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Schizoaffective <input type="checkbox"/> Atypical psychosis <input type="checkbox"/> Somatoform/Dehusion/Paranoid Disorder <input type="checkbox"/> Other psychotic disorder (not otherwise specified) </div> <div style="width: 50%;"> <input type="checkbox"/> Panic or <u>Severe</u> Anxiety Disorder <input type="checkbox"/> Mood- Bipolar or <u>Major</u> Depressive Type <input type="checkbox"/> Personality Disorder </div> </div> <p>(If a diagnosis(es) are checked above, then mark Yes for the overall question.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If the individual has any of the listed diagnoses, mark which one.
- If you have questions on depression disorders, please visit the PASRR website and review the 'PASRR and Major Depressive Disorder' under Resources.

Updated Screening Form: Series Mental Illness Screening

<p>*Is there evidence, based on available documentation, observations, interviews, and history that the individual has noted difficulty in the following areas <u>related to their serious mental illness</u>?</p> <p>Select all that apply:</p> <p><input type="checkbox"/> Interpersonal Functioning- difficulty interacting with others; altercations; evictions; unstable employment, frequently isolated; avoids others</p> <p><input type="checkbox"/> Completing Tasks- serious difficulty completing tasks; requires assistance with tasks; errors with tasks; difficulty with concentration; persistence and pace</p> <p><input type="checkbox"/> Adaptation to Change- self injurious or self-mutilation; suicidal; physical violence or threats; appetite disturbance; serious loss of interest; tearfulness; irritability; withdrawal</p> <p>(If any of the above are checked, then mark Yes for the overall question.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Select all that apply, in relation to their mental health.
- If any are selected, mark YES to the overall question.

Updated Screening Form: Series Mental Illness Screening

<p>*Based on available documentation, observations, interviews, and history, within the last 2 years has the individual received any of the following services:</p> <p>Select all that apply:</p> <p><input type="checkbox"/> Psychiatric treatment episodes such as inpatient psychiatric care</p> <p><input type="checkbox"/> Referred to a mental health crisis center</p> <p><input type="checkbox"/> Has attended partial care/hospitalization for mental health needs</p> <p><input type="checkbox"/> Has received mental health case management services.</p> <p>(If any of the above are checked, then mark Yes for the overall question.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Select any services received within the last two years.
- You may need to interview the individual to learn about their past mental health services if that information is not available via the medical record.
- If any services, are marked, then answer YES to the overall question.

Updated Screening Form: ID/DD Screening

INTELLECTUAL – DEVELOPMENTAL DISABILITY SCREENING	YES	NO	SUSPECTED
<p>*Does the individual have a confirmed or suspected diagnosis of an <u>intellectual disability</u> that was present <u>prior to the age of 22</u>?</p> <p>(An intellectual disability is a condition characterized by significant limitations in both intellectual functioning and adaptive behavior)</p> <p>If yes, specify diagnosis <input type="text"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- This question is related to **intellectual disability only.**
- The diagnosis is required to be listed.

Updated Screening Form: ID/DD Screening

<p>*Does the individual have a confirmed or suspected diagnosis of a <u>developmental disability</u> that was present <u>prior to the age of 22?</u></p> <p>(A developmental disability is a chronic disability closely related to an intellectual disability that results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with intellectual disabilities that require similar supports)</p> <p>If yes, select condition:</p> <div><input type="checkbox"/> Anoxia at birth <input type="checkbox"/> Arthrogryposis <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Asperger Syndrome</div> <div><input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Congenital Blindness <input type="checkbox"/> Congenital Deafness <input type="checkbox"/> Childhood Disintegrative Disorder</div> <div><input type="checkbox"/> Down Syndrome <input type="checkbox"/> Encephalitis <input type="checkbox"/> Epilepsy <input type="checkbox"/> Expressive Language Disorder</div> <div><input type="checkbox"/> Fetal Alcohol Syndrome <input type="checkbox"/> Fragile X Syndrome <input type="checkbox"/> Friedrich's Ataxia <input type="checkbox"/> Hydrocephaly</div> <div><input type="checkbox"/> Isodicentric Chromosome 15 Syndrome <input type="checkbox"/> Klippel-Feil Syndrome <input type="checkbox"/> Landau-Kleffner Syndrome</div> <div><input type="checkbox"/> Meningitis <input type="checkbox"/> Pervasive Developmental Disorder <input type="checkbox"/> Phenylketonuria (PKU) <input type="checkbox"/> Polio</div> <div><input type="checkbox"/> Prader-Willi Syndrome <input type="checkbox"/> Rett Syndrome <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Spina Bifida or Neuro Tube Defect</div> <div><input type="checkbox"/> Traumatic Brain Injury (TBI) <input type="checkbox"/> Williams Syndrome <input type="checkbox"/> XXY Syndrome</div> <div><input type="checkbox"/> Other (specify): <input type="text"/></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- This question is related to **developmental disability only.**
- Select the diagnosis. If it is not listed, please write it in under 'other'.

Updated Screening Form: ID/DD Screening

*Is there evidence, based on available documentation, observations, interviews, and history that the individual has received special education services during their youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Is there evidence, based on available documentation, observations, interviews, and history that the individual has received services from an agency that provides supports to individuals with an intellectual or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Often the individual or family will need interviewed in order to answer the question regarding special education services.
- Agencies that provide support to individuals with ID/DD are listed here: <https://www.cspofsd.com/csp-provider-locations>

Updated Screening Form:

ID/DD Screening

<p><u>*Is there evidence, based on available documentation, observations, interviews, and history that the individual has substantial functioning limitation in any of the following areas related to the suspected or confirmed intellectual or developmental disability (ID/DD)?</u></p> <p>Select all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> Self-care skills are impacted due to the ID/DD<input type="checkbox"/> Receptive and expressive language is affected due to the ID/DD<input type="checkbox"/> Learning is impacted due to the ID/DD<input type="checkbox"/> Mobility is impacted due to the ID/DD<input type="checkbox"/> Self-direction is impacted due to the ID/DD<input type="checkbox"/> Capacity for independent living is impacted due to the ID/DD<input type="checkbox"/> Economic self-sufficiency is impacted due to the ID/DD <p>(If one or more are selected, then mark Yes for the overall question.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Select if the individual has limitations in any of the listed areas.

Updated Screening Form: Supporting Documentation

SUPPORTING DOCUMENTATION CHECKLIST	
*Please note that additional information may be requested at any time throughout the PASRR review	
PRE-ADMISSION	
<input type="checkbox"/>	Screening Form
<input type="checkbox"/>	Demographic Face Sheet
<input type="checkbox"/>	Current Medication List
<input type="checkbox"/>	Psychological evaluation, if available
<input type="checkbox"/>	Current History & Physical or Physician Progress Note (<u>must</u> include the diagnosis or assessment of the suspected SMI/ID/DD leading to the 'yes' or 'suspected' answer)
If requesting a categorical, please submit:	
<input type="checkbox"/>	Terminal Illness- medical provider statement
<input type="checkbox"/>	Severe Physical Illness- medical provider statement
<input type="checkbox"/>	100 Day Convalescent- order by medical provider
<input type="checkbox"/>	30 Day Respite- order by medical provider
<input type="checkbox"/>	Emergency Placement – APS/LE involvement
RESIDENT REVIEW	
<input type="checkbox"/>	New Screening Form
<input type="checkbox"/>	Copy of Original Screening Form
<input type="checkbox"/>	Demographic Face Sheet
<input type="checkbox"/>	Current Medication List
<input type="checkbox"/>	Copy of order for new diagnosis, medication, status change request reason (if applicable)
<input type="checkbox"/>	Psychological evaluation, if available
<input type="checkbox"/>	Current History & Physical or Physician Progress Note (<u>must</u> include the diagnosis or assessment of the suspected SMI/ID/DD leading to the 'yes' or 'suspected' answer)

- This section provides a checklist to ensure all required documents are sent in with the PASRR, if warranted.
- Make note that the H&P or Physicians Progress Note – must include the diagnosis or assessment of the PASRR condition.

Updated Screening Form: Finalizing the PASRR

*Are any questions under the Intellectual/Developmental Disability -or- Serious Mental Illness sections marked 'YES' or 'SUSPECTED'?

☐ No – This individual may be admitted without further evaluation and this form is to be saved in the individual's file.

☐ Yes – This individual needs to be referred to Maximus at PASRR@state.sd.us for further evaluation.

Referred to Maximus on _____ at _____
(date) (time)

*Signature of Designated Facility Representative

*Date Signed

PASRR not valid if no signature or date

- ALL PASRRs must be marked either Yes or No.
- ALL PASRRs must also have a signature and date. If this is not completed, the PASRR is considered invalid and not compliant.
- Non-compliant PASRRs are subject to Medicaid payment penalties.

Updated SIDA Outcomes: Level I and Level II PASRR Outcomes Guide

maximus

SOUTH DAKOTA PASRR
LEVEL I & LEVEL II PASRR OUTCOMES

Level II Denied: NF Appropriateness	The person has an identified mental illness but not a documented need for NF level of care.	N/A
Level II Denied: Requires Inpatient Psychiatric Services	The person requires inpatient psychiatric hospitalization before they can safely admit to a NF.	N/A

Level II SIDA Determinations

Outcome	Explanation	MDS 1500
Level II-Excluded from PASRR - No PASRR Condition	No PASRR condition was identified through the Level II process. If additional evidence of an MI/ID/RC is evident, resubmit the Level I as a status change request.	No
Level II Approved: No SS: Time Limited Stay Level II Approved: No SS	The person has a PASRR condition, is appropriate for NF and does not require specialized services. If time-limited, identify the end date and resubmit with supporting documentation if the person will need to remain in the NF longer.	Yes
Level II Approved: SS: Time-Limited Stay Level II Approved: SS	The person has a PASRR condition, is appropriate for NF and requires specialized services. If time-limited, identify the end date and resubmit with supporting documentation if the person will need to remain in the NF longer.	Yes
Level II Approved: No SS: Dakota at Home Referral: Time-Limited Stay	The person has a PASRR condition, NF is appropriate but does have a time limit, and a Dakota at Home referral is being recommended, because the person IS interested in community options or minimally meets NF LOC. Specialized ID/DD services are not recommended, based on the person's ID/DD needs. If time-limited, identify the end date and resubmit with supporting documentation if the person will need to remain in the NF longer.	Yes
Level II Approved: No SS: Dakota at Home Referral	The person has a PASRR condition, NF is appropriate with no time limit, and a Dakota at Home referral is being recommended, because the person IS interested in community options or minimally meets NF LOC. Specialized ID/DD Services are not recommended, based on the person's ID/DD needs.	Yes
Level II Approved: SS: Dakota at Home Referral: Time-Limited Stay	The person has a PASRR condition, NF is appropriate but does have a time limit, and a Dakota at Home referral is being recommended, because the person IS interested in community options or minimally meets NF LOC. Specialized ID/DD services are not recommended, based on the person's ID/DD needs. If time-limited, identify the end date and resubmit with supporting documentation if the person will need to remain in the NF longer.	Yes
Level II Approved: SS: Dakota at Home Referral	The person has a PASRR condition, NF is appropriate with no time limit, and a Dakota at Home referral is being recommended, because the person IS interested in community options or minimally meets NF LOC. Specialized ID/DD services ARE recommended, based on the person's ID/DD needs.	Yes

- SIDA outcomes will now be updated to match SMHA outcomes, which moves toward alignment of SIDA and SMHA outcomes

- Make sure to check out the updated PASRR outcome guide, available on our provider website:

https://maximusclinicalservices.com/content/dam/maximusclinicalservices/svc/s/sd/sd_pasrr/public/resources/SD-PASRR-Outcomes-Guide-8.21.25.pdf

PASRR Process

What PASRR individuals need to know.



Importance of Individuals Being Informed of the PASRR Process

How Can You Help The Process?



Expand your knowledge by taking advantage of our resources and guidance.



Talk directly to the individual about the process.



Inform the individual about who Maximus is and mention that a Zoom call will be scheduled if a Level II is needed.



Let the individual know that they can invite family and friends to participate.

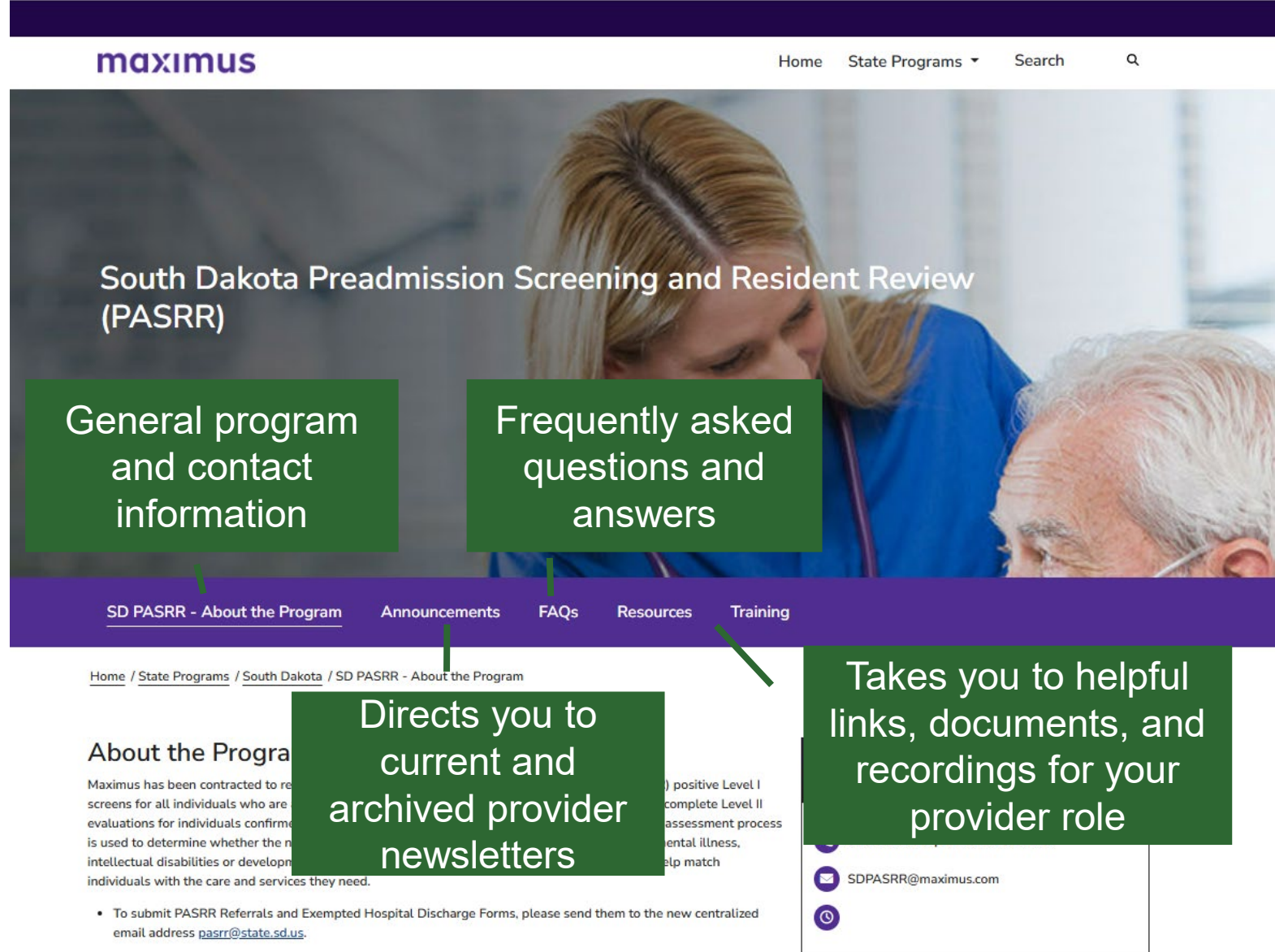
Maximus Provider Website

Recent updates have been made to enhance the user experience.



Updated Maximus SD PASRR Provide Website

- Improved user experience
- Arranged to help you reach your destination efficiently
- Your comprehensive resource for all your South Dakota PASRR-related needs



<https://maximusclinicalservices.com/svcs/sd/pasrr>

maximus

Contact Information

For information about Medicaid or policy-related questions, contact:

Emily Johnson
South Dakota Program Manager

Email: Emily.Johnson@state.sd.us
email preferred

Phone: 605.773.8434

For information on PASRR, Level I referral submissions, or inquiries regarding a specific case, contact:

Maximus – South Dakota PASRR Help Desk

Email: SDPASRR@maximus.com

Phone: 833.957.2777

Fax: 877.431.9568

The Maximus – South Dakota Help Desk is available 8 am – 5 pm CT, Monday – Friday

Submit your Level I Referrals, supporting documentation, and Exempted Hospital Discharge forms directly to one centralized State email inbox:

Email: PASRR@state.sd.us

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://maximus.surveymonkey.com/r/SEPTSDPASRR>

