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South Dakota PASRR

Quarterly Provider Newsletter:
Review Best Practice Tips & Reminders

1. **Include all applicable diagnoses on the PASRR screen.** We continue to see Resident Reviews generated because one or more diagnoses were omitted during the hospital referral process.

2. **Ensure terminal illness documentation contains the required language.** Documentation should clearly state that the individual is in the *"end stage of life with a life expectancy of six months or less."*

3. **Provide complete Legal Guardian information and distinction between POA and Legal Guardian**: A Legal Guardian's mailing address is required and should always be included with the referral documentation. A Power of Attorney (POA) is not a Legal Guardian. If a Legal Guardian exists but is not identified on the demographic face sheet, guardianship court documents must be submitted to verify legal authority.

4. **Enter the individual's full Social Security Number.** Please provide the complete SSN rather than only the last four digits, as this information is needed for verification purposes.

5. **Select the appropriate PASRR review option.** If all PASRR screening questions are answered "No," but the "Yes" option is selected to request a review, the screen will not be reviewed. If no PASRR indicators are identified, the review request should be marked "No".

6. **Submit referrals using a facility email address.** Avoid sending referrals from printer, scanner, or copier-generated email addresses. Submitting from an individual or facility email account helps identify the sender and improves communication if follow-up is needed.

7. **Include complete contact information, and use legal names only.** Always provide the first and last name of primary and secondary contacts associated with the referral. Be sure to use legal names only. Nicknames should not be entered on PASRR screens or supporting documentation. Please use the individual's legal name as reflected in official records.

8. **Provide direct contact information for community-based individuals.** When an individual is residing in the community, include their direct phone number and contact information rather than only facility or agency contact information. Missing contact information can delay scheduling and assessment activities.

9. **Submit MDS Section C when applicable.** If an individual has a cognitive diagnosis, it can be helpful to receive the MDS Section C documentation which provides information regarding the individuals cognitive abilities.

10 **Help Us Reduce Delays.** Providing complete and accurate information during the initial referral submission helps expedite PASRR processing, reduces requests for additional documentation, and supports timely determinations for the individuals you serve.

SUPPORT: Contact the South Dakota PASRR Help Desk

Do you have questions on South Dakota PASRR policy or procedures? Please contact **South Dakota Program Manager, Emily Johnson**:

- Email: **Emily.Johnson@state.sd.us** *(email is preferred)*
- Phone: 605.773.8434

Contact the dedicated **South Dakota PASRR Help Desk** team to answer any questions you have regarding specific referrals and assessments.

- Email: **SDPASRR@maximus.com**
- Phone: 833.957.2777

Sign up for the PASRR Communication Mailing List: *If you received this email announcement, then you are already on the PASRR mailing list. If there are others on your team involved in the PASRR process that would also like to be kept up to date with all things PASRR, contact the Maximus – SD Help Desk at: **SDPASRR@maximus.com** with the subject line "Please add to the South Dakota PASRR contact list." Include full name, title, facility/organization name and email address in the body of the message.*

DSS South Dakota Department of Social Services

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This information has been provided to the email addresses that have submitted a recent PASRR, please forward this information on to anyone within your organization that needs to be aware of the changes occurring within the South Dakota PASRR program.