



Common PASRR Questions and Answers

Q: Who can do a psychosocial evaluation?

A: CFR 483.136(c) (1) says that the States are designated to determine the personnel who are qualified to perform the appropriate evaluations. Wyoming uses a combination of resources to do so which include: The Community Mental Health Manual, W.S. §33-38-101, and The Mental Health Professions Licensing Board rules.

According to the above resources the following persons are able to do psychosocial evaluations in the state of Wyoming:

Licensed Professional Counselor, Licensed Addictions Therapist, Licensed Psychologist, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Physician, Licensed Psychiatric Nurse (Masters), and Licensed Advanced Practitioner of Nursing (Specialty area of psychiatry/mental health nursing)

Q: Who can do the History and Physical?

A: CFR 483.134(c) states that a history and physical must be performed by a physician OR under physician review.

Q: Who can determine intellectual functioning?

A: Intellectual Functioning must be evaluated by a licensed psychologist, as indicated in CFR 483.136(c)(2)

Q: Are community mental health centers contractually required to complete psychosocial evaluations?

A: No.

Q: When should a PASRR Level II be completed?

A: Upon admission into a Medicaid Certified Facility and upon a change in condition in MDS (Mental or physical change in condition). When the patient has a significant change in their condition—either physical or mental—a Resident Review should be initiated and a MDS is completed to document this significant change. The MDS does not trigger the PASRR—but rather, the change triggers the PASRR. A new PASRR Level II does not need to be completed for primary psychiatric disorder of Depressive Disorder NOS (311.0) or Anxiety Disorder NOS (300.0) Rule out (R/O) diagnoses are not put on electronic Level I form.

Q: What if the patient is unable to sign the consent form?

A: Fill out form and indicate patient is unable to sign. Provide a staff signature along with a witness signature.

Q: What if I do not know the date of admission to fill in the PASRR online?

A: Make your best educated guess as what the date will be, better a little later than too early so that the screening is done prior to admission. The admission date is also not a required field. You can just skip the field if it is totally unknown.



Q: How do I know that a PASRR Level I has been done on a patient recently?

A: Contact ACS to ask and get a copy of PASRR I.

Q: Is a PASRR Level I required if a patient is only going to have a short stay of <30 days?

A: No, if a resident is expected to stay <30days a PASRR I is not required. The physician MUST have it documented in the chart and a physician letter MUST be in the record. If there is no physician letter or documentation then a PASRR must be done.

Q: If a categorical determination goes beyond the time limit, how long do I have to complete a PASRR Level II?

A: It depends on the category. If it is a 7 day categorical then the PASRR must be done within 7 or if it is 14 days then you have 14 days.

Q: When we admit someone under the categorical exception and have our doctor letter stating the 7 days, 14 days, or 30 days – but then in the middle of any one of those days we realized that the patient is going to be here longer then the original categorical exception – we have 14 days to do a PASRR II?

A: Same answer as above. MMIS will edit of this starting the last day of the category.

Q: Does the MD have to do a letter or can it be written in the original admit orders for the expected length of stay?

A: A letter would be the preferred documentation.

Q: If we have a PASRR II patient that leaves the building and goes to an acute care hospital – we do not need to do another PASRR II unless their change in condition has altered their MI/MR?

A: Correct. Please remember that due to the differences in billing from Medicare the admission date will need to be the original admission for Medicaid billing purposes.