



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
4500 10th Avenue Southeast • Lacey, Washington 98503

October 16, 2025

NH #2025-051

**ADDRESSING PENDING PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASARR
OR PASRR) LEVEL II EVALUATIONS**

Dear Nursing Facility/Home Administrator,

This letter is to inform Nursing Facilities (NFs) that Residential Care Services (RCS) is aware of the reported delays with the PASRR Level II evaluations and determinations, and what actions NFs need to take until the delay is resolved. The Washington State Health Care Authority (HCA) has acknowledged these delays, which are impacting all regions across the state.

The PASRR is a federal requirement (**42 CFR §483.100–138**) that requires all applicants to Medicaid-certified NFs be screened for possible Serious Mental Illness (SMI), intellectual disability (ID), or related conditions (RC), and offered the most appropriate setting with the services they need.

This initial screening, referred to as PASRR Level I, is completed prior to the NF admission. The purpose of the Level I pre-admission screening is to identify individuals who have or may have SMI, and/or ID/RC.

Those individuals that have been identified with any of the qualifying criteria (SMI, and/or ID/RC), a **positive screen**, require PASRR Level II referral for evaluation and determination prior to admission to the NF. A Level I PASRR with no identified criteria, a negative screen, permits admission to proceed and ends the pre-screening process, unless possible SMI or ID arises later.

When an individual discharges from a hospital to a NF and has a positive screening for SMI, their discharge paperwork should include a PASRR Level II Invalidation report or a PASRR Notice of Determination (NOD). The receipt of the NOD confirms that a Level II evaluation was initiated by the HCA SMI / Mental Health (MH) PASRR team.

It is not expected that the NF will **always** have the finalized PASRR Level II SMI/MH evaluation **prior** to admission. Typically, it takes up to two (2) weeks for the completed evaluation to be finalized. However, due to current delays, PASRR evaluators throughout the state are currently running a month or more behind in conducting the required resident interviews to initiate the Level II PASRR evaluations, thus in some instances, also impacting a NF receiving a PASRR NOD **before** a resident admits to a NF.

Additionally, HCA has reported a backlog of approximately 700 pending PASRR evaluations, which has resulted in delays for NFs in receiving completed PASRR Level II reports. HCA is actively working to resolve this issue and expects to clear the backlog by the end of the calendar year.

Due to these delays, the department has implemented the process outlined below for RCS staff to follow during survey or a complaint investigation.

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Effective Immediately

NFs will:

- Ensure residents with a **positive** Level I PASRR screen, at a minimum, have been referred to the designated state-authority, through the Level II PASRR process, and approved for admission **prior** to admitting to the NF.
- Follow up, at least monthly, with the NF's regional SMI/MH contractor if a completed PASRR Level II report or NOD is **not present** in the resident's file to inquire of the status of these documents. The SMI/MH PASRR website for the regional contacts is listed [here](#).
- Maintain a clear and up-to-date record of all contact attempts regarding the pending status of the PASRR Level II evaluation or NOD in the resident's file, to include:
 - The date the evaluation was requested,
 - The name of the regional PASRR evaluator it was submitted to, **and**
 - Any communication and follow-up with the evaluator and/or the department, to include letters, emails, faxes, phone calls, etc.

RCS Surveyors/Complaint Investigators will:

- When completing resident PASRR reviews, ensure all residents admitted to a NF with a **positive** Level I PASRR screen have a Level II PASRR referral **before** NF admission;
- Confirm that the NF has conducted at least monthly follow-ups with their regional SMI/MH contractor if a completed PASRR Level II report or a NOD is not present in the resident's file;
- Review the resident's file for documentation of clear and up-to-date records of the pending status of the PASRR Level II evaluation or NOD, to include:
 - The date the evaluation was requested,
 - The name of the regional PASRR evaluator it was submitted to, **and**
 - Documentation of all communication and follow-up with the evaluator and/or the department to include letters, emails, faxes, phone calls, etc.
- Cite the NF for noncompliance (at **F645** or **WAC 388-97-1915**), when a resident with a positive Level I PASRR screen is **not referred** to the designated state-authority through the Level II PASRR process **prior** to NF admission.
- Not cite the NF for noncompliance, when a PASRR Level II Invalidation or NOD is not present in the resident's file, if the NF is able to provide documentation showing evidence of monthly follow-up with their regional PASRR evaluator and accurate and thorough documentation of PASRR activities.

This guidance will remain in effect until further notice.

Please Note:

- The PASRR ID/RC expectations remain unchanged, this change **only** affects PASRR SMI.

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- NFs that are not Medicaid-certified are not required to meet the PASRR regulation. For a list of facilities exempt from the PASRR regulation, please refer to the [PASRR Exempt Facilities List](#) on the ALTSA Intranet.
- Hospitals are licensed and approved by the WA State Department of Health (DOH). Mandatory reporting requirements related to quality of care or transition planning practices will be filed with the [DOH as a complaint by email or online](#).

Thank you for your continued commitment to resident health and safety. If you have any NF specific questions, please contact Tiffany Meyers, Nursing Home Policy Program Manager, at rcspolicy@dshs.wa.gov or (360) 464-0373.

For questions related to PASRR, please contact HCA Health Care Program Managers, [Beth Loska](#), at (360) 725-1478 and [Tabitha Craven](#), at (360) 725-1107.

Sincerely,



Amy Abbott, Director
Residential Care Services

DSHS: *"Partnering with People"*

Related References: [42 CFR §483.100–138](#), [F645](#), [WAC 388-97-1915](#)