

## Planned Action Notice – PASRR Determination

DATE

You have been referred for nursing facility care. The preadmission screening and resident review (PASRR) process is intended to:

- Identify whether you are an individual with an intellectual disability or related condition;
- Determine whether you need nursing facility services;
- Inform you of other options available to you;
- If you choose nursing facility services, assess your needs and make service recommendations.

If the full PASRR report is not attached, it will be forwarded to you within 30 days.

CLIENT'S NAME

ADDRESS 1 CITY STATE ZIP CODE

ADDRESS 2 CITY STATE ZIP CODE

REPRESENTATIVE'S NAME

ADDRESS 1 CITY STATE ZIP CODE

ADDRESS 2 CITY STATE ZIP CODE

### Planned Action

Based on a review of your records and conversations with you and others involved in your care, DDA has made the following determinations, effective as of the date of this notice.

**DDA has determined that:**

- You  do  do not have an intellectual disability or related condition, as defined in federal regulations (42 C.F.R. §483.102(3) and 42 C.F.R. §435.1010).
- You  do  do not meet the requirements for nursing facility level of care, as defined in WAC 388-106-0355.
- If you have an intellectual disability or related condition and you meet the requirements for nursing facility level of care, you  do  do not currently require specialized services in order to acquire skills or behaviors that will enable you to function with as much self-determination and independence as possible, and/or in order to prevent or slow the loss of your current functional status, while you reside at a nursing facility.
  - If you have not been determined to require specialized services, that determination is based on the following reason(s):
    - You have a serious physical illness which results in a level of impairment so severe that you are not expected to benefit from specialized services.
    - You have a diagnosis of dementia which results in a level of impairment so severe that you are not expected to benefit from specialized services.
    - You are experiencing a delirium that prevents an accurate diagnosis.
    - DDA has not identified any services in addition to services provided by the nursing facility that will assist you to function with as much independence as possible, and/or prevent or slow any loss of your functional ability.
    - You are entering the nursing facility for 30 days or less to provide respite to in-home caregivers.
    - You are entering the nursing facility for seven (7) days or less in an emergency situation requiring protective services.
- Your specialized service(s) is / are terminated for the following reason(s):
  - You or your representative have requested this action.
  - The service goal or maximum therapeutic benefit of the service has been reached.

**Specialized services will be arranged or provided by DDA per 42 C.F.R. §483.120.**

ASSESSOR'S SIGNATURE	ASSESSOR'S PRINTED NAME
ASSESSOR'S TITLE	ASSESSOR'S PHONE (INCLUDE AREA CODE)
ASSESSOR'S FAX NUMBER (INCLUDE AREA CODE)	ASSESSOR'S EMAIL

**This action is being taken per the following authority.**

Am I eligible for nursing facility care services? .....	WAC 388-106-0355
When is a PASRR level I completed? .....	WAC 388-834-0015
Is a PASRR level I or level II required for a readmission or inter-facility transfer? .....	WAC 388-834-0020
When is a PASRR level II completed? .....	WAC 388-834-0025
How is the PASRR level II evaluation completed for screenings indicating an intellectual disability or related condition? .....	WAC 388-834-0030
Can an individual be admitted to a nursing facility before the PASRR level II evaluation is completed? .....	WAC 388-834-0035
What is the process when a DDA PASRR evaluator determines that nursing facility placement is appropriate for an individual and that the individual requires specialized services? .....	WAC 388-834-0040
How does DDA provide notice of PASRR determinations? .....	WAC 388-834-0045
What appeal rights does an individual have related to PASRR? .....	WAC 388-834-0050

**Your Appeal Rights**

You have ninety (90) days from the receipt of this notice to appeal any of the following decisions:

- That you do not have an intellectual disability or related condition;
- That you do not meet the requirements for nursing facility level of care; or
- That you are not in need of specialized services.

You have the following rights:

- To decline or terminate services at any time.
- To have another person represent you (DSHS does not pay for attorneys, but free or low cost legal assistance may be available in your community. For additional information call 1-888-201-1014);
- To receive copies of all information used by DDA in making its decisions, and to view and copy your ADSA file (except for any documents that are exempt from disclosure under state or federal law or parts of the file that contain confidential information about other clients). Your assessor can assist you to obtain this information;
- To submit documents into evidence;
- To testify at the hearing and to present witnesses to testify on your behalf; and
- To cross examine witnesses testifying for the department.

A form for requesting an administrative hearing is included.

**Residential Services**

**Alternative Living Services**

Provide community-based, individualized client training, assistance, and support. Alternative Living Services enable a client to live as independently as possible by training and assisting individuals to: establish or maintain a residence; develop or improve upon home and community living skills; establish healthy and safe habits; participate in social activities; and manage money. AL services are provided by an independent contractor and are not to exceed 40 hours per month.

**Adult Residential Care (ARC)**

Adult Residential Care (ARC) services are provided by Assisted Living Facilities that have Adult Residential Care contracts. ARCs provide a supervised living arrangement in a home-like environment for seven or more clients. ARC services include housing, housekeeping services, meals, snacks, laundry, personal care, and activities.

**Enhanced Adult Residential Care (EARC)**

In addition to the services provided by Adult Residential Care facilities, Assisted Living Facilities that have an Enhanced Adult Residential Care (EARC) contract provide intermittent nursing services and medication administration services.

**Adult Family Home**

Adult Family Homes (AFH) are contracted, privately operated neighborhood homes that are licensed to care for two to six residents. AFHs provide a room, meals, laundry, supervision, and varying levels of assistance with support needs. Some AFHs may provide occasional nursing care, specialized care for people with developmental disabilities, mental health issues, and/or dementia.

**Companion Homes**

Companion Home (CH) services are offered in a typical family residence to no more than one DDA funded adult client. CH participants reside in the contracted provider's home, where there is 24-hour supervision available. Supports are intended to assist the individual to acquire, retain, and improve upon the skills necessary to live successfully in the community. CH services are offered in integrated settings and support personal power, choice, and full access to the greater community to engage in community life.

**Supported Living Services**

DDA provides or contracts with agency providers to offer Supported Living Services and Supports in client's homes. Entities who offer this service are certified by the Department. These services offer instruction and supports to persons who live in their own homes in the community. Services and supports are based on the client's individual instruction and support needs as documented in his/her service plan. Supports may vary from a few hours per month up to 24 hours of one on one support per day. Clients pay for their own rent, food, and other personal expenses. DDA pays for residential services provided to clients under department contract except for the State Operated Living Alternatives (SOLA) program where services are provided directly by state employees.

**Group Homes**

Group Homes are community based residences. The homes provide 24 hours instruction and support services. Group homes offer a group living option for eligible individuals. The service model is tailored around the individual's needs and encourages maximum involvement by the person and others of the person's choosing. These facilities provide daily living supports, along with skill-building instruction and support services for up to 11 people in a home. Homes are either owned or leased by the provider.

**Group Training Homes**

Group Training Homes are community based residences serving two or more adult individuals. The homes provide 24-hour instruction and support services. The service model offers a group living option for eligible individuals. The model is tailored around the individual's needs and encourages maximum involvement by the person and others of the person's choosing.



# Request for Hearing

per Chapter 182-526 for DSHS hearing rules

<b>FOR AGENCY USE ONLY</b>
<input type="checkbox"/> <b>Oral request taken.</b>
NAME
TELEPHONE NUMBER (INCLUDE AREA CODE)

Mail your request to this address:

**OR**

Fax to this number:

OFFICE OF ADMINISTRATIVE HEARINGS (OAH)  
 PO BOX 42489  
 OLYMPIA WA 98504-2489

(360) 586-6563

I am requesting a hearing because I want to challenge the following decision made by the Developmental Disabilities Administration:

PRINT YOUR NAME HERE	TELEPHONE NUMBER (INCLUDE AREA CODE)
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ADDRESS OF PERSON REQUESTING HEARING	CITY	STATE	ZIP CODE
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I am represented by (if you are going to represent yourself, do not fill in the next two lines):

PRINT YOUR NAME HERE	ORGANIZATION	TELEPHONE NUMBER (INCLUDE AREA CODE)
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ADDRESS OF REPRESENTATIVE	CITY	STATE	ZIP CODE
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Do you need an interpreter or other assistance or accommodation for the hearing?  Yes  No

If yes, what language or assistance?