

**Attachment C**  
**Notification Requirements**  
**Request for Proposal Number 6231 Z1**

Required on Notifications	Description	LI	LII
Individual's Name	List the name of individual.	X	X
Recipient's Address	Populate initial pages addressed to each party who should receive the report.	X	X
County	List individual's county based on their current residence at time of PASRR.	X	X
State ID	List the Medicaid ID number of the individual if known.	X	X
ID Number	Contractor's ID to identify and look up all PASRR records about the individual.	X	X
Identifier	Use an identifier that the contractor will utilize to identify this unique PASRR.	X	X
Date of Determination	List the date the PASRR decision was made.	X	X
Number of Approved Days	List the number of approved days for short-term approvals.	X	X
Expiration Date	List the end date for all short-term approvals.	X	X
Mailing Date	List date PASRR determination was mailed and/or made available electronically. Contractor shall mail the same day as determination date.	X	X
PASRR Demographics	Demographics in Level I: full name, SSN, DOB, gender, race, residence county, source of payment, Medicaid number if known, typical living situation at time of Level I, type of review, pre-admit or resident review, reason for screening.	X	X
Mental Illness (MI)	Describe primary questions/responses to Level I mental health (MH) and substance use diagnoses.	X	X
Symptoms	Describe Level I screening questions pertaining to current and past symptoms.	X	X
History of Psychiatric Treatment/Dementia	Describe current / past history of BH treatment and services to address issues, life disruptions and any testing for dementia.	X	X
Psychotropic Medications	Report all psychoactive medications prescribed for BH issues in past six months, include: type, dosage, condition treated, other relevant information.	X	X
Intellectual Disability (ID) Developmental Disability (DD)	Report results of ID / DD questions including: age of onset, adaptive functioning, history of services related to these conditions and functional limitations that do not arise from the medical condition, dementia, or MI.	X	X
Legal Guardian	Indicate whether there is a legal guardian. If one exists: name / address of guardian to appear on all copies of the Level I PASRR for all recipients.	X	X
Primary Physician	List physician name/address on all Level I PASRR reports.	X	X
Current Location	List address where individual is residing at time of Level I submission and date they admitted to current facility/location on all Level I PASRR reports.	X	X
Nursing Facility Admission Information	The address of the NF where the individual is currently residing or expected to reside in the very near future can be included, if known, along with the admission date if already admitted, or the anticipated date of placement, if known, will be included on all copies of the Level I PASRR for all recipients.	X	X
Level I Attestation and Signature	This section will include standard language attesting to the accuracy of the information reported in the Level I screen, and will be signed electronically by the Level I submitter, with address, phone, fax, and date.	X	
Additional Comments	This section is reserved for reporting of any information the Level I submitter wishes to add beyond the responses to the basic screening information.	X	
Exemptions and Categorical Decisions	This section, which applies only to those individuals with known or suspected Level II conditions, is utilized to report on indicators that address whether the individual may meet any qualifying criteria for any of Nebraska's Categorical Determinations.	X	
Notice of Negative Level I Screen Outcome, or Notice of Level I Categorical Determination	This header will be followed by standard language informing the reader that this individual is appropriate for placement in a NF without further PASRR activity, or that the individual has met criteria for a time limited Categorical Determination.	X	
Outcome	This important summary section will include the name of the Level I reviewer who finalized and approved the outcome, the actual outcome, the review date, the narrative describing the rationale for the outcome, and a standard statement indicating that the PASRR outcome must be forwarded to the receiving NF and that the outcome must be placed in the individual's chart.	X	
Summary of Findings report	The Summary of Findings header is used on all Level II evaluations.		X
Level II Information	List the Level II Evaluator's name that gathered information.		X

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Ruled out	Indicate whether the individual is ruled out of the PASRR LII population.		X
Mental Illness Symptoms, additional	Describe current symptoms, history, life impacts, attempted / effective medications, strategies for management, presence of any BH advanced directives, preferences pertaining to providers and continuity of care.		X
Mental Health (MH)	Indicate whether the individual meets criteria for a diagnosis of MH.		X
Mental Health Diagnoses	There are separate diagnostic sections for Axis I primary, Axis I secondary, Axis I tertiary, Axis I quaternary, Axis II primary, and Axis II secondary. List the individual's diagnoses information in the applicable diagnostic area.		X
Intellectual Disability/Related Condition	Indicate whether the individual meets criteria for a diagnosis of ID or RC.		X
Related Conditions	List any qualifying RC diagnoses for the individual.		X
History Section Label	Summary of Medical and Social History		X
General Social History	Detailed narrative summary include: age, gender, current primary living arrangements for past two years, family composition, support network, prior service history, describe precursor to need for NF consideration, presence of guardian or other substitute decision makers, and other relevant information.		X
PASRR and Placement History	If there is a prior or known PASRR history or placement history available to us at the time of this PASRR, it can be included.		X
Legal History	List any applicable commitment, criminal, child or dependent adult abuse history when a search has been completed. A search may be conducted on any individual and will be conducted when any such history is acknowledged or alleged in the process of gathering information.		X
Medical Diagnoses	List all current medical diagnoses, surgical history, and any current or known history of hospitalizations.		X
Psychiatric History	List all MH diagnoses, history, onset, psychiatric symptoms, hospitalizations, treatment, current psychotropic medications, current / previous providers and preferences regarding providers of BH services.		X
Family Mental Health History	May include with psychiatric history or written as a separate section if significant.		X
Substance Use (SU)	May include with psychiatric history or written as a separate section if significant.		X
Unique personal characteristics, skills, talents	Describe important activities, hobbies, areas of interest, cultural / socialization needs, activities to maintain or recover skills, employment history, current status.		X
Specific limitations and needs	Description of assistive devices utilized / needed, specific support needs related to ADLs and IADLs, identified areas of need or targets for maintenance or recovery of abilities and areas where supervision or support is needed.		X
Denials to be reviewed by MD	Indicate the reasons for any denial of level of care (LOC) and provide the name of the psychiatrist who reviewed and approved the denial.		X
Decision Portability	Indicate whether a facility specific determination has been made and whether a new PASRR will be needed before any transfer can occur.		X
Rationale for Placement Decision	Summary includes specific individualized information regarding reasons for approval or denial of LOC, supports / assistance needed if/when placed in NF include health information, mobility, ADLs, BH and other disability specific needs, goals, and strategies.		X
Date of Final Determination	List the date of the final determination.		X
SOF and Determinations	List the name of clinician who finalized the Summary of Findings report.		X
Specialized Add-on Services and Supports	Summary of Findings report will identify separate sections for PASRR identified specialized add-on services, along with a rationale for each service.		X
Intensive Treatment Services	List PASRR identified intensive treatment services identified.		X
MD	List the physician's name and credentials if review took place.		X
Reconsideration language	Standard text will be provided during the Implementation Phase.		X
Appeal language	Standard text will be provided during the Implementation Phase.		X
Status Change statement	Standard text will be provided during the Implementation Phase.		X
PASRR Notice of	Indicate whether this is a short-term NF approval or NF approval.		X
Summary Outcome	Indicate whether an individual is approved or not for LOC, short term LOC and whether the determination is the result of a Reconsideration or Appeal.		X