

**SAMPLE**

02/26/2021

QL-UPTOWN HEALTH CARE CENTER, LLC  
745 E 18TH AVE  
DENVER, CO 80203

Re: Minnie Mouse  
Insurer: Colorado Medicaid

The requested PASRR review listed below has been approved.

Member Name: Minnie Mouse		DOB: 01/01/1945	Medicaid ID #: 654123987	Case ID: 4598
Requested Service (1)				
Request Type: Prospective		Review Type: PASRR Level 1		
Treating Provider:		Treating Facility: QL-UPTOWN HEALTH CARE CENTER, LLC		
Date of admit: 02/27/2021 - 02/28/2021		Quantity: 1 unit(s)		
Proc Code: T2010	Modifier:	Procedure Description: PASRR LEVEL I IDENTIFICATION SCREEN PER SCREEN		
Determination (1)				
Dates(s) of Service Approved: 02/27/2021 - 02/28/2021		#Approved: 1 unit(s)	Authorization #:	
Proc Code: T2010	Modifier:	Procedure Description: PASRR LEVEL I IDENTIFICATION SCREEN PER SCREEN		
Determination: <b>Auto Approved</b>		Determination Reason: <b>Provisional Admission</b>		
Rationale:				

\*\*The procedure code/description are not considered in the review process or for reaching a determination.

**Determination: Approved | Determination Reason: Level II Needed**

The review of the submitted PASRR Level I Screen resulted in a finding of a known or suspected Mental Illness, or Intellectual/Developmental Disability, or Related Condition, and there were no indicators for a qualifying Provisional Admission (formerly Categorical Determinations) the PASRR case had been referred for the appropriate Level II evaluation. The facility where the member is currently located can anticipate contact from Telligen regarding scheduling the Level II evaluation.

In the case of first-time identifications, written notice must be provided to the individual or resident, and his or her legal representative, that the individual or resident is suspected of having a mental illness or intellectual, or developmental disability, and is being referred for Level II screening (§ 483.128(a)). See Rationale section of the above table for important information about the Level II screening.

**Determination: Approved | Determination Reason: No Level II Required**

The review of the submitted PASRR Level I Screen resulted in a finding of no known or suspected Mental Illness, or Intellectual/Developmental Disability, or Related Condition. The PASRR case requires no further action. If the member's status changes or new information is acquired that provides evidence of a known or suspected PASRR condition as noted above, the facility should resubmit a new PASRR Level I.

**Determination : Approved | Determination Reason: Provisional Admission**

The review of the submitted PASRR Level I Screen resulted in a finding of a known or suspected Mental Illness, or Intellectual/Developmental Disability, or Related Condition, and there were indicators for a qualifying Provisional Admission (formerly Categorical Determinations). The possible Provisional Admissions are noted below. The facility is responsible for submitting a new Level 1 PASRR Screen if the member is anticipated to reside in the facility beyond the approved provisional admission timeline as noted below.

- Exempted Hospital Discharge = The need for NH regarding convalescent care due to a discharge from an acute care hospital where the rehabilitation care relates to the reason for the hospitalization and has been certified by the attending physician to likely require fewer than 30 days of nursing services.
- Emergency Admission = Emergency stays due to emergency evacuations or protective services placements not to exceed 14 days.
- Acute Delirium = Individuals with delirium where the delirium prevents an accurate diagnosis at the time of entry into the nursing home but is expected to clear within 14 days.
- Respite Care = Respite stays of up to 30 consecutive days to provide respite to in-home caregivers.

**Determination: Technical Denial**

In the event that additional information was requested from the submitter of the PASRR Level I Screen and either not received within the necessary timeframe, or not determined to be sufficient to complete the review, the PASRR case will be Technically Denied for administrative reasons. Providers are encouraged to resubmit a new Level I PASRR Screen once all necessary and required information is available for review.

If you have any questions regarding this notification, please contact Telligen at **1-833-610-1053**.

Sincerely,

Telligen Medical Director