

LEVEL II PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) EVALUATION SUMMARY AND NOTICE OF APPEAL RIGHTS

- I. A member of the Preadmission Screen and Resident Review (PASRR) Area Evaluation Team checked the box below that applies and explained to me the results of my PASRR Level II screen and whether or not I can be admitted or stay in a nursing facility:
- a) The federal regulation, 42 CFR 483.118, says that I cannot be admitted to a nursing facility because it was decided that I do not need the services of a nursing facility. If I want to appeal this decision, the Division of Hearings and Appeals must receive my letter within **45 days** of the day I receive this notice.
 - b) The federal regulation, 42 CFR 483.118, says that I cannot stay in a nursing facility because it was decided that I do not need the services of a nursing facility. If I want to appeal this decision, the Division of Hearings and Appeals must receive my letter within **45 days** of the day I receive this notice. See the note below for time requirements for Medicaid payment.
 - c) The federal regulation, 42 CFR 483.118, says that I cannot stay in a nursing facility because I have been in a nursing facility for less than 2½ years and it was decided that I do not need the services of a nursing facility, although I do need specialized services (see page 2). If I want to appeal this decision, the Division of Hearings and Appeals must receive my letter within **45 days** of the day I receive this notice. See the note below for time requirements for Medicaid payment.
- NOTE: The impact of a determination for b) or c) depends on whether or not and when I appeal this determination:**
- 1) If I receive Medicaid and choose not to appeal this decision, then the Medicaid program will stop paying for my stay in the nursing facility in **10 days** from the day I receive this notice.
 - 2) If I receive Medicaid and I want the Medicaid program to continue paying for my stay in the nursing facility, the Division of Hearings and Appeals must receive my appeal letter within **10 days** from the day I receive this notice. If I appeal this decision and the hearing officer decides I do not need the services of a nursing facility, then the Medicaid program will stop paying for my stay in the nursing facility as of the date of the hearing officer's decision. If I appeal this decision and the hearing officer decides I do need the services of a nursing facility, then I may stay in the nursing facility and the Medicaid program will continue to pay for my stay.
 - 3) If I receive Medicaid and the Division of Hearings and Appeals receives my appeal letter after **10 days** after I receive this notice, then Medicaid payment for my stay in the nursing facility will stop. If the hearing officer decides I do need the services of a nursing facility, then I may stay in the nursing facility and the Medicaid program will pay for my stay, including the time during the appeal process.
- d) The federal regulation, 42 CFR 483.118, says that I may choose to stay in a nursing facility if I want to stay, even though it was decided that I do not need the services of a nursing facility, because I have been in a nursing facility for more than 2½ years and because it was decided that I do need specialized services.
 - e) The federal regulation, 42 CFR 483.118, says that a nursing facility may choose to admit or retain me because it was decided that I am appropriate for nursing facility placement.

This decision was based primarily on the following:

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II. A member of the Preadmission Screen and Resident Review (PASRR) Area Evaluation Team checked the box below that applies and explained to me how the results of my PASRR Level II screen will affect the care and treatment I receive in a nursing facility (if I can be admitted or stay in a nursing facility; see page 1 of this form):

- a) Based on the federal regulations, at 42 CFR 483.134 and 483.136, it was determined that I need an intensive, continuous treatment program called **specialized services** for my intellectual/developmental disability or my mental illness. If I want to appeal this decision, the Division of Hearings Appeals must receive my appeal letter within **45 days** of the day I receive this notice.
- b) Based on the federal regulations, at 42 CFR 483.134 and 483.136, it was determined that I need services of a lesser intensity than specialized services called **specialized psychiatric rehabilitation services** for my mental illness. If I want to appeal this decision, the Division of Hearings Appeals must receive my appeal letter within **45 days** of the day I receive this notice.
- c) Based on the federal regulations, at 42 CFR 483.134 and 483.136, it was determined that I do not need **specialized services or specialized psychiatric rehabilitation services** for my intellectual/developmental disability or my mental illness. If I want to appeal this decision, the Division of Hearings Appeals must receive my appeal letter within **45 days** of the day I receive this notice.

This decision was based primarily on the following:

III. If I think either of the PASRR decisions are wrong, then I can appeal these decisions to the:

**Division of Hearings and Appeals
5005 University Avenue, Suite 201
P.O. Box 7875
Madison, WI 53707-7851**

- The information in this form is required, by federal regulations at 42 CFR 483.128(j)-(l), to be presented to persons who receive a PASRR Level II screen. If this notice was mailed, then **sign and return one copy to Behavioral Consulting Services, 1533 Wisconsin Avenue, Grafton, WI 53024. Signing this form only indicates that you received a copy of this form and understand that you have the right to appeal either or both of the PASRR determinations.**
- If I want to appeal, I must include a copy of this notice with a letter that says I want to appeal.
- I was told that I may choose to represent myself at the hearing or I may choose to be represented, at my cost, by an attorney, a relative, a friend, an advocate or other spokesperson. I was told that my county department of social services will give me the names of organizations that provide free legal assistance in my area of the state.

SIGNATURE – PASRR Team Member Providing Summary		Date Signed
SIGNATURE – Client or Guardian/Health Care Agent (if applicable)	PRINT – Client’s Name	Date Signed

Note: Additional approvals from other parties (the county department of human services/community programs, the county court, and the Division of Quality Assurance (DQA) may be necessary before you can be admitted to a nursing facility.