



Ohio Department of Mental Health

PASRR Unit
614-466-1063

30 East Broad Street, 11th Floor
Columbus, Ohio 43215-3430

March 25, 2008

Administrators and Directors of Nursing
Ohio Medicaid-Certified Nursing Facilities

We are writing to inform you of a change to the processing of PASRR evaluations. This change is necessary to ensure that guardians are offered the opportunity to participate in the evaluation process. As such, we will require the NF to provide documentation to verify that the guardian(s) was invited to participate in the PASRR evaluation process.

To accomplish this goal, the NF representative and the guardian will review the accompanying letter and both will sign and include the letter with the application to be submitted to ODMH. We acknowledge the challenge that social workers will face at the NFs to acquire this information, though it is imperative that guardians are invited to participate in the PASRR evaluation process, whenever one is indicated.

Thank you in advance for your cooperation as we strive to be inclusive. If you should have questions or comments related to this request please direct them to me.

Sincerely,

Terry R. Watts, PASRR Manager

Bayard Paschall, Ph.D. (Q.A. /Q.I. Chief)



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Applicant:

Guardian:
Address:

Date:

Dear _____ :

You were identified as the court-appointed guardian to the above named applicant. (Applicant) has been referred to the Ohio Department of Mental Health Pre-Admission Screening/Resident Review (PASRR) unit for an intermediate Level of Care (LOC) determination, to assess their eligibility:

1. to be admitted to a Nursing Facility (NF)
2. to continue residing at the NF in which s/he is currently admitted
3. to be approved for the PASPORT Waiver program

This letter is sent to inform you of the PASRR review to be conducted on (applicant). The letter also invites your participation in the review process. Please contact the assigned PASRR Reviewer at the telephone number that is listed at the head of this letter, to participate and/or ask questions.

It is important that you act promptly to ensure your participation in the process since federal guidelines mandates the timely completion of our determination.

Thank you in advance for your participation.

_____, PASRR Reviewer

I _____ acknowledge receipt of this letter.

_____, Guardian ___/___/___ Date

_____, NF representative ___/___/___ Date