
PASRR Boot Camp

Jump Starting PASRR Knowledge



Presenters

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Overview

- The purpose of PASRR (Preadmission Screening and Resident Review)
- Legal and regulatory requirements
- Louisiana specific process and contact information

The Purposes of PASRR

- PASRR was created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA). It has three goals
 - To ensure that individuals are evaluated for evidence of possible mental illness (MI) and/or intellectual disabilities and related conditions (ID/RC).
 - To see that they are placed appropriately, in the least restrictive setting possible.
 - To recommend that they receive the services they need, wherever they are placed.



Key Milestones in PASRR & Related Efforts

• Legal/Regulatory Milestone	Act	Year
• Establishment of Title XIX (Medicaid)	SSA	1965
• Creation of 1915(c) waivers	SSA	1981
• Establishment of PASARR	OBRA	1987
• Required start of PASARR	OBRA	1989
• Americans with Disabilities Act (ADA)	ADA	1990
• Publication of PASARR Final Rule	--	1992
• Incorporation at 42 CFR 483.100-138	--	1994
• Elimination of Annual Resident Review (now PASRR)	BBA	1997
• <i>Olmstead v. L.C.</i>	--	1999
• Establishment of 1915(j), 1915(i), MFP	DRA	2005
• Changes to 1915(i), creation of 1915(k), more MFP	ACA	2010
• Roll-out of MDS 3.0 with Q.A1500 and new Section Q	--	2010

A Few Preliminaries

- Medicaid is a partnership between States and the Federal government.
- PASRR is part of Medicaid.
- PASRR is a required part of the Medicaid State Plan.

Federal Regulations

- 42 CFR 483 Sec 100-138 outlines states' responsibilities. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Institutional-Care/Preadmission-Screening-and-Resident-Review-PASRR.html>
- State Operations Manual, Long Term Care Facilities: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcfd.pdf

Who does PASRR apply to?

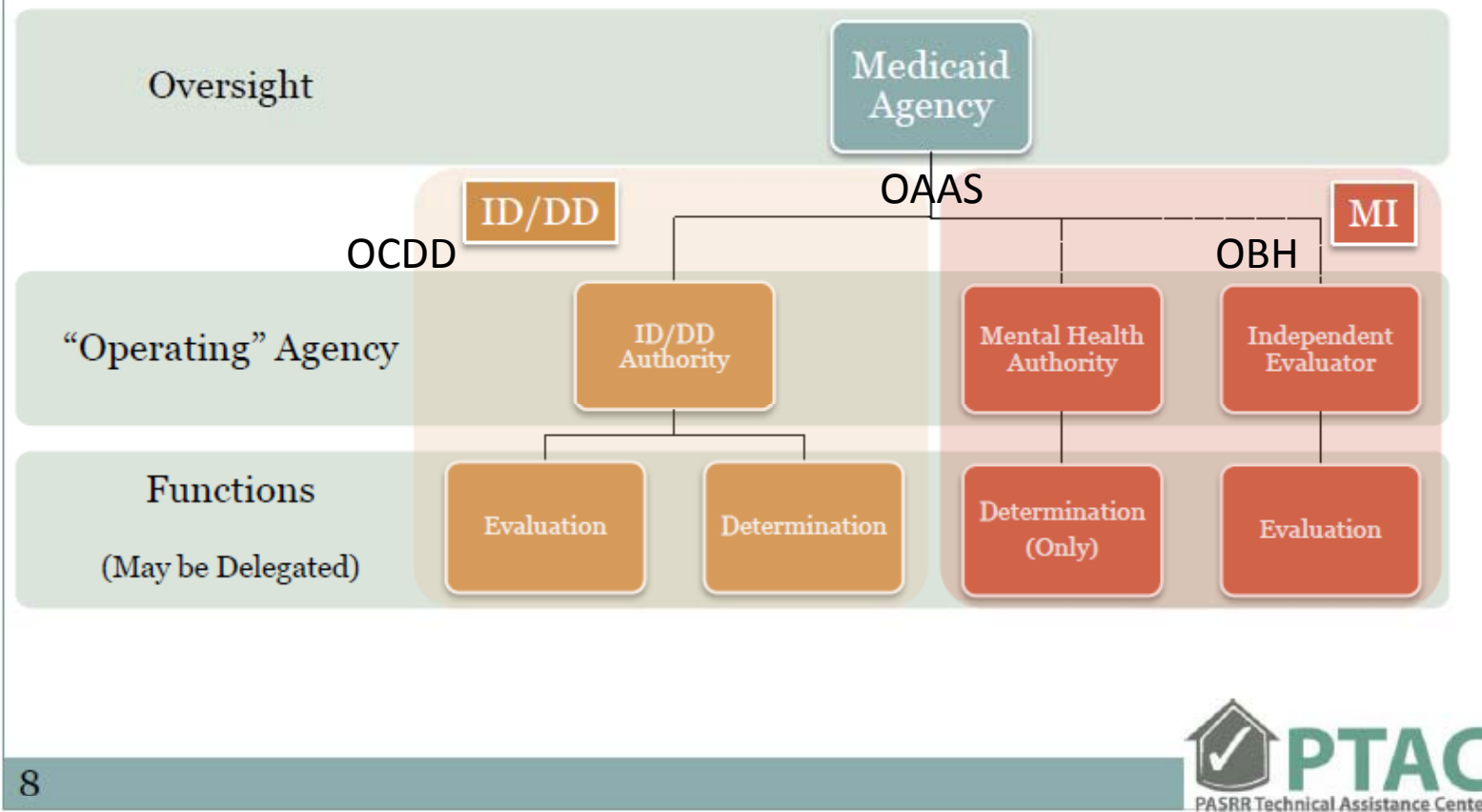
All persons seeking admission to Medicaid certified NF including:

- Individuals who are private pay
- Individuals whose stay will be paid by insurance
- Individuals whose stay will be paid by Medicare
- Individuals whose stay will be paid by Medicaid

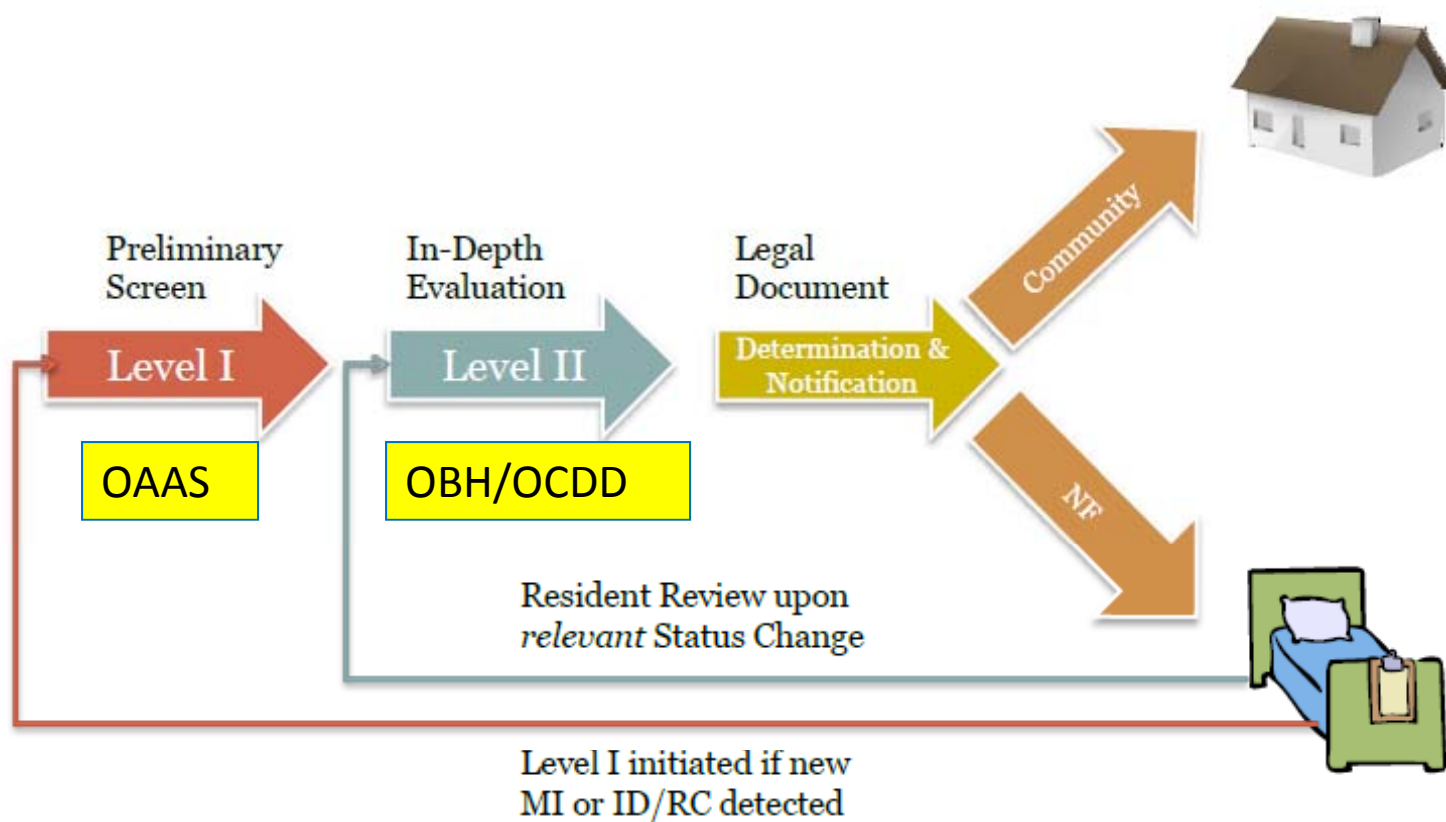
Roles of Agencies

- Medicaid has ultimate authority over PASRR
 - LA-Medicaid has dedicated Level I review to OAAS.
 - Level II is the responsibility of the State Mental Health Authority (SMHA) or State Mental Retardation Authority (SMRA).
 - However, Medicaid can't countermand determinations made by Level II authorities.

Roles & Responsibilities



The PASRR Process: A Basic Sketch



Level I (broad screening)

- Applies to every admission to every Medicaid certified NF
- Screen person for any/all signs of MI, ID or related condition (RC)
- Typically done by hospital/health care entity who is referring the person (e.g., NF, referring hospital or MD, or contracted health services agencies)
- Must be signed by Louisiana licensed MD
- Applicants who show signs of MI, ID/RC in Level I, and who do not have previous evaluations that can render determination, must undergo Level II PAS
- Dated 30 days prior to date of admission.

Level I PASRR Screen and Determination

Failure to accurately complete this form prior to admission to a nursing facility (NF) may result in disallowance of Medicaid payment.

Name: _____ DOB: _____

Address: _____ Social Security Number: _____

SECTION I: MI/MR		
Answers to the questions on page 3 of this form will assist in making a determination as to whether the individual has indications of, or a diagnosis of mental illness and/or mental retardation.		
Please circle either Yes or No for the following:		
Part A – Mental Illness (MI)		
Does the individual have indications of, or a diagnosis of a major mental illness as defined in the DSM-IV R, limited to schizophrenia, mood disorder, severe anxiety disorder, somatoform disorder, personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability?	YES	NO
If the answer is YES, please answer all the questions on Page 3 to determine major/serious MI.		
Part B – Mental Retardation (MR)		
Does the individual have indications of, or a diagnosis of mental retardation as defined in the AAMR Manual or Classification in Mental Retardation or other related conditions such as cerebral palsy, epilepsy, or any other conditions, including autistic disorders, that are closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior (42 CFR 435.1010) which manifested prior to the age of 22?	YES	NO
If the answer is YES, please answer all the questions on Page 3 to determine MR or related condition.		
If BOTH answers are NO, STOP! This evaluation is complete and no Level II Evaluation is needed. Physician should sign and date Level I Screen.		
Physician Signature:	Date Completed:	
Print Physician Name:	Agency:	
→ If any answer in SECTION I is YES, proceed to SECTION II ←		
SECTION II: CATEGORICAL DETERMINATION OF DEMENTIA/RELATED DISORDER		
Does the individual have a primary diagnosis of dementia (including Alzheimer's Disease or a related condition) or a non-primary diagnosis of dementia with a primary diagnosis that is not a major mental illness?	YES	NO
If Mental Illness only and answer is YES, STOP! This evaluation is complete and no Level II Evaluation is needed. Physician should sign and date Level I Screen.		
Physician Signature:	Date Completed:	
Print Physician Name:		
→ If Mental Illness ONLY and answer is NO, Proceed to SECTION III ←		
If Mental Illness and Mental Retardation or Mental Retardation only, proceed to next question.		
Does the individual have a dementia diagnosis that exists in combination with mental retardation or a related condition (i.e., Epilepsy, Cerebral Palsy, Prader-Willi Syndrome, Autism, Spina Bifida)?	YES	NO
If MR ONLY and answer is YES, STOP! This individual can be admitted or retained in a NF. A Level II Evaluation is not needed. Physician should sign and date Level I Screen.		
Physician Signature:	Date Completed:	
Print Physician Name:		
→ If MI and MR OR MR ONLY and answer is NO, proceed to SECTION III ←		

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Name: _____ DOB: _____

SECTION III: EXEMPTED HOSPITAL DISCHARGE		
Is the individual being admitted from a hospital after receiving acute inpatient care and requires NF services for the condition which he or she received care in the hospital and whose attending physician has certified before admission that the individual is likely to require less than 30 days NF services?	YES	NO
If YES, STOP! This individual can be admitted to a NF. A Level II Evaluation is not needed. Physician should sign and date Level I Screen. If the individual is later found to require more than 30 days of NF care, a resident review must be conducted within 40 calendar days of admission.		
Physician Signature:	Date Completed:	
Print Physician Name:		
→ If NO , proceed to SECTION IV ←		

SECTION IV: ADVANCE GROUP DETERMINATIONS			
A Provisional admission to a nursing facility can be made under the following time limited categories:			
1	Pending further assessment of delirium where an accurate diagnosis cannot be made until the delirium clears, not to exceed 30 days.	YES	NO
2	Pending further assessment in emergency situations requiring protective services with placement in a nursing facility, not to exceed 7 days.	YES	NO
3	Brief respite care for in-home caregivers, with placement in a nursing facility twice a year, not to exceed 30 days.	YES	NO
If any answer is YES, STOP! This individual can be admitted to a NF. Physician should sign and date Level I Screen. If the individual is later determined to need a longer stay, identified through a resident review, a Level II Evaluation and Determination must be conducted before continuation of the stay may be permitted and payment made for days of NF care beyond the State's time limit.			
Physician Signature:		Date Completed:	
Print Physician Name:			

SECTION V: INDIVIDUALIZED EVALUATION DETERMINATION		
*****This Section is to be completed by OMH and/or OCDD*****		
A Level II Evaluation is required for individuals with MI or MR who meet one of the following advanced group determinations of the need for NF services or for those who do not meet one of the categorical or advanced group determinations in Sections III, IV or V. The Level II Evaluation and Determination must be received prior to NF admission.		
Does the individual require convalescent care from an acute physical illness that required hospitalization and does not meet all the criteria for an exempt hospital discharge?	YES	NO
Does the individual have a terminal illness as defined for hospice purposes?	YES	NO
Does the individual have a severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or diagnoses such as Chronic Obstructive Pulmonary Disease, Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis and Congestive Heart Failure, which result in a level of impairment so severe that the individual could not be expected to benefit from Specialized Services?	YES	NO
OMH/OCDD Staff Signature:	Date Completed:	
Title:		
Date of Mental Health Determination:	Date Referred for Independent Level II Evaluation, if applicable:	
Level II Independent Evaluator Referred to:		

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**Level I PASRR to Determine a Diagnosis or Possible Diagnosis of a
Serious Mental Illness, Mental Retardation or a Related Condition**

Name: _____ DOB: _____

Please answer all questions on this guide. If any item under number one is checked AND any item under numbers 2-4 is circled yes, the individual is suspected to have an indication of, or a diagnosis of a serious mental illness, mental retardation, or a related condition.

1. Does the Level I Screen indicate the individual has a diagnosis or indication of (check those that apply):

<input type="checkbox"/> Severe Anxiety/Panic Disorder	<input type="checkbox"/> Bipolar Disorder
<input type="checkbox"/> Schizoaffective Disorder	<input type="checkbox"/> Major Depression
<input type="checkbox"/> Psychotic Disorder	<input type="checkbox"/> Somatoform Disorder
<input type="checkbox"/> Dysthymia	<input type="checkbox"/> Cyclothymia
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Personality Disorder (specify)
<input type="checkbox"/> Prader-Willi Syndrome	<input type="checkbox"/> Spina Bifida
<input type="checkbox"/> Autism	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Mental Retardation with an IQ lower than 70 (specify)
<input type="checkbox"/> Childhood and Adolescent Disorder (specify)	
<input type="checkbox"/> Other	

2. Does the Level I Screen indicate that this disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual's developmental stage?

YES	NO
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3. Does the individual typically have at least one of the following characteristics on a continuing or intermittent basis?

- A. **Interpersonal functioning:** The individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.
- B. **Concentration, persistence, and pace:** The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.
- C. **Adaptation to change:** The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.

YES	NO
YES	NO
YES	NO

4. Does the Level 1 Screen indicate the individual has received recent treatment for a mental illness? Does the treatment history indicate that the individual has experienced at least one of the following:

- A. Psychiatric treatment more intensive than outpatient care more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization).
- B. Within the last two years, due to the mental illness, experienced an episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

YES	NO
YES	NO

Physician Signature: _____	Date Completed: _____
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REMINDERS

•MD signs each section that is completed.

•If MI is noted, complete the 3rd page in its entirety.

•If MI/MR, send required documents to OAAS when submitting Level I to expedite the process..

• Provide documentation/evidence of primary dementia.

Level II (in-depth evaluation)

- Individuals identified by the Level I authority as possibly having MI/MR are referred for a Level II evaluation.
- Level II evaluation is conducted by the state's Mental Health Authority (MHA) if MI and by the state's Mental Retardation Authority (SMRA) if ID/DD/RC. For LA-PASRR, this is the Office of Behavioral Health (OBH) and Office for Citizens with Developmental Disabilities (OCDD) respectively.
- If, at any time during the level II, the SMHA/SMRA finds the individual being evaluated does not have MI/ID/DD/RC, the evaluation ends.

Both MI & MR

- When Level I screen indicates both MI and MR (ID/DD/RC):
 - Concurrent evaluations occur (OBH/OCDD)
 - OBH defers to OCDD for placement

Preadmission Screening

- **Determines the need for NF** services based on physical and mental condition.
- **Determines the need for specialized services.**
- **Timeliness:** Must be made within writing within an annual average of 7-9 working days of referral to MI or MR.

**Preadmission Screening must be completed
PRIOR to Nursing Home admission**

PASRR Components

1. **Comprehensive evaluation & determination**

- Confirms/disconfirms suspected disability noted in Level I PAS – e.g., presence/absence of Serious Mental Illness (SMI) and/or presence of ID/DD/RC
- Makes placement recommendations (i.e., appropriateness of NF placement?)
- Makes treatment recommendations

PASRR Components (cont...)

2. Report/notification

- Explains PASRR outcome
- Appeal rights

3. Follow-up assessments

- (includes RR & ongoing monitoring for placement and treatment appropriateness)

PASRR Determinations

- Individualized determinations
- Exemptions/Exclusions
- Advanced Group/Categorical Determinations
 - Developed by the states and included in the state plan.
 - Apply to people with Level II conditions as a way to expedite decisions regarding a person's needs when a full Level II assessment may not be necessary.

Hospital Exemptions

- The only true exemption from PASRR.
- For post-acute stays lasting less than 30 days.
- If longer, a PASRR must be completed by day 40.
- It is the nursing facilities responsibility to notify the Level II authority by day 30 if they are requesting an extension of the hospital exemption.
- Any request after day 40 and the expiration of the 142 will be treated as a new admission and must re-start the process.

PASRR Exclusion & Primary Dementia

- Invoked only when dementia co-occurs with serious mental illness and:
 - Dementia is primary and advanced such that the mental illness will not likely be the primary focus of treatment attention again for the individual.
 - The burden is on the referral source to clearly support and document that the dementia is both advanced and will remain primary over the mental health diagnosis.
 - If any doubt, a Level II evaluation must be conducted

Dementia and ID/DD

- Person experiences co-occurring dementia and ID/DD
- OCDD determines categorically that SS are not needed
- OCDD must still determine if NF is needed
- Issue categorical level II report

Louisiana Categorical Determinations

CATEGORICAL DETERMINATION	Specialized Services
Convalescent care from an acute physical illness (not exemption)	Are SS needed?
Terminal illness (42 CFR 418.3)	Are SS needed?
Severe Physical Illness	Are SS needed?
Delirium (30 days)	Not needed
Emergency Situations/Protective services (7 days)	Not needed
Respite (30 days)	Not needed
Dementia & MR	Not needed. Is NF needed?

Approvals (Time-limited/Short Term)

- OBH & OCDD may approve an individual for a specified time frame rather than a permanent status.
- This is typically done when the Level II authority determines after review that an individual's condition is expected to improve to the point where transition to the community is likely.

Written Evaluation Report Components

1. Name and professional title of person(s) who performed evaluation(s) and date each portion of evaluation was administered
2. Summary of medical and social history, including positive traits or developmental strengths and weaknesses or developmental needs of the person.
3. Explains the categorical determination(s) made and if only one of the required determinations can be made categorically, describes the nature of any further screening which is required
4. If NF services are recommended included specific service needs of person
5. Whether any specialized services or services of a lesser intensity are needed and the specific services recommended
6. The bases for the reports conclusions, including discussion of possible alternative placements.

Notification of PASRR Decision Components

1. Whether NF services are needed
2. Whether specialized services are needed
3. The placement options consistent with these determinations:
 - a. Can be admitted to a NF
 - b. Cannot be admitted to a NF
 - c. Can be considered appropriate for continued placement in a NF
 - d. May choose to remain in a NF even though placement is not appropriate because he or she has continuously resided there for at least 30 consecutive months before the determination. Specialized services needs must be met.
 - e. Cannot be considered appropriate for continued placement in a NF and must be discharged and does require specialized services (short term)
 - f. Cannot be considered appropriate for continued placement in a NF and must be discharged and does not require specialized services
4. The Right to Appeal

Notification of PASRR Evaluation & Decision

The written evaluation report & the decision must be sent to:

- The person and his or her legal representative
- The admitting or retaining NF
- The discharging hospital
- The attending physician
- The Office of Aging and Adult Services

For both Categorical and Individualized determinations, findings of the evaluation must be interpreted and explained to the individual and, where applicable, to the legal representative

Form 142

- Authenticates Medicaid Payment
- Generated after the Level II is completed prior to or on the day of NH admission.
- Sent with the Notification of PASRR Evaluation & Decision to required individuals and to Medicaid.

Resident Review

- Triggered when there is a “significant change” in resident’s status.
 - occurs when there is a physical or mental change in the condition of a resident who has mental illness or mental retardation/related disorder. This condition would not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions. This change would have an impact on more than one area of the resident’s health status and would require interdisciplinary review or revision of the plan of care, or both.
 - MDS 3.0 (Q A1500)
- The nursing facility is responsible for reporting any significant change in the resident’s condition to the level II authority (OBH and/or OCDD).

Resident Review Required Documents

- SAME DOCUMENTS REQUIRED FOR LEVEL II REVIEW. (*see MI/MR required documents*)



Extension of 142

- Treated as a resident review.
- It is the nursing facilities responsibility to notify the Level II authority and submit required documentation.
- Notification should be made within 10 days prior to expiration.
- The NF should also have appropriate d/c plans in the event the 142 is not extended.

Office of Behavioral Health Specific Information



Required Information for Level II Review-MI

- **Comprehensive history and physical**
 - (complete medical history, review of all body systems, specific evaluation of the person's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, abnormal reflexes, and in the case of abnormal finding that are the basis for NF placement, additional evaluations conducted by appropriate specialists)
- **Comprehensive drug history** including current and immediate past use of medications that could mask or mimic mental illness, side-effects and adverse drug reactions.
- **Psychosocial evaluation**, including current living arrangements and medical and social supports.
- **Comprehensive psychiatric evaluation**
 - Evaluation of intellectual functioning, memory functioning, and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence of content of delusions) and hallucinations.
- **Functional Assessment**

Submitting with Level I will expedite the process

Diagnoses: Serious Mental Illness

- Make or confirm a diagnosis of major mental illness diagnosed by DSM, 3rd Edition, revised 1987.
 - Ex: schizophrenia, mood, paranoid, panic, or other severe anxiety disorder.
 - Not primary diagnosis of dementia.
 - Not episodic/situational
- Timing
 - Recent major treatment episodes or significant disruption within the past 2 years.
- Disability
 - Functional limitations in major life activities within the last 6 months. One of the following characteristics on a continuing or intermittent basis:
 - Interpersonal functioning
 - Concentration, persistence, and pace
 - Adaption to change

SMHA Evaluations & Determinations

- PASRR determinations are made by the SMHA based on independent physical and mental evaluations performed by a person or entity other than the SMHA.
 - LA utilizes evaluations on pre-existing data to make determinations.
 - If at anytime, the data is not sufficient to make a determination or when the referral is from an OBH provider, an independent evaluation is requested.

Specialized Services-MI

- The services specified by the state which, combined with services provided by the nursing facility, results in the continuous and aggressive implementation of an individualized plan of care that:

Specialized Services definition cont'd

- Developed and supervised by interdisciplinary team
- Prescribes specific therapies and activities for the treatment of persons which necessitates supervision by a trained mh professional.
- Directed toward diagnosing and reducing the resident's behavioral symptoms that necessitated institutionalization, improving his/her level of independent functioning, and achieving a functioning level that permits reduction in the intensity of mental health services to below the level of SS. At the earliest possible time.

Not solely medication management by a psychiatrist

LBHP and Specialized Services

- Magellan, as the state managed care organization for behavioral health, manages specialized services in nursing facilities including:
 - Psychiatrist
 - Licensed Mental Health Professional
 - Outpatient addiction services

1-800-424-4399

<http://www.magellanoflouisiana.com/>

Monitoring of Services-MI

- Follow-up tracking questionnaire & copy of treatment plan
- Quarterly monitoring of specialized services.
- Monthly site visits to nursing facilities with large mental health populations recommended to receive SS.
- Referral to Health Standards when no evidence that client is receiving care.

Office of Behavioral Health Contact Information

- Tara DeLee, LCSW
 - 225-342-8705
 - tara.delee@la.gov
- Glenda Washington, LCSW
 - 225-342-2033
 - glenda.washington@la.gov
- Fax# 1-877-652-4995

Office for Citizens with Developmental Disabilities Specific Information

Level II-MR Evaluation

The Level II PASRR involves

- 1- validation that the person has ID/DD/RC;
- 2- evaluation; and
- 3- decisions regarding placement and the need for specialized services.

Level II (cont...)

- The PASRR evaluation must involve the individual & his/her support team – i.e., legal representative (if any) & family (if the individual or legal representative agrees to family participation). Persons already receiving OCDD services may have additional team members.

Level II-MR (cont...)

- PASRR evaluations should use pre-existing data, however, supplementary evaluations may be needed to supplement or verify accuracy of existing data.

Level II-MR (cont...)

- One additional source of information may be the Level II screening conducted by psychologists contracted through Medicaid.
- The need for the Level II screening must be determined by the regional office, and the RAU is responsible for contacting these psychologists.



Required Information for Level II Review—ID/DD/RC

- To avoid delays, the following documentation should be submitted with the Level I to OAAS:
 - Medical History/assessment & documented medical reason for admission;
 - Psychological Evaluation;
 - Plan of Care or Individual Support Plan;
 - Social History/assessment;
 - Psychiatric Evaluation;
 - Medication History;
 - Other evaluations: Occupational therapy, Physical therapy, Speech therapy, Nutrition, Vocational/Employment, Education, Medical Specialties (i.e., neurology, cardiology, oncology, gynecology, etc.).

Accessing the Developmental Disability Service System (OCDD)

- All persons referred for a level II evaluation based upon suspicion of ID/DD will need to complete OCDD system entry as part of level II evaluative process ,unless the person has a current Statement of Approval (SOA) from the Office for Citizens with Developmental Disabilities (OCDD)

Single Point of Entry for OCDD System

- When an individual is referred for OCDD system entry, he/she is routed to the local OCDD office. The region/district/authority of the individual's parish of residence is responsible for completing system entry and the level II PASRR evaluation.

§ 483.120 Specialized Services-MR

- For ID/DD, specialized services means the services specified by the State which, combined with services provided by the NF or other service providers, results in treatment which meets the requirements of §483.440(a)(1).

Specialized Services-MR

The Louisiana Medicaid State Plan defines SS for the treatment of ID/DD as those provided by OCDD or under contract with OCDD by or under the supervision of a QMRP:

- 1 development of skills necessary for activities of daily living,
- 2 development of skills necessary for independent living,
- 3 development of skills necessary to gain and keep employment,
- 4 development of psycho-social skills, and
- 5 crisis intervention and support services.

Support Coordination/Specialized Services Monitoring

- The interval for monitoring is based on individual characteristics, such as severity of medical condition, individual preferences, family dynamics, etc.
- The Nursing Home is responsible for initiating a Resident Review whenever there is a significant change in the condition of the individual.

OCDD Regions/Districts/Authorities

Contact Information

- Metropolitan Human Services District (Orleans, Plaquemines, St. Bernard Parishes):
1-800-889-2975
- Capital Area Human Services District (Ascension, EBR, East Fel., Iberville, Pointe Coupee, WBR, West Fel.):
1-800-768-8824
- South Central Louisiana Human Services Authority (Assumption, LaFourche, St. Charles, St. James, St. John, St. Mary, Terrebonne):
1-800-861-0241

OCDD Regions/Districts/Authorities

Contact Information (cont.)

- Acadiana Area Human Services Authority (Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermillion):
1-800-648-1484
- Region 5 (Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis):
1-800-631-8810
- Region 6 (Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, Winn):
1-800-640-7494

OCDD Regions/Districts/Authorities

Contact Information (cont.)

- Region 7 (Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, Webster):

1-800-862-1409

- Region 8 (Caldwell, E. Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, W. Carroll):

1-800-637-3113

OCDD Regions/Districts/Authorities Contact Information (cont.)

- Florida Parishes Human Services Authority
(Livingston, St. Helena, St. Tammany,
Washington, Tangipahoa):

1-800-866-0806

- Jefferson Parish Human Services Authority
(Jefferson):

504-838-5357

Resources

- CMS PASRR technical assistance center
 - www.pasrrassist.org
- *PASRR 101*. PASRR Technical Assistance Center (PTAC), State Staff Training. September 2012.
- *Understanding PASRR Categorical Decisions Webinar*. PTAC/NAPP. May, 2011.
- *LA Medicaid and PASRR*
 - <http://new.dhh.louisiana.gov/index.cfm/page/713>

QUESTIONS AND COMMENTS