

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR MEDICAID SERVICES
PRE-ADMISSION SCREENING AND RESIDENT REVIEW

PASRR Significant Change/Discharge Data

Residents Name _____

Date of Birth ___/___/___ Social Security/ID # _____

Facility _____ Provider # _____

“Significant Change” means that the individual’s mental or physical condition has changed significantly in a manner that affects his/her need for specialized services, or nursing facility level of care. If any of the following events have occurred, please check the type of change, and forward this form to your local Community Mental Health Center within twenty-one (21) days. The Level II PASRR shall be completed within nine (9) working days upon receipt of this form.

Type of Change:

- Resident with no history of MI, has been newly diagnosed
- Resident has a mental illness with a new onset of active symptoms.
- Resident has a mental illness, and the medical condition for which they were admitted, has Significantly improved.
- Resident has an intellectual or developmental disability, and now requires more intensive services than a nursing facility setting can provide.
- Resident has an intellectual or developmental disability, and the medical condition for which they were admitted has improved. They may now benefit from Specialized services.
- Resident has an intellectual or developmental disability, and the medical condition for which they were admitted, has significantly improved- they may no longer meet Nursing Facility Level of Care
- Resident has an intellectual or developmental disability, receives specialized services and whose medical condition has significantly declined, they are no longer able to use specialized services

Type of Discharge: Deceased or Discharged

Date Deceased ___/___/___

Date Discharged: ___/___/___

(Please check appropriate discharge location & document KY NF name, if applicable.)

- 1. NF Setting Kentucky _____ Out of State _____
- 2. PC Setting 3. Supports for Community Living
- 4. Group Home 5. Foster Care Home
- 6. Other Community Setting (specify, if possible)

Signature of Facility Representative

