

# Health Services Advisory Group, Inc.

## *Hawaii ePASRR Frequently Asked Questions*

*April 2018*



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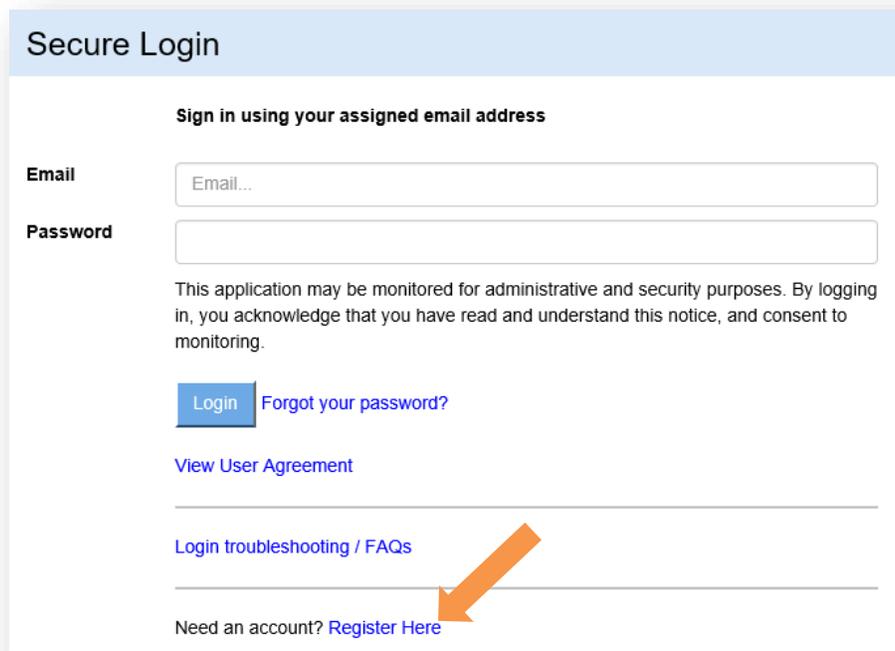
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## How do I obtain a user account for the ePASRR system?

Use the following steps to register for access to the ePASRR application.

1. Type <https://epasrr.hsag.com> in the address bar of the Web browser.
2. Select the **Register Here** link within the Secure Login box.



**Secure Login**

Sign in using your assigned email address

**Email**

**Password**

This application may be monitored for administrative and security purposes. By logging in, you acknowledge that you have read and understand this notice, and consent to monitoring.

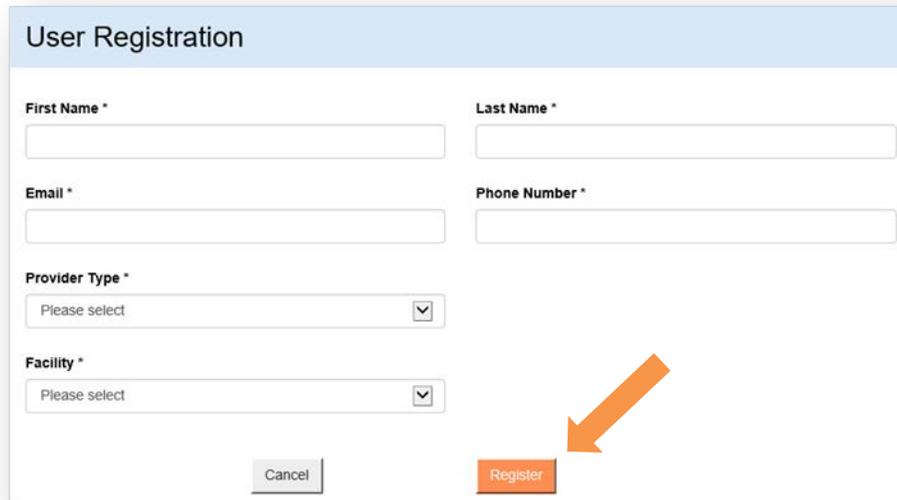
[Login](#) [Forgot your password?](#)

[View User Agreement](#)

[Login troubleshooting / FAQs](#)

Need an account? [Register Here](#)

3. Enter your first name, last name, work email address, and phone number (including area code).
4. Select from the Provider Type drop-down list. If you work at a hospital, select **Hospital**. If you work at a nursing facility, select **Nursing Facility**. All other provider types (physicians, agencies, clinics, etc.) should select **Other**.
5. Select from the Facility drop-down list. Based on your provider type selection, a list of applicable facilities will be available for selection.
6. Select the **Register** button to continue with user registration or select cancel to return to the Secure Login page.

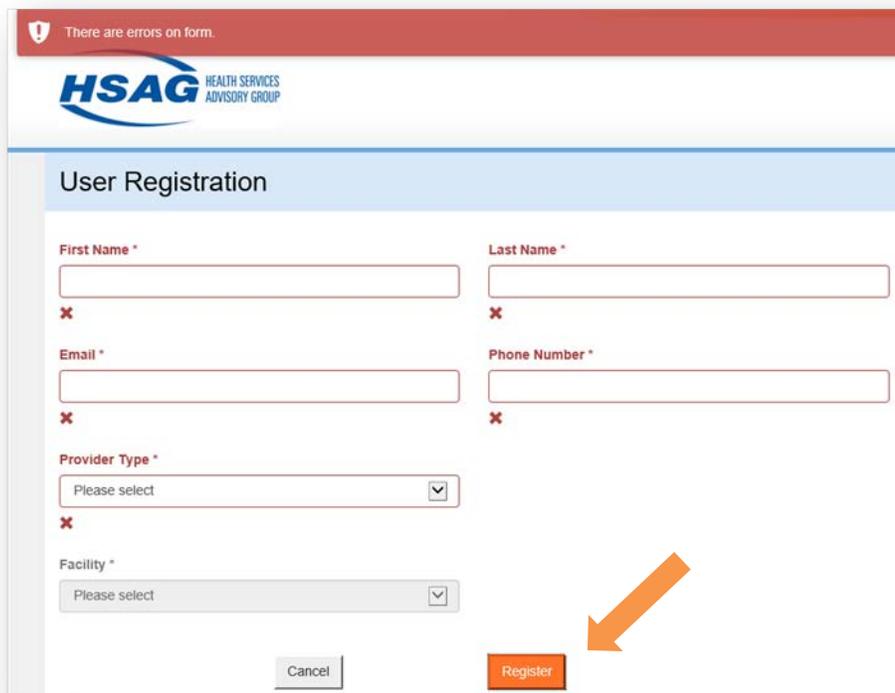


The image shows a 'User Registration' form with the following fields and controls:

- First Name \***: Text input field.
- Last Name \***: Text input field.
- Email \***: Text input field.
- Phone Number \***: Text input field.
- Provider Type \***: Dropdown menu with 'Please select' and a downward arrow.
- Facility \***: Dropdown menu with 'Please select' and a downward arrow.
- Buttons**: 'Cancel' (grey) and 'Register' (orange) buttons.

An orange arrow points to the 'Register' button.

7. After selecting the **Register** button, an error message will appear if any of the required entries are missing. Below is an example of the error message.



The image shows the 'User Registration' form with error messages. A red banner at the top contains a warning icon and the text 'There are errors on form.' The HSAG logo is visible below the banner. The form fields are as follows:

- First Name \***: Text input field with a red 'x' below it.
- Last Name \***: Text input field with a red 'x' below it.
- Email \***: Text input field with a red 'x' below it.
- Phone Number \***: Text input field with a red 'x' below it.
- Provider Type \***: Dropdown menu with 'Please select' and a downward arrow, with a red 'x' below it.
- Facility \***: Dropdown menu with 'Please select' and a downward arrow.
- Buttons**: 'Cancel' (grey) and 'Register' (orange) buttons.

An orange arrow points to the 'Register' button.

8. After completing the registration process, you will receive an email confirmation of your request for access to ePASRR.

HSAG has received your request for access to the ePASRR application. We will notify your organization's Security Point of Contact (SPOC) to verify your registration information. Upon approval from the SPOC, you will receive an email with instructions on how to complete your registration.

If you have any questions, please contact the HSAG Hawaii office at 808-440-6000.

Thank you.

9. Upon approval from the SPOC, you will receive an email with instructions on how to complete your registration.

HSAG has approved your request for access to the ePASRR application.

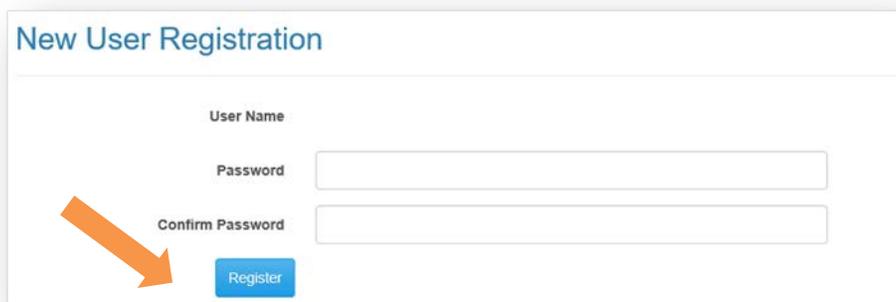
[Click here](#) to complete the registration process. You must log in with your full email address completed within 7 days of receiving this email or the link will expire.

Registration must be

If you believe you have received this email in error, please contact the HSAG Hawaii office at 808-440-6000.

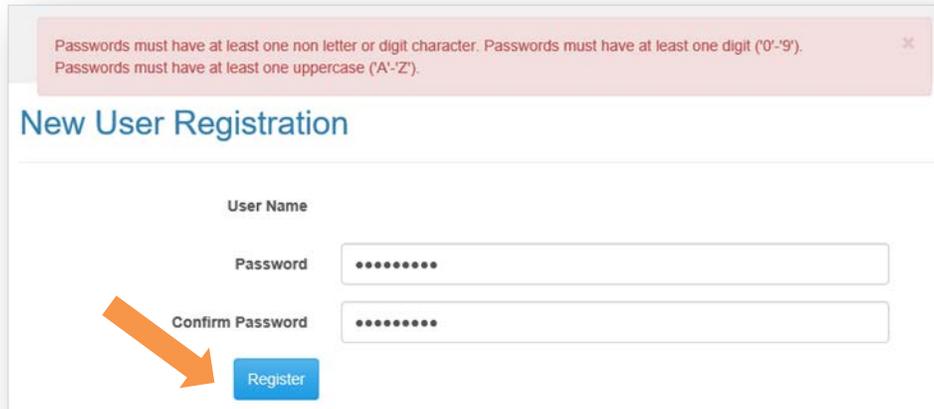
Thank you.

10. Once you receive your approval email, select **Click Here** in the email to complete the registration process.



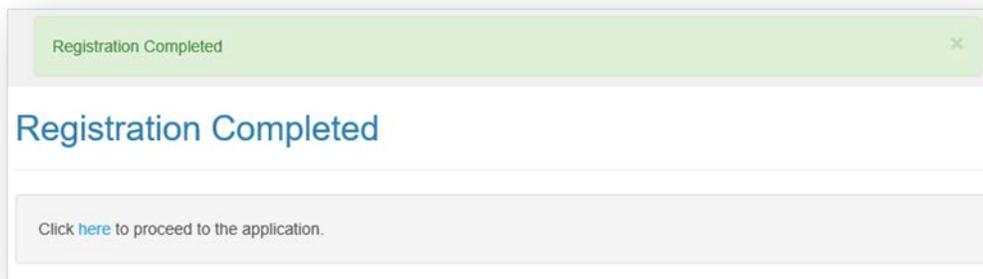
The screenshot shows a web form titled "New User Registration". It contains three input fields: "User Name", "Password", and "Confirm Password". Below the "Confirm Password" field is a blue "Register" button. An orange arrow points to the "Register" button.

11. A password must be entered and conform to password rules or the following error message will appear.



Registration form titled "New User Registration". At the top, a red error message states: "Passwords must have at least one non letter or digit character. Passwords must have at least one digit ('0'-'9'). Passwords must have at least one uppercase ('A'-'Z')." Below the message are three input fields: "User Name", "Password", and "Confirm Password". The "Password" and "Confirm Password" fields contain masked characters (dots). A blue "Register" button is located below the "Confirm Password" field, with an orange arrow pointing to it.

12. Select **Register** when all fields are completed. You will see that your registration was completed and provided a link to proceed to the ePASRR application Secure Login page.



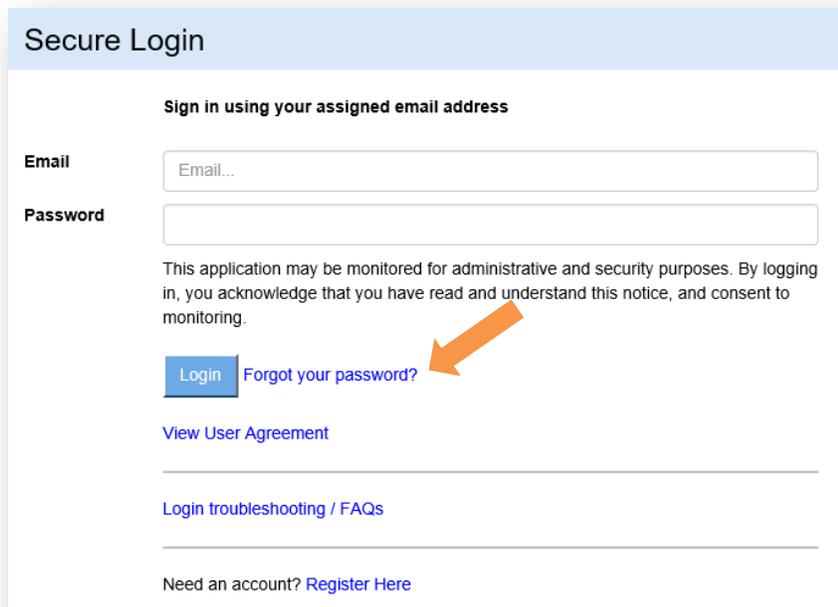
Confirmation page titled "Registration Completed". At the top, a green message box says "Registration Completed". Below the title, a grey box contains the text: "Click [here](#) to proceed to the application."

## What do I do if I am unable to log in or if I forgot my password?

### Troubleshooting Your Login

You can try a few possible solutions prior to requesting assistance:

- a. Make sure that you are using your full e-mail address as your user name.
- b. Make sure that Caps Lock is not on (unless you used Caps Lock during registration) and that your password contains the same information you entered during registration. Remember that passwords are case-sensitive and must contain at least eight characters, including, at least: one capital letter, one number, and one special character (such as \*, #, etc.).
- c. If these suggestions have not resolved the issue and you have tried your password at least twice, please select the [Forgot your password?](#) link, as seen below.



**Secure Login**

Sign in using your assigned email address

**Email**

**Password**

This application may be monitored for administrative and security purposes. By logging in, you acknowledge that you have read and understand this notice, and consent to monitoring.

[Forgot your password?](#)

[View User Agreement](#)

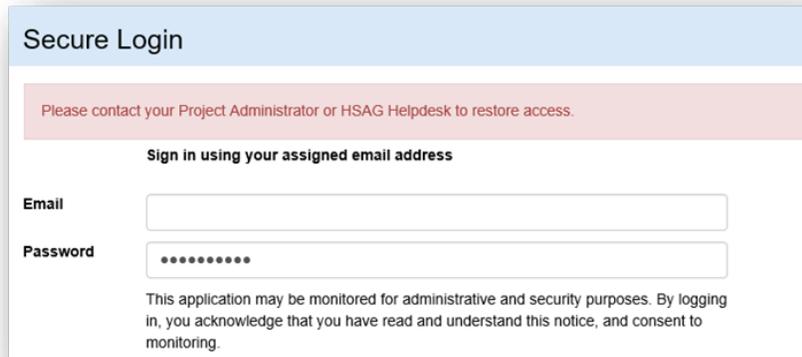
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[Login troubleshooting / FAQs](#)

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Need an account? [Register Here](#)

The following error message is displayed when too many unsuccessful login attempts have been made. Please be aware that your account may be locked after you have made three unsuccessful attempts to log in. If this does happen, you will need to email [ePASRRSupport@hsag.com](mailto:ePASRRSupport@hsag.com) or call 808.440.6000.



**Secure Login**

Please contact your Project Administrator or HSAG Helpdesk to restore access.

**Sign in using your assigned email address**

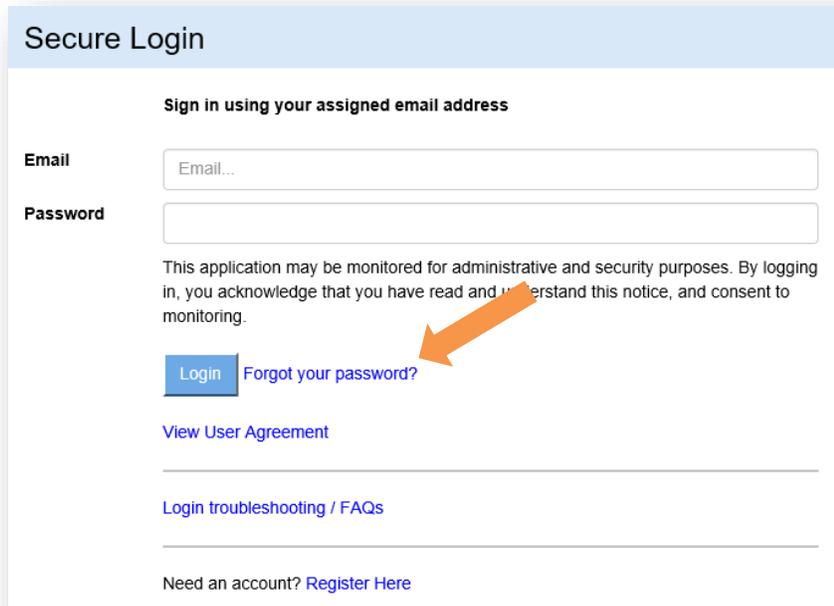
**Email**

**Password**

This application may be monitored for administrative and security purposes. By logging in, you acknowledge that you have read and understand this notice, and consent to monitoring.

## Password Reset

Step 1: If you cannot remember your password, you must select [Forgot your password?](#)



**Secure Login**

**Sign in using your assigned email address**

**Email**

**Password**

This application may be monitored for administrative and security purposes. By logging in, you acknowledge that you have read and understand this notice, and consent to monitoring.

[Forgot your password?](#)

[View User Agreement](#)

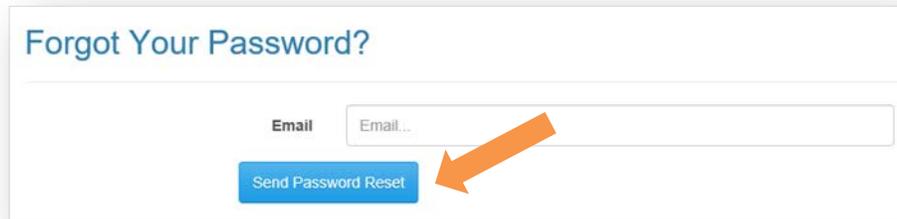
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[Login troubleshooting / FAQs](#)

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Need an account? [Register Here](#)

Step 2: Once the [Forgot your password?](#) link is selected, the following screen will appear:

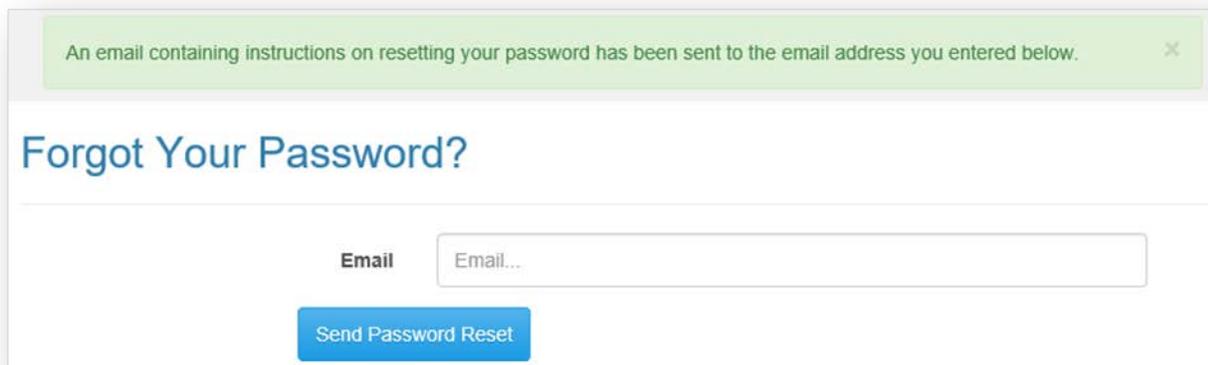


Forgot Your Password?

Email

[Send Password Reset](#)

Step 3: Enter your email address and select **Send Password Reset**. The following message will appear:



An email containing instructions on resetting your password has been sent to the email address you entered below. ✕

Forgot Your Password?

Email

[Send Password Reset](#)

Step 4: An email will be sent to your inbox containing the following content:

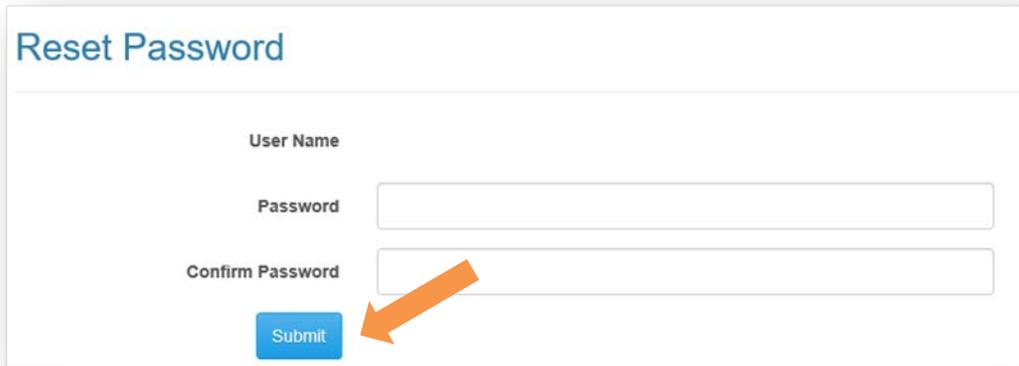
A request has been submitted to HSAG to reset your password. Please select the following link to complete this process: [Password Reset Link](#)

If you did not request this password reset, please contact Application Support at 1-866-316-6974.

Regards,  
HSAG Support

**Note:** The link in this email will only be valid for 72 hours from the time the email is sent. If you wait longer than 72 hours, you will need to repeat steps 1 through 3.

Step 5: Once you select the link in the email you received, the following screen will display:

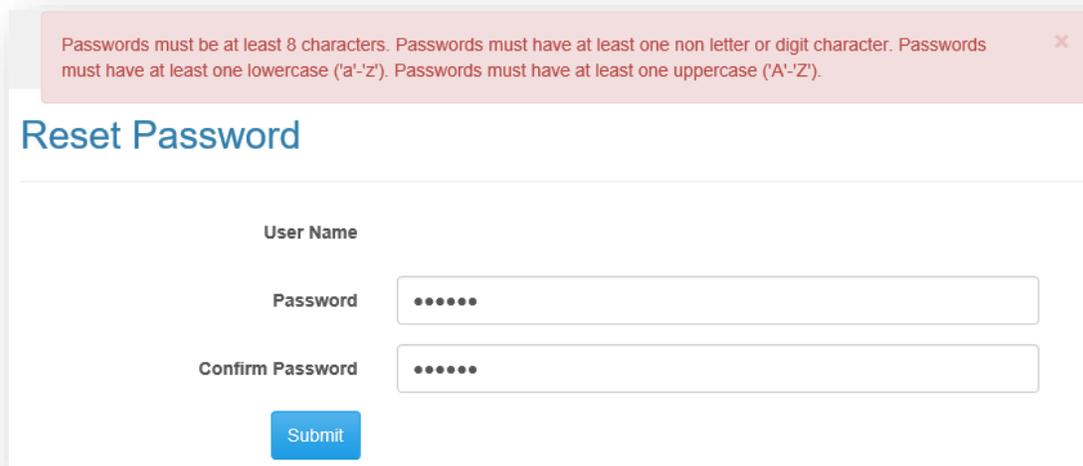


You can enter and confirm a new password, and select **Submit**.

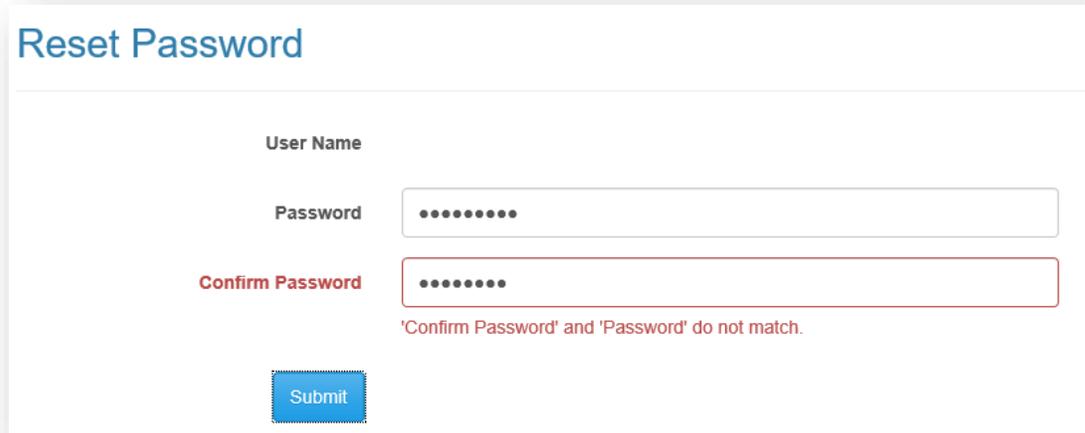
The password must meet all requirements. The user should select a password that contains at least:

1. 8 characters;
2. one capital letter;
3. one number;
4. one special character (such as \*, #, etc.).

If the password entered does not meet these requirements, you will get the following error message:

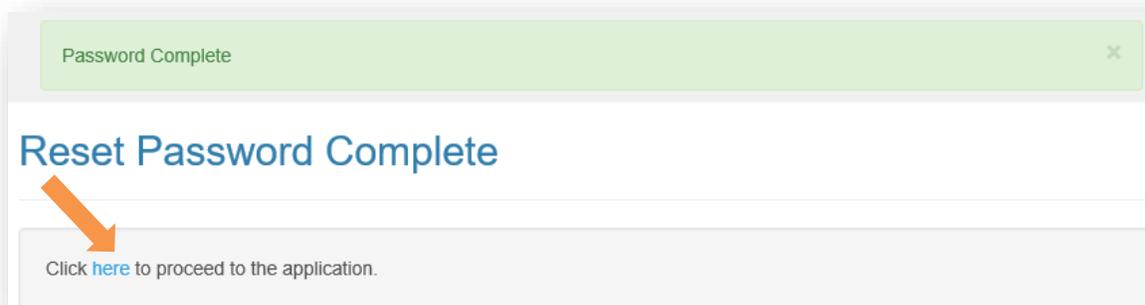


If you do not enter the same password in both spaces, you will get the following error message:



The screenshot shows a web form titled "Reset Password". It contains three input fields: "User Name", "Password", and "Confirm Password". The "Password" and "Confirm Password" fields are filled with dots. A red error message is displayed below the "Confirm Password" field: "'Confirm Password' and 'Password' do not match." A blue "Submit" button is located at the bottom of the form.

Step 6: You will receive the following message when the password is successfully reset:



The screenshot shows a green notification bar at the top with the text "Password Complete" and a close button (X). Below the bar, the heading "Reset Password Complete" is displayed. An orange arrow points to a grey box containing the text "Click [here](#) to proceed to the application."

Step 7: When you select Click [here](#), you will be redirected to the login screen for the application. Enter your email address and password and select **Login**.

**Secure Login**

Sign in using your assigned email address

Email

Password

This application may be monitored for administrative and security purposes. By logging in, you acknowledge that you have read and understand this notice, and consent to monitoring.

[Login](#) [Forgot your password?](#)

[View User Agreement](#)

[Login troubleshooting / FAQs](#)

Need an account? [Register Here](#)

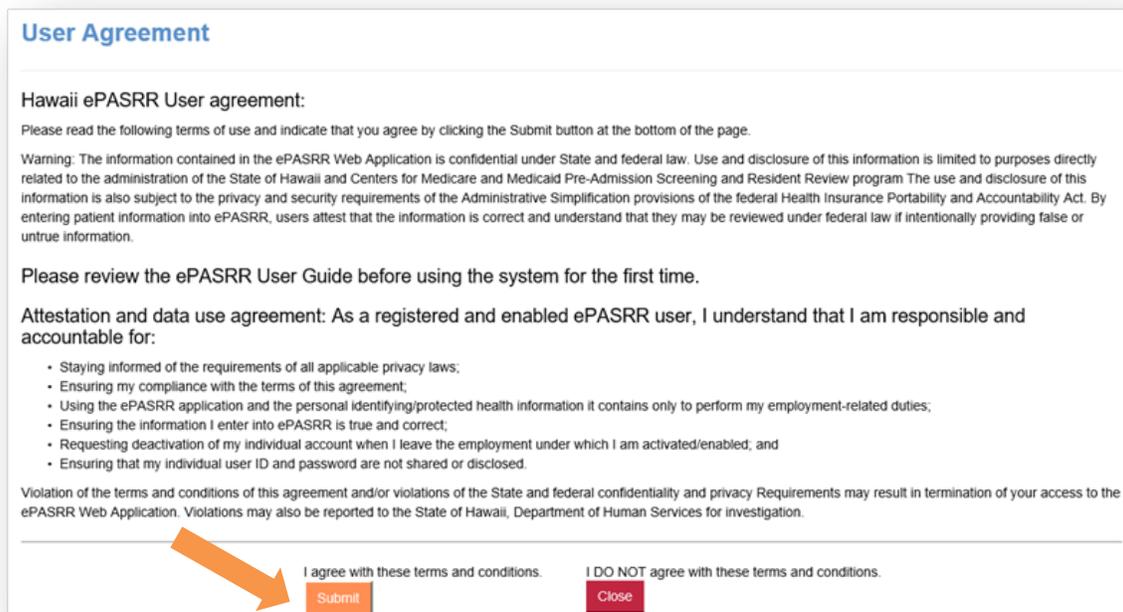
Step 8: After entering your email address and password, you will see a User Authentication page. You will need to retrieve the 6-digit security code from the email account that you used to registered for ePASRR access. This code should appear in your inbox within one minute. Enter the code into the box and select **Submit**. If the code does not appear in your inbox, check your junk mail folder. You also have the option to select the **Resend code** button.

**User Authentication**

Please enter the 6-digit security code sent to your email account.

[Resend code](#) [Submit](#)

Step 9: The first time you log in, you will be asked to agree with the terms and conditions of the ePASRR application by selecting the Submit button in the User Agreement. If you select Close, (signifying you do not agree with the terms and conditions) you will not be allowed to enter the application.



**User Agreement**

Hawaii ePASRR User agreement:

Please read the following terms of use and indicate that you agree by clicking the Submit button at the bottom of the page.

Warning: The information contained in the ePASRR Web Application is confidential under State and federal law. Use and disclosure of this information is limited to purposes directly related to the administration of the State of Hawaii and Centers for Medicare and Medicaid Pre-Admission Screening and Resident Review program. The use and disclosure of this information is also subject to the privacy and security requirements of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act. By entering patient information into ePASRR, users attest that the information is correct and understand that they may be reviewed under federal law if intentionally providing false or untrue information.

Please review the ePASRR User Guide before using the system for the first time.

Attestation and data use agreement: As a registered and enabled ePASRR user, I understand that I am responsible and accountable for:

- Staying informed of the requirements of all applicable privacy laws;
- Ensuring my compliance with the terms of this agreement;
- Using the ePASRR application and the personal identifying/protected health information it contains only to perform my employment-related duties;
- Ensuring the information I enter into ePASRR is true and correct;
- Requesting deactivation of my individual account when I leave the employment under which I am activated/enabled; and
- Ensuring that my individual user ID and password are not shared or disclosed.

Violation of the terms and conditions of this agreement and/or violations of the State and federal confidentiality and privacy Requirements may result in termination of your access to the ePASRR Web Application. Violations may also be reported to the State of Hawaii, Department of Human Services for investigation.

I agree with these terms and conditions.  I DO NOT agree with these terms and conditions.

**Note:** For security purposes, the ePASRR application contains a “time-out” function, which logs the user out of a session after 30 minutes of inactivity. You will need to save any changes you made prior to logging out or they will be lost.

## How do I search for a patient and add a new patient?

### Patient Search

On the right navigation bar, select **Search for Patients**. You will be redirected to another page that will allow you to search for a patient by name, Medicaid ID, Social Security Number (SSN) or Hawaii State ID number.

Please remember to search for a patient thoroughly. If searching by Medicaid ID, SSN, or Hawaii State ID is not successful, please try searching by the patient's last name, or even a part of the last name, before trying to enter a new patient.



The screenshot shows a search interface with the following elements:

- Search by Patient Name, Medicaid ID, SSN, or Hawaii State ID**: A title above the search box.
- : A search input field with placeholder text.
- : An orange search button.
- An orange arrow points from the search button to the search input field.

If you want to search by both the patient's first and last name, separate the first and last name values by a space. You can type a partial value in the search box for a patient's name, but to retrieve the desired result, the first characters of either the first or the last name must be entered.

Typing less than the full Medicaid ID, SSN, or Hawaii State ID for a patient will not produce results. In addition, if a Medicaid ID, SSN, or Hawaii State ID is entered for the search and the patient does not display, this does not mean you should add a new patient. If the patient did not have a Medicaid ID, SSN, or Hawaii State ID assigned within the ePASRR application, using a Medicaid ID, SSN, or Hawaii State ID to search will not work. Searching by name is necessary in these cases until the ID(s) has been placed in the patient profile.

## Add a Patient

After thoroughly searching for a patient and no matching patient is found, you can add a patient by selecting [Click here to add patient](#).



**Search For Patients**

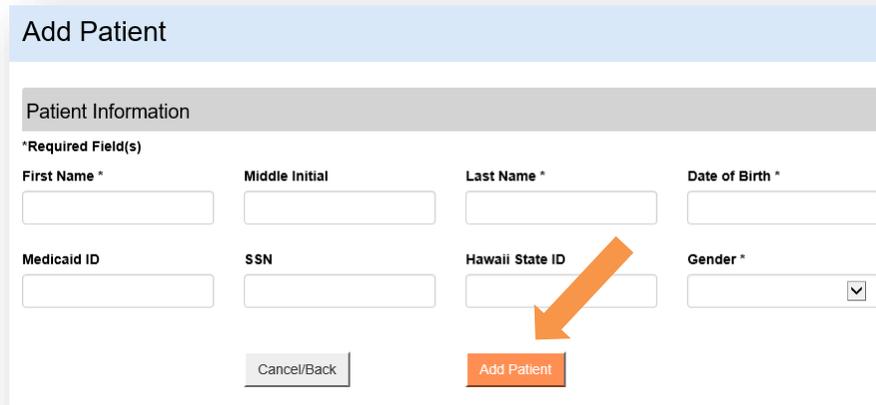
Search by Patient Name, Medicaid ID, SSN, or Hawaii State ID

0000000000

Search

A patient matching your search criteria could not be found. [Click here to add patient](#).

Complete all required fields and select **Add Patient**.



**Add Patient**

Patient Information

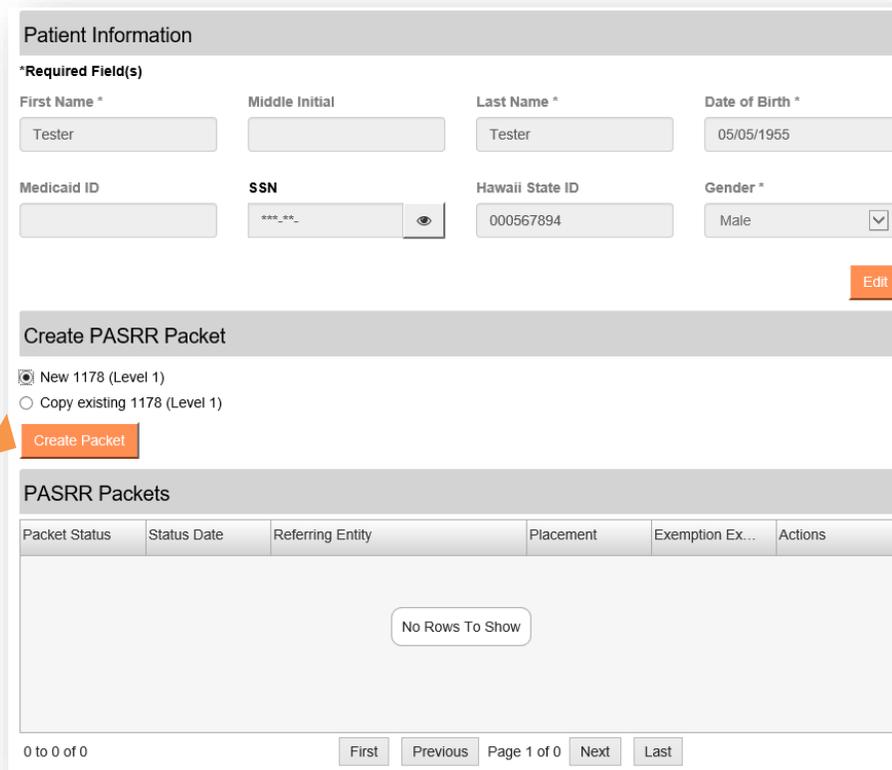
\*Required Field(s)

First Name *	Middle Initial	Last Name *	Date of Birth *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicaid ID	SSN	Hawaii State ID	Gender *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cancel/Back      Add Patient

## How do I complete a Level I form?

After you have searched for or added a patient, you have two options for completing the Level I form. Under the header, Create PASRR Packet, you can create a New 1178 (Level I) or Copy existing 1178 (Level I). You will be able to use the copy option only if the facility you work for has submitted an 1178 for the patient in the past. Choose your packet option and select **Create Packet**.



The screenshot displays the ePASRR system interface. At the top, there is a 'Patient Information' section with a 'Required Field(s)' label. Below this, there are input fields for 'First Name \*' (containing 'Tester'), 'Middle Initial', 'Last Name \*' (containing 'Tester'), and 'Date of Birth \*' (containing '05/05/1955'). There are also fields for 'Medicaid ID', 'SSN' (with a mask '\*\*\*-\*\*-') and an eye icon, 'Hawaii State ID' (containing '000567894'), and 'Gender \*' (a dropdown menu set to 'Male'). An 'Edit' button is located to the right of the gender field.

Below the patient information is the 'Create PASRR Packet' section. It contains two radio button options: 'New 1178 (Level 1)' (which is selected) and 'Copy existing 1178 (Level 1)'. An orange arrow points to the 'Create Packet' button located below these options.

At the bottom of the form is the 'PASRR Packets' section, which contains a table with the following columns: 'Packet Status', 'Status Date', 'Referring Entity', 'Placement', 'Exemption Ex...', and 'Actions'. The table is currently empty, with a 'No Rows To Show' message in the center. Below the table, there are navigation buttons: 'First', 'Previous', 'Page 1 of 0', 'Next', and 'Last'. The text '0 to 0 of 0' is displayed at the bottom left of this section.

Creating a New 1178 will open the Level I form for you to complete. Enter the Primary Diagnosis and Referral Source information. Complete Part A and B of the Level I by selecting the appropriate radial buttons. Depending on your selections, certain buttons will gray automatically and not allow for changes.

PASRR Forms > 1178

Preadmission Screening Resident Review (PAS/RR)  
Level 1 Screen - DHS 1178 (Rev. 10/17)

Patient Name: Tester, Tester

Date of Birth: 05/05/1955

Medicaid I.D. Number:

Primary Diagnosis:

Referral Source: (Physician's Name; Nursing Facility; Hospital; Etc.)

Part A: Serious Mental Illness (SMI)

1. The individual has symptom(s) and/or current diagnosis of a **Major Mental disorder and/or a Substance Related disorder**, which seriously affects interpersonal functioning (difficulty interacting with others; altercations, evictions, unstable employment, frequently isolated, avoids others), and/or completing tasks (difficulty completing tasks, required assistance with tasks, errors with tasks; concentration; persistence; pace), and/or adapting to change (self-injurious, self-mutilation, suicidal, physical violence or threats, appetite disturbance, hallucinations, delusions, serious loss of interest, tearfulness, irritability, withdrawal):

a. A **SCHIZOPHRENIC** disorder, **MOOD** disorder, **DELUSIONAL (PARANOID)** disorder, **PANIC OR OTHER SEVERE ANXIETY** disorder, **SOMATIFORM** disorder, **PERSONALITY** disorder, **SUBSTANCE RELATED** disorder or **PSYCHOTIC** disorder not elsewhere classified that may lead to a chronic disability; **BUT**

b. **NOT** a primary or secondary diagnosis of **DEMENTIA**, including **ALZHEIMER'S DISEASE OR A RELATED DISORDER**.

Yes  No



Once you have completed Part A & B, and Part C if applicable, complete the Determination section of the form. If you need to save progress and complete the form later, you can select **Save & Close**. Once the form is finished, you must select **Complete Form** to move on to the next step.

**Determination**

LEVEL 1 SCREEN IS NEGATIVE FOR SMI OR ID/DD. THE PATIENT MAY BE ADMITTED TO THE NF.

Physician, RN, or APRN Name *	Title/Degree *	Date signed *	Time signed
<input type="text"/>	<Title/Degree> <input type="checkbox"/>	mm/dd/yyyy	hh:mm am/pm

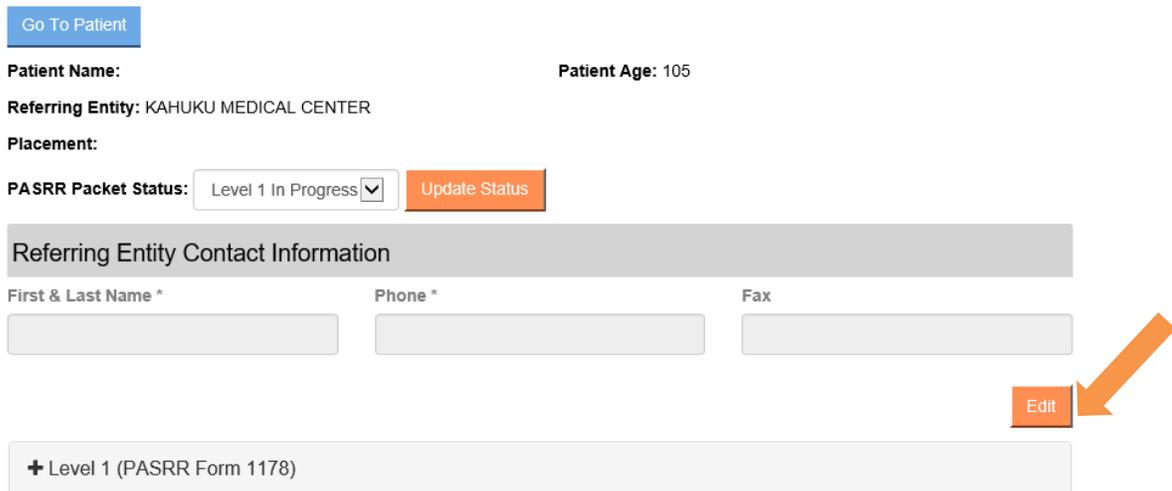
**Form Entry Information**

Last Saved By:	Form Status: In Progress	Status Date: 01/03/2018
<input type="button" value="Close"/>	<input type="button" value="Save"/> <input type="button" value="Save &amp; Close"/>	<input type="button" value="Complete Form"/>



## What do I do after I complete the Level I form?

Once you complete the Level I form, you will see the following page:



The screenshot shows a web interface for a patient record. At the top left is a blue button labeled "Go To Patient". Below it, the "Patient Name:" field is empty, and the "Patient Age:" is 105. The "Referring Entity:" is KAHUKU MEDICAL CENTER. The "Placement:" field is empty. The "PASRR Packet Status:" is a dropdown menu set to "Level 1 In Progress", with an orange "Update Status" button to its right. Below this is a grey header for "Referring Entity Contact Information". Underneath are three input fields: "First & Last Name \*", "Phone \*", and "Fax". An orange "Edit" button is positioned to the right of the "Fax" field, with a large orange arrow pointing to it. At the bottom of the section is a grey box with a plus sign and the text "+ Level 1 (PASRR Form 1178)".

Click on the **Edit** button and enter the name and phone number of the person that should be contacted for any questions. Once you have completed your entries, select the **Save** button and the Referring Entity Contact Information section is now complete.

Next, click on the **+** sign to expand the Level I (PASRR Form 1178) section.

You will need to provide documentation that supports the Level I screening. Documents may include a History & Physical, Medication List, Psychiatric Evaluation, etc. You can upload the documents by clicking **Browse** and selecting the file you would like to upload. Next, select **Upload** and the file will appear in the grid below.

In lieu of uploading documents, a hospital may select the checkbox that “The nursing facility has access to the Referring Entity’s EMR and can view supporting documentation that validates the Level I.” if the nursing facility or facilities the patient is referred to for possible admission has access to the hospital EMR and can review the patient records.

Level 1 (PASRR Form 1178)

Form Status	Status Date	Exemption Expires	Actions
Complete	03/05/2018		<a href="#">Print Form</a> <a href="#">Edit Form</a>

Level 1 Supporting Documentation

File Upload (Accepted file types: PDF, DOC, DOCX, XLS, and XLSX)

[Browse...](#)
[Upload](#)
[Cancel](#)

File Name	Actions
<a href="#">Medication List.pdf</a>	<a href="#">Delete</a>
<a href="#">History &amp; Physical.docx</a>	<a href="#">Delete</a>

1 to 2 of 2

[First](#)
[Previous](#)
Page 1 of 1
[Next](#)
[Last](#)

The nursing facility has access to the Referring Entity's EMR and can view supporting documentation that validates the Level 1.

[Finalize L1 Process](#)

Upon completion of the Level I Supporting Documentation section, you must select **Finalize Level I Process** to move on to the next step.

File Name	Actions
<a href="#">Medication List.pdf</a>	<a href="#">Delete</a>
<a href="#">History &amp; Physical.docx</a>	<a href="#">Delete</a>

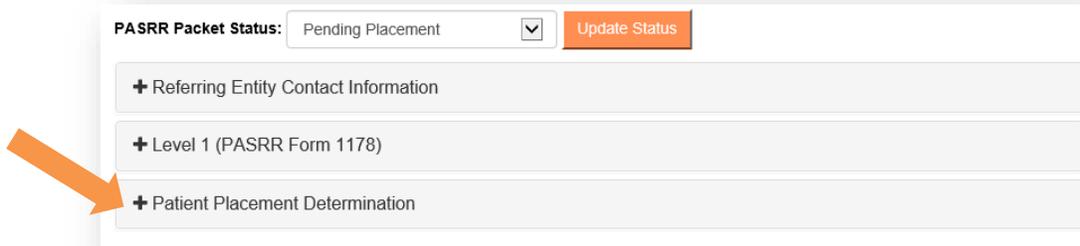
1 to 2 of 2

[First](#)
[Previous](#)
Page 1 of 1
[Next](#)
[Last](#)

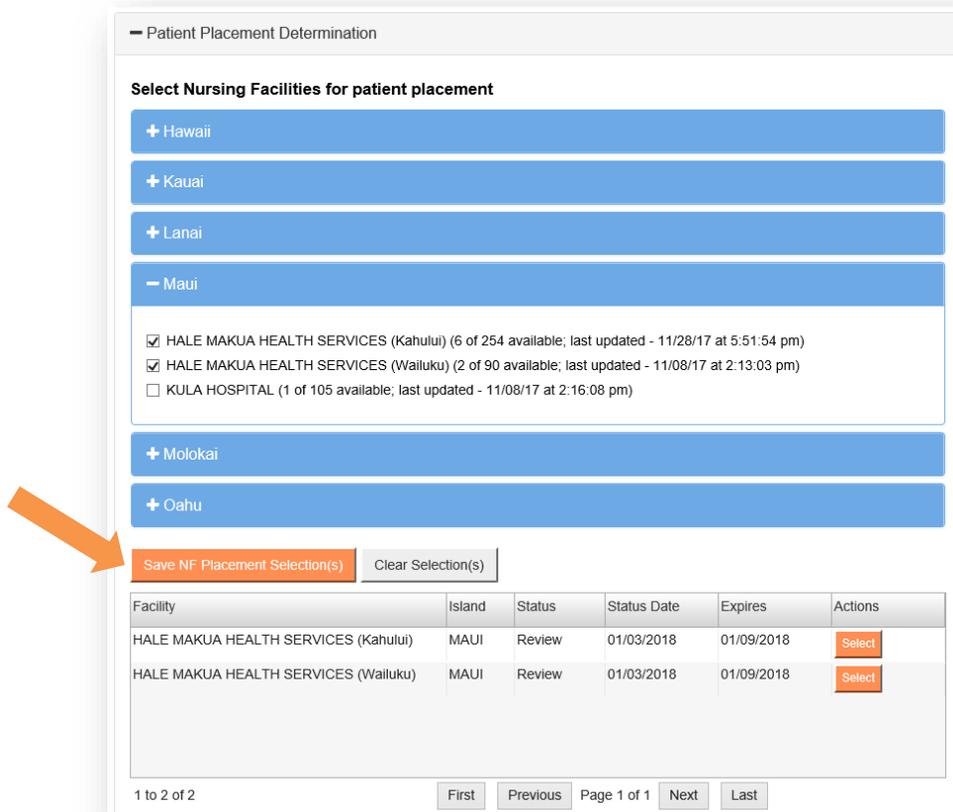
The nursing facility has access to the Referring Entity's EMR and can view supporting documentation that validates the Level 1.

[Finalize L1 Process](#)

After you have finalized the Level I Process, you will see the Patient Placement Determination section. Click on the + sign to expand this section.

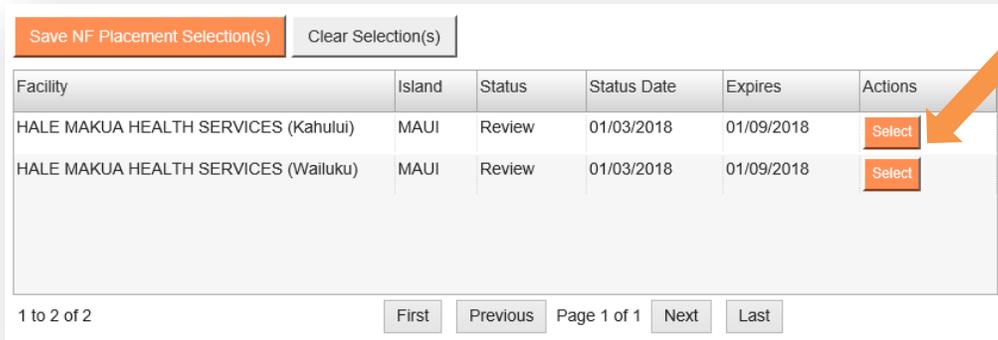


Expand the island sections by clicking on the + sign to view available nursing facility placement options. Select the nursing facilities that the patient is being referred to for potential admission and select **Save NF Placement Selection(s)**. The selected facilities will then have access to view the PASRR forms and supporting documentation for seven days.



Facility	Island	Status	Status Date	Expires	Actions
HALE MAKUA HEALTH SERVICES (Kahului)	MAUI	Review	01/03/2018	01/09/2018	Select
HALE MAKUA HEALTH SERVICES (Wailuku)	MAUI	Review	01/03/2018	01/09/2018	Select

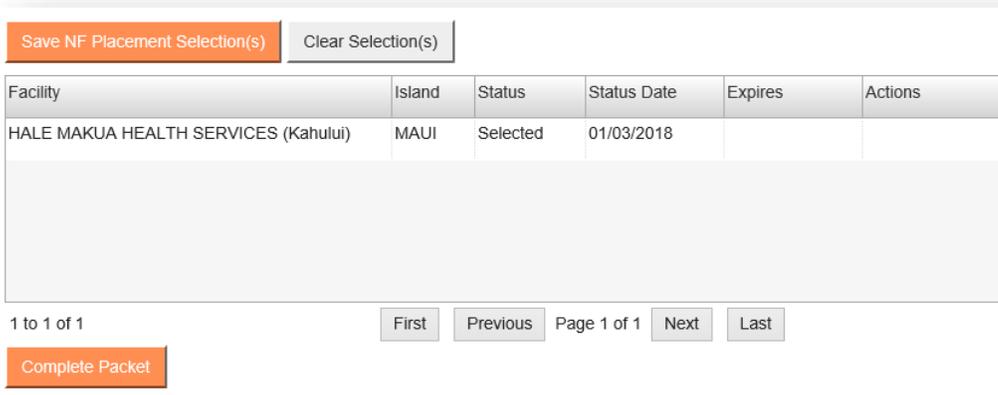
After a nursing facility reviews the patient information and agrees to admit the patient, the hospital (or other referring entity) needs to search for the patient, access the PASRR packet, expand the Patient Placement Determination section and **Select** the accepting nursing facility. This will terminate the non-accepting nursing facilities’ access to the patient information and permanently allow the accepting nursing facility to view the patient information.



Facility	Island	Status	Status Date	Expires	Actions
HALE MAKUA HEALTH SERVICES (Kahului)	MAUI	Review	01/03/2018	01/09/2018	Select
HALE MAKUA HEALTH SERVICES (Wailuku)	MAUI	Review	01/03/2018	01/09/2018	Select

1 to 2 of 2      First   Previous   Page 1 of 1   Next   Last

Once you have selected the final patient placement, you must click on **Complete Packet** to finalize the PASRR process.



Facility	Island	Status	Status Date	Expires	Actions
HALE MAKUA HEALTH SERVICES (Kahului)	MAUI	Selected	01/03/2018		

1 to 1 of 1      First   Previous   Page 1 of 1   Next   Last

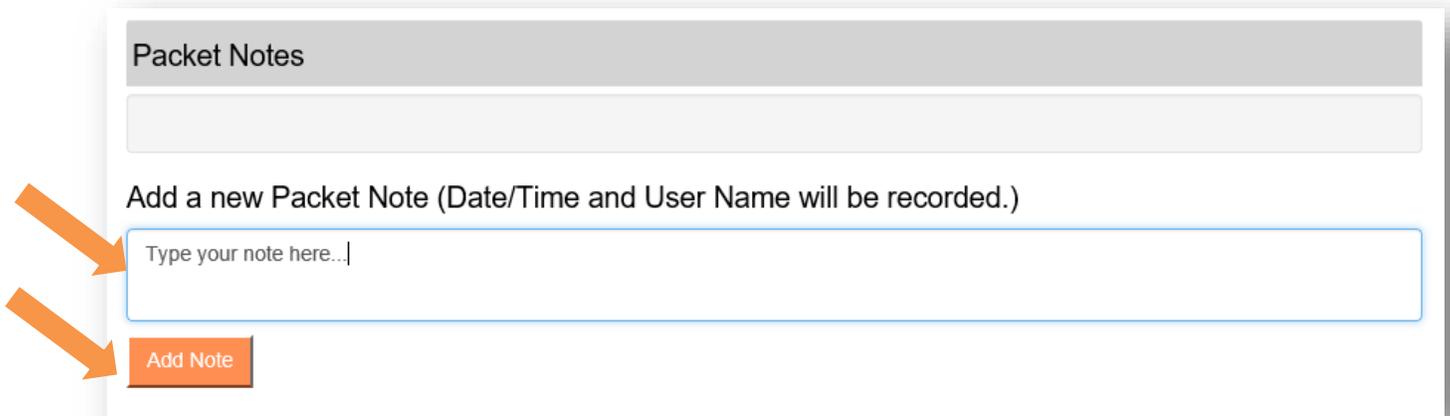
Complete Packet

The PASRR Packet Status will change to *Packet Complete*. You can expand the Level I (PASRR Form 1178) section to view and/or print the Level I form. Once the packet status is *Complete*, the Level I form cannot be changed.

## How do I add a packet note?

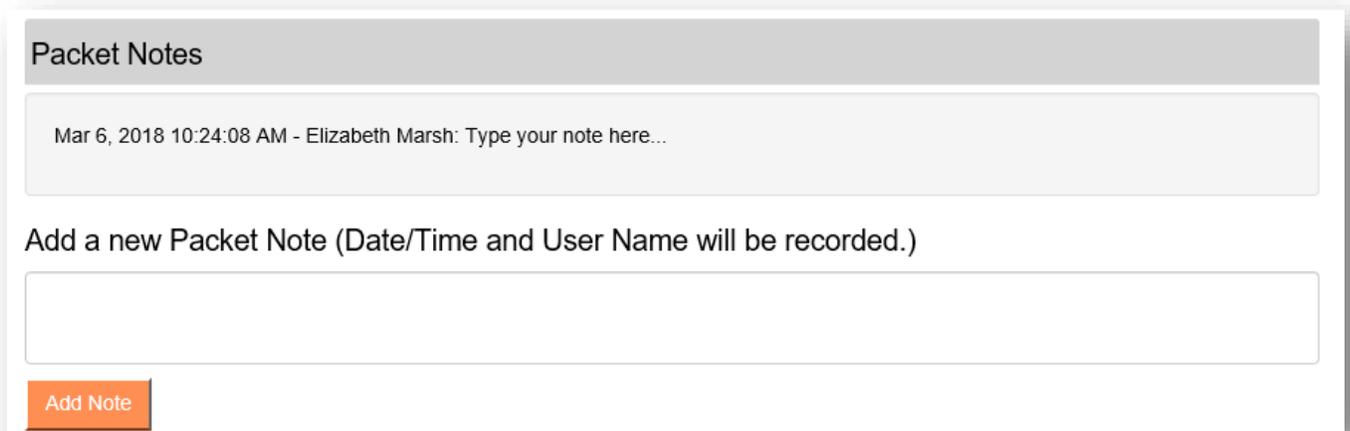
Each PASRR packet contains a notes section at the bottom of the page. This allows for two-way communication between the referring entity and the nursing facilities.

To enter a note, scroll to the bottom of the PASRR packet and type your note in the box and select **Add Note**.



The screenshot shows a form titled "Packet Notes" with a text input field containing the placeholder text "Type your note here...". Below the input field is an orange button labeled "Add Note". Two orange arrows point from the left towards the input field and the "Add Note" button. Above the input field, the text "Add a new Packet Note (Date/Time and User Name will be recorded.)" is displayed.

You will see that your note is saved with your name and a time/date stamp.



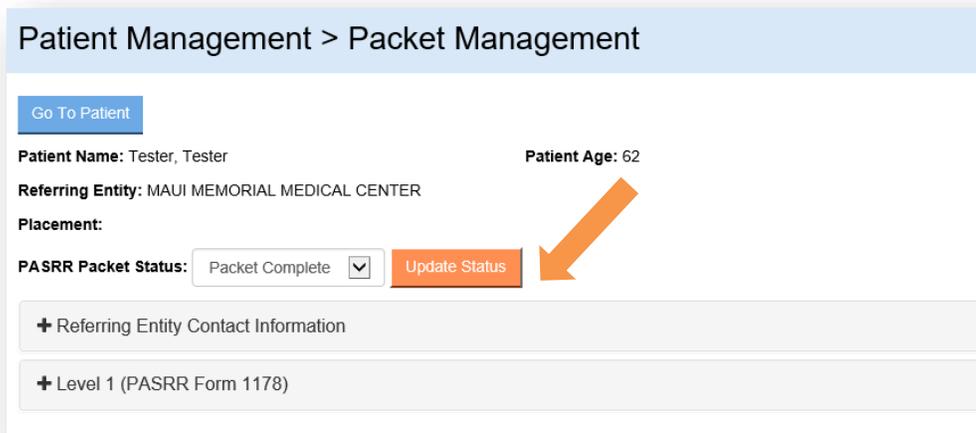
The screenshot shows the "Packet Notes" form after a note has been saved. The text input field now contains the text "Mar 6, 2018 10:24:08 AM - Elizabeth Marsh: Type your note here...". Below this is the instruction "Add a new Packet Note (Date/Time and User Name will be recorded.)" and an empty text input field. An orange "Add Note" button is located at the bottom left of the form.

Notes cannot be edited or deleted once entered. Also, once a packet is in a *Complete* status, additional notes cannot be entered.

## What do I do if a patient does not get admitted to a nursing facility?

If you started a PASRR packet and the patient no longer requires placement in a nursing facility (patient discharges to community, leaves AMA, etc.), you can change the PASRR packet to Complete status.

Search for the patient and select the appropriate PASRR packet. Use the drop-down list next to PASRR Packet Status, choose **Packet Complete** and select **Update Status**.



Patient Management > Packet Management

[Go To Patient](#)

**Patient Name:** Tester, Tester **Patient Age:** 62

**Referring Entity:** MAUI MEMORIAL MEDICAL CENTER

**Placement:**

**PASRR Packet Status:** Packet Complete

+ Referring Entity Contact Information

+ Level 1 (PASRR Form 1178)

**Caution:** Once you change a packet status to *Packet Complete*, you can no longer make changes to the packet and will need to create a new one if the patient requires nursing facility placement in the future.

## How do I complete a Level II evaluation in ePASRR?

A Level II evaluation is required if the Level I screening was positive for SMI, ID/DD, or both, and no exemptions were selected, or the exemption timeframe is expiring, and the patient is still residing in the nursing facility.

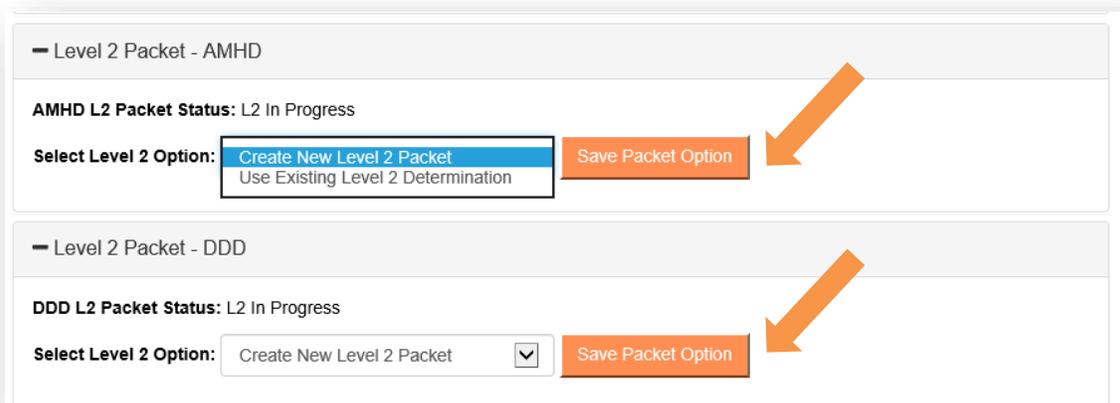
### Hospital/Community Agency

The completion of the DHS 1178 Level I form will determine the need for a Level II evaluation. The AMHD and DDD packets will be created automatically if your Level I form was positive for a SMI or ID/DD condition and no exemptions were selected.

Click on the **+** sign to open the Level II packets.



Use the drop-down and select the Level II option. If an existing Level II evaluation is in ePASRR, you can select that option and the Level II evaluation and determination (if applicable) will be copied over into the current packet. Once you have made our selection. Click **Save Packet Option**.



The Level II packets will appear depending the type of Level II that is required. The SMI packet will look like this:

— Level 2 Packet - AMHD

**AMHD L2 Packet Status:** L2 In Progress

**Select Level 2 Option:** Create New Level 2 Packet

Rush Priority

Form	Form Status	Status Date	Actions
AMHD Med Eval	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
AMHD Psych 1	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
AMHD Psych 2	Required		<a href="#">Edit Form</a>
DHS 1147	Optional		<a href="#">View Form</a> <a href="#">Upload</a>
AMHD Determination	Required		

The DDD packet will look like this:

— Level 2 Packet - DDD

**DDD L2 Packet Status:** L2 In Progress

**Select Level 2 Option:** Create New Level 2 Packet

Rush Priority

Form	Form Status	Status Date	Actions
DDD PASRR for ID/DD	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
DDD Social Summary	Required		<a href="#">Upload</a>
DDD Cog/IQ Test	Optional		<a href="#">Upload</a>
DHS 1147	Optional		<a href="#">View Form</a> <a href="#">Upload</a>
DDD Determination	Required		

The **Edit Form** buttons allow you to data-enter various forms in the application. The **Upload** buttons allow you to scan completed Level II forms into your computer and upload them as PDF files. If you upload a file, be sure to click **Complete Form** to move on to the next required form. Selecting **View Form** next to DHS 1147 will search HILOC and match an 1147 that is currently approved for a Nursing Facility level of care if one is available.

**Please note:** There is no upload option for AMHD Psych 2. You must enter the answers directly in the application as the responses determine whether a determination from AMHD is required.

Once you have completed all required forms, select **Complete Level 2** at the bottom of the page. If the Level II evaluation requires a determination, it will be sent to the appropriate state agency.

When a determination is made, you will be able to view/print the determination letter and determination form.

— Level 2 Packet - AMHD

**AMHD L2 Packet Status:** Complete

**Select Level 2 Option:** Create New Level 2 Packet

Form	Form Status	Status Date	Actions
AMHD Med Eval	Complete	11/30/2017	<a href="#">View Form</a>
AMHD Psych 1	Complete	11/30/2017	<a href="#">View Form</a>
AMHD Psych 2	Complete	11/30/2017	<a href="#">View Form</a>
DHS 1147	Optional		
AMHD Determination	Complete	11/30/2017	<a href="#">View Letter</a> <a href="#">Print Form</a>

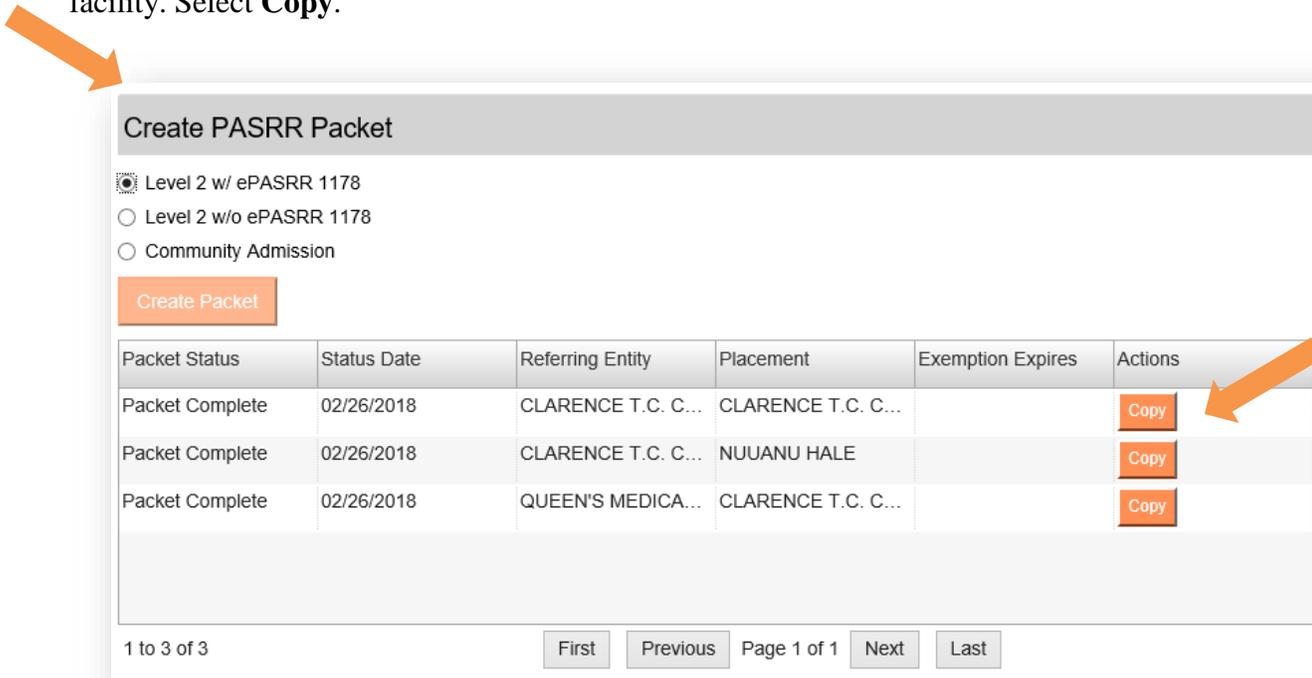


## Nursing Facility

To complete a Level II evaluation for a patient in your nursing facility, search for the patient and open the Patient Management page. You will see two options to create a Level II packet:

1. Level 2 w/ePASRR 1178 - Use this option if the Level I you used to admit the patient with is in the ePASRR application.
2. Level 2 w/o ePASRR 1178 - Use this option if the Level I you used to admit the patient with is a hard copy and not in the ePASRR application.

If you choose the first option (ePASRR 1178), you will see a list of available Level I packets to copy. This will allow you to copy the completed Level I that you accepted to admit the patient to the nursing facility. Select **Copy**.



**Create PASRR Packet**

Level 2 w/ ePASRR 1178  
 Level 2 w/o ePASRR 1178  
 Community Admission

Create Packet

Packet Status	Status Date	Referring Entity	Placement	Exemption Expires	Actions
Packet Complete	02/26/2018	CLARENCE T.C. C...	CLARENCE T.C. C...		Copy
Packet Complete	02/26/2018	CLARENCE T.C. C...	NUUANU HALE		Copy
Packet Complete	02/26/2018	QUEEN'S MEDICA...	CLARENCE T.C. C...		Copy

1 to 3 of 3

You will then see a screen with the completed Level I form. Select **Print Form** to view the Level I form and determine what type of Level II evaluation will be needed. Use the drop-down list to select the type of Level II that is required. Your options are: SMI, ID/DD, or Both. Once you have made your selection, hit **Begin Level 2 Entry** and the Level II packet(s) will be created.

**Patient Name:** Tester, Tester **Patient Age:** 62  
**Referring Entity:** ALOHA NURSING & REHAB CENTER  
**Placement:**  
**PASRR Packet Status:** Level 1 In Progress

+ Referring Entity Contact Information

- Level 1 (PASRR Form 1178)

Form Status	Status Date	Exemption Expires	Actions
Complete	01/16/2018		<input type="button" value="Print Form"/>

\* Level 2 Assessment(s) Required: Select One

If you choose the second option (w/o ePASRR 1178), hit **Create Packet** and your packet will be created.

**Create PASRR Packet**

Level 2 w/ ePASRR 1178  
 Level 2 w/o ePASRR 1178  
 Community Admission

You will need to upload the hard-copy Level I form. Scan the document and save as a PDF file on your computer. Select **Browse** and search for the correct file. Select **Upload** and the file will appear in the grid below. Use the drop-down list to select the type of Level II that is required. Your options are: SMI, ID/DD, or Both. Once you have made your selection, hit **Begin Level 2 Entry** and the Level II packet(s) will be created.

**Patient Name:** Tester, Tester **Patient Age:** 62

**Referring Entity:** ALOHA NURSING & REHAB CENTER

**Placement:**

**PASRR Packet Status:** Level 1 In Progress

+ Referring Entity Contact Information

- Level 1 (PASRR Form 1178)

Upload 1178

**File Upload (Accepted file types: PDF)**

File Name	Actions
No Rows To Show	

\* **Level 2 Assessment(s) Required:**

- SMI
- ID/DD
- Both (SMI & ID/DD)

The Level II packets will appear depending the type of Level II that is required. The SMI packet will look like this:

— Level 2 Packet - AMHD

**AMHD L2 Packet Status:** L2 In Progress

**Select Level 2 Option:** Create New Level 2 Packet

Rush Priority

Form	Form Status	Status Date	Actions
AMHD Med Eval	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
AMHD Psych 1	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
AMHD Psych 2	Required		<a href="#">Edit Form</a>
DHS 1147	Optional		<a href="#">View Form</a> <a href="#">Upload</a>
AMHD Determination	Required		

The DDD packet will look like this:

— Level 2 Packet - DDD

**DDD L2 Packet Status:** L2 In Progress

**Select Level 2 Option:** Create New Level 2 Packet

Rush Priority

Form	Form Status	Status Date	Actions
DDD PASRR for ID/DD	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
DDD Social Summary	Required		<a href="#">Upload</a>
DDD Cog/IQ Test	Optional		<a href="#">Upload</a>
DHS 1147	Optional		<a href="#">View Form</a> <a href="#">Upload</a>
DDD Determination	Required		

The **Edit Form** buttons allow you to data-enter various forms in the application. The **Upload** buttons allow you to scan completed Level II forms into your computer and upload them as PDF files. If you upload a file, be sure to click **Complete Form** to move on to the next required form.

Selecting **View Form** next to DHS 1147 will search HILOC and match an 1147 that is currently approved for a Nursing Facility level of care if one is available.

**Please note:** There is no upload option for AMHD Psych 2. You must enter the answers directly in the application as the responses determine whether a determination from AMHD is required.

Once you have completed all required forms, select **Complete Level 2** at the bottom of the page. If the Level II evaluation requires a determination, it will be sent to the appropriate state agency.

When a determination is made, you will be able to view/print the determination letter and determination form.

— Level 2 Packet - AMHD

**AMHD L2 Packet Status:** Complete

**Select Level 2 Option:** Create New Level 2 Packet

Form	Form Status	Status Date	Actions
AMHD Med Eval	Complete	11/30/2017	<a href="#">View Form</a>
AMHD Psych 1	Complete	11/30/2017	<a href="#">View Form</a>
AMHD Psych 2	Complete	11/30/2017	<a href="#">View Form</a>
DHS 1147	Optional		
AMHD Determination	Complete	11/30/2017	<a href="#">View Letter</a> <a href="#">Print Form</a>



## How do I view or print forms and letters?

Level I Forms, Level II Forms, and Determination Letters can be viewed and printed. After searching for the patient, select the PASRR Packet you want to view. You will be able to expand the Level I and Level II sections by clicking on the **+** sign. Click on **Print Form** and a preview of the form will display.

+ Referring Entity Contact Information			
+ Level 1 (PASRR Form 1178)			
Form Status	Status Date	Exemption Expires	Actions
Complete	11/07/2017		<div style="border: 1px solid #0056b3; padding: 2px 5px; display: inline-block; color: white;">Print Form</div>

Click **Download** to open the form/letter in PDF format. You can print either the preview web page or the downloaded PDF file.

ePASRR
➔

Close Preview

Download

### STATE OF HAWAII

Department of Human Services Med-QUEST Division

<b>PREADMISSION SCREENING RESIDENT REVIEW</b>	<b>PATIENT'S NAME: (Last Name, First, M.I.)</b> Patient, Tester, p	<b>DATE OF BIRTH: (MM/DD/YY)</b> 12/01/1950
	<b>PRIMARY DIAGNOSIS:</b>	<b>MEDICAID I.D. NUMBER:</b>

## How do I transfer a PASRR packet to another nursing facility?

If a patient residing in your nursing facility is being transferred to another nursing facility, you can simply transfer the most recent PASRR packet to the new facility.

After searching for the patient and viewing the history of PASRR packets in the Patient Management screen, select the PASRR packet you would like to transfer.

PASRR Packets			
Packet Status	Status Date	Referring Entity	Placement
Packet Complete	02/26/2018	QUEEN'S MEDICAL CENTER	CLARENCE T.C. CHING VILLAS AT ST. FRANCIS

1 to 1 of 1    First    Previous    Page 1 of 1    Next    Last



Open the PASRR packet and you will see the option to transfer the packet at the top left corner.

Patient Management > Packet Management

[Go To Patient](#)

[Transfer packet to another Nursing Facility](#)

**Patient Name:** Tester, Patient      **Patient Age:** 68  
**Referring Entity:** QUEEN'S MEDICAL CENTER  
**Placement:** CLARENCE T.C. CHING VILLAS AT ST. FRANCIS  
**PASRR Packet Status:**  [Update Status](#)

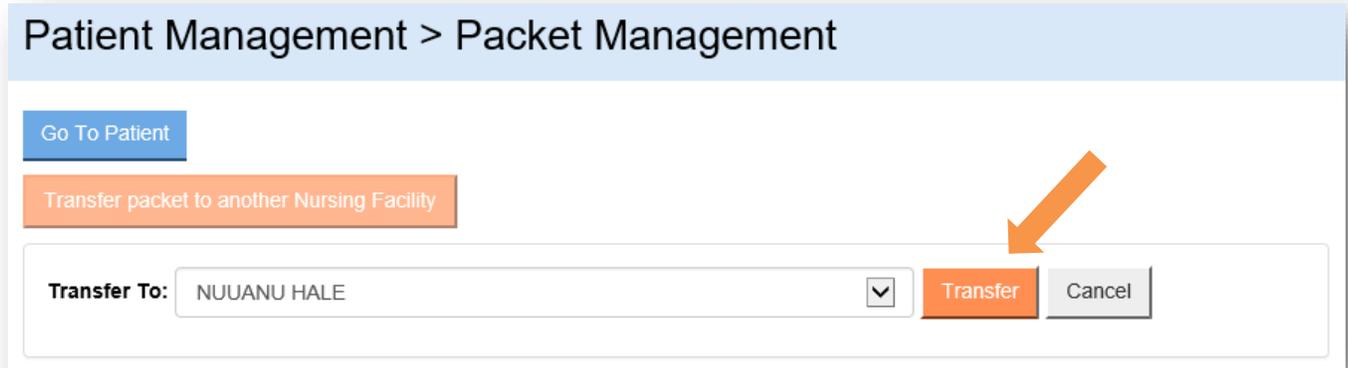
**Referring Entity Contact Information**

<b>First &amp; Last Name *</b>	<b>Phone *</b>	<b>Fax</b>
<input type="text" value="E Marsh"/>	<input type="text" value="(555) 555-5555"/>	<input type="text"/>

[+ Level 1 \(PASRR Form 1178\)](#)



Select **Transfer packet to another Nursing Facility** and drop-down will appear for you to select where you would like the packet transferred. Once you have selected the nursing facility, hit **Transfer** and the PASRR packet will now be available to the new nursing facility.



Patient Management > Packet Management

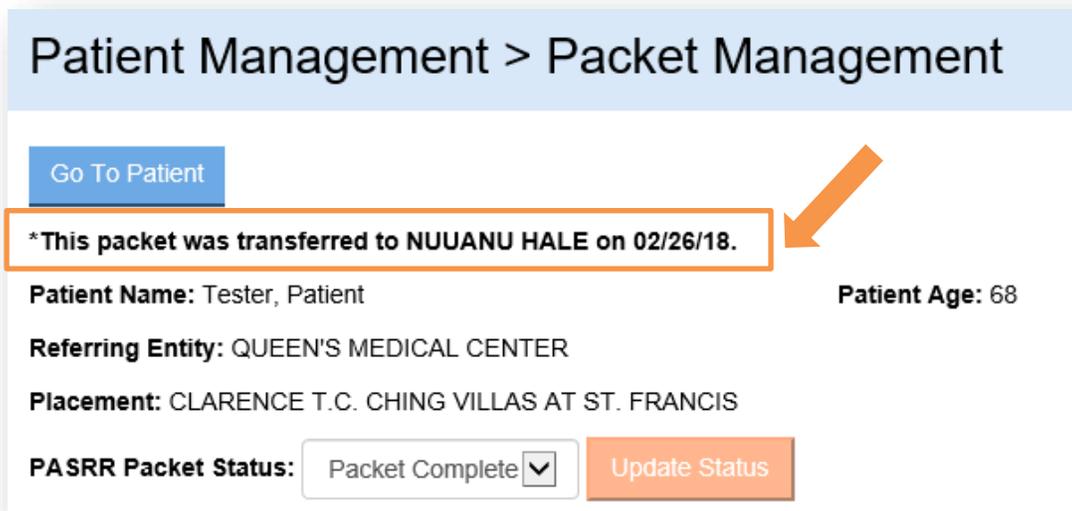
Go To Patient

Transfer packet to another Nursing Facility

Transfer To: NUUANU HALE [dropdown arrow]

Transfer Cancel

A note that the packet was transferred to another nursing facility will then appear on the top left corner.



Patient Management > Packet Management

Go To Patient

**\*This packet was transferred to NUUANU HALE on 02/26/18.**

Patient Name: Tester, Patient Patient Age: 68

Referring Entity: QUEEN'S MEDICAL CENTER

Placement: CLARENCE T.C. CHING VILLAS AT ST. FRANCIS

PASRR Packet Status: Packet Complete [dropdown arrow] Update Status

If you go to the Patient Management screen, you will see that the transferred packet now appears in the list of PASRR packets for the patient. In this example, the patient was initially admitted to Clarence T.C. Ching Villas from Queen’s Medical Center. The patient was then transferred from Clarence T.C. Ching Villas to Nuuanu Hale.

PASRR Packets				
Packet Status	Status Date	Referring Entity	Placement	Exempt
Packet Complete	02/26/2018	CLARENCE T.C. CHING VILLAS AT ST. FRANCIS	NUUANU HALE	
Packet Complete	02/26/2018	QUEEN'S MEDICAL CENTER	CLARENCE T.C. CHING VILLAS...	

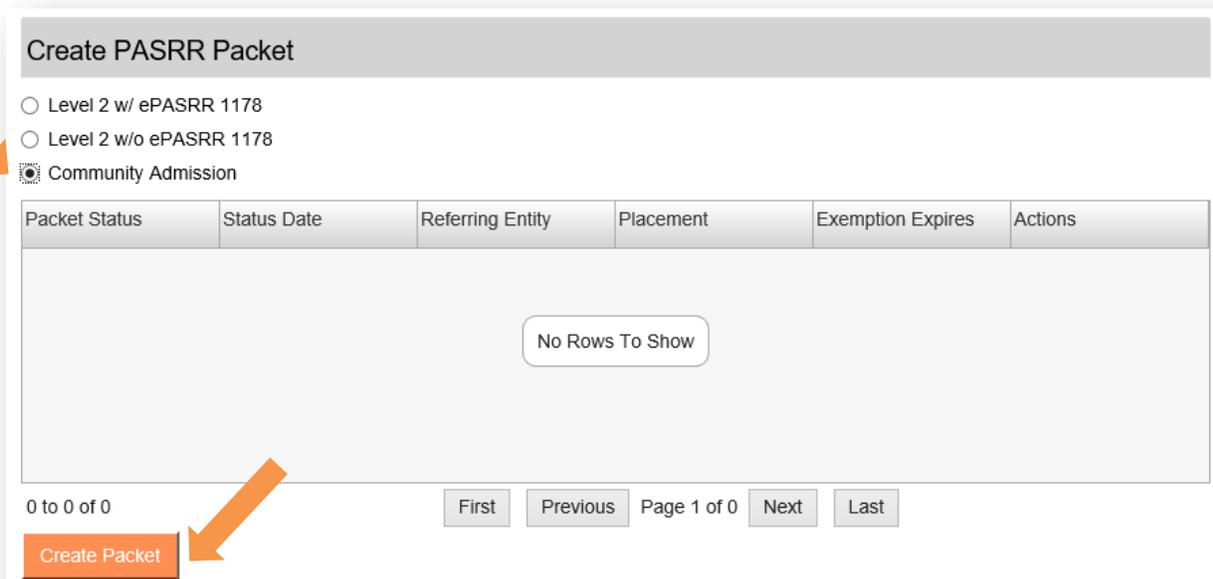
1 to 2 of 2      [First](#)   [Previous](#)   Page 1 of 1   [Next](#)   [Last](#)

**Please note:** Only PASRR packets in a *Complete* status are available for transfer to another nursing facility.

## How do I create a PASRR packet for a patient being admitted to the nursing facility from the community?

Nursing facilities that admit patients directly from a community placement (i.e. home, care/foster home, assisted living, etc.) need to enter all PASRR forms into the application on the date of admission or before.

Start by first searching for the patient. If the patient is not found in ePASRR, add the patient to the application. Once the patient profile is created, you will see three options to create a PASRR packet. Select **Community Admission** and hit **Create Packet**.



Create PASRR Packet

Level 2 w/ ePASRR 1178  
 Level 2 w/o ePASRR 1178  
 Community Admission

Packet Status	Status Date	Referring Entity	Placement	Exemption Expires	Actions
No Rows To Show					

0 to 0 of 0

First Previous Page 1 of 0 Next Last

Create Packet

Complete the Level I PASRR form. If the patient has a negative Level I screening or a positive Level I screening with an exemption, once the Level I process is completed, the patient will automatically be assigned to your nursing facility.

If the patient has a positive Level I PASRR that requires a Level II evaluation, the Level II packet will be created. You can upload each required form or data enter the information into each web form. If the Level II evaluation was previously submitted to AMHD or DDD for review and determination, you can select **Yes** that you have an existing determination to upload. Enter the determination date in the box and select **Save**. Upload the determination letter and determination form.

— Level 2 Packet - AMHD

**AMHD L2 Packet Status:** L2 In Progress

**Select Level 2 Option:** Create New Level 2 Packet

Rush Priority

Form	Form Status	Status Date	Actions
AMHD Med Eval	Required		<span>Edit Form</span> <span>Upload</span>
AMHD Psych 1	Required		<span>Edit Form</span> <span>Upload</span>
AMHD Psych 2	Required		<span>Edit Form</span>
DHS 1147	Optional		<span>View Form</span> <span>Upload</span>
AMHD Determination Form	Required		<span>Upload</span>
AMHD Determination Letter	Required		<span>Upload</span>

\*Do you have an existing determination to upload?

Yes  No

Determination Date

Save

Once all required documents are completed or uploaded, select **Complete Level II** at the bottom of the page. The PASRR packet is now complete and the patient will be automatically assigned to your nursing facility.

If the patient has a Level II evaluation but it was not sent to AMHD or DDD for determination, select **No** and you will see that the evaluation will need to be sent to the State agency for determination.

— Level 2 Packet - AMHD

**AMHD L2 Packet Status:** L2 In Progress

**Select Level 2 Option:** Create New Level 2 Packet

Rush Priority

Form	Form Status	Status Date	Actions
AMHD Med Eval	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
AMHD Psych 1	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
AMHD Psych 2	Required		<a href="#">Edit Form</a>
DHS 1147	Optional		<a href="#">View Form</a> <a href="#">Upload</a>
AMHD Determination	Required		

\*Do you have an existing determination to upload?

Yes  No



Once all required documents are completed or uploaded, select **Complete Level II** at the bottom of the page. The Level II evaluation will be sent to the State agency for determination. Once the determination has been completed, you will see that the packet status will change to *Complete* and the patient will be automatically assigned to your nursing facility.

## Who do I contact if I need technical support?

If you have questions or need technical assistance, please contact HSAG:

1. Call the HSAG Hawaii Office: 808.440.6000 or 877.797.5350  
Support hours: Monday – Friday 7:45am to 4:30pm HST  
Voicemails left after hours or on a holiday or weekend will be returned the next business day.
2. E-mail: [ePASRRSupport@hsag.com](mailto:ePASRRSupport@hsag.com)
3. If you are still having difficulties, you may call the HSAG Help Desk at 866.316.6974.  
Voicemails left after hours or on a holiday or weekend will be returned on the next business day.