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**CABINET FOR HEALTH AND FAMILY SERVICES**  
**DEPARTMENT FOR BEHAVIORAL HEALTH,**  
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**PASRR PROGRAM**  
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**JANIE MILLER**  
SECRETARY

## **Memorandum**

**Date:** June 21, 2011

**To:** PASRR Coordinators

**From:** Dona Carroll-Payton and Karen Edens  
DBHDID PASRR Coordinators

**RE: New Significant Change in Condition/Disposition Form**

Please see the revised significant change in condition form (MAP 409-5) recently approved by Medicaid for nursing facilities immediate use. The only change is that a date has been added for reporting of deaths and discharges. This will prevent the need for your contacting the nursing facilities directly to obtain these dates; and hopefully, save time for all of you.

Please forward a copy to all of the nursing facilities in your region, along with this memorandum. Medicaid will also be sending copies to each facility; however, this will take additional time, and we would like to see this form begin to be used as soon as possible.

You may call Karen Edens or Dona Carroll-Payton if there are questions you have regarding this change.

**PASRR SIGNIFICANT CHANGE/DISCHARGE DATA**

**Resident Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Social Security #:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

“**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 might no longer meet Medicaid criteria for nursing facility level of care. If any of the following events have occurred, please check the appropriate choice and forward this form to your local Community Mental Health/Mental Retardation 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 has a mental illness with active symptoms.
- Resident has a mental illness and the medical condition for which he/she was admitted has significantly improved.
- Resident has intellectual or developmental disability and the medical condition for which he/she was admitted has significantly improved.
- Resident has intellectual or developmental disability and now requires more intensive services than a nursing facility setting can provide.
- Resident has intellectual or developmental disability, receives specialized services and medical condition has significantly declined.
- None of the above. No referral required.

**Type of Discharge:** Disposition events/deceased or discharged

Date Deceased: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Discharged: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

- 1.  NF Setting:                       KY \_\_\_\_\_                       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

**\*Mail or fax completed form to your Regional PASRR office.**