

Electronic  
Preadmission  
Screening and  
Resident Review  
(ePASRR) Form

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Date: April – 5, 6, 7, 12, 13, 14 – 2022

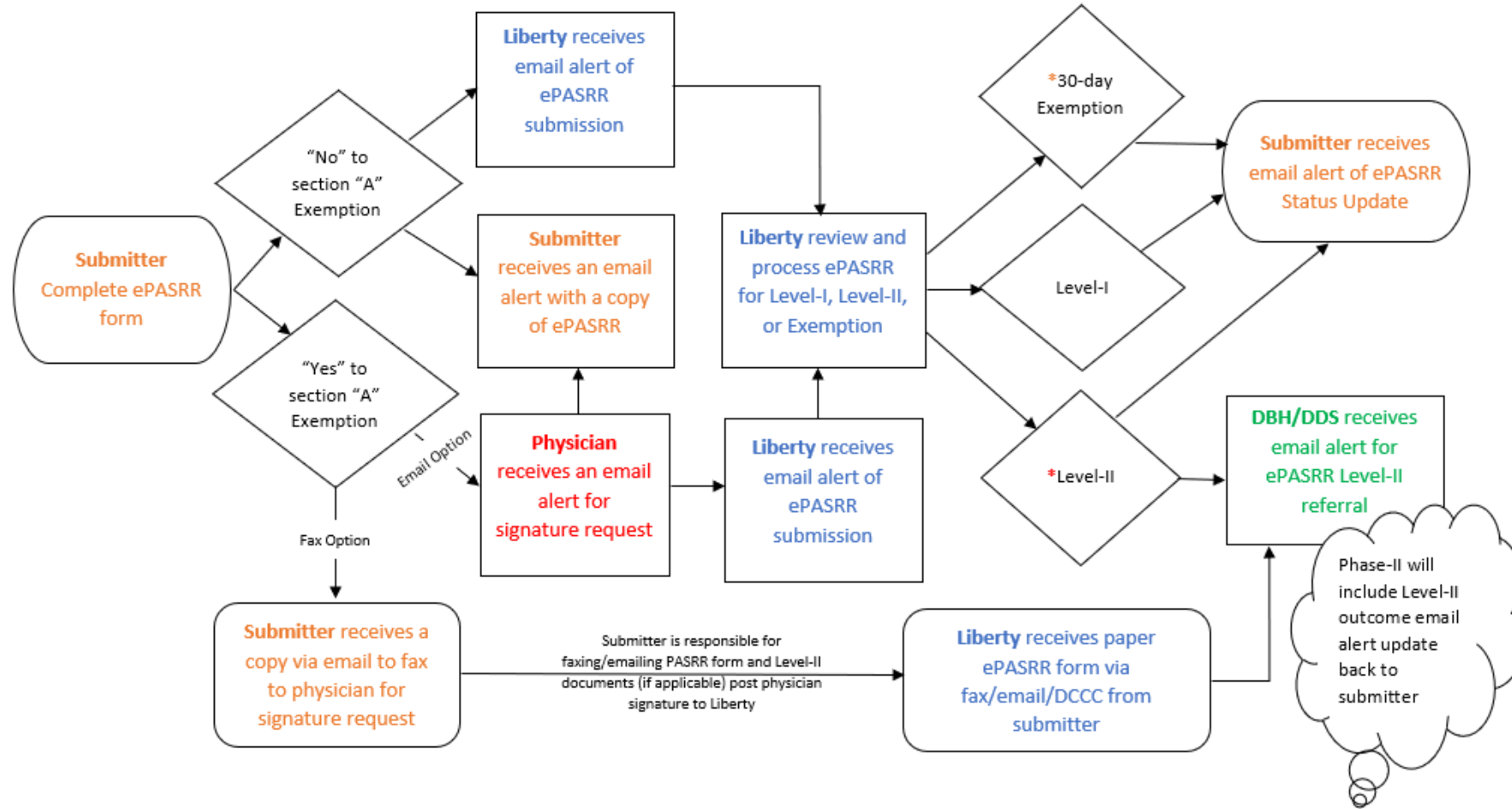


DHCF



Department of Health Care Financing

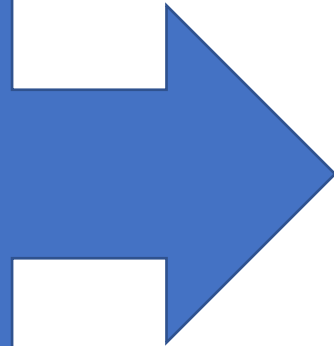
# ePASRR Flowchart



\* When hospital discharge exemption criteria are met, admitting NF is responsible for ePASRR follow-up if greater than 30 days  
 \* If ePASRR is positive for Level-II, all Level-II required documents should be attached prior to submission/faxing to Liberty

# ePASRR Submission

Once you complete the ePASRR, you will see a message that lets you know your submission was successful.



Success!  
We've captured your response.

Powered by  smartsheet

# ePASRR Alert Messages

## Submitter Alerts

There are seven types of alert messages that update the submitter about the status of the ePASRR.

- Default alert message to submitter when copy (box) is checked  
**Subject: Confirmation - Government of the District of Columbia**  
Thank you for submitting your entry. A copy is included below for your records.
- Alert message to submitter when physician signature is not required  
**Subject: Submission alert with copy to submitter**  
Thank you for submitting ePASRR form. The completed form has been submitted to Liberty for review. You will be notified as soon as updates becomes available. This is a copy for your record.  
Thank you.
- Alert message to submitter when fax option is selected for physician signature request  
**Subject: This is a copy to fax the submitted ePASRR Level-I exemption**  
Thank you for submitting the ePASRR form. Please fax the ePASRR Level-I exemption request to the physician for signature. Please note, you are required to fax/email the physician signed copy to Liberty for processing.  
Thank you.
- Alert message to submitter post physician signature when email option is selected  
**Subject: ePASRR Level-I exemption request signed and submitted to LHC**  
Please note, the physician has signed the Level-I exemption request and sent to Liberty for review. You will be notified as soon as updates becomes available. This is a copy for your record.  
Thank you.

# ePASRR Alert Messages

Sample of ePASRR email alerts. It's important that you enable incoming Smartsheet emails.

## Submitter Alerts

- Alert message to submitter when ePASRR Level-I hospital discharge exemption criteria is met  
**Subject: 30-day exemption criteria met**  
This is to notify you that Liberty has updated the ePASRR form below with the following status “30-day exemption criteria met”.  
Thank you.
- Alert message to submitter post LHC review for status update with “Reviewed and not Positive for Level-II”  
**Subject: Received and Not Positive for Level-II**  
This is to notify you that Liberty has updated the ePASRR form below with the following status “Reviewed and Not Positive for Level-II”.  
Thank you.
- Alert message to submitter post LHC review for status update with “Reviewed and Referred for Level-II”  
**Subject: Received and Referred for Level-II (DDS, DBH, or DBH & DDS):**  
This is to notify you that Liberty has updated the ePASRR form below with the following status “Reviewed and Referred for Level-II”.  
Thank you.

✓ DHCF Notifications via Smartsheet  
ePASRR Level-I exemption req... Mon 3/14  
CAUTION: This email originated from out...

✓ DHCF Notifications via Smartsheet  
Request physician signature Mon 3/14  
CAUTION: This email originated from out...

✓ Smartsheet Forms  
Confirmation - Government o... Mon 3/14  
CAUTION: This email originated from out...

# ePASRR Alert Messages

## Liberty (LHC) Alerts

- Alert message to LHC without exemption request i.e., those that does not require physician signature

**Subject: ePASRR Level-I submitted to LHC**

Please note, ePASRR Level-I has been submitted by a provider. Below is the link to the form. Please open the form and review accordingly.

Thank you.

- Alert message to LHC with exemption request post physician signature via email option

**Subject: ePASRR Level-I exemption request signed and submitted to LHC:**

Please note, ePASRR Level-I exemption request has been submitted by a provider and signed by the physician. Below is the link to the form. Please open the form and review accordingly.

Thank you.

There are two types of alert messages that goes to Liberty.

# E-mail a form for signature

Alert message to physician via email for ePASRR Level-I hospital discharge exemption physician signature request.

## Physician Alert

### **Subject: Request physician signature**

Please note, ePASRR Level-I hospital discharge exemption request has been submitted for a beneficiary under your care. Physician signature is required only when all the three (3) conditions are met for post-acute inpatient care that is: beneficiary admitted directly to nursing facility; beneficiary requires nursing facility services; and beneficiary is likely to require less than 30-days of nursing facility services.

Thank you.

# No E-Mail? You Can Still Fax

If you do not have a physician e-mail or if the physician prefer fax, you can fax the ePASRR form directly to the physician after submitting the form for a hard signature request. **However, you are required to fax/email the signed ePASRR to Liberty.**

SECTION A: EXEMPTING CRITERIA

**Beneficiary admitted to nursing facility directly from hospital after receiving acute inpatient care? \***

Yes  No

**Beneficiary requires nursing facility services for the condition he/she received acute inpatient care? \***

Yes  No

**Beneficiary is likely to require less than 30 days nursing facility services? \***

Yes  No

**Print Physician Name and Title (Physician signature is only required if all the three (3) conditions above are met, that is "Yes") \***

Doctor Doctor, MD

**Request for Physician signature \***

Fax

**Physician Fax Number \***

2021234567

**Signature of Ordering Physician (I certify the information in this section is accurate to the best of my knowledge and understand that knowingly submitting inaccurate, incomplete, or misleading information constitutes Medicaid fraud) \***

**Date \***

Further completion of this form is required even if the beneficiary meets all the exemptions listed in Section A. Beneficiary is being admitted under the 30-day hospital discharge exemption. If the beneficiary's length of stay exceeds 30 days, the Level II evaluation must be completed no later than the 40th day of admission, on or before the date:

This is a copy to fax the submitted ePASRR Level-I exemption

Some content in this message has been blocked because the sender isn't in your Safe senders list. [I trust content from automation@app.smartsheet.com](#)

DHCF Notifications via Smartsheet <automation@app.smartsheet.com>  
Mon 3/7/2022 3:31 PM  
To: Oni, Oluwatobi (DHCF)

**CAUTION:** This email originated from outside of the DC Government. Do not click on links or open attachments unless you recognize the sender. If you are suspicious, please forward to phishing@dc.gov for additional analysis by OCTO Security Operations Center (SOC).

Thank you for submitting the ePASRR form. Please fax the ePASRR Level-I exemption request to the physician for signature. Please note, you are required to fax/email the physician signed copy to Liberty for processing.

Thank you.






Submitter must check the box "Send me a copy of my responses" before clicking the "Submit" box to get full copy of the completed form to be forwarded to Liberty via [dclibertyias@libertyhealth.com](mailto:dclibertyias@libertyhealth.com) or faxed via 202-298-2075

Send me a copy of my responses

Submit

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# QUESTIONS

