

# Hawaii Electronic Pre-Admission Screening and Resident Review (ePASRR)

## *Frequently Asked Questions*

March 2025

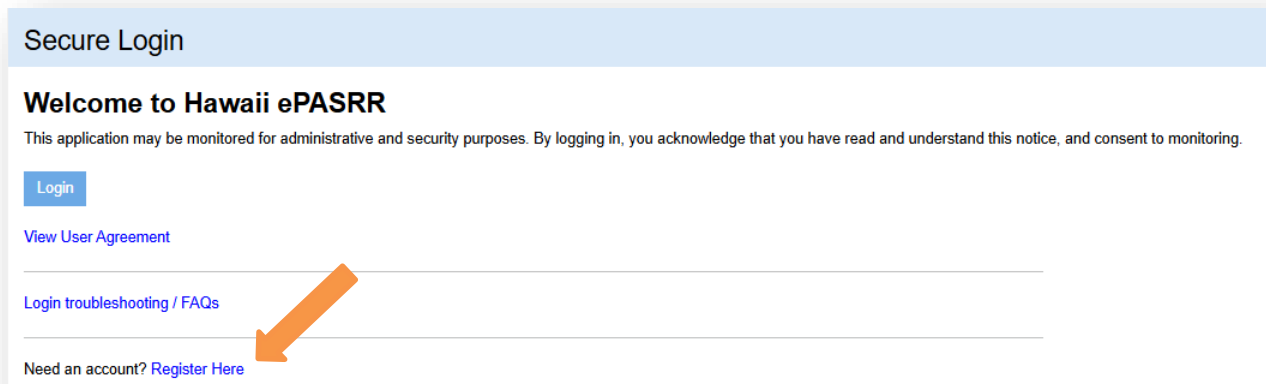
## Table of Contents

How do I obtain a user account for the ePASRR system? .....	1
What do I do if I am unable to log in or if I forgot my password? .....	5
What do I do if I didn't receive my security code? .....	13
How do I search for a patient and add a new patient?.....	14
How do I complete a Level 1 form?.....	16
What do I do after I complete the Level 1 form? .....	20
How do I add a packet note? .....	22
What do I do if a patient does not get admitted to a nursing facility?.....	25
How do I complete a Level 2 evaluation in ePASRR? .....	26
How do I view or print forms and letters?.....	34
How do I transfer a PASRR packet to another nursing facility?.....	35
How do I admit a patient to a nursing facility from the community? .....	37
Who do I contact if I need technical support?.....	40

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

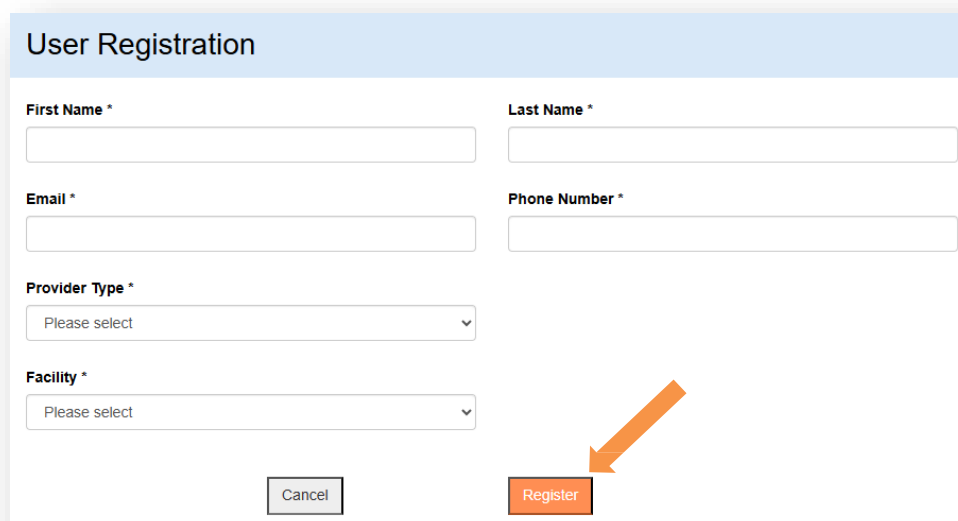
Use the following steps to register for access to the ePASRR application.

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.



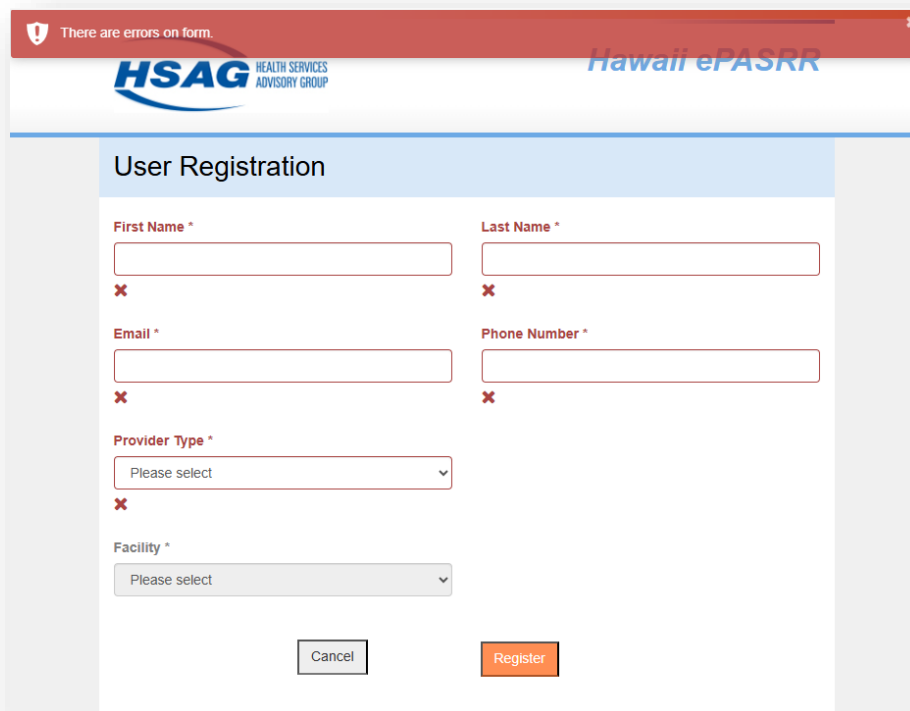
The screenshot shows the 'Secure Login' page. At the top is a light blue header with the text 'Secure Login'. Below this is a white box with the heading 'Welcome to Hawaii ePASRR'. A notice states: 'This application may be monitored for administrative and security purposes. By logging in, you acknowledge that you have read and understand this notice, and consent to monitoring.' There are three links: a blue 'Login' button, a blue 'View User Agreement' link, and a blue 'Login troubleshooting / FAQs' link. At the bottom, it says 'Need an account? [Register Here](#)'. An orange arrow points to the 'Register Here' link.

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 box.



The screenshot shows the 'User Registration' page. It has a light blue header with the text 'User Registration'. Below this is a white box with several input fields: 'First Name \*', 'Last Name \*', 'Email \*', and 'Phone Number \*'. There are two dropdown menus: 'Provider Type \*' with 'Please select' and 'Facility \*' with 'Please select'. At the bottom, there are two buttons: a grey 'Cancel' button and an orange 'Register' button. 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 screenshot shows a web browser window with a red error banner at the top that reads "There are errors on form." Below the banner is the HSAG logo and the text "Hawaii ePASRR". The main content area is titled "User Registration" and contains several input fields, each with a red "X" indicating an error:

- 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 red "X" below it.
- Facility \***: Dropdown menu with "Please select" and a red "X" below it.

At the bottom of the form are two buttons: "Cancel" and "Register".

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 security point of contact (SPOC), you will receive an email with instructions on how to complete your registration. Once you receive an approval email, select **Click Here** in the email to complete the registration process.



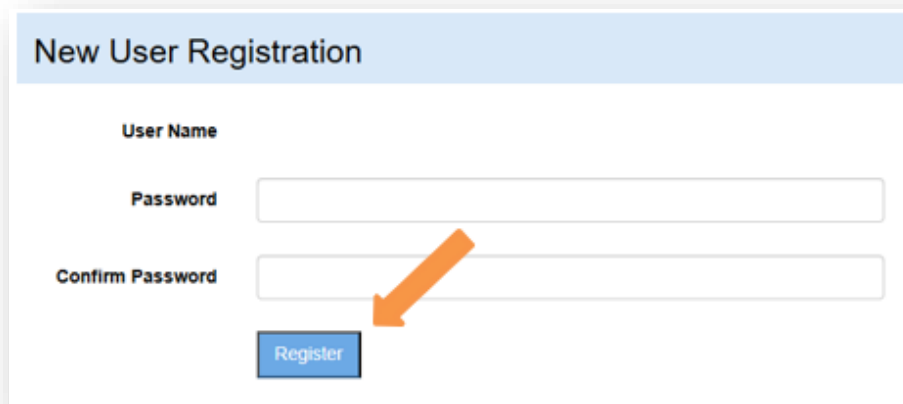
HSAG has approved your request for access to the ePASRR application.

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

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

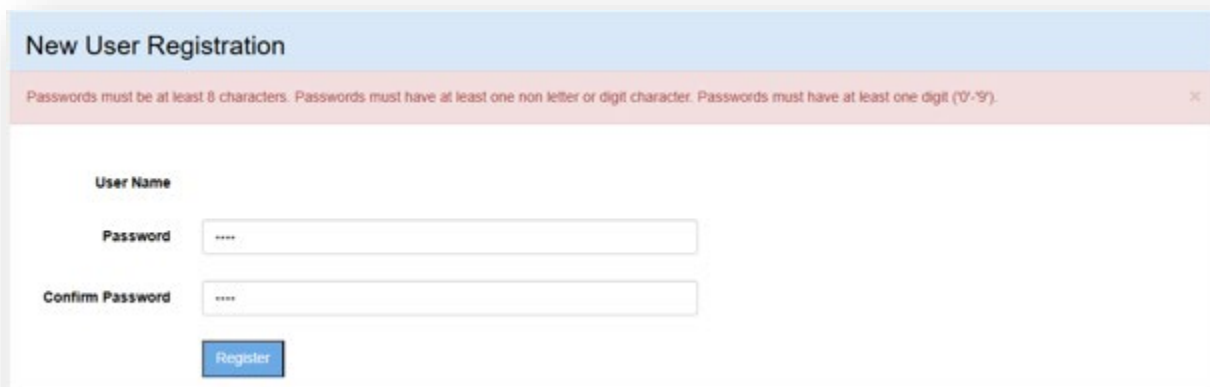
Thank you.

10. Once you select **Click Here** from the approval email, you will see the New User Registration box:
- Enter your password in both fields.
  - Click the **Register** button.



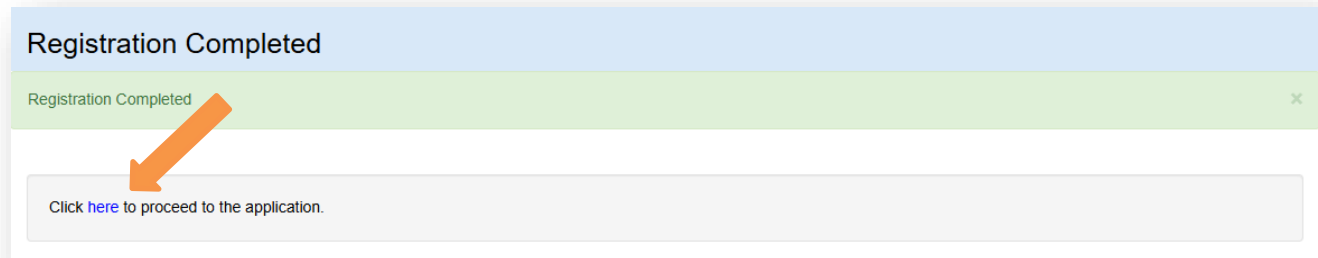
The form is titled "New User Registration" in a blue header. It contains three input fields: "User Name", "Password", and "Confirm Password". Below the "Confirm Password" field is a blue "Register" button. An orange arrow points to the "Register" button.

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



The form is titled "New User Registration" in a blue header. Below the header is a red error message bar that reads: "Passwords must be at least 8 characters. Passwords must have at least one non letter or digit character. Passwords must have at least one digit (0-9)." Below the error message are three input fields: "User Name", "Password", and "Confirm Password". The "Password" and "Confirm Password" fields are masked with four asterisks. Below the "Confirm Password" field is a blue "Register" button.

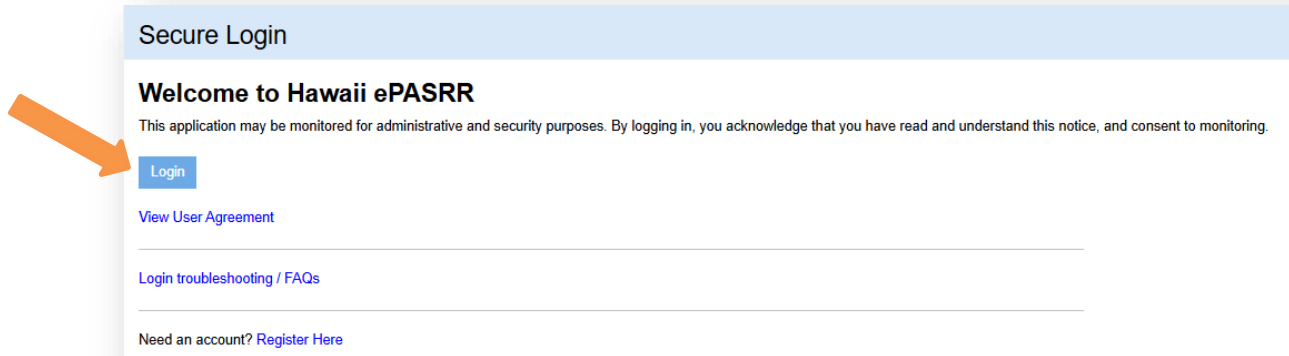
12. Once you have completed your registration, you will see the following message. You can proceed to the ePASRR application by selecting the **Click Here** link.



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

### How to Log In

Step 1: Select the **Login** button from <https://epassr.hsag.com>.



Secure Login

**Welcome to Hawaii ePASRR**

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.

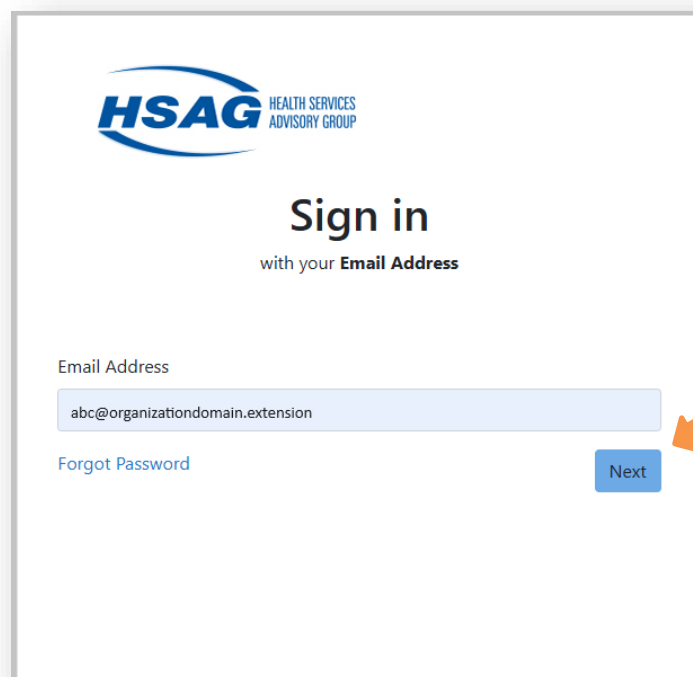
[Login](#)


[View User Agreement](#)

[Login troubleshooting / FAQs](#)

Need an account? [Register Here](#)

Step 2: After selecting the **Login** button, you will see a Sign in box. You will need to enter your work email address and select the **Next** button.





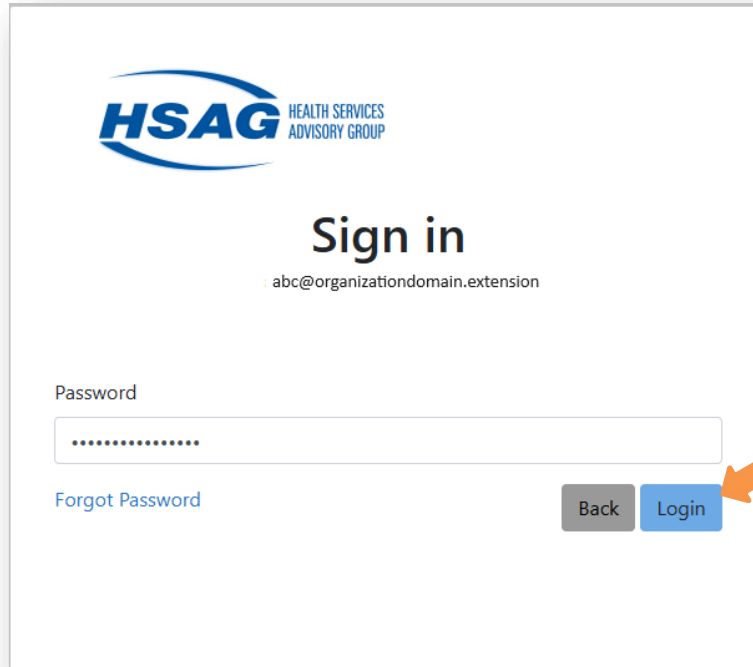
**Sign in**  
with your **Email Address**

Email Address

[Forgot Password](#)

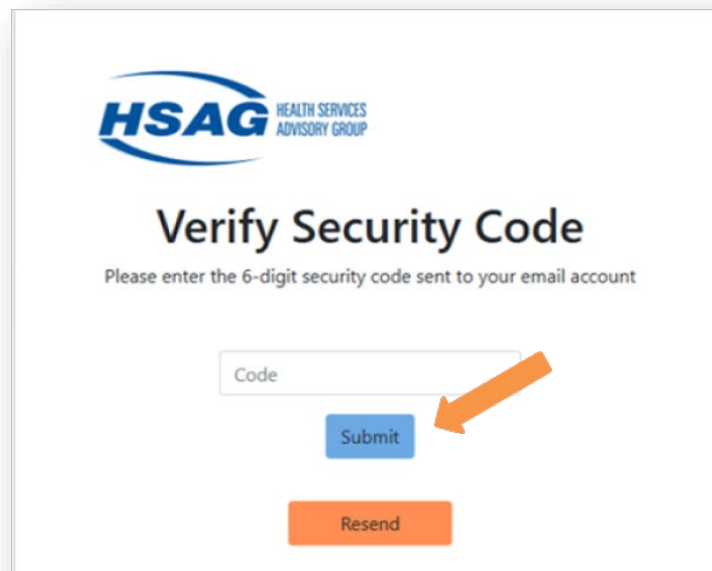
[Next](#)

Step 3: You then need to enter your password for the work email address and select the **Login** button.



The screenshot shows the HSAG Sign in page. At the top is the HSAG logo. Below it is the title "Sign in" and a placeholder email address "abc@organizationdomain.extension". There is a "Password" label above a text input field containing dots. Below the input field is a link "Forgot Password". To the right of the input field are two buttons: "Back" (grey) and "Login" (blue). An orange arrow points to the "Login" button.

Step 4: After selecting the **Login** button, you will see a Verify Security Code box. You will need to retrieve the 6-digit security code from the email account that you used to register for ePASRR access. This code should appear in your inbox within one minute. Enter the code into the box and select the **Submit** button.



The screenshot shows the HSAG Verify Security Code page. At the top is the HSAG logo. Below it is the title "Verify Security Code" and the instruction "Please enter the 6-digit security code sent to your email account". There is a "Code" label above a text input field. Below the input field is a blue "Submit" button. Below the "Submit" button is an orange "Resend" button. An orange arrow points to the "Submit" button.



Step 5: 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 for patients under my direct care and/or supervision;
- 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.

Submit

I DO NOT agree with these terms and conditions.

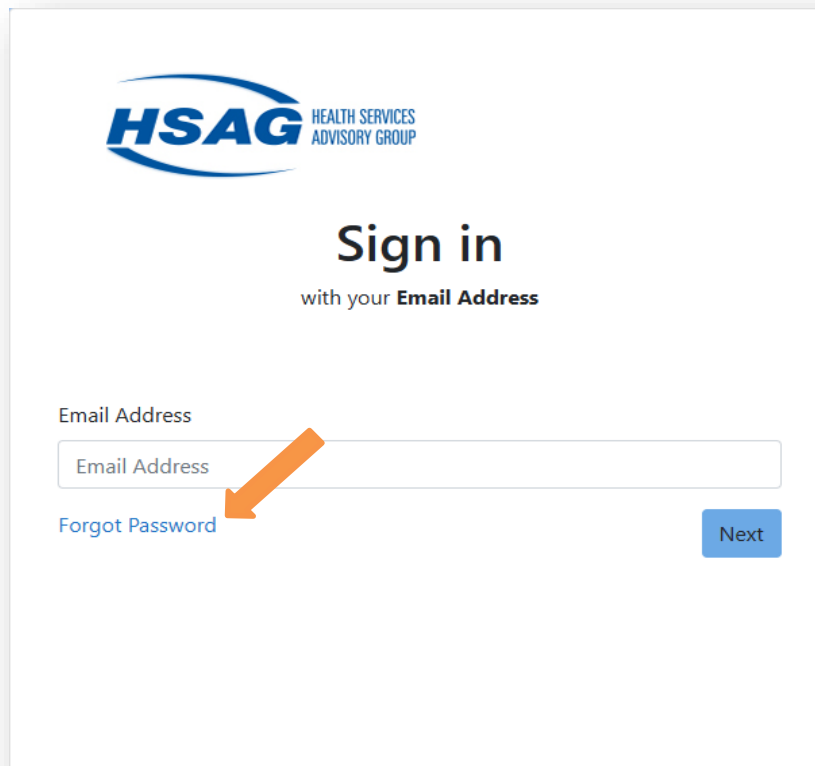
Close

**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.

## Troubleshooting Your Login

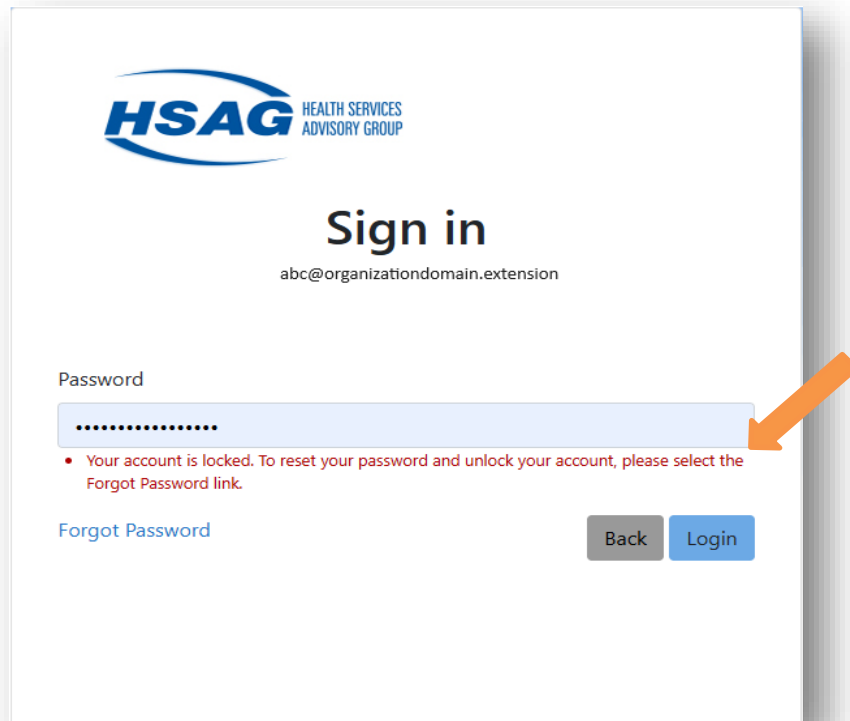
You can try a few possible solutions prior to requesting assistance:

1. Make sure that you are using your registered e-mail address to sign in.
2. 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.).
3. If these suggestions have not resolved the issue and you have tried your password at least twice, please select the [Forgot Password](#) link, as seen below.



The following error message is displayed when too many unsuccessful login attempts have been made and your account is locked. Please be aware that your account may be locked after you have made three unsuccessful attempts to log in. If this happens, please select the **Forgot Password** link and follow the steps for the password reset; your account will automatically be unlocked after you reset your password.

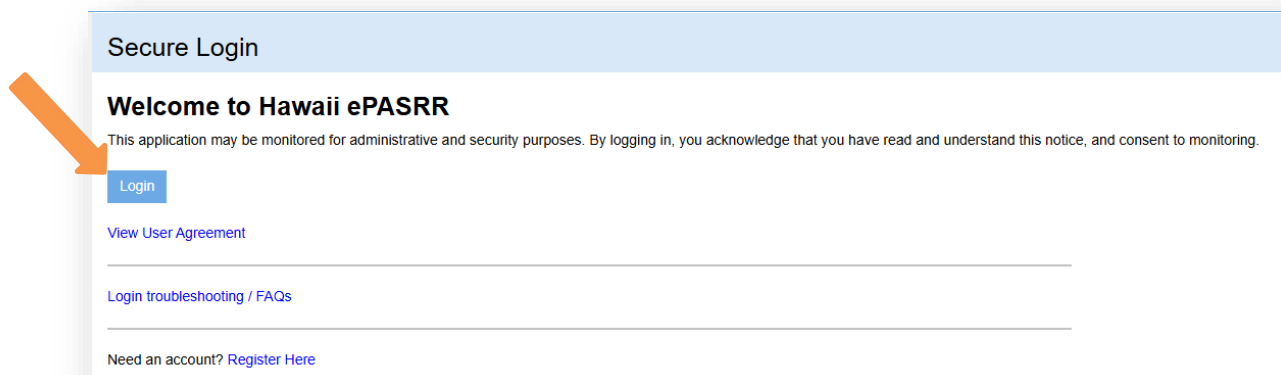
If you are still having trouble, please email [ePASRRSupport@hsag.com](mailto:ePASRRSupport@hsag.com) or call 808.440.6000.



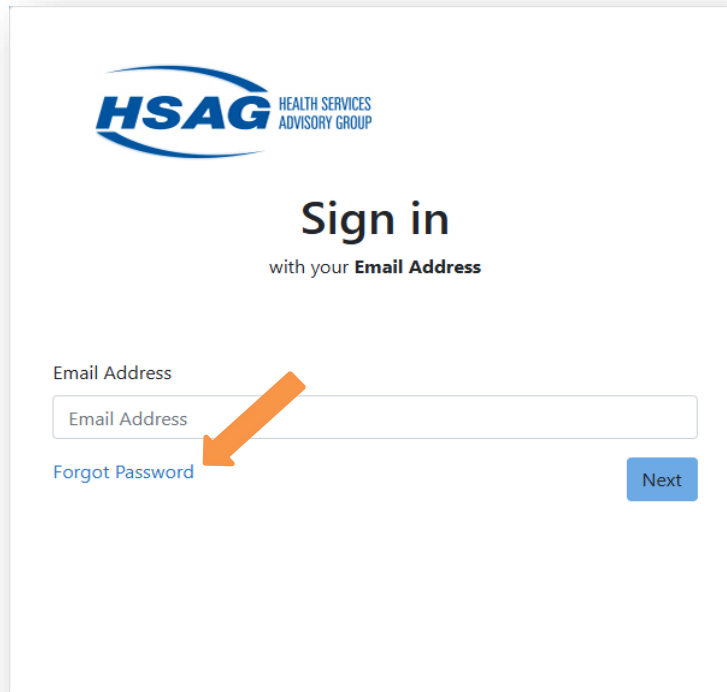
## Password Reset

If you cannot remember your password, you must go through the Forgot Password process.

Step 1: Select the **Login** Button from <https://epasrr.hsag.com>.

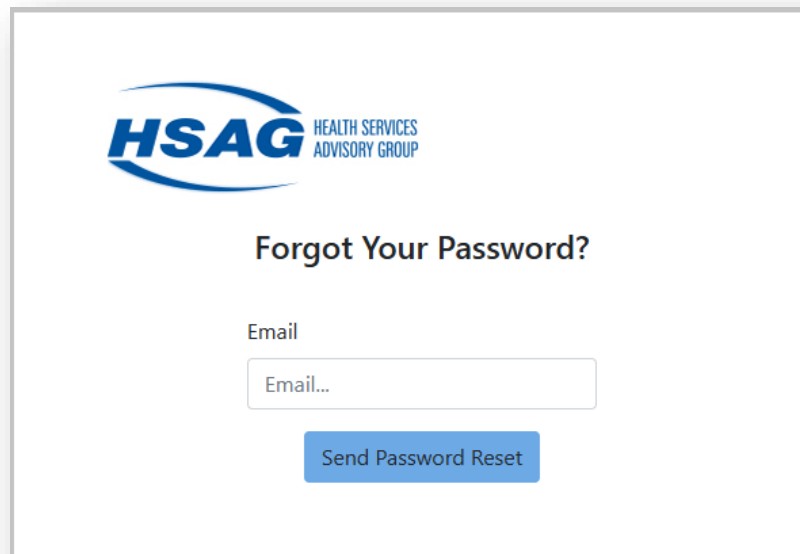


Step 2: Select the **Forgot Password** link from the Sign in box.

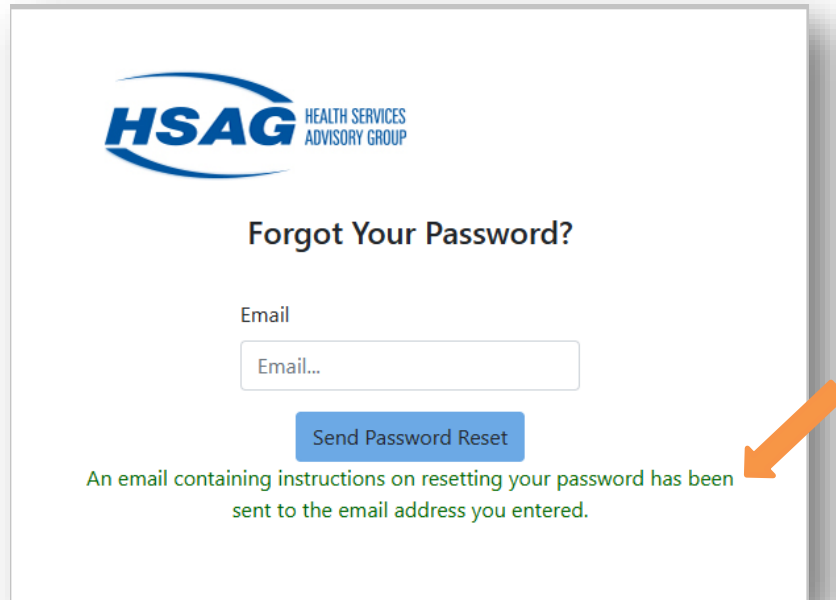


Step 3: Once the **Forgot Password** link is selected, the following screen will appear:

- a. Enter your email address.
- b. Click the **Send Password Reset** button.



Step 4: You will receive the following message:



Step 5: An email will be sent to your inbox containing the following content:

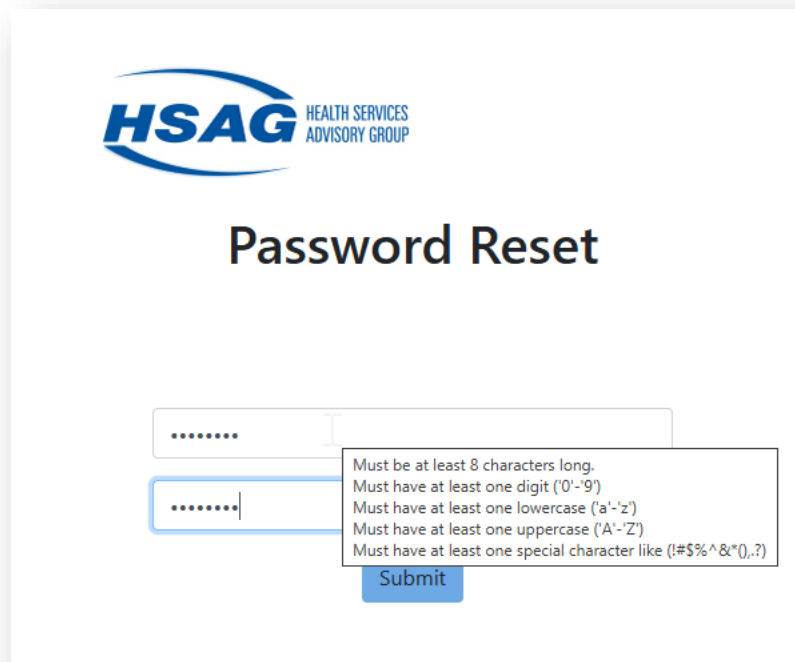
A request has been submitted to HSAG to reset your password. Please select the following link to complete this process: [Password Reset Link](#)

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 4.

Step 6: Once you select the link in the email you received, the following screen will display:

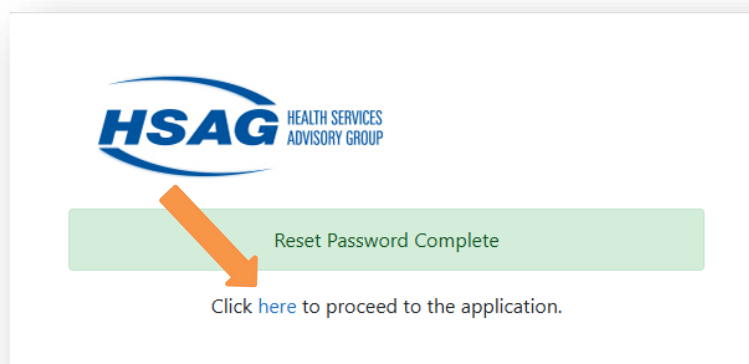


You can enter and confirm a new password and select the **Submit** button. The password must meet all requirements. The user should select a password that contains at least:

- 8 characters
- one upper case letter
- one lower case letter
- one digit
- one special character (such as \*, #, etc.)

If the password entered does not meet these requirements, you will be prompted accordingly.

Step 7: You will receive the following message when the password is successfully reset. When you select the Click **here** link, you will be redirected to the login screen for the application.



## What do I do if I didn't receive my security code?

### Troubleshooting Your Security Code

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

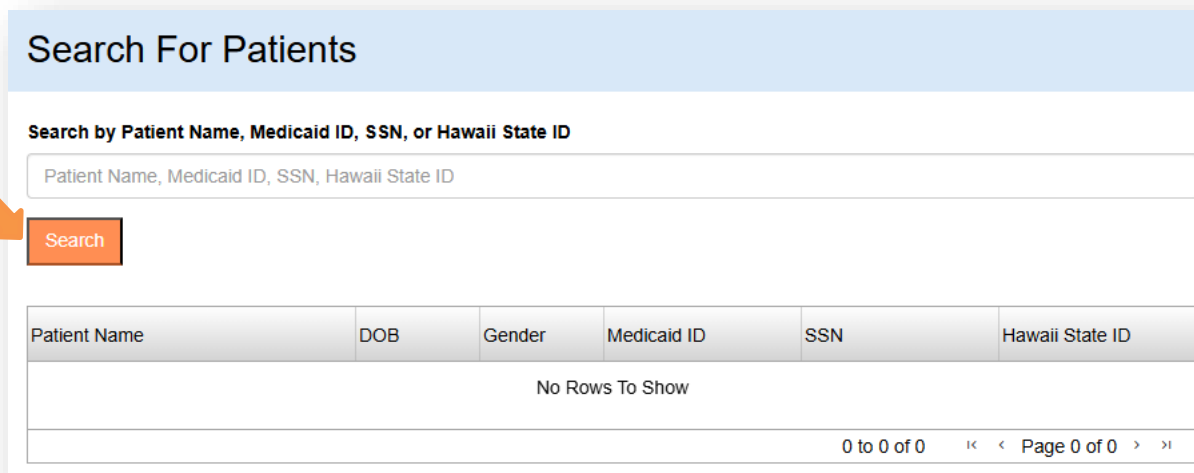
1. Check your spam, junk, and clutter email folders.
2. Click the Resend Code button.
3. Check your internet connection. If your internet connection is running slow, it may delay receiving the security code.
4. Check that your email account is receiving emails. If not, close it and re-open it. Be sure your email account shows that it has been updated.
5. Close the web browser you are using and re-open the web browser or use another web browser and attempt to log in. If that doesn't work, try to restart your computer.
6. If all the above doesn't work, verify with your organization's information technology department that [noreply@hsag.com](mailto:noreply@hsag.com) is whitelisted as a safe email address and is not being blocked by the organization.

## 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.



**Search For Patients**

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

Patient Name, Medicaid ID, SSN, Hawaii State ID

**Search**

Patient Name	DOB	Gender	Medicaid ID	SSN	Hawaii State ID
No Rows To Show					

0 to 0 of 0    Page 0 of 0

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 the **Click here to add new patient** link.

### Search For Patients

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

Search

If a patient match is not found in the grid below, [click here to add a new patient](#).

Patient Name	DOB	Gender	Medicaid ID	SSN	Hawaii State ID
No Rows To Show					

0 to 0 of 0    << < Page 0 of 0 > >>

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

### Add Patient

Patient Information

**\*Required Field(s)**

First Name \*

Middle Initial

Last Name \*

Date of Birth \*

Medicaid ID

SSN

Hawaii State ID

Gender \*


Cancel/Back

Add Patient

## How do I complete a Level 1 form?

### Hospital/Community Agency

After you have searched for, or added a patient, you have two options for completing the Level 1 form. Under the header, Create PASRR Packet, you can create a New 1178 (Level 1) or Copy existing 1178 (Level 1). 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**.



#### Patient Information

**\*Required Field(s)**

First Name \*

Middle Initial

Last Name \*

Date of Birth \*

Tester

Tester

05/05/1965

Medicaid ID

SSN

Hawaii State ID

Gender \*

\*\*\*-\*\*-\*\*\*\*

Male

Edit

#### Create PASRR Packet

☒ New 1178 (Level 1)
 ☐ Copy existing 1178 (Level 1)

Create Packet

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

0 to 0 of 0 < > Page 0 of 0

#### PASRR Packets

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

0 to 0 of 0 < > Page 0 of 0

### New 1178 (Level 1)

Creating a New 1178 will open the Level 1 form for you to complete. You will first be required to enter the referring entity contact information as prompted and then select the **Save** button.


#### Enter Referring Entity Contact Information

First & Last Name \*

Phone \*

Fax

Save



After the referring entity contact information has been entered, the 1178 form (Level 1) will open. Enter the Primary Diagnosis and Referral Source information. Complete Part A and B of the Level 1 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. 3/20)

**Patient Name:** Tester2, Tester

**Date of Birth:** 11/05/1965

**Medicaid I.D. Number:**

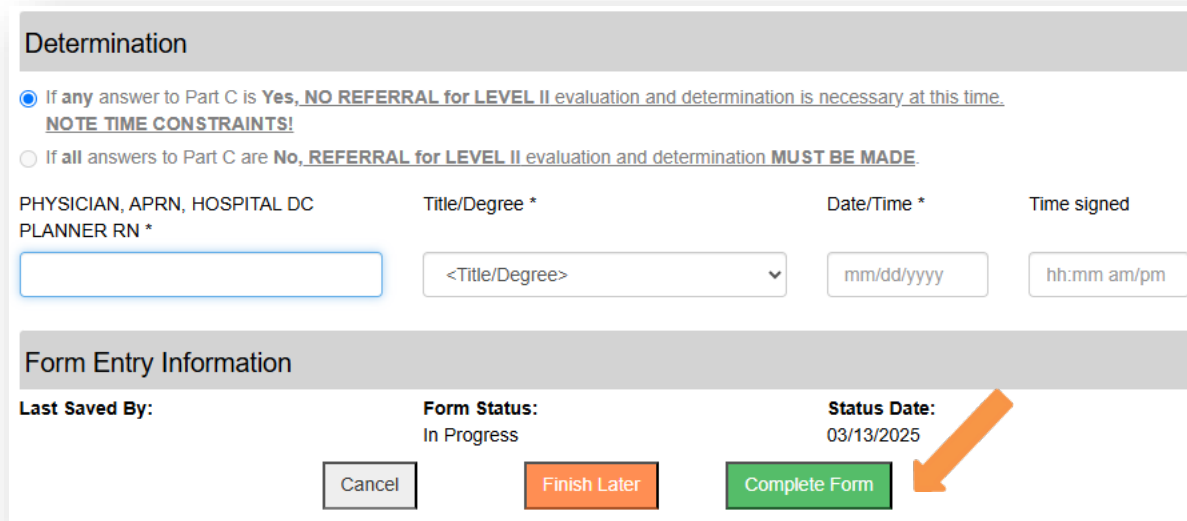
**Primary Diagnosis:**

**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, **SOMATOFORM** 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 the **Finish Later** button. Once the form is finished, you must select the **Complete Form** button to move on to the next step.



**Determination**

☒ If any answer to Part C is **Yes**, **NO REFERRAL for LEVEL II evaluation and determination is necessary at this time.**  
**NOTE TIME CONSTRAINTS!**

☐ If all answers to Part C are **No**, **REFERRAL for LEVEL II evaluation and determination MUST BE MADE.**

PHYSICIAN, APRN, HOSPITAL DC  
PLANNER RN \*

Title/Degree \*

Date/Time \*

Time signed

**Form Entry Information**

Last Saved By:

Form Status:  
In Progress

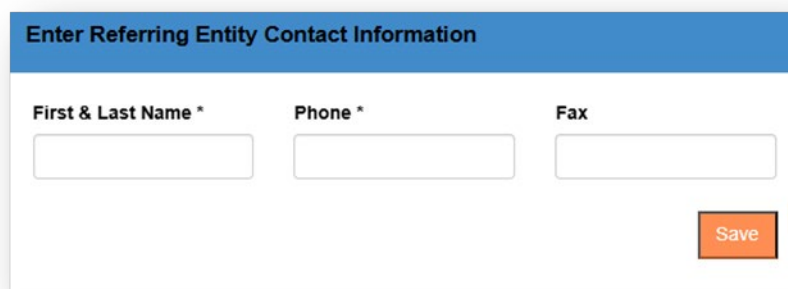
Status Date:  
03/13/2025

Cancel Finish Later Complete Form

### Copy existing 1178 (Level 1)

When selecting the Copy existing 1178 (Level 1) option and if the patient has previous completed packets, you can select a packet to copy by selecting the **Copy** button.

You will be required to enter the referring entity contact information as prompted and then select the **Save** button before the available packets to copy are displayed.



**Enter Referring Entity Contact Information**

First & Last Name \*

Phone \*

Fax

Save

After the referring entity contact information has been entered, the completed packets will display and you can select the **Copy** button to copy the applicable packet.

Create PASRR Packet


☒ Level 2 with Level 1 (Form 1178) in ePASRR
 ☐ Level 2 without Level 1 (Form 1178) in ePASRR
 ☐ Community/Other Admission

Create Packet

Packet Status	Status Date	Referring Entity	Placement	Exemption Expires	Actions
Packet Complete	10/02/2024	CHILD WELFARE SERVICES		02/27/2025	<div>Copy</div>

1 to 1 of 1

« < Page 1 of 1 > »



## What do I do after I complete the Level 1 form?

### Finalize Level 1

You will need to provide documentation that supports the Level 1 screening. Documents may include a History & Physical, Medication List, and/or a Psychiatric Evaluation. You can upload the documents by clicking the **Upload** button. When the file has been successfully uploaded, it will appear in a grid under the supporting documentation section.

In lieu of uploading documents, a hospital may select the checkbox that “The nursing facility has access to the Referring Entity’s EMR (electronic medical record) and can view supporting documentation that validates the Level 1” 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.

Referring Entity Contact Information

First & Last Name \*

Phone \*

Fax

test

(999) 999-9999

Level 1 (PASRR Form 1178)

Form Status	Status Date	Exemption Expires	Actions
Complete	07/17/2023		<div>Edit Form</div> <div>View Form</div>

Level 1 Supporting Documentation

Upload

medical records that validate the Level 1.(Accepted file types: PDF, DOC, DOCX, XLS, and XLSX)

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

Finalize Level 1

## Level 2 Exemption Questionnaire

As a hospital user, if a patient's Level 1 is positive in Part A and/or Part B, the following questionnaire displays. Answer the question by selecting the applicable radial button and select the Confirm button to proceed. If the *Yes* radial button is selected, a Level 2 evaluation will not be required. If the *No* radial button is selected, a Level 2 evaluation will be required.

Level 2 Exemption Questionnaire

According to 42 CFR 438.106(b)(3) and the 1996 amendment to Title XIX of the Social Security Act, an individual is a readmission if he or she was readmitted to a facility from a hospital to which he or she was transferred for the purpose of receiving care. Readmissions are subject to resident review.

Is the patient being readmitted to the same nursing facility after hospitalization? ☐ Yes ☐ No

Confirm

If a Level 2 evaluation is required, the Pre-admission Screening Notice Attestation will open. You will need to provide the Pre-admission Screening Notice to the patient and then select the **Confirm** button.

Pre-admission Screening Notice Attestation

A referral for Level II evaluation and determination must be made. In order to proceed, please confirm the patient has been provided with the [Pre-admission Screening Notice](#) by selecting the Confirm button. The Level II packet(s) cannot be created until selected.

Confirm

You will then be able to select the required Level 2 assessment(s) from the dropdown list and then select the **Begin Level 2 Entry** button.

Pre-admission Screening Notice Attestation

A referral for Level II evaluation and determination must be made. In order to proceed, please confirm the patient has been provided with the [Pre-admission Screening Notice](#) by selecting the Confirm button. The Level II packet(s) cannot be created until selected.

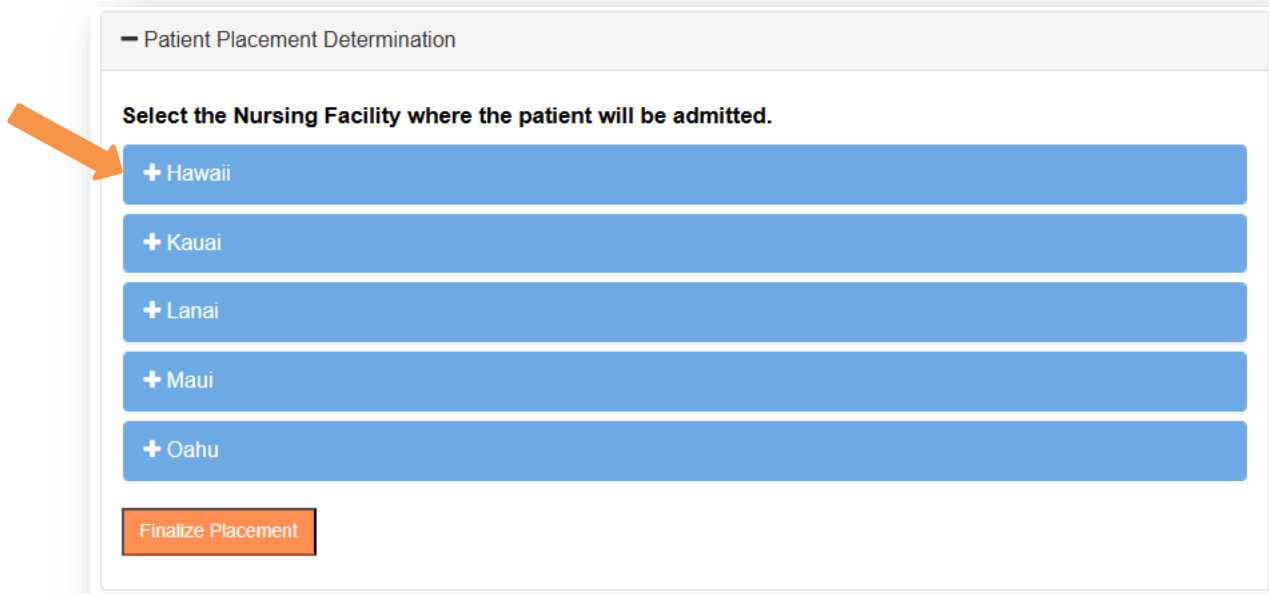
Confirmed by

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

Packet Notes Add Note

- Select One
- SMI**
- ID/DD
- Both (SMI & ID/DD)

If a Level 2 evaluation is not required, you will see the Patient Placement Determination section. Click on the **+** sign to expand the island section.



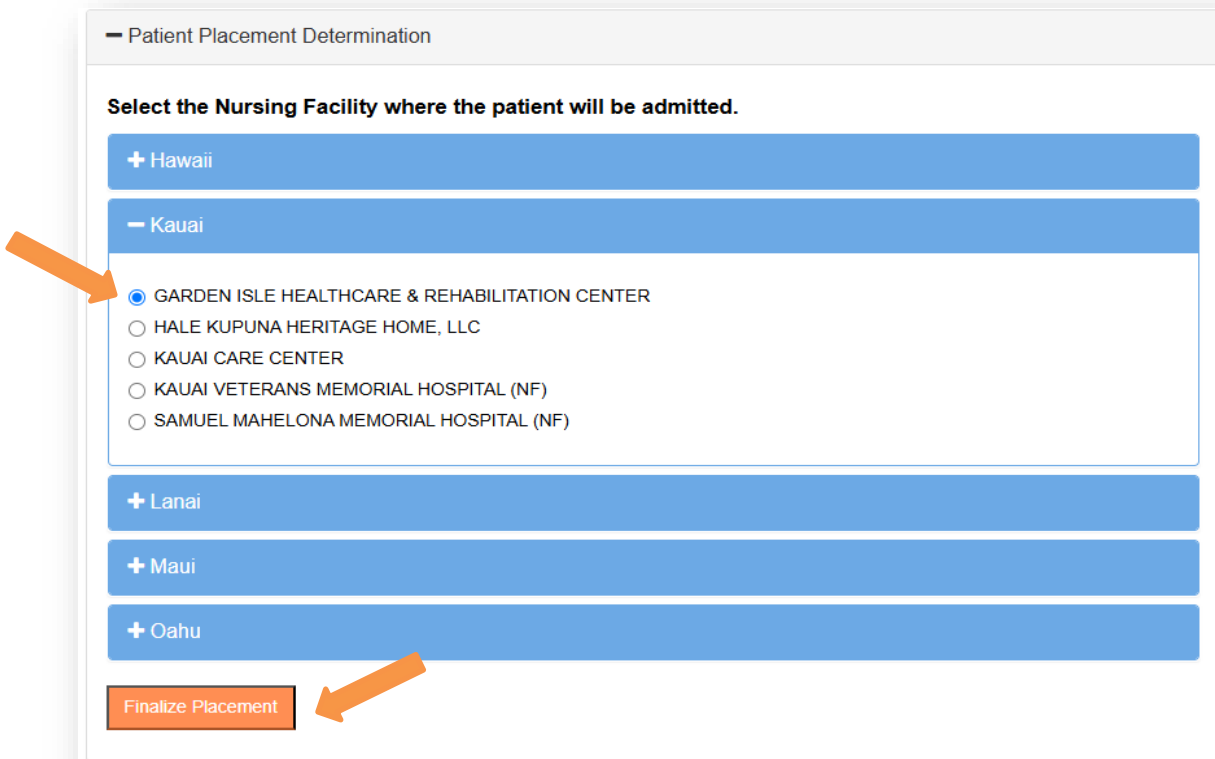
— Patient Placement Determination

Select the Nursing Facility where the patient will be admitted.

- + Hawaii
- + Kauai
- + Lanai
- + Maui
- + Oahu

Finalize Placement

Select the nursing facility that the patient is being admitted to and select the **Finalize Placement** button.



— Patient Placement Determination

Select the Nursing Facility where the patient will be admitted.

- + Hawaii
- Kauai
  - ☒ GARDEN ISLE HEALTHCARE & REHABILITATION CENTER
  - ☐ HALE KUPUNA HERITAGE HOME, LLC
  - ☐ KAUAI CARE CENTER
  - ☐ KAUAI VETERANS MEMORIAL HOSPITAL (NF)
  - ☐ SAMUEL MAHELONA MEMORIAL HOSPITAL (NF)
- + Lanai
- + Maui
- + Oahu

Finalize Placement



The PASRR Packet Status will change to *Packet Complete*. You can expand the Level 1 (PASRR Form 1178) section to view and/or print the Level 1 form. Once the packet status is *Complete*, the Level 1 form cannot be changed.

## How do I add a packet note?

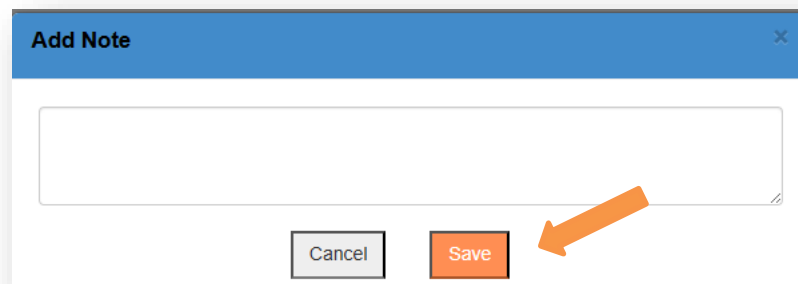
Each PASRR packet contains a notes section at the bottom of the page. This allows for two-way communication between the referring entity and the nursing facilities.

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



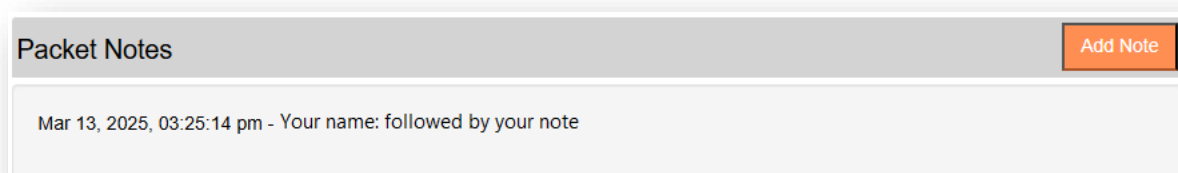
The screenshot shows a gray header bar labeled "Packet Notes" on the left and an orange button labeled "Add Note" on the right. Below the header is a large, empty white text input box. An orange arrow points from the right side of the image towards the "Add Note" button.

The following window will display so you can enter your note. When you are finished select the **Save** button.



The screenshot shows a modal dialog box titled "Add Note" with a close button (X) in the top right corner. Inside the dialog is a large white text input box. At the bottom of the dialog are two buttons: "Cancel" and "Save". An orange arrow points from the right side of the image towards the "Save" button.

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

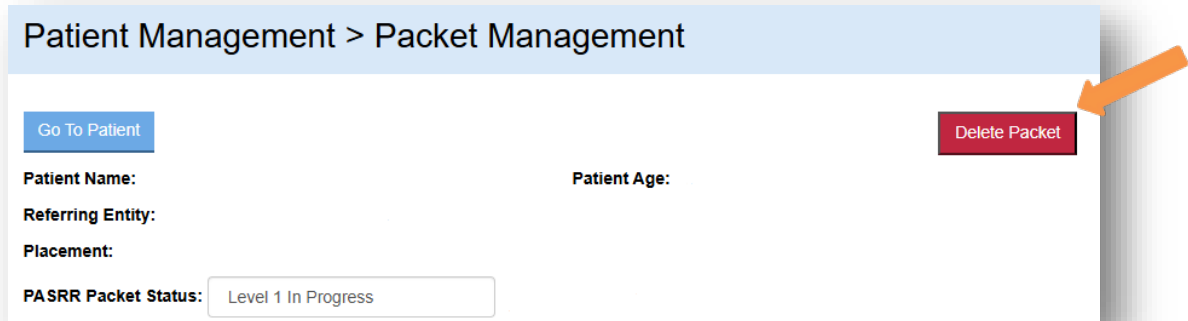


The screenshot shows the "Packet Notes" section. The "Add Note" button is still present. Below the header bar, the text "Mar 13, 2025, 03:25:14 pm - Your name: followed by your note" is displayed, indicating a note has been successfully saved.

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 delete the packet if the PASRR Packet Status is in Level 1 in Progress, Level 2 in Progress, or Pending Placement status.



Patient Management > Packet Management

Go To Patient

Delete Packet

Patient Name: Patient Age:

Referring Entity:

Placement:

PASRR Packet Status: Level 1 In Progress

If the PASRR Packet Status says *Packet Complete*, and you would like the PASRR packet deleted, please email [ePASRRSupport@hsag.com](mailto:ePASRRSupport@hsag.com) or call 808.440.6000.

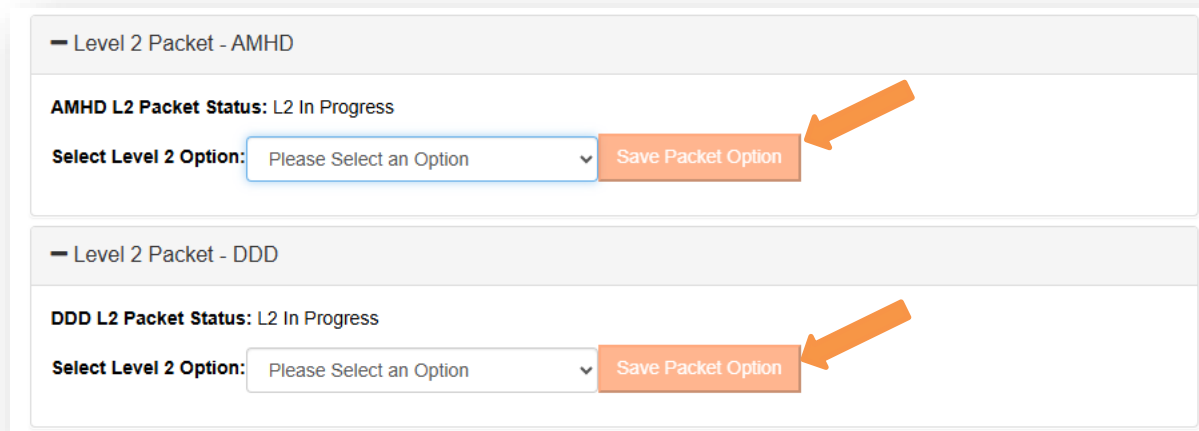
## How do I complete a Level 2 evaluation in ePASRR?

A Level 2 evaluation is required if the Level 1 screening was positive for serious mental illness (SMI), intellectual disability/developmental disability (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 1 form will determine the need for a Level 2 evaluation. The Adult Mental Health Division (AMHD) and Developmental Disabilities Division (DDD) packets will be created automatically if your Level 1 form was positive for a SMI or ID/DD condition and no exemptions were selected.

Use the dropdown and select the Level 2 option. If an existing Level 2 evaluation is in ePASRR, you can select that option, and the Level 2 evaluation and determination (if applicable) will be copied over into the current packet. Once you have made our selection. Select the **Save Packet Option** button.



The screenshot displays two sections for Level 2 evaluation: "Level 2 Packet - AMHD" and "Level 2 Packet - DDD". Each section shows a status of "L2 In Progress". Below the status, there is a "Select Level 2 Option:" label followed by a dropdown menu currently showing "Please Select an Option". To the right of each dropdown is an orange button labeled "Save Packet Option". Two orange arrows point to these buttons, one for each section.

The Level 2 packets will appear depending on the type of Level 2 that is required. The AMHD 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
Medical Evaluation / History & Physical	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
Psychiatric Evaluation Part 1	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
Psychiatric Evaluation Part 2	Required		<a href="#">Edit Form</a>
DHS 1147	Optional		<a href="#">View Form</a> <a href="#">Upload</a>
Other Documentation	Optional		<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>
Other Documentation	Optional		<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 2 forms into your computer and upload them as PDF files. 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 the AMHD Psychiatric Evaluation Part 2 form. 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 the **Complete Level 2** button at the bottom of the page. If the Level 2 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:** Pending L2 Determination

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

Form	Form Status	Status Date	Actions
Medical Evaluation / History & Physical	Complete	03/13/2025	<a href="#">View Form</a>
Psychiatric Evaluation Part 1	Complete	03/13/2025	<a href="#">View Form</a>
Psychiatric Evaluation Part 2	Complete	03/13/2025	<a href="#">View Form</a>
DHS 1147	Optional		
Other Documentation	Optional		
AMHD Determination	Complete	03/13/2025	<a href="#">View Letter</a> <a href="#">Print Form</a> 

## Nursing Facility

To complete a Level 2 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 2 packet:

1. Level 2 with Level 1 (Form 1178) in ePASRR - Use this option if the Level 1 you used to admit the patient with is in the ePASRR application.
  - a. After selecting the Level 2 with Level 1 (Form 1178) in ePASRR option and then selecting the Create Packet button, completed packets will show. Select the **Copy** button associated to the packet you want to copy.

Create PASRR Packet

☒ Level 2 with Level 1 (Form 1178) in ePASRR
 ☐ Level 2 without Level 1 (Form 1178) in ePASRR
 ☐ Community/Other Admission

Create Packet

Packet Status	Status Date	Referring Entity	Placement	Exemption Expires	Actions
Packet Complete	10/02/2024	CHILD WELFARE SERVICES		02/27/2025	Copy

1 to 1 of 1 < > Page 1 of 1 > >



2. Level 2 without Level 1 (Form 1178) in ePASRR - Use this option if the Level 2 you used to admit the patient with is a hard copy and not in the ePASRR application.
  - a. After selecting the Level 2 without Level 1 (Form 1178) in ePASRR option and selecting the **Create Packet** button, a new page will open so you can upload a 1178 form by selecting the **Upload** button.

## Patient Management > Packet Management

[Go To Patient](#)

[Delete Packet](#)

**Patient Name:** Tester, Tester

**Patient Age:** 59

**Referring Entity:** PU'UWAI 'O MAKAHA

**Placement:**

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

### Referring Entity Contact Information

**First & Last Name \***

test

**Phone \***

(999) 999-9999

**Fax**

### Level 1 (PASRR Form 1178)

#### Upload Level 1 (Form 1178)



Upload

(Accepted file types: PDF)

File Name

Actions

No Rows To Show

To view the Level 1 form and determine what type of Level 2 evaluation will be needed, click the file name.

### Level 1 (PASRR Form 1178)

#### Upload Level 1 (Form 1178)

File Name

Actions

[Test ePASRR 1178 form.pdf](#)

[Delete](#)



Once you have identified the type of Level 2 evaluation required, select the option from the dropdown list and then select the **Begin Level 2 Entry** button. The Level 2 packet(s) will be created.

### Pre-admission Screening Notice Attestation

A referral for Level II evaluation and determination must be made. In order to proceed, please confirm the patient has been provided with the [Pre-admission Screening Notice](#) by selecting the Confirm button. The Level II packet(s) cannot be created until selected.

Confirmed by Heidi Testeragain on Mar 13, 2025, 01:42:46 pm

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

Select One

Select One

SMI

ID/DD

Both (SMI & ID/DD)

Begin level 2 Entry

Packet Notes

Add Note

The Level 2 packets will appear depending on the type of Level 2 that is required. The AMHD 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
Medical Evaluation / History & Physical	Required		<div>Edit Form</div> <div>Upload</div>
Psychiatric Evaluation Part 1	Required		<div>Edit Form</div> <div>Upload</div>
Psychiatric Evaluation Part 2	Required		<div>Edit Form</div>
DHS 1147	Optional		<div>View Form</div> <div>Upload</div>
Other Documentation	Optional		<div>Upload</div>
AMHD Determination	Required		

**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		<button>Edit Form</button> <button>Upload</button>
DDD Social Summary	Required		<button>Upload</button>
DDD Cog/IQ Test	Optional		<button>Upload</button>
DHS 1147	Optional		<button>View Form</button> <button>Upload</button>
Other Documentation	Optional		<button>Upload</button>
DDD Determination	Required		

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

Page 32

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:** Pending L2 Determination

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

Form	Form Status	Status Date	Actions
Medical Evaluation / History & Physical	Complete	03/13/2025	<a href="#">View Form</a>
Psychiatric Evaluation Part 1	Complete	03/13/2025	<a href="#">View Form</a>
Psychiatric Evaluation Part 2	Complete	03/13/2025	<a href="#">View Form</a>
DHS 1147	Optional		
Other Documentation	Optional		
AMHD Determination	Complete	03/13/2025	<a href="#">View Letter</a> <a href="#">Print Form</a>

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

Level 1 Forms, Level 2 Forms, and Determination Letters can be viewed and printed. After searching for the patient, select the PASRR Packet you want to view. When you select a View Form or Print Form button, a new browser tab will open showing the form where you can either print the form or download the form.

Level 1 (PASRR Form 1178)			
Form Status	Status Date	Exemption Expires	Actions
Complete	03/13/2025		<a href="#">View Form</a>

Click the **Download** button to download the form to your computer.

ePASRR

Close Preview

Download

State of Hawaii  
Department of Health

Behavioral Health Administration  
Adult Mental Health Division

Preadmission Screening Resident Review (PAS/RR)  
Medical Evaluation for Persons with Mental Illness

## 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	Exemption Expiration Date	SMI	DDD
Packet Complete	03/13/2025	KUAKINI MEDICAL CENTER	KUAKINI GERIATRIC CARE - ICF/SNF			
Packet Complete	12/04/2023	KUAKINI MEDICAL CENTER	CLARENCE T.C. CHING VILLAS AT ST. FRANCIS	04/02/2024		

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

### Patient Management > Packet Management

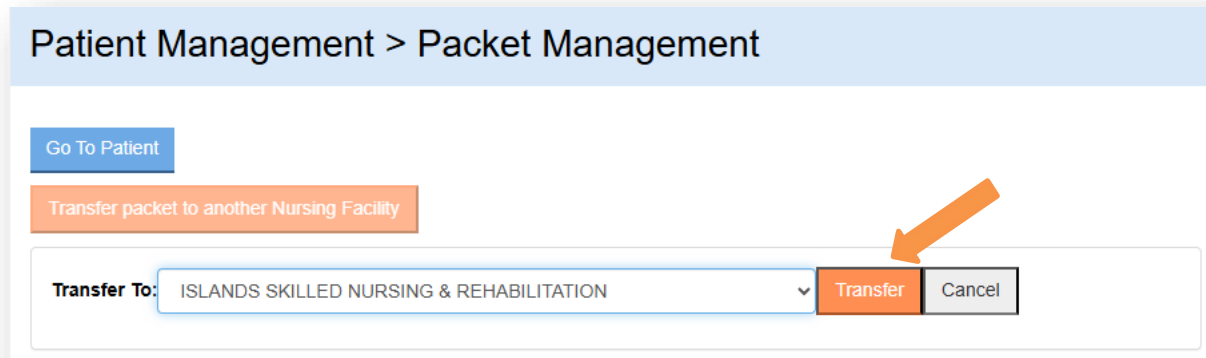
Go To Patient

Transfer packet to another Nursing Facility

**Patient Name:**  
**Referring Entity:** KUAKINI MEDICAL CENTER  
**Placement:** KUAKINI GERIATRIC CARE - ICF/SNF  
**PASRR Packet Status:** Packet Complete

**Patient Age:**

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



Patient Management > Packet Management

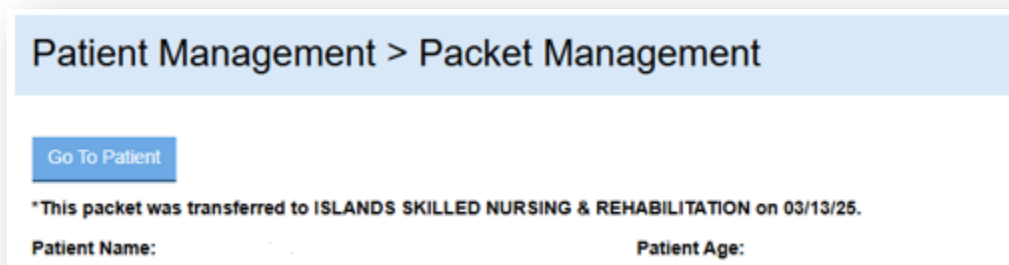
Go To Patient

Transfer packet to another Nursing Facility

Transfer To: ISLANDS SKILLED NURSING & REHABILITATION

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 ISLANDS SKILLED NURSING & REHABILITATION on 03/13/25.

Patient Name: Patient Age:

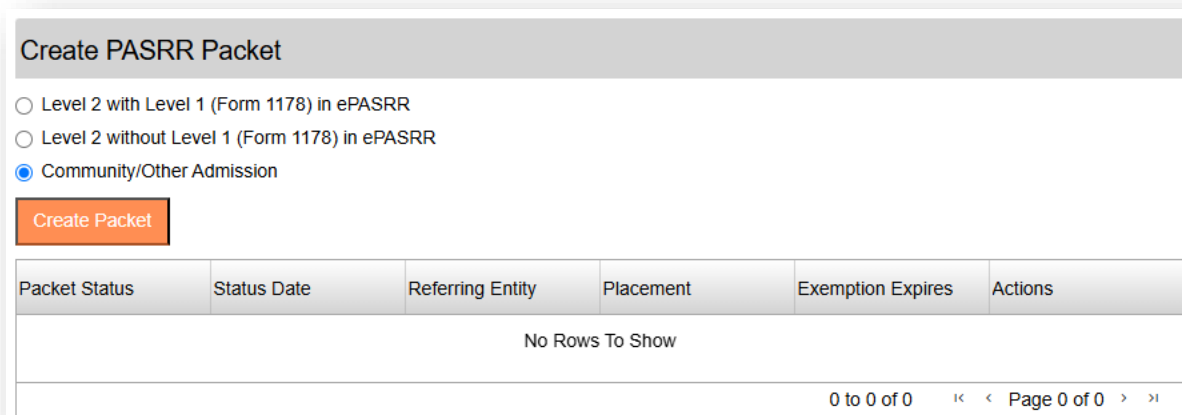
If you go to the Patient Management screen, you will see that the transferred packet now appears in the list of PASRR packets for the patient.

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

## How do I admit a patient to a 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/Other Admission** option and select the **Create Packet** button.



**Create PASRR Packet**

☐ Level 2 with Level 1 (Form 1178) in ePASRR  
☐ Level 2 without Level 1 (Form 1178) in ePASRR  
☒ Community/Other Admission

**Create Packet**

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

0 to 0 of 0    < > Page 0 of 0

Complete the Level 1 PASRR form. If the patient has a negative Level 1 screening or a positive Level 2 screening with an exemption, once the Level 1 process is completed, the patient will automatically be assigned to your nursing facility.


If the patient has a positive Level 1 PASRR that requires a Level 2 evaluation, the Level 2 packet will be created. You can upload each required form or data enter the information into each web form. If the Level 2 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 the **Save** button. 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
Medical Evaluation / History & Physical	Required		<a href="#">Edit Form</a> <a href="#">Upload</a> 
Psychiatric Evaluation Part 1	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
Psychiatric Evaluation Part 2	Required		<a href="#">Edit Form</a>
DHS 1147	Optional		<a href="#">View Form</a> <a href="#">Upload</a>
Other Documentation	Optional		<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 2** button on 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 2 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
Medical Evaluation / History & Physical	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
Psychiatric Evaluation Part 1	Required		<a href="#">Edit Form</a> <a href="#">Upload</a>
Psychiatric Evaluation Part 2	Required		<a href="#">Edit Form</a>
DHS 1147	Optional		<a href="#">View Form</a> <a href="#">Upload</a>
Other Documentation	Optional		<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 the **Complete Level 2** button at the bottom of the page. The Level 2 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 *Pending Placement* and a Letter of Determination Attestation will appear. You must provide a copy of the determination to the patient and select **Confirm**.

Letter of Determination Attestation

In order to proceed, please acknowledge that you have provided the patient and physician with the determination letter(s) by selecting the Confirm button.

[Confirm](#)

The patient will then be automatically assigned to your nursing facility and the packet status will change to *Complete*.

## 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.