

Client Name:

DCN :

SSN:

COMRU USE ONLY
SAC Validated?

Yes

No

Date:

COMRU Staff

#1 -- Terminal Illness

Expected to result in death in six months or less

Diagnosis:

Currently on Hospice: Yes No

If yes, **please send Hospice order**

#2 – Serious Physical Illness

Severe/end stage disease (or physical condition)

Diagnosis:

(See the back of the DA124 C form for examples)

#3 – Respite Care

Stays not more than thirty (30) days to provide relief for in-home caregivers

The client is going to be short term: Yes No

Reason for Respite Care:

Plan after 30 days

#4 – Emergency Provisional Admission

Must be hotlined.

Stays not more than 7 days to protect person from serious physical harm to self and others

Reason for Hotline:

Date of Hotline:

#5 – Direct Transfer from a Hospital

Stays not more than thirty (30) days for the condition for which the person is currently receiving hospital care.

✓ **Must provide a copy of the hospital history and physical.**

The Client is going to be short term placement Yes No

Reason for Transfer: (Be Specific)

What is the Plan after 30 days:

COVID 19 Waiver

Please refer to the attached guidelines

If admitted from the Hospital, provide copy of History and Physical.

The client is going to stay past 30 days at the SNF Yes No

Admission date to SNF Discharge date from SNF (if applicable)

The hospital/facility must provide additional information for validation of a SAC listed with each category.

If this information is not provided, COMRU will be unable to validate the SAC.

For questions, please call 573-522-3092. If additional space is needed, please attach another sheet

For completed applications already submitted to COMRU for processing:

- The applicant may enter the Skilled Nursing Facility (SNF) prior to completion of a Level II PASRR evaluation or Special Admission Category.
- COMRU will process all pending Level II PASRR applications as Special Admission Category #5 indicating "Waiver due to COVID -19".
- Upon discharge, the hospital or other submitter will notify COMRU via email of the following information: the client's name, DCN or SSN#, and the receiving SNF information (Name, Telephone number and fax number).
- The hospital/submitter will ensure a copy of the DA 124 application (DA 124 A/B form and DA 124 C form) are sent to the accepting SNF prior to discharge.

This information should be added to the DA 124 application in process and sent to DMH. For the DA 124 applications that were already referred for Level II PASRR screening, DHSS will notify DMH and Bock & Associates via email of the individuals change in location.

Questions regarding this process should be directed to COMRU@health.mo.gov.

The DA 124 application (DA 124 A/B form, DA 124 C form and Special Admission Category Referral form) are accessible at <https://health.mo.gov/seniors/nursinghomes/pasrr.php>.