



# CHANGES TO ELECTRONIC PASRR LEVEL 1 (LTC300R)

Effective July 22, 2021, the electronic PASRR Level 1 (LTC300R) began allowing providers to edit demographics, diagnoses, the screening section, and the consultation section of the LTC300R within 30 days of submission.

When providers search for submitted LTC300R records using the OHCA secure provider portal, a new “Editable” icon will display if the record can be edited. Click on the editable icon to make the necessary changes. Additionally, records may now be printed or saved by clicking on the “PDF” icon.

#	<a href="#">Tracking Number</a>	<a href="#">Last Name</a>	<a href="#">First Name</a>	MI	<a href="#">Date Of Birth</a>	<a href="#">SSN</a>	<a href="#">Form Submission Date</a>	<a href="#">Admission Date</a>	<b>Editable</b>	<b>PDF</b>
1	T20210629001	TEST	TEST		12/31/1999	12345678	06/29/2021	06/29/2021		

After clicking the “Editable” icon, the record will open and allow the user to:

- Click “Edit Demographics” to edit the name, SSN or date of birth.

**Client Demographics**

<b>Last Name:</b>	TEST	<b>DHS Case Number:</b>	
<b>Suffix:</b>		<b>RID:</b>	
<b>First Name:</b>	TEST	<b>Admission Type:</b>	NA
<b>Middle Initial:</b>		<b>Admission Date:</b>	06/29/2021
<b>SSN:</b>	012345678	<b>Transferring Facility:</b>	New Admit
<b>Date Of Birth:</b>	12/31/1999	<b>Prior Living Arrangement:</b>	Hospital
<b>Race:</b>	African American Asian Caucasian Hawaiian/Pacific Islander Native American/Alaskan Native <input checked="" type="checkbox"/> Other	<b>Facility Discharge Date:</b>	06/29/2021
<b>Hispanic Ethnicity:</b>	Y	<b>Deceased Date:</b>	
<b>Gender:</b>	M		
<b>Coverage:</b>	Medicare		

[Edit Demographics](#)

- Click “Edit Diagnosis” to edit the primary or secondary diagnosis.

**Diagnosis**

<b>Primary Diagnosis:</b>	hypertension	<b>Secondary Diagnosis:</b>	
<b>Primary Diagnosis Code:</b>		<b>Secondary Diagnosis Code:</b>	
<b>Comments:</b>	test		

[Edit Diagnosis](#)



**ADDRESS**

4345 N. Lincoln Blvd.  
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**WEBSITES**

oklahoma.gov/ohca  
mysooner care.org



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767



- Click “Edit PASRR” to edit the screening questions or the consultation section.

**PASRR**

**Person answering Section E of the form:** Test Test

**Position:** DHS Official

1. Evidence of serious mental illness including possible disturbances in orientation or mood (dementia or other organic mental disorders are not considered a serious mental illness)? Yes
2. Diagnosis of a serious mental illness (for example, schizophrenic, paranoid, panic, mood or other severe anxiety or depressive disorder, somatoform disorder, personality disorder, or other psychotic disorder, or another mental disorder that may lead to a chronic disability)? Yes
3. Recent history of mental illness or been prescribed a psychotropic medication for a possibly undiagnosed mental illness in the absence of a justifiable neurological disorder within the last two years? Yes
4. Diagnosis of mental retardation or a related condition? Yes
5. History of mental retardation or a related condition? Yes
6. Evidence of possible mental retardation or related condition (cognitive or behavior functions)? Yes

The client **IS NOT** a danger to self or others.

**Exempted Hospital Discharge:** No

**Short Term Stay Category:** Not Applicable

**Date of Consultation with LOCEU:**

**LOCEU Staff Name:**

**Consultation Decision:**

[Edit PASRR](#)

A “Continue” button will display after changes are made to prompt the user to the Assessment Affirmation. The user must then read the statement, click the checkbox, and select “Submit” to complete the electronic LTC300R edits.

**LTC300R Record Edit - Assessment Affirmation**

You **must** read the following statement, click the checkbox, and select '**Submit**' in order to complete the online assessment.

I certify that, to the best of my knowledge, the foregoing information is true, accurate, and complete. I understand this information may be relied upon in payment of claims from Federal and State Funds, and that any willful falsification, or concealment of a material fact, may be prosecuted under Federal and State Law.

[Cancel](#) [Submit](#)

Questions? Contact the PASRR Level of Care Unit at 405-522-7597.