



Preadmission Screening and Resident Review (PASRR)

Executive Office of Health & Human Services

October 2018

Overview

1. PASRR basics
2. New PASRR Level I form
3. Three examples of completing the new form
4. Referral to DDS and DMH/Designee
5. Other changes to the PASRR process
6. Nursing facilities, ASAPs, and hospitals: roles and responsibilities
7. Compliance monitoring
8. Contact information

PASRR basics



Why is PASRR screening important?

- Comply with federal laws and regulations (42 CFR 483.100-483.138)
- Identify all individuals with PASRR-related disability
- Evaluate each individual's needs and identify services and supports that each individual needs
- Place individuals in the least restrictive setting

Other reasons to complete PASRR

Nursing facilities

Comply with MassHealth regulations (130 CMR 456.410) and applicable subregulatory guidance and avoid **denial** of MassHealth payment

ASAPs

Comply with the EOEA Program Instructions 12-04 “Review of Pre-Admission Screening and Record Review (PASRR) requirements prior to authorization of MassHealth Payment of Nursing Facility (NF) services”

Hospitals

Avoid unnecessary delays in hospital discharge of individuals who need nursing facility services

Who must be screened, and when

- All individuals seeking admission to a nursing facility,* including:
 - MassHealth fee-for-service members
 - Medicaid managed care members (SCO, PACE, ACOs)
 - Medicare members
 - Private-pay individuals
- Level I screening must be done *before* admission (“*preadmission screening*”) or upon a significant change in condition (“*resident review*”)

*Medicare and/or Medicaid-certified facility

What is PASRR related disability?

- Intellectual Disability (**ID**)
- Developmental Disability (**DD**) / Related Condition (**RC**)
- Serious Mental Illness (**SMI**)

ID and DD/RC

ID

- Started before age 18
- An IQ score of 70 or less
- Significant limitations in adaptive functioning
- Expected to persist throughout an individual's life

DD / RC

- Functional limitations in three or more areas of life activities before age 22 (self-care, understanding/use of language, learning, mobility, self-direction, capacity for independent living)
- Expected to persist throughout an individual's life
- Examples: autism, cerebral palsy, muscular dystrophy, spina bifida, spinal cord injury, traumatic brain injury, and multiple sclerosis

SMI

An individual is considered to have SMI *for the purpose of PASRR* if he or she:

- Has had a documented diagnosis of a mental illness or disorder (***Diagnosis***); and
- Has required a psychiatric treatment (psychiatric hospitalization, residential treatment, etc.) or intervention (for example, intervention by housing or law enforcement officials) to maintain functioning at home or in a residential treatment environment within the last two years (***Recent Treatment***); and
- Has had functional limitations in major life activities within the past six months (interpersonal functioning; concentration, persistence, and pace; or adaptation to change (***Level of Impairment***); and
- Does not have a co-occurring diagnosis of dementia or Alzheimer's disease and/or related disorder (ADRD) that is both the primary diagnosis and so severe/advanced that the individual would be unable to benefit from treatment (***No Advanced Dementia***).

Who* *may* complete PASRR Level I forms?

- Nursing facility
- ASAP
- Hospital

* As long as Level I screener is a licensed nurse, social worker, or physician


New PASRR Level I form



PASRR Level I form

Page 1 contains information about:

- Screening type:
 - Preadmission
 - Expiration of exempted hospital discharge / Categorical determinations
 - Resident review
- Corrections to the form
- Individual (e.g., name, address, DOB, current location)
- Authorized representative (e.g., name, address, relationship to the individual)
- Nursing facility (e.g., name, address, the name of a contact person, admission date)



Massachusetts Executive Office of Health and Human Services
PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR)
LEVEL I SCREENING

SCREENING TYPE/CORRECTIONS		
<input type="checkbox"/> Preadmission <input type="checkbox"/> Expiration of Exempted Hospital Discharge/Categorical Determination (Section G) <input type="checkbox"/> Resident review		
SUBMISSION / RESUBMISSION DATES		
Initial submission date		
If this form is being resubmitted due to an error and/or to add information, please indicate the section(s) and item(s) changed.		
Section(s)	Item(s)	Resubmission date
Section(s)	Item(s)	Resubmission date
IDENTIFICATION & BACKGROUND INFORMATION (Complete all items.)		
NURSING FACILITY APPLICANT		
Name		<input type="checkbox"/> Male <input type="checkbox"/> Female Date of birth
Home address		Phone Cell
Marital Status	Coverage Information	Accommodations or interpreter needed?
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Mass-Health <input type="checkbox"/> Mass-Health pending <input type="checkbox"/> Medicare <input type="checkbox"/> Private insurance <input type="checkbox"/> Self (Private pay)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Specify accommodations and/or interpreter needs
Current Location		Name of current facility
<input type="checkbox"/> Acute hospital <input type="checkbox"/> Nursing facility <input type="checkbox"/> Chronic disease and rehabilitation hospital <input type="checkbox"/> Emergency room <input type="checkbox"/> Psychiatric hospital or unit <input type="checkbox"/> Home/community		
AUTHORIZED REPRESENTATIVE		
Name		Phone Cell
Address		Email
Relationship to applicant (Check all that apply.)		
<input type="checkbox"/> Son/daughter <input type="checkbox"/> Spouse <input type="checkbox"/> Legal guardian		<input type="checkbox"/> Decision maker per advance directive (Living will, power of attorney for health care, health care proxy) <input type="checkbox"/> Other
ADMITTING NURSING FACILITY (if known)		
Facility name		Phone Fax
Address		Contact's name Professional title
		<input type="checkbox"/> RN/LPN <input type="checkbox"/> Social worker <input type="checkbox"/> MD
Anticipated admission date		Admission date

Failure to follow applicable PASRR rules will result in forfeiture of Mass-Health payments to the nursing facility for Mass-Health members during the period of noncompliance.
 [42 CFR § 483.122]

PASRR-1.1 (10/16)

PASRR Level I form

Page 2 contains information about:

- **Screen for ID and DD:**

Q1: Documented diagnosis or treatment of ID with a date of onset before age 18

Q2: Documented diagnosis or treatment of DD, or RC, with a date of onset before age 22

Q3: Suspicion of ID/DD, and what made you think so (e.g., cognitive impairment, etc.)

- **ID/DD screening results:**

Q4: If “Yes” to any of the first 3 questions, the screen is positive. Otherwise, it is a negative screen.

SECTION A: SCREEN FOR INTELLECTUAL OR DEVELOPMENTAL DISABILITY (ID/DD)

1. Does the applicant have a documented diagnosis or treatment history of ID with a date of onset **before age 18**?

No
 Yes. List agency that provided services (if known).

Agency

2. Does the applicant have a documented diagnosis or treatment history of DD, also known as Related Condition, with a date of onset **before age 22**?

No
 Yes. List diagnosis and agency that provided services (if known). Skip to Question 4.

Diagnosis
Agency

3. Is there presenting evidence, based on available documentation, observations, interviews, or history of indicators below, that the applicant may have ID that occurred **before age 18** or DD that occurred **before age 22**?

No
 Yes. Check all that apply.

<input type="checkbox"/> Cognitive impairment	<input type="checkbox"/> Functional limitations in physical, neurological, sensory, cognitive, or major life activities
<input type="checkbox"/> Adaptive functioning	<input type="checkbox"/> Services from an agency that serves people with ID or DD

Information source (if known)

ID/DD SCREENING RESULTS

4. If you answered YES to question 1 or 2 or 3, check "Positive ID/DD screen" below. Otherwise, check "Negative ID/DD screen."

Positive ID/DD screen
 Negative ID/DD screen (Level II PASRR Evaluation is not indicated due to no diagnosis or suspicion of ID or DD.)

SECTION B: SCREEN FOR SERIOUS MENTAL ILLNESS (SMI)

5. Does the applicant have a documented diagnosis of a mental illness or disorder (M/D) or substance use disorder (SUD) that may lead to chronic disability?

No
 Unknown
 Yes. Check all that apply.

<input type="checkbox"/> Schizophrenia (any type)	<input type="checkbox"/> Schizoaffective disorder	<input type="checkbox"/> Substance use disorder
<input type="checkbox"/> Somatoform disorder	<input type="checkbox"/> Atypical psychosis*	Substance(s) if known:
<input type="checkbox"/> Delusional disorder	<input type="checkbox"/> Paranoia*	
<input type="checkbox"/> Mood (i.e., bipolar disorder, major depression)	<input type="checkbox"/> Personality disorder	Most recent use occurred?
<input type="checkbox"/> Post-traumatic stress disorder	<input type="checkbox"/> Eating disorder	<input type="checkbox"/> More than 90 days ago
<input type="checkbox"/> Severe anxiety/panic	<input type="checkbox"/> Other	<input type="checkbox"/> Less than 90 days ago
		<input type="checkbox"/> Unknown

*Not medication-induced

PASRR Level I form

Pages 2-3 contain information about:

- **Screen for SMI:**

Q5: Documented diagnosis of MI/D or SUD (“diagnosis”)

Q6: Treatments or interventions within the past 2 years that may be due to MI/D (“recent treatment”)

Q7: Limitations in major life activities within the past 6 months that may be due to MI/D (“impairment”)

- **SMI screening results:**

Q8: If “Yes” to Q6 or Q7, the screen is positive. Otherwise, it is a negative screen, even if “Yes” to Q5.

6. Within the past two years, is the applicant known to have required one of the treatments or interventions below, that is, or may be, due to mental illness or disorder (MI/D)?

No
 Yes. Check all that apply.

TREATMENT/INTERVENTIONS

<input type="checkbox"/> One or more inpatient psychiatric hospitalizations	<input type="checkbox"/> Housing intervention
<input type="checkbox"/> Psychiatric day treatment	<input type="checkbox"/> Association with mental health agency
<input type="checkbox"/> Residential treatment	<input type="checkbox"/> Specify
<input type="checkbox"/> Supportive services to maintain functioning at home	<input type="checkbox"/> Suicide attempt
<input type="checkbox"/> Substance use intervention	<input type="checkbox"/> Specify dates
<input type="checkbox"/> Legal intervention	<input type="checkbox"/> Other

7. Currently or within the past six months, has the applicant had limitation(s) in major life activities in at least one of three areas listed below, that is, or may be, due to mental illness or disorder (MI/D)?

No
 Yes. Check all that apply.

MAJOR LIFE ACTIVITY AREAS

<input type="checkbox"/> Interpersonal functioning – serious difficulty interacting and/or communicating effectively with others: illogical comments, fear of strangers, frequently isolating or avoiding others, excessive irritability, easily upset or anxious, hallucinations, or a possible history of eviction, altercations, or unstable employment.	<input type="checkbox"/> Concentration, persistence, and pace – difficulty completing age appropriate tasks and/or concentrating, completion timeliness, serious loss of interest, makes frequent errors, or requires assistance with activities/task that the applicant should be capable of accomplishing.	<input type="checkbox"/> Adaptation to change – significant difficulty adapting to typical change associated with employment, home, family or social interactions, agitation, withdrawal due to adaptation difficulties, self-injurious, self-mutilation, suicidal talks/ideations, physically violent or threatening, judicial intervention, severe appetite disturbance, excessive tearfulness.
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SMI SCREENING RESULTS

8. If you answered YES to question 6 or 7, check “Positive SMI screen” below. Otherwise, check “Negative SMI screen.”

Negative SMI screen (Level II PASRR Evaluation is not indicated due to no diagnosis or suspicion of SMI)
Next step: If you answered “Positive ID/DD screen” to question 4, then proceed to Section C. Otherwise, complete Section F at the end of this form, file the form in the applicant’s medical record, and admit the applicant.

Positive SMI screen
Next step: Complete Section C.

SECTION C: EXEMPTED HOSPITAL DISCHARGE (EHD) (ID/DD AND/OR SMI)

9. Check all that apply.
The applicant is

Being admitted to a nursing facility directly from an acute hospital after receiving inpatient acute medical care
 In need of nursing facility services to treat the same medical condition treated in the acute hospital
 Not a current risk to self or others, and behavioral symptoms, if present, are stable
 Expected to stay in a nursing facility for less than 30 calendar days as certified by the hospital’s attending or discharging practitioner

10. Did you check ALL of the boxes in Question 9?

No. Go to Question 11.
 Yes. If the applicant screened positive for ID/DD, select **Option A** below. If the applicant screened positive for SMI, select **Option B** below. If the applicant screened positive for both ID/DD and SMI, select both **Options A** and **B**.

PASRR Level I form

Pages 3-4 contain information about:

Q9: Whether 4 criteria of Exempted Hospital Discharge (EHD) apply to the individual:

1. Admitted *directly* from *acute* hospital after acute medical care;
2. Needs NF services to treat *same* medical condition treated in hospital;
3. Is *not* a current risk to self or others and behavioral symptoms are stable; and
4. Is expected to stay in a nursing facility for *less than 30 calendar days* as *certified* by the hospital's attending or discharging practitioner

6. Within the **past two years**, is the applicant known to have required one of the treatments or interventions below, that is, or may be, due to mental illness or disorder (M/D)?

No
 Yes. Check all that apply.

TREATMENT/INTERVENTIONS

<input type="checkbox"/> One or more inpatient psychiatric hospitalizations	<input type="checkbox"/> Housing intervention
<input type="checkbox"/> Psychiatric day treatment	<input type="checkbox"/> Association with mental health agency
<input type="checkbox"/> Residential treatment	<input type="checkbox"/> Specify
<input type="checkbox"/> Supportive services to maintain functioning at home	<input type="checkbox"/> Suicide attempt
<input type="checkbox"/> Substance use intervention	<input type="checkbox"/> Specify dates
<input type="checkbox"/> Legal intervention	<input type="checkbox"/> Other

7. **Currently or within the past six months**, has the applicant had limitation(s) in major life activities in at least one of three areas listed below, that is, or may be, due to mental illness or disorder (M/D)?

No
 Yes. Check all that apply.

MAJOR LIFE ACTIVITY AREAS

<input type="checkbox"/> Interpersonal functioning – serious difficulty interacting and/or communicating effectively with others: illogical comments, fear of strangers, frequently isolating or avoiding others, excessive irritability, easily upset or anxious, hallucinations, or a possible history of eviction, altercations, or unstable employment.	<input type="checkbox"/> Concentration, persistence, and pace – difficulty completing age appropriate tasks and/or concentrating, completion timeliness, serious loss of interest, makes frequent errors, or requires assistance with activities/task that the applicant should be capable of accomplishing.	<input type="checkbox"/> Adaptation to change – significant difficulty adapting to typical change associated with employment, home, family or social interactions, agitation, withdrawal due to adaptation difficulties, self-injurious, self-mutilation, suicidal talks/ideations, physically violent or threatening, judicial intervention, severe appetite disturbance, excessive tearfulness.
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SMI SCREENING RESULTS

8. If you answered YES to question 6 or 7, check "Positive SMI screen" below. Otherwise, check "Negative SMI screen."

Negative SMI screen (Level II PASRR Evaluation is not indicated due to no diagnosis or suspicion of SMI)
Next step: If you answered "Positive ID/DD screen" to question 4, then proceed to Section C. Otherwise, complete Section F at the end of this form, file the form in the applicant's medical record, and admit the applicant.

Positive SMI screen
Next step: Complete Section C.

SECTION C: EXEMPTED HOSPITAL DISCHARGE (EHD) (ID/DD AND/OR SMI)

9. Check all that apply.

The applicant is

Being admitted to a nursing facility directly from an acute hospital after receiving inpatient acute medical care
 In need of nursing facility services to treat the same medical condition treated in the acute hospital
 Not a current risk to self or others, and behavioral symptoms, if present, are stable
 Expected to stay in a nursing facility for less than 30 calendar days as certified by the hospital's attending or discharging practitioner

10. Did you check ALL of the boxes in Question 9?

No. Go to Question 11.
 Yes. If the applicant screened positive for ID/DD, select **Option A** below. If the applicant screened positive for SMI, select **Option B** below. If the applicant screened positive for both ID/DD and SMI, select both **Options A and B**.

PASRR Level I form

Q10: If all the 4 EHD criteria are met:

- Option A (EHD for ID/DD)
- Option B (EHD for SMI)

Q11: If the individual screened positive for ID/DD *and* EHD does not apply:

- Option C (Level II evaluation is required)

<input type="checkbox"/> Option A: Level II PASRR Evaluation for ID/DD is not indicated at this time due to an exempted hospital discharge (maximum 30 calendar days). Next step: Complete contact information below and complete Section F; file this form in the person's medical record and admit.		
Contacted DDS PASRR office Date	Form submitted to DDS PASRR office Date	Name of DDS PASRR office staff Contacted
Certifying practitioner's name		Certification date
<input type="checkbox"/> Option B: Level II PASRR Evaluation for SMI is not indicated at this time* due to Exempted Hospital Discharge (maximum 30 calendar days) Next step: Complete contact information below and complete Section F; file this form in the person's medical record and admit.		
Certifying practitioner's name		Certification date
<small>* If the nursing facility determines that the resident's stay will exceed the 30-day exemption period, the nursing facility must complete Section G in this form and submit the Level I form to the DMH/Designee by no later than the 25th calendar day from admission.</small>		
11. Did you answer "Positive ID/DD screen" in Question 4? <input type="checkbox"/> No. Go to Question 12. <input type="checkbox"/> Yes. Select Option C below.		
<input type="checkbox"/> Option C: Level II PASRR Evaluation for ID/DD is required and must be completed by DDS before admission. Next step: Complete contact information below and request from DDS an Individualized Preadmission Level II Evaluation. Complete Section F. Do not admit applicant to a nursing facility until Level II PASRR Evaluation is completed and admission approved.		
Contacted/renamed DDS PASRR office Date	Form submitted to DDS PASRR office Date	Contacted DDS PASRR office staff Name
SECTION D: ADVANCED DEMENTIA EXCLUSION (ADE) (SMI ONLY)		
12. Has the applicant screened positive for SMI only and also have a documented diagnosis of Alzheimer's disease and/or related dementias (ADRD) certified by a practitioner? <input type="checkbox"/> No. Go to Section E. <input type="checkbox"/> Yes		
13. Which of the following were used to establish the Alzheimer's disease and/or related dementias (ADRD)? Check all that apply.		
<input type="checkbox"/> Mental status exam	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Neurological exam/testing	<input type="checkbox"/> Other	
<input type="checkbox"/> History and symptoms		
14. Has a practitioner documented and certified that Alzheimer's disease and/or related dementias (ADRD) are both primary and so advanced that the applicant would be unable to benefit from specialized services? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Name of certifying practitioner		Contact information
Next step: Complete Section F, then submit this form and all supporting documentation for an Abbreviated Preadmission Level II Evaluation. Do not admit to a nursing facility until a Level II PASRR Determination Notice/written report has been received from DMH/Designee.		

PASRR Level I form

Page 4 contains information about:

Q12: Whether the Advanced Dementia Exclusion (ADE) *may* apply

Q13: What was used to establish Alzheimer's disease and/or related dementia (ADRD)

Q14: Whether a practitioner certified ADRD:

- Diagnosis of ADRD co-occurs with MI/D diagnosis, *and*
- Dementia/ADRD is both primary and so severe that the individual would be unable to benefit from specialized services.

*DMH/Designee will determine if ADE applies after an **Abbreviated Level II** evaluation.*

<input type="checkbox"/> Option A: Level II PASRR Evaluation for ID/DD is not indicated at this time due to an exempted hospital discharge (maximum 30 calendar days). Next step: Complete contact information below and complete Section F; file this form in the person's medical record and admit.		
Contacted DDS PASRR office Date	Form submitted to DDS PASRR office Date	Name of DDS PASRR office staff Contacted
Certifying practitioner's name		Certification date
<input type="checkbox"/> Option B: Level II PASRR Evaluation for SMI is not indicated at this time* due to Exempted Hospital Discharge (maximum 30 calendar days) Next step: Complete contact information below and complete Section F; file this form in the person's medical record and admit.		
Certifying practitioner's name		Certification date
* If the nursing facility determines that the resident's stay will exceed the 30-day exemption period, the nursing facility must complete Section G in this form and submit the Level I form to the DMH/Designee by no later than the 25 th calendar day from admission.		
11. Did you answer "Positive ID/DD screen" in Question 4? <input type="checkbox"/> No. Go to Question 12. <input type="checkbox"/> Yes. Select Option C below.		
<input type="checkbox"/> Option C: Level II PASRR Evaluation for ID/DD is required and must be completed by DDS before admission. Next step: Complete contact information below and request from DDS an Individualized Preadmission Level II Evaluation. Complete Section F. Do not admit applicant to a nursing facility until Level II PASRR Evaluation is completed and admission approved.		
Called/emailed DDS PASRR office Date	Form submitted to DDS PASRR office Date	Contacted DDS PASRR office staff Name
SECTION D: ADVANCED DEMENTIA EXCLUSION (ADE) (SMI ONLY)		
12. Has the applicant screened positive for SMI only and also have a documented diagnosis of Alzheimer's disease and/or related dementias (ADRD) certified by a practitioner? <input type="checkbox"/> No. Go to Section E. <input type="checkbox"/> Yes		
13. Which of the following were used to establish the Alzheimer's disease and/or related dementias (ADRD)? Check all that apply. <input type="checkbox"/> Mental status exam <input type="checkbox"/> Neurological exam/testing <input type="checkbox"/> History and symptoms <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
14. Has a practitioner documented and certified that Alzheimer's disease and/or related dementias (ADRD) are both primary and so advanced that the applicant would be unable to benefit from specialized services? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Name of certifying practitioner		Contact information
Next step: Complete Section F, then submit this form and all supporting documentation for an Abbreviated Preadmission Level II Evaluation. Do not admit to a nursing facility until a Level II PASRR Determination Notice/written report has been received from DMH/Designee.		

PASRR Level I form

Page 5 contains information about:

Q15: Whether one of 5 Categorical Determinations (CD) *may* apply:

- Severe illness
- Terminal illness
- Convalescent care
- Provisional emergency
- Respite

*DMH/Designee will determine if Categorical Determination applies after completion of an **Abbreviated Level II** evaluation.*

SECTION E: CATEGORICAL DETERMINATION (CD) (SMI ONLY)

15. Has the applicant screened positive for SMI only and possibly qualify for a categorical determination?

- No. Complete Section F. Request a Preadmission Level II Evaluation from DMH/Designee. **Do not admit applicant to a nursing facility until a Level II PASRR Determination Notice/written report has been received from the DMH/Designee.**
- Yes. Check only one categorical determination below. Complete Section F. Submit this form and all supporting documentation to DMH/Designee for an Abbreviated Preadmission Level II Evaluation. **Do not admit to a nursing facility until a Level II PASRR Determination Notice/written report has been received from the DMH/Designee.**

CATEGORICAL DETERMINATIONS

- Severe illness:
 - Coma
 - Persistent vegetative state
 - Parkinson's disease (End stage)
 - Huntington's chorea (End stage)
 - Congestive heart failure (CHF) (End stage)
 - Chronic obstructive pulmonary disease (COPD) (End stage)
 - Amyotrophic lateral sclerosis (ALS) (End stage)
 - Chronic respiratory failure, ventilator dependent
- Convalescent care (Maximum 30 calendar days)*
- Provisional emergency (Maximum 7 calendar days)*
- Respite (Maximum 10 calendar days)*
- Terminal illness*

* The nursing facility must complete Section G below and resubmit the Level I form to DMH/Designee if the NF determines that the resident's stay will exceed the permitted duration. Requests must be made by no later than the 25th day after admission for convalescent care, the third day after admission for provisional emergency, and fifth day after admission for respite.

SECTION F. CERTIFICATION: I certify that I am the person who completed this form and did so pursuant to all federal and state rules and regulations, and that the information provided is accurate to the best of my knowledge. I understand that knowingly submitting inaccurate, incomplete, or misleading information constitutes Medicaid fraud.

Name	Professional title <input type="checkbox"/> RN/LPN <input type="checkbox"/> Social worker <input type="checkbox"/> MD	
Organization	Phone	Fax
Address	Email	
Signature	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm

SECTION G: EXPIRATION OF EHD/CD (SMI ONLY)

Please select the reason for request.

- The nursing facility determined that the resident will not be discharged before the expiration of the **exempted hospital discharge (EHD)** and is requesting a Level II PASRR Evaluation from DMH/Designee.
- The nursing facility has determined that the resident will not be discharged before the expiration of the **categorical determination** selected below and is requesting a Level II PASRR Evaluation from the DMH/Designee.
 - Convalescent care
 - Provisional emergency
 - Respite

Categorical Determinations (CDs): 5 Options

Type of CD	Duration
<p>Convalescent care applies when an individual is being directly admitted to a nursing facility after being hospitalized to treat a medical condition (excluding psychiatric care) but the admission does not meet all of the requirements of exempted hospital discharge (EHD). Example: an individual is being admitted to a nursing facility for skilled observation and reconditioning after being hospitalized for treatment of pneumonia (limited to a maximum of 30 calendar days).</p>	Max. 30 days
<p>Provisional emergency applies in emergency situations where the individual requires protective services or in emergency circumstances on nights, weekends, and holidays (limited to a maximum of seven calendar days).</p>	Max. 7 days
<p>Respite applies when admission is to provide relief to the family and/or in-home caregiver (limited to a maximum of 10 calendar days).</p>	Max 10 days
<p>Severe illness applies if an individual has at least one of the following conditions – coma, persistent vegetative state, end-stage Parkinson’s disease, end-stage Huntington’s chorea, end-stage congestive heart failure, end-stage chronic obstructive pulmonary disease, end-stage amyotrophic lateral sclerosis, and chronic respiratory failure (ventilator dependent) – and, due to the severity of the illness or condition, the individual would be unable to benefit from specialized services.</p>	N/A
<p>Terminal illness applies if a clinician has certified that the individual is terminally ill and the prognosis is six months or less.</p>	N/A

PASRR Level I form

Section F: Contains information about the person who completed and signed the Level I form

SECTION E: CATEGORICAL DETERMINATION (CD) (SMI ONLY)

15. Has the applicant screened positive for SMI only and possibly qualify for a categorical determination?

No. Complete Section F. Request a Preadmission Level II Evaluation from DMH/Designee. **Do not admit applicant to a nursing facility until a Level II PASRR Determination Notice/written report has been received from the DMH/Designee.**

Yes. Check only one categorical determination below. Complete Section F. Submit this form and all supporting documentation to DMH/Designee for an Abbreviated Preadmission Level II Evaluation. **Do not admit to a nursing facility until a Level II PASRR Determination Notice/written report has been received from the DMH/Designee.**

CATEGORICAL DETERMINATIONS

<input type="checkbox"/> Severe illness:	<input type="checkbox"/> Convalescent care (Maximum 30 calendar days)*
<input type="checkbox"/> Coma	<input type="checkbox"/> Provisional emergency (Maximum 7 calendar days)*
<input type="checkbox"/> Persistent vegetative state	<input type="checkbox"/> Respite (Maximum 10 calendar days)*
<input type="checkbox"/> Parkinson's disease (End stage)	<input type="checkbox"/> Terminal illness*
<input type="checkbox"/> Huntington's chorea (End stage)	
<input type="checkbox"/> Congestive heart failure (CHF) (End stage)	
<input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) (End stage)	
<input type="checkbox"/> Amyotrophic lateral sclerosis (ALS) (End stage)	
<input type="checkbox"/> Chronic respiratory failure, ventilator dependent	

* The nursing facility must complete Section G below and resubmit the Level I form to DMH/Designee if the NF determines that the resident's stay will exceed the permitted duration. Requests must be made by no later than the 25th day after admission for convalescent care, the third day after admission for provisional emergency, and fifth day after admission for respite.

SECTION F: CERTIFICATION: I certify that I am the person who completed this form and did so pursuant to all federal and state rules and regulations, and that the information provided is accurate to the best of my knowledge. I understand that knowingly submitting inaccurate, incomplete, or misleading information constitutes Medicaid fraud.

Name	Professional title	<input type="checkbox"/> RN/LPN <input type="checkbox"/> Social worker <input type="checkbox"/> MD
Organization	Phone	Fax
Address	Email	
Signature	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm

SECTION G: EXPIRATION OF EHD/CD (SMI ONLY)

Please select the reason for request.

The nursing facility determined that the resident will not be discharged before the expiration of the **exempted hospital discharge (EHD)** and is requesting a Level II PASRR Evaluation from DMH/Designee.

The nursing facility has determined that the resident will not be discharged before the expiration of the **categorical determination** selected below and is requesting a Level II PASRR Evaluation from the DMH/Designee.

Convalescent care
 Provisional emergency
 Respite

Failure to follow applicable PASRR rules will result in forfeiture of MassHealth payments to the nursing facility for MassHealth members during the period of noncompliance. #12 CFR § 483.122j

PASRR Level I form

Expiration of Exempted Hospital Discharge (EHD) or Categorical Determinations (CD)

Section G: Complete this section and resubmit the Level I form before the allowed time period for the Exempted Hospital Discharge (EHD) or Categorical Determinations (CD) expires.

- Check a box for EHD or CD.
- If you checked a box for CD, indicate which type: Convalescent care, provisional emergency, or respite.

If you completed Section G, you must also check the “Expiration of Exempted Hospital Discharge / Categorical Determinations” box at the top of page 1. This will alert DMH/Designee that the Level I form is being resubmitted due to expiration of EHD/CD, and not due to a significant change in condition that may impact the resident’s PASRR disability status (“Resident Review”)

SECTION E: CATEGORICAL DETERMINATION (CD) (SMI ONLY)

15. Has the applicant screened positive for SMI only and possibly qualify for a categorical determination?

No. Complete Section F. Request a Preadmission Level II Evaluation from DMH/Designee. **Do not admit applicant to a nursing facility until a Level II PASRR Determination Notice/written report has been received from the DMH/Designee.**

Yes. Check only one categorical determination below. Complete Section F. Submit this form and all supporting documentation to DMH/Designee for an Abbreviated Preadmission Level II Evaluation. **Do not admit to a nursing facility until a Level II PASRR Determination Notice/written report has been received from the DMH/Designee.**

CATEGORICAL DETERMINATIONS

<input type="checkbox"/> Severe illness:	<input type="checkbox"/> Convalescent care (Maximum 30 calendar days)*
<input type="checkbox"/> Coma	<input type="checkbox"/> Provisional emergency (Maximum 7 calendar days)*
<input type="checkbox"/> Persistent vegetative state	<input type="checkbox"/> Respite (Maximum 10 calendar days)*
<input type="checkbox"/> Parkinson's disease (End stage)	<input type="checkbox"/> Terminal illness*
<input type="checkbox"/> Huntington's chorea (End stage)	
<input type="checkbox"/> Congestive heart failure (CHF) (End stage)	
<input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) (End stage)	
<input type="checkbox"/> Amyotrophic lateral sclerosis (ALS) (End stage)	
<input type="checkbox"/> Chronic respiratory failure, ventilator dependent	

* The nursing facility must complete Section G below and resubmit the Level I form to DMH/Designee if the NF determines that the resident's stay will exceed the permitted duration. Requests must be made by no later than the 25th day after admission for convalescent care, the third day after admission for provisional emergency, and fifth day after admission for respite.

SECTION F: CERTIFICATION: I certify that I am the person who completed this form and did so pursuant to all federal and state rules and regulations, and that the information provided is accurate to the best of my knowledge. I understand that knowingly submitting inaccurate, incomplete, or misleading information constitutes Medicaid fraud.

Name	Professional title	<input type="checkbox"/> RN/LPN <input type="checkbox"/> Social worker <input type="checkbox"/> MD
Organization	Phone	Fax
Address	Email	
Signature	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm

SECTION G: EXPIRATION OF EHD/CD (SMI ONLY)

Please select the reason for request.

The nursing facility determined that the resident will not be discharged before the expiration of the **exempted hospital discharge (EHD)** and is requesting a Level II PASRR Evaluation from DMH/Designee.

The nursing facility has determined that the resident will not be discharged before the expiration of the **categorical determination** selected below and is requesting a Level II PASRR Evaluation from the DMH/Designee.

<input type="checkbox"/> Convalescent care
<input type="checkbox"/> Provisional emergency
<input type="checkbox"/> Respite

Failure to follow applicable PASRR rules will result in forfeiture of MassHealth payments to the nursing facility for MassHealth members during the period of noncompliance. (12 CFR § 483.122)

PASRR Level I form

Resident Review

Submission of the form is required when:

A nursing facility resident has experienced a *significant change* in condition *or* the resident is *newly* identified as having a condition that may impact the resident's PASRR disability status, the appropriateness of NF placement and/or specialized services.



Massachusetts Executive Office of Health and Human Services
**PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR)
 LEVEL I SCREENING**

SCREENING TYPE/CORRECTIONS		
<input type="checkbox"/> Preadmission <input type="checkbox"/> Expiration of Exempted Hospital Discharge/Categorical Determination (Section G) <input type="checkbox"/> Resident review		
SUBMISSION / RESUBMISSION DATES		
Initial submission date		
If this form is being resubmitted due to an error and/or to add information, please indicate the section(s) and item(s) changed.		
Section(s)	Item(s)	Resubmission date
Section(s)	Item(s)	Resubmission date
IDENTIFICATION & BACKGROUND INFORMATION (Complete all items.)		
NURSING FACILITY APPLICANT		
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Home address	Phone	Cell
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Coverage Information <input type="checkbox"/> MassHealth <input type="checkbox"/> MassHealth pending <input type="checkbox"/> Medicare <input type="checkbox"/> Private insurance <input type="checkbox"/> Self (Private pay)	Accommodations or interpreter needed? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown Specify accommodations and/or interpreter needs
Current Location <input type="checkbox"/> Acute hospital <input type="checkbox"/> Chronic disease and rehabilitation hospital <input type="checkbox"/> Psychiatric hospital or unit	<input type="checkbox"/> Nursing facility <input type="checkbox"/> Emergency room <input type="checkbox"/> Home/community	Name of current facility
AUTHORIZED REPRESENTATIVE		
Name	Phone	Cell
Address	Email	
Relationship to applicant (Check all that apply.)		
<input type="checkbox"/> Son/daughter <input type="checkbox"/> Spouse <input type="checkbox"/> Legal guardian		<input type="checkbox"/> Decision maker per advance directive (Living will, power of attorney for health care, health care proxy) <input type="checkbox"/> Other
ADMITTING NURSING FACILITY (if known)		
Facility name	Phone	Fax
Address	Contact's name	Professional title <input type="checkbox"/> RN/LPN <input type="checkbox"/> Social worker <input type="checkbox"/> MD
Anticipated admission date	Admission date	

Failure to follow applicable PASRR rules will result in forfeiture of MassHealth payments to the nursing facility for MassHealth members during the period of noncompliance.
 [42 CFR § 483.122]

PASRR-L1 (10/16)

PASRR Level I form

Page 6 contains important terms

IMPORTANT TERMS Preadmission Screening and Resident Review (PASRR)

Abbreviated Preadmission Level II Evaluation (Abbreviated Level II) — A shortened, individualized Level II preadmission evaluation, completed by the Massachusetts Department of Mental Health or its designee (DMH/Designee) before admission for individuals who have or may have SMI, to determine if the individual is excluded from PASRR due to advanced dementia (Section D) or to confirm that the individual meets the criteria for a categorical determination (Section E).

Advanced Dementia Exclusion (ADE) — Applies when a diagnosis of dementia or Alzheimer's disease and/or related disorder (ADRD) co-occurs with a mental illness/disorder diagnosis, and the dementia/ADRD is both primary and so severe that the individual would be unable to benefit from treatment. If ADE applies, an Abbreviated Level II performed by the DMH/Designee is required before admission. If the DMH/Designee determines that ADE applies, the individual does not have SMI for the purposes of PASRR and may be admitted to the nursing facility with no further PASRR involvement.

Categorical Determination (CD) — Applies to individuals who screen positive for SMI and have characteristics that fall into certain categories determined in advance by the DMH/Designee that nursing facility services are needed on a time-limited basis or indefinitely. If CDs apply, an Abbreviated Level II must be performed by the DMH/Designee before admission to confirm SMI and that the criteria for a CD are met. There are five categorical determinations.

1. **Convalescent care** applies when an individual is being directly admitted to a nursing facility after being hospitalized to treat a medical condition (excluding psychiatric care) but the admission does not meet all of the requirements of exempted hospital discharge (EHD). Example: an individual is being admitted to a nursing facility for skilled observation and reconditioning after being hospitalized for treatment of pneumonia (limited to a maximum of 30 calendar days).
2. **Provisional emergency** applies in emergency situations where the individual requires protective services or in emergency circumstances on nights, weekends, and holidays (limited to a maximum of seven calendar days).
3. **Respite** applies when admission is to provide relief to the family and/or in-home caregiver (limited to a maximum of 10 calendar days).
4. **Severe illness** applies if an individual has at least one of the following conditions — coma, persistent vegetative state, end-stage Parkinson's disease, end-stage Huntington's chorea, end-stage congestive heart failure, end-stage chronic obstructive pulmonary disease, end-stage amyotrophic lateral sclerosis, and chronic respiratory failure (ventilator dependent) — and, due to the severity of the illness or condition, the individual would be unable to benefit from specialized services.
5. **Terminal illness** applies if a clinician has certified that the individual is terminally ill and the prognosis is six months or less.

For individuals who were admitted to a nursing facility under one of the time-limited CDs, *the nursing facility must request a Resident Review from DMH/Designee before the time period ends if the nursing facility determines that the stay is expected to exceed the time period. For severe illness and terminal illness categories, the nursing facility must request a Resident Review if the resident's condition improves or prognosis changes.*

Exempted Hospital Discharge (EHD) — Applies when all of the following conditions are met. The individual (1) is admitted to a nursing facility directly from an acute hospital after receiving inpatient acute medical care; (2) requires nursing facility services to treat the same medical condition treated in the hospital; (3) is not a current risk to self or others, and behavioral symptoms, if present, are stable; and (4) stay in the nursing facility is likely to be less than 30 calendar days as certified by the hospital's attending or discharging physician before admission. If all EHD criteria are met the individual may be admitted without PASRR involvement.

Some residents who were admitted to a nursing facility under EHD may require a longer stay than originally expected. If such residents are expected to stay in the nursing facility for more than 30 days after admission, *the nursing facility must request a Resident Review from the DDS and/or DMH/Designee before the original 30-day period ends.*

Serious Mental Illness (SMI) — An individual is considered to have SMI for the purpose of PASRR if he or she:

1. Has a major mental disorder, such as schizophrenic, paranoid, mood, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability (Diagnosis); **and**
2. Has a treatment history indicating that the individual has received psychiatric treatment more intensive than outpatient care more than once in the past two years; or within the last two years, has experienced an episode of significant disruption to the normal living situation for which supportive services were required to maintain functioning at home or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials (Recent Treatment); **and**
3. Has a level of disability that has resulted in functional limitations in major life activities within the past six months that would be appropriate for the individual's developmental stage. An individual typically has at least one of the following characteristics on a continuing or intermittent basis: interpersonal functioning; concentration, persistence, and pace; or adaptation to change (Level of Impairment); **and**
4. Does not have a co-occurring diagnosis of dementia or Alzheimer's disease and/or related disorder (ADRD) that is both the primary diagnosis and so severe/advanced that the individual would be unable to benefit from treatment (Advanced Dementia Exclusion).

NOTE: Keep this form, Level II PASRR determination notices and/or written reports, and all documentation that supports the screening outcome and applicability of advanced dementia exclusion, exempted hospital discharge, or categorical determination permanently in the individual's medical record.

General instructions

- **Collect** supporting documentation needed to complete the Level I Screening Form (e.g., Medical History, Discharge Summary, Physician Certifications).
- **Read** the instructions in the form carefully.
- **Complete** a Level I form, including Certification Section (Section F)
- **Notify** DDS and/or DMH/Designee:
 - *SMI*:
 - Send the Level I form, cover sheet, and supporting documents to UMass PASRR Unit by email (DMHPASRR@umassmed.edu) or fax (508-865-7696)
 - *ID/DD*:
 - Call within 24 hours of admission at 617-624-7796
 - Email the Level I form and supporting documents to DDS.PASRR@State.MA.US
- **Keep** the Level I form, any Level II PASRR Determination notices and/or written reports and all documentation that supports screening outcome, and applicability of Exempted Hospital Discharge (EHD), Advanced Dementia Exclusion (ADE), and Categorical Determination(s), permanently in the individual's medical record.

Three examples



PASRR Level I completion: Example #1

Mark

- A 35 year old male
- Has received DDS services
- Hospitalized for an emergency appendectomy
- Initial discharge date was delayed due to complications
- Needs a short stay in a nursing facility to continue his wound treatment and finish his course of IV antibiotics (certified by a physician)
- Multiple diagnoses, including:
 - Down Syndrome

SECTION A: SCREEN FOR INTELLECTUAL OR DEVELOPMENTAL DISABILITY (ID/DD)	
1. Does the applicant have a documented diagnosis or treatment history of ID with a date of onset before age 18 ?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. List agency that provided services (if known). Agency: <input type="text" value="DDS"/>
2. Does the applicant have a documented diagnosis or treatment history of DD, also known as Related Condition, with a date of onset before age 22 ?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. List diagnosis and agency that provided services (if known). Skip to Question 4. Diagnosis: <input type="text"/> Agency: <input type="text"/>
3. Is there presenting evidence, based on available documentation, observations, interviews, or history of indicators below, that the applicant may have ID that occurred before age 18 or DD that occurred before age 22 ?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Check all that apply. <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Adaptive functioning <input type="checkbox"/> Functional limitations in physical, neurological, sensory, cognitive, or major life activities <input type="checkbox"/> Services from an agency that serves people with ID or DD Information source (if known): <input type="text"/>
ID/DD SCREENING RESULTS	
4. If you answered YES to question 1 or 2 or 3, check "Positive ID/DD screen" below. Otherwise, check "Negative ID/DD screen."	<input checked="" type="checkbox"/> Positive ID/DD screen <input type="checkbox"/> Negative ID/DD screen (Level II PASRR Evaluation is not indicated due to no diagnosis or suspicion of ID or DD.)

PASRR Level I completion: Example #1, cont.

Mark

- A 35 year old male
- Has received DDS services
- Hospitalized for an emergency appendectomy
- Initial discharge date was delayed due to complications
- Needs a short stay in a nursing facility to continue his wound treatment and finish his course of IV antibiotics (certified by a physician)
- Multiple diagnoses, including:
 - Down Syndrome

SECTION C: EXEMPTED HOSPITAL DISCHARGE (EHD) (ID/DD AND/OR SMI)

9. Check all that apply.
The applicant is

- Being admitted to a nursing facility directly from an acute hospital after receiving inpatient acute medical care
- In need of nursing facility services to treat the same medical condition treated in the acute hospital
- Not a current risk to self or others, and behavioral symptoms, if present, are stable
- Expected to stay in a nursing facility for less than 30 calendar days as certified by the hospital's attending or discharging practitioner

10. Did you check **ALL** of the boxes in Question 9?

No. Go to Question 11.

Yes. If the applicant screened positive for ID/DD, select **Option A** below. If the applicant screened positive for SMI, select **Option B** below. If the applicant screened positive for both ID/DD and SMI, select both **Options A and B**.

Failure to follow applicable PASRR rules will result in forfeiture of MassHealth payments to the nursing facility for MassHealth members during the period of noncompliance. [42 CFR § 483.122]

3

Option A: Level II PASRR Evaluation for ID/DD is *not* indicated at this time due to an exempted hospital discharge (maximum 30 calendar days).

Next step: Complete contact information below and complete Section F; file this form in the person's medical record and admit.

Contacted DDS PASRR office Date	Form submitted to DDS PASRR office Date	Name of DDS PASRR office staff Contacted
1/1/2019	1/1/2019	Mary Smith
Certifying practitioner's name		Certification date
John Johnson		12/31/2018

PASRR Level I completion: Example #2

Jane

- 78 year old female
- Multiple diagnoses, including:
 - Schizoaffective Disorder
 - Alzheimer's Disease
- Receives supportive home care aide services, after being diagnosed with AD, to remind her to take her medication.
- Has recently become increasingly paranoid when her homemaker comes to the door to assist her;
- Requires oxygen 24/7; was found last week sitting in the hallway of her apartment building, confused and without her oxygen
- Significant progressive decline in cognitive functioning; AD can no longer be safely managed in the community

SECTION B: SCREEN FOR SERIOUS MENTAL ILLNESS (SMI)

5. Does the applicant have a documented diagnosis of a mental illness or disorder (MI/D) or substance use disorder (SUD) that may lead to chronic disability?

No
 Unknown
 Yes. Check all that apply.

<input type="checkbox"/> Schizophrenia (any type) <input type="checkbox"/> Somatoform disorder <input type="checkbox"/> Delusional disorder* <input type="checkbox"/> Mood (i.e., bipolar disorder, major depression) <input type="checkbox"/> Post-traumatic stress disorder <input type="checkbox"/> Severe anxiety/panic	<input checked="" type="checkbox"/> Schizoaffective disorder <input type="checkbox"/> Atypical psychosis* <input type="checkbox"/> Paranoia* <input type="checkbox"/> Personality disorder <input type="checkbox"/> Eating disorder <input type="checkbox"/> Other	<input type="checkbox"/> Substance use disorder Substance(s) if known: <input type="checkbox"/> More than 90 days ago <input type="checkbox"/> Less than 90 days ago <input type="checkbox"/> Unknown
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*Not medication-induced

6. Within the past two years, is the applicant known to have required one of the treatments or interventions below, that is, or may be, due to mental illness or disorder (MI/D)?

No
 Yes. Check all that apply.

TREATMENT/INTERVENTIONS

<input type="checkbox"/> One or more inpatient psychiatric hospitalizations <input type="checkbox"/> Psychiatric day treatment <input type="checkbox"/> Residential treatment <input type="checkbox"/> Supportive services to maintain functioning at home <input type="checkbox"/> Substance use intervention <input type="checkbox"/> Legal intervention	<input type="checkbox"/> Housing intervention <input type="checkbox"/> Association with mental health agency Specify <input type="checkbox"/> Suicide attempt Specify dates <input type="checkbox"/> Other
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7. Currently or within the past six months, has the applicant had limitation(s) in major life activities in at least one of three areas listed below, that is, or may be, due to mental illness or disorder (MI/D)?

No
 Yes. Check all that apply.

MAJOR LIFE ACTIVITY AREAS

<input checked="" type="checkbox"/> Interpersonal functioning – serious difficulty interacting and/or communicating effectively with others: illogical comments, fear of strangers, frequently isolating or avoiding others, excessive irritability, easily upset or anxious, hallucinations, or a possible history of eviction, altercations, or unstable employment.	<input type="checkbox"/> Concentration, persistence, and pace – difficulty completing age appropriate tasks and/or concentrating, completion timeliness, serious loss of interest, makes frequent errors, or requires assistance with activities/task that the applicant should be capable of accomplishing.	<input type="checkbox"/> Adaptation to change – significant difficulty adapting to typical change associated with employment, home, family or social interactions, agitation, withdrawal due to adaptation difficulties, self-injurious, self-mutilation, suicidal talks/ideations, physically violent or threatening, judicial intervention, severe appetite disturbance, excessive tearfulness.
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SMI SCREENING RESULTS

8. If you answered YES to question 6 or 7, check "Positive SMI screen" below. Otherwise, check "Negative SMI screen."

Negative SMI screen (Level II PASRR Evaluation is not indicated due to no diagnosis or suspicion of SMI)
Next step: If you answered "Positive ID/DD screen" to question 4, then proceed to Section C. Otherwise, complete Section F at the end of this form, file the form in the applicant's medical record, and admit the applicant.

Positive SMI screen
Next step: Complete Section C.

PASRR Level I completion: Example #2, cont.

Jane

- 78 year old female
- Multiple diagnoses, including:
 - Schizoaffective Disorder
 - Alzheimer's Disease
- Receives supportive home care aide services, after being diagnosed with AD, to remind her to take her medication.
- Has recently become increasingly paranoid when her homemaker comes to the door to assist her;
- Requires oxygen 24/7; was found last week sitting in the hallway of her apartment building, confused and without her oxygen
- Significant progressive decline in cognitive functioning; AD can no longer be safely managed in the community

SECTION D: ADVANCED DEMENTIA EXCLUSION (ADE) (SMI ONLY)

12. Has the applicant screened positive for SMI only and also have a documented diagnosis of Alzheimer's disease and/or related dementias (ADRD) certified by a practitioner?

No. Go to Section E.
 Yes

13. Which of the following were used to establish the Alzheimer's disease and/or related dementias (ADRD)? Check all that apply.

Mental status exam
 Neurological exam/testing
 History and symptoms
 Unknown
 Other

14. Has a practitioner documented and certified that Alzheimer's disease and/or related dementias (ADRD) are **both** primary and so advanced that the applicant would be unable to benefit from specialized services?

No Yes

Name of certifying practitioner: John Johnson
Contact information: 617-555-5555

Next step: Complete Section F, then submit this form and all supporting documentation for an Abbreviated Preadmission Level II Evaluation. Do not admit to a nursing facility until a Level II PASRR Determination Notice/written report has been received from DMH/Designee.

PASRR Level I completion: Example #3

Mary

- 55 year old female
- Multiple diagnoses, including:
 - Anxiety Disorder
- Admitted to the hospital one week ago due to multiple falls at home, dizziness, chest pain and newly diagnosed congestive heart failure
- While hospitalized, received a neurological evaluation and testing to identify potential impairments because she was unable to walk and had leg weakness and was demonstrating episodes of memory loss
- [Per her sister] Lost her job and has been having some financial difficulty and the home is currently in foreclosure; hospitalized for psychiatric evaluation 8 months ago because she stopped taking her medication
- [Per the hospital] needs nursing facility services to recuperate and receive rehabilitation services to help with her dizziness and leg weakness

10/22/2018 version. The final version of the slides will be posted on the MH LTSS Provider Portal: [h](#)

SECTION B: SCREEN FOR SERIOUS MENTAL ILLNESS (SMI)

5. Does the applicant have a documented diagnosis of a mental illness or disorder (MI/D) or substance use disorder (SUD) that may lead to chronic disability?

No
 Unknown
 Yes. Check all that apply.

<input type="checkbox"/> Schizophrenia (any type)	<input type="checkbox"/> Schizoaffective disorder	<input type="checkbox"/> Substance use disorder
<input type="checkbox"/> Somatoform disorder	<input type="checkbox"/> Atypical psychosis*	Substance(s) if known:
<input type="checkbox"/> Delusional disorder*	<input type="checkbox"/> Paranoia*	<input type="checkbox"/> Most recent use occurred?
<input type="checkbox"/> Mood (i.e., bipolar disorder, major depression)	<input type="checkbox"/> Personality disorder	<input type="checkbox"/> More than 90 days ago
<input type="checkbox"/> Post-traumatic stress disorder	<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Less than 90 days ago
<input checked="" type="checkbox"/> Severe anxiety/panic	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown

*Not medication-induced

6. Within the past two years, is the applicant known to have required one of the treatments or interventions below, that is, or may be, due to mental illness or disorder (MI/D)?

No
 Yes. Check all that apply.

TREATMENT/INTERVENTIONS

<input checked="" type="checkbox"/> One or more inpatient psychiatric hospitalizations	<input checked="" type="checkbox"/> Housing intervention
<input type="checkbox"/> Psychiatric day treatment	<input type="checkbox"/> Association with mental health agency
<input type="checkbox"/> Residential treatment	Specify
<input type="checkbox"/> Supportive services to maintain functioning at home	<input type="checkbox"/> Suicide attempt
<input type="checkbox"/> Substance use intervention	Specify dates
<input type="checkbox"/> Legal intervention	<input type="checkbox"/> Other

7. Currently or within the past six months, has the applicant had limitation(s) in major life activities in at least one of three areas listed below, that is, or may be, due to mental illness or disorder (MI/D)?

No
 Yes. Check all that apply.

MAJOR LIFE ACTIVITY AREAS

<input type="checkbox"/> Interpersonal functioning – serious difficulty interacting and/or communicating effectively with others; illogical comments, fear of strangers, frequently isolating or avoiding others, excessive irritability, easily upset or anxious, hallucinations, or a possible history of eviction, altercations, or unstable employment.	<input checked="" type="checkbox"/> Concentration, persistence, and pace – difficulty completing age appropriate tasks and/or concentrating, completion timeliness, serious loss of interest, makes frequent errors, or requires assistance with activities/task that the applicant should be capable of accomplishing.	<input type="checkbox"/> Adaptation to change – significant difficulty adapting to typical change associated with employment, home, family or social interactions, agitation, withdrawal due to adaptation difficulties, self-injurious, self-mutilation, suicidal talks/ideations, physically violent or threatening, judicial intervention, severe appetite disturbance, excessive tearfulness.
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SMI SCREENING RESULTS

8. If you answered YES to question 6 or 7, check "Positive SMI screen" below. Otherwise, check "Negative SMI screen."

Negative SMI screen (Level II PASRR Evaluation is not indicated due to no diagnosis or suspicion of SMI)
Next step: If you answered "Positive ID/DD screen" to question 4, then proceed to Section C. Otherwise, complete Section F at the end of this form, file the form in the applicant's medical record, and admit the applicant.

Positive SMI screen
Next step: Complete Section C.

PASRR Level I completion: Example #3, cont.

Mary

- 55 year old female
- Multiple diagnoses, including:
 - Anxiety Disorder
- Admitted to the hospital one week ago due to multiple falls at home, dizziness, chest pain and newly diagnosed congestive heart failure
- While hospitalized, received a neurological evaluation and testing to identify potential impairments because she was unable to walk and had leg weakness and was demonstrating episodes of memory loss
- [Per her sister] Lost her job and has been having some financial difficulty and the home is currently in foreclosure; hospitalized for psychiatric evaluation 8 months ago because she stopped taking her medication
- [Per the hospital] needs nursing facility services to recuperate and receive rehabilitation services to help with her dizziness and leg weakness

SECTION E: CATEGORICAL DETERMINATION (CD) (SMI ONLY)

15. Has the applicant screened positive for SMI only and possibly qualify for a categorical determination?

No. Complete Section F. Request a Preadmission Level II Evaluation from DMH/Designee. **Do not admit applicant to a nursing facility until a Level II PASRR Determination Notice/written report has been received from the DMH/Designee.**

Yes. Check only one categorical determination below. Complete Section F. Submit this form and all supporting documentation to DMH/Designee for an Abbreviated Preadmission Level II Evaluation. **Do not admit to a nursing facility until a Level II PASRR Determination Notice/written report has been received from the DMH/Designee.**

CATEGORICAL DETERMINATIONS

<input type="checkbox"/> Severe Illness:	<input checked="" type="checkbox"/> Convalescent care (Maximum 30 calendar days)*
<input type="checkbox"/> Coma	<input type="checkbox"/> Provisional emergency (Maximum 7 calendar days)*
<input type="checkbox"/> Persistent vegetative state	<input type="checkbox"/> Respite (Maximum 10 calendar days)*
<input type="checkbox"/> Parkinson's disease (End stage)	<input type="checkbox"/> Terminal illness*
<input type="checkbox"/> Huntington's chorea (End stage)	
<input type="checkbox"/> Congestive heart failure (CHF) (End stage)	
<input type="checkbox"/> Chronic obstructive pulmonary disease (COPD) (End stage)	
<input type="checkbox"/> Amyotrophic lateral sclerosis (ALS) (End stage)	
<input type="checkbox"/> Chronic respiratory failure, ventilator dependent	

* The nursing facility must complete Section G below and resubmit the Level I form to DMH/Designee if the NF determines that the resident's stay will exceed the permitted duration. Requests must be made by no later than the 25th day after admission for convalescent care, the third day after admission for provisional emergency, and fifth day after admission for respite.

Referral to DDS and/or DMH/Designee



When to refer an individual to DMH/Designee

Referral is required:

- An individual screens positive for SMI and does *not* meet requirements for Exempted Hospital Discharge (EHD). This is true even if the individual also may be eligible for the Advanced Dementia Exclusion (ADE) and/or a Categorical Determination (CD)
- For individuals who had been admitted under the EHD (SMI) or a time-limited CD (SMI only), if the nursing facility determines that the individual's stay is likely to exceed the EHD or CD's permitted duration:
 - By day 3 for provisional emergency
 - By day 7 for respite
 - By day 25 for convalescent care
 - By day 25 for EHD
- A resident has experienced a *significant change* in condition or the resident is *newly* identified as having a condition that may impact the resident's PASRR disability status, the appropriateness of NF placement and/or specialized services

Pre-admission referral is *not* required:

- An individual screens negative for SMI
- An individual screens positive for SMI and meets *all* the criteria for EHD

When to refer an individual to DDS

Referral is always required!

- If an individual screens positive for ID/DD, a referral must be made regardless of how long an individual may need to stay in a nursing facility. This includes individuals who meet the EHD requirements.
- A resident has experienced a *significant change* in condition that may impact the resident's PASRR disability status, the appropriateness of NF placement and/or specialized services.

What documents to submit to DMH/Designee

Completed PASRR Level I form
Completed cover sheet

AND

Supporting documentation

History and Physical (H&P)
Minimum Data Set (MDS), if applicable
Current medication list
Neurological assessment
Functional assessment
Social history
Specialty assessment, if applicable
Substance use history documentation
Discharge summary, if applicable
Two weeks of MD and/or nursing notes
Psychiatric evaluation, if applicable
Psychiatric consultative findings, if applicable
Skilled therapy assessment

What documents to submit to DDS

Completed PASRR Level I form

AND

Supporting documentation

History and Physical (H&P)
Minimum Data Set (MDS), if applicable
Current medication list
Assessments if available
Neurological assessment (if available)
Functional assessment (if available)
Skilled therapy
Specialty
Intellectual functioning/IQ test,
if applicable and available
Social history
Discharge summary, if applicable
MD and/or nursing summaries or notes
Day Habilitation services
ASAP

Timeframes for Level II evaluations

DMH/Designee

- Within 5 business hours for Abbreviated Level II Evaluation (for ADE and CD)
- 2-3 business days of receipt of completed referral, for a comprehensive Level II evaluation at:
 - Acute inpatient hospital
 - Inpatient psych hospital
 - VA hospital
- 7-9 calendar days of receipt of completed referral for a comprehensive Level II evaluation:
 - An non-acute inpatient hospital (Chronic Disease and Rehab Hospital)
 - In the community

DDS

- Within 1-3 business days for a comprehensive Level II evaluation

Other changes to the PASRR process



Other changes to the PASRR process

- Level II evaluations for SMI ***may no longer*** be completed by hospitals. All Level II evaluations must be completed by DMH/Designee
- Weekend coverage for abbreviated PASRR Level II evaluations (ADE or CD)
- Level I screeners no longer need to complete *Screening Questionnaire* (9 questions)

Nursing facilities, ASAPs, and hospitals: roles and responsibilities



Nursing facilities: roles and responsibilities

- **Ensure** that a Level I screening was completed for *all* individuals before admission (“preadmission screening”) or upon a significant change in condition (“resident review”)
 - If the screening was completed by a hospital or an ASAP, **receive a copy** of the screening and supporting documentation before admission
- **Make referrals** to the Department of Developmental Services (DDS) and/or the Department of Mental Health (DMH)/Designee in a timely manner, *when required*:
 - DDS: Individuals who may have or may have ID or DD/RC
 - DMH/Designee: Individuals who have or may have SMI
- If the referral was made, **do not admit** an individual to a facility until the facility receives a Level II Determination Notice from DDS and/or DMH/Designee.
- **Retain** all supporting clinical documentation, including the Level I Form, medical records, PASRR Determination Notices

ASAPs: roles and responsibilities

- **Conduct** a Level I screening for individuals seeking admission to a nursing facility directly from the community (excluding emergency departments and observation stays)
- **Make referrals** to DDS and/or DMH/Designee in a timely manner, *when required*
- **Share** the Level I form, supporting documentation, and a Level II Determination with a nursing facility in a timely manner (if requested by a nursing facility)
- **Issue** clinical eligibility notices for nursing facility services only upon receipt of:
 - A completed Level I form; and, if applicable,
 - A Level II Determination Notice
- **Ensure** that the clinical eligibility notice is consistent with the determination made by DDS and/or DMH/Designee (if applicable)
- **Retain** all supporting clinical documentation, including the Level I Form, medical records, PASRR Determination Notices

Hospitals: roles and responsibilities

- **Cooperate** with and **provide** information to nursing facilities and ASAPs to ensure accurate and appropriate completion of a Level I Screening
- **Certify**, if applicable, that “Exempted Hospital Discharges” to nursing facilities meet all the Federal exemption requirements. An individual must:
 - Be admitted directly from acute hospital after acute medical care;
 - Need NF services to treat same medical condition treated in hospital;
 - Not be a current risk to self or others and behavioral symptoms are stable; and
 - Be expected to stay in a nursing facility for less than 30 calendar days as certified by the hospital’s attending or discharging practitioner
- **Provide** a nursing facility with a written certification of EHD prior to admission, if applicable
- **May conduct** a Level I screening for individuals seeking admission to a nursing facility
- **May make referrals** to DDS and/or DMH/Designee
- **Share** the Level I form, supporting documentation, and a Level II Determination with a nursing facility in a timely manner (if requested by a nursing facility)

Compliance monitoring



Compliance monitoring

MassHealth:

- Will be scheduling PASRR audits in the near future
- Must withhold MassHealth payments for the period of non-compliance [42 CFR § 483.122]; and
- May impose additional sanctions for failure to comply that include but are not limited to administrative fines, provider restrictions and suspension or termination from participation in MassHealth [130 CMR 450.238]

Contact information



DMH PASRR Office (University of Massachusetts Medical School)

- Make a PASRR referral for SMI by sending the PASRR Level I form, cover sheet, and supporting documents by email (DMHPASRR@umassmed.edu) or fax (508-856-7696)
- For general questions, please call 866-385-0933
- For escalations, please email:
Terri Podgorni, Associate Director of PASRR Unit Terri.Podgorni@umassmed.edu
Kerri Ikenberry, Director of Clinical Services, DCS Kerri.Ikenberry@umassmed.edu
Marie Brunelle, DMH MAP Director Marie.Brunelle@state.ma.us

Department of Developmental Services (DDS)

- To notify of admission and make a referral for ID/DD, please call 617-624-7796
- To send a PASRR Level I form and supporting documents, please email DDS.PASRR@State.MA.US
- For escalations, please call Nancy Weston, DDS Director of PASRR and Nursing Facility Operations, at 617-624-7820

MassHealth

- If you have any suggestions or concerns about the PASRR process, please email Pavel Terpelets, Institutional Program Manager, Pavel.Terpelets@State.MA.US

PASRR training materials

- These slides, the new Level I form, and other materials will be posted on the MassHealth LTSS Provider portal at https://www.masshealthltss.com/s/?language=en_US