To: [Member’s Name]

[Member’s Current Address]

[City, State, Zip code]

[Date of Notice]

**NOTIFICATION OF REFERRAL FOR PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL II EVALUATION**

Federal law and MassHealth regulations provide that all individuals seeking admission to a nursing facility must be screened for evidence of serious mental illness and/or intellectual or developmental disability (PASRR-related disability) prior to admission to a nursing facility. This is known as a PASRR Level I screen (PAS). Under those laws and regulations, all individuals who have, or are suspected to have, a PASRR-related disability, require further evaluation to determine whether they require nursing facility services and, if so, whether they also require specialized services. This is known as a PASRR Level II evaluation.

Similarly, those same laws and regulations require in some cases that a PASRR Level II evaluation be completed for nursing facility residents who are newly suspected of having a PASRR-related disability.

To initiate a PASRR Level II evaluation of a member who may have a PASRR-related disability, health care providers must make a referral to the Department of Mental Health (DMH) and/or the Department of Developmental Services (DDS), depending on the nature of the suspected PASRR-related disability.

**Pursuant to 42 CFR 483.128(a), the purpose of this letter is to inform you that you may have a PASRR-related disability and have been referred to DMH and/or DDS for a PASRR Level II evaluation. You will receive a copy of the Level II PASRR evaluation when it is completed. You need not take any action in response to this letter, although DMH and/or DDS may contact you as part of the PASRR Level II evaluation process.**

If you have any questions, please contact [referring entity’s name and phone number].

[Referring entity’s name]

[Referring entity’s Street Address]

[City, State, Zip code]