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PROGRAM INSTRUCTION (PI)

EOEA: PI- 18-04
Ref: PI- 12-04

TO: Aging Service Access Points (ASAPs)
Executive Directors
Nurse Managers

FROM: Alice Bonner, Secretary 

DATE: November 8, 2018

**RE: REVISION OF PRE-ADMISSION SCREENING AND RECORD REVIEW (PASRR)
REQUIREMENTS PRIOR TO AUTHORIZATION OF MASSHEALTH PAYMENT OF
NURSING FACILITY (NF) SERVICES**

Purpose:

The purpose of this Program Instruction (PI) is to revise the requirements for Aging Service Access Points (ASAPs) Clinical Assessment and Eligibility (CAE) staff when authorizing MassHealth payment for Nursing Facility (NF) services. This PI also expands the ASAPs' scope to complete the Preadmission Screening and Resident Review (PASRR) Level I Screening form in specific scenarios and make a referral to the appropriate PASRR authority for a Level II Evaluation when indicated. This PI supersedes PI-12-04.

Background and Program Implications:

Since the implementation of the Omnibus Reconciliation Act of 1987 (OBRA), a condition of MassHealth payment for nursing facility (NF) services has been pre-screening individuals for serious mental illness (SMI), intellectual disability (ID) or developmental disability (DD). The purpose of the Preadmission Screening and Resident Review (PASRR) Level I Screening (Level I Screen) is to identify individuals who have or may have (suspicion of) ID, DD, and/or SMI.

If the outcome of the Level I Screen is positive (i.e. the individual has or may have ID, DD, and/or SMI), the entity that completed the Level I Screen must make a referral to the appropriate PASRR authority for completion of a Level II Evaluation.

The Level II PASRR authority for SMI is the Department of Mental Health (DMH) which contracts with University of Massachusetts Medical School PASRR Unit (DMH PASRR Unit). The Level II PASRR authority for ID/DD is the Department of Developmental Services (DDS).

The Level II Evaluation is a comprehensive independent evaluation that may be required for an individual who has or may have ID, DD, and/or SMI per the Level I Screening form. The Level II Evaluation is required to determine whether the referred individual has ID, DD, and/or SMI and if so, whether the level of services provided by a nursing facility is appropriate and/or whether Specialized Services are needed. In some cases, a shortened, individualized Level II preadmission evaluation, known as an Abbreviated Level II Evaluation, may be completed prior to admission for individuals who have or may have SMI, to determine if the individual is excluded from PASRR due to advanced dementia or to confirm that the individual meets the criteria for a categorical determination.

MassHealth/ Office of Long Term Services and Supports (OLTSS) retains the overall responsibility for PASRR and must ensure full compliance with all federal requirements.

Currently, the ASAP's Clinical Assessment and Eligibility (CAE) staff reviews for PASRR compliance prior to issuing clinical authorization of MassHealth payment of NF services when completing pre-and post-admission clinical assessment and eligibility screenings for NF services.

ASAPs will continue to complete PASRR monitoring activities (see page 3, "Reviewing for PASRR Compliance") prior to issuing a clinical authorization of MassHealth payment for all pre- and post- admission assessments. In addition, for community pre-admission screenings, in which the individual is currently residing in their residence (e.g. private home, assisted living residence, rest home, group home, etc.) and seeking placement in a nursing facility in which MassHealth will be the payer source, the ASAP shall complete the Pre-Admission Screening and Resident Review (PASRR) Level I Screening form (Attachment 1) and make a referral to the appropriate PASRR authority as necessary.

Required Actions:

During all pre-admission and post-admission assessments, ASAPs must ensure PASRR compliance is met prior to authorizing MassHealth payment for NF services for any MassHealth member or applicant.

The ASAP process for DDS 90 day PASRR has not changed; this ensures that the expiration date on the PASRR is consistent with the expiration date on the clinical authorization of MassHealth payment of NF services notice. The ASAP may only issue a Nursing Facility Long Term Approval (NFLTA) if DDS has issued a PASRR notice approving NF admission or continued stay with no end date. The ASAP will continue to process all DDS provisional notices. When DDS issues a PASRR denial with a 30 day provisional notice, the ASAP will issue a short term approval and a denial at the same time. The date of the denial for authorization of MassHealth payment of NF services should be the same as the date the PASRR provisional approval period ends. A short term approval must be issued terminating the day prior to the date the provisional period ends.

A copy of the DDS PASRR notice must accompany any clinical authorization or denial of MassHealth payment of NF services.

The ASAP must always deny clinical authorization of MassHealth payment for NF services in the event there is a PASRR denial.

All notices issued by the ASAP must be accompanied by a Right to a Fair Hearing Notice and babel sheet.

Pre-Admission Nursing Facility Screenings:

For community pre-admission screenings, in which the individual is currently residing in their residence, the ASAP is responsible for completing the Level I Screening form based on the information gathered to complete the clinical assessment and eligibility screening for NF services. The ASAP must make a referral to the appropriate PASRR authority as indicated by the Level I Screen.

In addition, the ASAP must notify the MassHealth member/applicant or their representative that a referral is being made to the appropriate PASSR authority for a Level II Evaluation using the MassHealth developed notice, "Notification of Referral for Preadmission Screening and Resident Review (PASRR) Level II Evaluation" (Attachment 2). The ASAP will not issue clinical authorization for NF services until the PASRR authority has completed a Level II Evaluation and Determination.

For all other pre-admission screenings, the ASAP will review the clinical information, the completed Level I Screen, and any applicable Level II Determination Notices to ensure PASRR compliance is met before issuing clinical authorization of NF services.

When the completed Level I Screen is positive for ID, DD and/or SMI and an exempted hospital discharge or a time limited categorical determination is indicated, the ASAP may only issue a clinical authorization for the time-frame allotted by the exempted hospital discharge or the categorical determination.

Post-Admission Nursing Facility Screenings:

For post-admission nursing facility clinical eligibility screenings, the ASAP will review the clinical record, the Level I Screening form, and any applicable Level II Determination Notices. For those members/applicants who enter a NF on an exempted hospital discharge or a time limited categorical determination, the ASAP may only issue a clinical authorization for the time-frame allotted by the exempted hospital discharge or the time limited categorical determination. At the end of the allotted time frame, the ASAP must conduct a short term review and ensure PASRR requirements are met prior to authorizing any further MassHealth payment for NF services.

Reviewing for PASRR Compliance:

The ASAP must review the member's/applicant's medical record for the presence of a completed Level I Screening form. If no Level I Screening form is present, the ASAP should complete the PASRR Non-Compliance Form (Attachment 3) and await instruction from MassHealth/OLTSS before authorizing MassHealth payment for NF services.

Where the ASAP finds that a required Level II Evaluation was not completed, the ASAP must complete a PASRR Non-Compliance Form and await instruction from MassHealth/OLTSS before authorizing MassHealth payment for NF services.

If the Level I Screen was positive for ID, DD and/or SMI and indicated an exempted hospital discharge, at the next short term review, the ASAP must ensure the appropriate referral was made for a Level II Evaluation and completed prior to authorizing continued MassHealth payment of NF services.

If the Level I Screen was positive for SMI and indicated a time limited categorical determination, at the next short term review, the ASAP must ensure the appropriate referral was made for a Level II Evaluation and completed prior to authorizing continued MassHealth payment of NF services.

For all other cases, if the ASAP completed a conversion or previous short term approval and found the NF to be in compliance with PASRR at that time, it is not necessary to review for PASRR compliance on subsequent short term reviews.

MassHealth payment of NF services cannot be authorized by the ASAP until the NF can demonstrate the PASRR requirements have been met. The PASRR Non-Compliance Form must be completed electronically and submitted to the designated person at OLTSS and the designated person at the Executive Office of Elder Affairs via the Commonwealth of Massachusetts' Secure Email System.

If the ASAP encounters other scenarios where PASRR compliance is in question, the ASAP should complete and submit the PASRR Non-Compliance Form and await further direction from OLTSS before issuing clinical authorization of MassHealth payment for NF services.

Effective Date:

This PI is effective November 13, 2018.

Contact:

If you have any questions regarding this PI please contact Desiree Kelley, Clinical Nurse Manager at 617-222-7410 or email desiree.kelley@massmail.state.ma.us.

Attachments:

Attachment 1 – PASRR-L1 (10-16-18)

Attachment 2 – Notification of Referral for PASRR II – template letter_FINAL

Attachment 3 – PASRR Non-Compliance Form (fillable)

☐ Preadmission ☐ Expiration of Exempted Hospital Discharge/Categorical Determination (Section G) ☐ Resident review

Initial submission date

Section(s)	Item(s)	Resubmission date
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Section(s)	Item(s)	Resubmission date
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NURSING FACILITY APPLICANT

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
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Home address	Phone	Cell
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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
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Current Location	Name of current facility
<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	Phone	Cell
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Address	Email
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Relationship to applicant (Check all that apply.)

<input type="checkbox"/> Son/daughter	<input type="checkbox"/> Decision maker per advance directive (Living will, power of attorney for health care, health care proxy)
<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
<input type="checkbox"/> Legal guardian	

Facility name	Phone	Fax
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Address	Contact's name	Professional title <input type="checkbox"/> RN/LPN <input type="checkbox"/> Social worker <input type="checkbox"/> MD
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Anticipated admission date	Admission date
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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.

☐ Cognitive impairment

☐ Adaptive functioning

☐ Functional limitations in physical, neurological, sensory, cognitive, or major life activities

☐ 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 (MI/D) or substance use disorder (SUD) that may lead to chronic disability?

☐ No

☐ Unknown

☐ Yes. Check all that apply.

☐ Schizophrenia (any type)

☐ Somatoform disorder

☐ Delusional disorder*

☐ Mood (i.e., bipolar disorder, major depression)

☐ Post-traumatic stress disorder

☐ Severe anxiety/panic

☐ Schizoaffective disorder

☐ Atypical psychosis*

☐ Paranoia*

☐ Personality disorder

☐ Eating disorder

☐ Other

☐ Substance use disorder

Substance(s) if known:

Most recent use occurred?

☐ More than 90 days ago

☐ Less than 90 days ago

☐ 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

☐ One or more inpatient psychiatric hospitalizations

☐ Psychiatric day treatment

☐ Residential treatment

☐ Supportive services to maintain functioning at home

☐ Substance use intervention

☐ Legal intervention

☐ Housing intervention

☐ Association with mental health agency
Specify

☐ Suicide attempt
Specify dates

☐ 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

☐ 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.

☐ 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.

☐ 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.

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**.

- ☐ **Option A:** Level II PASRR Evaluation for *ID/DD* 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.

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

- ☐ **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 25th calendar day from admission.

11. Did you answer "Positive ID/DD screen" in Question 4?

☐ No. Go to Question 12.

☐ Yes. Select **Option C** below.

- ☐ **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?

☐ 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

☐ Unknown

☐ Neurological exam/testing

☐ Other

☐ 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?

☐ No ☐ 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.**

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

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.

Individuals admitted to a nursing facility under convalescent care, provisional emergency, and respite CDs: If a nursing facility determines that the stay is expected to exceed the allowed time period, the nursing facility must (a) complete Section G, (b) check the box "Expiration of Exempted Hospital Discharge / Categorical Determinations" at the top of page 1, and (c) submit the form, along with supporting documentation, to DMH/Designee.

Individuals admitted to a nursing facility under severe illness and terminal illness CDs: If the resident's condition improves or prognosis changes, the nursing facility must (a) check the box "Resident Review" at the top of page 1 and (b) submit the form, along with supporting documentation, to DMH/Designee.

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.

Individuals admitted to a nursing facility under EHD: if a nursing facility determines that the stay is expected to exceed 30 days after admission, the nursing facility must complete (a) Section G, (b) check the box "Expiration of Exempted Hospital Discharge / Categorical Determinations" at the top of page 1, and (c) submit the form, along with supporting documentation, to DMH/Designee.

Resident Review — A comprehensive Level II evaluation that may be required when a nursing facility resident has experienced a significant change in condition or when a facility newly identifies a condition that may impact that the resident's PASRR disability status, the appropriateness of nursing facility placement and/or specialized services. The nursing facility must (a) check the box "Resident Review" at the top of page 1 and (b) submit the form, along with supporting documentation, to DMH/Designee.

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.

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]

Preadmission Screening and Resident Review (PASRR)
MassHealth Office of Long Term Services & Support
Non-Compliance Information Request Form

Directions: Please fill out the form below to request a review of a PASRR non-compliance case, filling each box and not leaving any blanks. Please do not submit handwritten requests. Please email the form using a **state secure email** to: Pavel Terpelets (Pavel.Terpelets@massmail.state.ma.us) **and** Melissa Enos (Melissa.A.Enos@massmail.state.ma.us). **Please keep form to one page. If more information is needed please attach separate document.**

Date:	ASAP:
Member Name:	Member ID # (or date of birth):
Nursing Facility (NF) Name and Address:	NF Contact Person & Phone Number:
Date of Admission:	Admission From (AIH, CDRH, Psychiatric Hospital, Home/Community, etc):
Date(s) NF seeking MH payment:	Date(s) of potential non-compliance:
Date of Discharge (if applicable):	Date of Level II PASRR Compliance:
Qualifying PASRR Diagnoses:	Source of PASRR Diagnoses (if not documented on Level I Screen):
ASAP Comments (250 words or less) Please summarize the reason for submission of the non-compliance case:	

Following Section to be filled out by EOHHS/EOEA/MassHealth Only:

Date Reviewed: _____ **Compliant** ☐ **Non-Compliant** ☐ **Non-Payment Days:** _____

Comments: