

IMPORTANT TERMS — Preadmission Screening and Resident Review (PASRR)

Abbreviated Preadmission Level II Evaluation (Abbreviated Level II) — A type of Level II Evaluation of individuals who have or may have a Serious Mental Illness (SMI), completed by the Department of Mental Health (DMH) or its designee, the University of Massachusetts Medical School PASRR Unit, to determine whether such individuals meet the criteria for the Advanced Dementia Exclusion (Section D) or 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 15 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: Within 48 hours of admission to the nursing facility, notify DMH/Designee by sending the patient's first and last name, date of birth, name of the admitting facility, and date of admission to DMH/Designee at DMHPASRR@umassmed.edu. 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) whose 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. Individuals admitted to a nursing facility under EHD: Within 48 hours of admission to the nursing facility, notify DMH/Designee and/or DDS of the nursing facility to which an individual was actually admitted by sending an email to DMH/Designee at DMHPASRR@umassmed.edu (for individuals who may have SMI) and/or DDS at DDS.PASRR@MassMail.State.MA.US (for individuals who may have ID/DD). The email must contain the following: (1) a completed Level I forms unless it has already been submitted to DMH/DDS; (2) the patient's first and last name, date of birth, name of the admitting facility, and date of admission. 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.

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 independent evaluation, conducted on a nursing facility resident that has been newly identified as having or is suspected of having ID/DD or SMI or who has already been identified by PASRR as having ID/DD or SMI. The Resident Review is a person-centered assessment taking into account all relevant information, including the resident’s or resident’s representatives’ goals and preferences for the resident’s care. It is required to ascertain whether the referred individual has ID/DD or SMI and, if so, whether residence in a nursing facility is or continues to be most appropriate or if the community or other setting is most appropriate, and, if a nursing facility is most appropriate, whether Specialized Services are now or continue to be needed. 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) — Serious Mental Illness (SMI) – An individual is considered to have SMI for the purpose of PASRR if the individual:

1. Has a major mental illness or 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. Due to the mental illness or disorder, has experienced, within the past two years: (1) more than one instance of psychiatric treatment more intensive than outpatient care or (2) 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. Due to the mental illness or disorder, has a level of disability that has resulted in functional limitations in major life activities that would be appropriate for the individual’s developmental stage within the past six months. An individual typically has challenges in 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 or related disorder (ADRD) that is both advanced and primary over the mental health diagnosis (i.e. meets the criteria for Advanced Dementia Exclusion (ADE)).

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.