



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Nursing Facility Bulletin 143
July 2019

TO: Nursing Facilities Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
RE: **Updates to Nursing Facility Regulations: Preadmission Screening and Resident Review (PASRR) for Intellectual Disability, Developmental Disability, and/or Serious Mental Illness**

Background

The purpose of this bulletin, which supersedes Nursing Facility Bulletin 141 as of July 1, 2019, is to summarize recent updates to the Commonwealth's Pre-Admission Screening and Resident Review (PASRR) processes that are designed to: (1) expedite the admission of individuals to nursing facilities in certain instances in which admission to a nursing facility is normally needed; (2) clarify providers' understanding of their obligations under PASRR; and (3) remove and decrease unnecessary administrative burden on providers.

This bulletin maintains the substantive requirements set forth in Nursing Facility Bulletin 141, except it extends the permitted duration of the Convalescent Care and Respite Categorical Determinations to 75 and 15 days, respectively.

I. Definitions

Abbreviated Preadmission Level II Evaluation (Abbreviated Level II Evaluation) – A type of Level II Preadmission 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 (ADE) or a Categorical Determination (CD).

*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 the ADE applies, an Abbreviated Level II performed by the DMH/Designee is required before admission. If the DMH/Designee determines that the 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.

Aging Service Access Point (ASAP) – Organizations that, pursuant to a contract with the Massachusetts Executive Office of Elder Affairs, determine whether certain MassHealth members are clinically eligible to receive nursing facility services.

Categorical Determination (CD) – An abbreviated PASRR determination based on an individual having a certain diagnosis, level of severity of illness, or need for a particular service, that indicate that admission to a nursing facility is normally needed and/or that Specialized Services are not required. CDs apply only to individuals who screen positive for SMI. Individuals suspected of having an intellectual disability (ID) or a developmental disability (DD) (whether alone or with SMI) may not invoke a CD. If a Level I screener requests the application of a CD, DMH or its designee will perform an Abbreviated Level II Evaluation to confirm that the individual has SMI and meets the criteria for the potentially applicable CD. There are five categorical determinations: Convalescent Care, Provisional Emergency, Respite, Severe Illness, and Terminal Illness.

* The ADE applies only to individuals who screen positive for SMI alone. Individuals who screen positive for ID/DD (whether alone or with SMI) may not invoke the ADE.

*Convalescent Care** – A CD that applies to an individual who will be directly admitted to a nursing facility after being hospitalized to treat a medical condition (excluding psychiatric care) and the individual's admission does not meet all of the requirements of an Exempted Hospital Discharge (EHD). The Convalescent Care CD is time-limited, and individuals admitted to a nursing facility under that CD may remain for a maximum of 75 calendar days before the individual must receive a Post-Admission, Expiration of EHS/CD Screen.

Determination Notice – A notice prepared and issued by a PASRR authority in accordance with federal law upon completion of a Level II evaluation (whether abbreviated or otherwise).

Developmental Disability (DD) – A severe, chronic disability that:

1. Is attributable to: a) cerebral palsy or epilepsy; or b) any other condition, other than mental illness, found to be closely related to ID because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with ID and requires treatment or services similar to those required for these persons;
2. Is manifested before the person reaches the age of 22;
3. Is expected to persist throughout an individual's life; and
4. Results in substantial functional limitations in three or more of the following areas of major life activity: a) self-care; b) understanding and the use of language; c) learning; d) mobility; e) self-direction; f) capacity for independent living.

Evaluation Report – A report prepared and issued by a PASRR authority in accordance with federal law upon completion of a Level II evaluation (whether abbreviated or otherwise).

Exempted Hospital Discharge (EHD) – A PASRR exemption that applies only when an 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 the individual satisfies all of the criteria for the EHD, the facility may admit the individual without PASRR involvement. Individuals admitted under the EHD that will remain in the facility for more than 30 calendar days must receive a Post-Admission, Expiration of EHD/CD Screen, as described in Section IV of this provider bulletin.

Intellectual Disability (ID) – A severe, chronic disability that:

1. Manifests before age 18;
2. Is expected to persist throughout an individual's life;
3. Results in significantly sub-average intellectual functioning (an IQ score of 70 or less), existing concurrently and related to significant limitations in adaptive functioning.

Level I Screen – A preliminary screening of all nursing facility applicants, regardless of payer source, conducted prior to their admission to a nursing facility. A Level I screen identifies whether an applicant for admission to a nursing facility has, or *may* have, ID, DD, and/or SMI (positive Level I Screen). A Level I screener must use the *Preadmission Screening and Resident Review (PASRR) Level I Screening* form, PASRR-L1 (10/18) to conduct a Level I Screen. If the individual has a positive Level I screen, the Level I screener must refer the individual to the appropriate PASRR authority for a Level II Evaluation unless the individual satisfies all of the criteria for the EHD.

Level II Evaluation – A comprehensive independent evaluation conducted on individuals that have positive Level I screens. The Level II Evaluation determines whether the referred individual has ID, DD, and/or SMI and if so, whether the individual needs a nursing facility level of services and/or specialized services.

*As explained above, CDs apply only to individuals who screen positive for SMI alone. Individuals who screen positive for ID/DD (whether alone or with SMI) may not invoke a CD.

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PASRR Authorities – The PASRR authority for ID/DD is the Department of Developmental Services (DDS). The PASRR authority for SMI is the Department of Mental Health (DMH), or DMH's designee, the University of Massachusetts Medical School PASRR Unit (DMH PASRR Unit).

Post-Admission Screenings – PASRR screenings of nursing facility residents that must be conducted in the following instances: (1) for individuals who are admitted to the facility under an EHD or a time-limited CD, if the facility determines that the admission will exceed the EHD or CD's permitted duration, or (2) the resident experiences a Significant Change or the individual is newly identified as having a condition that may impact the individual's PASRR disability status, the appropriateness of the individual's NF placement, and/or the individual's need for specialized services.

*Provisional Emergency** – A CD that applies when an individual seeking admission to a nursing facility requires protective services or seeks admission during an emergency situation on a night, weekend, or holiday. The Provisional Emergency CD is time-limited, and individuals admitted to a nursing facility under that CD may remain for a maximum of seven calendar days before the individual must receive a Post-Admission, Expiration of EHS/CD Screen.

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.

*Respite** – A CD that applies when an individual is admitted to a nursing facility to provide relief to the family and/or in-home caregiver. The Respite CD is time-limited, and individuals admitted to a nursing facility under a Respite CD may remain for a maximum of 15 calendar days before the individual must receive a Post-Admission, Expiration of EHS/CD Screen.

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 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. 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. 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 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 and/or related disorder (ARD) that is both the primary diagnosis and so severe/advanced that the individual would be unable to benefit from treatment (Advanced Dementia Exclusion).

* As explained above, CDs apply only to individuals who screen positive for SMI alone. Individuals who screen positive for ID/DD (whether alone or with SMI) may not invoke a CD.

*Severe Illness** – A CD that applies if:

1. An individual seeking admission to a nursing facility 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
2. Due to the severity of the illness or condition, the individual would not be expected to benefit from specialized services.

Significant Change – A major decline or improvement in an individual's status that:

1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered "self-limiting";
2. Impacts more than one area of the resident's health status; and
3. Requires interdisciplinary review and/or revision of the care plan.

Specialized Services for SMI – Acute psychiatric hospital services, which meet the requirements of 42 CFR 483.120(a)(i)-(iii).

Specialized Services for ID/DD – Services specified by the State for ID/DD which, when combined with services provided by the nursing facility or other service providers, meets the requirements of 42 CFR 483.440(a)(1).

*Terminal Illness** – A CD that applies when a clinician has certified that an individual seeking admission to a nursing facility has a life expectancy of six months or less if the illness runs its normal course.

II. Pre-Admission Screenings

1. It is the responsibility of a nursing facility to ensure that all individuals who are seeking admission to the facility, regardless of payer source, receive a Level I screen. All such individuals must receive a Level I screen **before** they are admitted to a nursing facility.
 - A. In addition to a nursing facility, the following entities may complete a Level I screen:
 - i. An Aging Services Access Point (ASAP) – for all MassHealth members and individuals with pending MassHealth coverage, seeking admission to a nursing facility directly from the community (for example, home, rest home, assisted living);
 - ii. A hospital – for all individuals, regardless of payer source, seeking admission to a nursing facility directly from the hospital.
 - B. If an entity other than the admitting nursing facility has completed the Level I screen, the nursing facility must ensure, before admitting the individual, that it has received a copy of the individual's completed PASRR Level I Screening form, as well as all supporting documentation (including Level II Evaluation Reports and Determination Notices, if completed).

*As explained above, CDs apply only to individuals who screen positive for SMI alone. Individuals who screen positive for ID/DD (whether alone or with SMI) may not invoke a CD.

2. There are only two circumstances in which Level I screener does not need to make a pre-admission referral to a PASRR authority. These are where:
 - A. The individual screened *negative* for both ID/DD and SMI; or
 - B. The individual screened positive for ID/DD and/or SMI, *and* the individual qualifies for the EHD.*
3. In all other cases, the Level I screener must make a pre-admission referral to a PASRR authority. This is true even if the individual also may be eligible for the ADE and/or a CD.
4. Level I screeners must refer individuals to one or both PASRR authorities, depending on the nature of their actual or suspected PASRR-related disability.
 - A. Level I screeners must refer individuals who have, or may have ID/DD to DDS for completion of a Level II Evaluation by submitting a copy of the Level I Screening form to DDS and calling the DDS PASRR Office at (617) 624-7796. DDS staff will collect supporting documentation during the course of the Level II Evaluation.
 - B. Level I screeners must refer individuals who have, or may have SMI to the DMH PASRR Unit for completion of a Level II Evaluation by submitting a completed Level I Screening form, a completed DMH-approved fax cover sheet, and the supporting documentation indicated on the sheet. When referring individuals who may satisfy the criteria for the ADE or one of the CDs, the Level I screener may request that the DMH PASRR Unit complete an Abbreviated Level II Evaluation. If the DMH PASRR Unit determines that the individual does not qualify for the ADE or one of the CDs, the DMH PASRR Unit will perform a Level II Evaluation.
 - C. Level I screeners must refer individuals who screen positive for both ID/DD *and* SMI to *both* DDS and the DMH PASRR Unit.
5. When an individual is transferred from one nursing facility (transferring facility) to another nursing facility (receiving facility), with or without an intervening hospital stay, the individual is not considered a “new admission,” and does not require preadmission screening.** The transferring facility must ensure that it transfers all copies of the resident’s PASRR paperwork, including the Level I Screening form and, if applicable, the Determination Notice and Evaluation Report, to the receiving facility. The receiving facility must not admit such an individual without receiving all PASRR-related documentation from the transferring facility.
 - A. For residents who have ID/DD (as determined by DDS as part of a Level II Evaluation), the receiving facility must inform DDS, within 24 hours of the transfer, that the individual has been transferred to the receiving facility. The receiving facility may inform DDS via phone call or email, using the contact information at the end of this bulletin.

*In accordance with DDS processes, the facility must inform DDS that it used the EHD to admit an individual who screened positive for ID and/or DD.

**Depending on the individual’s condition, he or she may require a resident review in accordance with section IV.

III. Level II Evaluation and Determination

1. A nursing facility may admit an individual who requires a Level II Evaluation (whether abbreviated or otherwise) only **after** it receives an Evaluation Report and Determination Notice from the appropriate PASRR authority/authorities stating that “a nursing facility is an appropriate setting to meet the individual’s needs” (DMH Determination Notice) or “Nursing facility level of service is needed” (DDS Determination Notice). If an admitting facility does not receive copies of the Determination Notice and Evaluation Report from the PASRR authority/authorities, the admitting facility may request copies of these documents directly from the PASRR authority/authorities or the entity that made the referral (if that entity is not the admitting facility).
2. Only the PASRR authorities may issue Level II Determinations and Evaluation Reports. A nursing facility may not rely on purported Determination Notices and Evaluation Reports authored by entities other than the PASRR authorities. To the extent that a nursing facility admits an individual who received a Determination Notice and Evaluation report authored by an entity other than the PASRR Authorities, the nursing facility will be deemed to be noncompliant with 130 CMR 456.410 and this provider bulletin. MassHealth may assess overpayments and/or sanctions against such facilities during the period of non-compliance. *See* 130 CMR 450.235-240.

IV. Post-Admission Screenings: “Expiration of EHD/CD” Screenings and Resident Reviews

1. A nursing facility must make a post-admission referral to the appropriate PASRR authority in the following instances:
 - A. For individuals admitted under the EHD or a time-limited CD (Provisional Emergency, Respite, and Convalescent Care), when the nursing facility determines that the individual’s stay is likely to exceed the EHD or CD’s permitted duration (Expiration of EHD/CD Screenings). The nursing facility must make Expiration of EHD/CD Screening referrals to the PASRR authority in accordance with the following schedule:
 - i. For the Provisional Emergency CD, by the 5th calendar day after admission
 - ii. For the Respite CD, by the 13th calendar day after admission
 - iii. For the Convalescent Care CD, by the 73rd calendar day after admission
 - iv. For the EHD, by the 28th calendar day after admission
 - B. When an individual has experienced a Significant Change or the individual is newly identified as having a condition that may impact the individual’s PASRR disability status, the appropriateness of the individual’s nursing facility placement, and/or the individual’s need for specialized services (Resident Reviews).
 - i. When the appropriate PASRR authority previously determined that the resident has a PASRR-related disability, the facility must refer the resident for a Resident Review whenever the resident experiences a Significant Change, such as when:
 - a. The resident demonstrates increased behavioral, psychiatric, or mood-related symptoms.
 - b. The resident’s behavioral, psychiatric, or mood-related symptoms has not responded to ongoing treatment.
 - c. The resident is transferred, admitted, or readmitted to a nursing facility following an inpatient psychiatric stay or equally intensive treatment.
 - d. The resident experiences an improved medical condition such that the individual’s plan of care or placement recommendations may require modification.
 - e. The resident’s Significant Change is physical, but also has behavioral, psychiatric, or mood-related symptoms, or impacts on cognitive abilities that may influence adjustment to an altered pattern of daily living.
 - f. The resident indicates a preference to leave the facility. (This preference may be communicated verbally or through other forms of communication, including behavior.)

- g. The resident's condition or treatment is or will be significantly different than described in the individual's most recent Evaluation Report and Determination Notice.
 - ii. When the appropriate PASRR authority did not previously determine that the resident has SMI and/or ID/DD, the facility must refer the resident for Resident Review whenever the resident is newly identified as having a condition that may impact the resident's PASRR disability status, the appropriateness of the resident's nursing facility placement, and/or the resident's need for specialized services, such as when:
 - a. The resident exhibits behavioral, psychiatric, or mood-related symptoms.
 - b. The resident is suspected of having an ID that was not previously identified and evaluated by DDS.
 - c. The resident is transferred, admitted, or readmitted to a nursing facility following an inpatient psychiatric stay or equally intensive treatment.
 - iii. In all instances, the facility must request a Resident Review no later than the next business day following the date on which the facility detects that the member:
 - a. Experienced a significant change; or
 - b. Is newly identified as having a condition that may impact the individual's PASRR disability status, the appropriateness of the individual's NF placement, and/or the individual's need for specialized services.
2. Facilities must refer residents requiring Expiration of EHD/CD Screenings or Resident Reviews for SMI to the DMH PASRR Unit by submitting a completed Level I Screening form, a completed DMH-approved fax cover sheet, and the supporting documentation indicated on the sheet.
 3. Facilities must refer residents requiring Expiration of EHD Screenings or Resident Reviews for ID/DD to DDS by calling the DDS PASRR Office at (617) 624-7796. DDS staff will collect supporting documentation during the Level II Evaluation.
 4. The DMH PASRR Unit and/or DDS will conduct Level II Evaluations on all residents referred for EHD/CD Screenings or Resident Reviews and render Determination Notices to the referring facility once those evaluations are complete. The referred resident may remain at the facility only if the determination notice states that the resident continues to require a nursing facility level of care and that the nursing facility remains is an appropriate setting to meet the individual's needs.

V. General Requirements

1. Level I screeners must use the *Preadmission Screening and Resident Review (PASRR) Level I Screening* form, PASRR-L1 (10/18) to perform Level I screens. Level I screeners may not use any other form or screening tool.
2. MassHealth may assess overpayments and sanctions for any period in which a facility fails to comply with all applicable PASRR rules and requirements, including this provider bulletin. See 130 CMR 450.235-240. This includes any facility that admits an individual whose Level I screening form is incomplete, improperly completed, or unsigned.
3. A nursing facility must keep the Level I Screening form, Determination Notices, Evaluation Reports, and all documentation that supports the screening outcome and applicability of the ADE, the EHD, or a CD permanently in the individual's medical record.
4. When making a referral to a PASRR authority, a nursing facility must issue a written notice to the individual and the individual's authorized representative, stating that a referral is being made to the appropriate PASRR authority for a Level II Evaluation.
5. For administrative ease, facilities may elect to use MassHealth's model notice, entitled "Notification of Referral for Preadmission Screening and Resident Review (PASRR) Level II Evaluation." MassHealth has posted this model notice on the MassHealth LTSS Provider Portal at www.masshealthltss.com.

VI. Additional Information and Resources

Additional information and resources can be found on:
MassHealth LTSS Provider Portal: www.masshealthltss.com MassHealth website:
<https://www.mass.gov/lists/preadmission-screening-resident-review-pasrr>.

VII. Contact Information for PASRR Authorities

Department of Developmental Services (DDS):
Phone: (617) 624-7796
Fax: (617) 624-7557
Email: DDS.PASRR@MassMail.State.MA.US

University of Massachusetts Medical School PASRR Unit:
Phone: (866) 385-0933
Fax: (508) 856-7696
Email: DMHPASRR@umassmed.edu

Questions

For any questions about this bulletin, please email Pavel Terpelets, Institutional Program Manager, at pavel.terpelets@massmail.state.ma.us.

MassHealth Website

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