



MassHealth
Nursing Facility Bulletin 169
October 2021

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

Introduction

The purpose of this bulletin, which substantially restates, but supersedes Nursing Facility Bulletin 143 as of October 29, 2021, is to update the Commonwealth's Preadmission Screening and Resident Review (PASRR) processes, as required under 130 CMR 456.410. Specifically, the updates to the PASRR process are designed to: 1) enhance the existing PASRR process by conducting additional, follow-up resident reviews at least every 12 months; 2) identify new specialized services for individuals with serious mental illness (SMI) requiring such services; 3) improve tracking and reporting on specialized services, exempted hospital discharges (EHDs), categorical determinations, and changes in status of residents; and 4) clarify providers' understanding of their obligations under PASRR.

I. Definitions

Abbreviated Preadmission Level II Evaluation (Abbreviated Level II Evaluation) – A type of Level II Evaluation that must be conducted prior to admission to determine whether an individual meets the criteria for the advanced dementia exclusion (ADE) or a categorical determination (CD).

Advanced Dementia Exclusion (ADE) – A determination, permitted under 42 CFR 483.128(m)(2), that applies when a diagnosis of dementia or Alzheimer's disease or related disorder (ADRD) co-occurs with a mental illness or disorder diagnosis, and the dementia or ADRD is both advanced and primary over the mental health diagnosis. The PASRR authority determines whether the ADE applies, and individuals for whom ADE applies may be admitted to the nursing facility with no further PASRR involvement.

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

Categorical Determination (CD) – Determinations, permitted under 42 CFR 483.130(d), that apply for individuals with certain diagnoses, levels of severity of illness, or need for a particular service that indicate that admission to a nursing facility is normally needed or that specialized services are not required. There are five types of CDs, as permitted under 42 CFR 483(d): convalescent care, provisional emergency, respite, severe illness, and terminal illness. CDs are not an exemption from the PASRR process as they may be time limited and function as a Level II Evaluation determination.

MassHealth
Nursing Facility Bulletin 169
October 2021
Page 2 of 10

Comprehensive Evaluation Report – A written report prepared and issued by a PASRR authority in accordance with federal law upon completion of a full Level II Evaluation or resident review. The comprehensive evaluation report memorializes all determinations, recommendations, and other relevant information upon which the determinations are based, including but not limited to the clinical needs of the individual and the individual's goals and preferences for care.

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 this CD may remain for a maximum of 30 calendar days before the individual must receive a Post-Admission Level II Evaluation.

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) or resident review.

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.

Exempted Hospital Discharge (EHD) – A PASRR exemption, permitted under 42 CFR 483.106(2), 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) 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 under the EHD that will remain in the facility for more than 30 calendar days must receive a post-admission screening as well as a Level II Evaluation, if applicable.

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 Screening – A preliminary screening of all nursing facility applicants, regardless of payer source, conducted prior to their admission to a nursing facility. A Level I Screening identifies whether an applicant for admission to a nursing facility has, or *may* have, ID, DD, and/or SMI (i.e. a positive Level I Screening). Effective October 29, 2021, a Level I Screening must be conducted using the revised *Preadmission Screening and Resident Review (PASRR) Level I Screening Form, [PASRR-L1 \(10/21\)](#)*. If the individual has a positive Level I Screening, the screener must refer the

MassHealth
Nursing Facility Bulletin 169
October 2021
Page 3 of 10

individual to the appropriate PASRR authority for a Level II Evaluation or Abbreviated Level II Evaluation, as applicable, unless the individual satisfies all of the criteria for an EHD.

Level II Evaluation – A comprehensive independent evaluation conducted on individuals that have positive Level I Screenings. The Level II Evaluation is a person-centered assessment taking into account all relevant information, including the individual’s or individual’s representatives’ goals and preferences for the individual’s care. It is required to ascertain 1) whether the referred individual has ID/DD, SMI, or both, and 2) if so, whether community-based services, admission to a nursing facility or other setting is most appropriate, and, 3) if a nursing facility is most appropriate, whether specialized services are needed.

PASRR Authority(ies) – 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), including DMH’s designee, the University of Massachusetts Medical School PASRR Unit (DMH PASRR unit).

Post-Admission Screenings – PASRR screenings, using the *PASRR Level I Screening Form*, of nursing facility residents that must be conducted in the following instances: 1) for an individual who is 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) for residents who experience a significant change or are newly identified as having a condition that may impact their PASRR disability status, the appropriateness of their nursing facility placement, or their 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 this CD may remain for a maximum of seven calendar days before the individual must receive a post-admission screening.

Resident Review – A comprehensive independent evaluation, conducted on a nursing facility resident that has been newly identified as having or suspected of having ID/DD, SMI, or both, or who has already been identified by PASRR as having ID/DD, SMI, or both. 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: 1) whether the referred individual has ID/DD, SMI, or both, and 2) 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 3) if a nursing facility is most appropriate, whether specialized services are now or continue to be needed.

Respite – A CD that applies when an individual who is clinically eligible for nursing facility services is admitted to a nursing facility to provide relief to the family 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 screening.

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; 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

**MassHealth
Nursing Facility Bulletin 169
October 2021
Page 4 of 10**

required to maintain functioning at home or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials; 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; 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)).

Severe Illness – A CD that applies if:

1. An individual seeking admission to a nursing facility with a severe illness or condition such as coma, persistent vegetative state, end-stage Parkinson's disease, end-stage Huntington's disease, end-stage congestive heart failure, end-stage chronic obstructive pulmonary disease, end-stage amyotrophic lateral sclerosis, or chronic respiratory failure (ventilator dependent); and
2. Due to the severity of the illness or condition, the individual is not able to be effectively evaluated or would not be expected to benefit from specialized services.

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

1. In the case of a decline, 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;
3. Requires interdisciplinary review or revision of the care plan; and
4. May result in a positive Level I Screening for SMI or ID/DD or may result in a change in previous PASRR determinations.

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, meet the requirements of 42 CFR 483.440(a)(1).

Specialized Services for SMI – Services which, when combined with services provided by the nursing facility, meet the requirements of 42 CFR 483.120(a)(1) and encompass behavioral health services of a higher intensity and volume than would be expected to be provided as nursing facility services and, for MassHealth members, services that are not included in the nursing facility provider's MassHealth per diem rate. Specialized services for SMI that may be determined necessary for an individual after a Level II Evaluation or a resident review include:

1. Psychiatric evaluation and psychotherapy services, specifically:
 - A. Psychiatric diagnostic evaluation
 - B. Individual psychotherapy
 - C. Family psychotherapy
 - D. Psychotherapy for crisis
 - E. Case consultation
2. Neuro-psychiatric evaluation

3. Substance use disorder treatment services for the provision of methadone, buprenorphine, buprenorphine/naloxone, or naltrexone

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. Preadmission Level I 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 Screening. All such individuals must receive a Level I Screening **before** they are admitted to a nursing facility.
 - A. In addition to a nursing facility, the following entities may complete a Level I Screening:
 - i. An Aging Services Access Point (ASAP) – for any MassHealth members, or individuals that have submitted an application for MassHealth but who have not yet been approved or denied, who are seeking admission to a nursing facility directly from the community (for example, home, rest home, assisted living);
 - ii. A hospital – for any 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 Screening, 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 comprehensive evaluation reports and determination notices, if required).
2. Level I Screenings do not require a preadmission referral to a PASRR authority for a Level II Evaluation or abbreviated Level II Evaluation if the individual screened negative for both ID/DD and SMI. In all other cases, Level I Screening requires a referral to a PASRR authority. This is true even if the individual also may be eligible for the EHD, the ADE, or a CD.
3. Level I Screenings that were positive for possible ID/DD or SMI require a referral to one or both PASRR authorities for a Level II Evaluation, depending on the nature of the actual or suspected PASRR-related disability.
 - A. For individuals who have, or may have, ID/DD, screeners must refer such individuals by submitting a copy of the *PASRR Level I Screening Form* to the DDS PASRR office and calling (617) 624-7796. DDS staff will collect supporting documentation during the course of the Level II Evaluation.
 - B. For individuals who have, or may have, SMI, screeners must refer such individuals to the DMH PASRR unit by submitting a completed *PASRR Level I Screening Form*, a completed DMH-approved fax cover sheet, and, if applicable, the required supporting documentation indicated on the cover sheet.
 - C. For individuals who have, or may have, both ID/DD *and* SMI, screeners must refer such individuals to both the DDS PASRR office and the DMH PASRR unit and follow the referral process described in Section II.3.A and Section II.3.B for such individuals.
4. A nursing facility admitting individuals with ID/DD, SMI, or both must inform the relevant PASRR authorities within 48 hours of the patient's admission to the facility, regardless of where the individual was admitted from, whether the individual satisfies criteria for an EHD, or if the

individual requires a Level II Evaluation or an abbreviated Level II Evaluation. The facility must provide the patient's first and last name, date of birth, name of the admitting facility, and date of admission. The admitting facility should inform the DDS PASRR office of the admission via phone or email. The admitting facility should inform the DMH PASRR unit of the admission via email or fax. This contact information is included at the end of this bulletin.

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 (but may require a resident review, depending on the circumstances, such as a significant change). The transferring facility must ensure that it transfers all copies of the resident's PASRR paperwork, including the *PASRR Level I Screening Form* and, if applicable, the determination notices and comprehensive evaluation reports, to the receiving facility. The receiving facility must not admit such an individual without receiving all PASRR-related documentation from the transferring facility. For residents who have ID/DD, SMI, or both (as determined by DMH PASRR unit, DDS PASRR office, or both as part of a Level II Evaluation), the *receiving* facility must inform the appropriate PASRR authority within 48 hours of the transfer that the individual has been transferred to the receiving facility, in the same manner as described in Section II.4, above.

III. Preadmission Level II Evaluations

1. A nursing facility may admit an individual who requires a Level II Evaluation or abbreviated Level II Evaluation only **after** it receives a determination notice and comprehensive evaluation report from the appropriate PASRR authority stating that "a nursing facility is the most appropriate setting to meet the individual's total care 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 comprehensive evaluation report from the PASRR authority, the admitting facility may request copies of these documents directly from the PASRR authority or the entity that made the referral (if that entity is not the admitting facility).
2. Only the PASRR authorities may issue determination notices and comprehensive evaluation reports. A nursing facility may not rely on purported determination notices or evaluation reports authored by entities other than the PASRR authorities. To the extent that a nursing facility admits an individual based on a determination notice or evaluation report authored by an entity other than a PASRR authority, the nursing facility will be deemed to be noncompliant with 130 CMR 456.410 and this bulletin. MassHealth may assess overpayments or sanctions against such facilities during the period of non-compliance under 130 CMR 450.235 through 130 CMR 450.240.

IV. Post-Admission Level II Evaluations 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's or CD's permitted duration, the nursing facility must submit an updated *PASRR Level I Screening Form* and, if referring to the DMH PASRR unit, must also submit a completed DMH-approved cover sheet to make a referral for a full

MassHealth
Nursing Facility Bulletin 169
October 2021
Page 7 of 10

Level II Evaluation to the appropriate PASRR authority in accordance with the following schedule:

- i. For the provisional emergency CD, by the 2nd calendar day after admission;
- ii. For the respite CD, by the 10th calendar day after admission;
- iii. For the convalescent care CD, by the 25th calendar day after admission; and
- iv. For the EHD, by the 25th calendar day after admission.

B. When an individual who resides in a nursing facility 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, or the individual's need for specialized services, the facility must submit an updated *PASRR Level I Screening Form*, and, if referring to the DMH PASRR unit, must also submit the DMH-approved cover sheet- and supporting documentation, to refer the resident for a resident review. Examples of a significant change may include, but are not limited to, the following situations:

- i. The resident demonstrates increased or new behavioral, psychiatric, or mood-related symptoms or is newly suspected of having ID/DD or SMI that was not previously identified or evaluated by the PASRR authority.
- ii. The resident's behavioral, psychiatric, or mood-related symptoms has not responded to ongoing treatment.
- iii. The resident is transferred, admitted, or readmitted to a nursing facility following an inpatient psychiatric stay or equally intensive treatment.
- iv. The resident experiences an improved medical condition such that the individual's plan of care or placement recommendations may require modification.
- v. 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.
- vi. The resident indicates a preference to leave the facility, communicated verbally or through other forms of communication, including behavior.
- vii. The resident's condition or treatment is or will be significantly different than described in the individual's most recent comprehensive evaluation report or determination notice.
- viii. The resident is suspected of having an ID that was not previously identified and evaluated by DDS.

C. 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:

- i. Experienced a significant change; or
- ii. 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, or the individual's need for specialized services.

MassHealth
Nursing Facility Bulletin 169
October 2021
Page 8 of 10

D. Except as provided in Section IV.1.E of this bulletin, for individuals who have been determined to have SMI based on the most recent Level II Evaluation or resident review, the nursing facility must make a referral for a follow-up resident review by submitting a completed a DMH-approved fax cover sheet to the DMH PASRR unit not more than 360 days after the most recent Level II Evaluation or resident review. For example:

i. *Example A:* The DMH PASRR unit completed a Level II Evaluation on January 1, 2021, and the individual was admitted to a nursing facility on January 5, 2021 without a positive determination for SMI. The individual experienced a significant change on March 1, 2021, and DMH PASRR Unit conducted a resident review on March 3, 2021, which resulted in a positive determination for SMI and a determination that nursing facility was the most appropriate setting for the resident. The facility must make a referral for a follow-up resident review by February 24, 2022, if the resident remains in a nursing facility at that time.

ii. *Example B:* The DMH PASRR unit completed a resident review on June 30, 2021, for an individual with SMI. The facility must make a referral to the DMH PASRR unit by June 25, 2022, if the resident remains in the nursing facility at that time.

E. For individuals who have been determined to have SMI based on the most recent Level II Evaluation or resident review and that Level II Evaluation or resident review was completed *before November 1, 2020*, DMH PASRR unit and MassHealth will provide nursing facilities further instructions regarding follow-up resident reviews.

F. PASRR authorities will track all known residents who have, or may have, ID/DD, SMI, or both and make attempts to contact nursing facilities on follow-up Level II Evaluations or resident reviews. However, it is a nursing facility's responsibility to ensure that all referrals to the PASRR authorities are made in a timely manner.

2. As stated above, nursing facilities must refer residents requiring a Level II Evaluation or resident review for SMI to the DMH PASRR unit by submitting a completed *PASRR Level I Screening Form*, a DMH-approved cover sheet, and, if applicable, any required documentation identified on the cover sheet via email to DDS.PASRR@MassMail.State.MA.US or fax to (617) 624-7557.

3. As stated above, nursing facilities must refer residents requiring a Level II Evaluation 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, DDS PASRR office, or both will conduct post-admission Level II Evaluations or resident reviews, as applicable, on all referred residents and render determination notices to the referring facility once those Level II Evaluations or resident reviews 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 the most appropriate setting to meet the individual's total care needs.

V. General Requirements

1. Level I Screenings, including post-admission screenings, must be performed using the *PASRR Level I Screening Form*, [PASRR-L1 \(10/21\)](#). Level I Screenings may not be performed using any other form or screening tool.

2. A nursing facility must respond to all outreach by a PASRR authority or EOHHS and provide all requested documentation in a timely manner.

MassHealth
Nursing Facility Bulletin 169
October 2021
Page 9 of 10

3. A nursing facility must arrange for all specialized services for an individual if they are listed on the individual's most recent determination notice and comprehensive evaluation report. Specialized services provided to MassHealth members at a nursing facility may be provided and billed directly by MassHealth providers, in accordance with the appropriate MassHealth regulations governing such providers.
4. A nursing facility must provide appropriate discharge planning for residents for whom community-based services are determined most appropriate based on the resident's most recent determination notice and comprehensive evaluation report.
5. A nursing facility must maintain in its records the date of discharge, transfer, or death of individuals with ID/DD, SMI, or both, as well as the setting to which the individual was discharged or transferred to, if applicable. Further, nursing facilities must maintain such information for individuals who were admitted through the ADE, the EHD, or a CD. This information must be supplied to PASRR authorities, ASAPs, or EOHHS upon request.
5. MassHealth may assess overpayments or sanctions, pursuant to 130 CMR 450.235 through 130 CMR 450.240 for any period in which a facility fails to comply with all applicable PASRR rules and requirements, including the requirements of this bulletin. Situations that may result in overpayment or sanction action include, but are not limited to, the following instances:
 - A. A nursing facility admits an individual whose *PASRR Level I Screening Form* is incomplete, improperly completed, or unsigned;
 - B. A facility fails to make a timely referral for a Level II Evaluation or resident review;
 - C. A facility fails to arrange for specialized services indicated on the determination notice sent by a PASRR authority;
 - D. A facility fails to appropriately discharge plan or cooperate with the PASRR authority, ASAPs, or EOHHS on discharging a resident for whom community-based services are determined most appropriate according to the determination notice sent by the PASRR authority.
6. A nursing facility must permanently keep a resident's *PASRR Level I Screening Form*, as well as all determination notices, comprehensive evaluation reports, and documentation that supports the screening outcome, determinations, or applicability of an ADE, EHD, or CD in each resident's medical record.
7. When making a referral to a PASRR authority for an individual, a nursing facility must issue a written notice to the individual and the individual's authorized representative, if applicable, stating that a referral is being made to the appropriate PASRR authority for a Level II Evaluation or resident review. 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.

Additional Information and Resources

Additional information and resources can be found on:

MassHealth LTSS Provider Portal: www.masshealthltss.com

MassHealth website: www.mass.gov/lists/pasrr-materials-for-providers

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

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Questions

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