

Nursing Facility PASRR Positive Reporting Information Form (MA 408)

NURSING FACILITY(NF) MUST FILL IN ALL SECTIONS BELOW

(FAX OR SECURE EMAIL FORM within 48 clock hours of individual's event to your Field Operations Office)

SECTION I – NURSING FACILITY INFORMATION

NF NAME AND COMPLETE ADDRESS:	DATE SENT:	COUNTY CODE:	SERVICE PROVIDER ID (13 DIGITS):
	CONTACT PERSON & TITLE:		EMAIL ADDRESS:
	TELEPHONE NUMBER:		FAX NUMBER:

SECTION II – RESIDENT INFORMATION

NAME (LAST, FIRST, MIDDLE):				DATE OF BIRTH:		SOCIAL SECURITY NUMBER:		ORIGINAL ADMISSION DATE:	
CATEGORY:	PROGRAM OFFICE (PO) LETTER DATES:	LONG-TERM:	SHORT-TERM (≤180 DAYS):	NURSING FACILITY INELIGIBLE (NFI):	DOES NOT MEET PO CRITERIA:	CHECK IF INFORMATION WAS FORWARDED TO ANOTHER PO(s):	DID THE PO RECOMMEND SPECIALIZED SERVICES:		
MH <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ID/DD <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ORC <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

SECTION III – RESIDENT TRACKING DATA

<p><input type="checkbox"/> NEW ADMISSION DATE: If the individual is from out of state, note it in the comment section.</p> <p><input type="checkbox"/> EXCEPTIONAL ADMISSION DATE: As described in the Exceptional Admission Section of the Pennsylvania PASRR Level I (MA 376 form)</p> <p><input type="checkbox"/> RESIDENT IS AN EXEMPTED HOSPITAL DISCHARGE (30 DAYS OR LESS) <input type="checkbox"/> Attach physician documentation of the 30-day time limit and stability</p> <p><input type="checkbox"/> RESIDENT REQUIRES RESPITE STAY (14 DAYS OR LESS) <input type="checkbox"/> Attach private physician note for need for 24-hour care for 14 days or less</p> <p><input type="checkbox"/> RESIDENT REQUIRES EMERGENCY PLACEMENT (7 DAYS OR LESS) <input type="checkbox"/> Attach adult protective services document and Physician Certification for this type of admission</p> <p><input type="checkbox"/> RESIDENT IS IN A COMA OR FUNCTIONS AT BRAIN STEM LEVEL <input type="checkbox"/> Attach physician documentation</p> <p><input type="checkbox"/> CHANGE IN CRITERIA DATE: Any change in the individual that previously met or now meets criteria for MH, ID/DD and/or ORC program office: staying longer than authorized time frame, awoke from coma, etc. Explain in comment section what the change is and who was spoken to at the program office if this is an extension.</p>	<p><input type="checkbox"/> UNREPORTED RESIDENT DATE: Individual meets PO criteria but was not reported on this form. Explain what was not identified in the comment section.</p> <p><input type="checkbox"/> DISCHARGE DATE: Discharge Location: _____ Were the Specialized Services (as noted in Section II above) provided in the NF? YES <input type="checkbox"/> NO <input type="checkbox"/> Indicate all Specialized Services provided in the NF? _____ Have similar Services been arranged for after discharge? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, who will provide the services? _____</p> <p><input type="checkbox"/> EXPIRED DATE:</p> <p>INDIVIDUAL NEEDS A PASRR LEVEL II: <input type="checkbox"/> Aging Well was notified to evaluate <input type="checkbox"/> Field Operations is to evaluate</p>
---	---

COMMENTS:

FIELD OPERATIONS OFFICE NAME AND ADDRESS:	FOR DHS-OLTL USE ONLY: FIELD OPERATIONS REPRESENTATIVE SIGNATURE _____ DATE _____
---	--

Nursing Facility PASRR Positive Reporting Information Form (MA 408) Instructions

1. NF must fill in all sections of the form.
2. Fax or secure email the form to the appropriate Field Operations Office within 48 clock hours of the individual's event. Include a copy of the Pennsylvania Preadmission Screening Resident Review (PASRR) Level I and program office (PO) letter(s) when form is faxed or secure emailed.

SECTION I – NURSING FACILITY INFORMATION

3. Enter complete name and address for the NF.
4. Enter date the form is sent.
5. Enter the Pennsylvania county code for where the NF is located.
6. Enter the 13-digit Medical Assistance (MA) Service Provider Identification number for the NF.
7. Enter the name of contact person, title, email address, telephone number, and fax number in case of a questions.

SECTION II – RESIDENT INFORMATION

8. Enter the individual's name, Date of Birth, Social Security Number (all 9-digits), and original admission date.
9. Check the PO category for the criteria met: MH (Mental Health), ID/DD (Intellectual/Developmental Disability), or ORC (Other Related Condition).
10. Enter the date of the PO letter that the individual has received.
11. Enter the following information from the letter: Check if Long-term, Short-Term, NF Ineligible (NFI), does not meet the PO criteria, check if the packet has been forwarded to another PO, and whether there are specialized services recommended by the PO.

SECTION III – RESIDENT TRACKING DATA

12. Check the reason for sending the MA 408 form. Enter the date of the event. All entries should be explained in the comment section.
 - **New Admission** – An individual that is new to the NF and meets criteria for MH, ID/DD, or ORC program office on the PASRR Level I, has been evaluated with a PASRR Level II, has a PO letter, or is from out of state. Explain in the comment section where the individual was admitted from, such as state (if from out of state), community setting, hospital, and/ or prior NF.
 - **Exceptional Admission** – Check the type of exceptional admission, and check that you are attaching the additional information that must be faxed with the MA 408 form.
 - **Change in Criteria** – Any change in the individual that previously met or now meets criteria for MH, ID/DD, and/or ORC program office; i.e., individuals staying longer than authorized time frame or someone that wakes from a coma, etc. Explain in the comment section what the change is and who was spoken to at the PO if this is an extension.
 - **Unreported Resident** – Individual meets PO criteria, but for some reason, it was not reported to the Field Operations Office on this form; i.e., admitted an individual that is an exceptional admission without documentation. Explain in the comment section on the form.
 - **Discharge** – Explain where the individual was discharged to, were Specialized Services (as noted in Section II) provided in the NF and what services were provided, have similar services been arranged for after discharge, and who will be providing them?
If the individual is expected to return to the NF after a hospitalization, do not send this form.
 - **Expired** – Check and date when an individual expires.
 - **Individual Needs a PASRR Level II** – Check who is to evaluate the individual.

Specialized Services for Nursing Facility Residents in Pennsylvania

A. Mental Health

Specialized services for an individual that meets the clinical criteria for a serious mental illness include appropriate community-based mental health services such as:

- **Partial Psychiatric Hospitalization** – Services provided in a non-residential treatment setting which includes psychiatric, psychological, social, and vocational elements under medical supervision. Designed for patients with moderate to severe mental illness who require less than 24-hour continuous care but require more intensive and comprehensive services than offered in outpatient. Services are provided on a planned and regularly scheduled basis for a minimum of three hours, but less than 24 hours in any one day.
- **Psychiatric Outpatient Clinic** – Psychiatric, psychologist, social, educational, and other related services provided under medical supervision in a non-residential setting designed for the evaluation and treatment of patients with mental or emotional disorders.
- **Mobile Mental Health Treatment (MMHT)** – A service array for adults and older adults with a mental illness who encounter barriers to, or have been unsuccessful in attending an outpatient clinic. The purpose of MMHT is to provide therapeutic treatment to reduce the need for intensive levels of service including crisis intervention or inpatient hospitalization. MMHT provides treatment which includes evaluation; individual, group, or family therapy; and medication visits in an individual's residence or an approved community site.
- **Crisis Intervention Services** – Immediate, crisis-oriented services designed to ameliorate or resolve precipitating stress. Provided to persons who exhibit acute problems of disturbed thought, behavior, mood, or social relationships.
- **Targeted Mental Health Case Management (Intensive Case Management (ICM) and Resource Coordination (RC))** – ICM services are provided to assist adults with serious and persistent mental illness to gain access to needed resources such as medical, social, educational, and other services. Activities undertaken by staff providing ICM services include: linking with services, monitoring of service delivery, gaining access to services, assessment and service planning, problem resolution, informal support network building, and use of community resources. RC is provided to persons who do not need the intensity and frequency of contacts provided through ICM, but who do need assistance in accessing, coordinating, and monitoring of, resources and services.
- **Peer Support Services** – Person-centered and recovery-focused services for adults with serious and persistent mental illness. The services are provided by individuals who have been served in the public behavioral health system. The service is designed to promote empowerment, self-determination, understanding and coping skills through mentoring and service coordination supports that allow people with severe and persistent mental illness to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their disabilities. Peer Specialists may provide site-based and/or mobile peer support services, off-site in the community.
- **Outpatient D&A Services, including Methadone Maintenance Clinic** – An organized, non-residential, drug-free treatment service providing psychotherapy in which the client resides outside the facility. Services are usually provided in regularly scheduled treatment sessions for, at most, five contact hours per week.

If the individual meets the clinical criteria for a serious mental illness and is admitted to a NF, some mental health or substance use disorder services may need to continue to be provided to the individual. The provision of specialized services should be assured by the NF and county mental health office.

B. Intellectual Disability/Developmental Disability

Specialized services for an individual that meets the clinical criteria for an intellectual disability/developmental disability include appropriate community-based intellectual/developmental disability services which result in:

- The acquisition of behaviors necessary for an individual to function with as much self-determination and independence as possible; and
- The prevention or deceleration of regression or loss of current optimal functional status.

Specialized services are authorized for applicants/residents with an "intellectual disability/developmental disability" by the Office of Developmental Programs or its agent. For individuals with ID/DD, community specialized services may include but are not necessarily limited to the following:

- **Assistive Technology** – An item, piece of equipment, or product system that is used to increase, maintain, or improve an individual's functioning. Assistive technology services include direct support to an individual in the selection, acquisition, or use of an assistive technology device.
- **Behavioral Support** – This service includes functional assessment; development of strategies to support the individual based on assessment; and the provision of training to individuals, staff, parents, and caregivers. Services must be required to meet the current needs of the individual.
- **Communication Specialist** – Supports participants with non-traditional communication needs by determining the participant's communication needs, educating the participant and the participant's caregivers on the participant's communication needs and the best way to meet those needs in their daily lives.
- **Companion Services** – Services are provided to individuals for the limited purposes of providing supervision and assistance focused on the health and safety of the adult individual with an intellectual disability/developmental disability. This service can also be used to supervise individuals during socialization or non-habilitative activities when necessary to ensure the individual's safety.
- **Housing Transition and Tenancy Sustaining Services** – This service includes pre-tenancy and housing sustaining supports to assist participants in being successful tenants in private homes owned, rented, or leased by the participants.
- **In-Home and Community Support** – In-home and Community Support is a direct service provided in home and community settings to assist participants in acquiring, maintaining, and improving the skills necessary to live in the community, to live more independently, and to participate meaningfully in community life.
- **Supports Coordination** – This is a service that involves the primary functions of locating, coordinating, and monitoring needed services and supports. Locating services and supports consists of assistance to the individual and the participant's family in linking, arranging for, and obtaining services specified in an Individual Support Plan (ISP), including needed medical, social, habilitation, education, or other needed community services.
- **Support (Medical Environment)** – This service may be used to provide support in general hospital or NF settings, when there is a documented need and the county program administrator or director approves the support in a medical facility. The service is intended to supply the additional support that the hospital or NF is unable to provide due to the individual's unique behavioral or physical needs.
- **Transportation** – Transportation is a direct service that enables individuals to access services and activities specified in their approved ISP.

C. **Other Related Condition**

Specialized services for an individual that meets the clinical criteria for an other related condition include appropriate community-based services which result in:

- The acquisition of behaviors necessary for an individual to function with as much self-determination and independence as possible; and
- The prevention or deceleration of regression or loss of current optimal functional status.

Specialized services are authorized for applicants/residents with an "Other Related Condition" by the Office of Long-Term Living or its agent. For individuals with ORC, community specialized services may include but are not necessarily limited to the following:

- **Service Coordination/Advocacy Services** – Development and maintenance of a specialized service plan, facilitating and monitoring the integration of specialized services with the provision of NF and specialized rehabilitative services, and assisting or advocating for residents on issues pertaining to residing in NF.
- **Peer Counseling/Support Groups** – Linking residents to "role models" or "mentors" who are persons with physical disabilities and who reside in community settings.
- **Training** – In areas such as self-empowerment/self-advocacy, household management in community settings, community mobility, decision making, laws relating to disability, leadership, human sexuality, time management, self-defense/victim assistance, interpersonal relationships, certain academic/development activities, and certain vocational/development activities.
- **Community Integration Activities** – Exposing residents to a wide variety of unstructured community experiences which they would encounter in the event that they must or choose to leave the NF or engage in activities away from the NF.
- **Equipment/Assessments** – Purchase of equipment and related assessment for residents who plan, within the next two years, to relocate to community settings.
- **Transportation** – Facilitation of travel necessary to participate in the above specialized services.