



OFFICE OF LONG-TERM LIVING BULLETIN

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EFFECTIVE DATE

September 1, 2018

NUMBER

01-18-04, 03-18-04

SUBJECT:

Revised Pennsylvania Preadmission Screening Resident Review (PASRR) Level II Evaluation Form (MA 376.2)

Kevin Hancock
Deputy Secretary, Office of Long-Term Living**PURPOSE:**

The purpose of this bulletin is to issue a revised Pennsylvania Preadmission Screening Resident Review (PASRR) Level II evaluation form. The revised PASRR Level II replaces the Pennsylvania PASRR evaluation (Bulletin 01-15-05, 03-15-05) dated January 1, 2016.

SCOPE:

This bulletin applies to all agencies that perform PASRR Level II evaluations for individuals either prior to or after the individual is a resident in a Medical Assistance (MA) enrolled nursing facility.

BACKGROUND:

In 1987, Congress enacted major nursing home reform legislation that affected all nursing facilities participating in the Medicare and MA Program as part of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87). OBRA '87, among other things, required the implementation of a preadmission screening program, applicable to all persons seeking admission to an MA-certified nursing facility, regardless of payer source. The purpose of the preadmission screening is to determine whether an individual with a mental health condition, intellectual disability/developmental disability (ID/DD), or other related condition requires nursing facility services and, if the individual does, whether the individual meets certain program office criteria and requires specialized services for their condition. See 42 CFR §§ 483.100 - 483.138. An MA-certified nursing facility may not admit any new resident with a mental health condition, ID/DD, or other related condition unless the Department of Human Services (department) has determined and notified the nursing facility in a letter that the individual requires nursing facility services and, if the individual does, whether the individual meets program office criteria, and requires specialized services for a mental health condition, ID/DD, or other related condition.

The State must complete a PASRR Level II evaluation if the individual meets any of the program office criteria for a mental health condition, ID/DD, or other related condition on the PASRR Level I (MA 376) form. Modifications to the PASRR Level II form were made based on recommended changes from the Centers for Medicare & Medicaid Services (CMS) and the department's program offices. There have been form changes which are summarized in this bulletin.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO: Ruth Anne Barnard

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Changes to the PASRR Level II form

Effective 09/01/2018

General Changes	There were general changes made to the form. In some sections, minor wording changes were made or clarifying language was added to assist assessors in completing the form, some sections were moved and renumbered, and subsections that were deleted from a section were added to a different section. In addition, the SLUMS Examination is now on page 11 instead of page 10.
Page 1, First Paragraph under heading	Changed first paragraph under heading to read: "When a Pennsylvania Preadmission Screening Resident Review (PASRR) Evaluation Level II form is completed, all supporting documents (see list in Section X) must be sent to the appropriate Department of Human Services (DHS) program office (Office of Mental Health and Substance Abuse Services, Office of Developmental Programs, or Office of Long-Term Living (ORC))."
Page 1, Section II	Replaced Section II with new Section II titled "Medical Documentation". Under Section II, added the following subsections: II-A: Medical Diagnosis(es) and Onset; II-B: Behaviors; II-C: Medications; II-D: Neurological; II-E: Functional Status; II-F: Supports/Socialization.
Page 2, Section III	Moved "Section-III Mental Illness (MI)" to Section IV and added new "Section-III Review Type".
Page 4, Section IV	Old Section III is new Section IV. Under new Section IV, changed "Section III-Mental Illness (MI)" to "Section IV-Mental Health (MH)". Deleted the first question under subsection III-A, added clarifying language to the second question and labeled this subsection IV-A. Labeled subsection III-B to IV-B and under the second question added the check box option "Refused Test". Deleted subsections III-C and III-D.

Page 5, Section V	Moved "Section IV: Intellectual Disability (ID)" to Section V. Under new Section V, changed "Section IV: Intellectual Disability (ID)" to "Section V: Intellectual Disability/Developmental Disability (ID/DD)". Labeled subsection IV-A to V-A and added additional fields to list supports for an ID/DD diagnosis. Labeled IV-B to V-B and added clarifying language to the second question. Deleted subsections IV-C and IV-D.
Pages 5 and 6, Section VI	Moved "Section V: Other Related Conditions (ORC)" to Section VI. Under new Section VI, labeled V-A to VI-A and added an additional field to the first question to list supports for an ORC diagnosis. Labeled V-B to VI-B and added clarifying language to the second question. Deleted subsections V-C and V-D.
Pages 6 - 8, Section VII	Moved "Section VII: Notice of Referral for Final Determination" to Section VIII and added new Section VII titled "Findings & Recommendation". Under Section VII, added the following subsections: VII-A: Evaluator's Recommendation and VII-B: Desire for Specialized Services.
Page 8, Section VIII	Replaced "Section VIII: Documentation to Include for Program Office Review" with new "Section VIII: Notice of Referral for Final Determination". New Section VIII was old Section VII. Updated wording in paragraphs three through four. The fifth paragraph and signature text box for person who completed the form were deleted.
Page 9, Section IX	Moved "Section IX: Notification" to Section XI. Added new Section IX: "Name and Contact Information of Individual Completing this Form".
Page 9, Section X	Added Section X: "Documentation to Include for Program Office Review".
Page 10, Section XI	Old "Section IX: Notification" is new Section XI. Under new Section XI, changed "Section IX: Notification" to "Section XI: Notification Sheet". Under number "5. List Full Name of Discharging Hospital" added a field for "Contact Email".

PROCEDURES:

Beginning September 1, 2018, the revised PASRR Level II form (MA 376.2) must be completed if the individual is identified as meeting program office criteria on the PASRR Level I form, has a change in condition, and is not an exceptional admission, as defined on page 6 of the PASRR Level I form. Aging Well or the department's Office of Long-Term Living, Division of Nursing Facility Field Operations, (if the individual is already in a nursing facility and there has been a change in condition) is responsible for completing the PASRR Level II form, including gathering the accompanying documentation, and for forwarding the information to the Office of Mental Health Substance Abuse Services (OMHSAS), Office of Developmental Programs (ODP), or Office of Long-Term Living (OLTL) program office. The program office will review the information to determine if the individual meets Nursing Facility Clinical Eligibility, program office criteria, and the need for Specialized Services as defined on pages 7 and 8 of the PASRR Level II form. The program office will issue its decision to all appropriate parties through a Program Office Letter of Determination.

Failure to complete the PASRR Level I and, when applicable, the PASRR Level II prior to admission or on the day of admission will result in forfeiture of MA reimbursement to the nursing facility during the period of non-compliance in accordance with Federal PASRR Regulations at 42 CFR § 483.122.

The revised PASRR Level II (MA 376.2 7/18) form may be downloaded or printed at the following website: <http://www.dhs.pa.gov/dhsassets/maforms/index.htm>.

If an individual meets the program office criteria on the PASRR Level I form completed on September 1, 2018 and thereafter, the revised PASRR Level II (MA 376.2 9/18) must be completed. Previous versions of the PASRR Level II form are not acceptable beginning September 1, 2018.