



*The Commonwealth of Massachusetts*  
*Executive Office of Elder Affairs*  
*One Ashburton Place, Boston, MA 02108*

DEVAL L. PATRICK  
Governor

TIMOTHY P. MURRAY  
Lieutenant Governor

ANN L. HARTSTEIN  
Secretary

SANDRA K. ALBRIGHT  
Undersecretary

Tel: (617) 727-7750  
Fax: (617) 727-9368  
TTY/TTD 1-800-872-0166  
[www.mass.gov/elder](http://www.mass.gov/elder)

**To:** ASAP Executive Directors

**EOEA-PI-12-04**

**From:** Ann L. Hartstein 

**Date:** April 27, 2012

**Re:** Review of Pre-Admission Screening and Record Review (PASRR) requirements prior to authorization of MassHealth Payment of Nursing Facility (NF) services

**Purpose:**

The purpose of this Program Instruction is to clearly delineate the practice for PASRR documentation review by ASAP Clinical Assessment Eligibility (CAE) staff when approving pre admission and post admission assessments in a NF. This is being presented in order to improve NF compliance with PASRR to prevent inappropriate NF admissions for those individuals with a diagnosis of mental illness (MI), intellectual disability/mental retardation (ID, intellectual disability is the current preferred terminology) and/or developmental disability (DD).

**Background:**

Since the implementation of the Omnibus Reconciliation Act of 1987 (OBRA), a condition of MassHealth payment of NF services has been pre-screening individuals for MI, ID, and DD. If an individual is diagnosed with one or more of these conditions, the appropriate PASRR authority must conduct a Level II PASRR evaluation and determination and approve admission to or a continued stay in a NF.

The PASRR authority for MI is the Department of Mental Health (DMH) which contracts with Northeast Behavioral Health. The PASRR authority for ID/DD is the Department of Developmental Services (DDS).

MassHealth retains the overall responsibility for PASRR and must ensure full compliance with all requirements. Among its responsibilities, the MassHealth agency cannot countermand the determination of the PASRR authorities, and must withhold payment for NF services for any person with MI or ID/DD who is admitted to a NF without a Level II PASRR evaluation and determination until such time as an evaluation and determination is completed by the applicable PASRR authority.

Currently, in the course of issuing authorization of payment for NF services for pre-admission and post-admission clinical assessments, ASAPs' Clinical Assessment and Eligibility (CAE) staff reviews for PASRR compliance prior to issuing authorization of MassHealth payment of NF services.

In an effort to improve upon PASRR compliance, the ASAPs will, as of the effective date of this Program Instruction, complete the PASRR monitoring activities prior to issuing an authorization of MassHealth payment for post-admission assessments including conversions, short term reviews, continuation of stay, retrospective assessments and transfers between NFs.

**Required Actions:**

During all pre-admission and post-admission assessments, ASAPs must ensure PASRR compliance is met prior to authorizing MassHealth payment for NF services for any MassHealth member or applicant.

The ASAP must review the clinical record and the Level I Pre-Admission Screening (PAS) Form for a diagnosis of MI, ID and/or DD prior to authorizing MassHealth payment on all pre- and post-admission referrals.

For conversion assessments, where the ASAP finds that a required Level II PASRR was not completed, the ASAP may not issue authorization for MassHealth payment of NF services until the NF can demonstrate that PASRR requirements have been met. The ASAP must report to the MassHealth Office of Long Term Services and Supports (OLTSS) the dates the NF was out of compliance with PASRR. The OLTSS will then instruct the ASAP with regard to payment.

A secure email must be sent to the designated person at MassHealth OLTSS, NF Program Manager, with the following information:

Name of the NF

Name of the Consumer

MassHealth 12 digit number OR date of birth if consumer is an applicant

Date of admission to the NF

Dates NF is seeking payment

Date of PASRR compliance (date of PASRR referral on the PASRR exemption letter or the date the PASRR authority completed the Level II)

Date of discharge from the NF if applicable.

If the ASAP completed a conversion or previous short term approval and found the NF to be in compliance with PASRR at that time, it is not necessary to review for PASRR again on subsequent short term reviews.

For other post-admission referrals, including retrospective, continuation of stay, and NF transfer assessments, the ASAP CAE staff must provide the information above to the designated person at MassHealth OLTSS if the NF was found to be out of compliance with PASRR.

The ASAP process for DDS 90 Day PASSR has not changed. This ensures that the expiration date on the PASRR is consistent with the expiration date on the authorization of MassHealth payment of NF services. The ASAP may only issue a Nursing Facility Approval (NFA) if DDS has issued a PASRR notice approving NF admission or continued stay with no end date.

The ASAP will now process all DDS provisional notices. When DDS issues a PASRR denial with a 30 day provisional notice, the ASAPs will issue a short term approval and a denial at the same time. The denial for authorization of MassHealth payment of NF services should be same date as the date the PASSR provisional approval period ends. A short term approval must be issued terminating the date prior to the date the provisional period ends.

A copy of the DDS PASRR notice must accompany any authorization or denial of MassHealth payment of NF services.

All notices issued by the ASAP must be accompanied by a Right to a Fair Hearing.

For those members who enter a NF on a 30 day convalescent stay exemption and convert to MassHealth as the primary payer source, the ASAP may only issue a short term approval through day 30 of the 30 day convalescent stay exemption period. At that time the ASAP must conduct a short term review and ensure PASRR requirements are met prior to authorizing any further MassHealth payment for NF services.

If an ASAP encounters other scenarios where PASRR compliance is in question, the ASAP should contact OLTSS (contact information below) before issuing authorization of MassHealth payment for NF services.

The ASAP must always deny authorization of MassHealth payment for NF services in the event there is a PASRR denial.

ASAPs should update applicable CAE policies and procedures to reflect this change, and ensure that impacted staff receive a copy of the revised policies and procedures.

**Effective Date:**

The Program Instruction is effective May 15, 2012

**Contact Person:**

Please contact MaryEllen Coyne, RN with any questions or concerns regarding the Program Instruction at 617- 222 -7554 or at [MaryEllen.Coyne@state.ma.us](mailto:MaryEllen.Coyne@state.ma.us)

**Attachments:**

Copy of Level I PAS Form.

Copy of PASSR Non-Compliance Information Request Form for OLTSS.

**PASSR Non - Compliance Information Request Form:**

Directions: Please complete the following information and send this form as a **SECURE**: e-mail to the Nursing Facility Program Manager at OLTSS @ [Ronald.Pawelski@state.ma.us](mailto:Ronald.Pawelski@state.ma.us)

**Name of Nursing Facility:**

**Consumer Name:**

**MassHealth 12 digit number OR date of birth if consumer is an applicant:**

**Date of admission to NF:**

**Dates NF is seeking payment:**

**Date of PASSR compliance (date of PASSR referral on the PASSR exemption letter or the date the PASSR authority completed the Level II)**

**Date of Discharge from NF if applicable:**

# MassHealth Level I Preadmission Screening (PAS)

Commonwealth of Massachusetts  
 DPHHS  
 www.mass.gov/masshealth

This form must be completed by the nursing facility for **all individuals** who, regardless of payment source, are admitted to a nursing facility. This form **must be kept permanently** in the resident's medical record. A licensed nurse or licensed social worker employed by the nursing facility must complete both sides of this form before the applicant's admission, as mandated by the federal Omnibus Budget Reconciliation Act (OBRA) of 1987.

Nursing Facility Provider Information	Nursing Facility Applicant Information	
Provider number	MassHealth ID or SSN	
Name	Name	
Address	Address	
City, ZIP code	City, ZIP code	
Telephone number	Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F

## Section 1: PAS for Mental Retardation or Developmental Disability

- ▶ 1. Does the nursing-facility applicant have a documented diagnosis or treatment history of mental retardation or developmental disability? .....  yes    no
- ▶ 2. Has the nursing-facility applicant received services for mental retardation or developmental disability from an agency that serves individuals with mental retardation and/or developmental disability?.....  yes    no
- ▶ 3. Does the nursing-facility applicant exhibit any evidence that may indicate mental retardation or developmental disability? .....  yes    no

If you answered **no** to all questions in Section 1, skip Section 2 and proceed to Section 3.

## Section 2: Convalescent Care (following an acute inpatient hospital stay)

- ▶ Is the nursing-facility applicant seeking admission for convalescent care as certified by a physician not to exceed 30 days directly following an acute-inpatient-hospital stay?.....  yes    no

## Section 3: Level I Determination for Mental Retardation or Developmental Disability

Check all that apply.

- Level II PAS is not indicated because there is no diagnosis or evidence of mental retardation or developmental disability.
- Level II PAS is not indicated because the applicant is seeking admission for convalescent care as certified by a physician not to exceed 30 days directly following an acute-inpatient-hospital stay.
- Level II PAS is indicated and must be completed before admission.** Date of completion: \_\_\_\_\_
- Approved by DMR for nursing-facility admission. (The DMR approval letter must be in the medical record.)

Date of nursing-facility admission: \_\_\_\_\_

Related diagnoses and comments: \_\_\_\_\_

Signature: \_\_\_\_\_ RN, LPN, LSW Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Circle one.)

**Note:** You must notify DMR only when MR/DD is indicated.

- ▶ Did you call and notify DMR on the day of admission? .....  yes (date) \_\_\_\_\_  no
- ▶ Did you fax this page within 48 hours to DMR? .....  yes (date) \_\_\_\_\_  no

Name of Applicant: \_\_\_\_\_

### Section 4: PAS for Mental Illness

1. Does the nursing-facility applicant have a documented diagnosis or treatment history of any of the following major mental disorders? Check all that apply.
- |   |   |
|---|---|
| <b>Psychoses</b>                            | <b>Affective Disorders</b>  |
| <input type="checkbox"/> Schizophrenia      | <input type="checkbox"/> Schizo-affective disorder  |
| <input type="checkbox"/> Paranoia           | <input type="checkbox"/> Bipolar disorder (formerly manic depression)                             |
| <input type="checkbox"/> Atypical psychosis | <input type="checkbox"/> Unipolar depression more than <b>10 years</b> (date of diagnosis: _____) |
- Severe Anxiety and Somatoform Disorders** (All must apply for Level II PAS referral.)
- Two years' duration with documented symptoms in the last six months
  - Inpatient psychiatric treatment for anxiety disorder
  - Psychoactive medication(s) administered for anxiety disorder (date of diagnosis: \_\_\_\_\_)
2. Has the nursing-facility applicant ever received any of the following treatments for unipolar depression?
- a. Inpatient or outpatient psychiatric treatment .....  yes  no
  - b. Electroconvulsive therapy .....  yes  no
  - c. Psychoactive medications .....  yes  no
3. Does the nursing-facility applicant exhibit any evidence of a major mental illness? .....  yes  no
- If you answered **no** to all questions in Section 4, skip Section 5 and proceed to Section 6.

### Section 5: Primary Diagnoses/Conditions

- Does the nursing-facility applicant have any of the following diagnoses or conditions or meet any of the following descriptions? (Note: **End Stage (ES)** is defined as severe, debilitating, and bed-bound or bed-to-chair). Check all that apply.
- |   |  |
|---|--|
| <input type="checkbox"/> Alzheimer's disease or other dementia (requires supporting documentation)  | <input type="checkbox"/> Severe brain injury                           |
| <input type="checkbox"/> Comatose   | <input type="checkbox"/> <b>ES</b> COPD with 24-hour oxygen            |
| <input type="checkbox"/> Ventilator dependent   | <input type="checkbox"/> <b>ES</b> CHF with 24-hour oxygen             |
| <input type="checkbox"/> Terminal illness with less than six-month prognosis as certified by a physician  | <input type="checkbox"/> <b>ES</b> Amyotrophic lateral sclerosis (ALS) |
| <input type="checkbox"/> Unipolar depression, less than 10 years' duration (date of diagnosis: _____)   | <input type="checkbox"/> <b>ES</b> Huntington's chorea                 |
| <input type="checkbox"/> Convalescent care as certified by a physician not to exceed 30 days directly following an acute inpatient hospital stay (this does not include a psychiatric hospitalization). | <input type="checkbox"/> <b>ES</b> Parkinson's disease                 |

### Section 6: Level I Determination for Mental Illness

- Check all that apply.
- Level II PAS is not indicated because there is no diagnosis as listed or evidence of mental illness as noted in **Section 4**.
  - Level II PAS is not indicated because the applicant has one of the diagnoses or conditions in **Section 5**.
  - Level II PAS is indicated and must be completed before admission.** Date of completion: \_\_\_\_\_
  - Approved by Health and Education Services (HES) on behalf of the Department of Mental Health for nursing-facility admission. (The HES approval letter must be in the medical record.)
- Comments: \_\_\_\_\_
- List psychoactive medication(s) and dosage: \_\_\_\_\_
- Signature: \_\_\_\_\_ RN, LPN, LSW Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Circle one.)

**Level I and Level II PAS must be kept permanently in the medical record.**