

**Preadmission Screening and Resident Review (PASRR)  
 MassHealth Office of Long Term Services & Support  
 Non-Compliance Information Request Form**

**Directions:** Please fill out the form below to request a review of a PASRR non-compliance case, filling each box and not leaving any blanks. Please do not submit handwritten requests. Please email the form using a **state secure email** to: Pavel Terpelets (Pavel.Terpelets@massmail.state.ma.us) and Melissa Enos (Melissa.A.Enos@massmail.state.ma.us). **Please keep form to one page. If more information is needed please attach separate document.**

<b>Date:</b>	<b>ASAP:</b>
<b>Member Name:</b>	<b>Member ID # (or date of birth):</b>
<b>Nursing Facility (NF) Name and Address:</b>	<b>NF Contact Person &amp; Phone Number:</b>
<b>Date of Admission:</b>	<b>Admission From</b> (AIH, CDRH, Psychiatric Hospital, Home/Community, etc):
<b>Date(s) NF seeking MH payment:</b>	<b>Date(s) of potential non-compliance:</b>
<b>Date of Discharge</b> (if applicable):	<b>Date of Level II PASRR Compliance:</b>
<b>Qualifying PASRR Diagnoses:</b>	<b>Source of PASRR Diagnoses</b> (if not documented on Level I Screen):
<b>ASAP Comments (250 words or less) Please summarize the reason for submission of the non-compliance case:</b>	

**Following Section to be filled out by EOHHS/EOEA/MassHealth Only:**

Date Reviewed: \_\_\_\_\_ Compliant  Non-Compliant  Non-Payment Days: \_\_\_\_\_

Comments: