



Nursing Facility Bulletin 186

DATE: June 2024

TO: Nursing Facilities Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth [signature of Mike Levine]

RE: Updates to Nursing Facility Regulations: Preadmission Screening and Resident Review (PASRR) for Intellectual Disability, Developmental Disability, and Serious Mental Illness

Introduction

This bulletin supersedes Nursing Facility Bulletin 169 as of June 14, 2024. It updates the Commonwealth's Preadmission Screening and Resident Review (PASRR) processes, as required under state and federal regulations, including 130 CMR 456.410 and 42 CFR 483.100 *et seq.* Specifically, the updates to the PASRR process in this bulletin: 1) clarify the general requirements for PASRR compliance, including the requirements for submitting all Level I Screenings to the PASRR Portal; and 2) explain the differences between the PASRR process for individuals with Serious Mental Illness (SMI) and individuals with Intellectual Disability or Developmental Disability (ID/DD).

Table of Contents

- 1. Definitions**
- 2. General Requirements**
 - A. Level I Screening Submissions
 - B. PASRR Portal
 - C. Level I Screening Reviews
 - D. Services and Discharge Planning
 - E. Documentation
 - F. Sanctions
- 3. Specific Requirements for Individuals with SMI**
 - A. Referrals to DMH PASRR Unit
 - B. Preadmission Level II Evaluations for Individuals with SMI
 - C. Postadmission Level II Evaluations and Resident Reviews for Individuals with SMI
 - D. Determination Notice Validity and Expiration
- 4. Specific Requirements for Individuals with ID/DD**
 - A. Referrals to the DDS PASRR Office
 - B. Preadmission Level II Evaluations for Individuals with ID/DD
 - C. Post-admission Level II Evaluations and Resident Reviews for Individuals with ID/DD
 - D. Determination Notices Validity and Expiration

1. Definitions

Abbreviated Preadmission Level II Evaluation (Abbreviated Level II Evaluation).

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

Advanced Dementia Exclusion (ADE). An abbreviated PASRR 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.

Behavioral Health Services. Services which may be required to meet the requirements of 42 CFR 483.120(a)(1). Nursing facilities must provide or arrange for residents to receive all Behavioral Health Services recommended for the resident through a Level II Evaluation or a Resident Review. Behavioral Health Services that may be recommended for a resident 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

Behavioral Health Community Partner (BHCP). BHCPs are community-based organizations, contracted with MassHealth to provide enhanced care coordination for individuals, regardless of payor source, 18 years or older residing in an NF who have received a positive Level 2 PASRR determination of SMI and have received a determination that NF services are appropriate for up to the next 12 months (“12-month determination”).

Categorical Determination (CD). An abbreviated PASRR determination, permitted under 42 CFR 483.130(d), that apply for individuals who have screened positive for suspicion of SMI on the Level I Screening, taking into account the 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. A CD is not an ‘exemption’ from the PASRR process, may be time limited and has the same function as a Level II Determination. 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 they function as a Level II Evaluation determination.

Community Transition Liaison Program (CTLP). The Community Transition Liaison Program (CTLP) supports nursing facility residents in transitioning to the community. CTLP supports any resident (age 22 and over) of a nursing facility (regardless of insurance) who is interested in receiving support and assistance to transition to the community.

Comprehensive Evaluation Report (CER). A written report for each full and comprehensive Level II Evaluation or Resident Review conducted on an individual because a CD, exemption, or exclusion does not apply, or no longer applies. Each CER memorializes all recommendations and other relevant information, including but not limited to the clinical needs of the individual and the individual or individual's authorized representative's goals and preferences for the individual's care, upon which the Level II Determinations are based.

Convalescent Care. A type of CD that applies to an individual who screened positive for suspicion of SMI on the Level I Screening 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 is subject to the requirements under **Section 3.B.1** of this bulletin.

Department of Mental Health Clubhouse (Clubhouse). An intergenerational Psychosocial Rehabilitation Service, providing support that is culturally and linguistically responsive through a membership-based community center. Clubhouse services provides daily activities organized around a set structure. Clubhouse service components address an individual's goals related to community linkages, employment, education, life skills, housing, health and wellness, socialization, and recreation.

Department of Mental Health Nursing Facility Transition Team. A team of case managers who work for the Department of Mental Health (DMH) and are assigned to nursing facility residents with a positive Level II PASRR determination of SMI who have received approval for nursing facility care for up to the next 90 days ("90-day determination") and for whom community placement may be appropriate. This team will support the resident's transition to the community. The DMH case managers will work with existing care-coordination services (BH CP, One Care plan, etc.); collaborate with the DMH Site Office in the community to facilitate referral and enrollment into DMH services; assist with referrals to other community services and supports (PCA, VNA, home modifications, etc.); and collaborate with the nursing facility around discharge planning and help coordinate discharge.

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) (also known as Related Condition). 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 Level I Screening, as well as a Level II Evaluation, if applicable.

Intellectual Disability (ID). A severe, chronic disability that:

1. Manifests before age 22;
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 before their admission to a nursing facility, as required by federal PASRR regulations at 42 CFR 483.100 *et seq.* using the Level I Screening form. A Level I Screening identifies whether an applicant has, or *is suspected of* having, ID, DD, and/or SMI (i.e. a positive Level I Screening).

Level II Evaluation. A comprehensive independent evaluation that is consistent with federal PASRR regulations at 42 CFR 483.134, and 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 authorized representative's 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 appropriate; and, 3) if a nursing facility is appropriate, whether Specialized Services are required.

Level II Determination. Following the Level II Evaluation or Resident Review, DMH is responsible for making a Level II Determination. The Level II Determination is memorialized in a written document that includes the following information:

- A summary of the CER information;
- Whether the individual currently has SMI or ID/DD;

- If SMI and/or ID/DD is confirmed, whether nursing facility services are needed and whether community-based services, admission to or continued residency in a nursing facility or other setting is most appropriate, in accordance with determination requirements in 42 CFR 483.126 and 42 CFR 483.132, and
- If SMI and/or ID/DD is confirmed and admission to or continued residency in a nursing facility is most appropriate, what, if any, Specialized Services are needed; and
- If SMI and/or ID/DD is confirmed and admission to or continued residency in a nursing facility is most appropriate, specific recommendations for what, if any, behavioral health and/or rehabilitative services that are not Specialized Services are recommended.

PASRR Authority(ies). The PASRR Authority for ID/DD is the Massachusetts Department of Developmental Services (DDS). The PASRR Authority for SMI is the Massachusetts Department of Mental Health (DMH). DMH's PASRR designee is the DMH PASRR Unit of ForHealth Consulting at the UMass Chan Medical School (DMH PASRR Unit). For the purposes of this bulletin, the DMH PASRR Unit also refers to its agents that may act on its behalf.

PASRR Portal. An online portal that is required for the submission of all Level I Screening forms (both positive and negative) and for the submission of any required documentation relating to Level I Screenings and Level II Evaluations for individuals with SMI. The portal also provides nursing facilities the ability to view and track information related to PASRR evaluations.

Post-Admission Screening. A PASRR screening, using the Level I Screening form submitted via the PASRR Portal, of nursing facility residents that the nursing facility must conduct 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 status, the appropriateness of their nursing facility placement, or their need for Specialized Services.

Provisional Emergency. A CD that applies when an individual who screened positive for suspicion of SMI 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 is subject to the requirements under **Section 3.B.1** of this bulletin.

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 authorized representative's goals and preferences for the resident's care. It is required to ascertain whether the referred individual has ID/DD, SMI, or both, and 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 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 screened positive for suspicion of SMI 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 is subject to the requirements under Section 3.B.1 of this bulletin.

Serious Mental Illness (SMI). The term as defined at 42 U.S.C. § 1396r(e)(7)(G)(i). In accordance with the federal PASRR regulations at 42 CFR 483.102(b)(1), an individual is considered to have SMI if the individual meets the following requirements on diagnosis, level of impairment and duration of illness:

(1) Diagnosis. The individual has a major mental disorder as described by 42 CFR §483.102(b)(1)(i), including:

(A) A schizophrenic, mood, paranoid, panic, or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability; but

(B) Not a primary diagnosis of dementia, including Alzheimer's disease or a related disorder (ADRD), or a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as described in 42 CFR §483.102(b)(1)(i)(A).

(2) Level of impairment. The disorder results in functional limitations in major life activities within the past 3 to 6 months that would be appropriate for the individual's developmental stage. An individual typically has challenges in at least one of the following characteristics on a continuing or intermittent basis as described by 42 CFR §483.102(b)(1)(ii): interpersonal functioning; concentration, persistence, and pace; or adaptation to change.

(3) Recent Treatment. The treatment history indicates that the individual has experienced at least one of the following as described in 42 CFR §483.102(b)(1)(iii):

(A) Psychiatric treatment more intensive than outpatient care, more than once in the past two years (e.g., partial hospitalization or inpatient hospitalization); or

(B) Within the last two years, due to the mental disorder, experienced and episode of significant disruption to the normal living situation, for which supportive services were required to maintain functioning at home, or in a residential treatment environment, or which resulted in intervention by housing or law enforcement officials.

Severe Illness. A CD that applies to individuals who have screened positive for suspicion of SMI 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 483.120(a)(1).

Specialized Services for SMI. Services that EOHHS specifies pursuant to 42 CFR 483.120(a) as being specialized services for individuals with SMI who are assessed as needing such services through a Level II Evaluation or Resident Review. Specialized Services may be specified as such in the Massachusetts Title XIX State Plan, MassHealth regulations, MassHealth Nursing Facility Bulletins, or such other written issuance determined appropriate by EOHHS.

Terminal Illness. A CD that applies when a clinician has certified that an individual, who screened positive for suspicion of SMI and is seeking admission to a nursing facility has a life expectancy of six months or less if the illness runs its normal course.

2. General Requirements

Nursing facilities must meet all requirements described in this **Section 2.A** for all nursing facility residents or applicants, as applicable. Nursing facilities must also meet the Level II Evaluation requirements described in **Section 3** and **Section 4** of this bulletin, as applicable. Specifically, nursing facilities must also follow all requirements in **Section 3** for all individuals suspected to have SMI, and must also follow all requirements in **Section 4** for all individuals suspected to have ID/DD. If an individual is suspected of having both SMI and ID/DD then the requirements in both **Section 3** and **Section 4** must be met.

A. Level I Screening Submissions

1. It is the nursing facility’s responsibility 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 nursing facility must ensure that a Level I Screening was completed and submitted via the PASRR Portal, along with any required/supplemental documents/
 - a. In addition to a nursing facility, the following entities may complete a Level I Screening:
 - i. An 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 access to a copy of the individual’s completed Level I Screening form, as well as all supporting documentation (including Level II Evaluation CERs and Determination Notices, if applicable).
 - i. The nursing facility must ensure this information is available via the PASRR Portal.
 - ii. The nursing facility must request a transfer of PASRR documents (Level I Screening form and, if applicable, Level II CERs and Determination Notices) through the PASRR Portal if an entity other than the admitting nursing facility submitted the Level I Screening form.
2. All Level I Screenings, positive or negative, must be submitted via the PASRR Portal.
 - a. This is true even if the individual also may be eligible for the EHD, the ADE, or a CD.
 - b. For individuals who have, or may have, SMI, all documentation related to the Level I must also be submitted via the PASRR Portal
 - c. For individuals who have, or may have, ID/DD, the individual conducting the Level I Screening must also notify the DDS PASRR office by calling (617) 624-7796 after submitting the Level I Screening form via the PASRR Portal. The DDS PASRR office may also request additional documentation to be submitted via email to DDS.PASRR@Mass.gov.
 3. A nursing facility must inform the respective PASRR Authority 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 respective PASRR Authority of the admission via phone or email. The PASRR Authority contact information is included at the end of this bulletin.
 - a. For an individual with SMI, the facility must inform the DMH PASRR Unit.
 - b. For an individual with ID/DD the facility must inform the DDS PASRR office.
 4. 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 Level I Screening form and, if applicable, the Determination Notices and CERs, to the receiving facility. This transfer must be documented in the PASRR Portal. If the Level I Screening form is not available in the PASRR Portal then the transferring facility must submit a new Level I Screening form via

the PASRR Portal before transferring the individual. The receiving facility must not admit such an individual without receiving all PASRR-related documentation from the transferring facility.

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 2.A.3**, above.

B. PASRR Portal

1. Level I Screenings, including Post-Admission Screenings, must be performed using the PASRR Level I Screening form via the PASRR Portal. Level I Screenings may not be performed using any other form or screening tool.
2. All nursing facilities, acute and chronic hospitals, and ASAPs (as applicable) are required to use the PASRR Portal for the submission of
 - a. All Level I Screenings forms (both positive and negative) and any required documentation,
 - b. Any required documentation relating to Level II Evaluations and Abbreviated Level II Evaluations referrals for individuals with SMI.
3. Nursing facilities are required to confirm that a completed Level I Screening form, and, as applicable, an Abbreviated Level II Evaluation or Level II Evaluation are available via the PASRR Portal before admitting a resident to their facility.
4. If a resident is transferred from one facility to another, the transferring facility must ensure that the resident is transferred within the PASRR Portal with all applicable PASRR documentation. For Level II Evaluation documentation for individuals with SMI submitted before September 2023, the transferring facility must contact DMH PASRR unit to request upload of data to the PASRR Portal. The receiving facility may not admit a transferred resident without verifying that all applicable PASRR documentation is accessible via the PASRR Portal.

C. Level I Screening Reviews

1. A nursing facility must review each resident's PASRR status once a year when completing the resident's CMS Minimum Data Set 3.0 Annual Assessment. A nursing facility must check for the resident in the PASRR Portal to determine if the resident is included within the PASRR Portal. If the resident is not included within the PASRR Portal, then the nursing facility must submit a new Level I Screening for the resident. If the resident's Level I Screening form is in the PASRR Portal, but appears to require a Level II Evaluation or Resident Review that is not included in the portal, the nursing facility must contact the appropriate PASRR Authority. The nursing facility must ensure that Question A1500 of the Minimum Data Set 3.0 Annual Assessment is then completed to accurately capture the resident's PASRR involvement.
2. A nursing facility may admit an out of state resident with a Level I Screening or Level II Evaluation completed by an out-of-state entity, including but not limited to hospitals or nursing facilities. However, within 30 days after admission, the nursing facility located in Massachusetts must complete a new Level I Screening via the PASRR Portal.

D. Services and Discharge Planning

1. A nursing facility must arrange for a resident all Specialized Services and Behavioral Health Services that are listed on the individual's most recent Determination Notice and CER. As detailed in [Nursing Facility Bulletin 180](#), the nursing facility must coordinate with residents' BHCP and DMH Nursing Facility Transition Team to ensure access to Specialized Services and Behavioral Health Services for the individual. Specialized

Services and Behavioral Health 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.

2. 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 CER.

E. Documentation

1. A nursing facility must maintain in its records the date of discharge, transfer, or death of individuals with ID/DD, SMI, or both, or a previous history of SMI, 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.
2. A nursing facility must permanently keep each resident's Level I Screening forms, as well as all Determination Notices, CERs, and documentation that supports the screening outcome, determinations, or applicability of an ADE, EHD, or CD in the resident's medical record.
3. 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.masshealthtss.com.

F. Sanctions

1. A nursing facility must respond to all outreach by a PASRR Authority or EOHHS, or their agents, and provide all requested documentation in a timely manner.
2. MassHealth may assess overpayments or sanctions, pursuant to 130 CMR 450.235 through 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 Level I Screening form is incomplete, improperly completed, or unsigned;
 - b. A nursing facility fails to submit a Level I Screening form, either positive or negative, for any resident via the PASRR Portal;
 - c. A facility fails to make a timely referral for a Level II Evaluation or Resident Review;
 - d. A facility fails to arrange for Specialized Services and/or Behavioral Health Services indicated on the resident's most recent Determination Notice;
 - e. A facility fails to appropriately discharge plan or cooperate with the PASRR Authority, ASAPs, BH CPs (in accordance with Nursing Facility Bulletin 180), DMH Nursing Facility Transition Team (in accordance with Nursing Facility Bulletin 180), CTLP (in accordance with [Nursing Facility Bulletin 179](#)), or EOHHS on discharging a resident for whom community-based services are determined most appropriate according to the resident's most recent Determination Notice.

3. Specific Requirements for Individuals with SMI

A. Referrals to the DMH PASRR Unit

An individual who is or suspected of having SMI, or who requires a Resident Review, must be referred to the DMH PASRR Unit to initiate the Level II Evaluation or Resident Review. An individual is referred to the DMH PASRR Unit by submitting a Level I Screening form, and any required/supplemental documents, via the PASRR Portal. The DMH PASRR Unit will perform the necessary Level II Evaluation, Abbreviated Level II Evaluation, or Resident Review upon receipt of referral.

B. Preadmission Level II Evaluations for Individuals with SMI

1. A nursing facility may admit an individual who has screened positive for suspicion of SMI and therefore requires a Level II Evaluation or Abbreviated Level II Evaluation only **after** it receives a Determination Notice, accompanied by a CER, from the DMH PASRR Unit stating that “a nursing facility is the most appropriate setting to meet the individual’s total care needs”. The admitting nursing facility must request a transfer of PASRR documents via the PASRR Portal for all individuals being admitted whose Level I Screening form was submitted by an entity other than the nursing facility.
2. Abbreviated Level II Evaluations for individuals with SMI expire 60 days from the date of determination if the resident is not admitted to a nursing facility within those 60 days.

C. Postadmission Level II Evaluations for Individuals with SMI

1. A nursing facility must ensure an individual who has or is suspected of having SMI is referred to the DMH PASRR Unit, in accordance with **Section 3.A** for a post-admission Level II Evaluation (i.e. a Resident Review) in the following instances:
 - a. For individuals admitted under the EHD or a time-limited CD (Provisional Emergency, Respite, and Convalescent Care), if the nursing facility determines that the individual’s stay is likely to exceed the EHD’s or CD’s permitted duration; or
 - 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 and/or Behavioral Health Services. 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 SMI that was not previously identified or evaluated by the PASRR Authority.
 - ii. The resident’s behavioral, psychiatric, or mood-related symptoms have 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 CER or Determination Notice.
- c. For the circumstances described in **Section 3.C.1.a** and **Section 3.C.1.b**, the nursing facility must make a referral to the DMH PASRR Unit via the PASRR Portal for a full Level II Evaluation or Resident Review in accordance with the following schedule:
- i. For a Provisional Emergency CD, by the second calendar day after admission;
 - ii. For a Respite CD, by the 10th calendar day after admission;
 - iii. For a Convalescent Care CD, by the 25th calendar day after admission; and
 - iv. For an EHD, by the 25th calendar day after admission.
 - v. For individuals referred under **Section 3.C.1.b**, by the next business day following the date on which the facility detects that the member:
 - 1. Experienced a Significant Change; or
 - 2. 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.
- d. DMH PASRR Unit will track all known residents who have or may have SMI, and will make attempts to contact nursing facilities for follow-up Level II Evaluations or Resident Reviews. However, it is a nursing facility's responsibility to ensure that all residents have a Level I Screening and, as applicable, a current and non-expired Level II Evaluation, Abbreviated Level II Evaluation, or Resident Review on file. It is also the nursing facility's responsibility to ensure any required follow up referrals are made to the DMH PASRR Unit in a timely manner.
2. The nursing facility must ensure this information is available via the PASRR Portal. Level II Determinations may be approved for 90 days or less if it is determined that the resident meets the PASRR criteria for SMI and that a transition to the community with community-based services may be the most appropriate setting to meet their needs at that time. The resident will be approved for up to 90 days in the nursing facility while a transition to the community with community-based services is being explored. These residents will be provided with a transition case manager through the Department of Mental Health who will work with them to explore and plan for community-based service options. DMH PASRR authorities will track all known residents who have a 90-day approval and make attempts to contact nursing facilities for follow up on planning for transition to the community. A determination will then be made on whether to approve for an additional 90 days of services in the nursing facility.

D. Determination Notice Validity and Expiration

1. The DMH PASRR unit will conduct Abbreviated Level II Evaluations, Level II Evaluations or Resident Reviews, as applicable, on all referred residents and render Determination Notices to the referring facility once those Abbreviated Level II Evaluations, Level II Evaluations, or Resident Reviews are complete.
2. The referred individual may be admitted, or the referred resident may remain at the facility, only if the Determination Notice states that the resident requires or continues to require a nursing facility level of care and that the nursing facility is or remains the most appropriate setting to meet the individual's total care needs.
3. Determination Notices issued by the DMH PASRR Office or its agent are considered valid for up to one year unless
 - a. A shorter expiration date is indicated on the Determination Notice (e.g. valid for 90 days or less);
 - b. A Significant Change occurs before the expiration date, in which case a new Level I is required; or
 - c. The individual was found to have no SMI and no previous history of SMI, in which case there is no expiration date.
4. Determination Notices may be indicated as valid for 90 days or less if it is determined that the resident meets the PASRR criteria for SMI and that a transition to the community with community-based services may be the most appropriate setting to meet their needs at that time. The resident will be approved for up to 90 days in the nursing facility while a transition to the community with community-based services is being explored. These residents will be provided with a transition case manager through the DMH Nursing Facility Transition Team, who will work with them to explore and plan for community-based service options. The DMH PASRR Unit will track all known residents who have a 90-day approval and make attempts to contact nursing facilities for follow up on planning for transition to the community. Through such follow-up, a determination will then be made on whether to approve for an additional 90 days of services in the nursing facility.
5. Only the PASRR Authorities may issue Determination Notices and CERs. A nursing facility may not rely on purported Determination Notices or evaluation reports authored by entities other than the PASRR Authorities, or their designated agents (i.e. for DMH, the DMH PASRR Unit). To the extent that a nursing facility admits an individual, or takes other actions for current residents, based on a Determination Notice or evaluation report authored by an entity other than a PASRR Authority or its designated agent, 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.

4. Specific Requirements for Individuals with ID/DD

A. Referrals to the DDS PASRR Office

An individual who is or suspected of having ID/DD, or who requires a Resident Review, must be "referred" to the DDS PASRR Office to initiate the Level II Evaluation or Resident Review. An individual is referred to the DDS PASRR Office by completing the following

steps: 1) submitting a Level I Screening form via the PASRR Portal; and 2) after submitting the Level I Screening form via the PASRR Portal, calling the DDS PASRR Office at (617) 624-7796. The DDS PASRR Office will perform the necessary Level II Evaluation or Resident Review upon receipt of referral, and will collect any required/supplemental documentation during such Level II Evaluation or Resident Review.

B. Preadmission Level II Evaluations for Individuals with ID/DD

A nursing facility may admit an individual who has screened positive for ID/DD and therefore requires a Level II Evaluation only *after* it receives a Determination Notice and CER from the DDS PASRR Office stating that “a nursing facility level of service is needed”. If an admitting facility does not receive copies of the Determination Notice and CER from the DDS PASRR Office, the admitting facility may request copies of these documents directly from the DDS PASRR Office or the entity that made the referral (if that entity is not the admitting facility).

C. Post-admission Level II Evaluations and Resident Reviews for Individuals with ID/DD

1. A nursing facility should call in to request an intake for a Level II Evaluation to the DDS Intake line at (617) 624-7796 to make a referral for a full Level II Evaluation to the appropriate PASRR Authority by the 25th calendar day after admission.
2. 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 DDS PASRR determination status, the appropriateness of the individual’s nursing facility placement, or the individual’s need for Specialized Services, the facility must refer the resident for a Resident Review in accordance with **Section 4.A**. Examples of a Significant Change may include, but are not limited to, the following situations:
 - a. The resident experiences an improved medical condition such that the individual’s plan of care or placement recommendations may require modification.
 - b. The resident’s condition or treatment is or will be significantly different than described in the individual’s most recent CER or Determination Notice.
 - 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 determination status, the appropriateness of the individual’s nursing facility placement, or the individual’s need for Specialized Services.
3. PASRR authorities will track all known residents who have, or may have ID/DD, and will make attempts to contact nursing facilities for follow-up Level II Evaluations or Resident Reviews. However, it is a nursing facility’s responsibility to ensure that all residents have a Level I Screening and, as applicable, a current and non-expired Level II Evaluation or Resident Review on file. It is also the nursing facility’s responsibility to ensure any required follow up referrals are made to the DDS PASRR Office in a timely manner.

D. Determination Notice Validity and Expiration

1. The DDS PASRR Office will conduct 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.
2. The referred individual may be admitted, or the referred resident may remain at the facility, only if the Determination Notice states that “a nursing facility level of service is needed”.
3. Determination Notices issued by the DDS PASRR Office are valid until 90 days after the date of the determination, unless the resident experiences a Significant Change or is newly identified as having a condition that may impact the individual’s PASRR determination status, the appropriateness of the individual’s nursing facility placement, or the individual’s need for Specialized Services. After 90 days, the DDS PASRR Office will conduct a new Level II Evaluation to determine the continued need for nursing facility level of service. The new Level II Evaluation will also be valid for 90 days.
4. Only the PASRR Authorities may issue Determination Notices and CERs. A nursing facility may not rely on purported Determination Notices or evaluation reports authored by entities other than the PASRR Authorities, or their designated agents. To the extent that a nursing facility admits an individual, or takes other actions for current residents, based on a Determination Notice or evaluation report authored by an entity other than a PASRR Authority or its designated agent, 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.

MassHealth Website

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Questions

If you have questions about the information in this bulletin, please contact:

Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)

Email: support@masshealthtss.com

Portal: [MassHealthLTSS.com](https://www.masshealthltss.com)

Mail: MassHealth LTSS
PO Box 159108
Boston, MA 02215

Fax: (888) 832-3006

Contact Information for PASRR Authorities

Department of Developmental Services (DDS):

Phone: (617) 624-7796

Email: DDS.PASRR@Mass.gov

ForHealth Consulting at the UMass Chan Medical School DMH PASRR Unit:




Phone: (866) 385-0933

Email: DMHPASRR@umassmed.edu

All Other Provider Types

Phone: (800) 841-2900, TDD/TTY: 711

Email: provider@masshealthquestions.com

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