



Pre-Admission Screening & Resident Review (PASRR) Training for ASAPs

June 2025

Your Partners in Aging.

Agenda

- Welcome
- Logistics
- Introductions
- PASRR Overview
- PASRR Level I
- PASRR Level II
- PASRR Non-Compliance Reporting
- Case Examples
- Questions



Logistics

- Attendance
 - Please put your name & agency in the chat
- Questions
 - Utilize the chat or raise hand feature
 - Pause for questions at the end of each section

Please be advised that recording meetings, by any means, including the use of any artificial intelligence (A.I.) applications, without prior permission is strictly prohibited.



Introductions

Desiree Kelley, RN BSN – Clinical Nurse Manager
Executive Office of Aging & Independence (AGE)

Desiree.Kelley@Mass.Gov

Melissa Enos, RN MSN – Home Care & Program Analytics Nurse
Executive Office of Aging & Independence (AGE)

Melissa.A.Enos@Mass.Gov



PASRR Overview



Pre-Admission Screening & Resident Review (PASRR)

Preadmission Screening & Resident Review (PASRR) is:

- a federal- & state-requirement
- for all individuals seeking admission to a Medicaid- or Medicare-certified nursing facility
- designed to identify evidence of:
 - serious mental illness (SMI) and/or
 - intellectual or developmental disabilities (ID/DD)

Why is PASRR Important?

Prevents individuals from being unnecessarily institutionalized

Identifies individuals with a potential PASRR related disability

- Serious Mental Illness (SMI) and/or
- Intellectual Disability/Developmental Delay (ID/DD)

Ensures individuals with SMI and/or ID/DD receive appropriate care while in a nursing facility

- Includes specialized services

Identifies NF residents with SMI and/or ID/DD whose nursing facility stay is no longer appropriate & should be discharged to a less restrictive setting

PASRR Regulations & Requirements

Federal PASRR Regulations



Federal PASRR Regulations
[42 CFR 483.100](#) et seq.

Massachusetts PASRR Regulations & Requirements



Massachusetts PASRR Regulations
[130 CMR 456.410](#)



Nursing Facility Bulletin 186
[NF Bulletin 186](#)

Executive Office of Aging & Independence Requirements



Program Instruction (PI) 18-04: Revision of Pre-Admission and Resident Review (PASRR) Requirements Prior to Authorization of MassHealth Payment of Nursing Facility Services

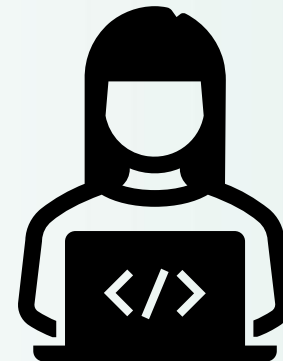
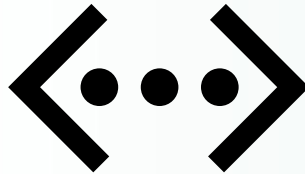
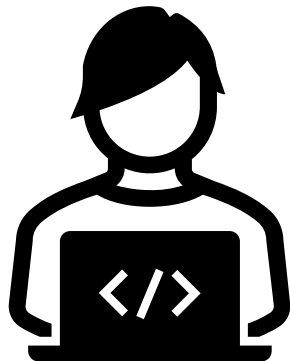


PASRR Portal

- Required by MassHealth for the submission of:
 - **All** Level I Forms
 - Any required documentation for Level I Screenings & Level II Evaluations for individuals with SMI
- Provides NFs with the ability to view & track information related to PASRR evaluations completed by DMH PASRR
- Provides ASAPs the ability to:
 - Complete Level I Forms for Pre-Admission Community NF Screenings
 - View completed Level I Forms & Level II Evaluations completed by DMH PASRR

PASRR Portal

- Adding New Users
 - Individuals who have HCO Administrator privileges can add new users for their agency
- OR**
- Email DMHPASRR@umassmed.edu with the following information
 - User's Name, Email Address, Title, & Phone Number
 - Supervisor's Name & Email Address



PASRR Portal

- Accessing the Portal
 - New Users must take a required training prior to being granted access to the PASRR Portal
 - New Users will initially receive an email with directions for accessing the Learning Management System (LMS) to take the required training
 - Training takes approximately 20 minutes to complete
 - Within 2 business days of completing the training, New Users will receive an email with instructions for accessing the PASRR Portal



PASRR Portal User Guides

[PASRR Portal User Guides - Document Library](#)

PASRR Level I



Overview of PASRR Process

Level I screener completes Level I Preadmission Screen for an individual seeking admission to a NF to determine if the individual has, or may have, SMI and/or ID/DD



Individuals with (+) Level I will need to be evaluated for a Level II by the appropriate PASRR authority



Level II evaluator confirms whether the individual has SMI and/or ID/DD and, if so, whether the individual requires a NF level of care & specialized services

Level I PASRR Form

Determine if individual has or may have SMI and/or ID/DD

Required for every individual admitted to a Medicaid- or Medicare-certified facility regardless of payer source

Must be completed in PASRR Portal

Level I (+) ID/DD must be faxed/emailed to DDS within 48hrs of admission

Potential PASRR Level I Outcomes



If positive (+) for ID/DD...

If negative (-) for ID/DD...

If positive (+) for SMI...

*Referred to both DMH
PASRR & DDS for Level II
evaluation*

*Referred to DMH
PASRR for Level II
Evaluation*

If negative (-) for SMI...

*Referred to DDS for Level
II evaluation*

*If negative (-) for both
SMI & ID/DD, no further
action required*

Exempted Hospital Discharge (EHD)

Individuals being admitted from a hospital to a NF, who screen positive (+) on their Level I for SMI or ID/DD, may qualify for an **Exempted Hospital Discharge (EHD)**

What does this mean?

The Level II evaluation will not be completed until 30 days after the individual is admitted to the NF

Why is this important?

Does not delay the individual transferring from the hospital to the NF

Requires a 30-day order signed by a physician at the hospital

Should be included in the individual's hospital discharge paperwork

Best Practice: Order attached/uploaded to Level I in PASRR Portal

Exempted Hospital Discharge (EHD)

All 4 criteria met to qualify for EHD

- Criteria documented in Level I by Level I Screener

- 1 Admitted directly from acute hospital after acute medical care
- 2 Needs NF services to treat same medical condition treated in hospital
- 3 Not a current risk to self or others & behavioral symptoms are stable; and
- 4 Expected stay in the NF is less than 30 calendar days as certified by the hospital's attending or discharging practitioner

Categorical Determinations (CD)

- **Applicable to individuals who screen (+) SMI Only**
- **All** Categorical Determinations require supporting documentation be submitted to DMH PASRR for an **Abbreviated Preadmission Level II Evaluation**
 - Supporting documentation can be attached to the Level I in the PASRR Portal
- Time-limited Categorical Determinations* require the NF to submit for a Resident Review prior to the expiration of the CD.
 - Failure to submit Resident Review timely will result in a potential PASRR Non-Compliance issue

*See Slide 19

Categorical Determinations (CD) – Time Limited*

Convalescent Care (Maximum 30 calendar days)

- Resident Review must be requested by 25th day after admission

Provisional Emergency (Maximum 7 calendar days)

- Resident Review must be requested by 2nd day after admission

Respite (Maximum 15 calendar days)

- Resident Review must be requested by 10th day after admission

*Expiration Date on Abbreviated Level II for Time Limited Categorical Determinations is always 60 days after the determination date. After admission to NF, Time Limited CD is only good for the specified # of days affiliated with the CD.

Categorical Determinations (CD)

Severe Illness

Coma

Persistent
vegetative state

Parkinson's Disease
(End Stage)

Huntington's
chorea (End Stage)

Congestive Heart
Failure (CHF) (End
Stage)

Chronic Obstructive
Pulmonary Disease
(COPD) (End Stage)

Amyotrophic
Lateral Sclerosis
(ALS) (End Stage)

Chronic Respiratory
failure, vent
dependent

Terminal Illness

Advanced Dementia Exclusion (ADE)

- **Applicable to individuals who screen (+) SMI Only**
- **Requires:**
 - certification from a practitioner that **ADRD** is both primary diagnosis & so advanced that the individual would not benefit from specialized services
 - supporting documentation submitted to DMH PASRR for an **Abbreviated Preadmission Level II Evaluation**
 - documentation can be attached to the Level I in the PASRR Portal

PASRR Level II



Level II

Level II Evaluator determines:



if individual has SMI &/or ID/DD



if NF is the most appropriate setting



if specialized services are required

- if required, makes recommendations on which specialized services are needed

Level II – Serious Mental Illness (SMI)

For individuals who have Level I (+) SMI, DMH PASRR* completes a Level II Evaluation

Level II Evaluations happen at multiple points in an individual's NF stay



Admission to NF



Expiration of EHD or CD



Prior to expiration of previous Level II approval dates



Significant change



Annually for individuals with SMI who are determined to need NF level of care

*DMH contracts with ForHealth Consulting at UMass Medical Center for Level II Evaluations

Level II – Serious Mental Illness (SMI)

Level II Evaluation by DMH PASRR will confirm the individual:

Does not have SMI

- No further PASRR involvement

Has SMI

- Will issue:
 - 90-Day Approval or
 - 12-Month Annual Approval

Level II Determination Letter will contain all pertinent information

- Available in PASRR Portal

Level II – Serious Mental Illness (SMI)

Level II Determination– Does Not Have SMI

- ASAP can issue clinical eligibility determination as appropriate

Level II Determination– Has SMI

- 90-day approval
 - ASAP must align approval dates with dates in DMH PASRR Determination
- 12-month annual approval
 - ASAP may issue STA or NFLTA (if appropriate)
- PASRR Denial
 - ASAP must issue denial



A copy of the PASRR notice must accompany any clinical authorization or denial of MH payment of services



PASRR Unit for Department of Mental Health

Date of Determination Notice: 08/23/2024

Expiration Date*: 09/29/2024*

Date DMHPASRR
made determination

Turkey Sandwich

Expiration Date

Re: PASRR Level II Evaluation

Dear Turkey,

You are receiving this notice to provide you the outcome of your recently completed Preadmission Screening and Resident Review (PASRR) Level II Evaluation. Federal law requires a PASRR Level II Evaluation of every Nursing Facility applicant who is identified as having a potential history of serious mental illness (SMI). The PASRR Level II Evaluation is completed to determine whether the applicant has SMI as defined by PASRR, and, if so, whether the applicant's service needs can most appropriately be met in the community or in a Nursing Facility and whether Specialized Services are required.

It has been determined, as a result of your PASRR Level II Evaluation, that you meet the PASRR criteria for SMI and that a transition to the community with community-based services may be the most appropriate setting to meet your needs at this time. You have been approved for up to 90 days in the Nursing Facility while a transition to the community with community-based services is being explored. You will be offered a case manager through the Department of Mental Health (DMH) who will work with you to explore and plan for community-based service options. In 80 days, the DMH PASRR Unit will check in with your Nursing Facility to see how your transition plan is progressing. Upon the expiration of this notice, you will receive another determination notice to inform you whether you are approved for an additional 90 days of transition services in the Nursing Facility.

It was determined that you do not need Specialized Services at this time. Specialized services address specific service needs related to a person's SMI but exceed the typical services offered to residents in Nursing Facilities. If other behavioral health services are recommended, they will be listed on the attached Summary. You will be offered the recommended behavioral health services.

Enclosed are copies of your PASRR Level II Evaluation and Summary. It has been determined that:

- Nursing Facility services are appropriate to meet your needs for 90 days.
- You have met the PASRR criteria for serious mental illness.
- Specialized Services and/or other behavioral health services are not required at this time.

In Massachusetts, PASRR Level II Evaluations are completed by ForHealth Consulting at the University of Massachusetts Chan Medical School under contract with the Department of Mental Health (DMH PASRR Unit). The DMH PASRR Unit is responsible for making the necessary determinations. For more information about PASRR, please see the attached PASRR Fact Sheet.

If you disagree with the determination[s] listed in the bullet[s] above, you have a right to an appeal. All appeals must be requested in writing and postmarked within thirty (30) days of the date of this letter. An appeal may be requested by you or your legally authorized representative. Please see the attached Fair Hearing Request Form for more information on filing an appeal.

For questions regarding this letter please call Angelina Tortis at .

Sincerely,

Angelina Tortis
Clinical Reviewer of DMH PASRR Unit
333 South Street Shrewsbury, MA 01545
Phone: 866-385-0933
TTY: 508-856-7697
Fax: 508-856-7696
Email: DMHPASRR@umassmed.edu

Attachments: Preadmission Screening and Resident Review Determination Summary
PASRR Level II Evaluation
Fair Hearing Request Form
PASRR Fact Sheet

cc:

Summary of
determination
information

Determination
Information



PASRR Unit for Department of Mental Health

Date of Determination Notice: 08/23/2024

Expiration Date*: *

Jan DemoFour

Expiration Date

Date DMHPASRR
made determination

Re: PASRR Level II Evaluation

Dear Jan,

You are receiving this notice to provide you the outcome of your recently completed Preadmission Screening and Resident Review (PASRR) Level II Evaluation. Federal law requires a PASRR Level II Evaluation of every Nursing Facility applicant who is identified as having a potential history of serious mental illness (SMI). The PASRR Level II Evaluation is completed to determine whether the applicant has SMI as defined by PASRR, and, if so, whether the applicant's service needs can most appropriately be met in the community or in a Nursing Facility and whether Specialized Services are required.

It has been determined, as a result of your PASRR Level II Evaluation, that you do not meet the PASRR criteria for SMI and you do not require any further PASRR involvement.

Enclosed are copies of your PASRR Level II Evaluation and Summary. It has been determined that:

- You have not met the PASRR criteria for serious mental illness.

Determination Information

In Massachusetts, PASRR Level II Evaluations are completed by ForHealth Consulting at the University of Massachusetts Chan Medical School under contract with the Department of Mental Health (DMH PASRR Unit). The DMH PASRR Unit is responsible for making the necessary determinations. For more information about PASRR, please see the attached PASRR Fact Sheet.

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For questions regarding this letter please call Angelina Tortis at .

Sincerely,

Angelina Tortis
Clinical Reviewer of DMH PASRR Unit
333 South Street Shrewsbury, MA 01545
Phone: 866-385-0933
TTY: 508-856-7697
Fax: 508-856-7696
Email: DMHPASRR@umassmed.edu

Attachments: Preadmission Screening and Resident Review Determination Summary
PASRR Level II Evaluation
Fair Hearing Request Form
PASRR Fact Sheet

cc:

Level II – Intellectual Disability/ Developmental Delay (ID/DD)

For individuals who have a Level I with (+) ID/DD, DDS completes a Level II Evaluation

Level II Evaluations happen at multiple points in an individual's NF stay



Admission to NF



30 days after admission due to EHD



Every 90 days for individuals with ID/DD who are determined to need NF level of care

Level II – Intellectual Disability/ Developmental Delay (ID/DD)

Level II DDS Determination Letter – Approval

- Provides approval dates
 - ASAP MUST align clinical approval with dates in DDS Determination
 - ASAP may only issue NFLTA if DDS has issued determination approving NF admission with no end date
- Indicates if NF Level of Service is needed
- Indicates if Specialized Services are needed

Level II DDS Determination Letter – Denial

- 30-day Provisional Notice
 - ASAP issues a STA & Denial Notice at the same time



A copy of the PASRR notice must accompany any clinical authorization or denial of MH payment of services



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Developmental Services
1000 WASHINGTON STREET
BOSTON MA 02118
617-727-5608

Maura T. Healey
Governor

Kimberly L. Driscoll
Lieutenant Governor

WWW.MASS.GOV/DDS

Kate Walsh
Secretary

Sarah Peterson
Commissioner

Pre-Admission Screening and Resident Review (PASRR)
Notice of Determination of Need
For Nursing Facility Services and/or Specialized Services

Date

Name

Address

Dear :

Federal law requires that all individuals believed to have an intellectual disability (the preferred term to describe the condition of mental retardation) or other developmental disabilities who are either seeking admission to a nursing facility or continued nursing facility services, be screened by the Department of Developmental Services. This screening is done to determine if the individual has an intellectual disability or other developmental disabilities; to determine if nursing facility level of service is appropriate and whether specialized services* are needed. Screening generally occurs prior to admission, at 90-day intervals, and whenever there is a significant change to the individual's condition, or annually.

Based on your Level II PASRR evaluation ("PASRR") conducted on date, the Department of Developmental Services has determined that:

Nursing Facility Level of Service is:

☒ Needed (PASRR approval effective from: /24 to /24)

Specialized Services are:

☐ Needed
☒ Not Needed
☐ May Be Needed, Further Assessment Required

* Specialized services are services provided or arranged by the state that are designed to address certain needs related to an intellectual disability or other developmental disabilities. The finding that Specialized Services are recommended is subject to change if your condition changes or if you are found ineligible for services provided or arranged by the Department of Developmental Services. In accordance with your Level II PASRR, the Department of Developmental Services has determined the following:

ASAP must
match dates on
STA

Your admission to or continued stay in a nursing facility is appropriate. You are approved by the Department of Developmental Services for nursing facility services for the duration of the period indicated on the first page of this notice. If the Department has determined that you also need specialized services, a representative from the Department will contact you to discuss your need for specialized services, and as appropriate, provide or arrange for such services while you reside in the nursing facility. 42 CFR 483.130(m) (1).

This Level II PASRR determination is based on your Level II PASRR evaluation and was made in accordance with federal requirements found at 42 USC 1396r (e) (7) and 42 CFR 483.100 et seq. This determination supersedes all previous determinations, if any. You have the right to appeal this determination before a hearing officer of the MassHealth Board of Hearings. You have 30 days from the receipt of this notice to file a request for appeal. If you choose to file an appeal, your request for appeal must be mailed to the following address:

Board of Hearings
Office of Medicaid
100 Hancock Street, 6th Floor
Quincy, MA 01217
Fax (617) 847-1204

You may represent yourself at the scheduled hearing, or at your own expense you may choose to be represented by legal counsel, a relative, a friend or other spokesperson. In filing a request for appeal, please inform the Board of Hearings if you will require an interpreter or an assistive device for a scheduled hearing.

If you have any questions about this notice, you may contact me, the DDS Nursing Facility Specialist at 617-366-7084.

Thank you.

Sincerely,

Debora O'Neil

Debora O'Neil
Central Office Nursing Facility Specialist
Department of Developmental Services
1000 Washington Street
Boston, MA 02118
Cell: 617-366-7084
PASRR Intake Line: 617-624-7796
PASRR Intake Email: DDS.PASRR@Mass.gov

cc: Facility SW
DDS AO
Michael Bradley, SENFS
Kim Ramponi, PASRR Intake Specialist



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Developmental Services
SOUTHEAST REGION
151 CAMPANELLI DRIVE, SUITE B
MIDDLEBORO, MA 02346

Maura T. Healey
Governor

Kimberly L. Driscoll
Lieutenant Governor

Kate Walsh
Secretary

Sarah Peterson
Commissioner

Richard J. O'Meara
Regional Director

Tel: 508-866-5000
FAX: 617-727-7822

**Pre-Admission Screening and Resident Review (PASRR)
Notice of Determination of Need
For Nursing Facility Services and/or Specialized Services**

NAME
ADDRESS
ADDRESS

DATE

Dear: Mr./Ms. NAME:

Federal law requires that all individuals believed to have an intellectual disability (the preferred term to describe the condition of mental retardation) or other developmental disabilities who are either seeking admission to a nursing facility or continued nursing facility services, be screened by the Department of Developmental Services. This screening is done to determine if the individual has an intellectual disability or other developmental disabilities; to determine if nursing facility level of service is appropriate and whether specialized services* are needed. Screening generally occurs prior to admission, at 90-day intervals, and whenever there is a significant change to the individual's condition, or annually.

Based on your Level II PASRR evaluation ("PASRR") conducted on DATE, the Department of Developmental Services has determined that:

Nursing Facility Level of Service is:

☒ Needed (PASRR approval effective: DATE)

Specialized Services are:

- ☒ Needed
☐ Not Needed
☐ May Be Needed, Further Assessment Required

No end date listed,
ASAP may issue LTA

* Specialized services are services provided or arranged by the state that are designed to address certain needs related to an intellectual disability or other developmental disabilities. The finding that Specialized Services are recommended is subject to change if your condition changes or if you are found ineligible for services provided or arranged by the Department of Developmental Services.

In accordance with your Level II PASRR, the Department of Developmental Services has determined the following:

Your admission to or continued stay in a nursing facility is appropriate. You are approved by the Department of Developmental Services for continued nursing facility services for the duration of the period indicated on the first page of this notice. The Department will administer another Level II PASRR at or before the end of this period if you continue to reside in the nursing facility. If the Department has determined that you also need specialized services, a representative from the Department will contact you to discuss your need for specialized services, and as appropriate, provide or arrange for such services while you reside in the nursing facility. 42 CFR 483.130(m) (3)

This Level II PASRR determination is based on your Level II PASRR evaluation and was made in accordance with federal requirements found at 42 USC 1396r (e) (7) and 42 CFR 483.100 et seq. This determination supersedes all previous determinations, if any. You have the right to appeal this determination before a hearing officer of the Mass Health Board of Hearings. You have 30 days from the receipt of this notice to file a request for appeal. If you choose to file an appeal, your request for appeal must be mailed to the following address:

Board of Hearings:
Office of Medicaid,
100 Hancock Street, 6th Floor
Quincy, MA 02171
Fax 617-847-1204

You may represent yourself at the scheduled hearing, or at your own expense you may choose to be represented by legal counsel, a relative, a friend or other spokesperson. In filing a request for appeal, please inform the Board of Hearings if you will require an interpreter or an assistive device for a scheduled hearing.

If you have any questions about this notice, you may contact me, the Regional Nursing Facility Specialist at PHONE NUMBER.

Thank you.

Sincerely,

SIGNATURE

NAME
DDS Regional Nursing Facility Specialist

cc: NURSING FACILITY
Guardian
PASRR Director
Active Treatment



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF DEVELOPMENTAL SERVICES
COMMONWEALTH OF MASSACHUSETTS
1000 WASHINGTON STREET, BOSTON, MA 02118

MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

KATHLEEN WALSH
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VIDEO PHONE 978-366-4179
WWW.MASS.GOV/DDS

**Pre-Admission Screening and Resident Review (PASRR)
Notice of Determination of Need
for Nursing Facility Services and/or Specialized Services**

[Date]

[Name]

[Address]

[City State Zip]

Dear:

Federal law requires that all individuals believed to have an intellectual disability (the preferred term to describe the condition of mental retardation) or other developmental disabilities who are either seeking admission to a nursing facility or continued nursing facility services, be screened by the Department of Developmental Services. This screening is done to determine if the individual has an intellectual disability or other developmental disabilities; to determine if nursing facility level of service is appropriate and whether specialized services* are needed. Screening generally occurs prior to admission, at 90-day intervals, and whenever there is a significant change to the individual's condition, or annually.

Based on your Level II PASRR evaluation ("PASRR") conducted on <<DOS>>, the Department of Developmental Services has determined that:

Nursing Facility Level of Service is:

☒ Not Needed (PASRR approval from __/__/__ terminates on: __/__/__)

Specialized Services are:

☐ Needed
☒ Not Needed
☐ May Be Needed, Further Assessment Required

Provisional Notice –
includes termination date

* Specialized services are services provided or arranged by the state that are designed to address certain needs related to an intellectual disability or other developmental disabilities. The finding that Specialized Services are recommended is subject to change if your condition changes or if you are found ineligible for services provided or arranged by the Department of Developmental Services.

In accordance with your Level II PASRR, the Department of Developmental Services has determined the following:

Your continued stay in a nursing facility is not appropriate because you do not require a nursing facility level of services. Therefore you cannot remain in the nursing facility and must be discharged from the facility. Within 5 business days of the date of this notice, a representative from the Department will contact you to discuss this finding and the services that better meet your needs. In order to facilitate your safe and orderly discharge, you will remain approved per the Level II PASRR for up to an additional thirty (30) days, as indicated on the first page of this notice.

Regarding your discharge, the Department is responsible for arranging for your safe and orderly discharge and for preparing and orienting you for discharge. 42 CFR 483.118 (b). The nursing facility is responsible for executing your discharge in accordance with 42 CFR 483.12(a). In addition to your right to appeal your Level II PASRR determination, which is discussed in more detail below, you will also have the right to appeal your discharge from the nursing facility. 42 CFR 483.130(m) (6).

This Level II PASRR determination is based on your Level II PASRR evaluation and was made in accordance with federal requirements found at 42 USC 1396r (e) (7) and 42 CFR 483.100 et seq. This determination supersedes all previous determinations, if any. You have the right to appeal this determination before a hearing officer of the MassHealth Board of Hearings. You have 30 days from the receipt of this notice to file a request for appeal. If you choose to file an appeal, your request for appeal must be mailed to the following address:

Board of Hearings
Office of Medicaid
100 Hancock Street , 6th Floor
Quincy, MA 01217
Fax (617) 847-1204

You may represent yourself at the scheduled hearing, or at your own expense you may choose to be represented by legal counsel, a relative, a friend or other spokesperson. In filing a request for appeal, please inform the Board of Hearings if you will require an interpreter or an assistive device for a

contact me, the DDS Nursing Facility Specialist at

ASAP must issue STA according to
dates listed, then issue a denial
effective the day after the
termination date.

Debora O'Neil
Central Office Nursing Facility Specialist
Department of Developmental Services

PASRR Non-Compliance Reporting



PASRR Non-Compliance Reporting

All NF screens must be reviewed for PASRR compliance before a clinical eligibility notice may be issued



Confirm timely submission of Level I in PASRR Portal

If not timely, then complete PASRR Non-Compliance Reporting Form. DO NOT ISSUE LOC.



Confirm Level II for SMI (if applicable)

- Level II determinations do not affect non-compliance (SMI vs. No SMI)

If request for Level II was not timely, then complete PASRR Non-Compliance Reporting Form. DO NOT ISSUE LOC.

PASRR Non-Compliance Reporting

What is considered “timely”?

Level I Form Initial Completion

- Completed prior to NF admission
- Completed day of NF admission

If Level I is completed after the date of admission, then a non-compliance form must be submitted. DO NOT ISSUE LOC.

Level II Referral (Resident Review)

- Completed prior to expiration of EHD or time limited CD
- Completed by the following business day after a Significant Change or newly identified condition that may impact PASRR disability status

If Level II Referral is after expiration of EHD or CD, then a non-compliance form must be submitted. DO NOT ISSUE LOC.

If Level II Referral is more than one (1) business day after significant change or new identified condition, then a non-compliance form must be submitted. DO NOT ISSUE LOC.

PASRR Non-Compliance Reporting

- Potential non-compliance cases must be submitted to AGE & MassHealth/OLTSS for review
 - ASAPs cannot complete the NF screening until a determination has been made on the potential non-compliance case
 - ASAPs will receive directions on completing the screening from AGE once a determination is made by MassHealth/OLTSS
 - PASRR non-compliance case turn around time is typically 3 to 6 weeks from date of submittal



PASRR Non-Compliance Reporting

- Submitting Potential PASRR Non-Compliance Cases
 - Electronically complete PASRR Non-Compliance Form
 - Handwritten or scanned forms will not be accepted
 - Must be submitted as a fillable PDF
 - Submit completed form via Commonwealth Secure Email* to:
 - Melissa.A.Enos@Mass.Gov
 - Adriana.Springer@Mass.Gov



Commonwealth Secure Email System:
<https://securemail.mass.gov/encrypt>

*Forms submitted via ASAP specific secure email systems are not accepted.

PASRR Non-Compliance Reporting Form

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

Instructions:

- To request a review of a PASRR non-compliance case, complete the entire form. Do not leave any boxes blank! *Handwritten requests are not accepted.*
- Use a state secure email to send the form to:
 - ✓ Adriana Springer (Adriana.Springer@mass.gov), and
 - ✓ Melissa Enos (Melissa.A.Enos@mass.gov)

Date: <div></div>	ASAP: <div>[Select ASAP name]</div>
Member Name: <div></div>	MassHealth Member ID # (or date of birth): <div></div>
Nursing Facility (NF) Name and Address: <div></div>	NF Contact Person, Email, & Phone Number: <div></div>
Date of Admission: <div></div>	Admission From: <div>[Select ...]</div>
Date(s) NF seeking MH payment: <div></div> through <div></div>	Date(s) of potential non-compliance: <div></div> through <div></div>

Must include Address – form is incomplete without it

MassHealth ID not Aging & Disability ID

PASRR Non-Compliance Reporting Form

Brief summary
of reason for
non-compliance

Date of Discharge (if applicable): <input type="text"/>	Date of Level II PASRR Compliance: <input type="text"/>
ID/DD: Diagnosis: <input type="text"/>	SMI: Treatments/Interventions: <input type="text"/> Limitations: <input type="text"/>
Comments: Please summarize the reason for submission of the non-compliance case: <input type="text"/>	
To be filled out by MassHealth/EOEA Only:	
Date Reviewed: <input type="text"/> Compliant <input type="text"/> Non-Compliant <input type="text"/> Non-Payment Days: <input type="text"/>	
Sanction applies: Yes <input type="text"/> No <input type="text"/> Date of PASRR Form: <input type="text"/> Sanctionable days: <input type="text"/>	
Reason for Sanction: <input type="text"/> Admitted the resident whose Level I form is incomplete, improperly completed, or unsigned <input type="text"/> Failed to submit a Level I form, either positive or negative, via the PASRR portal <input type="text"/> Failed to make a timely referral for a Level II Evaluation or Resident Review	

Do not submit any additional information/attachments with reporting form unless the information is not available in the PASRR Portal or A&D

Case Examples



Case Examples

Example 1

- Consumer admitted 5/1/2025 to NF
- Level I submitted in PASRR Portal 5/10/2025
 - Negative ID/DD
 - Negative SMI
- NF requesting Retro Screening effective 5/1/2025
- **Should a Non-Compliance Form be submitted?**

Case Examples

Example 2

- Consumer admitted 3/25/2025 to NF
- Level I submitted in PASRR Portal 3/24/2025
 - Negative ID/DD
 - Positive SMI
 - 30-day EHD
- No Level II located in PASRR Portal
- NF requesting Conversion screening effective 5/10/2025
- **Should a Non-Compliance Form be submitted?**

Case Examples

Example 3

- Consumer admitted 2/14/2025 to NF
- Level I submitted in PASRR Portal 2/14/2025
 - Negative ID/DD
 - Positive SMI
 - 30-day EHD
- Level I Resident Review submitted in PASRR Portal 3/8/2025
- Level II Determination – Meets the criteria for SMI
 - 90-day approval 3/14/2025 until 6/12/2025
- NF requesting Conversion screening effective 3/16/2025
- **Should a Non-Compliance Form be submitted?**

Questions?

