

# **Pre-Admission Screening and Resident Review (PASRR) 101:**

**An overview of the design, operation, and  
responsibilities of a state PASRR program.**

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Presented by the Centers for Medicare & Medicaid  
Pre-Admission Screening and Resident Review  
Technical Assistance Center (CMS PTAC)  
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# Learning Objectives

- Understand the regulatory requirements of PASRR;
- Recognize the purpose and importance of PASRR; and
- Learn the component parts of the PASRR process.

# Overview of PASRR

- What is PASRR?
- Who does PASRR affect?
- What are the purposes of PASRR?
- Why is PASRR important?
- How does PASRR help individuals?

# What is PASRR?

Federal law and regulations place specific responsibilities on states to operate a PASRR program.

- Section 1919(e)(7) of the Social Security Act
  - State PASRR responsibilities are established by federal law.
- Final Rule Published 1992: 57 FR 230
- [42 CFR §§ 483.100-138](#)
  - The specific state responsibilities are defined in the Code of Federal Regulations (CFR).

# Who does PASRR affect?

- PASRR has a role with any individual being considered for admission to a Medicaid certified nursing facility (NF);
- That role is broadened if the individual is suspected of having, or known to have, a qualifying PASRR condition of mental illness (MI), intellectual disability (ID), or a related condition (RC); and
- The PASRR connection with the individual may continue throughout their residency in a NF.

# Nursing Facilities Are Not the Only Option

- PASRR is more than a door to a Medicaid certified NF.
- PASRR ensures that individuals with PASRR conditions are aware of other Medicaid or state funded programs.
- It can be a pathway to other Medicaid or state funded residential and support options for individuals with PASRR conditions.

# What are the purposes of PASRR?

- To ensure that individuals are evaluated for evidence of possible PASRR conditions: MI, ID, or a RC. PASRR grants special protections to individuals with MI, ID or RC to ensure they receive long term services and supports (LTSS) in the most integrated setting;
- PASRR ensures that individuals admitted to, or residing in, a Medicaid certified NF receive services or supports that address their PASRR condition, including services linked to that condition that are over and above the services included in the NF per diem (Specialized Services); and
- Following NF admission, PASRR resident reviews:
  - identify individuals' LTSS needs;
  - recommend community alternatives to continued stays in NFs; and
  - may inform transition planning back to the community.



# How does PASRR help individuals?

- PASRR promotes ***informed choice*** by ensuring that individuals are aware of alternatives to NF admission;
- PASRR supports ***continuity of care*** for individuals with PASRR conditions who were receiving community-based services prior to seeking NF admission, or who will need those services when transitioning back to a community setting;
- PASRR ***promotes engagement*** of individuals with PASRR conditions in identifying needed services, if those services were not active at the time of their seeking NF admission;
- PASRR ***supports NF efforts to develop person-centered plans of care that can lead to community transition***; and
- PASRR ***reduces the risk of hospital readmission*** by ensuring individuals receive all the services and supports they need related to their PASRR condition.

# Why is PASRR important?

- A Kaiser Family Foundation (KFF) (FY 2020) 50-state survey shows that over 3 million individuals receive HCBS through an optional Section 1915 (c) or Section 1115 waiver, and nearly 1.2 million receive optional personal care state plan services, while 734,500 receive home health state plan services. These individuals may require continued services and supports if they subsequently needed to be in a nursing home for any period of time. In addition, PASRR could be a key tool in diverting individuals from NF placements.
- A KFF analysis of 2020 Certification and Survey Provider Enhanced Reports (CASPER) data showed just over 1.29 million residents resided in Medicaid certified NFs. PASRR could be a key tool in effectuating transitions of individuals back to the community.

## How does PASRR work?

# Overall State Accountability in the Regulations (1 of 2)

## State Medicaid Authority (SMA)

- **State Plan Requirement:** [42 CFR § 483.104](#)
  - As a condition of approval of the State plan, the State must operate a preadmission screening and annual resident review program that meets the requirements of [42 CFR § 483.100 through 42 CFR § 438.138](#).

# Overall State Accountability in the Regulations (2 of 2)

## State Mental Health Authority (SMHA) and Intellectual and Developmental Disability (SIDA) Authority:

- Responsibility for evaluations and determinations. [42 CFR § 483.106\(d\)](#)  
The PASARR determinations of whether an individual requires the level of services provided by a NF and whether specialized services are needed:
  1. For individuals with mental illness, must be made by the State mental health authority and be based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority; and
  2. For individuals with intellectual disability, must be made by the State intellectual disability or developmental disabilities authority.
- The State mental health and intellectual disability authorities retain ultimate control and responsibility for the performance of their statutory obligations.  
[42 CFR § 483.106\(e\)\(1\)\(i\)](#)

# State Agency Partners

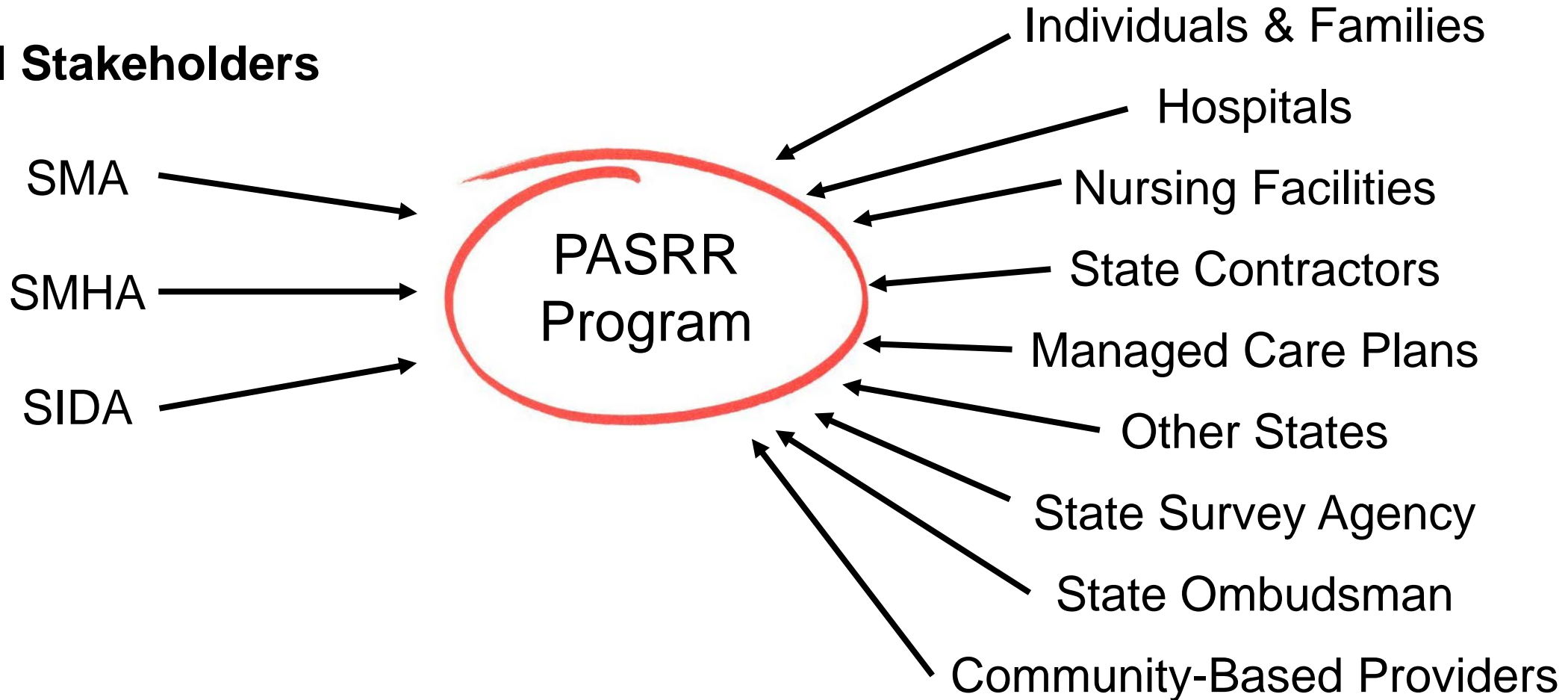
Federal regulations create an expectation of a partnership approach to operating the state PASRR program:

- [42 CFR § 483.104](#) provides that, as a condition of approval of the State plan, states must operate a PASRR program that meets the requirements of [42 CFR § 483.100 through 42 CFR § 483.138](#);
- PASRR is a somewhat unusual Medicaid mandate in that the statute (sections 1919(b)(3)(F) and (e)(7)(A) and (B) of the Social Security Act) assigns responsibilities to the SMHA and the SIDA, as well as the SMA;
- The State Medicaid Agency (SMA), the State Mental Health Authority (SMHA) and the State Intellectual Disability Authority (SIDA) are responsible for implementing and managing PASRR;
- The regulations place primary responsibility on the SMA, thus they have a lead role in partnership development, but each authority retains accountability for their respective PASRR responsibilities; and
- A partnership driven PASRR program ensures the program reflects all agency goals and values related to treatment and supports.

# Who Are PASRR Stakeholders?

## External Stakeholders

## Internal Stakeholders

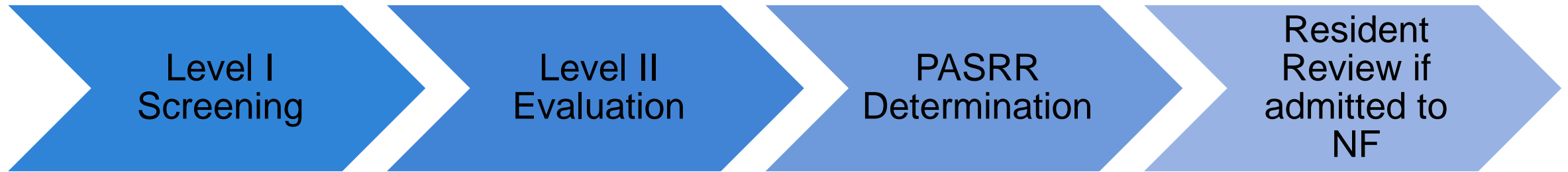


# The Benefits of A Collaborative PASRR System

- Collaboration among the state PASRR authorities and PASRR program stakeholders ensures adherence to the PASRR regulations:
  - Timely and comprehensive screenings and evaluations;
  - Identification and coordination of needed specialized services;
  - Responsive resident reviews;
  - Out of state placements chosen by the individual;
  - Successful use of PASRR for NF diversion and transition; and
  - Program quality.



# The PASRR Process



# PASRR Level I Screening

- [42 CFR § 483.102\(a\)](#)
  - Regulations require PASRR screening before any admission to a Medicaid-certified NF, regardless of payment source (Medicaid, Medicare, or private pay);
  - It is a rough screen for possible serious MI, ID, or RC;
  - The PASRR Level I is called an “identification function”;
  - The screener must issue written notice of a positive Level I Screening to the individual and his/her legal guardian, with referral to the relevant authority for Level II evaluation; and
  - The federal regulation leaves open personnel requirements for Level I Screenings. In practice, they are often performed by hospital discharge planners; NF staff may also conduct them for residents.

# PASRR Level II Evaluation

- A comprehensive evaluation of needed services and appropriate placement by evaluator with MI/ID/RC expertise.
- Components of the evaluation:
  1. [42 CFR § 483.132\(a\)](#) Need for NF services and NF level of care.
  2. [42 CFR § 483.134\(a\)](#) Assessment of PASRR condition and need for specialized services:
    - [42 CFR § 483.134](#) Evaluating whether an individual with mental illness requires specialized services.
    - [42 CFR § 483.136\(a\)](#) Evaluating whether an individual with intellectual disability requires specialized services.

“Specialized services” are services or supports that address a MH, ID, or RC treatment need of a particular NF resident. They are over and above what the NF would be expected to provide under their daily per diem.

# Resident Review

- A Level II evaluation and determination for NF residents (i.e., post-admission);
- Originally required annually (hence PASARR in CFR, which has not been updated);
- Changed in 1996 (via Public Law 104-315) to:
  - “a significant change in the resident’s physical or mental condition”; and
- [42 CFR § 483.20\(e\)\(2\)](#)
  - Final Rule for Long Term Care Facilities (LTCF) published November 2016:
    - NFs must notify State Mental Health Authority (SMHA) or the State Intellectual Disability Authority (SIDA) promptly after significant change in status.

# Determination Options (1 of 2)

Prior to admission (Following Level II evaluation):

- [42 CFR § 483.130\(m\)\(1\)](#) Can be admitted to a NF. Meets NF level of care, independent of specialized services; and
- [42 CFR § 483.130\(m\)\(2\)](#) Cannot be admitted to a NF. Does not require NF level of care, independent of specialized services.

Following a NF admission (Resident Reviews):

- [42 CFR § 483.130\(m\)\(3\)](#) Can be considered appropriate for continued placement in a NF. Continues to meet NF level of care, independent of specialized services; and
- [42 CFR § 483.130\(m\)\(4\)](#) May choose to remain in NF. Absent NF level of care, an individual can stay in the NF if they need specialized services and have resided in the NF for at least 30 months; or they may receive services in an alternate appropriate setting.

# Determination Options (2 of 2)

- 42 CFR § 483.130(m)(5)

- Cannot remain in the NF (Resident Reviews):

- Does not meet NF level of care but does need specialized services, and has resided in NF for less than 30 months; Determination notice must indicate how and where the individual will continue to receive specialized services; and
- Does not meet NF level of care *and* does not need specialized services.

# Required Level II Notification Requirements

- 42 CFR § 483.130(k)

- Who gets notified:

- The evaluated individual and his or her legal representative;
- The admitting or retaining NF;
- The individual's or the resident's attending physician; and
- The discharging hospital, unless the individual is exempt.

- 42 CFR § 483.130(l)

- Contents of notice: Whether a NF level of care is needed:

- Whether specialized services are needed;
- The placement options available to the individual “consistent with these determinations”; and
- The rights of the individual to appeal the determination.

# Timeframe for Pre-Admission Process

- 42 CFR § 483.112(c)(1)
  - Once the Level II evaluator confirms a potential PASRR condition, the Level II and determination phases of PASRR must be completed within an annual average of 7-9 working days.



# Categorical Determinations

- [42 CFR § 483.130\(d\)](#)
- **Purpose:** Allows a state to skip the individual NF evaluation and *in some cases* the specialized services evaluation based on existing documentation.
- Two basic types: Advance group determinations;
  - These “take into account that certain diagnoses, levels of severity, or need for a particular service” mean that NF admission is “normally needed” or that specialized services are “*not* normally needed” (emphasis added).
- 1. Group determinations by category can be applied by Level I screener if “existing data on the individual appear to be current and accurate and are sufficient to allow the evaluator to determine that the individual fits into the category established by the state authorities.”
- 2. Categorical determinations can be identified by a screener, but they must be confirmed by an evaluator before there is a determination that the category is met.

# Readmission and Transfer

- *Readmissions:*
  - Readmission to a NF from a hospital to which he or she was transferred for the purpose of receiving care; and
  - Readmissions are subject to Resident Review if there is a significant change in condition.
  
- *Interfacility transfers:*
  - Occurs when an individual is transferred from one NF to another NF, with or without an intervening hospital stay;
  - Are subject to Resident Review if there is a significant change in condition; and
  - Whether transfer is to NF or to hospital, transferring NF must ensure that copies of the most recent Level II evaluation and determination (preadmission or Resident Review) go with the individual.

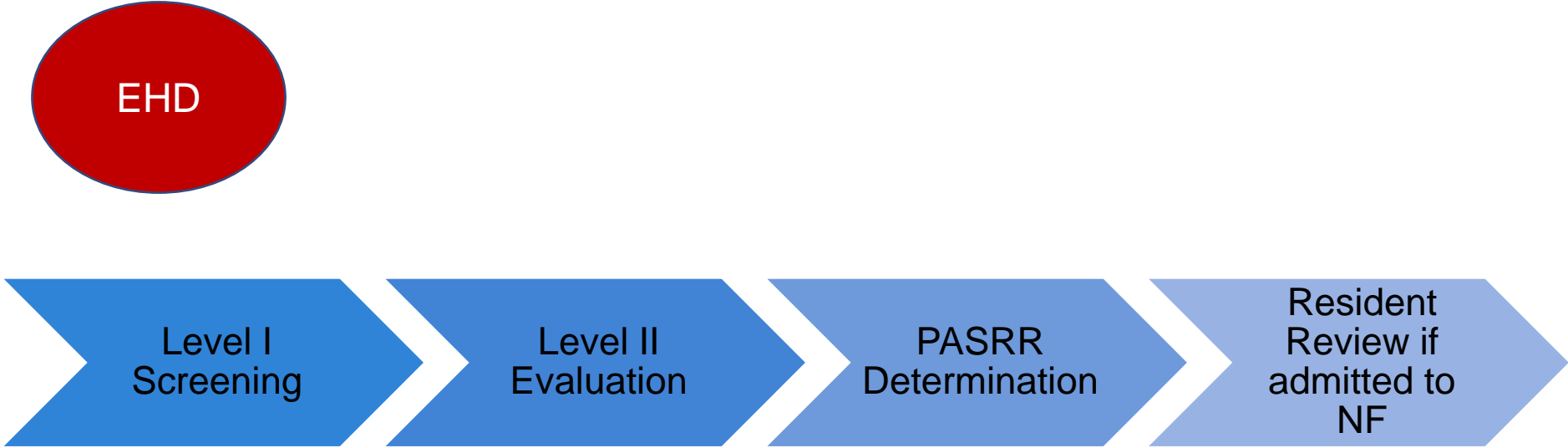
# Records and Tracking

- [42 CFR 483.130\(o\)](#)
  - Record retention: State must maintain records of evaluations and determinations to support determinations and appeals.
- [42 CFR 483.130\(p\)](#)
  - Tracking: System must establish and maintain a system for tracking individuals with MI or ID/RC for future reviews and appeals.

# Federal Financial Participation (FFP)

- State receipt of 75 percent FFP for PASRR administrative functions is linked to adherence to related statutes and federal rules;
- [42 CFR § 483.122\(a\)](#)
  - States *cannot receive* FFP for NF services *until* the PASRR is complete (Level I or Level II, if needed); and
- [42 CFR § 483.122\(b\)](#)
  - *FFP for late reviews*. When a preadmission screening has not been performed prior to NF admission, FFP is available only for services furnished after the screening or review has been performed.

# Exempted Hospital Discharge (EHD) (1 of 2)



# Exempted Hospital Discharge (EHD) (2 of 2)

- [42 CFR § 483.106\(b\)\(2\)](#)
  - The PASRR exemption is the EHD Admission to a NF directly from a hospital after receiving acute care:
    - Condition is the same as the one that required hospitalization; and
    - Certification by the attending physician that the individual will reside in the NF for less than 30 days.
- If an individual's stay exceeds 30 days, a Resident Review must be conducted within 40 calendar days of admission.

# Assessing the “Health” of Your State PASRR Program Partnerships

Consider exploring whether:

- The state authorities act as PASRR partners and avoid silos;
- Individuals being screened and evaluated feel their input is valued;
- Level I screeners and Level II evaluators feel they are important members of the state PASRR team;
- The liaison at each Medicaid NF feels they can contribute to the overall PASRR process; and
- Community providers of Medicaid funded MH and ID services and any managed care plans (MCPs) have a voice in improvements to the PASRR process.

# Considerations for Improving Partnership Development and Engagement

- Take a look at how your PASRR partnerships are documented;
- Have a conversation within your authority, between authorities, and any current partners about what is, and what is not working;
- Determine if there are missing partners in your state PASRR system and engage them as needed;
- Develop a communication strategy to maintain engagement with all key partners; and
- Utilize CMS PTAC technical assistance as needed to support your efforts to operate PASRR as a collaborative model.



# Frequently Asked Questions

- Since its inception, all 50 states and the District of Columbia have requested some form of technical assistance from CMS PTAC.
- As a result of questions posed by the states, CMS PTAC has developed a library of frequently asked questions (FAQs) to use as a resource for states to find a quick snapshot of information regarding common PASRR topics.
- To access the FAQs, visit <https://www.pasrrassist.org/faqs>.



## CMS PASRR Technical Assistance Center

[www.pasrassist.org](http://www.pasrassist.org)

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