



PASRR Activities During an Active Emergency

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Introduction

This paper builds on the [Coverage Learning Collaborative guidance](#) from the Centers for Medicare & Medicaid Services (CMS) on how states can support Medicaid operations and enrollees in times of emergency but focuses on options for addressing Preadmission Screening and Resident Review (PASRR) requirements. The purpose of this paper is to clarify the range of options that states have for addressing PASRR responsibilities, including those that do not require waiving PASRR requirements as part of an 1135 waiver. PASRR scenarios have been included to address common questions raised by nursing facilities (NFs) in past emergencies. This paper supersedes prior Center for Clinical Standards and Quality All-Hazards guidance.

Emergency Preparedness and Out-of-State Arrangement Agreements

An effective state PASRR response to a local, regional, or state emergency depends on NFs having addressed their responsibilities for [emergency preparedness](#) and the state having [out-of-state arrangement agreements](#) in place in the event it needs to use NFs in another state.

1135 Waiver and PASRR Options

Under Section 1135 of the Social Security Act, the Secretary of Health and Human Services has the authority to temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of enrollees in an area (region or locality) affected by an emergency. This can include the temporary suspension of PASRR Level I screenings and Level II evaluations for up to 30 days. An 1135 suspension of PASRR requires a declaration of emergency or disaster under the National Emergencies Act or Stafford Act and a Public Health Emergency Declaration under Section 319 of the Public Health Service Act.

Table 1 details state PASRR responsibilities during an emergency event under three scenarios: (1) the state is not seeking an 1135 waiver, (2) the state is waiting for 1135 waiver approval, or (3) the state has received 1135 waiver approval. The table also describes the status of specialized services under an 1135 waiver.

Table 1. PASRR Responsibilities During an Emergency

Scenario	PASRR Responsibilities
<p>No 1135 Waiver Application</p>	<p>Preadmission Screening and Resident Review (PASRR) programs are expected to follow all established guidelines for nursing facility (NF) admission and Resident Review.</p> <p>Individuals transferred from one NF to another NF are not considered a new admission and will not need a PASRR screening. The transferring NF must ensure that all copies of the resident’s PASRR paperwork (including any Level II information) are transferred with the individual.</p>
<p>1135 Waiver Submitted</p>	<p>Until an 1135 waiver is approved, all PASRR NF admission requirements remain in effect. Resident Review requirements based on a significant change in condition also remain in effect.</p> <p>Group categorical admissions (i.e., emergency admission) following only a Level I screen also may facilitate timely admission to an NF and minimize demand on resources needed for responding to the emergency.</p> <p>Individuals transferred from one NF to another NF are not considered a new admission and will not need a PASRR screening. The transferring NF must ensure that all copies of the resident’s PASRR paperwork (including any Level II information) are transferred with the individual.</p>
<p>1135 Waiver Approved</p>	<p>Once approved, an 1135 waiver effectively means that all admissions to an NF are treated as if they were admitted under the Exempted Hospital Discharge. If the individual is expected to remain in the NF for more than 30 days, a notice of the need for a Resident Review is required.</p> <p>Level I or Level II screenings are not required, but states may continue to use Level I to track admissions during the crisis.</p> <p>The Resident Review requirements based on a significant change in condition would be subject to the 30-day deferment, but the NF’s interest in addressing a resident’s care may warrant state authority notification so that a Resident Review can be arranged as quickly as possible.</p>
<p>Specialized Services</p>	<p>Specialized services are not included in the 1135 waiver 30-day PASRR deferment.</p> <p>The NF should focus on promoting the basic health and safety of individuals who had been receiving specialized services in the NF before the crisis or who were receiving specialized services in another NF before transfer.</p> <p>The state should try to resume any interrupted specialized services as soon as practicable.</p>

PASRR Scenarios During an Emergency Event

Question: What should a Medicaid-certified NF do if it receives a transfer of an individual who requires a PASRR Level II Evaluation and Determination, but no record is available?

Answer: If an individual is transferred from another Medicaid-certified facility, the individual is considered an interfacility transfer and is subject to Resident Review rather than Preadmission Screening (PAS). There is no risk to the NF that federal financial participation (FFP) will be denied for lack of PAS.

However, if a subsequent Level I screening indicates the need for a Level II evaluation and determination, or it appears that information from a previous Level II evaluation and determination is missing, the referral for Level II Resident Review should be made as soon as resources allow and not later than the 31st day after admission. The Level II evaluation and determination should be performed by the appropriate Level II authority as soon as resources are available.

Question: What should a Medicaid-certified NF do if it receives a displaced resident/evacuee for admission who is not a transfer from a Medicaid-certified NF or if the person's previous status is not clear?

Answer: The individual should receive a Level I screen and, if required, a referral for a Level II evaluation and determination as soon as resources allow and not later than the 31st day after admission. FFP will not be withheld from the NF for failure to perform a PAS as long as the Level I screen and necessary Level II referrals are made on or before the 31st day of admission. The Level II evaluation/determination should be performed by the appropriate Level II authority as soon as resources are available.

Question: What should a Medicaid-certified NF do if an individual transferred to the facility was receiving mental health specialized services in the facility where the individual had been residing?

Answer: Ideally, information about any existing specialized services should be shared before the transfer to allow the NF to consult with the state mental health authority regarding options for continuation of those services during the period of residency in the new setting. If the NF is in the same state, it may be possible for the same or another provider to continue the services.

If the transfer is from another state, there is no obligation for those services to continue because they may not be available in the new state. In such instances, the NF should attempt to address the individual's needs with existing behavioral health services and supports to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.