



OFFICE OF LONG-TERM LIVING BULLETIN

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March 1, 2024

EFFECTIVE DATE

March 1, 2024

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SUBJECT:

Revised PASRR Positive Resident (MH, ID/DD, ORC) Reporting Form (MA 408)

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PURPOSE:

The purpose of this bulletin is to issue a revised PASRR Positive Resident (MH, ID/DD, ORC) Reporting Form (MA 408). The revised MA 408 (3/24) replaces the MA 408 (02/20).

SCOPE:

This bulletin applies to all county, nonpublic, and state-operated nursing facilities enrolled in the Medical Assistance (MA) Program.

BACKGROUND:

In 1987, Congress enacted major nursing home reform legislation that affected all nursing facilities participating in the Medicare and MA Program as part of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87). OBRA '87, among other things, required the implementation of a preadmission screening program, applicable to all persons seeking admission to a MA-certified nursing facility, regardless of payer source. The Department must establish and maintain a preadmission screening and resident review system for nursing facility applicants and residents with a mental health (MH) condition, intellectual disability/developmental disability (ID/DD), or other related conditions (ORC) that meet the criteria on the preadmission screen. The preadmission screening and resident review system requires nursing facilities enrolled in the MA Program to notify the Department when an individual with MH, ID/DD or ORC is admitted. (See 55 Pa. Code § 1187.31(3)). Submission of the MA 408 fulfills the requirement that the nursing facility notify the Department's Office of Long-Term Living (OLTL), Bureau of Fee for Service Programs, and the Division of Fee for Service Operations - Field Operations when a resident with MH, ID/DD, or ORC meets the criteria on the preadmission screening, regardless of payment source. The Department will complete a prompt review of an individual upon receipt of an MA 408 which indicates "CHANGE IN CRITERIA" or "UNREPORTED RESIDENT."

DISCUSSION:

The Department updated the MA 408 form to align the language with the most recent PASRR Level I form. The updated form will enable nursing facilities to provide more

specific information to the Department regarding individuals that meet criteria for preadmission screening. Updated items include the following:

- Exceptional Admission for a Resident that requires Emergency Placement was updated on the form to align with the Federal Requirement at 42 CFR § 483.130(d)(5) *PASRR determination criteria* for provisional admissions pending further assessment in emergency situations requiring protective services not to exceed 7 days.
- Discharge question on the form was updated to collect information on individuals that the DHS Program Offices recommend Specialized Services for in the Nursing Facility, and whether those Specialized Services will continue in the community after discharge.
- Added two more pages after the form instructions to explain what Specialized Services are available to individuals when recommended by the DHS Program Offices in their letters of determinations.

PROCEDURES:

The Department must be notified via the MA 408 form anytime an individual with MH, ID/DD, or ORC meets preadmission criteria when admitted to a nursing facility or has a change in criteria while in the nursing facility. If an individual enters a nursing facility as an exceptional admission as defined on the PASRR Level I form, the nursing facility must notify the Department via the MA 408 form prior to expiration of their initial determination time frame listed on the form. The Department must be notified if a resident with MH, ID/DD or ORC is unreported, expires, or discharges. Each change must be communicated by completing and sending the MA 408 form to the Department. A resident transfer is no longer noted on this form.

The revised MA 408 form (MA 408 3/24) may be downloaded or printed from the [MA Provider Forms webpage](https://www.dhs.pa.gov/docs/Publications/Pages/Medical-Assistance-Provider-Forms.aspx) on the DHS website:
<https://www.dhs.pa.gov/docs/Publications/Pages/Medical-Assistance-Provider-Forms.aspx>.

The revised form (MA 408 3/24) will be required beginning March 1, 2024 and thereafter. Previous versions of the MA 408 will no longer be accepted after March 1, 2024.

Instructions for completing the revised MA 408 form are included with the form.

Fax or secure email the original MA 408 to your Nursing Facility Field Operations Office within 48 clock hours of the individual's event. Please contact your Field Operations Representative for the Field Operations Office address or fax number. The mailing addresses, fax and phone numbers of the Field Operations Offices are also available on the [Long-Term Care Nursing Facilities webpage](https://www.dhs.pa.gov/providers/Providers/Pages/Long-Term-Nursing-Facilities.aspx) on the DHS website:
<https://www.dhs.pa.gov/providers/Providers/Pages/Long-Term-Nursing-Facilities.aspx>.

This bulletin rescinds OLTL Bulletin 03-19-05 and any other OLTL policy documents or parts of policy documents that are inconsistent with this bulletin's contents.

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