

Issue Date

March 1, 2024

Effective Date

March 1, 2024

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Subject:

Revised Pennsylvania Preadmission  
Screening Resident Review (PASRR)  
Level 1 Identification Form (MA 376)



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Deputy Secretary, Office of Long-Term Living

**PURPOSE:**

The purpose of this bulletin is to issue a revised Pennsylvania Preadmission Screening Resident Review (PASRR) Level I identification form (PASRR Level I). The revised PASRR Level I form (MA 376 3/24) replaces the PASRR Level I Form (MA 376 11/18).

**SCOPE:**

This bulletin applies to all entities that perform preadmission screenings for individuals prior to entering a nursing facility 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 an MA-certified nursing facility, regardless of payer source. The purpose of the preadmission screening is to determine whether an individual with a mental health condition, intellectual disability/developmental disability, or other related condition requires nursing facility services and, if the individual does, whether that individual meets certain program office criteria and requires specialized services for their condition. See 42 CFR §§ 483.100 - 483.138. An MA-certified nursing facility may not admit any new resident with a mental health condition, intellectual disability/developmental disability, or other related condition unless the Department of Human Services (department) has determined and notified the nursing facility in a letter that the individual requires nursing facility services and, if the individual does, whether that individual meets program office criteria and requires specialized services for the mental health condition, intellectual disability/developmental disability, or other related condition. Modifications to the PASRR Level I form were made based on recommended changes from the Centers for Medicare & Medicaid Services (CMS) and the department's program offices. There have been form changes which are summarized in this bulletin.

Changes to the PASRR Level I Form

Effective

Page 1, Title	Updated "Revised" date.
Page 1, Section II, # 1	Added Date of Diagnosis (if known).
Page 2, Section III-A, #1	Removed Check boxes for Diagnosis. Added "List the Mental Health Diagnosis(es)."
Page 2, Section III-B, 1, f	Separated question f into two separate questions (f and g). Added check boxes for "No" and "Yes" options.
Page 2, Section III-B, 1, f	Added "Does the individual receive community MH services and supports that may need to be continued if admitted to the NF?" Added "Note: This does NOT include psychiatrist, therapist, or other mental health practitioners that provide mental health treatment."
Page 4, Section IV, IV-F	Added for clarification "...for ID," after state facility in the question asked.
Page 6, Section VII	Add the word "...below" to the first question of Section VII – Exceptional Admission.
Page 6, Section VII, VII-A	First bullet - added "acute" before "inpatient medical care..."
Page 6, Section VII, VII-C	Clarified "7-days" instead of 30 days according to the 42 CFR § 483.130 PASARR determination criteria § 483.130 (d)(5).

Page 6, FOR A CHANGE IN EXCEPTIONAL STATUS:	Clarification and change from the word RESIDENCE to "THE NF." First bullet- added clarification for the department and when the PASRR Level II needs completed and timeframe. Added: <ul style="list-style-type: none"><li>• If VII-A is a "YES," the PASRR Level II must be done on or before the 40th day from the date of admission.</li><li>• If VII-B is a "YES," the PASRR Level II must be done on or before the 24th day from the date of admission.</li><li>• If VII-C is a "YES," the PASRR Level II must be done on or before the 17th day from the date of admission.</li><li>• If VII-D is a "YES," the PASRR Level II must be done when the individual comes out of the Coma.</li></ul> Added clarification for the Signature and the Date for notification.
Page 7, Second check box	Changed "page 9" to "page 8."
Page 7, Third check box paragraph, last line	Removed the words "Target Resident" and replaced with new terminology: "PASRR Positive Resident".
Page 8	Delete blank page for printing purposes.
New Page 8	Add Website link for the Federal PASRR Regulations. Delete PASRR regulation bottom of the page.
All Pages	Footer date is updated to date of the form.

**PROCEDURES:**

Beginning March 1, 2024 the revised PASRR Level I form must be completed, prior to or no later than the day of admission, for individuals seeking admission to an MA-certified nursing facility, regardless of the individual's payment source. If the applicant/resident is unable to answer the questions, another person who is knowledgeable about the applicant's/resident's medical condition and history (for example: family member, legal representative, or member of the health care team) may help to complete the form. Nursing facilities are responsible for assuring the accuracy of information reported on the PASRR Level I form. For a new resident entering the nursing facility, the nursing facility must make corrections to the PASRR Level I form on the resident's chart when new or missed information becomes available (for example, information provided by the family or doctor). Do not complete a new PASRR Level I for residents readmitted from a short-term acute care hospital stay that were in the nursing facility prior to the hospital stay. For these individuals, just update the PASRR Level I that was used in the nursing facility prior to the hospital stay. If the individual has a change in condition that affects program office criteria as found on the PASRR Level I form, a PASRR Level II evaluation form will need to be completed. Nursing facilities will communicate the need to have a PASRR Level II form done by notifying the department's Office of Long-Term Living, Division of Nursing Facility Field Operations Team via the MA 408 form. Nursing facilities are to advise applicants/residents regarding their rights to know how the PASRR process will be used, how to obtain a copy of this form, and the procedure to appeal the results of a decision by the departments program office.

If the applicant meets program office criteria and is not an Exceptional Admission, as defined on page 6 of the PASRR Level I form, the individual's PASRR Level I form, along with other required documents, must be forwarded to Aging Well, who will complete a PASRR Level II evaluation and will also determine the level of care the individual needs prior to an individual's admission to the nursing facility.

Failure to complete the most current version of the PASRR Level I and, when applicable, the PASRR Level II, prior to admission or on the day of admission will result in forfeiture of MA reimbursement to the nursing facility during the period of non-compliance in accordance with Federal PASRR Regulations at 42 CFR § 483.122.

The revised PASRR Level I form (MA 376 3/24) will be required for admissions on March 1, 2024 and thereafter. Previous versions of the PASRR Level I form are not acceptable for new admissions on March 1, 2024, and thereafter.

This bulletin rescinds guidance pertaining to the PASRR Level 1 Form (MA 376 11/18) in the September 1, 2018, Revised Pennsylvania Preadmission Screening Resident Review (PASRR) Level I Identification Form (MA 376) Bulletin 59-18-03. In addition, all OLTL policy documents or parts of policy documents that are inconsistent with the

content of this bulletin are hereby rescinded.

**Attachments:**

Instructions for completing the revised PASRR Level I are included in the form and the instructional webinar can be found at the [Pennsylvania PASRR Process webpage](https://www.dhs.pa.gov/providers/Providers/Pages/PASRR-Process.aspx) on the DHS website.

<https://www.dhs.pa.gov/providers/Providers/Pages/PASRR-Process.aspx> .

The revised PASRR Level I form (MA 376 3/24) may be 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>.

<p><b>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO: Ruth Anne Barnard</b> <b>PA Dept. of Human Services</b> <b>OLTL/Forum Place 6th Floor</b> <b>Bureau of Fee for Service Programs</b> <b>P.O. Box 8025 Harrisburg, PA 17105-8025</b> <b>(717) 214-3736</b></p>
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