



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

# OFFICE OF LONG-TERM LIVING BULLETIN

ISSUE DATE

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EFFECTIVE DATE

March 1, 2014

NUMBER

55-14-02

SUBJECT

Revised Pennsylvania Preadmission Screening  
Resident Review Evaluation (Level II) Form  
(MA 376.2)

BY

Bonnie L. Rose, Deputy Secretary  
Office of Long-Term Living

## PURPOSE:

The purpose of this bulletin is to issue a revised Pennsylvania Preadmission Screening Resident Review Evaluation (Level II) Form (PA-PASRR-EV). The revised PA-PASRR-EV replaces the PA-PASRR-EV (Bulletin 01-11-02, 03-11-02) dated June 1, 2011.

## SCOPE:

This bulletin applies to all agencies that perform Preadmission Screening Resident Review Evaluations (Level II) for individuals either prior to or after the individual is a resident in a Medical Assistance (MA) enrolled nursing facility.

## BACKGROUND/DISCUSSION:

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, whether that person is applying for or receiving MA benefits. The purpose of the preadmission screening is for the program office to determine whether an individual with mental illness (MI), intellectual disability (ID) or other related conditions (ORC) requires nursing facility services and, if the individual does, whether the individual meets target 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 MI, ID or ORC unless the Department of Public Welfare (Department) has determined and notified the nursing facility in a letter that the individual requires nursing facility services and, if the individual does, whether the individual meets target criteria, and requires specialized services for MI, ID, or ORC. A Level II assessment (PA-PASRR-EV) must be completed if the individual meets any of the criteria for a "target" for MI, ID or ORC on the PA-PASRR-ID (MA 376).

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO: Ruth Anne Barnard

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Modifications to the PA-PASRR-EV were made based on recommended changes from the Centers for Medicare and Medicaid Services (CMS) and the Department's Program Offices. A chart of the specific changes to the PA-PASRR-EV is provided in this bulletin.

**PROCEDURE:**

Beginning March 1, 2014, the revised PA-PASRR-EV (Level II) form must be completed if the individual is identified as a potential target on the PA-PASRR-ID, has a change in condition, and is not an exceptional admission. The Area Agency on Aging (AAA) or Bureau of Quality and Provider Management, Division of Nursing Facility Field Operations is responsible for completing the PA-PASRR-EV (Level II) form including the accompanying documentation and for forwarding the information to the appropriate program office. The program office will review the information to determine whether the individual meets Nursing Facility Clinical Eligibility, Target criteria and need for Specialized Services. The program office will issue its decision to all appropriate parties through a Letter of Determination. Instructions for completing the revised PA-PASRR-EV are incorporated into the form and an instructional PASRR-EV Level II Assessment webinar can be found at:

<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/longtermcarecasemixinformation/obrainingInformation/index.htm>.

The revised form can be ordered from the MA Forms contractor via the Medical Assistance Provider Order Form (MA 300X). The PA-PASRR-EV form number is MA 376.2 and is available in packs of 25 or may be printed from the following website:

<http://www.dpw.state.pa.us/findaform/ordermedicalassistanceforms/index.htm>. If an individual meets the target criteria on the PA-PASRR-ID form completed on March 1, 2014 and thereafter the revised PA-PASRR-EV form (MA 376.2 3/14) must be completed. Previous versions of the PA-PASRR-EV form are not acceptable beginning March 1, 2014.

Changes to Pennsylvania Preadmission Screening Resident Review Evaluation Form

Effective 03/01/2014

OLD FORM ITEM	NEW FORM CHANGES
<b>Cover Page – pages 1 and 2</b>	Deleted from the new form.
<b>Page 3</b>	Page 3 is now page 1. Removed first and third paragraphs at the top before DATE OF ASSESSMENT:. The same information is collected as in the previous form (MA 376.2 6/11), except that some of the diagnoses were clarified. Number 3, added some wording for clarification.
<b>I. Mental Illness</b>	
<b>A.</b>	Added a heading to subsection A. Reads “Documentation of the diagnosis of a MI.” Question 2 asks for “onset year” for diagnoses. Question 3 has a skip pattern added.
<b>B.</b>	<p>Added a heading to subsection B. Reads “Data or information gathered to assess the individual.”</p> <p>Added new question B.1 relating to current list of medications an individual is taking and the individual’s response to each medication.</p> <p>Old B.1 is now B.2. Wording and check boxes have changed. Wording comes directly from Federal Regulation. These items are required with all assessments. Only check the additional information needed check box if you <u>do not</u> have the information.</p> <p>Added new questions B. 3 through 5 relating to mini mental status exam, estimated level of intelligence and medical and social supports.</p>
<b>C.</b>	<p>Added a heading to subsection C. Reads “Evaluation of gathered information (recommendation to program office).”</p> <p>Under the heading, Results of Evaluation, subsections a-d are now C. 1-4 and subsections e and f have been deleted from the new form. First two paragraphs under old C.1. are combined with new C 5 question.</p>
<b>D.</b>	Numbering changed in subsection D; however, explanation requirements and the questions are the same.

<p><b>II. Mental Retardation/Intellectual Disability</b></p> <p><b>A.</b></p> <p><b>B.</b></p> <p><b>C.</b></p> <p><b>D.</b></p>	<p>Removed the language mental retardation from Section II and throughout the document.</p> <p>Added a heading to subsection A. Reads "Documentation of the diagnosis of an ID."</p> <p>Added a heading to subsection B. Reads "Data or information (in the absence of data) gathered to assess the individual related to particular health characteristics and functional areas."</p> <p>Old B.1 is now B.4. Wording and check boxes have changed. Wording comes directly from Federal Regulation. These items are required with all assessments. Only check the additional information needed check box if you <u>do not</u> have the information.</p> <p>Added new question B.1 relating to current list of medications an individual is taking and the individual's response to each medication.</p> <p>Added new questions B.2 and 3 relating to intensive care manager and medical and social supports.</p> <p>Added new question B.5 relating to documents reviewed.</p> <p>Added a heading to subsection C. Reads "Evaluation of gathered information."</p> <p>Under the heading, Results of Evaluation, subsections a through c are now under C. 1 and subsections d and e have been deleted from the new form. Also, added a new question C. 1-c. Paragraphs under C. 1 are now C 2.</p> <p>Numbering changed in subsection D; however, explanation requirements and the questions are the same.</p>
<p><b>III. Other Related Conditions</b></p> <p><b>A.</b></p>	<p>Added a heading to subsection A. Reads "Documentation of the diagnosis of an ORC."</p> <p>Moved the previous subsection A questions a through c to new A. 2.</p> <p>Old A.2 is now B.1.</p>

<b>B.</b>	<p>Added a heading to subsection B. Reads "Data or information (in the absence of data) gathered to assess the individual." Added new question B.2 relating to medical and social supports.</p> <p>Old B.1 is now B.3. Source and Describe have been removed and check boxes were changed. These items are required with all assessments. Only check the additional information needed check box if you <u>do not</u> have the information.</p> <p>Added new question B.4 relating to documents reviewed.</p>
<b>C.</b>	<p>Added a heading to subsection C. Reads "Evaluation of gathered information."</p> <p>Under the heading, Results of Evaluation, subsections a through c are now under C.1 and subsection d has been deleted from the new form. Paragraphs under C.1 are now C. 2.</p>
<b>D.</b>	<p>Numbering changed in subsection D; however, explanation requirements and the questions are the same.</p>