



Center for Medicaid and State Operations/Survey and Certification Group

**Ref: S&C-07-38**

**DATE:** September 28, 2007

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Pre-Admission Screening and Resident Review (PASRR) and the Nursing Home Survey Process

**Memorandum Summary**

- In response to the Office of Inspector General's (OIG) recommendation in reports OEI-07-05-00230, "Pre-admission Screening and Resident Review for Younger Nursing Facility Residents with Mental Retardation" and OEI-05-05-00220 "Preadmission Screening and Resident Review for Younger Nursing Facility Residents with Serious Mental Illness," the Centers for Medicare & Medicaid Services (CMS) is clarifying the current nursing facility survey process related to the selection of sampled residents with serious mental illness and mental retardation, to ensure that surveyors review required PASRR documentation.
- PASRR requirements are found in the State Operations Manual (SOM), Appendix P Survey Protocol for Long-Term Care Facilities and Appendix PP Interpretive Guidance for Long-Term Care Facilities.
- Rebroadcast of PASRR satellite, "Mental Illness in Nursing Homes" will air on September 28, 2007, 1:00 – 3:30 PM EST and is accessible for viewing one year from the date of broadcast at <http://www.cms.internetstreaming.com>.

PASRR is a Medicaid program requirement that identifies individuals with serious mental illness and mental retardation (MI/MR) who apply to or reside in a nursing facility (NF), and specifies services required in order for the placement to be appropriate.

The OIG reports recommend that State surveyors:

- sample residents with serious mental illness and mental retardation,
- review all PASRR documentation for timely completion, and
- review care plans for incorporation of all Level II PASRR MI/MR service recommendations.

Current CMS survey process pertinent to PASRR can be found in Appendices P and PP of the State Operations Manual (SOM). Appendix P, Survey Protocol for Long-Term Care Facilities, makes reference to determining whether residents with a diagnosis of MI/MR are included in the selected sample. The following are examples of tasks that refer to PASRR or MI/MR:

- Task 1-Offsite Survey Preparation, section B - Information Sources for Offsite Survey Preparation, item 7, informs the surveyor that some States have formal mechanisms to share PASRR reports with the survey agency. If this information is available, evaluate if there are potential concerns and note names of residents for possible inclusion in the sample.
- Task 4-Sample Selection, section D. Protocol, item 3 - Special Factors to Consider in Sample Selection, lists “Residents with mental illness and mental retardation” as one of several factors to consider in determining which residents to select.

The specific regulatory requirements and guidance to determine a facility’s compliance with PASRR are found in Appendix PP, Interpretive Guidance for Long-Term Care Facilities at:

- F285 - 42 CFR 483.20(e) – “Coordination. A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicate testing and effort.”
- The Interpretive Guidance for F285 clarifies State responsibilities: “With respect to the responsibilities under the PASRR program, the State is responsible for conducting the screens, preparing the PASRR report, and providing or arranging the specialized services that are needed as a result of conducting the screens. The State is required to provide a copy of the PASRR report to the facility.” The PASRR report consists of determinations and an evaluation report as required in part 483 subpart C and is collectively known as PASRR Level II.
- The regulation at 42 CFR 483.20(m)(1) indicates that a NF must not admit any individuals with MI or MR, (as defined in regulation), unless the State mental health/mental retardation or developmental disabilities authority has determined that placement in a NF is appropriate, and if specialized MI/MR services are needed. This means that NFs are not in compliance if individuals with possible MI/MR were admitted without complete PASRR Level II documentation indicating that the admission was appropriate.
- The Probes for 483.20(m) reference whether complete PASRR Level II documentation was in place prior to admission of individuals with MI or MR.
- F406 - 42 CFR 483.45(a) – “Specialized Rehabilitative Services. Provision of Services.” The guidance under “Intent” distinguishes specialized rehabilitative services for MI/MR (which it terms “Mental health rehabilitative services for MI and MR”), from PASRR “Specialized services for MI/MR” provided or arranged for by the State. Both types of services are to be specified in the PASRR Level II documentation. The NF provides or obtains specialized rehabilitative services “within the scope of facility services,” but “they must be provided by or coordinated by qualified personnel.” The NF should provide specialized rehabilitative services which “complement, reinforce, and are consistent with any specialized services (as defined by the resident’s PASRR) . . . [the] plan of care should specify how the facility will integrate relevant activities throughout all hours of the individual’s day at the NF to achieve this consistency and enhancement of PASRR goals. The surveyor should see competent interaction by staff at all times, in both formal and informal settings in accordance with the individual’s needs.”

- The Guidance to Surveyors section “Procedures” found at F406 states, “For sampled residents, whose comprehensive assessment indicates physical, psychosocial, and/or communications rehabilitation potential, (See MDS 2.0, Sections G, C, F, E) observe for unmet needs for rehabilitative services. Determine the extent of follow-through with comprehensive care plan ...”

**Summary:** Surveyors are to review the records of selected sample residents with MI/MR to ensure that the nursing facility complies with PASRR requirements related to pre-admission screens, resident reviews, determinations for specialized services, and that all care and services are provided in accordance with the plans of care.

For questions concerning this memorandum, please contact Rosemary Dunn by e-mail at [Rosemary.Dunn@cms.hhs.gov](mailto:Rosemary.Dunn@cms.hhs.gov) or call 410-786-1372.

**Effective Date:** This guidance is currently in effect and should be shared with all survey and certification staff, their managers, the state training coordinators and all long-term care providers within 30 days.

- **Training:** A re-run of the satellite “Mental Illness in Nursing Homes,” an excellent resource regarding PASRR survey protocol and regulations, is scheduled for September 28, 2007 at 1:00 -3:30 pm EST and is accessible for viewing one year from the date of broadcast at <http://www.cms.internetstreaming.com>. This satellite is mandatory for all surveyors.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management