

**Preadmission Screening and Resident Review (PASRR)
for admission of persons displaced by Hurricane Katrina/Rita to Medicaid-certified nursing facilities**

REVISED SEPTEMBER 30, 2005

Federal statute and regulations require all applicants to a Medicaid-certified nursing facility (NF) to be screened for mental retardation or related conditions (MR), and serious mental illness (MI). This is required of all persons a NF admits, whether or not reimbursed by Medicaid. Applicants or residents with indication that they may have MI or MR are then subject to various requirements for evaluation, determination, placement, and service provision. CMS wishes to remove barriers to admission for displaced NF residents, and reduce as much as possible any administrative burden from PASRR on receiving facilities and states. At the same time, CMS is committed to meeting the unique MI/MR needs of the residents at a time of significant trauma.

The following are answers to questions, developed quickly in response to the emergency — CMS does not have official policy to cover this unprecedented scope of displaced persons. Familiarity with your state PASRR requirements is assumed. We are happy to discuss omissions or concerns about these comments; if possible, please coordinate with your state PASRR program first. CMS will work with each affected state to achieve maximum flexibility while meeting the needs of NF residents. Contact Dan Timmel at 410-786-8518, daniel.timmel@cms.hhs.gov, or your regional CMS office.

Issue	Risk	CMS comment
Issues affecting in-state and out-of-state transfers		
1. NF receives transfer of an individual without record of PASRR Level I Screen	NF concern that payment is not allowed for a person admitted without a Level I Screen	Transfers are not subject to the requirement for PASRR Level I prior to admission, but are subject to Resident Review upon a change in condition. Therefore, payment will not be denied based on the absence of a Level I screen. When an evacuated transfer has no documented Level I screen, the NF is responsible to see that the screen is performed, to complete the resident’s record and to ensure that the resident receives a Level II evaluation if needed. When sufficient documentation regarding the transferred evacuee is not available to properly complete the receiving state’s Level I screen, CMS will not consider the NF or the state to be out of compliance if the NF documents the situation, assesses the individual in any way necessary to determine if there is a possibility of MI/MR, and refers for Level II evaluation where indicated.

Issue	Risk	CMS comment
2. NF receives transfer of an individual with indication that PASRR Level II Evaluation and Determination is needed, but no record is available	NF concern that FFP is not allowed when a person needing Preadmission Screening (PAS) is admitted before the PASRR Determination is made	As inter-facility transfers, the requirement is for Resident Review (RR), not PAS. [483.106(b)(4)] Therefore, payment will not be denied for lack of a PAS. Facilities may wish to consider an emergency Categorical Determination, if the state has established this category. CMS will not consider the NF or the state out of compliance if the Level II evaluation is delayed for an evacuated individual, but documentation shows that the evaluation is requested promptly, and performed as soon as resources are available.
3. NF receives a displaced person for admission who is not a transfer from a Medicaid-certified NF, or the person's previous status is not clear	NF concern that FFP is not allowed for a person admitted without a Level I Screen	The NF, or other entity specified by the state, should perform a Level I Screen. CMS will not consider the NF or the state to be out of compliance or withhold FFP if documentation shows that due to the evacuation from Hurricane Katrina, a Level I Screen was performed upon admission, or within 2 days of admission, and Level II Evaluation is initiated per state procedures if indicated.
4. Level of Care (LOC) a. NF receives residents evacuated from an ICF/MR, hospital, or other specialized facility, and the individual's needs are greater than NF LOC b. It is not clear whether the person currently meets NF LOC c. The individual's needs are less than NF LOC	NF being out of compliance, and FFP not available for individuals who do not meet the NF level of care	<p>Level of care determinations are state medical necessity requirements and CMS has no authority to suspend such requirements. Emergency guidance from the state and from CMS Survey and Certification should control admitting practices regarding LOC. However, because PASRR determination of need for NF is connected to LOC, the following information may be useful:</p> <ul style="list-style-type: none"> a. To the extent that a NF admits individuals from a higher level of care, the NF would be required to provide all needed services until the individual can be discharged to an appropriate level of care. MI/MR needs at the hospital or ICF/MR LOC are unlikely to be met in a NF. b. CMS is aware that some evacuees will lack records, and that pre-evacuation LOC may be inaccurate due to the effects of the emergency on the individual. c. To the extent that a NF admits individuals who do not meet the paying State's level of care requirements, the State may deny Medicaid payment for those individuals. <p>CMS will not consider the NF or the state out of compliance or withhold FFP for admitting evacuated individuals who upon later Level II evaluation (as soon as resources are available) are found not to need NF LOC. However, placement as indicated by the Level II evaluation must be made as soon as resources permit.</p>

Issues affecting out-of-state transfers		
5. There is no inter-state PASRR agreement between the sending and receiving states	No Federal penalty, but payment difficulties may arise between states	The state of residence has responsibility to pay for PASRR functions, or have a reciprocal agreement with the receiving state. Depending on the number of evacuated NF residents, and the length of stay, states may wish to make retroactive interstate PASRR agreements.
6. A resident transferred from another state has PASRR Level II documentation in their record, sufficient for planning care	NF being out of compliance with state PASRR procedures that differ from the sending state	The NF should determine whether the evacuee's PASRR documentation would be sufficient under the receiving state's PASRR rules. If the documentation is not compliant with state PASRR rules, but is sufficient for care planning, the receiving state may allow NFs to accept the existing Level II data. CMS will not expect a new evaluation, if documentation shows that for a resident evacuated due to Hurricane Katrina, the PASRR data received with the out-of-state resident can be used by the care planning team as sufficient and in lieu of an in-state PASRR Evaluation and Determination.
7. A resident transferred from another state has PASRR Level II documentation in their record, but the information is not meaningful in the receiving state (e.g., differing terminology, level of detail, or definitions of Specialized Services)	NF being out of compliance with state PASRR procedures that differ from the sending state, and FFP not available for a resident with MI/MR who lacks a valid Level II Determination that NF is appropriate	The NF should ensure that the individual receives a Level II screening that can be used in care planning. CMS will not consider the NF or the state out of compliance or withhold FFP when documentation shows that due to evacuation from Hurricane Katrina, a transferred resident lacked a valid Level II Determination that NF is appropriate, and Level II evaluation is conducted as soon after admission as resources are available.
8. A resident transferred from another state with MI/MR is considered appropriate for NF placement in the state of origin but documentation or examination shows the individual is not appropriate according to the PASRR criteria in the receiving state	NF being out of compliance with state PASRR procedures that differ from the sending state, and FFP not available for a resident with MI/MR who lacks a Level II Determination that NF is appropriate	The NF's is responsible to admit a resident only if it can provide or arrange for all medically necessary care and services. If the well-being of the transferred resident and/or other residents are compromised, the transferred resident should be immediately placed in another facility per the standards of the receiving state. CMS will not consider the NF or the state out of compliance or withhold FFP if documentation shows that due to the evacuation from Hurricane Katrina an individual is admitted to a NF under the sending state's PASRR Determination, and the receiving NF either: A. provides or arranges for all medically necessary care and services; or B. makes alternative placement for the individual as soon as resources allow.

<p>9. The sending state defines Specialized Services as services provided in the NF to augment NF services, while the receiving state defines Specialized Services as hospitalization or other placement not in a NF</p>	<p>NF being out of compliance with state PASRR procedures that differ from the sending state, and FFP not available, if the services which would fulfill the conditions under which an individual was deemed appropriate for NF, cannot be provided</p>	<p>The NF should not admit a resident if it cannot provide or arrange for all medically necessary care and services.</p> <p>If this circumstance of differing definitions of SS exists, the NF should contact the state Medicaid agency for guidance. Because of the complexity involved with state definitions of SS, CMS requests that the state Medicaid agency contact CMS as listed above, so that we can better understand and coordinate the interstate responses to this emergency.</p>
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