February 16, 2021

Memo To: Nursing Facilities and Hospitals with Swing Beds

Memo From: Yvette Thomas, Division Director Long Term Services & Supports

Re: Pre-Admission Screening and Resident Review (PASRR)

This letter is to provide education to providers to help avoid future Medicaid non-payment for PASRR non-compliance. According to 42 CFR §483.122(b): When a preadmission screening has not been performed prior to admission or a review is not performed timely, in accordance with 42 CFR §483.114(c), but either is performed at a later date, Federal Financial Participation is available only for nursing facility services furnished after the screening or review has been performed.

Section 1919(e)(7)(B)(iii) of the Social Security Act [https://www.ssa.gov/OP_Home/ssact/title19/1919.htm] indicates that when a significant change in mental condition occurs, it must be reported promptly so that a level II PASRR evaluation can occur if appropriate. When a resident receives a new qualifying diagnosis from the Diagnostic and Statistical Manual of Mental Disorders by someone other than a physician, nurse practitioner, or physician assistant (e.g., licensed certified social worker) it is considered a significant change in PASRR status. Providers need to ensure the new diagnosis is reported to the Long Term Services and Supports (LTSS) nurse consultant and is accompanied by a new PASRR screen and any other documentation requested from the LTSS nurse within 14 days of the new diagnosis being given. Additionally, the facility should notify the resident’s primary care physician about the new diagnosis and any related treatment, so the primary care physician has the opportunity to incorporate the diagnosis into the resident’s record as an active diagnosis, and it can become a part of the resident’s continuum of care.

As a reminder, any newly ordered medication with a drug classification of antipsychotic, antidepressant, anxiolytic, sedative or hypnotic (regardless of the reason for the medication) is considered a significant change in PASRR status and must be reported to the LTSS nurse consultant within 14 days of the new order so that a level II PASRR evaluation can occur if appropriate. Please note compliance with all PASRR guidelines, as outlined in the South Dakota Discharge Planning PASRR Reference Manual, is required to avoid withholding or recovery of Medicaid reimbursement.

Should you have any questions regarding the information listed above, please contact Michelle Hudecek, LTSS Nurse consultant Program Manager, at 605-773-6917 or the LTSS nurse consultant in your region as listed on the Regional Nurse Consultant Map that can be located at the following link: [https://dhs.sd.gov/ltss/linksandresources.aspx](https://dhs.sd.gov/ltss/linksandresources.aspx)

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