



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

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**M E M O R A N D U M**

**TO:** ICF/IID Providers  
Nursing Facility Providers

**FROM:** Lee A. Guice, Director *LAG*  
Division of Policy and Operations

**DATE:** March 10, 2017

**RE:** Pre-admission Screening and Resident Review Revisions  
(11) – Provider Letter #A-350  
(12) – Provider Letter #A-253

The Departments for Medicaid Services (DMS) and Behavioral Health, Developmental and Intellectual Disabilities (BHDID) have worked with the Centers for Medicare and Medicaid Services (CMS) to develop a more comprehensive Preadmission Screening and Resident Review (PASRR) process. The (MAP- 409) Level I PASRR Form is a screening tool used to identify individuals who may have a mental disorder or an intellectual disability. Nursing Facility staff must complete this form, prior to admitting anyone to a Medicaid Certified Nursing or ICF/IID Facility, regardless of payment source.

The new screening tool is not limited to collecting information on either the recipients Mental Health or Intellectual Disabilities, but allows the Nursing Facility staff evaluator to collect health, psychosocial, and historical data on the whole person. The expanded form and processes will prompt staff to ask follow-up questions and collect meaningful information from currently available resources. Responsible parties can facilitate appropriate placements, person-centered supports and access available discharge planning options. This will ensure that more individuals with Mental Illness (MI) and Intellectually Disability (ID) receive the supports and services they need while they are in the facility and after discharge.

In August 2016, a Pilot Project was implemented in three (3) areas of the state to determine if the form captured the information needed by nursing facility staff and if it was user friendly. Revisions to the form occurred based of nursing facility staff suggestions.

A nursing facility is required to refer all residents newly diagnosed or suspected of having a possible PASRR qualifying condition for a PASRR Level II assessment. When a significant change in status occurs in a resident currently meeting PASRR criteria, the revised PASRR Significant Change/Subsequent Review Form (MAP - 4095) is the correct form to use for the assessment. In addition to status changes, the form captures re-admission, transfer and discharge data.

The statewide implementation date for **both** forms is **July 1, 2017**.

Two statewide training sessions are available as listed below:

- Wednesday, April 26, 2017 (AM and PM sessions)
- Wednesday, May 24, 2107 (AM and PM sessions)

AM Session: Registration: 8:30 to 9:00 and Training Session: 9:00 to 12:00 noon

PM Session: Registration: 12:30 to 1:00 and Training Session: 1:00 to 4:00

Training site: GAPS Training Room, 801 Teton Trail, Frankfort, KY. 40601. Note: There are no vending machines available at the GAPS Training site.

Registration is limited to two (2) employees per ICF/IID and/or Nursing Facility. On-line registration is required at the following link:

<https://prdweb.chfs.ky.gov/GenLogEX/Detail.aspx?TK=90&Item=0>

Please print the training material and bring it to class with you, as it **will not** be available at the training site. This material is available at the following websites:

<http://www.chfs.ky.gov/dms/> (DMS homepage)

<http://www.chfs.ky.gov/dms/mnfs.htm> (DMS - Nursing Facility Services)

An instructional webinar on completing the new MAP 409, PASRR Level I form is available to ICF/IID and Nursing Facility staff at the following Website:

<http://dbhdid.ky.gov/kdbhdid/pasrr.aspx>

If you have questions, please contact Vicki Barber, RN, Nurse Consultant Inspector, Division of Policy and Operations at [Vicki.Barber@ky.gov](mailto:Vicki.Barber@ky.gov) or 502-564-6890 or Benita Jackie, RN, Nurse Consultant Inspector, Division of Developmental and Intellectual Disabilities at [Benita.Jackie@ky.gov](mailto:Benita.Jackie@ky.gov) or 502-782-6217.

Thank you for your continued commitment to serving Kentucky's Medicaid members.

