MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE: December 28, 1988
EFFECTIVE DATE: January 1, 1989
NUMBER: 1181-88-08

SUBJECT: OBRA-87 - Nursing Home Reform

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Purpose

To provide information on the implementation of those Omnibus Budget Reconciliation Act of 1987 provisions pertaining to Nursing Home Reform due for implementation by January 1, 1989, including Notices of procedures for nursing home providers and Statements of Policy.

Scope

This Bulletin affects skilled nursing facilities and intermediate care facilities (but not intermediate care facilities for the mentally retarded) participating as providers or seeking to enroll as providers in the Pennsylvania Medical Assistance Program; all persons (and their families) seeking admission to such facilities; persons employed or seeking employment by such facilities as nurse aides; and persons or entities providing or intending to provide training and competency evaluations for nurse aides employed by such facilities. This Bulletin addresses the application of requirements established by federal law to be effective as of January 1, 1989.

Background


(OVER)

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
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Harrisburg, Pennsylvania 17120

DISTRIBUTION:
34-88-09 35-88-13
36-88-13
The nursing home reform provisions enacted by Congress establish a timetable for action by federal and state agencies, as well as by providers, from 1987 through 1993, including requirements for continuing approval of State Plans. In a number of cases, state agencies are required to take action even where federal guidelines required by the law are not established on time. The reform provisions grew out of concerns that the preexisting system of certification and review of participating providers did not adequately deal with the quality of patient care and did not sufficiently inform patients and providers of rights and limitations. While most of the new requirements established by OBRA-87 do not become effective until October 1, 1990, some must be implemented prior to that date.

Since the enactment of OBRA-87, the Department of Public Welfare in cooperation with the Departments of Aging, Education, Health, and State and the Governor's Budget Office and Office of Policy, as well as with the responsible federal agencies and representatives of providers and recipients, has been conducting planning and development activities necessary for the implementation of OBRA-87. These activities are part of a program of change to improve the quality of care provided in nursing facilities, to provide quality services in the most appropriate setting, and to increase public awareness of rights and limitations under the Medical Assistance Program. The Department of Public Welfare is the single state agency for the administration of the Medical Assistance Program in Pennsylvania and is therefore responsible for issuing information and regulations with respect to the application of OBRA-87 to the Pennsylvania Medical Assistance Program.

OBRA-87 requires the Department to implement certain provisions of the law on January 1, 1989. These provisions are:

1. Specification of nurse aide training and competency evaluation programs and those competency evaluation programs that the Department approves for use by providers and that meet requirements established by the law. (42 U.S.C. § 1396r(e)(1)(A))

2. Establishment of a registry of all individuals who satisfactorily complete a nurse aide training and competency evaluation program or a nurse aide competency evaluation program approved by the Department. (42 U.S.C. § 1396r(e)(2))

3. Implementation of a pre-admission screening program, applicable to all persons seeking admission to any provider nursing facility, whether or not that person is applying for or receiving Medical Assistance, to determine, based on criteria established by the federal government pursuant to provisions of OBRA-87, whether persons who are mentally ill or are mentally retarded or have related disabilities require nursing facility services and, if they do, whether they also require active treatment for their condition. (42 U.S.C. § 1396r(e)(7)(A))

4. Implementation of an appeals process for individuals who are adversely affected by the pre-admission screening program and wish to seek relief. (42 U.S.C. § 1396r(e)(7)(F))
5. Enforcement of conditions of participation established by OBRA-87 and effective for current nursing facility providers.

The Department currently has regulations with respect to provider facilities (55 Pa. Code, Chapter 1181). These regulations require participating providers to abide by all applicable federal and state laws and regulations, including Title XIX of the Social Security Act, and to conform with all requirements of Title XIX and of the regulations promulgated thereunder which are necessary for the Department to qualify for Federal Financial Participation (FFP) with respect to their participation (55 Pa. Code § 1181.41(3)). These regulations require provider facilities to comply with the requirements for provider facilities added by OBRA-87 to Title XIX. The Department also has regulations with respect to appeals procedures for persons applying for or receiving Medical Assistance benefits (55 Pa. Code, Chapter 275), as well as for others (1 Pa. Code, Part II).

**Discussion**

This Bulletin is the first of a series involving the implementation of OBRA-87. Since the implementation of OBRA-87 is to be phased over several years, the Department will be issuing bulletins like this one in advance of the implementation of state and federal requirements to provide information on Department policy with respect to the requirement, to announce Department regulations, and to describe procedures and resources for compliance. Since the implementation of OBRA-87 involves coordination with policies established by the U.S. Department of Health and Human Services (HHS) pursuant to the law, publications may also be required to update or revise standards in light of announcement of HHS criteria and regulations.

This Bulletin deals with five (5) areas:

1. Conditions of Participation affecting providers of nursing home services that are being added by OBRA-87.

2. The Nurse Aide Registry System being established by the Pennsylvania Department of Health in cooperation with the Department of Public Welfare.

3. The Nurse Aide Training and Competency Evaluation Program being established by the Pennsylvania Department of Education in cooperation with the Department of Public Welfare.

4. The Pre-Admission Screening Program for persons seeking admission to nursing facilities.

5. The Appeals Process for persons adversely affected by the Pre-Admission Screening Program.
Each of these areas involves implementation of a phase of OBRA-87. Pursuant to Section 501 of the Administrative Code (71 P.S. § 181), the Department of Public Welfare has been working with other departments and agencies of the Commonwealth to utilize their expertise in the development and implementation of OBRA-87 provisions. Cooperation among different departments will continue to have a role in this implementation process. The Departments of Aging, Education, and Health will be responsible for the implementation and management of several aspects of the reforms required by OBRA-87. The Department of Public Welfare remains the single state agency for the overall administration of the Medical Assistance Program and is the agency responsible for the resolution and adjudication of any disputes concerning the Program.

The January 1, 1989 nursing home reform requirements of OBRA-87 do not involve any changes to existing Department regulations. They do involve new activities about which the Department wishes to inform both the general public and those directly involved. The Department has established procedures for providing information to the public (55 Pa. Code, Chapter 9). The Department issues Statements of Policy to provide guidelines in response to federal statutes such as OBRA-87 (55 Pa. Code § 9.12(b)(2)). The Department also issues Notices (55 Pa. Code § 9.13). The Department is publishing this series of Statements of Policy and Notices to inform the general public and those affected by OBRA-87 of the guidelines used by the Department under the law to implement those activities required by January 1, 1989. This Bulletin does not preclude the Department from changing its policies and procedures with respect to OBRA-87, including changes required by modifications of federal requirements or changes implemented by regulation.

This Bulletin includes a timetable of key Medical Assistance related implementation dates under OBRA-87, as amended (Appendix A). This timetable indicates activities with which the Department, as well as providers and the U.S. Department of Health and Human Services (HHS), will be involved over the next few years. The Department will be issuing additional Statements of Policy, Notices and Regulations with respect to later phases in the implementation of the nursing home reform provisions of OBRA-87.

This Bulletin also includes forms related to the pre-admission screening process. These forms are subject to change.

**Statements of Policy and Notices**

I. **PROVIDER CONDITIONS OF PARTICIPATION**

OBRA-87, as amended, establishes a number of conditions of participation (42 U.S.C. §§ 1396r(a), (b), (c), (d)). Most of these conditions of participation are not effective until October 1, 1990; however, some are effective prior to that date (OBRA-87, § 4214(a), as amended by Pub. L. 100-360, § 411(1)(3)(C)).

In addition to those sections, OBRA-87, as amended, requires providers to meet the conditions of participation established in Sections 1861(j) and 1905(c) of the Social Security Act, as applicable, in addition to those section of OBRA-87 itself expressly made effective prior to October 1, 1990 until all of the OBRA-87 conditions of participation become effective (OBRA-87, §§ 4214(a), (c)). Providers are required to comply with OBRA-87 requirements as they become effective (55 Pa. Code § 1181.41(3)).
### APPENDIX A

**TIMETABLE OF KEY MEDICAL ASSISTANCE RELATED IMPLEMENTATION DATES UNDER OBRA-87, as amended, FOR HHS, PROVIDER FACILITIES, AND STATE AGENCIES**

#### 1988

<table>
<thead>
<tr>
<th>Date</th>
<th>Agency</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/88</td>
<td>FACILITIES:</td>
<td>Must provide LTC ombudsmen, physicians, and state/federal officials immediate access to residents.</td>
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<tr>
<td>7/1/88</td>
<td>HHS:</td>
<td>Issue regulation to define which costs can be charged to Medicaid eligible nursing facility residents' personal fund, and which costs are included in the Medicaid payment amount.</td>
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<tr>
<td>9/1/88</td>
<td>HHS:</td>
<td>Establish requirements for approval of nurse aide training and competency evaluation programs.</td>
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<tr>
<td>10/1/88</td>
<td>HHS:</td>
<td>Establish guidelines for minimum standards for state appeals process for transferred and discharged residents.</td>
</tr>
<tr>
<td>10/1/88</td>
<td>HHS:</td>
<td>Develop minimum criteria for preadmission screening and annual resident review (PASARR) for mentally retarded and mentally ill residents of nursing facilities.</td>
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<tr>
<td>10/1/88</td>
<td>HHS:</td>
<td>Develop criteria for appeals process for residents adversely affected by PASARR process.</td>
</tr>
<tr>
<td>10/1/88</td>
<td>HHS:</td>
<td>Develop criteria to monitor state performance in granting nursing facilities waiver of 24 hour licensed professional nurse provision.</td>
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<tr>
<td>10/1/88</td>
<td>HHS:</td>
<td>Publish regulation regarding alternative remedies (sanctions) for nursing facilities out of compliance.</td>
</tr>
<tr>
<td>Date</td>
<td>Agency</td>
<td>Requirement</td>
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<tr>
<td>1/1/89</td>
<td>STATES</td>
<td>Must have in effect a pre-admission screening program for mentally retarded and mentally ill patient placement determinations.</td>
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<tr>
<td>1/1/89</td>
<td>STATES</td>
<td>Establish a nurse aide registry.</td>
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<tr>
<td>1/1/89</td>
<td>STATES</td>
<td>Must establish appeals process for residents adversely affected by screening and review process for mentally retarded and mentally ill individuals.</td>
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<tr>
<td>1/1/89</td>
<td>STATES</td>
<td>Specify approved nurse aide training and competency evaluation programs.</td>
</tr>
<tr>
<td>1/1/89</td>
<td>FACILITIES</td>
<td>Must not admit any mentally retarded or mentally ill individuals unless screened by appropriate state authority and found to need level of care provided by facility.</td>
</tr>
<tr>
<td>1/1/89</td>
<td>HHS</td>
<td>Specify minimum data set of core elements and common definitions for use by nursing facilities in conducting resident assessments. Establish guidelines for utilization of data set.</td>
</tr>
<tr>
<td>4/1/89</td>
<td>STATES/HHS</td>
<td>Enter into agreement regarding alternative disposition plan for review/placement of mentally retarded or mentally ill residents needing active treatment but not level of care provided by facility in which they reside (NOTE: Since HCFA usually requires a 90 day period to review and approve such plans, states are advised to submit their alternative disposition plans to HCFA by 1/1/89).</td>
</tr>
<tr>
<td>7/1/89</td>
<td>STATES</td>
<td>Implementation and enforcement of standards for nursing facility administrators.</td>
</tr>
<tr>
<td>7/1/89</td>
<td>FACILITIES</td>
<td>Must provide for nurse aide competency evaluation programs for nurse aides employed in facility as of 7/1/89; and for any preparation needed to complete program by 1/1/90.</td>
</tr>
</tbody>
</table>
10/1/89  STATES:  Must have appeals process in place for residents involuntarily transferred or discharged from nursing facilities on or after 10/1/89.

10/1/89  STATES:  Establish alternative remedies (sanctions) for nursing facilities out of compliance.

10/1/89  FACILITIES:  Must notify residents of right to appeal all transfers and discharges.

1990

1/1/90  STATES:  Provide for review and reapproval of all nurse aide training and competency evaluation programs.

1/1/90  FACILITIES:  All nurses aides must have completed training and competency evaluation program if they are employed more than 4 months by facility.

1/1/90  HHS:  Develop, test, and validate protocol for standard and extended survey of nursing facilities.

4/1/90  STATES:  Complete review of all mentally retarded and mentally ill residents currently residing in nursing facilities and determine and implement appropriate placement.

4/1/90  STATES:  Submit to HHS a state plan amendment which provides for appropriate payment adjustment to nursing facilities (which takes into account the cost of complying with nursing home reform provisions).

4/1/90  HHS:  Must designate one or more resident assessments which a state may specify for use by nursing facilities.

7/1/90  STATES:  Must specify resident assessment instrument to be used by nursing facilities.

9/30/90  HHS:  Must review and approve/disapprove state plan amendments for payment adjustments to nursing facilities.

10/1/90  STATES:  Survey and Certification requirements become effective.
10/1/90 FACILITIES: Must conduct resident assessment within 4 days for residents admitted on or after 10/1/90 and must begin conducting annual resident assessments.

10/1/90 FACILITIES: Must provide 24 hour/day licensed professional nursing services and full-time registered nurse services 7 days/week (unless waived). Distinction between SNF and ICF level of care eliminated.

1991

10/1/91 FACILITIES: Resident assessment for all residents admitted to facility prior to 10/1/90 must be completed.

1993

*1/1/93 HHS: Evaluation of resident assessment process - report to Congress.
The changes in conditions of participation which OBRA-87, as amended, makes effective prior to October 1, 1990, are:

1. Effective July 1, 1988, providers must permit immediate access to any resident (whether or not the resident is applying for or receiving Medical Assistance or Medicare benefits) by the resident's individual physician, by any representative of the Secretary of the U.S. Department of Health and Human Services, by any representative of the Commonwealth of Pennsylvania, by any Ombudsman authorized by the Pennsylvania Department of Aging (including those employed by a local Area Agency on Aging), and, with respect to residents with developmental disabilities or who are mentally ill, by representatives of Pennsylvania Protection and Advocacy, 116 Pine Street, Harrisburg, PA 17101 (the agency designated pursuant to 42 U.S.C. §§ 6041 et seq., and 10801 et seq.).

   [42 U.S.C. § 1396r(c)(3)(A)]

2. Effective January 1, 1989, all provider facilities must not admit any new resident (whether or not the person seeking admission is applying for or receiving or otherwise eligible for Medical Assistance or Medicare benefits) who is mentally ill or is mentally retarded or has other related conditions, as defined in OBRA-87, unless the Department has determined and notified the provider that the individual requires nursing facility services and, if the individual does, whether the individual requires active treatment for mental illness, mental retardation, or other related conditions, as defined by regulations and guidelines issued by the U.S. Department of Health and Human Services.

   [42 U.S.C. § 1396r(b)(3)(F)]

Information on the procedures to secure the necessary state agency determinations required to comply with the pre-admission screening conditions of participation is presented in Section IV of this Bulletin. This requirement applies to all persons seeking admission and is not restricted to persons applying for or already eligible for Medical Assistance or Medicare.

While other statutory conditions of participation established by OBRA-87 may not apply until October 1, 1990, existing conditions of participation, under both federal and state law and regulations, continue to apply. Providers and their employees should also note that under 42 U.S.C. § 1396r(b)(5) (relating to training of nurse aides), providers are required to provide for approved nurse aide competency evaluation programs for staff employed as of July 1, 1989 to prepare them for successful completion of an approved competency evaluation program by January 1, 1990, and are limited in their use of unregistered staff as of January 1, 1990.

The Department will be publishing additional Notices and Statements of Policy to inform providers and others about the subsequent phases in the implementation of OBRA-87. The Department will also be promulgating regulations, as necessary.
II. NURSE AIDE TRAINING AND COMPETENCY EVALUATION SYSTEM

The State must by not later than January 1, 1989, specify those training and competency evaluation programs, and those competency evaluation programs, that the State approves for purposes of [42 U.S.C. 1396r(b)(5)] and that meet the requirements established under [42 U.S.C. §§ 1396r(f)(2)(A)(i) or (ii)].

[42 U.S.C. § 1396r(e)(1)(A)]

For purposes of [42 U.S.C. § 1396r(e)(1)(A)],

(i) the Secretary [of HHS] shall establish, by not later than September 1, 1988, requirements for the approval of nurse aide training and competency evaluation programs, including requirements relating to (1) the areas to be covered in such a program (including at least basic nursing skills, personal care skills, recognition of mental health and social service needs, basic restorative services, and residents' rights), content of the curriculum, (2) minimum hours of initial and ongoing training and retraining (including not less than 75 hours in the case of initial training), (3) qualifications of instructors, and (4) procedures for determination of competency.

(ii) requirements for the approval of nurse aide competency evaluation programs, including requirements relating to the areas to be covered in such a program, including at least basic nursing skills, personal care skills, cognitive, behavioral and social care, basic restorative services, and residents' rights, and procedures for determination of competency.

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[42 U.S.C. § 1396r(f)(2)(A)]

The Secretary of HHS has not yet established requirements for these programs. The Pennsylvania Department of Education in cooperation with the Department of Public Welfare has not approved any existing programs as meeting the statutory requirements.

The Department of Education in cooperation with the Department of Public Welfare is developing criteria for the approval of nurse aide training and competency evaluation programs. The Department of Education will manage the review and approval of nurse aide training and competency evaluation programs and of nurse aide competency evaluation programs required by OBRA-87. The Department of Education will be the source for information about such programs and the agency responsible for determining nurse aide competency.
Beginning January 1, 1989, the Department of Education will issue applications for approval of nurse aide training programs. The application will include information on the criteria that will be used to approve programs, which at a minimum, will conform with the federal requirements noted above. All existing nurse aide training and competency evaluation programs, including those previously approved under the Department of Education's voluntary approval program, will have to obtain reapproval for purposes of training nurse aides under the OBRA-87 requirements. The Department of Education will be mailing copies of the application to existing nurse aide training programs which that department is aware are currently operating in Pennsylvania. Applications and information on nurse aide training and competency evaluation programs may be obtained from:

Vocational Licensure and Developmental Services Section  
Bureau of Vocational and Adult Education  
Pennsylvania Department of Education  
333 Market Street  
Harrisburg, PA 17126-0333  
Telephone: (717) 787-8867

The Department of Public Welfare in cooperation with the Department of Education will publish Pennsylvania-specific approval criteria for both nurse aide training and competency evaluation programs and nurse aide competency evaluation programs in the Pennsylvania Bulletin.

The Department of Public Welfare and the Department of Education are currently planning to contract for the development of nurse aide competency evaluation tests. The Department of Education will arrange for the administration of the tests. These tests will be scheduled Statewide. Notice of the availability of the test and the schedule and locations for its administration will be published in the Pennsylvania Bulletin and mailed to all participating nursing facility providers.

III. NURSE AIDE REGISTRY SYSTEM

By not later than January 1, 1989, the State shall establish and maintain a registry of all individuals who have satisfactorily completed a nurse aide training and competency evaluation program, or a nurse aide competency evaluation program, approved...by the State.

[42 U.S.C. § 1396r(e)(2)(A)]

The Registry required by OBRA-87 is established and will be maintained by the Pennsylvania Department of Health in cooperation with the Department of Public Welfare and the Department of Education. Within the Department of Health, the administration of the Registry is the responsibility of:
Nurse Aide Registry Section
Division of Long Term Care
Pennsylvania Department of Health
Room 526, Health and Welfare Building
Harrisburg, PA 17108
Telephone: (717) 787-1816

The Registry is not required by OBRA-87 to include information relating to findings of nurse aide misconduct until October 1, 1990 (See: 42 U.S.C. §§ 1396r(e)(2)(B) and 1396r(g)(1)(C)). The Department of Health is currently considering the promulgation of regulations to make the OBRA-87 nurse aide training and competency evaluation and registry requirements (including investigation and findings with respect to reported staff misconduct) applicable to all licensed nursing facilities within the Commonwealth. If the Department of Health does not issue these regulations before July 1, 1989, the Department of Public Welfare will be issuing regulations for provider facilities with respect to the inclusion of findings of misconduct on the Registry.

Currently the Registry contains no names of individuals who have satisfactorily completed approved training and/or competency evaluation programs. The Secretary of HHS has not yet established requirements for nurse aide training and competency evaluation programs. The Department, in cooperation with the Pennsylvania Department of Education, has not approved any existing programs under the statutory requirements of 42 U.S.C. § 1396r(f)(2)(A). If HHS does not establish its requirements before January 1, 1989, the Department of Education will review programs for approval as of that date using the statutory criteria.

Once approved programs have been identified, names of nurse aides will be entered onto the Registry upon notification from the Pennsylvania Department of Education that the individual has satisfactorily completed an approved nurse aide training and competency evaluation program or a nurse aide competency evaluation program. Section II of this Bulletin provides additional information on the process for obtaining approval of such programs.

Nursing facilities will be required to make inquiry with the Registry about individuals they plan to use as nurse aides (42 U.S.C. § 1396r(b)(5)(C)); however, this requirement does not become effective until January 1, 1990. Beginning on July 1, 1989, nursing facilities will be required to provide individuals used as nurse aides by the facility with approved competency evaluation programs and such preparation as those individuals require to complete the programs by January 1, 1990. Providers will be limited in their use of nurse aides not on the Registry as of January 1, 1990 (42 U.S.C. § 1396r(b)(5)(A)).
IV. PRE-ADMISSION SCREENING PROGRAM

Effective January 1, 1989, the State must have in effect a pre-admission screening program, for making determinations (using any criteria developed under [42 U.S.C. § 1396r(f)(8)]) described in [42 U.S.C. § 1396r(b)(3)(F)] for mentally ill and mentally retarded individuals (as defined in subparagraph (G)) who are admitted to nursing facilities on or after January 1, 1989. The failure of the Secretary [of HHS] to develop minimum criteria...shall not relieve any State of its responsibility to have a pre-admission screening program under this subparagraph ... .

[42 U.S.C. § 1396r(e)(7)(A)]

A nursing facility must not admit, on or after January 1, 1989, any new resident who —

(i) is mentally ill (as defined in [42 U.S.C. § 1396r(e)(7)(G)(i)]) unless the State mental health authority has determined (based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority) prior to admission that, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility, and, if the individual requires such level of services, whether the individual requires active treatment for mental illness, or

(ii) is mentally retarded (as defined in [42 U.S.C. § 1396r(e)(7)(G)(ii)]) unless the State mental retardation or developmental disabilities authority has determined that, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility, and, if the individual requires such level of services, whether the individual requires active treatment for mental retardation.

[42 U.S.C. § 1396r(b)(3)(F)]

HHS has issued draft criteria for States to use in making pre-admission screening determinations. The pre-admission screening program is being implemented by the Department based on its analysis of the HHS draft criteria and the requirements which Congress has established in OBRA-87 itself. The Department is the State authority with respect to the administration of mental health, mental retardation, and developmental disability programs, as well as for the Medical Assistance Program.

A. WHO MUST BE SCREENED?

OBRA-87 requires only that individuals who are mentally ill or mentally retarded (including persons with other related conditions), as defined by the law, must be screened prior to admission. This requirement applies to all such individuals, whether or not the individual is eligible or applying for Medical Assistance or Medicare benefits. However, this requirement does not displace the existing pre-admission assessment requirements for persons eligible or applying for Medical Assistance (e.g., LAMP). This Bulletin deals with the OBRA-87 requirement, which is in addition to existing pre-admission screening requirements.
OBRA-87 applies only to persons seeking admission to nursing facilities, but it does not apply to persons seeking admission to intermediate care facilities for the mentally retarded (ICF/MR). It also does not apply to persons seeking admission to inpatient psychiatric facilities or to institutions for mental diseases or to community placements or to nursing facilities which are not providers participating in the Medical Assistance Program or the Medicare Program.

(i) **WHO IS "MENTALLY ILL" AS DEFINED BY OBRA-87?**

OBRA-87 defines an individual that is mentally ill and therefore subject to screening as an individual that has a primary or secondary diagnosis of mental illness (as defined in the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition), but does not have a primary diagnosis of dementia (including Alzheimer's disease or a related disorder). Thus, any individual that does have a primary diagnosis of dementia (including Alzheimer's disease or a related disorder) is exempt from the OBRA-87 pre-admission screening requirements.

The HHS draft criteria seek to limit the OBRA-87 definition to only those individuals with the following types of "major" mental disorders: (a) schizophrenic; (b) paranoid; (c) major affective, (d) schizoaffective; and (e) atypical psychotic. The Department shall apply this limiting definition of "mental illness." Thus, an individual has a primary or secondary diagnosis of mental illness, for OBRA-87 screening purposes only if the condition falls within the definitions of schizophrenic, paranoid, major affective, schizoaffective, or atypical psychotic disorders.

Since OBRA-87 focuses on the actual condition of the individual seeking admission, the HHS draft criteria indicate that certain information in addition to the diagnoses be reviewed and that such information can be the basis for screening even if the individual does not have a primary or secondary diagnosis of mental illness. The Department shall apply these additional criteria. Thus, except as provided in subsection (A)(iii) below (relating to Exceptions to the Rule), an individual must be screened, for OBRA-87 purposes, even if they do not have a primary or secondary diagnosis of mental illness, if:

---the individual has any history of mental illness (as limited by definitions above) within the last two years;

---the individual has been prescribed a major tranquilizer on a regular basis in the absence of a justifiable neurological disorder; or,

---there is any presenting evidence of mental illness (as limited by definitions above) including possible disturbances in orientation, affect, or mood.
However, again, if the individual has a primary diagnosis of dementia (as defined above), even if they meet any of these additional criteria, the individual is exempt from the pre-admission screening process.

(ii) WHO IS "MENTALLY RETARDED" UNDER OBRA-87?

OBRA-87 uses the term "mentally retarded" to involve both individuals who are mentally retarded and those who may not be mentally retarded, but have "other related conditions" pursuant to 42 U.S.C. § 1396d(d).

(a) INDIVIDUALS WHO ARE MENTALLY RETARDED:

Mental retardation is defined as having a level of retardation (mild, moderate, severe, or profound) as described in the American Association on Mental Deficiency's Manual on Classification in Mental Retardation (1983).

(b) INDIVIDUALS WITH OTHER RELATED CONDITIONS:

Other Related Conditions are defined by 42 C.F.R. § 435.1009, and include cerebral palsy and epilepsy, as well as other conditions (such as autism), other than mental illness, found to be closely related to mental retardation because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation, and requires treatment or services similar to those required for the mentally retarded; however, related conditions may only be included where:

* manifested before age 22 AND
* likely to continue indefinitely AND
* resulting in substantial functional limitations in three or more of the following areas of major life activity:
  - Self-care
  - Understanding and use of language
  - Learning
  - Mobility
  - Self-direction
  - Capacity for independent living

Thus, for OBRA-87 purposes, a person is subject to pre-admission screening if that individual has a diagnosis that fits the definitions of "Mental Retardation" or "Other Related Conditions" in subsections (a) and (b) above; has any history of a condition that fits the definitions, presents any evidence (cognitive or behavior functions) that may indicate such a condition, or is referred by an agency that serves persons with such conditions and has been found eligible for such services by the agency.
(iii) EXCEPTIONS TO THE RULE

---Convalescent Care. An individual who may otherwise be "mentally ill" or "mentally retarded" or have any "other related condition" under OBRA-87, but is not a danger to self and/or others, may be admitted to a nursing facility without going through the OBRA-87 pre-admission screening process, for up to 120 days as part of a medically prescribed period of recovery after release from an acute care hospital. If a person admitted under this exception requires more than 120 days of recovery, a determination permitting the continued stay must be promptly sought.

---Terminal Illness. An individual who may otherwise be "mentally ill" or "mentally retarded" or have an "other related condition" under OBRA-87, but is not a danger to self and/or others, may be admitted to a nursing facility without going through the OBRA-87 pre-admission screening process, if certified by a physician to be terminally ill (as defined in 42 U.S.C. § 1395x(dd)(3)(A)) and requiring continuous nursing care and/or medical supervision and treatment due to his or her physical condition. "Terminally ill" is defined in 42 U.S.C. § 1395x(dd)(3)(A) to describe an individual who has a medical prognosis of a life expectancy of six months or less.

---Severity of Illness. An individual who may otherwise be "mentally ill" or "mentally retarded" or have an "other related condition" under OBRA-87 may be admitted to a nursing facility without going through the OBRA-87 pre-admission screening process if certified by a physician to be comatose, ventilator dependent, functioning at the brain stem level, or having a diagnosis of either Chronic Obstructive Pulmonary Disease, Severe Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis, or Congestive Heart Failure, or any other diagnosis later determined by the Health Care Financing Administration (HCFA) to be sufficient.

---Not Mentally Ill or Mentally Retarded. An individual who is neither mentally ill nor mentally retarded nor with an other related condition, as defined by OBRA-87, and who is not otherwise subject to pre-admission screening as described above may be admitted to a nursing facility without going through the OBRA-87 pre-admission screening process.

Thus, persons who qualify for any of the Exceptions noted above may be admitted to a nursing facility without further determinations within the OBRA-87 pre-admission screening process by the Department.
(iv) **NECESSARY DOCUMENTATION.**

Nursing facility providers (except for ICF/MR) are required to comply with the pre-admission screening process as a condition of their continuing participation in the Medical Assistance Program. The process involves certain documentation requirements with respect to both those individuals who are subject to pre-admission screening and those who are not.

(a) **FORM PA-PASARR-ID (Appendix C)**

The Department will require the use of Form PA-PASARR-ID by all nursing facilities subject to the OBRA-87 requirement. Form PA-PASARR-ID is designed to evaluate whether an applicant for admission to the nursing facility is subject to the determination requirements of OBRA-87 and, if not, to document the bases for excepting that individual from the process.

The record of each resident admitted to nursing facilities on or after January 1, 1989 must include the completed Form PA-PASARR-ID for that resident. Failure to maintain documentation of the completion of the form in any resident's record shall be a basis for the disallowance of payment under the Medical Assistance Program with respect to that resident pursuant to 55 Pa. Code §§ 1101.51(e), 1101.61, 1101.71(a), 1101.83(a), and may be a basis for the termination of the provider agreement or for the imposition of any other sanction permitted by law.

Where Form PA-PASARR-ID indicates that an applicant for admission is subject to further pre-admission screening by the Department, the provider shall refer the applicant to the appropriate agency, for evaluation, and shall provide the agency and the applicant with a copy of the completed Form PA-PASARR-ID. The applicant (including any legal or personal representative acting on behalf of the applicant) shall have the right to appeal any referral. The appeals process is described in Section V. An attachment to form PA-PASARR-ID provides the applicant with notice of the appeals process (See Appendix H).

**NOTE:** Completion of Form PA-PASARR-ID does not replace Department requirements with respect to Form MA-51. When Form MA-51 is required by current Department procedures, that form must be filed as well as Form PA-PASARR-ID.
(b) **FORM PA-PASARR-YN (Appendix D)**

The determinations of whether individuals requiring pre-admission screening require nursing facility services and, if they do, whether they require active treatment shall be issued to the involved applicants for admission to the facility on Form PA-PASARR-YN. No individual who has been referred by a provider for evaluation may be admitted to the nursing facility without presenting Form PA-PASARR-YN for copying and verification by the provider.

Providers are required to maintain their copy of Form PA-PASARR-YN as part of the record of any person admitted to the facility on or after January 1, 1989. Certification to the provider on Form PA-PASARR-YN, verified by the agency designated by the Department of Aging to manage the evaluation process, is the only acceptable evidence as to whether a person who has been referred by the provider for further determination under the pre-admission screening process has been determined to be eligible for admission. The Department will not make payment for any services provided to a resident referred for pre-admission screening process determinations unless the Department has certified on Form PA-PASARR-YN that the resident requires the level of services provided in a nursing facility.

A copy of the completed Form PA-PASARR-YN is provided to each applicant who has been referred for further determination. The applicant (including any legal or personal representative acting on behalf of the applicant) shall have the right to appeal from any determination. The form provides the applicant with notice of the appeals process.

**B. WHAT AGENCIES WILL MANAGE THE EVALUATION PROCESS?**

For individuals subject to the pre-admission screening process, relevant determinations must be made by the State mental health, mental retardation, and developmental disability authority. In Pennsylvania, the Department of Public Welfare is that authority. The authority is required to make a determination of whether the referred individual requires nursing facility services and, if the individual does, whether the individual requires active treatment. The Department will notify the designated evaluation agency and each individual involved of its determination using Form PA-PASARR-YN.

The Department is required to base its determinations on an independent physical and mental evaluation performed by a person or entity other than the Department. The Department will therefore not perform such evaluations itself, but will utilize evaluations performed by the Pennsylvania Department of Aging through its LAMP sites and other authorized agents. The Department of Aging will utilize Form PA-PASARR-EV (Appendix E) as the protocol for the evaluations.
(i) **LAMP SITE COUNTIES**

The Department of Public Welfare in cooperation with the Department of Aging is already conducting pre-admission screening with respect to persons eligible for Medical Assistance in counties which have LAMP (Long Term Care Assessment and Management Program) sites. LAMP assesses the need for nursing facility services in light of the condition of the individual involved in the assessment and of the alternatives available for the care of that individual outside of a nursing facility in the individual's community. LAMP will continue to be available for the assessment of individuals eligible for Medical Assistance. In designated counties, LAMP will be the agency to which providers will refer all applicants for admission to the nursing facility who have been determined to require further determination after the administration of Form PA-PASARR-ID.

The counties where evaluations will be done by LAMP sites and the addresses and telephone numbers of the sites are:

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>LAMP SITE INFORMATION</th>
</tr>
</thead>
</table>
| ALLEGHENY       | Allegheny County Department of Aging  
                  300 Arrott Building  
                  401 Wood Street  
                  Pittsburgh, PA  15222  
                  (412) 355-4349 |
| ERIE            | Greater Erie Community Action Comm.  
                  Erie County Area Agency on Aging  
                  18 West 9th Street  
                  Erie, PA  16501  
                  (814) 459-4581 |
| LUZERNE & WYOMING | Luzerne/Wyoming Counties Bureau for Aging  
                       111 North Pennsylvania Boulevard  
                       Wilkes-Barre, PA  18701  
                       (717) 822-1158 |
| PHILADELPHIA    | Philadelphia Corporation for Aging  
                  111 North Broad Street  
                  Philadelphia, PA  19107  
                  (215) 496-0520 |
| SCHUYLKILL      | Schuylkill County Area Agency on Aging  
                  13-15 North Centre Street  
                  Pottsville, PA  17901  
                  (717) 622-3103 |
(ii) COUNTIES WITH SPECIAL TEMPORARY PROCEDURES

In the remaining counties, the regular evaluation process will not be in place as of January 1, 1989. During the phase-in of the regular process in these counties, provider nursing facilities must complete Form PA-PASARR-ID for all applicants for admission, but may admit individuals without waiting for Form PA-PASARR-YN from the Department. However, individuals in these counties, seeking admission and Medical Assistance benefits, are not exempt from Department requirements with respect to Form MA-51.

The phase-in period is expected to last no later than March 1, 1989; however, it may end sooner in some counties. Reimbursement for services to recipients admitted during the phase-in period will not be denied to providers in these counties, so long as the providers properly administer the PA-PASARR-ID and maintain documentation of that part of the process in the recipient's records. Providers in these counties complying with this policy during the phase-in period will be deemed in compliance with the pre-admission screening condition of participation.

The Department will issue a Notice to providers once the evaluation agency is operational in any of the counties in this group; and, thereafter, providers will be required to refer applicants for evaluations and to limit admissions as required by the pre-admission screening process. Once the regular evaluation procedures are established in a county in this group, reviews of individuals admitted during the phase-in period will be conducted to determine if any such individual continues to require nursing facility care and/or requires active treatment.

The Department of Aging has already identified the evaluation agency in the following counties:
<table>
<thead>
<tr>
<th>COUNTY</th>
<th>AAA INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>BEAVER &amp; LAWRENCE</td>
<td>Beaver County Office on Aging</td>
</tr>
<tr>
<td></td>
<td>599 Market Street, W.B.</td>
</tr>
<tr>
<td></td>
<td>Beaver, PA 15009</td>
</tr>
<tr>
<td></td>
<td>(412) 728-5700 (Extension 406)</td>
</tr>
<tr>
<td>BERKS</td>
<td>Berks County Area Agency on Aging</td>
</tr>
<tr>
<td></td>
<td>15 South 8th Street</td>
</tr>
<tr>
<td></td>
<td>Reading, PA 19602-1105</td>
</tr>
<tr>
<td></td>
<td>(215) 378-8808</td>
</tr>
<tr>
<td>BLAIR</td>
<td>Blair Senior Services, Inc.</td>
</tr>
<tr>
<td></td>
<td>1404 Eleventh Avenue</td>
</tr>
<tr>
<td></td>
<td>Altoona, PA 16601</td>
</tr>
<tr>
<td></td>
<td>(814) 946-1235</td>
</tr>
<tr>
<td>BRADFORD, POTTER, TIOGA,</td>
<td>Area Agency on Aging for Tioga, Bradford,</td>
</tr>
<tr>
<td>SUSQUEHANNA &amp; SULLIVAN</td>
<td>Susquehanna and Sullivan Counties</td>
</tr>
<tr>
<td></td>
<td>701 Main Street</td>
</tr>
<tr>
<td></td>
<td>Towanda, PA 18848</td>
</tr>
<tr>
<td></td>
<td>(717) 265-6121</td>
</tr>
<tr>
<td>CAMBRIA</td>
<td>Cambria County Area Agency on Aging</td>
</tr>
<tr>
<td></td>
<td>R.D. #3, Box 88</td>
</tr>
<tr>
<td></td>
<td>Ebensburg, PA 15931</td>
</tr>
<tr>
<td></td>
<td>(814) 472-5580</td>
</tr>
<tr>
<td>CAMERON, CLARION, ELK,</td>
<td>Jefferson County Area Agency on Aging</td>
</tr>
<tr>
<td>JEFFERSON &amp; MCKEAN</td>
<td>Jefferson County Service Center</td>
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<tr>
<td></td>
<td>RD #5</td>
</tr>
<tr>
<td></td>
<td>Brookville, PA 15825</td>
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<tr>
<td></td>
<td>(814) 849-3096</td>
</tr>
<tr>
<td>CENTRE &amp; CLEARFIELD</td>
<td>Clearfield County Area Agency on Aging</td>
</tr>
<tr>
<td></td>
<td>211 Ogden Avenue</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 550</td>
</tr>
<tr>
<td></td>
<td>Clearfield, PA 16830</td>
</tr>
<tr>
<td></td>
<td>(814) 765-2696</td>
</tr>
<tr>
<td>CHESTER</td>
<td>Chester County Office of Aging</td>
</tr>
<tr>
<td></td>
<td>10 North Church Street</td>
</tr>
<tr>
<td></td>
<td>West Chester, PA 19380</td>
</tr>
<tr>
<td></td>
<td>(215) 431-6350</td>
</tr>
<tr>
<td>CLINTON &amp; LYCOMING</td>
<td>Lycoming/Clinton Bi-County Office on Aging</td>
</tr>
<tr>
<td></td>
<td>352 Water Street</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 770</td>
</tr>
<tr>
<td></td>
<td>Lock Haven, PA 17745</td>
</tr>
<tr>
<td></td>
<td>(717) 748-8665</td>
</tr>
<tr>
<td>COUNTY</td>
<td>AAA INFORMATION</td>
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<tr>
<td>CRAWFORD</td>
<td>Active Aging, Inc.</td>
</tr>
<tr>
<td></td>
<td>1034 Park Avenue</td>
</tr>
<tr>
<td></td>
<td>Meadville, PA 16335</td>
</tr>
<tr>
<td></td>
<td>(814) 336-1792</td>
</tr>
<tr>
<td>CUMBERLAND</td>
<td>Cumberland County Office on Aging</td>
</tr>
<tr>
<td></td>
<td>Room 111-R, East Wing</td>
</tr>
<tr>
<td></td>
<td>Cumberland County Courthouse</td>
</tr>
<tr>
<td></td>
<td>Carlisle, PA 17013</td>
</tr>
<tr>
<td></td>
<td>(717) 240-6110</td>
</tr>
<tr>
<td>DAUPHIN</td>
<td>Dauphin County Area Agency on Aging</td>
</tr>
<tr>
<td></td>
<td>25 South Front Street</td>
</tr>
<tr>
<td></td>
<td>Harrisburg, PA 17101-2025</td>
</tr>
<tr>
<td></td>
<td>(717) 255-2790</td>
</tr>
<tr>
<td>DELAWARE</td>
<td>County of Delaware Services of the Aging</td>
</tr>
<tr>
<td></td>
<td>Government Center</td>
</tr>
<tr>
<td></td>
<td>Media, PA 19063</td>
</tr>
<tr>
<td></td>
<td>(215) 891-4455</td>
</tr>
<tr>
<td>FAYETTE, GREENE &amp;</td>
<td>Southwestern Pennsylvania AAA, Inc.</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td>Eastgate 8</td>
</tr>
<tr>
<td></td>
<td>Monessen, PA 15062</td>
</tr>
<tr>
<td></td>
<td>(412) 684-9000</td>
</tr>
<tr>
<td>FOREST &amp; WARREN</td>
<td>Greater Erie Community Action Comm.</td>
</tr>
<tr>
<td></td>
<td>Erie County Area Agency on Aging</td>
</tr>
<tr>
<td></td>
<td>18 West Ninth Street</td>
</tr>
<tr>
<td></td>
<td>Erie, PA 16501</td>
</tr>
<tr>
<td></td>
<td>(814) 459-4581</td>
</tr>
<tr>
<td>INDIANA</td>
<td>Aging Services, Inc. of Indiana County</td>
</tr>
<tr>
<td></td>
<td>201 Airport Professional Center</td>
</tr>
<tr>
<td></td>
<td>Indiana, PA 15701</td>
</tr>
<tr>
<td></td>
<td>(412) 349-4500</td>
</tr>
<tr>
<td>JUNIATA, MIFFLIN,</td>
<td>Mifflin/Juniata AAA, Inc.</td>
</tr>
<tr>
<td>SNYDER &amp; UNION</td>
<td>P.O. Box 750</td>
</tr>
<tr>
<td></td>
<td>Lewistown, PA 17044</td>
</tr>
<tr>
<td></td>
<td>(717) 242-0315</td>
</tr>
<tr>
<td>LACKAWANNA</td>
<td>Lackawanna County Area Agency on Aging</td>
</tr>
<tr>
<td></td>
<td>Lackawanna County Office Building</td>
</tr>
<tr>
<td></td>
<td>200 Adams Avenue</td>
</tr>
<tr>
<td></td>
<td>Scranton, PA 18503</td>
</tr>
<tr>
<td></td>
<td>(717) 963-6707</td>
</tr>
<tr>
<td>COUNTY</td>
<td>AAA INFORMATION</td>
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</tr>
<tr>
<td>LANCASTER</td>
<td>Lancaster County Office on Aging 50 North Duke Street 17603-1881 (717) 299-7979</td>
</tr>
<tr>
<td>LEHIGH</td>
<td>Lehigh County Area Agency on Aging Court House Annex 523 Hamilton Street</td>
</tr>
<tr>
<td></td>
<td>Allentown, PA 18101 (215) 820-3248</td>
</tr>
<tr>
<td>MONROE</td>
<td>Monroe County Area Agency on Aging 62 Analomink Street 18301 (717) 424-5290</td>
</tr>
<tr>
<td>MONTGOMERY</td>
<td>Montgomery County Office on Aging &amp; Adult Services Court House Norristown, PA 19404</td>
</tr>
<tr>
<td></td>
<td>(215) 278-3601</td>
</tr>
<tr>
<td>NORTHUMBERLAND</td>
<td>Northumberland County Area Agency on Aging R.D. #1, Box 943 17872 (717) 644-4545</td>
</tr>
<tr>
<td>SOMERSET</td>
<td>AAA of Somerset County 132 East Catherine Street P.O. Box 960 Somerset, PA 15501</td>
</tr>
<tr>
<td></td>
<td>(814) 443-2681</td>
</tr>
</tbody>
</table>

The Department of Aging has not yet identified the evaluation agency for the following counties:

- ADAMS: COLUMBIA
- ARMSTRONG: FRANKLIN
- BEDFORD: FULTON
- BUCKS: HUNTINGDON
- BUTLER: LEBANON
- CÁRBNON: MERCER
- ADAMS: COLUMBIA
- ARMSTRONG: FRANKLIN
- BEDFORD: FULTON
- BUCKS: HUNTINGDON
- BUTLER: LEBANON
- CÁRBNON: MERCER
- MONTOU: MONTPOU
- NORTHAMPTON: NORTHAMPTON
- PERRY: PERRY
- PIKE: PIKE
- VENANGO: VENANGO
- WAYNE: WAYNE

Information regarding pre-admission screening within these counties can be obtained from the Department of Aging at (717) 783-1550.
C. WHERE AND HOW WILL EVALUATIONS BE MADE?

The designated agency managing the evaluations in the county in which the applicant is located (either as the result of residence or temporary accommodation in a residential or medical facility) shall conduct the evaluation. The agency shall conduct the evaluations using Form PA-PASARR-EV and following the protocol noted in Appendix G. Appendix G details kinds of information and medical records necessary for the pre-admission screening process. Evaluations will be conducted at specified locations in the county, but, where necessary because of the condition of the applicant, at the applicant's place of residence or place of care. The agencies will coordinate the place and time of each evaluation with the applicant.

D. WILL THERE BE ANY CHARGES FOR SCREENING?

Persons eligible for Medical Assistance will not be charged any fees or copayments as part of the pre-admission screening process, either by the nursing facility or by any other agency or department. Persons who are not eligible for Program benefits may be charged, but at no more than cost.

E. HOW WILL PROVIDERS AND APPLICANTS BE NOTIFIED?

When the evaluation process has been completed, Form PA-PASARR-EV, along with documentation and data required by Appendix G, will be forwarded by the evaluation agency to the Department of Public Welfare. The Department will determine whether the applicant requires the level of services provided in a nursing facility. The Department will notify the applicant and the evaluation agency using Form PA-PASARR-YN. The applicant is responsible for providing the nursing facility with Form PA-PASARR-YN as part of the admissions process. The nursing facility must verify the Form PA-PASARR-YN with the Department. Providers may obtain verification of Form PA-PASARR-EV from the evaluation agency indicated on the Form, but must include the control number indicated on the PA-PASARR-EV in any such request. Verification is provided using Form PA-PASARR-OK (Appendix F).

F. HOW LONG WILL IT TAKE TO GET A DETERMINATION?

The Department will issue a determination within five (5) working days of its receipt of Form PA-PASARR-EV from the evaluation agency. Subject to the cooperation of the applicant, the evaluation agency will complete the evaluation and file Form PA-PASARR-EV with the Department as soon as possible after its receipt of Form PA-PASARR-ID from the nursing facility. The nursing facility should be able to complete and file Form PA-PASARR-ID in three (3) working days.

G. WHAT HAPPENS IF ACTIVE TREATMENT IS REQUIRED?

OBRA-87 permits the Secretary of HHS to define the meaning of "active treatment," but provides that its meaning shall not include those services which a nursing facility is required to provide or arrange for its residents pursuant to OBRA-87 (42 U.S.C. § 1396r(e)(7)(G)(iii)). HHS has issued draft definitions which significantly limit determinations that an individual requires active treatment; however, HHS has not yet established official criteria for the pre-admission screening programs. The Department has adopted the HHS draft definitions pursuant to its authority under OBRA-87 (See: 42 U.S.C. § 1396r(e)(7)(A)).
(i) **WHAT IS ACTIVE TREATMENT?**

The HHS Draft defines Active Treatment as follows:

For individuals with *Mental Illness*—

The implementation of an individualized plan of care developed under and supervised by a physician, provided by a physician and other qualified mental health professionals, that prescribes the specific therapies and activities for the treatment of persons experiencing an acute episode of severe mental illness, which necessitates supervision by trained mental health personnel.

For individuals with *Mental Retardation or Other Related Conditions*—

A continuous program which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed toward (1) the acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (2) the prevention or deceleration of regression or loss of current optimal functional status. Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program. [See also: 42 C.F.R. § 435.1009]

(ii) **WHO DETERMINES IF IT IS REQUIRED?**

The Department of Public Welfare is required under OBRA-87 to determine, with respect to individuals who are mentally ill or mentally retarded (including those with other related conditions) and require nursing facility services, whether those individuals require active treatment for their condition. The Department is required to base this determination on the data collected as part of the evaluation process conducted by the Department of Aging. Department staff who will be responsible for issuing the determination on the need for active treatment are listed in Appendix B of this Bulletin.
(iii) CAN PERSONS NEEDING ACTIVE TREATMENT BE ADMITTED TO A NURSING FACILITY?

Individuals determined by the pre-admission screening process to require active treatment may be admitted to a provider nursing facility so long as they are determined to require the level of services provided by a nursing facility. The Department may, nevertheless, determine that individuals do not require the level of services provided by a nursing facility, because, for example, they require a different level of services provided by another facility, such as an ICF/MR, institution for mental diseases (IMD), or acute care hospital. The Department may recommend alternative placements for such individuals. However, for individuals of advanced age (65 years or older on the date of admission), who are competent to make an independent decision and are not a danger to self or others (i.e., not assaultive and/or self-destructive) and who require the services which a nursing facility is required to provide pursuant to OBRA-87, the Department may determine that such individuals require the level of services provided by a nursing facility where the individual chooses to receive such care in a nursing facility.

(iv) WHAT INFORMATION AND SERVICES WILL BE AVAILABLE TO THOSE NEEDING ACTIVE TREATMENT BUT DENIED ADMISSION TO PROVIDER NURSING FACILITIES?

Some individuals may require active treatment but be determined to be ineligible for admission to a provider nursing facility pursuant to OBRA-87. Any such individual may obtain information from the county MH/MR agency and other local resources to assist in the determination of an appropriate plan of care and an appropriate placement to meet the individual’s needs. The county MH/MR agency will provide individuals who are mentally ill or mentally retarded with information on available programs, including information of costs and financial support, as well as on services covered by the Medical Assistance Program and other programs administered by the Commonwealth of Pennsylvania. For individuals who have Other Related Conditions, the Department will provide information on local agencies which help individuals obtain care, as well as on services covered by the Medical Assistance Program and other programs administered by the Commonwealth of Pennsylvania.

(v) WILL PERSONS REQUIRING ACTIVE TREATMENT AND ADMITTED TO NURSING FACILITIES BE REQUIRED TO RECEIVE ANY ACTIVE TREATMENT WHILE IN THE NURSING FACILITY?

Where individuals determined to need nursing facility services and active treatment are admitted to a provider nursing facility, the provider is not required to provide or arrange for active treatment for that individual. Facilities may provide or arrange for active treatment.
H. IS THE INFORMATION CONFIDENTIAL?

All information collected as part of the pre-admission screening process is considered confidential and may only be released for purposes directly connected to the administration of the Medical Assistance Program. All Forms PA-PASARR-ID are subject to review by the Department, HHS, the Department of Health, and their authorized agents.

V. PROCESS TO APPEAL ADVERSE DETERMINATIONS IN THE PRE-ADMISSION SCREENING PROGRAM

Each State, as a condition of approval [of its State Plan], effective January 1, 1989, must have in effect an appeals process for individuals adversely affected by determinations under [42 U.S.C. §§ 1396r(e)(7)(A) and 1396r(e)(7)(B) (relating to the pre-admission screening program and to the annual resident review program)].

[42 U.S.C. § 1396r(e)(7)(F)]

Applicants (including any legal or personal representative acting on behalf of the applicant) for admission to nursing facilities participating as providers in the Medical Assistance Program have the right to appeal from any adverse determination made as part of the pre-admission screening program established pursuant to OBRA-87. The Department currently has regulations in effect which provide for such appeals.

Pursuant to 55 Pa. Code, Chapter 275, applicants for admission to nursing facilities who are seeking or are already eligible for Medical Assistance benefits have the right to appeal to the Department's Office of Hearings and Appeals with respect to any decision affecting their rights to receive Program benefits. These regulations will be applied to appeals of adverse determinations in the OBRA-87 pre-admission screening process where the appeals are filed by or on behalf of individuals who are seeking or receiving Medical Assistance.

The OBRA-87 pre-admission screening process, however, can also adversely affect applicants for admission who are not seeking or receiving Medical Assistance. Appeals by or on behalf of such individuals shall still be filed with the Office of Hearings and Appeals. These appeals will be heard pursuant to the authority established in 1 Pa. Code, Part II (relating to general rules of administrative practice and procedure).

The Department is planning to recodify its regulations to consolidate all regulations with respect to hearings and appeals in 55 Pa. Code, Chapter 30. The appeals process for adverse determinations in the OBRA-87 pre-admission screening process will be consolidated as part of that recodification. In the meantime, while the sources of hearing authority may be different for Program beneficiaries and others, the Department shall administer the appeals process for both groups using the procedural model in 55 Pa. Code, Chapter 275, in order to assure uniformity and expedite the adjudications.
A. WHAT IS AN ADVERSE DETERMINATION?

OBRA-87 requires an appeal process for individuals adversely affected by determinations made in the pre-admission screening process effective January 1, 1989. An adverse determination is one which denies or conditions the individual's admission to the nursing facility. The pre-admission screening process involves the following kinds of adverse determinations:

(i) Classification as an individual who is subject to the pre-admission screening process administered by the Department of Aging pursuant to OBRA-87 (not including the existing LAMP site review process), including the issue of whether the individual is "mentally ill," "mentally retarded," or "has a related condition" (Form PA-PASARR-ID Appeals).

(ii) Classification as an individual who may not be admitted to a nursing facility (Form PA-PASARR-YN Appeals).

The determination that an individual requires nursing facility services is not an adverse determination which is appealable pursuant to OBRA-87 or Department regulations.

B. WHO MAY APPEAL?

Only the applicant (including any legal or personal representative acting on behalf of the applicant) shall have the right to appeal. A provider does not have the right to appeal unless it has the applicant's power of attorney to act as the applicant's personal representative.

C. WHEN MUST APPEALS BE FILED?

Appeals from adverse determinations in the pre-admission screening process must be filed within thirty (30) days of the date of written notice of the determination involved. Additional time will be permitted only as provided at 55 Pa. Code § 275.3(b).

For purposes of OBRA-87 adverse determination appeals, the notice required by 55 Pa. Code § 275.3(b) will be issued by the following:

(i) Notice of classification as an individual who requires a determination by the Department of Aging will be issued by the service provider (i.e., the nursing home), using Form PA-PASARR-ID.

(ii) Notice that an individual referred to the Department of Aging may not be admitted to a nursing facility will be issued by the Department of Public Welfare, using Form PA-PASARR-YN.

An appeal is deemed filed on the date it is actually received by the Office of Hearings and Appeals; however, where there is an official U.S. Post Office postmark on an envelope transmitting an appeal, it will be deemed filed on the postmark date.
D. WHAT MUST AN APPEAL CONTAIN?

An appeal from an adverse determination can be made by letter. No formal pleadings are required. The letter must identify the name of the individual on whose behalf the appeal is being filed, the name of the nursing facility involved, the date of the written notice of the adverse determination, the agency or provider that issued the adverse determination, and the address of the person to whom information from the Office of Hearings and Appeals should be sent. In addition, the appeal must include a copy of the written notice of adverse determination in question. There are no filing fees or other charges.

E. WHERE SHOULD APPEALS BE FILED?

All appeals must be filed with the Department's Office of Hearings and Appeals at the following address:

Office of Hearings and Appeals
Department of Public Welfare
P.O. Box 2675
Harrisburg, PA 17105-2675

The Office of Hearings and Appeals is currently located in Room 305, Capitol Associates Building, Seventh and Forster Streets, in Harrisburg.

Information concerning the filing of appeals can be obtained by calling the Office of Hearings and Appeals at any of the following telephone numbers:

Harrisburg (717) 783-3950
Reading (215) 378-4188
Philadelphia (215) 560-2385
Pittsburgh (412) 565-5213
Scranton (717) 963-3016

F. HOW WILL HEARINGS BE CONDUCTED AND WHERE?

Hearings on matters involving adverse determinations in the pre-admission screening process will be conducted on an informal basis. Hearings will be held at the regional offices of the Office of Hearings and Appeals (Harrisburg, Reading, Philadelphia, Pittsburgh, and Scranton), as well as, in extraordinary cases, at local county assistance offices. The parties may agree to submit documentation in advance and conduct the hearing by telephone. The individual on whose behalf the appeal was filed may handle the case or may be represented by an attorney or personal representative.
G. HOW LONG WILL IT TAKE TO GET A DECISION?

Pursuant to 55 Pa. Code, Chapter 275, decisions on these appeals will be issued within ninety (90) days of the date on which the appeal is received by the Office of Hearings and Appeals. The regulations, however, provide that such decisions are subject to reconsideration by the Department of Public Welfare and, where the decision is adverse to the individual who filed the appeal, subject to appellate review before the Commonwealth Court of Pennsylvania.
APPENDIX B

State Offices and Contact Persons
for Determination of Eligibility for Nursing Care
and or Active Treatment

For persons with mental illness:

Estelle Richman
Area Director
Southeastern Area Office
Philadelphia State Office Building
1400 Spring Garden Street
Philadelphia, PA 19130

Kathleen D. Reese
Acting Area Director
Northeastern Area Office
Scranton State Office Building
100 Lackawanna Avenue
Scranton, PA 18503

Ford Thompson, Jr.
Acting Area Director
Central Area Office
2330 Ararat Boulevard
Harrisburg, PA 17110

Shirley Dumpman
Acting Area Director
Western Area Office
Pittsburgh State Office Building
Pittsburgh, PA 15222

For persons with mental retardation:

Vicki Stillman-Toomey
MR Program Manager
Southeastern Area Office
306 State Office Building
1400 Spring Garden Street
Philadelphia, PA 19130
(215) 560-2242

Ed Manning
MR Program Manager
Central Area Office
2330 Ararat Boulevard
Harrisburg, PA 17105
(717) 657-4471

Marvin Meyers
MR Program Manager
Northeastern Area Office
100 Lackawanna Avenue
P.O. Box 1127
Scranton, PA 18503
(717) 963-4393

Mary Puskarich
MR Program Manager
Western Area Office
1403 State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222
(412) 565-5144

For persons with other related developmental disabilities:

Final Determinations Contact Person

Tammy McElfresh-Tyburnski
Department of Public Welfare
Office of Social Programs
Room 529, Health and Welfare Building
Harrisburg, PA 17120
(717) 787-5753
Appendix C

PREADMISSION QUESTIONNAIRE FOR APPLICANTS TO NURSING FACILITIES IN PENNSYLVANIA

PA-PASARR-ID

The information collected in this form is required by Federal statute (P.L. 100-203). Beginning January 1, 1989, all applications for nursing facility care must include the answers to these questions.

INSTRUCTIONS

Nursing facilities must assure that the questions which follow are answered for each applicant prior to admission to a nursing facility. The questions should be answered by the applicant or a member of the applicant's healthcare team who is knowledgeable about the applicant's condition and history.

The questions in this document must be used without being changed. They may be copied and incorporated into a facility admission form.

An answer to each question must be recorded and permanently maintained in the resident's medical record for review at the time of the resident's annual assessment and by the survey and certification teams.

An applicant who obtains a "Yes" response to any of the questions in Section I is exempt from further evaluation and their application for nursing facility care can proceed. A copy of the results of Section I questions and the Section VIII Physician's Certification must be maintained in the applicant's medical record.

An applicant who obtains a "Yes" response to any questions in Sections II through VII must be referred to the designated Area Agency on Aging for preadmission assessment prior to admission.

Any applicant who obtains a "No" response to all questions in Section I through VII is exempt from further evaluation and their application for nursing facility care may proceed. A copy of the results of Sections I through VII questions, and Section IX, certification signature of the person completing this questionnaire, must be maintained in the applicant's medical record.

The person providing the information has the duty to obtain complete, factually correct and current information prior to completing and signing this form.

Nursing facilities are responsible for reviewing the accuracy of the information received as part of the admission.
NOTIFICATION OF
PREADMISSION SCREENING PROGRAM

The Department has completed its review of your application for admission to a nursing facility. The evaluation and review has been conducted in order to assist you with the determination of the most appropriate level and type of care for your current condition.

The Department is required to determine whether you need the level of services provided by a nursing facility and, if you do, whether you need active treatment for either mental illness, mental retardation, or other related conditions. The Department has determined that:

☐ You require the level of services provided by a nursing facility and may be admitted to a nursing facility enrolled with the Department

☐ You need active treatment

☐ You do not need active treatment

☐ You do not require the level of services provided by a nursing facility and may not be admitted to a nursing facility enrolled with the Department

☐ Other as explained in our attached letter

IF YOU NEED MORE INFORMATION ABOUT THE EVALUATION OR DETERMINATION PROCESS, YOU MAY CALL:

RIGHT TO APPEAL AND FAIR HEARING

If you have been determined not to require a level of service provided by a nursing facility, you can appeal that determination by filing an appeal with:

Office of Hearings and Appeals
Department of Public Welfare
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

Information concerning the filing of appeals can be obtained by calling the Office of Hearings and Appeals at any of the following telephone numbers:

Harrisburg (717) 783-3950
Reading (215) 378-4188
Philadelphia (215) 560-2385
Pittsburgh (412) 565-5213
Scranton (717) 963-3016

If appropriate to the determination above, you will find enclosed a list of local resources from which you can seek assistance.

Enclosures.

cc: Designated Evaluation Agency
I. APPLICANT EXCLUSION CRITERIA (For persons not dangerous to self or others)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
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<tr>
<td>Is the applicant applying from an acute care hospital for a recovery period from an acute illness, which will not exceed 120 days?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
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<tr>
<td>Is the applicant terminally ill? Terminally ill means that he or she &quot;...has a medical prognosis that his/her life expectancy is six months or less.&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
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<tr>
<td>Does the applicant have any of the following conditions? If yes, check below any that apply.</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comatose</td>
<td>DX of Severe Parkinson's Disease</td>
</tr>
<tr>
<td></td>
<td>Ventilator dependent</td>
<td>DX of Huntington's Disease</td>
</tr>
<tr>
<td></td>
<td>Functions at the brain stem level</td>
<td>DX of Amyotrophic Lateral Sclerosis</td>
</tr>
<tr>
<td></td>
<td>Must be fed intravenously</td>
<td>DX of Congestive Heart Failure</td>
</tr>
<tr>
<td></td>
<td>DX of Chronic Obstructive Pulmonary Disease</td>
<td></td>
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<tr>
<td>D</td>
<td></td>
<td></td>
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<tr>
<td>Does the applicant have a PRIMARY DX of any dementia, including Alzheimer's Disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the applicant have any other severe medical condition or combination of conditions for which a physician prescribes 24 hours medical supervision (nursing facility level of care)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please specify: ____________________________

If "Yes" to any of the above, skip Sections II through VII and have Section VIII completed by physician and facility medical director.

II. DOES THE APPLICANT CURRENTLY HAVE EITHER A PRIMARY OR SECONDARY DIAGNOSIS OF:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental illness limited to schizophrenic, paranoid, major affective, schizo-affective disorders and atypical psychosis.*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|  *Definitions are found in The American Psychiatric Association's book entitled "The Diagnostic and Statistical Manual of Mental Disorders (DSM-111R)."
| B |     |    |
| Mental Retardation meaning significant subaverage general intellectual functioning (IQ ≤ 70) resulting in or associated with concurrent impairments in adaptive behavior and manifested during the developmental period (prior to age 22). |
| C |     |    |
| Other related condition which means a severe chronic developmental disability that meets all of the following conditions: |
|  | 1) | It is attributable to: |
|   | A. | Cerebral palsy, autism, or epilepsy; or |
|   | B. | Any other condition other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons. |
|  | 2) | It is manifested before the person reaches age 22. |
|  | 3) | It is likely to continue indefinitely. |
4) It results in substantial functional limitations in three or more of the following areas of major life activity:
   A. Self-care.
   B. Understanding and use of language.
   C. Learning.
   D. Mobility
   E. Self-direction.
   F. Capacity for independent living.

III. DOES THE APPLICANT HAVE A HISTORY OF:
   A. [ ] Yes [ ] No Mental illness as defined in II (a) above (within the past two years).
   B. [ ] Yes [ ] No Mental Retardation, as defined in II (b) above.
   C. [ ] Yes [ ] No Other related condition, as defined in II (c) above.

IV. IS THERE PRESENTING EVIDENCE OF:
   A. [ ] Yes [ ] No Mental Illness, as defined in II (a) above (except a primary diagnosis of Alzheimer's Disease or Dementia) including possible disturbances in orientation, affect, or mood.
   B. [ ] Yes [ ] No Cognitive indications of mental retardation, as defined in II (b) above.
   C. [ ] Yes [ ] No Cognitive indications of an other related condition, as defined in II (c) above.
   D. [ ] Yes [ ] No Behavioral indications of mental retardation, as defined in II (b) above.
   E. [ ] Yes [ ] No Behavioral indications of an other related condition, as defined in II (c) above.

V. [ ] Yes [ ] No Was the applicant both referred by an agency that serves mentally retarded persons and eligible for that agency's services?

VI. [ ] Yes [ ] No Was the applicant both referred by an agency that serves persons with Developmental Disabilities and eligible for that agency's service?

VII. [ ] Yes [ ] No Does the the applicant currently have or within the past two years been given a prescription for a major antidepressant or antipsychotic drug (Neuroleptic) on a regular basis in the absence of a justifiable neurological disorder.

If "No" to all questions in Sections I through VII, proceed to Section IX.

VIII. EXCEPTIONAL ADMISSION PHYSICIAN CERTIFICATION

In order to meet criteria for admission without further evaluation under exceptional conditions, a physician must certify (and check the appropriate box) only for applicants with mental illness, mental retardation or other related condition whether they qualify for one of the four exceptions.

A. [ ] Yes [ ] No Exception for Dementia

Although identified as a person with mental illness, mental retardation or other related condition, an applicant with a primary diagnosis of any dementia including Alzheimer's Disease may be admitted for nursing care without further evaluation.
B. □ Yes □ No Exception for Convalescent Care

Although identified as a person with mental illness, mental retardation or other related condition, an applicant who is not dangerous to self and/or others may be admitted for nursing care after release from an acute care hospital for a period up to 120 days without further evaluation if such admission is part of a medically prescribed period of recovery.

C. □ Yes □ No Exception for Terminal Illness

Although identified as a person with mental illness, mental retardation or other related condition, an applicant who is not dangerous to self or others may be admitted for nursing care without further evaluation if he or she is certified by a physician to be terminally ill (life expectancy is six months or less) and to require nursing care and/or medical supervision and treatment due to his/her physical condition.

D. □ Yes □ No Exception for Coma and/or Medical Dependence

Although identified as a person with mental illness, mental retardation or other related condition, an applicant who is comatose, ventilator dependent, functions at brain stem level, or who has a diagnosis of Chronic Obstructive Pulmonary Disease, Severe Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis, or Congestive Heart Failure (and any other HCFA determined diagnosis) may be admitted for nursing care without further evaluation.

The applicant's condition meets the above indicated exception.

_________________________________________  __________________________
PHYSICIAN'S SIGNATURE                      DATE

NOTE: The Medical Director of the nursing facility must confirm the applicant's need for convalescent care at the time of admission.

_________________________________________  __________________________
MEDICAL DIRECTOR'S SIGNATURE               DATE

IX. This is to certify that the applicant does not meet the exclusionary criteria in Section I; nor does the applicant currently meet any of the criteria defined in Sections II through VII.

_________________________________________  __________________________
PROFESSIONAL TITLE OR RELATIONSHIP TO APPLICANT  DATE

NOTE: Applicants for services under Title XIX of the Social Security Act must have this questionnaire completed for inclusion with the MA 51.
PREADMISSION SCREENING INSTRUMENT

FOR COMPLIANCE WITH

1987 NURSING HOME REFORM ACT
O BRA-87, P.L. 100-203

PA-PASARR-EV

DEPARTMENT OF PUBLIC WELFARE
COMMONWEALTH OF PENNSYLVANIA

This instrument has been adapted, under license, from an instrument for which a copyright is claimed by James W. Conroy.

NOTE: Whenever a completed copy of this form is to be sent to the Department of Public Welfare (DPW) for Departmental determination, all supportive documentation required for the determination and the contact person's name and telephone number must be included.
F. EXEMPTION BY ADVANCED AGE AND LACK OF DESIRE FOR ACTIVE TREATMENT

F.1. You must now explain to the applicant (and/or to the designated parents or other family members, representatives, or legal guardians) that:

A federal law says that people with Mental Illness, Mental Retardation, or a Related Condition, if not very old or very sick, should generally be in places other than Nursing Homes, places more suited to their needs. But you are (your relative/friend/ward) is sixty-five years of age or older, so we may be able to skip the rest of this screening process. It depends on the kind of care you are looking for. I am going to explain a kind of care called "ACTIVE TREATMENT", which is designed to help people to learn to cope with their conditions and their lives. People who want "ACTIVE TREATMENT" want a program to learn, grow, and develop, and to prevent loss of skills and abilities through constant practice and teaching. Some people, especially older people, may not want that. Some people may want nursing care in a place that provides food, safety, comfort, and medical attention. Those people do not want "ACTIVE TREATMENT".

Explain "ACTIVE TREATMENT" as appropriate using the definitions below and go to F.2.

Active Treatment for People with Mental Illness Means:

the implementation of an individualized plan of care developed under and supervised by a physician and other qualified mental health professionals, that prescribes specific therapies and activities for the treatment of persons who are experiencing an acute episode of severe mental illness, which necessitates supervision by trained mental health personnel.

Active Treatment for People with Mental Retardation Means:

a continuous program for each client, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed towards (1) the acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and (2) the prevention or deceleration of regression or loss of current optimal functional status. Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.

Active Treatment for People with Other Related Conditions Means:

a continuous program for each person, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services that is directed towards (1) maintaining or developing the ability to function with as much self-determination and independence as possible; and (2) the prevention or deceleration of regression or loss of current optimal functional status. Active treatment does not include services to maintain generally independent people who are able to function with little supervision or in the absence of a continuous active treatment program.

Explain Further and Answer Questions As Needed.

F.2. Do you understand what I have told you about "ACTIVE TREATMENT"?

☐ Yes - Go to F.3.  ☐ No - Try Again

F.3. Do you want that kind of treatment for yourself (your relative/friend/ward)?

☐ Yes - Go to F.4.  ☐ No - Go to F.4.

F.4. Stop Screening. Obtain Signature(s) Below.

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPRESENTATIVE (RELATIVE, FRIEND, GUARDIAN)</td>
<td>DATE</td>
</tr>
<tr>
<td>ADVOCATE</td>
<td>DATE</td>
</tr>
<tr>
<td>ORGANIZATION</td>
<td>DATE</td>
</tr>
</tbody>
</table>

Questions about the preparation of this form should be referred to:

PRINT NAME

TELEPHONE NUMBER
B.7. Did this condition appear before age 22?
   □ Yes - Go to B.8. □ No - Go to B.11.

B.8. Is this condition expected to continue indefinitely?
   □ Yes - Go to B.9. □ No - Go to B.11.

B.9. Please check the areas in which the applicant has a SUBSTANTIAL FUNCTIONAL LIMITATION according to the definitions on page 1.

| □ Self-Care | □ Yes □ No | □ Mobility | □ Yes □ No |
| □ Understanding and Use of Language | □ Yes □ No | □ Self-Direction | □ Yes □ No |
| □ Learning | □ Yes □ No | □ Capacity for Independent Living | □ Yes □ No |

B.10. Are three or more areas checked "YES"?
   □ Yes - Go to C.4. □ No - Go to B.11.

B.11. Does the applicant have any officially recorded CURRENT (within the past year) DX of a Major Mental Disorder?

   Note: According to the DSMIIIIR®, the Major Mental Disorders include the following. Please check all for which documentation of a CURRENT DX exists and attach documentation.

| □ Schizophrenic Disorder | □ Yes □ No | □ Schizoaffective Disorder | □ Yes □ No |
| □ Paranoid Disorder | □ Yes □ No | □ Atypical Psychosis | □ Yes □ No |
| □ Major Affective Disorder | □ Yes □ No |

Are ANY of the above items checked "YES"?
   □ Yes - Go to D.1. □ No - Go to B.12.


B.12. Is there any reason from the presenting evidence to suspect that a DX of a Major Mental Disorder is CURRENTLY appropriate? □ Yes □ No

| Recent (within two years) history of mental illness. | □ Yes □ No |
| Has been prescribed a major antidepressant or antipsychotic (neuroleptic) drug on a regular basis within the past two years, without any evidence of a neurological disorder that would justify the medication. | □ Yes □ No |
| Presenting evidence of disturbances in orientation, mood, or affect (except dementias) | □ Yes □ No |
| Presenting evidence that the applicant might be dangerous to self or others in the absence of close supervision. | □ Yes □ No |
| Presenting evidence of suicidal or homicidal ideation. | □ Yes □ No |
| Presenting evidence of hallucinations or delusions (except dementias). | □ Yes □ No |

Are ANY of the above items checked? □ Yes - Go to C.5. □ No - Go to B.13.

B.13. Explain that this special screening is now complete. Proceed with normal admission process. Place this screening form in applicant's permanent record.
C. FURTHER DIAGNOSTIC INFORMATION

DEMENTIAS

C.1. You must now explain to the applicant (and/or to the designated parents or other family members, representatives, or legal guardians), that:

A federal law says that younger and healthier people generally need to be in places more suited to their needs than Nursing Homes. But Alzheimer's Disease and other kinds of "dementia" are very serious illnesses, and people with those diseases may be very appropriate for Nursing Homes. There is a chance that you have (your relative/friend/ward has) some form of dementia. We have to get a professional evaluation to know whether you have (your relative/friend/ward has) a PRIMARY diagnosis of Alzheimer's Disease or any other dementia. If so, then a Nursing Home might be the right place for you (your relative/friend/ward).

Note: People with a primary DX of Alzheimer's Disease or any other dementia are automatically going to be exempt from this special screening process, but a professional DX must be obtained. In order to be acceptable by federal guidelines, this DX must include a neurological exam. An acceptable neurological exam means one performed by a physician.

Result: Does the applicant have a PRIMARY DX of Alzheimer's Disease or any other dementia?

☐ Yes – Go to E.2.
☐ No – Go to B.2.

MENTAL RETARDATION

C.2. You must now explain to the applicant (and/or to the designated parents or other family members, representatives or legal guardians), that:

A federal law says that people with Mental Retardation may not need nursing facility care, and if so, should generally be in places more suited to their needs. You (your relative/friend/ward) may have Mental Retardation. We have to get a professional diagnosis now about Mental Retardation and some idea about whether active treatment is needed.

Note: Under federal law and regulations, a DX must be obtained from a licensed psychologist who is a qualified Mental Retardation professional according to federal regulations. This means the person must have at least one year of experience working directly with persons with Mental Retardation or other related conditions. Experience means providing professional services in a setting that serves persons with Mental Retardation or other related conditions.

Make referral for evaluation unless current data is available.

Result: Does the applicant have a DX of Mental Retardation and is there sufficient information to determine the need for active treatment?

☐ Yes – Go to C.3.
☐ No – Go to B.6.

C.3. What level of Mental Retardation? CHECK ONE.

☐ Borderline – Go to B.10
☐ Mild – Go to D.1
☐ Moderate – Go to D.1
☐ Severe – Go to D.1
☐ Profound – Go to D.1

OTHER RELATED CONDITIONS

C.4. You must now explain to the applicant (and/or to the designated parents or other family members, representatives, or legal guardians) that:

A federal law says that people with certain "Other Related Conditions" may not need nursing facility care, and if so, should generally be in places other than Nursing Homes, places more suited to their needs. You (your relative/friend/ward) may have a "Related Condition." We have to get a professional diagnosis now about those "Related Conditions" and some idea about whether active treatment is needed.

Note: Under federal law and regulations, an evaluation must be obtained from a licensed psychologist who is a qualified professional. This means the person must have at least one year of experience working directly with persons with "Other Related Conditions". These may include physical, sensory, neurological, and other disabilities. Experience means providing professional services in a setting that serves persons with "Other Related Conditions".

Make referral for evaluation unless current data is available.

Result: Does the applicant have a DX for "Other Related Condition", and is there sufficient information to determine the need for active treatment?

☐ Yes – Go to D.1.
☐ No – Go to B.11.
PREADMISSION SCREENING INSTRUMENT

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis or Description</th>
<th>Code</th>
<th>Diagnosis or Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>None</td>
<td>21</td>
<td>Major Mental Disorder</td>
</tr>
<tr>
<td>02</td>
<td>Mental Retardation</td>
<td>22</td>
<td>Major Mental Disorder</td>
</tr>
<tr>
<td>03</td>
<td>Cerebral Palsy</td>
<td>23</td>
<td>Major Mental Disorder</td>
</tr>
<tr>
<td>04</td>
<td>Epilepsy/seizure disorder</td>
<td>24</td>
<td>Major Mental Disorder</td>
</tr>
<tr>
<td>05</td>
<td>Autism</td>
<td>06</td>
<td>Blindness/severe visual impairment</td>
</tr>
<tr>
<td>07</td>
<td>Deafness/severe hearing impairment</td>
<td>08</td>
<td>Blindness and deafness</td>
</tr>
<tr>
<td>09</td>
<td>Spina Bifida</td>
<td>10</td>
<td>Spinal cord injury</td>
</tr>
<tr>
<td>11</td>
<td>Head injury/brain surgery</td>
<td>12</td>
<td>Learning disability</td>
</tr>
<tr>
<td>13</td>
<td>Cystic Fibrosis</td>
<td>14</td>
<td>Multiple Sclerosis</td>
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<tr>
<td>15</td>
<td>Muscular Dystrophy</td>
<td>16</td>
<td>Orthopedic impairment</td>
</tr>
<tr>
<td>17</td>
<td>Speech/language impairment</td>
<td>18</td>
<td>Alzheimer's Disease or other dementia</td>
</tr>
<tr>
<td>19</td>
<td>Other neurological impairment</td>
<td>20</td>
<td>Major Mental Disorder</td>
</tr>
<tr>
<td></td>
<td>Schizophrenic Disorder</td>
<td>25</td>
<td>Mental Disorder, other than Major</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mental Disorder, please specify:</td>
</tr>
<tr>
<td>26</td>
<td>Stroke</td>
<td>27</td>
<td>Arthritis</td>
</tr>
<tr>
<td>28</td>
<td>Loss of limb</td>
<td>29</td>
<td>Other health conditions, such as cardiac,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>gastrointestinal, etc., please specify:</td>
</tr>
<tr>
<td>30</td>
<td>Other, please specify.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Using the list above, check the code number(s) of all other disabilities the applicant also experiences. CHECK ALL THAT APPLY.

A. SCREENING EXCEPTIONS

A.1. Is the applicant applying from an acute care hospital for a recovery period from an acute illness, which will not exceed 120 days?
   ☐ Yes - Go to E.1. ☐ No - Go to A.2.

A.2. Is the applicant terminally ill? Terminally ill means that he or she "...has a medical prognosis that his/her life expectancy is six months or less."
   ☐ Yes - Go to E.1. ☐ No - Go to A.3.

A.3. Does the applicant have any of the following conditions? CHECK 'YES' OR 'NO' FOR EACH.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comatose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilator dependent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functions at the brain stem level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Must be fed intravenously</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DX of Chronic Obstructive Pulmonary Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DX of Severe Parkinson's Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DX of Huntington's Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DX of Amyotrophic Lateral Sclerosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DX of Congestive Heart Failure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are ANY of these checked "Yes"? ☐ Yes - Go to E.1. ☐ No - Go to A.4.

A.4. Does the applicant have a PRIMARY DX of any dementia, including Alzheimer's Disease?
   ☐ Yes - Go to E.2. ☐ No - Go to B.1.
B.1. Is there any reason from the presenting evidence to suspect that a primary DX of Alzheimer’s or any other dementia is appropriate?  
☐ Yes - Go to C.1.  ☐ No - Go to B.2.

B.2. Does the applicant have any documented DX of Mental Retardation? Documentation includes psychological reports, psychiatric reports, Base Service Unit summaries, school records, and other professionally accepted diagnostic practices. The DX must not have been disapproved or changed within the past two years. (Attach documentation)  
☐ Yes - Go to B.3.  ☐ No - Go to B.4.

B.3. What level of Mental Retardation? CHECK ONE  
☐ Borderline  -  Go to B.6.  ☐ Severe  -  Go to D.1.  
☐ Mild  -  Go to D.1.  ☐ Profound  -  Go to D.1.  
☐ Moderate  -  Go to D.1.  ☐ Not Known  -  Go to C.2.

B.4. Does the applicant have ALL of the following characteristics?  ☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significantly subaverage intellectual functioning, generally meaning an IQ below 70 or 2 standard deviations below the mean on any IQ test.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deficits in adaptive behavior.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manifested during the developmental period, meaning began before age 22.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are ALL THREE items checked “YES”?</td>
<td>☐ Yes - Go to C.2.</td>
<td>☐ No - Go to B.5.</td>
</tr>
</tbody>
</table>

B.5. Does the applicant have ANY of the following characteristics?  ☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a history or past DX of Mental Retardation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Displays behavior or has a documented behavior that may cause suspicion that a Mental Retardation DX is appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was both referred by an agency that serves people with Mental Retardation and was eligible for that agency’s service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are ANY of these items checked “YES”?</td>
<td>☐ Yes - Go to C.2.</td>
<td>☐ No - Go to B.6.</td>
</tr>
</tbody>
</table>

B.6. Does the applicant have a DX of Cerebral Palsy, Epilepsy, Autism, or any Other Related Condition that results in an impairment of general intellectual functioning or adaptive behavior similar to that of persons with Mental Retardation and requires treatment or services similar to those required for these persons?

Note: Some of the other conditions that may be appropriate here are Spinal Bifida, Head Injury, Sensory Impairments (Blindness, Deafness, or combination) Cystic Fibrosis, Orthopedic Impairments, and Muscular Dystrophy. This is not a complete list, but provide examples of other conditions that MAY comprise “Other Related Conditions”.

☐ Yes - Go to B.7.  ☐ No - Go to B.11.
MENTAL ILLNESS

C.5. You must now explain to the applicant (and/or to the designated parents or other family members, representatives or legal guardians) that:

A federal law says that people with Mental Illness may not need nursing facility care, and if so, should generally be in places other than Nursing Homes, places more suited to their needs. You (your relative/friend/ward) may have a Mental Illness. We have to get a professional diagnosis now about "Mental Illness" and some idea about whether active treatment is needed.

Note: A professional DX must be obtained from someone who is a qualified physician or psychiatrist, or the DX must be counter-signed by a psychiatrist, according to federal regulations.

Make referral for evaluation unless current data is available.

Result: Does the applicant have a DX of a Major Mental Disorder and is there sufficient information to determine the need for active treatment?

☐ Yes - Go to D.1.  ☐ No - Go to B.13.

FINAL SCREEN

D.1. Is there sufficient information about the applicant’s current need for active treatment for a determination to be made by the Department of Public Welfare?

☐ Yes - Go to D.2.  ☐ No - Go to C.2.

D.2. Is the applicant sixty-five years of age or older?

☐ Yes - Go to F.1.  ☐ No - Go to D.3. or D.4. as appropriate.

D.3. For resident review only. Otherwise, go to D.4. Has the applicant resided in a nursing facility for at least 30 consecutive months?

☐ Yes - Go to F.1.  ☐ No - Go to D.4.

D.4. Please specify primary DX:

<table>
<thead>
<tr>
<th>Description</th>
<th>Primary DX Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please specify secondary DX:

<table>
<thead>
<tr>
<th>Description</th>
<th>Secondary DX Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D.5. Who signed the DX and assessments which provide information about the client’s need for active treatment?

<table>
<thead>
<tr>
<th>NAME</th>
<th>PROFESSIONAL QUALIFICATIONS</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>PROFESSIONAL QUALIFICATIONS</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>PROFESSIONAL QUALIFICATIONS</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D.6. If the DX and assessment are recorded in a formal report, attach a copy of that document to this screening form.

D.7. You must now explain to the applicant (and/or to the designated parents or other family members, representatives, or legal guardians) that:

For persons with Mental Retardation:

A new federal law says that people with Mental Retardation may not need nursing facility care, and if so, should generally be in places other than Nursing Homes, places more suited to their needs. You have (your relative/friend/ward has) been given a diagnosis of Mental Retardation. We must refer you (your relative, friend, ward) to the DPW Office of Mental Retardation to obtain a determination of the most appropriate placement for your (his/her) needs.

For persons with Mental Illness:

A new federal law says that people with Mental Illness may not need nursing facility care, and if so, should generally be in places other than Nursing Homes, places more suited to their needs. You have (your relative/friend/ward has) been given a diagnosis of a Major Mental Disorder. We must refer you (your relative/friend/ward) to the DPW Office of Mental Health to obtain a determination of your (his/her) needs.

For persons with Related Conditions:

A new federal law says that people with "Related Conditions" may not need nursing facility care, and if so, should generally be in places other than Nursing Homes, places more suited to their needs. You have (your relative/friend/ward has) been given a diagnosis of a "Related Condition". We must refer you (your relative/friend/ward) to the DPW Office of Social Programs to obtain a determination of your (his/her) needs.

Stop Screening. Send Information to the Appropriate Office.

E. HEALTH RELATED EXEMPTIONS FROM SCREENING: ESSENTIAL INFORMATION

E.1. Is the applicant seriously assaultive and/or self-abusive, to the degree that he/she might endanger other residents of a nursing facility or might injure himself/herself without constant supervision by mental health personnel?

☐ Yes – Go to A.4.  ☐ No – Go to E.2.

E.2. Please specify major health related DX:  Diagnostic Code: 

Description

E.3. Who made this DX for the applicant?

<table>
<thead>
<tr>
<th>NAME</th>
<th>PROFESSIONAL QUALIFICATION</th>
<th>DATE</th>
</tr>
</thead>
</table>

E.4. Is the DX recorded in any formal document?  ☐ Yes  ☐ No

If yes, append a copy of that document to this form.

E.5. Explain that this screening process is now complete. Proceed with normal admission process. Place this screening form in the applicant's permanent record.
DEFINITIONS

The following definitions explain what is meant by the term "substantial functional limitation" in each of these areas of daily living.

1. Self-care: A person who has a long-term condition which requires that person to need significant assistance to look after personal needs such as food, hygiene and appearance. Significant assistance may be defined as assistance at least one-half of the time for one activity or a need for some assistance in more than one-half of all activities normally required for self-care.

2. Receptive and Expressive Language: A person who has a long-term condition which prevents that person from effectively communicating with another person without the aid of a third person, a person with special skill or with a mechanical device, or a long-term condition which prevents him/her from articulating his/her thoughts.

3. Learning: A person who has a long-term condition which seriously interferes with cognition, visual or aural communication, or use of hands to the extent that special intervention or special programs are required to aid that person in learning.

4. Mobility: A person who has a long-term condition which impairs the ability to use fine and/or gross motor skills to the extent that assistance of another person and/or a mechanical device is needed in order for the individual to move from place to place.

5. Self-Direction: A person who has a long-term condition which requires that person to need assistance in being able to make independent decisions concerning social and individual activities and/or in handling personal finances and/or protecting his/her own self-interest.

6. Capacity for Independent Living: A person who has a long-term condition that limits the person from performing normal societal roles or which makes it unsafe for that person to live alone to such an extent that assistance, supervision or presence of a second person is required more than half the time (during waking hours).


NOTE: DX = Diagnosis
APPENDIX F

DESIGNATED EVALUATION AGENCY
Letterhead

Dear Provider:

This letter is in response to your request for verification that the following applicants for admission to your facility have been determined by the Department of Public Welfare to require nursing facility services on a Form PA-PASARR-YN:

<table>
<thead>
<tr>
<th>Applicant's Name</th>
<th>Control Number(s)</th>
<th>Form YN Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient No. 1</td>
<td>CU-12345</td>
<td>Eligibility Verified</td>
</tr>
<tr>
<td>Patient No. 2</td>
<td>DA-56789</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Patient No. 3</td>
<td>AL-98765</td>
<td>No Record</td>
</tr>
</tbody>
</table>

Very truly yours,

Verification Supervisor
Pre-admission Screening Program

Form PA-PASARR-OK
APPENDIX G

DEPARTMENTAL DETERMINATIONS

The Department of Public Welfare (DPW) is required to determine the need for nursing care and active treatment for all applicants to nursing homes who are mentally ill, mentally retarded or who have a related condition unless otherwise exempt.

For Departmental Determination of the applicant's need for nursing care and active treatment, the following information must be sent with the LAMP Summary and the PASARR-EV to the appropriate office listed in Appendix B. If a new evaluation or set of evaluations are required, those preparing their reports should address themselves to the following items.

I. Determination of All Persons

Data sent to the Department for determination of need for nursing care for all persons must include:

A. The finding that the applicant's medical needs cannot be adequately met in non-institutional settings including at least:

1. An evaluation of medical status including at least the applicant's:
   a. diagnoses,
   b. date of onset,
   c. medical history,
   d. prognosis, and

2. A history of previous rehabilitation within the past year.

B. A recommendation based upon medical determination that nursing care is needed.

II. Determination of Persons with Mental Illness

Data sent to the Department for determinations to be made for persons with mental illness must also include a recommendation and sufficient supporting information in order to determine whether or not the person needs the implementation of "active treatment" in order to be able to function. Information must include:

A. A comprehensive history and physical examination of the person. At a minimum, the examination must address the following areas (if not previously addressed):

   1. Complete medical history;
   2. Review of all body systems;
3. Specific evaluation of the person's neurological system in the areas of:
   a. motor functioning,
   b. sensory functioning,
   c. gait,
   d. deep tendon reflexes,
   e. cranial nerves, and
   f. abnormal reflexes.

4. In case of abnormal findings which are the basis for a nursing facility placement, additional evaluations must be conducted by appropriate specialists.

5. If the history and physical examination used for the PASARR Determination is not performed by a physician, then a physician's countersignature is required.

B. A comprehensive drug history of all current or immediate past utilization of medications used by the person that could mask symptoms, as well as the use of medications that could mimic mental illness.

C. A psychosocial evaluation of the person. At a minimum, this includes an evaluation of the following:

1. Current living arrangements;
2. Medical and support systems;
3. If the psychosocial evaluation is not conducted by a social worker, then a social worker's countersignature is required.

D. A comprehensive mental health evaluation. At a minimum, the evaluation must address the following areas:

1. Complete mental health history;
2. Evaluation of intellectual functioning, memory functioning, and orientation;
3. Description of current attitudes and overt behaviors;
4. Affect;
5. Suicidal/homicidal ideation;
6. Degree of reality testing (presence and content of delusions) and hallucinations; and
7. If the mental health evaluation is not performed by a physician who is knowledgeable about mental illness or a clinical psychologist. Then the countersignature of one or the other is required.

E. The information must include all medical and psychiatric diagnoses which require treatment. Copies of previous discharge summaries (during the past two years).

III. Determination of Persons with Mental Retardation or Related Conditions

Data sent to DPW for determinations to be made for persons with mental retardation or other related conditions must also include a recommendation and sufficient supporting information to determine whether or not the person needs the implementation of a continuous "active treatment" program as defined at 42 CFR 435.1009 "Active Treatment in Intermediate Care Facilities for the Mentally Retarded" in order to be able to function. Information must include:

A. The individual's comprehensive history and physical examination results so that the following, minimum information can be identified:

1. A list of the individual's medical problems;

2. The level of impact these problems have on the individual's independent functioning;

3. A list of all current medications used by the individual;

4. Current response of the individual to any prescribed medications in the following drug groups:

   a. hypnotics,
   b. antipsychotics (neuroleptics),
   c. mood stabilizers and antidepressants,
   d. anti-anxiety-sedative agents, and
   e. anti-parkinsonian agents.

B. An assessment of the individual's:

1. Self-monitoring of health status;

2. Self-administering and/or scheduling of medical treatments;

3. Self-monitoring of nutrition status;

4. Self-help development (such as: toileting, dressing, grooming and eating);
5. Sensorimotor development (such as: ambulation, positioning, transfer skills, gross motor dexterity, visual motor/perception, fine motor dexterity, eye-hand coordination, and extent to which prosthetic, orthotic, corrective or mechanical supportive devices can improve the individual's functional capacity);

6. Speech and language (communication) development (such as: expressive language (verbal and nonverbal), receptive language (verbal and nonverbal), extent to which non-oral communication systems can improve the individual's functional capacity, auditory functioning, and extent to which amplification devices (e.g., hearing aid) or a program amplification can improve the individual's functional capacity);

7. Social development, such as: interpersonal skills, recreation-leisure skills and relationships with others;

8. Academic/educational development, including functional learning skills;

9. Independent living development (such as: meal preparation, budgeting and personal finances, survival skills, mobility skills (orientation to the neighborhood, town, city), laundry, housekeeping, shopping, bedmaking, care of clothing, and orientation skills (for individuals with visual impairments);

10. Vocational development, including present vocational skills;

11. Affective development (such as: interests and skills involved with expressing emotions, making judgements and making independent decisions); and

12. Presence of identifiable maladaptive or inappropriate behaviors of the individual based on systematic observation (including, but not limited to, the frequency and intensity of identified maladaptive or inappropriate behaviors).

C. The information conveyed to DPW must identify to what extent the person's status compares with each of the following characteristics, commonly associated with need for active treatment:

1. Inability to take care of most personal care needs;

2. Inability to understand simple commands;

3. Inability to communicate basic needs and wants;

4. Inability to be employed at a productive wage level without systematic long term supervision or support;
5. Inability to learn new skills without aggressive and consistent training;

6. Inability to apply skills learned in a training situation to other environments or settings without aggressive and consistent training;

7. Without direct supervision, inability to demonstrate behavior appropriate to the time, situation or place;

8. Demonstration of severe maladaptive behavior(s) which place the person or others in jeopardy to health and safety;

9. Inability or extreme difficulty in making decisions requiring informed consent; and

10. Presence of other skill deficits or specialized training needs which necessitates the availability of trained Mental Retardation personnel, 24 hours per day, to teach the person to learn functional skills.

D. The information must indicate that a psychologist, who meets the qualifications of a Qualified Mental Retardation Professional, as defined in 42 CFR 483.430 (a) (1) (2):

1. Identifies the individual's intellectual functioning measurement;

2. Validates the individual has "mental retardation or a related condition"; and

3. Recommends whether the individual needs active treatment in order to function.
APPENDIX H

YOUR RIGHT TO APPEAL AND TO A FAIR HEARING

Pursuant to 55 Pa. Code, Chapter 275, you have the right to appeal: (1) a determination by a nursing facility that you are subject to the preadmission screening process administered by the Department of Aging, or (2) a determination by the preadmission screening program that you do not require the level of service provided by a nursing facility.

Your written appeal must be postmarked or received by the Office of Hearings and Appeals within thirty (30) days of the date of this notice.

To file an appeal, provide the information requested below and mail your appeal to the Office of Hearings and Appeals at the following address:

Office of Hearings and Appeals
Department of Public Welfare
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

The Office of Hearings and Appeals will hold a hearing for you either over the telephone or face-to-face. You may choose which type of hearing you want by checking one of the boxes below.

☐ I want a telephone hearing. ☐ I want a face-to-face hearing.

If you speak a language other than English, and need an interpreter, please check the block below.

☐ I need an interpreter. What language? ____________________________

I WANT A HEARING BECAUSE:


DATE CLIENT'S SIGNATURE TELEPHONE NUMBER

DATE CLIENT'S REPRESENTATIVE TELEPHONE NUMBER

REPRESENTATIVE'S ADDRESS CLIENT'S ADDRESS

PA-PASARR-RA

MA 375.3 - 12/88