



Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM
NURSING HOME TRANSMITTAL NO. 211
March 13, 2008**

TO: Nursing Facility Administrators

FROM: Susan J. Tucker, Executive Director
Susan J. Tucker
Office of Health Services

NOTE: Please ensure that the appropriate staff members in your organization are informed of the contents of this transmittal.

SUBJECT: Preadmission Screening and Resident Review (PASRR)
for Non-Medicaid Patients

On January 2, 2008, the Maryland Department of Health and Mental Hygiene (Department) sent a request to all providers regarding PASRR for non-Medicaid residents. The Department has received numerous calls from providers requesting clarification. This memo clarifies what the Department needs regarding documentation for non-Medicaid PASRR requirements.

Federal regulations governing PASRR requirements in nursing facilities require that preadmission screening be conducted for all applicants to Medicaid-certified nursing facilities, regardless of payment source (42 CFR PART 483 §483.102, Nursing Home Transmittal No. 159). As the Department's Utilization Control Agent, KePRO is required to ensure that PASRR requirements are met for non-Medicaid residents as well as residents who are Medicaid recipients.

To assist KePRO in its mandate to monitor PASRR compliance for non-Medicaid residents, beginning April 1, 2008, nursing facilities shall supply KePRO with a log of all new admissions of non-Medicaid residents. At minimum, this log shall include the resident's name, birth date, date of admission, and date of discharge if the discharge date is within 30 days following the admission date. We have provided the attached sample log for your reference. If the facility already maintains an admission log, it may be used as long as the attached information is included and the log clearly delineates which new admissions are not Medicaid recipients.

If you have further questions or concerns please feel free to call the Nursing Home Staff Specialist at (410) 767-1736.



SAMPLE ADMISSION LOG – NON-MEDICAID ADMISSIONS

Facility Name: _____

Resident Name	Birth Date	Admit Date	Discharge Date (if 30 days or less)
Robert Smith	03/14/29	10/12/2007	10/31/07
Roberta Smith	02/14/28	10/12/2007	