

The Nursing facility (NF) must submit a Status Change (SC) to Maximus using the Level I PASRR Resident Review process **whenever a Significant Change in Condition occurs for an individual with a PASRR identified condition** (i.e., Serious Mental Illness {SMI}, Intellectual and/or Developmental Disability {ID/DD}, and/or Related Condition {RC}).

The MDS 3.0 RAI User's Manual provides guidance to NFs of Potential Change in Status indicators which may constitute a significant change and require submission of a Resident Review (Status Change in MS). This includes, but is not limited to, residents **previously identified by PASRR to have mental illness, intellectual disability, or a condition related to intellectual disability** who:

- Demonstrate increased behavioral, psychiatric, or mood-related symptoms.
- Have behavioral, psychiatric, or mood related symptoms not responsive to ongoing treatment.
- Experience an improved medical condition, which may require the resident's plan of care or placement recommendations to be modified (including those who may benefit from less restrictive placement or more intensive behavioral health services)
- Have had a significant physical change, but whose behavioral, psychiatric, mood-related symptoms, or cognitive abilities may influence their adjustment to a changes in their pattern of daily living.

The MS Division of Medicaid Administrative Code also defines a Significant Change as being applicable to persons *with newly discovered or suspected MI, ID/DD and/or RC.*

A status change is not required when an individual has:

- A gradual dose reduction in medication, *unless* there is a significant improvement resulting in a change to the person's plan of care.
- An increase in behaviors related to dementia and the person has already received a PASRR exclusion.
- Transitions to hospice

### Additional Resources/Sources:

1. PASRR Technical Assistance Center website (PTAC): <https://www.pasrrassist.org/>
2. CMS.gov website: [https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30\\_](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30_)
3. MS Division of Medicaid Administrative Code:
  - a. Part 206 Mental Health Services - [Administrative Code \(ms.gov\)](#)
  - b. Part 207 Institutional Long Term Care - [Administrative Code \(ms.gov\)](#)