



Rhode Island Executive Office of Health and Human Services  
3 West Road, Virks Building, Cranston, RI 02920  
phone: 401.462.5274 fax: 401.462.3677

March 12, 2026

The Honorable Melissa A. Murray, Chairwoman  
Senate Committee on Health and Human Services  
Senate Lounge – State House  
Providence, RI 02903

**RE: 2026 – S 2257 – Senate Resolution Respectfully Requesting the Executive Office of Health and Human Services (EOHHS) to Adopt an Electronic Preadmission Screening and Resident Review (PASRR) System**

Dear Chairwoman Murray:

The Executive Office of Health and Human Services would like to share information and concerns relating to **S 2257**. This bill directs EOHHS to research and implement an electronic Preadmission Screening and Resident Review (PASRR) system by January 1, 2027. This resolution would take effect upon passage.

The PASRR process is a federal requirement for nursing facility admissions under § 1919 of the Social Security Act and implementing regulations at 42 C.F.R. Part 483, Subparts C and E. PASRR applies to all patients seeking admission to a Medicaid-certified nursing facility, regardless of their source of payment. PASRR ensures that nursing facility placement is appropriate and that patients with serious mental illness (SMI) or intellectual/developmental disabilities (I/DD) receive appropriate supports to meet their needs. PASRR is an important tool to ensure long-term services and supports (LTSS) remain person-centered and provided in the least restrictive setting, consistent with *Olmstead v. L.C.*

The PASRR process is composed of two parts. A Level I screen is a preliminary assessment that must be completed for all nursing home admissions and determines whether an individual has a SMI or I/DD. If the Level I screen is positive, these individuals undergo an in-depth Level II screen to determine level of need and the scope of any additional, specialized services that the individual requires beyond the level of services the nursing home must already provide.

Overall responsibility for the PASRR process and proper Medicaid payment for nursing facility services lies with EOHHS, as the single State Medicaid Agency. However, under federal regulations at 42 C.F.R. § 483.106, SMI and I/DD determinations and coordination of Level II specialized services are the responsibility of the state Mental Health and I/DD authorities, respectively. In Rhode Island, the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) is both the State Mental Health and State I/DD authority. Thus, PASRR is a shared function between EOHHS and BHDDH. The Department of Human Services (DHS), as the agency responsible for determining Medicaid eligibility for LTSS, is also involved in the PASRR process.

Currently, the PASRR process is largely paper-based and entirely manual, which hinders efficiency and reporting. EOHHS fully supports efforts to modernize the Medicaid PASRR system, streamline and improve compliance and feedback mechanisms for nursing home admissions, centralize data collection and reporting, and ensure nursing home residents are timely assessed for appropriate placements and referred for specialized services when needed. EOHHS has previously

explored possible electronic solutions to manage the PASRR process and consulted with other states that have adopted electronic PASRR solutions.

However, EOHHS has the following concerns with **S 2257** as drafted:

- **Funding:** The bill requires EOHHS to investigate potential grant and federal funding for an electronic PASRR system. While EOHHS would explore all funding sources, it is unlikely that a system would be provided or sustained purely through grant funding at no additional cost to the state. While products used in other states could be used as a starting point and adapted to fit the State's needs, these would certainly carry a cost, either to contract with a vendor or to build a system in-house. Such activities would, at a minimum, qualify for the enhanced Medicaid match of 90% to develop the system and 75% for ongoing maintenance of the system (42 C.F.R. § 433.15(b)(3)-(4)). It is very likely that a state share would be required.
- **Timeline:** A timeline of January 1, 2027, or approximately six to nine months, to (1) research all options for funding and system solutions, (2) purchase, adapt, or build an electronic PASRR system, (3) ensure seamless integration with other Medicaid eligibility and payment systems and processes, (4) update regulations and other policies and procedures, and (5) communicate and train relevant stakeholders and community partners on changes to existing PASRR processes and the new system will not be achievable. EOHHS respectfully requests a runway of at least 18 to 24 months to support implementation.

EOHHS would welcome any discussion about **S 2257**, and staff are available to assist with any questions or concerns.

Sincerely,



Kristin Pono Sousa  
Rhode Island Medicaid Program Director  
Executive Office of Health and Human Services

Cc: Honorable Members of the Senate Committee on Health and Human Services  
Honorable Alana M. DiMario  
Kristin Silvia, Deputy Chief of Staff and Director of Legislation