



**PASRR and Level of Care Screening Procedures for  
Long Term Care Services**

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# Connecticut PASRR and Long Term Care Screening Manual

## I. Introduction and Overview

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This manual serves as a reference for providers who facilitate placement for and deliver services to individuals in Medicaid certified nursing facilities (such as nursing home, hospital, and social service staff). The purpose is to describe state and federal requirements for:

- **[Preadmission Screening and Resident Review \(PASRR\)](#)** which applies to all applicants to and residents of Medicaid certified nursing homes, regardless of (the individual's) method of payment.
- **[Long Term Care Medical Necessity Screening](#)** which applies to CCNH and RHNS applicants age 65 and older who are Medicaid active, eligible, or pending and all residents of CCNH and RHNS who apply for Medicaid benefits.

The following describes screening requirements and definitions that you will need to know in order to comply with federal and state regulations. Both PASRR and Medicaid screening requirements advocate for the individual, through promoting the least restrictive and most appropriate placement at the earliest possible time.

Ascend Management Innovations (d.b.a. *Ascend*) is a Nashville based utilization review firm that specializes in integrated disease management of both behavioral and medical health care. Our staff is well versed in Long Term Care review processes, and Ascend is a national leader in conducting Level of Care and PASRR screening/evaluations in a variety of states. Screening information can be forwarded by facsimile, mail, phone, email, or via the internet. All phone and facsimile numbers are toll free. Ascend's contact information is below:

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Training, procedures, forms, Frequently Asked Questions, and other updates can be found at [www.pasrr.com](http://www.pasrr.com). Bookmark that site and visit it often.

## II. Preadmission Screening and Resident Reviews (PASRR)

### A. Federal Requirements for Individuals Subject to PASRR

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The PASRR (**P**readmission **S**creening and **R**esident **R**eview) program is an advocacy program mandated by CMS to ensure that nursing home applicants and residents with mental illness and intellectual /developmental disabilities are appropriately placed and receive necessary services to meet their needs.

PASRR guidelines require that nursing homes address behavioral health needs of residents, including residents with **Mental Illness (MI)**, **Mental Retardation (MR)**, and conditions related to Mental Retardation (referred to in regulatory language as **Related Conditions [RC]**). Behavioral health needs, when present, must be identified through a comprehensive evaluation process referred to as Preadmission Screening and Resident Review (PASRR). PASRR evaluations assess:

- **Whether the individual requires the level of care provided in an institutionally based setting** and, if so, whether an NF is the appropriate institution.
- **Presence of behavioral health treatment needs.** For residents exhibiting active, or specialized, treatment needs, the state authority is responsible for providing that treatment. Routine and ongoing rehabilitative treatment needs are the responsibility of NF staff following the identification of those service needs through the PASRR process.

The term *PASRR* is used interchangeably with the term *Level II* evaluation. The Level I is the initial screen which *identifies* persons who are subject to Level II evaluations.

PASRR evaluations are referred to as *Level II* evaluations to distinguish them from their counterpart *Level I* screens; the Level I screen is a brief screen used to identify persons applying to or residing in Medicaid certified nursing homes who are subject to the Level II process. Once a person with a suspected or known diagnosis is identified, a Level II evaluation must be performed to determine whether the individual has special treatment needs associated with the MI and/or MR/RC.

Over the past few years the PASRR program has emerged as an important method for flagging persons who exhibit high risk symptoms and behaviors to ensure appropriate placement and services. **The Power of PASRR is increasingly being identified as a critical and important way for addressing a growing need among an exponentially growing population.**

### B. Who is evaluated through PASRR?


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The following describes the criteria used to determine whether an individual is subject to PASRR. Remember **that PASRR criteria apply whenever an individual is *suspected* of having a PASRR target condition, even though the individual may not have been formally diagnosed.** PASRR evaluations are mandated regardless of whether or not an individual is a recipient of Medicaid benefits. The **Medicaid certification of the nursing facility, not the payment method of the individual,** determines whether PASRR is required. The PASRR evaluation must occur **prior to admission** and **whenever a resident experiences a [significant change in status](#).**

#### B.1 Persons with Serious Mental Illness

A person with *known* or *suspected* serious **Mental Illness (MI)** who is being admitted to a Medicaid Certified nursing facility must be evaluated through the PASRR process. The following is the federal definition for serious MI:

- **Diagnosis** of a major mental illness, such as schizophrenia, schizoaffective disorder, bipolar disorder, major depression, panic disorders, obsessive compulsive disorder and **any other disorder which could lead to a chronic disability which is not a primary diagnosis of dementia**. If the individual has a sole diagnosis of dementia, s/he is excluded from further PASRR evaluations. If the person has both a dementia diagnosis and another psychiatric condition, the dementia must be confirmed as *primary*. *Primary* means that the symptoms of dementia must be significantly more progressed than symptoms of the co-occurring psychiatric condition.
  
- **Duration:** significant life disruption or major treatment episodes within the past two years and due to the disorder. **This does not necessarily mean that the individual was hospitalized.** This might include, for example, a person whose mental illness exacerbated to the extent that critical resource adjustments (such as increased case management services, increased monitoring, etc.) would have been indicated (**regardless of whether they were identified or delivered**). Examples of the types of intervention needs which may have occurred, regardless of whether or not services were delivered, include:
  - Psychiatric treatment more intensive than outpatient care (e.g., partial hospitalization, inpatient psychiatric hospitalization, crisis unit placement) within the past two years; or
  - A continuous psychiatric hospitalization or residential treatment exceeding six months' duration; or
  - A major episode of significant disruption such as an involuntary psychiatric hospitalization, suicide attempts or gestures, 1:1 monitoring, and/or other issues related to maintaining safety.
  
- **Disability:** referred to as *Level of Impairment* in regulatory language, is characterized by active behavioral health symptoms within the preceding six month period which significantly interfere with the individual's ability to interact interpersonally, concentrate, follow through with goals or needs, and/or adapt effectively to change. Simply, this means that the individual has experienced chronic or intermittent symptoms over the preceding 6 months which have impacted his or her life.

 **How would a person with a first time episode of serious depression be assessed under these criteria?** To answer that, let's first look at the data. Current studies identify a range of anywhere from 19%-55% of persons in NF populations who experience mental disorders. Data also tells us that elders are the most likely to attempt suicide and to use lethal means to accomplish suicide than any other population. Although persons living in NFs are less likely to attempt suicide through violent means, they have high levels of suicidal ideation. Moreover, many of these persons die from indirect suicide than from direct suicidal behavior (through self-destructive behaviors such as refusing to eat or refusing life-sustaining medications).

While PASRR does not target persons who have a transient depression, if the depression is more severe than or lasts longer than a typical grief reaction, it is important that Ascend be provided information sufficient to determine whether treatments should be identified through the PASRR process to address and ameliorate the individual's symptoms.

## The Dementia Exclusion for Persons with MI

Certain persons with dementia are *excluded* from PASRR when a dementia condition is present. The **dementia exclusion** applies to:

- **People with a sole diagnosis of dementia** or
- **People with a primary dementia with a secondary mental illness diagnosis**

Where co-morbid dementia and mental illness are present, the decision as to whether dementia is *primary* is more complex than simply deciding if the dementia is *currently* the most prominent diagnosis. The complexity occurs in ensuring that the symptoms of dementia are clearly more *advanced than* those of the co-occurring behavioral health condition. That is, the dementia is advanced to the degree that the co-occurring mental illness is not likely ever again to be the primary focus of treatment. Because both major mental illnesses and dementia exhibit similar types of executive functioning impairments and personality change, the *progression of the dementia* is a key focus of the screening processes.

### **A note about individuals who have symptoms or diagnoses of dementia**

A person with dementia who has no other mental health conditions is not subject to PASRR. However, the federal law requires that the PASRR evaluation be conducted if information does not conclusively support that dementia is **progressed** and **primary** over any other mental health condition. When co-occurring diagnoses are present, Federal guidelines are very strict that an exemption cannot occur unless sufficient evidence is present which clearly confirms the progression of the dementia as primary. The kinds of information helpful to establishing primary dementia (when it co-occurs) include a neurological assessment, mental status examinations, CT scans, and any other tests that clarify whether symptoms of disordered memory and orientation are associated with progressed dementia. **The role of the Level I review is to clearly and thoroughly document findings, presentation, and treatment history to determine whether further evaluation should be conducted through the Level II process.**

## ***B.2 Persons with Intellectual Disabilities/Mental Retardation (MR)***

The definition for MR is provided in the **Diagnostic and Statistical Manual**, Fourth Edition Revised (DSM). Criteria includes a measure of intelligence that indicates performance at least two standard deviations below the mean (IQ of approx. 70 or less) with concurrent impairments in adaptive functioning and an onset before age 18.

Sometimes persons applying for nursing home care may be suspected of currently functioning in the MR range of intellectual abilities, but may not meet criteria to be diagnosed as a person with MR. This is because the definition of MR includes evidence that the adaptive and intellectual deficits began before age 18. Some persons may have a long but undocumented history of adaptive and intellectual disabilities. It is not uncommon that elderly persons do not have a record of school age diagnostic intelligence and adaptive behavior testing. In such situations, one of the key challenges is confirming that lowered cognitive levels occurred during the developmental period (prior to age 18) and are not a result of other medical causes (e.g., stroke, TIA, accidents or injuries) experienced during adulthood. It is important to remember that federal law **requires PASRR evaluation** if the individual is *known* to have or *suspected* of having MR, even when testing or documentation is not available to confirm conclusively the diagnosis. It is important to obtain as much information as possible to help determine the age of onset.

## ***B.4 Persons with Related Conditions/Developmental Disabilities***

**Related Condition (RC)** refers to individuals with service or treatment needs similar to individuals with MR. **RC is a federal term** with a definition that is very **similar to developmental disability**. Persons with related conditions are those individuals who have a **severe, chronic disability** that meets all of the following conditions:

- Is attributable to cerebral palsy, epilepsy, ***or any other condition 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 people with MR and requires similar treatment or services;
- It is present ***prior to age 22***;
- Is expected to ***continue indefinitely***;
- Results in ***substantial functional limitations in three or more of the following major life activities***: self-care; understanding and use of language; learning; mobility; self-direction; capacity for independent living.

## **C. Level I Process and Decisions**

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The purpose of the Level I screen is to identify individuals intended for evaluation through the PASRR Level II process – those individuals with **known or suspected** MI and MR/RC. The Level I screen must be submitted:

- Before admission to a Medicaid certified nursing facility (regardless of the applicant’s method of payment)
- For residents of Medicaid certified NFs experiencing [changes in status](#) that suggests the need for a first-time or updated PASRR Level II evaluation as described in *Section II.f* of this document;
- Prior to the conclusion of an assigned time limited stay for individuals with MI and/or MR/RC whose stay is expected to exceed a time-limited approval.

The Level I screening form includes questions to identify those individuals known and/or suspected of meeting criteria for MI and/or MR/RC. These questions are required federally as a method of looking **beyond the individual’s reported diagnosis** to ensure that individuals suspected of having one or more of the three targeted conditions are identified.

**Whenever a Level I Screen indicates that the individual is known or suspected of having MI, MR, and/or RC, a [Level of Care \(LOC\) Screen](#) must be submitted.** The Level of Care screening form must be submitted for those individuals with the Level I screen online at [www.pasrr.com](http://www.pasrr.com). The Level of Care screen is required for any individual with a Level II condition, regardless of the individual’s method of payment. The only exception to LOC requirement is for applicants approved through WEBSTARS™ for [Exempted Hospital Discharge](#) (EHD). For those individuals, a LOC is required to be submitted by NF if the person’s stay is expected to exceed 30 days.

The Level I and, as applicable, LOC screen, are completed within 6 business hours of online submission to Ascend at [www.pasrr.com](http://www.pasrr.com). The submitter and authorized individuals from the submitter’s facility may securely sign return to [www.pasrr.com](http://www.pasrr.com) to obtain status updates posted by an Ascend reviewer. For example, if additional information is needed by the Ascend reviewer, the Ascend reviewer will identify information needs directly on the web page. Ascend’s requests will be visible only to the submitter and

authorized users from the submitter’s facility once the user logs into WEBSTARS™. After the screen is complete, the **referral source may print the outcome notice directly online after signing in**. The ability to review and print outcomes for a referred individual is available to the screener and persons at that facility.

The receiving facility must obtain or print a copy of the completed screening form(s) and associated approval before admitting any individual to a Medicaid certified nursing facility. If the admitting facility needs to obtain a copy of the screening form from Ascend, a request may be made at [www.pasrr.com](http://www.pasrr.com) under [Tracking](#).

The screening form(s) and associated outcome letter(s) must be maintained in the resident’s NF medical record at all times. **These forms should not be shifted to an administrative file or removed as part of the chart thinning process**. A copy must be transferred with the individual if she or he moves to another NF.

If an individual is known or suspected to have MI and/or MR/RC, the next decision is to determine: 1) whether the individual may be exempted from the PASRR process; 2) whether the individual may be eligible for an abbreviated Level II (if the individual matches the state’s definition of a particular category of need), or; 3) whether a comprehensive onsite Level II evaluation is required. These options and their criteria are described in the following section. [Instructions](#) for completion of the Level I screen are provided in *Section V*.

## D. Level I Outcomes

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### D.1 Level II Exemptions

An **exemption** means that certain situations or conditions, while also meeting criteria for Level II evaluation, are federally *exempted* from the need to have a full Level II evaluation prior to NF admission. Very often, copies of specific medical record documents will be requested by the Ascend reviewer in order to permit application of these decisions.

- **Exempted Hospital Discharge.** The Exempted Hospital Discharge decision is a *short-term* exemption from the PASRR process for an individual with known or suspected MI and/or MR/RC:
  - Who is discharging from a medical hospital to a nursing facility after receiving medical (non-psychiatric) services, and;
  - Who requires short-term treatment in a NF for the same condition for which the individual was treated in the NF, and;
  - **Whose physician has certified in writing** that the anticipated length of stay in the NF is not expected to exceed 30 calendar days.

#### In order to obtain an Exempted Hospital Discharge decision,

- 1) **The discharging provider** may select this option only if the individual meets the criteria above, and;
- 2) The hospital provider must submit a signed physician’s order certifying that the stay is expected to be 30 days or less. A physician certification form can be printed directly from WEBSTARS™ (hyperlinked in question 22 of the Level I). This form (or any other form of physician signed statement containing similar content) may be either uploaded or faxed to Ascend after submitting the online screen. To upload, you must have the ability to scan the signed form into your computer. If you have that

capability, you may sign on to WEBSTARS™, choose the client's name in your history folder, click 'attach', click browse, and locate the form from your computer. If you do not have that capability, you may send a signed copy of the form to Ascend by facsimile.

**The admitting facility must submit an updated Level I/LOC on or before the conclusion of the 30 day stay if it is determined that the individual will need nursing home care beyond the 30-day period.**

Ascend will then initiate the Level II evaluation which must, under federal law, be completed by or before the 40<sup>th</sup> calendar day from the individual's admission to the NF.

- **Exclusion due to primary dementia.** This is a long-term exclusion from the PASRR process for an individual on the basis of primary and progressed dementia which co-occurs with a **secondary mental illness**.

**Required action for approval of Dementia exemptions at admission:** In order for this exemption to apply, the referral source must provide information to Ascend which clearly supports that the dementia is primary over the mental health diagnosis (see *Section II-B.1* which describes the [dementia exclusion](#)). For users with the ability to store documents electronically, a pdf of supporting documents may be uploaded on WEBSTARS™. Those documents may also be faxed to Ascend.

## D.2 Abbreviated Level II (Categorical)

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Some PASRR decisions are permitted under federal law to be performed through an abbreviated process because of the individual's 'fit' into a certain category (referred to as *categorical* PASRR decision). When an individual meets criteria for one of these *categories*, it means that for that individual, *decisions can be made to determine that nursing home admission is appropriate and/or to determine that specialized services are not needed*, as appropriate for the category. In some cases, a categorical decision may be time-limited, meaning that the individual may be subject to a full PASRR Level II evaluation following admission. In other cases, categorical decisions may have no specified end date, but may continue to be subject to further review by Ascend or DDS. In these cases, Ascend or DDS may periodically re-evaluate the individual's service needs and qualification for continued stay under the categorical decision. A request for an approval for entry to the NF via an abbreviated categorical Level II may be made as part of the Level I submission at [www.pasrr.org](http://www.pasrr.org). **Categorical** Level II determinations can occur for:

- **Provisional Emergency Situations:** This means that the individual has been identified as having a Level II condition, and:
  - There is a sudden unexpected and urgent need for placement (typically) (e.g., loss of a caregiver, loss of a residence, etc.) and lower level of care is not available and/or appropriate
  - The need is not associated with the presence of a psychiatric conditions alone
  - Authorization was provided by an appropriate state employee or authorized designee (Ombudsman, Protective Services for the Elderly, DSS, DDS, or the entity assigned by DSS to approve/authorize categorical decisions).

### Required action for Provisional Emergency admissions:

1. The LOC and Level I forms may be submitted before the admission or up to one business day from the date of admission. When selecting this option on the Level I form, the provider is stating that the individual poses no self or others and behaviors/symptoms are stable. The individual's stay is authorized under this criterion for a maximum of seven days before a Level must be conducted.

2. The submitting provider must convey reason for the emergency admission and identify the individual who authorized the placement and the State agency they represent.
3. The provider must inform Ascend **on the screen** as to whether or not the individual is expected to remain beyond the 7 day timeframe so that Ascend can initiate the Level II evaluation, if appropriate.
4. If **the individual** is determined not to meet NF LOC, Ascend will provide **notice to the NF and to the Service worker** who initiated the admission. In this circumstance the individual must be discharged within 30 days of the notice of denial.

- **Delirium:** This means that the individual’s cognitive status could not be evaluated because of delirium and the individual may be admitted and evaluated once the delirium clears. The NF provider is permitted **up to 7 calendar days** following admission to submit an updated Level I/LOC so that the Level II may be completed.

**Required action for Delirium Decisions:** Before admission occurs, **the referral source must:**

- a) Provide documentation to the Ascend reviewer that describes and supports the individual’s delirium state.
- b) Complete Level of Care and Level I Screens.

**If the individual’s admission is approved by the Ascend reviewer, the admitting facility may admit the individual for a period of 7 calendar days.**

- a) If the individual is expected to stay beyond 7 days, by or before the 7<sup>th</sup> day, the NF is required to submit Level I and LOC screens to ensure continued accuracy and to determine whether further evaluation is warranted through the LII process.
- b) If the individual is determined to no longer meet NF LOC, Ascend will provide notice to the NF. In this circumstance the individual must be discharged within 30 days of the notice of denial.

- **Provisional Admissions in cases of Respite need:** The individual requires respite care for up to 30 days to provide relief to the family/caregiver.

**Required action for Respite Decisions:** Before admission occurs, **the referral source must:**

- a) Provide documentation to the Ascend reviewer that describes and supports the individual’s need for respite care.
- b) Complete Level of Care and Level I Screens.

**If the individual’s admission is approved by the Ascend reviewer, the admitting facility may admit the individual for a period of 30 calendar days.**

- a) If the individual is expected to stay beyond 30 days, by or before the 30<sup>th</sup> day, the NF is required to submit an updated LI/LOC screen to ensure continued accuracy and to determine whether further evaluation is warranted through the Level II process.
- b) If the individual is determined to no longer meet NF LOC, Ascend will provide notice to the NF. In this circumstance the individual must be discharged within 30 days of the notice of denial.

- **Severe Medical illness:** This means that the individual presents with physical symptoms so severe that it would be impossible to benefit from or participate in a program of specialized treatment for his/her MI and/or MR/RC. Examples of conditions typically meeting criteria under this category include: comatose state, ventilator dependence, functioning at the brain stem level, severe and progressed Amyotrophic Lateral Sclerosis (ALS), and severe and progressed Huntington's disease. The following *may also be considered* under this criterion: COPD (if there is shortness of breath and fatigue with minimal exertion; confusion, cyanosis, and recent signs and symptoms of heart failure; and/or 24-hour oxygen requirements); Parkinson's (if there is slowness and poverty of movement; muscular rigidity; tremors at rest; and/or postural instability); and/or CHF if symptomatic at rest or with minimal exertion).

**Required action for Severe Illness Decisions:** Before admission occurs, **the referral source must:**

- a) Provide documentation to the Ascend reviewer that describes and supports the individual's severe medical state consistent with the criteria stated above. In addition, information must be provided to confirm the stability of the concomitant mental illness.
- b) Complete Level of Care and Level I Screens.

**The admitting facility must** submit an updated Level I and Level of Care screen to Ascend **only if the severe medical condition improves to the extent that the individual might respond to services** for his/her MI and/or MR/RC.

- **Terminal Status:** The individual's medical condition results in a prognosis for life expectancy of 6 months or less.

**Required action for Terminal decisions:** Before admission occurs, **the referral source must:**

- a) Submit documentation which supports the terminal status of the individual. In addition, information must be provided to confirm the stability of the concomitant mental illness.
- b) Complete Level of Care and Level I Screens.

**The admitting facility must** submit an updated Level I and Level of Care screen to Ascend **only if the severe medical condition improves to the extent that the individual might respond to services** for his/her MI and/or MR/RC diagnosis and/or may potentially be discharged to the community.

- **60 day convalescence:** This option became available 8/2011. To be eligible, the individual must:
  - Be discharging from a medical hospital to a nursing facility after receiving medical (non-psychiatric) services, and;
  - Require <60 day treatment in a NF for the same condition for which the individual was treated in the NF, and;
  - **The attending physician must certify in writing** that the anticipated length of stay in the NF is not expected to exceed 60 calendar days.

**Required action for Convalescent Care admissions:** **The discharging provider** must;

- a) Complete Level of Care and Level I Screens.

- b) With the Level I, submit a signed physician’s order which certifies that the stay is expected to be 30 days or less. A physician certification form can be printed directly from WEBSTARS™ (hyperlinked in question 22).
- c) Submit documentation which supports the likelihood of recovery and discharge prior to the conclusion of the 60 day period.

**The admitting facility must submit an updated Level I/LOC on or before the conclusion of the 60 day stay if it is determined that the individual will need nursing home care beyond the 60-day period. Ascend will initiate the Level II evaluation.**

### ***D.3 On-Site II Evaluation***

If an applicant with known or suspected MI and/or MR/RC does not meet the exemption or categorical decision options, an on-site Level II is required. When symptoms/history of mental illness indicate that a *Level II on-site evaluation* is required, Ascend will request copies of the following from the individual’s records, if available:

- A current *history and physical* (performed within the past 12 months) that includes a complete medical history with review of all body systems;
- Current *physician’s orders* and treatments;
- Other information which may clarify the individual’s mental or physical state.

The following steps, in turn, will be initiated.

## **E. On-Site Level II Process and Decisions**

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Preadmission Screen (PAS) *Level II evaluations* must occur prior to NF admission. Resident Reviews (RR) occur when a resident experiences a Change in Status (refer to [Status Change](#) Level II Requirements in Section II-f).

DSS contracts with Ascend to complete Level II evaluations on individuals known or suspected of having MI by or before five business days from referral for a Level II evaluation. DDS conducts Level II evaluations on individuals known or suspected of having an MR/RC condition.

### ***E.1 Level II Process***

The Level II process is typically conducted on-site and involves an interview with the individual and his/her guardian, interviews with family members if available and permitted by the individual, interviews with other caregivers, and a review of any available medical records. Federal requirements specify information which must be collected as part of the Level II process. The evaluation can be greatly expedited if the referral source assists in notifying relevant parties of the time of the scheduled evaluation. If a legal guardian has been appointed, the guardian must be given the option of participating in the evaluation. The patient must also be given the choice of whether s/he would like family and/or POA involvement and, if so, the provider should also make them aware of the time and location of the scheduled evaluation. The referral source will be contacted by an Ascend evaluator or DDS soon after the referral for evaluation. Once an evaluation of an individual with MI is completed, it is electronically and securely transmitted to Ascend for quality review and development of the final Summary of Findings Report. Federal guidelines dictate the requirements for information that must be provided in the Summary of Findings report.

## E.2 Level II Outcomes

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Once a Level II MI evaluation is completed, one of the following outcomes will occur.

### Level II Approval

An *approval* indicates that the NF placement is appropriate. The following are types of approvals which can occur as a result of the Level II evaluation:

- **The individual is appropriate for NF placement/services.**
- **The individual is appropriate for short-term NF placement.** Short-term stays are time-limited decisions based upon the individual's potential for discharge in the near future (typically within 6 months of the evaluation).

#### Required action for Level II PASRR Approval decisions:

- a) **The referral source may obtain a copy of the Level II Summary of Findings report.**

If the referral source submitted the Level I application on-line at [www.pasrr.com](http://www.pasrr.com) s/he may sign onto that site to obtain a copy of the completed Level II Summary of Findings report. This report may be printed by the referral source and forwarded to the receiving facility to review. This enables the admitting NF to confirm their capacity to provide the types of services recommended in the report. Ascend will mail a copy of the Summary of Findings report to the individual/guardian, the admitting facility and the individual's physician.

- b) **The admitting NF must submit tracking information ([www.pasrr.com](http://www.pasrr.com)) to Ascend when an admission of an individual with MI and/or MR/RC occurs.**

- c) **Whenever a resident previously been evaluated through the PASRR Level II process transfers from one NF to another, the transferring facility must forward copies of all PASRR Level I and Level II reports and notifications to the receiving facility. The admitting NF is responsible to submit tracking information to Ascend ([www.pasrr.com](http://www.pasrr.com)) of the admission.**

All states are required at all times to *track* (maintain updated location information) all individuals in Medicaid certified nursing facilities who have been evaluated through the PARR process. Admitting and transferring facilities may submit tracking information directly on Ascend's website at [www.pasrr.com](http://www.pasrr.com) (*Tracking Change Request Form*).

### Level II Denial

A *denial* indicates that NF placement is **not** appropriate. There are two types of denials.

- **The individual does not meet minimum nursing facility** admission standards.
- **The individual is not appropriate for NF placement** due to the need for special behavioral health services.

#### Required action for Level II PASRR Denial decisions:

- a) **If the individual is an applicant, s/he cannot be admitted to a Medicaid certified nursing facility. If the individual is a current resident of the facility, transfer and discharge requirements apply.** The individual/legal guardian will be provided information about how to appeal this decision through the fair hearing process.
- b) **For individuals with MI, Ascend will initiate a referral to the DMHAS transition/diversion teams.** Information about transition/diversion services may be found at <http://www.ct.gov/dmhas/wise>.

### Halted Evaluation

A Halted Evaluation means that information obtained indicates that the individual no longer is subject to further evaluation through the PASRR process. If s/he is a Medicaid active, eligible, or pending and age 65 or older or a NF resident applying for Medicaid benefits, the Level of Care process applies; however, PASRR regulations and requirements are not applicable for the individual.

#### Required action for Level II PASRR Halted decisions:

- a) If the individual requires a Level of Care review, LOC criteria apply and will determine the individual’s appropriateness for NF admission.
- b) The individual does not require further screening through the PASRR process, unless in the future a [change in status](#) occurs suggesting that the individual has a serious mental illness. If such as a change occurs, an updated Level I screen must be submitted by the admitting NF.

### E.3 Notification Process

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Verbal notifications of Level I and, if applicable, LOC and Level II screens/evaluations, will be provided upon completion. Verbal notification will be provided directly to the referral source on the day that the outcome is determined. A copy of the screen/evaluation outcome can be obtained directly at [www.pasrr.com](http://www.pasrr.com) by the provider who submitted the screen and by other authorized users at the submitting provider’s facility. For individuals with Level II conditions, a copy of the PASRR Summary of Findings Report must be provided to the admitting NF before admission occurs, in order to ensure that the facility can meet the needs of that individual. This outcome notice can be forwarded by the referral source or by Ascend. To obtain a copy of the outcome information from Ascend, the admitting NF may sign onto [www.pasrr.com](http://www.pasrr.com) and click *Tracking Change Request Form*.

*Level I/II Screening results remain valid for the individual’s NF stay, unless a change in status (described in Section ‘F’) occurs.*

Ascend will issue copies of PASRR Level II outcome notifications and appeal rights for individuals evaluated through the Level II MI process, and DDS will issue notifications and appeal rights for persons evaluated through the Level II MR/RC process. Copies of PASRR notices are issued to the individual/legal representative, referral source, admitting facility, and the individual’s physician. The notification letter includes a copy of the *Summary of Findings Report*.

The notification letter and the *Summary of Findings Report* must be maintained in the resident’s medical records at all times. If the individual transfers to another NF, a copy must be transferred to the new NF

placement. These reports identify any behavioral health treatment and service needs that are the responsibility of the NF staff, as well as any specialized treatment needs. These determination reports are to be used in conjunction with the facility's resident assessment process to define a holistic care plan for the resident. The receiving NF notifies Ascend of the individual's date of admission by submitting the *Tracking Change Request Form* at [www.pasrr.com](http://www.pasrr.com).

## F. Resident Review/Status Change Level II Evaluation Requirements for NF Residents

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*Significant Change in Status* requirements mandate that nursing home providers continually evaluate their *Minimum Data Set/RAPS* data to identify significant change. The MDS 3.0 for the first time clarified Significant Change, as follows:

**Referral for Level II Resident Review evaluations are required for individuals previously identified by PASRR to have mental illness, mental retardation, or a condition related to mental retardation in the following circumstances:** (Please note this is not an exhaustive list.)

1. A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
2. A resident whose behavioral, psychiatric, or mood related symptoms have not responded to ongoing treatment.
3. A resident who experiences an improved medical condition, such that the resident's plan of care or placement recommendations may require modifications.
4. A resident whose significant change is physical, but whose behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, may influence adjustment to an altered pattern of daily living.
5. A resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
6. A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination. (Note that a referral for a possible new Level II PASRR evaluation is required whenever such a disparity is discovered, whether or not associated with a SCSA.)

**Referral for Level II Resident Review evaluations are required for individuals who may not have previously been identified by PASRR to have mental illness, mental retardation, or a condition related to mental retardation in the following circumstances:** (Please note this is not an exhaustive list.)


1. A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of mental illness as defined under 42 CFR 483.100 (where dementia is not the primary diagnosis).
2. A resident whose mental retardation as defined under 42 CFR 483.100, or condition related to mental retardation as defined under 42 CFR 435.1010 was not previously identified and evaluated through PASRR.

*Anytime a NF resident with MI or MR/RC experiences changes that affect his/her placement or service decision (suggesting the individual may benefit from less restrictive placement or more intensive behavioral health services), NF staff must contact Ascend to report that change.*

3. A resident transferred, admitted, or readmitted to a NF following an inpatient psychiatric stay or equally intensive treatment.


Providers are required to consider a Status Change PASRR evaluation whenever the Minimum Data Set (MDS) determines that a change is present in at least two areas of an individual’s functioning or behavior. In the event that such a *significant change* is supported through the MDS, the nursing facility is responsible for notifying Ascend of the change. Ascend Level I reviewers will evaluate the information submitted. When appropriate, Ascend may refer these individuals for a Level II RR so that updated recommendations or placement decisions can be generated.

The MDS is the provider’s tool for determining whether the change is present in at least two areas of functioning or behavior. **In the event that *significant change* is supported through the MDS, the nursing facility is responsible for notifying an Ascend Level I reviewer of that change.** Ascend will work with NF staff to determine whether an individualized PASRR MI and/or MR/RC evaluation should be initiated.

 **Steps for a resident with a suspected significant change in status.** If it is believed that a resident has experienced a significant change in status, NF provider staff must submit an updated Level I screen to Ascend either on-line at [www.pasrr.com](http://www.pasrr.com) or via phone or fax. In turn, the Ascend reviewer will work with the NF staff to determine whether further screening or evaluation is required.

### G. Tracking Update Requirements for NF Residents Evaluated through the Level II Process

Under federal law, all states are required to maintain location information for all NF residents who have been evaluated through the PASRR process.

 **Steps for a resident who transfers, expires, or is discharged. Whenever an individual with MI and/or MR/RC is transferred, discharged, or expires, nursing facility staff must:** Submit information regarding the change to Ascend via the web at [www.pasrr.com](http://www.pasrr.com) (click *Tracking Change Request Form*).

*Temporary transfers to a hospital* or other treating facility do not need to be reported through the tracking mechanism as long as the individual is expected to return to the facility and a bed is being held for the individual.

### H. Provider Quality Monitoring

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When federal regulations eliminated Annual Resident Reviews, legislation placed increased emphasis on ensuring that states develop systems of managing and monitoring NF compliance with Level I screens and significant status change reporting. The Connecticut Department of Social Services has implemented the following quality monitoring procedures to ensure adherence to federal PASRR requirements. Ascend will randomly *flag* and conduct post-admission follow-up for individuals in the following groups:

1. Individuals with a heightened potential for significant status change. This process evaluates NF compliance with mandatory status change reporting.
2. A percentage of individuals with *negative* Level I screens. This process evaluates referral source compliance with Level I data integrity.

**✍️ Required action for Provider Quality Monitoring:**

- a) Upon admission, **the admitting NF must submit tracking information for all Level II residents** via tracking procedures described in *Section G*, above.
- b) Ascend reviewers will conduct random follow-up with admitting providers for the groups described in *Section H* (above). This follow-up will occur via phone interviews with NF staff about the individual. During that contact, Ascend will ask questions and solicit medical records information to monitor for psychiatric and medical changes and determine need for further evaluation through the Level II process.
- c) NF staff is required to supply any needed medical records documentation to aid in these interviews and update resident medical/mental status information. Ascend staff will review the records submitted and prepare reports reflecting provider adherence to PASRR requirements. Consistent facility variance between information given via web-submission and medical record documentation may indicate the need for additional training for that facility. If variances persist despite additional training, Ascend reserves the right to terminate web-based submission capabilities for that facility.
- d) The results of these activities will be routinely reported to the Connecticut Department of Social Services.

### III. Medicaid Level of Care Screening

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#### A. Who is required to be screened via the Medicaid Level of Care Process?

The Level of Care process is directed at determining medical need for long-term care services for the following persons:

- NF (CCNH and RHNS) applicants age 65 and older who are Medicaid active, eligible, or pending and all NF residents who apply for Medicaid benefits (regardless of age).
- Medicaid active, eligible, or pending **residents** of Connecticut NFs (CCNH and RHNS) **who are receiving LTC Medicaid and who medically improved to the extent that NF may no longer be appropriate.**
- Individuals **determined to have Level II PASRR conditions.**

#### B. The Level of Care (LOC) Process and Decisions

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Ascend will complete and provide an outcome for the LOC screen within 6 business hours of submission of a (complete) screen by the referral source. The LOC screening process occurs through submission of the LOC Screening form to Ascend from the provider. The LOC Screening form may be submitted on-line at [www.pasrr.com](http://www.pasrr.com) or via phone or fax to Ascend. At the conclusion of the LOC screen, one of the following outcomes will occur:

- **Level II Required:** Occurs if the individual is suspected or known to have MI or MR/RC and a Level II evaluation must be performed before admission to a Medicaid certified NF can occur.
- **Long Term Approval:** Information indicates the individual's needs qualify for NF LOC on a long-range basis. No additional review date shall be established.

- **Short Term Approval:** Information indicates the individual’s needs qualify for NF LOC on a short-range basis of three (3) to six (6) months. A **Continued Stay Review (CSR)** point shall be established and the individual will be entered into Ascend’s tracking database with the attendant authorization end-date. At the conclusion of the approved authorization period, the NF must submit an updated LOC screen.
- **Denial:** If the individual’s needs do not meet NF LOC, Medicaid will not pay for nursing facility care. All denial decisions shall be issued by one of Ascend’s physician reviewers.

Whenever a screen is submitted on-line, the referral source will have the ability to print the completed screen and its outcome once the screen is complete. Written notification of adverse and short term LOC decisions will be forwarded to the individual/guardian via surface mail. Adverse decisions will include a process for appealing the decision.

### C. Continued Stay Review (CSR) Process

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#### C.1 CSR Process

The Continued Stay Review (CSR) is a re-evaluation of medical and nursing needs for NF residents who exhibit potential for discharge to a less restrictive level of care.

**Required action when a short-term stay decision is issued.** When a short-term stay has been identified, the following steps will occur:

- Ascend’s reviewer will inform the referral source of the short term approval. A copy of the ST approval determination will be available for printing online at [www.pasrr.com](http://www.pasrr.com) by the submitter. The submitter is responsible for communicating the short-term approval to the admitting facility.
- **The admitting NF must submit tracking information** on-line at [www.pasrr.com](http://www.pasrr.com) (*Tracking Change Request Form*). Upon receipt of tracking/admitting information, Ascend will issue a letter to the receiving NF with an authorization end date.
- The NF must submit an updated LOC screen by or before the end of the authorized period.
- Supportive documentation shall be solicited from the facility to reflect the individual's current medical and functional status and any nursing needs.

#### C.2 CSR Outcomes

Potential outcomes are the same as those described in Section B.

#### C.3 On-site CSR Process & Outcome

On-site CSRs are performed if a level of care decision cannot be made through a document-based review. On-site CSRs are conducted within five (5) business days of the referral for the on-site review as follows:

- Ascend’s Connecticut based clinical staff shall schedule and conduct an onsite assessment, including a chart review and, as needed, obtain copies of medical records information that clarify medical and nursing needs. These will be forwarded to Ascend for review by a physician reviewer.
- Ascend’s physician reviewers will review all assessment information, including any medical records, and make a final determination of the individual’s need for NF/SB level of care. Written notifications include fair hearing rights to enable the individual/guardian to appeal the outcome of adverse decisions.

#### D. Connecticut Home Care Program for Elders/Home Care Request Form

Applications for the Connecticut Home Care Program for Elders may be completed on-line at [www.pasrr.com](http://www.pasrr.com) as part of the Level I form and as part of the Combination Level I/LOC form. Within this section the provider may print a Home Care handout with contact information to supply to the individual. Ascend provides all information associated with the Home Care application to the Connecticut Department of Social Services.

### IV. Weekend, Holiday, and After-Hour Screening and Other Exceptions

#### A. After Hours Screening

At times situations occur where hospital staff may need to transfer an individual from a hospital to a NF outside of business hours. That transfer can only occur the hospital submits appropriate screening information to Ascend and:

- 1) The individual meets NF LOC criteria, if Medicaid screening is required.
- 2) If the individual has MI and/or MR/RC, s/he must meet criteria for Exempted Hospital Discharge.

The NF and the hospital must work closely together to ensure appropriate screening has been conducted. The NF will not be paid if the individual has a MI and/or MR/RC and did not meet Exempted Hospital Discharge criteria or if the individual was subject to Medicaid LOC screening and did not meet LOC criteria.

Appropriate steps are as follows:

- 1) Hospital submits a Level I Screen.
  - a. **If the Level I does not result in a suspected or known Level II condition, determine whether a LOC screen (and MD attestation) must be submitted:**
    - i. If the applicant is under 65 years of age or is 65 or older and is not Medicaid active, eligible, or pending, a LOC is not required.
    - ii. If the applicant is 65 or older and is Medicaid active, eligible, or pending, a LOC must be submitted by the discharging hospital along with the MD attestation. The admitting NF must also prescreen the individual, reviewing LOC information, to ensure that LOC is met. For submissions sent after normal business hours, the facility should receive an outcome the next business day. The admitting NF may be requested to provide additional information to Ascend, as needed, in order to complete the LOC.
  - b. **If the Level I approves an Exempted Hospital Discharge, the following should occur.**
    - i. The provider must forward a Practitioner Certification that the individual's stay will be 30 days or less. No LOC is required.

If the individual's stay is expected to exceed 30 days, the NF must submit a LOC screen must be submitted by the 30<sup>th</sup> day for all persons admitted under this criterion.

- c. **If WEBSTARSM indicates further review is required by an Ascend clinician (a Level II condition is likely present and the person does not meet EHD), the admission cannot occur until Ascend approves the admission.**

## B. Delayed Admissions

When an approved admission does not occur immediately, certain screens remain valid for a 60 day period, as follows:

- Negative Level I screens
- LOC screens
- Individuals evaluated through the Level II process (however, in some circumstances when the delay is under 70 days, Ascend may grant an extension to the authorization)

## C. Readmissions

There are also certain rules associated with screening requirements for individuals who are readmitted to a NF. The general rule of thumb is that a person who has been admitted to a NF and then is transferred to a **higher level of care** (e.g., a hospital) may be readmitted to the NF without further screening or evaluations. However, for those same individuals, a new screen and/or evaluation may be required once the readmission occurs, as follows:

- **If a prior LOC screen and/or PASRR evaluation was time limited:** an updated LOC is required before the conclusion of the authorization period.
- **If a significant change in status occurred for a person who has a known or suspected MI and/or MR/RC:** (refer to [Status Change](#) Level II Requirements in Section II-f). In these situations, an updated Level II may be conducted after the readmission occurs. The NF may, however, request a new Level II evaluation before the readmission occurs if there are concerns about the individual's stability in returning to the NF setting

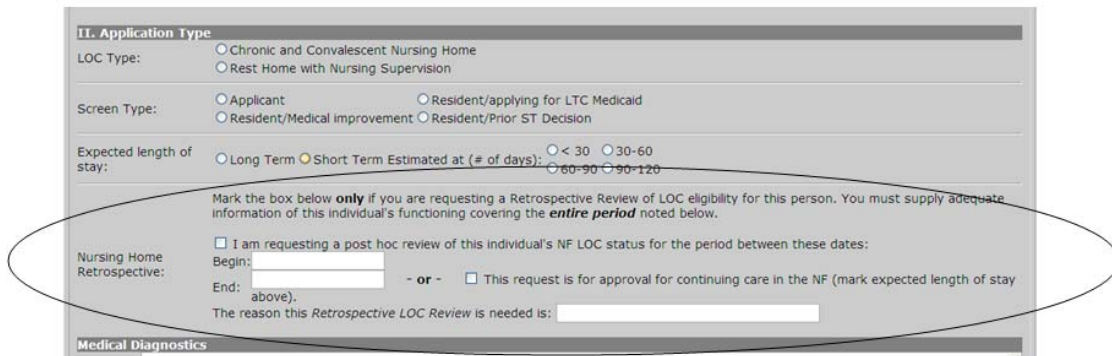
**When an individual was transferred/discharged to a lower level of care (e.g., community setting),** the following rules apply:

1. If the individual has a negative Level I screen (no evidence of MI and/or MR/RC), the Level I remains valid for 60 days from the date in which the most recent screen was conducted.
2. If the individual required LOC screening because of his/her Medicaid status (not due to PASRR), the LOC remains valid for 60 days from the date in which the most recent screen was conducted.
3. If the individual has a positive Level II condition:
  - a. And the prior admission was approved under a time limited provision (such as emergency, Exempted Hospital Discharge, delirium, or a short term medical approval), a new Level I screen must be completed and, if appropriate, a Level II referral should occur.
  - b. And the prior admission was approved via a Level II evaluation, a new Level II should be conducted. If the situation involves a medical emergency warranting urgent need for NF care, the provider may work with Ascend to determine whether an emergency categorical decision could be applied.

## D. Retrospective Screening Requests

NFs formerly requested *Retrospective Reviews* via the comments section of the LOC form. NFs now have the ability to identify the need for a Retrospective Review under Section II of the LOC screen. This option enables NFs requesting *Retrospective Reviews* to select that option and identify the period for which a

retrospective LOC review is requested. The period for which submitters are requesting a review can be for persons who have since been discharged (reflecting a beginning and end date for the requested review) or for persons who are current residents (reflecting a start date and no end date because the individual still resides at the facility). When requesting a *Retrospective Review*, the submitter must provide documentation of the individual’s needs and functioning for the period in which coverage is requested, as well as an explanation as to the need for a *Retroactive Review*. This information is necessary for data collection and reporting to DSS to ensure the retrospective review is used in the manner for which it was intended.



The screenshot shows a form titled "II. Application Type". It includes sections for "LOC Type", "Screen Type", and "Expected length of stay". The "Nursing Home Retrospective" section is circled in red and contains the following text: "Mark the box below **only** if you are requesting a Retrospective Review of LOC eligibility for this person. You must supply adequate information of this individual's functioning covering the **entire period** noted below." Below this is a checkbox: "I am requesting a post hoc review of this individual's NF LOC status for the period between these dates:". Underneath are fields for "Begin:" and "End:" with a "- or -" separator. To the right of the "End:" field is another checkbox: "This request is for approval for continuing care in the NF (mark expected length of stay above).". Below these fields is a text input field: "The reason this Retrospective LOC Review is needed is:". The "Medical Diagnostics" section is partially visible at the bottom.

**Examples:**

- An individual was admitted to the NF with Medicare as a payment source, stayed for 30 days, and discharged. After discharge it was determined that the individual needs Medicaid payment for a portion of the stay. Choose the following:

Screen type: *Current NF resident, newly applying for LTC Medicaid*  
*I am requesting a retrospective review*

Enter both a *begin date* (the admission date) and an *end date* (the discharge date).

- An individual was admitted as presumed self pay. While still a resident, it is discovered he is eligible for Medicaid LTC funding for his stay. Choose the following:

Screen type: *Current NF resident, newly applying for LTC Medicaid*  
*I am requesting a retrospective review*

Enter a *begin date* (the admission date) and check the box '*This request is for approval for continuing care in the NF*'

Indicate in the *Expected Length of Stay* variable the length of time the individual is expected to need NF care (calculated from the date of submission of this LOC form).

If approved, the Ascend reviewer will indicate the approval began on the *begin date* requested and is ongoing (for a long-term or short-term stay as deemed appropriate).

Retrospective reviews are not appropriate for situations where a provider failed to ensure that appropriate admission screening was conducted or for providers who failed to obtain reauthorization by or before the end of a ST authorized stay.

## V. General Information – On-line Submission of Screening and Tracking Information

### A. Tracking Information

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Tracking is a way for Ascend (and the DDS) and NF providers to communicate with each other for the following purposes:

- **For first time admissions to NFs.** NFs submit *tracking information* to notify Ascend of an admission of an individual. This alerts Ascend to send admission screening information. If a resident transfers and existing screening information is still accurate, copies of screening information, (Level I, LOC and Level II, as applicable) must be sent by the transferring facility to the admitting NF.
- **For all NF applicants with PASRR identified MI and/or MR/RC conditions (new admissions, transfers, discharges, and expired residents with MI and/or MR/RC).** The Department of Social Services is required to *track* changes in placement for residents with MI and/or MR/RC. NFs are required to use the tracking form to notify Ascend of transfers, admissions, discharges or deaths of any person identified through PASRR level II evaluations as having an MI, MR or RC condition.
- **All Residents who expire or leave the NF system altogether.** This enables Ascend to close records of residents no longer receiving LTC services.

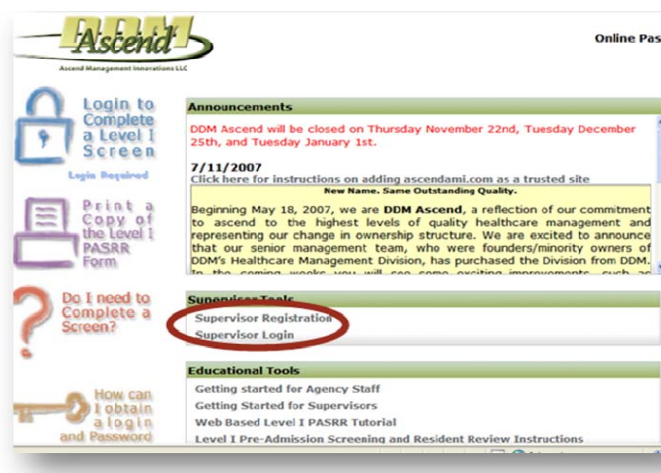
Tracking information must be submitted on-line at [www.pasrr.com](http://www.pasrr.com) (under *Tracking*).

### B. Registering for on-line submission of screening and tracking information

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#### B.1 Supervisor Registration

Supervisors responsible for oversight of facility staff who will submit screening information are designated to manage sign-on privileges for all subordinate staff at the facility that will use WEBSTARS™, Ascend’s Level I/LOC screening site at [www.pasrr.com](http://www.pasrr.com). The supervisor registration process is described below, and individual staff registration instructions follow.



**Supervisor Registration on PASRR.COM/WEBSTARS™**

Individuals employed by nursing homes or hospitals in Connecticut as supervisors (or, alternatively, as the sole individual at a facility who would submit screens), may request supervisor privileges to set up users at that facility. ***Supervisors must be designated to maintain their agency user information.***

**Step 1:** Log onto [www.pasrr.com](http://www.pasrr.com)

**Step 2:** Locate the link on the right labeled “Connecticut WEBSTARS™” and click the link to enter.

**Step 3:** Click on the “Supervisor Registration” icon on the Connecticut WEBSTARS™ home page. Complete the registration form and click *submit*.

**Step 4:** Ascend will forward an email within 2 business days to the supervisor which will reflect whether the supervisor has been approved to use WEBSTARS™.

**Step 5:** Once you have received the email with an approval from Ascend, go to supervisor login at Connecticut WEBSTARS™ and set up facility users by following the instructions below.

- Log in to WEBSTARS™
- Click the “Supervisor Login” icon
- If you have previously set up any facility users, they will appear. You may edit as necessary.
- If you need to set up new users in your facility, click “Add User” at the top of the page.
- Complete the User form and submit to Ascend.
- Each identified user will receive an email within 2 business days with a link to access WEBSTARS™.

**Step 6:** Once agency staff receive emails from Ascend approving system access, they may begin using WEBSTARS™. See “**Getting Started for Agency Staff**” which follows this section.

**Supervisors can ONLY set up agency users they supervise and will be required to update their facility users frequently. Supervisors are responsible for terminating the logon privileges of persons no longer authorized to access protected health information on behalf of their facility.**

### ***Updating or Removing Users or Passwords at PASRR.COM/WEBSTARS™***

The agency supervisor is responsible for maintaining user updates, including adding and deleting users. That process follows.

**Step 1:** At [www.pasrr.com](http://www.pasrr.com), the supervisor must locate the link labeled *Supervisor Login*. Sign on using your unique user name and password.

**Step 2:** The supervisor may update users or reset passwords using the ‘*User Management Link*’.

- To **add a new user**, click the link labeled ‘*Add User*’ and complete the form. Press *Save* when complete. WEBSTARS™ will send an email to the user’s email address that you provided. The email will provide instructions on how to reset a password. Once the password is reset, the user will begin to submit reviews to Ascend using WEBSTARS™.
- To **remove log in privileges for a user**, locate the user in the table of users. Click on the link labeled “*edit*.” WEBSTARS™ will take you into the form for that user. Change the status to *terminated* and press *Save* located at the bottom.

## B.2 Getting Started for Agency Staff

### Staff Registration on PASRR.COM/WEBSTARS™

**Step 1:** The agency supervisor requests user privileges through WEBSTARS™ for each individual staff needing access to the system. **Ascend does not issue user names and passwords.**

**Step 2:** Once the supervisor has requested privileges for a particular individual, Ascend will forward an email within two (2) business days which will include authorization for that employee and a link to WEBSTARS™. The new user may access the link provided in the email and reset his/her password. The employee should click on the link and change the password.

**Step 3:** Log onto [www.pasrr.com](http://www.pasrr.com). Locate the link labeled “Connecticut WEBSTARS™” and click that link to get started. Once the password has been reset, sign the electronic user agreement, which will automatically appear on the Login page. The agreement confirms that the user will use the application only for the intended purpose.

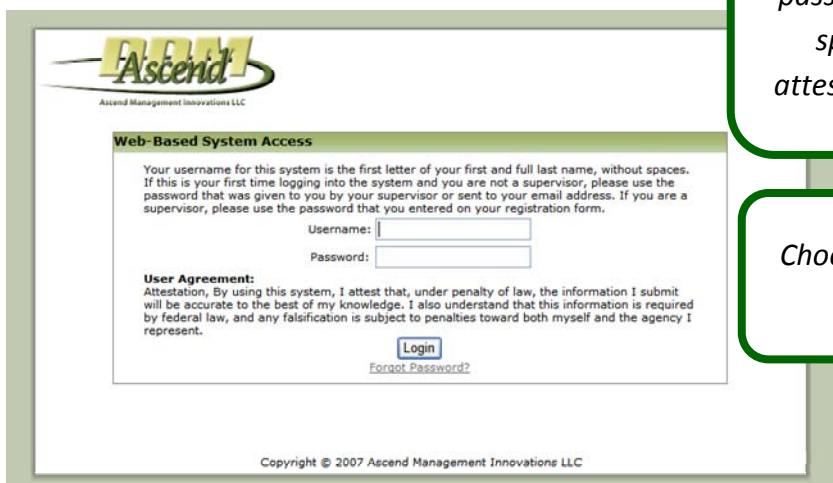
**Step 4:** Review the screening documents and tutorial.

**Step 5:** Follow instructions for submitting the screening form. Some Level I screens may be approved via WEBSTARS™. If approved, a screen will appear that prompts you to print the completed form with the outcome. If your submission requires further review by an Ascend clinician, a message will appear notifying you of next steps. Sign onto [www.pasrr.com](http://www.pasrr.com) to check the status of the review and to retrieve messages from the Ascend reviewer. Once/if approved, a screen will appear that prompts you to print the completed form with the outcome. Review section D of this subsection for helpful information regarding submission of web-based information.

**If you do not have internet, or you are unable to submit Level I screens online, fax the Level I PASRR form to Ascend at 877-431-9568.**

## C. Tutorial for WEBSTARS™/www.pasrr.com

### C.3 Logging Into WEBSTARS™



**Web-Based System Access**

Your username for this system is the first letter of your first and full last name, without spaces. If this is your first time logging into the system and you are not a supervisor, please use the password that was given to you by your supervisor or sent to your email address. If you are a supervisor, please use the password that you entered on your registration form.

Username:

Password:

**User Agreement:**  
 Attestation, By using this system, I attest that, under penalty of law, the information I submit will be accurate to the best of my knowledge. I also understand that this information is required by federal law, and any falsification is subject to penalties toward both myself and the agency I represent.

[Forgot Password?](#)

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*Enter your unique name and password and note user agreement specifications associated with attestation of information accuracy.*

*Choose 'No'. Passwords should never be saved on the computer.*



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## D. Important information about Electronic Screening Submission

This section provides you with important information about how to *submit* the Level I Screen electronically. [Instructions](#) for completing the Level I screen are provided in *Section V*.

1. **Obtaining passwords.** Please See Section IV.B. Agency supervisors must be designated to issue privileges to staff within the facility.
2. **Form omissions and saving capabilities.** Complete the form using instructions provided in *Sections V* and *VI* of this document. If you have not completed all required areas on the screening form, WEBSTARS™ will permit saving the document but will not permit submission to Ascend. Items that are required but are incomplete will turn pink. If you need additional information to enable accurate submission of the form, save the Level I and/or LOC form and obtain required information. **The form will be saved for 14 calendar days. After 14 calendar days, the submission will automatically be deleted.**
3. **Form submission.** Once all items are complete, press the submit button at the bottom of the form. WEBSTARS™ will determine if the patient will require further review by an Ascend clinician. If WEBSTARS™ determines that further involvement by an Ascend clinician is required, a message will identify subsequent steps that must occur and any additional information needed by Ascend.
4. **Obtaining disposition information.** If the screen was submitted on-line, staff authorized by supervisors at the submitting agency may obtain disposition information by signing onto pasrr.com and following log in steps.

If approval was provided through WEBSTARS™, the patient may be admitted to the Medicaid certified nursing home. If further Ascend review is needed by an Ascend physician for a potential denial, the WEBSTARS™ disposition screen will indicate the estimated timeframe in which the Ascend reviewer will call with questions or approval.

5. **Form printing.** If approved (and/or once completed by Ascend), the submitting provider will be directed to a page that will enable him/her to print the screen. It is important to use this page to

direct any printing. Never use the browser print functionality to print your screen. At the conclusion of the screening and/or evaluations, the submitting provider may print the completed outcomes for the client’s record.

## Level I Screening Instructions

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The *Level I Form* is used to identify individuals who may be subject to a *Level II PASRR evaluation*. Screening information can be entered online at [www.pasrr.com](http://www.pasrr.com).

### **General Instructions**

It is recommended that the referral source gather all screening information prior to initiating the electronic screen. Information is best obtained from several sources – the individual, any family or caregivers, and the treating provider. This information is required by federal law and must accurately portray known or suspected conditions, behaviors, or symptoms. The following instructions should be used as a guide for completion.

### **Demographics: Name/Mailing Address/SS#/Date of Birth/Gender**

Complete all items. Ensure that spelling and numbers are correctly entered or written. If the screening information does not include all identifying information, the screen cannot be processed.

### **Current Location**

Identify the location category of the screened individual. *Community* includes any community placement (such as home, with family, independent living, group home, etc.).


### **Admission Date**

If the individual is currently residing in a facility setting (medical facility, nursing facility, or psychiatric facility), provide the admission date.

### **Admitting Nursing Facility Name and Address**

Provide the name of the nursing home that agreed to accept the client for admission. Information regarding the admitting facility will be *required* for all individuals with a PASRR Level II condition.

### **SECTION I: MENTAL ILLNESS SCREEN**

 The federal definition for mental illness is designed to include individuals with a potential for and history of episodic changes in treatment and service needs. Federal guidelines include a three component definition that includes:

- **Diagnosis** of a major mental illness, such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depression, Panic Disorders, Obsessive Compulsive Disorder; -and- the individual does not have a primary diagnosis of Dementia; and
- **Duration: Recent Treatment**, related to significant disruption or major treatment episodes within the past two years and due to the disorder. This might include at least one episode of hospital care for a mental disorder within the preceding two years -or- significant life disruption related to the disorder; and
- **Disability**: referred to as *Level of Impairment* in regulatory language, is characterized by active psychiatric symptoms within the preceding six month period and related to interpersonal functioning, concentration/pace/persistence, or adaptation to change.


Each of the questions in Sections I-IV are directed at determining suspicion or presence of these components.

#### **1. Does the individual have any of the following Major Mental Illnesses?**

These diagnoses (schizophrenia, schizoaffective disorder, major depression, psychotic/delusional disorder, bipolar disorder, or *manic depression*, and paranoid disorder) typically reflect the presence of a major mental illness and generally qualify as federally mandated conditions which automatically warrant further evaluation through PASRR. Check the box(es) to reflect applicable diagnoses. If the suspicion of one or more of these diagnoses is present, check *suspected*, and note those suspected conditions.

**2. Does the individual have any of the following Mental Disorders?**

These diagnoses (personality disorder, anxiety disorder, panic disorder, and situational depression) typically reflect conditions that *may* require further evaluation through PASRR depending upon their *extent* and *severity*. Check the box(es) to reflect applicable diagnoses. If the suspicion of one or more of these diagnoses is present, check *suspected*, and note those suspected conditions.

 *Situational depression* (generally a recent diagnosis and short-term condition that occurs as a result of the individual's life situation) should be noted in this section. A situational depression *may* require PASRR evaluation if the depression is *more severe* than or *lasts longer* than a typical reaction to life stressors. The Ascend reviewer will ask questions about the severity of and symptoms associated with the individual's depression.

**3. Does the individual have a Diagnosis of a Mental Disorder that is Not Listed in #1 or #2? (do not list dementia here)**

List any additional diagnoses not provided in Sections 1 or 2. Note that situational depression must be listed in number 2, and dementia must be listed in number 12. Do not list dementia or situational depression in this section.

**3.b. Does the individual have a substance related disorder?**

This question does not automatically lead to Level II referral. It is simply to obtain baseline information associated with persons admitting into NFs who have concomitant substance related disorders. Identify the substance related diagnosis under b.1. and answer the remaining questions if a substance related disorder is present, including whether NF admission is secondary to or associated with the substance related disorder and the approximate timeframe in which the most recent use occurred.

**SECTION II: SYMPTOMS**

**4. Interpersonal – Currently or within the past 6 months, has the individual exhibited interpersonal symptoms or behaviors (not due to a general medical condition)?**

These reflect serious interpersonal problems which generally occur when major mental illness is present. Each of the three are to be rated according to their presence/absence within the past six (6) months. **Regardless of whether a known mental illness is present, identify interpersonal symptoms which apply to the individual.**

**5. Concentration/Task related symptoms– Currently or within the past 6 months, has the individual exhibited interpersonal symptoms or behaviors (not due to a general medical condition)?**

These reflect concentration and performance problems which generally occur when major mental illness is present. Each of the three are to be rated according to their presence/absence within the past six (6) months. **Regardless of whether a known mental illness is present, identify task or concentration related symptoms which apply to the individual.**

**6-8. Adaptation to Change – Currently or within the past 6 months, has the individual exhibited any of the following symptoms in #6, 7, or 8 related to adapting to change?**

These reflect serious adaptation problems which generally occur when major mental illness is present. Each of the three are to be rated according to their presence/absence within the past six (6) months. **Regardless of whether a known mental illness is present, identify adaptation symptoms which apply to the individual.**

**NOTE:** If any responses in #7 are checked, the Ascend reviewer will obtain supplemental records to determine the extent and severity of the presenting condition.

### SECTION III: HISTORY OF PSYCHIATRIC TREATMENT

**9. Currently or within the past 2 years, has the individual received any of the following mental health services?**

Treatment information is sought over the past two years, because of the cyclical nature of mental illness. As such, it is very important that the screener obtain information from the individual, caregivers, or others who know the client well. These services (inpatient psychiatric hospitalization, partial hospitalization, and residential treatment) are generally received by persons with major mental illness conditions. If the exact dates are unknown, obtain and enter approximate dates from the client or caregiver. **Regardless of whether a known mental illness is present, identify applicable treatments received by the individual.**

**10. Currently or within the past 2 years, has the individual experienced significant life disruption because of mental health symptoms?**

Treatment information is sought over the past two years, because of the cyclical nature of mental illness. As such, it is very important that the screener obtain information from the individual, caregivers, or others who know the client well. These types of disruption (legal intervention, housing changes, or suicide attempts) often occur for persons with major mental illness conditions. If the exact dates are unknown, obtain and enter approximate dates from the individual or caregiver. Note that, to be applicable, these occurrences should be a result of the mental health symptoms (for example, if a housing change occurred due to a medical condition, this item would not be applicable).

**11. Has the individual had a recent psychiatric/behavioral evaluation?**

If a psychiatrist, psychologist, or behavioral specialist has been consulted within the past 60 days, respond yes. Provide the approximate date of the consultation.

### SECTION IV: DEMENTIA

**12. Does the individual have a diagnosis of dementia or Alzheimer’s disease?**

If the individual has received a medical diagnosis of dementia or Alzheimer’s Diseases, respond yes. If the answer is no, proceed to question 14.

**13. If yes to #12, is corroborative testing or other information available to verify the presence or progression of the dementia?**

If specific tests have been administered to verify the presence and/or progression of dementia, list those in this section.

**A note about dementia:** Under federal law, a person with dementia, who has no other mental health conditions, is excluded from further evaluation through PASRR. On the other hand, a person who has both dementia **and** a major mental illness is not necessarily excluded from further review – The exclusion **can only occur if the dementia diagnosis is primary** over (and more progressed than) the other mental

health diagnosis. When co-occurring diagnoses are present, Federal guidelines are very strict that an exemption cannot occur unless sufficient evidence is present to confirm the progression of the dementia. The kinds of information helpful to establishing primary dementia (when it co-occurs) include: a neurological assessment, mental status examinations, CT scans, and any other tests that establish that executive functioning symptoms (e.g., disordered memory, orientation, abstract thinking, etc.) are associated with progressed dementia.

#### **SECTION V: PSYCHOTROPIC MEDICATIONS**

**14. Has the individual been prescribed psychoactive (mental health) medications now or within the past 6 months other than those listed in question 14?**

List any additional psychoactive medications (antidepressants, anti-psychotics, mood stabilizers, anti-anxiety medications and/or tranquilizers) which are prescribed currently or have been prescribed over the past 6 months. If any of the medications are prescribed for the individual, list the medication, cumulative milligrams per day and diagnosis.

#### **SECTION VI: MENTAL RETARDATION/Developmental Disability**

**15. Does the individual have a diagnosis of mental retardation (MR)?**

Answer *yes* or *no* to reflect whether the individual is currently diagnosed as having MR.

**16. Does the individual have presenting evidence of MR that has not been diagnosed?**

Answer *yes* or *no* to reflect whether the individual is suspected of meeting criteria in the box above.

**17. Is there evidence of a cognitive or adaptive impairment that occurred prior to age 18?**

Regardless of whether or not a diagnosis is present, answer *yes* or *no* to reflect whether the individual presents with cognitive or adaptive impairments.

**18. Has the individual ever received services from an agency that serves people with MR?**

Answer *yes* or *no* to reflect whether the individual has received services from an agency that typically specializes in provider services for individuals with MR.

**19. Does the individual have a diagnosis which affects intellectual or adaptive functioning?**

This is addressing diagnoses that may or may not meet criteria for MR but, nevertheless, may impact intellectual and/or adaptive functioning in major areas of life activity. Examples of such diagnoses include cerebral palsy, autism epilepsy, etc. Remember, this is asking about adaptive or intellectual limitations. Also note that **the presence of a diagnosis in this group does not automatically mean that the individual meets RC/DD criteria.**

**20. Are there substantial functional limitations in any of the following?**

Persons with RC/DD experience substantial functional limitations in at least 3 major areas of life activity and associated with the diagnosis.

**21. Did this condition develop prior to age 22?**

To qualify as RC/DD, the condition must have onset prior to age 22.

#### **SECTION VII: EXEMPTIONS AND CATEGORICAL DECISIONS (With the exception of provisional emergency admissions, Ascend must approve use of categories and exemptions prior to admission).**

**22. Does the admission meet criteria for Exempted Hospital Discharge?**

The *Exempted Hospital Discharge* only applies to individuals with MMI and/or MR/RC, and it allows those individuals to be placed in a NF for 30 calendar days without performance of a *Level II PASRR evaluation*. If the screen is performed on-line at [www.pasrr.com](http://www.pasrr.com), the exemption **may** be approved electronically (depending upon the circumstances and LOC screening requirements) and, if so, the person completing the screen may print an outcome to provide to the receiving facility explaining the approval and subsequent screening steps. If this screen is submitted to Ascend by fax or mail, the submitter **must** wait until the Ascend reviewer issues an approval of the exemption before admission can occur. Several provisions apply and all of these must be met before the individual may be admitted under this exemption (see below).

- **The individual must have evidence of a MMI or MR/RC;**
- **The admission to a NF must occur directly from a hospital:** The individual must be in a medical hospital at the time of application, receiving treatment for a medical (non-psychiatric) condition;
- **There is no current risk to self or others and behaviors/symptoms are stable;**
- **The need for NF care is required for the same condition for which care was provided in the hospital;**
- **The attending physician has certified prior to admission that the individual will require less than 30 calendar days NF care** (clearly, an individual whose medical condition will require longer than 30 calendar days to stabilize will not be eligible for hospital exemption and should not apply for this exemption). Contact information for the attending physician should be included.

- 1) **The discharging provider** may select this option only if the individual meets the criteria above, and;
- 2) The hospital provider must submit a signed physician’s order certifying that the stay is expected to be 30 days or less. A physician certification form can be printed directly from WEBSTARS™ (hyperlinked in question 22 of the Level I). This form (or any other form of physician signed statement containing similar content) may be either uploaded or faxed to Ascend after submitting the online screen. To upload, you must have the ability to scan the signed form into your computer. If you have that capability, you may sign on to WEBSTARS™, choose the client’s name in your history folder, click ‘attach’, click browse, and locate the form from your computer. If you do not have that capability, you may send a signed copy of the form to Ascend by facsimile.

**The admitting facility must submit an updated Level I/LOC on or before the conclusion of the 30 day stay if it is determined that the individual will need nursing home care beyond the 30-day period.**

Ascend will then initiate the Level II evaluation which must, under federal law, be completed by or before the 40<sup>th</sup> calendar day from the individual’s admission to the NF..

**23. Does the admission meet criteria for provisional emergency or provisional delirium**

This means that the individual has been identified as having a Level II condition, and:

- a) There is a sudden unexpected and urgent need for placement (typically) (e.g., loss of a caregiver, loss of a residence, etc.) and lower level of care is not available and/or appropriate
- b) The need is not associated with the presence of a psychiatric conditions alone
- c) Authorization was provided by an appropriate state employee or authorized designee (Ombudsman, Protective Services for the Elderly, DSS, DDS, or the entity assigned by DSS to approve/authorize categorical decisions).

**Required action for Provisional Emergency admissions:**

1. The LOC and Level I forms may be submitted before the admission or up to one business day from the date of admission. When selecting this option on the Level I form, the provider is stating that the

- individual poses no self or others and behaviors/symptoms are stable. The individual's stay is authorized under this criterion for a maximum of seven days before a Level must be conducted.
2. The submitting provider must convey reason for the emergency admission and identify the individual who authorized the placement and the State agency they represent.
  3. The provider must inform Ascend **on the screen** as to whether or not the individual is expected to remain beyond the 7 day timeframe so that Ascend can initiate the Level II evaluation, if appropriate.
  4. If **the individual** is determined not to meet NF LOC, Ascend will provide **notice to the NF and to the Service worker** who initiated the admission. In this circumstance the individual must be discharged within 30 days of the notice of denial.

**Provisional Delirium** means that the individual's cognitive status could not be evaluated because of delirium and the individual may be admitted and evaluated once the delirium clears. The NF provider is permitted **up to 7 calendar days** following admission to submit an updated Level I/LOC so that the Level II may be completed.

**Required action for Delirium Decisions:** Before admission occurs, **the referral source must:**

- a) Provide documentation to the Ascend reviewer that describes and supports the individual's delirium state.
- b) Complete Level of Care and Level I Screens.

**If the individual's admission is approved by the Ascend reviewer, the admitting facility may admit the individual for a period of 7 calendar days.**

- a) If the individual is expected to stay beyond 7 days, by or before the 7<sup>th</sup> day, the NF is required to submit Level I and LOC screens to ensure continued accuracy and to determine whether further evaluation is warranted through the LII process.
- b) If the individual is determined to no longer meet NF LOC, Ascend will provide notice to the NF. In this circumstance the individual must be discharged within 30 days of the notice of denial.

#### **24. Does the admission meet the criteria for Respite admission for up to 30 calendar days?**

**Provisional Admissions in cases of Respite need:** The individual requires respite care for up to 30 days to provide relief to the family/caregiver.

**Required action for Respite Decisions:** Before admission occurs, **the referral source must:**

- a) Provide documentation to the Ascend reviewer that describes and supports the individual's need for respite care.
- b) Complete Level of Care and Level I Screens.

**If the individual's admission is approved by the Ascend reviewer, the admitting facility may admit the individual for a period of 30 calendar days.**

- a) If the individual is expected to stay beyond 30 days, by or before the 30<sup>th</sup> day, the NF is required to submit an updated LI/LOC screen to ensure continued accuracy and to determine whether further evaluation is warranted through the Level II process.
- b) If the individual is determined to no longer meet NF LOC, Ascend will provide notice to the NF. In this circumstance the individual must be discharged within 30 days of the notice of denial.

**25. Does the admission meet criteria for convalescent care for up to 60 days?** This option became available 8/2011. To be eligible, the individual must:

- Be discharging from a medical hospital to a nursing facility after receiving medical (non-psychiatric) services, and;
- Require <60 day treatment in a NF for the same condition for which the individual was treated in the NF, and;
- **The attending physician must certify in writing** that the anticipated length of stay in the NF is not expected to exceed 60 calendar days.

**Required action for Convalescent Care admissions:** The discharging provider must:

- Complete Level of Care and Level I Screens.
- With the Level I, submit a signed physician’s order which certifies that the stay is expected to be 30 days or less. A physician certification form can be printed directly from WEBSTARS™ (hyperlinked in question 22).
- Submit documentation which supports the likelihood of recovery and discharge prior to the conclusion of the 60 day period.

**The admitting facility must submit an updated Level I/LOC on or before the conclusion of the 60 day stay** if it is determined that the individual will need nursing home care beyond the 60-day period. Ascend will initiate the Level II evaluation.

**26. Does the admission meet criteria for categorical NF approval as a result of terminal state or severe illness?**

**Severe Medical illness:** This means that the individual presents with physical symptoms so severe that it would be impossible to benefit from or participate in a program of specialized treatment for his/her MI and/or MR/RC. Examples of conditions typically meeting criteria under this category include: comatose state, ventilator dependence, functioning at the brain stem level, severe and progressed Amyotrophic Lateral Sclerosis (ALS), and severe and progressed Huntington’s disease. The following *may also be considered* under this criterion: COPD (if there is shortness of breath and fatigue with minimal exertion; confusion, cyanosis, and recent signs and symptoms of heart failure; and/or 24-hour oxygen requirements); Parkinson’s (if there is slowness and poverty of movement; muscular rigidity; tremors at rest; and/or postural instability); and/or CHF if symptomatic at rest or with minimal exertion).

**Required action for Severe Illness Decisions:** Before admission occurs, the referral source must:

- Provide documentation to the Ascend reviewer that describes and supports the individual’s severe medical state consistent with the criteria stated above. In addition, information must be provided to confirm the stability of the concomitant mental illness.
- Complete Level of Care and Level I Screens.

**The admitting facility must submit an updated Level I and Level of Care screen to Ascend **only if the severe medical condition improves to the extent that the individual might respond to services** for his/her MI and/or MR/RC.**

**Terminal Status:** The individual’s medical condition results in a prognosis for life expectancy of 6 months or less.

**Required action for Terminal decisions:** Before admission occurs, the referral source must:

- Submit physician documentation which supports the terminal status of the individual. In addition, information must be provided to confirm the stability of the concomitant mental illness.
- Complete Level of Care and Level I Screens.

**The admitting facility must** submit an updated Level I and Level of Care screen to Ascend **only if the severe medical condition improves to the extent that the individual might respond to services** for his/her MI and/or MR/RC diagnosis and/or may potentially be discharged to the community.

#### Section VIII: Guardianship and Physician Information

This information must be provided for all individuals with known or suspected Level II conditions.

#### Section IX: REFERRAL SOURCE SIGNATURE

This must be completed by the individual submitting information for this screen. If faxed to Ascend, all information must be completed and signed.

## VI. Level of Care Instructions

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Information about when a LOC form should be submitted is located in [Section III](#). It is recommended that the referral source gather all screening information prior to initiating the electronic screen. Information is best obtained from several sources – the individual, any family or caregivers, and the treating provider. This information is required by federal and state law and must accurately portray the individual’s diagnoses, service needs, and ADL presentation. The following instructions should be used as a guide for completion.

#### Section I: APPLICATION TYPE

**LOC type** refers to whether the individual is applying for services in a Chronic and Convalescent Nursing Home (CCNH) or Rest Homes with Nursing Supervision (RHNS).

**Screen type** refers to whether the screen is being conducted for an applicant or resident. If a resident, the basis for the screen should be either: Medicaid application, medical improvement, or at the conclusion of a previous short-term LOC approval.

**Expected length of stay:** is asking whether the individual is appropriate for long-term NF LOC or could potentially be discharged anytime by or before six months from the time at which this screen is being conducted.

#### Section II: DEMOGRAPHICS

See instructions for Level I demographics, LOC demographics will be the same.

#### Section III: FUNCTIONAL CAPABILITIES NEEDS ASSESSMENT

1. Using the definitions provided for each **Activity of Daily Living**, choose the single best answer to describe the individual’s support needs. Provide an explanation of all support needs noted to require daily supervision or hands on assistance or rated as total dependence. The explanation is important to provide a means of confirming that the supports you identified are consistent with the selected rating.
2. **Meal preparation.** Choose the single best response to characterize support needs.
3. **Medication Support.** Identify the supports the individual is currently receiving associated with physical capabilities in order to adhere to physician ordered medications. In the second column, identify any additionally needed supports. **Rate compliance issues separately under item #9 of this section.**

4. **Orientation.** Choose the single best answer to rate each type of orientation, from (0) *fully oriented*, (1) *occasionally disoriented and need for prompting and cuing*, to (2) *Disoriented most of the time*.
5. **Memory.** Choose the best single response.
6. **Judgment.** Choose the best single response.
7. **Communication.** Choose the best single response. Choose all applicable responses to identify the individual's typical method of communication.
8. **Vision.** Choose all applicable responses to identify the individual's vision status.
9. **Behaviors.** Choose all applicable responses to identify the individual's behavioral status. Describe the frequency and severity, as well as support needs and interventions associated with behaviors.

Section IV: MEDICAL NEEDS
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1. Medication information is optional & should be provided if medication information is a factor in supporting or clarifying the individual's need for NF level of care and, if so, a medication list (such as a MAR or MD orders) may be faxed in lieu of completing this table).
2. Identify whether the individual's physician has ordered speech therapy, physical therapy, occupational therapy, or respiratory therapy, as well as whether or not the individual has been determined to have restorative potential. If the individual has physician ordered therapy services, identify the start date, frequency, and estimated duration (number of weeks) for each specific physician ordered therapy.
3. Identify whether the individual has either of the following:
  - a. Uncontrolled, unstable, and/or chronic conditions requiring continuous skilled nursing services and/or nursing supervision on a daily basis or has chronic conditions requiring substantial assistance with personal care on a daily basis.
  - b. Controlled and/or stable chronic conditions requiring skilled nursing services, nursing supervision, or assistance with personal care on a daily basis.

If the individual has one of the previously listed conditions, complete items c through f:

- c. Identify qualifying medical condition(s).
- d. Describe any recent fluctuations in medical presentation (e.g., changes in lab values, vitals or levels, increase in frequency of MD visits, etc.)
- e. Describe the nursing services related to the medical condition(s). Include frequency.
- f. Explain why the individual is not able to self-monitor the condition(s). Describe any cognitive and/or physical limitations.

**Detailed responses are important in expediting a determination about the individual's need for CCNH or RHNS level of care. Lack of detail may require phone contact or trigger an on-line request for additional detailed information, thus slowing the process.**

4. **List additional current and/or historical diagnoses not listed previously.** This applies to diagnoses not previously identified in other responses.

Section V: ADDITIONAL COMMENTS
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Provide any important information you think was not adequately addressed in the above sections.

#### Section VI: ATTESTATION

As described in Section 19-13- D(8)(t)(d)(1) of the Public Health Code, attestation that NF LOC is required must be provided by a physician, APRN, or physician assistant. This certification must be signed and dated by the practitioner; telephone and voice orders are not acceptable. **The physician's attestation is hyperlinked under Section VI of the web-based form. This form must be signed and uploaded or faxed to Ascend.** To upload the form, you must have the ability to scan the signed form into your computer. If you have that capability, you may sign on to WEBSTARS™, choose the client's name in your history folder, click 'attach', click browse, and locate the form from your computer.

#### Section VII: REFERRAL SOURCE INFORMATION

This section is completed by the individual submitting level of care information and includes an attestation that the person submitting this form understands that CT DSS considers knowingly submitting inaccurate, incomplete, or misleading LOC information to be Medicaid fraud.

## VII. Level of Care and Level I Forms

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Level of Care, Level I, and *Tracking Change Request* forms may be obtained at [www.pasrr.com](http://www.pasrr.com).