
Frequently Asked Questions (FAQs)

Last updated 8/31/2011

The following are Frequently Asked Questions (FAQs) associated with Connecticut Level of Care and PASRR Level I/II processes. To read to the corresponding response to the questions below, simultaneously hold the control [Ctrl] while clicking the question with your mouse.

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(added 4/29/10)
(updated 3/18/10)

[For how long does a Level I or LOC screen remain valid if the individual is not admitted to a NF?](#)
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- ***What is the contact information for Ascend?***

For questions about the status of a review, sign on to WEBSTARS™ and check your two-week history. For difficulties associated with on-line submissions, assistance with logging in or becoming a web-supervisor, or questions about a pending Level I/LOC review, call 877.431.1388, extension 3281, to speak to an Ascend CT Project Support Specialist. For questions regarding Level II assessments, call 877.431.1388, extension 3357 to speak with the CT Level II Project Support Specialist.

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- ***Who can complete a Level I screen?***

A health care professional, such as a nurse, social worker, physician, or home health agency, **must** complete the clinical portions of the screen. Health care professionals must be working in a professional or clinical capacity and may include LPNs, RNs, and social workers with a B.S. degree or higher. Social service staff is not required to be licensed to submit information. The health care professional may be employed by a hospital, nursing facility, or social service agency. Authorized administrative staff from the facility is permitted to complete **only** the demographic portions of the screen.

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- ***When must a Level I (MI/MR) screen be completed?***

A Level I screen must be completed in the following circumstances

- When an individual is being newly admitted to a NF and a Level I screen has not been completed within the prior 60 day period.
- When a resident of a NF was previously authorized a PASRR short term stay (e.g., an Exempted Hospital Discharge, Provisional Delirium, Emergency, Respite) and that stay is expected to exceed the authorized period.
- When a resident of a NF has experienced a significant [change in status](#) that suggests that a Level II (PASRR) evaluation must be conducted.

A Level I screen **is not necessary** when a Level of Care update is occurring as a result of a previous time limited authorization (unless key information in the previous Level I screen was inaccurate).

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- ***What is the timeframe permitted to Ascend to complete Level I Screens and Level II evaluations?***

The Department of Social Services contracted with Ascend to complete Level I and Level of Care screens within 5 business hours of receipt of information needed to conduct the review. If additional information is needed to complete

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the review and the screen is submitted via the web, the Ascend reviewer will identify the information needed to complete the screen at www.pasrr.com. Otherwise, the request for additional information will be made by phone. Once all necessary information is received, a Level I outcome will be determined by the Ascend nurse reviewer. Outcomes will be posted at www.pasrr.com if the screen was submitted on-line. Otherwise, outcomes will be communicated by phone. Level I outcomes will be either: Level I approval (meaning that the individual is not subject to PASRR), completion of a PASRR categorical or exemption decision (meaning that part or all of the PASRR decision can be made through an abbreviated process), or referral for an onsite Level II evaluation. Once or if an onsite Level II evaluation occurs, the onsite evaluation and subsequent determination report must be completed by Ascend within five business days.

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- ***Do nursing homes need to sign the Level I form when they admit the person?***

A signature by nursing home staff on the Level I form is not required. However, the admitting nursing home staff must ensure that appropriate Level I/II screening has been completed and that the individual was approved by Ascend for admission. The individual who submits the screen (e.g., the discharging hospital) may print copies of all approved screening forms directly from pasrr.com after submitting screening information and may forward approval forms to the admitting facility to show proof of screening. In addition, the admitting nursing home may submit a 'tracking' request to Ascend at pasrr.com. This will trigger Ascend to forward a copy of applicable screening forms.

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- ***Is a release of information required for a Level I?***

No release of information is required for Level I screens.

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- ***Does Ascend have a release of information that the Level II reviewers will use?***

A Release of Information (ROI) is not required, but Level II evaluators have been provided with a ROI form in the event that the provider requests its use. If a facility procedure requires use of its own ROI form, Ascend's assessors will most willingly use those in lieu of the Ascend ROI.

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- ***Is the name of the admitting NF definitely required on a Level I if there is no need for a Level II?***

No, the admitting NF name is required only if the individual has a Level II condition.

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- ***If a current NF resident goes to the ED for a psychiatric exacerbation, what needs to happen before they can return to the NF?***

A current NF resident may be readmitted to the NF following an ED visit for psychiatric exacerbation or an admission to an inpatient psychiatric unit without a PASRR evaluation. However, once the individual is readmitted to the NF, NF staff must submit an updated Level I screen via WEBSTARS™ to report the symptom exacerbation and to determine whether a status change Resident Review evaluation must be conducted. Status change reporting is required under federal law for NF residents with mental illness, mental retardation, and related conditions/developmental disabilities. A status change may include any or all of the following:

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

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- ***Level I, Section VII: Categorical Decisions and Exempted Hospital Discharge: Do I need to complete this section?***

These sections were developed by the Centers for Medicare and Medicaid Services (CMS) as a way to bypass or more quickly expedite PASRR requirements **for certain individuals with mental illness (MI), mental retardation (MR), and Related Conditions (RC)**. Among those are:

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- **Exempted Hospital Discharge (EHD):** Applies to individuals with MI, MR, and/or RC being admitted to a NF for 30 days or less following a medical (non-psychiatric) inpatient stay. The EHD applies when an individual has a known or suspected MI and/or MR/RC and is being discharged from a **medical hospital stay for a medical condition** and is expected to need NF care for at or under 30 days. The **individual's behaviors/psychiatric condition must be stable**. *Examples:* An appropriate admission would include a person with a schizophrenia diagnosis who is recuperating from a surgical procedure, needs ST rehabilitation before s/he can return to his home, and is and has been psychiatrically stable for several months. However, a person who has recently been acutely psychotic and/or suicidal and who becomes ill while being treated for his/her psychiatric disorder would be inappropriate for an EHD request. Likewise, a person who is being treated for medical complications associated with a recent suicide attempt is inappropriate for an EHD admission. ***It is crucial that that these rules be followed in order to avoid risk to the individual, facility, and facility residents.*** In order to request an EHD decision, the following must occur:
 - 1) The individual must have a known or suspected MI and/or MR/RC.
 - 2) A LOC screen (Health Screen) is not required. (Prior to 4/11, a LOC screen was required if the individual was ≥ 65 and Medicaid active, eligible, or pending).
 - 3) The hospital must forward a MD/APRN signed [Practitioner Certification Form](#) to Ascend and the admitting NF that 30 or fewer days of NF will be required. A [Practitioner Certification Form](#) is located at <http://www.ascendami.com/pasrr/Connecticut/print.asp>. Also see the FAQ addressing [weekend admissions using the Exempted Hospital Discharge](#).
 - 4) The admitting NF must update Level I and LOC screening if the individual's stay is expected to exceed 30 days and before the 30th day.
- **Provisional Emergency:** The individual has been identified as having a Level II condition, there is an urgent need for NF services due to the individual's medical needs (excludes need associated with psychiatric conditions alone), lower level of care is not available and/or appropriate, and the authorization was provided by an appropriate state employee or authorized designee (Ombudsman, Protective Services Worker, DSS, DDS, or the entity assigned by DSS to approve/authorize categorical decisions). In these cases, the facility must update the Level I/LOC processes to reassess LOC and determine need for assessment through the Level II. If determined not to meet NF criteria, s/he must be discharged. If determined to meet NF LOC, the Level II evaluation will be initiated.
 - 1) The individual must have a known or suspected MI and/or MR/RC.
 - 2) A LOC screen (Health Screen) is required.
 - 3) Authorization must be provided by an appropriate state employee or authorized designee (Ombudsman, Protective Services Worker, DSS, DDS, or the entity assigned by DSS to approve/authorize categorical decisions).
 - 4) The hospital must forward a MD/APRN signed [Practitioner Certification Form](#) to Ascend.
 - 5) The admitting NF must update Level I and LOC screening if the individual's stay is expected to exceed 7 days and before the 7th day.
- **Provisional Delirium:** individuals with MI and/or MR with delirium that precludes the ability to make accurate diagnoses. The individual is admitted to a NF for 7 days. The NF must update the LOC and Level I screens by the 7th calendar day.
 - 1) The individual must have a known or suspected MI and/or MR/RC.
 - 2) A LOC screen (Health Screen) is required.
 - 3) The hospital must forward a MD/APRN signed [Practitioner Certification Form](#) to Ascend.

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- 4) The admitting NF must update Level I and LOC screening if the individual's stay is expected to exceed 7 days and before the 7th day.
- **Respite:** The individual requires respite care for up to 30 calendar days to provide relief to the family or caregiver. The referral source must submit a Level of Care (LOC) form which must be approved by Ascend before the admission can occur & there cannot be risk to the individual or others. The NF complete new Level I and NF Level of Care screens at such time that it appears the individual's stay will exceed 30 days.
 - 1) The individual must have a known or suspected MI and/or MR/RC.
 - 2) A LOC screen (Health Screen) is required.
 - 3) The hospital must forward a MD/APRN signed Practitioner Certification Form to Ascend.
 - 4) The admitting NF must update Level I and LOC screening if the individual's stay is expected to exceed 30 days and before the 30th day
 - **60 Day Convalescent Care Categorical Decision:** A temporary stay, physician certified as 60 or fewer days, for an individual admitted from a hospital to a NF to convalesce **specifically for the condition in which s/he was hospitalized**. If the individual is determined to need nursing home care beyond the 60 day period, and as soon as that decision occurs, s/he must be evaluated through the Level II process. A signed physician's statement is required attesting to these criteria. This option excludes psychiatric discharges and applies only for continuing treatment of a medical condition. The referral source must submit a Level of Care (LOC) form which must be approved by Ascend before the admission can occur & there cannot be risk to the individual or others. The NF complete new Level I and NF Level of Care screens at such time that it appears the individual's stay will exceed 30 days.
 - 1) The individual must have a known or suspected MI and/or MR/RC.
 - 2) A LOC screen (Health Screen) is required.
 - 3) The hospital must forward a MD/APRN signed Practitioner Certification Form to Ascend.
 - 4) The admitting NF must update Level I and LOC screening if the individual's stay is expected to exceed 60 days and before the 60th day
 - **Terminal:** Prognosis of life expectancy of ≤ 6 months (records supporting the terminal state must accompany the screen and current risk to self or others and behaviors/symptoms are stable);
 - 1) The individual must have a known or suspected MI and/or MR/RC.
 - 2) A LOC screen (Health Screen) is required.
 - 3) The hospital must forward a MD/APRN signed Practitioner Certification Form to Ascend.
 - 4) The admitting NF must update Level I and LOC screening if a change occurs such that the individual no longer meets the terminal category.
 - **Severe illness:** Coma, ventilator dependent, brain-stem functioning, progressed ALS progressed Huntington's etc. so severe that the individual would be unable to participate in a program of specialized care associated with his/her MI and/or MR/RC (documentation of the individual's medical status must accompany the screen).
 - 1) The individual must have a known or suspected MI and/or MR/RC.
 - 2) A LOC screen (Health Screen) is required.
 - 3) The hospital must forward a MD/APRN signed Practitioner Certification Form to Ascend.
 - 4) The admitting NF must update Level I and LOC screening if a change occurs such that the individual no longer meets the severe illness category.

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- ***Can a person with a Level II condition be admitted to a NF over the weekend?***

As of 2/23/10, the DSS will permit a person with a Level II condition to be admitted to a NF if s/he meets Exempted Hospital Discharge Criteria. The Exempted Hospital Discharge (EHD) applies only to individuals with mental illness (MI), mental retardation (MR), and/or related conditions (RC) to mental retardation who are being admitted to a NF for 30 days or less following a medical (non-psychiatric) inpatient stay. In the prior process, many hospitals referred to the EHD as a 'short term stay request'. The EHD applies when an individual has a known or suspected MI and/or MR/RC and is being discharged from a medical hospital stay for a medical condition and is expected to need NF care for at or under 30 days. The **individual's behaviors/psychiatric condition must be stable**. *Examples:* An appropriate admission would include a person with a schizophrenia diagnosis who is recuperating from a surgical procedure, needs ST rehabilitation before s/he can return to his home, and is and has been psychiatrically stable for several months. However, a person who has recently been acutely psychotic and/or suicidal and who becomes ill while being treated for his/her psychiatric disorder would be inappropriate for an EHD request. Likewise, a person who is being treated for medical complications associated with a recent suicide attempt is inappropriate for an EHD admission. ***It is crucial that that these rules be followed in order to avoid risk to the individual, facility, and facility residents.*** In order to request an EHD decision, the following must occur:

- 1) The individual must have a known or suspected MI and/or MR/RC.
- 2) A **LOC screen (Health Screen) is not required**. Prior to 5/11, a LOC was required if the individual was 65 and older and Medicaid active, eligible, or pending.
- 3) The hospital must forward a MD/APRN signed [Practitioner Certification Form](#) to Ascend and the admitting NF that 30 or fewer days of NF will be required. A [Practitioner Certification Form](#) is located at <http://www.ascendami.com/pasrr/Connecticut/print.asp>

If the individual's stay is expected to exceed 30 days, the admitting facility must complete a LOC and updated Level I screen by or before the 30th day.

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- ***Who can complete the Level of Care screen?***

A health care professional, such as a nurse, social worker, physician, or home health agency, **must** complete the clinical portions of the screen. Health care professionals must be working in a professional or clinical capacity and may include LPNs, RNs, and social workers with a B.S. degree or higher. Social service staff is not required to be licensed to submit information.

The health care professional may be employed by a hospital, nursing facility, or social service agency. Authorized administrative staff from the facility is permitted to complete **only** the demographic portions of the screen.

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- ***What is a retrospective Level of Care and what is the process for submitting a retrospective Level of Care?***

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

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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 section titled "II. Application Type". It contains several sections with radio button options:

- LOC Type:** Chronic and Convalescent Nursing Home, Rest Home with Nursing Supervision
- Screen Type:** Applicant, Resident/applying for LTC Medicaid, Resident/Medical improvement, Resident/Prior ST Decision
- Expected length of stay:** Long Term, Short Term Estimated at (# of days): < 30, 30-60, 60-90, 90-120

A red oval highlights the "Nursing Home Retrospective" section, which includes:

- A checkbox: I am requesting a post hoc review of this individual's NF LOC status for the period between these dates:
- Fields for "Begin:" and "End:" with a "- or -" separator.
- A checkbox: This request is for approval for continuing care in the NF (mark expected length of stay above).
- A text field: "The reason this Retrospective LOC Review is needed is: []"

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.

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- ***Is a retrospective LOC screen required when a person was previously approved for a 30 day stay (such as Exempted Hospital Discharge) and is discharged before the 30th day?***

If the individual was admitted under an Exempted Hospital Discharge, the signed [Practitioner Certification Form](#) must have been submitted by the hospital to Ascend at the time of the individual's admission to the NF. The [Practitioner Certification Form](#) is located at <http://www.ascendami.com/pasrr/Connecticut/print.asp>. That initial Exempted Hospital Discharge would cover the individual's stay. If the individual does not remain in the NF beyond the authorized period, further screening is not required.

If the individual remains in the NF beyond 30 days, updated LOC and Level I screens must be submitted. This will confirm whether or not a PASRR Level II evaluation is required as well as whether the individual meets NF LOC. A signed [Practitioner Certification Form](#) must also be submitted at the time of the updated screen.

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- ***How does a NF receive Medicaid payment for a NF resident?***

A Level of Care (LOC) Screen must be approved before a NF resident is eligible for Medicaid payment. The LOC Screen is different from the Level I Screen.

Hospital staff typically completes the LOC Screen for individuals in both of the following applicants:

- NF applicants ≥ 65 years of age who are Medicaid active, eligible or pending
- NF applicants who have suspected or known mental illness and/or intellectual/developmental disabilities

Nursing home staff must complete a LOC screen for individuals in each of the following residents:

- Residents of any age for whom Medicaid may be needed (when a LOC screen was not completed by the hospital staff)
- Residents of any age applying for Medicaid benefits (when a LOC screen was not completed by the hospital staff)
- Residents who require an updated or first time PASRR Level II evaluation

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- ***What is the timeframe permitted to Ascend to complete Level of Care Screens?***

The Department of Social Services contracted with Ascend for clinical reviewers to complete Level of Care screens within 5 business hours of receipt of information necessary to conduct the review. Within that timeframe an outcome will be determined by the Ascend nurse reviewer. If additional information is needed and the screen was submitted via the web, the Ascend reviewer will identify the information needed to complete the screen on WEBSTARS™ at www.pasrr.com. Level of Care outcomes will be posted at www.pasrr.com if the screen was submitted on-line.

Otherwise, outcomes will be communicated by phone. Outcomes will be the following: Level of Care approval (meaning that the individual meets NF level of care criteria and all required information has been submitted to Ascend), Level of Care Pending Approval (meaning that the individual meets NF level of care criteria but all required information, such as

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the MD signature on the Level of Care form, has not been submitted to Ascend), or; Potential Denial/MD Deferral (meaning that the submitted information does not appear to meet NF level of care criteria and an Ascend physician reviewer will make the final determination).

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- ***LOC Forms: Is a LOC form necessary for an individual with Medicaid benefits who is less than age 65 if the Level I screen is negative?***

A LOC form is required for:

- A NF **applicant** who is ≥ 65 Medicaid active, eligible, or pending,
- A NF **applicant** who has a Level II condition,
- Any NF **resident** of any age who is Medicaid active, eligible, or pending if
 - Regardless of age, once admitted to a NH, is seeking Medicaid coverage for the NF stay. The NF is responsible for submitting the LOC screen.
 - Resident is applying for Medicaid, although the resident admitted under another payer source
- Any NF **resident** who has a Level II PASRR condition

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- ***Who is responsible for completing a LOC form for individuals under age 65, seeking nursing home Medicaid payment?***

When an individual under 65 years of age is in a nursing home and Medicaid payment is being sought, it is the **responsibility of the nursing home** to complete the LOC form.

- ***What information should be entered under the Medical Diagnostics section of the LOC form?***

Admitting Diagnosis: List the diagnoses for which the individual needs assistance or will receive treatment while in a SNF or why the individual admitted to the hospital for treatment

Medical History: All medical diagnoses for which the individual has received treatment

Describe in more detail under the ADL section: For each ADL rated 1, 2, or 3, describe assistance needed, including frequency and reason for support needs (including physical and cognitive). If applicable, include details about tube feedings, IV fluids, fluid monitoring, catheter or ostomy care, mobility aids, transfer aids, and incontinence care

Describe in more detail under the medication supports section: If support needs were selected, describe the reason for the needed support and either complete Section IV.1 or fax or upload a copy of the medication list (e.g., MAR or MD orders)

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- ***Denials: If an individual's NF LOC is denied, who pays for his/her stay?***

A denial means that an individual is not appropriate for NF LOC and that Medicaid will no longer reimburse the NF for the individual's care. It is the responsibility for the NF to discharge the individual; however, the DMHAS will also be notified of individuals with mental illness who have been denied NF LOC.

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- ***How do I obtain my user name and/or password?***

Contact your facility's web supervisor to obtain your user name and password. If you are the supervisor and forgot your user name and password, contact Ascend at 877-431-1388 ext 3281. If you need to register as a web supervisor, contact Ascend (877-431-1388 ext 3281). If you need to add an additional user for your facility, contact your web supervisor and have him/her to review the [Supervisor Registration Instructions](#) (available on pasrr.com under *Supervisor Tools*) to add additional users.

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- ***Must all Level I and Level of Care screening information be submitted on-line at www.pasrr.com?***

All hospitals and nursing facilities with web-access are required to submit online screening information unless technical difficulties are experienced by the submitter. In the event of technical difficulties, the submitter should contact Ascend toll free at 877.431.1388, extension 3358. Facilities without web-access may submit screening information via facsimile to 877.431.9568.

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- ***What do the Level I screen types (Preadmission, Status Change, and Conclusion of a Time Limited Stay) mean?***

- **Pre-Admission** – the individual is seeking NF placement from the community or a hospital and is not a current resident of a NF
- **Status Change** – the individual is a NF resident (although s/he may be in a hospital or in the NF setting at the time of the screen). The individual is believed or known to have a mental illness, developmental disability, or intellectual disability and has experienced a significant change.
- **Conclusion of a Time Limited Approval** – The individual is a NF resident whose previous Level II evaluation resulted in a time-limited approval.

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Frequently Asked Questions (FAQs)

- ***What do the various LOC screen types mean?***

- **Applicant** – the individual is seeking NF placement from the community or a hospital and is not a current resident of a NF.
- **Resident/applying for LTC Medicaid** – the individual is a NF resident who is eligible or pending Medicaid coverage and has not had a previous LOC review.
- **Resident/medical improvement** – the individual is a NF resident who has had a previous LOC approval, but has had significant medical improvement and the submitting facility is updating Ascend of that improvement.
- **Resident/prior short-term decision** – the individual is a NF resident who has had a previous short-term LOC approval and the submitting facility is requesting extended NF care

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- ***Will I need to type each medication for the Level I and Level of Care screens or may I attach an MAR or other form of medication list?***

You may upload and attach an MAR for the **Level of Care** screen only. However, it is important that the **Level I screen** contain all psychoactive/antidepressant medications prescribed for the individual in order to enable the database to determine need for further screening. The Level I, however, contains drop-down options to help expedite that process for you.

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- ***When is a physician signature required on screening information and how should that signature be forwarded to Ascend?***

An MD, APRN, or PA signature is required in the following circumstances:

- 1) **Level of Care/LOC:** The signed [Practitioner Certification Form](#) must be submitted to Ascend at the time of the LOC screen. The [Practitioner Certification Form](#) is located at <http://www.ascendami.com/pasrr/Connecticut/print.asp>. A pdf of the form may be uploaded and attached to the patient's file at pasrr.com once the screen is complete or faxed to 1-877-431-9568.
- 2) **Level I:** If a request is made for an [Exempted Hospital Discharge](#) or for a 60 day [Convalescent Care Categorical Decision](#) is made.

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- ***Will I be the only one from my agency that can view online screens I submitted?***

No, any authorized staff at a facility may view screening information for persons at that facility. Staff is authorized by a supervisor at that facility and will be designated by the facility supervisors as either clinical or administrative. Administrative staff may **only** enter demographic screening information. Clinical staff (such as nurses, social workers, physicians) **must** enter all clinical information. When the screen is submitted, a clinical staff member from the facility must review the completed screen and attest to the accuracy of all information entered on the screen.

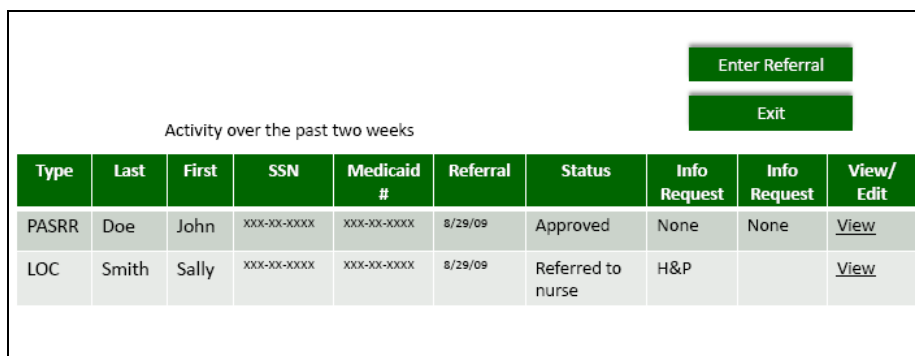
Frequently Asked Questions (FAQs)

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- **How will I know the status of a screen I submitted to Ascend?**

For on-line screens, 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. Some Level I reviews and all LOC reviews will require further involvement by an Ascend clinician.

When you sign onto www.pasrr.com, you will have the ability to view the status of all screens submitted for the previous two week period. The status bar will let you know whether any additional information is needed from you (under *info requests*) and the disposition of the review. When a screen is *approved* under the status, you may print the screening outcome as described in the following question. If the screen was submitted by fax, the outcome will be provided by phone.



Activity over the past two weeks

Type	Last	First	SSN	Medicaid #	Referral	Status	Info Request	Info Request	View/Edit
PASRR	Doe	John	XXX-XX-XXXX	XXX-XX-XXXX	8/29/09	Approved	None	None	View
LOC	Smith	Sally	XXX-XX-XXXX	XXX-XX-XXXX	8/29/09	Referred to nurse	H&P		View

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- **If a screen has been approved, what information will I receive from Ascend to verify the approval?**

The person who submitted the screen and his/her supervisor should click *view* under *view/edit*. You will then see the approval below.



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 process, regardless of the outcome (e.g., Level I/LOC approved, Level II required, denial, etc.), the submitter may print the completed screen for the client's record. If a Level II is required, the same process applies, and the referral source may print the final Level II outcome from WEBSTARS™ once the evaluation is completed.

Frequently Asked Questions (FAQs)



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- ***If both a Level I and a Level of Care are required, will demographics auto populate from one screen type into the other?***

Yes. If the submitter selects the screening type option of 'Level I and Level of Care screens combined', all demographics and replicated items from one form will auto populate on the other form.

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- ***Discharge Date: Can I complete an online screen without a date of discharge?***

Yes. If the individual requires a Level II evaluation (has a positive Level I screen), then information on the admitting facility name and date will be required before the final approval occurs.

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- ***Locked File: There are multiple users in my facility that enter on-line information. Someone entered a portion of a screen and a second user was unable to access the file because it was reported to be locked. What do I do?***

The first user either failed to log out of the system or to shut his/her browser. It is very important that both occur in order to enable the second user to enter data.

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- ***Printing: When I print, sections of the form are cut off.***

This is likely because you are printing from the browser rather than from the print queue. Choose the print screen button circled below.

Frequently Asked Questions (FAQs)



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- ***Pending: What does pending mean?***

Pending means that a decision has not been made for the referred individual. Look under your screening history to determine whether information has been requested about/for that individual.

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- ***What does “Holding for Information” mean?***

The Ascend clinician is requesting additional information in order to make a decision. To view the request, click on the “View” tab next to the individual’s status of “Holding for info.” The clinician will note what information s/he is requesting.

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- ***What do the abbreviations mean in the communication I received from the Ascend nurse?***

HE or EHD – Hospital Exemption or Exempted Hospital Discharge

L1 – Level 1 PASRR

MAR – Medication Administration Record

Dx – diagnosis

DC – discharge

H/O – history of

PT – Physical Therapy

ST – Speech Therapy

MR – Mental Retardation

LVM – Left voice mail

LOC – Level of Care

PMH – Patient’s Medical History

MDS - Minimum Data Set

Tx – treatment

D/O – Disorder

SI/HI – Suicidal Ideation, Homicidal Ideation

OT – Occupational Therapy

MMI – Major Mental Illness

RC – Related Condition

- ***Access: Who has access to view submitted information from my facility?***

Currently anyone from your facility has access. That multi-viewer access was requested by the DSS.

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Frequently Asked Questions (FAQs)

- ***Corrections/Additions: since we submitted information, we have learned that some of our responses are incorrect. How do we make changes?***

Changes cannot be made in submitted data; however, corrections can be noted in the information box at the end of the screen.

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- ***What is the purpose of the reports located at the bottom of my work page entitled short-term LOC and short-term Level II reports?***

These reports contain the names of individuals where a hospital indicated that the person is admitting to your NF –and- the individual’s stay is authorized to be short-term (either through the LOC or the Level II determination).

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- ***How can I remove the name of a person from one of the short-term reports?***

Submit a tracking request indicating the person’s discharge date and location. Tracking information can be submitted online at pasrr.com.

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- ***What will show in my history?***

Your history shows your previous screening activity. Information contained includes:

- Active reviews – screens that are pending/saving (have not been fully reviewed)
- Completed reviews – screens where outcomes have been provided
- Pending admitting information – reviews that have no reported admitting nursing facility and admit date-
It is important to update this section regularly

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- ***Are tracking submissions reflected in my history?***

No. Your history shows Level I and LOC submissions only.

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- ***WEBSTARS™ indicates I cannot submit the screen because I have a pending review. What do I need to do in order to submit the screen?***

Frequently Asked Questions (FAQs)

WEBSTARS™ only allows one screen for each individual. If you previously submitted a Level I or LOC screen individually (without selecting the combined screen) and are attempting to submit the alternative screen on the same individual, you will receive this message. An Ascend reviewer must review the pending screen and place it in the “Holding for information” status before the second screen may be submitted. If you have saved the review, you will need to submit the information and contact Ascend so that the initial screen can be placed on hold (877-431-1388 ext 3281). This will enable you to submit the second screen. Alternatively, you may contact Ascend and ask that the initial screen be deleted. Once deleted, you will be able to select the combined screen and re-submit all information online in one screen.

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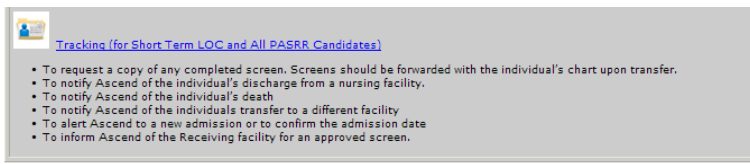
- ***Why can't I print a Level II outcome when WEBSTARS™ shows the evaluation to be in the completed reviews section?***

You will first receive via fax an abbreviated notice from Ascend indicating the outcome of the evaluation. Once the summary of findings report is completed, you may print that information from your history.

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- ***Tracking: Who should complete a tracking form?***

A tracking form should be submitted by the admitting NF whenever a resident with a Level II condition is admitted, transfers, is discharged, or expires. The discharging hospital should forward a copy of Level I and LOC screens, as applicable, to the admitting facility. The admitting facility may request a copy of the screen if the hospital does not forward a copy of the outcomes.



[Tracking \(for Short Term LOC and All PASRR Candidates\)](#)

- To request a copy of any completed screen. Screens should be forwarded with the individual's chart upon transfer.
- To notify Ascend of the individual's discharge from a nursing facility.
- To notify Ascend of the individual's death
- To notify Ascend of the individual's transfer to a different facility
- To alert Ascend to a new admission or to confirm the admission date
- To inform Ascend of the Receiving facility for an approved screen.

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- ***When a screen with a short-term LOC or Level II approval is approaching the end of the allotted approved days, what do I need to submit?***

If the short-term approval occurred for a Level II evaluation, submit a new Level I and a LOC screen. If the short-term approval occurred for a LOC evaluation and there have been no significant changes to the Level I screen, submit an updated LOC screen.

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Frequently Asked Questions (FAQs)

- ***What are the procedures for admitting someone from out-of-state to a Connecticut NF?***

The Connecticut Level I screen must be completed and submitted to Ascend for all applicants to Connecticut Medicaid certified nursing facilities. Forward the appropriate forms to either the out-of-state facility or the primary care physician and ask them to send the completed forms back to your facility. The out-of-state facilities and doctors in the community do not have access to Ascend's web based system (WEBSTARS™) nor have they received training on how to use WEBSTARS™. Once you receive the completed forms, input the information into WEBSTARS™ and note in the additional comments section the name of the source that provided the information on the forms. If you have any supporting documents (i.e. attestation or MAR), upload or fax them to Ascend (877-431-9568). If a Level II is required, Ascend will work with the discharging facility to obtain Level II information.

If the individual is a Connecticut resident age 65 or older and is Medicaid active, eligible or pending, then a CT LOC must also be submitted to Ascend.

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- ***What is the process for weekend admissions?***

The DSS permits weekend admission if:

1) **For persons under 65 years of age –and- persons 65 and older who are not currently Medicaid active, eligible or pending:**

- a. The provider submits the Level I online at www.pasrr.com.
- b. If the Level I is approved by WEBSTARS™ (or determined to have a PASRR condition that meets Exempted Hospital Discharge), the submitter may print the automated approval notice and forward a copy to the admitting NF to show verification of screening. If WEBSTARS™ indicates further review is required by an Ascend clinician, the admission cannot occur until further notification from Ascend.
- c. If the individual is not approved by WEBSTARS™, the submitter may not proceed with the admission.

2) **For persons 65 years of age and older who are currently Medicaid active, eligible or pending:**

- a. The provider submits the Level I online at www.pasrr.com.
- b. If the Level I is approved by WEBSTARS™ (or determined to have a PASRR condition that meets Exempted Hospital Discharge), the submitter may print the automated approval notice and forward a copy to the admitting NF to show verification of screening. If WEBSTARS™ indicates further review is required by an Ascend clinician, the admission cannot occur until further notification from Ascend.
- c. The admitting and discharging facility communicate level of care information. The admitting facility accepts responsibility for ensuring that the individual meets state criteria for NF admission.
- d. The discharging facility should complete the LOC and submit to Ascend. For submissions sent after normal business hours, the facility should receive an outcome the next business day. The receiving facility may be requested to provide additional information to Ascend, as needed, in order to complete the LOC.

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- ***Differences in forms on-line and in forms provided at www.pasrr.com: Why are the online and printable forms different?***

The forms contain the same content. Their content is ordered differently simply because of programming (to enable the user to avoid entering data twice).

Frequently Asked Questions (FAQs)

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- ***Withdrawn Applicant: What should I do if the individual is no longer seeking NF application after I submit the screen?***

The note section in the screen is the location where you communicate any changes to Ascend. When our reviewers review that section, they will make changes accordingly.

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- ***Home Care Forms: Am I still required to complete the financial forms on all individuals over age 65?***

Yes, these can be completed on-line while completing a screen.

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- ***Readmissions: Is a readmission subject to PASRR Level I and/or Level II?***

Readmission when the individual is medically hospitalized

An individual readmitting to the same or a different NF following a medical hospitalization is permitted readmission without an intervening PASRR Level I screen/Level II evaluation if the individual does not leave the NF/hospital system (is not discharged to a lower level of care).

Readmission when the individual is psychiatrically hospitalized

An individual readmitting to the same or a different NF following a psychiatric hospitalization is also permitted readmission without an intervening PASRR Level I screen/Level II evaluation if the individual does not leave the NF/hospital system. However, a psychiatric admission must be reported to Ascend by the NF once the individual is readmitted through an updated Level I screen. A psychiatric admission may be considered a significant change in status.

Readmission when the individual was discharged to a community setting

If the individual is readmitted to the same or a different NF, 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 time 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 time 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 and, if appropriate, new Level II, must be completed.
 - 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

Frequently Asked Questions (FAQs)

with Ascend to determine whether an emergency categorical decision could be applied. (Note: this is a new procedure implemented 5/1/11).

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- ***For how long does a Level I or LOC screen remain valid if the individual is not admitted to a NF?***

If the individual has not been admitted to a NF within 60 days of completion of a Level I and/or LOC screen, a new Level I and/or LOC must be completed.

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- ***How do I know if an individual is Medicaid eligible?***

For all CT residents age 65 and older, a “Connecticut Home Care Program for Elders, Home Care Request Form” application must be completed. Income and assets are used to determine whether the individual is Medicaid eligible. Financial limits are specified at the end of the form, which requests income and asset information for the individual you are screening and specifies for you those assets that are and are not counted to arrive at the Medicaid income limits. If an individual falls at or below those income limits after calculating their countable assets, then the individual is considered Medicaid eligible. This information must be obtained from the individual and, after you have determined those countable assets, you will check either ‘I may be financially eligible...’ or ‘I am not eligible and do not need further information’. If the referral source believes the individual to be eligible, s/he should specify the individual’s income and assets, as well as combined assets if the individual has a spouse, and then complete a Level of Care form.

The Home Care application is located in WEBSTARS™ as part of the Level I screen. The application may be opened by checking the box circled below. That box is located immediately above ‘Review Type’.

The screenshot shows a web form with the following sections:

- D. Current Location:** Radio buttons for Medical Facility, Psychiatric Facility, NF, Hospital ED, Community, and Other.
- Location Name:** A dropdown menu.
- Location Address:** A checkbox for "Check here if location address is the same as the individual mailing address." followed by input fields for Street, City, State, and Zip.
- Admission Date:** An input field and a checkbox for "Admission Date N/A".
- E. Nursing Facility Admission Information:** A dropdown menu for "Admitting Facility", an input field for "Admission Date", and a label for "Admitting Facility Address".
- Check this box to fill out the Home Care Program For Elders if the individual is 65 or older.** This checkbox is circled in red.
- Review Type:** Radio buttons for "New Admission", "Status Change", and "Conclusion of a Time Limited Approval".
- Section I: MENTAL ILLNESS**