


How to Submit Tracking through WEBSTARS

<p>1. Go to www.pasrr.com and login at the Blue Padlock icon.</p>																					
<p>2. When you login, you will see your two-week activity. To the right of that list, click the button labeled "Tracking Form".</p>	<p style="text-align: center;">PASRR Activity for the Past 2 Weeks</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #003366; color: white;">Last Name</th> <th style="background-color: #003366; color: white;">First Name</th> <th style="background-color: #003366; color: white;">SSN</th> <th style="background-color: #003366; color: white;">Medicaid#</th> <th style="background-color: #003366; color: white;">Assessment Date</th> <th style="background-color: #003366; color: white;">Status</th> <th style="background-color: #003366; color: white;">Additional Info Request Date</th> <th style="background-color: #003366; color: white;">Additional Info Requested</th> <th style="background-color: #003366; color: white;">Additional Info</th> <th style="background-color: #003366; color: white;">View/Edit</th> </tr> </thead> <tbody> <tr> <td colspan="10" style="text-align: right; padding-right: 10px;"> <input type="button" value="Enter Level I Form"/> <input type="button" value="Tracking Form"/> <input type="button" value="Exit"/> </td> </tr> </tbody> </table>	Last Name	First Name	SSN	Medicaid#	Assessment Date	Status	Additional Info Request Date	Additional Info Requested	Additional Info	View/Edit	<input type="button" value="Enter Level I Form"/> <input type="button" value="Tracking Form"/> <input type="button" value="Exit"/>									
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<p>3. Fill in the Tracking Form.</p>	<div style="background-color: #003366; color: white; padding: 5px; border: 1px solid black;"> NEBRASKA NURSING FACILITIES TRACKING FORM </div>																				
<p>4. You will need to fill in the client's name, social security number, and birth date.</p>	<p>Resident/Applicant Demographic information:</p> <p>Last Name: <input type="text"/> First Name: <input type="text"/> MI: <input type="text"/></p> <p>SSN: <input type="text"/> DOB: <input type="text"/> (mm/dd/yyyy)</p>																				
<p>5. Indicate why you are submitting tracking, including whether you need a copy of existing screens on the individual.</p>	<p>Section I: Purpose of Tracking Form submission (relevant to Level II individual only)</p> <p><input type="checkbox"/> I am not requesting screening information. Purpose is to notify DDM Ascend of a new admission.</p> <p><input type="checkbox"/> I am not requesting screening information. Submission is to notify DDM Ascend of transfer, discharge or deceased information (applies only to residents who have been previously evaluated through the Level II PASRR process).</p> <p><input type="checkbox"/> I would like to request a copy of screening information.</p> <p>Specify: <input type="checkbox"/> Level I <input type="checkbox"/> Level II</p>																				
<p>6. Indicate the type of request you are making. Is this a new admission or a transfer? Are you reporting a death, or a discharge?</p>	<p>Section II: TYPE OF REQUEST: Please specify what type of request you are issuing.</p> <p><input type="checkbox"/> Client is a new admission <input type="checkbox"/> Client is being transferred</p> <p><input type="checkbox"/> Client is being discharged <input type="checkbox"/> Client is deceased</p>																				
<p>7. Based on your response in Section II, you will fill out the corresponding part of Section III regarding admission/transfer, discharge, or deceased. Be prepared to supply dates for admissions, discharges, and deceased individuals in addition to current location or receiving facility.</p>	<p>Section III: TRANSFERRED, DISCHARGED, DECEASED, RESIDENTS: Please complete for residents who have received previous screens, to provide tracking information. (Please fax to DDM Ascend as changes occur.)</p> <p>A. NEW ADMISSION OR TRANSFER</p> <p>Admission date: <input type="text"/> (mm/dd/yyyy)</p> <p>Admitting Facility: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/></p> <p>Contact Person: <input type="text"/> Telephone: <input type="text"/></p> <hr/> <p>(NOTE: DDM ASCEND MUST BE NOTIFIED IF THE INDIVIDUAL IS EXPECTED TO RETURN TO THE NURSING FACILITY)</p> <p>B. DISCHARGE: Discharge date: <input type="text"/> (mm/dd/yyyy)</p> <p>Discharged to:</p> <p><input type="checkbox"/> Hospital/General Medical Unit <input type="checkbox"/> Hospital/General Psychiatric Unit</p> <p><input type="checkbox"/> Lower Level of Care <input type="checkbox"/> Home</p> <p><input type="checkbox"/> Other (specify below): <input type="text"/></p> <hr/> <p>C. DECEASED: Date: <input type="text"/> (mm/dd/yyyy)</p>																				
<p>8. Provide your facility and contact information, and then press the submit button to send your request to DDM Ascend.</p>	<p>Submitted by: Amy Gantt Facility: <input type="text"/></p> <p>Telephone: <input type="text"/> Fax #: <input type="text"/></p> <p style="text-align: center;"><input type="button" value="Submit"/></p>																				
<p>9. If anything is highlighted pink, you didn't answer all necessary questions.</p>	<p>Section II: TYPE OF REQUEST: Please specify what type of request you are issuing.</p> <p><input type="checkbox"/> Client is a new admission <input type="checkbox"/> Client is being transferred</p> <p><input type="checkbox"/> Client is being discharged <input type="checkbox"/> Client is deceased</p>																				
<p>10. When the form is successfully submitted to DDM Ascend, you will see a message that it has been successfully submitted.</p>	<div style="border: 2px solid black; padding: 5px;"> <p style="background-color: #ffff00; margin: 0;">Tracking has been submitted successfully.</p> <p style="background-color: #003366; color: white; margin: 0;">NEBRASKA NURSING FACILITY</p> </div>																				