



PASRR Level I Screening Guide

*A comprehensive training for completing Arizona's revised
PASRR Level I Screening Tool*



Background: PASRR Level I Screening Tool Changes.

In January of 2017 a new Level I PASRR Screening Tool was developed as a result of a review and recommendations by the PASRR Technical Assistance Center (PTAC). In the Fall of 2017 AHCCCS worked in collaboration with the Arizona Healthcare Association to make further revisions to the PASRR Level I Screening Tool. All of the major revisions are outlined in this PowerPoint.

Arizona's PASRR Level I Screening Tool

General changes:

- The format of the PASRR Level I Screening tool is new.
- The length of the tool has increased. *In order to ensure compliance with CMS requirements for individual state screening tools, PTAC required that Arizona's PASRR Level I Screening tool be revised to be more comprehensive. As a result, additional questions and sections were added which subsequently increased the length of the screening tool.*
- The AHCCCS Medical Policy Manual (AMPM) Policy 1220-C Pre-Admission Screening and Resident Review (PASRR) is currently being revised. *Please note that once finalized, the policy, as well as Attachments A, B, and C will be moved from AMPM Chapter 1200 to AMPM Chapter 600 and will become **AMPM Policy 680 Pre-Admission Screening and Resident Review (PASRR)**.*

Section Specific Changes

- Demographics
- Exemptions and Categorical Determinations
- Signature of Member/Representative for Consent to a Level II PASRR
- Documentation to Submit with PASRR Level I Screening Document

Demographics

Clarifying language in the Demographics section of this tool, has been added under the following:

- Current Living Situation
- Current Location
- Admitting NF Name
- Conclusion of a Time Limit Approval

DEMOGRAPHICS			
First Name: _____	Middle Initial: _____	Last Name: _____	Date: _____
Address: _____		City: _____	State: _____ Zip: _____ Phone: _____
Date of Birth: _____		Marital Status: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Payment Method:	AHCCCS ID #: _____	Medicare ID #: _____	Self-Pay: <input type="checkbox"/>
Current Living Situation: (Individual's Place of Residence)		<input type="checkbox"/> Nursing Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Homeless <input type="checkbox"/> Home with Family <input type="checkbox"/> Home Alone <input type="checkbox"/> Group Home <input type="checkbox"/> Other	
Current Location: (Individual's Location at the time form is completed)		<input type="checkbox"/> Medical Facility <input type="checkbox"/> Psychiatric Facility <input type="checkbox"/> Hospital ED <input type="checkbox"/> Community <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Other	
Admitting Nursing Facility Name: _____		Admission Date: _____	
(Name of NF individual is being transferred to. Indicate N/A if unknown at time form is completed.)			
Address: _____		City: _____	State: _____ Zip: _____ Phone: _____
PASRR Level I Review Type:	<input type="checkbox"/> Pre-Admission	<input type="checkbox"/> Status Change	<input type="checkbox"/> Conclusion of a Time Limit Approval (If individual is in the facility < 30 days)

Exemptions and Categorical Determinations (Section A):

Changes in **Section A** of the new tool include:

- The “Exemptions and Categorical Determinations” section is now the new **Section A**
- Language added to clarify:
 - When any question in **Section A** result in a “yes” answer, a referral for a PASRR Level II Evaluation is not required
 - Remaining questions do not need to be answered and the person completing the form, is directed to proceed to **Section D** and **F**

EXEMPTIONS AND CATEGORICAL DETERMINATIONS (SECTION A)

*If any questions below result in a “yes” answer, **NO REFERRAL IS NECESSARY** and the remaining questions need not be answered. **Proceed to sections D and F.***

Does the admission meet criteria for 30 day Convalescent Care? ☐ No ☐ Yes, meets criteria below:

- Admission to the NF directly from hospital after receiving acute medical care, and
- The attending physician has certified, prior to NF admission, individual will require < 30 calendar days of NF services, and
- There is no current risk to self or others and behaviors/symptoms are stable.

**The NF must update the Level I at such time that it appears the individuals' stay will exceed 30 days*

Does the individual meet the following criteria for Respite admission for up to 30 calendar days?

☐ No ☐ Yes, meets criteria below:

- The individual requires respite care for up to 30 calendar days to provide relief to the family or caregiver, and
- There is no current risk to self or others and behaviors/symptoms are stable.

**The NF must update the Level I at such time that it appears the individuals' stay will exceed 30 days*

Section A (cont'd): Exemptions and Categorical Determinations

Additional changes in **Section A** of the new tool include:

- The question regarding the primary diagnosis of Dementia/Alzheimer's was moved under the **Exemptions and Categorical Determinations (Section A)**

Does the individual meet one or more of the following criteria for NF approval as a result of terminal state or severe illness?

☐ No

☐ Yes, meets criteria below:

☐ Terminal Illness:

- Prognosis of life expectancy of < 6 months (records supporting the terminal state must be present), and
- There is no current risk to self or others and behaviors/symptoms are stable.

☐ Severe Illness:

- Coma state, ventilator dependent, brain-stem dysfunction, progressed ALS, progressed Huntington's disease, etc., of such severity that the individual would be unable to participate in a program of specialized care associated with his/her MI and/or ID or related condition.
- There is no current risk to self or others and behaviors/symptoms are stable.

**The NF must update the Level I if the individual's medical state improves to the extent s/he could potentially benefit from a program of services to address his/her MI and/or ID/RC.*

Does the individual have a **primary** diagnosis of dementia or Alzheimer's disease?

☐ No

☐ No, individual has dementia but it is not primary

☐ Yes If yes, is corroborative testing or other information available to verify the presence of or progression of the

Dementia? Check all that apply: ☐ None ☐ Dementia workup ☐ Comprehensive Mental Status Exam

☐ Other (specify):

Signature of Member/Representative for Consent to a Level II PASRR (Section E):

The following language in **Section E** was added for clarification:

- “The individual must sign here, or if the individual has a POA, MHPOA or guardian, the POA, MHPOA or guardian must sign here. If there is no POA/MHPOA/Guardian and the individual cannot sign due to his/her MI/ID issues, a doctor may sign, along with submitting a statement indicating the reason for his/her signature.”
- This is to ensure member consent for a Level II Evaluation



AHCCCS MEDICAL POLICY MANUAL

1220-C, ATTACHMENT A, ARIZONA PRE-ADMISSION SCREENING AND
RESIDENT REVIEW (PASRR) LEVEL I SCREENING DOCUMENT

SIGNATURE OF MEMBER OR REPRESENTATIVE FOR CONSENT TO A LEVEL II PASRR (SECTION E)

THE INDIVIDUAL MUST SIGN HERE, OR IF THE INDIVIDUAL HAS A POA, MHPOA OR GUARDIAN, THE POA, MHPOA OR GUARDIAN MUST SIGN HERE. IF THERE IS NO POA/MHPOA/GUARDIAN AND THE INDIVIDUAL CANNOT SIGN DUE TO HIS/HER MI/ID ISSUES, A DOCTOR MAY SIGN ALONG WITH SUBMITTING A STATEMENT INDICATING THE REASON FOR HIS/HER SIGNATURE.

I understand that I am required to undergo a Level II evaluation as a condition of admission to, or my continued residence in, a Title XIX Medicaid Nursing Facility. I also give permission to disclose all pertinent medical and personal information to any governmental agency involved in this evaluation. (Primary Care Physician information must be completed)

Member or Member Representative Signature: _____ Date: _____

Primary Physician's Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Comments:

Required Documentation

The following documents are required to be submitted with the PASRR Level I Screening Tool:

- Hospital or Facility Face Sheet/Demographics
- Current History and Physical
- Current Medication List
- MPOA/Guardian Documentation and Information (*if applicable*)
- Current Nursing/Physician Progress Notes
- Any Recent Consults and/or Evaluations

****The request for a PASRR Level II is considered incomplete and will not be processed if all documentation listed above is not submitted with the PASRR Level I tool.***

To fax /email PASRR request or for general questions please contact the following:

For individuals identified with MI:

AHCCCS PASRR Coordinator

Phone: (602) 364-4645

Fax: (602) 364-4749

For individuals identified with ID:

DDD/DES PASRR Coordinator

Phone: (602) 771-8167

Fax: (602) 238-9294

