TENNESSEE PASRR USER GU IDE
NURSING FACILITY PROVIDERS

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Contents

PASRR User Guide for Medicaid Certified Nursing Facilities

Purpose and Scope:

This guide is to be used for completion and submission of Pre-Admission Screening and Resident Review (PASRR) and when required level of Care (LOC) into the ASCEND web-based system.

The Ascend website is an additional resource that is readily available PASRR/LOC. To access the Ascend website follow these steps: Go to https://www.ascendami.com/ami/Providers/YourState/TennesseePASRRUserTools.aspx

This manual provides general instructions regarding the completion and submission of the PASRR and LOC for Nursing Facility (NF) LOC.

The purpose of this guide is to provide instruction and guidance regarding the PASRR/LOC application process. It is critical that qualified persons complete the PAE in its entirety, being careful to accurately assess each functional area and to submit sufficient medical evidence to support the assessed level of function. Assessors must also be thorough in their review of the assessment outcomes and supporting documentation prior to certifying a PAE's accuracy.

Process:

ASCEND as part of the PASRR Level II process, determines if a Medicaid pending or Medicaid eligible applicant meets NF LOC by reviewing the PAE functional assessment, the need for skilled, enhanced respiratory care (ERC) and/or skilled/rehabilitative services and the safety determination request, if applicable. Supporting medical documentation must be included and reviewed by an ASCEND Nurse Reviewer in order to render a LOC determination.

PASRR:

Level of care will be determined by ASCEND as part of the level II PASRR process for applicants that have a PASRR condition.

When the PASRR/LOC is adjudicated by ASCEND as a payer source other than Medicaid or Medicaid pending, a PAE must be submitted via the PAE tracking system when Medicaid becomes the payer of record.

The PASRR Level I screen is submitted to ASCEND and will be determined to be either negative or positive. A negative Level I screen requires no further action. A positive Level I screen will indicate either presence or suspicion of SMI, ID, RC or DD and either a categorical determination or exemption may be granted OR a referral will be made for a comprehensive Level II evaluation. The submitter will be required to submit a Level of Care screen and if the individual is determined to have a Level II PASRR condition, LOC will be determined as part of the Level II PASRR determination.

An appropriate PASRR is one that is:

- negative (without a subsequent determination that PASRR should be positive)
- positive with a determination that NF placement is appropriate (if short term, PAE will be end dated to reflect)
- positive with a determination that a dementia diagnosis overrides the MI or ID diagnosis OR
- positive with an appropriate exemption requested and accepted

Categorical Determinations:

- Exempted Hospital Discharge (EHD) – a person is currently admitted to the hospital and is going to the NF for treatment of the condition for which s/he received hospital care, and whose physician certifies will likely require 30 days or fewer of NF services.

- Convalescent Care – a person is currently admitted to the hospital and is going to the NF for treatment of the condition for which s/he received hospital care, and whose physician certifies will likely require 60 days or fewer of NF services.

- Terminal Illness – a person has a terminal illness, and whose physician certifies s/he has a life expectancy of 6 months or less. This outcome provides 180 calendar days in the NF.

- Severe Physical Illness – a person who has a coma, ventilator dependence, functioning at brain stem level, or diagnoses, such as, Parkinson's disease, Huntingdon's disease, or ALS, which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services. This is not a time limited stay, although the person's physician must certify the individual's condition. A new Level I screen should be submitted should there be any improvement in the person's physical condition.

- Dementia and ID – a person has an intellectual disability and dementia and whose physician certifies the condition.

- Respite – a person who resides in a community setting and requires a brief NF admission to provide respite to in-home caregivers. Up to 9 days for CHOICES members.

TennCare is contracted with both the Department of Mental Health (DMH) and the Department of Intellectual and Developmental Disabilities (DIDD) who, per federal regulations, have final authority over PASRR Level II determinations.

A Closer Look

- Severe Mental Illness- SMI
- Intellectual Disability- ID
- Developmental Delay- DD
- Related Condition- RC
- Level I
  - The PASRR screen for severe mental illness, intellectual disability, developmental delay or related condition
- Level II
  - The Comprehensive Evaluation for person with severe mental illness, intellectual disability, developmental delay or related condition
- LOC (Level of Care)
  - Part of the PASRR process and is equal to the PAE evaluation in TPAES (medical eligibility)
- PAE (Pre Admission Evaluation)
  - Equal to the LOC into Ascend's system (medical eligibility)

Payer Source

Why Is It Important?
- Understanding payer source will help you submit the correct type of PASRR

Level of Care

Why is it Important?
- Level of Care is important because it determines a person's medical eligibility for the CHOICES Program

Nursing Facility LOC (Medicaid/Medicaid Pending)-
- Must have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale or be at risk of NF placement and have an approved safety determination.

At-Risk LOC (Non-Medicaid Payer)-
- Must have at least one significant deficit in an activity of daily living or related function on the TennCare NF LOC Acuity Scale.

Level of Care Submission

If an applicant is in the PASRR population

As evidenced by a Positive Level I screen that results in a completed Level II assessment

The Level of Care (LOC) must be submitted along with medical documentation to ASCEND.

When the Level I screen is submitted with a Medicaid or Medicaid pending payer source;

The LOC submitted through the PASRR Level II process will be used as the PAE for purposes of Medicaid Level of Care eligibility.

- The admission date entered into PATH TRACKER serves as the MOPD for LOC determined by ASCEND.

Keep in Mind

If an individual is in PASRR population, LOC is done as part of the PASRR process

When a PASRR is submitted into ASCEND's web-based screening system choosing the incorrect payer source will affect reimbursement…

Payer Source Tips

A PASRR submitted with Medicare or other payer source and in PASRR population, the LOC must be submitted to Ascend.

When that applicant becomes Medicaid Eligible and Medicaid is the payer source a PAE must be submitted via TPAES.

PASRR submitted with Medicare or other payer source and NOT in PASRR population, LOC submission to ASCEND is not required.

When the applicant becomes Medicaid Eligible and Medicaid is the payer source a PAE must be submitted via TPAES.

- If the individual is not in PASRR population, Ascend will not evaluate the LOC.

PASRR submitted with Medicaid/Medicaid pending payer source and in PASRR population the LOC must be submitted to Ascend.

PASRR submitted with Medicaid/Medicaid pending payer source and not in PASRR population a PAE must be submitted via TPAES.

Payer Source Example

If a PASRR level I screen is submitted as Medicare or private pay and the person is found to be **in** PASRR population and **after** admission it is determined that Medicaid will need to become the payer source, a PAE will be required to be submitted via TPAES.

If a PASRR level I screen is submitted as Medicare or private pay and the person is found to be **NOT** in PASRR population, the LOC submission to ASCEND is not required. Once the applicant becomes Medicaid Eligible and Medicaid is the payer source, a PAE must be submitted via TPAES.

Medicare/Private Pay LOC

TennCare determines the LOC requirements for PASRR regardless of payer source.

Only one significant functional deficit (At-Risk LOC) is required.

**Note: Submissions for Medicaid grandfathered members require only one significant functional deficit. These are members that were admitted to a NF prior to 7/1/2012.

What Do You Do…

Enrollment

- Medicaid/Medicaid pending and in PASRR population…
  - You will submit the LOC into Ascend's system
  - The LOC is adjudicated by Ascend
  - You will enter the admit date into Pathtracker to trigger enrollment into CHOICES.
- If the Group 1 PAE is submitted into TPAES, the MOPD MUST be entered into TPAES to trigger enrollment.

Submitting

- Refusal to submit the Level I only serve to delay the potential discharge/admission process-
  - remember, an individual cannot admit to the NF without a completed PASRR process.
- To prevent delays, the Level I should be submitted as soon as possible after determining NF admission may be a possibility.

Denials

- If your LOC is denied, please review the Nurse's denial comments. Please contact Ascend to request a reconsideration.
- You will not be able to revise a LOC decision made through Ascend's web-based system.
- If you receive a PAE denial in TPAES, please revise the PAE.

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Click here to submit screens:

www.ascendami.com

Contact Ascend with questions:

Ascend-TNPASRR@maximus.com

877-431-1388

CLICK HERE for TRAINING
Hospital, AAAD, MCO Providers

CLICK HERE for TRAINING
Nursing Facility Providers

SYSTEM ACCESS AND USE

System Admin: Click here to register

System User: *Ask your Ascend Screening System Admin to add you*

NO FEE FOR SYSTEM ACCESS

Each user must have a unique user name and password—no sharing allowed!

You will receive an email with your username and instructions for establishing your password.

Click here for information and resources:

https://www.ascendami.com/ami/Providers/YourState/TennesseePASRRUserTools.aspx

All PASRR Screens must be completed **PRIOR** to NF admission:

- Level I—results within 6 business hours of receipt of necessary information
- Level II—results within 5 business days

Submit supporting documents with the screen to prevent delays!

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Ensure that your firewall does not block our URL.

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Add User

Only Facility System Administrators can add users to the system. Contact your primary System Administrator to gain system access.

Click here to complete the registration process to become a Facility System Administrator

STEP 1:

Click **User Manager** to open the User List page.

Home Page—Figure 1

The User List page shows every user affiliated with your facility. Confirm the person's name is not already on the facility list.

STEP 2:

Click **Add New User** to open the user application form.

User List—Figure 2

STEP 2:

Enter the **person's information.** Ensure the email address is a facility sponsored email.

ADD/EDIT USER

PERSONAL INFORMATION

First Name:
Last Name:
Email Address:
Email Address (repeat):
Status: Active

Add/Edit User Page—Figure 3

STEP 3:

Select the **facility name** from the facility dropdown.

Indicate if the new user will be a system supervisor (Admin).

Click **Insert** to add the facility.

CONTRACT/FACILITY INFORMATION

+ Add New Contract/Facility

Contract | Facility | Supervisor | Active
Tennessee | TN/CA Facility One - HOS | | | Insert Cancel
No records to display.

Add/Edit User Page—Figure 4

STEP 3:

Click **Save User** to retain the addition. **The information will not save unless you click Save User.**

PASRR Home   User List   Save User

ADD/EDIT USER

PERSONAL INFORMATION

First Name: John
Last Name: Brown
Email Address: e@email.com
Email Address (repeat): e@email.com
Status: Active

Add/Edit User Page—Figure 5
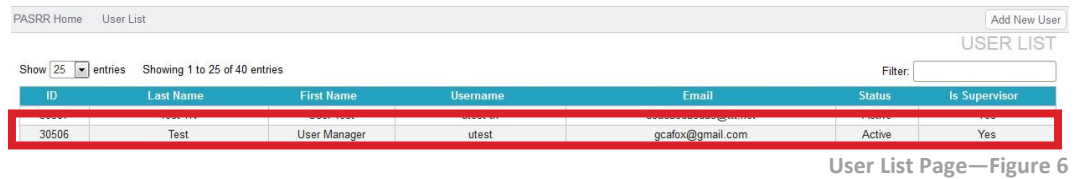
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Add Facility to a Registered System User

For active users who need access to a second (or more) facility. Contact your primary System Administrator to add additional facility access.

From the User List
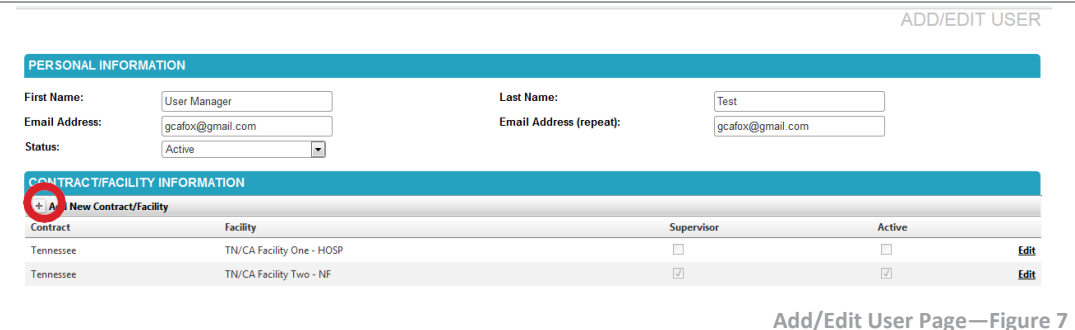
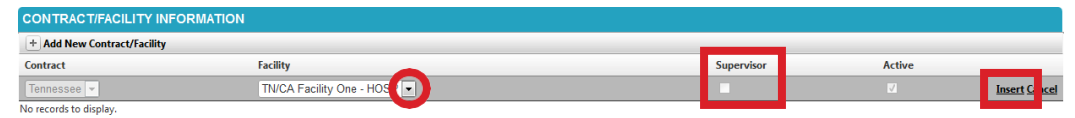|	
STEP 1: Select the person's name from the User List table to open their access information.	*User List Page—Figure 6*
STEP 2: Click **Add New Contract/ Facility** to add a new facility to the user's account.	*Add/Edit User Page—Figure 7*
STEP 3: Select the additional **facility name** from the facility dropdown. Indicate if the new user will be a system supervisor (Admin). Click **Insert** to add the facility.	*Add/Edit User Page—Figure 8*
STEP 3: Click **Save User** to retain the addition. **The information will not save unless you click Save User.**	*Add/Edit User Page—Figure 9*

Edit System User Access

To make a system user inactive or terminate access

From the User List

STEP 1: Select the person's name from the **User List table** to open their access information.	*User List Page—Figure 10*

S T E P 2 :

Review the *Status* dropdown.

Change the status to reflect the person's appropriate status, as needed.

Click *Edit* to alter facility specific access.

ADD/EDIT USER

PERSONAL INFORMATION

First Name:	User Manager	Last Name:	Test
Email Address:	gcafox@gmail.com	Email Address (repeat):	gcafox@gmail.com
Status:	Active		

CONTRACT/FACILITY INFORMATION

+ **Add New Contract/Facility**

Contract	Facility	Supervisor	Active	
Tennessee	TN/CA Facility One - HOSP	☐	☐	Edit
Tennessee	TN/CA Facility Two - NF	☑	☑	Edit

Add/Edit User Page—Figure 11

S T E P 3 :

Uncheck the **Active box** to remove access to one specific facility.

Click *Update* to confirm the change(s).

CONTRACT/FACILITY INFORMATION

+ **Add New Contract/Facility**

Contract	Facility	Supervisor	Active	
Tennessee	TN/CA Facility One - HOSP	☐	☑	Update Cancel
Tennessee	TN/CA Facility Two - NF	☐	☑	Edit
Tennessee	TN/CA Facility One - HOSP	☐	☑	Edit
Tennessee	TN/CA Facility Two - NF	☐	☑	Edit

Add/Edit User Page—Figure 12

S T E P 3 :

Click *Save User* to retain the change(s). **The information will not save unless you click Save User.**

PASRR Home   User List   Save User

ADD/EDIT USER

PERSONAL INFORMATION

First Name:	John	Last Name:	Brown
Email Address:	e@email.com	Email Address (repeat):	e@email.com
Status:	Active		

Add/Edit User Page—Figure 13

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Ensure that your firewall does not block our URL.

Contact the Helpdesk for assistance: Ascend-TNPASRR@maximus.com

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Log In

STEP 1:

Visit www.ascendami.com

Click *Login.* This will bring you to the login screen.
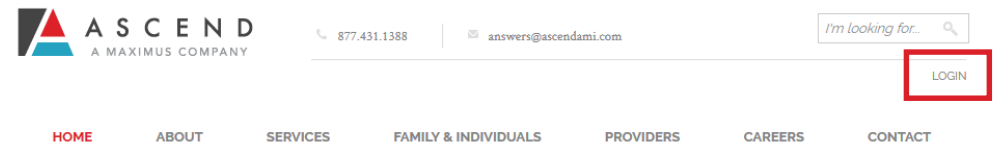
Ascend Home Page—Figure 1

STEP 2:

Enter your **Username** and **Password**.

Review the **User Agreement.**

Click *Login* to proceed.

Click the *Forgot Password?* link to reset your password if you forget your password or your login attempts fail.
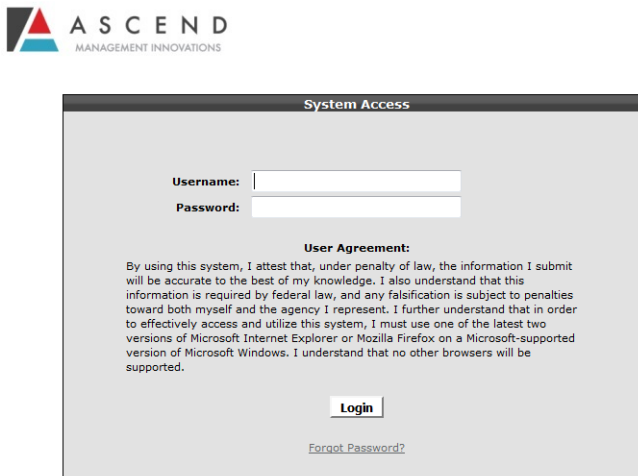
Login Screen—Figure 2

The system will return you to the Ascend Home Page.

STEP 3:

Click **My projects** and select **PASRR** from the list.

My Projects Page—Figure 3

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L o g O u t
Always Log-out before closing your browser. Failure to do so can result in locked records. **Locked records are unavailable for two hours until the system releases the lock.**

Click *Log-out* to end your session.	
	Figure 1

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Adding an Individual

Use this process when the person is admitting to your NF and does not appear in the Admittance Queue.

From the Home Page

STEP 1:
Select *Add Individual*

TN/CA Facility Two - NF, TN   Logged in as Stephanie Pettitt
Switch view   Log out

Home   Add Individual   Queues !   Notifications (1)   User Manager

System Home Page—Figure 1

STEP 2:
Enter the person's **Social Security Number.**

Click **Search.**

Search results will appear below.

ADD INDIVIDUAL

1. Enter the Social Security Number of the person you wish to add, and click search.

2. If the individual is already in our system, review the client information that will appear, and either click 'Yes' or 'No' under 'Is this individual currently a resident or applicant at your facility?', and submit.

3. If individual is not found in our system, enter the individual's demographic information in the spaces provided and submit. Once the individual has been created in the application, you can the submit a Level I review.

SSN: [____-__-____]   [Search]

Add Individual Screen—Figure 2

STEP 3:
If the person has no record in Ascend's Screening System, you will need to complete their demographics.

Click **Submit** to proceed.

STEP 4:
Complete the Admission Notice.

This will bring you to the person's record.

SSN not found in system. Complete demographics to add this individual to Ascend's system.

Last Name:		Medicaid ID:	
First Name:		DOB:	__/__/____
Middle Name:		Gender:	[▼]
SSN:	654-98-7986		

[Submit]

Admitting an Individual to the NF

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PathTracker — Admitting an individual to a Nursing Facility
(NF Providers Only)
From the System Home Page

You must submit an Admission Notice on EVERY new resident, regardless of paysource.

STEP 1: Hover on Queues. Select Admittance to open **pending admissions** in the Admittance Queue.	 Home Page—Figure 1
STEP 2: Review the partial demographics provided to determine if the person has arrived in your facility. Click *Yes* if the person has entered your facility. Complete the person's **social security number**. Click *Submit* to begin the admission process.	 Admittance Queue—Figure 2
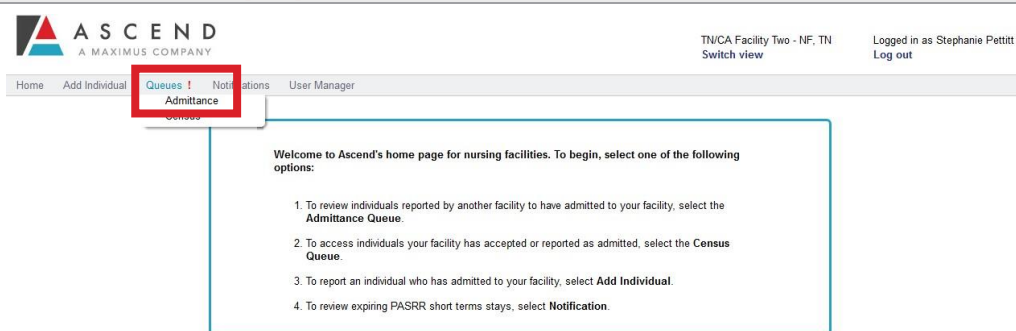
STEP 3:

Click *OK* to proceed.

Below is a list of individuals reported to be in your facility. Please select the Yes or No column to confirm or deny their residence at your facility.

Click on a column header to sort by that column.

Total Records: 32

To admit this individual to your facility, you must complete an admission notice. If this individual does not have a valid PASRR you will need to complete a new Level I to be compliant with PASRR requirements.

OK

Admission Notice—Figure 3

STEP 4:

Complete the **Admission Notice.**

Select the **Payment Method** from the dropdown.

Enter the *Admission Date.*

Indicate where the person **admitted from.** If the person arrived from a different facility, select it from the facility dropdown. The address will populate.

Enter your **phone number.**

Click *Submit* to complete the **Admission Notice.**

The person's information will move from the Admittance queue to the Census queue.

ADMISSION NOTICE

Back

Please complete the **Admission** information below and Click *Submit* to submit the information.

First Name	Butch
Middle Initial	
Last Name	Brown
DOB	6/30/1955
Gender	Male

Indiana NF

SS #	879-87-4326
Medicaid ID	
Level I Outcome	No Level II Condition-Level I Negative
Summary Outcome	
Most Recent PASRR Date	11/15/2016

Admitting Facility	TN/CA Facility Two - NF
Address	222 Second Ave
	Brentwood, TN 37222
Admission Date	
Admitted From	
Admitted from Facility	
Address	
State	
Phone	

Payment Method

City

Zip

Completed by   Stephanie Pettitt

Phone

Date   11/22/2016

Submit

Admission Notice—Figure 4

PathTracker—Removing an Individual from the Admittance Queue
(NF Providers Only)
From the Admittance Queue

If the person identified in the **Admittance queue** is unfamiliar or is not admitting to your facility:

Select *No.*

Select *Submit.*

This will remove the person from the Admittance Queue.

ADI

Below is a list of individuals reported to be in your facility. Please select the Yes or No column to confirm or deny their residence at your facility.

Click on a column header to sort by that column.

Total Records: 32

SS # (Last 4 digits)	DOB	First Name (First 2 letters)	Last Name (First 3 letters)	Is this person in your facility?		Complete SS #	
3636	1/1/1950	Me	Tes	○ No	○ Yes	___-__-3636	Submit
3211	1/1/1950	Ca	Tes	○ No	○ Yes	___-__-3211	Submit
5252	1/1/1950	da	dsa	○ No	○ Yes	___-__-5252	Submit
1363	1/1/1950	Ac	Tes	○ No	○ Yes	___-__-1363	Submit
9877	10/15/1970	da	gil	○ No	○ Yes	___-__-9877	Submit

Admittance Queue—Figure 5

PathTracker—Searching for an Individual to Admit to the NF (NF Providers Only)

From the Screening System Home Page

STEP 1: If the person admitting to your NF does not appear in your Admittance Queue: Select **Add Individual** from the Navigation bar.	 Home • Add Individual • Queues ! • Notifications • User Manager *Home Page/PathTracker Admittance Queue—Figure 6*
STEP 2: Enter the **person's social security number.** Click **Search.** The results will appear under the search bar.	**ADD INDIVIDUAL** 1. Enter the Social Security Number of the person you wish to add, and click search. 2. If the individual is already in our system, review the client information that will appear, and either click 'Yes' or 'No' under 'Is this individual currently a resident or applicant at your facility?', and submit. 3. If individual is not found in our system, enter the individual's demographic information in the spaces provided and submit. Once the individual has been created in the application, you can the submit a Level I review. SSN [ ] [Search] *PathTracker Search—Figure 7*
STEP 3: Click **Yes** and **Submit.**	**ADD INDIVIDUAL** 1. Enter the Social Security Number of the person you wish to add, and click search. 2. If the individual is already in our system, review the client information that will appear, and either click 'Yes' or 'No' under 'Is this individual currently a resident or applicant at your facility?', and submit. 3. If individual is not found in our system, enter the individual's demographic information in the spaces provided and submit. Once the individual has been created in the application, you can the submit a Level I review. SSN: 153-28-9384 [Search] | First Name (First 2 letters)	Last Name (First 3 letters)	DOB	Is this individual currently a resident or applicant at your facility?
---	---	---	---
Ku	Bro	6/30/1955	○ No ○ Yes	 [Submit] *PathTracker Search—Figure 8*

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S T E P 4 : Click *OK* to access the Admission Notice. *Complete the admission notice to finalize the admission process in PathTracker.*	ADD INDIVIDUAL 1. Enter the Social Security Number of the person you wish to add, and click search. 2. If the individual is already in our syste... 's this individual currently a resident or To admit this Individual to your facility, you must complete an admission notice. 3. If individual is not found in our system, ... Once the individual has been created in [OK] SSN: 501-84-5545 Search PathTracker Search—Figure 9

If the individual has an approved Level I and/or LOC screen prior to December 1, 2016, do NOT enter a new screen. A new review is not required to complete admissions/discharges via PathTracker.

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Change User Facility—If Associated with More Than One Hospital/Facility
From the Screening System Home Page

STEP 1: Select the **Switch View** link in the header.	Home Page—Figure 1
STEP 2: Select your **role, contract (Tennessee),** and **Facility** from the dropdowns. Click **Select to switch facility association.** *This will return you to your home page view of the new facility.*	Please select from the options below. Role: Provider Supervisor Contract: Tennessee Facility: TN/CA Facility One - HOSP Select Option Selection Page—Figure 2

Discharging an Individual from the NF

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PathTracker—Discharging an Individual from the NF *(NF Providers Only)*
From the Census Queue

You must complete the Discharge Notice in PathTracker before a different NF can submit an Admission Notice.

STEP 1: Identify the person to report the **Discharge/ Transfer/ Deceased notice.** Click the *View* to open the record.	Below is a list of individuals accepted to your facility. Select **View** to see the details for each individual or to submit admission or discharge/transfer forms. **Click on a column header to sort by that column.** Total Records: 92 PathTracker Census—Figure 1

Individual ID	SS #	DOB	First Name	Last Name	PASRR Level I Outcome	PASRR Level I Review Date	Summary Outcome	Summary Date		Remove From Roster
1429	2131	12/12/1911	AES	123	Refer for Level II-Level I Positive	11/18/2016			View	Remove
1527	2071	3/6/1954	Ella	Allen	Refer for Level II-Level I Positive	11/17/2016	Short-term Approval	11/17/2016	View	Remove
1524	7654	8/20/1935	Sandy	Baker	Refer for Level II-Level I Positive	11/17/2016	Long-term Approval	11/17/2016	View	Remove
1444	5824	9/26/2010	ILA	BLACKBURN	Refer For Level II DBR	11/15/2016	Short-term Approval	11/16/2016	View	Remove

STEP 2: Click Report New **Discharge/ Transfer notice.**	Last Name: Allen First Name: Ella Middle Name: SSN: 415-60-2071 Medicaid ID: DOB: 03/06/1954 Gender: Female County of Residence: WILLIAMSON Level II Outcome: Short-term Approval Level I Outcome: Refer for Level II-Level I Positive [Create New Level I] [Report New Admission] [Report New Discharge/Transfer Notice] [Edit Individual Information] Individual Record—Figure 2

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S T E P 2 :
Complete the **Discharge/ Transfer/Deceased notice.**

Verify the information is accurate and you have printed all copies of screens before clicking submit. You will not have access to the person's record to make edits or print after submission.

Click **Submit.**

DISCHARGE TRANSFER NOTICE	
	Back

Please complete either the **Discharge/Transfer** information below and click *Submit*.

First Name	Ella	Indiana NF	SS #	415-60-2071
Middle Initial			Medicaid ID	
Last Name	Allen		Level I Outcome	Refer for Level II-Level I Positive
DOB	3/6/1954		Summary Outcome	Short-term Approval
Gender	Female		Most Recent PASRR Date	11/17/2016

Submitting Facility Address	TN/CA Facility Two - NF 222 Second Ave Brentwood, TN 37222
Admission Date	11/17/2016
Discharge/Transfer /Deceased Date	
Discharged/Transferred to	
Facility Discharging To	
Address	City
State	Zip
Phone	

Completed by Stephanie Pettitt   Phone   Date
11/23/2016

Submit

PathTracker Search—Figure 3

The person's information will no longer appear in the facility census.

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Opening Drafts/Incomplete Screens
From the Home Page

S T E P 1 : Locate the Recent Activity Table. Search for the person's **name** or reviews with a Status/Outcome of ***In Process.*** **S T E P 2 :** Click the **row** to open the screen.	**Recent Activity** Show 10 entries Showing 51 to 60 of 63 entries Filter:

Individual Name	Review Type	SSN	Status/Outcome	Referral Date	Print	Upload
kh kuh	Preadmission	4354	In Process			⮌
1 2	Preadmission	0222	Hold for LOC-Level II needed	11/22/2016 2:48:00 PM		⮌
Bille Kidd	Preadmission	5454	Hold for LOC-Level II needed	11/17/2016 10:00:00 AM		⮌

Home Page/Drafts Tab—Figure 1

The system will bring you to the the screen. Complete the screen and click Submit.

Unsubmitted screens will remain in the Drafts tab for 24 hours from start. At the end of 24 hours, the screen will be permanently deleted and you will need to start over to submit the screen.

Search for an Individual' s Record

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Search for an Individual's Record
From the Home Page

STEP 1:

Locate the **Filter:** feature with the Recent Alerts or Recent Activity tables.

Enter the **person's Name** to search.

The table will reduce the view to the search results.

Recent Activity

Show 10 ▾ entries   Showing 31 to 40 of 64 entries   Filter: [   ]

Individual Name	Review Type	SSN	Status/Outcome	Referral Date	Print	Upload
Jan Smith	Preadmission	7986	60 day Convalescence Categorical-Level I Positive	11/11/2016 2:29:00 PM	🖨	
Janet King	Preadmission	0001	No Level II Condition-Level I Negative	11/16/2016 8:42:00 AM	🖨	

Home Page—Figure 1

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Uploading Documents
From the Individual's Record

STEP 1:

Locate the PASRR Activity area

Click **Create Upload** to open the File upload screen.

PASRR Activity								Total Records: 1
PASRR Level I Outcome	PASRR Level I Review Date	LOC Outcome	LOC Review Date	Summary Outcome	Summary Date			
No Level II Condition-Level I Negative	11/15/2016						Create Upload	Print Outcome

Individual Record Page—Figure 1

STEP 2:

Click Browse to search for the file.

Locate the files on your computer in the **file upload box.**

Click **Open** to attach the file(s).

UPLOAD SUPPORTING DOCUMENTS

To upload supporting documents:

1. Make sure the file is in .doc, .docx, or .pdf (Adobe Acrobat) format.

2. Click on the Browse button below to locate the file on your computer you wish to attach to this individual's record.

3. Once you have selected the file to upload using the Browse button, to help identify the file, please type a name for the file in the "Attachment Name" box.

4. Select Attachment Type from dropdown list.

5. Press the Upload File button. A confirmation notice will appear when the file has been successfully uploaded.

Browse... No file selected.

Attachment Name: _____

Attachment Type: _____ ▼
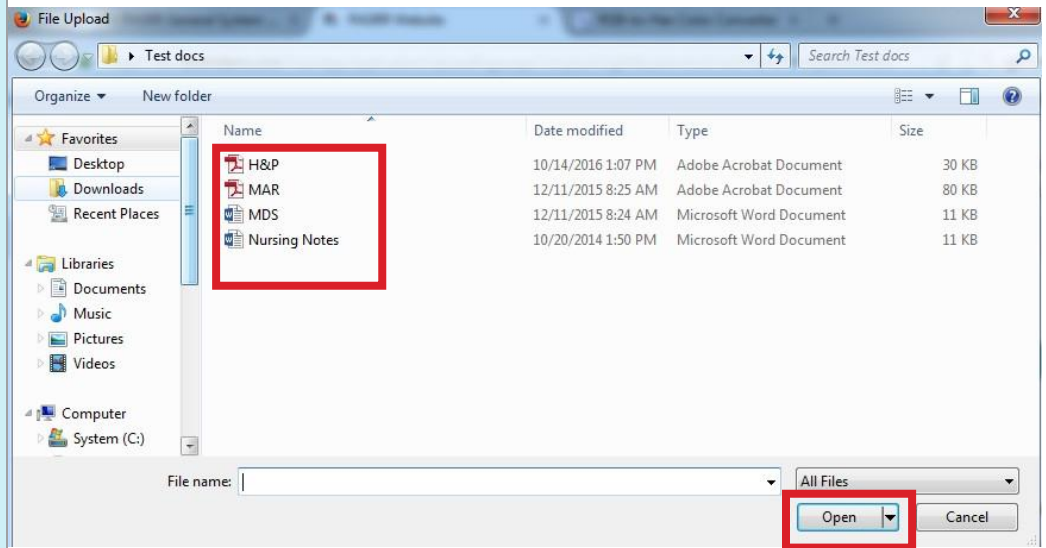
File Upload Screen—Figure 2

S T E P 3 :

Locate the files on your computer in the **file upload box.**

Click **Open** to attach the file(s).

You may combine multiple files into one upload.
Be sure to include only one person's information
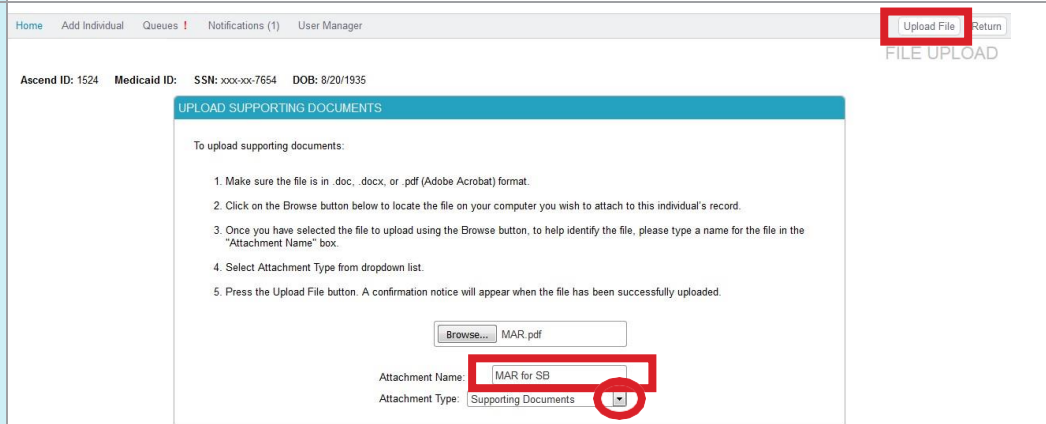
File Upload Screen--Figure 3

S T E P 4 :

Name the Attachment in the **Attachment Name:** field.

Select the document type(s) from the **Attachment type** dropdown.

S T EP 5 :

Click **Upload File** to upload the attachment.

UPLOAD SUPPORTING DOCUMENTS

To upload supporting documents:

1. Make sure the file is in .doc, .docx, or .pdf (Adobe Acrobat) format.

2. Click on the Browse button below to locate the file on your computer you wish to attach to this individual's record.

3. Once you have selected the file to upload using the Browse button, to help identify the file, please type a name for the file in the "Attachment Name" box.

4. Select Attachment Type from dropdown list.

5. Press the Upload File button. A confirmation notice will appear when the file has been successfully uploaded.

Browse... MAR.pdf

Attachment Name: MAR for SB

Attachment Type: Supporting Documents

Upload Screen—Figure 4

Submitting A Level I

Pre-admission screening—this means the Level I must be completed prior to admission for all individuals with a planned admission to a Medicaid Certified NF, regardless of payer source.

As you are aware, discharge planning begins as soon as possible after hospitalization. If you think the individual might need NF placement, submit the Level I, especially if there are no indicators for a LII. This prevents delays in discharge if the individual needs a level II. There is no specified "time to submit," but keep in mind that if you submit too early, there may be changes in status prior to discharge, rendering the Level I inaccurate. If this occurs, a resubmission may be required. Also, keep in mind, you don't want to wait until the day of discharge, especially if there is possibility the person may require a LII evaluation.

Resident Review—you will submit the Level I if the individual has an expiring short term approval/time limited stay or has a significant change in status. For everyone regardless of payer source admitting to a Medicaid certified NF.

Before NF Admission

- Pre-admission

Expiration of a time-related stay
- Resident Review is required before expiration
- Submit a new Level I no less than 10 days before expiration date

Significant change in status
- Resident Review

Negative screen = no PASRR Condition:

- Can admit to NF

- Negative screen—this means the individual does not have a PASRR condition and can enter a NF as needed. Remember, a PASRR condition is a major mental illness, intellectual disability, or related condition. Some LI reports include PASRR identified services. These are not binding for the NF, because the individual has not been determined to be in PASRR population but may provide useful ideas to help improve quality of life and addressing various health conditions for individuals.

- As you may be aware, a Negative Level I outcome can be automatically approved via the web based PASRR system. This allows you to print the outcome and proceed with NF admission. If you do not receive a web approval, the review will require a clinician review, which can also result in a Negative LI PASRR.

Completing a Level I Screen : NF

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Completing a Level I Screen
From the Home Page

STEP 1: Select *Add Individual*	 *System Home Page—Figure 1*
STEP 2: Enter the person's **Social Security Number.** Click *Search.* Search results will appear below.	 *Add Individual Screen—Figure 2*
STEP 3: *If the person has no record in Ascend's Screening System, you will need to complete their demographics.* Click *Submit* to proceed. **STEP 4:** Click *Back* from the Admission Notice page. This will bring you to the person's record.	

STEP 5:

Click *Create New Level I* from the person's record.

<table>
<tr><td>Last Name:</td><td>Brown</td><td>First Name:</td><td>Butch</td><td>Middle Name:</td><td></td></tr>
<tr><td>SSN:</td><td>879-87-4326</td><td>Medicaid ID:</td><td></td><td>DOB:</td><td>06/30/1955</td></tr>
<tr><td>Gender:</td><td>Male</td><td>County of Residence:</td><td>DAVIDSON</td><td>Level II Outcome:</td><td></td></tr>
<tr><td>Level I Outcome:</td><td>No Level II Condition-Level I Negative</td><td></td><td></td><td></td><td></td></tr>
</table>

ⓘ | Create New Level I | Report New Admission | Report New Discharge/Transfer Notice | Edit Individual Information

STEP 6:

Select the *Reason for Screening.*

Click *Next* to Continue.

The screen will save automatically as you click *Next*.

PASRR LEVEL I SCREEN

LEVEL I PASRR - REASON FOR SCREENING

Is the individual a nursing facility applicant or resident?
- ○ Nursing facility applicant
- ● Nursing facility resident who is not currently in an inpatient psychiatric hospital/unit at this time
- ○ Nursing facility resident who is currently hospitalized in a psychiatric hospital/unit

What is the purpose of this Level I screen?
- ○ This nursing facility resident has experienced a significant change in status or has not adequately responded to PASRR recommended services and may require a Level II evaluation
- ○ A previous PASRR short-term approval for nursing facility stay is expiring or has expired (e.g., Exempted Hospital Discharge, Convalescence, Respite, Serious Medical)
- ○ This nursing facility resident has never had a PASRR Level I screen
- ○ This nursing facility resident has never had a PASRR Level II evaluation and shows signs or symptoms that indicate she/he may have a PASRR condition
- ○ None of these apply

| < Previous | Next > |

Reason for Screening—Figure 3

STEP 7: Complete each section of the Level I screen.

STEP 8:

Complete the **Mental Health Medication** page.

Enter the **medication name** from the dropdown.

Enter the **total dosage per day** (e.g. 2 mg in AM and 2 mg in PM = 4 mg in the table).

Enter the formal **diagnosis** for which the person is prescribed the medication.

LEVEL I PASRR - PSYCHOTROPIC MEDICATIONS

1. Has the individual been prescribed psychoactive (mental health) medications now or within the past 6 months?

- ○ No
- ○ Yes (list below)

Do not list medications given for medical diagnoses.

Medication	Dosage MG/Day	Diagnosis

Mental Health Medication Page—Figure 4

STEP 9:

Complete the **Categoricals/Exemptions** page, if provided. *Not all individual's will be eligible for exemption or categorical options.*

Review the criteria outlined on the page and provide specific details surrounding the outcome option.

Identify any required documentation, as indicated on the page.

LEVEL I PASRR - CATEGORICALS/EXEMPTIONS

TO BE ELIGIBLE FOR SHORT TERM EXEMPTION OR CATEGORICAL DECISION, THE INDIVIDUAL MUST BE PSYCHIATRICALLY AND BEHAVIORALLY STABLE.
When authorization is provided for a short term categorical or exemption, the NF must submit a new level I to Ascend.

1. Does the admission meet criteria for Hospital Convalescence?

○ No
○ Yes, meets all criteria for 30 day Exempted Hospital Discharge
○ Yes, meets all criteria for 60 day Categorical Decision

- Admission to NF directly from hospital after receiving acute medical care

- **AND** need for NF is required for the condition treated in the hospital; Specify diagnosis(es):

- **AND** the attending physician has certified prior to NF admission the individual will require less than 30 calendar days of NF services (exempted hospital discharge) **OR** The Attending physician has certified prior to NF admission the individual will require less than 60 **calendar days** of NF services (60 day categorical decision)

STEP 10:

Complete the **Attestation.**

This states:

By checking this box, I attest that I have reviewed all information contained herein and that I take responsibility for the completeness and accuracy of information reported throughout this submission. I also attest this information was provided by a health care professional working in a clinical capacity for this facility. The healthcare professional who provided this submission information meets the required clinical qualifications.

I understand that the state of Tennessee considers knowingly submitting inaccurate, incomplete or misleading Level I information to be Medicaid fraud, and I have completed this form to the best of my knowledge.

LEVEL I PASRR ATTESTATION AND SIGNATURE

☐ *y checking this box, I attest that I have reviewed all information contained herein and that I take responsibility for the completeness and accuracy of information reported throughout this submission. I also attest this information was provided by a health care professional working in a clinical capacity for this facility. The healthcare professional who provided this submission information meets the required clinical qualifications.*

I understand that the state of Tennessee considers knowingly submitting inaccurate, incomplete or misleading Level I information to be Medicaid fraud, and I have completed this form to the best of my knowledge.

Submitter Information Page—**Figure 5**

STEP11:

Enter the name and credentials of the clinical professional signing off on the clinical information.

Verify your **information**.

Enter your **phone** number.

Enter any Additional Notes/Comments to provide additional information to Ascend's nurses.

Click **Submit** to submit the screen for review.

Please enter the name of the Clinical Professional who is signing off on the clinical information: [   ]

Please enter phone number where the submitter of this review may be reached.
Name:Stephanie Pettitt   Date: Phone: [615-222-2222]   Fax: 555-666-7777

Agency/Facility: [TN/CA Facility Two - NF   ▾] 222 Second Ave, Brentwood TN, 37222

Additional Comments

Additional Notes/Comments (Use this area for any important information you think was not adequately addressed in the above sections.)

[   ]

[< Previous]   [Submit >]

If the person does not have a known or suspected PASRR condition, you may receive an instant approval. If you do not receive an instant approval, monitor your Census for Red Exclamation points to respond to requests for additional information or for the outcome of clinical review.

Accessing Outcomes

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Accessing Outcomes

From the Home Page

STEP 1:
Locate the *Recent Actvity* table.

STEP 2:
Locate the **individual's name** in the table. Use one or more of the following options to locate the name:

- Click the *column header* to sort.

- Enter the person's name in the *filter box* to search.

- Click the *pagination buttons* under the table to open the next table entries.

STEP 3:
Review the **Status/Outcome column** to identify the screen status or outcome.

Click the **row** to open the screen (read only access after submission)

Click the **printer icon** to print the screen.

Recent Activity

Show 10 entries   Showing 31 to 40 of 81 entries   Filter:

Individual Name	Review Type	SSN	Status/Outcome	Referral Date	Print	Upload
James Dean	Expedited	4444	Refer for Level II-Level I Positive	11/11/2016 8:30:00 AM	🖶	
James Smith	Resident Review	0088	60 day Convalescence Categorical-Level I Positive	11/15/2016 9:18:00 AM	🖶	
Jamie Smith	Preadmission	5694	30 day Hospital Exemption-Level I Positive	11/15/2016 9:18:00 AM	🖶	
Jan Lawson	Preadmission	1535	No Level II Condition-Level I Negative -Web Approved	11/15/2016 3:18:35 PM	🖶	
Jan Smith	Preadmission	7986	Submitted	11/11/2016 2:29:26 PM		⤵
Janet King	Preadmission	0001	No Level II Condition-Level I Negative	11/16/2016 8:42:00 AM	🖶	
Jethro Tull	Change of Mental Status (3-Day)	2546	60 day Convalescence Categorical-Level I Positive	11/11/2016 9:19:00 AM	🖶	
John Smith	LOC	0009	Submitted	11/16/2016 3:37:14 PM		⤵
John Smith	Resident Review	0009	Hold for LOC-Level II needed	11/10/2016 10:23:00 AM		⤵
Joshua Smith	Preadmission	4336	No Level II Condition-Level I Negative -Web Approved	11/11/2016 2:20:46 PM	🖶	

First Previous 1 2 3 4 5 … 9 Next Last

Home Page/Recent Outcomes Tab—Figure 1

Potential Outcomes—PASRR Level I

NEGATIVE SCREEN—NO PASRR CONDITION IDENTIFIED	The person does not have a PASRR condition and can be admitted to a nursing facility without further assessment.
LEVEL II POSITIVE, NO STATUS CHANGE	The person has a PASRR condition and requires a Level II assessment. You must follow the procedures outlined by the state. Ascend does not make referrals for Level II assessments. We encourage you to do this immediately to prevent unnecessary delays.
EXEMPTED HOSPITAL DISCHARGE	The person has a PASRR condition, will be in the NF for 30 days or less, as verified by physician certification, and is admitting to a NF from a hospital for treatment of the same condition for which the person was in the hospital. If the person will be in the NF longer than the approved time, a new Level I screen and Level II determination is required before the conclusion of the time limited stay.
CONVALESCENT CARE	The person is currently admitted to the hospital and is going to the NF for treatment of the condition for which s/he received hospital care, and whose physician certifies will likely require 60 days or fewer of NF services.
EMERGENCY CATEGORICAL	Due to an environmental or situational emergency, to ensure health and safety, persons with a known or suspected Level II condition are approved for a 7-day NF admission without a prior Level II evaluation. A new review is required for a Level II to be completed prior to the end date of the 7-day approval, and determination of continued NF stay.
RESPITE CATEGORICAL	The person who resides in a community setting and requires a brief NF admission to provide respite to in-home caregivers. This outcome provides 30 calendar days in the NF for ECF members and 9 days for CHOICES members.
TERMINAL ILLNESS	The person has a terminal illness, and whose physician certifies s/he has a life expectancy of 6 months or less. This outcome provides 180 calendar days in the NF.
SEVERE PHYSICAL ILLNESS	The person who is in a comatose state, ventilator dependent, functioning at brain stem level, or diagnoses, such as COPD, Parkinson's disease, Huntingdon's disease, ALS, or congestive heart failure which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services. This is not a time limited stay, although the person's physician must certify the individual's condition. A new level 1 screen must be submitted should there be any improvement in the person's physical condition.
DEMENTIA AND ID	The person has an intellectual disability and dementia and whose physician certifies the condition.
REFER FOR LEVEL II ONSITE	The person has a PASRR condition and requires and onsite assessment. You must follow the procedures outlined by the state. **Ascend does not make referrals for Level II assessments**. We encourage you to refer to the Level II entity immediately to prevent unnecessary delays.
WITHDRAWN	The screen is no longer applicable to the person. Perhaps they chose to return home, passed away, or in some other way the screening is no longer needed.
TECHNICAL DENIAL (TIME LIMIT)	Requested documents were not submitted or responded to within 14 calendar days by the provider. A valid Level I determination was not made and the person cannot admit to the NF. A new Level I is required.
CANCELLED	Ascend will cancel referral screens for which requested information and documentation is not received within 14 calendar/10 business days. A new screen must be submitted with all required and previously requested information if the person is still in need of nursing facility placement.

Potential Outcomes — Level of Care for Level II Referrals

All others will require the standard PAE process

LONG TERM APPROVAL	The person has medical necessity for NF Level of Care for an unspecified timeframe. Follow standard PAE practice for change in status, as applicable.
SHORT TERM APPROVAL	The person has medical necessity for NF Level of Care for a specified timeframe—30, 60, 90, or 120 days. Follow standard PAE practice for change in status, as applicable.
DENIAL	The person does not meet specific criteria or demonstrate medical necessity for NF Level of Care.

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Communicating with Ascend for Submitted Screens
From the Home Page

STEP 1:
Review the **Alert Type** column. Ascend's clinicians will notify you if additional information is needed to complete a submitted screen.

Click the **person's name** to open the record.

Home Page/Recent Alerts Table—Figure 1

The system will bring you to a communication board.

STEP 2:
Review the information in the box in the upper left corner of the screen.

STEP 3:
Enter your response in the Send Additional Information box.

Click **Submit** to respond to Ascend.

The response will move from the Send Additional Information box to the Information Sent box.

PASRR Additional Information Screen—Figure 2

STEP 4:

Click the **Upload** Icon in the table to submit requested documents.

✉ **Recent Alerts**

Show [10 ▼] entries   Showing 1 to 8 of 8 entries   Filter: [_____]

Individual Name	Alert Type	Alert Date	Action Date	Upload	Submit LOC
Veronica Mitchell	LOC Needed	11/15/2016 2:48:00 PM		🔁	Submit LOC
Sue Allen	LOC Needed	11/14/2016 3:54:00 PM		🔁	Submit LOC
George Allen	Information needed - PASRR	11/21/2016 3:38:00 PM		🔁	
Flash Barry	Information needed - LOC	11/21/2016 10:55:00 AM		🔁	

Home Page/Recent Alerts Table—Figure 3

Upon receipt of all necessary information, the clinical reviewer will issue an outcome.

SUBMITTING LOC

If an individual has, or is suspected of having PASRR condition, and the person does not qualify for a categorical or exemption, the individual must have a Level II assessment.

(Regardless of Payer Source): A Level of Care screen is required for all individuals that need a Level II assessment.

You will receive an alert in your Recent Alerts queue that a Level of Care screen is needed. Click on Submit LOC to complete the LOC.

The PAE Certification Form must be submitted for all LOC submissions.

Level of Care

The acuity scale applies weighted values to the answer that you provide to each question on the functional assessment:

ADL (or related) Deficiencies		Weights						
Functional Measure	Condition	Always	Usually	Usually Not	Never	Max Individual Score	Max Acuity Score
Transfer	Highest value of two measures	0	1	3	4	4	4
Mobility		0	1	2	3	3	
Eating		0	1	3	4	4	4
Toileting	Highest value of three possible questions for the toileting measure	0	0	1	2	2	3
Incontinence care		0	1	2	3	3	
Catheter/ostomy care		0	1	2	3	3	
Orientation		0	1	3	4	4	4
Expressive communication	Highest value of two possible questions for the communication measure	0	0	0	1	1	1
Receptive communication		0	0	0	1	1	
Self-administration of medication	First question only (excludes SS Insulin)	0	0	1	2	2	2
Behavior		3	2	1	0	3	3
Maximum Possible ADL (or related) Acuity Score							21

	Actual Score
Maximum Possible ADL (or related) Acuity Score	
Maximum Possible Skilled Services Acuity Score +	Actual Score
=	
Maximum Total NF LOC Acuity Score	26

All answers may be approved or denied by TennCare based on supporting documentation.
If an answer is denied, the assigned value would not apply to the "actual score". Only those approved will apply to the "actual score".
This means the total acuity score may change once a PAE is reviewed by TennCare.

Skilled Services

Utilizing the answers that are provided on the PAE submission:

Skilled Services

Ventilator	5
Frequent tracheal suctioning	4
New tracheostomy or old tracheostomy requiring suctioning through the	3
Total Perenteral Nutrition (TPN)	3
Complex wound care (i.e., infected or dehisced wounds)	3
Wound care for stage 3 or 4 decubitus	2
Peritoneal dialysis	2
Tube feeding, enteral	2
Intravenous fluid administration	1
Injections, sliding scale insulin	1
Injections, other IV, IM	1
Isolation precautions	1
PCA pump	1
Occupational Therapy by OT or OT assistant	1
Physical Therapy by PT or PT assistant	1
Teaching catheter/ostomy care	0
Teaching self-injection	0
Other	0
Maximum Possible Skilled Services Acuity Score	5

= total of all actual maximum acuity scores; only up to 5

Determining Level of Care

Activities of Daily Living (ADL) consist of self-care tasks that enable a person to live independently in their home.

Transfer

Rule says…

The Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others on an ongoing basis (daily or at least four days per week).

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of transfer assistance required.

Mobility

Rule says…

The Applicant requires physical assistance from another person for mobility on an ongoing basis (daily or at least four days per week). Mobility is defined as the ability to walk, using mobility aids such as a walker, crutch, or cane if required, or the ability to use a wheelchair (manual or electric) if walking is not feasible. The need for a wheelchair, walker, crutch, cane, or other mobility aid shall not by itself be considered to meet this requirement.

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of mobility assistance required.

Eating

Rule says…

The Applicant requires physical assistance with gastrostomy tube feedings or physical assistance or constant one-on-one observation and verbal assistance (reminding, encouraging) 4 or more days per week to consume prepared food and drink (or self-administer tube feedings, as applicable) or must be fed part or all of each meal. Food preparation, tray set-up, assistance in cutting up foods, and general supervision of multiple residents shall not be considered to meet this requirement.

Approval of this deficit shall require documentation which supports the need for such intervention, along with evidence that in the absence of such physical assistance or constant one-on-one observation and verbal assistance, the Applicant would be unable to self-perform this task. For PAEs submitted by the AAAD (or entity other than an MCO, NF, or PACE Organization), an eating or feeding plan specifying the type, frequency and duration of supports required by the Applicant for feeding, along with evidence that in the absence of such physical assistance or constant one-on- one observation and verbal assistance, the Applicant would be unable to self-perform this task shall be required.

Toileting

Rule says…

The Applicant requires physical assistance from another person to use the toilet or to perform incontinence care, ostomy care, or catheter care on an ongoing basis (daily or at least four days per week).

Approval of this deficit shall require documentation of the specific type and frequency of toileting assistance required.

Orientation

Rule says…

The Applicant is disoriented to person (e.g., fails to remember own name, or recognize immediate family members), place (e.g., does not know residence is a NF), or event/situation (e.g., is unaware of current circumstances in order to make decisions that prevent risk of harm) daily or at least four days per week.

Approval of this deficit shall require documentation of the specific orientation deficit(s), including the frequency of occurrence of such deficit(s), and the impact of such deficit(s) on the Applicant.

Communication

Rule says…

The Applicant is incapable of reliably communicating basic needs and wants (e.g., need for assistance with toileting; presence of pain) in a manner that can be understood by others, including through the use of assistive devices; or the Applicant is incapable of understanding and following very simple instructions and commands without continual intervention (daily or at least four days per week).

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of communication assistance required.

Medication

Rule says…

The Applicant is not cognitively or physically capable (daily or at least four days per week) of self-administering prescribed medications at the prescribed schedule despite the availability of limited assistance from another person. Limited assistance includes, but is not limited to, reminding when to take medications, encouragement to take, reading medication labels, opening bottles, handing to Applicant, reassurance of the correct dose, and the use of assistive devices including a prepared medication box. An occasional lapse in adherence to a medication schedule shall not be sufficient for approval of this deficit; the Applicant must have physical or cognitive impairments which persistently inhibit his or her ability to self-administer medications.

Approval of this deficit shall require evidence that such interventions have been tried or would not be successful, and that in the absence of intervention, the Applicant's health would be at serious and imminent risk of harm.

Behavior

Rule says…

The Applicant requires persistent staff or caregiver intervention and supervision (daily or at least four days per week) due to an established and persistent pattern of behavioral problems which are not primarily related to a mental health condition (for which mental health treatment would be the most appropriate course of treatment) or a substance abuse disorder (for which substance abuse treatment would be the most appropriate course of treatment), and which, absent such continual intervention and supervision, place the Applicant or others at imminent and serious risk of harm.

Such behaviors may include physical aggression (including assaultive or self-injurious behavior, destruction of property, resistive or combative to personal and other care, intimidating/threatening, or sexual acting out or exploitation) or inappropriate or unsafe behavior (including disrobing in public, eating non-edible substances, fire setting, unsafe cooking or smoking, wandering, elopement, or getting lost).

Approval of this deficit shall require documentation of the specific behaviors and the frequency of such behaviors.

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Completing an LOC Screen: NF

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Completing a Level of Care Screen

From the Census Queue

STEP 1:

Locate the person's record with a **Red Exclamation point requesting an LOC.**

Click *View* to open the person's record.

Individual ID	SS #	DOB	First Name	Last Name	PASRR Level I Outcome	PASRR Level I Review Date	Summary Outcome	Summary Date		Remove From Roster
1454	2375	11/5/1946	CAROLYN	HIGHTOWER	Dementia Exempt-Level I Negative	11/9/2016	Specialized Services Denial	11/9/2016	View	Remove
1462	2331	6/30/1955	Cathy	Brown	Hold for LOC-Level II needed				View !	Remove
1295	5546	5/6/2015	Cathy	Jones					View	Remove
191	8963	9/1/1950	Cliff	Claven	No Level II Condition-Level I Negative	10/10/2016			View !	Remove
					Refer for Level II-Level I					

System Home Page—Figure 1

STEP 2:

Review the **In Process table** in the person's record.

Locate the record with the Info Requested. The Request will indicate the need for an LOC.

Click the **Status/Outcome** to initiate the LOC screen.

In Process | | | | | | **Total Records: 1**

Review Type	Referral/Saving Date	Status/Outcome	Info Requested	Info Requested Date	Submit Requested Info
Level I	11/23/2016 8:37:00 AM	Hold for LOC-Level II needed	(JL) please provide the LOC and H&P	11/23/2016 10:12:00 AM	Create Upload

Individual Record—Figure 2

STEP 3:

Verify the **demographics.** These will populate based on the information provided in the Level I.

Make any needed changes.

Click *Next* at the bottom of the screen.

CLIENT DEMOGRAPHICS

First Name: Cathy
Middle Name:
Last Name: Brown
Mailing Address: Street: 123 Dragonzord
City: franklin   State: TN   Zip: 37067
Phone: 233-423-5252 x25423
County: BLEDSOE

S T E P 5 : Complete the **LOC – Functional Assessment** page. Refer to the criteria and definitions on the LOC page. These mirror those of the PAE. Click **Next** to continue.	**LOC - FUNCTIONAL ASSESSMENT** **Nursing Facility Reimbursement Levels (Check one of the Levels below):** ○ CV (Chronic Ventilator) ○ TS (Tracheal Suctioning) ○ Nursing Facility (Level I or Level II) **Submission Request Type: New CHOICES Applicant** **Activities of Daily Living (ADLs) and ADL-related Functions:** NOTE: If applicant does NOT currently reside in a NF and/or Medicare is responsible for NF payment, applicant cannot be enrolled into CHOICES Group 1, even if a LOC is approved. Upon NF admission and/or exhaustion of Medicare benefit, the NF must via TPAES enter a Medicaid Only Payer Date (MOPD) before enrollment into CHOICES can occur. *Functional Assessment Page—Figure 3*
S T E P 6 : Complete the **LOC – Skilled Nursing and Rehab Services** page. Indicate the Requested Start and End dates for each needed service. Refer to the criteria and definitions on the LOC page. These mirror those of the PAE.	**LOC - SKILLED NURSING AND REHAB SERVICES** **SKILLED NURSING & REHABILITATIVE SERVICES (Check all that apply and indicate frequency needed)** The applicant requires daily skilled nursing or rehabilitative services at a greater frequency, duration, or intensity than, for practical purposes, would be provided through a daily home health visits. Approval of such skilled nursing or rehabilitative services requires a physician's order and other documentation as specified in the LOC. Level 2 reimbursement for rehabilitative services and acuity points for such rehabilitative services shall not be approved for chronic conditions, exacerbations of chronic conditions, weakness after hospitalization, or maintenance of functional status, although the NF shall be required to ensure that appropriate services and supports are provided based on the individualized needs of each resident. Reimbursement for Level 2 Nursing Facility Services requires specific supporting documentation for approval. The required supporting documentation is specified below in italics for each skilled or rehabilitative service. The specified documentation must be submitted with the LOC. *TennCare does not provide reimbursement for rehabilitative services (see below) for chronic conditions, exacerbations of chronic conditions, or weakness after hospitalization. Rehabilitative services for maintenance of functional status (e.g., routine range of motion exercises, stand-by assistance during ambulation, or applications of splints/braces) are not considered skilled level services. *Skilled Nursing and Rehab Services Page—Figure 4*
S T E P 7 : The physician, NP, PA, or Clinical Nurse Specialist must certify the person's need for NF services.	**LOC - NURSING FACILITY CERTIFICATION** **PHYSICIAN CERTIFICATION OF LEVEL OF CARE AND PHYSICIAN ORDER FOR NF SERVICES** Must be completed by a Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist ☐ By checking this box, I certify that the applicant **requires the level of care provided in a nursing facility** and that the requested long-term care services are medically necessary for this applicant. **Medically necessary** care in a nursing facility must be expected to **improve or ameliorate** the individual's physical or mental condition, to **prevent deterioration** in health status, or to **delay progression** of a disease or disability, and such care must be ordered and supervised by a physician on an ongoing basis. I further certify that **I am ordering nursing facility services on an ongoing basis.** I understand that this information will be used to determine the applicant's eligibility for long-term care services. I understand that any intentional act on my part to provide false information that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent is subject to federal and state civil and criminal penalties. *Attestation—Figure 5*

S T E P 8 :

Enter your **phone number.**

Indicate the person's **diagnoses** relevant to applicant's functional and/or skilled nursing needs.

Include any **additional note or comments** for information to the nurse reviewer.

Please enter phone number where the submitter of this review may be reached.
Name: Date: 11/23/2016 11:02:40 AM   Phone: 615-222-2222   Fax: 555-666-7777

Agency/Facility: TN/CA Facility Two - NF   222 Second Ave, Brentwood TN, 37222

Diagnoses

Diagnoses relevant to applicant's functional and/or skilled nursing needs:

Comments

Additional Notes/Comments (Use this area for any important information you think was not adequately addressed in the above sections.)

NF Certification Page—Figure 6

S T E P 8 :

Click **Create Upload** to upload required documentation, as indicated on the page.

Refer to the Uploading Documentation tutorials for more information

Create Upload

REQUIRED ATTACHMENTS (When an LOC is required, the following attachments must be included)

- A recent History and Physical (completed within 365 days of the LOC Request Date or date of Physician Certification below, whichever is earlier) OR other recent medical records supporting the applicant's functional and/or skilled nursing or rehabilitative needs; and

- If skilled nursing and/or rehabilitative services are being requested, a separate Physician's Order for such service(s) must be attached and supporting documentation for reimbursement based on the need for such service(s).

NF Certification Page—Figure 7

S T E P 9 :

Indicate if a Safety Determination is requested.

If **Yes**, download, complete, and upload the safety determination form.

If **No**, check the box to indicate the declination.

Click Submit to send the LOC to Ascend for review.

Safety Determination

Request Safety Determination: ● Yes   ○ No

A Safety Determination Request must be made in accordance with requirements set forth in TennCare Rule. A Safety Determination Request must be completed in its entirety and included with the LOC submission, along with all required documentation.
Download Safety Determination form

Safety Determination

Request Safety Determination: ○ Yes   ● No

☐ I'm aware that a Safety Determination Request may be initiated by an Individual or Individual's representative. I have talked to the Individual about meeting NF LOC for Medicaid reimbursement of NF services, including safety determination. A Safety Determination has not been requested.

NF Certification Page—Figure 8

Monitor your Census for Red Exclamation points to respond to requests for additional information or for the outcome of clinical review.

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Completing a Level of Care Screen

From the Census Queue

STEP 1:

Locate the person's record with a **Red Exclamation point requesting an LOC.**

Click **View** to open the person's record.

Individual ID	SS #	DOB	First Name	Last Name	PASRR Level I Outcome	PASRR Level I Review Date	Summary Outcome	Summary Date		Remove From Roster
1454	2375	11/5/1946	CAROLYN	HIGHTOWER	Dementia Exempt-Level I Negative	11/9/2016	Specialized Services Denial	11/9/2016	View	Remove
1462	2331	6/30/1955	Cathy	Brown	Hold for LOC-Level II needed				View !	Remove
1295	5546	5/6/2015	Cathy	Jones					View	Remove
191	8963	9/1/1950	Cliff	Claven	No Level II Condition-Level I Negative	10/10/2016			View !	Remove
					Refer for Level II Level I					

Figure 1

STEP 2:

Review the **In Process table** in the person's record.

Locate the record with the Info Requested. The Request will indicate the need for an LOC.

Click the **Status/Outcome** to initiate the LOC screen.

In Process   Total Records: 1

Review Type	Referral/Saving Date	Status/Outcome	Info Requested	Info Requested Date	Submit Requested Info
Level I	11/23/2016 8:37:00 AM	Hold for LOC-Level II needed	(JL) please provide the LOC and H&P	11/23/2016 10:12:00 AM	Create Upload

Figure 2

STEP 3:

Verify the **demographics.** These will populate based on the information provided in the Level I.

Make any needed changes.

Click **Next** at the bottom of the screen.

CLIENT DEMOGRAPHICS

First Name: Cathy
Middle Name:
Last Name: Brown
Mailing Address: Street: 123 Dragonzord
City: franklin   State: TN   Zip: 37067
Phone: 233-423-5252 x25423
County: BLEDSOE

Figure 3

STEP 4:

Complete the **LOC – Functional Assessment** page.

Refer to the criteria and definitions on the LOC page. These mirror those of the PAE.

Click **Next** to continue.

LOC - FUNCTIONAL ASSESSMENT

Nursing Facility Reimbursement Levels (Check one of the Levels below):

○ CV (Chronic Ventilator)
○ TS (Tracheal Suctioning)
○ Nursing Facility (LOC)

Submission Request Type: New CHOICES Applicant

Figure 4

STEP 5:

Complete the **LOC – Skilled Nursing and Rehab Services** page.

Indicate the **Requested Start** and **End dates** for each needed service.

Refer to the criteria and definitions on the LOC page. These mirror those of the PAE.

> **LOC - SKILLED NURSING AND REHAB SERVICES**
>
> **SKILLED NURSING & REHABILITATIVE SERVICES (Check all that apply and indicate frequency needed)**
> The applicant requires daily skilled nursing or rehabilitative services at a greater frequency, duration, or intensity than, for practical purposes, would be provided through daily home health visits.
>
> Approval of such skilled nursing or rehabilitative services requires a physician's order and other documentation as specified in the LOC. Acuity points for such skilled nursing and rehabilitative services shall not be approved for chronic conditions, exacerbations of chronic conditions, weakness after hospitalization, or maintenance of functional status, although the NF shall be required to ensure that appropriate services and supports are provided based on the individualized needs of each resident.

Figure 5

STEP 6:

The physician, NP, PA, or Clinical Nurse Specialist must certify the person's need for NF services.

> **LOC - NURSING FACILITY CERTIFICATION**
>
> **PHYSICIAN CERTIFICATION OF LEVEL OF CARE AND PHYSICIAN ORDER FOR NF SERVICES**
> Must be completed by a Physician (MD or DO), Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist
>
> ☐ By checking this box, I certify that the applicant **requires the level of care provided in a nursing facility** and that the requested long-term care services are medically necessary for this applicant. **Medically necessary** care in a nursing facility must be expected to **improve or ameliorate** the individual's physical or mental condition, to **prevent deterioration** in health status, or to **delay progression** of a disease or disability, and such care must be ordered and supervised by a physician on an ongoing basis. I further certify that **I am ordering nursing facility services on an ongoing basis.** I understand that this information will be used to determine the applicant's eligibility for long-term care services. I understand that any intentional act on my part to provide false information that would potentially result in a person obtaining benefits or coverage to which s/he is not entitled is considered an act of fraud under the state's TennCare program and Title XIX of the Social Security Act. I further understand that, under the Tennessee Medicaid False Claims Act, any person who presents or causes to be presented to the State a claim for payment under the TennCare program knowing such claim is false or fraudulent is subject to federal and state civil and criminal penalties.

Figure 6

STEP 7:

Enter your **phone number.**

Indicate the person's **diagnoses** relevant to applicant's functional and/or skilled nursing needs.

Include any **additional note or comments** for information to the nurse reviewer.

> Please enter phone number where the submitter of this review may be reached.
> Name: Date: 11/23/2016 11:02:40 AM   Phone: 615-222-2222   Fax: 555-666-7777
> Agency/Facility: TN/CA Facility Two - NF   222 Second Ave, Brentwood TN, 37222
>
> **Diagnoses**
> **Diagnoses** relevant to applicant's functional and/or skilled nursing needs:
>
> **Comments**
> **Additional Notes/Comments** (Use this area for any important information you think was not adequately addressed in the above sections.)

Figure 7

STEP 8:

Click *Create Upload* to upload required documentation, as indicated on the page.

Refer to the Uploading Documentation tutorials for more information

> Create Upload
>
> **REQUIRED ATTACHMENTS (When an LOC is required, the following attachments must be included)**
>
> • A recent History and Physical (completed within 365 days of the LOC Request Date or date of Physician Certification below, whichever is earlier) OR other recent medical records supporting the applicant's functional and/or skilled nursing or rehabilitative needs; and
>
> • If skilled nursing and/or rehabilitative services are being requested, a separate Physician's Order for such service(s) must be attached and supporting documentation for reimbursement based on the need for such service(s).

Figure 8

STEP 9:

Indicate if a Safety Determination is requested.

If **Yes**, download, complete, and upload the safety determination form.

If **No**, check the box to indicate the declination.

Click **Submit** to send the LOC to Ascend for review.

Safety Determination

Request Safety Determination: ⦿ Yes   ○ No

A Safety Determination Request must be made in accordance with requirements set forth in TennCare Rule. A Safety Determination Request must be completed in its entirety and included with the LOC submission, along with all required documentation.
Download Safety Determination form

Safety Determination

Request Safety Determination: ○ Yes   ⦿ No

☐ I'm aware that a Safety Determination Request may be initiated by an Individual or Individual's representative. I have talked to the Individual about meeting NF LOC for Medicaid reimbursement of NF services, including safety determination. A Safety Determination has not been requested.

Figure 9

Monitor your Census for Red Exclamation points to respond to requests for additional information or for the outcome of clinical review.

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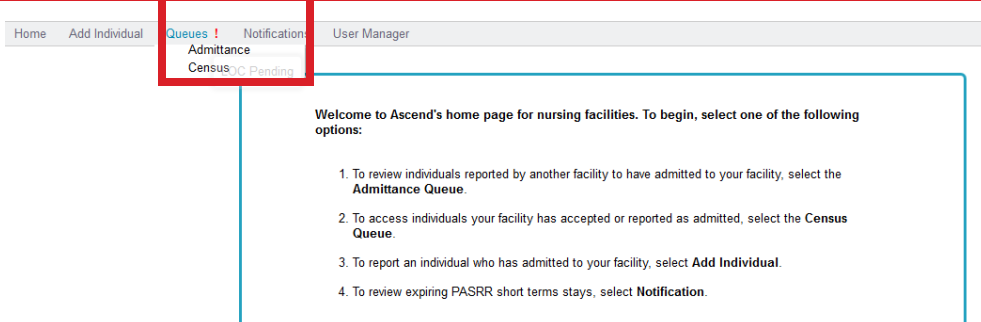
A c c e s s i n g   R e c o r d s   f o r   I n d i v i d u a l s   R e s i d i n g   i n   t h e   NF (NF Providers Only)

From the Screening System Home Page

S T E P 1 : Hover on **Queues**. Select *Census* to open the PathTracker Census.	 Home Page/PathTracker Queue—Figure 1
S T E P 2 : Click the V**iew** to open the person's record.	 PathTracker Census—Figure 2
S T E P 3 : Click the *View/Print* to open submitted Admit/Discharge-Transfer notices. Click *Print Outcome* to print completed PASRR screens. Click *View* to review submitted supporting documentation.	 Individual Record—Figure 3

Accessing Screens in Clinical Review :
Nursing Facilities

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Accessing Screens in Clinical Review
From the Census Queue

S T E P 1:
Locate the person's name in the table.

Click the column header to sort.

S T E P 2:
Click the *View* to open the screening record.

Note: a red exclamation point indicates needed information or response.

Individual ID	SS #	DOB	First Name	Last Name	PASRR Level I Outcome	PASRR Level I Review Date	Summary Outcome	Summary Date		Remove From Roster
1429	2131	12/12/1911	AES	123	Refer for Level II-Level I Positive	11/18/2016			View	Remove
1527	2071	3/6/1954	Ella	Allen	Refer for Level II-Level I Positive	11/17/2016	Short-term Approval	11/17/2016	View	Remove
1524	7654	8/20/1935	Sandy	Baker	Refer for Level II-Level I Positive	11/17/2016	Long-term Approval	11/17/2016	View	Remove
1444	5824	9/26/1944	ILA	BLACKBURN	Refer For Level II DBR	11/15/2016	Short-term Approval	11/16/2016	View	Remove
1496	0369	5/25/1965	U2	Bono					View	Remove
1462	2331	6/30/1955	Cathy	Brown	Hold for LOC-Level II needed				View !	Remove
1488	4878	6/30/1955	June	Brown					View	Remove

Census Queue—Figure 1

Refer for LEVEL II

Refer for Level II = has/suspected PASRR condition

- This means the individual does have a PASRR condition and will need to have a Level II evaluation and summary before he/she can be admitted to a NF.

Submitting Status Change

1. Submit a new Level I to initiate the process

2. Level II completed

   - Level II not always required; only if PASRR condition exists or suspected

3. Revise care plan based on findings and arrange/discontinue identified services, as appropriate

4. New summary of findings generated

Level II Process

- After the LOC is submitted, Ascend will start the Level II process. Ascend will refer the LII to an Independent Contractor Assessor to conduct.
- The IC assessor will conduct a face-to-face assessment within 48 hours of receipt of the LOC.
- After the face-to-face assessment is complete, Ascend completes a quality review and writes a draft Summary of Findings.
- The assessment is sent to DMH/DIDD for the PASRR determination.
- After DMH/DIDD makes the determination, Ascend finalizes the assessment and mails PASRR notifications to the individual/guardian and PCP.
- Total Level II timeframe: 5 business days

AFTER THE ASSESSMENT

After Ascend receives the completed Level II assessment, we review all the information, including the medical record and supporting interviews, and our clinicians make a determination about the
individual's psychiatric and medical stability, the need for NF care (meaning does the person meet medical necessity & LOC for NF placement), and what type of the services a person needs to be successful. We write all of that up in a summary of findings report and send a copy to the LI submitter. This means the Level I submitter must share this with the accepting NF BEFORE the individual goes to that facility.

The NFs need to review this in detail before the individual can go to their facility to ensure that their facility can deliver the identified services and meet the individuals needs.

Federal regulations suggest an average of 7-9 days for the completion of the entire PASRR process, although contractually, Ascend has 5 calendar days. Providers can greatly influence the timeliness of LII reports by responding to questions promptly and submitting requested information at the time of submission of the LI screen.

Level II Outcomes

LEVEL II OUTCOME	APPLIES WHEN
Approved SS	Individual was approved for nursing facility services and needs specialized services.
Approved SS - Reconsideration	Individual was approved for nursing facility services because of reconsideration or appeal and needs specialized services.
Approved No SS	Individual was approved for nursing facility services and specialized services are not needed.
Approved No SS - Reconsideration	Individual was approved for nursing facility services because of reconsideration or appeal and specialized services are not needed.
Approved SS - ST	Individual was approved for short-term nursing facility services and specialized services are needed.
Approved SS – Reconsideration - ST	Individual was approved for short-term nursing facility services because of reconsideration or appeal and specialized services are needed are needed.
Approved No SS - ST	Individual was approved for short-term nursing facility services and specialized services are not needed.
Approved No SS – Reconsideration- ST	Individual was approved for short-term nursing facility services because of reconsideration or appeal and specialized services are not needed.
Halted Outcome – NO SMI/ID/RC	This individual doesn't have a serious mental illness.
Halted Outcome - Primary Neurocognitive Disorder	This individual has a primary diagnosis of Dementia and/or Neurocognitive Disorder.
Cancelled/Withdrawn	The LII was cancelled (i.e. no longer seeking NF placement or passed away. The LII was withdrawn at the request of the Provider.
Denied – Medical Necessity	Individual was determined not to meet nursing facility level of care of doesn't have any significant deficits.
Denied – Medical Necessity - Reconsideration	Individual was determined not to meet level of care for NF services because of reconsideration or appeal.
Denied – Requires Inpatient Psychiatric Services	Individual was determined not to meet level of care for NF services because they need inpatient psychiatric services.
Denied – Requires Inpatient Psychiatric Services - Reconsideration	Individual was determined to not meet level of care for NF services because they need inpatient psychiatric services because of reconsideration or appeal.

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Printing Outcome Letters
From the Census Queue.

STEP 1:

Locate the **person's record.**

Click *View* to open the record.

CENSUS

Below is a list of individuals accepted to your facility. Select **View** to see the details for each individual or to submit admission or discharge/transfer forms.

Click on a column header to sort by that column.

Total Records: 92

Individual ID	SS #	DOB	First Name	Last Name	PASRR Level I Outcome	PASRR Level I Review Date	Summary Outcome	Summary Date		Remove From Roster
1429	2131	12/12/191	AES	123	Refer for Level II-Level I Positive	11/18/2016			View	Remove
1527	2071	3/6/1954	Ella	Allen	Refer for Level II-Level I Positive	11/17/2016	Short-term Approval	11/17/2016	View	Remove
1524	7654	8/20/1935	Sandy	Baker	Refer for Level II-Level I Positive	11/17/2016	Long-term Approval	11/17/2016	View	Remove
1444	5824	9/26/2010	ILA	BLACKBURN	Refer For Level II DBR	11/15/2016	Short-term Approval	11/16/2016	View	Remove

Recent Outcomes Tab—Figure 1

STEP 2:

Locate the **Activity Type** area for the needed record.

Click *View/Print* or *Print Outcome* to print the record.

Admit-Discharge-Transfer Notices

Total Records: 1

Type	Date	Admit/Trans/Discharge Date	Facility Name	Submitter	Submitter Phone	
Admission	11/17/2016	11/17/2016	TN/CA Facility Two - NF	Pranjali Chattopadhyay - Prov	(999) 999-9999	View/Print

PASRR Activity

Total Records: 1

PASRR Level I Outcome	PASRR Level I Review Date	LOC Outcome	LOC Review Date	Summary Outcome	Summary Date		
Refer for Level II-Level I Positive	11/17/2016	Approved	11/17/2016	Short-term Approval	11/17/2016	Create Upload	Print Outcome

Search Bar—Figure 2

Use the following instructions to complete the PASRR Activity printing process:
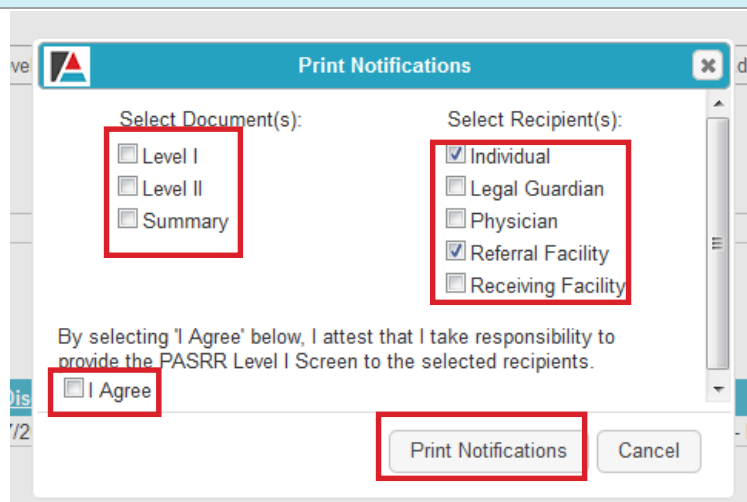
STEP 1:

Check the **box** of the document(s) to print

Check the box for one or more **recipients** from the *Select Letter Recipient(s):* field.

Check the *I Agree* box to indicate your agreement to provide the PASRR Level I screen to the selected recipients.

Click *Print Notifications.*

Print Notifications

Select Document(s):
- ☐ Level I
- ☐ Level II
- ☐ Summary

Select Recipient(s):
- ☑ Individual
- ☐ Legal Guardian
- ☐ Physician
- ☑ Referral Facility
- ☐ Receiving Facility

By selecting 'I Agree' below, I attest that I take responsibility to provide the PASRR Level I Screen to the selected recipients.

☐ I Agree

[Print Notifications] [Cancel]

Print Letters window—Figure 3

ACCESSING & PRINTING LETTERS FOR SUBMITTED REVIEWS

STEP 1 :	
Locate the **person's record** in the Recent Activity Table. Click the *printer icon* to print the record.	

STEP 2 :

Check the **box** of the document(s) to print

Check the box for one or more **recipients** from the *Select Letter Recipient(s):* field.

Check the *I Agree* box to indicate your agreement to provide PASRR level I screen to the selected recipients.

NOTE: Ascend will mail notifications for those with categorical/exemption and Level II outcomes to the individual/guardian and physician.

Click *Print Notifications*