TENNESSEE PASRR USER GUIDE
NURSING FACILITY PROVIDERS

DEVELOPED: 11.22.16
REVISED: 12.11.18
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, Huntington’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.
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!
Ascend provides this user guide as an overview of system operations. Ascend will always support the current and most recent versions of Internet Explorer, Microsoft Edge, and Mozilla Firefox. Ascend recommends Adobe Reader 10 or later.

Ensure that your firewall does not block our URL.

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

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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.

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.

**STEP 2:**
Enter the person’s information. Ensure the email address is a facility sponsored email.

**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.

**STEP 3:**
Click **Save User** to retain the addition. The information will not save unless you click Save User.
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.

**STEP 2:**
Click Add New Contract/Facility to add a new facility to the user’s account.

**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.

**STEP 3:**
Click Save User to retain the addition. The information will not save unless you click Save User.

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.
**STEP 2:**
Review the *Status* dropdown.
Change the status to reflect the person’s appropriate status, as needed.
Click *Edit* to alter facility specific access.

**STEP 3:**
Uncheck the *Active* box to remove access to one specific facility.
Click *Update* to confirm the change(s).

**STEP 3:**
Click *Save User* to retain the change(s). The information will not save unless you click *Save User*. 
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**Logging In**

**STEPS:**

**STEP 1:**
Visit [www.ascendami.com](http://www.ascendami.com)
Click Login. This will bring you to the login screen.

**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.

The system will return you to the Ascend Home Page.

**STEP 3:**
Click My projects and select PASRR from the list.
Logging Out

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Click Log-out to end your session.

![Log-out screenshot]

Figure 1
Admitting an Individual Not in the Admittance Queue: NF

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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

**STEP 2:**
Enter the person’s Social Security Number.
Click Search.
Search results will appear below.

**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.
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.

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.
**STEP 3:**
Click **OK** to proceed.

**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.

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**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.
**Path Tracker — 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.

**STEP 2:**
Enter the person’s social security number.
Click **Search**.
The results will appear under the search bar.

**STEP 3:**
Click **Yes** and **Submit**.
**S T E P 4:**
Click OK to access the Admission Notice.

*Complete the admission notice to finalize the admission process in PathTracker.*

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.

**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.
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.

**STEP 2:**
Click Report New Discharge/Transfer notice.
STEP 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.

The person’s information will no longer appear in the facility census.
Opening Drafts/ Incomplete Screens

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Opening Drafts/ Incomplete Screens

From the Home Page

**STEP 1:**
Locate the Recent Activity Table.
Search for the person’s name or reviews with a Status/Outcome of In Process.

**STEP 2:**
Click the row to open the screen.

The system will bring you to 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

<table>
<thead>
<tr>
<th>S T E P 1:</th>
<th>Locate the Filter feature with the Recent Alerts or Recent Activity tables.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter the <strong>person’s Name</strong> to search.</td>
</tr>
<tr>
<td></td>
<td>The table will reduce the view to the search results.</td>
</tr>
</tbody>
</table>

**Recent Activity**

<table>
<thead>
<tr>
<th>Individual Name</th>
<th>Review Type</th>
<th>SSN</th>
<th>Status/Outcome</th>
<th>Date</th>
<th>Print</th>
<th>Upload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan Smith</td>
<td>Preadmission</td>
<td>7986</td>
<td>60 day Convalescence Categorical-Level I Positive</td>
<td>11/1/16 2:20 PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Janet King</td>
<td>Preadmission</td>
<td>0001</td>
<td>No Level II Condition-Level I Negative</td>
<td>11/19/16 8:42 AM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Home Page—Figure 1
Uploading Documents: NF

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<table>
<thead>
<tr>
<th>Uploading Documents From the Individual's Record</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 1:</strong></td>
</tr>
<tr>
<td>Click <strong>Create Upload</strong> to open the File upload screen.</td>
</tr>
<tr>
<td><strong>STEP 2:</strong></td>
</tr>
<tr>
<td>Locate the files on your computer in the file upload box.</td>
</tr>
<tr>
<td>Click <strong>Open</strong> to attach the file(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PASRR Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>PASRR Level I Outcome</td>
</tr>
<tr>
<td>No Level II Condition Level I Negative</td>
</tr>
</tbody>
</table>

Individual Record Page—Figure 1

**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.

File Upload Screen—Figure 2
**STEP 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.

**STEP 4:**
Name the Attachment in the Attachment Name: field.

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

**STEP 5:**
Click Upload File to upload the attachment.
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

#### STEP 2:
Enter the person’s Social Security Number.
Click Search.
Search results will appear below.

#### 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.

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**Figure 1**
System Home Page

**Figure 2**
Add Individual Screen

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Medicaid ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>DOB: 1/1/___</td>
</tr>
<tr>
<td>Middle Name</td>
<td>Gender: ___</td>
</tr>
<tr>
<td>SSN: 654-98-7986</td>
<td>Submit</td>
</tr>
</tbody>
</table>
STEP 5: Click Create New Level I from the person’s record.

STEP 6: Select the Reason for Screening. Click Next to Continue.

The screen will save automatically as you click Next.

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.
**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.

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**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

   - **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)**

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**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.*

---

Submitter Information Page—Figure 5
**STEP 11:**

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.

---

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

From the Home Page

**S T E P 1:**
Locate the **Recent Activity** table.

**S T E P 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.

**S T E P 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.

To maintain proprietary content protection, this user guide does not capture all system fields.
Information appearing in this guide does not represent true and actual individuals.
## Potential Outcomes — PASRR Level I

<table>
<thead>
<tr>
<th>Outcome Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEGATIVE SCREEN—NO PASRR CONDITION IDENTIFIED</strong></td>
<td>The person does not have a PASRR condition and can be admitted to a nursing facility without further assessment.</td>
</tr>
<tr>
<td><strong>LEVEL II POSITIVE, NO STATUS CHANGE</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>EXEMPTED HOSPITAL DISCHARGE</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>CONVALESCENT CARE</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>EMERGENCY CATEGORICAL</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>RESPITE CATEGORICAL</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>TERMINAL ILLNESS</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>SEVERE PHYSICAL ILLNESS</strong></td>
<td>The person who is in a comatose state, ventilator dependent, functioning at brain stem level, or diagnoses, such as COPD, Parkinson’s disease, Huntington’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.</td>
</tr>
<tr>
<td><strong>DEMENTIA AND ID</strong></td>
<td>The person has an intellectual disability and dementia and whose physician certifies the condition.</td>
</tr>
<tr>
<td><strong>REFER FOR LEVEL II ONSITE</strong></td>
<td>The person has a PASRR condition and requires onsite assessment. You must follow the procedures outlined by the state. <strong>Ascend does not make referrals for Level II assessments.</strong> We encourage you to refer to the Level II entity immediately to prevent unnecessary delays.</td>
</tr>
<tr>
<td><strong>WITHDRAWN</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>TECHNICAL DENIAL (TIME LIMIT)</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>CANCELLED</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
### Potential Outcomes — Level of Care for Level II Referrals

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LONG TERM APPROVAL</td>
<td>The person has medical necessity for NF Level of Care for an unspecified timeframe. Follow standard PAE practice for change in status, as applicable.</td>
</tr>
<tr>
<td>SHORT TERM APPROVAL</td>
<td>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.</td>
</tr>
<tr>
<td>DENIAL</td>
<td>The person does not meet specific criteria or demonstrate medical necessity for NF Level of Care.</td>
</tr>
</tbody>
</table>
Communicating with Ascend

Ascend provides this user guide as an overview of system operations. Ascend will always support the current and most recent versions of Internet Explorer, Microsoft Edge, and Mozilla Firefox. Ascend recommends Adobe Reader 10 or later.

Ensure that your firewall does not block our URL.

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

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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.

**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.
**STEP 4:**
Click the **Upload** Icon in the table to submit requested documents.

<table>
<thead>
<tr>
<th>Individual Name</th>
<th>Alert Type</th>
<th>Alert Date</th>
<th>Action Date</th>
<th>Upload</th>
<th>Submit LOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veronica Mitchell</td>
<td>LOC Needed</td>
<td>11/15/2016 2:48:00 PM</td>
<td></td>
<td><img src="image" alt="Submit LOC" /></td>
<td>Submit LOC</td>
</tr>
<tr>
<td>Sue Allen</td>
<td>LOC Needed</td>
<td>11/14/2016 3:54:00 PM</td>
<td></td>
<td><img src="image" alt="Submit LOC" /></td>
<td>Submit LOC</td>
</tr>
<tr>
<td>George Allen</td>
<td>Information needed - PASRR</td>
<td>11/21/2016 3:30:00 PM</td>
<td></td>
<td><img src="image" alt="Submit LOC" /></td>
<td></td>
</tr>
<tr>
<td>Flash Barry</td>
<td>Information needed - LOC</td>
<td>11/21/2016 10:55:00 AM</td>
<td></td>
<td><img src="image" alt="Submit LOC" /></td>
<td></td>
</tr>
</tbody>
</table>

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

### Acuity Scale

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

<table>
<thead>
<tr>
<th>ADL (or related) Deficiencies</th>
<th>Weights</th>
<th>Max Acuity Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Measure</td>
<td>Condition</td>
<td>Always</td>
</tr>
<tr>
<td>Transfer</td>
<td>Highest value of two measures</td>
<td>0</td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Eating</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Incontinence care</td>
<td>Highest value of three possible questions for the toileting measure</td>
<td>0</td>
</tr>
<tr>
<td>Catheter/ostomy care</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Orientation</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expressive communication</td>
<td>Highest value of two possible questions for the communication measure</td>
<td>0</td>
</tr>
<tr>
<td>Receptive communication</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Self-administration of medication</td>
<td>First question only (excludes SS insulin)</td>
<td>0</td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

Maximum Possible ADL (or related) Acuity Score

Maximum Possible Skilled Services Acuity 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:

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

= 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.
Completing an LOC Screen: NF

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Ensure that your firewall does not block our URL.

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Completing a Level of Care Screen
From the Census Queue

**S T E P 1:**
Locate the person’s record with a Red Exclamation point requesting an LOC.
Click **View** to open the person’s record.

**S T E P 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.

**S T E P 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.
STEP 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.

STEP 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.

STEP 7:
The physician, NP, PA, or Clinical Nurse Specialist must certify the person’s need for NF services.
**STEP 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.

**STEP 8:**
Click **Create Upload** to upload required documentation, as indicated on the page.

Refer to the Uploading Documentation tutorials for more information

**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.

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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C o m p l e t i n g a L e v e l o f C a r e S c r e e n
From the Census Queue

S T E P 1:
Locate the person’s record with a Red Exclamation point requesting an LOC.
Click View to open the person’s record.

S T E P 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.

S T E P 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.

S T E P 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.
**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.

**STEP 6:**
The physician, NP, PA, or Clinical Nurse Specialist must certify the person’s need for NF services.

**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.

**STEP 8:**
Click Create Upload to upload required documentation, as indicated on the page.
Refer to the Uploading Documentation tutorials for more information.
**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.

---

Monitor your Census for Red Exclamation points to respond to requests for additional information or for the outcome of clinical 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**
Accessing Records for Individuals Residing in the NF
(NF Providers Only)

From the Screening System Home Page

**STEP 1:**
Hover on Queues. Select Census to open the PathTracker Census.

**STEP 2:**
Click the View to open the person’s record.

**STEP 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.

To maintain proprietary content protection, this user guide does not capture all system fields. All information appearing in this guide does not represent true and actual individuals.
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.

<table>
<thead>
<tr>
<th>Individual ID</th>
<th>SS Num</th>
<th>Date of Birth</th>
<th>First Name</th>
<th>Last Name</th>
<th>PASRR Level</th>
<th>Outcome</th>
<th>Summary Outcome</th>
<th>Summary Date</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>1429</td>
<td>2131</td>
<td>12/12/1994</td>
<td>Abe</td>
<td>Lee</td>
<td>Level 1</td>
<td>Positive</td>
<td>11/16/2010</td>
<td></td>
<td>View</td>
</tr>
<tr>
<td>1521</td>
<td>2071</td>
<td>10/05/1994</td>
<td>Elsa</td>
<td>Alien</td>
<td>Level 1</td>
<td>Positive</td>
<td>11/17/2010</td>
<td></td>
<td>View</td>
</tr>
<tr>
<td>1524</td>
<td>7694</td>
<td>05/25/1994</td>
<td>Sandy</td>
<td>Baxter</td>
<td>Level 1</td>
<td>Positive</td>
<td>11/17/2010</td>
<td></td>
<td>View</td>
</tr>
<tr>
<td>1644</td>
<td>5624</td>
<td>01/25/1994</td>
<td>LA BLACKBURN</td>
<td></td>
<td>Level 1</td>
<td>Positive</td>
<td>11/15/2010</td>
<td></td>
<td>View</td>
</tr>
<tr>
<td>1496</td>
<td>0468</td>
<td>01/31/1994</td>
<td>Li</td>
<td>Dors</td>
<td>Level 2</td>
<td>Positive</td>
<td>11/11/2010</td>
<td></td>
<td>View</td>
</tr>
<tr>
<td>1682</td>
<td>2331</td>
<td>03/21/1955</td>
<td>Cathy</td>
<td>Brown</td>
<td>Hold for LOC Level 2 needed</td>
<td></td>
<td></td>
<td></td>
<td>View</td>
</tr>
<tr>
<td>1488</td>
<td>4871</td>
<td>03/20/1955</td>
<td>June</td>
<td>Brown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>View</td>
</tr>
</tbody>
</table>

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

From the Census Queue.

**STEP 1:**
Locate the person's record.
Click View to open the record.

**STEP 2:**
Locate the Activity Type area for the needed record.
Click View/Print or Print Outcome to print the record.

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.
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**

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The outcome letter will have a watermark until the receiving facility prints a copy for the individual’s record.
Federal and State laws require the individual/legal guardian and the Admitting facility receive copies of the Level I outcome notification.