

I. GENERAL INFORMATION—ON-LINE SUBMISSION OF SCREENING AND TRACKING INFORMATION

A. The Tracking Form

The *Tracking Form* is a way for Ascend (and the DDS) and NF providers to communicate with each other for the following purposes:

- **For first time admissions to NFs.** NFs, use the tracking form to notify Ascend of an admission of an individual. This alerts Ascend to send admission screening information and allows the state to maintain location information of persons identified by PASRR to have a target condition. If a resident transfers and existing screening information is still accurate, copies of screening information, (Level I, LOC and Level II, as applicable) must be sent by the transferring facility to the receiving NF.
- **For all NF applicants with PASRR identified MI and/or ID/RC conditions (new admissions, transfers, discharges, and expired residents with MI and/or ID/RC).** The Department of Social Services is required to *track* changes in placement for residents with MI and/or ID/RC. NFs are required to use the tracking form to notify Ascend of transfers, admissions, discharges or deaths of any person identified through PASRR level II evaluations as having an MI, ID or RC condition.
- **All Residents who expire or leave the NF system altogether.** This allows Ascend to close records of residents no longer receiving LTC services.

Tracking information may be submitted on-line at www.pasrr.com (*Tracking Change Request Form*).

B. Registering for on-line submission of screening and tracking information

B.1 Supervisor Registration

Supervisors responsible for oversight of facility staff who will submit screening information are designated to manage sign-on privileges for all subordinate staff at the facility that will use WEBSTARS™, Ascend's proprietary web-based Level I/LOC screening site at www.pasrr.com. The supervisor registration process is described below, and individual staff registration instructions follow.

Supervisor Registration on PASRR.COM/WEBSTARS™

Individuals employed by nursing homes or hospitals in North Dakota as supervisors (or, alternatively, as the sole individual at a facility who would submit screens), may request supervisor privileges to set up users at that facility. ***Supervisors must be designated to maintain their agency user information.***

Step 1: Log onto www.pasrr.com

Step 2: Locate the link on the right labeled *North Dakota Web Based PASRR/LOC* and click the link to enter.

Step 3: Click on the *Supervisor Registration* icon on the North Dakota Web Based PASRR/LOC home page. Complete the registration form and click *submit*.

Step 4: Ascend will forward an email within 2 business days to the supervisor that will reflect whether the supervisor has been approved to use WEBSTARS™.

Step 5: Once you have received the email with an approval from Ascend, go to supervisor login at North Dakota Web Based PASRR/LOC and set up facility users by following the instructions below.

- Log in
- Click the *Supervisor Login* icon
- If you have previously set up any facility users, they will appear. You may edit as necessary.
- If you need to set up new users in your facility, click “Add User” at the top of the page.
- Complete the User form and submit to Ascend.
- Each identified user will receive an email within 2 business days with a link to access WEBSTARS™.

Step 6: Once agency staff receive emails from Ascend approving system access, they may begin using WEBSTARS™. See *Getting Started for Agency Staff* which follows this section.

Supervisors can ONLY set up agency users they supervise and will be required to update their facility users frequently. Supervisors are responsible for terminating the logon privileges of persons no longer authorized to access protected health information on behalf of their facility.

Updating or Removing Users or Passwords at PASRR.COM/WEBSTARS™

The agency supervisor is responsible for maintaining user updates, including adding and deleting users. That process follows.

Step 1: At www.pasrr.com, the supervisor must locate the link labeled *Supervisor Login*. Sign on using your unique user name and password.

Step 2: The supervisor will have the ability to update users or reset passwords using the *User Management Link*.

- To **add a new user**, click the link labeled *Add User* and complete the form. Press *Save* when complete. WEBSTARS™ will send an email to the user’s email address that you provided. The email will provide instructions on how to reset a password. Once the password is reset, the user will begin to submit reviews to Ascend using WEBSTARS™.
- To **remove log in privileges for a user**, locate the user in the table of users. Click on the link labeled “*edit*”. WEBSTARS™ will take you into the form for that user. Change the status to *terminated* and press *Save* located at the bottom.

B.2 Getting Started for Agency Staff

Staff Registration on PASRR.COM/WEBSTARS™

Step 1: The agency supervisor requests user privileges through WEBSTARS™ for each individual staff needing access to the system. **Ascend does not issue user names and passwords.**

Step 2: Once the supervisor has requested privileges for a particular individual, Ascend will forward an email within two (2) business days that will include authorization for that employee and a link to WEBSTARS™. The new user may access the link provided in the email and reset his/her password. The employee should click on the link and change the password.

Step 3: Log onto www.pasrr.com. Locate the link labeled *North Dakota Web Based PASRR/LOC* and click that link to get started. Once the password has been reset, sign the electronic user agreement, which will automatically appear on the Login page. The agreement confirms that the user will use the application only for the intended purpose.

Step 4: Review the screening documents and tutorial.

Step 5: Follow instructions for submitting the screening form. Some Level I screens may be approved via WEBSTARS™. If approved, a screen will appear that prompts you to print the completed form with the outcome. If your submission requires further review by an Ascend clinician, a message will appear notifying you of next steps. Sign onto www.pasrr.com to check the status of the review and to retrieve messages from the Ascend reviewer. Once/if approved, a screen will appear that prompts you to print the completed form with the outcome. Review section D of this subsection for helpful information regarding submission of web-based information.

C. Important information about Electronic Screening Submission

This section provides you with important information about how to *submit* the Level I Screen electronically. [Instructions](#) for completing the Level I screen are provided in *Section V*.

- 1. Obtaining passwords.** Please See Section IV.B. Agency supervisors must be designated to issue privileges to staff within the facility.
- 2. Form omissions and saving capabilities.** Complete the form using instructions provided in *Sections V* and *VI* of this document. If you have not completed all required areas on the screening form, WEBSTARS™ will permit saving the document but will not permit submission to Ascend. Items that are required but are incomplete will turn pink. If you need additional information to enable accurate submission of the form, save the Level I and/or LOC form and obtain required information. **The form will be saved for 48 hours. After 48 hours, the submission will automatically be deleted.**
- 3. Form submission and printing.** Once all items are complete, press the submit button at the bottom of the form. WEBSTARS™ will determine if the patient will require further review by an Ascend clinician. Some Level I reviews and all LOC reviews will require further involvement by an Ascend clinician.

Level I screens *may* be approved via WEBSTARS™. If approved, the submitter will be directed to a page that will enable him/her to print the screen. It is important to use this page to direct any printing. Never use the browser print functionality to print your screen. If WEBSTARS™ determines that further involvement by an Ascend clinician is required; a message will identify subsequent steps that must occur. At the conclusion of the Level I process, regardless of the outcome (e.g., Level I

approved, Level II required), the submitter may print the completed screen for the client's record. If a Level II is required, the same process applies, and the referral source may print the final Level II outcome from WEBSTARS™ once the evaluation is complete. In the interim, any information needed by an Ascend reviewer will be posted on WEBSTARS™ for viewing by the referral source whenever s/he signs into the database.

LOC screening data submitted through WEBSTARS™ will always be reviewed by a clinician before approval occurs. The referral source may print the final outcome at the conclusion of the process. In the interim, any information needed by an Ascend reviewer will be posted on WEBSTARS™ for viewing by the referral source whenever s/he signs into the database.

4. **Obtaining disposition information.** If the screen was submitted on-line, the individual that submitted the screening information may obtain disposition information by signing onto pasrr.com and following log in steps.
5. **Approvals.** If approval was provided through WEBSTARS™, the patient may be admitted to the Medicaid certified nursing home.
6. **Deferrals for Physician Review.** If further Ascend review is needed by an Ascend physician for a potential denial, the WEBSTARS™ disposition screen will indicate the estimated timeframe in which the Ascend reviewer will call with questions or approval.

II. Level I Screening Instructions

The *Level I Form* is used to identify individuals who may be subject to a *Level II PASRR evaluation*. Screening information must be entered online at www.pasrr.com. Entering the forms online provides:

- *Increased efficiency* by providing the ability to submit all information at one time (**including** the questions asked by Ascend reviewers when certain presenting information is present).
- *Increased accessibility* by offering the capacity to submit information 24-hours per day, 7 days per week, 365 days per year, along with **the capacity to obtain a Level I decision for many individuals about the need for Level II evaluation (or the approval for admission when a Level II is not needed) without delays.**
- *Immediate information access and improved communication between referring agencies and admitting nursing homes* through the ability to electronically print the completed web-based form (and authorizations when the admission approval is granted) for the admitting nursing home, signifying to the admitting facility that appropriate approvals were provided. WEBSTARS™ will allow the person entering the information to print both the screening information and a description of the outcome.
- *Federal compliance and reduced exposure for nursing homes through providing nursing homes with documentation* of all information reported to Ascend so that, in the event of a state or federal audit, the basis for the Level II referral decision is clearly provided.
- *HIPAA Compliance* through WEBSTARS™ that only allows submission of information, with users unable to gain access to Ascend's database or any client data. WEBSTARS™ data is HIPAA compliant and integrates access control, authentication, and a 128-bit encryption key signed by VeriSign to guarantee the security of network connections, the authenticity of local and remote users, and the privacy and integrity of data communications. As a contractor of the State,

Ascend maintains fully compliant HIPAA practices with all communications about personally identifiable client information

- *User Friendly access* with no IS/IT modifications or programming needs from providers to access information or submit screens. With WEBSTARS™ access, the provider simply accesses a specified internet address, enters a code (which will be provided to each facility prior to implementation), and begins entering information.

General Instructions

It is recommended that the referral source gather all screening information prior to initiating the electronic screen. Information is best obtained from several sources – the individual, any family or caregivers, and the treating provider. This information is required by federal law and must accurately portray known *or suspected* conditions, behaviors, or symptoms. The following instructions should be used as a guide for completion.

Demographics: Name/Mailing Address/SS#/Date of Birth/Gender

Complete all items. Ensure that spelling and numbers are correctly entered or written. If the screening information does not include all identifying information, the screen cannot be processed.

Payment Method

Provide the person's method of payment. PASRR Level I and Level II screening is required for all admissions to Medicaid certified nursing facilities, regardless of the individual's method of payment.

Current Location

Identify the location category of the screened individual. *Community* includes any community placement (such as home, with family, independent living, group home, etc.).

Provide Admission Date

If the individual is currently residing in a facility setting (medical facility, nursing facility, or psychiatric facility), provide the admission date.

Admitting Nursing Facility Name and Address

Provide the name of the nursing home that agreed to accept the client for admission. Information regarding the admitting facility will be *required* for all individuals with a PASRR Level II condition.

SECTION I: MENTAL ILLNESS SCREEN

The federal definition for mental illness is designed to include individuals with a potential for and history of episodic changes in treatment and service needs. Federal guidelines include a three component definition that includes:

- **Diagnosis** of a major mental illness, such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Major Depression, Panic Disorders, Obsessive Compulsive Disorder; -and- the individual does not have a primary diagnosis of Dementia; and
- **Duration: Recent Treatment**, related to significant disruption or major treatment episodes within the past two years and due to the disorder. This might include at least one episode of hospital care for a mental disorder within the preceding two years -or- significant life disruption related to the disorder; and
- **Disability**: referred to as *Level of Impairment* in regulatory language, is characterized by active psychiatric symptoms within the preceding six month period and related to interpersonal functioning, concentration/pace/persistence, or adaptation to change.

Each of the questions in Sections I-IV is directed at determining suspicion or presence of these components.

1. Does the individual have any of the following Major Mental Illnesses?

These diagnoses (schizophrenia, schizoaffective disorder, major depression, psychotic/delusional disorder, bipolar disorder, or *manic depression*, and paranoid disorder) typically reflect the presence of a major mental illness and generally qualify as federally mandated conditions that automatically warrant further evaluation through PASRR. Check the box (es) to reflect applicable diagnoses. If the suspicion of one or more of these diagnoses is present, check *suspected*, and note those suspected conditions.

2. Does the individual have any of the following Mental Disorders?

These diagnoses (personality disorder, anxiety disorder, panic disorder, and situational depression) typically reflect mental health conditions that *may* require further evaluation through PASRR depending upon their *extent* and *severity*. Check the box (es) to reflect applicable diagnoses. If the suspicion of one or more of these diagnoses is present, check *suspected*, and note those suspected conditions.

Situational depression (generally a recent diagnosis and short-term condition that occurs as a result of the individual's life situation) should be noted in this section. A situational depression *may* require PASRR evaluation if the depression is *more severe* than or *lasts longer* than a typical reaction to life stressors. The Ascend reviewer will ask questions about the severity of and symptoms associated with the individual's depression.

The Substance Abuse and Mental Health Services Administration (SAMHSA), *Older Americans* Technical Assistance Center recommends Evidence-Based Practices¹ of universal depression screening to reduce the incidence of depression and suicide among elders. The Geriatric Depression Scale (Short Version) – *GDS-SV* – is a brief questionnaire that can be administered by the individuals submitting this screen to determine whether the individual's symptoms demonstrate concerns related to severity criteria. The GDS has been tested and used extensively with the older population. It is a brief questionnaire in which participants are asked to respond to questions by answering yes or no in reference to how they felt on the day of administration. The GDS is a screening tool and does not yield a DSM-IV-TR diagnosis. Where a score of more than five is indicated, further evaluation through PASRR may be required. The GDS may be used with healthy, medically ill and mild to moderately cognitively impaired older adults. Feher et al. have concluded that the GDS is a generally valid measure of the mild-to-moderate depressive symptoms in Alzheimer patients with mild-to-moderate dementia. It has been extensively used in community, acute and long-term care settings. The GDS was found to have 92% sensitivity and 89% specificity when evaluated against diagnostic criteria. The validity and reliability of the tool have been supported through both clinical practice and research. The GDS is not a substitute for a diagnostic interview by mental health professionals. It is a useful screening tool in the clinical setting to facilitate assessment of depression in older adults especially when baseline measurements are compared to subsequent scores. **A copy of the GDS can be found at http://www.chcr.brown.edu/GDS_SHORT_FORM.PDF.** Scoring Interpretation: Normal (0-4); Mild depression (5-9); Moderate to severe depression (10-15). Therefore, a score of 5 or greater is suggestive of depression. A score of 10 or more almost always indicates depression.

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), *Older Americans Substance Abuse and Mental Health Technical Assistance Center: Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults*. U.S. Department of Health and Human Services.

3. Does the individual have a Diagnosis of a Mental Disorder that is Not Listed in #1 or #2? (Do not list dementia here)

List any additional diagnoses not provided in Sections 1 or 2. Note that situational depression must be listed in number 2 and dementia must be listed in number 12. Do not list dementia or situational depression in this section.

3. b. Does the individual have a substance related disorder?

This question does not automatically lead to Level II referral. It is simply to obtain baseline information associated with persons admitting into NFs who have concomitant substance related disorders. Identify the substance related diagnosis under b.1. in addition, answer the remaining questions if a substance related disorder is present, including whether NF admission is secondary to or associated with the substance related disorder and the approximate timeframe in which the most recent use occurred.

SECTION II: SYMPTOMS

4. Interpersonal – Currently or within the past 6 months, has the individual exhibited interpersonal symptoms or behaviors (not due to a general medical condition)?

These reflect serious interpersonal problems that generally occur when major mental illness is present. Each of the three are to be rated according to their presence/absence within the past six (6) months. **Regardless of whether a known mental illness is present, identify interpersonal symptoms that apply to the individual.**

5. Concentration/Task related symptoms– Currently or within the past 6 months, has the individual exhibited interpersonal symptoms or behaviors (not due to a general medical condition)?

These reflect concentration and performance problems that generally occur when major mental illness is present. Each of the three are to be rated according to their presence/absence within the past six (6) months. **Regardless of whether a known mental illness is present, identify task or concentration related symptoms which apply to the individual.**

6-8. Adaptation to Change – Currently or within the past 6 months, has the individual exhibited any of the following symptoms in #6, 7, or 8 related to adapting to change?

These reflect serious adaptation problems that generally occur when major mental illness is present. Each of the three are to be rated according to their presence/absence within the past six (6) months. **Regardless of whether a known mental illness is present, identify adaptation symptoms that apply to the individual.**

NOTE: If any responses in #7 are checked, the Ascend reviewer will obtain supplemental records to determine the extent and severity of the presenting condition.

SECTION III: HISTORY OF PSYCHIATRIC TREATMENT

9. Currently or within the past 2 years, has the individual received any of the following mental health services?

Treatment information is sought over the past two years, because of the cyclical nature of mental illness. As such, it is very important that the screener obtain information from the individual, caregivers,

or others who know the client well. These services (inpatient psychiatric hospitalization, partial hospitalization, and residential treatment) are generally received by persons with major mental illness conditions. If the exact dates are unknown, obtain approximate dates from the client or caregiver.

Regardless of whether a known mental illness is present, identify applicable treatments received by the individual.

10. Currently or within the past 2 years, has the individual experienced significant life disruption because of mental health symptoms?

Treatment information is sought over the past two years, because of the cyclical nature of mental illness. As such, it is very important that the screener obtain information from the individual, caregivers, or others who know the client well. These types of disruption (legal intervention, housing changes, or suicide attempts) often occur for persons with major mental illness conditions. If the exact dates are unknown, obtain approximate dates from the individual or caregiver. Note that, to be applicable, these occurrences should be a result of the mental health symptoms (for example, if a housing change occurred due to a medical condition, this item would not be applicable).

11. Has the individual had a recent psychiatric/behavioral evaluation?

If a psychiatrist, psychologist, or behavioral specialist has been consulted within the past 60 days, respond yes. Provide the approximate date of the consultation.

SECTION IV: DEMENTIA

12. Does the individual have a diagnosis of dementia or Alzheimer's disease?

If the individual has received a medical diagnosis of dementia or Alzheimer's Diseases, respond yes. If the answer is no, proceed to question 14.

13. If yes to #12, is corroborative testing or other information available to verify the presence or progression of the dementia?

If specific tests have been administered to verify the presence and/or progression of dementia, list those in this section.

A note about dementia: Under federal law, a person with dementia, who has no other mental health conditions, is excluded from further evaluation through PASRR. On the other hand, a person who has both dementia **and** a major mental illness is not necessarily excluded from further review—the exclusion **can only occur if the dementia diagnosis is primary** over (and more progressed than) the other mental health diagnosis. When co-occurring diagnoses are present, Federal guidelines are very strict that an exemption cannot occur unless sufficient evidence is present to confirm the progression of the dementia. The kinds of information helpful to establishing primary dementia (when it co-occurs) include: a neurological assessment, mental status examinations, CT scans, and any other tests that establish that executive functioning symptoms (e.g., disordered memory, orientation, abstract thinking, etc.) are associated with progressed dementia.

SECTION V: PSYCHOTROPIC MEDICATIONS

14. Has the individual been prescribed psychoactive (mental health) medications now or within the past 6 months other than those listed in question 14?

List any additional psychoactive medications (antidepressants, anti-psychotics, mood stabilizers, anti-anxiety medications and/or tranquilizers) which are prescribed currently or have been prescribed over the past 6 months. If any of the medications are prescribed for the individual, list the medication, cumulative milligrams per day, diagnosis, and start and end dates (as applicable). If unknown, the start and end dates may be approximated, the remaining items must be accurate.

SECTION VI: INTELLECTUAL DISABILITY/DEVELOPMENTAL DISABILITY

15. Does the individual have a diagnosis of Intellectual Disability (ID)?

Answer *yes* or *no* to reflect whether the individual is currently diagnosed as having ID.

16. Does the individual have presenting evidence of ID that has not been diagnosed?

Answer *yes* or *no* to reflect whether the individual is suspected of meeting criteria in the box above.

17. Is there evidence of a cognitive or adaptive impairment that occurred prior to age 18?

Regardless of whether or not a diagnosis is present, answer *yes* or *no* to reflect whether the individual presents with cognitive or adaptive impairments.

18. Has the individual ever received services from an agency that serves people with ID?

Answer *yes* or *no* to reflect whether the individual has received services from an agency that typically specializes in provider services for individuals with ID.

19. Does the individual have a diagnosis that affects intellectual or adaptive functioning?

This is addressing diagnoses that may or may not meet criteria for ID but, nevertheless, they affect intellectual and/or adaptive functioning in major areas of life activity. Examples of such diagnoses include cerebral palsy, autism epilepsy, etc. Remember, this is asking about adaptive or intellectual limitations. Also, note that **the presence of a diagnosis in this group does not automatically mean that the individual meets RC/DD criteria.**

20. Are there substantial functional limitations in any of the following?

Persons with RC/DD experience substantial functional limitations in at least 3 major areas of life activity and associated with the diagnosis. This question only applies to individuals with a suspected ID/RC diagnoses.

21. Did this condition develop prior to age 22?

To qualify as RC/DD, the condition must have onset prior to age 22.

SECTION VII: EXEMPTIONS AND CATEGORICAL DECISIONS

With the exception of provisional emergency admissions, Ascend must approve use of categories and exemptions prior to admission.

22. Does the admission meet criteria for Exempted Hospital Discharge?

The *Exempted Hospital Discharge* only applies to individuals with MMI and/or ID/ RC, and it allows those individuals to be placed in a NF for 30 calendar days without performance of a *Level II PASRR evaluation*. The exemption **may** be approved electronically (depending upon the circumstances and LOC screening requirements) and, if so, the person completing the screen may print an outcome to provide to the receiving

facility explaining the approval and subsequent screening steps. Several provisions apply and all of these must be met before the individual may be admitted under this exemption (see below).

- **The individual must have evidence of a MMI or ID/RC;**
- **The admission to a NF must occur directly from a hospital:** The individual must be in a medical hospital at the time of application, receiving treatment for a medical (non-psychiatric) condition;
- **The need for NF care is required for the same condition for which care was provided in the hospital;**
- **The attending physician has certified prior to admission that the individual will require less than 30 calendar days NF care** (clearly, an individual whose medical condition will require longer than 30 calendar days to stabilize will not be eligible for hospital exemption and should not apply for this exemption). Contact information for the attending physician should be included;
- The referral source must submit a Level of Care (LOC) form which must be approved by Ascend before the admission can occur;
- There is no current risk to self or others and behaviors/symptoms are stable.

23. Does the admission meet criteria for provisional emergency or provisional delirium?

- A provisional emergency is an emergency protective services situation necessitating NF care for no greater than 7 calendar days. The admitting NF must notify Ascend, via submission of the Level I screen, within one business day of the individual's admission under this category. The provider will be required to identify the name of the PSE staff that initiated the referral, complete a LOC screen, and affirm that there is no current risk to self or others and that behaviors/symptoms are stable.
- A provisional delirium admission occurs when the presence of delirium precluded the ability to make accurate diagnosis and a physician statement accompanies the screen attesting to the delirium state. The referral source must complete a LOC screen and affirm that there is no current risk to self or others and behaviors/symptoms are stable. Ascend must be contacted by the admitting facility by or before 7 calendar days following admission.

Section VIII: Guardianship and Physician Information

This information must be provided for all individuals with known or suspected Level II conditions.

Section IX: REFERRAL SOURCE SIGNATURE

This must be completed by the individual submitting information for this screen.

III. Level of Care Instructions

The *Level of Care Form* is required for:

- CCNH and RHNS applicants age 65 and older who are Medicaid active, eligible, or pending and all residents of CCNH and RHNS who apply for Medicaid benefits.
- Individuals who are Medicaid active, eligible, or pending and who are **residents** of Connecticut Long Term Care nursing facility services (Chronic and Convalescent Nursing Homes [CCNH] and Rest Home with Nursing Supervision [RHNS]) and who are receiving LTC Medicaid but who have medically improved to the extent that NF may no longer be appropriate. Nursing Home must submit an updated LOC screen if information suggests that the individual may longer meet NF (CCNH or RHNS) LOC criteria.
- Individuals **determined to have Level II PASRR conditions.**

Screening information must be entered online at www.pasrr.com

General Instructions

It is recommended that the referral source gather all screening information prior to initiating the electronic screen. Information is best obtained from several sources – the individual, any family or caregivers, and the treating provider. This information is required by federal and state law and must accurately portray the individual’s diagnoses, service needs, and ADL presentation. The following instructions should be used as a guide for completion.

Section I: DEMOGRAPHICS

See instructions for Level I demographics.

Section II: APPLICATION TYPE

LOC type refers to whether the individual is applying for services in a Chronic and Convalescent Nursing Home (CCNH) or Rest Homes with Nursing Supervision (RHNS).

Screen type refers to whether the screen is being conducted for an applicant or resident. If a resident, the basis for the screen should be either: Medicaid application, medical improvement, or at the conclusion of a previous short-term LOC approval.

Expected length of stay: is asking whether the individual is appropriate for long-term NF LOC or could potentially be discharged anytime by or before six months from the time at which this screen is being conducted.

Section III: FUNCTIONAL CAPABILITIES NEEDS ASSESSMENT

1. Using the definitions provided for each **Activity of Daily Living**; choose the single best answer to describe the individual’s support needs. Provide an explanation of all support needs noted to require daily supervision or hands on assistance or rated as total dependence. The explanation is

important to provide a means of confirming that the supports you identified are consistent with the selected rating.

2. **Meal preparation.** Choose the single best response to characterize support needs.
3. **Medication Support.** Identify the supports the individual is currently receiving associated with physical capabilities in order to adhere to physician ordered medications. In the second column, identify any additionally needed supports. **Rate compliance issues separately under item #9 of this section.**
4. **Orientation.** Choose the single best answer to rate each type of orientation, from (0) *fully oriented*, (1) *occasionally disoriented and need for prompting and cuing*, to (2) *Disoriented most of the time*.
5. **Memory.** Choose the best single response.
6. **Judgment.** Choose the best single response.
7. **Communication.** Choose the best single response. Choose all applicable responses to identify the individual's typical method of communication.
8. **Vision.** Choose all applicable responses to identify the individual's vision status.
9. **Behaviors.** Choose all applicable responses to identify the individual's behavioral status. Describe the frequency and severity, as well as support needs and interventions associated with behaviors.

Section IV: MEDICAL NEEDS

1. Provide medications, diagnoses, dosages, routes/frequencies, and approximate start dates for all physician ordered (include over the counter and prescription) medications.
2. Identify whether the individual's physician has ordered speech therapy, physical therapy, occupational therapy, or respiratory therapy, as well as whether or not the individual has been determined to have restorative potential. If the individual has physician ordered therapy services, identify the start date, frequency, and estimated duration (number of weeks) for each specific physician ordered therapy.
3. Identify whether the individual has either of the following:
 - a. Uncontrolled, unstable, and/or chronic conditions requiring continuous skilled nursing services and/or nursing supervision on a daily basis or has chronic conditions requiring substantial assistance with personal care on a daily basis.
 - b. Controlled and/or stable chronic conditions requiring skilled nursing services, nursing supervision, or assistance with personal care on a daily basis.

If the individual has one of the previously listed conditions, complete items c through f:

- c. Identify qualifying medical condition(s).
- d. Describe any recent fluctuations in medical presentation (e.g., changes in lab values, vitals or levels, increase in frequency of MD visits, etc.)
- e. Describe the nursing services related to the medical condition(s). Include frequency.
- f. Explain why the individual is not able to self-monitor the condition(s). Describe any cognitive and/or physical limitations.

Detailed responses are important in expediting a determination about the individual's need for CCNH or RHNS level of care. Lack of detail may require phone contact or trigger an on-line request for additional detailed information, thus slowing the process.

4. **List additional current and/or historical diagnoses not listed previously.** This applies to diagnoses not previously identified in other responses.

Section V: ADDITIONAL COMMENTS

Use this area for any important information you think was not adequately addressed in the above sections.

Section VI: ATTESTATION

This section is to provide certification that the client meets the nursing facility level of care criteria described in Section 19-13- D(8)(t)(d)(1) of the Public Health Code must be provided by a physician, APRN, or physician assistant. This certification must be signed and dated by the practitioner; telephone and voice orders are not acceptable. **The physician signed section of this form must be submitted by fax or uploaded as a pdf and attached to the level of care form you submit at www.pasrr.com.**

Section VII: REFERRAL SOURCE INFORMATION

This section is completed by the individual submitting level of care information and includes an attestation that the person submitting this form understands that CT DSS considers knowingly submitting inaccurate, incomplete, or misleading LOC information to be Medicaid fraud.