

Below you will find the frequently asked questions for the ServiceMatters and PathTracker Webinars conducted 1/25/2016–2/2/2016. Answers to these questions were based on knowledge and policy as of 3/1/2016. Due to policy and programming changes these answer may change in the future.

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PASRR/Level I Questions

Q: Does a new Level I need to be completed with each admission to the hospital from nursing facility by the hospital social worker?

A: No

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Q: When coming from the hospital with a 30-day exemption, where do you update the PASRR?

A: All PASRRs, regardless of the reason for them, are initiated within the Ascend database by the exact same means. You submit a LI as you would with any other situation. A new PASRR must be completed on or before the expiration date of the prior approval period, or you risk being noncompliant with PASRR. Please submit for a new PASRR no more than 10 days prior to expiration.

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Q: If an individual is coming from home how do you do a level 1 if you cannot admit them into the system until they are in the facility?

A: Submitting a PASRR on someone and adding them as a resident of your NF in PathTracker are two different things. You can complete the PASRR without admitting them as a resident of your NF. If they subsequently become a resident of your NF, then you enter an admission notice.

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Q: What happens when there is a discrepancy in the information accessed from ASCEND? For example, a PASRR that does not reflect our resident due to age not being correct?

A: Contact Ascend at 1-877-431-1388, extension 3403 to request any needed corrections.

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Q: If we are to print the PASRR, how will this work with the required electronic medical record?

A: If you would rather save the PASRR to an EMR, you can certainly save them electronically instead.

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Q: What if you indicate on the Level I submission that you anticipate a NF stay of less than 30 days because that was the plan but the individual stayed longer do you have to redo Level I?

A: If the PASRR is approved for a limited time period, a new PASRR must be completed on or before the date of expiration in order to remain compliant with PASRR. Please submit for a new PASRR no more than 10 days prior to expiration.

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Q: Do we need to do a new PASRR if they have a PASRR in their chart but the information is not in PathTracker other than the admission notice?

A: No. If the PASRR date is prior to 9/1/11, then the PASRR will not be in the Ascend database. You must enter all appropriate information into PathTracker Plus for the resident, and you should be confident that the PASRR you have on hand is still current and accurate for the needs of the individual.

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Q: Do NFs have to submit a new PASRR screen if the resident's last PASRR screen or assessment was completed prior to Sept 2011?

A: See previous reply. If you believe the PASRR remains accurate and addresses the needs of the individual, DHS is not requiring that all "old PASRRs" be updated at this time.

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Q: If a resident has a received a Level I negative screen for Level II but you notice that it may be incorrect and resident has a diagnosis of depression do you need to do another Level I?

A: You may consult with Ascend first if you have questions, but a new PASRR screen will be needed in most cases.

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Q: We had a Level II resident. The previous SW submitted something to ASCEND, I'm not sure what, but now it says our request was withdrawn.

A: If the review outcome is "withdrawn" that means the review was cancelled. If the individual needs a new PASRR, one should be submitted.

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Q: Sometimes a resident is already admitted to a NF and then later is admitted to Hospice. Does this need to be indicated on a new PASRR?

A: Any time an individual meets the criteria for a status change PASRR, or has circumstances that have a significant potential to impact their behavioral health, then a new PASRR is needed. Please see the [MDS 3.0 Chapter 2 \(Status Changes\)](#) on PASRR.com for further detail about when to submit a PASRR status change to Ascend. Otherwise, a new PASRR is not required due to the change in level of care or movement into hospice care.

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Q: The ICD-10 transition code for depression is Major Depressive Disorder. Do you require a new level I review for all those residents?

A: Alice Bernet, Clinical Director at Ascend facilitated a PASRR Technical Assistance Center (PTAC) webinar on 2/9/2016 on this topic and provided some guidelines for consideration.

<http://www.pasrrassist.org/events/webinar/new-trio-talks-about-pasrr-icd-10-mds-and-napp>

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Q: Should we do status change Level I when we do a significant change MDS?

A: Yes if a mental illness (MI), intellectual disability (ID), or related condition (RC) is present or is suspected to be present. Iowa Medicaid rules at 441—IAC—81.7(2) state: “As a condition of payment for nursing facility care under the Medicaid program when there is a significant change in a resident’s condition, the nursing facility shall, within 24 hours, initiate a PASRR review by the department’s contractor for PASRR evaluations. For purposes of this sub rule, “significant change in a resident’s condition” means any admission or readmission to the facility immediately following an inpatient psychiatric hospitalization or any change that is likely to impact the resident’s treatment needs related to a mental illness or intellectual disability.”

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Q: If a person has a new diagnosis for mental health do they need to have a new PASRR?

A: It depends on the seriousness of the new diagnosis and the potential for it to impact overall health, behavior, and functioning. See the Provider Manual for guidance.

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Q: Is status change related to mental health only?

A: No. A status change can have to do with any change in overall health, behavior, or condition which has the potential to have a significant impact on the PASRR covered condition: mental/behavioral health, intellectual disability, or related condition. If a medical change in status has no impact on the resident’s PASRR covered condition, then a resident review is not required.

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Q: Do we have to have a paper copy of the PASRR? Ours are saved and downloaded into the electronic record.

A: It is our understanding that you must have a copy of the PASRR in the person’s “file.” For purposes of licensing and review by Iowa Department of Inspection and Appeals, and any others who conduct site visits, if they find it acceptable to have the PASRR in the electronic health record, then it should be acceptable.

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Q: You indicated that the original PASRR form should be kept in the resident's clinical record at all times. What does a facility do if they cannot locate a long time resident's Level I PASRR?

A: This is a situation that puts you out of compliance with PASRR. Immediately submit a new PASRR, and make a note of your discovery that you have no PASRR on file.

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Q: Patient going to be discharged from hospital. PASRR has been submitted and a Level II has been triggered. Can they be discharge to a NF before Level II completed?

A: No

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Q: If we had a resident in January that was at hospital for more than 10 days do we need to go back and redo PASRR?

A: No

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Q: We had a resident that came with Nebraska PASRR do we need to redo an Iowa one?

A: This would be out of compliance with Iowa PASRR. Iowa NFs should not accept a person with a PASRR from another state unless that other State's Medicaid program is going to pay for the NF stay of the individual. If the sending state is going to be the payer, then we don't want that individual in Iowa's PASRR system and they should not be in PathTracker Plus. If, however, this is an Iowa resident then you are out of compliance with PASRR. You must immediately submit and obtain an Iowa PASRR.

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Q: I have a resident that triggered a Level II at admission. At the time of the PASRR interview he wanted to go home. He was approved for a nursing facility. There were community placement supports therefore added to the PASRR to include in the care plan. He has now decided that it is in his best interest to stay in the nursing facility long term at this time. My question is do I still need to add those community placement supports onto his current care plan, or can I leave them off giving an explanation? Or is the correct process to submit a significant change?

A: The care plan should be developed to include the community placement supports and every effort should be made to offer this person the opportunity to plan for a transition to a lower level of care. Submit a new PASRR no sooner than 10 days prior to the expiration of the short term approval in order to remain compliant with PASRR, and indicate at that time, if the goal of the individual with regard to community placement, has changed.

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Q: I am confused on skilled residents that go out to the hospital and are not on Medicaid and choose not to hold their bed and are discharged from facility, does the hospital have to do a new PASRR before we can admit them back?

A: The policy for PASRR and status change has not changed with the implementation of PathTracker. A person who is transferred or discharged to a **higher level of care** (e.g., a hospital) and then is directly readmitted to the NF does not require further PASRR screening or evaluations. If upon readmission, the NF believes the person has undergone a significant change in status, a new PASRR should be submitted

at that time. If the person transferred from the NF to a lower level of care (e.g., home, assisted living) a new PASRR is required before readmission to the NF.

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Q: Why does someone who is private pay have to participate in PASRR, with continued renewals for short term stays?

A: PASRR is a federally mandated program for ALL NF residents to a Medicaid certified NF, regardless of pay source.

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Q: When a Medicaid resident comes off of skilled care, is a new Level I needed, for tracking purposes?

A: No, not if this is a change within a NF and the individual already has a current and valid PASRR.

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Q: Is it necessary to submit a status change if the doctor starts an anti-depressant on a long term resident?

A: Not necessarily. Sometimes an anti-depressant could be used to treat a sleep disorder or other condition. It depends upon whether the change would constitute a, “significant change in status” related to their behavioral health.

Contact Information Questions

Q: What is that email for questions again?

A: See website: <http://www.pasrr.com/IowaDefault.aspx>. Phone and email contact for Ascend are at the top of the page.

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Q: Do you have a contact number or suggestion for a behavioral health service provider?

A: Many resources have been shared on the website: <http://www.pasrr.com/IowaDefault.aspx>. Iowa's Community Mental Health Centers serve the entire state. You may contact Iowa Medicaid Enterprise Member Services as suggested on the PASRR providers' website. On or after 3/1/16, you can contact any of the Managed Care Organizations for questions pertaining to their enrolled Medicaid members. There are many resources you can use to search for the providers in your area. Here are a couple of additional resources: Iowa Association of Community Providers: www.iowaproviders.org/, www.lifelonglinks.org/.

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Q: What do you do if you have called Ascend multiple times and there is no reply or their inbox is full?

A: Continue to call until you have been able to leave a message, or send them an email, but please don't do both.

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System-Specific Questions

Q: Does the inbox display per user or facility?

A: The inbox displays for the facility.

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Q: How do we add an additional user to for our facility?

A: Additional users are added through the “supervisor” user.

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Q: Is there a limit to the number of employees per home who can have user accounts?

A: No

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Q: How do we get our Ascend password reset?

A: When logging in enter your username and then click the “forgot password” link, this will send a temporary password link and instructions for creating a new password to your email address.

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Q: Will the Inbox notices (ServiceMatters and such) go to all those in the facility or just to the person that may have submitted the PASRR?

A: The inbox notices are for the facility.

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Q: Will everyone who enters Level I's for a facility receive the same notices in their inbox for a Level I QA Notice and/or Level II review?

A: Yes, the inbox is for the facility.

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Q: If a resident is coming in private pay when I do an admission notice it will not let me continue until the LOC box is checked?

A: This functionality has been fixed.

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Q: I have checked the non-Medicaid option and it still does not let me continue without the level of care date?

A: This functionality has been fixed.

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Q: Is the LOC date for Medicaid the date they came into the facility?

A: The LOC date applies only to persons whose stay is funded by Medicaid, and may be different than the admission date. The LOC date is the date that the LOC determination is made by IME Medical Services. For individuals undergoing a PASRR Level II evaluation, the LOC date is the date the PASRR is completed.

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Q: Do facilities receive an email notice that there are review requests in their Inbox or will they have to routinely check the system to ensure they do not miss required deadlines?

A: Facilities will have to routinely check the system.

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Q: Where would we indicate that a current resident is now on hospice - that is only a question in the admission or discharge section?

A: Until additional functionality to PathTracker Plus is created, you will need to submit a CAR form to provide this information to the Centralized Facility Eligibility Unit (CFEU).

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Q: If a person comes in on Medicare—we indicate Medicare, right? Or just "Not-Medicaid"

A: Medicare.

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Q: What do you do with someone that is currently private pay and waiting for Medicaid? Do we do an admission notice when they are approved Medicaid?

A: Please complete an admission at true admission and indicate the payer source at admission.

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Q: Can more than 1 person at each center be a contact and complete this and all PASRR tasks?

A: Yes

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Q: Can we stop any CARs we are currently sending to Ascend by fax?

A: Use PathTracker to submit information for admissions, discharges, and transfers. For the present time you will continue to submit a CAR from by mail, fax or email to CFEU for other types of changes (e.g., change from Medicare or private pay to Medicaid; entering hospice care).

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Q: Currently Nursing and Social Services do PASRR. Are there plans to allow Administrators, to do in the future?

A: PASRR does not dictate who can complete the process, the only suggestion is that the person with the most knowledge of (or access to knowledge of) the individual complete the process.

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Q: Can we set up a corporate account for PathTracker access?

A: No. This functionality is not available.

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Q: Do we need to print off the transfer/discharge/deceased form once completed?

A: No.

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Q: Facility purchased 01-01-2016. Awaiting provider number from DHS. How long does it take to get new access to the PASRR system? Request has been submitted twice with no response. The facility is unable to enter residents into system and utilize PathTracker Plus. How will this be handled?

A: Access to the Ascend database can be established within one day. If you still have no response, please contact the IA Helpdesk at Ascend.

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Q: How do we delete a resident for whom the social security was entered incorrectly?

A: Please contact the IA Helpdesk at 1-877-431-1388, extension 3403, or iowapasrr@ascendami.com. This action has to be completed by Ascend.

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Q: PathTracker/CAR form Questions Links to Payment—immediate/real time updates—what is the expectation on weekends/holidays for submitting this information?

A: The system is available 24/7, so users may make entries any time they wish.

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Q: Is it the case that level of care changes such as Medicare to Medicaid or Private pay to Medicaid do not need to be changed on the level of care spot on the Admission notice?

A: For the present time you will continue to submit a CAR form by mail, fax or email to CFEU for this type of change. Only admissions, discharges, and transfers will be done through PathTracker.

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Q: On the question of level of care changes on the admission notice. When is it anticipated for this to take the place of the paper CAR form?

A: The timeline has not been set yet. Notifications will be set via email and posted to PASRR.com.

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Q: I think you addressed this, but if you do not complete the admission notice for 3 days after admission, will there be financial penalty (non-payment) for those 3 days?

A: No.

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Q: Am I to enter all Residents in our facility in Ascend or just those on Medicaid?

A: All residents have to be entered, as PASRR is a federal requirement that applies regardless of payer source.

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Q: Currently I do a CAR when a patient is admitted to a swing bed on our acute care floor and when they are admitted SNF on the Nursing Home floor. Do I still do a CAR for those admissions?

A: Yes. The admission to the swing bed would still be done on a regular CAR form submitted to DHS, Centralized Facility Eligibility Unit (CFEU) via mail, fax or email. The admission to the hospital-based SNF would be done through PathTracker.

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Q: Can the system accommodate entering private pay people into the admission record?

A: Yes.

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Q: Do we use the non-Medicaid option for private pay in the admission notice?

A: Yes.

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Q: Are Level II rehabilitative services also linked to payment?

A: What we have done in the development of PathTracker Plus with links to payment is that we have linked overall PASRR compliance issues with the Iowa Medicaid Enterprise payment system.

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Q: When submitting admission notices on ICF residents in our facility do we use their current status (i.e. private pay ICF rather than admission of SNF over 1 year ago)?

A: Please use their current status.

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Q: What happened to start and end of Medicare coverage on admission notices—not on display today?

A: The functionality was updated and this was removed. Please review the process to update Ascend if the payer source was originally entered in error. Income Maintenance Workers will verify and correct.

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Q: When we admit a person who is pending for Medicaid, how do you mark the admission form?

A: If you know a resident has submitted or will be submitting an application for Medicaid, mark the admission form as Medicaid. The Income Maintenance Worker will be notified of the admission electronically for individuals who are pending Medicaid determination or currently approved for Medicaid.

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Q: How do you determine the LOC process and effective date?

A: This section should only apply to persons whose stay is funded by Medicaid. For a new admission the LOC Process will always be “IME Medical Service” for NF level of care or “Medicare” for Skilled Level of Care. The LOC date is the date that the LOC determination is made by IME Medical Services. For individuals undergoing a PASRR Level II evaluation, the LOC date is the date the PASRR is completed. If LOC is being re-determined during an ongoing stay and the member is covered by an MCO, you should check “Managed Care”.

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Q: How do we get provider numbers?

A: Typically a facility will be entering its own 7-digit Medicaid provider number, which should be available to you from your billing staff. However, Medicaid provider numbers for all Iowa NFs are available on the facility listings on the DIA website. In the list, the provider number is listed as the “DHS #” in the right column. The listing that contains most dually-certified NF/SNFs in the state is at:

https://dia-hfd.iowa.gov/DIA_HFD/StreamPDF?cmd=showPDF&dir=entBooksDir&delete=no&doc=EntBook3 .

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Q: What if the discharging facility is not available in the drop down menu?

A: Please contact the Ascend Iowa Helpdesk for assistance at 1-877-431-1388, extension 3403, or iowapasrr@ascendami.com.

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Q: Is PathTracker Plus for all Level IIs or only those on Medicaid?

A: All nursing facility residents regardless of payer source must be entered into PathTracker.

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Q: Could you offer more clarification on the 2011 date Ascend received the contract?

A: Ascend started the contract on September 1, 2011 for PASRR in Iowa.

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Q: Is the LOC also going to be done through PathTracker now, instead of by paper and faxing documentation to IME?

A: Until additional functionality is built within PathTracker, you will need to submit paper CAR forms for all changes other than admissions, transfers from NF to NF, and discharges.

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Q: Does the PASRR fully replace the CAR report (for example, if a resident is admitted to Hospice but not discharged is that reported to Ascend)?

A: No; use PathTracker only to submit information for admissions, discharges, and transfers. For the present time you will continue to submit a CAR form by mail, fax or email to CFEU for other types of changes (e.g., change from Medicare or private pay to Medicaid; entering hospice care).

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Q: For discharge or transfer when entering admission date do we use the original admit date, last return from short hospital stay, or last return from hospital stay greater than 11 days??

A: Use the original admission date.

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Q: Do we still do Level of Care certifications?

A: Yes, the Level of Care certification form will still be used to obtain a LOC determination from the IME Medical Service unit.

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Q: Where do we get the CAR form?

A: Information that you put into PathTracker automatically populates into a CAR form, which is then transmitted electronically, to the DHS Centralized Facility Eligibility Unit (CFEU). For functions where a paper form is still needed, you may find the forms on the IME website:

<http://dhs.iowa.gov/sites/default/files/Case%20Activity%20Report.pdf>

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Q: How are IFMC screenings handled if they aren't in the PASRR system?

A: The Level of Care certification form will still be used to obtain a LOC determination from the IME Medical Service unit. Enter the determination date in PathTracker as the LOC effective date.

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Q: Do we need to complete the LOC portion for all current residents?

A: No.

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Q: Do we do the discharges to the hospital in PASRR only for Medicaid residents?

A: No. You would discharge from PathTracker any resident that is hospitalized for 11 days or more.

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Q: On discharge notification for non-Medicaid people, do we wait the 11 days for notice or do them right away?

A: Please complete discharge notice on the day of discharge regardless of payer source.

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Q: If a person is hospitalized for over 10 days but would not otherwise trigger a status change a NEW PASRR would not be required. Correct?

A: Correct.

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Q: What are all the paper CAR forms currently needed?

A: Use PathTracker only to submit information for admissions, discharges, and transfers. For the present time you will continue to submit a CAR form by mail, fax or email to DHS Centralized Facility Eligibility Unit (CFEU) for other types of changes (e.g., change from Medicare or private pay to Medicaid; entering hospice care). The CAR form can be found at:

<http://dhs.iowa.gov/sites/default/files/Case%20Activity%20Report.pdf>

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Q: Did you say we have to submit a CAR form every time a resident switches from skilled to ICF? Or is it JUST Medicaid residents?

A: Just for Medicaid residents.

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Q: If I have a resident that was admitted on 1/1/2010 and had a discharge due to a hospitalization of over 10 days, and was then readmitted on 2/12/16, what would I use as the admit date when asked?

A: 2/12/16

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Q: If a patient is admitted from the hospital, does the hospital have to discharge the patient in Ascend?

A: No. Hospitals do not have access to PathTracker.

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Q: When an admission comes in on day one what day do you use for their LOC date? What if day 11 is on a weekend?

A: The LOC date applies only to persons whose stay is funded by Medicaid, and may be different than the admission date. The LOC date is the date that the LOC determination is made by IME Medical Services. For individuals undergoing a PASRR Level II evaluation, the LOC date is the date the PASRR is completed

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Q: If resident is private pay (not Medicaid) do we still need to discharge them from LTC facility on day 11 if they are planning to return?

A: Yes.

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Q: If we currently have all of the residents entered in PathTracker do we now need to go back and complete the admission notification on all of them?

A: Yes. When looking at the individual's record in PathTracker you can see if an admission notice has been completed.

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Q: What should we do when we are trying to admit a resident but the facility they transferred from is not found in the drop down menu?

A: Please contact the IA Helpdesk at 1-877-431-1388, extension 3403, or iowapasrr@ascendami.com, the facility may be listed in a different way.

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Q: Is assisted living considered community?

A: Yes.

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Q: When does PACE become the payer source?

A: Currently, there are only three PACE providers in Iowa. PACE eligibility will always begin with an individual living in the community. If/when the individual no longer able to be served in the community, the individual can enter a facility and still remain on PACE if they choose. The facility will contract with the PACE provider as the payer source. The facility will still need to enter the admission into PathTracker Plus but indicate that the resident is on PACE.

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Q: Is the admission date the patient's original admission date or the most recent return/readmission from hospital?

A: Original admission date, unless they have been hospitalized for 11 or more days, then it would be the date of their return.

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Q: How long do we have to enter in prior to 9/2011?

A: All current nursing facility individuals must be entered by 2/1/2016.

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Q: How do we admit private pay people?

A: Please use the "non-Medicaid" option.

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Q: Can we continue to do Paper CAR forms for the time being, or must we switch to PathTracker 2/1?

A: You must use PathTracker as of 2/1/2016 for all admissions, discharges, and transfers. Continue to use the existing CAR form for all other changes (e.g., change from Medicare or private pay to Medicaid; entering hospice care).

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Q: Where do we do the CAR on PathTracker?

A: Within PathTracker, the CAR is the admission/transfer/discharge notice. The information entered into PathTracker is transmitted to Iowa Medicaid. The data is then used to generate an electronic CAR which goes to the Income Maintenance Worker.

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Q: When we are admitting a skilled resident with Medicare and private insurance do we select Medicare or non-Medicaid?

A: Please select “non-Medicaid.”

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Q: If the skilled resident is Medicare and Medicaid with secondary or third insurance do we select Medicare or Medicaid?

A: Please select “Medicaid” if Medicaid is the payer for the stay. If Medicare will be paying for the stay, then please select “Medicare” and if a private insurance will be paying for the stay, then select “Non-Medicaid”.

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Q: When I am adding current residents to PathTracker do we use the LOC and payer source at first admission or what it is currently?

A: Please use the current payer source and LOC.

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Q: If the Medicaid/State ID is not listed on the accepted resident within a facility will we still get payment or do we need to go back in and add State ID information to Medicaid residents?

A: You will still receive payment.

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Q: How do we discharge individuals from our accepted queue that were NEVER admitted into our facility?

A: Please contact the IA Helpdesk at 1-877-431-1388, extension 3403, or iowapasrr@ascendami.com, at this time this change can only be completed by Ascend.

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Q: Please clarify the hospital 10 day discharge guideline-does that also apply for a stay in a psych unit of the hospital?

A: Yes

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Q: Often we must wait for another facility to discharge before we can admit. Is there a timeframe on completing this and what should we do if we do not get a timely response?

A: Currently there is no timeframe for completing the discharge. Please contact the discharging nursing facility and request they complete the discharge ASAP.

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Q: If a patient comes in that has private insurance, what do we put them under?

A: Please use the “Non-Medicaid” option.

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Q: We have a resident on our roster that has never been admitted to our facility. Should we do a discharge tracking or call the Iowa Help Desk to have them remove the resident?

A: Please contact the IA Helpdesk at 1-877-431-1388, extension 3403, or iowapasrr@ascendami.com to have them removed.

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Q: If we admitted a Medicaid resident on 02/01/16, and did not have this information yesterday, is it ok if we faxed a Case Activity Report? Also the PASRR came with him from the hospital. Do we need to do anything else?

A: Please complete the admission notice in PathTracker.

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Q: So is this just for Medicaid residents right now?

A: No, this is for all nursing facility residents, regardless of payer source. Some options within PathTracker, such as the LOC information, may apply only to Medicaid residents.

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Q: If a long term resident applies for Medicaid, what is the time frame for reporting payment changes?

A: Resident information entered into PathTracker Plus is transmitted to Iowa Medicaid. Iowa Medicaid will store the information for 12 months after original receipt of the data. Within in those 12 months if a resident applies for Medicaid, a CAR will be generated automatically. If a resident applies for Medicaid beyond 12 months, the facility may need to submit the change via PathTracker.

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Q: I have 2 residents that are still listed as being admitted in other facilities and have been since they came to my facility in 10/2015 despite repeated requests to the facilities to discharge them so I can show them as admitted to my facility?

A: Please contact the Ascend IA Helpdesk at 1-877-431-1388, extension 3403, or iowapasrr@ascendami.com.

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FREQUENTLY ASKED QUESTIONS
Iowa ServiceMatters/PathTracker
Webinars 1/25/2016-2/2/2016

Hospice/PACE Questions

Q: If a resident begins hospice after entering the facility do I fill out the discharge/transfer or how do I notify you of hospice?

A: Until additional functionality is built for PathTracker, please submit a CAR form to CFEU via mail, fax or email. The hospice provider will also be responsible for submitting a CAR to CFEU.

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Q: What does PACE mean?

A: Program for All Inclusive Care of the Elderly. For more information, see <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/pace>.

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Q: What is the provider hospice number?

A: Just as each NF has a provider number, each provider of services has a unique provider number that they use for billing with Iowa Medicaid Enterprise. Once a resident in your facility elects hospice benefits, you should work with the hospice provider to obtain their Medicaid provider number.

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Q: Hospice: is this inpatient hospice or hospice and they still reside in the facility?

A: Hospice and they still reside in the facility.

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Q: Does hospice admission always require a status change?

A: No.

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Q: If a resident goes onto Hospice after they have been a resident, where do you report this as the resident has not left the facility?

A: Until additional functionality is built for PathTracker, please submit a CAR form to CFEU via mail, fax or email. The hospice provider will also need to submit a CAR form indicating that the NF resident has started hospice benefits.

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Q: How do you know what the hospice discharge date will be?

A: This date is not a required field, however if a resident in your facility is also receiving hospice benefits than you should would with hospice provider in obtaining this information.

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ServiceMatters Questions

Q: After submitting our Level II PASRR care plans, will we be notified if you feel they are non-compliant and provide us a chance to correct before payment is going to be affected?

A: Yes.

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Q: Where do we find the care planning tool?

A: Go to PASRR.com and follow the link for “Iowa PASRR”. They are the first three links under “Provider Tools.”

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Q: If there are findings on a Level I for community supports on discharges, does that need to be care planned?

A: Yes, if the individual has a short term approval, is identified via the MDS Section Q, or self identifies that they want to move to the community.

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Q: What needs to occur if a resident has an Ascend PASRR Level II that indicates specialized services but no specialized services are marked on the Level II?

A: Please contact Ascend and they will provide a corrected Level II with all PASRR identified services.

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Q: Who is expected to write the care plan, the MDS coordinator, or social services?

A: PASRR does not dictate who has to write the care plan.

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Q: How do we make PASRR compliant Level II care plans for those with old level 2s and no clear specialized service findings?

A: Ascend and DHS/MHDS have no history of working with the “old PASRRs,” that were being conducted prior to Iowa’s contract with Ascend (9/1/2011). If you need technical assistance about how to develop care plans for those, we’ll need to reply on a case by case basis, and you’ll need to supply the “old PASRR,” as we don’t have any records of those.

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Q: How soon will we know if we are found to be compliant or non-compliant with care plans?

A: A written outcome notice will be posted to your inbox when Ascend has completed the ServiceMatters review.

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Q: So should we upload all Level II Care plans on February 1st?

A: No. Please upload plans only when requested to do so by Ascend.

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Q: Do community placement supports need to be included on all residents, even if there is no goal to discharge home?

A: No. Community placement supports should be included in the care plan if the individual has a short term approval, is identifies the desire to discharge via the MDS Section Q, or self identifies that they want to move to the community.

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Q: If someone is a long term resident in our building do we need to address things like lawn service and cleaning services in the care plan?

A: Lawn Service and Cleaning Service are examples of Community Placement Supports. Please see the above answer.

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Q: What is a behavioral health advance directive?

A: Similar to a health care advanced directive, this would give specific guidance about how a person wishes their Behavioral Health needs to be met if, during times of crisis, they are unable to express their wishes. Additional tips and resources for completing a behavioral health advance directive are referenced in this section of the care planning tool.

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Q: Where we can find information on how to complete a compliant care plan?

A: Go to PASRR.com, the Iowa PASRR Provider's page. The first three links under "Provider Tools," Include Iowa's care planning guidelines, and instructions, as well as the tool itself.

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Q: Why are nursing facilities expected to be compliant and immediately tied to payment when we are unable to clarify just what exactly we are supposed to be doing to be compliant because of the overload on the Ascend side?

A: PathTracker has been available for use since February 2015 and became mandatory for use by Nursing Facilities in September 2015. DHS and IME waited one year to tie this system to payment to provide Nursing Facilities ample time to begin using the system. Face to face trainings were conducted at 4 Iowa locations in July 2015 and at 3 Iowa locations in December 2015. Training materials from all of the training sessions since 2011 can be found on the website and remains available on PASRR.com.

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Q: How do I manage a resident with Level II PASRR admitted to my facility in 2014 who has had changes that for example make the discharge to community findings invalid as they will not d/c from LTC? Do I need to submit a new PASRR to get the Level II redone/ updated?

A: 100% of PASRR LII summary of findings documents include an evaluation of what community placement supports a person would be likely to need IF they are going to discharge to the community. NFs are required to care plan for those community placement supports ONLY if the person 1) has been given a short term approval, or 2) if they have self-identified a desire to return to a lower level of care, or 3) they have indicated on the MDS, that they wish to return to the community.

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Q: What do we do when we are in rural areas with shortages of mental health care providers and no nearby psychiatrists but the Level II evaluation requires a patient to see, "a psychiatrist?"

A: One of the primary functions of the ServiceMatters process is to help identify gaps and shortages in available services, so this is a dialogue we are happy to have with NFs on a case by case basis. Some rural NFs have contracted with Telepsychiatry providers and these contracts have permitted them to bring psychiatric services directly into the NF through telemedicine. Others have sought and obtained approval for the use of alternative providers of psychiatric services, such as utilizing the services of skilled and experienced psychiatrically certified Advanced Registered Nurse Practitioners. At times, it may be acceptable to schedule an initial consultation with a psychiatrist, and then have the day to day management of medications addressed by a psychiatric ARNP or there are other means by which psychiatrists can collaborate with other behavioral health practitioners. ServiceMatters permits the NF to propose the use of alternative providers when they believe high quality alternatives are available, needed, and appropriate. Such cases will be reviewed on a case by case basis via the ServiceMatters process.

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