



**WEBSTARS USER GUIDE**  
**North Dakota PASRR**

DEVELOPED: 1.14.16  
REVISED:

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Ascend provides this user guide as an over view of system operations. If you have a specific question about how to maneuver through the system that is not outlined in this user guide, contact:

Ascend North Dakota PASRR Help Desk—877-431-1388 ext. 3320

Ascend will always support the current and most recent versions of Internet Explorer and Mozilla Firefox.

Ascend recommends Adobe Reader 10 or later.

Ensure that your firewall does not block our URL.

## Log In

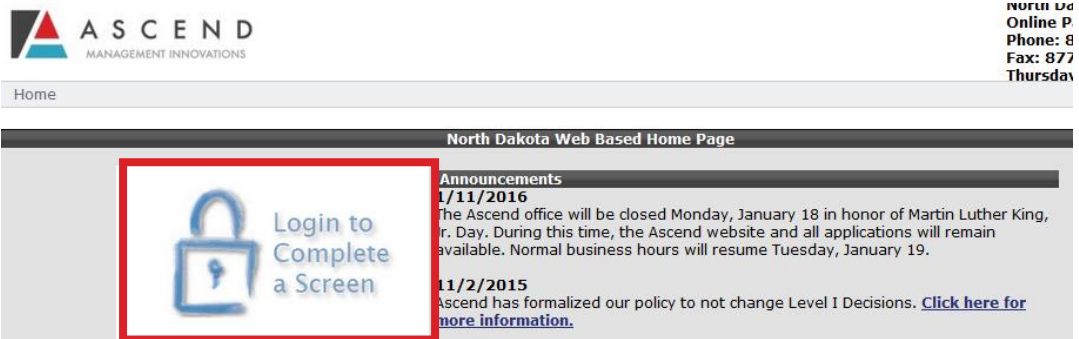
**STEP 1:**  
Visit [www.PASRR.com](http://www.PASRR.com)

Click **North Dakota Web Based PASRR/LOC System** to open **North Dakota PASRR/LOC WEBSTARS** (Fig. 2).



PASRR.com Home Page—Figure 1

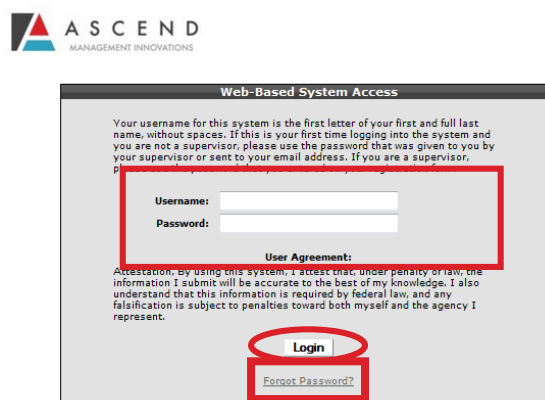
**STEP 2:**  
Click **Login to Complete a Screen** to access the **Login Screen** (Fig. 3).



North Dakota PASRR Home Page—Figure 2

**STEP 3:**  
Enter **Username and Password**.

Click **Login**.



Log In Screen—Figure 3

If you forget your password or it does not work, click the **Forgot Password?** link

## Menu Bar Options

Home  
Figure 4

Return to home screen.

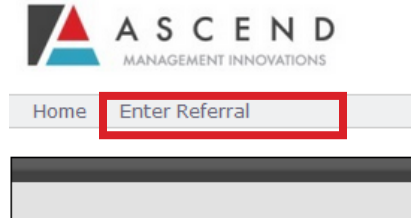
Enter Referral  
Figure 5

Begin a new Level 1 or LOC screen

## Submit a Level I, LOC, or Both Level I and LOC

### STEP 1:

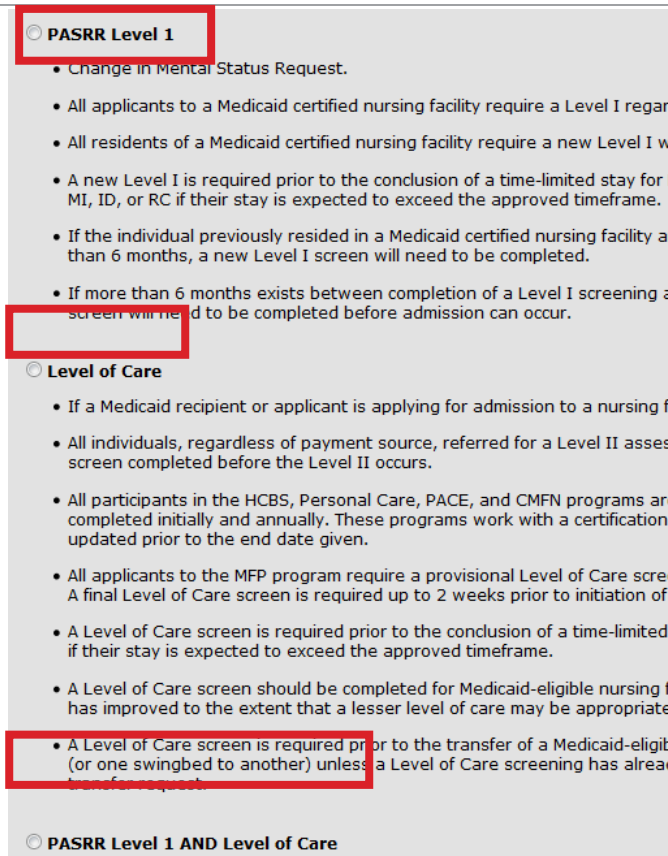
Click **Enter Referral** from the Navigation Menu to begin the screening process. This will open the **referral type form (Fig. 7)**.



Navigation Menu—Figure 6

### STEP 2:

Select the **Referral Type** to complete. This will open the correct **screening form(s) (Fig. 8)**.



**PASRR Level 1**

- Change in Mental Status Request.
- All applicants to a Medicaid certified nursing facility require a Level I regard
- All residents of a Medicaid certified nursing facility require a new Level I wh
- A new Level I is required prior to the conclusion of a time-limited stay for M MI, ID, or RC if their stay is expected to exceed the approved timeframe.
- If the individual previously resided in a Medicaid certified nursing facility an than 6 months, a new Level I screen will need to be completed.
- If more than 6 months exists between completion of a Level I screening an screen will need to be completed before admission can occur.

**Level of Care**

- If a Medicaid recipient or applicant is applying for admission to a nursing fa
- All individuals, regardless of payment source, referred for a Level II assess screen completed before the Level II occurs.
- All participants in the HCBS, Personal Care, PACE, and CMFN programs are completed initially and annually. These programs work with a certification p updated prior to the end date given.
- All applicants to the MFP program require a provisional Level of Care sree A final Level of Care screen is required up to 2 weeks prior to initiation of s
- A Level of Care screen is required prior to the conclusion of a time-limited s if their stay is expected to exceed the approved timeframe.
- A Level of Care screen should be completed for Medicaid-eligible nursing fa has improved to the extent that a lesser level of care may be appropriate.
- A Level of Care screen is required prior to the transfer of a Medicaid-eligibl (or one swingbed to another) unless a Level of Care screening has already transfer request.

**PASRR Level 1 AND Level of Care**

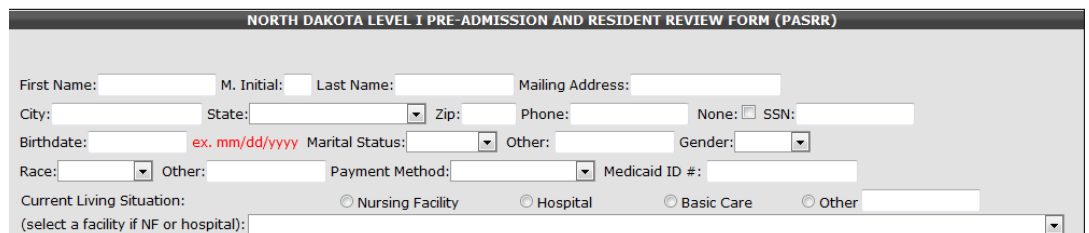
*Each Screening type has descriptors listed to help you determine your screening needs.*

Referral Type Selector—Figure 7

### STEP 3:

Complete the **Level I/LOC form(s)**.

**Do not leave any field blank or submit falsified information. If you do not have the information, speak with the person, the legal guardian, family, or consult other resources to obtain accurate information.**



**NORTH DAKOTA LEVEL I PRE-ADMISSION AND RESIDENT REVIEW FORM (PASRR)**

First Name: \_\_\_\_\_ M. Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ None:  SSN: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ ex. mm/dd/yyyy Marital Status: \_\_\_\_\_ Other: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Race: \_\_\_\_\_ Other: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_  
 Current Living Situation:  Nursing Facility  Hospital  Basic Care  Other \_\_\_\_\_  
 (select a facility if NF or hospital): \_\_\_\_\_

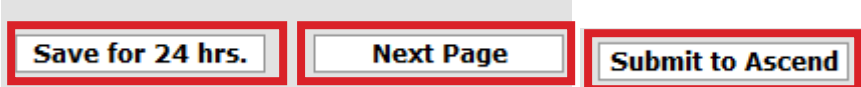
Level I Screen—Figure 8

*Consult the Provider Manual for additional information on completing specific fields within the screening forms.*

**STEP 4:**  
Click **Save for 24 hours** to retain the information you have entered for 24 hours. *Ascend cannot access this information or retrieve it after 24 hours.*

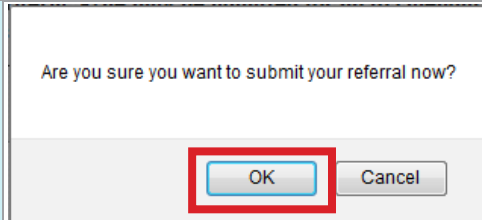
Select **Next Page** if you are entering both Level I and LOC screens.

Select **Submit to Ascend** to submit the complete screens



Screening Form—Figure 9

**STEP 5:**  
Click **OK** to proceed.

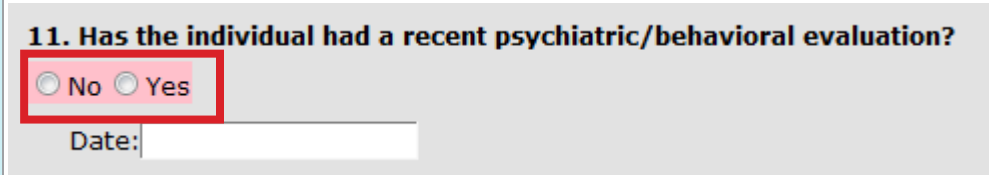


Screening Form—Figure 10

**STEP 6:**  
Enter **missing information**.

*The system will not allow you to leave required elements blank. All missing information will turn pink.*

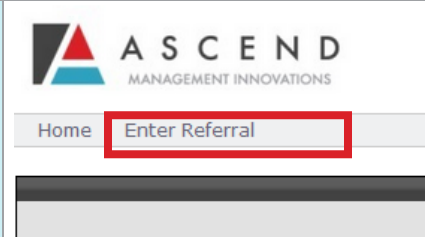
**Repeat steps 4-6 until the screen submits to Ascend.**



Screening Form—Figure 11

### Submit Tracking Information

**STEP 1:**  
Click **Enter Referral** from the Navigation Menu to begin the screening process. This will open the **referral type form (Fig. 13)**.



Navigation Menu—Figure 12

**STEP 2:**  
 Scroll to the bottom to access the Tracking Change Request Form referral type. Select **Tracking Change Request Form** to open the tracking form (Fig. 14).

**Tracking Change Request Form**

- If you would like a copy of any completed screen. The screens should be
- To notify Ascend of the individual's discharge from a nursing facility or s
- To notify Ascend of the individual's death.
- To notify Ascend of the individual's transfer to a different facility.
- To alert Ascend to a new admission or to confirm the admission date.
- To inform Ascend of the Receiving facility for an approved screen.

Referral Type Selector—Figure 13

**STEP 3:**  
 Complete the **Tracking Change Request Form**. Do not leave blanks or submit falsified information.

**NORTH DAKOTA TRACKING CHANGE REQUEST FORM**

Resident Demographic Information

First Name:  Last Name:   
 MI:  SSN:   
 DOB:  Medicaid ID #:   
 Gender:  Race:  Other:

Type of Tracking:  
 New Admission  Transfer  Discharge  Deceased

Tracking Change Request Form—Figure 14

**STEP 4:**  
 Click **Submit Tracking Request** to submit the form to Ascend.

**Submit Tracking Request**

Tracking Change Request Form—Figure 15

## Check Review Status

*From the Home Page (Fig. 4)*

**STEP 1:**  
**Review the Two Week history.** This is a list of every screen you submitted for the past two weeks. The status column will show the status of the screen. Any screen requiring additional information will have the needed information in the Additional Info Requested column. Submit the information as soon as possible to proceed with the screen.

**PASRR/LOC Activity for the Past 2 Weeks**

**Search Historical Reviews**

Last Name or SSN (xxx-xx-xxxx)

Type	Last Name	First Name	SSN Medicaid#	Referral Date	Status	Additional Info Request Date	Additional Info Requested	Additional Info	View/Edit
L1	Smith	Jane	xxx-xx-5555	1/2/16	Hold for info	/2/16	Please submit H&P, MAR		<a href="#">Edit</a>

Two Week History—Figure 16

*Click **Edit** to open the screen. From here you can print a copy for your records.*

## Search Historical Reviews

From the Home Page (Fig. 4).

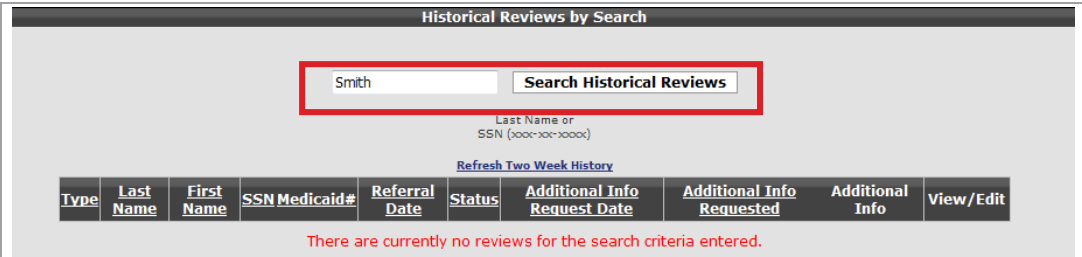
### STEP 1:

Enter the **Individual's last name or SSN**.

Click **Search Historical Reviews** to run the query.

Results will populate in the table.

Click **View/Edit** to open the record.



Historical Reviews by Search

Last Name or SSN (XXXX-XX-XXXX)

[Refresh Two Week History](#)

Type	Last Name	First Name	SSN Medicaid#	Referral Date	Status	Additional Info Request Date	Additional Info Requested	Additional Info	View/Edit
There are currently no reviews for the search criteria entered.									

Home Page—Figure 17

## Log Out

*Always Log-out before closing your browser. Failure to do so can result in locked records.*

**Locked records are unavailable for two hours until the system releases the lock.**

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



North Dakota Application

Home Enter Referral

Upper Right Corner—Figure 18