



PASRR User Guide for Provider Facilities

1

PASRR LEVEL 1 Form

Objectives

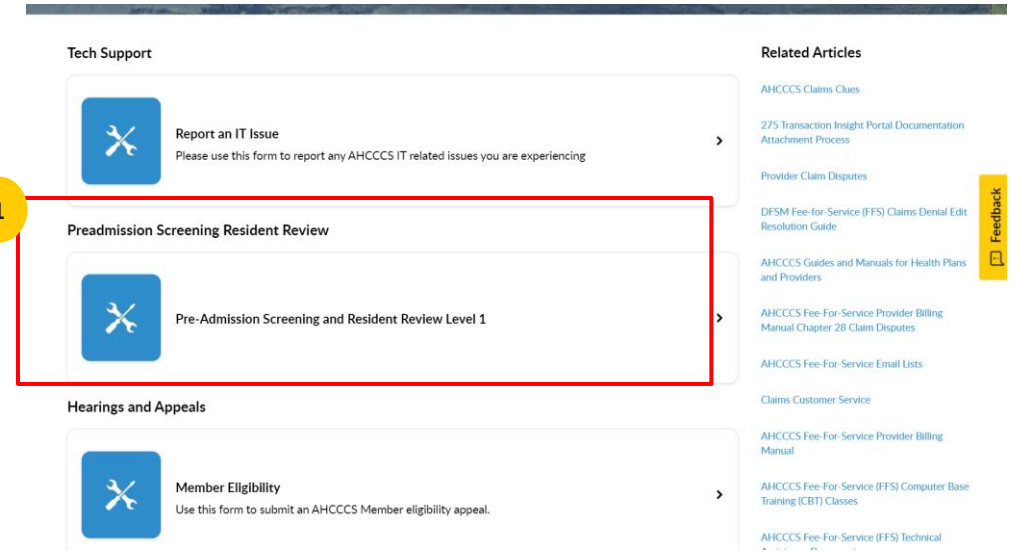
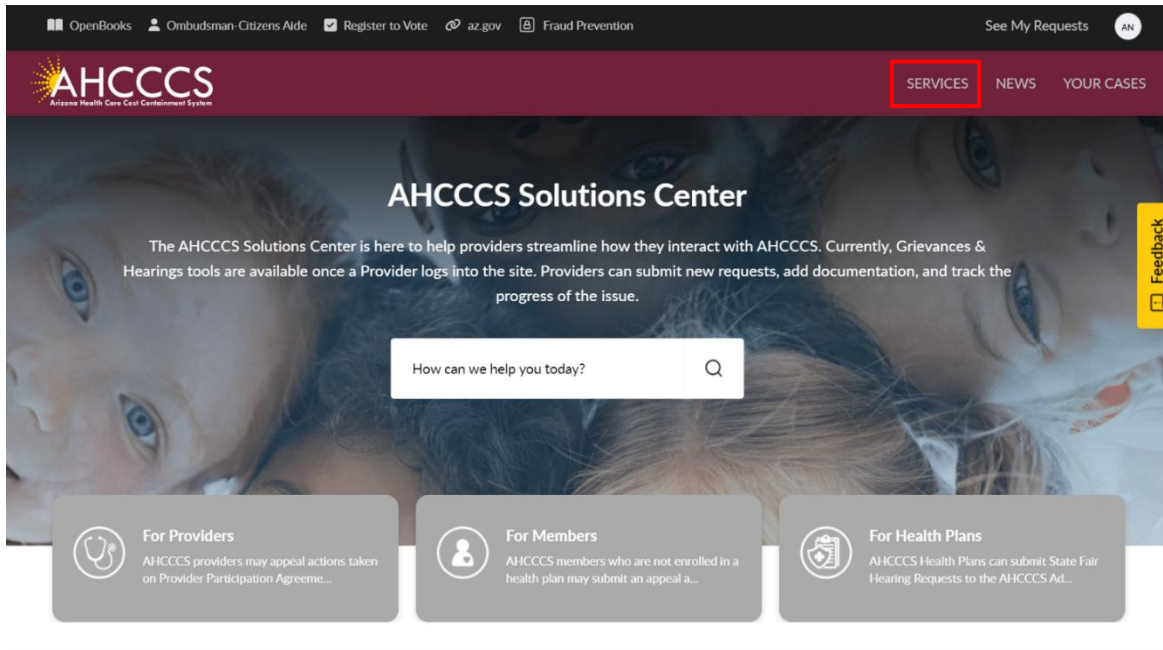
- Pre-Admission Screening and Resident Review Level 1 Form

How to Navigate

Environments:

Production: <https://ahcccs.servicenowservices.com/gsp>

- 1 Navigate to the Government Service Portal (GSP) and click on “Enter Site” followed by “Services” and navigate down to the “Pre-Admission Screening and Resident Review Level 1” button to fill the Level 1 form.



Note: Please ensure you are logged into ServiceNow through SSO before accessing the Government Service Portal

Pre-Admission Screening and Resident Review (PASRR) Level 1

- 2 Select a checkbox to navigate through form sections.
- 3 Selecting the checkbox will open the section of the form to be completed.

2 Pre-Admission Screening and Resident Review Level 1

* Indicates required

Use the checkboxes below to navigate through the various sections of the PASRR Level I Form. Begin with the initial section labeled 'Demographics,' and proceed in order through the sections, each designated by a letter.

Note that this form is designed to adapt to your inputs; as such, certain sections may become concealed if, based on certain responses in Section A, the remaining sections of the form are not relevant.

- *Demographics
- *Section A - Exemptions and Categorical Determinations
- *Section B - Mental Illness
- *Section C - Intellectual Disability (ID) and Developmental Disabilities (DD)
- *Section D - Referral Documentation and Individualized Service Recommendations
- *Section E - Attestation of Individual, Health Care Decision Maker or Physician for Consent to conduct a PASRR Level II Evaluation
- *Section F - Attestation of Person Completing PASRR Level I Screening

Submit

Add attachments



3 Pre-Admission Screening and Resident R

* Indicates required

*Demographics

Demographics

PASRR identification and evaluation must take place prior to

* PASRR Level 1 Review Type ?

-- None --

* First Name ?

Middle Initial ?

Completing the PASRR L1 Form Section – Demographics

- 4 The user starts by filling out each of the applicable form fields starting at the top, “Demographics.” All fields marked with “*” are mandatory and must be completed. In order fill the dates fields, use the calendar picker on the right side

*Demographics

Demographics
PASRR identification and evaluation must take place prior to admission to a Medicaid certified nursing facility (NF). If a referral for a Level II is indicated, the member must not be admitted to a Medicaid certified nursing facility until the Level II evaluation has been completed.

*PASRR Level 1 Review Type ⓘ
Pre-Admission

*First Name ⓘ
John

Middle Initial ⓘ

*Last Name ⓘ
Smith

*Date ⓘ
2024-08-15

*Date of Birth ⓘ
1992-10-28

*Marital Status ⓘ
Single

*Gender ⓘ
Male

Mandatory Field Errors

- 5 If a mandatory field is not completed, an error message will display on top of the page.
- 6 Once all mandatory fields are completed, the form can be submitted by clicking on "Submit" button.

5

▲ Some fields are incomplete: PASRR Level 1 Review Type, First Name, Date of Birth, Marital Status, Gender, Current Living Situation Phone Number, Current Living Situation Address, Admission Date, AHCCCS Provider ID, Current Facility Address, Facility Phone Number, Section A - Exemptions and Categorical Determinations, Section B - Mental Illness, Section C - Intellectual Disability (ID) and Developmental Disabilities (DD), Section D - Referral Documentation and Individualized Service Recommendations, Section E - Attestation of Individual, Health Care Decision Maker or Physician for Consent to conduct a PASRR Level II Evaluation, Section F - Attestation of Person Completing PASRR Level I Screening

Pre-Admission

* Indicates required

* Demographics

Demographics

PASRR identification and evaluation must take place prior to admission to a Medicaid certified nursing facility (NF). If a referral for a Level II is indicated, the member must not be admitted to a Medicaid certified nursing facility until the Level II evaluation has been completed.

* PASRR Level 1 Review Type

-- None --

* First Name

Middle Initial

* Last Name

Doe

* Date

2024-08-21

6

Submit

Note: Once form is submitted successfully, it will be locked, and you will not be able to make any further edits. Please ensure form is filled correctly before clicking on Submit

Demographic Section - AHCCCS Provider ID

- 7 Based on the AHCCCS Provider ID entered in the form, users will be able to select their location address from a listing. If your facility address is not in the listing, you may add the information in the text box. **For filling the phone number field, type in 10 digits only (no special characters)**

7

-- None --

*AHCCCS Provider ID

400844

*Name of Current Facility/Location ⓘ

HMG Circle

Multiple Addresses Associated with AHCCCS Provider ID ⓘ

Multiple addresses found for the given AHCCCS Provider ID, select one to populate the Current Facility Address field. If none are correct, manually enter the correct address in the Current Facility Address field.

-- None --

1055 SvetlaLank Ave, Cescoaek, Zofiaevk 85206, Maricopa, Cowage

2297 CuyenRuda Ave, Kaijaloa, Zofiaevk 85006, Maricopa, Cowage

2624 AylenKarlik Ave, Kaijaloa, Zofiaevk 85013, Maricopa, Cowage

3240 JosueDendy Dr, Kaijaloa, Zofiaevk 85006, Maricopa, Cowage

3322 ZichSarade Dr, Alesafoy, Zofiaevk 85251, Maricopa, Cowage

3840 EzildaGrunt Ave, Alesafoy, Zofiaevk 85260, Maricopa, Cowage

-- None --

-- None --

*Section A - Exemptions and Categorical Determinations

*Section B - Mental Illness

*Section C - Intellectual Disability (ID) and Developmental Disabilities (DD)

Feedback

Section A – Exemptions and Categorical Determinations

- 9 Based on answers provided in Section A, the system will automatically determine if a Level II evaluation is required. If a Level II Evaluation is not required, you will receive a message to “Skip to Section F” for signature.

9

ahcccsdev.servicenowservices.com says
No referral necessary for any Level II. Skip to Section F
OK

*Section A - Exemptions and Categorical Determinations

Section A - Exemptions and Categorical Determinations

*Does the admission meet criteria for 30-day Convalescent Care?

Yes

*Does the individual meet the following criteria for Respite admission for up to 30 calendar days?

Yes

*Does the individual meet one or more of the following criteria for NF approval as a result of terminal state of illness?

Yes

*NF Approval Detail

Terminal illness

*Does the individual have a primary diagnosis of dementia or Alzheimer's disease?

-- None --

No

No, Individual has dementia but it is not primary

Yes

*Section F - Attestation of Person Completing PASRR Level I Screening

Feedback

- *Section A - Exemptions and Categorical Determinations
- *Section F - Attestation of Person Completing PASRR Level I Screening

Section B & C (only applicable if Section A doesn't mark as "Skipped")

- 10 Based on answers to previous questions in Section A, continue to Section B - Mental Illness and Section C - Intellectual Disability (ID) and Developmental Disabilities (DD), as required.

Section B - Mental Illness

* Does the individual have any of the following Serious Mental Illness (SMI)?

-- None --

* Does the individual have any mental disorders?

-- None --

* Does the individual have a substance related disorder?

-- None --

Symptoms (Answer All Questions If Applicable)

* Interpersonal - Has the individual exhibited interpersonal symptoms or behaviors (not due to a medical condition)?

-- None --

* Concentration/Task Related Symptoms - Has the individual exhibited any of the following symptoms or behaviors (not due to a medical condition)?

-- None --

* Adaption to Change - Has the individual exhibited any of the following symptoms related to adapting to change?

-- None --

Section C - Intellectual Disability (ID) and Developmental Disabilities (DD)

* Does the individual have a diagnosis of intellectual disability (ID)?

No

* Is there evidence of a cognitive or developmental impairment that occurred prior to age 18?

Yes

* Does the individual have presenting evidence of intellectual disability (ID) that has not been diagnosed?

Yes

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

No

* Does the individual have a diagnosis which affects intellectual or adaptive functioning?

No

* Are there substantial functional limitations in any of the following?

Self-Care

Section D

- 11 Complete Section D – this section requires the Referral Documentation and Individualized Service Recommendations, as applicable to the PASRR Individual's case. Reminder “*” are mandatory fields.

Note: *Section D does not provide the "no referral necessary" option. However, the portal will still require records to be uploaded. If there are no MI/ID/RC indicators you do not need to submit extensive documentation (i.e face sheet is acceptable).*

Section D - Referral Documentation and Individualized Service Recommendations, If Applicable

Recommended services for the individual

To complete the PASRR Level I Screening process and subsequent referral for Level 2 Evaluation, additional documentation needs to be submitted. Click the "Add" button to create an uploaded file entry in the table below. Note the "Required Files for Submittal" field allows for customization of which files are included in the uploaded file itself. Add as many entries as needed to complete the uploading of all required files and optional files as applicable

*Mandatory Files for Submittal

Add Remove All

Actions	Required Documents Files for Submittal	Attachment
No data to display		

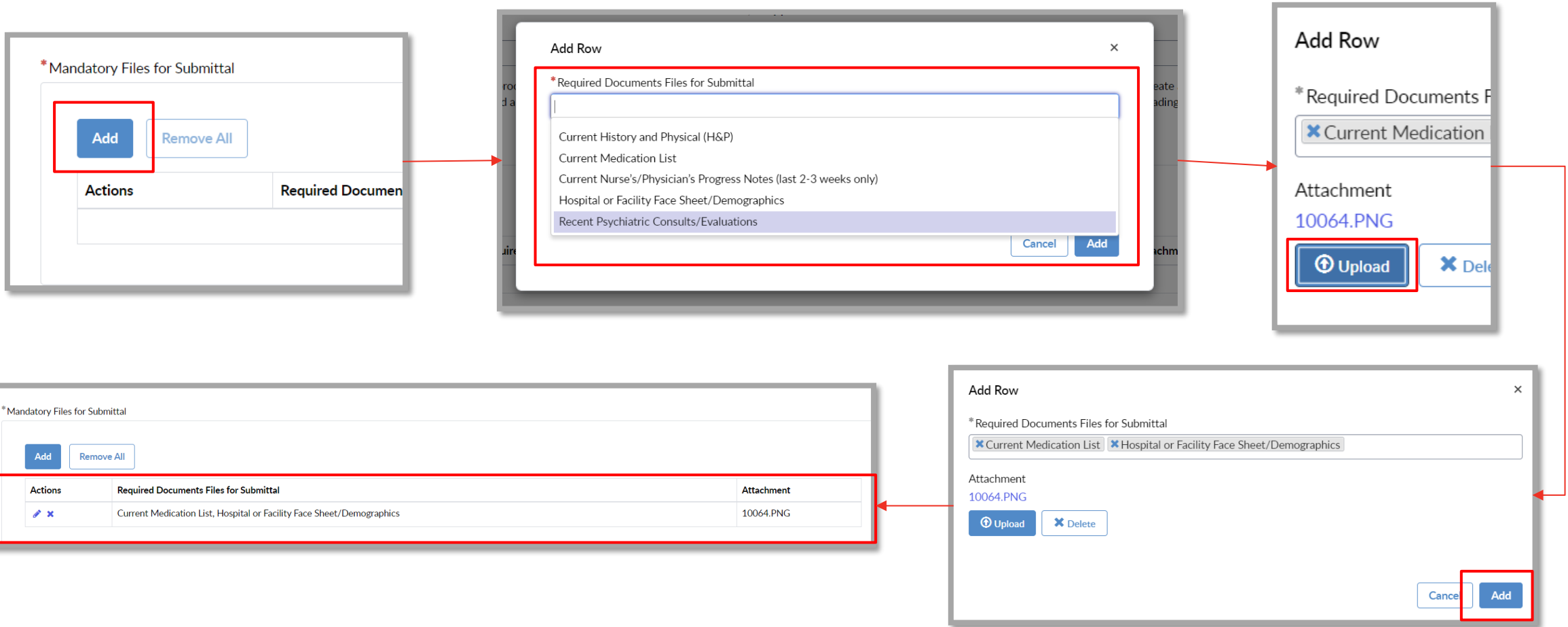
Optional files for Submittal (as applicable)

Add Remove All

Actions	Optional files for Submittal (as applicable)	Description of Other/Miscellaneous File	Attachment
No data to display			

Navigating Section D

12 The following process can be used for uploading mandatory or additional documents to PASRRL1 case in Section D



Section E

- 13 For Section E, completed for attestation. All fields in this section are mandatory as indicated by “*”; see detailed instructions on the form regarding attestation requirements.

Section E - Attestation of Individual, Health Care Decision Maker or Physician for Consent to conduct a PASRR Level II Evaluation

The Individual must authorize, or if the Individual has a Health Care Decision Maker (as specified in AMPM320-100), the Health Care Decision Maker must authorize a Level II Evaluation as a condition of admission to, or continued residence in, a Title XIX Medicaid Nursing Facility. If there is no Health Care Decision Maker and the Individual cannot authorize due to their MI/ID issues, a Physician may authorize on behalf of the Individual and must indicate the reason for their role as the attestor.

* Date ?

2024-08-28

* Primary Physician's Name

John

* Primary Physician's Phone Number ?

123-456-7890

* Primary Physician's Email ?

example@example.com

* Primary Physician's Address ?


example@example.com

Section F

- 14 Section F requires the person completing the Level 1 screening to attest to the data included in the form. By attesting, the person completing the form validates all information is correct and accurate to the best of their knowledge.

14


Section F - Attestation of Person Completing PASRR Level I Screening

* Name of Screener 


John Doe

* I attest under penalty of perjury that:


The statements and documents provided on behalf of the PASRR Individual named above, that relate to AHCCCS PASRR screening and evaluation are true, accurate, and complete to the best of my knowledge. I acknowledge that the information in this submission may be shared with other State agencies, as necessary. Additionally, I understand that this report may be relied upon for payment of claims from Federal and State funds, and any willful falsification or concealment of material fact may be prosecuted under Federal and State laws.

* Screener Professional Title 

Doctor

* Screener Phone Number 

(123) 456-7890

* Screener Email 

example@example.com

Completing the form

- 15 Once the all required sections have been completed, click on “Submit.”
- 16 If there are any incomplete fields, the user will not be able to submit, and guiding help text will be displayed on the top of the page.

16

The screenshot shows a web form interface. At the top, a red-bordered error message box contains the text: "Some fields are incomplete: PASRR Level 1 Review Type, First Name, Last Name, Date of Birth, Marital Status, Gender, Current Living Situation, Current Living Situation Phone Number, Current Living Situation Address, Admission Date, Current Location, AHCCCS Provider ID, Name of Current Facility/Location, Current Facility Address, Facility Phone Number, Payment Method, Section A - Exemptions and Categorical Determinations, Section B - Mental Illness, Section C - Intellectual Disability (ID) and Developmental Disabilities (DD), Section D - Referral Documentation and Individualized Service Recommendations, Section E - Attestation of Individual, Health Care Decision Maker or Physician for Consent to conduct a PASRR Level II Evaluation, Section F - Attestation of Person Completing PASRR Level I Screening". Below the error message, there is a list of checkboxes for sections B through F, all of which are unchecked. At the bottom of the form, a red-bordered "Submit" button is visible, along with an "Add attachments" link. A yellow "Feedback" button is located on the right side of the form. The AHCCCS logo is visible in the top left corner of the form area.

15

Note: Once form is submitted successfully, it will be locked, and you will not be able to make any further edits. Please ensure form is filled correctly before clicking on Submit

Submitting the form

- 17 The following screen will appear when the form has successfully been submitted.
- 18 To generate a local digital copy of the form, you can click on the “Print” button.

Created just now Updated just now State Open

PASRRL10001195

PASRRL10001195

Type your message here...

Send

18

SB Sricharan Boddupalli 08-28-2024 08:53:33 AM Work notes Yes, referral for ID only (ADES)

SB Sricharan Boddupalli 08-28-2024 08:53:02 AM DLCOA.pdf 24.4 KB

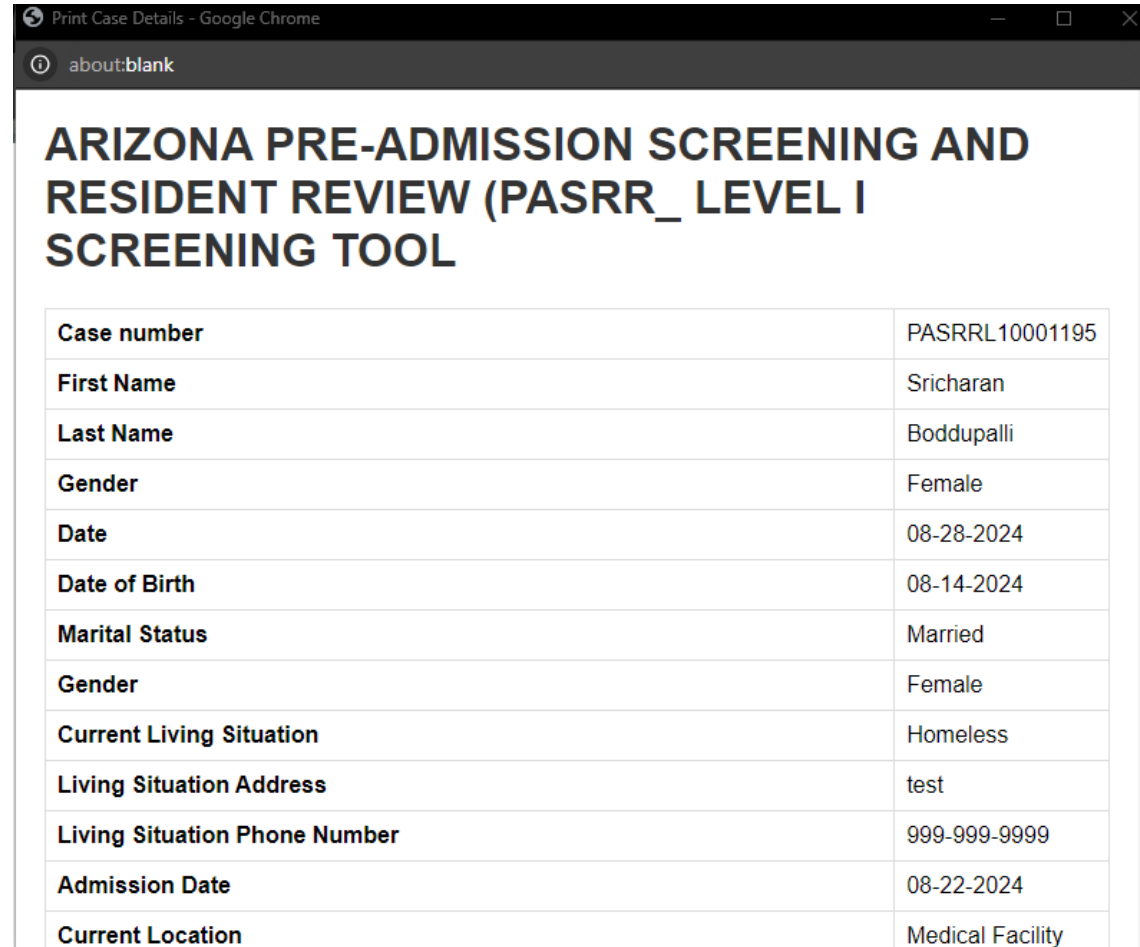
SB Sricharan Boddupalli 08-28-2024 08:52:57 AM DLCOA.pdf 24.4 KB

SB Sricharan Boddupalli 08-28-2024 08:52:52 AM DLCOA.pdf 24.4 KB

SB Sricharan Boddupalli

Printing pdf of the form

- 19 Once the printer button icon is clicked/tapped, a copy of the Level 1 form will be available to save or print.



Print Case Details - Google Chrome
about:blank

ARIZONA PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR_ LEVEL I SCREENING TOOL)

Case number	PASRRL10001195
First Name	Sricharan
Last Name	Boddupalli
Gender	Female
Date	08-28-2024
Date of Birth	08-14-2024
Marital Status	Married
Gender	Female
Current Living Situation	Homeless
Living Situation Address	test
Living Situation Phone Number	999-999-9999
Admission Date	08-22-2024
Current Location	Medical Facility

Attachment

20 Click on attach icon to add an attachment to the PASRRL1 case

Created just now Updated just now State Open

PASRRL10001195

PASRRL10001195

Type your message here...

Send

20

Sricharan Boddupalli
08-28-2024 08:53:33 AM • Work notes
Yes, referral for ID only (ADES)

Sricharan Boddupalli
08-28-2024 08:53:02 AM
DLCOA.pdf
24.4 KB

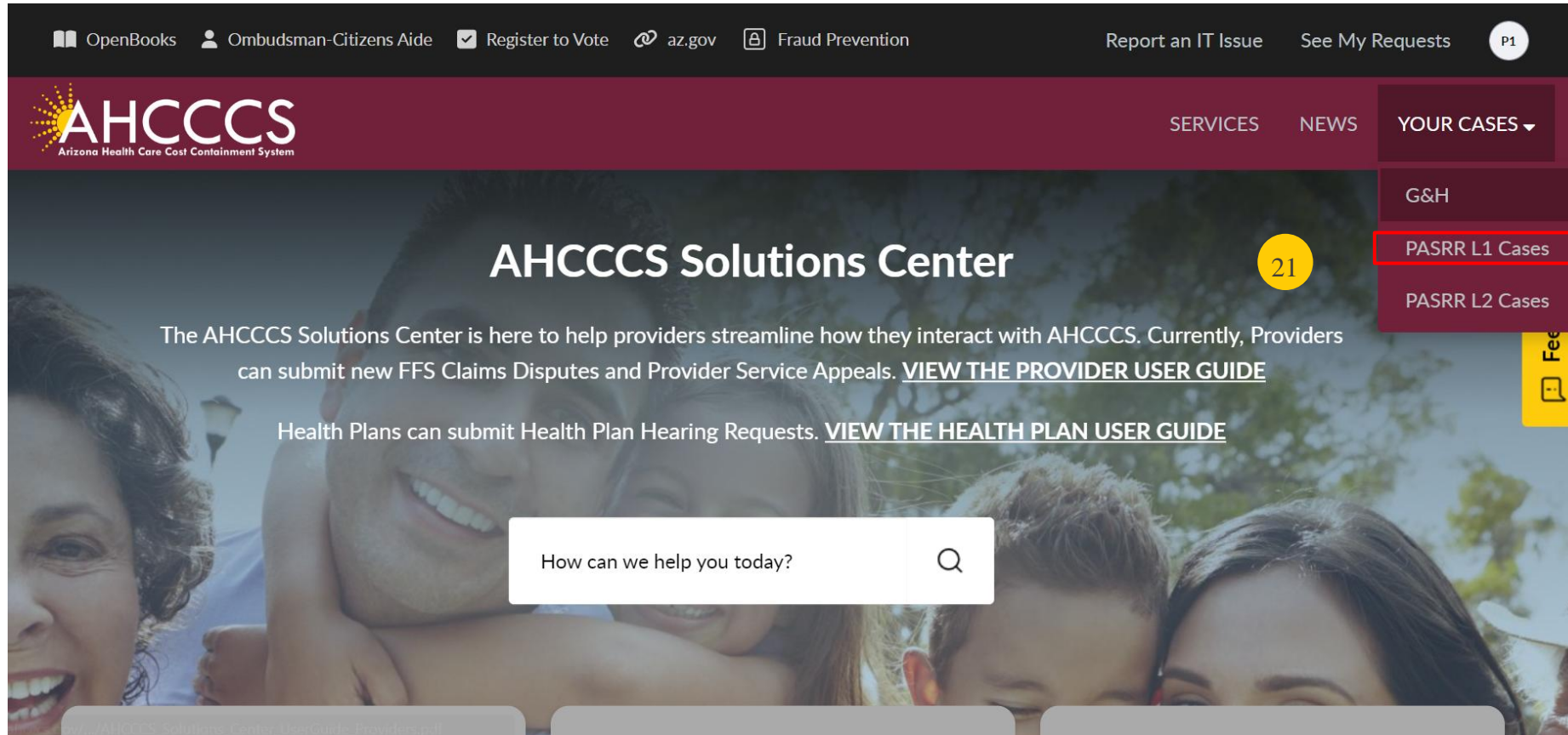
Sricharan Boddupalli
08-28-2024 08:52:57 AM
DLCOA.pdf
24.4 KB

Sricharan Boddupalli
08-28-2024 08:52:52 AM
DLCOA.pdf
24.4 KB

Sricharan Boddupalli

Navigate to a submitted PASRRL1 case

21 Click on "PASRRL1 Cases" from "Your Cases" on top right corner



Navigate to a submitted PASRRL1 case

22 Any case in "Awaiting Info" state can be edited to update information. All other tickets will be locked for editing.

OpenBooks Ombudsman-Citizens Aide Register to Vote az.gov Fraud Prevention Report an IT Issue See My Requests P1

AHCCCS
Arizona Health Care Cost Containment System

SERVICES NEWS YOUR CASES

☰ L1 PASRR Cases

Number	State	Opened by	Assignment group	Assigned to	Opened	Updated
PASRRL10001237	Awaiting Info	PASRR Facilities 1	PASRR Agents	PASRR Agent 1	10-23-2024 10:45:46 AM	10-23-2024 10:50:06 AM
PASRRL10001226	Work in Progress	PASRR Facilities 1	PASRR Agents	PASRR Agent 3	09-18-2024 11:16:45 AM	09-30-2024 01:41:13 PM
PASRRL10001225	Work in Progress	PASRR Facilities 1	PASRR Coordinators	Sricharan Boddupalli	09-18-2024 11:01:58 AM	09-24-2024 10:05:53 AM
PASRRL10001216	Closed	PASRR Facilities 1	PASRR Agents	PASRR Agent 1	09-16-2024 11:22:04 AM	10-03-2024 02:53:58 PM
PASRRL10001214	Work in Progress	PASRR Facilities 1	PASRR Agents	PASRR Agent 1	09-16-2024 07:28:27 AM	09-16-2024 11:05:07 AM

Feedback

Print a submitted PASRRL1 case to PDF

23 To export a PDF copy of the form, you can right-click on Hamburger menu and select "Export to PDF"

The screenshot shows the AHCCCS website interface. At the top, there is a navigation bar with links for OpenBooks, Ombudsman-Citizens Aide, Register to Vote, az.gov, and Fraud Prevention. Below this is a dark maroon header with the AHCCCS logo and navigation links for SERVICES, NEWS, and YOUR CASES. The main content area displays a case titled "PASRRL10001237" with a "Save" button highlighted by a red box. A right-click context menu is open over the hamburger menu icon, with the "Export to PDF" option highlighted by a red box. Other menu options include "Follow on Live Feed", "Export to PDF (landscape)", and "Print". Below the case title, there are input fields for "Number" (containing "PASRRL10001237") and "Opened" (containing "10-23-2024 10:45:46 AM"). A yellow "Feedback" button is visible on the right side of the page.