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**General Questions**

**What is the contact information for Maximus?**

For questions about the status of a review, sign on to [AssessmentPro](#)™ and check your two-week history. For difficulties associated with on-line submissions, assistance with logging in or becoming an AssessmentPro Access Coordinator, or questions about a pending Level I/Level of Care (LOC) review, Connecticut (CT) PASRR Help Desk at 833.927.2777, to speak to a Maximus CT Help Desk Program Support Staff (PSS).

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**When a screen with a short-term LOC or Level II approval is approaching the end of the allotted approved days, what do I need to submit?**

If the short-term approval occurred for a Level II evaluation, submit a new Level I and a Level of Care (LOC) screen. If the short-term approval occurred for a LOC evaluation and there have been no significant changes to the Level I screen, submit an updated LOC screen.

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**What are the procedures for admitting someone from out-of-state to a Connecticut nursing facility?**

The Connecticut Level I screen must be completed and submitted to Maximus for all applicants to Connecticut Medicaid certified nursing facilities. Forward the appropriate forms to either the out-of-state facility, primary care physician, or the person who best knows the individual and ask them to send the completed forms back to your facility. Another option is to complete the screens with the person or guardian over the phone. The out-of-state facilities and the person’s doctors in the community do not have access to [AssessmentPro](#). If the forms are mailed or faxed, once you receive them enter the information into the system and note in the additional comments section the name of the source which provided the information. If you have supporting documents [i.e., attestation or Medication Administration Record (MAR)], upload or fax them to Maximus at 877.431.9568. If a Level II is required, Maximus will work with the discharging facility or entity to obtain Level II information.

If the individual is a Connecticut resident age 65 or older and is Medicaid active, eligible, or pending, then a CT Level of Care (LOC) must also be submitted to Maximus with the Level I.

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**What is the process for weekend admissions?**

The Department of Social Services (DSS) permits weekend admission if:

- 1. For persons under 65 years of age AND persons 65 and older who are not currently Medicaid active, eligible, or pending:**

- 1.1.** The provider submits the Level I online at [AssessmentPro](#).

- 1.2. If the Level I receives an automatic approval or determined to have a PASRR condition that meets Exempted Hospital Discharge (EHD), the submitter may print the automated approval notice and forward a copy to the admitting nursing facility to show verification of screening. If the system indicates further review is required by a Maximus clinician, the admission cannot occur until further notification from Maximus.
- 1.3. If the individual is not approved via the system, the submitter may not proceed with admission.

**2. For persons 65 years of age and older who are currently Medicaid active, eligible, or pending:**

- 2.1. The provider submits the Level I online at [AssessmentPro](#).
- 2.2. If the Level I receive an automatic approval or determined to have a PASRR condition that meets Exempted Hospital Discharge, the submitter may print the automated approval notice and forward a copy to the admitting nursing facility to show verification of screening. If indicated, further review is required by a Maximus clinician, and the admission cannot occur until approval notification is received.
- 2.3. The admitting and discharging facility communicate level of care information. The admitting facility accepts responsibility for ensuring that the individual meets state criteria for nursing facility admission.
- 2.4. The discharging facility should complete the LOC and submit. For submissions sent after normal business hours, the facility should receive an outcome the next business day. The receiving facility may be requested to provide additional information, as needed, in order to complete the LOC.

**Why are the online and printable forms different?**

The forms contain the same content. Their content is ordered differently simply because of programming to enable the user to avoid entering data twice.

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**What should I do if the individual is no longer seeking nursing facility application after I submit the screen?**

The note section in the screen is the location where you can communicate any changes. When that section is reviewed, clinical reviewers will make changes accordingly.

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**Am I still required to complete the financial forms on all individuals over age 65?**

Yes, these can be completed on-line while completing a screen.

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**Readmissions: Is a readmission subject to PASRR Level I and/or Level II?**

**Readmission when the Individual is Medically Hospitalized**

An individual readmitting to the same or a different nursing facility following a medical hospitalization is permitted readmission without an intervening PASRR Level I screen/Level II evaluation if the individual does not leave the nursing facility/hospital system or is not discharged to a lower level of care unless there is a change in the individual’s status.

**Readmission when the Individual is Psychiatrically Hospitalized**

An individual readmitting to the same or a different nursing facility following a psychiatric hospitalization is also permitted readmission without an intervening PASRR Level I screen/Level II evaluation if the individual does not leave the nursing facility/hospital system. However, a psychiatric admission must be reported by the nursing facility, once the individual is readmitted through an updated/ Status Change Level I screen. A psychiatric admission may be considered a significant change in status.

**Readmission when the Individual was Discharged to a Community Setting**

If the individual is readmitted to the same or a different nursing facility, the following rules apply:

1. If the individual has a negative Level I screen, no evidence of Mental Illness (MI) and/or Intellectual Disability (ID)/Related Condition (RC), the Level I remains valid for 60 days from the time in which the most recent screen was conducted.
2. If the individual required Level of Care (LOC) screening because of his/her Medicaid status, not due to PASRR, the LOC remains valid for 60 days from the time in which the most recent screen was conducted.
3. If the individual has a positive Level II condition:
  - 3.1. And the prior admission was approved under a time limited provision, such as emergency, Exempted Hospital Discharge (EHD), delirium, or a short-term medical approval, a new Level I screen and, if appropriate, new Level II, must be completed.
  - 3.2. And the prior admission was approved via a Level II evaluation, a new Level II should be conducted. If the situation involves a medical emergency warranting urgent need for nursing facility care, the provider may work with Maximus to determine whether an emergency categorical decision could be applied.

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**How long does a Level I or LOC screen remain valid if the individual is not admitted to a nursing facility?**

If the individual has not been admitted to a nursing facility within 60 days of completing an approved Level I and/or Level of Care (LOC) screen, a new Level I and/or LOC must be completed. The screens remain valid if there is no change in the person’s initial review.

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**How do I know if an individual is Medicaid eligible?**

For all CT residents aged 65 and older, a [Connecticut Home Care Program Form](#) must be completed. Income and assets are used to determine whether the individual is Medicaid eligible. Financial limits are specified at the end of the form, which requests income and asset information for the individual you are screening and specifies for you those assets that are and are not counted to arrive at the Medicaid income limits. If an individual’s countable assets are at or below the income limits after calculations, the individual is considered Medicaid eligible. This information must be obtained from the individual and, after you have determined those countable assets, you will check either ‘I may be financially eligible...’ or ‘I am not eligible and do not need further information’. If the referral source believes the individual is eligible, s/he should specify the individual’s income and assets, as well as combined assets if the individual has a spouse, and then complete a Level of Care (LOC) form.

The Home Care application is in the system as part of the Level I screen. The application may be opened by checking the box circled below. That box is located immediately above ‘Review Type’.

Figure 1: Home Care Request Form check box for Home Care Program for Elders application

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**PASRR Questions**

**Who can complete a Level I screen?**

A health care professional, such as a nurse, social worker, physician, or home health agency, must complete the clinical portions of the screen. Health care professionals must be working in a professional or clinical capacity and may include Licensed Practical Nurses (LPNs), Registered Nurses (RNs), and Social Workers with a Bachelor of Science (B.S.) degree or higher. Social service staff is not required to be licensed to submit clinical information. The health care professional may be employed by a hospital, nursing facility, or social service agency. Authorized administrative staff from the facility is permitted to complete **only** the demographic portions of the screen.

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**When must a Level I (MI/ID) screen be completed?**

A Level I screen must be completed in the following circumstances

- When an individual is being newly admitted to a nursing facility and an approved Level I screen **has not been completed within the prior 60-day period**. **Note:** A Categorical cannot be applied if the person was discharged to the community, even if there was a Level I in the past 60 days.
- When a resident of a nursing facility was previously authorized a PASRR short term stay (e.g., an Exempted Hospital Discharge, Convalescent, Provisional Delirium, Emergency, Respite) and that stay is expected to exceed the authorized period.
- When a resident of a nursing facility has experienced a significant [change in status](#) that suggests a Level II (PASRR) evaluation must be conducted.

A Level I screen **is not necessary** when a Level of Care update is occurring because of a previous time limited authorization, unless key information in the previous Level I screen has changed, and/or is inaccurate.

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### What is the timeframe permitted to Maximus to complete Level I Screens and Level II evaluations?

The Department of Social Services contracted with Maximus to complete Level I and Level of Care (LOC) screens within 8 business hours of receipt of information needed to conduct the review. If additional information is needed to complete the review and the screen is submitted via the web, the Maximus reviewer will identify the information needed to complete the screen. Otherwise, the request for additional information will be made by phone. Once all necessary information is received, a Level I outcome will be determined by the Maximus nurse reviewer. Outcomes will be posted at [AssessmentPro](#).

Level I outcomes include:

- Level I approval (meaning that the individual is not subject to PASRR),
- completion of a PASRR (Level II) categorical or exemption decision (meaning that part or all the PASRR decision can be made through an abbreviated process), or
- referral for an onsite Level II evaluation.

Once or if an onsite Level II evaluation occurs, the onsite evaluation and subsequent determination report must be completed by Maximus within 7 business days.

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### Do nursing homes need to sign the Level I form when they admit the person?

A signature by nursing home staff on the Level I form is not required. However, the admitting nursing home staff must ensure that appropriate Level I/II screening has been completed and that the individual was approved by Maximus for admission, prior to admission. The submitter of the screen (e.g., the discharging hospital) may print copies of all approved screening forms directly from [AssessmentPro](#) after submitting screening information and forward approvals to the admitting

facility, as proof of screening. In addition, once a person has been officially admitted to a facility via the DSS/nursing facility system, a copy can be printed by the admitting facility.

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### Is a Release of Information required for a Level I?

No release of information is required for Level I screens.

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### Does Maximus have a Release of Information that the Level II reviewers will use?

A Release of Information (ROI) is not required, but Level II evaluators have been provided a ROI form, in the event the provider requests one. If a facility procedure requires use of its own ROI form, Maximus' Independent Contractor (IC) can use those, in lieu of the Maximus ROI.

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### Is the name of the admitting nursing facility required on a Level I if there is no need for a Level II?

No, but if the nursing facility name is known, it should be entered.

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### If a current nursing facility resident goes to the Emergency Department (ED) for a psychiatric exacerbation, what needs to happen before they can return to the nursing facility?

A current nursing facility resident may be readmitted to the nursing facility without a PASRR evaluation, following an ED visit for psychiatric exacerbation, or inpatient psychiatric hospitalization. However, the nursing facility staff must submit an updated Level I screen to report the exacerbation and to determine whether a Status Change evaluation must be conducted. **Status change reporting is required within 14 days of the change** under federal law for nursing facility residents with mental illness, intellectual disability, and related conditions/developmental disabilities. A status change may include any, or all, of the following:

- **Referral for Level II Status Change evaluations are required for individuals previously identified by PASRR to have mental illness, intellectual disability, or a condition related to intellectual disability including but not limited to the following circumstances:**
  1. A resident who demonstrates increased behavioral, psychiatric, or mood-related symptoms.
  2. A resident whose behavioral, psychiatric, or mood related symptoms have not responded to ongoing treatment.
  3. A resident who experiences an improved medical condition, such that their plan of care or placement recommendations may require modifications.

4. A resident whose significant change is physical, but whose behavioral, psychiatric, or mood-related symptoms, or cognitive abilities, may influence adjustment to an altered pattern of daily living.
  5. A resident who indicates a preference (may be communicated verbally or through other forms of communication, including behavior) to leave the facility.
  6. A resident whose condition or treatment is or will be significantly different than described in the resident's most recent PASRR Level II evaluation and determination. **Note:** A referral for a possible new Level II PASRR evaluation is required whenever such a disparity is identified; whether, or not, associated with a Significant Change in Status Assessment (SCSA).
- **Referral for Level II Status Change/Resident Review evaluations are required for individuals who may not have previously been identified by PASRR to have mental illness, intellectual disability, or a condition related to intellectual disability including but not limited to the following circumstances:**
    1. A resident who exhibits behavioral, psychiatric, or mood related symptoms suggesting the presence of a diagnosis of mental illness as defined under [42 CFR 483.100](#) where dementia is not the primary diagnosis.
    2. A resident whose intellectual disability as defined under [42 CFR 483.100](#), or condition related to intellectual disability as defined under [42 CFR 435.1010](#) was not previously identified and evaluated through PASRR.
    3. A resident transferred, admitted, or readmitted to a nursing facility following an inpatient psychiatric stay or equally intensive treatment.

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### Do I need to complete the section titled Level I, Section VII: Categorical Decisions and Exempted Hospital Discharge?

These sections were developed by the Centers for Medicare and Medicaid Services (CMS) as a way to bypass or more quickly expedite PASRR requirements **for certain individuals with mental illness (MI), Intellectual Disability (ID) (referred to as Mental Retardation (MR) in federal code), and Related Conditions (RC)**. Among those are:

#### Exempted Hospital Discharge (EHD)

- Applies to individuals with MI, ID, and/or RC being admitted to a nursing facility for **30 days or less following a medical (non-psychiatric) inpatient stay**.
- The EHD applies when an individual has a known or suspected MI and/or ID/RC and is being discharged from a **medical hospital stay for a medical condition** and is expected to need nursing facility care for at or under 30 days.
- The **individual's behaviors/psychiatric condition must be stable**.

- **Examples:** An **appropriate** admission would include a person with a schizophrenia diagnosis who is recuperating from a surgical procedure, needs short-term rehabilitation before s/he can return to his home, and is and has been psychiatrically stable for several months. However, a person who has **recently been acutely psychotic and/or suicidal** and who becomes ill while being treated for his/her psychiatric disorder would be **inappropriate** for an EHD request. Likewise, a person who is being treated for medical complications associated with a recent suicide attempt is **inappropriate** for an EHD admission.
- **It is crucial that that these rules be followed to avoid risk to the individual, facility, and facility residents.**
- To request an EHD decision, the following must occur:
  1. The individual must have a known or suspected MI and/or ID/RC.
  2. A LOC screen (Health Screen) is not required.
  3. The hospital must forward a MD/APRN signed [Practitioner Certification Form](#) to Maximus and the admitting nursing facility that 30 or fewer days of nursing facility will be required.
 

**Note:** See the [Weekend admissions using the Exempted Hospital Discharge](#).
  4. The admitting nursing facility must update Level I and LOC screening if the individual's stay is expected to exceed 30 days and before the 30<sup>th</sup> day.

### Provisional Emergency

- The individual has been identified as having a Level II condition, there is an urgent need for nursing facility services due to the individual's medical needs, excluding need associated with psychiatric conditions alone, lower level of care is not available and/or appropriate, and the authorization was provided by an appropriate state employee or authorized designee (Ombudsman, Protective Services Worker, DSS, DDS, or the entity assigned by DSS to approve/authorize categorical decisions ).
- In these cases, the facility must update the Level I/LOC processes to reassess LOC and determine need for assessment through the Level II.
  - If determined not to meet nursing facility criteria, s/he must be discharged.
  - If determined to meet Nursing Facility Level of Care (NFLOC), the Level II evaluation will be initiated.
    1. The individual must have a known or suspected MI and/or ID/RC.
    2. A LOC screen (Health Screen) is required.
    3. Authorization must be provided by an appropriate state employee or authorized designee (Ombudsman, Protective Services Worker, DSS, DDS, or the entity assigned by DSS to approve/authorize categorical decisions.
    4. The hospital must forward a MD/APRN signed [Practitioner Certification Form](#) to Maximus within 24 hours. **The approval is not valid without the form.**
    5. The admitting nursing facility must update Level I and LOC screening if the individual's stay is expected to exceed 7 days and before the 7<sup>th</sup> day.

### Provisional Delirium

- Individuals with MI and/or ID with delirium that precludes the ability to make accurate diagnoses.
- The individual is admitted to a nursing facility for 7 days.
- The nursing facility must update the LOC and Level I screens by the 7<sup>th</sup> calendar day.
  1. The individual must have a known or suspected MI and/or ID/RC.
  2. A LOC screen (Health Screen) is required.
  3. The hospital must forward a MD/APRN signed [Practitioner Certification Form](#) to Maximus within 24 hours. **The approval is not valid without the form.**
  4. The admitting nursing facility must update Level I and LOC screening if the individual's stay is expected to exceed 7 days and before the 7<sup>th</sup> day.

### Respite

- The individual requires respite care for up to 30 calendar days to provide relief to the family or caregiver.
- The referral source must submit a Level of Care (LOC) form which must be approved by Maximus before the admission can occur and there cannot be risk to the individual or others.
- The nursing facility must complete new Level I and Level of Care screens at such time that it appears the individual's stay will exceed 30 days.
  1. The individual must have a known or suspected MI and/or ID/RC.
  2. A LOC screen (Health Screen) is required.
  3. The hospital or nursing facility must forward a MD/APRN signed [Practitioner Certification Form](#) to Maximus.
  4. The admitting nursing facility must update Level I and LOC screening if the individual's stay is expected to exceed 30 days and before the 30<sup>th</sup> day

### 60 Day Convalescent Care Categorical Decision

- A temporary stay, physician certified as 60 or fewer days, for an individual admitted from a hospital to a nursing facility to convalesce **specifically for the condition in which s/he was hospitalized.**
- If the individual is determined to need nursing home care beyond the 60-day period, and as soon as that decision occurs, s/he must be evaluated through the Level II process.
- A signed physician's statement is required attesting to these criteria.
- This option excludes psychiatric discharges and applies only for continuing treatment of a medical condition.
- The referral source must submit a Level of Care (LOC) form which must be approved by Maximus before the admission can occur and there cannot be risk to the individual or others.

The nursing facility completes a new Level I and NFLOC screen at such time that appears the individual's stay will exceed 60 days.

1. The individual must have a known or suspected MI and/or ID/RC.
2. A LOC screen (Health Screen) is required.
3. The hospital must forward a MD/APRN signed [Practitioner Certification Form](#) to Maximus.
4. The admitting nursing facility must update Level I and LOC screening if the individual's stay is expected to exceed 60 days and before the 60<sup>th</sup> day

**Terminal**

- Prognosis of life expectancy of **less** than 6 months, records supporting the terminal state must accompany the screen, and current risk to self or others and behaviors/symptoms are stable:
  1. The individual must have a known or suspected MI and/or ID/RC.
  2. A LOC screen (Health Screen) is required.
  3. The hospital must forward a MD/APRN signed [Practitioner Certification Form](#) to Maximus.
  4. The admitting nursing facility must update Level I and LOC screening if a change occurs such that the individual no longer meets the terminal category.

**Severe illness**

- Including but not limited to the following conditions:
  - Coma
  - Ventilator dependent
  - Brain-stem functioning
  - Progressed ALS
  - Progressed Huntington's
  - Any medical condition which is so severe that the individual would be unable to participate in a program of specialized care associated with his/her MI and/or ID/RC
- **Note:** Documentation of the individual's medical status must accompany the screen.
  1. The individual must have a known or suspected MI and/or ID/RC.
  2. A LOC screen (Health Screen) is required.
  3. The hospital must forward a Medical Doctor (MD)/Advanced Practice Registered Nurse (APRN) signed [Practitioner Certification Form](#) to Maximus.
  4. The admitting nursing facility must update Level I and LOC screening if a change occurs such that the individual no longer meets the severe illness category.

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**Can a person with a Level II condition be admitted to a nursing facility over the weekend?**

The DSS will permit a person with a Level II condition to be admitted to a nursing facility if s/he meets Exempted Hospital Discharge Criteria. The Exempted Hospital Discharge (EHD) applies only to individuals with mental illness (MI), intellectual disability (ID), and/or related conditions (RC) to intellectual disability who are being admitted to a nursing facility for **30 days** or less following a **medical** (non-psychiatric) inpatient stay. In the prior process, many hospitals referred to the EHD as a short term stay request. The EHD applies when an individual has a known or suspected MI and/or ID/RC and is being discharged from a **medical hospital stay for a medical condition** and is expected to need nursing facility care for at or under 30 days. The **individual’s behaviors/psychiatric condition must be stable.**

- **Examples:** An **appropriate** admission would include a person with a schizophrenia diagnosis who is recuperating from a surgical procedure, needs short term rehabilitation before s/he can return to his home, and is and has been psychiatrically stable for several months. However, a person who has **recently been acutely psychotic and/or suicidal** and who becomes ill while being treated for his/her psychiatric disorder would be **inappropriate** for an EHD request. Likewise, a person who is being treated for medical complications associated with a recent suicide attempt is **inappropriate** for an EHD admission.
- **It is crucial that that these rules be followed to avoid risk to the individual, facility, and facility residents.**
- To request an EHD decision, the following must occur:
  1. The individual must have a known or suspected MI and/or ID/RC.
  2. **A LOC screen (Health Screen) is not required.**
  3. The hospital must forward a MD/APRN signed [Practitioner Certification Form](#) to Maximus and the admitting nursing facility that 30 or fewer days of nursing facility will be required.
- If the individual’s stay is expected to exceed 30 days, the admitting facility must complete a LOC and updated Level I screen by or before the 30<sup>th</sup> day.

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**Level of Care Questions**

**Who can complete the Level of Care screen?**

A health care professional, such as a nurse, social worker, physician, or home health agency clinician, **must** complete the clinical portions of the screen. Health care professionals must be working in a professional or clinical capacity and may include LPNs, RNs, and Social Workers with a B.S. degree or higher. Social service staff is not required to be licensed to complete and/or submit a screen. The health care professional may be employed by a hospital, nursing facility, or social service agency. Authorized administrative staff from the facility is permitted to complete **only** the demographic portions of the screen.

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**What is a Retrospective Level of Care and what is the process for submitting a retrospective Level of Care?**

Nursing facilities can identify the need for a retrospective review under the Reason for Screening of the LOC screen. This option includes the period for which a retrospective LOC review is requested. The review can be for persons who have since been discharged from a nursing facility (reflecting a beginning and end date for the requested period of time) or for persons who are current residents (reflecting a start date and no end date because the individual still resides at the facility). When requesting a retrospective review, the submitter must provide documentation of the individual's needs and functioning for the period in which coverage is requested and an explanation why a retrospective review is needed. This information is necessary for data collection and reporting to DSS to ensure the retrospective review is used in the manner for which it was intended.

**Examples:**

- An individual was admitted to the nursing facility with Medicare as a payment source, stayed for 30 days, and discharged. After discharge, it was determined by the nursing facility, that for a portion of the stay Medicaid payment is requested. Choose the following:
  - Screen type: *Current NF resident, newly applying for LTC Medicaid I am requesting a retrospective review*
  - Enter both a *begin date* (the admission date) and an *end date* (the discharge date).
- An individual was admitted as presumed self-pay. While still a resident, it is discovered he is eligible for Medicaid LTC funding for his stay. Choose the following:
  - Screen type: *Current NF resident, newly applying for LTC Medicaid I am requesting a retrospective review*
  - Enter a *begin date* (the admission date) and check the box '*This request is for approval for continuing care in the NF*'
  - Indicate in the *Expected Length of Stay* variable the length of time the individual is expected to need nursing facility care (calculated from the date of submission of this LOC form).
- If approved, the Maximus reviewer will indicate the approval began on the *begin date* requested and is ongoing (for a long-term or short-term stay as deemed appropriate).
- Retrospective reviews are not appropriate for situations where a provider failed to ensure that appropriate admission screening was conducted or for providers who failed to obtain reauthorization by or before the end of a short-term authorized stay.
- **Note:** It is imperative that the nursing facility monitor and submit timely LOC reviews for persons who require medical care needs at the nursing facility level. To assure payment, discharge planning must occur PRIOR to the person no longer being appropriate for nursing facility continued stay.

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### **Is a Retrospective LOC screen required when a person previously approved for a 30 day stay (such as Exempted Hospital Discharge) is discharged before the 30th day?**

If the individual was admitted under an Exempted Hospital Discharge, a signed [Practitioner Certification Form](#) is required. That initial Exempted Hospital Discharge would cover the individual's stay. If the individual does not remain in the nursing facility beyond the authorized period, further screening is not required. Keep in mind that the approval is not valid without a signed form.

If the individual remains in the nursing facility beyond 30 days, an updated LOC and Level I screen must be submitted for review to determine the need for a PASRR Level II evaluation, as well as whether the individual meets guidelines for NFLOC. A signed [Practitioner Certification Form](#) must also be submitted at the time of the updated screen.

### **How does a nursing facility receive Medicaid payment for a nursing facility resident?**

A LOC screen must be approved before a nursing facility resident is eligible for Medicaid payment. The LOC Screen is different from the Level I screen. It is a review for medical necessity at the nursing facility level.

### **Hospital Staff**

Typically complete the LOC Screen for the following individuals:

- Nursing facility applicants 65 years of age or older who are Medicaid active, eligible, or pending
- Nursing facility applicants who have suspected or known mental illness (MI) and/or intellectual/developmental disabilities (ID)

### **Nursing Facility Staff**

Must complete a LOC screen for individuals in each of the following individuals:

- Residents of any age for whom Medicaid may be needed even when a LOC screen was not completed by hospital staff
- Residents of any age applying for Medicaid benefits when a LOC screen was not completed by hospital staff
- Residents who require an updated or first time PASRR Level II evaluation

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### **What is the timeframe permitted to Maximus to complete Level of Care Screens?**

The Department of Social Services contracted with Maximus for clinical reviewers to complete Level of Care screens within 8 business hours of receipt of information necessary to conduct the review. Within that timeframe an outcome will be determined by a Maximus nurse reviewer. If additional information is needed and the screen was submitted via the web, the Maximus reviewer will identify the information needed to complete the screen by reviewing the 2 Week History at [AssessmentPro](#).

LOC outcomes can also be viewed and printed from [AssessmentPro](#). Outcomes include the following:

- **Short Term** – 30-180 days
- **Long Term** – As long a stay as the person needs/indefinite
- **Hold for Info** – All required information to make a decision has not been received, such as the [Practitioner Certification Form](#) or medical documentation.
- **Refer to MD, Potential Denial** – If, upon review, the person does not appear to meet nursing facility medical necessity based on CT criteria guidelines, the review will receive this outcome, and a Physician Reviewer will make the final determination. **Note: It is the responsibility of the nursing facility to plan and discharge accordingly and to not use the PASRR process as a means for discharge, using the denial process.**

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**Is a LOC form necessary for an individual with Medicaid benefits who is less than age 65 if the Level I screen is negative?**

A LOC form is required for:

- A nursing facility **applicant** who is 65 years old or younger, Medicaid active, eligible, or pending,
- A nursing facility **applicant** who has a Level II condition,
- Any nursing facility **resident** of any age who is Medicaid active, eligible, or pending if
  - Regardless of age, once admitted to a nursing home, is seeking Medicaid coverage for the nursing facility stay. The nursing facility is responsible for submitting the LOC screen, if seeking Medicaid payment
  - Resident is applying for Medicaid, although the resident admitted under another payer source
- Any nursing facility **resident** who has a known or suspected Level II PASRR condition

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**Who is responsible for completing a LOC form for individuals under age 65, seeking nursing home Medicaid payment?**

When an individual under 65 years of age is in a nursing home and Medicaid payment is being sought, it is the **responsibility of the nursing home** to complete the LOC form.

**What information should be entered under the Medical Diagnostics section of the LOC form?**

### Admitting Diagnosis

List the diagnoses for which the individual needs assistance or will receive treatment while in a skilled nursing facility (SNF) or why the individual admitted to the hospital for treatment. Note the condition as acute or chronic, stable, or unstable.

### Medical History

All medical diagnoses for which the individual has received treatment. Note the condition as acute or chronic, but stable/unstable. **Note:** Do NOT copy and paste the History & Physical (H&P) or psychological evaluation into the screening forms.

### ADL

For each Activities of Daily Living (ADL) rated 1, 2, or 3, describe assistance needed, including frequency and reason for support needs (including physical and cognitive).

### Skilled Care Needs

This supports why skilled NFLOC is needed. Include details regarding but not limited to:

- Tube feedings
- IV fluids/Antibiotic Therapy (ABT)
- Fluid Intake and Output (I&O) monitoring
- Catheter/ostomy care
- Mobility aids
- Transfer aids
- Incontinence care
- Wound care
- Respiratory care needs

### Medication Supports

If support needs are selected, describe the reason for the needed support and either complete Section IV.1 or fax (877.431.9568) or upload a copy of the medication list (e.g., MAR or MD orders)

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### If an individual's NFLOC is denied, who pays for his/her stay?

A denial means that an individual does not meet the State's criteria guidelines for NFLOC and that Medicaid will no longer reimburse the nursing facility for the individual's care. It is the responsibility for the nursing facility to plan and discharge the individual in a safe and orderly manner. For

persons with a Level II condition the nursing facility should contact Department of Mental Health and Addiction Services (DMHAS) to assist with transition to the community, as appropriate.

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### AssessmentPro™ Questions

#### How do I obtain my username and/or password?

Contact your facility's web supervisor to obtain your username and password. If you are the supervisor and forgot your username and password or need to register as a supervisor, contact Maximus at 833.927.2777. If you need to add an additional user for your facility, contact your facility's AssessmentPro Access Coordinator. If you forgot your password, click the link to Reset Password.

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#### Must all Level I and Level of Care screening information be submitted online at AssessmentPro?

All hospitals and nursing facilities with web-access are required to submit online screening information unless technical difficulties are experienced by the submitter. In the event of technical difficulties, the submitter should contact Maximus the CT PASRR Help Desk. In extremely rare circumstances, faxed Level I/LOC screens may be approved for fax submission to 877.431.9568. This must be preapproved and for technical outage emergencies, only.

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#### What do the Level I screen types (Preadmission, Status Change, and Conclusion of a Time Limited Stay) mean?

- **Pre-Admission** – The individual is seeking nursing facility placement from the community or a hospital and is not a current resident of a nursing facility
- **Status Change** – The individual is a nursing facility resident; although, s/he may be in a hospital or in the nursing facility. The individual is believed or known to have a mental illness, developmental disability, or intellectual disability and has experienced a *significant change*.
- **Conclusion of a Time Limited Approval** – The individual is a nursing facility resident whose previous Level II evaluation resulted in a time-limited approval. This includes Short-Term exempted and categorical decisions.
- **Hold for Info** – Additional information is needed in order to make an outcome decision

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#### What do the various LOC screen types mean?

- **Applicant** – The individual is seeking nursing facility placement from the community or a hospital and is not a current resident of a nursing facility.

- **Resident/applying for Long Term Care (LTC) Medicaid** – The individual is a nursing facility resident who is eligible or pending Medicaid coverage and has not had a previous LOC review.
- **Resident/medical improvement** – The individual is a nursing facility resident who has had a previous LOC approval but has had significant medical improvement and the submitting facility is updating Maximus of that improvement.
- **Resident/prior short-term decision** – The individual is a nursing facility resident who has had a previous short-term LOC approval and the submitting facility is requesting extended nursing care

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### Will I need to type each medication for the Level I and Level of Care screens or may I attach an MAR or other form of medication list?

You may upload and attach a MAR for the **Level of Care** screen only. However, it is important that the **Level I screen** contain all **psychoactive/antidepressant** medications prescribed for the individual in order to enable the database to determine need for further screening. The Level I, however, contains drop-down options to help expedite that process for you. **Note: Do NOT include psychoactive meds prescribed for medical conditions, or when medications are prescribed PRN.**

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### When is a physician signature required on screening information and how should that signature be forwarded to Maximus?

An MD, APRN, or PA signature is **required** in the following circumstances:

- **Level of Care/LOC** - The signed [Practitioner Certification Form](#) must be submitted to Maximus at the time of the LOC screen. A pdf of the form may be uploaded and attached to the patient's file in [AssessmentPro](#) once the screen is complete or faxed to 1.877.431.9568.
- **Level I** - If a request is made for an [Exempted Hospital Discharge](#) or for a [60 Day Convalescent Care Categorical Decision](#).

**Note: A LOC approval is not valid without the signed attestation. You have 60 days from time of approval to submit and for the review to be validated.**

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### Will I be the only one from my agency that can view online screens I submitted?

No, any authorized staff, who has user rights, at a facility may view screening information for persons at that facility. Staff is authorized by a supervisor at that facility and will be designated by the facility web supervisors as either clinical or administrative. Administrative staff may **only** enter demographic screening information. Clinical staff (such as nurses, social workers, physicians) **must** enter all clinical information. When the screen is submitted, a clinical staff member from the facility

must review the completed screen and attest to the accuracy of all information entered on the screen.

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### How will I know the status of a screen I submitted to Maximus?

For on-line screens, once all items are complete, press the submit button at the bottom of the form. If you do not receive an automatic Level I approval, the system has determined further review is required by a clinician. For LOC referrals, all require review by a nurse reviewer.

When you sign into [AssessmentPro](#), you will have the ability to view the status of all screens submitted for the previous two-week period. The status bar will let you know whether any additional information is needed from you in the Communicator box and the disposition of the review. When a screen is **approved** under the status, you may print the screening outcome as described in the following question.

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### If a screen has been approved, what information will I receive from Maximus to verify the approval?

When you sign into [AssessmentPro](#), click on Recent Outcomes on the home page. Click on the individual's name. It is important to use this page to direct any printing. **Never use the browser print functionality to print your screen.** At the conclusion of the screening process, regardless of the outcome (e.g., Level I/LOC approved, Level II required, denial, etc.), 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 the system once the evaluation is completed.

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### If both a Level I and a Level of Care are required, will demographics auto populate from one screen type into the other?

Yes. If the submitter selects the screening type option of *Level I and Level of Care screens combined*, all demographics and replicated items from one form will auto populate on the other form.

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### Discharge Date: Can I complete an online screen without a date of discharge?

Yes. If the individual requires a Level II evaluation (has a positive Level I screen), then information on the admitting facility name and date will be required before the final approval occurs.

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**There are multiple users in my facility that enter on-line information. Someone entered a portion of a screen, and a second user was unable to access the file because it was reported to be locked, what do I do?**

The first user either failed to log out of the system or to close his/her browser. It is very important that both occur in order to enable the second user to enter data.

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**When I print, sections of the form are cut off. How can I fix it?**

This is likely because you are printing from the browser rather than from the print queue. Choose the print screen button circled below.

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**What does pending mean?**

Pending means that a decision has not been made for the review. Look under your screening history to determine whether information has been requested for that individual.

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**What does “Holding for Information” mean?**

The Maximus clinician is requesting additional information in order to make a decision/ finalize the review. To view the request, click on the “View” tab next to the individual’s status of “Holding for info.” The clinician will note what information s/he is requesting. To prevent any delays, please submit requested info as soon as possible.

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**What do the abbreviations mean in the communication I received from the Maximus nurse?**

Table 1: Acronyms and their Meanings

Acronym	Meaning
DC	Discharge
D/O	Disorder
Dx	Diagnosis
EHD	Exempted Hospital Discharge
H/O	History of
ID	Intellectual Disability
LVM	Left voicemail
MMI	Major Mental Illness
OT	Occupational Therapy
PT	Physical Therapy
RC	Related Condition
SI/HI	Suicidal Ideation, Homicidal Ideation
ST	Speech Therapy
Tx	Treatment

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### Who has access to view submitted information from my facility?

Multi-viewer access was requested by the DSS. All registered “users” for a given facility have access.

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### Since we submitted information, we have learned that some of our responses are incorrect. How do we make changes?

Changes cannot be made once a screen is submitted. However, anything noteworthy can be entered in the additional information box on the screening form. If a new screening form is needed, call the CT Help Desk, and inform Help Desk Program Support Staff (PSS) that the referral needs to be cancelled and that new one will be submitted.

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### What is the purpose of the reports located at the bottom of my work page entitled short-term LOC and short-term Level II reports?

These reports contain the names of individuals where a hospital indicated the person is admitting to the nursing facility and the individual’s stay is authorized to be short-term, either through the LOC or the Level II determination. These are for approved length of stay of 30-180 days.

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### What will show in my history?

Your history shows your previous screening activity. Information contained includes:

- **Active reviews** – screens that are pending/saving (have not been fully reviewed)
- **Completed reviews** – screens where outcomes have been provided
- **Pending admitting information** – reviews that have no reported admitting nursing facility and admit date. **Note: It is important to update this section regularly.**

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### Are tracking submissions reflected in my history?

No. Your history shows Level I and LOC submissions only.

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### AssessmentPro indicates I cannot submit the screen because I have a pending review. What do I need to do to submit the screen?

The system only allows one **active** screen for an individual. If you previously submitted a Level I or LOC screen individually, without selecting the combined screen and are attempting to submit the

alternative screen on the same individual, you will receive this message. A Maximus reviewer must review the pending screen and place it on “Hold for Info” status before the second screen may be submitted. If you saved the review, you need to submit the information and contact Maximus, so the initial screen can be placed on hold; 833.927.2777. This will enable you to submit the second screen. Alternatively, you may contact Maximus Help Desk and ask that the initial screen be deleted. Once deleted, you will be able to select the combined screen and re-submit all information online in one screen.

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### **Why can I not print a Level II outcome when the PASRR system shows the evaluation to be in the completed reviews section?**

You will first receive via fax an abbreviated notice from Maximus indicating the outcome of the evaluation. Once the summary of findings report is completed, you may print that information from your history.

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## **Tracking Questions**

### **Who should complete a tracking form?**

A tracking form should be submitted by the admitting nursing facility whenever a resident with a Level II condition is admitted, transfers, is discharged, or expires. The discharging hospital should forward a copy of Level I and LOC screens, as applicable, to the admitting facility. If the admitting facility requests a copy of the approved screen(s), when the hospital did not forward a copy, the hospital needs to provide a copy to verify approval.

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