

Last updated May 2021

The following are Frequently Asked Questions (FAQs) associated with Connecticut Level of Care and PASRR Level I/II processes. To read to the corresponding response to the questions below, simultaneously hold the control [Ctrl] while clicking the question with your mouse. For further support please visit the Resource tab which is located under your name on the home screen or visit: <https://maximusclinicalservices.com/svcs/connecticut> to view assessment pro provider training checklist.

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What is the contact information for Maximus?

Phone: 833.927.2777

Email: Ascend-CTHelpDesk@maximus.com

Fax: 877.431.9568

Additional resources: <https://maximusclinicalservices.com/svcs/connecticut>

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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 LPNs, RNs, and social workers with a B.S. degree or higher. Social service staff is not required to be licensed to submit 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 NF and a Level I screen *has not been completed within the prior 60 day* period. Note: A Categorical cannot be applied if person was discharged to the community, even if there was a LI in the past 60 days.
- When a resident of a NF was previously authorized a PASRR short term stay (e.g., an Exempted Hospital Discharge, Provisional Delirium, Emergency, Respite) and that stay is expected to exceed the authorized period.
- When a resident of a NF has experienced a significant [change in status](#) that suggests that a Level II (PASRR) evaluation must be conducted.

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 screens within 5 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 in the communication box. 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 on-line. Level I outcomes will be either: Level I approval (meaning that the individual is not subject to PASRR), completion of a PASRR (LII) categorical or exemption decision (meaning that part or all of 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 five business days.

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. The individual who submits the screen (e.g., the discharging hospital) may print/Fax copies of all approved screening forms directly from assessment Pro.com after submitting screening information and must forward approval forms to the admitting facility to show proof of screening. In addition, the admitting nursing home may print a copy once the person has been officially admitted to their facility via Pathtracker.

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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 with a ROI form in the event that the provider requests its use. If a facility procedure requires use of its own ROI form, Maximus's assessors will most willingly use those in lieu of the Maximus ROI.

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Is the name of the admitting NF definitely required on a Level I if there is no need for a Level II?

No. However, if the NF name is known, it should be entered.

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If a current NF resident goes to the ED for a psychiatric exacerbation, what needs to happen before they can return to the NF?

A current NF resident may be readmitted to the NF following an ED visit for psychiatric exacerbation or an admission to an inpatient psychiatric unit without a PASRR evaluation. However, once the individual returns to the NF, staff must submit an updated Level I screen via Assessmentpro.com to report the symptom exacerbation and to determine whether a status change Resident Review evaluation must be conducted. Status change **reporting is required, within 14 days of the change**, under federal law for NF 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 Resident Review evaluations are required for individuals previously identified by PASRR to have mental illness, intellectual disability, or a condition related to intellectual disability in the following circumstances: (Please note this is not an exhaustive list.)

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 the resident's 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 that a referral for a possible new Level II PASRR evaluation is required whenever such a disparity is discovered, whether or not associated with a SCSA.)

Referral for Level II 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 in the following circumstances: (Please note this is not an exhaustive list.)

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 NF following an inpatient psychiatric stay or equally intensive treatment.

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Categorical Decisions and Exempted Hospital Discharge: Do I need to complete this section?

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) (previously referred to as Mental Retardation, and Related Conditions (RC)). Among those are:**

- **Exempted Hospital Discharge (EHD):** Applies to individuals with MI, ID, and/or RC being admitted to a NF 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 NF 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 ST 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 in order to avoid risk to the individual, facility, and facility residents.*** In order 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. (Prior to 4/11, a LOC screen was required if the individual was >65 and Medicaid active, eligible, or pending).
 - 3) The hospital must forward a MD/APRN signed [Practitioner Certification Form](#) to MAXIMUS and the admitting NF that 30 or fewer days of NF will be required. A [Practitioner Certification Form](#) is located at <http://www.maximusclinicalservices.com/svcs/connecticut>. Also see the FAQ addressing [weekend admissions using the Exempted Hospital Discharge](#).
 - 4) The admitting NF must update Level I and LOC screening if the individual's stay is expected to exceed 30 days and before the 30th day.
- **Provisional Emergency:** The individual has been identified as having a Level II condition, there is an urgent need for NF services due to the individual's medical needs (excludes need associated with psychiatric conditions alone), lower level of care is not available and/or appropriate. 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 NF criteria, s/he must be discharged. If determined to meet NF LOC, 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 (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 NF must update Level I and LOC screening if the individual's stay is expected to exceed 7 days and before the 7th 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 NF for 7 days. The NF must update the LOC and Level I screens by the 7th 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 NF must update Level I and LOC screening if the individual's stay is expected to exceed 7 days and before the 7th 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 & there cannot be risk to the individual or others. The NF 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 must forward a MD/APRN signed [Practitioner Certification Form](#) to Maximus.
 - 4) The admitting NF must update Level I and LOC screening if the individual's stay is expected to exceed 30 days and before the 30th 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 NF 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 & there cannot be risk to the individual or others. The NF complete new Level I and NF Level of Care screens at such time that it 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 NF must update Level I and LOC screening if the individual's stay is expected to exceed 60 days and before the 60th day

- **Terminal:** Prognosis of life expectancy of ≤ 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 NF must update Level I and LOC screening if a change occurs such that the individual no longer meets the terminal category.

- **Severe illness:** Coma, ventilator dependent, brain-stem functioning, progressed ALS progressed Huntington's etc. 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 (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 MD/APRN signed Practitioner Certification Form to Maximus.
 - 4) The admitting NF 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 NF over the weekend?

As of 2/23/10, the DSS will permit a person with a Level II condition to be admitted to a NF 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 NF 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 NF 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 ST 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 these rules be followed in order to avoid risk to the individual, facility, and facility residents.*** In order 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**. Prior to 5/11, a LOC was required if the individual was 65 and older and Medicaid active, eligible, or pending.
- 3) The hospital must forward a MD/APRN signed [Practitioner Certification Form](#) to Maximus and the admitting NF that 30 or fewer days of NF will be required. A [Practitioner Certification Form](#) is located at <http://www.maximusclinicalservices.com/svcs/connecticut>

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 30th day.

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Who can complete the Level of Care 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 LPNs, RNs, and Social Workers with a B.S. degree or higher. Social service staff is not required to be licensed to submit 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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What is a retrospective Level of Care and what is the process for submitting a retrospective Level of Care?

NFs now have the ability to identify the need for a Retrospective Review. The screen type will be Nursing facility resident is converting to Medicaid. The next option will give the capability to request a date in the past or from this point forward. By choosing one of those options a Retrospective Review option will be generated to the period for which a retrospective LOC review is requested. The time period can be for persons who have since been discharged (reflecting a beginning and end date for the requested review) 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, as well as an explanation as to the need for a *Retroactive Review*. 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.

- An individual was admitted to the NF with Medicare as a payment source, stayed for 30 days, and discharged. After discharge it was determined that the individual needs Medicaid payment for a portion of the stay. 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 NF 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 ST authorized stay. ****It is imperative that the NF monitor and submit timely LOC reviews for persons who require medical care needs at the nursing facility level. D.C planning must occur prior to the person no longer being appropriate for NF continue stay, to assure payment.***

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

If the individual was admitted under an Exempted Hospital Discharge, the signed [Practitioner Certification Form](#) must have been submitted by the hospital to Maximus at the time of the individual's admission to the NF. The [Practitioner Certification Form](#) is located at <http://www.maximusclinicalservices.com/svcs/connecticut>. That initial Exempted Hospital Discharge would cover the individual's stay. If the individual does not remain in the NF beyond the authorized period, further screening is not required.

If the individual remains in the NF beyond 30 days, updated LOC and Level I screens must be submitted. This will confirm whether or not a PASRR Level II evaluation is required as well as whether the individual meets NF LOC. A signed [Practitioner Certification Form](#) must also be submitted at the time of the updated screen.

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How does a NF receive Medicaid payment for a NF resident?

A Level of Care (LOC) Screen must be approved before a NF resident is eligible for Medicaid payment. The LOC Screen is different from the Level I Screen.

Hospital staff typically completes the LOC Screen for individuals in both of the following patients:

- NF applicants ≥ 65 years of age who are Medicaid active, eligible or pending
- NF applicants who have suspected or known mental illness and/or intellectual/developmental disabilities

Nursing home staff must complete a LOC screen for individuals in each of the following residents:

- A NF **applicant** who is ≥ 65 Medicaid active, eligible, or pending,
- A NF **applicant** who has a Level II condition,
- Any NF **resident** of any age who is Medicaid active, eligible, or pending if
 - Regardless of age, once admitted to a NH, is seeking Medicaid coverage for the NF stay. The NF is responsible for submitting the LOC screen.
 - Resident is applying for Medicaid, although the resident admitted under another payer source
- Any NF **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 does the Level I reason for screening mean?

- **Nursing Facility Applicant** – the individual is seeking NF placement from the community or a hospital and is not a current resident of a NF
- **Nursing facility resident who is not currently in an inpatient psychiatric hospital/unit** – the individual is a NF resident. The individual is believed or known to have a mental illness, developmental disability, or intellectual disability and has experienced a *significant change, has never had a PASRR, or has never had a Level II and shows signs or symptoms that indicate a PASRR condition.*
- **Nursing facility resident who is currently hospitalized in a psychiatric hospital/unit**-The individual is a current NF resident and was admitted to a psychiatric facility. This individual may be readmitted to the NF and a PASRR evaluation will be conducted once the readmission occurs.
- **Nursing facility resident who is converting to Medicaid**- Connecticut does not require a new Level I when converting to Medicaid. This should not be used.
- **Nursing facility resident whose approval period is expiring and needs additional time in the nursing facility** – The individual is a NF resident whose previous Level II evaluation resulted in a time-limited approval. This includes ST exempted and categorical decisions.

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What do the various LOC screen types mean?

- **Nursing Facility Applicant** – the individual is seeking NF placement from the community or a hospital and is not a current resident of a NF.
PASRR only: Nursing facility resident who is not currently in an inpatient psychiatric hospital/unit at this time (ONLY USE ON A PASRR)
PASRR only: Nursing facility resident who is currently hospitalized in a psychiatric hospital/unit (ONLY USE ON A PASRR)
- **Nursing Facility Resident who is converting to Medicaid** – the individual is a NF resident who is eligible or pending Medicaid coverage and has not had a previous LOC review. This will also include retrospective requests.
Two options will appear and you will choose one. The second option will generate the Retrospective section:
I am requesting a review of this individual's level of care status from this point forward
I am requesting retrospective review of this individual's level of care status beginning with a date in the past
- **Nursing facility resident who has had a previous LOC approval, but has had significant medical improvement and the submitting facility is providing an update of that improvement**— the individual is a NF resident who has had a previous LOC approval, but has had significant medical improvement and the submitting facility is updating Maximus of that improvement. (Note: this is very rare, and used if someone had a SMI, ID, DD OR RC diagnosis at the time of admittance, were critically ill and needed a Level II, or is unable to participate in services due to medical conditions. Once they stabilize and can participate in services or a Level II, the SNF should submit an update to show the improvement.
- **Nursing facility resident whose approval period is expiring and needs additional time in the nursing facility** the individual is a NF resident who has had a previous short-term LOC approval and the submitting facility is requesting extended NF care.
- **Waiver, grant, or other service/program applicant** – NOT USING
- **Waiver, grant, or other service/program recipient whose approval period is expiring and needs additional time in the service/program** – NOT USING

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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. * **Please do not include meds prescribed for medical conditions.**

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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:

- 1) **Level of Care/LOC:** The signed [Practitioner Certification Form](#) must be submitted to Maximus within 60 days of the LOC screen. The [Practitioner Certification Form](#) is located at <http://www.maximusclinicalservices/svcs/connecticut>. A pdf of the form may be uploaded and attached to the patient's file at assessmentpro.com before/after the LOC is submitted or faxed to **1.877.431.9568**.
- 2) **Level I:** If a request is made for an [Exempted Hospital Discharge](#) or for a 60 day [Convalescent Care Categorical Decision](#) is made.

Note that a LOC approval is not valid without the signed attestation. You have 60 days from time of approval to submit and validate the LOC.

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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 Assessment pro administrator 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?

From the AssessmentPro Home Page, click on the Recent Outcomes tab. Click the row to open the screening record. Review the outcome or Accessing Screens in Clinical Review, locate the person's name in the My Screens table then click the person's name to open the screening record.

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

Click the **Recent Outcomes** tab to access recent screens. Click the **Print Letter Icon** of the individual for whom you need to print letters. The letter will automatically generate. If the icon is missing you can click the persons name to open record and print from within the record.

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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.

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Locked File: 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 shut his/her browser. It is very important that both occur in order to enable the second user to enter data.

What does "Awaiting Information" mean?

The Maximus clinician is requesting additional information in order to make a decision. To view the request, look in the upper right hand corner for the communication box. The clinician will note what information s/he is requesting. To prevent any delays, please submit requested info, ASAP.

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

HE or EHD – Hospital Exemption or Exempted

Hospital Discharge

L1 – Level 1 PASRR

MAR – Medication Administration Record

Dx – diagnosis

DC – discharge

H/O – history of

PT – Physical Therapy

ST – Speech Therapy

ID – Intellectual Disability

LVM – Left voice mail

LOC – Level of Care

PMH – Patient's Medical History

MDS - Minimum Data Set

Tx – treatment

D/O – Disorder

SI/HI – Suicidal Ideation, Homicidal Ideation

OT – Occupational Therapy

SMI – Serious Mental Illness

RC – Related Condition

Access: Who has access to view submitted information from my facility?

Multi-viewer access was requested by the DSS, DDS, District Office, and DMHAS. All registered “users” for a given facility have access.

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Corrections/Additions: 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 form is needed call the CT Helpdesk and inform PSS that the submission needs to be canceled and a new one will be submitted.

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Why can't I print a Level II outcome when outcome shows the evaluation to be in the completed ?

Once the summary of findings report is completed you will be able to print within the AID itself.

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Pathtracker: Who should complete an admission/transfer/discharge notice?

A tracking form should be submitted by the admitting NF whenever a resident 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. The admitting facility may request a copy of the screen if the hospital does not forward a copy of the outcomes.

Can I edit an admission date? Yes you can edit current admission date. To edit click on the paper pencil icon next to the admission date.

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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 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 NF?

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 person over the phone. The out-of-state facilities and doctors in the community do not have access to Assessmentpro nor have they received training on how to use it. If the forms are mailed or faxed, once you receive them enter the information into Assessmentpro and note in the additional comments section the name of the source that provided the information on the forms. If you have any supporting documents (i.e. attestation or MAR), upload or fax them to Maximus: 877.431.9568.

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

What is the process for weekend admissions?

The 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
The provider submits the Level I.

If the Level I is approved by Assessmentpro (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 NF to show verification of screening. If Assessmentpro indicates further review is required by a Maximus clinician, the admission cannot occur until further notification from Maximus.

If the individual is not approved by Assessmentpro, the submitter may not proceed with the admission.

- 1) **For persons 65 years of age and older who are currently Medicaid active, eligible or pending:**
 - a. The provider submits the Level I online at assessmentpro.com
 - b. If the Level I is approved by Assessmentpro.com (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 NF to show verification of screening. If Assessmentpro indicates further review is required by a Maximus clinician, the admission cannot occur until further notification from Maximus.
 - c. The admitting and discharging facility communicate level of care information. The admitting facility accepts responsibility for ensuring that the individual meets state criteria for NF admission.
 - d. The discharging facility should complete the LOC and submit to Maximus. 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 to Maximus, as needed, in order to complete the LOC.

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Differences in forms on-line and in forms on the Resources tab. 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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Withdrawn Applicant: What should I do if the individual is no longer seeking NF application after I submit the screen?

The note section in the screen is the location where you communicate any changes to Maximus. When our reviewers review that section, they will make changes accordingly.

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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 NF following a medical hospitalization is permitted readmission without an intervening PASRR Level I screen/Level II evaluation if the individual does not leave the NF/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 NF 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 NF/hospital system. However, a psychiatric admission must be reported to Maximus by the NF once the individual is readmitted through an updated Level I screen (ADD within 14 days of readmission). 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 NF, the following rules apply:

- 1) If the individual has a negative Level I screen, no evidence of MI and/or ID/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 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:
 - a. And the prior admission was approved under a time limited provision (such as emergency, Exempted Hospital Discharge, delirium, or a short-term medical approval), a new Level I screen and, if appropriate, new Level II, must be completed.
 - b. 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 NF care, the provider may work with Maximus to determine whether an emergency categorical decision could be applied. (Note: this is a new procedure implemented 5/1/11).

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

If the individual has not been admitted to a NF within 60 days of completion of a Level I and/or LOC screen, a new Level I and/or LOC must be completed. As long as there was no change in the person's initial LI/LOC.

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