



PASRRL2 RBHA/Medical Director User Guide

PASRR

1

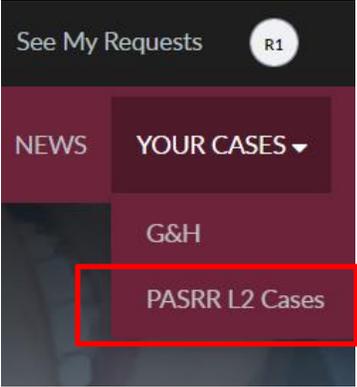
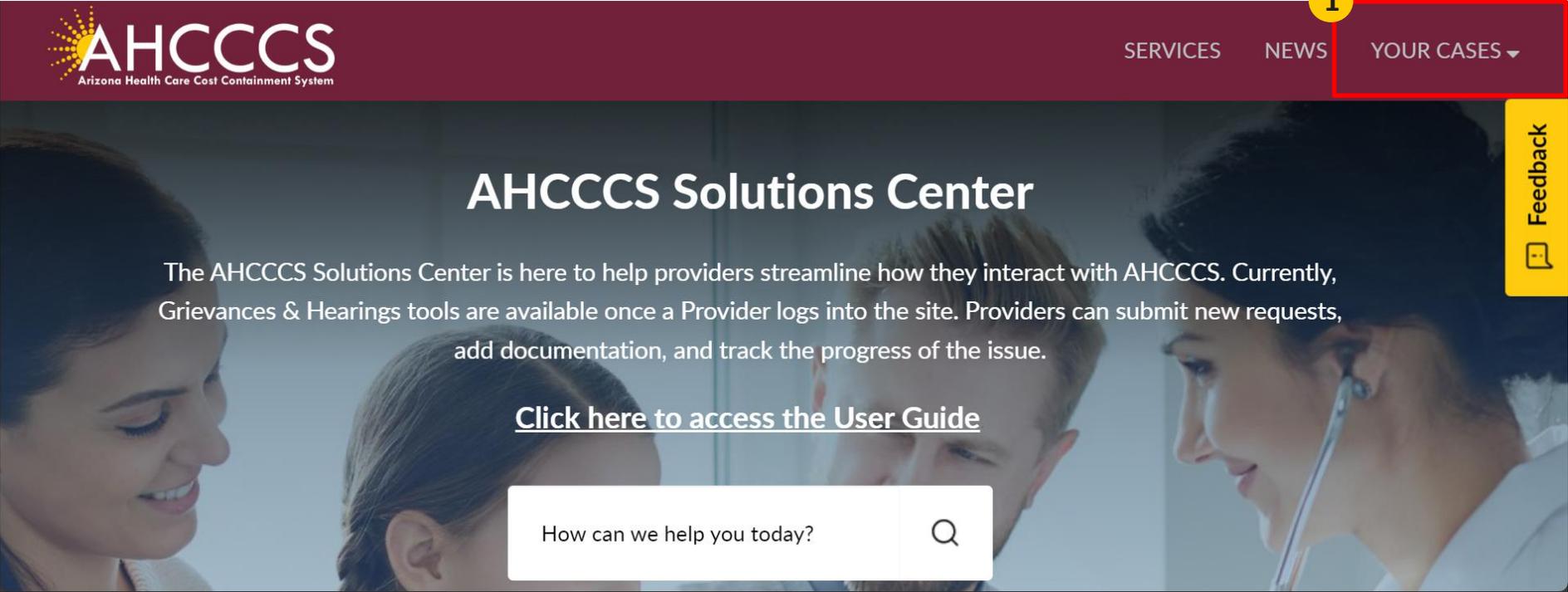
PASRR LEVEL 2

Objectives

- Pre-Admission Screening and Resident Review Level 2

How to Navigate

- 1 As RBHA or Medical Director, navigate to Government Service Portal and click on “Your Cases” from top right corner. Navigate to “PASRR L2 Cases” to view PASRR L2 cases that have been assigned to you



Note: For Individuals in a hospital/inpatient setting, the RBHA has 3 business days to complete the PASRR L2 and submit via the portal. For individuals in a skilled nursing facility setting, the RBHA has 5 business days to complete the PASRR L2 and submit via the portal

Pre-Admission Screening and Resident Review (PASRR) Level 2

- 2 Select the PASRRL2 form that has been assigned to you to complete from this page. You can open the form by clicking on the PASRRL2 form number

The screenshot shows the AHCCCS website interface. At the top, there is a navigation bar with links for OpenBooks, Ombudsman-Citizens Aide, Register to Vote, az.gov, and Fraud Prevention. Below this is a dark red header with the AHCCCS logo and navigation links for SERVICES, NEWS, and YOUR CASES. The main content area displays a table titled "L2 PASRR Cases". The table has eight columns: Number, PASRR Level 1, State, Opened by, Assignment group, Assigned to, Opened, and Updated. The first row is highlighted with a red box and a yellow circle containing the number 2, indicating the form to be selected.

Number	PASRR Level 1	State	Opened by	Assignment group	Assigned to	Opened	Updated
PASRRL20001399	PASRRL10001230	New	PASRR Agent 1	PASRR Coordinators	PASRR Agent 1	2024-09-26 10:38:12 AM	2024-09-27 11:13:35 AM
PSRRL20001398	PASRRL10001229	New	PASRR Agent 1	PASRR Coordinators	PASRR Agent 1	2024-09-26 09:36:12 AM	2024-09-26 09:36:15 AM

Mandatory fields

- 3 Once you have navigated to the form, please note that fields marked with an "*" are mandatory. The form cannot be "Saved" if mandatory fields are blank and an error will be shown on top if you try to submit the form without filling mandatory fields
- 4 Mandatory fields that are not completed will be marked with a red "*" symbol.

PASRR20001399

Attachments [Edit](#)

[PASRR Level 2 Invoice-PASRR20001399.pdf](#)

* Indicates required

-- Select a Section --

Pre-Admission Screening and Resident Review Level 2

Number: PASRR20001399

State: New

PASRR Level 1: PASRR10001230

Assignment group: PASRR Coordinators

Assigned to: PASRR Agent 1

RBHA Group: [Empty]

Individual or Health Care Decision Maker Name

RBHA Assigned To

3 Some fields are incomplete: If no, identify appropriate community placement needs (i.e., therapeutic group home, assisted living, in-home/outpatient care, etc.)

Viewing the Level 1 request

- 5 From the Level 2 form, you can access the Level 1 form to view by clicking on the little "i" button next to the PASRR Level 1 record that the Level 2 was created from. A pop-up window appears showing the Level 1 form.

Number
PASRRL20001019

State
Work in Progress

PASRR Level 1
PASRRL10001014

Individual Decision Maker/Primary Physician's Name
Test Physician

*Date
2024-09-27

*Individual DOB
1945-07-04

Assignment group
[i] [x] [v]

Assigned to
PASRR Agent 1 [x] [v]

RBHA Group
RBHA AZ Complete Health Care [x] [v]

RBHA Assigned To
[x] [v]

Psychiatrist on case
[x] [v]

Medical Director
Rebecca Ferguson [x] [v]

PASRRL10001014

Attachments [Edit](#)
PASRR Level I Summary Invoice Report.pdf

Pre-Admission Screening and Resident Review Level 1

Number
PASRRL10001014

Opened
2024-09-27 07:55:53 AM

State
Closed

Opened by
PASRR Facilities 2

Assignment group
PASRR Agents

Assigned to
PASRR Agent 1

Short description
[x] [v]

Demographics

*PASRR Level 1 Review Type
Pre-Admission

*Admission Date
2024-09-26

First Name
ASTest2 FN

*Current Location
Nursing Facility

Middle Initial
[x] [v]

*Name of Current Location/Facility
Test Nursing Home

Last Name
[x] [v]

AHCCCS Provider ID
[x] [v]

2

PASRR LEVEL 2

Objectives

- Assign to Psychiatrist

Demographics and Location

5 To assign to a Psychiatrist and Medical Director, navigate to Pre-admission Screening and Resident Review Level 2 section and Psychiatrist on case field. You can use the arrow or question mark to lookup the Psychiatrists. Once you have selected a Psychiatrist, click on Save to record your choice

PASRRRL20001411

Attachments [Edit](#)

[PASRR Level 2 Invoice-PASRRRL20001411.pdf](#)

Pre-Admission Screening and Resident Review Level 2

Pre-Admission Screening and Resident Review Level 2

Number: PASRRRL20001411

State: New

PASRR Level 1: PASRRRL10001233

Assignment group: PASRR Coordinators

Assigned to: PASRR Agent 1

RBHA Group: RBHA

RBHA Assigned To: RBHA Test User 1

Individual or Health Care Decision Maker Name

*Date: 2024-10-03

*Individual DOB: 2024-10-01

5 **Psychiatrist on case**

Medical Director

Psychiatrist on case

Bejamin Smith

Ben Chang

Carla Johanson

Carlson Thomas

Daniel Simpson

Dennis Smith

Dina Dong

Save (Ctrl + s)