



PASRRL2 Psychiatrist Evaluation

PASRR

1

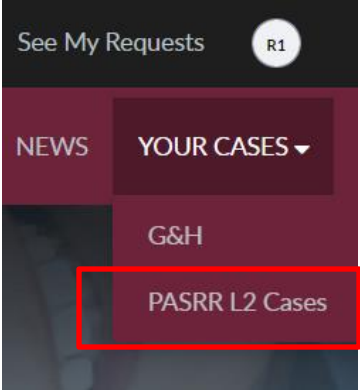
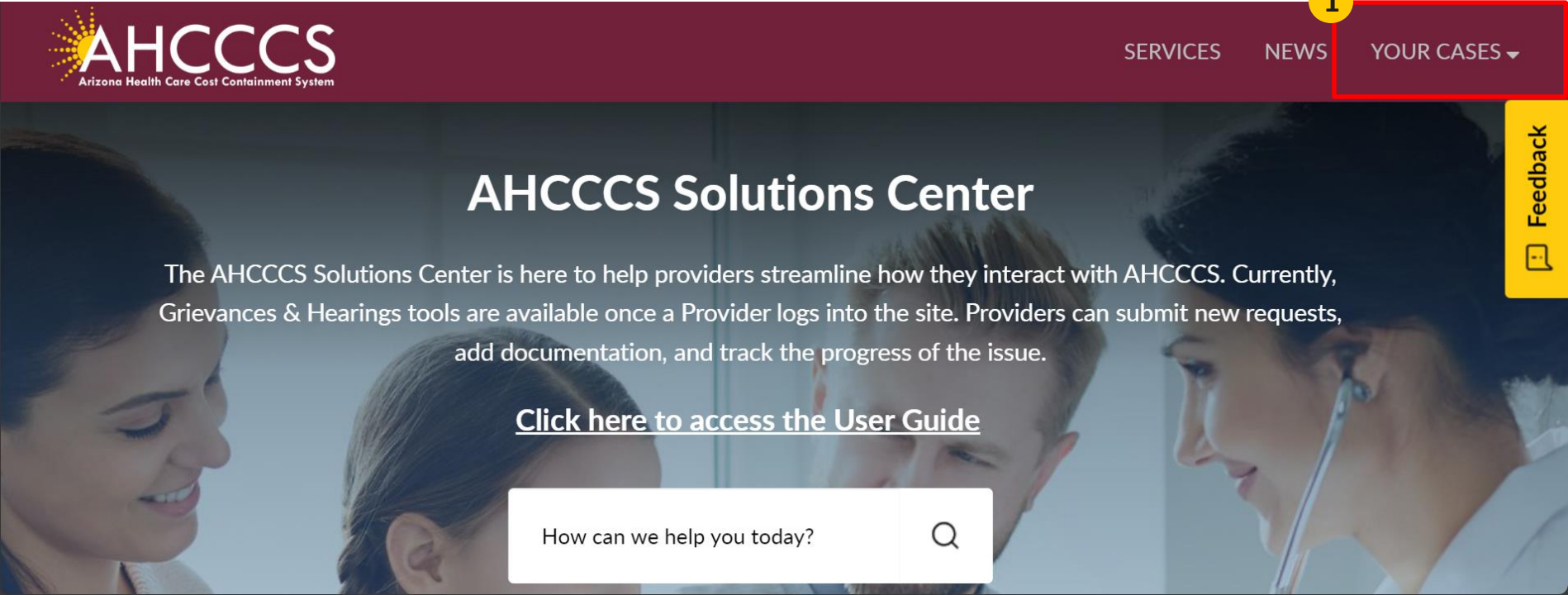
PASRR LEVEL 2

Objectives

- Psychiatrist Evaluation

How to Navigate

- 1 As Psychiatrist, 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



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. On the right side of the navigation bar, there are links for Report an IT Issue, See My Requests, and a user profile icon labeled SK. Below the navigation bar is the AHCCCS logo and the text "Arizona Health Care Cost Containment System". To the right of the logo are links for SERVICES, NEWS, and YOUR CASES. The main content area displays a table titled "L2 PASRR Cases". The table has the following columns: Number, PASRR Level 1, State, Opened by, Assignment group, Assigned to, Opened, and Updated. The first row of the table is highlighted with a red box and a yellow circle containing the number 2, indicating the form to be selected. The second row is also visible.

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:

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

- Filling the evaluation

Demographics and Location

5 You must complete all mandatory fields in each section to successfully complete the form. Fields marked with an "*" are mandatory. Certain fields will be pre-populated from PASRRL1 record.

5

Pre-Admission Screening and Resident Review Level 2

-- Select a Section --

- Pre-Admission Screening and Resident Review Level 2
- Nursing Facility Appropriate and/or Specialized Services
- History & Examination
- Musculoskeletal-Skeletal System
- Neurologic System
- Psychosocial History
- Mental Status Examination
- Behavior & Attitude
- Affect, Mood & Speech
- Thought Processes
- Intellectual Function
- Signature

Date

2024-09-26

Nursing Facility Appropriate and/or Specialized Services

Nursing Facility Appropriate and/or Specialized Services

Date of Evaluation

2024-09-26

Name of Individual

John Doe

Nursing Facility Location

Initial Review?

No

Does the Individual have a principal diagnosis of dementia?

No

Does the Individual have a Serious Mental Illness qualifying diagnosis?

Individual DOB



Related Lists

- 6 To fill in DSM Diagnosis, click on “DSM IV Diagnosis” from Related List at the bottom of form. This will popup a new window with the details to be filled for DSM

6

Related Lists

[Tasks](#) | [Related Parties](#) | [Government Service Cases](#) | [Interaction](#) | [Task SLAs](#) 1 | [Escalations](#) | [Draft Emails](#) | [Emails](#) | [Knowledge Applied to](#)
[Tasks](#) | [Knowledge Feedback Tasks](#) | [Appointments](#) | [Blocked by](#) | [DSM IV Diagnosis](#) 5

Generate Invoice

Save (Ctrl + s)

DSMV Diagnosis

- 7 Click "New" to add a new diagnosis.
- 8 Complete information regarding diagnosis on the pop-up

☰ DSM IV Diagnosis New ⁷

All > Level 2 = PSRRL20001189

DSM IV	Diagnostic Code	Diagnosis	Date of Onset
Axis II			2024-08-05
Axis III			
Axis IV			
Axis V	GAF Score		
Axis I			

⁸ ☰ 2024-08-09 09:13:23 AM
Karan.Ahluwalia@ahcccs.onmicrosoft.com

DSMV Diagnosis

DSM IV

Axis II

Diagnostic Code

Diagnosis

Date of Onset

2024-08-05

Level 2

PSRRL20001189

Feedback

Signature

9 Once you have navigated and provided information in the following sections –

1. Pre-Admission Screening and Resident Review Level 2
2. Demographics and Location
3. Past Medical/Surgical History
4. Musculoskeletal System
5. Neurological System
6. Psychosocial History
7. Mental Status Examination
8. Behavior & Attitude
9. Affect & Mood
10. Speech
11. Thought Processes
12. Thought Content
13. Intellectual Function

You will need to complete the “Signature” section

You can save the form by clicking on “Save”

9


Signature

* I attest under penalty of perjury that:

I am a licensed physician who is Board-certified or Board-eligible in psychiatry, or a Psychiatric Nurse Practitioner, and am able to conduct PASRR Level II evaluations of mental illness in conformance with 42 CFR Part 483, Subpart C and AMPM Policy 680-C.

Name

Date

2024-09-26 

Any other remarks:

Related Links

[Add to Update Set](#)

Save (Ctrl + s)