

Pre-PAS Screening Tool

AGES 0 THROUGH 2 YEARS 10 MONTHS OLD

Pre-PAS Guidelines

To be eligible for ALTCS, an applicant has a combination of factors that put the applicant at risk for being at an institutional level of care (i.e., at risk of being in a nursing home [SNF] or an intermediate care facility).

Individuals in an intermediate care facility or SNF/ ICF-IID require treatment or rehabilitation in a protected residential setting where they receive ongoing evaluations, planning, 24 hour supervision, coordination and integration of health or rehabilitative services. These programs occur on a daily basis and require active treatment, which is an aggressive and well coordinated program.

Individuals in this environment need more than the informal care characterized by verbal reminders, occasional physical assistance or informal behavioral methods. In order to meet the ALTCS criteria, an individual must require a level of care which is below that of an acute hospital setting, but above that of supervisory level of care.

Member's InformationName (*Last, First, M.I.*) _____

Date of Birth _____ Date Pre-PAS Completed _____

Member's ALTCS Information

If this child has previously applied for ALTCS, what has changed for the child since then that is NOW putting the child at risk of, or requiring, an institutional level of care? (Check all that apply)

Hospitalizations/ER Visits
Decline in FunctionNew Diagnosis
Placements in FacilityAdditional/New Treatments
Additional/New Behaviors

If nothing has changed since the last ALTCS application, discuss with the family that it is not appropriate to submit a new ALTCS referral at this time.

Member's Independent Living Skill (ILS) Information

Check areas in which the member has current *significant* limitations or developmental concerns:

- Lifting head while lying on his/her back
- Pushing whole chest up off floor/bed with arms while lying on tummy
- Grasping objects in his/her hand, or reaching for them
- Showing two or more emotions (e.g., laughing, crying, screaming)
- Reacting differently to strangers than with familiar people
- Rolling from back to tummy
- Standing and bearing weight (do not mark if child does this adequately while holding on for support)
- Crawling (with stomach on the floor)
- Sitting for at least one minute (e.g., even supported with pillows)
- Responding to noises (e.g., looking towards them, or acting startled)
- Looking towards caregiver when hearing caregiver voice (with or without seeing caregiver)
- Babbling/Jabbering (making vocal sounds)
- Enjoying playing peek-a-boo or pat-a-cake (or similar game)
- Feeding themselves finger foods (e.g., crackers, cookies, toast)

STOP here if child is less than 12 months old, and proceed to the Referral Summary section.

- Walking (do not mark if child does this adequately while holding onto things for support)
- Crawling with stomach off the floor (on all fours)
- Using his/her thumb and fingers in opposition to pick up small objects

Reaching for a familiar person when that person holds his/her arms out to them
 Climbing on furniture
 Scribbling/hand grip strength (fine motor skills)
 Responding to their name when called (e.g., looking, pausing)
 Looking at something you point to across the room
 Bringing you objects or taking you to objects
 Imitating someone/copying others' activities they do
 Taking an interest in other children
 Eating solid foods

STOP here if child is less than 24 months old, and proceed to the Referral Summary section.

Running
 Jumping with both feet leaving the ground at the same time
 Holding and drinking from a cup (sippy or open cup)
 Throwing a ball while standing
 Asking questions that start with what or where
 Referring to self as "I" or "me", calling caregivers by names (i.e., mom, dad, auntie)
 Taking off clothing that opens in the front (jacket or sweater)
 Using spoon to feed self
 Sleeping at least 8 hours in a 24 hr. period

Member's Behavior Information

Does things over and over and can't seem to stop himself/herself (e.g., rocking, hand flapping).
 Hurts self deliberately (e.g., forcibly bangs his head, slaps herself) and causes injury, needing intervention to stop the behavior.
 Destroys or damages items on purpose.

Member's Referral Summary

If the child is younger than 12 months and has at least 12 checked boxes in the ILS area,
OR is at least 12 months, but less than 24 months old and has at least 20 ILS boxes,
OR is at least 24 months, but less than 34 months old, and has at least 30 ILS boxes,
OR if child has a **verified** diagnosis of Autism or PDD or Autistic-Like Behaviors **with** a combination of ILS boxes and Behavior boxes checked totaling at least 12 boxes (less than 12 months), 20 boxes (less than 24 months), **or** 30 boxes (less than 34 months), an ALTCS referral should be considered.

DDD Employee Completing this form: _____

DDD Employee Phone #: _____ **DDD Fax#:** _____

If the child meets criteria above, provide date ALTCS Referral is sent: _____

Include the member's current records with this referral to ALTCS:

Most Recent Medical Records (e.g., PCP, specialists)
 Most Recent School Records (i.e., IEP, therapy reports, evaluations)
 Most Recent Behavioral Health records
 Testing provided for diagnosis(es)
 Most Recent DDD ISP

ALTCS Eligibility Outcome: Eligible Ineligible

Date of ALTCS Determination: _____

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