

Pre-PAS Screening Tool

FOR MEMBERS AT LEAST 2 YEARS 10 MONTHS OLD, BUT LESS THAN 6 YEARS 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 the member has previously applied for ALTCS, what has changed for the member since then that is NOW putting the member at risk of, or requiring, an institutional level of care? (Check all that apply)

Hospitalizations/ER Visits
Decline in Function

New Diagnosis
Placements in Facility

Additional/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 is currently receiving hands-on assistance from another person:

Walking/Running

Using an age-appropriate, recognizable language (i.e., uses 2-3 word sentences)

Playing with other children (including siblings)

Using his/her thumb and fingers in opposition

Reaching for a familiar person when that person holds out his/her arm to him/her

Playing informal games (e.g., hide-and-seek, jump rope, or catch)

Responding to his/her name when you call him/her

Brushing his/her teeth, wash his/her own hands

Pulling up clothing that has an elastic waistband

Following multi-step directions (e.g., "Go get that toy and put it in the toy box")

Following "If-then" instructions (e.g., "If you pick up your room then you can play outside")

Being toilet trained (partially or fully)

Member's Behavior Information

Does things over and over and can't seem to stop himself/herself (e.g., rocking, hand flapping).

Cries, screams, demands attention, teases/pesters others, or has tantrums at least once weekly and needs an intervention to stop.

Hurts him/herself deliberately (e.g., forcibly bangs his head, slaps him/herself) causing injury and needing an intervention to stop

Destroys or damages items on purpose

Stares at nothing, or wanders with no purpose

Physically attacks other people without provocation

Member's Medical Diagnosis Information

Check the diagnosis(es) that the member currently has:

Autism Intellectual Disability Cerebral Palsy Epilepsy (Seizures)

OR is **"At Risk" for at least one of the above diagnosis**

NOTE: Having one of the above diagnoses does **not** automatically qualify a person for ALTCS.

Member's Referral Summary

If the child has 8 or more checked boxes in the ILS area,

OR
a combination of ILS boxes with Behaviors totaling at least 8 boxes, an ALTCS referral should be considered.

If member meets criteria above, Date ALTCS Referral 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

DDD Employee completing this Pre-PAS: _____

DDD Employee Phone #: _____

DDD Fax#: _____

ALTCS Eligibility Outcome: Eligible Ineligible

Date of ALTCS Determination: _____