

Pre-PAS Screening Tool

ONLY FOR MEMBERS BETWEEN 6 AND 11 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 FunctionNew Diagnosis
Placements in FacilityAdditional/New Treatments
Additional/New Behaviors

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

Member's Medical Diagnosis Information

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

Autism

Intellectual Disability

Cerebral Palsy

Epilepsy (Seizures)

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

Member's Independent Living Skill (ILS Information)

Check areas in which the member is currently receiving hands-on assistance from another person:

Rolling or Sitting Crawling or Standing Dressing Bathing/Showering Walking Using a Wheelchair
Toileting (i.e., indicating the need to use the toilet, wiping, flushing, clothing adjustment)

Check any areas in which the Member has significant delays:

Bladder accidents (at least one time per week) Ability to communicate to have his/her needs met

Member's Behavior Information

Displays inappropriate behavior that interferes with others' or his/her own activities at least once weekly and requires intervention to stop it.

Runs away or leaves caregiver without permission or without notifying anyone, that poses a safety concern for the member, requiring close supervision or physical redirection at least weekly.

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.

Member's Referral Summary

An ALTCS referral seems appropriate if the member has either:

- **At least 5 ILS boxes checked.**
- **OR a combination of ILS boxes with Behaviors equaling at least 6 boxes.**
- **OR a Moderate or Severe Intellectual Disability with at least any 4 boxes checked.**

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: _____

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