

## STATE OF ARIZONA JOB CODE SPECIFICATION

<b>FLSA:</b>	<b>NEXP</b>	<b>Job Code:</b>	<b>ACV78760</b>
<b>Job Class Code:</b>	<b>770</b>	<b>Salary Schedule:</b>	<b>AREG</b>
<b>EEO Category:</b>	<b>02</b>	<b>Grade:</b>	<b>20</b>
<b>Workers Comp Code:</b>	<b>9410</b>		
<b>Job Code Established:</b>	<b>8/2/05</b>	<b>Effective Date:</b>	<b>10/1/05</b>
<b>Job Code Revised:</b>		<b>Effective Date:</b>	

**JOB CODE SERIES:** Pre-Admission Screening Series

**JOB CODE TITLE:** PRE-ADMISSION SCREENING ASSESSOR

**HRIS TITLE:** PAS ASSESSOR

**CHARACTERISTICS OF THE JOB CODE:** Under general direction, assess clients, or provide quality control on completed pre-admission screening (PAS), of all potential populations, elderly and physically disabled (EPD), and developmentally disabled (DD), in both institutional and community based settings to determine medical eligibility for long term care.

**EXAMPLES OF DUTIES:** Individual positions may be responsible for some or all of the listed duties and/or other related duties. Assesses clients in a face-to-face interview using Pre-Admission Screening (PAS) instrument and computer system to determine medical eligibility for long term care; reviews medical and other ancillary records; interacts with others, e.g., client's family members and/or caregivers, other professionals, physicians and other resources, to identify and evaluate medical and psychosocial conditions. Sorts through conflicting information from multiple sources to get information needed for determination. Drives state or personal vehicle to various settings to conduct comprehensive initial and reassessment pre-admission screening and financial eligibility interviews or to obtain documentation. May conduct interviews on the phone as appropriate. Explains program benefits, eligibility requirements and rights and responsibilities to clients. Conducts financial eligibility interviews, completes applications and other forms, obtains verification of eligibility factors, and determines the client's initial and ongoing financial eligibility and share of cost.

Establishes dialogue with clients and caregivers, gathers any new or additional data and facts; explains PAS findings and state policy for adverse action; testifies and represents agency as expert witness for the state, with legal counsel and physician, if needed, in eligibility fair hearings. Refers clients, caregivers and family members to appropriate community resources for services. Prepares reports of negative findings. Makes initial and subsequent determinations of financial eligibility for Arizona Long Term Care System (ALTCS) and Medicare Cost Sharing programs. Interacts with other state agencies, e.g., Adult Protective Services (APS), Child Protective Services (CPS), AHCCCS Division of Health Care Management and Arizona Department of Health Services. Records actions taken on cases, updates computer data, and maintains case files.

May conduct quality control on PAS completed in field offices. Provides technical program support and consultative services to Assessors; provides training to new Assessors, and refresher training and other special interest medical eligibility topics.

**WORK CONDITIONS:** May travel long distances to conduct screenings; may travel to remote areas with extreme weather conditions. Interviews take place in client homes or other place of residence, and may travel to areas of varying socioeconomic conditions.

**KNOWLEDGE, SKILLS AND ABILITIES (KSAs):**

**Knowledge of:** Medical, functional and psycho-social problems of the elderly, physically disabled and developmentally disabled children and adults; normal and abnormal human development and behavior; appropriate intervention methods for the elderly, physically disabled and developmentally disabled children and adults; medical

terminology and procedures; implications of illness or injury on clients and families; State and Federal rules concerning long term care, medical services and client's rights; ALTCS policy and procedures; available community resources, crisis intervention, counseling, advocacy, community relationships, and referral methods; cultural, environmental, and community influences on behavior of long term care populations; appropriate level of care and utilization of available resources; functions, major responsibilities and organizational structure of other health and welfare governmental agencies; adult and child health care delivery systems, the fundamental principles of medical nursing services, alternatives to long term care, length of stay, pharmacology and equipment use; SSI and MAO eligibility categories and financial eligibility policies and procedures; how to calculate budgets based upon the program to which the customer is linked.

**Skill in / Ability to:** Assessment/evaluation of medical and functional conditions based on information from interviews and medical records. Accurately calculating share of cost; applying current laws, rules, regulations and policies in making eligibility determinations and in determining patient's/state's share of cost; typing, use of a personal computer, review and disposition of cases and documenting information. Break major assignments into manageable tasks and prioritize tasks; analyze, assess and evaluate service provisions and quality of care; establish and maintain effective working relationships with professional staff, caregivers; communicate effectively, both orally and in writing; reading; understanding and applying rules, regulations and policies; effectively manage caseload, schedules and timetables; elicit information and gain insights into clients and families; evaluate medical and functional conditions and their impact on level of care; apply interpersonal relations to contacts with clients' families, children and adults and with representatives of courts and various other agencies in the community; analyze and determine propriety of adult and child health care delivery systems; determine the priority of medical and nursing services, selecting care alternatives, interpreting pharmacology and medical terminology and equipment use; complete service case management; complete training in financial eligibility policies and procedures, and in the use of agency computer programs. KSAs are typically obtained through experience and/or education in:

- Nursing
- Social or behavioral science
- Social service case management

Any combination of training and experience that meet the knowledge, skills, and abilities (KSAs) may be substituted.

**SPECIAL SELECTION FACTORS:** Must meet standards for PAS Assessors pursuant to Arizona Administrative Code R9-28-303; Must have graduated from an accredited nursing school or obtained a bachelor's degree with a major in a social or behavioral science or closely related field; Must possess a current Arizona Driver's License appropriate to the assignment; Individual positions may require specific licensure, (e.g. RN).