

THE CARE MANUAL FIVE SECTIONS

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**CARE PROGRAM
POLICY AND PROCEDURES**

KANSAS DEPARTMENT ON AGING AND DISABILITY SERVICES

Section 2.1
Effective Date: July 01,2013

CARE Level I

Revision: 2013-01

2.1.1 CARE Program Purpose

The purposes of the Client Assessment, Referral, and Evaluation (CARE) Program is for data collection, individual assessment, referral to community based services, and appropriate placement in long-term care facilities (K.S.A 39-968).

In order to be compliant with Section 1919(e)(7) of the Social Security Act, all individuals admitting to a Medicaid-certified nursing home need to have a valid proof of PASRR (pre-admission screening and resident review). The federal regulations for PASRR are located at 42 CFR Sections 483.100 through 483.138. The purpose of PASRR is to determine whether an individual with mental illness, mental retardation, or other developmental disability needs nursing facility services, or specialized mental health or mental retardation services.

In Kansas, the PASRR assessment is the CARE assessment. Prior to the individual's admittance to a Medicaid-certified nursing facility, the CARE assessment must be completed or the individual must possess a valid proof of PASRR. The exceptions to this rule are referred to as provisional admissions (See Section 2.1.4 G).

The CARE pre-admission assessment is formally called a Level I assessment. A Level I assessment will collect the same information regardless of who completes the CARE assessment. Nursing facility assessors may not conduct full CARE Level I assessments. If an admission is considered provisional or an emergency, a nursing facility assessor may complete the first two sections of the CARE assessment. The KDADS contracted assessor will complete the full CARE assessment when a resident is admitted to the NF without proof of PASRR.

The Level I assessment identifies the need for Level II screening. Unless the individual is identified as needing Level II screening, the Level I assessment will not restrict an individual's admission to a nursing facility; however, it may affect whether Medicaid or other entities will participate in payment for that care.

2.1.2 CARE Program Definitions

Intellectual Disability: A condition previously referred to as “mental retardation” or a variation of this term, and shall have the same meaning with respect to programs, or qualifications for programs, for individuals with such a condition.

Intermediate care facility for the mentally retarded: Any place or facility operating 24 hours a day, seven days a week caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to the functional impairments caused by mental retardation or a related condition, needs services to compensate for activities of daily living limitations. (KSA 39-923).

Significant Change in Condition for CARE Level I: A change in the individual’s scores for two or more Activities of Daily Living (ADL) and /or two or more Instrumental Activities of Daily Living (IADL’s) and/or Cognition Factors and/or Risk Factors.

Significant Change in Condition for CARE Level II: A change in the individuals’ cognitive abilities and/or social adaptive functioning as determined by a psychological assessment that documents either a significant gain or loss in cognitive abilities and/or social adaptive function, or a change in the individuals’ physical health which results in a major decline or improvement in the functional status of the resident which is unexplained by the use of medication, an acute illness, infection, or injury.

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2.1.3 CARE Level I Assessor Qualifications

- A. An assessor shall be one of the following:
1. An employee of the KDADS CARE Level I contractor who is designated as an assessor (including sub-contractors and independent contractors);
 2. An employee that is designated by a hospital, such as a discharge planner, social worker or registered nurse (RN); or
 3. An employee of KDADS, or;
 4. An employee that is designated by an NF or LTCU such as a social worker or RN (See Section 2.1.4.G for further information).
 5. In the rare event of no available NF assessor the Director of Nursing shall complete the sections A and B, place the page in the resident medical record and forward to KDADS Level I contractor a request for a complete Level I assessment until a trained assessor may become available to the NF.
- B. Assessor Experience and Education Requirements
1. The KDADS Level I contractor (including sub-contractors and independent contractors) must verify experience, education and certification requirements and maintain those records for five (5) years following termination of employment;
 2. Each CARE assessor shall meet one of the following education requirements:
 - a. Four-year degree from an accredited college or university with a major in one of the following fields: gerontology, nursing, health, social work, counseling, human development and family studies, or related area as defined by KDADS; or
 - b. Licensed to practice in Kansas as a Registered Nurse.
- C. Assessors must attend all Kansas Department for Aging and Disability Services (KDADS) required trainings for CARE assessors and participate in all state-mandated trainings to ensure proficiency of the program, services, rules, regulations, policies and

procedures set forth by KDADS.

1. KDADS shall have the responsibility for conducting all training sessions, certification and recertification of all CARE assessors. KDADS shall make available training materials and written documentation of successful completion of training.
2. Assessors must maintain a thorough and current knowledge of the community-based service system in their area. Verification of this effort may be requested at the discretion the KDADS CARE Manager.
3. Each assessor that has not conducted a CARE assessment within the last year must repeat the training and certification requirements for CARE Level I assessment.
4. KDADS Level I contractor (including sub-contractors and independent contractors shall maintain a list of their employed, qualified CARE assessors in KAMIS.
5. KDADS will maintain a current list of all qualified hospital and NF assessors.

2.1.4 Level I Assessment Requirements

A. When is a Level I Assessment Required?

1. All individuals 16 or older, regardless of race, national origin, color, sex, disability, or religion, who are seeking entry to a Medicaid-certified nursing facility or long-term care unit, shall be assessed with a CARE assessment by a qualified CARE assessor, unless the individual has a valid proof of PASRR (see Section 2.1.7 for valid proofs of PASRR).

In Kansas, individuals under the age of 16 may not be admitted to a nursing facility or long-term care unit.

2. If an individual in the community has had a previous CARE assessment and is now considering nursing facility care, a new CARE assessment is required if the initial CARE assessment indicates one or more of the following:
 - a. It is over 365 days old; or
 - b. a significant change of condition has occurred

B. When is a Level I Assessment NOT required:

3. When an individual is entering a **non-Medicaid certified** nursing facility or long-term care unit, or a nursing facility or long-term care unit conducted by and for the adherents of a recognized church or religious denomination for the purpose of providing care and services for those who depend upon spiritual means, through prayer alone, for healing;

When the individual is not seeking admission to an NF or LTCU, they would not require a CARE assessment. He or she should be referred and/or assessed under the appropriate community based program.

4. When an individual's stay is expected to be **30 days or less**, and the individual has a written physician's certification stating the nursing facility stay is expected to be 30 days or less (Note: see Section 2.1.3.G regarding provisional admissions);
5. When an individual is **transferred to a swing bed** in a hospital;
6. When an individual is transferred to a long-term care unit of the **hospital that is not licensed as a skilled unit and is not Medicaid certified**; or
7. When an individual who resides in a nursing facility or long-term care unit has had a **CARE assessment performed within 365 days prior to admission with no significant change in condition**. CARE assessments and other proofs of PASRR are valid indefinitely for the individuals that continue to reside in the nursing facility or move between nursing home/hospital settings without a return for more than 30 days to the community.
8. When an individual has been **diagnosed with one of the following conditions**, and the diagnosis is based upon information documented in the individual's medical record and maintained by a hospital, nursing facility or physician's office:
 - a. Terminal illness, as defined in the 42 Code of Federal Regulations (CFR's) 418.3 as necessary to qualify for hospice services, which includes a medical prognosis of a life expectancy of six months or less; or
 - b. Coma or persistent vegetative state.

Under both (a) and (b) above, documentation must be sent to KDADS CARE staff for processing and generation of a categorical determination, which shall be maintained in the customer's clinical record with the supporting documentation as PROOF of PA

C. Level I Assessment Standards

1. Assessments shall be completed by qualified CARE assessors.
2. Assessments shall be completed within five working days from the date of referral. Assessment date shall be recorded on the assessment. If this time frame cannot be met due to weather, unexpected hospitalization, or need for family or legal guardian participation, the assessor shall contact KDADS CARE Program Manager and request approval of the exception. KDADS will approve or deny the request and make note of the request.
3. Assessments shall be conducted so that the individual understands the questions and can answer them accurately. All KDADS contractors must make arrangements for additional languages or interpreters, assistive devices, and provisions to adhere to the Americans with Disability Act.
4. The assessment shall be scheduled in such a manner that the individual is afforded the opportunity for family members, guardians, and other types of primary caregivers to provide input so that complete and accurate information is obtained regarding the individual's functional status and abilities.
5. Assessments shall be:
 - a. Completed according to the CARE Program Level I Training Manual;
 - b. Accurate; mistakes shall be struck through, corrected on the inside column of the form, initialed and dated by the assessor;
 - c. Legible; and
 - d. Written in black ink for copying and faxing purposes.
6. All CARE Level I assessment certificates and releases of information must be signed by the individual or their legal representative. Any assessment with an unsigned certificate is not a valid assessment.

(In the RARE instance that an individual is unable to sign and/or no legal representative able to be contacted for signature this situation should be discussed with KDADS CARE Program Manager and information regarding the circumstances should be included in the comments section of the assessment and entered into KAMIS.)

When a Level II referral is required, the assessor must:

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- a. obtain a copy of the legal guardianship papers, if applicable, with the guardian's name, mailing address, and phone number documented in the Contact Person section of the assessment;
 - b. obtain a copy of the individual's History and Physical (H & P), when available; and
 - c. document the following in the Comment sections of the assessment:
 - I. the individual's mental illness (MI) diagnosis, level of impairment, treatment history; and the dates and location of hospitalizations within the last two years, and any other supportive services the individual received and who provided them; or
 - II. the individual's mental retardation/developmental disability (MR/DD) diagnosis, date of diagnosis, and IQ score, if applicable; or
 - III. for individuals with a dual diagnosis of MI/MR/DD, the Comment sections should include information required in both (I) and (II) above.
 7. The assessor must obtain the individual's or the legal guardian's signature, if applicable, on the Consent to Release Information form.
 8. At the conclusion of the assessment, the assessor must provide the following information to the individual:
 - a. A copy of the CARE assessment, the CARE certificate, and the Consent to Release Information form;
 - b. An Explore Your Options guide;
 - c. A CARE brochure
 - d. The assessing organization's privacy notice.
 9. Within one working day, the assessor must fax the complete CARE assessment, CARE certificate, Consent to Release of Information (if signed), and other applicable, supporting information to KDADS. Mailing this information is not acceptable.
- D. Within one working day, the CARE assessor shall make referrals to the following entities when necessary and appropriate:
1. An AAA/ADRC;
 2. A Center for Independent Living; or
 3. Other community-based service providers, such as Community Developmental Disability Organizations (CDDOs) and Community Mental Health Centers (CMHCs).

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If the individual has a legal guardian, the assessor shall notify the legal guardian in writing of the referral for a Level II assessment when a referral has been made.

E. Need for Further Assessment (Level II Referrals) Clearly Indicated.

All CARE Level I certificates issued with Section B (PASRR) marked as “YES” and referred for a Level II assessment shall CLEARLY indicate the need for further assessment. A Level I assessment indicating “*referral for Level II*” and the Level I certificate not marked as “*indicated a need for further assessment*” is not a valid assessment and **must be corrected**. The corrected certificate and/or Level I must be submitted to the client and receiving nursing home and corrected in KAMIS.

F. Level I Assessments Conducted by Hospitals

1. When an individual is a patient in a medical care facility or hospital and seeks nursing facility admission, a CARE assessment may be completed as part of the discharge planning or other hospital discharge process.
2. Prior to completing a CARE assessment, hospital assessors must verify with the ADRC whether the customer has a valid CARE assessment on file.
 - a. If the customer has a valid assessment and the customer has not experienced a significant change in condition (Section 2.1.3 (B)(2)(b)), a new CARE assessment should not be completed.
 - b. If a duplicate assessment is completed, the hospital CARE assessor is required to retrieve the CARE certificate that was issued with the duplicate assessment. The duplicate assessment and the CARE certificate will be considered void.
3. Hospital-based CARE assessors shall place original completed forms with customer’s discharge planning papers, unless otherwise instructed by the hospital’s records management.
4. Hospital assessors shall FAX a copy of the completed CARE Level I assessment, the Certificate and the Release of Information form along with any Level II referrals to KDADS CARE Program staff upon completion of the CARE Level I assessment for data entry into KAMIS. Both the hospital and KDADS must maintain a file on the CARE customer.
5. In the event of a lost CARE certificate, KDADS shall supply the duplicate certificate for assessments completed by hospitals after January 1, 2013.

G. Level I Assessments Conducted in Nursing Facilities

Nursing facility assessors may **not** conduct full CARE Level I assessments. If an admission is considered “provisional” or “emergency”, a nursing facility assessor must complete the first two sections of the CARE assessment or, if the nursing facility does not have a CARE assessor on staff, the Director of Nursing must complete these two sections. The partial assessment and supporting documentation must be kept as part of the individual’s clinical record.

1. A provisional admission to a nursing facility is allowed when an individual admits with a physician-certified planned stay of less than 30 days. To qualify as a provisional admission, a stay of 30 days or less must be:
 - a. A physician-ordered immediate admission due to the individual’s health condition or for the purposes of rehabilitation, and the anticipated length of stay in the nursing facility is 30 days or less. The nursing facility must obtain the 30-day or less physician’s statement prior to admitting the customer; or
 - b. A physician-ordered stay for an individual who resides in the community who requests respite care for 30 days or less.

ALL provisional admission information (Sections A and B of the CARE Level I assessment and hospital discharging information indicating the less than 30 day order with physician signature) must be faxed to KDADS CARE Program staff. CMS requires the physician to issue and sign the provisional order physically or electronically. NF staff telephone orders or hospital discharge planning staff signatures are NOT able to be accepted.

If the individual’s original intent is to stay 30 days or less and the individual discharges within 30 days, no other action is necessary.

If on day “20” it appears that the stay is going to exceed 30 days, the nursing facility staff shall contact the ADRC and arrange for the completion of a full CARE assessment.

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2. Emergency admissions to nursing facilities are when an urgent condition or a situation occurs that places the individual's health and/or welfare in jeopardy.

A full CARE assessment is required **within the first seven days** after an individual is admitted to a nursing facility for an emergency. If a nursing facility admits an individual under one of the following emergency situations, **the nursing facility must contact the ADRC within one working day** and request a full CARE assessment:

- a. An admission is requested by Department for Children and Families,(DCF) Adult Protective Services (APS);
- b. A natural disaster occurs;
- c. The primary caregiver becomes unavailable, due to a situation beyond the caregiver's control (e.g., caregiver becomes ill or an accident involving the caregiver occurs);
- d. A physician ordered immediate admission due to the individual's condition; or
- e. An admission from an out-of-state community to a nursing facility that is beyond the individual's control, i.e., an individual being admitted from their place of residence in another state on a weekend when an ADRC CARE assessor is not available.

The nursing facility assessor shall complete the first two sections of the CARE assessment, and fax the partial assessment with a copy of the emergency fax memo to the ADRC **within one working day**. If there is an emergency not listed in this policy, contact KDADS CARE staff immediately for authorization of the emergency admission without proof of PASRR.

3. In the event of a lost CARE certificate for assessments completed in the community or nursing home the ADRC completing the assessment will provide the duplicate certificate.

2.1.5 Appeal of Level I Assessment

If the individual is referred for a Level II assessment as a result of a Level I CARE assessment, he or she shall be notified verbally, and in writing on the CARE certificate (KDOA 152), that he or she has the right to appeal the PASRR portion of the assessment.

2.1.6 CARE Level II Assessment Requirements

A. A CARE Level II assessment is required if the individual has a serious mental illness (MI), is mentally retarded/developmentally disabled (ID/DD), and/or has a related condition/other developmental disability (RC/ODD), and meets the conditions listed subsection 1 or 2 (below).

1. An individual with a serious mental illness shall meet all of the following conditions in subsection a, b, and c (below) to trigger a Level II assessment:

a. The individual must have a **clinical diagnosis** of one of the following mental illnesses:

- 295.10 Schizophrenia, Disorganized Type
- 295.20 Schizophrenia, Catatonic Type
- 295.30 Schizophrenia, Paranoid Type
- 295.60 Schizophrenia, Residual Type
- 295.90 Schizophrenia, Undifferentiated Type
- 295.70 Schizoaffective Disorder
- 296.23 Major Depressive Disorder, Single Episode, Severe, without Psychotic Features
- 296.24 Major Depressive Disorder, Single Episode, with Psychotic Features
- 296.32 Major Depressive Disorder, Recurrent, Moderate
- 296.33 Major Depressive Disorder, Recurrent, Severe, without Psychotic Features
- 296.34 Major Depressive Disorder, Recurrent, Severe, with Psychotic Features
- 296.35 Major Depressive Disorder, Recurrent, in Partial Remission
- 296.36 Major Depressive Disorder, Recurrent, in Full Remission
- 296.89 Bipolar II Disorder
- 296.xx All Bipolar I Disorders
- 297.10 Delusional Disorder
- 298.9 Psychotic Disorder NOS
- 300.21 Panic Disorder with Agoraphobia
- 300.3 Obsessive-Compulsive Disorder
- 301.83 Borderline Personality Disorder

b. **Level of Impairment**- The disorder results in functional limitations in major life activities **within the past three to six months** that would normally be appropriate for the individual's developmental stage. Typically, an individual has at least one of the characteristics in the following areas on a continuing or intermittent basis:

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1. Interpersonal functioning- The individual has serious difficulty interacting appropriately and communicating effectively with other persons or a possible history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships or social isolation;
 2. Concentration, persistence and pace- The individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks; or
 3. Adaptation to change- The individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.
- c. **Treatment history** indicates the individual has experienced at least one of the following:
1. Psychiatric treatment more intensive than outpatient care **more than one time in the past two years**; this care is limited to hospitalization for more than one day for the primary purpose of providing psychiatric treatment, or participation for more than one day in a program provided by a mental health entity who defines the program as a partial hospitalization psychiatric treatment program; this also includes hospitalization in a state hospital for two or more consecutive years, which qualifies as two inpatient hospitalizations; a hospitalization for less than two years is considered as one inpatient hospitalization; or
 2. **Within the last two years, due to the mental disorder, the** individual experienced an episode of significant disruption to the normal living situation, which is defined as a period of time no less than one month in length during the past two years, during which the individual's mental illness affected them so profoundly that one or more of three following situations occurred.
 - a. **Supportive services** were required to maintain functioning at home or in a residential treatment environment.

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This may have occurred when, during that time period, the individual required a significant increase in services to assist with one or more of the following:

- Instrumental activities of daily living (i.e., shopping, meal preparation, laundry, basic housekeeping, money management, etc.);
- Basic health care (i.e., hygiene, grooming, nutrition, taking medications, etc.);
- Coping with symptoms of extreme withdrawal and social isolation, decreasing incidents of inappropriate social behavior (i.e., screaming, verbal harassment of others, physical violence toward others, inappropriate sexual behavior, etc.); and
- Decreasing incidents of self-harming behavior.

Supportive services also include services provided in a correctional facility when the individual has a Mental Illness and/or a Mental Retardation diagnosis, has been housed in a separate Mental Health area for 30 or more consecutive days, during which he or she has been receiving mental health services from a masters level Mental Health Professional.

- b. **Intervention by housing officials** occurred. Individuals that have been evicted from their homes or shelters for situations which include one or more of the following:
- Inappropriate social behavior, i.e., screaming, verbal harassment of others, physical violence toward others, inappropriate sexual behavior; or
 - Abuse or neglect of physical property, i.e., including: failure to maintain property as outlined in the lease, intentional destruction of property such as through kicking or hitting walls or doors.
- (**Note:** nonpayment of rent, substance abuse, and other such situations can only be included in this category if a direct relationship between the activity and an increase in the severity of the mental illness can be shown.)
- c. **Intervention by law enforcement officials** occurred. Individuals that have been arrested and/or taken into custody for one or more of the following:
- Harm to self, others, or property; inappropriate social behavior, i.e., screaming, verbal harassment of others,

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physical violence toward others, and/or inappropriate sexual behavior; or

- evidence of impairment so severe as to require monitoring for safety.

(Note: substance abuse can only be included in this category if a direct relationship between the activity and an increase in the severity of the mental illness can be shown.)

- d. **Intervention by Adult Protective Services** (APS) occurred. Intervention by Adult Protective Services can be said to have occurred when the individual has been determined by an APS worker to be a danger to self or others due to the severity of the mental illness. For example, the individual threatens harm to self or others, is not eating, exhibits extreme weight loss or is non-compliant with medications.

2. An individual who is mentally retarded or has an “other developmental disability” (ODD) shall have one of the following diagnoses to trigger a Level II assessment:

- a. The individual has a level of retardation (mild, moderate, severe, or profound) described in the American Association on Mental Retardation’s Manual (AAMRM) on classification in Mental Retardation (1983), meaning significantly sub-average intellectual functioning as evidenced by an IQ of 70 or below on a standardized measure of intelligence and has manifested itself before customer reached the age of 18; or
- b. The individual has an ODD as defined by 42 CFR Section 435.1009. Persons with an ODD mean individuals who have a severe, chronic disability that meets all of the following conditions that are attributable to:
1. Cerebral palsy or epilepsy; or
 2. Any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons.

These conditions include but are not limited to: Autism, Spina Bifida, Down’s Syndrome, or other similar physical and mental impairments (or conditions that have received a dual diagnosis of mental retardation and mental illness). **Note: The condition is not the result of a mental illness.** There is an impairment of

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general intellectual functioning or adaptive behavior similar to that of mentally retarded persons.

3. The ODD shall meet the following conditions:
 - a. It is manifested before the person reaches age 22;
 - b. It is likely to continue indefinitely;
 - c. It results in substantial functional limitations in three or more of the following areas of major life activity:
 - i. Self-care, which is the performance of basic personal care activities;
 - ii. Understanding and use of language, which is receptive and expressive; communication involving both verbal and nonverbal behavior enabling the individual both to understand others and to express ideas and information to others;
 - iii. Learning, defined as general cognitive competence and ability to acquire new behaviors, perceptions and information, and to apply experiences in new situations;
 - iv. Mobility, which is the ability to move throughout one's residence and to access and utilize typical settings in one's community;
 - v. Self-direction, which is the management and taking control over one's social and personal life; ability to make decisions affecting and protecting one's own interests;
 - vi. Capacity for independent living, which is the ability to live safely without assistance from other persons; includes housekeeping, participation in leisure time activities, and use of community resources; or
 - vii. Economic self-sufficiency, which is the ability to pay for basic needs and services through employment or other financial resources.

B. Resident Reviews

A nursing facility is required to contact **KDADS** and order a resident review when an individual meets one or more of the following criteria:

1. The resident has had a significant change in condition that would have triggered a Level II assessment, or has had a significant change in condition resulting in a new mental illness diagnosis (as defined earlier in this Section) accompanied by a change in level of impairment (for example, a change in condition that requires more intensive care than medication adjustment for stabilization); **OR**

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2. The resident met all the Level II criteria prior to entering the nursing facility but it was not uncovered until after admittance to the nursing facility. The criteria is outlined in Section 2.1.5 of the Field Services Manual and should include one of the following: mental illness diagnosis, level of impairment and/or treatment history; IQ score of 70 or below; or a related condition; OR
3. The resident has a serious mental illness, mental retardation or other developmental disability and was admitted to the nursing facility prior to 1989; OR
4. The resident entered the nursing facility with a PASRR determination letter authorizing a short-term rehabilitation stay, and that stay will exceed the time frame in the letter.

Special Note: A Resident Review is not required when an individual improves and no longer needs the level of services provided in the nursing facility. It is expected the nursing facility will make arrangements for discharge back into the community, which may include contacting the appropriate Community Mental Health Center (CMHC) or Community Developmental Disability Organization (CDDO).

2.1.8 Proof of PASRR

- A. Proof of PASRR differs from state to state. Since PASRR is a federal law, if a resident is transferring from out-of-state, prior to the admission, the nursing facility must contact KDADS to verify that all PASRR requirements have been met.
- B. People admitted to nursing facilities prior to 1989 that continuously reside in a nursing facility since that time, are in effect “grand fathered” and do not require a CARE assessment or any proof of PASRR on file. However, if the “grand fathered” nursing facility resident has a diagnosis of serious Mental Illness or MR/DD, he or she should have a Level II letter on file with the nursing facility. If the individual does not have a Level II letter, the nursing facility should contact KDADS to verify that all PASRR requirements have been met.
- C. In Kansas, there are five methods nursing facilities can utilize to establish evidence that PASRR requirements have been met. They are:
 1. **SRS’s form 2123 (January 1, 1989 - December 1992)**
Before any formal Kansas Preadmission Screening (PAS) program, SRS issued form 2123 to nursing facilities to indicate that Level I PASRR requirements were met.
 2. **Kansas Foundation for Medical Care (KFMC) letter (January 1993 - June 1993)**

KANSAS DEPARTMENT ON AGING AND DISABILITY SERVICES

Section 2.1

CARE Level I

Effective Date: July 01, 2013

Revision: 2013-01

The first preadmission screening was administered by KFMC. Persons assessed by KFMC were given a letter indicating that a Level I assessment had been completed. A copy of such a letter is a proof of PASRR.

3. **BOCK (July 1993 - December 1994)**
Administration of the Kansas preadmission screening (then called KPAR) program was transferred to Bock & Associates. Persons assessed under KPAR were provided a letter on either Bock & Associates or Bock & Associates/Dept. of SRS letterhead. The letter is also considered proof of a Level I PASRR.
4. **CARE Program (January 1995 - present)**
On January 1, 1995, the Kansas Department on Aging became responsible for administering the preadmission screening program through the CARE Program. Individuals seeking nursing facility placement in an Medicaid-certified Nursing Home must receive a CARE assessment and be provided with a CARE certificate as proof that a Level I CARE assessment has been conducted.
5. As of January 1, 2013 the **Kansas Department for Aging and Disabilities Services** (formerly KDOA) assumed responsibility for administering preadmission screening through the CARE Program utilizing a contracted entity to perform assessments.

CARE Level I Assessment Policy and Procedures

Background

What is CARE?

- CARE is an acronym for the Client Assessment, Referral, and Evaluation program.
- This program's purpose is for data collection, individual assessment, providing information on community-based services and referral to those services, and appropriate placement in long-term care facilities.
- It also fulfills the federal pre-admission screening and resident review (PASRR) requirement within the state of Kansas.

Reference: K.S.A. 39-968 and KDADS Field Services Manual (FSM) 2.1.1

When is a CARE assessment completed?

- When an individual wants to be admitted to a Medicaid-certified nursing facility (NF) or long-term care unit; and
- The individual does not have a [valid proof of PASRR](#).
- Exceptions to this rule are referred to as [provisional admissions](#).

Note: Individuals must be at least 16 years or older to be admitted to a nursing facility in Kansas.

What is PASRR?

- PASRR is an acronym for Pre-Admission Screening and Resident Review
- It is a federal requirement.
- The purpose of PASRR is to determine whether an individual with mental illness, mental retardation, or other developmental disability, needs nursing facility services or specialized mental health or mental retardation/developmental disability services.
- It requires all individuals to have a PASRR screening prior to admission to a Medicaid-certified nursing facility.
- The PASRR screening in Kansas is the CARE assessment.

References: Social Security Act, Section 1919(e)(7) and 42 CFR 483.100-483.138.

What is a valid proof of PASRR?

Regardless of where the PASRR is completed, the documentation must state that NF care is appropriate before an individual is admitted to the NF. If PASRR does not state that NF care is appropriate, the person cannot be admitted to the facility.

The current valid proof of PASRR documentation in Kansas is the CARE certificate. If the CARE certificate indicates a Level II evaluation is needed, the Letter of Determination becomes the proof of PASRR and it must state that NF placement is appropriate in order for the customer to be admitted to a Nursing Facility.

**What is a
valid proof of
PASRR?
(continued)**

**KANSAS PROOFS OF PASRR
(FSM 2.1.6)**

Date of Assessment	Proof of PASRR
Prior to 1989	None required (All NF residents were grandfathered unless MR/DD)
January 1, 1989 - December 1992	SRS's form 2123
January 1993 - June 1993	Kansas Foundation for Medical Care (KFMC) letter
July 1993 - December 1994	Bock & Associates letter
January 1, 1995 – present	CARE Certificate

Other states have different forms as the proof of PASRR.

Questions about whether a proof of PASRR from Kansas or another state is valid should be directed to Kansas Department for Aging and Disability Services CARE Program Manager.

CARE Assessor Job Description

Who may conduct a CARE assessment?

An assessor must be one of the following:

- An employee of an ADRC who is designated as an assessor by the ADRC;
- An independent contractor of the ADRC who is designated as an assessor by the ADRC; the contractor may not subcontract its assessment duties;
- An employee who is designated by a hospital to be a CARE assessor, such as a discharge planner, social worker, or registered nurse (RN); or
- An employee that is designated by a Nursing Facility to be a CARE assessor, such as a social worker or RN. (Note: May only complete Sections A and B of the CARE form).

What are experience and educational requirements for assessors?

Each assessor must meet the following experience and education requirements:

- Meet one (1) of the following education requirements:
 - Four-year degree from an accredited college or university with a major in one (1) of the following fields- gerontology, nursing, health, social work, counseling, human development, family studies, or related area as defined by the KDADS; or
 - Licensed to practice in Kansas as a Registered Nurse.
- Attend all KDADS required trainings for CARE assessors.
- Maintain a thorough and current knowledge of the community- based service system in their area. Verification of this effort may be requested at the discretion of the KDADS CARE Manager.
- Any assessor that has not conducted a CARE assessment within the last year must retrain in order to learn changes to the program during his or her absence.

Reference: FSM 2.1.2

What are the CARE assessor's job duties?

- To maintain the highest level of courtesy, respect, and professionalism possible when serving as a CARE assessor and making referrals;
 - To inform the customer of the assessment process;
 - To conduct an assessment so that the individual understands the questions and can answer them accurately;
 - To make arrangements for additional languages or interpreters, assistive devices, and provisions to adhere to the Americans with Disability Act;
 - If you are a hospital assessor, try to utilize the hospital's services to communicate effectively with the customer.
 - If you are an ADRC assessor, contact the ADRC for assistance.
 - To query as many sources as possible so that complete and accurate information is obtained regarding the individual's functional status and abilities; these sources include the customer, family members, guardians, other primary caregivers, health care professionals, and/or the customer's medical records;
 - To maintain customer confidentiality;
 - To provide individuals and families with complete information about community-based long-term care services; and
 - To document their answers on a Level I assessment.
-

What are the assessment standards the assessor must follow?

- To perform assessments that are:
 - Completed in a timely manner, and according to the CARE Program's Policy and Procedures and the Instructions for the Completion of the CARE Level I Assessment;
 - Accurate (Note: If a mistake is made strike through it and correct it on the inside column of the form, initial, and date);
 - Legible; and
 - Written in black ink for copying and faxing purposes;
- To fax the completed Level I assessment to the AAA within **one (1) working day** upon assessment completion;
- To make determinations regarding the need for a Level II assessment;
- To make appropriate referrals of Level II assessments. All referrals must be made within **one (1) working day** upon assessment completion. The [Level II Referrals and Assessments section](#) contains the documentation needed; and
- To make referrals for community-based services as needed (e.g., Community Developmental Disability Organization, Community Mental Health Center, Center for Independent Living); all referrals must be made within **one (1) working day** upon assessment completion.

Reference: FSM 2.1.3.C, 2.1.3.D, and 2.1.3.E

Assessment

What is an assessment?

An assessment is an evaluation of an individual's health and functional status to determine their need for long-term care services and to identify appropriate service options which meet those needs. The CARE assessment information is recorded on the CARE form.

What is the difference between a CARE Level I and a Level II assessment?

- Level I assessments are completed for customers who want to enter a NF and do not have a valid proof of PASRR. Unless it triggers a Level II assessment, the Level I will not restrict admission to a NF.
 - Level II assessments are completed if Section B of the Level I assessment [triggers the need for a Level II assessment](#).
-

Is the Functional Assessment Instrument different from the CARE Level I Assessment?

Yes. While the Functional Assessment Instrument (FAI) assesses the same ADLs and IADLs as the CARE Level I assessment, it does not contain the PASRR screening that must be completed on the Level I assessment. The FAI is completed for customers who have requested community-based services, which are coordinated by either an ADRC or Center for Independent Living (CIL).

How long is a CARE assessment valid?

- The CARE Level I assessment is valid for 365 days unless the customer has a significant change in condition.
 - A customer may need to be reassessed if he or she did not go to a nursing home after the previous assessment, but remained in the community.
 - If the customer goes to an NF, the Level I assessment is valid indefinitely. Please consult the [resident review](#) criteria.
-

If possible, contact individual and a family member or other representative to be present for the assessment. Call or notify the individual to verify a good time to complete the assessment.

When is another assessment required?

Another assessment must be completed if the most current Level I assessment indicates one (1) or more of the following:

- 1) The assessment is over 365 days old; or
- 2) The individual had a significant change in condition, which means one (1) or more of the following has occurred:
 - a) Individual codes have changed in two (2) or more of the following:
 - i) Activities of Daily Living (ADLs);
 - ii) Independent Activities of Daily Living (IADLs);
 - iii) Cognition Factors;
 - and/or iv) Risk Factors.
 - b) The customer's current mental health status would now trigger a Level II assessment due to:
 - i) A new diagnosis of serious mental illness;
 - ii) A change in the individual's level of impairment;
 - or iii) A change to their treatment history.

When is an assessment not required?

Reference: FSM 2.1.3.B

An asses

- Is **returning** to an NF/long-term care unit after a hospital stay.
- Is **transferring** from an NF/long-term care unit to another NF/long-term care unit, including out-of-state facilities.
- Is **entering a non-Medicaid certified** NF/long-term care unit.
- Is **entering an** NF/long term care unit owned or managed by a recognized church or religious denomination for the purpose of providing care and services for those who depend upon spiritual means, through prayer alone, for healing.
- Is transferred to a **swing bed** in a hospital.
- Is transferred to a long-term care unit of the hospital that is not licensed as a **skilled unit and is not Medicaid certified**.
- Is expected to **stay 30 days or less** in an NF as documented in writing by a physician. (See the [provisional admission process](#).)
- Has a **Primary Medical Condition** documented through official medical records including one of the following:
 - a. Terminal Illness: This condition as defined for Hospice purposes, which includes a medical prognosis of a life expectancy six months or less if the illness runs its normal course; or
 - b. Coma or persistent vegetative state.

The documentation must be sent to the KDADS CARE Program Staff for processing and generation of a Terminal/Severe Physical Illness Letter, which shall be maintained in the customer's medical record with the supporting documentation.

Letter is provided by KDADS.

Reference: FSM 2.1.3.A

Which forms and information are taken to an assessment?

- CARE Level I Assessment Form (2 pages total)
- CARE Certificate
- Consent to Release Information
- CARE Brochure
- Your organization's privacy notice
- Explore Your Options Guide

What sources of information are consulted when completing a CARE assessment?

- The customer should be your primary source of information.
- The family and other individuals that assist the customer.
- The customer's physician, if necessary to discuss the customer's medical condition.
- The customer's medical record.

After the assessment is completed, who gets which forms and other information?

Type of Information/ Form	Provide to customer	Place in Your File	to ADRC
CARE Assessment	X	X	X
CARE Certificate	X	X	X
CARE Release of Information	X	X	X
CARE Brochure	X		
Assessing Organization's Privacy Notice	X		
Explore Your Options	X		
Guardianship Papers for Level II referral only		X	X
Medical history for Level II referral only		X	X

How is the assessment information used?

- The information may be used for one (1) or more of the following reasons:
- Determine appropriate placement for individuals with mental illness and/or mental retardation and or related conditions;
 - Determine functional eligibility for Medicaid coverage for long-term care needs;
 - Determine and discuss potential community-based service options; and
 - Determine potential gaps in service needs.
-

What are the outcomes of the Level I assessment?

There are several possible outcomes after an individual has received a CARE Level I assessment. The individual may:

- Enter a nursing facility because he or she requires that level of care and there are no community-based service options available;
- Remain in the community with community-based services or in an alternate living environment, such as an assisted living facility;
- Remain in the community without community-based services because those services are not available; and
- Remain in the community without services because the customer does not want them.

Note: For the purposes of the Level I assessment, the term “community” includes Assisted Living Facilities and other congregate living environments, a family member’s or friend’s home, and the customer’s own home.

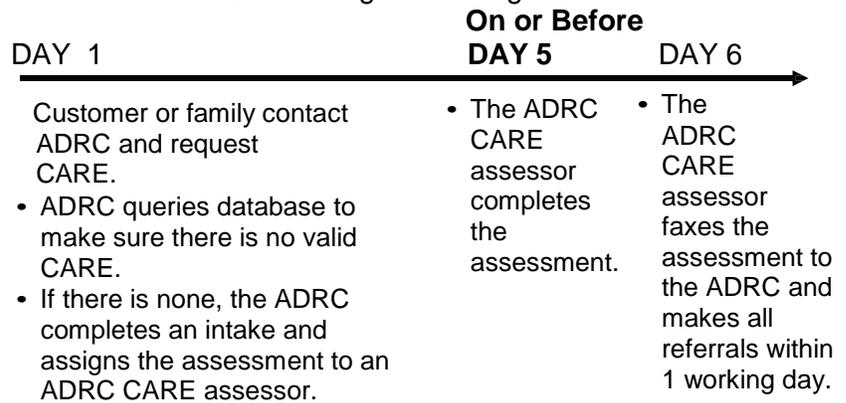
Assessments by ADRC Assessors

When does an ADRC complete a CARE assessment?

A customer will be assessed by an ADRC assessor when the customer is considering NF placement and resides in the community.

How long does an ADRC CARE assessor have to complete the assessment?

- The ADRC CARE assessor has a maximum of **five (5) working days** to complete the assessment.
- Requests for exceptions to this timeframe must be submitted to the KDADS CARE Program Manager.



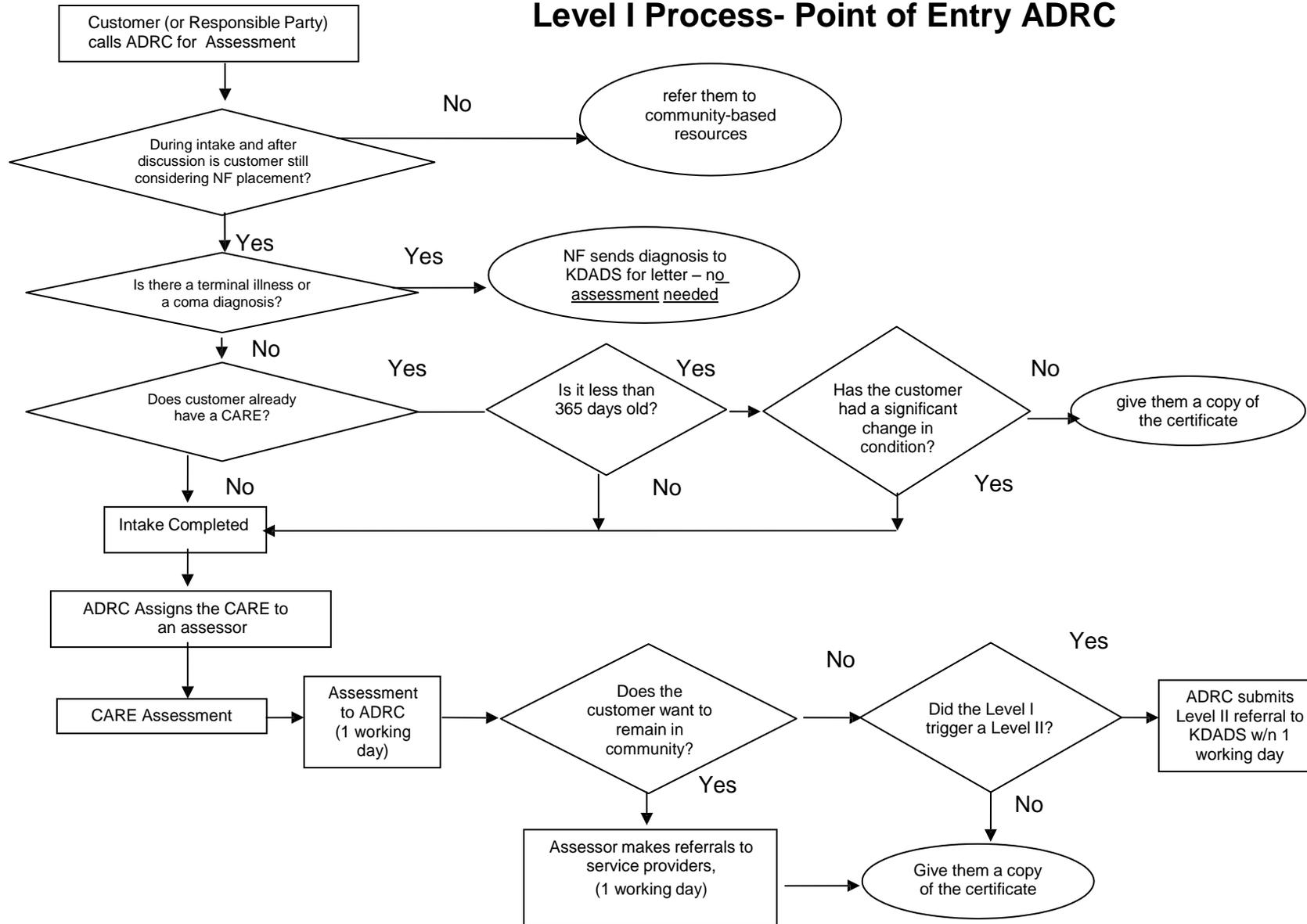
What process does the ADRC CARE assessor follow when completing the CARE assessment?

1. Note the date the referral is received. The assessor has **five (5) working days** from date of intake to complete the assessment.
2. Schedule assessment with customer, family, guardian, health care professional, caregiver, and/or other important sources of information.
3. Adhere to ADA requirements.
4. Arrange for culturally sensitive assessment including provision for language interpreters, assistive devices, etc.
5. Provide a legible and accurate assessment that is written in black ink.
6. Complete each question and provide supporting comments on the form. Incomplete assessments will be returned to the assessor for correction.

What process does the ADRC CARE assessor do when a Level II assessment referral needs to be made?

7. If a Level II is needed, the assessor must:
 - Follow Level II Checklist (refer to the Reference Section of the Manual);
 - Obtain Consent to Release Information;
 - Include the guardian's name, phone, and address, if one has been appointed;
 - Document the diagnosis of MI, dates of hospitalizations, and county of responsibility for those customers with an MI diagnosis; or
 - Document the IQ score for MR/DD and date of onset for those with a related condition.
 - Try to obtain a copy of legal guardianship papers, (if one has been appointed) and the customer's medical history.
 8. Fax Level I assessment, CARE Certificate, Consent to Release Information, and supporting documentation to the KDADS.
 9. Provide the Customer:
 - copy of CARE Assessment;
 - copy of CARE certificate;
 - copy of Consent to Release Information.
 10. Once the Consent to Release Information is signed, you must make appropriate referrals within **one (1) working day** to:
 - ADRC;
 - Center for Independent Living;
 - Other community service centers as needed, including CDDO or CMHC.
-

Level I Process- Point of Entry ADRC



Assessments by Hospital Assessors

When does a hospital assessor complete a CARE assessment?

- A CARE assessment is completed when a hospital or medical care facility patient seeks NF admission and does not have a valid CARE assessment on file.
 - The hospital does not need to complete a CARE if there has been one done in the past and it is still valid. This is determined by the hospital calling the ADRC and asking if the customer has a valid CARE assessment.
 - If the customer has a valid CARE and has not experienced a significant change in condition, the ADRC will fax a copy to the hospital or admitting NF. A new CARE assessment should not be completed.
 - Hospital-based CARE assessors should fax a copy of the completed CARE to KDADS and place original completed forms with customer's discharge planning papers, unless otherwise instructed by the hospital's records management. Please make sure the NF receives a copy of the CARE certificate.
-

What happens if a duplicate assessment is completed?

- If a duplicate assessment is completed, the hospital CARE assessor is required to retrieve the CARE certificate that was issued with the duplicate assessment.
 - The duplicate assessment and the CARE certificate will be considered void.
 - The duplicate CARE certificate must be destroyed.
-

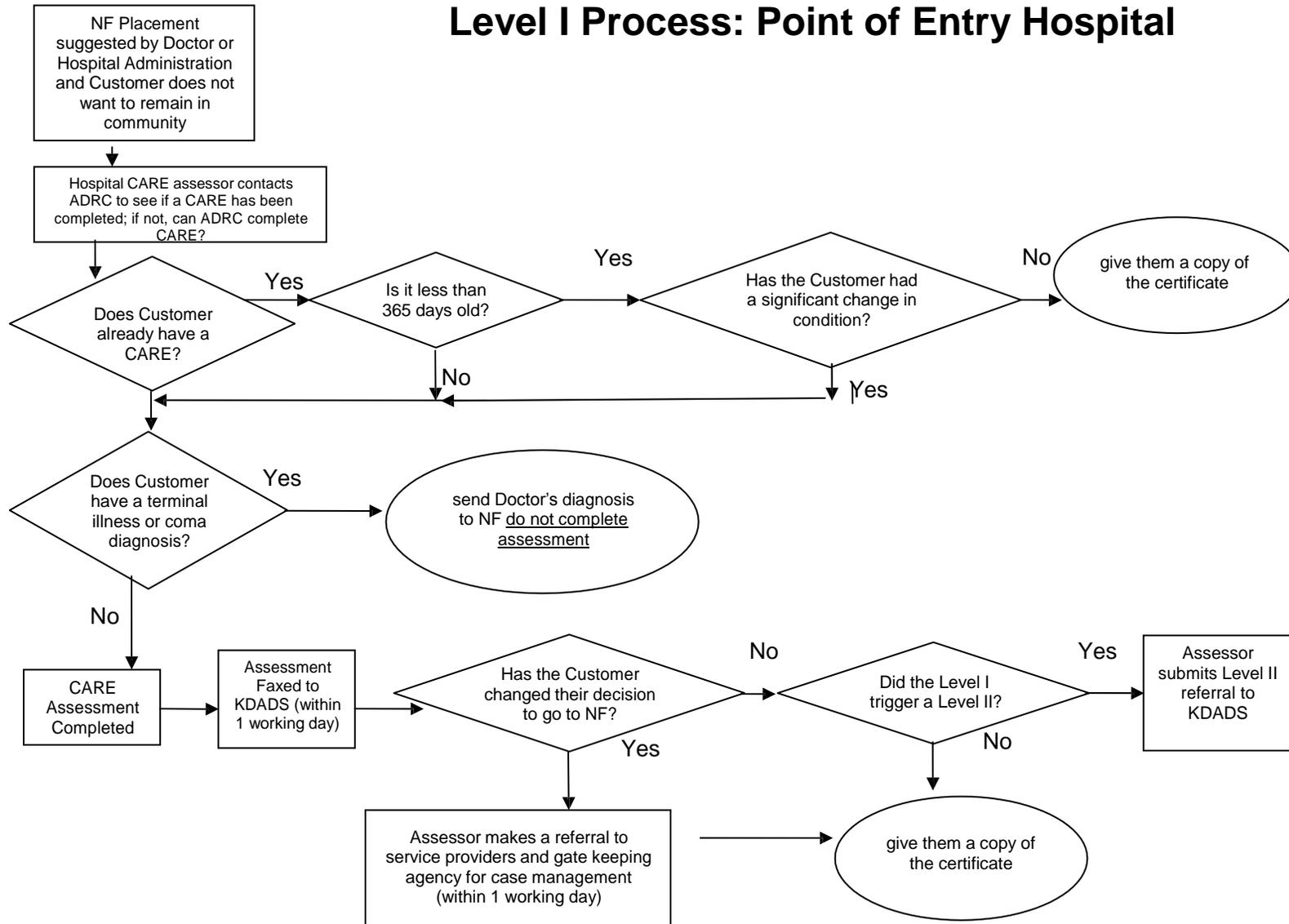
What process does the hospital CARE assessor follow when completing the CARE assessment?

1. Contact the ADRC to determine whether a valid CARE assessment already exists. If there is a valid CARE, you do not need to complete another CARE.
2. Schedule assessment with customer, family, guardian, physician, caregiver, or other important sources of information.
3. Adhere to ADA requirements.
4. Arrange for culturally sensitive assessment including provision for language, assistive devices, interpreters, etc.
5. Provide a legible and accurate assessment that is written in black ink.
6. Complete the CARE as part of the discharge planning or other hospital discharge process, but before discharge to an NF.
7. Prior to a short-term, NF admission, assessors must send the nursing facility a physician's statement that certifies the stay will be 30 days or less.

What process does the hospital CARE assessor follow when completing the CARE assessment? (continued)

8. Complete each question and provide supporting comments on the form. Incomplete assessments will be returned to the assessor for correction.
9. If Level II is to be made, you must:
 - Follow Level II Checklist;
 - Obtain Consent to Release Information;
 - Include the guardian's name, phone, and address, if one has been appointed;
 - Document the diagnosis of MI, dates of hospitalizations, and county of responsibility for those customers with an MI diagnosis; or
 - Document the IQ score for MR/DD and date of onset for those with a related condition.
 - Try to obtain a copy of legal guardianship papers, (if one has been appointed) and the customer's medical history.
10. Fax the Level I assessment, CARE Certificate, Consent to Release Information, and supporting documentation to KDADS.
11. Provide the Customer:
 - The Explore Your Options Guide;
 - CARE Brochure;
 - copy of Assessment;
 - copy of CARE certificate;
 - copy of Consent to Release Information.
12. Once the Consent to Release Information is signed, the assessor must make appropriate referrals within **one (1) working day** to:
 - ADRC;
 - Center for Independent Living;
 - Other community services as needed, including CDDO or CMHC.

Level I Process: Point of Entry Hospital



Nursing Facility PASRR Responsibilities (FSM 2.1.3.G)

Can a nursing facility employee complete a full CARE assessment?

No. As of October 1, 2005, NF employees cannot complete full CARE assessments. If the NF admits someone without proof of PASRR, the NF must complete sections A & B and keep in medical record. If an emergency admission, FAX sections A & B to the ADRC within one working day, and request that a CARE Level I assessment be completed. 30-day provisional information is to be faxed to KDADS CARE staff.

What are the nursing facility's PASRR responsibilities?

Prior to admission, the NF must ensure:

- A PASRR screening has been completed; and
 - The proof of PASRR documentation states the individual is appropriate for NF care.
-

Can an individual be admitted to a nursing facility without addressing PASRR?

No. The customer may be admitted as a less than 30 day provisional admission, or as an emergency admission, or as a Terminal Illness admission without a Level I, but these are still a form of PASRR.

Note: If an individual with a serious mental illness or MR/DD condition is admitted as a provisional admission and their NF stay will exceed the time limit, there is a chance the Level II determination will not find them appropriate for continued NF care.

What is considered a provisional stay?

A provisional stay is for 30 days or less for the purposes of rehabilitation or respite. The stay must be authorized in writing by the individual's physician.

What are the nursing facility's responsibilities if it admits an individual as a provisional admission?

- Prior to admission, the NF must obtain a dated, signed statement from the customer's physician that states the reason for the admission is either for respite care or rehabilitation, and the stay is expected to be for 30 days or less.
 - The NF's CARE assessor or director of nursing (DON) must complete sections A and B of the Level I assessment. This partial assessment must be kept as part of the individual's medical record and faxed to KDADS CARE staff.
 - If the individual is discharged within 30 days, no other action is necessary. However, if on day "20" it appears that the stay is going to exceed 30 days, the NF must contact the ADRC and arrange for the completion of a full CARE Level I assessment.
-

What is considered an emergency admission?

An urgent condition or a situation that places the individual's health and/or welfare in jeopardy.

Examples of an emergency admission include, but are not limited to, the following:

- An admission by Adult Protective Services;
- The occurrence of a natural disaster;
- The primary caregiver becomes unavailable due a situation beyond the caregiver's control , *e.g.*, caregiver becomes ill or an accident occurs involving the caregiver;
- A physician orders immediate admission due to the individual's condition; or
- An admission from out-of-state to an NF that is beyond the individual's control, *e.g.*, an individual being admitted from their place of residence in another state on a weekend when an ADRC CARE assessor is not available.

What are the nursing facility's responsibilities if it admits an individual as an emergency admission?

- When an individual is admitted to the NF because of an emergency, a full CARE Level I assessment must be completed on or before the seventh (7th) day after admission.
- The NF's CARE assessor or DON, must complete Sections A and B of the Level I assessment. (The NF must contact the ADRC within **one (1) working day** after admission.)
- The NF must send sections A and B along with the emergency fax memo to the ADRC. The emergency fax memo must contain the reason for the admission in the comments section.

What are the consequences if a nursing facility admits an individual who does not have a valid proof of PASRR?

Non-compliance with Federal and State Laws

- If the NF admits an individual without valid proof of PASRR, the NF is not in compliance with federal and state laws, which requires anyone admitted to a Medicaid-certified NF to be screened and found appropriate for NF care.

Non-payment by Medicaid

- Medicaid will not pay for an individual's NF care if they do not have valid proof of PASRR. If an individual is admitted as a provisional stay or as an emergency admission, the NF must contact the ADRC within the established timeframes or risk non-payment by Medicaid. **If a Medicaid eligible customer is admitted to an NF and PASRR has not been completed, the customer is not liable for their NF care.** It is the NF's responsibility to ensure PASRR compliance has been met.

What is the PASRR relationship with Medicaid eligibility?

All individuals admitted to Medicaid-certified NFs must meet federal PASRR requirements and indicate NF placement is appropriate. In order for Medicaid to pay for NF care, the customer must meet the financial and functional eligibility requirements.

Financial

The individual must meet the State's Medicaid financial eligibility requirements. Each state has different criteria. Please do not assume an individual who was eligible for Medicaid payment of NF in one state will be eligible in Kansas.

Functional

The individual must meet the State's Medicaid functional eligibility or level of care (LOC) threshold unless the individual triggered a Level II assessment. In that instance, the customer must have a level II determination letter that states NF placement is appropriate. If an individual's Level II assessment determines that NF care is not appropriate, Medicaid will not pay for his or her NF care.

Level II Referrals and Assessments

When is a Level II required?

A Level II is required prior to admission when an individual seeking admission to a Medicaid certified nursing facility meets one of the following criteria:

1. Mental Illness
 - a. The individual must have a clinical diagnosis of a serious mental illness; **AND**
 - b. Must have received inpatient or partial inpatient hospitalizations more than once in the last two years for the mental illness, **OR** an increase in supportive services for 30 consecutive days to maintain functioning at home or in a group home, **OR** have had interventions by law enforcement, Housing Officials, or Adult Protective Services due to their mental illness; **AND**
 - c. Must also have a level of impairment which results in functional limitations during the last three to six months.
2. Developmental Disability
 - a. The individual must have a mental retardation diagnosis as evidenced by an established diagnosis of MR (documentation of an IQ score of 70 or below prior to the age of 18); **OR**
 - b. other developmental disability (such as cerebral palsy, epilepsy, autism, Down's Syndrome or other physical or mental impairments or a condition that has received a dual diagnosis of mental retardation and mental illness) which manifested prior to age 22 and is likely to continue indefinitely.

An individual who meets all three components for MI (the diagnosis of a serious mental illness, a treatment history, and the necessary level of impairment for that mental illness) OR the criteria for a developmental disability is required by federal law to have a Level II assessment prior to admission to a NF.

What documentation is required for the Level II referral?

In addition to meeting the assessment standards outlined on page 5 of this section, the assessor must obtain the following documentation before making a referral for a Level II assessment:

- a) A copy of the legal guardianship papers, if applicable;
- b) A copy of the customer's medical history. If the assessor does not have access to the medical records, but he or she knows where it is located, this information should be documented in the comments section.
- c) Document in the comment's section:
 - 1) For Mental Illness:
 - Diagnosis;
 - Treatment history; and
 - Level of Impairment;
 - 2) For Mental Retardation/Developmental Disability:
 - IQ score;
 - Date of testing or the Related Condition diagnosis and the age when it manifested;
 - Areas of impairment in major life activities; and
 - Any other relevant information.

NOTE: For dually diagnosed individuals, both areas of the PASRR Section B should be completed.

What if the customer needing a Level II assessment has a guardian?

- The assessor must obtain the legal guardian's signature, if applicable, on the Consent to Release Information form.
- If the assessor has difficulty obtaining the signature, the assessor should not delay the Level II referral. In these rare circumstances, the assessor should contact the KDADS CARE Program Manager to inform him or her of the situation.
- If the individual has a legal guardian, the ADRC must notify the legal guardian in writing of the referral for a Level II assessment when a referral has been made. The guardian may participate in the assessment.

Who completes the Level II assessment?

The Level II assessment is completed by a QMHP or QMRP/QDDP that is employed by an agency that contracts with The Kansas Health Solutions.

Qualified Mental Health Professional (QMHP) is an individual who has at least one (1) year of experience working directly with persons with mental illness and an employee of a Mental Health Center, and is one of the following:

- Licensed psychologist;
- Physician;
- Psychiatrist;
- Registered Master's Psychologist;
- Licensed Professional Counselor;
- Licensed Marriage and Family Therapist;
- Social Worker; or
- Psychiatric nurse.

Qualified Mental Retardation Professional (QMRP) is an individual who has at least one (1) year of experience working directly with persons with the condition of mental retardation and an employee of a Community Development Disability Organization, and is one of the following:

- A physician;
- A registered nurse;
- Licensed Psychologist;
- Social worker;
- Occupational Therapist;
- Physical Therapist;
- Speech-language pathologist or audiologist;
- Recreational Therapist; or
- Human Services professional with a Bachelor's degree in a human service field, including, but not limited to, sociology, special education, rehabilitation counseling, and psychology.

How long does it take for a Level II determination to be made?

- The Level II assessor has five (5) consecutive days from receipt of the referral to complete the Level II assessment.
- The completed assessment must be returned to The Kansas Health Solutions for review and faxed to KDADS within one day of assessment completion.
- Within **two (2) working days** of receipt of completed Level II assessment, KDADS will review the completed Level II assessment and make a final determination regarding the need for NF admission or specialized mental health or developmental disability services and provide written notification and other documentation as required to the customer, the customer's legal guardian, the doctor, hospital, and admitting NF.

When is a Resident Review completed?

The NF is required to contact KDADS CARE staff and order a Resident Review when an individual meets one (1) or more of the following criteria:

- The resident has had a significant change in condition that would have triggered a Level II assessment, or has had a significant change in condition resulting in a new mental illness diagnosis accompanied by a change in the level of impairment;
- The resident met all the Level II criteria prior to entering the NF but it was not uncovered until after admittance to the NF;
- The resident has a serious mental illness, mental retardation, or other developmental disability and was admitted to the NF prior to 1989; or
- The resident entered the NF with a Level II determination letter authorizing a short-term rehabilitation stay, and the resident's stay will exceed the time frame in the letter. Nursing facility staff should contact the ADRC 10 days prior to the expiration date on the letter to order a resident review.

Note: Whenever an individual improves and no longer needs the level of services provided by the NF, it is expected the NF will make arrangements for discharge back into the community, which includes contacting the appropriate Community Mental Health Center (CMHC) or Community Developmental Disability Organization (CDDO) without ordering a resident review.

Community-Based Services Referrals

Who makes the referrals for community-based services?

As a CARE assessor, it is your responsibility to make the referral for community-based services. Let the customer know who they will hear from and find out if the contact person should be part of the decision making process.

How soon should referrals be made after the assessment?

Within **one (1) working day**, the assessor must make referrals to the following entities when necessary and appropriate:

- ADRC;
- Center for Independent Living (if customer is age 59 or younger);
- Community Mental Health Centers (CMHCs);
- Community Developmental Disability Organizations (CDDOs); and
- Other community-based service providers.

What can the customer appeal?

An individual has a legal right to appeal any decision made about his or her care. The CARE program will not restrict an individual's admission to an NF unless they are determined, through the Level II process inappropriate for NF placement.

- If a customer makes an application for Medicaid to cover NF services, the Department of Children and Families may use the information contained on the Level I to determine appropriate level of care. If a customer disagrees with an eligibility decision based on this information, the customer may appeal.
- A customer may appeal the CARE assessor's referral for a Level II assessment. In this case, the customer would be appealing through the Kansas Department for Aging and Disabilities, as the customer is questioning his or her need for further mental health or developmental disability assessment. The Kansas Department for Aging and Disabilities will provide an objective appeals hearing committee, comprised of professionals familiar with mental health issues and PASRR. (**Appeal FSM 2.1.4**)

When is the customer notified of the right to appeal?

Level II Referrals

- The assessor must inform the customer of his or her right to appeal the PASRR portion of the assessment if one of the following occur:
 - The customer will be referred for a Level II assessment; or
 - The customer is not referred for a Level II assessment; however he or she wants a Level II assessment.

To inform the customer of their right to appeal, the assessor must provide the customer with the Notice of the Right to Appeal, which is on the CARE certificate (KDOA 152).

What are the assessor's responsibilities if the customer appeals a decision?

In appeal situations, the assessor must be available to answer any and all questions related to the information obtained during an assessment. This availability must be in person, by phone, or in writing, as required by the appeals process.

CARE Instruction Manual

INTRODUCTION

This manual provides instruction on how-to complete an assessment of an individual who has difficulty meeting his or her own needs and/or may be considering nursing facility placement for other reasons. As the assessor, remember that an individual usually wants to maintain his or her independence as long as possible and will do whatever they can to achieve this goal. Please take a non-threatening approach and be clear with the customer that you are there to help them remain independent as long as possible. Customers will be more honest with you if they know you are on their side, and that you will identify viable options based on their health care needs.

Another way that might ease your customer's stress during the assessment is to let them know that there are other individuals who have been in similar circumstances. Quite often the person does not want to deal with their health care issues and feels like they are alone. It is comforting and more importantly adds "hope" when they know there are other individuals who are in the same boat, and are able to remain independent in the community with some supports and services.

Please remember, you may be the last or only person the customer visits with prior to nursing facility placement. You have the knowledge about community-based services options and the ability to help the customer navigate a very confusing long-term care system. By addressing their needs, you may help them and their families investigate their care options so they are able to achieve their goal of living independently.

CRITERIA OF EVALUATION

Assess the customer's completion of the activity:

- On an average day;
- Within the last month, or last limiting event if it was sooner;
- In his/her home; and
- Without assistance from another person.

If in a Nursing Facility: consider their functioning without the assistance of another person.

Base your answers on the following:

- The customer;
- Family members/caregivers (especially for customers who have cognitive impairments);
- Health care professionals and clinical records; and
- Your observations.

Assess the customer's ability to perform the activity at a level that is generally accepted in the community. Remember the following:

- The standard is stated in the definition;
- Assess customer's abilities equitably and consistently;
- No personal bias; and
- The customer's personal choice is not included in the assessment.

More about personal choice

If the customer is too physically impaired to perform some aspects of bathing or has cognitive or mental health issues that make informed decisions about bathing questionable, then the customer is scored on his or her ability. For example, a customer may bathe far less frequently than is necessary to maintain generally acceptable hygiene and control odors. The issue is not whether this is the person's choice. As an assessor, you must determine whether the individual has the physical ability to conduct all aspects of the bathing activity without assistance, as well as the cognitive and/or mental capability to make an appropriate decision about how often s/he should bathe

The Kansas Department for Aging and Disabilities supports accommodating personal choice when determining types of assistance needed, such as during the care planning process.

Take into consideration any physical, cognitive, and/or mental impairments of the customer. A language barrier should not be a determining factor of how an ADL or IADL is coded.

TM *Mental health or cognitive impairments may make it difficult to carry out ADLs and IADLs.*

- Customers with cognitive impairments may need at least supervision to complete an activity.
- Customers with mental illnesses may not be able to manage some parts of their care. Is it caused by the mental illness or is it the customer's choice?

TM *Chronic and acute illnesses/impairments may seriously compromise a customer's ability to and/or safety in performing certain tasks.*

- A person with emphysema, congestive heart failure, neurological problems and many other conditions may not have the stamina, strength, or reserve lung/heart capacity to perform tasks safely. Watch for shortness of breath with minimal exertion, weakness, tremors or other conditions that may affect the individual's ability to perform tasks.
- Neurological conditions, inner ear problems, joint pain, and many other medical conditions may cause serious problems with ability to stand, maintain balance, and ambulate. Watch for signs of instability that may compromise the individual's safety in performing daily tasks.

A. IDENTIFICATION

A. IDENTIFICATION

1. Social Security # (Optional)
 _____ - _____ - _____

2. Customer Last Name

First Name _____ **MI** _____

3. Customer Address
 Street _____
 City _____ County _____
 State _____ Zip _____
 Phone _____

4. Date Of Birth ____/____/____

5. Gender Male Female

6. Date of Assessment ____/____/____

7. Assessor's Name

8. Assessment Location

9. Primary Language
 Arabic Chinese English
 French German Hindi
 Pilipino Spanish Tagalog
 Urdu Vietnamese
 Sign Language Other _____

10. Ethnic Background
 Hispanic or Latino
 Non Hispanic or Latino

11. Race
 American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian, or Other Pacific Islander
 White
 Other _____

12. Contact Person Information
Name _____
Street _____
City _____
State _____ **Zip** _____
Phone _____
Guardian Yes No

Review of unique fields:

- 1. Customer's Social Security Number**
 If the customer refuses to provide the number, enter 0's and a computer generated number will be used.

- 3. Customer's Address**
 Use County Codes in Reference Section
- 4. Date of Birth**
 Use MM/DD/YYYY format

- 6. Date of Assessment**
 Use MM/DD/YYYY format

- 8. Assessment Location**
 Use home, the name of the hospital, or the name of the NF, as appropriate.

- 9. Primary Language**
 Check the box of the primary language the customer understands

- 10. Ethnic Background**
 Check the box that the customer considers as his or her ethnicity. What does the customer choose for the Census?

- 11. Race**
 Check the box that the customer considers as his or her race. What does the customer choose for the Census?

- 12. Contact Person Information**
 If the customer has a guardian or durable power of attorney that is activated, list that person first. If the customer does not have either of those, list the customer's primary caregiver or the person who assists with or makes financial and/or legal decisions.

 Is the contact person also the guardian?
 Check yes or no

B. PASRR

1. Is the customer considering placement in a nursing facility?

Check	If...
Yes	The customer, family or other responsible person is considering NF or other placement.
No	The customer or responsible person is not considering NF placement. If the answer is no, then this is not a CARE assessment and a CARE certificate should not be issued.

Mental Illness

2. Has the customer been diagnosed as having a serious mental disorder?

Check	If...
Yes	The customer has one (1) of the following serious mental disorders (note for PASRR purposes, dementia, alcoholism, substance abuse, and brief depression episode)
	295.10 Schizophrenia, Disorganized Type
	295.20 Schizophrenia, Catatonic Type
	295.30 Schizophrenia, Paranoid Type
	295.60 Schizophrenia, Residual Type
	295.90 Schizophrenia, Undifferentiated Type
	295.70 Schizoaffective Disorder
	296.23 Major Depressive Disorder, Single Episode, Severe, without Psychotic Features
	296.24 Major Depressive Disorder, Single Episode, with Psychotic Features
	296.32 Major Depressive Disorder, Recurrent, Moderate
	296.33 Major Depressive Disorder, Recurrent, Severe, without Psychotic Features
	296.34 Major Depressive Disorder, Recurrent, Severe, with Psychotic Features
	296.35 Major Depressive Disorder, Recurrent, in Partial Remission
	296.36 Major Depressive Disorder, Recurrent, in Full Remission
	296.89 Bipolar II Disorder
	296.03 Bipolar I Disorder, Single Manic Episode, Severe without Psychotic Features
	296.04 Bipolar I Disorder, Single Manic Episode, Severe with Psychotic Features
	296.43 Bipolar I Disorder, Most Recent Episode Manic, Severe without Psychotic Features
	296.53 Bipolar I Disorder, Most Recent Episode Depressed, Severe without Psychotic Features
	296.54 Bipolar I Disorder, Most recent Episode Depressed, Severe with Psychotic Features
	296.63 Bipolar I Disorder, Most Recent Episode Mixed, Severe without Psychotic Features
	296.64 Bipolar I Disorder, Most Recent Episode Mixed, Severe with Psychotic Features
	297.10 Delusional Disorder
	298.9 Psychotic Disorder NOS
	300.21 Panic Disorder with Agoraphobia
	300.3 Obsessive-Compulsive Disorder
	301.83 Borderline Personality Disorder
No	The customer does not have one (1) of the above listed serious mental disorders.

3. What psychiatric treatment has the client received in the past 2 years (check all that apply)? The individual must have at least a mental illness diagnosis and one from either A, B, or C category.

A. Hospitalizations What hospital care has the customer had for mental illness?

Check	If...
2 Partial hospitalization	The customer participated more than one (1) day in a program offered by mental health entity, which included therapies and services during the daytime.
2 Inpatient hospitalization	The customer had two (2) or more hospitalizations in a psychiatric hospital or in a psychiatric unit of a hospital, and the hospital stays were for 24 hours or more. A stay in a state hospital for two (2) or more consecutive years count as two (2) inpatient hospitalizations.
1 Inpatient & 1 Partial	The customer had at least one (1) Inpatient and one (1) Partial hospitalization.

B. Supportive Services Has the customer received support services that significantly increased for a period of 30 consecutive days or longer in the last two years that were provided by a Community Mental Health Center (CMHC), the Veterans Affairs (VA) Hospital, or a correctional facility? (see page 10 of this section)

Check	If...
(Supportive Services)	<p>These services were provided to maintain functioning at home or in a residential treatment environment.</p> <p>Note: The assessor should contact the customer's case manager at the CMHC or VA to verify that supportive services have been received. For the purposes of the CARE assessment, supportive services do NOT include routine monitoring of psychotropic medications or seeing a QMHP for counseling or therapy on an outpatient basis.</p> <p>Contact KDADS CARE Program staff if you need more clarification.</p>

C. Intervention

Has at least one (1) of the following entities intervened due to an increase in the severity of the mental illness in the customer's situation?

Check	If...
(Intervention)	<ul style="list-style-type: none">• <u>Housing</u>- When the individual has been evicted (including from a shelter) for situations which include:<ul style="list-style-type: none">• Inappropriate social behavior (<i>i.e.</i>, screaming, verbal harassment of others, physical violence toward others, inappropriate sexual behavior and etc.); and• Abuse or neglect of physical property (<i>i.e.</i>, failure to maintain property as outlined in the lease, intentional destruction of property such as through kicking or hitting walls or doors, etc.).Note: Nonpayment of rent, substance abuse, and other such situations can only be included in this category if a direct relationship between the activity and an increase in the severity of the mental illness can be shown.
	<ul style="list-style-type: none">• <u>Law enforcement officials</u>- When the individual has been arrested and/or taken into custody due to:<ul style="list-style-type: none">• Harm to self, or property; inappropriate social behavior (<i>i.e.</i>, screaming, verbal harassment of others, physical violence toward others, inappropriate sexual behavior, etc.); or• Evidence of impairment so severe as to require monitoring for safety.Note: Substance abuse can only be included in this category if a direct relationship between the activity and an increase in the severity of the mental illness can be shown.• <u>Adult protective services (APS)</u>- When the individual has been determined by an APS worker to be a danger to self or others due to the severity of the mental illness. For example, the individual threatens harm to self or others, is not eating, exhibits extreme weight loss or is non-compliant with medications.

Check	If...
None	The customer did not receive any of the above mentioned treatments.

If none are checked, then no referral for a Level II assessment unless a mental retardation or developmental disability exists.

**Comments
Section**

You must indicate the customer's serious mental disorder, if any, and applicable treatment history during the last two years:

**(on page 2 of the
assessment form)**

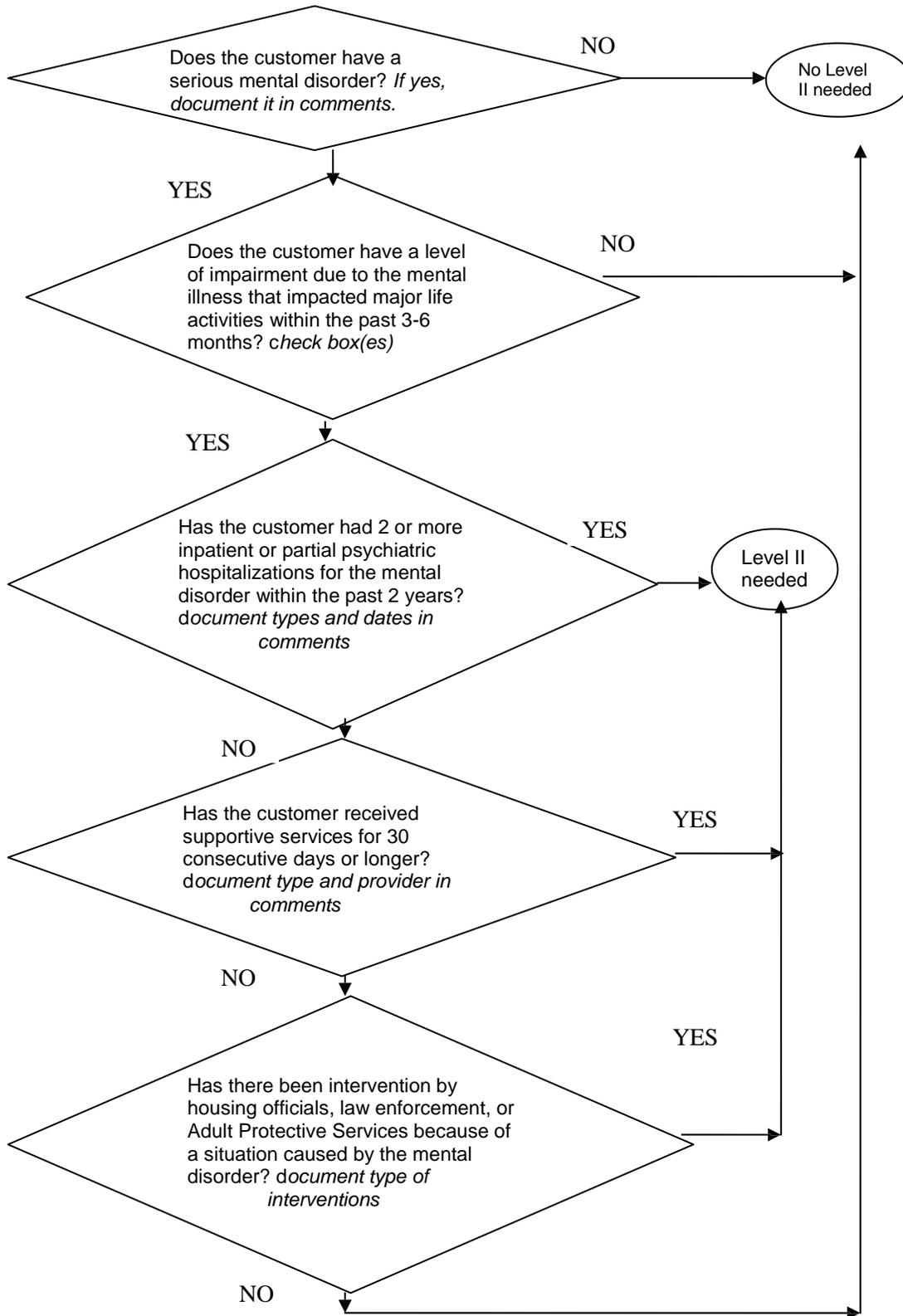
- The dates and location(s) of hospitalization;
- The supportive services;
- The timeframe during which the services were received;
- The intervention by housing, law enforcement, and/or Adult Protective Services; and
- Whether they are being served by a CMHC, if not, their county of responsibility, where they have lived for the last six continuous months. (residence in a state hospital does not change the county of responsibility)

Note: Upon receipt of the assessment at the KDADS the CARE Program staff will review the assessment for completeness. If the assessment does not contain appropriate documentation of the customer's mental disorder and treatment history, the CARE Program staff will request that additional comments be added or that the assessment be revised to reflect the customer's situation.

4. Level of Impairment **The customer must have a level of impairment in one of the following within the last 3-6 months due to mental illness.**

Check	If...
Interpersonal Functioning	The customer has serious difficulty interacting appropriately and communicating effectively with other persons. There may be a history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships, and social isolation.
Concentration/ Persistence/ Pace	The customer has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in structured activities occurring in the school or home. The customer has difficulties in concentration, an inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.
Adaptation to Change	The individual has serious difficulty adapting to typical changes in circumstances associated with work, school, family, or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental health or judicial system.
None	The customer does not meet any of the above impairment levels.

Level II Decision Tree- Serious Mental Illness



Mental Retardation(Intellectual Disability) / Developmental Disability

5. Has the client been diagnosed with one of the following conditions prior to age 18 for Mental Retardation/Developmental Disability, or age 22 for related condition/other Developmental Disability, and the condition is likely to continue indefinitely?

Check	If...
Developmental Disability	The customer has significantly sub average, intellectual functioning as evidenced by an IQ score of 70 or below on a standardized measure of intelligence prior to the age of 18.
Related Condition	<p>The customer has a condition such as autism, cerebral palsy, epilepsy, Spina Bifida, Down's syndrome, or other similar physical and/or mental impairment that is:</p> <ul style="list-style-type: none"> • Evidenced by a severe, chronic disability; • Manifested before the age of 22; • Will likely continue indefinitely; • Reflects a need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services which are lifelong, or extended in duration and are individually planned and coordinated; and • Results in substantial functional limitations in three or more major life activities. <p>Do not include individuals who are solely severely emotionally disturbed, seriously and persistently mentally ill, or have disabilities as a result of the infirmities of aging.</p>
None	The customer does not meet one (1) of the above conditions.

For those individuals who have a development disability or related condition please record that information:	<ul style="list-style-type: none"> • IQ score and date of testing; • Related condition diagnosis and the age when it manifested; and • Any relevant information. <p>• Note: Upon receipt of the assessment at the KDADS, the CARE Program staff will review the assessment for completeness. If the assessment does not contain appropriate documentation of the customer's mental retardation or development disability, the CARE Program staff will request that additional comments be added or that the assessment be revised to reflect the customer's situation.</p>
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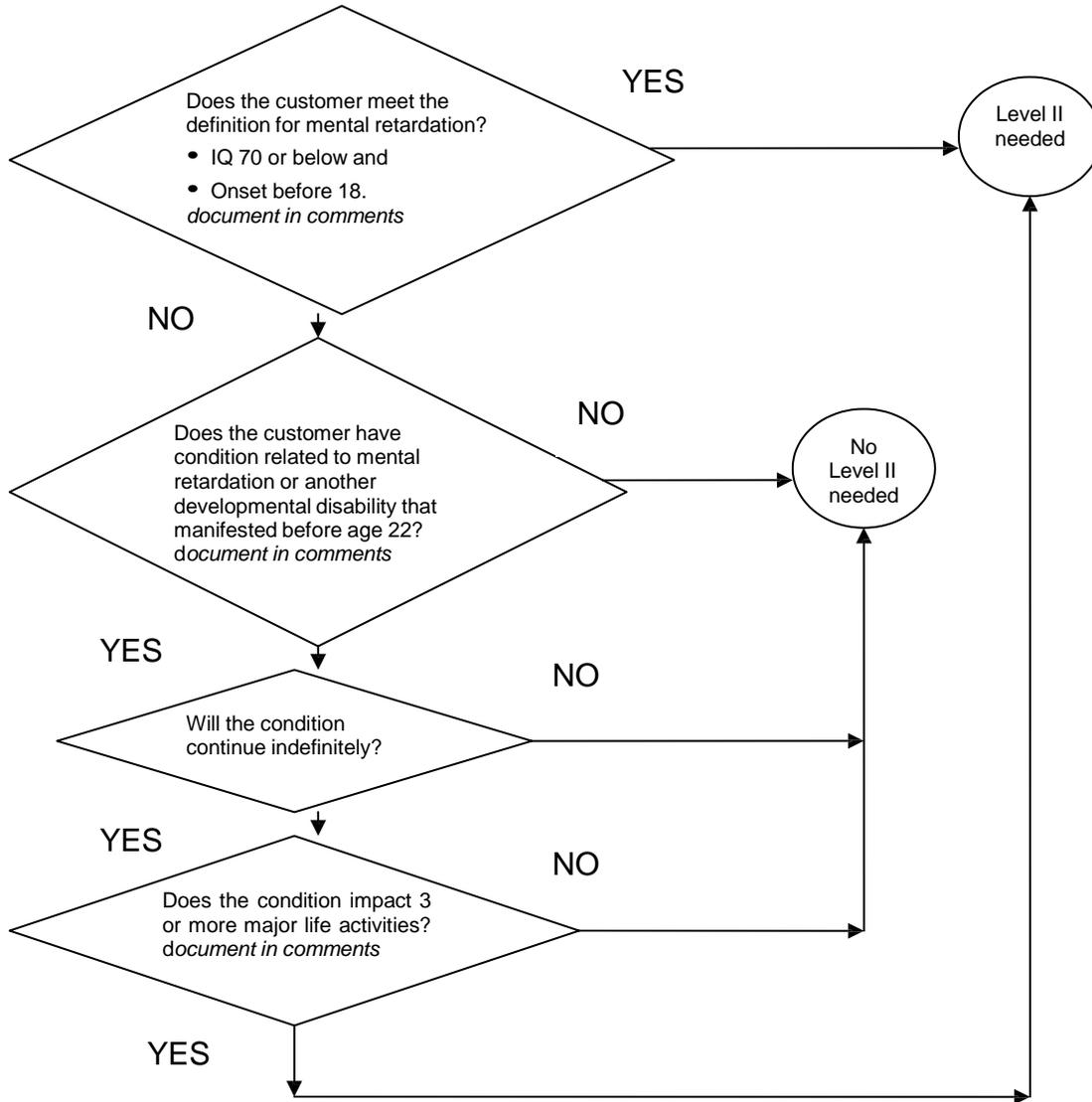
Comments Section

(add comments as needed)

What are the major life activities?

- Self-care: Performance of basic personal care activities;
- Understanding and the use of language: Either receptive and expressive; communication involving both verbal and nonverbal behavior enabling the individual both to understand others and to express ideas and information to others;
- Learning: General cognitive competence and ability to acquire new behaviors, perceptions and information, and to apply experiences in new situations;
- Mobility: The ability to move throughout one's residence and to access and utilize typical settings in one's community;
- Self-direction: Management and taking control over one's social and personal lives; ability to make decisions affecting and protecting one's own interests;
- Capacity for independent living: Age appropriate ability to live safely without assistance from other persons includes: housekeeping, participation in leisure time activities, and use of community resources; and
- Economic self-sufficiency: The ability to pay for basic needs and services through employment or other financial resources.

Level II Decision Tree- Mental Retardation/Developmental Disability



6. Referred for a Level II assessment?

Check	If...
Yes	The customer meets the criteria in either the Level II Decision Tree for Serious Mental Illness or Mental Retardation/Developmental Disability.
No	The customer does not meet the criteria of either decision tree.

C. SUPPORTS

1. Does the customer live alone?

Check	If...
Yes	The customer lives alone.
No	The customer lives with a spouse, family member, or friend, or is in a housing arrangement that provides service 24-hours a day, <i>i.e.</i> , an assisted living facility, residential health care facility, or homes plus.

2. Does the customer have informal supports?

Informal Supports are services provided to assist with ADLs and/or IADLs at no cost, generally from family, friends, or neighbors.

Do not include formal supports when answering this question, *i.e.*, services covered by insurance, Medicaid, Medicare, and Senior Care Act.

Instructions:

- Check the box that represents the customer's level of informal support.

Considerations while Coding

- Are there enough informal supports to assist the customer with ADL and IADL impairments?
- Is there more than one caregiver?
- Is the caregiver in good physical and mental health?
- Is the caregiver overwhelmed or exhausted?
- Does the caregiver have several responsibilities that make it difficult to be more available during an illness?

Code	Definition	Example
Yes	Support meets the customer's needs, or supplements formal supports, to protect the customer who has physical, cognitive, and/or mental health limitations	Mr. King has strained relations with his children. His neighbor takes him shopping when needed. He is currently not at risk due to limited informal supports.
Inadequate	Support is available but not in enough quantity and/or quality to adequately safeguard the customer who has physical, cognitive, and/or mental health limitations.	Mr. Kabel's daughter is his primary caregiver and is overwhelmed. Mr. Kabel's cognitive abilities are declining and his family is unable to meet all of his needs.
No	Support does not exist to protect the customer who has physical, cognitive, and/or mental health limitations.	Mr. Reed has six children but does not speak to any of them. He has no dependable friends.

-- Continued on next page --

3. Does the customer have formal supports?

Formal Supports are services provided to assist with ADLs and/or IADLs at a cost to the customer, family, or entity. May include services covered by insurance, Medicaid, Medicare, and Senior Care Act.

Instructions:

- Check the box that represents the customer's level of informal support.

Check	If...
Yes	The customer has formal supports or is receiving long-term care services from a program such HCBS, Medicare home health, etc
No	The customer does not have formal supports.

D. COGNITION

1. Is the customer comatose or in a persistent vegetative states?

Check	If...
Yes	The customer appears to be in a deep sleep and unresponsive to stimuli; or his/her responses are inconsistent and not specific to stimuli, often has the same response regardless of stimuli; response may be physiologic, gross body movement, or vocalization; response may be delayed; earliest response is to pain.
No	The customer is not comatose or in a persistent vegetative state.

* Stop assessment here and note in comments on second page.

2. Memory / Recall

This assessment focuses on four measures that are often used to identify cognitive impairment:

- Orientation;
 - Registration and Recall (3-word recall);
 - Spelling Backwards (attention and calculation); and
 - Clock Draw (Visuospatial and Executive Function).
- *Coding Clarification: Whenever Code (9) is chosen, the assessor must write the reason in the comment section on page 2 of the assessment form.*
 - *If the customer refuses to participate and you do not suspect cognition issues, let them know it may affect their eligibility for services.*

In the event that an individual cannot be tested using the following strategies and there is reason, by history or observation, to believe the individual has cognitive impairments that may limit functional abilities, it is advisable to refer the individual for a professional evaluation (a neurologist or neuro-psychologist are appropriate referrals for difficult cognitive evaluations).

(1) Orientation

Ask the customer to tell you the following:

- The day of the week, *i.e.*, Monday or Tuesday;
- The month;
- The year; and
- The current President of the United States.

Code as (0) "No Impairment" if the customer answers at least 3 out of 4 of questions correctly.

Code as (1) "Impairment" if the customer misses 2 or more of the above questions.

*Code as (9) "Unable to test" if you cannot test the customer.**

(2) 3-word recall

- Name three unrelated objects (such as “pen,” “car,” “watch,” OR “cat,” “rug,” “lock” OR “key,” “star,” “dog”).
- Have the customer repeat these three objects.
- The first repetition determines the score; however keep saying the objects until the customer can repeat all three, up to 6 trials. (You may need to repeat if they say it wrong to see if the customer can hear the words.)
- If the customer consistently says a word incorrectly (such as “den” instead of “pen”) then move forward as if the words were correct and substitute in the new word.
- Ask the customer to remember those objects as you’ll ask them to repeat them later.
- After a period of five minutes during which other questions are asked or topics discussed, ask the customer to tell you what the three words were that you told them earlier. Do not give hints as to what the words are.
- Give the customer a few moments to recall if needed. The words can be provided in any order.

Code as (0) “No Impairment” if the customer repeats all 3 words.

Code as (1) “Impairment” if the customer cannot repeat all 3 words.

Code as (9) “Unable to test” if you cannot test the customer.

(3) Spelling backward

- Ask the customer to verbally spell “table” forwards and then backwards.
- If the spelling is close to the correct word when spelled forward and is spelled backward using the same letters in reverse order, then it is considered correct, and enter a 0 in the blank. For example, the customer misspells “table” as “tabel,” and spells it back “lebat,” there is no impairment.

Code as (0) “No Impairment” if the customer can spell “table” backwards.

Code as (1) “Impairment” if the customer cannot spell “table” backwards.

Code as (9) “Unable to test” if you cannot test the customer.

-- Continued on next page --

(4) Clock Draw

Executive memory function and visuospatial abilities are usually the first noticeable areas affected in Alzheimer's disease and other dementias, often before other types of memory impairment are easily discernable. The person's ability to make judgments about his/her personal care or direct others in providing care may be compromised.

Executive function is an interrelated set of abilities that includes the ability to:

- Form concepts,
- Self-monitor, and
- Plan and execute detailed activities.

Impairments in executive function may make instrumental activities beyond the person's capacity, even if memory impairment is mild. Types of IADLs affected include:

- Driving,
- Money management,
- Shopping and
- Medication management.

If an individual has impairments, such as blindness or paralysis, that prevents the use of the clock draw test, it will be necessary to proceed with other aspects of the cognitive assessment. *Code as (9) "Unable to Test."*

- Hand the customer a piece of paper with a large circle and tell him/her it is the face of a clock.
- Ask the customer to put the numbers on the clock in the correct position.
- Then ask the customer to draw the hands on the clock at ten minutes after eleven o'clock.

Code as (0) "No Impairment" if the customer completes the following tasks.

- Includes all 12 numbers
- Places numbers in correct positions
- Places hands in correct positions

Code as (1) "Impairment" if the customer cannot perform all of the tasks.

Code as (9) "Unable to test" if you cannot test the customer.

E. COMMUNICATION

1. **Is the customer able to express information content, or communicate requests, needs, opinions, urgent problems, and social conversations, either verbally, in writing, using sign language, or combination of these methods?**

Check	If the customer...
Understandable	<ul style="list-style-type: none"> Expresses ideas clearly.
Usually understandable	<ul style="list-style-type: none"> Has difficulty finding the right words or finishing thoughts resulting in delayed responses; Requires some prompting to make self understood.
Sometimes understandable	<ul style="list-style-type: none"> Has limited ability to communicate, but is able to express concrete requests regarding basic needs (e.g. food, drink, sleep, toilet).
Rarely or never understandable	<ul style="list-style-type: none"> Is difficult to understand; or Used specific sounds or body language to communicate with caregiver(s).

2. **Is the customer able to understand others' verbal communication?**

Emphasis is on comprehension rather than hearing.

Check	If the customer...
Understands	<ul style="list-style-type: none"> Comprehends the speaker's message; and Demonstrates comprehension by words, actions, or behaviors.
Usually understands	<ul style="list-style-type: none"> Misses some part or intent of the message, but comprehends most of it; or Has periodic difficulties integrating information but generally demonstrates comprehension by responding in words or actions.
Sometimes understands	<ul style="list-style-type: none"> Demonstrates frequent difficulties integrating information; or Responds adequately to only simple and direct questions or directions; rephrasing or simplifying the message(s) and/or using gestures enhances comprehension.
Rarely or never understands	<ul style="list-style-type: none"> Demonstrates very limited ability to understand communication; or it is difficult to determine whether the customer comprehends messages, based on verbal and nonverbal responses; or the customer can make sounds but does not understand messages.

-- Continued on next page --

F. RECENT PROBLEMS / RISKS

...FALLS

A fall constitutes the customer physically landing on the ground or floor, not unsteadiness which is already captured in the ADLs and IADLs.

Instructions:

- Enter the number of falls the customer has experienced in the last month in the blank next to the measure. (If the fall was completed while the customer was completing an ADL, it may be carried forward to that ADL.)
- Enter the total number of falls the customer has experienced within the last 6 months in the blank next to the measure. (Include the fall in the last month)



Using a fixed date in time or a holiday, such as Mother's day, may help the customer remember a 6 month history.

... INJURED HEAD DURING FALL(S)

Instructions:

Check the box if the customer hit his or her head during a fall and experienced problems with thinking, reasoning, memory, hearing, vision, speech, balance and coordination, attention, behavior, or learning.

Considerations while Coding

In addition to the above symptoms, did the customer experience one (1) of the following signs of an injury to the head?

- Loss of consciousness
- Headache
- Dizziness
- Drowsiness
- Nausea/vomiting
- Confusion
- Slurred speech
- Difficulty walking
- Seizures
- Amnesia
- Poor coordination
- Irrational or aggressive behavior
- Numbness or paralysis in any part of the body?

... ABUSE/ NEGLECT/ EXPLOITATION

Abuse, neglect, abuse and/or exploitation are considered a risk factor when at least 1 of the following category definitions is met.

Is there a reason to believe the customer has been taken advantage of and is unable to protect their own interest? If you suspect this is the case, it is better to caution on the side of making a report than not.

If you suspect Abuse, Neglect, or Exploitation (ANE) you are required by K.S.A. 39-1431 to report.

- The statewide phone number for reporting ANE in the home is 1-800-922-5330.
- The statewide phone number for reporting Exploitation of a person in an adult facility where the perpetrator lives in the community is 1-800-922-5330.
- The statewide phone number for reporting ANE in an adult facility is 1-800-842-0078.

Instructions:

- Check the box if the customer is experiencing abuse, neglect, or exploitation, and report it to the authorities.

Note: Please follow your agency's policies and procedures.

For the UAI only, check "by others" if someone besides the customer is suspected.

Category	Definition (K.S.A. 39-1431)	Example
Abuse	Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm, including: infliction of physical or mental injury; sexual abuse; unreasonable use of physical or chemical restraints, isolation, medications; threats or menacing conduct; fiduciary abuse or omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.	Mrs. Plate's wandering has increased in the past couple of months. Her primary caregiver is exhausted, and to get a good night's sleep she has been known to give Mrs. Plate sleeping pills. The caregiver has had the health risks associated with this practice explained to her, but the caregiver continues to give Mrs. Plate the sleeping pills and alcohol.

-- Continued on next page --

Category	Definition (K.S.A. 39-1431)	Example
Neglect	Failure or omission by one's self, caretaker or another person to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.	Mr. Carr's daughter is his primary caregiver. Since his health has declined, his care needs have increased. His daughter reports she does not give him his Lasix daily as prescribed to avoid the need to take him to the bathroom or change his incontinence supplies as often.
Exploitation	Misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources. This also includes fiduciary abuse which occurs when any person who is the caretaker of, or who stands in a position of trust to an adult takes, secretes or appropriates their money or property to any use or purpose not in the due and lawful execution of the adult's trust.	Mrs. Clark's son is her Representative Payee for Social Security. The facility she has resided in for six months reports the son has not paid the bill for over four months.

Adult Protective Services (APS) are intervention activities directed towards safeguarding the well-being and general welfare of adults in need of protection. Intervention is available to adults age 18 and above who are unable to protect themselves and who need assistance in dealing with abusive, neglectful or exploitative situations.

BEHAVIOR RISKS

The behavior risks include the following:

- Wandering;
- Socially Inappropriate/ Disruptive Behavior; and
- Decision Making/ Judgment.

Instructions:

- Check the box if the customer meets the definition in the category.

Category	Definition	Example
Wandering	Movement with no identified rational purpose; customer appears oblivious to needs or safety. Behavior must be differentiated from purposeful movement (e.g., a hungry person moving about an area in search of food).	Mr. Johnson wanders around his home, looking into rooms and opening doors for no apparent reason.
Socially Inappropriate/ Disruptive Behavior	Verbal abuse (<i>i.e.</i> , threatened, screamed, or cursed at others); physical abuse (<i>i.e.</i> , hit, shoved, scratched, or sexually abused others); made disrupting sounds, scream, self-abusive acts, sexual behavior or disrobing in public, smeared or threw food or feces, or rummaged through other's belongings. Impulsive, apparently uncontrollable behavior that disrupts their lives or others' lives on a regular basis.	Mrs. Roll screams at staff in the hospital and shouts out words throughout the night. This behavior disrupts other patients. Mr. White yells to the point where visitors, outside his door, wonder who he is fighting with, only to discover Mr. White is alone.
Decision Making/ Judgment	Determine whether the customer is making decisions or judgments that are reasonable, consistent, and do not jeopardize his/her health and/or safety. Does the customer rely on others to consistently assist in making health care or routine decisions?	Mr. Dean does not feel that he should take his psychotropic medication that was prescribed by his doctor. It is his opinion that if he eats vegetables his mental illness will be cured.

Considerations while Coding

- Review available medical records.
- Interview staff or caregivers for additional information.
- Is the customer currently receiving any mental health services?
- Has the customer been diagnosed by a professional as having a mental illness?
- Is the behavior a recent change or something that has been occurring for years?
- Is the living environment safe for the customer?

... UNWILLING/UNABLE TO COMPLY WITH RECOMMENDED TREATMENT

Instructions:

Check the box if the customer indicates he or she has trouble following a prescribed medical treatment(s).

Considerations while Coding

- Signs of non-compliance:
- Inconsistent medication adherence
- Poor appointment follow through
- Poor compliance with medical homework assignments
- Poor adherence with exercise regiment
- Inconsistent medical data collection
- Disease specific measures of control, i.e., insulin dependent diabetes
- Discontinues taking medication without consulting with doctor, i.e., “didn’t like the side effects” or “couldn’t afford the prescription.”

For more information please consult the Reference Section of this manual.

OVER THE LAST FEW WEEKS/MONTHS, EXPERIENCED ANXIETY/DEPRESSION

<p>Instructions: Check the box if the customer has experienced at least half of the following signs of anxiety and/or depression in the last week or month.</p>	
<p>Signs of Anxiety</p>	<ul style="list-style-type: none"> • Has felt more nervous than usual • Afraid, or excessively worried, for no reason • Easily upset or feels panicky • Expresses feelings of nervousness, fear, or panicky • Feels like they are falling apart
<p>Signs of Depression</p>	<ul style="list-style-type: none"> • An “empty” feeling or ongoing sadness • Tired or lack of energy • Loss of interest or pleasure in everyday activities, including sex • Sleep problems, including trouble getting to sleep • Very early morning waking or sleeping too much • Eating more or less than usual • Crying too often or too much • Aches and pains that did not go away when treated • Difficulty focusing, remembering, or making decisions • Feeling guilty, helpless, worthless, or hopeless • Being irritable or angry • Thoughts of death and/ or suicide

Considerations while Coding

- | | |
|--|--|
| <ul style="list-style-type: none"> • Does the customer have physical symptoms such as shaky/ trembling arms and legs; weak/tires easily, dizzy spells and fast beating heart? | <ul style="list-style-type: none"> • Has the customer started a new medication that has side effects such as breathing problems, irregular heartbeat, or tremors? |
|--|--|

For more information please consult the Reference Section of this manual.

OVER THE LAST FEW WEEKS/MONTHS, EXPERIENCED FEELING WORTHLESS

Instructions:

Check the box if the customer indicates they have these risk factors:

- Loss of interest in things or activities previously found enjoyable
- Social isolation, lack of attention to grooming
- Breaking medical regimens
- Having experienced or expecting to experience a personal loss
- Feeling hopeless or worthless-feeling they are no longer needed
- Giving personal possessions away or putting affairs in order
- Stock-piling medication or obtaining other lethal means
- Recent loss of a spouse or significant other

Considerations while Coding

- Has the customer attempted suicide in the past?
- Is there a family history of suicide?
- Is there a history of substance abuse?
- Does the customer have a serious illness?
- Does the customer exhibit impulsive and/or aggressive tendencies?

For more information please consult the Reference Section of this manual.

G. Customer Choice for LTC

What is the customer's, or his or her responsible party's, choice for long-term care?

Check	If the customer...
Home without services	Plans to return home without services.
Home with services	Plans to return home with formal and/or informal services.
ALF / Residential / Boarding Care	Plans to move into or remain living in an assisted living facility, residential health care facility, homes plus, or boarding care facility.
Nursing Facility	Plans to move into or remain living in a NF. Please write the name, address, and city of the facility in blanks provided.

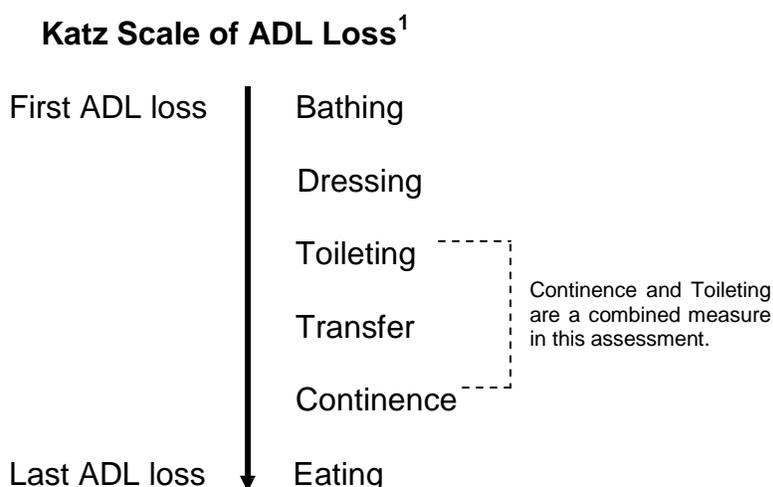
Check the box if the nursing facility stay is anticipated to be three (3) months or less and fill in the address and telephone of the nursing facility

FUNCTIONAL ASSESSMENT (ADLS/IADLS)

HIERARCHICAL RELATIONSHIP OF IMPAIRMENTS

Please remember these hierarchical relationships when assessing ADLs and cross-reference your answers for consistency. If there are inconsistencies between what you have recorded and the above hierarchical relationships, reconsider your answers to ensure you have completed an accurate assessment of the customer.

In general, as a person's physical health declines, the first ADL they need assistance with is usually bathing and the last activity they need assistance with is eating.



Transferring into a bath tub or shower is difficult for an older adult who has poor balance and/or little strength. Unfortunately, many accidents happen in the bathroom. One of the first activities many of our customer's need assistance with is bathing. As some customers deteriorate, they need assistance with transferring activities, such as toileting, transfers, and walking/mobility. There is an interrelationship between these ADLs because they require balance and strength.

Customers that have cognitive impairments are often able to complete the physical portion of an ADL, however they may need to be supervised. For example, a customer with Alzheimer's disease may be able to transfer, walk, and be mobile, however they may need to be cued or even fed at times.

¹ Katz S, Ford A.B., Moskowitz R.W., et al. "Studies of illness in the aged." The Index of the ADL: a standardized measure of biological and psychosocial function." Journal of the American Medical Association 1963; 185: 914-919.

DEFINITIONS

Adequate(ly) - The activity is performed and completed in a manner that is generally considered to be satisfactory based on the standard provided under each activity.

Appropriate(ly) –The activity is performed and completed in a manner that would generally be deemed appropriate for the time, circumstances, and environmental conditions.

Safely – The customer’s physical status, cognitive status, or judgment does not put them at high risk for accident, injury, or adverse health consequences when performing the activity. Problems with balance or unsteadiness may lead to safety issues.

Reasonable Time – It does not take an excessive amount of time for the customer to perform the activity because of physical limitations (such as a mobility impairment or endurance) or due to cognitive/mental health issues.

Oversight, coaxing, cuing – Visual or verbal supervision/input is needed to ensure or encourage the individual to perform the activity adequately, appropriately, and safely.

Assistive Equipment – Equipment that can stand repeated use, is primarily used to compensate for a physical impairment, is appropriate for use in a customer’s home, and is generally not required by a person in the absence of illness or injury.

CODES FOR ADLS AND IADLS

Code	Definition
(1) Independent	<ul style="list-style-type: none"> • The customer is able to perform activity safely, adequately, appropriately, and within a reasonable time without assistance from another person. • Customer is Independent if s/he performs the activity as stated, but does so with the use of an assistive device.
(2) Supervision needed	<ul style="list-style-type: none"> • To perform the activity adequately, appropriately, safely, and within a reasonable amount of time, the customer needs: <ol style="list-style-type: none"> (1) Set-up assistance to perform some portion of the activity; or (2) Requires oversight, cuing or coaxing, including reminding to use assistive devices.
(3) Physical assistance needed	<ul style="list-style-type: none"> • To perform some aspects of the activity adequately, appropriately, safely, and within a reasonable time, the customer requires some hands-on assistance, but is: <ol style="list-style-type: none"> (1) Able to physically perform some components of the activity; or (2) Although customer has limited physical participation, they are able to direct the activity, in other words make known how they prefer the activity be performed.
(4) Unable to perform	<ul style="list-style-type: none"> • The customer is unable to participate in this activity in any significant manner due to cognitive, physical, and/or mental health limitations and needs total assistance.

If customer is in a hospital or other placement, ask how they would do the tasks if they were home.

H. ACTIVITIES OF DAILY LIVING

BATHING

You are assessing the customer's ability to complete all of the following:

- Take a full body bath or shower at least once a week or more frequently to prevent odor or skin health issues; and
- Set-up and put away bathing supplies, *i.e.* towel, washcloth, soap, shampoo, assistive equipment, or long handled brush and adjust bath bench or other assistive devices; and
- Transfer in and out of the tub or shower; and
- Remove clothing; and
- Turn on the water and adjust the water temperature; and
- Wash and dry all body parts, including back, feet, and hair.

Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while bathing in the last month.

Considerations while Coding

- This definition excludes the customer's ability to take sponge baths. If your customer takes a sponge bath, ask why? Is it a preference or is it safety issue because they are unable to transfer in and out of the tub or shower?
- Does the customer have balance problems, unsteadiness, or a history of recent falls or near falls? Cross-reference with falls.
- If the customer has her hair washed at the beauty shop, can she wash her own hair?
- Is the bathing area accessible?
- Are there any safety concerns?
- Can the customer adjust water to a safe temperature for bathing?
- Does the customer have sensory problems that impair the ability to feel heat or cold?
- What remedies have been attempted in the past?
- Does the customer have incontinence issues?

Examples

- (Code 1) Ms. Applehauz has a bath bench in the bathtub. She has never fallen, slipped, or been unsteady when using the equipment.
- (Code 2) Mr. Johnson is able to transfer in and out of the bath tub, but he is scared that he may fall while trying to take a full body bath. He will only take a full body bath when his brother visits, which is about once a week.
- (Code 3) Mr. Smith needs help washing areas his arms can not reach. He has difficulty maintaining his balance while drying off.
- (Code 4) Mr. McDonald is in the end stages of Alzheimer's. He doesn't understand the process of bathing.

DRESSING

You are assessing the customer's ability to complete all of the following:

- Change clothes often enough that the customer appears clean and is odor free; and
- Select, obtain, and set-up clothing for dressing; and
- Select clothes that are safe and appropriate for the temperature and usual activities inside and outside the home, not special occasions; and
- Put on, adjust, fasten (includes buttons, snaps, zippers, ties, etc.), and take off all items of clothing; OR the customer **has** and **wears** adapted clothing that allows s/he to dress for most public occasions without needing to use buttons, snaps, ties, etc.; and
- Put on and remove prosthesis and/or medically needed clothes or devices, such as TED hose.

Considerations while Coding

- Is there assistive equipment and is it used appropriately/safely?
- Does the customer have a prosthesis?
- Does the customer use zipper pulls and/or sock grabbers?
- Can the customer wear pants and a shirt/blouse? If not, does the customer have and wear adaptive clothing?
- If the customer is unsteady, does s/he have good strategies to dress and avoid injury?

Examples

(Code 1) Mrs. O'Connell has considerable pain and some deformity in her fingers from arthritis. She is able to dress to go to the store, doctor's office and other activities by wearing clothing with Velcro attachments and using assistive devices for buttoning and zipping.

(Code 2) Mr. Lowery lives alone in an apartment and has become more disoriented. When someone tells him he is not dressed appropriately, he will change his clothing.

(Code 3) Mrs. McCormick has always dressed conservatively, as evidenced in pictures around her apartment. She has arthritis and needs help with putting on a bra, buttoning blouses, and tying shoes. She has no adaptive clothing or assistive devices.

(Code 4) Mrs. Smith has advanced dementia. At one time, she could help with buttons, snaps, and pulling up her pants, but for the past couple of months she just sits and stares. The daughter reports that if she didn't dress her mother, it wouldn't get done.

TOILETING

You are assessing the customer's ability to complete all of the following:

- Transfer on and off the toilet; and
- Complete bowel/bladder elimination; and
- Cleanse self and adjust clothing; and
- Manage incontinence and supplies, bedpan, commode, ostomy, and catheter.

Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while toileting in the last month.

Considerations while Coding

- Is the customer able to manage her/his incontinence?
- Is there unsteadiness while getting on or off the stool?
- Does the customer need to utilize incontinence supplies?
- Are there any odor issues?
- Is the customer able to adjust clothing after toileting?

Examples

(Code 1) Mr. Butter has bladder incontinence. He uses incontinence supplies and changes them frequently. While there is a slight odor in the apartment, there is no evidence of wet or soiled furniture or clothing. The odor is coming from the trash where he puts his incontinence supplies.

(Code 2) Ms. Merle has bladder leakage, but is so depressed she has little motivation to change her clothing or use pads, but with encouragement she will do so.

(Code 3) Mrs. Arnette is an obese woman with limited mobility in her shoulder and difficulty reaching her arms across her body (as if to hug herself). When asked about wiping she states she uses a handle that she wraps with toilet paper. She admits she doesn't do a good job wiping and there is a strong odor of urine and feces.

(Code 4) Mr. Johnson has a colostomy bag. His dementia has left him unable to care for the colostomy and stoma. His wife takes care of all aspects of the colostomy.



Household odor issues should be addressed under housekeeping.

TRANSFERRING

You are assessing the customer's ability to complete all of the following:

- Move between surfaces, e.g., to and from the bed, chair, wheelchair, or to a standing position; and
- Rise from a sitting/laying position; and
- Recline to a sitting/laying position.

Transfer does not include moving to and from the bath, shower, or toilet.

Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while transferring in the last month.

Considerations while Coding

- If sleeping in a bed, can the customer swing legs in or out of bed?
- Once standing, can the customer obtain and maintain balance before moving?
- Is assistive equipment adequate for safe transfers to occur?
- Does the customer need several attempts to come to a standing position from a solid, regular size chair with arms? Does the customer need supervision or physical assistance?
- When using assistive equipment has the customer had any problems?
- Is there an emergency plan for falls?

Examples

(Code 1) Mrs. Baxter uses a rail attached to her bed to turn at night and get out of bed. She is also able to get out of her favorite chair, as well as other chairs, without difficulty.

(Code 2) Mr. Lane uses a walker to assist him with transferring. During the past week, he knocked the walker over twice because his hands were shaking from Parkinson's disease. He wears a call button and pushes it to alert his neighbor when he needs help setting up the walker. When he has the walker, he is able to stand and sit on his own.

(Code 3) Mr. Jones has fallen while trying to sit in a lower chair and sit on the bed, someone must help him sit and lay down.

(Code 4) Mrs. Snow has confusion and physical limitations that require the full assistance of her caregiver to recognize the need to transfer and provide the weight bearing for the transfer.

WALKING / MOBILITY

You are assessing the customer's ability to complete all of the following:

- Move within all locations of his or her living environment to accomplish ADLs; and
- Ambulate safely from one area to another; and
- Place or set-up assistive equipment in usable location; and
- Obtain equipment and use the equipment safely and effectively at all times; and
- Maneuver cane, walker, and/or wheelchair, if needed.

Walking/Mobility does not include the ability to walk, or be mobile, outdoors.

Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while completing the task of walking/mobility in the last month.

Considerations while Coding

- Does the customer consistently use assistive equipment? If not, what is the reason it is not used consistently? May need set-up.
- Is safety compromised?
- Does the customer use safe strategies to manage her/his unsteadiness?
- Is any part of the home inaccessible due to narrow halls, doors, or stairs?

Examples

(Code 1) Ms. Schaffer has had an inner ear condition her entire life. She has positioned the couch and a few other solid structures strategically around her home to occasionally steady herself. She manages well in her home and has no history of falls in the last 6 months.

(Code 2) Ms. Norton has had a lifelong battle with depression. Without encouragement to get out of bed she would stay there all day and would not be mobile. Last year bedsores developed on the back of her heels due to lack of movement.

(Code 3) Mr. Weeks has used a walker ever since his last stroke, but he needs someone to hold onto his belt to help keep him steady while walking.

(Code 4) Mrs. Cook stays in bed most of the time because of ALS (Lou Gehrig Disease). At one point, she could let her caregiver know if she wanted to be moved to another location through eye movement. Since the muscles in her eyes have weakened, she can no longer direct the movement.

EATING

You are assessing the customer's ability to complete all of the following:

- Prepare food by cutting into bite size pieces, chopping, or pureeing, buttering bread, opening single serving containers, and pouring liquids; and
- Transfer food and drink from plate or cup to mouth; and
- Chew and swallow safely; and
- Manages tube feeding without assistance, if fed through a tube.

Considerations while Coding

- If the customer was served a meal at a restaurant, could they eat the meal as prepared and served, or would someone need to manipulate the meal so the customer can consume it?
- Has the customer ever choked? If so, how often does this occur?
- Has the customer lost or gained weight recently?
- Has a weight change been related to the ability to eat?
- Is the customer aware of when to eat?

Examples

(Code 1) Mr. Wood's nerve damage causes his arms and hands to shake without warning. He still manages his own food, feeds himself, and has not suffered an illness or lost weight.

(Code 2) Ms. Parker has had a stroke and has difficulty getting food onto utensils and into her mouth. She is able to feed herself with the help of plate guards and adapted utensils if someone sets these up for her.

(Code 3) Mrs. Farmer forgets to eat and misuses her dinnerware. She has used her fork to eat soup and poured her drink on her plate. On an average day, she needs someone to either feed her or continually direct her on how to feed herself.

(Code 4) Mrs. Flower is in the late stages of Alzheimer's disease. She will not eat unless someone else puts the food in her mouth, prompts her to chew, and stays with her the entire time.

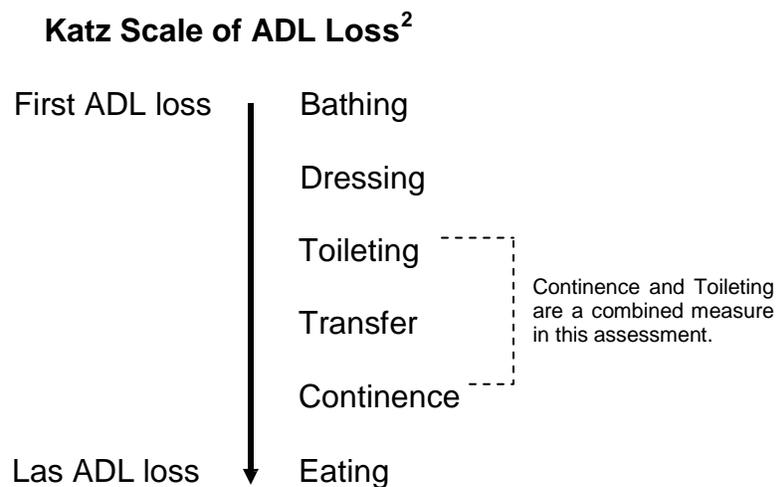


ADL CHECK UP

You have just completed the ADL section of the assessment.

Please check your answers for the following:

- Do answers accurately reflect what you observed?
- Do the answers factor in the customer's cognitive impairments? Remember that person's with cognitive impairments may need at least supervision to complete an ADL.
- Do the answers factor in mental health issues the customer may be experiencing?
- Are the answers consistent with the Katz scale of ADL loss?



² Katz S, Ford A.B., Moskowitz R.W., et al. "Studies of illness in the aged." The Index of the ADL: a standardized measure of biological and psychosocial function." *Journal of the American Medical Association* 1963; 185: 914-919.

H. SERVICE CODES FOR ADLS

Which of the following services would help the customer remain living in the community?

- This is your recommendation.
- Complete this section even if the customer has chosen NF placement.
- Select a code even if it is not available or the customer and/or family would not accept the service.
- Service code definition can be found in the references section.

CODE	DEFINITION	EXAMPLE
0	Assessor does not know if the service is available in the community	The customer has need of a particular community-based service and the assessor does not know whether or not the service is available in the community. Note: If the assessor is using this code, it is because you have already made calls, including your CARE Coordinator, and no one within your provider base knows whether there are other service providers providing the service.
1	Service is available in the community	The customer needs a service such as homemaking, and if referred for the service, the customer could begin receiving the service without delay, within the program's regular administrative timeframe (allows for application, assessment, etc.)
2	Service is available in the community, but needs to be referred to be placed on a waiting list	The customer needs homemaking services but the assessor learns there is a waiting list for this service in the customer's community. A referral is made but the customer will be placed on a waiting list and there will be a delay in the service.
3	Service exists and is available but customer does not have resources to pay for the service	The customer needs homemaking service but the only agency offering it charges a fee and the customer cannot afford to pay for the service.
4	Service is not available in the community, either due to lack of providers, lack of funding, or lack of adequate units	The customer needs homemaking services but there is no provider offering this service in the customer's community or the provider does not have the ability to provide the additional hours needed.
5	Service exists and is available but the customer and/or family do not wish to utilize the service	The customer/family state they do not want the service, even though it is available in the community.
6	Service does not exist	There are no providers in the customer's community providing homemaking services.

I. INSTRUMENTAL ACTIVITIES FOR DAILY LIVING

MEAL PREPARATION

You are assessing the customer's ability to complete all of the following:

- Plan, prepare, and serve a meal; and
- Safely use stove or microwave to heat or cook foods; and
- Open containers, turn stove on and off, use can opener; and
- Opening the ingredients, peeling, cutting, chopping, measuring, baking, and/or cooking the meal; and
- Follow a doctor prescribed diet, when applicable (*i.e.*, low sodium, low sugar, or low fat).

Coding Clarification: Code (2) if the customer only needs set-up to prepare a meal, which includes putting out pans and placing ingredients on the counter.

Considerations while Coding

- If the customer receives home-delivered meals or heats pre-prepared meals, determine why. Is it because the customer needs supervision or physical assistance? Or does he/she prefer those types of meals?
- Is the customer able to organize for the preparation of the meal?
- Have there been any medical problems as a result of the customer's chosen diet? *May be a supervision issue.*
- Does the customer use any assistive equipment to cook?
- Does the customer experience fatigue or unsteadiness while cooking? *May need physical assistance.*
- Are there any safety concerns while cooking? *May be a supervision issue.*
- Does the customer need supervision to cook with any of the appliances?
- Is the customer able to carry food items to the eating area?
- Does the customer have any cognitive or mental health issues that may impact their choices and abilities to perform this activity?
- Have there been any medical problems as a result of the customer's chosen diet?
- Do all of the appliances work?
- Can the customer grasp items with her/his fingers?

Examples

(Code 1) Mr. Cooper is a recent widower and does not like to cook for one person. While he can cook a meal, he prefers to reheat a frozen meal because they are less expensive and take less time. He is not on a doctor-prescribed diet.

-- Continued on next page --

- (Code 2) Ms. Boots has difficulty choosing foods that accommodate her doctor prescribed diet. A nutritionist provides her sample menus because of cognitive problems. Ms. Boots needs support to maintain her diet.
- (Code 3) Ms. Haid has arthritis and carpal tunnel syndrome; therefore, her daughter prepares her meals and leaves them in the refrigerator for Ms. Haid to reheat. Ms. Haid also has frozen dinners as a meal option, without this type of help Ms. Haid would not have any meal.
- (Code 4) Mrs. Chase forgets whether or not she has turned off the stove and puts her face close to a burner to see if it is on. Her family has disabled the stove and microwave for safety reasons. They currently pay a neighbor to prepare and bring in her meals.

SHOPPING

You are assessing the customer's ability to complete all of the following:

- Develop a list of needed items, go to store, locate items to be purchased, place them in a cart, or shop effectively by phone or on-line for all items.
- Carry five pounds of canned goods or bulky items.
- Move purchased items from vehicle or doorway into home

Considerations while Coding

- How often does the customer go shopping?
- Does the customer utilize assistive equipment to help with shopping?
- If the customer uses a shopping cart for stability, can the customer safely let go to reach for items on shelves.
- If the customer receives assistance in a store, is it for convenience or because the customer needs the assistance?
- Does the customer have any cognitive or mental health issues that may impact her/his choices and abilities to perform this activity?
- Does the customer tire easily (within 20 minutes of shopping)?
- Does the customer have any difficulty reaching or stooping for items?

Examples

(Code 1) Mrs. Davis lives on a fixed income. She purchases inexpensive foods in order to afford her medications. She cannot drive so she either rides with a family member, friend, or takes a bus. Mrs. Davis does not need help once she arrives at her destination.

(Code 2) Mrs. Streeter is able to shop once a week to get perishable items, such as milk, bread, and eggs at a small market near her house. Because of Mrs. Streeter's visual problems, her daughter goes with her to the supermarket to assist her in locating items. When her daughter is not available, someone in the store helps her locate the items. She is able to place the items in her shopping cart.

(Code 3) Mrs. Kirk is able to make out her grocery list and manages her shopping budget, but has limited endurance and cannot tolerate much walking. She is also unable to carry packages because she uses a walker with no basket. Her son usually does her shopping.

(Code 4) Mrs. Canon does not let anyone know of her shopping needs. Her daughter picks up what she believes her mother needs. Occasionally, Mrs. Canon requests an item but she is not actively engaged in shopping or completing a shopping list.

 Financial ability to purchase items is not factored. Transportation limitations to complete shopping must be addressed under transportation and not under shopping.

MONEY MANAGEMENT

You are assessing the customer's ability to complete all of the following:

- Budget according to income or personal funds; and
- Deposit checks and manage account balances; and
- Evaluate the accuracy/legitimacy of bills received; and
- Pays bills and pays for merchandise by check, cash, credit/debt card, money orders, or online payments; and
- Tracks expenditures so as not to overdraw accounts or incur unintended debt.

Coding Clarification:

Code as (2) "Supervision" if the customer needs oversight/cuing to ensure the tasks in the definition are completed. This includes:

- *Sorting mail;*
- *Providing advice on which bills to pay;*
- *Reviewing the checkbook (not physical act of balancing it);*
- *Reminding to pay bills; and*
- *Assuring the customer/providing guidance or advice.*

Code as (3) "Physical Assistance" if the customer needs assistance to ensure the tasks in the definition is completed. This includes:

- *Writing checks;*
- *Balancing the checkbook (not just reviewing it); and*
- *Preparing and maintaining a system to track expenditures.*

Code as (4) "Unable to Perform" if the customer has a conservator or is not involved in money management decisions.

Considerations while Coding

- Who currently manages the finances?
- Does the customer have difficulty writing a check?
- Has the customer received any late notices on bills?
- Does the customer have any cognitive or mental health issues that may impact their choices and abilities to perform this activity?

Examples

(Code 1) Mrs. Bugg has a limited income. She carefully manages her expenditures to cover her bills, groceries, and prescriptions, but rarely has money remaining for clothes or emergencies. On occasion she has been unable to pay bills when they are due and had to wait until her next check.

-- Continued on next page --

- (Code 2) Mrs. Limits recently bounced several checks because she forgot to write down the amounts. Her son now reviews her check book every month for missing entries. She continues to pay her bills and manage her purchases.
- (Code 3) Mrs. Daniel has limited vision. She is able to direct her finances, but her daughter reads the bills to her mother and then writes the checks for her.
- (Code 4) Mrs. Token turned over all aspects of her finances to her daughter years ago after a diagnosis of Alzheimer's disease. She does not know her current income or expenses.

TRANSPORTATION

You are assessing the customer's ability to complete all of the following:

- Safely drive own car OR has available and can arrange for and use private or public transportation.
- Able to enter, adjust position, and leave the vehicle without assistance from another person (may use assistive devices).
- Manage getting assistive equipment, if needed, into and out of the vehicle.

Coding Clarification: Code as (2) for set-up, if the customer only needs someone to arrange transportation.

Considerations while Coding

- Is the customer able to get in, out and seated in the vehicle?
- Can the customer manage assistive equipment *i.e.*, folding and storing walker or wheelchair?
- Does the customer have any cognitive or mental health issues that may impact her/his choices and abilities to perform this activity?
- How often does the customer leave the home and need transportation?
- What transportation options are currently used?
- Does the customer need other people to arrange appointments, such as medical or mental health, to accommodate transportation needs?
- Does the customer require special arrangements, such as a two person transfer in and out of the vehicle?

Examples

(Code 1) Mrs. Smith has a restricted license that only allows her to drive during the day. All the places she would go on an average day are open and available during the day.

(Code 2) Ms. Delane has severe hearing problems and needs someone to make phone calls to arrange for the senior van or a taxi for her. She is able to direct the taxi/van driver, get in and out of the vehicles, pay, and manage other aspects of her transportation.

(Code 3) When Mrs. Freeze travels she needs someone to help her into the vehicle. She uses a walker and needs assistance putting the walker into the vehicle.

(Code 4) Ms. Alfrey needs total assistance transferring from her wheelchair into vehicles. Because of her cognitive limitations, Ms. Alfrey never identifies her transportation needs.



If the customer needs telephone assistance to arrange the transportation, capture that in telephone.

TELEPHONE

You are assessing the customer's ability to complete all of the following:

- Obtain needed telephone numbers; and
- Dial the phone; and
- Answer and hang-up the phone;
- Converse over the phone; and
- Arrange and schedule appointments.

Coding Clarification:

Code as (2) "Supervision" if the customer needs oversight/cuing to ensure tasks in the definition are completed. This includes looking up phone numbers in the phone book, and/or providing a small list of frequently called numbers because the customer can not find them in the phone book.

Code as (3) "Physical Assistance" if the customer needs physical assistance to ensure the tasks in the definition are completed. This includes dialing the phone, answering and/or hanging up the phone, and arranging or making calls to schedule appointments.

Code as (4) "Unable to Perform" if the customer is not able to converse on the phone.

Considerations while Coding

- Can the customer access telephone numbers in local directory or own telephone book?
- How would the customer obtain the phone number of a fictitious person like Brian Smith? If the customer has poor vision, what is their strategy?
- Can the customer dial telephone numbers or use an automated system?
- Does the customer have any cognitive or mental health issues that may impact their choices and abilities to perform this activity?
- Can they hold the telephone (or use hands-free method) and talk on the telephone?
- Are phone numbers available that the customer can read?
- Can the customer call directory assistance?
- Does the customer have a hearing problem?
- Does the customer use other communication devices?

Examples

(Code 1) Mrs. Cooper can use a phone but currently her phone service is turned off.
(Note: See Key below.)

-- Continued on next page --

- (Code 2) Mrs. Griffin's daughter set up the phone for speed dial, and Mrs. Griffin uses the speed dial numbers. Normally, she does not call other numbers, but when she does she uses directory assistance when needed.
- (Code 3) Mrs. Beasley enjoys talking to her daughter and grandchildren. Her vision is poor and her arthritis impairs the use of her hands. Lately she's either had to wait for others to call or have her neighbor dial the phone for her.
- (Code 4) Mr. Wegner no longer understands how to use the phone to call other people. He rarely talks on the phone, even if someone else calls him.



The customer's ability to afford telephone service must not be factored into this code. Universal Access may be available for person's who can't afford phone service, please contact the local phone company for further details.

LAUNDRY / HOUSEKEEPING

You are assessing the customer's ability to complete all of the following:

- Determine when clothes need to be washed and complete all of the laundry steps, e.g., takes clothes to wash area, determines the amount of detergent needed, able to properly set the washing machine; and
- Place clean clothes into storage/closet area; and
- Perform routine tasks, e.g., bed making, putting items away, dishwashing, and taking out trash; and
- Keep pathways in the home clear for mobility; and
- Understand methods to kill germs and bacteria; and
- Sweep, vacuum, and mop.

Considerations while Coding

- Does the customer know how to use the laundry and cleaning equipment?
- Are all areas of the home accessible?
- Has the customer fallen while performing laundry or housekeeping tasks?
- Is there an unpleasant odor in the home?
- Does the customer tire easily, and is not able to adequately complete cleaning and/or laundry?
- Does the customer have stairs that make it difficult to complete some housekeeping or laundry tasks?
- Does the customer have any cognitive or mental health issues that may impact their choices and abilities to perform this activity?
- Can the customer reach and/or stoop?
- Does the customer have problems gripping things?

Examples

(Code 1) Mrs. Brown has hired a neighbor to clean her home for the past five years. Mrs. Brown is physically and cognitively able to do the work but hired her neighbor when the neighbor was going through a divorce and needed the money. She's never had the heart to stop the help.

(Code 2) Mr. Rodriguez is physically able to clean his house and do the laundry, but he needs to be constantly reminded to wash clothes, dishes, etc..

(Code 3) Mrs. Mouse tires easily. She does manage to get her laundry done, but it is not safe for her to carry her laundry down to the wash area. Her granddaughter vacuums, cleans the bathroom, and changes the sheets. Mrs. Mouse washes her dishes and picks up after herself.

(Code 4) Mrs. Castle reports she can do her own housekeeping. Her daughter states Mrs. Castle is confused and unable to perform any of the house work.

MEDICATION MANAGEMENT / TREATMENT

You are assessing the customer's ability to complete all of the following:

- Obtain medications from containers; and
- Determine the proper dosage of the medication and prepare it (cut pills in half or draw up medication in syringe if necessary); and
- Administer own medication; and
- Remember to take medication as prescribed; and
- Recognize possible side effects of the medications when this is essential for safety; and
- Set up materials for treatments and conduct treatment procedures; and
- Store medication correctly and understand risks of taking outdated medications; and
- Recognize when medication is running out, seeks refills, or follows-up with provider.

Coding Clarification:

- *Code as (2) "Supervision" if the customer can administer his/her medication once it is set-up in a pill-box, the pill container is opened, or he/she is reminded or cued to take medication.*
- *Code as (3) "Physical Assistance" if the customer must have the medication handed to him/her.*

Considerations while Coding

- Does the customer have any cognitive or mental health issues that may impact her/his choices and abilities to perform this activity?
- Is the customer able to complete any necessary preparation?
- Do the medications appear to be set-up correctly according to directions on the bottle?
- Does the customer understand why s/he takes a particular medication?
- What techniques/methods does the customer use to keep track of medication needs?
- Has there been an adverse effect from taking medications?
- Has the customer taken too much or too little of what is prescribed on a regular basis? If other than as prescribed, is the difference due to an impairment or because the customer cannot afford the medication?
- Does the customer obtain medications from more than one pharmacy?
- Is the customer taking any over-the-counter or holistic medication?
- Does the customer save old medication for a later use?

-- Continued on next page --

Examples

- (Code 1) Mrs. Douglas fills her prescriptions for pain pills. She does not have physical or cognitive limitations that prevent her from being able to complete the task.
- (Code 2) Mrs. Bennett's daughter sets up the medications in a pill box once a week. There are no concerns whether she takes her medications appropriately.
- (Code 3) Mrs. Ellis's daughter administers her insulin because Mrs. Ellis cannot manage the syringe due to tremors in her hands.
- (Code 4) Mrs. June needs her daughter to go with her to all doctor appointments. She cannot provide nor receive information to manage her own medical needs. All of Mrs. June's medications are put into pudding and fed to her.



IADL CHECK UP

You have just completed the IADL section of the assessment.

Please check your answers for the following:

- Do answers accurately reflect what you observed?
- Are the answers consistent with other reported abilities or impairments?
- Do the answers factor in the customer's cognitive impairments, if any? Remember that person's with cognitive impairments may need at least supervision to complete an IADL.
- Do the answers factor in mental health issues the customer may be experiencing?

I. SERVICE CODES FOR IADLS

Which of the following services would help the customer remain living in the community?

- This is your recommendation.
- Complete this section even if the customer has chosen NF placement.
- Select a code even if it is not available or the customer and/or family would not accept the service.
- Service code definition can be found in the references section.

J. OTHER SERVICES CODES

Which of the following services would help the customer remain living in the community?

- This is your recommendation.
- Complete this section even if the customer has chosen NF placement.
- Select a code even if it is not available or the customer and/or family would not accept the service.
- Service code definition can be found in the references section.

K. ADDITIONAL RESOURCES / NEEDS

Which of the following resources would help the customer remain living in the community?

- This is your recommendation.
- Complete this section even if the customer has chosen NF placement.
- Select a code even if it is not available or the customer and/or family would not accept the service.
- Definition of the resources can be found in the references section.

(Availability codes to use for each of these are the same as the ADL section and found on the next page.)

Availability Codes

CODE	DEFINITION	EXAMPLE
0	Assessor does not know if the service is available in the community	The customer has need of a particular community-based service and the assessor does not know whether or not the service is available in the community. Note: If the assessor is using this code, it is because you have already made calls, including your CARE Coordinator, and no one within your provider base knows whether there are other service providers providing the service.
1	Service is available in the community	The customer needs a service such as homemaking, and if referred for the service, the customer could begin receiving the service without delay, within the program's regular administrative timeframe (allows for application, assessment, etc.)
2	Service is available in the community, but needs to be referred to be placed on a waiting list	The customer needs homemaking services but the assessor learns there is a waiting list for this service in the customer's community. A referral is made but the customer will be placed on a waiting list and there will be a delay in the service.
3	Service exists and is available but customer does not have resources to pay for the service	The customer needs homemaking service but the only agency offering it charges a fee and the customer cannot afford to pay for the service.
4	Service is not available in the community, either due to lack of providers, lack of funding, or lack of adequate units	The customer needs homemaking services but there is no provider offering this service in the customer's community or the provider does not have the ability to provide the additional hours needed.
5	Service exists and is available but the customer and/or family do not wish to utilize the service	The customer/family state they do not want the service, even though it is available in the community.
6	Service does not exist	There are no providers in the customer's community providing homemaking services.

COMMENTS

What should be included in the comments section?

- Pertinent information that relates the customer's situation that is not recorded on the assessment.
- Information that would be useful to others reading the assessment, especially those making referrals on behalf of the customer.
- Contacts that have been made on behalf of the customer, i.e., attending physician, other health care providers, community-based service providers, and/or family and friends.
- You may attach additional pages of comments by making note of the additional pages the comments section on page two.
- Remember this is your opportunity to "fill-in" the rest of the customer's picture.

Forms Section

- Level I assessment form**
- Authorization for Release of PHI**
- Emergency Admission Fax Memo**
- Terminal Illness Fax Memo**
- Clock Draw**

WE NEED IT!

A. IDENTIFICATION

1. Social Security # (Optional)

2. Customer Last Name

LEGAL NAME

First Name MI

3. Customer Address

Street

City County

State Zip

Phone

4. Date Of Birth

5. Gender Male Female

6. Date of Assessment

7. Assessor's Name

8. Assessment Location

9. Primary Language

- Arabic Chinese English French German Hindi Pilipino Spanish Tagalog Urdu Vietnamese Sign Language Other

10. Ethnic Background

- Hispanic or Latino Non Hispanic or Latino

11. Race

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian, or Other Pacific Islander White Other

12. Contact Person Information

Name

Street

City

State Zip

Phone

Guardian Yes No

B. PASRR

1. Is the customer considering placement in a nursing facility? Yes No

2. Has the customer been diagnosed as having a serious mental disorder? Yes No

3. What psychiatric treatment has the customer received in the past 2 years (check all that apply)?

- 2 Partial hospitalizations 2 Inpatient hospitalizations 1 Inpatient & 1 Partial hospitalization Supportive Services Intervention None

For those individuals who have a mental diagnosis and treatment history please record that information

4. Level Of Impairment?

- Interpersonal Functioning Concentration/ persistence/ and pace Adaptation to change None

5. Has the customer been diagnosed with one of the following conditions prior to age 18 for Mental Retardation / Developmental Disability, or age 22 for related condition, and the condition is likely to continue indefinitely?

- Developmental Disability (IQ) Related Condition None

For those individuals who have a development disability or related condition please record that information:

6. Referred for a Level II assessment?

- Yes No

C. SUPPORTS

1. Live alone Yes No

2. Informal Supports available Yes Inadequate No

3. Formal Supports available Yes Inadequate No

D. COGNITION

1. Comatose, persistent vegetative state Yes No

2. Memory, recall

- Orientation 3-Word Recall Spelling Clock Draw

E. COMMUNICATION

1. Expresses information content, however able

- Understandable Usually understandable Sometimes understandable Rarely or never understandable

2. Ability to understand others, verbal information, however able

- Understands Usually understands Sometimes understands Rarely or never understands

F. RECENT PROBLEMS / RISKS

Falls (6 mo) Falls (1 mo)

- Injured head during fall(s) Neglect/ Abuse/ Exploitation Wandering Socially inappropriate/ disruptive behavior Decision Making Unwilling/Unable to comply with recommended treatment Over the last few weeks / months - experienced anxiety / depression. Over the last few weeks/ months - experienced feeling worthless None

G. CUSTOMER CHOICE FOR LTC

- Home without services Home with services ALF/ Residential/ Boarding Care Nursing Facility (name below):

Anticipated less than 90 days

Street

City Zip

Phone

CUSTOMER NAME: LEGAL NAME

The line in front of each activity is to put the current (Average Day) level of functioning:

1=Independent; 2=Supervision Needed; 3=Physical Assistance Needed; 4=Unable to Perform

The line in front of each service is for the availability code: 0=Assessor does not know if available; 1=Service is available; 2=Service is available but waiting list; 3=Service available but customer does not have resources to pay; 4=Service is not available; 5=Service is available but customer chooses not to use; or 6=Service does not exist.

H. ACTIVITIES OF DAILY LIVING

- Bathing Dressing Toileting
- Transferring Walking/Mobility Eating
- ASTE - Assistive Technology
- ATCR - Attendant Care (Personal or Medical)
- BATH - Bathroom (Items)
- INCN - Incontinence Supplies
- PHTP - Physical Therapy
- MOBL - Mobility/Aids/Assistive technology/custom care

J. OTHER SERVICES

- APSV - Abuse/ Neglect/ Exploitation Investigation
- ADCC - Adult Day Care
- ALZH - Alzheimer Support Service
- CMGT - Case Management
- CNSL - Counseling
- HOUS - Community Housing/Residential Care/Training
- HOSP - Hospice
- IAAS - Information & Assistance
- LGLA - Legal Assistance
- NRSN - Nursing/ShortTerm Skilled/PartTime/Inpatient
- NSPT - Night Support
- OCCT - Occupational Therapy
- PAPD - Prevention of Depression Activities
- PEMRI - Personal Emergency Response System
- RESP - Respite Care
- RMNR - Repairs/Maintenance/Renovation
- SENS - Sensory Aids
- SLPT - Speech & Language Therapy
- VIST - Visiting
- OTEM - OTHER _____

I. INSTRUMENTAL ACTIVITIES for DAILY LIVING

- Meal Preparation Shopping
- Money Management Transportation
- Telephone Laundry/Housekeeping
- Management of Medication/Treatments
- CHOR - Chore
- CMEL - Congregate Meals
- HHAD - Home Health
- HMEL - Home Delivered Meals
- HMKR - Homemaker
- MEDIC - Medication Issues
- MFMA - Money/Financial Management Assistance
- MMEG - Medication Management Education
- NCOU - Nutrition Counseling
- SHOP - Shopping
- TPHN - Telephoning
- TRNS - Transportation

K. ADDITIONAL RESOURCES/NEEDS:

- ALVG - Assisted Living Facility
- EMPL - Employment
- GUAR - Guardianship/Conservator
- MCID - Medicaid Eligibility
- VBEN - Veteran's Benefits
- HINS - Home Injury Control Screening
- CMHC - Community Mental Health Center
- CDDO - Community Developmental Disability Organization
- CILS - Centers for Independent Living Services
- RPCC - Regional Prevention Center Contacts

COMMENTS _____

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I, _____, Social Security Number: ____ - ____ - _____ DOB ____/____/____
Name of client [optional]

hereby authorize the use and/or disclosure of my individually identifiable health information as described below. I understand that signing this form is voluntary. I understand by not signing this form I may experience a delay in accessing long term care and/or community services.

<p><u>Providing the information:</u> Person(s)/Organization(s) (check all that applies)</p> <p><input type="checkbox"/> Community mental health center(s) <i>name</i> _____</p> <p><input type="checkbox"/> Intermediate care facility/nursing facility/hospital <i>name</i> _____</p> <p><input type="checkbox"/> State institutions for mental retardation or mental illness <i>name</i> _____</p> <p><input type="checkbox"/> State psychiatric hospital(s) <i>name</i> _____</p> <p><input type="checkbox"/> Community developmental disability organization(s) <i>name</i> _____</p> <p>Other(s): name/address/phone _____ _____ _____</p>	<p><u>Receiving the information:</u> Person(s)/Organization(s) (check all that applies)</p> <p><input type="checkbox"/> CARE Program staff & affiliates</p> <p><input type="checkbox"/> Area Agency on Aging: <i>name</i> _____</p> <p><input type="checkbox"/> Kansas Department on Aging and Disability Services</p> <p><input type="checkbox"/> Kansas Health Solutions</p> <p><input type="checkbox"/> Health care provider(s)/hospital/NF <i>name</i> _____</p> <p><input type="checkbox"/> Community mental health center(s) <i>name</i> _____</p> <p><input type="checkbox"/> State psychiatric hospital(s) <i>name</i> _____</p> <p><input type="checkbox"/> Community developmental disability organization(s) <i>name</i> _____</p> <p>Other(s): name/address/phone _____ _____ _____</p>
--	--

The purpose of the Use or Disclosure:

The CARE Assessment is in compliance with the State & Federal regulations governing Preadmission Screening & Resident Review (PASRR). A PASRR assessment is part of the pre-admission criteria to a Medicaid certified nursing facility in the state of Kansas.

The organization requesting this Release will not receive any financial or in-kind compensation in exchange for using or disclosing the health information described above.

The Individual or the Individual's Representative must read and initial the following:

(Initials) I understand that I may inspect or copy the protected health information to be used or disclosed under this authorization. I understand I may refuse to sign the authorization. I understand that the refusal to sign this authorization may mean that the use and/or disclosure described in this form will not be allowed.

(Initials) I understand this Release is valid for one year from today's date.

(Initials) I understand that I may revoke this Release at any time by notifying the providing organization in writing. It will not have an effect on actions that were taken prior to the revocation.

(Initials) I understand that once the uses and disclosures have been made pursuant to this authorization, the information released may be subject to re-disclosure by any recipient and will no longer be protected by federal privacy laws.

(Initials) This will not condition treatment or payment on my providing authorization for this use or disclosure except to the extent the provision of health care is solely for the purpose of creating protected health information for disclosure to a third party.

I certify that I agree to the uses and disclosures listed above and that I have received a copy of this Authorization. (Form must be completed before signing).

Signature _____ Date

Signature of Personal Representative (if applicable) _____ Description of Authority

**EMERGENCY ADMISSION FAX MEMO
FOR NURSING FACILITY USE ONLY**

To: _____ FAX _____

From: _____ Title: _____

Nursing Facility: _____ Phone: _____

Date: _____

Customer Name: _____ Date of Admission: _____

Reason for the Admission: (check one and add comments)

- An admission is requested by Social and Rehabilitation Services (SRS) Adult Protective Services (APS);
- A natural disaster occurs;
- The primary caregiver becomes unavailable, due to a situation beyond the caregiver's control (e.g., caregiver becomes ill or an accident involving the caregiver occurs);
- An admission from an out-of-state community to a nursing facility that is beyond the individual's control, i.e., an individual being admitted from their place of residence in another state on a weekend when an AAA CARE assessor is not available; or
- A physician ordered immediate admission due to the individual's condition.
(condition/situation should be noted in comments)

Comments:

NOTE: The nursing facility must complete the first two sections (A & B) of the CARE assessment, and fax the partial assessment with a copy of the KDADS emergency admission fax memo to the ADRC **within one working day**. If there is an emergency not listed in this policy, please contact the ADRC immediately for further clarification and authorization of the emergency admit without proof of PASRR.

____ Yes Check if Section **A and B** of the CARE Assessment form have been attached.

*The information contained in this facsimile transmission and the documents accompanying it are **CONFIDENTIAL AND PRIVILEGED** and are intended solely for the use of the person named above. If you are the intended recipient, you are hereby notified that the disclosure, copying, or dissemination of this communication is strictly prohibited except for the necessary disclosure of information among health care providers involved in the assessment and/or treatment. If you have received this facsimile in error, please notify us immediately.*

KDOA 03/3/2008

Terminal Illness Certification FAX MEMO

PSA -

TO: _____

Pages _____

FAX #: _____

From: _____

Date _____

Phone #: _____

Customer Name _____ Customer DOB: _____

Customer SS# _____ Terminal Illness Diagnosis: _____

I certify that _____ is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course

Please print the customer name, the terminal illness diagnosis and the information required for the proposed nursing facility so that they are legible.

Attending Physician	
Signature _____	Date _____
Printed Name: _____	
Address: _____	

Phone #: _____	
FAX #: _____	

Proposed Nursing Facility	
Facility Name _____	
Address: _____	
City: _____	Zip _____
ADMIT DATE _____	
Phone #: _____	
FAX #: _____	

NOTE: This is the information REQUIRED for a determination letter to be generated. The determination letter along with this documentation must then be retained in the person's chart in place of a CARE Certificate /Proof of PASRR. A determination letter is generated only when a terminally ill customer goes to a nursing facility.

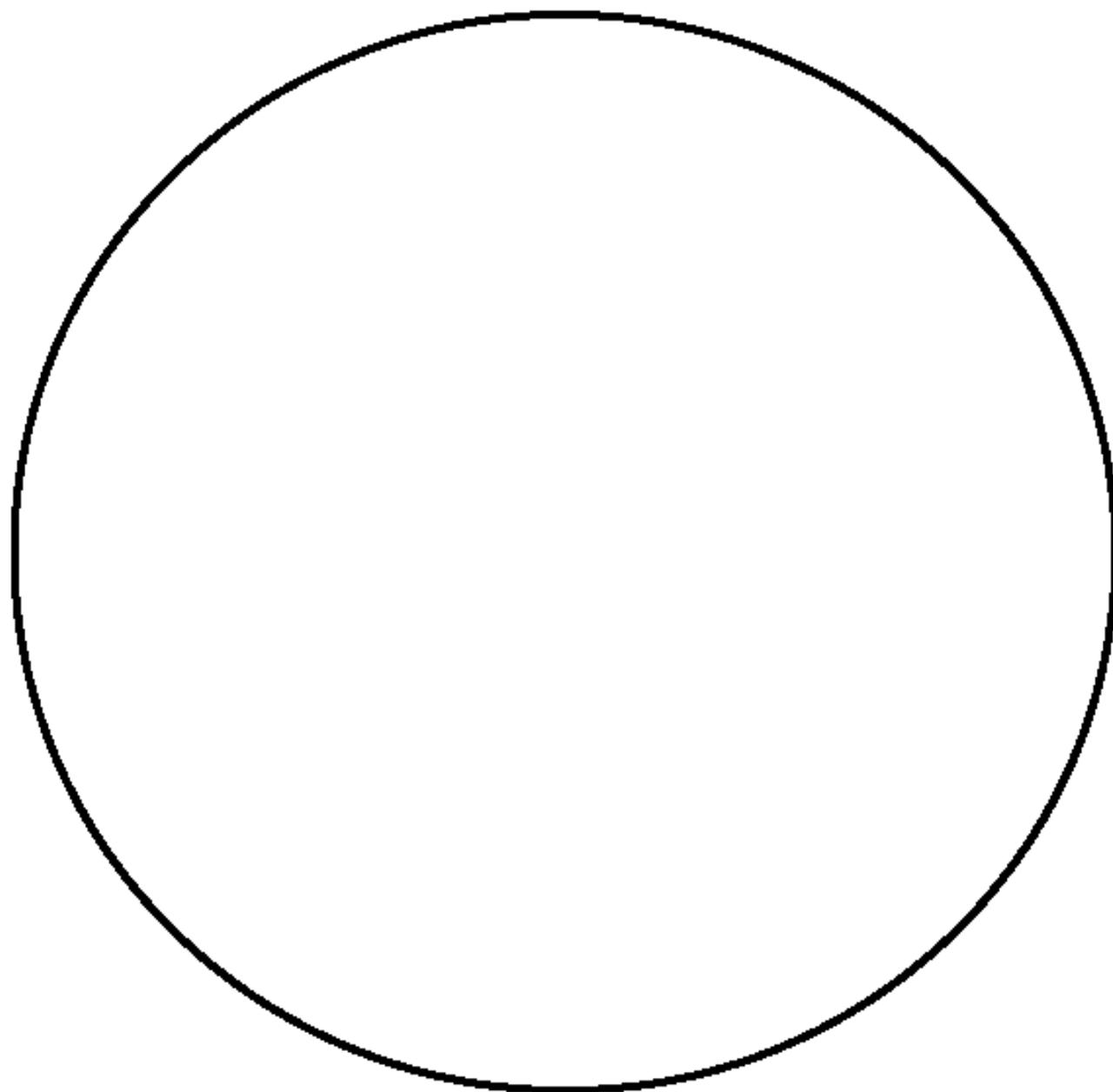
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CONFIDENTIAL

Clock Drawing Test

Patient's Name: _____

Date: _____



Codes, Glossary and Definition Section

County Codes

AL	Allen	HM	Hamilton	PL	Phillips
AN	Anderson	HP	Harper	PT	Pottawatomie
AT	Atchison	HV	Harvey	PR	Pratt
BA	Barber	HS	Haskell	RA	Rawlins
BT	Barton	HG	Hodgeman	RN	Reno
BB	Bourbon	JA	Jackson	RP	Republic
BU	Butler	JF	Jefferson	RC	Rice
CS	Chase	JW	Jewell	RL	Riley
CQ	Chautauqua	JO	Johnson	RO	Rooks
CK	Cherokee	KE	Kearny	RH	Rush
CN	Cheyenne	KM	Kingman	RS	Russell
CA	Clark	KW	Kiowa	SA	Saline
CY	Clay Cloud	LB	Labette	SC	Scott
CD	Coffee	LE	Lane	SG	Sedgwick
CF	Comanche	LV	Leavenworth	SW	Seward
CM	Cowley	LC	Lincoln	SN	Shawnee
CL	Crawford	LN	Linn	SD	Sheridan
CR	Decatur	LG	Logan	SH	Sherman
DC	Dickinson	LY	Lyon	SM	Smith
DK	Doniphan	MN	Marion	SF	Stafford
DP	Douglas	MS	Marshall	ST	Stanton
DG	Edwards	MP	McPherson	SV	Stevens
ED	Elk	ME	Meade	SU	Summer
EK	Ellis	MI	Miami	TH	Thomas
EL	Ellsworth	MC	Mitchell	TR	Trego
EW	Finney	MG	Montgomery	WB	Wabaunsee
FI	Ford	MR	Morris	WA	Wallace
FO	Franklin	MT	Morton	WS	Washington
FR	Geary	NM	Nemaha	WH	Wichita
GE	Gove	NO	Neosho	WL	Wilson
GO	Graham	NS	Ness	WO	Woodson
GH	Grant	NT	Norton	WY	Wyandotte
GT	Gray	OS	Osage		
GY	Greeley	OB	Osborne		
GL	Greenwood	OT	Ottawa		
GW		PN	Pawnee		

degree of relationship to the administrator or owner by blood or marriage

Glossary

Code	Service	Definition
ADCC	Adult Day Care	This service is designed to provide opportunity for socialization and to maintain or improve physical functioning for customers; generally this service provides a balance of activities to meet the interrelated needs and interests of individuals for a portion of the day, less than a 24 hour period.
ADVR	Advocacy/Representation	Action taken on behalf of an older customer to secure his/her rights or benefits. This includes receiving, investigating, and working to resolve disputes or complaints. It does not include services provided by an attorney or person under the supervision of an attorney.
ALVG	Assisted Living	Housing options which include assisted living facilities, residential health care facilities, home plus, boarding care homes, adult family homes, one-to-five bed adult care homes and intermediate personal care homes.
ALZH	Alzheimer's Support Service	Services are for families of elderly and customers diagnosed with Alzheimer's disease or other neurological and organic brain disorders of the Alzheimer's type. This includes such services as respite, support groups, counseling, referrals, and information.
APSV	Abuse, Neglect & Self Neglect, & Exploitation Investigation	Referral to the SRS Adult Protective Service Unit for self-neglect or suspected abuse, neglect or exploitation by others.
ASTE	Assistive Technology	For those assessed as needing assistive services, modifications or improvement to their home by provision of adaptive equipment. Also defined as any item that is used to increase, maintain, or improve functional capabilities. May include, but is not limited to ramps, lifts, modifications to bathrooms and kitchens if related to accessibility, and specialized safety adaptation, that improves mobility.
ATCR	Attendant Care (Personal or Medical)	Supervision and or assistance with bathing, medication, dressing, personal appearance, feeding, transferring, and toileting under the direction of a health professional.
BATH	Bathroom (Items)	May include the purchase and installation of

Code	Service	Definition
		toileting and personal hygiene items. May include but not limited to grab bars, toilet riser, tub bench, commode, and hand-held shower.
CDDO	Community Development Disability Organization	Services provided to people who have a developmental disability (including mental retardation prior to age 18 and related conditions diagnosed prior to age 22.) Services include Residential services, supported employment, case management, day training, support services, supported family living, and specialized services such as those provided in intermediate care facilities for the mentally retarded (ICFMR).
CHOR	Chore	Providing assistance to customers having difficulty with one or more of the following instrumental activities of daily living: Heavy housework, yard work, or sidewalk maintenance.
CILS	Centers for Independent Living Services	Organization whose services include but are not limited to, personal care services that can help with daily living tasks such as dressing, shopping, cooking and bathing. Assistive services are available to help provide medical equipment, make home modifications, provide technology assistive devices, and independent living counseling.
CMHC	Community Mental Health Center	Organization whose services include but are not limited to, evaluation and diagnosis, case management service, mental health inpatient and out-patient services, prescription and management of psychotropic medication, prevention education, consultation, treatment and rehabilitation service, 24 hour emergency services and other support services for those with severe depression or a mental illness diagnosis.
CMEL	Meals (Congregate)	Provision of a meal at a nutrition site, senior center or some other congregate setting.
CMGT	Case Management	Referral to a community based agency for the purpose of providing intense care and coordination of information and services to facilitate the support and maintenance of customers in their living environment.
CNSL	Counseling (Re: Social Serv or Psych) degree of relationship to the administrator or owner by blood or marriage	Providing assistance in resolving problems or to relieve temporary stress. May be one-on-one basis or group basis and may be paid, donated

Code	Service	Definition
		or volunteer staff. Includes Gerontological counseling and does not include Nutrition or Legal counseling.
DIAG	Diagnosis	Technical review and analysis of evidence and facts concerning an individual's social, psychological, and/or physical health problems. Performed by a medical or other licensed professional for the purpose of linking symptoms to a specific disease or condition.
EDUC	Education/Training	Providing formal or informal opportunities for individuals to acquire knowledge, experience or skills. Includes individual or group events designed to increase awareness in such areas as nutrition, crime, accident prevention, or promote personal enrichment.
EMPL	Employment	Client assessment is a basis for developing a plan for securing employment; testing; job counseling and re-retirement counseling; education and training, job placement.
ENGY	Energy Assistance	Referral for assistance with utilities.
FOOD	Food Supplements	A food or beverage that has been formulated to provide a concentrated form of nutrients or nutrients that are tailored to meet the needs of someone with special nutritional needs.
FDST	Food Stamps	Referral to SRS for enrollment & assistance with the purchase of basic food items.
GUAR	Guardianship / Conservatorship	Court referral to determine capacity for decision making.
HHAD	Home Health (Aide, Services, Med Attendant)	Medical care and/or affiliated services provided at the customer's residence on a full, part-time or intermittent basis.
HINS	Home Injury Control Screening	Screening to determine if the home environment is at high risk of causing injury to the customer.
HMEL	Meals (Home Delivered)	Provision of a meal to an eligible customer or other eligible participant, at the customer's place of residence.
HMKR	Homemaker	Providing assistance to customers having difficulty with one or more of the following; preparing meals, shopping, managing money, doing light housework/laundry, etc.
HOUS	Community Housing/Residential Care or Training degree of relationship to the administrator or owner by blood or marriage	Referral for housing in the community setting. This includes Senior apartment living, continuing care retirement community, assisted living, residential care, boarding care home and home plus.

Code	Service	Definition
HOSP	Hospice Counseling/Hospice	To provide medical, nursing, counseling and other supportive services for terminally ill people, their families and caregivers.
HPRO	Health Promotion Programs	Includes programs relating to the prevention of chronic disabling conditions. Includes but is not limited to osteoporosis, cardiovascular disease, alcohol & substance abuse, smoking cessation, weight loss, and stress management.
IAAS	Information and Assistance	Referral to an agency for the purpose of education regarding community services and/or how to access needed services.
INCN	Incontinence Supplies	Supplies such as undergarment protection and bed pads for the purpose of addressing both urinary and bowel incontinence.
INTR	Interpreter/Translator	To provide interpretation of oral or written communication to persons who are limited or non-English proficient or have special communication needs.
LGLA	Legal Assistance	Provision of legal advice, counseling and/or representation provided by an attorney or other person acting under the supervision of an attorney.
LTRW	Letter Writing	To write, read or interpret and/or translate business and personal correspondence.
MAID	Material Aid	Aid in the form of products, goods or food such as commodities direct distribution, surplus food, cleaning supplies, clothing, smoke detectors, eyeglasses, security devices, etc.
MCID	Medicaid Eligibility	Referral to SRS to establish Medicaid eligibility.
MEDIC	Medication Issues/Equip/Supply/Expense	Any activity, service, or device associated with medication including the purchase of such items as medication dispensers, prescriptions and over-the-counter medications.
MFMA	Money/Financial Management Assistance	Assistance with budgeting, paying bills, reconciling bank statements, and other needed money/financial management activities.
MMEG	Medication Management Education	Activities related to medication management, screening, and educational programs to prevent incorrect medication and adverse drug reactions.
MOBL	Mobility/Aids/Assistive Technology/Custom Care	Those items that enable the customer to continue functioning with the greatest independence. Includes such items as transfer bench, canes, walker, chair lift, reachers, wheelchairs, etc.
NCOU	Nutrition Counseling	Provision of advice and guidance about options

Code	Service	Definition
		of improving nutritional status, to an individual who is at nutritional risk, because of their health or nutritional history, dietary intake, medications use, chronic illness, etc.
NRSN	Nursing/Short Term/Skilled/Part Time/Inpatient	Provision of skilled nursing services.
NSPT	Night Support	Provision of oversight and/or hands-on care necessary to ensure an individual's safety and well being in their place of residence during the night time hours.
OCCT	Occupational Therapy	Provision of evaluation and/or therapy for occupational rehabilitation.
OMBS	Ombudsman	Provides investigation and dispute resolution between or on behalf of consumers who reside in long term care facilities.
OTEM	Other Services	This is additional services not captured with a specific code that will help the customer remain in their community-based residence, includes but not limited to, letter writing, education on how to manage aspects of care.
PAPD	Prevention of Depression Activities	Provision of Educational Activities for the Prevention of Depression
PEMRI	Personal Emergency Response/Medic Alert Response	Installation of a personal emergency response electronic device.
PHTP	Physical Therapy	Provision of evaluation and/or therapy for physical rehabilitation.
RESR	Respite Care	Temporary support for primary caregivers to provide brief period of relief or rest. It can be in the form of in-home respite, adult day care, or institution setting for overnight stays.
RHSC	Routine Health Screening	Health and/or wellness screening services such as are provided by Health Departments, Red Cross, Senior Centers, etc.
RMNR	Repairs/Maintenance/Renovation	Services designed to adapt homes to be accessible. Includes, but is not limited to structural modification such as ramps, doorway widening, stairways, handrails, kitchen and/or bathroom remodeling.
RPCC	Regional Prevention Center Contacts	Kansas Regional Prevention Centers provide technical assistance, videos, and trainings regarding substance abuse and other unhealthy behaviors. In addition, they have referral information for individuals seeking treatment that can address these needs.

degree of relationship to the administrator or owner by blood or marriage

Code	Service	Definition
SENS	Sensory Aids	Those items that allow the customer maximum independent functioning and health, including but not limited to: eyeglasses, Braille accessories/modifications, hearing aids, telephone amplification, bells/lights, whistles, dentures and dental.
SHOP	Shopping	Providing assistance in the purchase of clothing, medical supplies, food, household items, and/or other needed items.
SLPT	Speech and Language Therapy	Provision of evaluation and/or therapy for speech rehabilitation.
TPHN	Telephoning	Telephoning the customer in order to provide comfort and socialization.
TRNS	Transportation	Provision of assistance by public or personal vehicle, going from one place to another, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
VBEN	Veteran's Benefits	Referral to Veteran's Administration/Medical Center for service eligibility.
VIST	Visiting	Home visitation services for purpose of socialization and/or monitoring.

degree of relationship to the administrator or owner by blood or marriage

Definitions

It is necessary to have a clear understanding of the terminology utilized throughout the various components of CARE. In addition to the primary terms, there are numerous concepts related to serious mental illness (MI) and developmental disabilities (MR/DD/ODD) which may not be as familiar to Level I assessors as those pertaining to assessment and referral services. Therefore, the definitions of these mental health terms are included in this manual.

The following definitions shall be used for the purposes of the CARE program:

- A. **Adult Care Home:** Any nursing facility, nursing facility for mental health, intermediate care facility for the mentally retarded, assisted living facility, residential health care facility, home plus, boarding care home, and adult day care facility, all of which are classifications of adult care homes and are required to be licensed by the secretary of health and environment.
- B. **Area Agency on Aging (AAA):** As authorized by the Older Americans Act (OAA) and defined by the Kansas Department on Aging in Kansas Administrative Rules and Regulations, Section 26-1-1a(1) means “the agency or organization within a planning and service area that has been designated by the secretary [on aging] to develop, implement and administer a plan for the delivery of a comprehensive and coordinated system of services to older persons in the planning and service area (PSA).” There are 11 Area Agencies on Aging in Kansas.
- C. **Aging and Disability Resource Center:(ADRC):** The ADRC is designed to empower older adults and persons with disabilities to make informed choices about their services and supports. This will streamline access to those services and ensure their individual needs will be met. The ADRC can refer individuals to an array of in-home, community-based and institutional services, as well as provide decision-making support through a service called Options Counseling.
- D. **Assisted Living Facility:** Any place or facility caring for six or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who by choice or due to functional impairments, may need personal care and may need supervised nursing care to compensate for activities of daily living

degree of relationship to the administrator or owner by blood or marriage

limitations and in which the place or facility includes apartments for residents and provides or coordinates a range of services including personal care and supervised nursing care available 24 hours a day, seven days a week, for the support of resident independence. The provision of skilled nursing procedures to a resident in an assisted living facility is not prohibited by this act. Generally, the skilled services provided in an assisted living facility shall be provided on an intermittent or limited term basis, or if limited in scope, a regular basis.

- F. **Community-based Mental Health Services:** As defined by The Kansas Department of Social and Rehabilitation Services (SRS) in K.S.A. 39-1602(b) include, but are not limited to “evaluation and diagnosis, case management services, mental health inpatient and outpatient services, prescription and management of psychotropic medication, prevention, education, consultation, treatment and rehabilitation services, twenty-four-hour emergency services, assistance in securing employment services, housing services, medical and dental care, and other support services.” *(These services are referred to throughout the Policies and Procedures section when discussing specialized mental health services and other mental health services).*
- G. **Community Developmental Disability Organization (CDDO):** K.S.A. 39-1801 (formerly HB 2458), Developmental Disability Reform, became a law effective January 1, 1996. Developmental Disability Reform establishes county-recognized community mental retardation centers as Community Developmental Disability Organizations (CDDO) which is to provide for a single point of application, eligibility, and assistance in obtaining services for individuals with developmental disabilities. Community Developmental Disability Organizations were previously referred to as Community Mental Retardation Centers (CMRC).
- H. **Community Mental Health Center (CMHC):** As defined by the Kansas Department of Social and Rehabilitation Services (SRS), under K.S.A. 39-1602 means, “any community mental health center organized pursuant to the provisions of K.S.A. 19-4001 to 19-4015, inclusive, and amendments thereto or mental health clinic organized pursuant to the provisions of K.S.A. 65-211 to 65-215, inclusive, and amendments thereto, and licensed in accordance with the provisions of K.S.A. 75-3307b and amendments thereto.”

degree of relationship to the administrator or owner by blood or marriage

- I. **Conservator:** Means an individual or a corporation certified in accordance with KSA 59 3002(f) who is appointed by the court to act on behalf of a conservatee and who is possessed of some or all of the powers and duties set out in KSA 59 3059 and amendments thereto.
- J. **Developmental Disability Services:** Are provided by Community Developmental Disability Organizations to people who have a developmental disability (including mental retardation and other developmental disabilities, such as autism, cerebral palsy, epilepsy, Spina Bifida, and Down's syndrome). Services include, Residential Services, Supported Employment, Case Management, Day Training, Support Services, Supported Family Living, and Specialized Services such as those provided in Intermediate Care Facilities for the Mentally Retarded (ICF/MR).
- K. **Durable Power of Attorney (DPOA):** A durable power of attorney is a power of attorney by which a principal designates another as the principal's attorney in fact in writing and the writing contains the words "this power of attorney shall not be affected by subsequent disability or incapacity of the principal" or "this power of attorney shall become effective upon the disability or incapacity of the principal," or similar words showing the intent of the principal that the authority conferred shall be exercisable notwithstanding the principal's subsequent disability or incapacity.
- L. **Durable Power of Attorney for Health Care Decisions:** A durable power of attorney for health care decisions is a power of attorney by which a principal designates another as the principal's agent in writing and the writing contains the words "this power of attorney for health care decisions shall not be affected by subsequent disability or incapacity of the principal" or "this power of attorney for health care shall become effective upon the disability or incapacity of the principal," or similar words showing the intent of the principal that the authority conferred shall be exercisable notwithstanding the principal's subsequent disability or incapacity.
- M. **Guardian:** Means an individual or a nonprofit corporation certified in accordance with K.S.A. 59-3037 and amendments thereto which has been appointed by a court to act on behalf of a ward and possessed of some or all of the powers and duties set out in K.S.A. 59-3018 and amendments thereto. "Guardian" does not mean natural guardian unless specified.
- N. **Intermediate Care Facility for the Mentally Retarded (ICF/MR):** Means any place or facility operating 24 hours a day, seven days a week, caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage

who, due to functional impairments caused by mental retardation or other developmental disabilities need services to compensate for activities of daily living limitations.

- O. **Medical Care Facility:** As defined under K.S.A. 65-425, means “a hospital ambulatory surgical center or recuperation center.” The term used throughout this manual will be “hospital” and refers to urban and rural hospitals, psychiatric hospitals, specialized services hospitals, and in and out-patient hospitals.
- P. **Natural Guardian:** Means both the father and mother of a minor if neither parent has been found to be a disabled person or had parental rights terminated by a court of competent jurisdiction. If either parent of a minor dies, has been found to be a disabled person or has had parental rights terminated by a court of competent jurisdiction, the other shall be the natural guardian.
- Q. **Nursing Facility:** As defined under K.S.A. 39-923, means “any place or facility operating for not less than 24 hours in any week and caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who by reason of aging, illness, disease or physical or mental infirmity are unable to sufficiently or properly care for themselves, and for whom reception, accommodation, board and skilled nursing care and treatment is provided, and which place or facility is staffed to provide 24 hours a day licensed nursing personnel plus additional staff and is maintained and equipped primarily for the accommodation of individuals who are not acutely ill and are not in need of hospital care but who require skilled nursing care.”
- R. **Nursing Facility for Mental Health (NFMH):** Any place or facility operating 24 hours a day, seven days a week caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments, need skilled nursing care and special mental health services to compensate for activities of daily living limitations.
- S. **PASRR:** As defined by Centers for Medicaid/Medicare Services Rules and Regulations (CMS), is an acronym for Preadmission Screening and Resident Review, PASRR has two parts:
1. Level I assessment – the Level I PASRR is a short series of questions to determine whether an individual with mental illness, mental retardation, or other developmental disability (related condition) should be referred for a Level II assessment to further evaluate whether or not nursing facility services or specialized mental health or mental retardation services are needed. The PASRR questions are found in Section B of the CARE Data Form.

2. The CARE Level II assessment is an in-depth assessment, performed by a Qualified Mental Health Professional (QMHP) or Qualified Mental Retardation Professional (QMRP), on any individual indicating a history of and treatment for serious mental illness or mental retardation, *also known as a developmental disability*, or an other developmental disability, *formerly known as related condition*, for the purpose of determining whether the individual requires the level of services provided in a specialized program for persons with mental illness or developmental disabilities.
- T. **Serious Mental Illness:** as defined by Centers for Medicaid/Medicare Services Rules and Regulations (CMS) relating to Preadmission Screening and Resident Review (PASRR), Section 483.102(b), an individual with a serious mental illness (MI) shall meet all of the conditions listed in the Instruction Section of this manual.
- U. **County of Responsibility (COR):** The County of responsibility is defined as the last place a customer lived independently or with family for 6 continuous months. This means in their home or family home and excludes group home, boarding home, nursing facility, hospital, or other supervised living program.
- V. **Mental Retardation (MR/DD)**, *also known as a developmental disability*: An individual who is mentally retarded or has an other developmental disability (ODD) shall have one of the following diagnoses to trigger a Level II assessment.
1. **Mental Retardation (MR):** As defined by Centers for Medicaid/Medicare Services (CMS) Rules and Regulations relating to Preadmission Screening and Resident Review (PASRR), Section 483.102(b), means that an individual is considered to have mental retardation (MR) if he or she meets the conditions listed in the Instruction Section of this manual.
 2. **Other Developmental Disability (ODD)**, *formerly known as Related Condition*: The individual has an ODD as defined by 42 CFR Section 435.1009. Persons with an ODD have a severe, chronic disability that meets all of the conditions listed in the Instruction Section of this manual.
- W. **Resident Reviews (RR):** A Level II assessment that the nursing facility is required to request when an individual has experienced a significant change in condition or has been given a temporary, time-limited stay.

The nursing facility must contact the Area Agency on Aging (AAA) and order a Resident Review when the individual meets one of the criteria listed on page 21 of the Policy and Procedures Section of this manual.

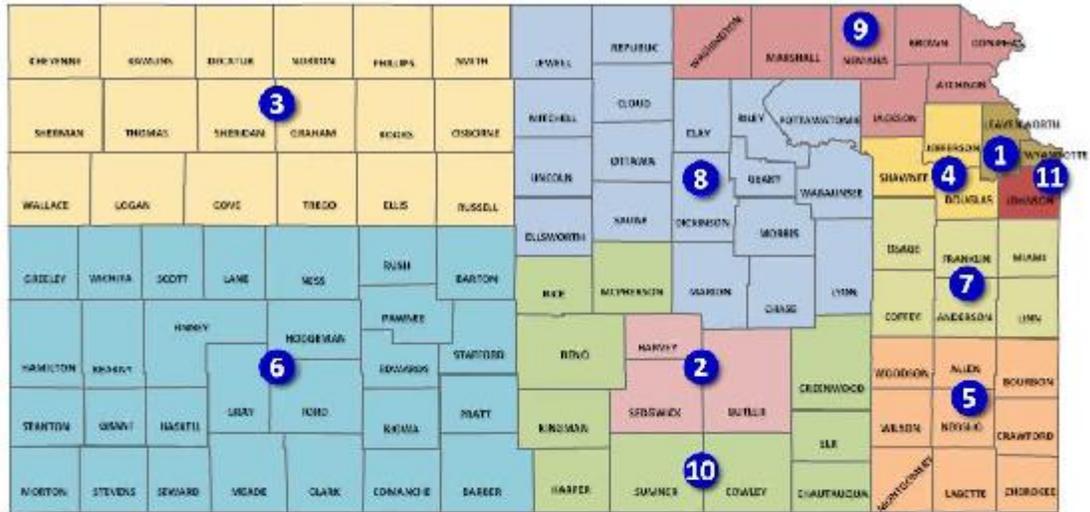
- X. **Qualified Mental Health Professional (QMHP):** For the purposes of Preadmission Screening and Resident Review (PASRR) assessments, a QMHP is an individual who has at least one-year of experience working directly with persons with mental illness, and is one of the following:
1. Licensed psychologist - an individual who has a Ph.D. from an accredited college or university and who is licensed to practice in the State of Kansas.
 2. Physician - an M.D. who is licensed to practice medicine in the State of Kansas and who has experience in working with individuals with mental illness.
 3. Psychiatrist - an M.D. or D.O. who has completed a residency in psychiatry approved by the American Board of Psychiatry and Neurology and who is licensed to practice medicine in the State of Kansas.
 4. Registered Master's Psychologist - an individual who has a Master of Psychology and is registered and approved by the Kansas Behavioral Sciences Regulatory Board (Note: registration is granted only to staff members of a Community Mental Health Center).
 5. Licensed Professional Counselor – an individual who has a Master of Counseling from an accredited college or university and is licensed to practice in the State of Kansas.
 6. Licensed Marriage and Family Therapist – an individual who has a Master of Marriage and Family Therapy from an accredited college or university and is licensed to practice in the State of Kansas.
 7. Social Worker - an individual who has a Master of Social Work (MSW) from an accredited college or university and is licensed to practice in the State of Kansas. (Note: individual social workers can only practice independently if the individual is a Licensed Specialist Clinical Social Worker (LSCSW) or has a supervisory contract on file with the Behavioral Sciences Regulatory Board.)
 8. Psychiatric nurse - a registered nurse (R.N.) who is licensed to practice in the State of Kansas, who has a specialty in psychiatric nursing, and has practiced two full years in the field

- Y. Qualified Mental Retardation Professional (QMRP):** For the purposes of Preadmission Screening and Resident Review (PASRR) assessments, a QMRP is an individual who has at least one-year of experience working directly with persons with the condition of mental retardation, and is one of the following:
1. A physician - an M.D. or D.O. who is licensed to practice medicine in the state of Kansas and who has demonstrated competence and knowledge in programming for individuals who have the condition of mental retardation.
 2. A registered nurse - a registered nurse, (R.N.) who is licensed to practice in the state of Kansas, with at least one-year of experience working with persons with the condition of mental retardation.
 3. Licensed Psychologist – an individual with at least a Master of Psychology from an accredited school and is licensed to practice in the state of Kansas.
 4. An individual who holds at least a Bachelor’s degree in a professional category and is licensed, certified, or registered, as applicable, to provide professional services in the State of Kansas, as specified below:
 - a. Occupational Therapist;
 - b. Physical Therapist;
 - c. Speech-language pathologist or audiologist;
 - d. Recreational Therapist - an individual with a Bachelor of Recreation, or in a recreational therapy specialty area such as art, dance, music, or physical education, with an emphasis in work with persons with developmental disabilities;
 - e. Human Services professional – an individual with a Bachelor’s degree in a human service field (including, but not limited to: sociology, special education, rehabilitation counseling, and psychology);
 - f. Social worker – an individual with a graduate degree (MSW, LSCSW, or DSW) from a school of social work accredited or approved by the Council on Social Work Education or another comparable body; or a Bachelor of Social Work Degree (BSW) from a college or university accredited or approved by the Council on Social Work Education.

Reference Section

AGING AND DISABILITY RESOURCE CENTERS

Aging and Disability Resource Centers
Statewide Call Center – 1-855-200-ADRC (2372)



01 – Wyandotte-Leavenworth
Ruth Jones, Director

1300 North 78th Street, Suite #100
Kansas City, KS 66112-1540

913-573-8531 or 1-888-661-1444

02 – Central Plains
Annette Graham, Director

2622 W. Central, Suite 500
Wichita, KS 67203-3725

1-855-200-ADRC (2372)

03 – Northwest KS
Michelle Morgan, Director

510 W 29th Street, Suite B
Hays, KS 67601-3703

785-628-8204 or 1-800-432-7422

04 – Jayhawk
Jocelyn Lyons, Director

2910 SW Topeka Blvd.
Topeka, KS 66611

785-235-1367 or 1-800-798-1366

05 – Southeast KS
John Green, Director

1 West Ash
Chanute, KS 66720-1010

620-431-2980 or 1-800-794-2440

06 – Southwest KS
Dave Geist, Director

236 San Jose Avenue
Dodge City, KS 67801-1636

620-225-8230 or 1-800-742-9531

07 – East Central KS
Elizabeth Maxwell, Director

117 S. Main
Ottawa, KS 66067-2327

785-242-7200 or 1-800-633-5621

08 – North Central Flint Hills
Julie Govert-Walter, Director

401 Houston
Manhattan, KS 66502

785-776-9294 or 1-800-432-2703

09 – Northeast KS
Karen Wilson, Director

526 Oregon
Hiawatha, KS 66434-2222

785-742-7152 or 1-800-883-2549

10 – South Central KS
Jodi Abington, Director

304 S. Summit
Arkansas City, KS 67005

620-442-0268 or 1-800-362-0264

11 – Johnson County
Dan Goodman, Director

11811 S Sunset Drive, Ste # 1300
Olathe, KS 66061-7056

913-715-8861



CARE PROGRAM ALERT

February, 2010

Hospital Alert

CARE assessment must be done on all admissions to appropriate nursing facilities regardless of payment source prior to admission. It is the law. Call your local Area Agency on Aging.

A CARE Assessment is not required when:

- A true 30 day provisional stay is expected to stay less than 30 days for rehabilitation or respite and documented by physician as a provisional stay. In the comments section you should note that the patient is on a 30 day provisional stay.
- Patient comes to nursing facility with approved PASRR from another state.
- Patient has Doctor's diagnosis of a terminal illness or coma, then it is noted on discharge paperwork and NF orders so a Terminal/Severe Physical Illness Letter from Kansas Department on Aging can be obtained by admitting nursing home.
- Transferring into swing bed or a unit that is not licensed as skilled or Medicaid certified.
- Emergency Admission – APS case, natural disaster, primary caregiver becomes unavailable beyond the caregiver's control, physician ordered admission due the individual's condition, or out-of-state admission that is beyond the individual's control (*NF Director of Nursing completes section A & B of CARE and FAX's to AAA in one working day*).

* CARE Goldenrod page goes with patient and original is FAX'd to AAA.

* One copy is retained in hospital files.



CARE PROGRAM ALERT

February, 2010

Nursing Facility Alert

CARE must be done on all admissions regardless of payment source prior to admission. It is the law. Call your Area Agency on Aging.

A CARE Assessment is not required when:

- A true provisional stay is expected to stay less than 30 days for rehabilitation or respite and documented by physician as a provisional stay (*on day 20 the NF faxes the AAA a request for a CARE if it appears the individual is unlikely to go home by day 30*) the NF keeps fax verification of request.
- A patient comes to nursing facility with approved PASRR from another state (NF faxes copy of PASRR to AAA)
- A patient has Doctor's diagnosis of a terminal illness or coma, and Terminal/Severe Physical Illness Letter from Kansas Department on Aging is obtained for the medical record. (NF faxes the doctor's statement to AAA and keeps fax verification of request)
- A patient transferring into swing bed or a unit that is not certified for Medicaid or Medicare.
- An individual admitted in an emergency – APS case, natural disaster, primary caregiver becomes unavailable beyond the caregiver's control, physician ordered admission due to the individual's condition, or out-of-state admission that is beyond the individual's control. NF CARE Assessor completes sections A & B of CARE and FAX's to AAA in one working day. The NF keeps fax verification of request. The NF must have CARE assessment within 7 days. Call the AAA if the assessor has NOT completed it within 5 days.

Result – non-payment for Medicaid if they become Medicaid and penalties for not complying with the law.

CARE Assessor Alert:

- **assess based on a combination of the person's responses as if they were home without assistance; you can use family input, clinical records, and medical staff knowledge**
- **watch for body language signs that the individual adds**
- **when an individual has severe unsteadiness, vision, hearing, or cognitive issues: "Do they need supervision" even if they are saying they "can do it" with some ADL's and IADL's; consider other risks involved**
- **use customer's legal name on the assessment and be sure to add it at the top on page 2**
- **mark all questions in section B - PASRR (mark None when it applies)**
- **on page 2, mark the availability codes on at least a few services under sections H., I., J., and K. to help the Kansas Department on Aging and Kansas Legislature to know what was needed or financially not possible**
- **"diagnosis" and "challenges" should be in the comments**
- **It is important that all assessments are 1) done timely and 2) scored accurately.**
- **a true 30 day provisional doctor's note, indicates the person is expected to be out of the nursing facility within 30 days (only section A & B is completed by qualified Nursing Facility assessor)**
- **at the bottom of page 2, in the comments, please note if the individual was expected to go for a 30 day or less stay due to rehabilitation or respite but had to stay longer**
- **emergency admits are only: 1) natural disaster, 2) Adult Protective Service case, 3) primary caregiver unavailable due to emergency, 4) Doctor ordered due to immediate frail physical condition (not in hospital), or 5) admission from out-of-state beyond the individual's control (section A & B is completed by qualified Nursing Facility assessor)
*** remember to use Emergency FAX memo**
- **Medicare number is not usually Social Security number for women**

Let's all do our part to Make a Difference for the Future.

FACT SHEET ON TRAUMATIC BRAIN INJURY

Traumatic Brain Injury (TBI) is an injury to the brain caused by the head being struck, penetrated, or shaken. This type of injury may occur from a fall, gun shot wound, or some type of abuse. Brain injury can be difficult to identify, especially if the injury is mild with no obvious symptoms. Complications can be delayed, the result being that symptoms are often not associated with the injury. This is especially true with seniors whose physical or mental health have declined and their change in behavior are seen as a sign of aging, and something to be “managed.” Signs of dementia, such as difficulty with thinking, reasoning, and memory, can be confused with a brain injury which, unlike dementia, is treatable and might be reversible.

Place a check mark in the box if the customer indicates they remember hitting their head during the fall(s). TBI ranges in severity from mild to severe and might cause problems with: thinking and reasoning, memory, hearing/vision/speech, balance and coordination, attention, behavior, or learning.

Signs of an injury to the head

Loss of consciousness	Confusion	Poor coordination
Headache	Slurred Speech	Irrational or aggressive behavior
Dizziness	Difficulty walking	Numbness or paralysis in any part of
Drowsiness	Seizures	of the body
Nausea/vomiting	Amnesia	

Treatment

All brain injuries should receive immediate medical attention by a physician. Even if exam results are normal, monitoring and a follow-up exam are recommended. If an incident is not witnessed but changes in health and behavior are noted, a medical exam should still be conducted, particularly if bruising is observed around the head/facial area.

Treatment for brain injury depends on the type of injury, its severity, and its location. Medical care might be followed by some form of rehabilitation, including physical, occupational, or speech therapy. If the injury results in long-term cognitive and other difficulties, strategies can be developed to assist the individual to compensate for any change in abilities and, thus, maintain the greatest possible level of independence. Some of these strategies include in-home supports, home modifications, and transportation services.

Referrals – the main thing with this question is that you identify whether the individual hit their head during the fall and help them understand there may be services to help them cope with the loss the injury brings. The supports available to them are their medical doctor, therapists, Area Agency on Aging, and Centers for Independent Living. Please make referrals as appropriate and at least let them know they can contact either the Area Agency on Aging or their local Center for Independent Living (found on page A-39 of the Explore Your Options).

FACT SHEET ON TREATMENT NON-COMPLIANCE

It is estimated that half the patients do not comply with their health care treatment plan. The behavior is referred to as “non-compliance.” People who are non-compliant are usually aware that they have chosen to not care for themselves. This may happen because they minimize the seriousness of their situation, choose to self-medicate themselves with other substances, feel an increased sense of independence and responsibility with their non-compliance, don’t like the side effects of their medications, or may think that the illness is less of a problem than the treatment.

Place a check mark in the box if the customer indicates they are having trouble following through with prescribed medical treatment.

Signs of non-compliance

- Inconsistent medication adherence,
- Poor appointment follow through
- Poor compliance with medical homework assignments
- Poor adherence with dietary recommendations
- Inconsistent adherence to exercise regiment
- Inconsistent medical data collection
- Disease specific measures of control – such as Insulin Dependent Diabetes.
- Quitting medication without telling their doctor, (i.e. didn’t like the side effects or couldn’t afford the drug)

Treatment

The majority of treatments for medical non-compliance involve consultation with a clinical psychologist or medical professional. Cognitive behavior programs aimed at improving necessary medical compliance can be designed to meet the specific needs of the individual and his/her family. These programs often emphasize utilizing support networks and brief follow up with a mental health professional.

Referrals – This question is to assist you in identifying whether the individual is having compliance issues and let them know that there are methods that can help them better understand the need to follow with prescribed treatments. The supports available to them are their medical doctor, therapists, and other support networks. Please make referrals as appropriate and at least let them know they can contact either the primary care physician, their Area Agency on Aging or their local Community Mental Health Center (found in Part Three of the Explore Your Options).

FACT SHEET ON ANXIETY AND DEPRESSION

Anxiety is twice as likely to strike as depression and is often treated through therapy, medication, and a combination of these approaches. Occasional feelings of anxiety are a normal part of life, but more serious anxiety causes people to become preoccupied with their thoughts to such an extent that it disrupts their everyday lives and drains their mental energy.

Depression is treatable through therapy, medications, and a combination of these approaches. A person who is experiencing depression has persistent, ongoing sadness that lasts for more than two weeks, unless caused by a significant loss. The first step to feeling better is recognizing the signs of anxiety/depression.

Place a check mark in the box if the customer meets at least half of the following symptoms listed in one or both of the categories.

Signs of anxiety

- Has felt more nervous than usual
- Afraid, or excessively worried, for no reason
- Easily upset or feels panicky
- Expresses feelings of nervousness, fear, or panicky
- Feels like they are falling apart

Signs of depression

- An “empty” feeling or ongoing sadness
- Tired or lack of energy
- Loss of interest or pleasure in everyday activities, including sex
- Sleep problems, including trouble getting to sleep
- Very early morning waking or sleeping too much
- Eating more or less than usual
- Crying too often or too much
- Aches and pains that did not go away when treated
- Difficulty focusing, remembering, or making decisions
- Feeling guilty, helpless, worthless, or hopeless
- Being irritable or angry
- Thoughts of death and/ or suicide

Additional indicators

Physical symptoms such as shaky/ trembling arms and legs; weak/tires easily, dizzy spells and fast beating heart or new medications can have side effects such as breathing problems, irregular heartbeat, or tremors.

Facts about depression and getting older

- Depression affects 15 to 20 percent of people over the age of 65.
- Depression is not a normal part of getting older.
- Many times people experience depression and do not recognize the symptoms or seek necessary help.
- Depression is a medical illness and not something you easily “snap out of.”

- Depression in older adults can be caused by poor health, poor sleep, a chemical imbalance, or can be triggered by long-term physical illnesses such as diabetes, heart disease, cancer, strokes, Alzheimer's, or arthritis. Depression can also occur after loss of major life changes such as the death of a spouse. (The symptoms are the same as those of normal grief but do not lessen after several months.)
- Even mild depression can impair coping and negatively impact physical health and other chronic illnesses.
- Depression can decrease quality of life and make diagnosis of other illnesses much more difficult. Untreated depression can also lead to suicide.

Referrals – you will have a wide range of reactions to this conversation, from those who recognize it and want help, to those who do not. The important thing is to let them know where to go if they decide they want or need help. The supports available to them are their medical doctor, counselors, support groups, churches and mental health professionals. Please let the customer know you would like to make a referral for them. If the customer does not want a referral, at least show them the Community Mental Health Center (CMHC) contact information found in their Explore Your Option (EYO) in Section 3.

FACT SHEET ABOUT SUICIDE AND FEELING WORTHLESS

About half of the elderly who commit suicide are "depressed." Depression often co-occurs with other serious illnesses such as heart disease, stroke, diabetes, cancer, and Parkinson's disease. Because many older adults face these illnesses as well as various social and economic difficulties, health care professionals may mistakenly conclude that depression is a normal consequence of these problems-an attitude often shared by patients themselves. Between 60 and 85 percent of elderly suicides had significant health problems and in four out of every five cases this was a contributing factor to their decision.

Suicidal Risk Factors

Hopelessness

White race

Male gender

Advanced age

Living alone

History

Prior Suicide attempts

Family history of suicide attempts

Family history of substance abuse

Diagnostic

General medical illness

Psychosis

Substance abuse

Mood disorders

Some additional risk factors include: physical illness; impulsive and/or aggressive tendencies; barriers accessing mental health treatment; relation, social, work or financial loss; co-occurring mental and alcohol and substance abuse disorders; easy access to lethal methods, especially guns; or unwillingness to seek help because of stigma attached to mental and substance abuse disorders and/or suicidal thoughts.

Possible Warning Signs

- Loss of interest in things or activities previously found enjoyable
- Social isolation, lack of attention to grooming
- Breaking medical regimens
- Having experienced or expecting to experience a personal loss
- Feeling hopeless or worthless-feeling they are no longer needed
- Giving personal possessions away or putting affairs in order
- Stock-piling medication or obtaining other lethal means
- Recent loss of a spouse or significant other

Treatment

Depression can and should be treated when it co-occurs with other illnesses, for untreated depression can delay recovery from or worsen the outcome of these other illnesses. Both antidepressant medications and short-term psychotherapies are effective treatments for late-life depression. According to an article posted in the Journal of the American Medical Association, the combination treatment was found to be more effective than either treatment alone in reducing recurrences of depression.

Referrals – this question is to assist you in identifying whether the individual is considering suicide and needs immediate intervention or needs to be educated about resources out there. The supports available to them are their medical doctor and mental health professionals. The public health approach has revealed that suicide rates are highest among the elderly and that

most elderly suicide victims were seen by their primary care provider within a few weeks of their suicide and were experiencing a first episode of mild to moderate depression. Please make a referral to their local Community Mental Health Center (found in Part Three of the Explore Your Option), also inform them that depression is a common symptom that is very treatable. That talking about these feelings with their primary care physician, clergyman, and/or therapist will help create a plan that is right for them.

****If the customer has made a specific plan and has the means to carry out the plan, you can either help the customer arrange for a family member, clergyman or other support person to come sit with them until better arrangements can be made or you need to call 911.**

Suicide Prevention Resource Center is: 877-GET-SPRC (438-7772)

Lifeline helpline is: 1-800-273-TALK (4255)

FACT SHEET ON HOSPICE/PALLIATIVE CARE

Hospice and/or palliative care services are under utilized services that can improve the quality of care for many individuals as they near the end of their lives. Pain and symptom management, along with attention to psycho-social and spiritual needs, are some of the best benefits of these services.

Hospice care is covered by Medicaid in Kansas. Medicare covers a number of specific services as well. Most of these services are familiar to health care professionals and other practitioners who have worked with skilled nursing facilities and home health services.

Services include:

- Medical and nursing care
- Medical equipment (such as beds, wheelchairs, walkers and/or toilets)
- Medical supplies
- Pharmaceutical and non-pharmaceutical therapy for pain relief, symptom control, and any need related to the patient's terminal illness
- Home health aide and homemaker services
- Social work services
- Physical and occupational therapy
- Speech therapy
- Diet counseling
- Bereavement and other counseling services
- Case management
- Volunteer support

Diagnosis to watch for

- Cancer
- Heart Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Alzheimer's and other dementias
- Renal Failure
- Stroke
- Parkinson's
- Any illness or combination of illnesses which could lead to death in six months

Additional considerations

If a doctor has not certified that, in his or her best judgment, the customer has 6 months or less to live, and you suspect that this may be the case, you might ask the customer (family/caregiver), "Would you be surprised if the customer were to live more than 6 months?" IF the answer to this question is no, then please provide them with the Hospice information for their area and let them know that a Hospice professional can help them assess their situation and determine if hospice care is appropriate at this time.

If the customer is already receiving services from the Home and Community Based Services (HCBS) waiver, they can also receive Hospice services. However the services can not be duplicated by both entities and the Hospice agency becomes the primary provider. The Hospice agency is required to get prior approval from the Medicaid agency before the HCBS service can be provided.

There are limits regarding what medications and treatments can be covered under Hospice. These limits apply to aggressive medications and treatments, i.e. a Hospice patient with heart disease would not be approved to have a stent put in. The Hospice agency should have this discussion with the customer prior to the customer's treatment.

Referrals – You will have a wide range of reactions to this conversation, from those who recognize it and want help, to those who do not. The important thing is to let them know where to go if they decide they want or need help. The supports available to them can help with end-of-life needs.

We encourage you to introduce hospice as a possible resource just as you share the other resources and services that can help them manage their long-term care needs in their home or environment of choice. If you think a referral might be appropriate now or in the near future, please leave the Hospice information with them. **There is Hospice information on page A-20 (Section One) and specific providers are listed in the County specific area (Section Four) of the EYO.**

If a customer asks you questions that make you feel uncomfortable or to which you do not feel prepared to answer, **please encourage them to call the state Hospice organization at 800-202-5433 or call their local hospice provider.**

PREVENTING FALLS

While some risk factors for falls, such as heredity and age, cannot be changed, many can be eliminated or reduced. Following are the risk factors as well as simple steps you can take to prevent falls.

Medical risk factors:

- Impaired musculoskeletal function, gait abnormality, osteoporosis.
- Cardiac arrhythmias (irregular heartbeat), blood pressure fluctuation.
- Depression, Alzheimer's disease, senility.
- Arthritis, hip weakness or imbalance.
- Neurologic conditions, including stroke, Parkinson's disease, multiple sclerosis.
- Urinary and bladder dysfunction.
- Vision or hearing loss.
- Cancer that affects bones.

General prevention tips:

- Get an annual physical and eye examination, particularly an evaluation of cardiac and blood pressure problems.
- Maintain a diet with adequate dietary calcium and vitamin D.
- Participate in an exercise program for agility, strength, balance and coordination.
- Do not smoke and avoid excessive alcohol intake.
- Take medications on schedule with a full glass of water, unless otherwise instructed.
- Keep an up-to-date list of medications and provide it to all doctors.
- Check with your doctor(s) about the side effects of your medicines and over-the-counter drugs.
- Fatigue or confusion increases the risk of falling.
- Make sure all medications are clearly labeled and stored in a well-lit area according to instructions.

Footwear tips:

- Wear properly fitting shoes with nonskid soles.
- Women who cannot find wide-enough athletic shoes for proper fit should shop in the men's shoe department as men's shoes are made wider.
- Tie shoelaces.
- Avoid walking in your stocking feet.
- Replace slippers that have stretched out of shape and are too loose.

Bedroom tips:

- Place a lamp, telephone and flashlight near your bed.
- Sleep on a bed that is easy to get into and out of.
- Replace satiny linens with products made of non-slippery material, such as wool or cotton.
- Arrange clothes in your closet so that they are easy to reach.
- Install a night light along the route between your bedroom and the bathroom.
- Keep clutter off the bedroom floor.

Living area tips:

- Arrange furniture so you have a clear pathway between rooms.
- Keep low-rise coffee tables, magazine racks, footrests and plants out of the path of traffic.
- Install easy-access light switches at entrances to rooms so you won't have to walk into a darkened room in order to turn on the light.
- Glow-in-the-dark switches may be helpful.
- Walk only in well-lighted rooms, stairs and halls.
- Do not store boxes near doorways or in hallways.
- Remove newspapers and all clutter from pathways.
- Keep electric, appliance and telephone cords out of walkways, but don't put cords under a rug.
- Secure loose area rugs with double-faced tape, tacks or slip-resistant backing.
- Don't sit in a chair or on a sofa that is so low it is difficult to stand up.
- Repair loose wooden floorboards right away.
- Remove doorsills higher than one-half inch.

Kitchen tips:

- Remove throw rugs.
- Clean up immediately any liquids, grease or food spilled on the floor.
- Store food, dishes, and cooking equipment within easy reach.
- Don't stand on chairs or boxes to reach upper cabinets.
- Use nonskid floor wax.

Stairs and steps:

- Keep stairs clear of packages, boxes or clutter.
- Install light switches at the top and bottom of the stairs.
- Or consider installing motion-detector lights that turn on automatically.
- Provide enough light to see each stair and the top and bottom landings.
- Keep flashlights nearby in case of a power outage.
- Remove loose area rugs from the bottom or top of stairs.
- Replace patterned, dark or deep-pile carpeting with a solid color, which will show the edges of steps more clearly.
- Put non-slip treads on each wooden step.
- Install handrails on both sides of the stairway.
- Each should be 30 inches above the stairs and extend the full length of the stairs.
- Repair loose stairway carpeting or wooden boards immediately.

Bathroom tips:

- Place a slip-resistant rug adjacent to the bathtub for safe exit and entry.
- Mount a liquid soap dispenser on the bathtub/shower wall.
- Install grab bars on the bathroom walls.
- Keep a night light in the bathroom.
- Use a rubber mat or place nonskid adhesive textured strips on the tub.
- Replace glass shower enclosures with non-shattering material.
- Stabilize yourself on the toilet by using either a raised seat or a special toilet seat with armrests.
- Use a sturdy, plastic seat in the bathtub if you cannot lower yourself to the floor of the tub or if you are unsteady.

Source: Centers for Disease Control and Prevention

K6 MENTAL HEALTH SCREENING TOOL

About the Scale: The K6 Screening Scale was developed by Dr. Ronald Kessler, Professor of Healthcare Policy at Harvard Medical School, with support from the U.S. Government's National Center for Health Statistics. The scale was distributed for use by aging service providers as part of the University of Kansas School of Social Welfare Office of Aging and Long Term Care's pilot project, "Connecting Older Kansans with Community Mental Health Resources", funded in part by the Kansas Department on Aging and the Kansas Department of Social and Rehabilitation Services.

The K6 is not distributed for use as a diagnostic tool, but as a format to assist aging services providers and their customers in identifying a potential mental health problem from which older adults might benefit from referral to mental health resources. Please reproduce as needed.

Customer Identification: _____ **Date:** _____

The following questions ask a person how he/she has been feeling during the past 4 weeks. For each question, please circle the number that best describes how often she/he had this feeling.

In the last 4 weeks, about how often did you feel...	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't know	Refused
a...so sad that nothing could cheer you up?	4	3	2	1	0	0	0
b...nervous	4	3	2	1	0	0	0
c...restless or fidgety	4	3	2	1	0	0	0
d...hopeless	4	3	2	1	0	0	0
e...everything was an effort	4	3	2	1	0	0	0
f...worthless	4	3	2	1	0	0	0

* If necessary, for question e., prompt: How often did you feel everything was hard and difficult to do?

TOTAL SCORE: _____

In the last 4 weeks, how many times have you seen a doctor or other health professional about these feelings? _____

Don't know _____ **Refused** _____

Comments _____

** *If the customer scores 13 or higher, it is recommended that service provider consider referring the customer to a mental health resource for further support. If the score is below 13, the customer may not need a referral; however, if the service provider or the customer feels that a referral to a resource should be made, proceed with the referral. If a mental health crisis is suspected, follow service provider organization's standard procedures.*

For more information about the K6 and related mental health screening instruments, please visit:
http://www.hcp.med.harvard.edu/ncs/k6_scales.php



Checklist when referring for Level II Assessment

To ensure an efficient process of referral for a Level II assessment, please use the following checklist to ensure you have completed the items listed below.

Check when
Completed

1. Release of Information You will need a release signed:

- f* to make a referral for community based services
- f* to access confidential medical records
- f* to make a referral for a Level II assessment

Remember, if customer is unable to sign they can make a mark on the form and have it witnessed.

Remember, if customer has a guardian she/he needs to sign the release.

2. Court appointed Guardian You will need to:

- f* Attempt to obtain a copy of the guardianship papers.
- f* Advise the guardian that you are referring for a Level II.
- f* Obtain Release of Information signed by guardian.
- f* Fax all the above to the AAA.
- f* Record name, address and phone number of guardian.

3. Medical History & Physical As this is a federal regulation:

- f* Attempt to obtain a copy of the most recent (within the last year) history & physical to expedite the Level II process.

4. County of Responsibility If the customer will be referred for a Level II due to a mental illness ask the following: **“Where is the last place you lived independently or with family for 6 continuous months?”** This means in their own home or family home, and excludes group homes, boarding homes, nursing facilities, hospitals or other supervised living programs. Please write the name of the county in the comments section.

5. Other pertinent information

- f* Any psychiatric evaluation
- f* Social history or other pertinent information about the customer’s medical or mental health

6. Comment Section or the Level II –

- f* Documented IQ score of 70 or below (before age 18) and date of testing
- f* Identify related condition, if any (before age 22)
- f* Document the diagnosis of a serious mental illness
- f* Document inpatient and/or partial hospitalizations and provide dates
- f* Identify which intensive supportive services were provided in the community
- f* Name of “county of responsibility”

7. Include a cover sheet with all the materials you fax to the AAA and your phone number where you may be reached

«February 2010

Example: Level II
Determination Letter sent
when NF care appropriate

«First_Name» «Last_Name»
c/o «Current_Location»
«Address»
«City», «St» «Zip»

Dear «Pref». «Last_Name»:

On «Assmt_Date» you received an assessment of your health care needs by a Qualified Mental Health Professional. You were provided this service because you expressed an interest in admission to a Kansas nursing facility. The purpose of the assessment was to obtain information about your health care needs and to provide you with information about the services which can best meet those needs. The assessment and determination were conducted based on federal guidelines and are required in order for you to receive long-term care services in a nursing facility, if that is your final choice for services.

Based on information from your assessment, **you do require the level of services provided in a nursing facility/nursing facility for mental health, but you do not require specialized services as an inpatient in a hospital psychiatric unit.** This means that your needs can be adequately met in a nursing facility, but as you, your family, your Guardian (if appointed) and/or power of attorney consider your placement options, other choices may be available. These choices could include community settings such as a group home, apartment, or an Assisted Living Facility, with community-based services being utilized as an integral part of your plan of care. *Please note, however, that this letter only pertains to nursing facility placement and is not an acceptance or denial of Medicaid financial eligibility or eligibility for in-home services. To determine your Medicaid financial eligibility, you must contact your local SRS office.*

Based on the information from the assessment conducted by «Assr», «Title», and any information gathered during the determination process, it is important that mental health services monitor your mental health needs, and a psychiatrist monitors your mental illness and psychiatric medication, in addition to the following recommendations:

- «Recommendation_1»
- «Recommendation_2»
- «Recommendation_3»
- «Recommendation_4»
- «Recommendation_5»
- «Recommendation_6»

This letter is your proof that a Level II PASRR (Pre-admission Screening and Resident Review) assessment has been completed, as required by law. Please keep this letter with your important medical papers.

You also have a right to request a copy of the completed PASRR assessment. Should you wish to request a copy of the assessment, or if you have any questions about how the outcome of the assessment or this letter affects you, please contact «Level_II_Manager», CARE Level II Manager, Kansas Department on Aging. The toll-free number is 1-800-432-3535.

If you disagree with the assessment outcome stated in this letter, you have the right to appeal this decision. Your request for appeal must be in writing and must be received by the Department of Administration, Office of Administrative Hearings within 30 days of the date on this letter. Send your appeal request to:

Office of Administrative Hearings
1020 S. Kansas
Topeka, KS 66612

Thank you for your cooperation. Our best wishes to you as you make your long term care decisions. Please let us know if we can be of any further assistance.

Sincerely,

«Level_II_Manager»
CARE Level II Manager

C: «Current_Location» Social Services
«Primary_Care_Provider»
«Guardian»
«CC_1»
«CC_2»
«CC_3»
«CC_4»
Cornelia Jeffery, SRS Health Care Policy
«CMHC»
«SRS_QE»
«AAA_Name» Area Agency on Aging
MI 3

Example: Level II
Determination Letter for a
Temporary Approved Stay

February 2010

«First_Name» «Last_Name»
«Current_Location»
«Address»
«City», «St» «Zip»

Dear «Pref» «Last_Name»:

On «Assmt_Date» you received an assessment of your health care needs. You were provided this service because you expressed an interest in admission to a Kansas nursing facility. The purpose of the assessment was to obtain information about your health care needs and to provide you with information about the services which can best meet those needs.

Based on information from your assessment, **you do require the level of services provided in a nursing facility/nursing facility for mental health for a temporary period of time, but you do not require specialized services as an inpatient in a hospital psychiatric unit.** *This determination was made based upon your need for continued stabilization of your mental health condition.* This means that your needs can be adequately met in a nursing facility, but as you, your family, your Guardian (if appointed) and/or power of attorney consider your placement options, other choices may be available. These choices could include community settings such as a group home, apartment, or an Assisted Living Facility, with community-based services being utilized as an integral part of your plan of care. *Please note, however, that this letter only pertains to nursing facility placement and is not an acceptance or denial of Medicaid financial eligibility or eligibility for in-home services. To determine your Medicaid financial eligibility, you must contact your local SRS office.*

It has been determined that you would benefit from a temporary stay of «Number of mo for temporary stay» months in order to better meet your care needs. Should you get to the end of the temporary stay period and it appears you will need more time, another assessment (Resident Review) will be needed. Your nursing facility must contact «AAA_Name» Area Agency on Aging at «AAA_Phone_Number» and request the Resident Review assessment.

A copy of your Pre-Admission Screening is being provided to your nursing facility so they can utilize the information in planning the care that is best for you.

Based on the information from the assessment conducted by «Assr», «Title» on «Assmt_Date», and any information gathered during the determination process, it is important that mental health

services monitor your mental health needs, and a psychiatrist monitors your mental illness and psychiatric medication, in addition to the following recommendations:

- «Recommendation_1»
- «Recommendation_2»
- «Recommendation_3»
- «Recommendation_4»
- «Recommendation_5»
- «Recommendation_6»

This letter is your proof that a Level II PASRR (Pre-admission Screening and Resident Review) assessment has been completed, as required by law. **The assessment and this letter are valid for «Number_of_mo_for_temporary_stay» months from the date of this letter.**

You also have a right to request a copy of the completed PASRR assessment. Should you wish to request a copy of the assessment, or if you have any questions about how the outcome of the assessment or this letter affects you, please contact «Level_II_Manager», CARE Level II Manager, Kansas Department on Aging. The toll-free number is 1-800-432-3535.

Approximately twenty (20) days prior to the expiration date you will receive a second letter from the KDOA. The letter will contain the last date for you to remain in the nursing facility. If, at that point, you disagree with the length of the temporary stay, the letter will provide information on how you may appeal.

Thank you for your cooperation. Our best wishes to you as you make your long term care decisions. Please let us know if we can be of any further assistance.

Sincerely,

«Level_II_Manager»
CARE Level II Manager

c: «Current_Location», Social Services
«Primary_Care_Provider»
«Guardian»
«CC_1»
«CC_2»
«CC_3»
«CC_4»
Cornelia Jeffery, SRS Health Care Policy
«SRS_QE»
«CMHC»
«AAA_Name» Area Agency on Aging
MI3T

«February 2010»

Example: Level II
Determination Letter sent
when NF care is NOT
approved

«First_Name» «Last_Name»
c/o «Current_Location»
«Address»
«City», «St» «Zip»

Dear «Pref». «Last_Name»:

On «Assmt_Date» you received an assessment of your health care needs. You were provided this service because you expressed an interest in admission to a Kansas nursing facility. The purpose of the assessment was to obtain information about your health care needs and to provide you with information about the services which can best meet those needs.

Based on the information from the assessment, **you do not require the level of services provided in a nursing facility/nursing facility for mental health, but you do require the level of services provided in a hospital psychiatric unit.** This means your needs can best be met in an inpatient psychiatric unit, and you cannot be admitted to a nursing facility/NFMH. *This letter only pertains to nursing facility placement and is not an acceptance or denial of Medicaid financial eligibility. To determine your Medicaid financial eligibility you must contact your local SRS office.*

Based on the information from the assessment conducted by «Assr», «Title», and any information gathered during the determination process, the following additional health care services have also been recommended:

«Recommendation_1»
«Recommendation_2»
«Recommendation_3»
«Recommendation_4»
«Recommendation_5»
«Recommendation_6»

A new screening will need to be done when your mental illness and medications are stabilized and you are ready for discharge to a nursing facility, should this be the choice for your long term care. This can be scheduled by contacting the «AAA_Name» Area Agency on Aging, at «AAA_Phone_Number».

You also have a right to request a copy of the completed PASRR assessment. Should you wish to request a copy of the assessment, or if you have any questions about how the outcome of the assessment or this letter affects you, please contact «Level_II_Manager», CARE Level II Manager, Kansas Department on Aging. The toll-free number is 1-800-432-3535.

If you disagree with the assessment outcome stated in this letter, you have the right to appeal this decision. Your request for appeal must be in writing and must be received by the Department of Administration, Office of Administrative Hearings within 30 days of the date on this letter. Send your appeal request to:

Office of Administrative Hearings
1020 S. Kansas
Topeka, KS 66612

Thank you for your cooperation. Our best wishes to you as you make your long term care decisions. Please let us know if we can be of any further assistance.

Sincerely,

«Level_II_Manager»
CARE Level II Manager

c: «Current_Location» Social Services
«Primary_Care_Provider»
«Guardian»
«CC_1»
«CC_2»
«CC_3»
«CC_4»
«CMHC»
Cornelia Jeffery, SRS Health Care Policy
«SRS_QE»
«AAA_Name» Area Agency on Aging
MI2



CARE PROGRAM ALERT

January, 2013

CARE Terminal/Severe Physical Illness Letter Process

CARE Assessments are not to be done on people who are terminally ill or in a coma prior to entering a Nursing Facility. Instead, please follow this procedure:

- Obtain documentation from physician stating the individual is terminally ill or in a coma (The person does not have to be on "Hospice" services.)
- Hospital assessor sends the documentation to the Nursing Facility
- Nursing Facility staff sends the documentation to The CARE Staff at KDADS.
- KDADS sends a letter out to the individual at the Nursing Facility

New England Building, 503 S. Kansas Avenue, Topeka, KS 66603-3404
Voice: (785) 296-4986 • Toll-Free: (800) 432-3535 • Fax: (785) 296-0256
TTY (Hearing Impaired): (785) 291-3167 • E-Mail: wwwmail@aging.ks.gov

February 11, 2010

Example: Terminal/Severe
Physical Illness Letter

Type Name
c/o NF Name
Type Address
City, ST Zip

Dear Mr. Type Last Name:

Recently you expressed an interest in admission to a Kansas nursing facility.

A review of the information provided to us at the time of the referral, including a certification by your physician, indicates that your medical condition has reached the point that you will no longer benefit from the CARE/PASRR process. You may be admitted to a nursing facility, if admission to such a setting is your (and your legal guardian, if appointed) choice for long term care.

Please keep this letter with your important medical papers, as you will be asked to present it should you choose to enter a nursing facility.

If you have any questions about how this letter affects you please contact Dwane Kratochvil, RN-BC, CARE Level II Manager at the Kansas Department on Aging. The toll-free number is 1-800-432-3535.

Thank you for your cooperation. Our best wishes to you as you make your long term care decisions. Please let us know if we can be of any further assistance.

Sincerely,

CARE Level II Manager

c: NF Name, Social Services
Select AAA
MHPC

NOTICE

The CARE Assessment:

- **IS** an opportunity for the CARE assessor to review community-based service options with you.
- **IS** an evaluation of some of your health care needs.
- **IS** a document that is used to collect data on community services that are available and those that are not available. This information is submitted to the legislature each year as an effort to expand community-based service option needed to maintain Kansans IN THEIR OWN HOMES.

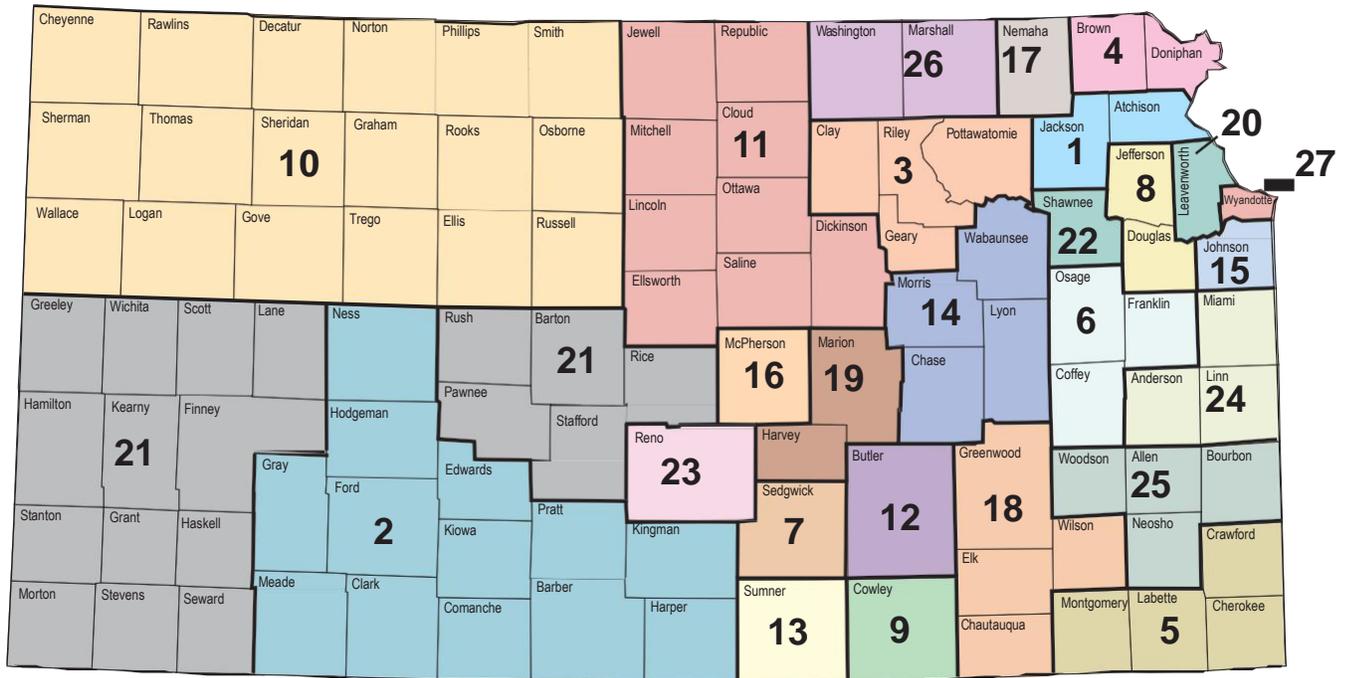
The CARE Assessment:

- **IS NOT** used to determine whether you may or may not enter a nursing facility.
- **IS NOT** a guarantee of Medicaid eligibility. To determine Medicaid eligibility, SRS considers your financial resources and determines the level of care you need by evaluating the information on the CARE assessment.
- **IS NOT** used as an application for Medicaid. If you want to apply for Medicaid, YOU must contact your local SRS office to begin the paperwork.

Community Development Disability Organization

CDDO Web site: www.srskansas.org/hcp/css/DDInfo.htm
 Kansas Council on Developmental Disabilities Web site: www.kcdd.org

Community Development Disability Organizations (CDDOs) are the single point of entry for an individual or family to obtain services through the developmental disabilities system in Kansas. CDDOs are responsible for determining whether a person qualifies for services, working with the person and/or the person's family or guardian in choosing from service options and referring those persons to other agencies if additional supports are needed.

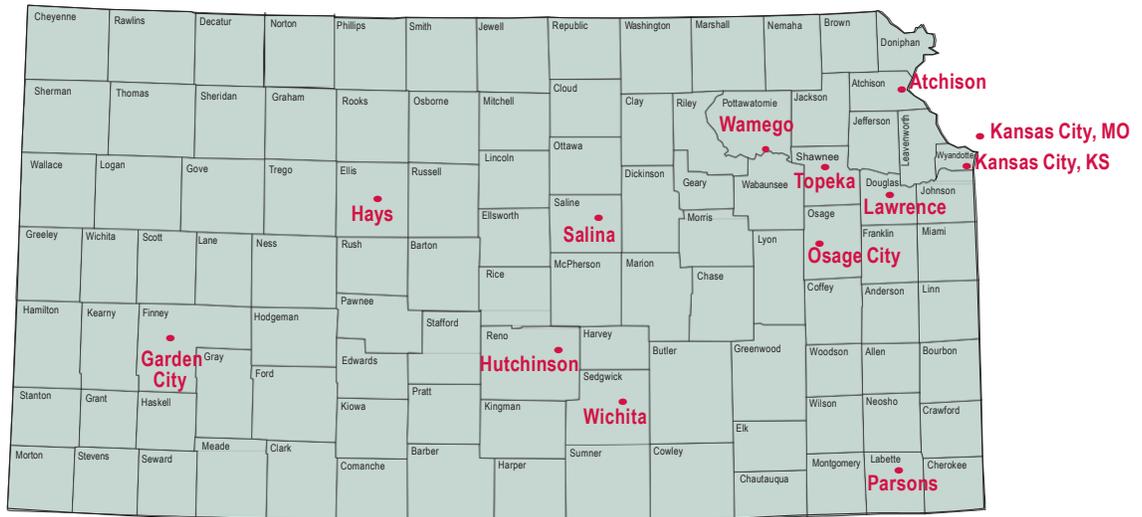


- | | |
|---|---|
| 1 Achievement Services for Northeast Kansas (913) 367-2432 | 15 Johnson County Developmental Supports (913) 826-2600 |
| 2 Arrowhead West, Inc. (620) 225-5177 | 16 McPherson County CDDO (620) 245-5211 |
| 3 Big Lakes Developmental Center, Inc. (785) 776-9201 | 17 Nemaha County Training Center. (785) 336-6116 |
| 4 Brown County Developmental Services, Inc. (785) 742-3959 | 18 New Beginnings Enterprises, Inc. (620) 325-3333 |
| 5 CLASS, Ltd. (620) 429-1212 | 19 Harvery-Marion County CDDO (316) 283-7997 |
| 6 COF Training Services, Inc. (785) 242-5035 | 20 Riverside Resources, Inc. (913) 651-6810 |
| 7 Sedgwick Co. Developmental Disability Org. (316) 660-7630 | 21 Southwest Developmental Services, Inc. (620) 275-7521 |
| 8 Cottonwood, Inc. (785) 842-0550 | 22 TARC, Inc. (785) 232-0597 |
| 9 Cowley County Developmental Services, Inc. (620) 442-5270 | 23 Reno County CDDO (620) 663-2219 |
| 10 Developmental Services of Northwest Kansas, Inc. (785) 625-5678 | 24 Tri-Ko, Inc. (913) 755-3025 |
| 11 Disability Planning Organization of Kansas (785) 823-3173 | 25 Tri-Valley Developmental Services, Inc. (620) 431-7401 |
| 12 Flinthills Services, Inc. (316) 322-8777 | 26 Twin Valley Developmental Services, Inc. (785) 747-2251 |
| 13 Futures Unlimited, Inc. (620) 326-8906 | 27 Wyandotte County CDDO (913) 573-5502 |
| 14 Hetlinger Developmental Services, Inc. (620) 342-1087 | |

Centers for Independent Living

Web site: www.silck.org
(go to centers)

Centers for Independent Living (CIL) promote the self-reliance of individuals with disabilities through education, advocacy, training and support. The core services provided by all CILs are: individual and systems advocacy, information and referral services, peer counseling, independent living skills and deinstitutionalization. For satellite office locations, call or check the individual CIL Web sites. Centers may be able to provide services statewide.



Atchison • Independent Living Center of Northeast Kansas, Inc.

..... V/TTY: (913) 367-1830
 V/TTY: (888) 845-2879
 Web site: www.ilcnek.org

Garden City • Center for Independent Living for Southwest Kansas

..... V/TTY: (620) 276-1900
 (800) 736-9443
 Web site: www.cilswks.org

Hays • LINK, Inc.

..... V/TTY: (785) 625-6942
 V/TTY: (800) 569-5926
 Web site: www.linkinc.org

Hutchinson • Prairie Independent Living Resource Center

..... (620) 663-3989
 TTY: (620) 663-9920
 (888) 715-6818
 Web site: www.pilr.org

Kansas City, KS • Coalition For Independence

..... (913) 321-5140
 TTY: (913) 321-5126
 (866) 201-3829
 Web site: www.cfi-kc.org

Kansas City, MO • The Whole Person

..... (816) 561-0304
 TTY: (816) 627-2201
 Web site: www.thewholeperson.org

Lawrence • Independence, Inc.

..... (785) 841-0333
 TTY: (785) 841-1046
 : (888) 824-7277
 .. Web site: www.independenceinc.org

Osage City • Resource Center for Independent Living

..... (785) 528-3105
 TTY: (785) 528-3106
 (800) 580-7245
 Web site: www.rcilinc.org

Parsons • Southeast Kansas Independent Living

..... (620) 421-5502
 TTY: (620) 421-0983
 (800) 688-5616
 Web site: www.skilonline.com

Salina • Independent Connection/OCCK

..... (785) 827-9383
 TTY: (785) 827-7051
 (800) 526-9731
 Web site: www.occk.com/icsection.htm

Topeka • Topeka Independent Living Resource Center

..... V/TTY: (785) 233-4572
 V/TTY: (800) 443-2207
 Web site: www.tilrc.org

Wamego • Three Rivers

..... V/TTY: (785) 456-9915
 V/TTY: (800) 555-3994
 Web site: www.threeriversinc.org

Wichita • Independent Living Resource Center

..... V/TTY: (316) 942-6300
 V/TTY: (800) 479-6861
 Web site: www.ilrcks.org

Cognitive Screening Condensed

Screening Tool	Screening cue for assessor	Impaired if customer misses:
Orientation	Day of the week, month, year, President	2 or more
3-word recall	Pen, Car, Watch	1 or more
Spelling backward	Table (however customer spells)	any letter
Clock Draw	All #'s, spacing of #'s, hands at 10min after 11	any portion

Functional Assessment of ADLs and IADLs Condensed

Code	Definition
(1) Independent	<ul style="list-style-type: none"> The customer is able to perform activity safely, adequately, appropriately, and within a reasonable time without assistance from another person. Customer is Independent if s/he performs the activity as stated, but does so with the use of an assistive device.
(2) Supervision needed	<ul style="list-style-type: none"> To perform the activity adequately, appropriately, safely, and within a reasonable amount of time, the customer needs: <ol style="list-style-type: none"> Set-up assistance to perform some portion of the activity; or Requires oversight, cuing or coaxing, including reminding to use assistive devices.
(3) Physical Assistance needed	<ul style="list-style-type: none"> To perform some aspects of the activity adequately, appropriately, safely, and within a reasonable time, the customer requires some hands-on assistance, but is: <ol style="list-style-type: none"> Able to physically perform some components of the activity; or Although customer has limited physical participation, they are able to direct the activity, in other words make known how they prefer the activity be performed.
(4) Unable to Perform	<ul style="list-style-type: none"> The customer is unable to participate in this activity in any significant manner due to cognitive, physical, and/or mental health limitations and needs total assistance.
ADL's	Assess the customer's ability to:
Bathing	<ul style="list-style-type: none"> Take a full body bath or shower at least once a week or more frequently to prevent odor or skin health issues; and Set-up and put away bathing supplies, i.e. towel, washcloth, soap, shampoo, assistive equipment, or long handled brush and adjust bath bench or other assistive devices; and Transfer in and out of the tub or shower; and Turn on the water and adjust the water temperature; and Wash and dry all body parts, including back, feet, and hair. <p><i>Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while bathing in the last month.</i></p>
Dressing	<ul style="list-style-type: none"> Change clothes often enough that the customer appears clean and is odor free; and Select, obtain, and set-up clothing for dressing; and Select clothes that are safe and appropriate for the temperature and usual activities inside and outside the home, not special occasions; and Put on, adjust, fasten (including buttons, snaps, zippers, ties, etc.) and take off all items of clothing; OR the customer has and wears adapted clothing that allows s/he to dress for most public occasions without needing to use buttons, snaps, ties, etc.; and Put on and remove prosthesis and/or medically needed clothes or devices, such as TED hose.
Toileting	<ul style="list-style-type: none"> Transfer on and off the toilet; and Complete bowel/bladder elimination; and Cleanse self and adjust clothing; and Manage incontinence and supplies, bedpan, commode, ostomy and catheter. <p><i>Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while toileting in the last month.</i></p>
Transferring	<ul style="list-style-type: none"> Move between surfaces, e.g. to and from the bed, chair, wheelchair, or to a standing position; and Rise from a sitting/laying position; and Recline to a sitting/laying position <p><i>Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while transferring in the last month.</i></p>
Walking/ Mobility	<ul style="list-style-type: none"> Move within all locations of his or her living environment to accomplish ADLs; and Ambulate safely from one area to another; and Place or set-up assistive equipment in usable location; and Obtain equipment and use the equipment safely and effectively at all times; and Maneuver cane, walker and/or wheelchair, if needed. <p><i>Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while walking/mobility in the last month.</i></p>
Eating	<ul style="list-style-type: none"> Prepare food by cutting into bite size pieces, chopping, or pureeing, buttering bread, opening single serving containers, and pouring liquids; and Transfer food and drink from plate or cup to mouth; and Chew and swallow safely; and Manages tube feeding without assistance, if fed through a tube.

IADL's	Assess the customer's ability to:
Meal Preparation	<ul style="list-style-type: none"> • Plan, prepare, and serve a meal; and • Safely use stove or microwave to heat or cook foods; and • Open containers, turn stove on and off, use can opener; and • Opening the ingredients, peeling, cutting, chopping, measuring, baking, and/or cooking the meal; and • Follow a doctor prescribed diet, when applicable (i.e., low sodium, low sugar, or low fat.) <p><i>Coding Clarification: Code (2) if the customer only needs set-up to prepare a meal, which includes putting out pans and placing ingredients on the counter.</i></p>
Shopping	<ul style="list-style-type: none"> • Develop a list of needed items, go to store, locate items to be purchased, place them in a cart, or shop effectively by phone or on-line for all items; and • Carry five pounds of canned goods or bulky items; and • Move purchased items from vehicle or doorway into home.
Money Management	<ul style="list-style-type: none"> • Budget according to income or personal funds; and • Deposit checks and manage account balances; and • Evaluate the accuracy/legitimacy of bills received; and • Pays bills and pays for merchandise by check, cash, credit/debt card, money orders or online payments; and • Tacks expenditures so as not to overdraw accounts or incur unintended debt. <p><i>Coding Clarification:</i> Code as a (2) "Supervision" if the customer needs oversight/cuing to ensure the tasks in the definition are completed. This includes:</p> <ul style="list-style-type: none"> • Sorting mail; • Providing advice on which bills to pay; • Reviewing the checkbook (not physical act of balancing it); • Assuring the customer/providing guidance or advice. <p>Code as (3) "Physical Assistance" if the customer needs assistance to ensure the tasks in the definition is completed. This includes:</p> <ul style="list-style-type: none"> • Writing checks; • Balancing the checkbook (not just reviewing it); and • Preparing and maintaining a system to track expenditures. <p>Code as (4) "Unable to Perform" if the customer has a conservator or is not involved in money management decisions.</p>
Transportation	<ul style="list-style-type: none"> • Safely drive own car OR has available and can arrange for and use private or public transportation; and • Able to enter, adjust position, and leave the vehicle without assistance from another person (may use assistive devices); and • Manage getting assistive equipment, if needed, into and out of the vehicle. <p><i>Coding Clarification: Code as (2) set-up, if the customer only needs someone to arrange transportation.</i></p>
Telephone	<ul style="list-style-type: none"> • Obtain needed telephone numbers; and • Dial the phone; and • Answer and hang-up the phone; and • Converse over the phone; and • Arrange and schedule appointments. <p><i>Coding Clarification:</i> Code as (2) "Supervision" if the customer needs oversight/cuing to ensure tasks in the definition are completed. This includes looking up phone numbers in the phone book, and/or providing a small list of frequently called numbers because the customer can not find them in the phone book. Code as a (3) "Physical Assistance" if the customer needs physical assistance to ensure the tasks in the definition are completed. This includes dialing the phone, answering and/or hanging up the phone, and arranging or making calls to schedule appointments. Code as (4) "Unable to Perform" if the customer is not able to converse on the phone.</p>
Laundry, Housekeeping	<ul style="list-style-type: none"> • Determine when the clothes need to be washed and complete all the laundry steps, e.g., takes clothes to wash area, determines the amount of detergent needed, able to properly set the washing machine; and • Place clean clothes into storage/closet area; and • Perform routine tasks, e.g., bed making, putting items away, dishwashing, and taking out trash; and • Keep pathways in the home clear for mobility; and • Understand methods to kill germs and bacteria; and • Sweep, vacuum, and mop.
Medication Management, Treatment	<ul style="list-style-type: none"> • Obtain medication from containers; and • Determine the proper dosage of the medication and prepare it (cut pills in half or draw up medication in syringe if necessary); and • Administer own medication; and • Remember to take medication as prescribed; and • Recognize possible side effects of the medications when this is essential for safety; and • Set up materials for treatments and conduct treatment procedures; and • Store medication correctly and understand risks of taking outdated medication; and • Recognize when medication is running out, seeks refills, or follows-up with provider. <p><i>Coding Clarification:</i> Code as (2) "Supervision" if the customer can administer his/her medication once it is set-up in a pill-box, the pill container is opened, or he/she is reminded or cued to take medication. Code as a (3) "Physical Assistance: if the customer must have the medication handed to him/her.</p>

Assistive Equipment and Resources

State wide number: 1-800-KANDOIT

Solutions Outreach Center will loan use or provide funding assistance:

(over 4,000 items available)

Call 800-526-9731

TDD/TTY #786-827-9383

KDADS Explore Your Options booklets

Cognitive: calendar reminders, telephone call services

Communication: visual aides, pagers, whiteboards

Transfers: slide board, portable hydraulic lift cushion, transfer lifts, hospital beds

Steadiness/standing: walkers with seats, canes, full body support

Bathing: transfer bench, in tub benches, handheld shower heads

Dressing: adaptable clothing, dressing guides and aides

Toileting: washable underwear for incontinence (Health Dri), portable commodes, urinals, bedpans

Walking/Mobility: electric scooters and wheelchairs, walkers with wheels, walkers with trays, walkers with other adaptive ends, basket or pocket extensions, removal of all throw rugs

Eating: adaptive silverware, bowls, glassware, bib protection

Meal Preparation: sitting on a barstool with arm rests in kitchen, container openers, portable cooking devices

Money Management: personal banking assistance, on-line banking, conservator

Telephone: telephone adaptations and amplifiers

Medication Management: alarm medication dispensers, locked box system with caregiver dispensing

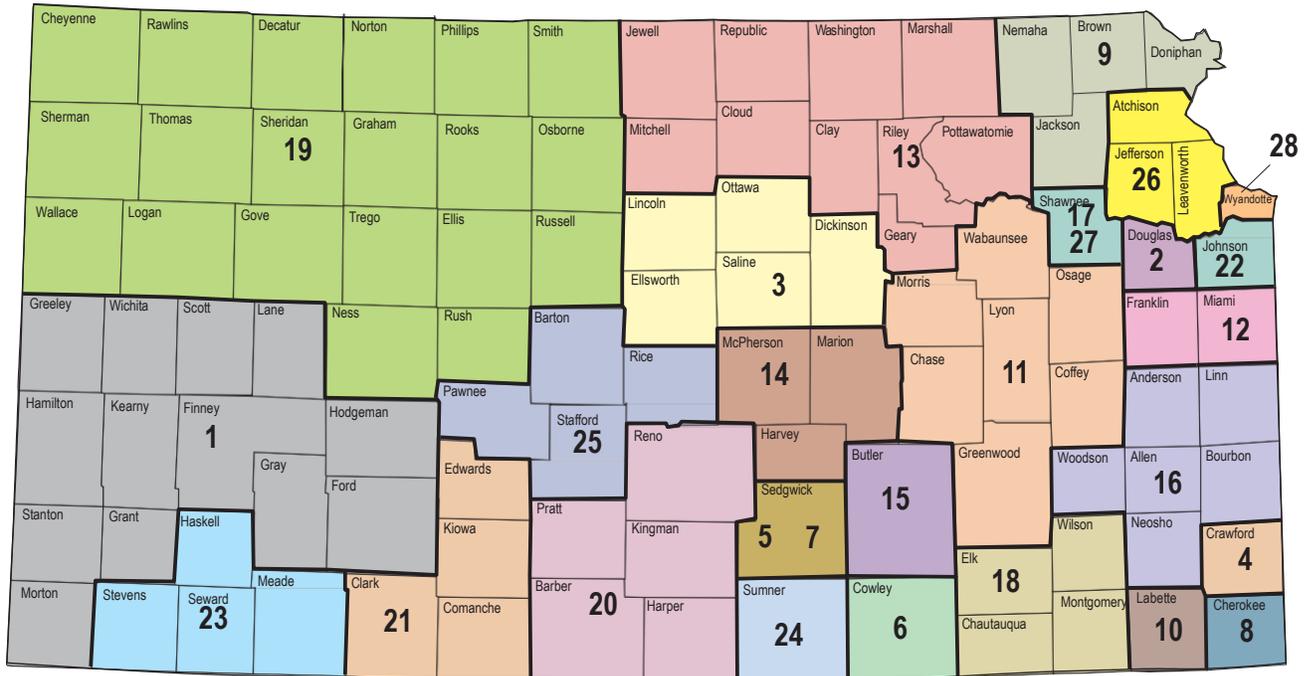
Shopping: delivery services, portable carts, electric carts

Transportation: local vans, buses, taxi services

Community Mental Health Centers

Web site: www.srskansas.org/hcp/MHmain.htm

Community Mental Health Centers (CMHCs) are the local coordinating agencies for delivery of public community-based mental health services. CMHCs are administered under Health Care Policy (HCP) of SRS. HCP is a person-centered, value-based purchaser or provider of health care and support services for Kansans with disabilities or low-income. They assist Kansans with living healthy, successful and self-determined lives in their homes and communities.



- | | |
|---|---|
| 1 Area Mental Health Center(620) 276-7689 | 16 Southeast Kansas MHC(620) 365-8641 |
| 2 Bert Nash CMHC, Inc.(785) 843-9192 | 17 Family Service & Guidance Center (785) 232-5005 |
| 3 Central Kansas MHC (785) 823-6322 | 18 Four County MHC (620) 331-1748 |
| 4 CMHC of Crawford County (620) 231-5130 | 19 High Plains MHC(785) 628-2871 |
| 5 COMCARE of Sedgwick County(316) 660-7540 | 20 Horizons MHC(620) 663-7595 |
| 6 Cowley MHC & Couns. Center(620) 442-4540 | 21 Iroquois Center for Human Dev(620) 723-2272 |
| 7 Family Consultation Service(316) 264-8317 | 22 Johnson County MHC |
| 8 Family Life Center, Inc. (620) 848-2300 | Mission (913) 831-2550 |
| 9 Kanza MH & Guidance Center (785) 742-7113 | Olathe (913) 782-2100 |
| 10 Labette Center for Mental Health Services | Blue Valley (913) 715-7950 |
| (620) 421-3770 | 23 Southwest Guidance Center (620) 624-8171 |
| 11 MHC of East Central Kansas(620) 343-2211 | 24 Sumner Mental Health Center(620) 326-7448 |
| 12 Elizabeth Layton Center | 25 Center for Couns. & Cons(620) 792-2544 |
| Miami County (913) 557-9096 | 26 The Guidance Center (913) 682-5118 |
| Franklin County (785) 242-3780 | 27 Valeo Behavioral Health Care(785) 233-1730 |
| 13 Pawnee Mental Health Service(785) 587-4346 | 28 Wyandot Center for Community Behavioral |
| 14 Prairie View, Inc.(316) 284-6400 | Healthcare, Inc.(913) 233-3300 |
| 15 South-Central MH Counseling Center(316) 321-6036 | |

Resources**Websites**

**Kansas Department for Aging
and Disability Services**

503 S. Kansas Ave.

Topeka, KS 66603-3404

800-432-3535

785-296-4986

785-296-0256(Fax)

**KDADS Home page for individuals, their family and
caregivers.**<http://www.kdads.ks.gov/>**Explore Your Options.**http://www.agingkansas.org/Publications/evo/evo_index.htm**Professional page, i.e. CARE manual and forms**http://www.aging.ks.gov/CARE/CARE_index.htm**Web Links to Aging and Disability Resource Centers:**<http://www.ksadrc.org/>

Adult Protective Services**[Kansas Department
For Children and Families](#)****Kansas Protection Report Center at 1-800-922-5330**

Alzheimer's Associationwww.alz.orgwww.alz.org/kansascity/

National Information

Help Line: 800-272-3900

TDD: 312-335-8882

Kansas Area Chapters: 800-272-3900

**Alzheimer's Disease Education and
Referral (ADEAR) Center**www.alzheimers.org(A service of: The National Institute on
Aging -NIA)800-438-4380

Suicide Prevention Resource Center<http://www.sprc.org/>

877-GET-SPRC (438-7772)

Lifeline Helpline

1-800-273-TALK (4255)

NOTICE OF RIGHT TO REQUEST A FAIR HEARING

If you do not agree with the determination of the PASARR column (Section II of the Level I CARE Assessment) referral regarding a Level II assessment as set forth on your CARE Certificate, you have the right to request a fair hearing to appeal this decision. This determination was made in accordance with the Health Care Financing Administration Rules and Regulations relating to Preadmission Screening and PASARR, 42 CFR Section 483.100 et. seq.

To request a fair hearing in accordance with K.A.R. 30-7-64 et. seq., your request shall be in writing and delivered, or mailed to the following address so that it is received by the agency at the *Department of Administration Office of Administrative Hearings, 1020 S. Kansas, Topeka, KS 66612* within 30 days from the date on this Certificate of CARE Assessment. (Pursuant to K.S.A. 77-531, an additional three days shall be allowed if you receive this certificate by mail.) Failure to timely request or pursue a fair hearing may adversely affect your rights.

At the hearing you will be given the opportunity to explain why you disagree with the agency action. You may represent yourself or be represented at the hearing by legal counsel, a friend, a relative, or other spokesperson.

