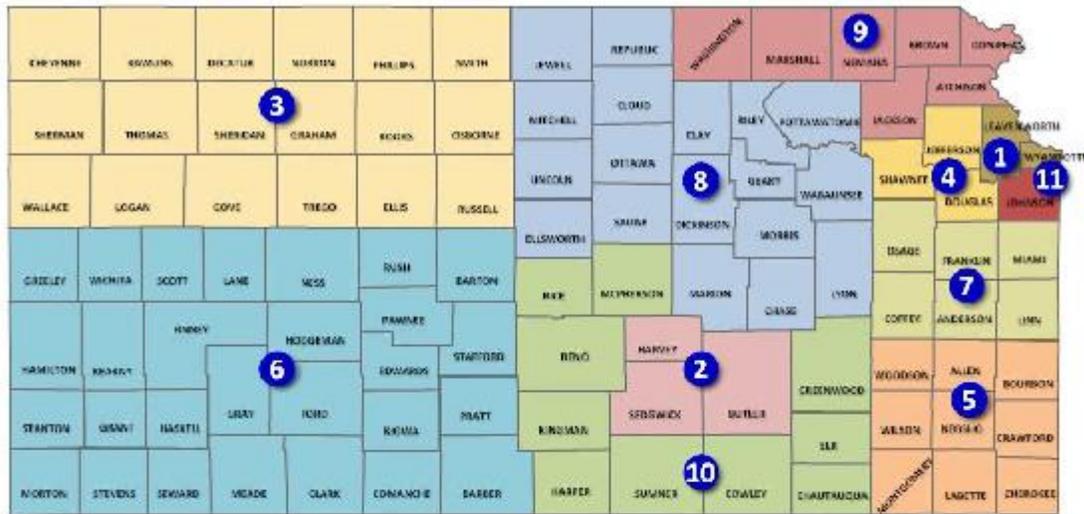


## **Reference Section**

# 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

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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

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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.

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## **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](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**

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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](mailto: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.

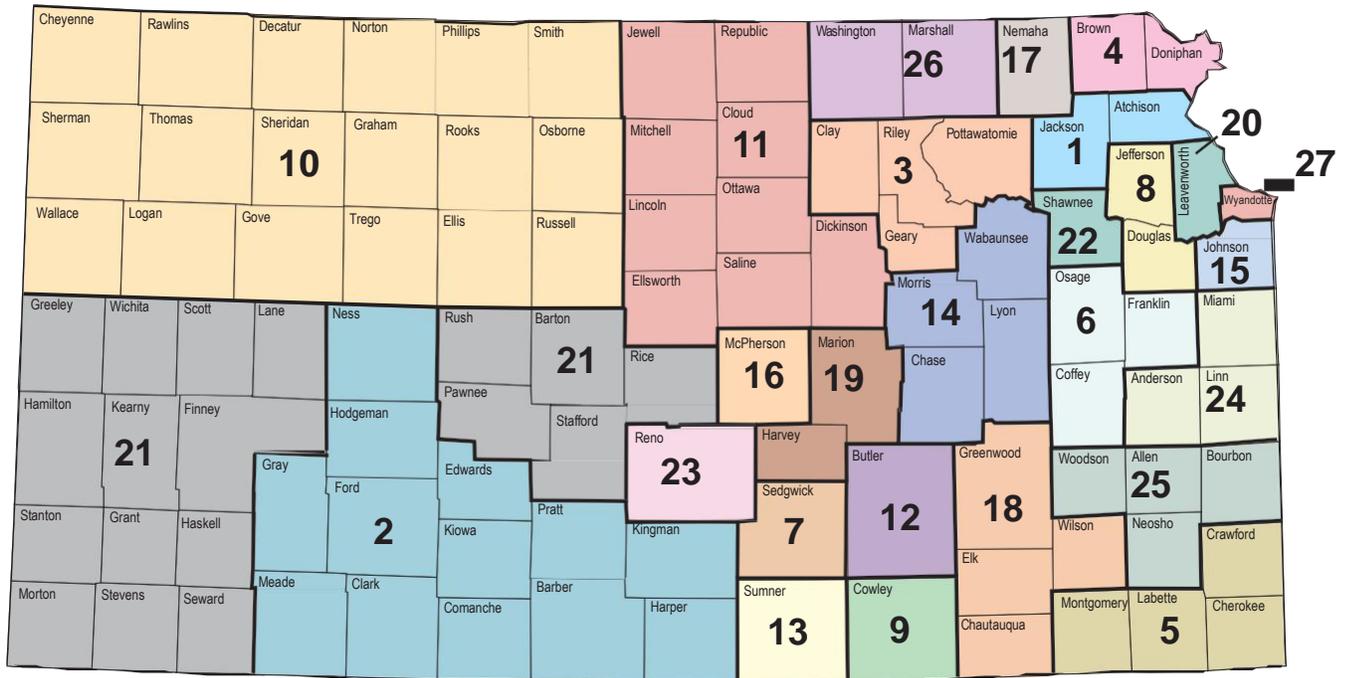
### The CARE Assessment:

- **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](http://www.srskansas.org/hcp/css/DDInfo.htm)  
 Kansas Council on Developmental Disabilities Web site: [www.kcdd.org](http://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.

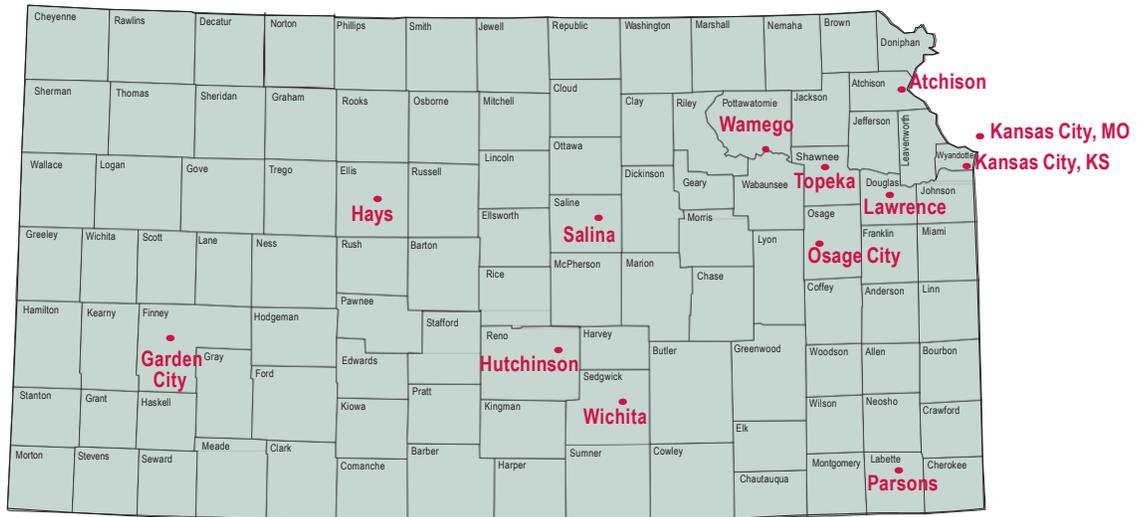


- |   |   |
|---|---|
| <b>1</b> Achievement Services for Northeast Kansas . . . . . (913) 367-2432   | <b>15</b> Johnson County Developmental Supports . . . . . (913) 826-2600  |
| <b>2</b> Arrowhead West, Inc. . . . . (620) 225-5177                          | <b>16</b> McPherson County CDDO . . . .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

# Centers for Independent Living

Web site: [www.silck.org](http://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](http://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](http://www.cilswks.org)

**Hays • LINK, Inc.**

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

**Hutchinson • Prairie Independent Living Resource Center**

..... (620) 663-3989  
 ..... TTY: (620) 663-9920  
 ..... (888) 715-6818  
 ..... Web site: [www.pilr.org](http://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](http://www.cfi-kc.org)

**Kansas City, MO • The Whole Person**

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

**Lawrence • Independence, Inc.**

..... (785) 841-0333  
 ..... TTY: (785) 841-1046  
 ..... : (888) 824-7277  
 ..... Web site: [www.independenceinc.org](http://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](http://www.rcilinc.org)

**Parsons • Southeast Kansas Independent Living**

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

**Salina • Independent Connection/OCCK**

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

**Wamego • Three Rivers**

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

**Wichita • Independent Living Resource Center**

..... V/TTY: (316) 942-6300  
 ..... V/TTY: (800) 479-6861  
 ..... Web site: [www.ilrcks.org](http://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
<b>(1) Independent</b>	<ul style="list-style-type: none"> <li>The customer is able to perform activity safely, adequately, appropriately, and within a reasonable time without assistance from another person.</li> <li>Customer is Independent if s/he performs the activity as stated, but does so with the use of an assistive device.</li> </ul>
<b>(2) Supervision needed</b>	<ul style="list-style-type: none"> <li>To perform the activity adequately, appropriately, safely, and within a reasonable amount of time, the customer needs:                             <ol style="list-style-type: none"> <li>Set-up assistance to perform some portion of the activity; or</li> <li>Requires oversight, cuing or coaxing, including reminding to use assistive devices.</li> </ol> </li> </ul>
<b>(3) Physical Assistance needed</b>	<ul style="list-style-type: none"> <li>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"> <li>Able to physically perform some components of the activity; or</li> <li>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.</li> </ol> </li> </ul>
<b>(4) Unable to Perform</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>ADL's</b>	<b>Assess the customer's ability to:</b>
<b>Bathing</b>	<ul style="list-style-type: none"> <li>Take a full body bath or shower at least once a week or more frequently to prevent odor or skin health issues; and</li> <li>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</li> <li>Transfer in and out of the tub or shower; and</li> <li>Turn on the water and adjust the water temperature; and</li> <li>Wash and dry all body parts, including back, feet, and hair.</li> </ul> <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>
<b>Dressing</b>	<ul style="list-style-type: none"> <li>Change clothes often enough that the customer appears clean and is odor free; and</li> <li>Select, obtain, and set-up clothing for dressing; and</li> <li>Select clothes that are safe and appropriate for the temperature and usual activities inside and outside the home, not special occasions; and</li> <li>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</li> <li>Put on and remove prosthesis and/or medically needed clothes or devices, such as TED hose.</li> </ul>
<b>Toileting</b>	<ul style="list-style-type: none"> <li>Transfer on and off the toilet; and</li> <li>Complete bowel/bladder elimination; and</li> <li>Cleanse self and adjust clothing; and</li> <li>Manage incontinence and supplies, bedpan, commode, ostomy and catheter.</li> </ul> <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>
<b>Transferring</b>	<ul style="list-style-type: none"> <li>Move between surfaces, e.g. to and from the bed, chair, wheelchair, or to a standing position; and</li> <li>Rise from a sitting/laying position; and</li> <li>Recline to a sitting/laying position</li> </ul> <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>
<b>Walking/ Mobility</b>	<ul style="list-style-type: none"> <li>Move within all locations of his or her living environment to accomplish ADLs; and</li> <li>Ambulate safely from one area to another; and</li> <li>Place or set-up assistive equipment in usable location; and</li> <li>Obtain equipment and use the equipment safely and effectively at all times; and</li> <li>Maneuver cane, walker and/or wheelchair, if needed.</li> </ul> <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>
<b>Eating</b>	<ul style="list-style-type: none"> <li>Prepare food by cutting into bite size pieces, chopping, or pureeing, buttering bread, opening single serving containers, and pouring liquids; and</li> <li>Transfer food and drink from plate or cup to mouth; and</li> <li>Chew and swallow safely; and</li> <li>Manages tube feeding without assistance, if fed through a tube.</li> </ul>

IADL's	Assess the customer's ability to:
<b>Meal Preparation</b>	<ul style="list-style-type: none"> <li>• Plan, prepare, and serve a meal; and</li> <li>• Safely use stove or microwave to heat or cook foods; and</li> <li>• Open containers, turn stove on and off, use can opener; and</li> <li>• Opening the ingredients, peeling, cutting, chopping, measuring, baking, and/or cooking the meal; and</li> <li>• Follow a doctor prescribed diet, when applicable (i.e., low sodium, low sugar, or low fat.)</li> </ul> <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>
<b>Shopping</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Carry five pounds of canned goods or bulky items; and</li> <li>• Move purchased items from vehicle or doorway into home.</li> </ul>
<b>Money Management</b>	<ul style="list-style-type: none"> <li>• Budget according to income or personal funds; and</li> <li>• Deposit checks and manage account balances; and</li> <li>• Evaluate the accuracy/legitimacy of bills received; and</li> <li>• Pays bills and pays for merchandise by check, cash, credit/debt card, money orders or online payments; and</li> <li>• Tacks expenditures so as not to overdraw accounts or incur unintended debt.</li> </ul> <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"> <li>• Sorting mail;</li> <li>• Providing advice on which bills to pay;</li> <li>• Reviewing the checkbook (not physical act of balancing it);</li> <li>• Assuring the customer/providing guidance or advice.</li> </ul> <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"> <li>• Writing checks;</li> <li>• Balancing the checkbook (not just reviewing it); and</li> <li>• Preparing and maintaining a system to track expenditures.</li> </ul> <p>Code as (4) "Unable to Perform" if the customer has a conservator or is not involved in money management decisions.</p>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Safely drive own car OR has available and can arrange for and use private or public transportation; and</li> <li>• Able to enter, adjust position, and leave the vehicle without assistance from another person (may use assistive devices); and</li> <li>• Manage getting assistive equipment, if needed, into and out of the vehicle.</li> </ul> <p><i>Coding Clarification: Code as (2) set-up, if the customer only needs someone to arrange transportation.</i></p>
<b>Telephone</b>	<ul style="list-style-type: none"> <li>• Obtain needed telephone numbers; and</li> <li>• Dial the phone; and</li> <li>• Answer and hang-up the phone; and</li> <li>• Converse over the phone; and</li> <li>• Arrange and schedule appointments.</li> </ul> <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>
<b>Laundry, Housekeeping</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Place clean clothes into storage/closet area; and</li> <li>• Perform routine tasks, e.g., bed making, putting items away, dishwashing, and taking out trash; and</li> <li>• Keep pathways in the home clear for mobility; and</li> <li>• Understand methods to kill germs and bacteria; and</li> <li>• Sweep, vacuum, and mop.</li> </ul>
<b>Medication Management, Treatment</b>	<ul style="list-style-type: none"> <li>• Obtain medication from containers; and</li> <li>• Determine the proper dosage of the medication and prepare it (cut pills in half or draw up medication in syringe if necessary); and</li> <li>• Administer own medication; and</li> <li>• Remember to take medication as prescribed; and</li> <li>• Recognize possible side effects of the medications when this is essential for safety; and</li> <li>• Set up materials for treatments and conduct treatment procedures; and</li> <li>• Store medication correctly and understand risks of taking outdated medication; and</li> <li>• Recognize when medication is running out, seeks refills, or follows-up with provider.</li> </ul> <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

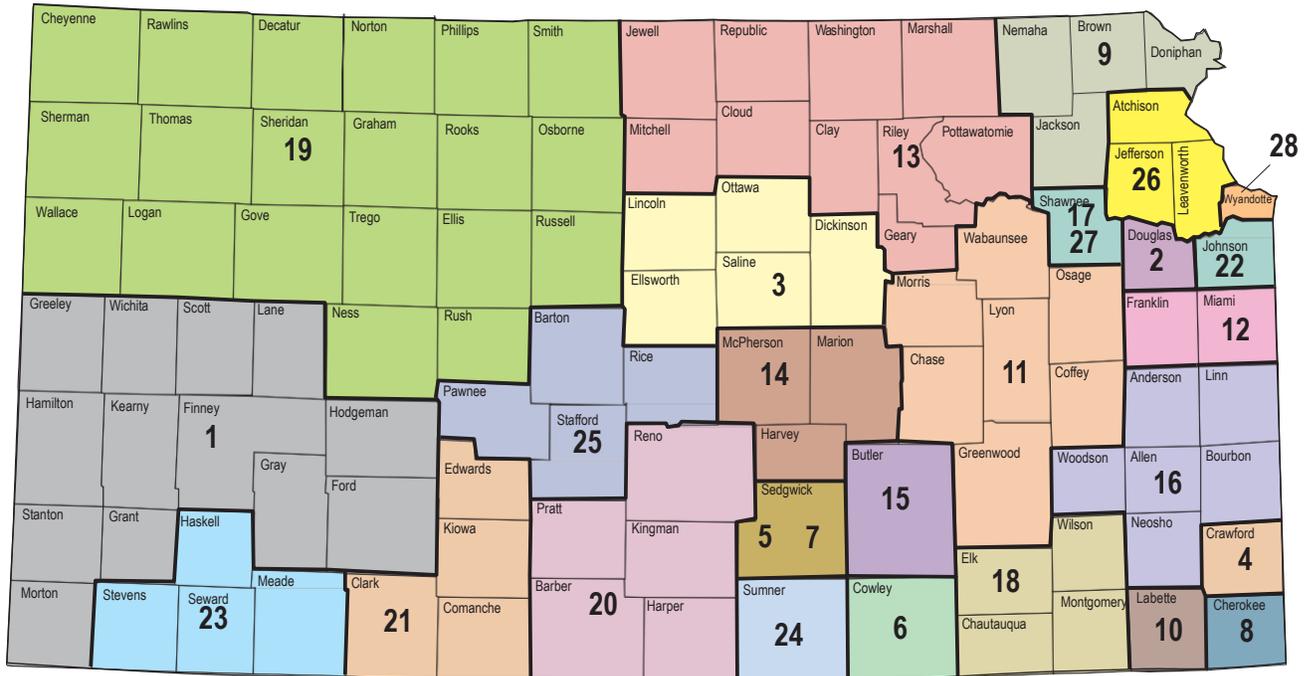
**Shopping:** delivery services, portable carts, electric carts

**Transportation:** local vans, buses, taxi services

# Community Mental Health Centers

Web site: [www.srskansas.org/hcp/MHmain.htm](http://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.



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

Resources	Websites
<p><b>Kansas Department for Aging and Disability Services</b>            503 S. Kansas Ave.            Topeka, KS 66603-3404            800-432-3535            785-296-4986            785-296-0256(Fax)</p>	<p><b>KDADS Home page for individuals, their family and caregivers.</b>  <a href="http://www.kdads.ks.gov/">http://www.kdads.ks.gov/</a>  <b>Explore Your Options.</b>  <a href="http://www.agingkansas.org/Publications/evo/evo_index.htm">http://www.agingkansas.org/Publications/evo/evo_index.htm</a>  <b>Professional page, i.e. CARE manual and forms</b>  <a href="http://www.aging.ks.gov/CARE/CARE_index.htm">http://www.aging.ks.gov/CARE/CARE_index.htm</a>  <b>Web Links to Aging and Disability Resource Centers:</b>  <a href="http://www.ksadrc.org/">http://www.ksadrc.org/</a></p>
<p><b>Adult Protective Services</b>  <a href="#">Kansas Department For Children and Families</a></p>	<p><b>Kansas Protection Report Center at 1-800-922-5330</b></p>
<p><b>Alzheimer's Association</b>  <a href="http://www.alz.org">www.alz.org</a></p> <p>National Information            Help Line: 800-272-3900            TDD: 312-335-8882</p> <p><b>Kansas Area Chapters: 800-272-3900</b></p>	<p><a href="http://www.alz.org/kansascity/">www.alz.org/kansascity/</a></p>
<p><b>Alzheimer's Disease Education and Referral (ADEAR) Center</b></p> <p>(A service of: The National Institute on Aging -NIA)            800-438-4380</p>	<p><a href="http://www.alzheimers.org">www.alzheimers.org</a></p>
<p><b>Suicide Prevention Resource Center</b>            877-GET-SPRC (438-7772)</p> <p>Lifeline Helpline            1-800-273-TALK (4255)</p>	<p><a href="http://www.sprc.org/">http://www.sprc.org/</a></p>

# 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.

