



Department for Aging
and Disability Services

**Level I: Special
Admissions and
Resident Review Training**

April 19, 2018

Please note that after **April 6, 2018** all PASRR admission paperwork will only be accepted by the KDADS CARE Department as lined out in the following slides and also in the new CARE manual.



What is a PASRR?

PRE-**A**DMISSION **S**CREENING and **R**ESIDENT **R**EVUE

To comply with Section 1919(e)(7) of the Social Security Act, every individual admitting to a Medicaid-certified nursing facility must have proof of a valid PASRR unless an exception applies. The purpose of the PASRR is to determine whether an individual with mental illness or intellectual disability requires the level of services provided by a nursing facility or specialized mental health or intellectual disability services.

What is the CARE Program?

The Client Assessment, Referral, and Evaluation (CARE) Program was developed by the state of Kansas for data collection, individual assessment, referral to community-based services, and appropriate placement in long-term care facilities.



What is the Level I CARE Assessment?

- The Level I CARE assessment collects information regarding the resident's:
 - Identification;
 - PASRR answers;
 - Level of Care needs, including:
 - Supports
 - Cognition
 - Communication
 - Recent Problems
 - Customer Choice
- The Level I CARE assessment is how Kansas
 - Complies with federal PASRR requirements
 - Determines who needs a Level II screening

Level I CARE Assessment

- A complete Level I CARE assessment is required before the day of admission to a nursing facility, regardless of the resident's payer source, unless a valid exception applies.
- If a resident enters the nursing facility without a valid Level I CARE assessment AND the resident does not meet the criteria for a special admission, contact the local AAA to schedule an appointment for the assessment to be performed. The AAA has 5 business days to complete the assessment.

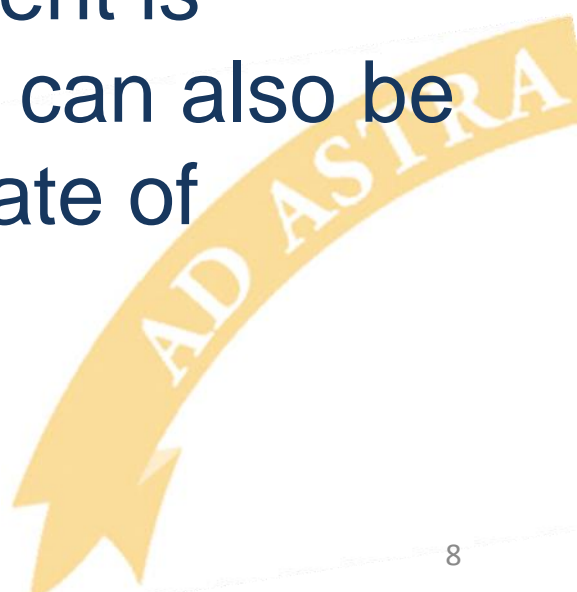
Every resident who enters a Medicaid-certified nursing facility, regardless of payer source, must have a Level I CARE assessment completed **BEFORE THE FIRST DAY** of admission unless a valid exception applies, including the following special admission:

- An Emergency Admission
- A Respite Stay
- A Less Than 30-Day Admission
- An Out-of-State Admission
- A Terminal Illness



Level I CARE Assessments

- If the resident does not qualify as a special admission AND a Level I CARE assessment is not completed on or before the date of admission, Medicaid will not pay until the date the assessment is completed. The nursing facility can also be held non-compliant with the State of Kansas.



How to Complete Sections A and B for Nursing Facility Special Admissions

- When the resident arrives to the facility as a special admission, the nursing facility is responsible for filling out Sections A and B of the Level I CARE assessment.
- A nursing facility may NOT complete any other sections of the assessment.
- Sections A and B may only be completed by a licensed social worker, social services designee, registered nurse, or licensed practical nurse.

How to Complete Sections A and B (PASRR) for Nursing Facility Special Admissions

- Sections A and B must be completed on the date the resident is admitted to the facility.
- Every time a resident is admitted to a nursing facility without a valid Level I CARE assessment, the nursing facility must have a valid special admission order. Each new admission gets its own Section A and B

Sections A and B

- Every question must be answered as completely and accurately as possible.
- KDADS may refuse to accept any PASRR that is incomplete or appears to altered in any way
 - Example: Leaving questions unanswered or changing dates or other important information with white-out)

Section A

Resident Identification



Section A

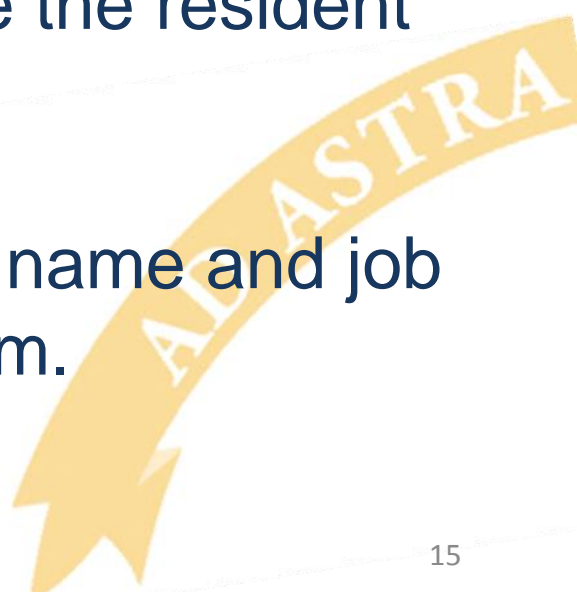
- **Question 1:** A social security number is the best way to identify the resident. Some residents across the state may have the same name and/or date of birth.
 - The social security number ID is optional.
 - Leave this section blank if you do not have verified proof of the social security number.
 - Please do not use a Medicaid ID in place of the SSN. The Medicaid ID may belong to the resident's spouse.

Section A

- **Question 2:** Please list the resident's legal first name and last name. If the resident goes by another name, please add it in parentheses next to the resident's legal name.
- **Question 3:** Please list the resident's last known residential address.
 - If the resident is homeless, please only fill out the information for the nursing facility's address. On the line labeled "Street Address," please write "HOMELESS."
 - If the resident's last address is unknown, please only fill out the information for the nursing facility's address. On the line labeled "Street Address," write "UNKNOWN."

Section A

- **Question 4:** Enter the resident's date of birth.
- **Question 5:** Enter the resident's gender.
- **Question 6:** Enter the date that the form was completed, which should be the date the resident was admitted to the facility.
- **Question 7:** Please legibly print the name and job title of the person completing the form.



Section A

- **Question 8:** Please write out the entire name of the nursing facility. Do not abbreviate the name.
 - For example, if the resident is being admitted to a nursing facility owned by a corporation that operates more than one nursing facility in the state, please add the location of the facility to the name. (e.g., “Diversicare of Chanute;” “Medicalodges Coffeyville”)

Section A

- **Questions 9 – 11:** Please answer all of these questions completely. Do not leave any items blank.
 - **Question 9:** Check the box of the primary language the resident understands.
 - **Question 10:** Check the box that the resident considers as his or her ethnicity.
 - **Question 11:** Check the boxes that the resident considers as his or her race.

Section A

- **Question 12:** Please list the name, address, and phone number for the resident's emergency contact person. If the resident has a guardian or DPOA that is activated, list that person first. If the resident does not have a guardian or active DPOA, list the resident's primary caregiver.
 - If the emergency contact is also the resident's DPOA, write "DPOA" next to the emergency contact's name
 - Please check the box indicating whether the emergency contact is the resident's legal guardian
 - If there is not an emergency contact, write "NO CONTACT" on the line titled "Name"
- KDADS may refuse to accept forms that leave Question 12 blank or indicate "self" as the resident's emergency contact person.

Section B

PASRR



Section B

- **Question 1:** Check “YES” if the resident or responsible person is requesting nursing facility placement
- **Question 2:** See the CARE Manual for a list of SMI diagnoses. This information may be obtained from:
 - the resident;
 - the resident’s family, legal guardian, DPOA, or physician; or
 - the resident’s medical record



Section B

- **Question 3:** Check the appropriate boxes indicating what, if any, psychiatric treatment the resident has received in the past two years.

KDADS requires recent psychiatric treatment information to determine if the resident requires a Level II assessment. See the CARE Manual for more information about how to answer questions regarding the resident's psychiatric treatment history. This information may be obtained from:

- the resident;
- the resident's family, legal guardian, DPOA, or physician; or
- the resident's medical record

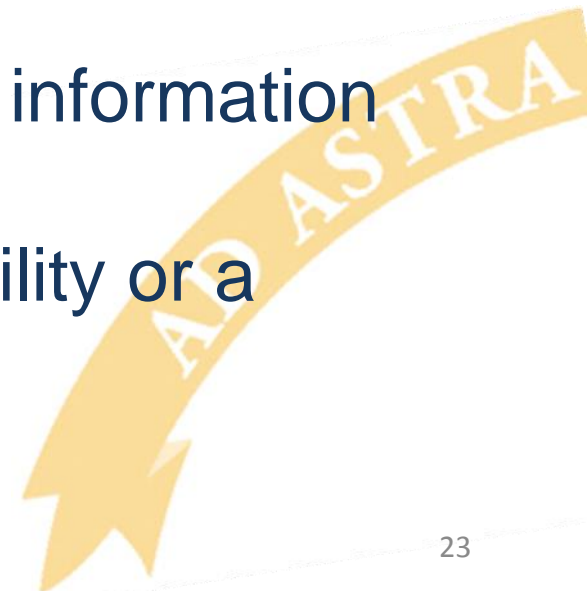


Section B

- **Question 4:** Check the box if the resident or responsible party reports the resident has experienced a level of impairment in that category within the last 3-6 months due to mental illness. See the CARE Manual for more information about how to answer questions regarding the resident's level of impairment.

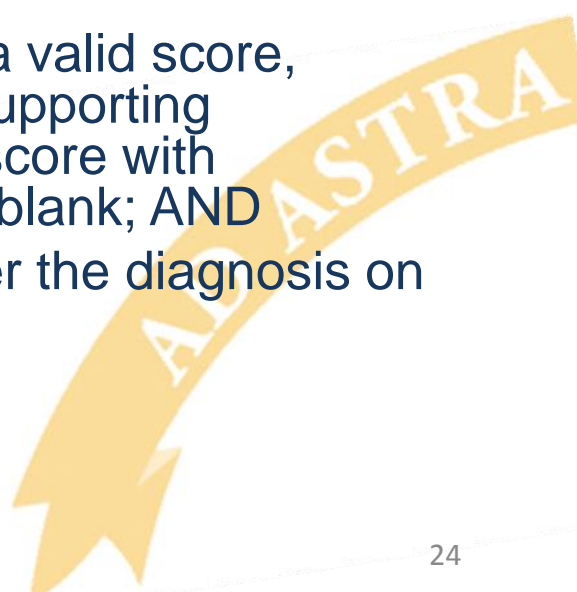
Section B

- **Question 5:** Please check the box indicating whether the resident has been diagnosed with an intellectual or developmental disability, a related condition, or neither.
 - See the CARE Manual for more information about what qualifies as a intellectual/developmental disability or a related condition



Section B

- An **intellectual/developmental disability** is defined as significantly sub-average intellectual functioning as evidenced by an IQ score of 70 or below on standardized measure of intelligence prior to the age of 18.
- For individuals with an intellectual or developmental disability, please enter the following information:
 1. **IQ score and date of testing:** If you have a valid score, please enter it on the form and attach the supporting documentation. If you do not have a valid score with supporting documentation, leave the score blank; AND
 2. **Developmental disability diagnosis:** Enter the diagnosis on the line provided



Section B

- A **related condition** is defined as a condition such as autism, cerebral palsy, epilepsy, Spina Bifida, Down's Syndrome, or another physical and/or mental impairment that is:
 - 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.
- For individuals who have a related condition, please record the **related condition diagnosis** on the line provided.

Section B

- **Question 6:** Check the appropriate box indicating whether the resident requires a Level II assessment.
 - An individual with a **Serious Mental Illness** must be referred for a Level II Assessment if:
 - The individual has a documented clinical diagnosis of a serious mental illness as described in the CARE Manual;
 - The individual has a level of impairment due to the mental illness that impacted major life activities within the past 3-6 months; AND
 - Within the past two years, the individual:
 - Had 2 or more inpatient or partial psychiatric hospitalizations; OR
 - Received supportive services at least 30 consecutive days; OR
 - Required intervention by housing officials, law enforcement, or APS because of a situation caused by the mental illness

Section B

- An individual with an **intellectual or developmental disability** must be referred for a Level II Assessment if the individual has:
 - A documented IQ of 70 or below; AND
 - Manifested before the age of 18
- An individual with a **related condition** must be referred for a Level II Assessment if the related condition:
 - Manifested before the age of 22;
 - Will likely continue indefinitely; AND
 - Impacts 3 or more major life activities



Special Admissions



Special Admissions

Exceptions to the Level I CARE Assessment are called “special admissions.” The five types of special admissions are:

- An Emergency Admission
- A Respite Stay
- A Less Than 30 Day Admission
- An Out-of-State Admission
- A Terminal Illness

Emergency Admissions to a Nursing Facility:

- Emergency admissions are when the individual is admitted to a nursing facility or long-term care unit due to an emergency that places the individual's health and/or welfare in jeopardy.
- Emergency admissions must fit under one of the criteria established by KDADS policy.

An Emergency Admission Occurs When:

- 1) An admission is requested by Adult Protective Services (APS) at the Department for Children and Families (DCF);
- 2) A natural disaster occurs that substantially impacts the individual's current living situation;
- 3) The individual's primary caregiver becomes unavailable due to a situation beyond the caregiver's control (e.g., the caregiver dies or becomes seriously ill or injured);
- 4) A physician orders an immediate admission due to the individual's health condition; or
- 5) The individual is admitted to the nursing facility from an out-of-state community due to circumstances beyond the individual's control (Ex: admitted from the individual's place of residence in another state on a weekend when an AAA Level I CARE assessor is not immediately available).

How to Complete an Emergency Admission

- Upon the resident's admission to the nursing facility, fill out the KDADS Special Admission Fax Memo
- Fill out Sections A and B of the Level I CARE assessment completely
- Send the Special Admission Fax Memo and Sections A and B of the Level I CARE assessment to:
 - The KDADS CARE Program at 785-291-3427 (fax) or kdads.care@ks.gov; **AND**
 - The local AAA



How to Complete an Emergency Admission

- If a physician orders an emergency admission due to the individual's health condition, the nursing facility must fax the signed order to the KDADS CARE Program along with the above forms.

Please Note: Verbal/Telephone orders will only be accepted if signed by a physician and are valid from the date of the physician's signature.

A nursing facility's Medical Director or physician may not write an admission order to the facility using the nursing facility's letterhead or electronic medical record. If the nursing facility's Medical Director or physician is also the resident's PCP or hospital attending physician, the physician's order must come from the physician's office or hospital where the resident was admitted.

- If APS requested the emergency admission, the nursing facility must fax DCF form PPS 10510 to the KDADS CARE Program along with the KDADS Special Admission Fax Memo.

How to Complete an Emergency Admission (continued)

- Call the local AAA within one business day after faxing the emergency admission documentation to verify the AAA received the information and assigned an assessor.
- It is the *nursing facility's* responsibility to request and obtain a Level I CARE assessment within the required timeframe. It is the AAA's responsibility to complete the assessment within 5 business days of notification.
- An emergency order is only valid for 7 days. If a Level I CARE assessment is not completed within 7 days, Medicaid will not pay after the 7th day and will not issue payment again until the assessment is completed.

Emergency Admission

The nursing facility can also be held non-compliant with the State of Kansas if the special admission and Level I CARE assessment requirements are not completed on time and documented in the resident's medical record.



Emergency Admission

Please verify the nursing facility is using the most recent Special Admission Fax Memo available from the KDADS website at:

www.kdads.ks.gov



Less Than 30-Day Special Admissions

The Less Than 30-Day special admission is an admission to a nursing facility that is anticipated to last less than 30 days following an inpatient hospital stay. The order must come from the hospital signed by the individual's attending physician who certifies that the individual is likely to require less than 30 days of nursing facility services.

How to Complete a Less Than 30-Day Special Admission

Before the resident is admitted, the nursing facility must verify that the less than 30-day order meets the following guidelines:

- The order **MUST** be on the discharge paperwork from the hospital sending the individual;
- The order **MUST** state that the individual's anticipated nursing facility stay is less than 30 days; and
- The order **MUST** be signed and dated by the **hospital attending physician**.

Only orders that meet the guidelines will be accepted; no other orders will be considered valid.

How to Complete a Less Than 30-Day Special Admission

- **Please Note:** Verbal/telephone orders will only be accepted if signed by a physician and are valid from the date of the physician's signature.
- A nursing facility's Medical Director or physician may not write an admission order to the facility using the nursing facility's letterhead or electronic medical record system. If the nursing facility's Medical Director or physician was also the resident's hospital attending physician, the order must come from the hospital where the resident was admitted.
- If "less than 30 day stay" is written on the discharge order after the physician signs the order, the physician is required to initial or sign next to the handwritten language.
 - The KDADS CARE Program will not accept orders that have been amended without the physician's signature/initials next to the handwritten change.

How to Complete a Less Than 30-Day Special Admission

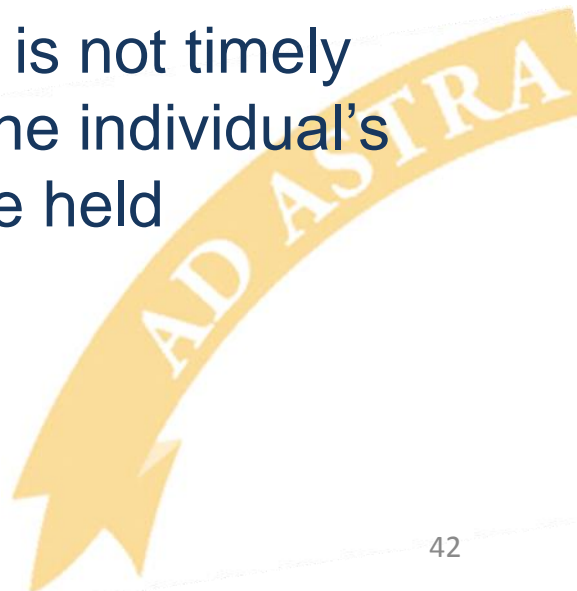
- Upon the resident's admission to the nursing facility, fill out Sections A and B of the Level I CARE assessment completely;
- Complete the KDADS Special Admission Fax Memo;
- Within one business day of the resident's admission, send the Less Than 30-Day signed order, Sections A and B of the Level I CARE assessment and Special Admission Fax Memo to the KDADS CARE Program at 785-291-3427 (fax) or kdads.care@ks.gov (email)

How to Complete a Less Than 30-Day Special Admission

- If the resident is still residing in the nursing facility on Day 20 of the signed less than 30-day order AND it appears the resident will stay longer than 30 days, please contact the local AAA to complete a Level I CARE assessment.
- It is the *nursing facility's* responsibility to make sure the Level I CARE assessment is completed within the required timeframe. It is the AAA's responsibility to complete the assessment within 5 business days of notification

Less Than 30-Day Admission

- Medicaid will only pay for 30 days from the date of the signed order. If the resident stays more than 30 days, Medicaid will not pay after the 30th day and will not make another payment until the Level I CARE assessment is completed.
- If a Less Than 30-Day special admission is not timely completed and properly documented in the individual's medical record, the nursing facility can be held non-compliant with the State of Kansas.



Less Than 30-Day Admission

Please verify the nursing facility is using the most recent Special Admission Fax Memo from the KDADS website, available at:

www.kdads.ks.gov



Out-of-State Admissions

- An out-of-state admission occurs when a resident is admitted to a nursing facility from an out-of-state nursing facility or hospital.
- An out-of-state admission is different from:
 - An Emergency Admission
 - A Less Than 30-Day Admission
- If the resident has a valid less than 30-day order from an out-of-state hospital, the nursing facility does not need the out-of-state PASRR (follow the directions a for less than 30-day admission)

How to Complete an Out-of-State Admission

- Before the resident is admitted to the nursing facility, obtain the PASRR from the state the resident is coming from. Every state has a PASRR-compliant form.
- Verify the out-of-state PASRR is filled out completely, signed, and dated.
- Upon admission to the facility, complete the Sections A and B of the Level I CARE assessment.
- Complete the KDADS Special Admission Fax Memo
- Send the Out-of-State PASRR, Sections A and B of the Level I CARE assessment, and Special Admission Fax Memo to the KDADS CARE Program at 785-291-3427 or e-mail kdads.care@ks.gov within one business day of admission.

How to Complete an Out-of-State Admission

- The nursing facility does not need to contact the local AAA for a Level I CARE assessment.
- A valid out-of-state PASRR fulfills the requirements of a Level I CARE assessment.
- If the resident discharges from the nursing facility and returns to the community for more than 30 days, a new Level I CARE assessment will be required upon readmission.

Out-of-State Admission

- Medicaid will pay from the date of the resident's admission if the out-of-state PASRR is dated on or before the date of admission.
- If the out-of-state PASRR is not documented in the resident's medical record, the nursing facility may be held non-compliant with the State of Kansas.
- If an out-of-state resident does not have a valid out-of-state PASRR or an out-of-state less than 30-day order, the nursing facility must contact the AAA for a Level I CARE assessment.

Out-of-State Admission

Please verify the nursing facility is using the most recent Special Admission Fax Memo from the KDADS website, available at

www.kdads.ks.gov



Respite Stay

- A respite stay is a physician-ordered short-term stay in a nursing facility with defined admission and discharge dates. Respite care may be provided to residents on an intermittent basis for period of fewer than 30 days at any one time without a Level I CARE assessment in line with the requirements of the CARE Manual.
- Respite stays for Hospice patients are allowed a total of 5 days at a time.



How to Complete a Respite Stay Special Admission

Before the resident is admitted, the nursing facility must verify that the respite order meets the following guidelines:

1. The order must be signed and dated by the physician sending the resident for the respite stay; and
 2. The order must include a planned admission date and a planned discharge date.
- **Please note:** Verbal/Telephone orders will only be accepted if signed by a physician and are valid from the date of the physician's signature.
 - A nursing facility's Medical Director or physician may not write an admission order to the facility using the nursing facility's letterhead or electronic medical record system. If the nursing facility's Medical Director or physician is also the resident's PCP or hospital attending physician, the physician's order must come from the physician's office or hospital where the resident was admitted.

How to Complete a Respite Stay Special Admission

1. Upon admission, fill out the Sections A and B of the Level I CARE assessment completely;
2. Fill out the KDADS Special Admission Fax Memo; and
3. Send the Special Admission Fax Memo, Sections A and B of the Level I CARE assessment, and the physician-signed respite order to the KDADS CARE Program at 785-291-3427 (fax) or kdads.care@ks.gov (email)

Respite Stay

- If Sections A and B are not completed and placed in the resident's medical record, the nursing facility may be held non-compliant with the State of Kansas.
- If the resident stays longer than the planned date of discharge:
 - A new order with the extended days must be sent to the KDADS CARE program; OR
 - A Level I CARE assessment must be completed on or before the last day of the respite stay order signed by the physician.



Respite Stay

Please verify the nursing facility is using the most recent Special Admission Fax Memo from the KDADS website, available at:

www.kdads.ks.gov



Terminal Illness Admission

- A terminal illness admission occurs when a resident is admitted to a nursing facility on Hospice, end of life care, palliative care, or otherwise due to a documented terminal illness.
- A terminal illness admission is different than an admission for a **Hospice respite stay**.
 - If the resident is admitted to the facility for a Hospice respite stay, please do NOT submit the request for terminal illness certification until it is known the resident is going to stay more than 5 days.
 - If the resident is admitted for a Hospice respite stay, but then stays longer than 5 days, please send the Terminal Illness Certificate information by the 6th day of admission.

How to Complete a Terminal Illness Admission

- If a valid Level I CARE assessment is on file, then a Terminal Illness Certification is not required.
- **Before** the resident is admitted to the facility, verify there is a valid order or statement signed and dated by a physician. (Please note that KDADS CARE is no longer using and will not accept the KDADS Terminal Illness Certificates. We require a signed order from the physician)
- The order must state that the resident has a life expectancy of six months or less if the terminal illness runs its normal course.
 - **Please note:** Verbal/Telephone orders will only be accepted if signed by a physician and are valid from the date of the physician's signature.
 - A nursing facility's Medical Director or physician may not write an admission order to the facility using the nursing facility's letterhead or electronic medical record system. If the nursing facility's Medical Director or physician is also the resident's PCP or hospital attending physician, the physician's order must come from the physician's office or hospital where the resident was admitted.

How to Complete a Terminal Illness Admission

- Within one business day of the resident's admission (or prior to the recertification deadline if the resident is seeking terminal illness recertification), the nursing facility must send the following documentation to the KDADS CARE Program at 785-291-3427 (fax) or kdads.care@ks.gov:
 - *Initial Certification:*
 - The order or statement signed by the resident's physician;
 - KDADS Special Admission Fax Memo; and
 - Sections A and B of the Level I CARE Assessment

How to Complete a Terminal Illness Certification

Recertification:

- A new order or statement signed by the physician stating that the resident has 6 months or less to live if the illness runs its natural course
- A new KDADS Special Admission Fax Memo;
- Sections A and B of the Level I CARE Assessment:
 - If the resident has resided in the nursing facility since initial certification, send the original Sections A and B from the resident's initial terminal illness admission; OR
 - If the resident has discharged from the nursing facility to the community at any time since the resident's initial terminal illness certification, send Sections A and B from the resident most recent readmission

How to Complete a Terminal Illness Admission

- The Terminal Illness Letter is only valid for 6 months from the date of the signed order.
- If the resident is still residing in the facility at the end of the certification period (6 months), then terminal illness recertification is necessary. (Follow the steps for recertification on the previous slide).
- If the resident is still residing in the facility at the end of the recertification (12 months total) then the facility must contact the AAA and request a Level I CARE assessment. Please contact the AAA 20 days before the end of the recertification period.

Terminal Illness Admission

- After the KDADS CARE Program receives and approves the terminal illness certification request, a Terminal Illness Certification Letter will be generated. The letter will be sent to the facility with a copy for the resident.
- Please keep the certification letter in the resident's medical record. The certification letter is the nursing facility's proof of PASRR.

Terminal Illness Admission

- Medicaid will only pay for a 6-month terminal illness certification period. If there is a lapse between when the certification period ends and the recertification period begins, Medicaid will not pay for the uncertified dates in between.
- If the terminal illness certification (and recertification, if applicable) letter is not in the resident's medical record, the nursing facility may be held non-compliant with the State of Kansas.

Terminal Illness Admission

Please verify the nursing facility is using the most recent version of the Special Admission Fax Memo from the KDADS website, available at:

www.kdads.ks.gov



Resident Review

April 19, 2018



What is a Resident Review?

A Resident Review is a brief version of the Level II CARE assessment that evaluates the resident's current condition to determine the resident's status and on-going treatment needs.

When a Nursing Facility Must Request a Resident Review:

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 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
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. OR
3. The resident has a serious mental illness, intellectual disability or other developmental disability and was admitted to the nursing facility prior to 1989; OR

Continued on next slide...



When a Nursing Facility Must Request a Resident Review:

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. If the stay will exceed the time frame in the letter, please contact the KDADS CARE Program 21 days prior to the expiration date of the short-term stay.

How to Request a Resident Review:

- Go to www.kdads.ks.gov, locate the “Providers” tab and click on “Client Assessment, Referral and Evaluation (CARE) Provider Information.”
- On the CARE page, click on “Kansas CARE Forms.” Print out and complete the Resident Review forms.
- Send the completed Resident Review forms to the KDADS CARE Program at: 785-291-3427 (fax) or kdads.care@ks.gov (email).
- Include all documentation that is requested on the Resident Review form.

How to Request a Resident Review

- The Resident Review form must be sent to KDADS three weeks (21 days) prior to the end of a previously authorized admission period OR as soon as the mental illness or intellectual or developmental disability is discovered.
- For questions regarding resident reviews, please call: 785-291-3360



Resident Review

- If the nursing facility is late in requesting a resident review and the resident is a Medicaid recipient, Medicaid will not pay from the date the first authorization period ends until the date the next authorization period begins.
- No payment will be made for the dates between the two authorization periods, as indicated by the resident's determination letters.

Resident Review

If there is a lapse in authorized admission periods, as stated in the resident's determination letters, the nursing facility may be held non-compliant with the State of Kansas.



**Contact the KDADS CARE
Program by e-mail at
KDADS.CARE@KS.GOV to be
added to our database to
receive information about
upcoming trainings, form
changes, or policy changes.**

The KDADS CARE Team is offering Nursing Facility PASRR webinars on the 2nd Wednesday of each month at 2pm starting May 9, 2018. If you would like the link to join us and go over these slides live please e-mail us and request the link.



How to Contact the KDADS CARE Program

CARE Program Manager

785-368-7323 kdads.care@ks.gov

Level II CARE Assessments and Resident Reviews

785-291-3360 kdads.care@ks.gov

Level I CARE Coordinator

785-296-6446 kdads.care@ks.gov

KDADS CARE Program FAX: 785-291-3427

