

# CARE ANNUAL REPORT

## State Fiscal Year 2014

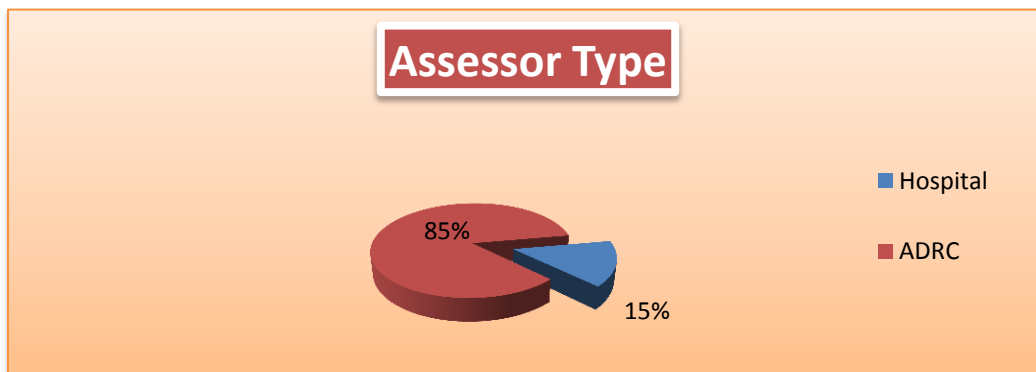
### EXECUTIVE SUMMARY

The Client Assessment, Referral and Evaluation (CARE) Program is Administered by the Commission on Aging of the Kansas Department for Aging and Disability Services (KDADS). The CARE program's purpose is to provide a pre-admission screening and resident review (PASRR) on individuals seeking or receiving nursing home care to ensure that individuals with mental illness, intellectual disability and/or developmental disability do not move into or continue to stay in a nursing home if they can be better served in a less restrictive environment.

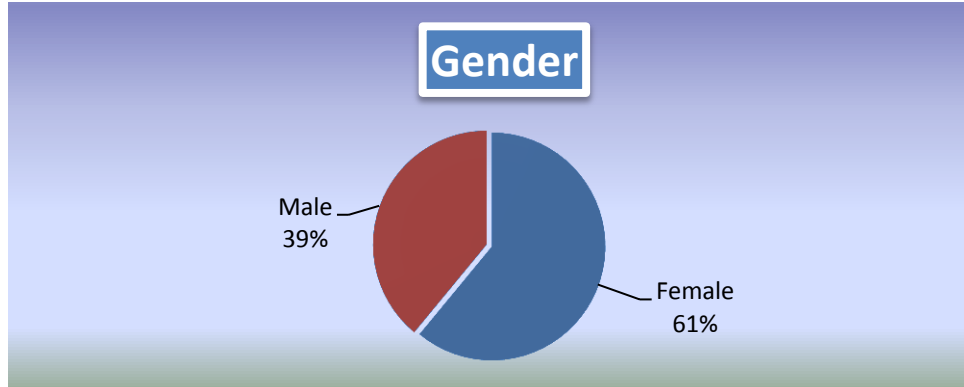
The CARE Program meets federal requirements for pre-admission screening and resident review (PASRR). CARE staff and assessors work with all individuals seeking nursing home care to determine preferences and make referrals to appropriate resources. When a CARE Level I assessment identifies an individual with a mental illness, intellectual disability and/or developmental disability, a Level II assessor will complete an in-depth assessment and forward the information to KDADS CARE staff, who will work with these individuals to explore options, including alternatives to nursing home care. In addition to screening to ensure appropriate placement, CARE staff evaluate data on unmet service needs for these individuals and provide recommendations for expansion of needed services in certain areas of Kansas based on these unmet needs.

### LEVEL I

In SFY 2014, **14,139** Level I assessments were conducted with **15%** (1832) completed by hospital assessors and **85%** (12,173) by assessors contracted by or working for Aging and Disability Resource Centers (ADRCs). The ADRC assessors may complete Level I assessments in the customer's home, while the customer is in the hospital or at the nursing home for those initially admitting for 30 days or less and unable to discharge within that time frame.



CARE Level I customers for SFY 2014 were **61.47%** female and **38.51%** male.



The vast majority of CARE Level I customers are **70** and older (79%) with 21% age 69 and under. The bulk of CARE Level I customers enter the nursing home between the ages of **80 and 94**. Only a small percent of CARE Level I customers enter the nursing home at age of 95 or above.



Our statewide summary of the CARE Level I program reveals there were a total of **13,580** unduplicated assessments for SFY 2014. There were 559 Care Level I customers who received more than one Level I assessment during this fiscal year (3.95%). This reflects those persons who entered a nursing home and were able to discharge but had a need to re-admit prior to the end of the fiscal year or had a significant change of condition and warranted a new review.

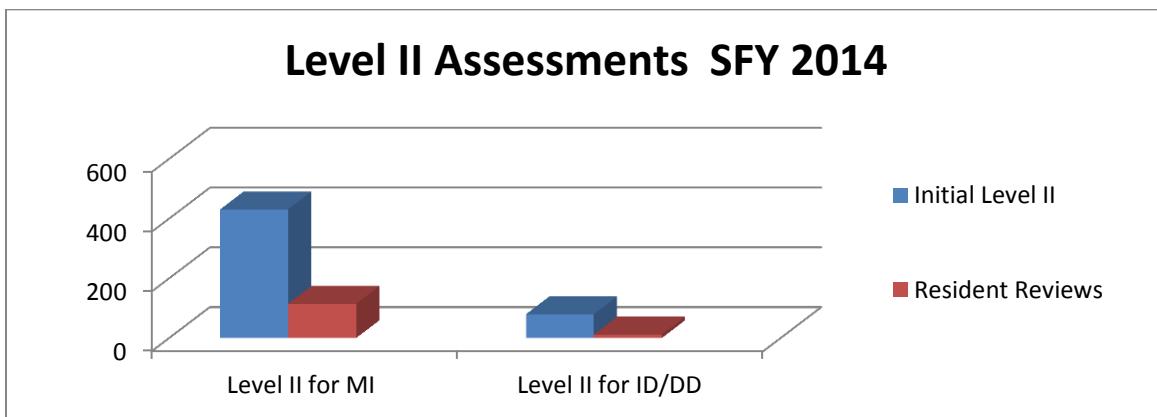
## **CARE LEVEL II**

The CARE Level II process fulfills the federal mandate that individuals with intellectual disability /developmental disability or mental illness will not be moved into a nursing facility if they could be served in a less restrictive setting. Those persons entering a nursing facility should demonstrate a need for nursing services at a level unable to be provided in the community on a 24 hour basis. A customer receiving a Level II assessment is able to enter any nursing facility that agrees to admit the person. Those customers wishing to enter one of the 11 nursing

facilities for mental health (NFMH) must have a level II review. This assures that only those persons needing the level of care provided in the NFMH will be admitted to this facilities.

A Level II assessment is also performed when a customer residing in a nursing home has a serious condition related to mental illness or intellectual disability/developmental disability that was unknown prior to admission but comes to light during the stay in the nursing home.

During SFY 2014, **557** assessments were performed by trained Level II assessors contracted through *Kansas Health Solutions*. Of these assessments, **446** were reviewed for mental illness and **111** for intellectual disability/developmental disability. When a Care customer receives a letter allowing a temporary stay in a nursing home and has not progressed to the point where returning to a community placement is possible by the end of the temporary stay, a “*resident review*” will be conducted. This is done to allow the additional time needed for arrangements for a return to the community to be put into place. At times the condition of the customer will be such that nursing facility care will be required for an extended period of time. A letter is then issued allowing the person to remain in the nursing facility so long as it is needed. If at any time the customer is able to arrange for a transition safely and successfully back to a community setting, the person may discharge to this location. The Level II letter does not state a person must remain in a nursing facility, it simply allows payment for the stay so long as it is authorized. In SFY 2014 there were 115 Resident Reviews for Mental Illness and 12 for ID/DD.



## **CATEGORICAL DETERMINATIONS AND EXEMPTIONS**

Another portion of the Level II program includes exemptions from the PASRR process for a variety of reasons set forth in Federal law. These include both exemptions and categorical determinations. Those persons receiving categorical determinations are included in the CARE Level II count. Those completely exempted from the PASRR process are not. These include both exemptions for **Terminal Illness** ( physician-certified diagnoses of 6 months or less of life expectancy) or those requiring a “**30 Day Provisional**” status who intend to enter the nursing home for a period of less than 30 days for the purpose of respite or rehabilitation. A total of **586** Terminal Illness Letters were issued during SFY 2014. There were **4333** 30-Day Provisional requests were logged. These reflect persons entering a nursing home for a short term of therapy and rehabilitation. A small number of these enter to allow their in-home caretaker a respite.

## **Introduction and Background of Kansas (PASRR) CARE Program**

The Client Assessment, Referral and Evaluation (CARE) Program was created in 1994 by the Kansas Legislature K.S.A.39-931a (amended) and K.S.A. 39-968; K.A.R. 26-9-1 and K.A.R.120-1-2 with the legislative intent stated as:

*To achieve a quality of life for Kansans with long-term care needs in an environment of choice that maximizes independent living capabilities and recognizes diversity.*

The program has assisted KDADS to achieve this stated intention through use of CARE data. A variety of long-term care options have been expanded in response to information CARE customers have provided as well as a renewed emphasis on assisting customers who have need of short stays in a nursing home to return to their community living situation whenever possible.

The CARE program is administered by the KDADS and complies with federal Pre-Admission Screening and Resident Review (PASRR) requirements using a two-step process. The CARE Level I Assessment is valid for 365 days from the date of assessment and provides proof that PASRR requirements have been completed in order for a person to enter a nursing facility. When the Level I assessment identifies an individual with a mental illness (MI) or Intellectual Disability (ID)/Developmental Disability (ID/DD), a referral is made for a Level II assessment.

KDADS contracts with the ADRC in Kansas to complete the Level I assessment. The CARE Level II assessment process is contracted with Kansas Health Solutions. Level II assessments are completed by assessors trained jointly by KHS and KDADS who work for Community Mental Health Centers (CMHCs) and Community Developmental Disability Organizations (CDDOs).

The CARE legislation also created the CARE Oversight Council in July 1994. Membership requirements are detailed in K.S.A. 39-968 (i). The eleven-member Council represents hospitals, nursing facilities, home and community-based service providers and customers of community-based services. In addition, the Secretaries of Kansas Department of Health and Environment (KDHE) and Kansas Department of Children and Families (DCF), or their designees, are members.

The Oversight Council provides guidance to the CARE program. Council members contribute to the effectiveness and growth of partnerships between government and public service providers that serve long-term care populations in Kansas.

## **CARE Level I: Additional Information:**

The Center for Medicare and Medicaid Services (CMS) began a review of state PASRR programs in 2012 as a way to verify all state programs were meeting at least a minimum standard of expectations of PASRR. This past year there was a review of Level I programs across the nation. A total of fourteen (14) indicators were scrutinized to evaluate the programs for completeness as well as validating the programs were fulfilling the requirements set out under the federal law for which they were charged. The states were divided into (4) categories of program performance. At the top were (6) states the evaluators felt had all 14 components represented in their Level I assessment instrument and were moving forward to carry out the intended spirit of the PASRR law. The Kansas Level I program fell into the next category along with 14 other states whose programs were determined to have up to 75% of all required components being reviewed. The remaining 30 states fell into 2 groupings considered to have up to 50% of desired components and the last having up to 25% of required components.

The evaluation determined that the current Kansas Level I instrument failed to be *comprehensive* for Federal expectations in (4) of the 14 requested areas. These were:

- 1) the identification of a *substance abuse disorder* impacting the ability of the consumer to remain in the community (this reflects the move at the Federal level of combining behavioral health and substance abuse);
- 2) the identification of *conditions that appeared to have symptoms indicating they are present but not diagnosed*;
- 3) identification of *primary dementia diagnoses* at Level I (although the clock draw and several cognition questions are a part of the current Level I screen); and
- 4) identification of the *receipt of both past and present services for those with intellectual/developmental disabilities*.

Kansas has added these requirements in to the PASRR section of the new comprehensive screen being developed and will begin addressing these issues with its implementation.

**Additional changes in the structure of the CARE Level I program in January of 2013** resulted in data entry of:

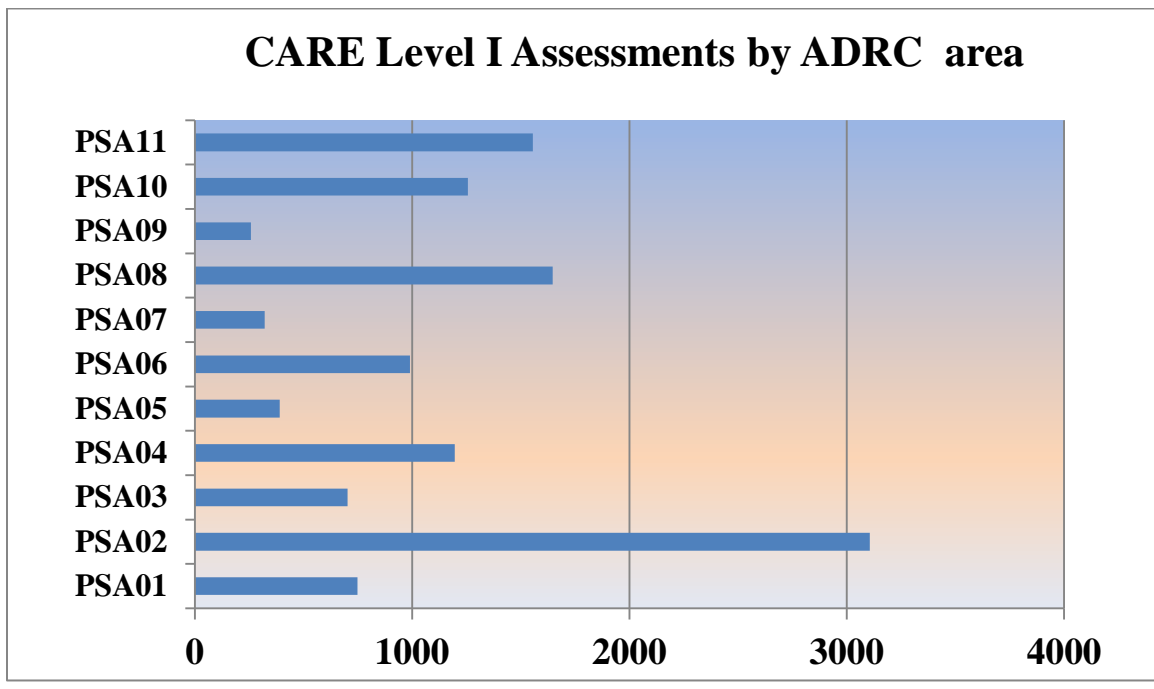
- 1) Level I assessments completed by hospital assessors
- 2) documentation of terminal illness categorical exemptions
- 3) documentation of “30-day provisional” exemptions

being completed in the KDADS state office by state CARE staff. These staff also receive and data-enter “out-of-state” PASRR letters and provide information on PASRR/CARE customers as needed for Medicaid purposes to Department of Children and Families (DCF) through the 3164 process.

The ADRC is divided into eleven service areas. CARE Level I assessments are completed in each of these service areas. The number of assessments varies widely dependent on the location of the service area and its population. Our urban areas with many large hospitals see the greatest concentration of CARE Level I assessments.

CARE Level I assessments were completed throughout the eleven ADRC service areas in SFY 2014 as follows:

Wyandotte Leavenworth ADRC:	748
Central Plains ADRC:	3106
Northwest Kansas ADRC:	703
Jayhawk ADRC:	1196
Southeast Kansas ADRC:	391
Southwest Kansas ADRC:	990
East Central Kansas ADRC:	322
North Central Flint Hills ADRC:	1647
Northeast Kansas ADRC:	259
South Central Kansas ADRC:	1256
Johnson County ADRC:	1555



**Kansas will accept out-of-state PASRRs at Level I** provided the document is signed, current and covers all required components necessary to meet Federal PASRR law. Kansas does not accept an out-of-state Level II unless the entire assessment accompanies the request.

**A last issue CARE Level I assessment looks at closely is whether a customer lives alone.** When a person lives alone in the community it is important that both formal and informal support/services are available in sufficient quantity to assist the customer. There were **6259** Kansas CARE Level I customers assessed who lived alone at the time of the assessment in SFY 2014.

## **CARE Level II specifics and additional information:**

The Level II evaluation conducted by the PASRR Technical Assistance Center (PTAC) found that all required components were present in the Kansas Level II assessments. The Kansas Level II program was found to be in the top performers among the states and will continue to utilize the tools currently on hand.

The Level II assessment is completed when a customer's Level I indicates the presence of a serious mental health issue or intellectual disability/developmental disability is present. The Level II assessment is completed only after there is verification that:

- 1) the customer is actually entering a building certified as a nursing home, and
- 2) the customer states he/she is willing to enter the nursing home.

When a customer is not entering a building licensed as a nursing home and certified for Medicaid payment no Level II will be completed. A Level II assessment will also be "aborted" if a customer (or customer's legal representative) indicates he/she is not willing to enter a nursing home.

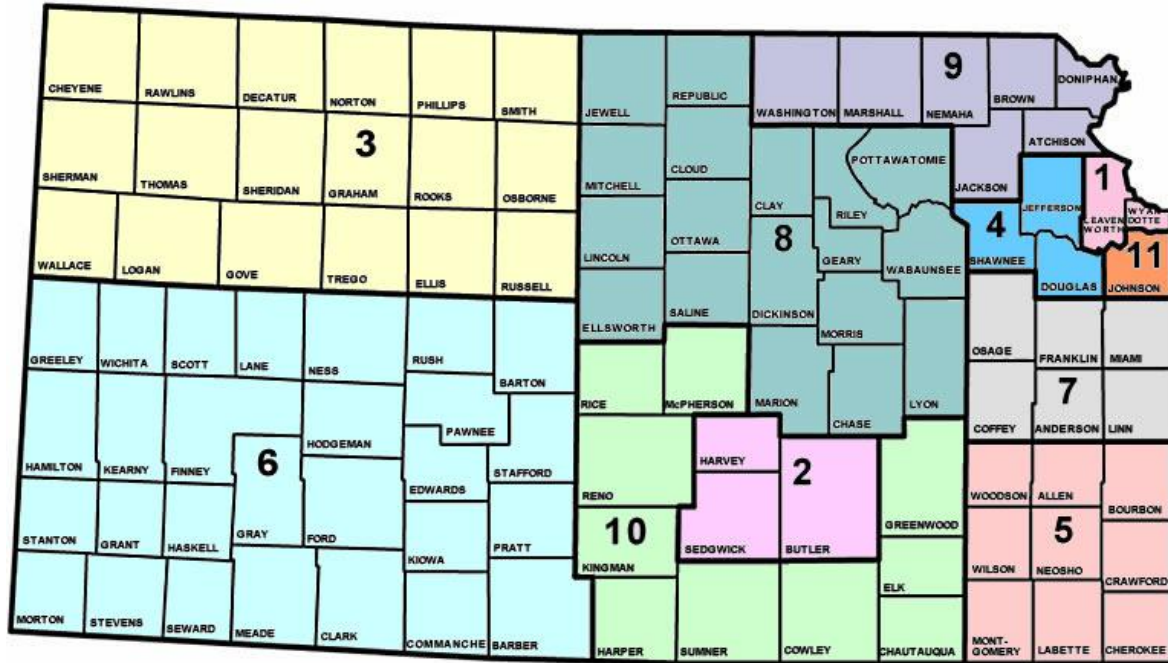
The CARE Level II program fulfills the federal mandate that no person with Intellectual Disability /Developmental Disability or Mental Illness will be moved into a nursing facility until there is a review to evaluate if they could be better served in a less restrictive setting. The Level II assessment results in a Determination Letter. These letters will indicate one of (3) designations:

- 1) The customer is in need of nursing home care;
- 2) The customer is NOT in need of nursing home care, but needs the level of care of the state hospital;
- 3) The customer does not appear to need care **either** from a nursing home or a state hospital, but should be able to have their needs met in the community.

The Level II Determination Letters will indicate a time frame for which payment would be authorized while the customer remained in the nursing home. Letters allow for both a *temporary* stay or a stay that will last as long as the customer would need nursing home care. If a customer is unable to discharge within a "*temporary stay*" a resident review may be completed upon request. No individual is required to remain in a nursing home due to the PASRR/CARE Level II Letter. The determination simply allows payment to be made should the customer choose to have his/her needs met in the nursing home for a period of time. The Level II determination letter only authorizes payment from Medicaid so long as the person is found by DCF to be fiscally eligible for the program as well.

The Level II assessment is required to be completed within a period of 7 to 9 days from referral to determination. Documentation of the PASRR condition from original sources is required prior to a case being referred to a Level II assessor. After the mental health/ disability professional has completed the evaluation the state PASRR staff then proceeds with completing the determination.

No PASRR/CARE customer should be admitted to a nursing home prior to the Level II determination being issued. Federal financial payment (FFP) is not available to any nursing home certified for Medicaid prior to the completion of the PASRR process. The state of Kansas CARE staff will forward a copy of the determination letter to the consumer (or their legal representative), the discharging hospital as well as the intended receiving nursing home upon verification of intent to admit the CARE customer.



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