KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Sunflower Connection

http://www.aging.ks.gov/AdultCareHomes/Newsletters/Newsletter_Index.html

April 2015 Volume 11, Number 1

Blue Bell Ice Cream Recall	1
Animals in the Dining Room	2
Improve Dementia Care	3
CPR	3
Staffing	3
Adequate Repositioning	4
MDS 3.0 Webinar	4
Ask Al	5
Storage of Vaccines	5
World Health Day	5-6
PASRR/Care Program	6
CARE Program Webinar	5
CARE Program Update	10-23
Award Letters	24

Blue Bell Ice Cream Recall

Blue Bell Ice Cream Recalls 3 oz. Institutional/Food Service Ice Cream Cups – Chocolate, Strawberry, Vanilla (Tab Lid) – Because of Possible Health Risk

Blue Bell Ice Cream of Brenham, Texas, is recalling three 3 oz. institutional/food service ice cream cups- chocolate, strawberry and vanilla with tab lids because they have the potential to be contaminated with Listeria monocytogenes, an organism which can cause serious and sometimes fatal infections in young children, frail or elderly people, and others with weakened immune systems. Although healthy individuals may suffer only short-term symptoms such as high fever, severe headache, stiffness, nausea, abdominal pain and diarrhea, Listeria infection can cause miscarriages and stillbirths among pregnant women.

Animals in the Dining Rom

Question: Our houses have open dining areas combined with the living area and we have open meal times. Do we have to restrict animals from the area?

Answer: Allowing animals in the dining room or dining area during mealtime in and of itself is not a deficient practice. Factors a nursing home must consider when making the decision to allow or not allow animals in the dining area during meals include the need to respect the rights of each person and the need to observe sanitary and infection control practices.

Just like the initial decision to have an animal in a nursing home or house was made with input by the people who live there, they should again be involved in the decision-making of allowing animals in the dining area during meal time. A compromise may need to be reached between the people who enjoy animals in any place and at any time and those who do not want an animal in the same area in which they are eating.

CFR 483.15, F 240 states, “A facility must care for its residents in a manner and in an environment that promotes maintenance and enhancement of each resident’s quality of life.”
CFR 483.15(b), F 242 states, “The resident has a right to . . . (3) Make choices about aspects of his or her life in the facility that are significant to the resident.”

Two complaints received by the survey agency regarding animals in the dining room were people upset with animals eating from the residents’ plates and animals walking on the tables.

When a decision is made to allow animals in the dining room during meal time, policies and procedures must be developed and implemented to maintain sanitary conditions in the preparation, distribution, and serving of food as stated in CFR 483.35(i)(2), F 371.

Facility staff needs to ensure the tables and/or counters are sanitized prior to the placement of food items on them when animals are allowed in the dining room or area. The 2005 Food Safety Code states in 2-403.11 Animals, Handling Prohibition, that food employees may not care for or handle animals such as patrol dogs, service animals, or pets with the exception of food employees with service animals who may handle or care for their service animal.

Also, all food employees may handle or care for fish in aquariums or mollusks, shellfish or crustaceans in display tanks if they wash their hands. The link is http://www.cfsan.fda.gov//~acrobat/fc05-2.pdf

Policies and procedures also need to be developed and implemented to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of disease and infection as required by 483.65, F 441 Infection Control.

“Guidelines for Environmental Infection Control in Health-Care Facilities,” issued by the Centers for Communicable Diseases (CDC), addresses the presence of animals not only in dining areas but also in the other areas of the nursing home or house. Section H, Animals in Health Care Settings states “As a general preventive measure, resident animal programs are advised to restrict animals from a) food preparation kitchens, b) laundries, c) central sterile supply and any storage areas for clean supplies, and d) medication preparation areas. Resident-animal programs in acute-care facilities should not allow the animals into the isolation areas, protective environments, ORs, or any area where immunocompromised patients are housed.

Patients and staff routinely should wash their hands or use waterless, alcohol-based hand-hygiene products after contact with animals.” This link is http://www.cdc.gov/ncidod/dhqp/gl_environinfection.html

National Partnership to Improve Dementia Care in Nursing Homes

The National Partnership to Improve Dementia Care in Nursing Homes emphasizes non-pharmacological, person-centered, evidence-based practice approaches for residents, such as stronger family involvement, consistent staff assignments, increased exercise or time outdoors, monitoring and managing acute and chronic pain, and planning individualized activities. Utilizing a consistent process to address the behaviors associated with dementia that focuses on the resident's individual needs, will help reduce the percentage of antipsychotic medications that are prescribed.

CMS has established new goals for the reduction of atypical antipsychotics. The goals are: 25% reduction by December of 2015 and 30% reduction by December of 2016, currently Kansas ranks 48th in the nation (the lower the number the better). **We have a great deal of work to do**. Kansans must work hard to reduce antipsychotics and improve the quality of life for our elders with dementia who live in our facilities.

Keep in mind the key word is reduction of antipsychotics, not necessarily eliminate. Many elders do very well without antipsychotics, but some elders actually have a higher quality of life with the use of antipsychotics. In this case the decision to use an antipsychotic must be reviewed by the physician and involve the elder, the family, and the facility staff with close observation and monitoring and following mandatory gradual dose reductions. For most elders the benefit of antipsychotic use does not outweigh the risk of the drug.

The risks of giving antipsychotics to elders are increased risk for heart attacks, strokes, infections which can lead to death; increased incontinence, increased clinical depression, increased falls with risk of major injury, movement disorders.

The Advancing Excellence in America's Nursing Homes Campaign has offered, via their website at www.nhqualitycampaign.org to make available a variety of resources and clinical tools to assist nursing homes achieve the goals of this partnership. Nursing homes are encouraged to review the resources and tools and select those that will be most useful.

Coalition membership varies, but often includes the QIO, survey agency, LeadingAge affiliate, AHCA state affiliate, nursing home professional associations, resident advocacy groups, state office or division on aging, nursing homes, hospitals, and individuals. Are you interested in joining our Partnership? We meet quarterly at a location in Topeka. If you can't attend in person, you can call in. For more information contact:

Linda Farrar at lindaf670@gmail.com or Shirley Boltz at shirley.boltz@kdads.ks.gov

CPR

http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-01.pdf

A facility must have CPR certified staff to provide CPR to residents that are full code or have not yet made a decision on their advance directives. CMS has provided guidance on what a facility must have in place to be in compliance.

CPR Certification - Staff must maintain current CPR certification for healthcare providers through CPR training that includes hands-on practice and in-person skills assessment. Online-only certification is not acceptable.

Staffing

All licensed adult care homes should have qualified staff present to provide care and services to residents, this includes attached assisted living and residential health care facilities. Staff should be present in both the nursing facility and the attached assisted living and residential health care facility at all times.

KSA 39-936 (b) states:

A qualified person or persons shall be in attendance at all times upon residents receiving accommodation, board, care, training or treatment in adult care homes. The licensing agency may establish necessary standards and rules and regulations prescribing the number, qualifications, training, standards of conduct and integrity for such qualified person or persons attendant upon the residents.

Adequate repositioning when sitting in a chair

Here's what was sent to the NPUAP:

Scenario: A nursing home resident is sitting in their wheelchair. Nursing home staff lifts them up so their buttocks are off the seat of the wheelchair. They hold the resident up for a few seconds and then sit them back down.

Question: Is this considered adequate repositioning since the pressure was relieved for a few seconds and the resident was put back in the same position? If this is considered adequate repositioning, how often should staff do this?

Here is NPUAP's reply:

Just for some clarity first, is the patient on an adequate support surface in the wheelchair?

A few seconds of off-loading is insufficient for reperfusion based on references used in last webinar. Kloth and McCulloch state that for the seated individual it is recommended to off-load the ischial tuberosities for 1 min every 15 min and micro-shifts of 10 to 15sec are not sufficient. In reality the practice at the bedside (based on my literature review for my part of recent webinar) is a 1 min off-load every 30 to 60 min while seated, given the patient is on an appropriate support surface in the wheelchair.

For as long as one can remember off-loading has been one minute.

Here are references for pressure relief and offloading;

Consortium for Spinal Cord Medicine. Pressure Ulcer Prevention and Prevention and treatment Following Spinal Cord Injury: A Clinical Practice Guideline for Health-Care Professionals. Paralyzed Veterans of America, 2000. Available at www.pva.org

U.S.Department of Health and Human Services, Pressure Ulcers in Adults: Prediction and Prevention. Clinical Practice Guideline. Rockville, MD. Public Health Service, U.S. Department of Health and Human Services, Agency for Health Care Policy and Research, 1992

Coggrave, MJ, Rose, LS: A specialist seating assessment clinic: Changing pressure relief practice. Spinal Cord 2003; 41:692-695

Makhsous,M Rowles, DM Rymer WZ, et al: Periodically relieving ischial sitting load to decrease the risk of pressure ulcers. Arch Phys Med Rehabil 2007: 88:862-870

MDS 3.0 Training Webinars

The webinars that were presented last October and November were recorded and are posted on our website. Here is the link:

http://www.aging.ks.gov/AdultCareHomes/Education_Info/Education_index.html

The left hand column is where the slides can be printed and the right hand column is where the recordings are. These recordings will remain on our website until another training session is scheduled.

If you have a problems or questions, I can be reached at 785-296-1282 or shirley.boltz@kdads.ks.gov

Ask Al

Question: In a Nursing Facility what is the width of the corridors?

Answer: According to KAR 26-40-304 (b) Details (1) Corridors (A) the width of each corridor shall be at least eight feet in any resident-use area and at least six feet in any nursing facility support area.

Question: In a Nursing Facility what is the width of doors?

Answer: According to KAR 26-40-304 (b) Details (3) Doors and door hardware. (C) The width of the door opening to each room that staff need to access with beds or stretchers shall be at least three feet eight inches. The width of each door to a resident-use toilet room and other rooms that staff and residents need to access with wheelchairs shall be at least three feet.

Question: In a Nursing Facility what is the requirement for a mirror in a resident room, a resident toilet room, a bathing room and a public toilet room?

Answer: According to KAR 26-40-304 (b) Details (9) Hand-washing stations. (E) A mirror shall be placed at each hand-washing sink located in a resident room, and a bathing room and in each public toilet room. The placement of the mirror shall allow for convenient use by both a person who uses a wheelchair a person who is ambulatory. The bottom edge of each mirror shall be no more than 40 inches from floor level.

Question: In a Nursing Facility what are the artificial light requirements?

Answer: According to KAR 26-40-305 (j) Tables. Table 2a artificial light requirement is for new nursing construction facilities and Table 2b is for existing nursing facilities.

If you have any questions to discuss the state regulatory requirements call Al Gutierrez, environmental specialist at 785-296-1247 or
Al.Gutierrez@kdads.ks.gov

A Reminder for Storage of Vaccines

According to the CDC, temperatures for refrigerators and freezers which store vaccines should be checked twice daily.

Go to this to get the complete story:

. Centers for Disease Control and Prevention. Vaccine storage and handling. cdc.gov

Accessed February 26, 2015.

World Health Day 2015: Food Safety

On April 7, KDADS will partner with the Kansas Department of Agriculture (KDA) to draw attention to ‘World Health Day 2015: Food Safety’, with messages designed to inform Kansans about the importance of food safety.

Food containing harmful bacteria, viruses, parasites or chemical substances causes more than 200 diseases, ranging from diarrhea to cancer. In the United States, contaminated food results in 128,000 hospitalizations and 3,000 deaths each year – annually, about one in six Americans gets sick.

Food crosses multiple national borders from where it is produced to where it is consumed. Food safety is

Continued on page 6.

a shared responsibility from farm to fork: producer, processor, transporter and retailer to the consumer.

For 2015, World Health Day priorities include knowing “How Safe is Your Food?” and the World Health Organization’s (WHO) five keys to safer food:

- Key 1: Keep clean
- Key 2: Separate raw and cooked food
- Key 3: Cook food thoroughly
- Key 4: Keep food at safe temperatures
- Key 5: Use safe water and raw materials

This year, the goal of KDA and its partners is to promote efforts to improve food safety nationwide through a strategic social media marketing plan via Facebook and Twitter using #safefood. On World Health Day, KDA and KDADS will issue a joint press release about food safety – what it is and why it is important. These outreach efforts are designed to build awareness about the issue and engage consumers using quick facts and directing them to websites and other resources that provide in-depth information.

Consumers and nursing facility foodservice personnel are encouraged to follow Kansas Department of Agriculture on Twitter (@KansasDeptofAg) and Facebook.

World Health Day, observed April 7 every year to mark the founding of the organization, is sponsored by WHO as an opportunity to alert people who work in government, as well as consumers, about the role they play in ensuring food is safe to eat.

To read more about World Health Day 2015 or to access World Health Day 2015 materials, go to: http://www.who.int/campaigns/world-health-day/2015/en/.

PASRR/CARE Program

Sue Schuster, LMSW
PASRR Coordinator/CARE Program Manager,
State of KS
March 23, 2015

The CARE Program was delighted to have a number of our nursing homes throughout the state share in the NF Webinar held March 19th. The sponsoring nursing home associations have provided copies of the slides and questions/answers to everyone who registered. A copy of the slides and the question/answers is attached to this newsletter for those of you who were unable to participate in the webinar.

The CARE staff encourages each nursing home to familiarize you with the location of all CARE forms needed as well as the CARE process chart. The process chart will walk you through any process the nursing home is required to complete for PASRR including how and when to obtain a Level I or Level II assessment as needed. The CARE staff also strongly encourages each nursing home to cross-train staff members to be knowledgeable in the PASRR process in order to assure that on any day on any shift there will be a staff member available to make sure the PASRR process is completed timely and correctly on each admission. The last item the CARE staff would encourage each nursing home to address is to have a method in place to assure that any Level I certificate, Level II Determination Letter or Terminal Illness Letter received by your nursing home will remain in the resident medical record, not be stripped from the chart nor deleted from the electronic record; these items should also be forwarded to any receiving nursing home when a resident transfers from one nursing home to another. It is the responsibility of the sending nursing home to include this information in the transfer paperwork.

CARE Program Webinar Questions – Response

1. Is 30 day or less orders with doctor signature needing to be received to KDADS/ADRC within one working day as well?

A. KDADS needs your 30 day provisional documentation in order to add the resident to our list for an approved 30 day stay. We will add it whenever you provide it BUT – it is to your advantage to take care of that along with the admission process BECAUSE – once the admission is processed these tend to get forgotten and then you initially have days denied and have to "chase" the documentation down and send.

B. DCF cannot process the approval for Medicaid payment for the NF stay until we return the 3164 and we can not return the 3164 to them UNTIL we have received your documentation. Upon receiving a 3164 request from DCF my staff check our approved list, check all current data received in-house and then calls your building if the information is not at KDADS. There have been times when DCF has been ready to approve Medicaid but we could not return the 3164 because the 30 day information had not been sent to us yet.

So – short answer – the faster you send the information the faster we can get it logged and get you paid.

C. If your ADRC is requesting to see your 30 day information it is when you contact them to request a CARE Level I because the person looks to be remaining in your building past day 30. They will likely want that data prior to assigning the CARE as they will want to verify they are doing an appropriate CARE. Follow their instructions for what and how to provide the information to them.

2. Out of state pasrr from oklahoma is only available by DCF request. What should we do in that case?

KDADS has worked with Oklahoma a couple of times to obtain a Level I and it was a lengthy process due to how they are set up in separate areas and the request having to go into the main office and then be sent out, etc. If DCF knows there is one and has it they can put that in a note to KDADS and we will asked them for the copy. They also need **to provide you with verification there is a Level I and no Level II is needed** for survey and audit purposes. If you cannot get that and DCF is not able to provide you and us with a copy we would just have you obtain a Level I from Kansas, document there is supposed to be one in Oklahoma but you were unable to verify that by a copy and we will go from there. I will talk with P-TAC regarding what we need to do to prevent having to do duplicate assessments because CMS really doesn't want us having to do that: it's the whole purpose of allowing the states to have "reciprocal" agreements. Thanks for the "heads up": we will work on this one for you!

3. Nursing Home/Hospital Cycle- could you clarify what is meant by this reference?

When a person receives a CARE Level I it is "good" for up to 365 days unless there is a "significant change of condition" requiring a new one, OR until the person enters a nursing home. At that point the person has entered the **"nursing home/hospital cycle"**. The CARE Level I will remain valid so long as the resident continues to be either in a nursing home or in the hospital; this could be just a few days or it could be the remainder of their life. It does not matter how many NF's the person moves between nor how many times the person enters a hospital and returns to you. What **"breaks"** the **NF/hospital cycle** is for the resident to discharge from your building and remain in a lower level of community-based care for a period of longer than 30 days. If this happens and then the person wishes to re-admit, we need to complete a new CARE Level I. CMS views this as equal to a significant change, viewing it as "in the

Continued on page 6.

normal course of events people do not move to an NF unless there is a need: so if the person was doing well enough to be able to discharge back to a lower level of care and remain there for over 30 days, and then needs to return to the NF level of care, something has caused that need" therefore – a change has occurred.

4. Good Topic and excellent presentation by Sue but we just got word out IT Dept is shutting down our computers/Network for repair. Thanks for sending out the information later so we can listen later. You all Rock! Ev

Thank you Evelyn Harmon!

5. Will the slides be available?

Yes, the NF Associations are making the handouts, power point and the recording available. You are welcome to use it to train new staff on the PASRR process, to train back-up folks for your PASRR process, however it is needed. There is an on-line training on our Provider Information Resource site web page with all of our other CARE information. Your staff may complete the nursing home staff portion of that training as well to "test" themselves and make sure they have covered all the pertinent information they may need to make sure all the PASRR pieces are taken care of. If there is no one in your building trained to complete PASRR items your DON is always authorized to do it. If you accept evening and weekend admissions I **strongly recommend** you have someone who handles evenings and weekends trained as well as your usual admissions/social work/business office staff who handle admissions and billing. We've always asked that your folks who handle PASRR have either a 4 yr degree in human services or be a licensed social worker or licensed as a nurse in Kansas. The reason for that is those folks have had some training in assessment and will be better able to spot the MI/ID/DD/RC conditions when present and will understand the ramifications of what will need to be available to meet those needs.

If there is an admission to facility under Medicare skilled service, and there is not a pasrr in place, Is the Medicare program allowed to bill and pay the facility for room and board?

This is how it reads in the law:
§ 483.122 FFP for NF services.
(b) FFP for late reviews. When a preadmission screening has not been performed prior to admission or an annual review is not performed timely, in accordance with § 483.114(c), but either is performed at a later date, **FFP is available only for services furnished after the screening or review has been performe**d, subject to the provisions of paragraph (a) of this section.

6. I was told that discharge with less than 30 day stay is the way they are trained and they have refused

Let Sue at KDADS know who and where and I'll be glad to visit with their coordinator of discharge planning or whomever else I need to visit with. My contact number is 785-368-7323. **Remember**, we do not have authority over the hospitals, **but they have a powerful incentive** to help out here: they need their patients to discharge by the time they run out of payment days.

7. Will you send us a copy of the Power Point?

Leading Age and KHCA are making sure everyone who registered will be sent the Power Point. The associations are free to keep this on file and use as their members may need as well.

8. Should we alert KDADS for a resident who has been institutionalized for several years that meets the undiagnosed criteria?

Yes. The nursing homes are held accountable by CMS for PASRR but the state is also held accountable to make sure there is a "robust" state PASRR program and the nursing homes are

Continued on page 9.

remaining in compliance. Give me a call and I will review the case with you and if we need to proceed you can forward the needed info and we will go from there. 785-368-7323.

9. Must the original CARE assessment be on the chart of is a copy sufficient?

What is required to be on your chart or in your medical record is at Level I the Certificate of CARE and at Level II, the Level II Determination Letter. You will seldom have a copy of the actual Level I assessment: the residents are entitled to have a copy if they choose to request one but most do not; **so you will likely only have the certificate**. If a Level II assessor ever leaves a copy of the actual Level II assessment **you need to let me know immediately: those are to be held in the strictest confidentiality and are available only by written consent from either the consumer or the legally appropriate consumer representative.**

That said, the ADRC's have the ability to provide a replacement certificate in the (rare!!) event one should disappear from your chart; KDADS can do the same for hospital assessments we data enter. Those are held as acceptable proof of PASRR. Please do make a real effort to make sure those certificates and letters stay in the chart: neither surveys nor audits come with warnings… you never know when you will have to show your proof of PASRR. The ADRC's do not appreciate it very much when they get a list of 20 or so residents for which there is no Level I certificate and they have to find all those and replace them: the NF's are accountable to obtain them upon admission, retain them and forward them upon transfer: so be sure and help each other out by doing that. Please help us all out by making sure your Medical Records folks are aware these need to always stay on the charts.

Client Assessment Referral Evaluation (CARE)Program Update

Sue Schuster, LMSW
PASRR Coordinator/CARE Program Manager

Goals

1-Nursing home staff will understand "why" CMS has made compliance with PASRR a responsibility of nursing homes.

2-Nursing home staff will know how to complete the PASRR/CARE Level I and Level II processes in a manner to:

1-best serve their residents and
2-be compliant with Federal/State guidelines

Objectives

1. **Level I**: Every admission entering a building licensed as a nursing home and certified for Medicaid must have some form of PASRR completed.

2. **Level II**: Prior to Admission to your building, every Level I CARE consumer in which the PASRR column indicates a need for a Level II screening must have a Level II Determination letter completed or a clearance from KDADS that no Level II is necessary.

3. **Ideas** for managing "the exceptions."

4. **Understand how** to obtain (and retain) the Level I certificate/Level II Determination Letter.

5. **"Why" compliance matters to YOU!**

6. **Building relationships** with all the players: assessors/case managers/families/transition programs, etc.

WHY PASRR?

Two women with disabilities who lived in Georgia nursing homes, asked State officials to allow them to move into their own homes in the community. When their state did not assist them to do this, they petitioned the courts.

In July 1999, the Supreme Court issued a decision prohibiting the unnecessary institutionalization of persons with disabilities.

In the words of the Supreme Court, services to persons with disabilities must be provided "in the most integrated setting possible."

People with disabilities may be in the nursing home but must be in the nursing home because the 24/7 nursing care available there is needed.

PASRR/CARE – WHAT???

- Federal PASRR Regulations"42 CFR 483.100ff"
- PASRR = Pre-Admission Screen and Resident Review
- The Level I CARE assessment meets the federal requirements for proof of PASRR to determine appropriate placement in a long-term care facility
- Proof of PASRR must be kept in the resident's chart at all times
- PASRR is linked to Medicaid approval
- Each state developed a PASRR Program. In Kansas, it is called the Client Assessment, Referral and Evaluation (CARE) Program.

Who must complete PASRR/CARE?

Any building:
1- **licensed** as a NURSING HOME and
2- **certified** for MEDICAID in our nation must complete PASRR

in some fashion for every resident admitting into their care who remains in the building longer than 30 days.

What does acceptable proof of PASRR look like?

1. Level I CARE Certificate
2. Approved Out-of-State PASRR
3. Terminal Illness letter issued from KDADS
4. Level II Determination Letter
5. Less than 30 day (provisional) Dr. order
6. Emergency Admission Dr. Order
7. Care Level I sections A & B (completed by NF for Provisional and Emergency admissions and Level I appropriately requested as may become necessary)

Why should I bother with PASRR?

1-It is the law of the land for nursing homes.
2-Your MDS now contains PASRR questions:
- A-1500, A-1510, A -1550
- CMS is aware these residents are in your building
- CMS wants to know that you checked to see if you could meet these specialized needs *BEFORE* you accepted them as residents, then they check to see to it that you did it.

3- Level II residents are targeted at survey time.
4- Compliance with PASRR is checked in survey.
5-FFP is available only for services furnished after the screening or review has been performed

(42 CFR483.122)

CMS and PASRR

- PASRR was implemented and states were allowed to develop their own program: so long as the minimum requirements of the law were being met they "let it roll" for nearly 20 years.
- Recent attention to community-based programs, along with the 20 year anniversary of Olmstead has "recharged" the attention on PASRR:
- -PASRR Technical Assistance Center has been established (P-TAC)
- -State PASRR Programs have been reviewed this past 3 years:
  -Level II was 1st: Kansas "aced" Level II – top group
  -Level I is under current review; Kansas initially needed to upgrade our screen in the areas of substance abuse, dementia identification and undiagnosed conditions

-PASRR audits are coming.
-CMS does have *"recovery"* authority.

CARE Level I Certificate

Certificate of CARE Assessment

This certificate is evidence of completion of a CARE assessment. Keep it with your medical records.

If you want to live in a nursing facility, you must take a copy of this certificate with you when you apply for admission. If you want to live in your home or other community-based setting, the Area Agency on Aging can help you find appropriate services.

This certificate is good for one year. If your health status or abilities change, you may request a new assessment. Should you need additional copies of this certificate or your completed two-page assessment, or want additional information, contact your Area Agency on Aging at: ____________

I certify that I have completed a CARE assessment for ____________ (client's name)
on ____________ (date). The preadmission requirement found in Public Law 100-203 has been met.

The Preadmission Screening and Annual Resident Review (PASARR) portion of the assessment:
___ did not indicate a need for further evaluation.
___ indicated a need for further evaluation. I am referring the client to a Level II assessor.

I am referring the client to a community-based service:
___ Area Agency on Aging ___ DCF Adult Services ___ Independent Living ___ Other ____________

No referral is necessary, the client:
___ does not need / does not wish help in finding community-based services.
___ has selected a nursing facility. ___ has not made final LTC decision.

____________ (Assessor Signature) ____________ (Assessor Number)

I hereby acknowledge that I have received a copy of the ***Notice of Right to Request a Fair Hearing*** attached to my copy of the Certificate of CARE Assessment.

____________ (Client's Signature) ____________ (Date)

CARE Level I

- PRE-Admission Screen!!!!

-If resident admitting from home, should be completed PRIOR to admission;
-If coming from hospital do your best to get it PRIOR to admission;
-The ONLY CARE Level I's your ADRC should be coming to your building to complete are:
- APPROPRIATE 30 day Provisional assessments;
- APPROPRIATE Emergency Admissions;

and a few other rare situations (such as a terminal illness discontinued or out of state PASRR not valid, etc.)

Working with your ADRC:

- Your ADRC is an organization independent from KDADS: they are not *"local KDADS offices."*
- They cover many programs and do assessments for many programs.
- The are "contracted" with KDADS to complete the CARE Level I assessments.
- They have 5 WORKING DAYS to complete the assessment after **appropriately requested and assigned** and it is considered "on time."
- They will need as much "lead time" as you can provide to get the assessment into their schedule;
- They REALLY NEED YOUR ASSIST to get families/guardians available within the assessment time frame if needing/wishing to be present at the Level I CARE assessment: residents too!!
- They **CANNOT** complete a Level I on a *30-day provisional* prior to day 20: the are evaluated on doing an "appropriate" assessment.
- Develop a good working relationship with the ADRC in your area;
- Understand what their "intake" process is and follow it;
- CALL THEM if plans change for an assessment: do not let them make an unnecessary trip: they have no way to be paid without doing an assessment.
- If a Level II is "triggered" from the Level I, assist them with needed supporting documentation you may have available.

Categorical Determinations

The Federal PASRR Law allows for (6) Categorical Determinations; Kansas uses 3 of these, with our (30-day) Provisional covering (2) of the categories:
Provisional (30-days or less)

1-**Rehabilitation** – *for the condition just treated in the hospital, with physician certified order upon discharge;*
2-**Respite**-*this can be for individual or caregiver need.*
3-**Terminal Illness Abort**

30-Day Provisional

- The 30-day order MUST COME WITH THE RESIDENT upon admission: CMS wants to see that it was the INTENT of the physician that the person would be in care 30 days or less.
- It is not allowed for us to accept a 30-day order obtained post-admission: CMS views this a the hospital/NF finding a "way around PASRR" and they do not allow this.
- We are aware the 30 day order is being much abused in some areas. SO IS CMS…
- CMS states this: *"PASRR is the responsibility of the nursing home."*
- KDADS does not have authority over the hospitals.

-We have visited with their association; we have written articles for their publications. We have and continue to call and discuss the appropriate 30-day use with them.

- ADMITTING people with a 30-day or less order inappropriately *"enables this practice"* – hospitals are desperate to move people out of their beds timely- and will continue to do so without PASRR if you allow it.

-Build a relationship with hospital discharge planning staff;
-request a copy of the Level I faxed over with the other pre-admit paperwork;
-do not agree to admit the person until you get it;
-Work closely with your ADRC: alert them immediately when become aware of a pending admission.

What do I send KDADS for 30-day Provisional?

- **Sections A and B** of the CARE Level I (as shown)
- **Admission order** indicating 30-day or less stay

(can look lots of different ways)
ELOS<30, <30
limited stay of 30 days or less; 30 day stay

- MUST have physician signature!!!!

may be *"physician-extender"*
but NOT just a discharging nurse or case manger

Less than 30 day Dr. OrderExample

I certify this patient requires post-hospital skilled nursing care
☐ Patient does not require Medicare skilled nursing bed ☒ Anticipate Length of Stay less than 30 days

CODE STATUS: ☒ Full Code ☐ Do Not Resuscitate ☐ Other
REHABILITATION POTENTIAL: ☐ Good ☒ Fair ☐ Poor
EVALUATION AND TREATMENT: ☒ Physical Therapy ☒ Occupational Therapy ☒ Speech Pathology
Activity/Additional Orders: WBAT
Weight Bearing: ☒ Full ☐ Partial ☐ Toe Touch ☐ Non-weight Bearing
Extremity Affected: ☐ Left Lower ☐ Right Lower

COMMUNICABLE DISEASE DIAGNOSES: ORGANISM:
☐ Methicillin-Resistant Staphylococcus Aureus Source: Culture Date:
☐ Vancomycin-Resistant Enterococcus Source: Culture Date:
☐ Clostridium difficile Source: Culture Date:
Treatment:
☒ Diet: Kosher
☐ Enteral Feedings: Type: Rate: Flush:
☐ Oxygen Therapy: ☐ Nebulizer Treatment:
☐ Wound Care/Dressing Changes:
☐ Finger Stick Blood Sugar
☐ Lab:
☐ Other:

Physician: Are you going to follow patient at the nursing home? ☐ Yes ☒ No Dr. Frederick Short House Physician
Appointments:
Dr. Gruenbaum (after D/c from V. Shalom) in 7-10 (days)/weeks/month
Dr. in days/weeks/month
Other: in days/weeks/month

[ ] TO / [ ] VO from Dr: Nurse's Signature: Date/Time:
Physician Signature: [signature] Date/Time: 6.23.11 [illegible]

Page: 0 Continued on the Next Page ....
Make a copy to remain on the patient's chart

Sections A & B

A. IDENTIFICATION

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

2. Customer Last Name

First Name **MI**

3. Customer Address
Street
City County
State Zip
Phone

4. Date Of Birth / /

5. Gender ❑ Male ❑ Female

6. Date of Assessment / /

7. Assessor's Name

8. Assessment Location

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

10. Ethnic Background
❑ Hispanic or Latino
❑ Non Hispanic or Latino

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

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

B. PASRR

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

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

3. What psychiatric treatment has the customer received in the past 2 years (check all that apply)?
❑ 2 Partial hospitalizations
❑ 2 Inpatient hospitalizations
❑ 1 Inpatient & 1 Partial hospitalization
❑ Supportive Services
❑ Intervention
❑ None

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

4. Level Of Impairment?
❑ Interpersonal Functioning
❑ Concentration/ persistence/ and pace
❑ Adaptation to change
❑ None

5. Has the customer been diagnosed with one of the following conditions prior to age 18 for Mental Retardation / Developmental Disability, or age 22 for related condition, and the condition is likely to continue indefinitely?
❑ Developmental Disability (IQ______)
❑ Related Condition
❑ None

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

6. Referred for a Level II assessment?
❑ Yes ❑ No

This allows Medicaid Payment for 1st 30 days of stay if needed and shows appropriate admit:

- CMS allows the "categorical determination" but ONLY as appropriate:

1. wants to see the physician intended for the stay to be "provisional"; therefore, we need the physician signature and order;
2. want evidence of the fact that YOU are aware of whether your resident has specialized needs to meet while in your building, thus, Sections A &B – demographics and PASRR.

If the stay will extend beyond 30 days:

You will contact your local ADRC **at day 20 and request** a Level I CARE assessment

The ADRC's are now contracted to complete ASSESSMENTS only for CARE

Your resident is passed the ***"categorical determination"*** and the person is being treated like any other resident entering your nursing home.

PLEASE REMEMBER:

1-Your ADRC's are accountable to complete APPROPRIATE ASSESSMENTS

2-If there is a 30-day provisional on file, the ADRC CAN NOT COMPLETE the assessment until AFTER day 20.

REMEMBER: Contact ADRC when needing a
Level I ASSESSMENT

Emergency Admission

Definition: Emergency admission to NFs or LTCUs can occur when an urgent condition or a situation occurs that places the individual's health and/or welfare in jeopardy.

Procedure: Fill out the emergency admission fax memo and sections A & B of the CARE assessment and fax to **your local ADRC** **within one working day**.
(Keep sections A & B of CARE Level I on your chart)

Remember: ADRC = NEED ASSESSMENT

Sections A & B

A. IDENTIFICATION

1. Social Security # (Optional)

___ ___ ___ - ___ ___ - ___ ___ ___ ___

2. Customer Last Name

____

First Name **MI**

______________________ _____

3. Customer Address

Street___________________________

City________________County _____

State ________ Zip ______________

Phone___________________________

4. Date Of Birth_____/_____/_______

5. Gender ❑ Male ❑ Female

6. Date of Assessment ___/____/_____

7. Assessor's Name

____

8. Assessment Location

____

9. Primary Language

❑ Arabic ❑ Chinese ❑ English
❑ French ❑ German ❑ Hindi
❑ Pilipino ❑ Spanish ❑ Tagalog
❑ Urdu ❑ Vietnamese
❑ Sign Language ❑ Other_________

10. Ethnic Background

❑ Hispanic or Latino
❑ Non Hispanic or Latino

11. Race

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

12. Contact Person Information

Name________________________

Street________________________

City_________________________

State ______ Zip ______________

Phone________________________

Guardian ❑ Yes ❑ No

B. PASRR

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

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

❑ Yes ❑ No

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

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

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

____

____

4. Level Of Impairment?

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

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

❑ Developmental Disability (IQ______)

❑ Related Condition

❑ None

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

____

6. Referred for a Level II assessment?

❑ Yes ❑ No

Emergency Admit Certification
Fax MEMO

To: ______________________________ FAX ___________________________

From: ____________________________ Title: ______________________________

Nursing Facility: ___________________________ Phone: __________________________

Date: ___________________

I certify that _________ _____________ is an "Emergency Admit" for one of the
Customer's Name

Following reasons: **(check appropriate reason and add comments)**

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

☐ I also certify that the doctor's original "Emergency Order" and that completed "Sections A & B" CARE Level-I form is in this client's chart.

Please accept this fax as: a **<u>Request for a Full CARE Level-1 Assessment</u>**.

______________________________ __________ __________
Signature of person requesting Title Date

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

CONFIDENTIAL

Emergency Admissions

A NF/LTCU could admit an individual under one of the following emergency situations:

a. An admission is requested by the Department for Children and Family services (DCF) Adult Protective Services;

b. A natural disaster occurs;

c. The primary caregiver becomes unavailable due to a situation beyond the caregiver's control (ex. Caregiver is in an accident)

d. A physician has ordered immediate admission due to the individual's condition; or

e. An admission of an out-of-state resident to a Kansas NF or LTCU that is beyond the individual's control (ex. Individual is admitted on a weekend and an ADRC assessor is not available)

Only the 5 listed issues qualify as criteria for an
"EMERGENCY ADMISSION"

Just "calling an admission "an emergency" will not get it into this category.

No one discharging from a hospital directly to an NF will be considered an "emergency admission"

CALL KDADS if you feel you have another situation that should qualify as this category.

Terminal Illness

Fax Terminal Illness (TI) Fax Memo
(was sent out for this webinar)

-to KDADS
-at 785-291-3427
-Signed by physician

KDADS will send the NF or LTCU a **Terminal Illness Letter** as "proof of PASRR" to keep in resident's chart

Level I assessment **OR** TI Letter – **NOT BOTH**

Terminal Illness Certification
FAX MEMO from ______________________________

Name of facility

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

Customer Name ______________________________

Customer DOB: ________ _____ _____

Customer SS# ________ _____ ________

Terminal Illness Diagnosis: ______________________________

Attending Physician

____

Signature

Printed Name: ______________________________

Address: ______________________________

____

Phone #: ________________

FAX #: ________________

Proposed Nursing Facility

____

Facility Name

Address: ______________________________

City: ____________________ Zip ________

ADMIT DATE ______________________________

Phone #: ________________

FAX #: ________________

NOTE: The nursing facility, hospital, or hospice provider must send appropriate documentation with this Fax for a determination letter to be generated. The determination letter along with this documentation must then be retained in the persons chart in place of a CARE Certificate /Proof of PASRR. **Fax this completed form and appropriate documentation**

to: CARE—KDADS 785-291-3427

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

CONFIDENTIAL

Terminal Illness Letter - Example

October 10, 2012

c/o Cherry Village
1401 Cherry Lane
Great Bend, KS 67530

Dear, CLIENT 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 Sue Schuster, LMSW CARE Level II Manager at the Kansas Department for Aging and Disability Services, Commission 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,

Sue Schuster, LMSW
CARE Level II Manager

c: Cherry Village, Social Services
Southwest Kansas Area Agency on Aging
MHPC

Out of State PASRR

Fax the out-of-state PASRR to KDADS at
CARE PROGRAM FAX: 785-291-3427

PLEASE DO NOT USE THE KDADS MAIN FAX
785-296-0256

Please check out-of-state PASRR's your receive for: completed, signed, dated.

If we can not accept one sent to us we will call you and let you know and give you "credit" for having PASRR so long as you follow through with getting the Kansas CARE Level I completed.

NO PASRR on file?

If your resident does not meet any of the exceptions discussed, and does not have a CARE on file, please call your local ADRC to check for a valid assessment or to order a CARE Level I.

PLEASE – keep the certificate for Level I, TI letter, or Level II Determination Letter with the Medical Record – permanently!!!! It should NEVER be "thinned" or discarded.

RETAINING the CERTIFICATE/LETTER

The CARE Level I CERTIFICATE and the CARE LEVEL II PASRR LETTER are LEGAL DOCUMENTS.

CMS instructs nursing homes they are to FORWARD the PASRR documents to the receiving nursing home if a resident is transferring from their building to another as a part of the transfer process.

Any Level I completed by your ADRC will be on file with your ADRC.

Any Level I completed by a hospital or any Level II Letter will be on file at KDADS.

We keep a fax receipt of each CARE Level I or Level II Letter provided to your building.

Level II

If a resident wishing to enter your building is noted on the CARE Level I assessment to need a Level II PASRR assessment the resident

MUST NOT BE ADMITTED
TO YOUR NURSING HOME

until the Level II Determination Letter is completed and in your hands

Level II Determination LetterExample

RESIDENT NAME
Osawatomie State Hospital
500 State Hospital Drive
Osawatomie, KS 66064

Dear RESIDENT:

On January 15, 2013 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 Medicaid eligibility you must contact your local DCF-Department for Children and Families (formerly SRS) office.*

It has been determined that you would benefit from a temporary stay of 6 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 KDADS CARE Manager at 1-800-432-3535 and request the Resident Review assessment.

Criteria for Level II or Resident Review – Mental Health

Something from each of these three areas must be present:

Sufficient Treatment History over past 2 years related to the MENTAL ILLNESS

Qualifying Diagnosis

Level of Impairment:

-Interpersonal Function
-Concentration, persistence, pace
-Adaptation to Change

Criteria for Level II – ID/DD/RC

If there is sufficient evidence the condition exists, we complete a Level II when the individual is planning to remain in your building for a period of longer than 30 days.

-related conditions are ones such as: autism, cerebral palsy, epilepsy, Spina Bifida, Down's syndrome, or other similar 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 treatment or other services which are lifelong, or extended in duration
Results in substantial functional limitations in three or more major life activities.

Level II – Resident Review

If a resident living in your nursing home is discovered after admission to meet criteria for a Level II assessment you should call:

KDADS CARE staff at 785-368-7323 and request a Resident Review.

Staff will visit with you to determine if a Resident Review is needed.

Resident Reviews

Level II Resident Reviews are completed:
-For residents who have a Level II "temporary stay" Determination Letter;
-For residents who had ID/DD/MI discovered AFTER
admission to their nursing home: (the NF will be required to send the admission paperwork to KDADS to verify this diagnosis was unknown at the time of admission.)

We CAN NOT complete a "resident review" to assist you to discharge a difficult resident with dementia.

Level II Process

- All data is sent to KDADS CARE staff.
- Packet is prepared and forwarded to KHS
- KHS assigns assessor to do assessment
- Level II Assessor completes assessment within 5 calendar days
- Assessment returns to KDADS staff for Determination Letter.
- Determination Letter is sent to resident and nursing home (and others as appropriate).
- This process can take 7-9 days before you will have a Determination Letter. DO NOT ADMIT WITHOUT A DETERMINATION LETTER. YOU ARE NOT ABLE TO RECEIVE PAYMENT!!!

NO FFP IS AVAILABLE PRIOR TO PASRR.

Aging and Disability Resource Center

- KDADS contracted with the Southwest Kansas Area Agency on Aging

-Subcontracted with the remaining 10 AAA's
Services include:

- Options Counseling
- Information and Referral Services
- Functional Assessments for PD, FE and TBI HCBS waivers
- CARE assessments
- Designated Local Contact Agency for CTO referrals (MDS Section Q)

Contact Information

Sue Schuster, LMSW
Phone: (785) 368-7323
Email: Sue.Schuster@kdads.ks.gov

Jessica McFarland
Phone: (785) 296-0387
Email: Jessica.McFarland@kdads.ks.gov

Sharon Dabzadeh
Phone: (785) 296-6295
Email: Sharon.Dabzadeh@kdads.ks.gov

Galen Rhoades
Phone: (785) 291-3360
Email: Galen.Rhoades@kdads.ks.gov

Your PASRR/CARE TOOLS

1-KDADS Provider Information Resource Site:
http://www.aging.ks.gov/Manuals/CareManuals.htm
- -Level I and LL Manuals
- -Forms
- -Process chart
- -Letters explaining hospital and ADRC roles

2-SunFlower Connection Newsletter:
nearly every edition has a CARE article in it; blasted out to all NF's.
http://www.aging.ks.gov/AdultCareHomes/Newsletters/Newsletter_Index.html

Your BEST tool: Educated and informed NF staff

- Save this information! Follow the law.
- Have it available to both those who do PASRR/Care regularly AS WELL as "back ups"!!!
- HAVE BACK UPS trained!!!!
- BUILD those relationships with the ADRC and area hospitals

2014 - Award Letters

Facility	City	Type	Date	Exempt	NO DEF LETTER
The Homestead of Olathe North	Olathe	ALF	10/30/14		x
Bethel Home	Montezume	SNF/NF	11/6/14	x	x
Clearwater Village	Clearwater	ALF	11/13/14		x
Dignity Care Home	Salina	ALF	11/13/14		x
Vintage Park at Stanley LLC	Overland Park	ALF	11/26/14		x
Stratford Commons Memory Care	Overland Park	ALF	12/23/14		x
Eagle Estates Inc	Independence	RHCF	12/31/14		x

SNF/NF - Skilled Nursing Facility/Nursing Facility; ALF - Assisted Living Faciltiy; BCH - Boarding Care Home; ICF/ID - Intermediate Care Facility for Intellectually Disabled;
RHCF- Residential Health Care Facility; ADC- Adult Day Care; HP- Home Plus

ROUTING SLIP

Administrator_____ Nurse Manager ____ Therapy ____ DON _____
Assist. DON _____ Social Service Director ____ Break Room _____
Activities Director _____Dietary Manager ____ Human Resources _____
MDS Coordinator _____ Other ___________________________________