

July 2016

# SUNFLOWER CONNECTION



## INSIDE THIS ISSUE

Page 1-PASSR (Pre-Admission Screening and Resident Review)

Page 3-Troubleshooting Level I and II Referrals

Page 6-2016 Zero Deficiency Surveys

Page 7-MDS 3.0 Changes

Page 8-HCBS News

# PASSR INFORMATION

(PRE-ADMISSION SCREENING  
AND RESIDENT REVIEW)

## Why was PASSR developed?

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 nursing homes because 24/7 nursing care is needed.



Proof of PASSR must be kept in the residents chart at all times. PASRR is linked to Medicaid approval. Each state developed a PASRR program, in Kansas it is the CARE (Client, Assessment, Referral, Evaluation) Program.

**Who must complete PASRR/CARE?** Any building licensed as a nursing home and certified for Medicaid.

Proof of PASRR: 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 doctor order; 6.) Emergency Admission doctor order; 7.) CARE Level I sections A&B completed by the nursing facility for Provisional and Emergency admissions and Level I's appropriately requested to your local ADRC.

**CARE Level I Pre-Admission Screen:** If a resident admits from home, the Level I CARE screen should be completed prior to admission. If the resident is admitting from the hospital do you best to get it prior to coming into the facility. **Please note: If a resident admits from the hospital, not all hospitals have assessors, so contact the ADRC upon admission to your facility. If the hospital completes the Level I CARE Assessment and is brought into the facility, PLEASE FAX TO OUR OFFICE: 785.291.3427.**

The assessors have 5-working days to complete the assessment after appropriately requested and assigned and it is considered “on-time. The assessors **cannot** complete a Level I on a 30-day provisional prior to day 20 and considered to be an appropriate assessment.

**Categorical Determinations: 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.

Complete the following and sent to the CARE Program:

- Sections A&B of the CARE Level I
- Admission order indicating 30-days or less
- Must have physician signature (may be physician extender)
- If the stay will extend beyond 30-days **contact your ADRC on day 20 to request a CARE Level I**

**Emergency Admission:** An emergency admission to NF's or LTCU's can occur when an urgent condition or situation occurs that places the individual's health and/or welfare in jeopardy.

Types of Emergency Admissions:

- An admission requested by the Department for Children and Family services (DCD) Adult Protective Services
- A natural disaster occurs
- The primary caregiver becomes unavailable due to a situation beyond the caregiver's control (ex. Care giver is in an accident)
- A physician has ordered immediate admission due to the individual's condition
- 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)

**No one discharging from a hospital directly to an NF Out-of-State PASRR: will be considered an "emergency admission."**

Procedure for requesting an emergency admission:

- Fax local ADRC to request Level I CARE assessment
- Complete Sections A & B
- Fax Emergency Certification Fax Memo to the CARE Program – 785.291.3427
- Due to the CARE Program within one working day of resident's admission. CARE Level I assessment must be completed within 7-days.

- Check out-of-state PASRR's for being completed, signed and dated.
- If we cannot 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 CARE Level I completed.

**Terminal Illness:**

- Fax terminal Illness (TI) Fax Memo to the CARE Program – 785.291.3427
- The CARE Program will send the NF or LTCU a Terminal Illness as "proof of PASRR" to keep in the residents chart.
- The TI Letter is valid for 6-months. If longer than 6-months – TALK TO SHARON

**Helpful Hints:**

- Print legibly
- Send all forms together (don't fax A&B sections and say "less than 30-day orders pending")
- Write admission dates on provisional, TI Memo, Emergency admissions and Out-of-State Admissions fax sheets or on top of the form

# TROUBLESHOOTING LEVEL I AND LEVEL II PASRR

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.



## Criteria for Level II or Resident Reviews for Mental Health:

- Sufficient treatment history over the past two years related to the mental illness
- Qualifying diagnosis
- Level of Impairment:
  - 1.) Interpersonal Function
  - 2.) Concentration, persistence, pace
  - 3.) 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:

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

- 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 Reviews:

If a resident living in your nursing home is discovered after admission to meet criteria for a Level II you should call: **KDADS CARE staff at 785.296.6446**

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

- 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 *cannot* 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 Kansas Health Solutions (KHS)
- Level II Assessor completes assessment within 5-calendar days
- Assessment returns to KDADS staff for Determination Letter
- Determination Letter is sent to the resident and the 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.

## Troubleshooting Level I PASRR screens for Level II Referrals:

When referring a Level I screen for a Level II, the most common causes of discrepancy and therefore delay come from Section B (PASRR / Middle Column) Question #3: for those cases, keep in mind that for PASRR use, to be able to check the box for:



- **Intervention:**
  - o from Instruction Manual (tab #2) part B3C (page 7 of 51) includes:
    - Housing (losing housing due to underlying mental illness)
    - LEO (law enforcement) & **must be documented**
    - APS (adult protective services)
  - o Does not (at this time) include transportation via EMS
  
- **Supportive Services:**
  - o from Instruction Manual (tab#2) part B3B (page 6 of 51) includes those services which have **increased significantly for a period of 30 consecutive days (or longer) within the past 24 months** Does not include “standard” nor “baseline” supportive services provided by the CMHC, etc. in support of consumers’ mental illness diagnosis.

Checking the intervention or supportive services boxes under question #3 whenever there is no substantiation (documentation) for intervention or supportive services can cause delay as those records (which do not exist) are attempted to be gathered! If no substantiation is discovered, then additional delays can come from the Level II referral being rescinded in favor of a consumer’s Level I “only” screening (computer, form, and certificate corrections and distribution).

### Nursing Home Responsibility:

- You are responsible for tracking all Level II residents in your facility
- Send via secure email (Terry.Fogle@ks.gov) or fax (785.291.3427)  
Resident Reviews 3-weeks in advance of the expiration date
- The Authorization for Release of Protected Health Information CARE Level I and CARE Level II needs to be signed by the resident, guardian, DPOA or other personal representative with the past year
- Required documentation list:
  - o Current Release of Information (one year or less)
  - o Current Guardianship, DPOA if changed since last review (one year or less)
  - o Current Medical and Physical (one year or less)
  - o Current Vital signs include weight and height (within past two months)
  - o Current Medication Listing (MAR)
  - o Current Face Sheet with diagnosis
  - o Current plan of Care and documentation
  - o Current charting: physician or nurse notes
  - o Discharge summaries from any state hospital or psych unit stays since original Level II documentation from nursing and /or social services on recent functioning and why the person is unable to discharge by the end of the original time frame.

# 2016 ZERO DEFICIENCY SURVEYS

**ADC:** ADULT DAY CARE **ALF:** ASSISTED LIVING FACILITY  
**HP:** HOME PLUS **RHCF:** RESIDENTIAL HEALTH CARE FACILITY  
**SNF/NF:** SKILLED NURSING FACILITY

The following facilities received "zero" deficiencies on their 2016 survey.			
FACILITY	CITY	FACILITY TYPE	SURVEY DATE
Midland Care Lawrence Adult Day Health	Lawrence	ADC	2/17/16
Sunflower Adult Day Services	Salina	ADC	5/9/16
Country Living Inc	Anthony	ALF	1/12/16
Vintage Park at Baldwin City LLC	Baldwin City	ALF	3/2/16
The Meadows	Burlington	ALF	1/5/16
Westridge	Girard	ALF	4/22/16
Cedarview Assisted Living	Hays	ALF	5/10/16
Vintage Park at Hiawatha LLC	Hiawatha	ALF	2/25/16
Vintage Park at Holton LLC	Holton	ALF	3/22/16
Waldron Place	Hutchinson	ALF	3/14/16
Victory Hills Senior Living Community	Kansas City	ALF	5/4/16
Country Living of Larned	Larned	ALF	4/19/16
Neuvant House of Lawrence	Lawrence	ALF	1/28/16
The Homestead of Leavenworth	Leavenworth	ALF	3/2/16
Brookdale McPherson	McPherson	ALF	2/2/16
Brookside Retirement Assisted Living	Overbrook	ALF	2/9/16
Vintage Place of Russell	Russell	ALF	5/12/16
Vintage Park at Tonganoxie LLC	Tonganoxie	ALF	3/7/16
Via Christi Village Georgetown, Inc.	Wichita	ALF	3/15/16
Prairie Homestead Assisted Living	Wichita	ALF	4/13/16
Brookdale Tallgrass	Wichita	ALF	5/26/16
Cornerstone Assisted Living, Inc.	Wichita	ALF	5/26/16
Independent Living	Smith Center	BCH	2/4/16
Marjorie's Home LLC GP	Garden Plain	HP	5/23/16
Haven House	Haven	HP	4/11/16
Heartland Haven Home Plus	Inman	HP	4/25/16
Care Haven Homes - Sunflower	Leawood	HP	5/5/16
Harmony Adult Home Plus	McPherson	HP	2/3/16
Kelly House of Meriden South	Meriden	HP	2/11/16
Care Haven Homes - Fontana	Overland Park	HP	2/24/16
Seniorcare Homes Waveny Park House	Overland Park	HP	6/9/16
Reflection Living Maize Ct 1	Wichita	HP	1/7/16
Reflection Living Maize Ct 2	Wichita	HP	1/14/16
Meadowlark Adult Care Home 2	Wichita	HP	1/20/16
Stratford Home	Wichita	HP	3/16/16
Caring Hearts for Senior Living	Wichita	HP	3/24/16
Covenant Care Senior Living	Wichita	HP	4/4/16
Guest Home Estates III	Chanute	RHCF	1/13/16
Guest Home Estates VII	Garnett	RHCF	2/15/16
Cypress Springs - Kansas City	Overland Park	RHCF	1/26/16
The Forum at Overland Park (RHCF)	Overland Park	RHCF	3/2/16
The Heritage of Overland Park	Overland Park	RHCF	3/21/16
Guest Home Estates IV	Pittsburg	RHCF	2/17/16
Residencies at Pleasanton	Pleasanton	RHCF	2/15/16
Peggy Kelly House I	Topeka	RHCF	3/10/16
Peggy Kelly House II	Topeka	RHCF	3/17/16
Founder's Crest LLC	Wichita	RHCF	3/21/16
Medicalodges Columbus	Columbus	SNF/NF	4/26/16
Pine Village	McPherson	SNF/NF	4/27/16
Bethel Home	Montezuma	SNF/NF	2/23/16
Peterson Health Care	Osage City	SNF/NF	6/27/16
Village Shalom, Inc.	Overland Park	SNF/NF	6/15/16
Sharon Lane Health Services	Shawnee	SNF/NF	5/16/16
Golden LivingCenter of Wakefield	Wakefield	SNF/NF	6/16/16



### **Part A PPS Discharge Assessment**

There are three types of discharge assessments now. This is our third type, the Part A PPS Discharge assessment. It is not completed when the discharge is unplanned. It is completed when a resident's Medicare Part A stay ends, but the resident remains in the facility. It is also required when a resident is physically discharged on the same day or within one day of the end of the Medicare Part A stay. When this happens the OBRA Discharge assessment and Part A PPS Discharge assessment are both required and may be combined. If Medicare ends on the same day the resident's expires, a Death in Facility Tracking Record is completed, but a Part A Discharge assessment is not required.

In cases where the last day of the Medicare Part A benefit is prior to Day 7 of the COT observation period, then no COT OMRA is required. If the last day is on or after Day 7 of the COT observation period, a COT OMRA is required if all conditions are met. When the Medicare Part A stops on Day 7 of the COT observation period, then both the COT OMRA and the Part A PPS Discharge assessments must be completed separately.

### **Section GG: Functional Abilities and Goals**

Section GG is only a snapshot and used only for data. It doesn't rely on interventions or address prior level of function. The assessment period for Functional Abilities and Goals – Admission (Start of PPS stay) is days 1 through 3 of the SNF PPS Stay starting with A2400B; Start date of most recent Medicare stay. The assessment period for Functional Abilities and Goals – Discharge (End of SNF PPS Stay) is the last 3 days of the PPS Stay as coded on A2400C; End date of most recent Medicare stay. When coding the resident's performance abilities forget about the coding for Section G. This section is completely different. The coding for this section is; 06 – Independent, 05 – Setup or clean-up assistance, 04 – Supervision or touching assistance, 03 – Partial/moderate assistance, 02 – Substantial/maximal assistance, 01 – Dependent, 07 – Resident refused, 09 – Not applicable, 88 – Not attempted due to medical condition or safety concerns.

Do not use dashes. Use of dashes for these items may result in a 2% reduction in the annual payment update. You would use 07, 09, or 88 instead of dashes. CMS has a YouTube video on Section GG. It can be found at this link:

<https://www.youtube.com/user/CMSHHSgov/videos>

This just gives you an idea about the PPS Discharge assessment and Section GG. CMS is still working on finalizing the RAI Manual by clarifying some areas where the instructions were vague and/or confusing. Not only in these 2 areas, but some others where minor changes were made. KDADS will provide training, but a date has not been determined.

# HCBS NEWS



Onsite assessments for the CMS Final Settings Rule will begin soon. This is only for persons receiving Home and Community Based Services (HCBS) funding. Persons conducting the onsite will consist of KDADS staff, Managed Care Organization staff, volunteer groups (family, consumers, citizens, etc.), Community Service providers, Community Developmentally Disability Organizations and self-advocacy groups.

Teams of 2-3 people will be constructed and will be working together to complete the onsite. The team will be completing a documentation review of policies and procedures, Person-Centered Service Process or Plan review, Consumer Interviews and Onsite Observations. The agencies will be notified, via email, of the onsite visit prior to arrival of the team.

