

CARE LEVEL II MANUAL

INTRODUCTION

Effective July 1, 2002

CARE PROGRAM INTRODUCTION

Welcome

Welcome to the CARE program. We are pleased to have you as a partner in our effort to provide quality assessment and referral services to the people of Kansas. We have prepared this manual to provide you with information about the background and purpose of the CARE program, as well as detailed instructions about completing a PASRR Level II assessment. This is an important part of the long term care system in Kansas and we are excited to have the opportunity to work with you!

CARE Program Background & Purpose

Kansas state law requires that "each individual prior to admission to a nursing facility as a resident of the facility shall receive assessment and referral services." To achieve this, the 1994 Kansas Legislature created the CARE (Client Assessment, Referral and Evaluation) program "for data collection and individual assessment and referral to community-based services and appropriate placement in long-term care facilities."

Thus, the **goals of CARE** are:

1. To collect data on unmet community-based long term care service needs in Kansas;
2. to provide information about viable community-based service options to nursing facility care, so that individuals and their families can make fully informed and educated decisions about long term care; and
3. to identify individuals with mental illness, mental retardation or developmental disabilities in order to further evaluate the need for specialized services.

To accomplish these goals, Area Agencies on Aging, hospitals, and in rare instances nursing facilities, will provide CARE Level I assessments and referral services to anyone seeking nursing facility placement.

The CARE program fulfills a need in the Kansas long term care system in two ways. First, it will measure the need for services, which may or may not be available. People sometimes enter nursing facilities because there are no other options. Through the CARE program, discharge planners and Area Agency on Aging staff record data on the services that would have provided options to people entering nursing facilities, had the services been available. The Kansas Department on Aging compiles this data to report annually to the Governor and the Legislature on unmet needs for long term care services throughout the state.

The CARE program also fulfills a need by providing information about and linking people with community-based services, if they and/or their families express an interest in using these services instead of nursing facility care. Some people may not even be aware that such community-based services exist. Through the CARE assessment process, the Level I assessors will not only collect data, they will also inform and educate people about services in the community. Some people may not want to consider these services as options, but if they do want to learn more, the Level I assessor can make a referral to an Area Agency on Aging case manager. The case manager can then work with the people and their families to find and arrange for the services they need.

Level I assessors and case managers will utilize many tools in their effort to provide information about community-based services. In addition to the pamphlets and brochures produced by individual service providers, one important informational tool which assessors and case managers will use is "Explore Your Options."(EYO) This comprehensive guide to long term care services is published by the Kansas Department on Aging and available to Kansans through the Area Agencies on Aging. There are 11 editions of the guide, one for each area agency in the state. Assessors will have and distribute copies of the publication to everyone who is assessed under the CARE program and who needs additional information about services in their area.

PASRR

Since some of the individuals seeking nursing facility care may have a serious mental illness or a developmental disability (such as mental retardation or a related condition like Cerebral Palsy or Downs Syndrome), there are 5 questions on the Level I form which are required by federal law and are designed to assist a Level I assessor and hospital discharge planners in identifying a serious mental illness or developmental disability. This identification is important, because historically people with mental illness or developmental disabilities were sometimes placed in nursing facilities when their medical needs did not require such care. This not only caused problems for the nursing facility, which was not typically equipped to provide the necessary specialized mental health services, but, more importantly, overlooked the serious mental health and developmental disability service needs of the individual.

To curb such actions, Congress passed a law in 1989 that prohibits individuals from being admitted to a nursing facility due to mental health needs alone. If specialized mental health or developmental disability services are needed, the individual must also have appropriate medical needs which warrant the level of care provided in a nursing facility if they are to reside in such a facility.

When a serious mental illness or developmental disability is identified by a Level I assessor through the **Level I** assessment, a referral will be made so that a more in-depth assessment of the individual's needs will be performed. This second type of assessment, also called PASRR (Preadmission Screening and Resident Review) or, in the CARE program "**Level II**," will be

conducted by a Qualified Mental Health or Qualified Mental Retardation Professional who will determine if the person requires specialized mental health or developmental disability services and if they have the medical needs which also require nursing facility care.

Congress abolished the requirement for routine Annual Resident Reviews (ARRs) in October, 1996. However, they did state that reviews would be conducted if requested by a nursing facility based upon a significant change in condition. Level II Resident Reviews (RRs) are also conducted when an individual who entered a nursing facility prior to 1989, or when a diagnosis of a serious mental illness or a developmental disability was overlooked at the time of admission, or if an individual entered a nursing facility with a PASRR letter authorizing a rehabilitation stay and the stay will exceed the time frame allowed in the letter. The AAA will contact The Consortium, Inc. who will assign a Quality Mental Health Professional (QMHP) or a Qualified Mental Retardation Profession (QMRP) with a Community Mental Health Center (CMHC) to conduct the Level II Resident Review (RR.).

Definitions

Before discussing the specifics of the CARE program, it is necessary to have a clear understanding of the terminology utilized throughout the various components of CARE. In addition to the primary terms, there are numerous concepts related to serious mental illness and mental retardation which may not be as familiar to Level I assessors as those pertaining to assessment and referral services. Therefore, the definitions of these mental health-related terms are included in this manual.

The following definitions shall be used for the purposes of the CARE program:

Advanced Group Determinations based on other medical conditions for individuals with Mental Illness.

The Non-Primary Medical Conditions determinations must result in a level of impairment so severe that the individual could not be expected to benefit from specialized services. The definition for "level of impairment so severe" would be "a person, who is unable to engage cognitively and emotionally in a therapeutic relationship." A Level II Assessor must initiate a Level II assessment and is required to make the determination regarding level of impairment. Documentation must be maintained.

Those medical conditions that will be accepted are:

1. Chronic Obstructive Pulmonary Disease (COPD)
2. Parkinson's Disease (PD)
3. Huntington's Disease (HD)
4. Amyotrophic Lateral Sclerosis (ALS)

5. Congestive Heart Failure (CHF)
6. Functioning at a brain stem level
7. AIDS
8. Multiple sclerosis (MS)

Area Agency on Aging, as authorized by the Older Americans Act and defined by the Kansas Department on Aging in Kansas Administrative Rules and Regulations, Section 261-1a(1) means "the agency or organization within a planning and service area that has been designated by the secretary [on aging] to develop, implement and administer a plan for the delivery of a comprehensive and coordinated system of services to older persons in the planning and service area." There are 11 Area Agencies on Aging in Kansas. These are also known as "AAAs."

Assessment Services, as defined in House Bill 2581, Section 1(b)(1) of the 1994 Kansas Legislature means, "the evaluation of an individual's health and functional status to determine the need for long-term care services and to identify appropriate service options which meet these needs utilizing the client assessment, referral and evaluation (CARE) form; and includes services such as:

1. provision of information and education regarding the operation and availability of community-based long term care services;
2. referral to appropriate case management and/or other community-based services.

Categorical Determinations: May be authorized by the State Mental Health or Mental Retardation authority to identify categories of persons exempt from completing the Preadmission Screening.

Categorical Determinations for Individuals with Developmental Disabilities:

Dementia Related Conditions. There must be a confirmed diagnosis of a Developmental Disability AND Dementia or a dementia related condition that has progressed to the point that the individual is now diagnosed with a Dementia due to that related condition. All diagnoses must meet PASRR regulation standards. The Dementia determinations requires a Level II Assessor to initiate an assessment and make a decision regarding the status of the individual's condition and diagnostic information. Documentation is required to be maintained.

Permanent Condition. Permanent infirmities of aging are identified as the current primary factor causing the individual to need twenty-four hour nursing care AND the individual will no longer benefit from specialized services for persons with mental retardation or related conditions. Permanent condition determinations require a Level II assessor to initiate an assessment and make the decision regarding the status of the individual's condition. Documentation is required to be maintained.

Progressive Condition. A medical condition of a progressive degenerative nature, which, due to the current increasing deterioration directly related to the condition, is a primary factor determining the need of the individual AND the individual can no longer benefit from specialized services for persons with mental retardation or related conditions. Progressive condition determinations require a Level II assessor to initiate an assessment and make the decision regarding the status of the individual. Documentation is required to be maintained.

Categorical Determinations Based on Medical Conditions:

Primary Medical Conditions are categorical determinations made based upon a consumer's medical condition. Primary Medical Condition require documentation regarding the medical condition through official medical records maintained by a hospital, nursing facility or physician's office. Documentation must be maintained.

1. Terminal Illness: This condition must be as defined for Hospice purposes, which include a medical prognosis of a life expectancy of six months or less.
2. Coma: An abnormal deep stupor occurring in illness, as a result of it or due to an injury. The patient cannot be aroused by external stimuli.

Community Based Mental Health Services, as defined by the Department of Social And Rehabilitation Services in K.S.A. 39-1602(b) include, but are not limited to "evaluation and diagnosis, case management services, mental health inpatient and outpatient services, prescription and management of psychotropic medication, prevention, education, consultation, treatment and rehabilitation services, twenty-four-hour emergency services,[...] assistance in securing employment services, housing services, medical and dental care, and other support services." These are the services referred to throughout these policies and procedures when discussing specialized mental health services and mental health services.

Community Developmental Disability Organization, HB 2458, Developmental Disability Reform, becomes a law effective January 1, 1996. Developmental Disability Reform establishes county recognized community mental retardation centers as Community Developmental Disability Organizations (CDDO) which are to provide for a single point of application, eligibility and assistance in obtaining services for individuals with developmental disabilities. CDDO's were previously referred as Community Mental Retardation Centers (CMRC).

Community Mental Health Center, as defined by the Kansas Department of Social and Rehabilitation Services, under K.S.A. 39-1602 means "any community mental health center (CMHC) organized pursuant to the provisions of K.S.A. 19-4001 to 19-4015, inclusive, and amendments thereto or mental health clinic organized pursuant to the provisions of K.S.A. 65-211 to 65-215, inclusive, and amendments thereto, and licensed in accordance with the provisions of K.S.A. 75-3307b and amendments thereto."

Developmental Disability Services, are provided by Community Developmental Disability Organizations to people who have a developmental disability (including mental retardation and related conditions) that was diagnosed prior to the age of 18. Services include Residential Services, Supported Employment, Case Management, Day Training, Support Services, Supported Family Living, and Specialized Services such as those provided in ICF/MRs.

Medical Care Facility, as defined under K.S.A. 65-425, means "a hospital, ambulatory surgical center or recuperation center." The term used throughout this manual will be "hospital" and refers to urban and rural hospitals, psychiatric hospitals, specialized services hospitals, and in- and out-patient hospitals.

Mental Retardation, as defined in Health Care Financing Administration Rules and Regulations relating to Preadmission Screening and (PASRR), Section 483.102(b), means that an individual is considered to have mental retardation (MR) if he or she has:

1. A **level of retardation (mild, moderate, severe, or profound)** described in the American Association on Mental Retardation's Manual (AAMRM) on Classification in Mental Retardation (1983), meaning "significantly sub-average intellectual functioning as evidenced by an IQ score of 70 or below on a standardized measure of intelligence; or
2. **Other developmental disability** means a condition such as autism, cerebral palsy, epilepsy or other similar physical or mental impairment (or a condition which has received a dual diagnosis of mental retardation and mental illness) and is evidenced by a *severe, chronic disability* which:
 1. It is attributable to a mental or physical impairment or a combination of mental and physical impairments, **AND**
 2. *is manifest before the age of 22, AND*
 3. *is likely to continue indefinitely, AND*
 4. results in *substantial functional limitations* in any three or more of the following areas of life functioning:
 - a. self-care,
 - b. understanding and the use of language,
 - c. learning and adapting,
 - d. mobility,
 - e. self-direction in setting goals and undertaking activities to accomplish those goals,
 - f. living independently,
 - g. economic self-sufficiency, **AND**

5. 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**
6. does not include individuals who are solely severely emotionally disturbed or seriously and persistently mentally ill or have disabilities solely as a result of infirmities of aging.

The definitions follow:

Self Care:

Performance of basic personal care activities.

Language:

Receptive and Expressive. Communication involving both verbal and nonverbal behavior enabling the individual both to understand others and to express ideas and information to others.

Mobility:

The ability to move throughout one's residence and to get to, access and utilize typical settings in one's community.

Learning:

General cognitive competence and ability to acquire new behaviors, perceptions and information, and to apply experiences in new situations.

Independent living skills:

Capacity for independent living. Age appropriate ability to live safely without assistance from other persons; includes housekeeping, participation in leisure time activities, and use of community resources.

Self direction:

Management and taking control over one's social and personal lives. Ability to make decisions affecting and protecting one's own interests.

Economic self-sufficiency:

The ability to pay for basic needs and services through employment or other financial resources.

Nursing Facility, as defined under K.S.A. 39-923, means "any place or facility operating for not less than 24 hours in any week and caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who by reason of aging, illness, disease or physical or mental infirmity are unable to sufficiently or properly care for themselves, and for whom reception, accommodation, board and skilled nursing care and treatment is provided, and which place or facility is staffed to provide 24 hours a day licensed nursing personnel plus additional staff, and is maintained and equipped primarily for the accommodation of individuals who are not acutely ill and are not in need of hospital care but who require skilled nursing care."

PASRR, as defined by the Centers for Medicaid/Medicare Services (CMS), formerly Health Care Financing Administration (HCFA) Rules and Regulations, is an acronym for Preadmission Screening and Resident Review.

PASRR has two parts:

1. Level I assessment - the Level I PASRR is a short series of questions designed to determine "whether or not a more in-depth assessment for mental health or mental retardation services is required." The PASRR questions are found in Section II of the CARE Data Form.
2. A Level II PASRR is an in-depth assessment, performed by a qualified mental health professional (QMHP) or qualified mental retardation professional (QMRP), on any individual indicating a history of and treatment for a serious mental illness or a mental retardation/developmental disability, for the purpose of determining whether the individual requires the level of services provided by a nursing facility or the level of services provided in a specialized program for persons with mental illness or developmental disabilities.

Serious Mental Illness, as defined in Centers for Medicaid/Medicare Services Rules and Regulations relating to Preadmission Screening and (PASRR), Section 483.102(b), an individual is considered to have a serious mental illness (MI) if the individual meets the following requirements on diagnosis, level of impairment and duration of illness:

1. **Diagnosis:**

As defined by the State Mental Health Authority, Department of Social and Rehabilitation Services, "the individual has a major mental disorder under the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) and the mental disorder is:

- (a) a schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to chronic disability; but
- (b) not a primary diagnosis of dementia, including Alzheimer's disease or related disorder; or
- (c) not a non-primary diagnosis of dementia unless the primary diagnosis is a major mental disorder as defined in the section as being only those diagnoses included in the Department of Social and Rehabilitation Services' Department of Mental Health, Substance Abuse Treatment and Recovery (MHSATR) current definition of severe and persistent mental illness (SPMI). An individual is considered to have a serious and persistent mental illness (SPMI) if the individual meets the following requirements on diagnosis, level of impairment and duration of illness:

2. **Level Of Impairment:**

The disorder results in functional limitations in major life activities within the past 3-6 months that would be appropriate for the individual's developmental stage. An individual **would typically have at least one of the following characteristics** on a continuing or intermittent basis:

- a. Interpersonal functioning. An individual has serious difficulty interacting appropriately and communicating effectively with other persons, has a possible history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships and social isolation.
- b. Concentration, persistence and pace. An individual has serious difficulty in sustaining focused attention for a long enough period to permit the completion of tasks commonly found in work settings or in work-like structured activities, occurring in school or home settings, manifests difficulties in concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of tasks.
- c. Adaptation to change. An individual has serious difficulty in adapting to typical changes in circumstances associated with work, school, family or social interaction, manifests agitation, exacerbated signs and symptoms associated with the illness, or withdrawal from the situation, or requires intervention by the mental or judicial system.

AND

3. **Recent treatment history**

Must ALSO have received inpatient or partial inpatient hospitalizations more than once in the last two years for the mental illness, or be receiving intensive supportive services to maintain functioning at home or in a residential treatment environment or intervention by housing or law enforcement, etc for the mental illness.

Supportive Services "... to maintain functioning... at home or in a residential treatment environment" can be said to have occurred when, during that time period, the individual required a significant increase in mental health services.

For example, due to a mental health need, the customer needed an increase in assistance with: instrumental activities of daily living, such as shopping, meal preparation, laundry, basic housekeeping, money management, etc.; basic health care, such as hygiene, grooming, nutrition, taking medications, etc.; coping with symptoms of extreme

withdrawal and social isolation; decreased incidents of inappropriate social behavior including screaming, verbal harassment of others, physical violence toward others, inappropriate sexual behavior, etc.; or decreased incidents of self harmful behavior.

These services shall have significantly increased for a period of 30 days or more in the last two years.

IF the customer does not remember an increase in these services in the past two years, please contact the Community Mental Health Center (CMHC). The CMHC should be able to tell you whether this customer is receiving services.

Intervention by Housing Officials... can be said to have occurred when the individual has been evicted (including from a shelter) for situations which include inappropriate social behavior (including: Screaming, verbal harassment of others, physical violence toward others, inappropriate sexual behavior and etc.) and abuse or neglect of physical property (including: failure to maintain property as outlined in the lease, intentional destruction of property such as through kicking or hitting walls or doors, etc.). Note: Nonpayment of rent, substance abuse, and other such situations can only be included in this category if a direct relationship between the activity and an increase in the severity of the mental illness can be shown.

Intervention by law enforcement officials... can be said to have occurred when the individual has been arrested and/or taken into custody due to: harm to self, or property; inappropriate social behavior (including: Screaming, verbal harassment of others, physical violence toward others, inappropriate sexual behavior, etc.); or, evidence of impairment so severe as to require monitoring for safety. Note: Substance abuse can only be included in this category if a direct relationship between the activity and an increase in the severity of the mental illness can be shown.

Level I CARE assessors are required to provide, in the comment section on the second page of the CARE Level I assessment, dates of treatments, specifics about supportive services and mental illness diagnosis when referring for a Level II assessment.

Specialized Mental Retardation (Developmental Disability) Services, as defined by the Department of Social and Rehabilitation Service (SRS) State Plan, effective January 1, 1995, are "those services which necessitate the availability of trained MR personnel from an SRS licensed provider. These services can be provided in the following settings:

1. Intermediate Care Facility for Mental Retardation (ICF/MR); OR
2. Community setting if the services provided are equivalent to the level of services provided in an ICF/MR."

Specialized Mental Health Services, As defined by the Department of Social and Rehabilitation Service (SRS) State Plan, effective January 1, 1995, are "those services which necessitate the availability of trained mental health personnel from an SRS licensed provider. These services can be provided in the following setting:

An acute care psychiatric hospital." (These services are implemented under a plan of care developed under supervised by a physician, provided by a physician and other qualified mental health professionals that prescribes specific therapies and activities for treatment of persons who are experiencing an acute episode of serious mental illness).

Qualified Mental Health Professional (QMHP), For the purposes of Preadmission Screening and (PASRR) assessments, a QMHP is an individual who has at least one year of experience working directly with persons with mental illness, and is one of the following:

1. Licensed psychologist - an individual who has a Ph.D. from an accredited college or university and who is licensed to practice in the State of Kansas; or
2. Physician - an M.D. who is licensed to practice medicine in the State of Kansas and who has experience in working with individuals who are mentally ill; or
3. Psychiatrist - an M.D. or D.O. who has completed a residency in psychiatry approved by the American Board of Psychiatry and Neurology and who is licensed to practice medicine in the State of Kansas; or
4. Registered master's level psychologist -an individual who is a registered master's level psychologist approved by the Kansas Behavioral Sciences Regulatory Board (Note: registration is granted only to staff members of a Community Mental Health Center); or
5. Social Worker - an individual who has a master's degree in social work (M.S.W.) from an accredited college or university and is licensed to practice in the State of Kansas. (Note: individual social workers can only practice independently if they are a Licensed Specialist Clinical Social Worker or have a supervisory contract on file with the Behavioral Science Regulatory Board.), or
6. Psychiatric nurse - a registered nurse (R.N.) who is licensed to practice in the State of Kansas, and who has a specialty (at least 2 years full-time) in psychiatric nursing.
7. Licensed professional counselors or Licensed marriage and family therapists.

Qualified mental retardation professional (QMRP), For the purposes of Preadmission Screening and (PASRR) assessments, a QMRP is an individual who has at least one year of experience working directly with persons with the condition of mental retardation, and is one of the following:

1. A physician - an M.D. or D.O. who is licensed to practice medicine in the State of Kansas and who has demonstrated competence and knowledge in programming for individuals who have the condition of mental retardation.
2. A registered nurse - a registered nurse, licensed with the state of Kansas, with at least one year of experience working with persons with the condition of mental retardation.
3. Psychologist - must have at least a master's degree in psychology from an accredited school and be licensed to practice in the state of Kansas.
4. An individual who holds at least a bachelor's degree in a professional category and is licensed, certified, or registered, as applicable, to provide professional services in the State in which he or she practices, as specified below:
 - A. Occupational Therapist
 - B. Physical Therapist
 - C. Speech-language pathologist or audiologist
 - D. Recreational Therapist - an individual must have a bachelor's degree in recreation, or in a recreational therapy specialty area such as art, dance, music, or physical education, with an emphasis in work with persons with developmental disabilities.
 - E. Human Services professional - must have at least a bachelor's degree in a human services field (including, but not limited to: sociology, special education, rehabilitation counseling, and psychology).
 - F. Social worker - must have a graduate degree (M.S.W. or LSCSW or DSW) from a school of social work accredited or approved by the Council on Social Work Education or another comparable body; **or** hold a Bachelor of Social Work (B.S.W.) degree from a college or university accredited or approved by the Council on Social Work Education.

THE LEVEL II ASSESSMENT PROCESS

This section is being provided to help familiarize you with all the considerations and steps that are taken during the Level II PASRR process. The time line for the Level II PASRR process starts when the Level I assessor faxes the complete request for a Level II to AAA and does not stop until KDOA types the final determination letter and mails it to the individual.

Purpose of the Level II Assessment

The purpose of the Level II assessment is:

- To ensure that individuals with a serious mental illness or a developmental disability are prevented from being placed in or remain in Medicaid-certified nursing homes if they do not require nursing home care.
- To ensure that individuals with serious mental illness or developmental disabilities receive treatment and services in a care setting appropriate to their needs.

Potential Outcomes

There are several possible outcomes after an individual has been assessed by the Level II assessor for either a Preadmission Screening (PAS) or a Resident Review (RR).

1. The individual may be found to be appropriate for nursing facility placement because he does not need specialized mental health or developmental disability services.
2. The individual may be found inappropriate for nursing facility placement because he does need specialized mental health or developmental disability services.
3. The individual may be found to be neither appropriate for nursing facility placement nor specialized mental health or developmental disability services.

Individuals who receive a letter stating they are not appropriate for nursing facility placement, may not enter or continue to reside in a medicaid certified nursing facility in the state of Kansas, regardless of what their payment source is or the desires of the individual or their guardian. These individuals will have to be reassessed at a later date if there is a significant change in condition to warrant reconsideration.

When is a Level II NOT Required?

1. When an individual is not seeking admission to a nursing facility.
2. When an individual is seeking admission to an Intermediate Care Facility for Mental Retardation (ICF/MR). No CARE assessment of an kind is needed.
3. When the individual does not meet the diagnosis, treatment, and level of impairment requirements (as described in the federal regulations and in the definition section of this manual on page 7 and on pages 8 and 9).
4. If there is written documentation from the physician for a nursing facility placement of less then 30 days.
5. When an individual is entering a nursing facility conducted by and for the adherents of a recognized church or religious denomination for the purpose of providing care and services for those who depend upon spiritual means, through prayer alone, for healing.
6. When going to a Long Term Care Unit (LTC) of a hospital that is not Medicaid certified.
7. When going to an Inpatient Psychiatric Unit.
8. When going to a non-Medicaid certified nursing facility.
9. When an individual is being admitted to a swing bed of the hospital.

When IS a Level II Required?

- A. A Level II Preadmission assessment is required, PRIOR to admission, when an individual who is seeking admission to a Medicaid certified nursing facility in the state of Kansas, meets the following criteria for:

1. Mental Illness

- a. The individual must have a clinical diagnosis of a serious mental illness (such as a schizophrenic, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; other psychotic disorder; or another mental disorder that may lead to a chronic disability)

AND

- b. Must ALSO have received inpatient or partial inpatient hospitalizations more then once in the last two years for the mental illness, or be receiving

intensive supportive services/interventions such as intramuscular psychotropic medication injections, case management, CMHC group home, law enforcement intervention, etc. for the mental illness.

Routine monitoring of medications is NOT considered a supportive service. Level I assessors are required to provide dates of treatments and specifics about supportive services before a Level II assessment is conducted,

AND

- c. Must ALSO have a level of impairment which results in functional limitations during the last three to six months.

2. Developmental Disabilities

- a. The individual must have a mental retardation diagnosis as evidenced by an established diagnosis of mental retardation (documentation of an IQ score of 70 or below prior to the age of 18),

OR

- b. other developmental disability (such as cerebral palsy; epilepsy, autism, Down's Syndrome or other physical or mental impairments or a condition that has received a dual diagnosis of mental retardation and mental illness) which manifested prior to age 22 AND is likely to continue indefinitely.

An individual who meets all three components, the diagnosis of a serious mental illness, and a treatment history (as described above), and the necessary level of impairment for that mental illness; OR the criteria for a developmental disability is required by federal law to have a Level II assessment prior to admission.

- B. Once admitted to a nursing facility, an individual with a serious mental illness or developmental disability may receive a Level II Resident Review (RR) if:

1. A nursing facility requests it due to a significant change in condition;
2. If a diagnosis of a serious mental illness or developmental disability is uncovered after admission to a nursing facility. (This means that the individual was admitted with the diagnosis, meeting the PASRR criteria, and a Level II

was not conducted prior to admission for some reason.) The nursing facility must provide to the AAA: the date of admission to the nursing facility and the admitting diagnoses showing the individual was diagnosed with a serious mental illness or a developmental disability at the time of admission. The Consortium will then assign an assessor to do a Level II Resident Review.

3. If the individual with a serious mental illness or developmental disability was admitted prior to January 1, 1989 and has never been assessed as a part of the Level II PASRR process.
4. If the individual with a serious mental illness or developmental disability was admitted on an extended or temporary stay, the nursing facility will need to order a Resident Review if the customer was unable to return to the community.

Who May Conduct a Level II Assessment?

A **Qualified Mental Health Professional (QMHP)**, as defined by the state mental health authority in the definitions section of this manual, may conduct a Level II assessment for individuals who meet the PASRR requirements for a major mental illness. Please see the definitions section page 9 for the listing of those persons who may be contracted to do Level II assessments.

A **Qualified Mental Retardation Professional (QMRP)**, as defined by the state mental retardation authority in the definitions section of this manual, may conduct a Level II assessment for individuals with a developmental disability, including mental retardation, that meet the PASRR requirements for a developmental disability. Please see the definitions section, page 10 for the listing of those persons who may be contracted to do Level II assessments.

Level II Assessor ROLES & RESPONSIBILITIES

- A. The roles and responsibilities of a Level II assessor center around the scheduling, conduction, and completion of a Level II assessment, as well as referrals to appropriate services. The roles and responsibilities of the Level II assessor are described below:
1. Must attend a Level II training offered by KDOA, in cooperation with the Consortium prior to being assigned to do any Level II assessments.
 2. Provide quality Level II assessments and referral services in a timely manner.
 3. Conduct culturally sensitive assessments, including the provision of, or arrangements for assessments of non-English speaking individuals.
 4. Maintain client confidentiality.
 5. Collect and present quality, accurate data in a legible and usable format.
 6. Have access to a fax machine or be able to hand deliver the completed Level II Preadmission Screening (PAS) or Resident Review (RR) instrument to the CONSORTIUM.
 7. Must notify the facility and the individual's guardian of the day and time of the assessment. If the individual's guardian cannot be present at that time and desires to be a part of the Level II assessment, the Level II assessor will schedule another time to allow this to take place. The Level II assessor will call the CONSORTIUM and notify them that the assessment has been put on HOLD at the request of the guardian. The CONSORTIUM will then place the assessment on the exception report until such a time that the guardian can be present.
 8. Use their clinical judgment, after interviewing the client, guardian, family, and professional staff and reviewing the clinical records, to make a recommendation for the individual's appropriate placement and service needs.
 9. Will avail themselves for and cooperate with any and all appeals related to the Level II assessment.
 10. Maintain the highest level of courtesy, respect, and professionalism possible when serving as a Level II assessor and/or making referrals. The Consortium shall establish and maintain professional standards of conduct for Level II assessors.

THE LEVEL II ASSESSMENT

Level II Referral and Intake for Level II Assessments, include Preadmission Screenings (PAS) and Resident Reviews (RR)

Presently The Consortium, Inc. is the Kansas Department on Aging's contractor to provide Level II assessments for KDOA's Preadmission Screening and Resident Review (PASRR) program. The Consortium contracts with the Community Mental Health Centers (CMHC) for their QMPHs and QMRPs to do the actual assessments.

Level I assessors will fax the completed Level I assessment, a copy of the CARE certificate, and the Release of Information signed by the guardian, if applicable, to the AAA within one day after completing the assessment.

Then the AAA staff will:

- I. Review the Level I referral for a Level II for completeness and accuracy or the request for a Level II PAS or Resident Review (RR). The completed Level I assessment or information requesting the RR must contain the following components:
 - A. The diagnosis, treatment dates, and/or supportive services utilized for individuals with mental illness and IQ scores, and the date of the last testing for individuals with mental retardation or the related condition diagnosis. If appropriate, the name, address, and phone number of the individual's legal guardian must be provided.
 - B. If the individual is already in a nursing facility, the referral must include the diagnosis, date of the diagnosis, date of admission to the nursing facility, the admitting diagnoses to the nursing facility, legal guardian information, location of the individual to be assessed, and any other pertinent information.
 - C. The AAA will then complete the portion of the PAS intake needed to send the referral to the Consortium and will send the intake, the Level I assessment, Release of Information and a copy of the letter sent to the Guardian (when applicable).
 - D. The AAA will check the Kansas Aging Management Information System (KAMIS) for prior PASRR involvement and make an on-line referral to KDOA.

Then the Consortium staff will:

- II. Review the Level II referral for completeness. Then the Consortium will complete the section of the intake sheet needed to assign the assessment to the appropriate CMHC. A complete referral must contain the above components plus the following:
 - A. If the individual is terminally ill (less than six months to live) or in a coma (an abnormal deep sleep from which the individual cannot be aroused, due to illness or injury), the Consortium will obtain written documentation from the clinical record or the medical doctor to substantiate the diagnosis. The Consortium will then provide that written documentation to KDOA so that a determination letter can be issued.
 - B. A qualified Level II assessor (please see definitions section, page 10 and 11 for qualifications for a Level II assessor) is contacted and verbal confirmation is obtained that the assessment will be accomplished within the contractual time frame.
 - C. The Level II assessor is faxed the intake sheet and all relevant data.
 - D. The Consortium will contact the legal guardian by phone to inform them that a Level II assessment will be done and give them the name and phone number of the CMHC/QMHP or QMRP that has been assigned to do the assessment.
 - E. The due date of the assessment is logged and the case is built in Kansas Aging Management Information System (KAMIS).
 - F. The completed Level II assessments are faxed to the Consortium within 5 consecutive days after the receipt of the referral for a Level II assessment. **Timeliness of this step is critical to quality service for our constituency. It is expected that most assessments will be completed under the maximum 5 days allotted for the assessment process, as most customers are in regular hospitals or the community.**
 - G. The assessment is reviewed by the Consortium for completeness and accuracy before delivery to KDOA.
 - H. A completed Level II assessment minimally includes, but may not be limited to the following:

- (a) Scheduling assessment with individual, family members, physician, guardian and others necessary to access complete and accurate information regarding the individual's functional status and abilities. Assessment will take place in hospital or other appropriate setting as determined by the Level II assessor.
- (b) Arranging for a culturally sensitive assessment, including provision of additional languages, assistive devices, interpreters, and adherence to all Americans with Disabilities Act provisions.
- (c) Conducting the Assessment
 - (1) Legible and accurate information is required.
 - (2) Level II assessors should complete the Level II data form in black ink or typed so as to ensure quality transmission if data form is faxed to the Consortium.
 - (3) Complete each question of the Level II assessment form as instructed in the Level II Instruction Manual.
 - (4) If the Level II assessor is not with the responsible CMHC or CDDO, then the Level II assessor must contact the appropriate CMHC to discuss availability of community based services.
 - (5) The Level II assessor must make referrals to the appropriate Community Mental Health Center (CMHC) or the Community Development Disabled Organization (CDDO) when applicable or other service organizations.
- I. A copy of the assessment is delivered to KDOA within six consecutive days following receipt of the complete referral for a Level II, by the Consortium.
- J. The CARE Program's Level II Manager will review the assessments and issue a final determination letter within 2 working days of receipt of the complete Level II assessment from the Consortium. A copy of the letter will be mailed to the individual and their court appointed legal guardian (if one has been appointed), the admitting or retaining nursing facility, the discharging hospital, the physician(s), the Consortium, and any other individual or agency on a need to know basis (i.e., CMHC or CDDO).

- K. A copy of the final determination letter will be promptly faxed to the discharging hospital or retaining nursing facility. The discharging hospital should provide a copy to the admitting nursing facility.
- L. The date of the final determination letter from KDOA and the determination codes will be entered into KAMIS.

Timeliness for Completion of Level II PAS and RR Assessments

- A. The Level II assessor has five (5) consecutive days, from receipt of the Level II referral, to complete the assessment.
- B. The completed assessment shall be faxed to the Consortium for review and delivered to the KDOA CARE Program within six (6) consecutive days following receipt of the referral for a Level II by the AAA.
- C. The CARE Program's Level II Manager will review the completed Level II assessment and the recommendations of the Level II assessor and issue a final determination letter in regard to nursing facility placement or the need for specialized mental health or specialized developmental disability services.
- D. KDOA will provide written notification and other documentation as required, to the client and the client's legal guardian (if one has been appointed), the discharging hospital, the AAA, the individual's physician, the admitting NF and any other individual or agency on a need to know basis, within 2 working days from receipt of completed Level II assessment.

Federal law mandates that the final determination for an individual identified as needing a Level II assessment for nursing facility placement must be made within 7 to 9 working days from the time of the referral for a Level II assessment.

The CARE program philosophy is that these need to be done as soon as possible as an individual or their Care provider believes the customer has an immediate need of 24-hour nursing care.

THE LEVEL II DETERMINATION

Federal law mandates that the final determination for an individual identified as needing a Level II assessment for nursing facility placement must be made within 7 to 9 working days from the time of the referral for a Level II assessment.

Please review the definitions of specialized mental health services, specialized developmental disability services, nursing facility, terminal illness, coma, and categorical determinations in I-3 through I-11, of this manual.

KDOA reviews the Level II assessments and the recommendations of the Level II assessors. Based upon the information provided to KDOA the final determination letters can relay any of the following potential outcomes.

- A determination that ***an individual is appropriate for nursing facility placement and does not require specialized mental health services*** is made if it is determined that the individual's mental health needs are stable and that the individual does not require inpatient hospitalization for a mental illness.
- A determination that ***an individual is appropriate for nursing facility placement and does not require specialized services for developmental disabilities*** is made if it is determined that the individual will not benefit from services for individuals with a developmental disability.
- A determination that ***an individual is not appropriate for nursing facility placement and does need specialized mental health services*** is made if it is determined that the individual's mental illness is not stable and that the individual needs inpatient treatment for mental illness rather than admission to a nursing facility.
- A determination that ***an individual is not appropriate for nursing facility placement and does need specialized developmental disabilities services*** is made if it is determined that the individual qualifies for and will benefit from developmental disability services.
- A determination that ***an individual is not appropriate for either nursing facility placement or specialized mental health services*** is made if it is determined that the individual does not need either service option. In this case it would be determined that the community mental health center or outpatient clinic of a

hospital could to provide the necessary services to the individual in a community based setting.

- A determination that ***an individual is not appropriate for either a nursing facility or specialized developmental disability services*** is made if it is determined that the individual does not need either service option. In this case it would be determined that the individual did not have medical or functional needs requiring nursing facility placement and did not qualify for developmental disability services through the community developmental disability organization.
- An individual ***who is identified as having a terminal illness*** (written certification by the attending physician of less than six months to live) may be aborted from the PASRR process. KDOA will issue a letter stating that the individual is exempted from PASRR due to a diagnosis of a terminal illness.
- The assessment for an ***individual who is identified as being in a coma*** (an abnormal deep stupor, caused by an illness or injury, from which the individual cannot be aroused) will be placed on hold for the PASRR process until such time that the individual recovers from the coma. This decision will be made by the AAA the appropriate documentation will be kept on file, and KDOA will be notified.
- ***An individual with a primary diagnosis of a dementia or a dementia related condition*** at the time of the Preadmission Screening, regardless of other diagnoses, will be aborted from future PASRR assessments for mental illness or developmental disabilities, if sufficient documentation is provided of the priority of the diagnoses.
- ***An individual with a non-primary diagnosis of a dementia or a dementia related condition and a primary diagnosis of something other than a major mental illness*** at the time of the Preadmission Screening, will be aborted from future PASRR assessments for mental illness, if sufficient documentation is provided of the priority of the diagnoses.
- ***An individual with a serious mental illness who also has a medical condition as listed in the medicaid state plan as a "categorical determination"*** (please see page I-3/4 "Advanced Group Determination) and can no longer cognitively take part in mental health treatment due to that medical condition, may be aborted from the PASRR assessment for the current year. Documentation must be provided from the individual's clinical record of the medical condition. The individual's condition will need to be reviewed annually.

- *An individual with a developmental disability who also has a medical condition of a permanent or progressive nature*, (see page I-5) as described in the Medicaid State plan and can no longer benefit from specialized developmental disability services, may be aborted from the PASRR assessment for the current year. Documentation must be provided from the individual's clinical record of the condition. The individual's condition will need to be reviewed annually.

Additional Recommendations

In addition to the above placement and service recommendations, final determination letters will also contain additional recommendations made by the QMHP or QMRP Level II assessor and the CARE Program Level II Manager. These recommendations for additional mental health or developmental disability treatments, therapies, or referrals are offered for consideration of the family and/or admitting or retaining nursing facility when they develop the individual's long term care plan.

Distribution of the Level II "PAS" and "RR" Determination Letters

- The final determination letter will be promptly faxed to the discharging hospital in order to facilitate a timely discharge for the individual. The discharging hospital should provide a copy of the letter to the admitting nursing facility. If a Level II Resident Review was completed, the determination will be faxed to the retaining nursing facility.
- In the event that a final determination has been made and the typing of the letter will be delayed for some reason, a verbal determination will be given to the discharging hospital by KDOA. The verbal determination will be followed by a faxed copy of the letter as soon as possible. A verbal determination may also be given to the admitting nursing facility, if one has been chosen, and followed with a hard copy of the letter.
- A copy of the final determination letter will be mailed to the individual, the legal guardian (if appointed and identified), the discharging hospital, the admitting nursing facility (if one is listed), the attending physician(s), and the Consortium (for records maintenance). Other individuals or agencies, such as the local community developmental disability organization (CDDO) or community mental health center (CMHC) may receive a copy of the letter on a need to know basis.
- If an admitting nursing facility has been identified, a copy of the Level II Assessment will be mailed to them, so that they may use the information in their care plan.
- If an admitting nursing facility has not been identified, a notation in the determination letter advises the admitting nursing facility to request a copy of the Level II Assessment.
- The individual, the legal guardian, or any other person or agency that has a signed release of information from the individual or the legal guardian, may request a copy of the Level II Assessment.
- Any resources that have been determined to be helpful for the individual or the individual's caregivers will be enclosed in the final determination letter. These enclosures may be, but are not limited to: listings of community mental health centers, community developmental disability organizations, nursing facilities for the mentally ill, nursing facilities for individual's with dementia, Area Agency on Aging; Ombudsman, legal services, guardianship services, special care units, etc.

Secondary Referrals as a Result of Level II Assessments by KDOA

After reviewing the Level II assessment, KDOA will make referrals to any individual or agency that they believe necessary in order to access those services that are needed for the individual's health care needs. The referrals may be made by phone or in writing, based upon the urgency of the situation. Referrals may be made to any of the following: community mental health centers (CMHC), community developmental disability organizations (CDDO), Area Agency on Aging (AAA), Social and Rehabilitative Services (SRS), Adult Protective Services (APS), Ombudsman, etc.

CARE Assessment Follow-Up

As a part of quality services provided through the CARE program, and to offer additional assistance to CARE clients, the Area Agencies on Aging will conduct a 30-day follow-up for each person assessed under the CARE program.

- A. A follow-up telephone call or personal visit shall take place approximately 30 consecutive days after the conduction of the Level I CARE assessment. If the individual has entered a nursing facility, this will be noted and the follow-up is considered complete. If the individual has decided to stay in the community and is using or waiting for community-based services, their present status and services utilized and/or needed but unavailable will be noted. This will assist in determining unmet community-based service needs.
- B. The follow-up will take place within one working week after the 30 day period. The Area Agencies on Aging shall provide follow-up services for each individual listed as being CARE assessed in the automated data system.
- C. The purpose of the follow-up will be to:
 1. determine whether or not the individual was diverted from nursing facility admission after being assessed through the CARE program; and
 2. provide additional information and assistance as requested and necessary; and
 3. arrange for other services required.
 4. The Area Agency on Aging Director shall have the authority to appoint a qualified professional to conduct the follow-up assessment.

5. If the individual was CARE assessed and indicated that they anticipate their stay in a nursing facility to be 3 months or less, a 3 month follow-up should be conducted to discern the individual and provide any information and assistance they may need if transitioning from the nursing facility to the community. If the individual will continue to reside in the nursing facility, this should be noted and no further follow-up is required.
6. All follow-up information will be included in reports for unmet needs and diversion rates constructed annually by the Kansas Department on Aging for the Governor and legislature.

APPEALS

- A. Each individual will be notified at the time of the Level II PASRR determination that he/she or that individual's court appointed legal guardian has the right to appeal the decision. The information in the letter gives direction that the appeal must be in writing within 30 days of the determination. The request for an appeal hearing is to be sent to:

The Office of Administrative Hearings
610 SW 10th Ave, 2nd Floor
Topeka, Kansas 66612-1616

- B. Upon notice of the Request for Fair Hearing, KDOA will provide copies of the Level I and Level II Assessments to the SRS Appeals Coordinator for distribution to the SRS Hearing Officer, the Mental Health and/or Developmental Disability Authority, and the SRS legal authority.
- C. After reviewing the original assessment and any additional information provided for consideration for the appeal review, the state Mental Health or Developmental Disability Authority may overturn the decision.
- D. KDOA will attend the hearing and be prepared to testify if requested
- E. If an appeal hearing is held, the hearing officer will issue the final decision in writing to all parties involved.

REPORTING

All data collected in regards to individuals receiving PASRR Level II assessments will be entered into KAMIS by KDOA. Monthly reports will be generated and provided to the Consortium by the 8th calendar day of the following month. The information provided will include the timeliness of the Level II process, number of PAS and assessments conducted, and the final determination.

The KDOA will provide an annual report, covering the state fiscal year of July 1 through June 30. KDOA will use this information to prepare a report of the Level II data for presentation to the Governor, legislature, and the Center for Medicaid/Medicare Services.

KDOA will enter the final determination for all PASRR screenings in KAMIS promptly after the final determination letter is typed.

SUMMARY

The Level II assessment is an important tool in our effort to ensure that individuals with a diagnosis of a serious mental illness or a developmental disability are not admitted to Medicaid-certified nursing facilities if they do not require nursing facility care, and to ensure that those individuals do receive treatment and services in a care setting appropriate to their needs.

Besides ensuring appropriate placement for the individual, the Level II screening has the potential of saving the state Medicaid program money (depending on the level of care needed) by preventing individuals from being admitted to Medicaid-certified nursing facilities, if such admission is not indicated for their health care needs. The goal is for those individuals who can be served in a community setting with support services from the CMHCs or the CDDOs to remain in the community.