What impact does the assessment have on Medicaid eligibility?

The Kansas Department for Children and Families (DCF) may use the information gathered during the assessment to make a decision about a person's eligibility for Medicaid. If you want Medicaid to participate in the payment of your nursing home care, you will need to contact your local DCF office and apply for Medicaid. Medicaid eligibility is based on a variety of factors, including health and financial information. Some of this information will be gathered during the CARE assessment.

Can I appeal the outcome of an assessment?

If you do not agree with the determination of the PASRR portion of the assessment, you may contact your Area Agency on Aging to appeal a Level II referral. If you do not agree with the level of care or Medicaid eligibility determinations, you should contact your Economic and Employment Support Specialist at your local DCF office

Where can I get more information?

Your assessor will give you a copy of *Explore Your Options: A Kansas Guide to Services and Long Term Care Choices*, and other information about community based services in your area. For more information about the CARE program or community based services, you may contact your Area Agency on Aging or the State CARE Program office in Topeka at: (785) 291-3360: FAX (785) 291-3427

Kansas

Department for Aging and Disability Services

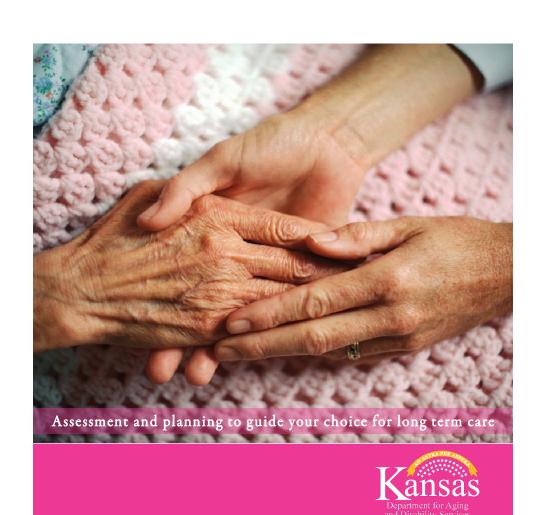
New England Building 503 S. Kansas Avenue Topeka, KS 66603 1-800-432-3535 www.kdads.ks.gov

The Kansas Department for Aging and Disability Services (KDADS) does not discriminate on the basis of race, color, national origin, sex, age or disability. If you feel that you have been discriminated against by KDADS or any KDADS funded program, you have the right to file a complaint with KDADS. 1-800-432-3535 (TTY: 1-800-766-3777)

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

CARE

Client Assessment, Referral and Evaluation



What is CARE?

CARE stands for Client Assessment, Referral and Evaluation. Everyone admitted into a long term care facility from any type of community based living must have a CARE assessment prior to admission.

What is the purpose of CARE?

CARE helps people find appropriate long term care services and collects data on the need for home and community based services. Visiting with a CARE assessor will give you a chance to discuss your available long term care options. The CARE assessor has information about services in your community.

Even if you have already tried and failed to find services, the CARE assessment will be useful in recording the lack of service in your community. The Kansas Department for Aging and Disability Services reports its findings on service availability to the Governor and the Legislature each year.

What is a CARE assessment?

The assessment is a personal interview with you (and your family or other caregivers such as a guardian/conservator when appropriate) to evaluate your health and functional abilities. It should take no more than one hour.

Who conducts the assessment?

Hospital personnel and Area Agency on Aging (AAA) staff or contractors perform CARE assessments.

If you are in a hospital and plan to go to a nursing home, hospital personnel (probably a discharge planner) will do the assessment before you leave the hospital.

If you are living at home or in an apartment, or if you are living with someone else and plan to go to a nursing home, the AAA will conduct the CARE assessment.

What happens after the assessment?

Once the CARE assessment is complete, the CARE assessor will provide you with a certificate that shows you have been assessed. If you decide a nursing home is your best choice, you must take a copy of your certificate (and a copy of your assessment, if you want) to the nursing home. Should you lose your certificate, you or the nursing facility may contact the AAA for another copy. Also, should you misplace a copy of your completed assessment you may get another by contacting your AAA.

If you want to find services outside a nursing home, the hospital discharge planner, AAA case manager, or a counselor at the Center for Independent Living can help you find services that are available.

Why are there questions about mental illness and mental disability or developmental disabilities?

The CARE assessment contains the Preadmission Screening and Resident Review (PASRR) required by federal law.

The PASRR section of the CARE assessment asks several questions about mental illness and mental disability/developmental disabilities so that anyone with these conditions can find the specialized services he or she needs. If the assessment finds that a person has a serious mental illness or a developmental disability, the assessor will refer that person for a more comprehensive assessment known as a Level II assessment. Based on that assessment, the Kansas Department for Aging and Disability Services will determine if the person needs nursing home care or other specialized services.

Why does the assessor ask for my Social Security number?

Providing your Social Security number is completely optional and will not affect the rest of the assessment. The CARE Program will only use your Social Security number in a confidential manner, as a unique way of identifying your specific assessment information. If you choose not to provide your Social Security number, the CARE Program will randomly generate a tracking number for you.