

# Kansas Client Assessment, Referral and Evaluation (CARE) & Pre-Admission Screening and Resident Review (PASRR)

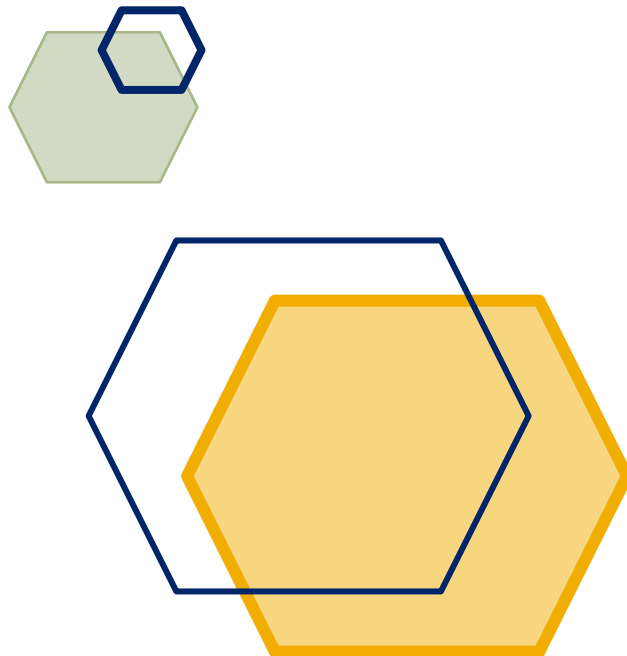
STATE FISCAL YEAR 2022 ANNUAL  
REPORT

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# EXECUTIVE SUMMARY

The Client Assessment, Referral and Evaluation (CARE) Program Annual Report, as required by KSA 39-968, provides an overview of the purpose of the CARE Program and a snapshot of the work of CARE. In addition, the Annual Report provides the number of special admissions, Level I assessments, and Level II evaluations completed for long-term care during the State Fiscal Year 2022 (July 1, 2021, to June 30, 2022). Finally, the Annual Report offers demographic information about the consumers who received a Level I assessment and Level II evaluation during SFY 2022.

State Fiscal Year (SFY) 2022 was a year of transition for the KDADS CARE Program with a change in the location of the CARE Program from the Long-Term Support Services Commission to the Behavioral Health Services Commission and in the process, a change in CARE Team staff members. Thank you CARE Team members, past and current, for your efforts as part of the CARE Program.

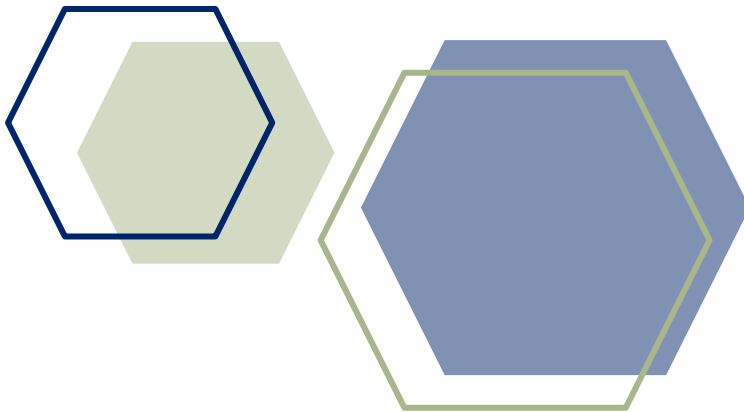
During SFY 2022, the CARE Team reviewed more than 7,800 admission documents (includes special admissions and Level I assessments) and entered 70 percent into the Kansas Assessment Management Information System (KAMIS). These admission documents are used to respond to CARE Inquiries from KDHE for Medicaid applications. The CARE Inquiries totaled 6,886 during SFY 2022. KDADS CARE Team responded to 5,911 inquiries. To support the response to CARE Inquiries, approved admissions documents (special admissions, Level I assessments and Level II evaluations) were entered into the KAMIS database.



- Special Admissions: 4,907 were entered into the KAMIS database by CARE Team members
- Level I Assessments: 11,345 approved assessments entered into KAMIS database
  - AAA entered 10,419 approved assessments
  - CARE Team members entered 926 approved hospital assessments

- Level II Assessments: 350 completed and 332 approved (Level II determination letter for additional services provided to consumer) evaluations conducted by the Level II contractor evaluators and entered into KAMIS by CARE Team members

Demographics included consumer's gender identification, consumer's age, and location of assessment/evaluation. Gender identification for consumers with Level I assessments was 58% female and 41% male. Whereas gender identification for consumers with Level II evaluations was 55% male and 45% female. Primary age range for consumers with Level I assessments was 80-89 with 3,393 consumers and age range for Level II evaluations was 60-69 with 91 consumers. The main location of Level I assessments, regardless of who conducted the assessment (AAA or hospital assessor), was nursing facility at 5,986 assessments and Level II evaluations was hospital with 135 evaluations.



## PROGRAM OVERVIEW

The Client Assessment, Referral and Evaluation (CARE) Program was created in the mid-1990's by the Kansas Legislature as the Kansas response to the federal mandate to assess all individuals entering a Medicaid-certified nursing facility known as the Pre-Admission Screening and Resident Review (PASRR) program.

The CARE Program currently provides two ways for someone to enter a Medicaid-certified nursing facility:

1. **Special Admissions**

There are five special admissions: 1) Emergency Admission; 2) Less than 30 Days; 3) Out of State PASRR; 4) Respite; 5) Terminal Illness. These

admissions contain a portion of the PASRR assessment which is completed at the nursing facility by nursing facility staff once the individual arrives without a Level I CARE assessment on file. If the person needs to stay in the nursing facility beyond the special admission timeframe, a Level I assessment will be required.

## 2. **Level I CARE Assessments**

These assessments are conducted by assessors through the local Area Agencies on Aging (AAA), as well as some hospital assessors, and are completed to assess the need for nursing facility level of care and determine the need for further evaluation (Level II). Level I assessments are required prior to entering a nursing facility unless a special admission, as noted in number 1, has been completed first.

Additional evaluation may be required if there is a suspicion of an Intellectual/Developmental Disability/Related Condition (IDD/DD/RC) or a mental illness. The evaluation is called a Level II PASRR and is an in-depth evaluation conducted as a result of a Level I CARE assessment. Only qualified professionals can complete the Level II evaluation –

- IDD/DD/RC Level II evaluations by a qualified intellectual disability professional (QIDP)
- mental illness Level II evaluations by a qualified mental health professional (QMHP)

The forms for these admissions, assessments, and evaluations are sent to the Kansas Department for Aging and Disability Services (KDADS) CARE Team and processed or kept on file to respond to requests for information by the Kansas



Department of Health and Environment, the Kansas State Medicaid Authority, for a long-term care Medicaid application. These requests for information are referred to as 3164s and are submitted to KDADS CARE Team using the online CARE Inquiry tool.



## PROGRAM STAFF

The CARE Team has consistently been a small team. CARE resided in the Aging Division under the Long-Term Support and Services Commission prior to October 2021 when the CARE Team moved to the Community Integration Section of the Behavioral Health Services (BHS) Commission.

## PROGRAM PROCESS

The CARE process for admission documents includes review of the admission documents prior to entering information into the KDADS database, KAMIS, and prior to responding to KDHE through the CARE Inquiry tool. The admission documentation is submitted from nursing facilities, hospitals, or nursing facilities for mental health through fax or email attachment. The CARE Team locates the admission information in the CARE email inbox, and in the electronic files downloaded from the CARE email, and checks KAMIS to determine if the information has already been entered.

If the admission documentation is found, the CARE Team validates the admission information for the special admissions and hospital assessor Level I assessments as the outlined below.

### *Special Admissions –*

- a. Review special admission (Emergency Admission, Less than 30 Days, Out of State PASRR, Respite, Terminal Illness) to confirm all necessary blanks have been filled on the fax form and A & B of the first page of the Level I

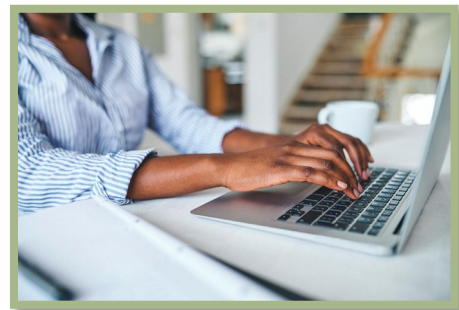


- b. Verify all criteria has been met per the specific type of special admission
- c. Search for the person in KAMIS to find the record of the person
- d. Create a record for the customers not in KAMIS
- e. Enter valid special admissions in KAMIS
- f. Place all valid and entered special admissions in the completed folder
- g. Place all incomplete or invalid special admissions in the invalid folder
- h. Place any special admissions that are pending additional information in the work in progress folder

***LEVEL I Assessments by Hospital Assessors -***

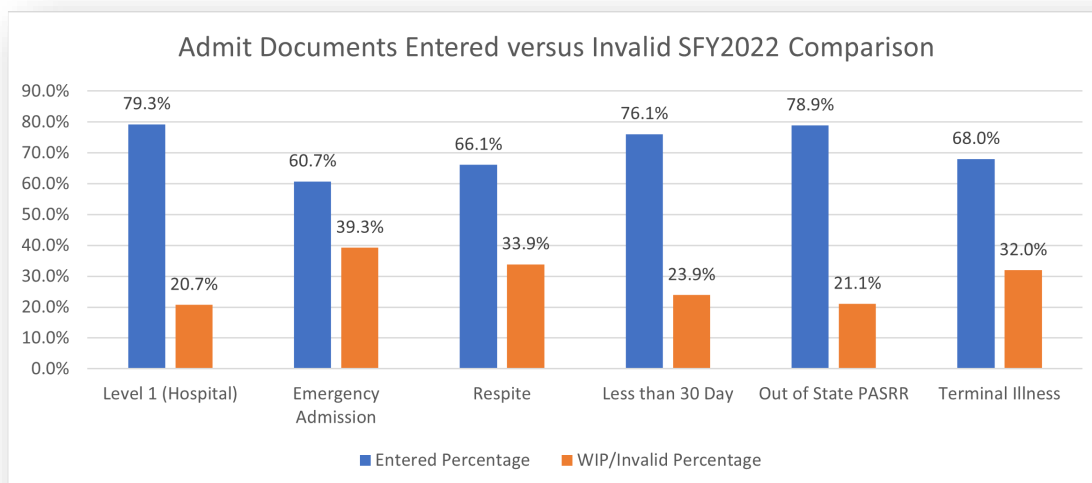
- a. Review the Level I form to verify all Level I criteria has been met
- b. Confirm, if appropriate, the guardianship or durable power of attorney documentation was submitted with the Level I assessment
- c. Search for the person in KAMIS to find the record of the person
- d. Create a record for the customers not in KAMIS
- e. Enter valid Level I assessments in KAMIS and upload/save any guardianship or DPOA documentation with the Level I
- f. Place all valid and entered Level I assessments in the completed folder
- g. Place all incomplete or invalid Level I assessments in the invalid folder
- h. Place any Level I assessments that are pending additional information in the work in progress folder

During SFY 2022, more than 16,000 documents were received and added to the documents waiting for review from the prior SFY. Nearly half of the documents were reviewed and processed (7,852). Most of the documents (6,684) were special admissions (all types). The graphic below provides detail of special admission documents reviewed by the CARE Team by special admission type. In addition, 1,168 Level I assessments conducted by hospital assessors reviewed by CARE Team members.





During review of the admission documents, CARE Team members identify those that are complete and can be entered without requesting additional information. Of the 7,852 total admission documents reviewed, 70% were complete and entered into the KAMIS database. The remaining 30% were incomplete (work in progress – WIP) or invalid admission documents requiring the CARE Team to reach out to facilities to request additional information and/or to inform the facility the admission documents were not valid. The graph below shows a comparison by admission type of the percent entered versus incomplete/invalid.





The information from the admission documents is used to assist the Kansas Department of Health and Environment (KDHE), the State of Kansas Medicaid Authority, in completing Medicaid applications for long-term care consumers. The tool by which KDHE requests information about long-term care admissions is the CARE Inquiry.

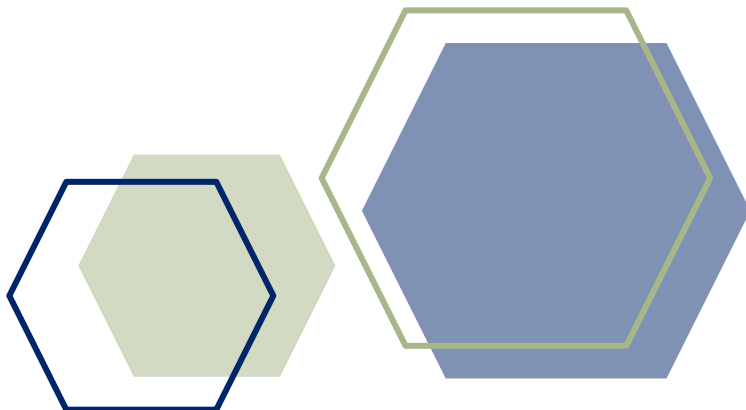
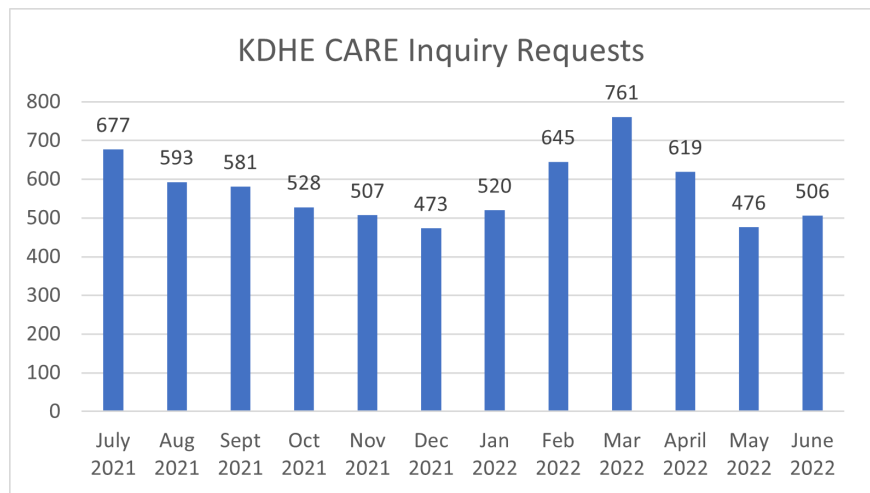
## CARE INQUIRIES

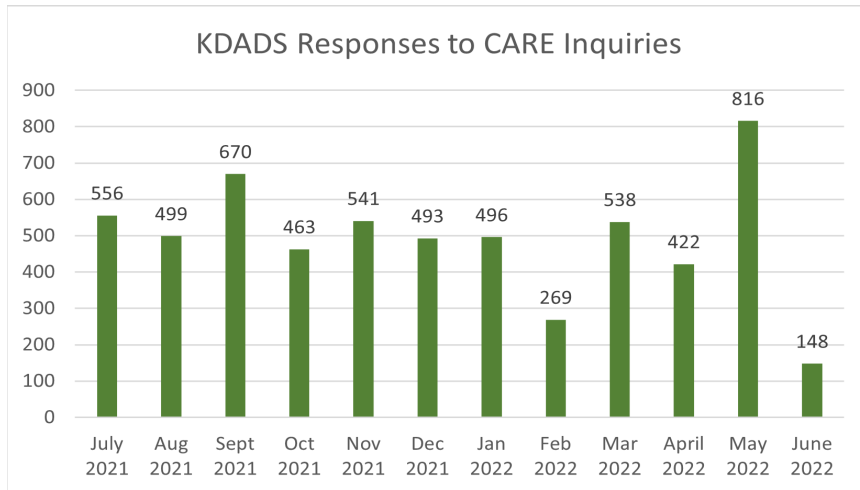
KDHE Medicaid Eligibility Team receive MS-2126 forms from long-term care facilities. The form is required to be sent to KDHE within 5 days of admission and within 5 days of discharge. A consumer with a Medicaid application or current Medicaid recipient enters a facility and the MS-2126 is received by KDHE Eligibility Team, a CARE Inquiry is created and posted in the CARE Inquiry tool.

The KDADS CARE Team sees the request in the CARE Inquiry tool and works to respond to the request for information. During SFY 2022, KDHE created 6,886 new requests for

information in the CARE Inquiry tool.

The graph to the right reflects the total number of new CARE Inquiries created by month and reflecting the peak time for receiving CARE Inquiries of February through April.





KDADS CARE Team completed 5,911 responses to KDHE CARE Inquiries during the SFY 2022.

The graph to the left displays the number of responses to KDHE CARE Inquiries by

month. February and June present key periods where staff transitions impacted the CARE Team's ability to respond due to fewer staff and training of new members to the CARE Team.

## SPECIAL ADMISSIONS DATA

Special admissions provide an option for people who have a medical need for nursing facility level of care and do not yet have a Level I assessment. These admissions contain a portion of the PASRR assessment which is completed at the nursing facility by nursing facility staff once the individual arrives without a CARE Level I assessment on file. If the person needs to stay in the nursing facility beyond the special admission timeframe, a Level I assessment is required. There are five special admissions as outlined below.

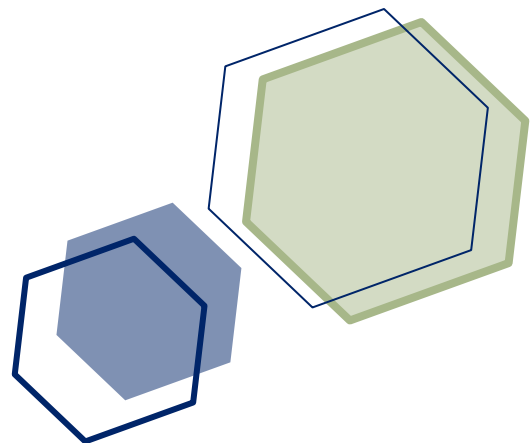
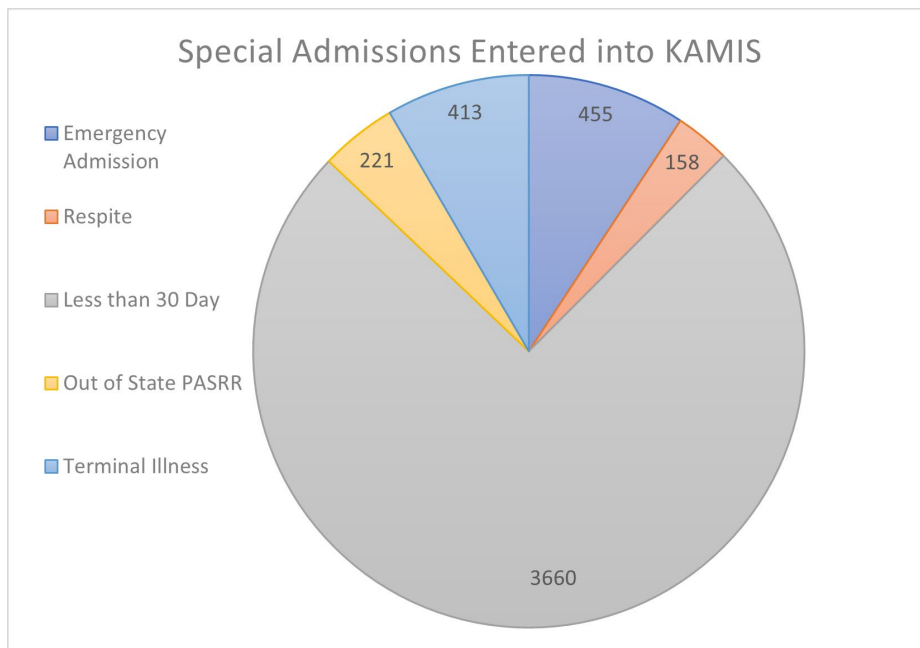
1. **Emergency Admission:** A consumer is unexpectedly admitted to the nursing facility due to an emergency with a 7-day stay. Examples include: a caregiver becoming ill or passing away; a physician's office recommending a person be admitted to a nursing facility and the physician is opposed to sending the person home.; or a person's home is destroyed by tornado or fire.
2. **Less Than 30-Day** (also known as Exempted Hospital Discharge): As authorized by CFR 483.106, a consumer is admitted to any nursing facility directly from a hospital after receiving acute inpatient care at the hospital. The consumer must require nursing services for the condition for they were hospitalized and, whose attending physician has certified before admission to the facility, that the individual is likely to require stay less than 30 days.

3. **Respite Stay:** When a caregiver needs a break and chooses a nursing facility to care for their loved one and the stay cannot be longer than 30 days at one time.
4. **Terminal Illness:** A consumer is on hospice, palliative care or has a terminal illness and has a planned admission to a nursing facility for a stay up to six months.
5. **Out-of-State PASRR:** When a person is coming to a Kansas nursing facility from an out-of-state hospital or an out-of-state nursing facility.

The special admissions entered into KAMIS database for SFY 2022 for all special admission types totaled 4,907. The pie chart to the right splits the total into types of special admissions.

As the chart indicates, the Less than 30 Day stay was by far the most frequently utilized type of special admission with more than 3,660 entered. Respite was the

least used type of special admission with less than 160 entered into KAMIS during SFY 2022.



# LEVEL I ASSESSMENT DATA



The Level I assessment tool encompasses the PASRR screen (Section B PASRR) as federal requirements for PASRR for nursing facility placement. A Level I assessment is required to be completed before an individual is admitted to a Medicaid-certified nursing facility, regardless of the payer source. Note: when a consumer enters a nursing facility

through a special admission, a Level I assessment must be completed for the consumer to extend their stay beyond the length of the special admission.

KDADS' CARE Program partners with the Area Agencies on Aging (AAAs) to conduct Level I assessments and assessments are conducted in the consumer's home, hospital, psychiatric hospital, jail, prison or within the community. AAA assessors conduct the most of the Level I assessments, however, Level I assessments are also conducted in some hospitals by their trained staff for consumers in their hospital preparing to discharge.

The Level I assessment is valid for 365 days from the date of the assessment. If the assessed consumer does not enter a nursing facility in that timeframe, a new Level I assessment needs to be completed. A Level I assessment is valid indefinitely for consumers who continue to reside in the nursing facility without a significant change in condition or a return to the community for more than six months. If a consumer has been in the community for more than six months, a new Level I assessment must be completed. As a result, some consumers receive more than one Level I assessment in a year.

During State Fiscal Year 2022, a total of 11,677 Level I assessments were initiated by either AAA or hospital assessors. Not all the Level I assessments were completed due to challenges with the process such as the consumer refusing to participate in the assessment, dementia as the primary concern, or the lack of receiving signatures on the release of information and CARE Certificate (provides proof of the Level I assessment) or similar issues. The table below reflects the number of assessments by assessor and status of the assessment.

	AAA	Hospital	Total
<b>Level I Assessment Status Valid</b>	10,419	926	11,345
<b>Work in Progress (WIP)</b>	232	77	309
<b>Aborted</b>	16	7	23
<i>All Status Types Total</i>			<b>11,677</b>

## AREA AGENCIES ON AGING LEVEL I ASSESSMENTS

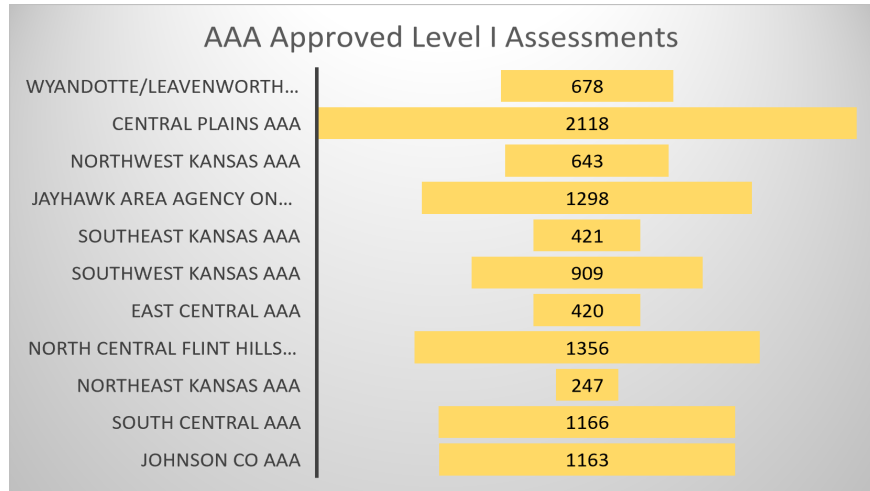
As stated earlier, the assessors for the AAAs provide the majority of the Level I assessments. The State of Kansas has 11 Area Agencies on Aging across all 105 counties. The AAA assessors conduct Level I assessments and provide information on community-based programs available in their community to divert consumers back to community-based services when appropriate. In addition, the assessor also provides assistance in applying for community-based waiver programs as needed. AAAs are also known by the PSA number. The table to the right provides the list of AAAs and their PSA number and the map below reflects the counties each AAA serves by their PSA number.

<b>PSA 1</b>	<b>WYANDOTTE/LEAVENWORTH AAA</b>
<b>PSA 2</b>	CENTRAL PLAINS AAA
<b>PSA 3</b>	NORTHWEST KANSAS AAA
<b>PSA 4</b>	JAYHAWK AREA AGENCY ON AGING
<b>PSA 5</b>	SOUTHEAST KANSAS AAA
<b>PSA 6</b>	SOUTHWEST KANSAS AAA
<b>PSA 7</b>	EAST CENTRAL AAA
<b>PSA 8</b>	NORTH CENTRAL FLINT HILLS AAA
<b>PSA 9</b>	NORTHEAST KANSAS AAA
<b>PSA 10</b>	SOUTH CENTRAL AAA
<b>PSA 11</b>	JOHNSON CO AAA

## Kansas Area Agencies on Aging



AAAs conduct the Level I assessments and enter the information directly into KAMIS database for CARE Team review and use in responding to CARE Inquiries. Total approved Level I assessments conducted by AAA for SFY 2022 equals 10,419. As noted in the graph to the right, Central Plains AAA, which serves Butler, Harvey, and Sedgwick counties, conducted the most Level I assessments during SFY 2022. Northeast Kansas AAA, which serves Atchison, Brown, Doniphan, Jackson, Marshall, Nemaha, and Washington, conducted the least number of Level I assessments during SFY 2022.



To ensure adherence to CARE Program policy and procedures, the Home and

Community Based Quality Improvement (QI) Team completes site reviews for program compliance. The KDADS QI staff are located within the agency’s Long-Term Services and Supports Commission, with oversight from the Quality Assurance Manager. The QI team works in conjunction with the CARE program staff to ensure continuity across the program. The KDADS QI staff participate in quarterly reviews of random Level 1 assessment files at each of the state’s 11 Area Agency on Aging (AAA) locations. Results of the quarterly file reviews are compiled into reports and provided to each of the AAAs for review. In SFY 2022, a total of 315 CARE file reviews were completed by the QI team with an overall compliance rate of 92%.

## HOSPITAL ASSESSMENT LEVEL I ASSESSMENTS

More than 70 hospitals throughout Kansas have trained Level I assessors on staff that conduct Level I assessments for consumers in their hospital prior to discharge. These Level I assessments are submitted to the CARE Team via fax or email for data entry into KAMIS by the CARE Team. For SFY 2022, 926 approved Level I assessments conducted by hospital assessors were entered into KAMIS by the CARE Team.



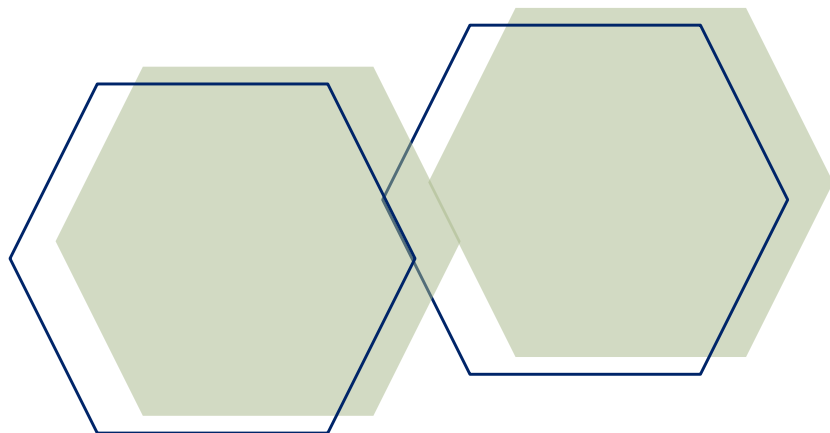
# LEVEL II ASSESSMENT DATA

Additional evaluation may be required as a result of the Level I assessment if there is a suspicion of an Intellectual/Developmental Disability/Related Condition (IDD/DD/RC) or a mental illness. The evaluation is called a Level II PASRR and is an in-depth evaluation conducted as a result of a Level I CARE assessment. The Level II evaluation contractor, HealthSource Integrated Solutions (HIS), provide qualified professionals to complete the Level II evaluations as listed below –

- IDD/DD/RC Level II evaluations by a qualified intellectual disability professional (QIDP)
- mental illness Level II evaluations by a qualified mental health professional (QMHP)

The Level II PASRR evaluation fulfills the federal mandate that consumers with IDD/DD/RC or serious and persistent mental illness (SPMI) be evaluated to determine the most appropriate and least restrictive setting for services whether in the community or in a nursing facility. Any consumer receiving a Level II PASRR evaluation may enter any Kansas nursing facility able to meet the recommended services outlined in the Level II PASRR determination letter. Consumers identified with an active Level II PASRR evaluation are the only ones permitted to enter one of the 10 nursing facilities for mental health (NFMH).

A Resident Review PASRR evaluation is performed when a consumer is residing in a nursing facility and has a serious condition related to severe or persistent mental illness or IDD/DD/RC that was unknown prior to admission but becomes evident during the nursing facility stay. A Resident Review Level II PASRR evaluation is also performed when a Level II PASRR determination letter has expired. Each consumer with a temporary PASRR determination letter needs to be reassessed to ensure the nursing facility level of care is still appropriate and they are meeting the needs of the consumer.



	SFY 2022
<b>Total Level II Evaluations</b>	485
<b>Mental Illness</b>	236
<b>Mental Illness Resident Review</b>	64
<b>Mental Illness, not NF</b>	13
<b>IDD / DD / RC</b>	29
<b>IDD / DD / RC Resident Review</b>	3
<b>IDD / DD / RC, not NF</b>	5
<b>Canceled / Abort / Incomplete</b>	135

During SFY 2022, a total of 485 Level II evaluations including resident reviews were initiated. Of those, 135 were either aborted or canceled due to dementia, lack of willingness of the consumer to participate, etc. The table to the right reflects the breakdown of the total Level II evaluations initiated. The consumers that received Level II evaluation determination letters for nursing facilities that provide mental health services equaled 236.

While consumers that received Level II evaluation determination letters for nursing facilities that provide intellectual/developmental disability services equaled 29. Resident Reviews for mental Illness totaled 64 and 3 for IDD/DD/RC. Level II evaluations that did not result in a Level II determination letter for nursing facilities with specific services equaled 13 for mental illness and 5 for IDD/DD/RC. Less than 5% of the Level I assessments resulted in Level II evaluations.

## LEVEL I & II DEMOGRAPHIC DATA

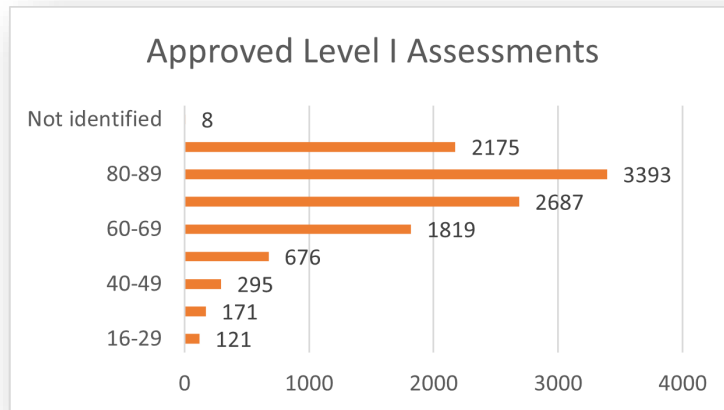
The demographics of approved Level I assessments and Level II evaluations include the gender of the consumer, their age, and the location of the assessment or evaluation. Some duplication, less than 5%, may occur in reporting demographics due to re-assessments.

**Gender:** consumers identifying as female were more than 58% of the Level I assessments while those receiving a Level II evaluation were less than 50%. Consumers identifying as male were less than 43% of the Level I assessments and those receiving Level II evaluations were more than 55%. The table below provides the totals for each gender identification by assessment/evaluation type.

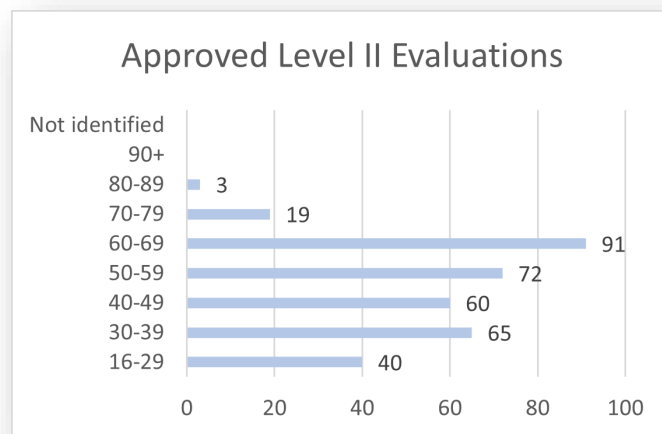
Gender Identification	Level I	Level II	Grand Totals
Female	6,551	159	6,710
Male	4,756	191	4,947
Not Identified	38	0	38

**Age:** the age ranges are set as a 10-year period starting at the age of 30 years and ending at the age of 90 years. Prior to the age of 30 years, the range encompasses ages 16-29 years. At the age of 90 years, the range encompasses all ages older than 90 years.

For approved Level I assessments, most consumers were in the age range of 80-89 years, totaling 3,393. The graph below provides totals for approved Level I assessments all age ranges.

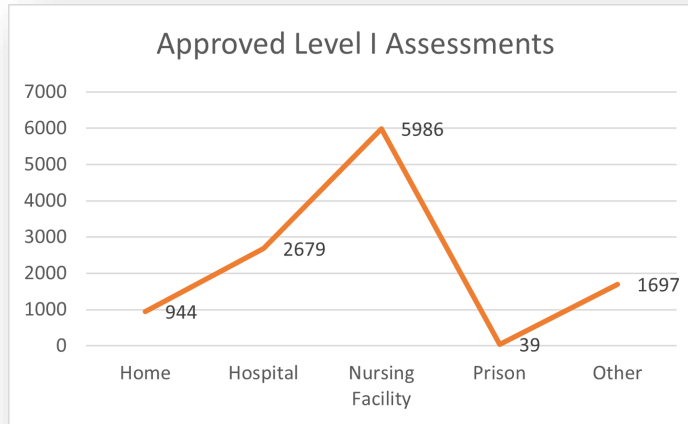


For approved Level II assessments, most consumers were in the age range of 60-69 years with 91 consumers. The lowest number of consumers were in the age range of 80-89 years with 3 consumers.

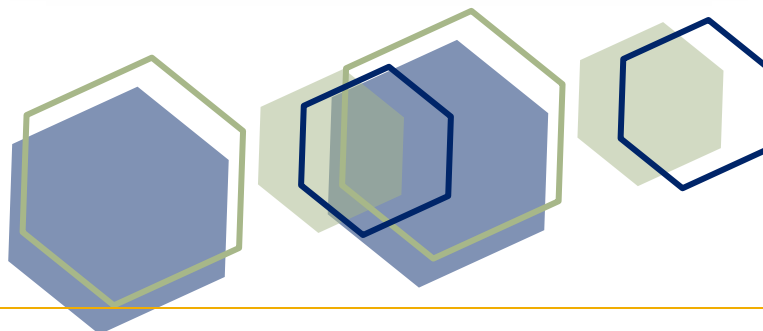
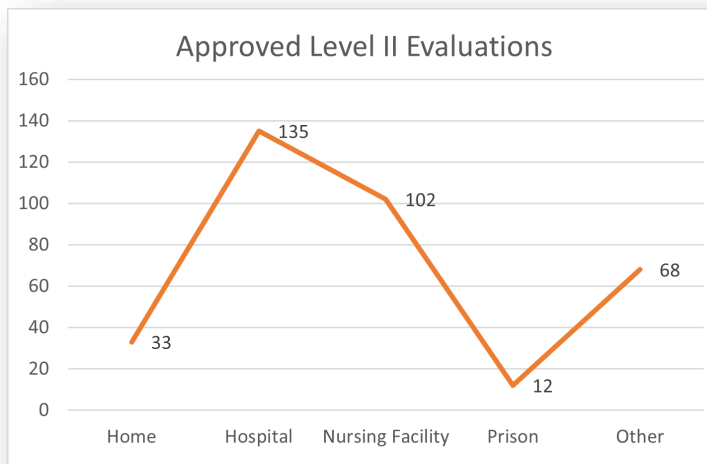


**Location of Assessments and Evaluations:** approved Level I assessments and Level II evaluations have been conducted at a variety of locations including home, hospital, nursing facility, prison, and other.

During SFY2022, the primary location for approved Level I assessments was nursing facilities at 53% (5,986). The location with the fewest consumers was prison with less than 1% (39).



During SFY2022, the primary location for approved Level II evaluations was hospitals with 38% (135). The location with the fewest consumers was prison with less than 4% (12).



# COMPARISON OF PRIOR YEAR ANNUAL REPORT DATA

In keeping with the past format of the CARE Annual Report, a comparison of the data from the past two State Fiscal Years is available in the tables that follow. The data includes a comparison of the special admission types, the total number of approved Level I assessments with the age of the consumer, and finally, a total number of Level II evaluations initiated over the past 3 SFY with a breakout of the number of approved mental illness Level II evaluations, approved intellectual/developmental disabilities/developmental disabilities/related conditions, the canceled/aborted Level II evaluations, and the age of consumers. The Level II numbers combine evaluations and resident reviews with the age range of consumers for the completed evaluations.

<b>Special Admissions</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Emergency Admission</b>	812	276	455
<b>Less than 30 Day</b>	13,469	4,763	3,660
<b>Out of State PASRR</b>	609	424	221
<b>Respite</b>	443	84	158
<b>Terminal Illness</b>	591	357	413

	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Approved Level I Assessments</b>	<b>12,236</b>	<b>10,421</b>	<b>11,345</b>
<b>Age Range of Consumers</b>			
<b>16-29 years</b>	<b>62</b>	<b>40</b>	<b>121</b>
<b>30-49 years</b>	<b>273</b>	<b>288</b>	<b>466</b>
<b>50-69 years</b>	<b>2092</b>	<b>1945</b>	<b>2495</b>
<b>70-79 years</b>	2458	2224	2687
<b>80-89 years</b>	3603	2845	3393
<b>90+ years</b>	2390	1955	2175
<b>Not identified</b>			8

	2020	2021	2022
<b>Total Level II Evaluations</b>	774	565	485
<b>Completed Mental Illness</b>	564	397	313
<b>Completed IDD/DD/RC</b>	63	52	37
<b>Canceled and Abort</b>	147	116	135
<b>Age Range of Consumers</b>			
<b>16-29 years</b>	49	35	40
<b>30-49 years</b>	142	136	125
<b>50-69 years</b>	285	218	163
<b>70-79 years</b>	52	37	19
<b>80-89 years</b>	8	5	3
<b>90+ years</b>	3	0	0

## CONCLUSION

State Fiscal Year 2022 was a year of transition for the KDADS CARE Program with a change in the location of the CARE Program from the Long-Term Support Services Commission to the Behavioral Health Services Commission. Thanks to past and current CARE Team members for their service. Over 7,800 admission documents were reviewed by all CARE Team members combined during the SFY with 70% entered in KAMIS and 30% incomplete or invalid and therefore not able to be entered into the system. CARE Inquiries totaling 6,886 during SFY 2022 continued to be received from KDHE for Medicaid applications and billing purposes with the highest number of inquiries during March 2022 (761). In response to CARE Inquiries, KDADS CARE Team responded to 5,911 inquiries. To support the response to CARE Inquiries, admissions documents (special admissions, Level I assessments and Level II evaluations) were approved and entered into KAMIS database.

- Special admissions: 4,907 were entered into the KAMIS database by CARE Team members
- Level I assessments: 11,345 approved assessments entered into KAMIS database
  - AAA entered 10,419 approved assessments
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- Level II assessments: 350 completed evaluations conducted by HIS evaluators with 332 of those as approved Level II evaluations or resident reviews and entered into KAMIS by CARE Team members

Demographics included gender identification of consumers, age of consumer, and location of assessment/evaluation. Gender identification for Level I assessments for consumers was 58% female and Level II evaluations for consumers was 55% male. Primary age range for consumers for Level I assessments was 80-89 with 3,393 consumers and age range for Level II evaluations was 60-69 with 91. Main location of Level I assessments, regardless of who conducted the assessment (AAA or hospital assessor), was nursing facility at 5,986 assessments and Level II evaluations was hospital with 135 evaluations.

