THE LEVEL I CARE MANUAL
TWO SECTIONS

TAB 1 **POLICY AND PROCEDURES**

TAB 2 **INSTRUCTION MANUAL**

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2.1.1 CARE Program Purpose

To comply with Section 1919(e)(7) of the Social Security Act, every individual admitting to a Medicaid-certified nursing facility must have proof of a valid preadmission, screening, and resident review (PASRR) unless an exception applies. The purpose of PASRR is to determine whether an individual with mental illness or intellectual/developmental disability requires the level of services provided by a nursing facility or whether specialized mental health or intellectual disability services are needed.

Kansas developed the Client Assessment, Referral and Evaluation (CARE) Program to comply with the federal PASRR requirements. The purpose of the CARE Program is to collect data, assess individuals, provide referrals to community based services, and make appropriate placements in long-term care facilities.

The CARE pre-admission assessment received by all individual seeking admission to a Kansas nursing facility is called a “Level I CARE Assessment.” The Level I CARE assessment collects information regarding the individual’s contact and demographic information, PASRR status, and level of care needs, including: supports, cognition, communication, recent problems, and customer choice.

The Level I assessment identifies the need, if any, for a Level II screening. Unless the Level I assessment identifies that the individual requires a Level II screening, the results of a Level I assessment will not restrict an individual’s admission to a Medicaid-certified nursing facility; however, the answers to the Level I assessment may affect whether Medicaid or other entities will participate in payment for the individual’s care.

2.1.2 CARE Program Definitions

A. Definitions

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 (MI) and intellectual/developmental disabilities (I/DD) and related conditions 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 terms are included in this manual.

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

Adult Care Home: Any nursing facility, nursing facility for mental health, intermediate care facility for individuals with intellectual disability, assisted living facility, residential health care facility, home plus, boarding care home and adult day care facility; all of which are classifications of adult care homes and are required to be licensed by the secretary for aging and disability services.

Area Agency on Aging (AAA): As authorized by the Older Americans Act (OAA) and defined by the Kansas Department for Aging and Disability Services in Kansas Administrative Rules and Regulations, Section 26-1-1(a) means "the agency or organization within a planning and service area that has been designated by the secretary [for aging and disability services] 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 (PSA)." There are 11 Area Agencies on Aging in Kansas.

Aging and Disability Resource Center:(**ADRC):** As defined by 42 U.S.C. 3002(4), An ADRC is an entity, network, or consortium established by a State as part of the State system of long-term care, to provide a coordinated and integrated system for older individuals and individuals with disabilities and the caregivers of older individuals and individuals with disabilities, that provides—

(A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care services, and Federal or State programs that provide long-term care services and supports through home and community-based service programs;

(B) person-centered counseling to assist individuals in assessing their existing or anticipated long-term care needs and goals, and developing and implementing a person-centered plan for long-term care that is consistent with the desires of such an individual and designed to meet the individual's specific needs, goals, and circumstances;

(C) access for individuals to the full range of publicly-supported long-term care services and supports for which the individuals may be eligible, including home and community-based service options, by serving as a convenient point of entry for such programs and supports; and

(D) in cooperation with area agencies on aging, centers for independent living described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.), and other community-based entities, information and referrals regarding available home and community-based services for individuals who are at risk for residing in, or who reside in, institutional settings, so that the individuals have the choice to remain in or to return to the community.

Assisted Living Facility: Any place or facility caring for six or more individuals not related within the third degree of relationship to the administrator, operator or owner by blood or marriage and who, by choice or due to functional impairments, may need personal care and may need supervised nursing care to compensate for activities of daily living limitations and in which the

place or facility includes apartments for residents and provides or coordinates a range of services including personal care or supervised nursing care available 24 hours a day, seven days a week, for the support of resident independence. The provision of skilled nursing procedures to a resident in an assisted living facility is not prohibited by this act. Generally, the skilled services provided in an assisted living facility shall be provided on an intermittent or limited term basis, or if limited in scope, a regular basis.

Community-based Mental Health Services: As defined in K.S.A. 39-1602(b), community-based mental health services 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, and any facilities required therefore, which are provided within one or more local communities in order to provide a continuum of care and support services to enable mentally ill persons, including targeted population members to function outside of inpatient institutions to the extent of their capabilities. Community based mental health services also include assistance in securing employment services, housing services, medical and dental care, and other support services." (*These services are referred to throughout the Policies and Procedures section when discussing specialized mental health services and other mental health services).*

Community Developmental Disability Organization (CDDO): K.S.A. 39-1801 et seq. (formerly HB 2458), Developmental Disability Reform, became a law effective January 1, 1996. Developmental Disability Reform establishes county-recognized community developmental disability centers as Community Developmental Disability Organizations (CDDO) which is to provide for a single point of application, eligibility, and assistance in obtaining services for individuals with developmental disabilities. Community Developmental Disability Organizations were previously referred to as Community Mental Retardation Centers (CMRC).

Community Mental Health Center (CMHC): As defined in K.S.A. 39-1602(c) means, "any community mental health center 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. 39-2002 and amendments thereto."

Conservator: Means an individual or a corporation certified in accordance with K.S.A. 59-3002(f) who is appointed by the court to act on behalf of a conservatee and who is possessed of some or all of the powers and duties set out in K.S.A. 59-3059 and amendments thereto.

County of Responsibility (COR): The county of responsibility is defined as the last place a customer lived independently or with family for 6 continuous months. This means in the individual's home or family home and excludes group home, boarding home, nursing facility, hospital, or other supervised living program.

Developmental Disability Services: Are provided by Community Developmental Disability Organizations to people who have a developmental disability (including intellectual disability and other developmental disabilities, such as autism, cerebral palsy, epilepsy, Spina Bifida, and Down's syndrome). Services include, Residential Services, Supported Employment, Case Management, Day

Training, Support Services, Supported Family Living, and Specialized Services such as those provided in Intermediate Care Facilities for Individuals with Intellectual Disability (ICF-IID).

Durable Power of Attorney (DPOA): A durable power of attorney is a power of attorney by which a principal designates another as the principal's attorney in fact in writing and the writing contains the words "this power of attorney shall not be affected by subsequent disability or incapacity of the principal" or "this power of attorney shall become effective upon the disability or incapacity of the principal," or similar words showing the intent of the principal that the authority conferred shall be exercisable notwithstanding the principal's subsequent disability or incapacity.

Durable Power of Attorney for Health Care Decisions: A durable power of attorney for health care decisions is a power of attorney by which a principal designates another as the principal's agent in writing and the writing contains the words "this power of attorney for health care decisions shall not be affected by subsequent disability or incapacity of the principal" or "this power of attorney for health care shall become effective upon the disability or incapacity of the principal," or similar words showing the intent of the principal that the authority conferred shall be exercisable notwithstanding the principal's subsequent disability or incapacity.

Guardian: Means an individual or a nonprofit corporation certified in accordance with K.S.A. 59-3037 and amendments thereto which has been appointed by a court to act on behalf of a ward and possessed of some or all of the powers and duties set out in K.S.A. 59-3018 and amendments thereto. "Guardian" does not mean natural guardian unless specified.

Intellectual/Developmental Disability: An individual is considered to have intellectual disability if the individual has:

(i) A level of intellectual disability (mild, moderate, severe or profound) described in the American Association on Intellectual Disability's Manual on Classification in Intellectual Disability (1983); or
(ii) A related condition as defined by 42 C.F.R. 435.1010

Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID): Any place or facility operating 24 hours a day, seven days a week 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, due to the functional impairments caused by intellectual/developmental disability or a related condition, needs services to compensate for activities of daily living limitations. (*see* KSA 39-923).

Kansas Aging Management Information System (KAMIS): KDADS (formerly KDOA) developed KAMIS to collect and report data on customer assessment, plans of care, and services provided under Aging, Intellectual/Developmental Disability, Physical Disability, Severe Emotional Disorder, Traumatic Brian Injury, Frail/Elderly, Autism, and Substance Use Disorder programs.

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.

Natural Guardian: Means both the father and mother of a minor if neither parent has been found to be a disabled person or had parental rights terminated by a court of competent jurisdiction. If either parent of a minor dies, has been found to be a disabled person or has had parental rights terminated by a court of competent jurisdiction, the other shall be the natural guardian.

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."

Nursing Facility for Mental Health (NFMH): Any place or facility operating 24 hours a day, seven days a week 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, due to functional impairments, need skilled nursing care and special mental health services to compensate for activities of daily living limitations.

PASRR: As defined by Centers for Medicaid/Medicare Services Rules and Regulations (CMS), is an acronym for Preadmission Screening and Resident Review, PASRR has two parts:

> The Level I CARE assessment is a short series of questions to determine whether an individual with mental illness, intellectual disability, or other developmental disability (related condition) should be referred for a Level II assessment to further evaluate whether nursing facility services or specialized mental health or intellectual/ developmental services are needed. The PASRR questions are found in Section B of the CARE Assessment Form.
>
> The Level II CARE assessment is an in-depth assessment, performed by a Qualified Mental Health Professional (QMHP) or Qualified Intellectual Disability Professional (QIDP), on any individual indicating a history of and treatment for serious mental illness or intellectual disability, *also known as a developmental disability,* or a related condition, for the purpose of determining whether the individual requires the level of services provided in a specialized program for persons with mental illness or developmental disabilities.

Qualified Intellectual Disability Professional (QIDP): For the purposes of Preadmission Screening and Resident Review (PASRR) assessments, a QIDP is an individual who has at least one-year of experience working directly with persons with the condition of intellectual/developmental disability, 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 intellectual/developmental disability.

2. A registered nurse – a registered nurse, (R.N.) who is licensed to practice in the state of Kansas, with at least one-year of experience working with persons with the condition of intellectual/developmental disability.

3. Licensed Psychologist – an individual with at least a Master of Psychology from an accredited school and is 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 of Kansas, as specified below:

    a. Occupational Therapist;
    b. Physical Therapist;
    c. Speech-language pathologist or audiologist;
    d. Recreational Therapist - an individual with a Bachelor of 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 – an individual with a Bachelor's degree in a human service field (including, but not limited to: sociology, special education, rehabilitation counseling, and psychology);
    f. Social worker – an individual with a graduate degree (MSW, LSCSW, or DSW) from a school of social work accredited or approved by the Council on Social Work Education or another comparable body; or a Bachelor of Social Work Degree (BSW) from a college or university accredited or approved by the Council on Social Work Education

Qualified Mental Health Professional (QMHP): For the purposes of Preadmission Screening and Resident Review (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.

2. Physician – an M.D. who is licensed to practice medicine in the State of Kansas and who has experience in working with individuals with mental illness.

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.

4. Registered Master's Psychologist – an individual who has a Master of Psychology and is registered and approved by the Kansas Behavioral Sciences Regulatory Board (Note: registration is granted only to staff members of a Community Mental Health Center).

5. Licensed Professional Counselor – an individual who has a Master of Counseling from an accredited college or university and is licensed to practice in the State of Kansas.

6. Licensed Marriage and Family Therapist – an individual who has a Master of Marriage and Family Therapy from an accredited college or university and is licensed to practice in the State of Kansas.

7. Social Worker – an individual who has a Master of Social Work (MSW) 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 the individual is a Licensed Specialist Clinical Social Worker (LSCSW) or has a supervisory contract on file with the Behavioral Sciences Regulatory Board.)

8. Psychiatric nurse – a registered nurse (R.N.) who is licensed to practice in the State of Kansas, who has a specialty in psychiatric nursing, and has practiced two full years in the field

Related Condition: Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions:

(a) It is attributable to—

(1) Cerebral palsy or epilepsy; or

(2) Any other condition, other than mental illness, found to be closely related to Intellectual Disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons.

(b) It is manifested before the person reaches age 22.

(c) It is likely to continue indefinitely.

(d) It results in substantial functional limitations in three or more of the following areas of major life activity: self-care; understanding and use of language; learning; mobility; self-direction; or capacity for independent living

Resident Reviews (RR): A Level II assessment that the nursing facility is required to request when an individual has experienced a significant change in condition or has been given a temporary, time-limited stay. The nursing facility must contact the KDADS CARE Program to request a Resident Review. *See* Section 2.1.6.B for more information on how to request a Resident Review.

Serious Mental Illness: as defined by Centers for Medicaid/Medicare Services Rules and Regulations (CMS) relating to Preadmission Screening and Resident Review (PASRR), Section 483.102(b), an individual with a serious mental illness (MI) shall meet all the conditions listed in the Instruction Section of this manual.

Significant Change in Condition for Level I CARE Assessments: A change in the individual's scores for two or more Activities of Daily Living (ADL) and /or two or more Instrumental Activities of Daily Living (IADL's) and/or Cognition Factors and/or Risk Factors.

Significant Change in Condition for Level II CARE Assessments: A change in the individuals' s cognitive abilities and/or social adaptive functioning as determined by a psychological assessment that documents either a significant gain or loss in cognitive abilities and/or social adaptive function, or a change in the individuals' physical health which results in a major decline or improvement in the functional status of the resident which is unexplained by the use of medication, an acute illness, infection, or injury.

Social Service Designee (SSD): As defined by K.A.R. 26-39-100, means an individual who: (1) is licensed by the Kansas Behavioral Sciences Regulatory Board as a social worker; (2) has a bachelor's degree in a human service field, including social work, sociology, special education, rehabilitation counseling, or psychology, and receives supervision from a licensed social worker; or (3) has completed a course in social services coordination approved by KDADS and receives supervision from a licensed social worker on a regular basis.

B. Acronyms

Code	Service	Definition
ADCC	Adult Day Care	This service is designed to provide opportunity for socialization and to maintain or improve physical functioning for customers; generally, this service provides a balance of activities to meet the interrelated needs and interests of individuals for a portion of the day, less than a 24-hour period.
ADVR	Advocacy/Representation	Action taken on behalf of an older customer to secure his/her rights or benefits. This includes receiving, investigating, and working to resolve disputes or complaints. It does not include services provided by an attorney or person under the supervision of an attorney.
ALVG	Assisted Living	Housing options which include assisted living facilities, residential health care facilities, home plus, boarding care homes, adult family homes, one-to-five bed adult care homes and intermediate personal care homes.
ALZH	Alzheimer's Support Service	Services are for families of elderly and customers diagnosed with Alzheimer's disease or other neurological and organic brain disorders of the Alzheimer's type. This includes such services as respite, support groups, counseling, referrals, and information.

APSV	Abuse, Neglect & Self Neglect, & Exploitation Investigation	Referral to the SRS Adult Protective Service Unit for self-neglect or suspected abuse, neglect or exploitation by others.
ASTE	Assistive Technology	For those assessed as needing assistive services, modifications or improvement to their home by provision of adaptive equipment. Also defined as any item that is used to increase, maintain, or improve functional capabilities. May include, but is not limited to: ramps, lifts, modifications to bathrooms and kitchens if related to accessibility, and specialized safety adaptation, that improves mobility.
ATCR	Attendant Care (Personal or Medical)	Supervision and or assistance with bathing, medication, dressing, personal appearance, feeding, transferring, and toileting under the direction of a health professional.

Code	**Service**	**Definition**
BATH	Bathroom (items)	May include the purchase and installation of toileting and personal hygiene items. May include but not limited to grab bars, toilet riser, tub bench, commode, and hand-held shower.
CDDO	Community Development Disability Organization	Services provided to people who have a developmental disability (including intellectual disability prior to age 18 and related conditions diagnosed prior to age 22.) Services include Residential services, supported employment, case management, day training, support services, supported family living, and specialized services such as those provided in intermediate care facilities for individuals with intellectual disability (ICF-IID).
CHOR	Chore	Providing assistance to customers having difficulty with one or more of the following instrumental activities of daily living: Heavy housework, yard work, or sidewalk maintenance.
CILS	Centers for Independent Living Services	Organization whose services include but are not limited to, personal care services that can help with daily living tasks such as dressing, shopping, cooking and bathing. Assistive services are available to help provide medical equipment, make home modifications, provide technology assistive devices, and independent living counseling.

CMHC	Community Mental Health Center	Organization whose services include but are not limited to, evaluation and diagnosis, case management service, mental health inpatient and out-patient services, prescription and management of psychotropic medication, prevention education, consultation, treatment and rehabilitation service, 24-hour emergency services and other support services for those with severe depression or a mental illness diagnosis.
CMEL	Meals (Congregate)	Provision of a meal at a nutrition site, senior center or some other congregate setting.
CMGT	Case Management	Referral to a community based agency for the purpose of providing intense care and coordination of information and services to facilitate the support and maintenance of customers in their living environment.
CNSL	Counseling (Re: Social Services or Psych)	Providing assistance in resolving problems or to relieve temporary stress. May be one-on-one basis or group basis and may be paid, donated, or volunteer staff. Includes Gerontological counseling and does not include Nutrition or Legal counseling.

DIAG	Diagnosis	Technical review and analysis of evidence and facts concerning an individual's social, psychological, and/or physical health problems. Performed by a medical or other licensed professional for the purpose of linking symptoms to a specific disease or condition.
EDUC	Education/Training	Providing formal or informal opportunities for individuals to acquire knowledge, experience or skills. Includes individual or group events designed to increase awareness in such areas as nutrition, crime, accident prevention, or promote personal enrichment.
EMPL	Employment	Client assessment is a basis for developing a plan for securing employment; testing; job counseling and re-retirement counseling; education and training, job placement.
ENGY	Energy Assistance	Referral for assistance with utilities.
FOOD	Food Supplements	A food or beverage that has been formulated to provide a concentrated form of nutrients or nutrients that are tailored to meet the needs of someone with special nutritional needs.
FDST	Food Stamps	Referral to SRS for enrollment & assistance with the purchase of basic food items.

GUAR	Guardianship / Conservatorship	Court referral to determine capacity for decision making.
HHAD	Home Health (Aide, Services, Med Attendant)	Medical care and/or affiliated services provided at the customer's residence on a full, part-time or intermittent basis.
HINS	Home Injury Control Screening	Screening to determine if the home environment is at high risk of causing injury to the customer.
HMEL	Meals (Home Delivered)	Provision of a meal to an eligible customer or other eligible participant, at the customer's place of residence.
HMKR	Homemaker	Providing assistance to customers having difficulty with one or more of the following; preparing meals, shopping, managing money, doing light housework/laundry, etc.
HOUS	Community Housing/Residential Care or Training	Referral for housing in the community setting. This includes Senior apartment living, continuing care, retirement community, assisted living, residential care, boarding care home and home plus.

Code	**Service**	**Definition**
HOSP	Hospice Counseling/Hospice	To provide medical, nursing, counseling and other supportive services for terminally ill people, their families and caregivers.
HPRO	Health Promotion Programs	Includes programs relating to the prevention of chronic disabling conditions. Includes but is not limited to osteoporosis, cardiovascular disease, alcohol & substance abuse, smoking cessation, weight loss, and stress management.
IAAS	Information and Assistance	Referral to an agency for the purpose of education regarding community services and/or how to access needed services.
INCN	Incontinence Supplies	Supplies such as undergarment protection and bed pads for the purpose of addressing both urinary and bowel incontinence.
INTR	Interpreter/Translator	To provide interpretation of oral or written communication to persons who are limited or non-English proficient or have special communication needs.
LGLA	Legal Assistance	Provision of legal advice, counseling and/or representation provided by an attorney or other person acting under the supervision of an attorney.
LTRW	Letter Writing	To write, read or interpret and/or translate business and personal correspondence.

MAID	Material Aid	Aid in the form of products, goods or food such as commodities direct distribution, surplus food, cleaning supplies, clothing, smoke detectors, eyeglasses, security devices, etc.
MCID	Medicaid Eligibility	Referral to SRS to establish Medicaid eligibility.
MEDIC	Medication Issues/Equip/Supply/Expense	Any activity, service, or device associated with medication including the purchase of such items as medication dispensers, prescriptions and over-the-counter medications.
MFMA	Money/Financial Management Assistance	Assistance with budgeting, paying bills, reconciling bank statements, and other needed money/financial management activities.
MMEG	Medication Management Education	Activities related to medication management, screening, and educational programs to prevent incorrect medication and adverse drug reactions.
MOBL	Mobility/Aids/Assistive Technology/Custom Care	Those items that enable the customer to continue functioning with the greatest independence. Includes such items as transfer bench, canes, walker, chair lift, reachers, wheelchair, etc.
NCOU	Nutrition Counseling	Provision of advice and guidance about options of improving nutritional status, to an individual who is at nutritional risk because of their health or nutritional history, dietary intake, medication use, chronic illness, etc.
NRSN	Nursing/Short Term/Skilled/Part Time/Inpatient	Provision of skilled nursing services.
NSPT	Night Support	Provision of oversight and/or hands-on care necessary to ensure an individual's safety and well-being in their place of residence during the night time hours.
OCCT	Occupational Therapy	Provision of evaluation and/or therapy for occupational rehabilitation.
OMBS	Ombudsman	Provides investigation and dispute resolution between or on behalf of consumers who reside in long term care facilities.
OTEM	Other Services	This is additional services not captured with a specific code that will help the customer remain in their community-based residence, includes but not limited to, letter writing, education on how to manage aspects of care.
PAPD	Prevention of Depression Activities	Provision of Educational Activities for the Prevention of Depression
PEMRI	Personal Emergency Response/Medic Alert Response	Installation of a personal emergency response electronic device.

PHTP	Physical Therapy	Provision of evaluation and/or therapy for physical rehabilitation.
RESR	Respite Care	Temporary support for primary caregivers to provide brief period of relief or rest. It can be in the form of in-home respite, adult day care, or institution setting for overnight stays.
RHSC	Routine Health Screening	Health and/or wellness screening services such as are provided by Health Departments, Red Cross, Senior Centers, etc.
RMNR	Repairs/Maintenance/ Renovation	Services designed to adapt homes to be accessible. Includes, but is not limited to structural modification such as ramps, doorway widening, stairways, handrails, kitchen and/or bathroom remodeling.
RPCC	Regional Prevention Center Contacts	Kansas Regional Prevention Centers provide technical assistance, videos, and trainings regarding substance abuse and other unhealthy behaviors. In addition, they have referral information for individuals seeking treatment that can address these needs.
SENS	Sensory Aids	Those items that allow the customer maximum independent functioning and health, including but not limited to: eyeglasses, Braille accessories/modifications, hearing aids, telephone amplification, bells/lights, whistles, dentures and dental.
SHOP	Shopping	Assistance with the purchase of clothing, medical supplies, food, household items, and/or other needed items.
SLPT	Speech and Language Therapy	Provision of evaluation and/or therapy for speech rehabilitation.
TPHN	Telephoning	Telephoning the customer in order to provide comfort and socialization.
TRNS	Transportation	Provision of assistance by public or personal vehicle, going from one place to another, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
VBEN	Veteran's Benefits	Referral to Veteran's Administration/Medical Center for service eligibility.
VIST	Visiting	Home visitation services for purpose of socialization and/or monitoring.

2.1.3 Level I CARE Assessor Qualifications

A. An assessor shall be one of the following:

1. An employee of the KDADS CARE Level I contractor who is designated as an assessor (including sub-contractors and independent contractors);

2. An employee that is designated by a hospital, such as a discharge planner, social worker or registered nurse (RN); or

3. An employee of KDADS, or;

4. An employee that is designated by a nursing facility or long-term care unit as a social services designee or who is a licensed in good standing in the State of Kansas as a social worker, registered nurse, or licensed practical nurse may complete only Sections A and B of the Level I CARE assessment for Special Admissions. (*See* Sections 2.1.4.G and H for further information on how to complete a special admission in a nursing facility).

B. <u>Assessor Experience and Education Requirements</u>

1. The KDADS Level I contractor (including sub-contractors and independent contractors) must verify experience, education and certification requirements and maintain those records for five (5) years following termination of employment;

2. Each CARE assessor shall meet one of the following education requirements:

   a. Four-year degree from an accredited college or university with a major in one of the following fields: gerontology, nursing, health, social work, counseling, human development and family studies, or related area as defined by KDADS; or

   b. Licensed to practice in Kansas as a Registered Nurse.

C. Assessors must attend all Kansas Department for Aging and Disability Services (KDADS) required trainings for CARE assessors and participate in all state-mandated trainings to ensure proficiency of the program, services, rules, regulations, policies and procedures set forth by KDADS.

1. KDADS shall have the responsibility for conducting all training sessions, certification and recertification of all CARE assessors. KDADS shall make available training materials and written documentation of successful completion of training.

2. Assessors must maintain a thorough and current knowledge of the community-based service system in their area. Verification of this effort may be requested at the discretion the KDADS CARE Program Manager.

3. Each assessor that has not conducted a CARE assessment within the last year must

repeat the training and certification requirements for the Level I CARE assessment.

4. KDADS Level I contractors (including sub-contractors and independent contractors) shall maintain a list of their employed, qualified CARE assessors in the Kansas Aging Management Information System (KAMIS).

5. KDADS will maintain a current list of all qualified hospital and nursing facility assessors.

2.1.4 Level I Assessment Requirements

A. When is a Level I Assessment Required?

1. All individuals 16 or older, regardless of race, national origin, color, sex, disability, or religion, who are seeking entry to a Medicaid-certified nursing facility or long-term care unit, shall be assessed with a CARE assessment by a qualified CARE assessor, unless the individual has a valid proof of PASRR (see Section 2.1.7 for valid proofs of PASRR).

   In Kansas, individuals under the age of 16 may not be admitted to a nursing facility or long-term care unit.

   A complete Level I CARE assessment is required before an individual may be admitted to a nursing facility, regardless of the resident's payer source. The only exceptions are the following special admissions:

   - An Emergency Admission
   - A Respite Stay
   - A Less Than 30-Day Admission
   - An Out-of-State Admission
   - A Terminal Illness

   For more information regarding the requirements for special admission, please *see* Section 2.1.4.H of this manual.

   If the resident does not qualify as a special admission and a Level I CARE assessment is not completed before the date of admission, **Medicaid will not pay until the date the assessment is completed**. The nursing facility can also be held non-compliant with the State of Kansas.

   If a resident enters the nursing facility without a valid Level I CARE assessment AND the resident does not meet the criteria for a special admission, contact the local AAA to schedule an appointment for the assessment to be performed. The AAA has five (5) business days to complete the assessment.

2. If an individual in the community has had a previous CARE assessment and is now considering nursing facility care, a new CARE assessment is required if the initial CARE assessment indicates one or more of the following:

a. It is over 365 days old; or

b. a significant change of condition has occurred

B. When is a Level I Assessment NOT required:

1. When an individual is entering **a non-Medicaid certified** nursing facility or long- term care unit, or a nursing facility or long-term care unit 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;

   When the individual is not seeking admission to a nursing facility or long-term care unit. The individual should be referred and/or assessed under the appropriate community based program.

2. When an individual's stay is expected to be **30 days or less**, and the individual has a written physician's certification stating the nursing facility stay is expected to be 30 days or less (Note: see Sections 2.1.3.G.6 regarding less than 30-day special admissions);

3. When an individual is **transferred to a swing bed** in a hospital;

4. When an individual is transferred to a long-term care unit of the **hospital that is not licensed as a skilled unit and is not Medicaid certified**; or

5. When an individual who resides in a nursing facility or long-term care unit has had a **CARE assessment performed within 365 days prior to admission with no significant change in condition**. CARE assessments and other proofs of PASRR are valid indefinitely for individuals who continue to reside in the nursing facility or move between nursing home/hospital settings without a significant change in condition or a return to the community for more than 6 months.

6. When an individual has been **diagnosed with one of the following conditions**, and the diagnosis is based upon information documented in the individual's medical record and maintained by a hospital, nursing facility or physician's office:

   a. Terminal illness, as defined in the 42 Code of Federal Regulations (CFR's) 418.3 as necessary to qualify for hospice services, which includes a medical prognosis of a life expectancy of six months or less; or

   b. Coma or persistent vegetative state.

   Under both (a) and (b) above, documentation must be sent to KDADS CARE staff for processing and generation of a categorical determination, which shall be maintained in the customer's clinical record with the supporting documentation as PROOF of PASRR

C. Level I Assessment Standards

1. Assessments shall be completed by qualified CARE assessors.

2. Assessments shall be completed within five (5) working days from the date of referral. Assessment date shall be recorded on the assessment. If this time frame cannot be met due to weather, unexpected hospitalization, or need for family or legal guardian participation, the assessor shall contact the KDADS CARE Program Manager via e-mail at kdads.care@ks.gov and request prior approval of the exception. KDADS will approve or deny the request and make note of the request.

3. Assessments shall be conducted so that the individual understands the questions and can answer them accurately. All KDADS contractors must make arrangements for additional languages or interpreters, assistive devices, and provisions to adhere to the Americans with Disability Act.

4. The assessment shall be scheduled in such a manner that the individual is afforded the opportunity for family members, guardians, and other types of primary caregivers to provide input so that complete and accurate information is obtained regarding the individual's functional status and abilities.

5. Assessments shall be:

   a. Completed according to the CARE Program Level I Training Manual;

   b. Accurate; mistakes shall be struck through, corrected on the inside column of the form, initialed and dated by the assessor;

   c. Legible; and

   d. Written in black ink for copying and faxing purposes.

6. All Level I CARE assessment certificates and releases of information must be signed by the individual or their legal representative. Any assessment with an unsigned certificate is not a valid assessment.

   (In the rare instance that an individual is unable to sign and/or no legal representative is able be contacted for signature, the assessor must write "UNABLE TO SIGN" and have a witness signature indicating that the resident was unable to sign. Information regarding the circumstances must be included in the comments section of the assessment and entered into KAMIS.)

When a Level II referral is required, the assessor must:

a. obtain a copy of the legal guardianship papers, if applicable, with the guardian's name, mailing address, and phone number documented in the Contact Person section of the assessment;

b. obtain a copy of the individual's History and Physical (H & P), when available; and

c. document the following in the Comment sections of the assessment:

- the individual's mental illness (MI) diagnosis, level of impairment, treatment history; and the dates and location of hospitalizations within the last two years, and any other supportive services the individual received and who provided them; or

- the individual's intellectual/developmental disability (I/DD) diagnosis, date of diagnosis, and IQ score, if applicable; or

- for individuals with a dual diagnosis of MI/ and I/DD, the Comment sections should include information required in both (I) and (II) above.

7. The assessor must obtain the individual's or the legal guardian's signature, if applicable, on the Consent to Release Information form.

8. At the conclusion of the assessment, the assessor must provide the following information to the individual:

   a. A copy of the CARE assessment, the CARE certificate, and the Consent to Release Information form;

   b. An Explore Your Options guide

   c. A CARE brochure

   d. The assessing organization's privacy notice.

9. Within one working day, the assessor must fax the complete CARE assessment, CARE certificate, Consent to Release of Information (if signed), and other applicable, supporting information to KDADS. Mailing this information is not acceptable.

D. <u>Referrals:</u>

Within one working day, the CARE assessor shall make referrals to the following entities when necessary and appropriate:

1. An AAA/ADRC;

2. A Center for Independent Living; or

3. Other community-based service providers, such as Community Developmental Disability Organizations (CDDOs) and Community Mental Health Centers (CMHCs).

If the individual has a legal guardian, the assessor shall notify the legal guardian in writing of the referral for a Level II assessment when a referral has been made.

E. Need for Further Assessment (Level II Referrals) Clearly Indicated.

All Level I CARE certificates issued with Section B (PASRR) marked as "YES" and referred for a Level II assessment shall CLEARLY indicate the need for further assessment. A Level I assessment indicating *"referral for Level II"* and the Level I certificate not marked as *"indicated a need for further assessment*" is not a valid assessment and **must be corrected**. The corrected CARE certificate must be submitted to the client and receiving nursing home and corrected in KAMIS.

F. Level I Assessments Conducted by Hospitals

1. When an individual is a patient in a medical care facility or hospital and seeks nursing facility admission, a CARE assessment may be completed as part of the discharge planning or other hospital discharge process.

2. Prior to completing a CARE assessment, hospital assessors must verify with the local AAA or the KDADS CARE Program whether the customer has a valid CARE assessment on file.

   a. If the customer has a valid assessment and the customer has not experienced a significant change in condition (Section 2.1.3 (B)(2)(b)), a new CARE assessment should not be completed.

   b. If the KDADS CARE Program later discovers that a duplicate assessment has been completed, the CARE Program will determine which assessment is valid and provide the correct Certificate of CARE to the nursing facility. The CARE Program will delete the duplicate assessment if it was completed by a hospital assessor or will notify the AAA to delete its duplicate assessment.

3. Hospital-based CARE assessors shall place original completed forms with customer's discharge planning papers and save a copy in the individual's medical record. The original must be sent to the nursing facility with the individual's pertinent medical records.

4. Hospital assessors shall FAX or email a copy of the completed Level I CARE assessment, the Certificate of CARE, and the Release of Information form along with any Level II

referrals to KDADS CARE Program staff upon completion of the Level I CARE assessment for data entry into KAMIS. Both the hospital and KDADS must maintain a file on the CARE customer.

5. In the event of a lost CARE certificate, KDADS shall supply the duplicate certificate for assessments completed by hospitals after January 1, 2013.

G. Level I Assessments Conducted in Nursing Facilities for Special Admissions

Nursing facility employees may **not** conduct complete Level I CARE assessments. If an admission is considered a "special admission," a qualified nursing facility employee must complete only Sections A and B of the Level I assessment. Sections A and B may only be completed by a licensed social worker, social services designee, registered nurse, or licensed practical nurse. The partial assessment and supporting documentation must be kept as part of the individual's medical record.

1. What are Special Admissions?

Exceptions to the Level I CARE Assessment are called "special admissions." When an individual is admitted to a nursing facility as a special admission, a Level I CARE assessment is not required prior to admission. A qualified nursing facility employee must fill out Sections A and B of the CARE Assessment and submit additional documentation to the KDADS CARE Program.

The five types of special admissions are:

- An Emergency Admission
- A Less Than 30-Day Admission
- An Out of State Admission
- A Respite Admission
- A Terminal Illness

The nursing facility can be held non-compliant with the State of Kansas if the special admission and Level I CARE assessment requirements are not completed on time and documented in the resident's medical record.

2. **Emergency Admissions**

a. Emergency admissions are when an individual is admitted to a nursing facility or long-term care unit due an emergency that places the individual's health and/or welfare in jeopardy. Emergency admissions must qualify under one of the following criteria established by KDADS.

An emergency admission occurs when:

i. An admission is requested by Adult Protective Services (APS) at the

Department for Children and Families (DCF);

ii. A natural disaster occurs that substantially impacts the individual's current living situation;

iii. The individual's primary caregiver becomes unavailable due to a situation beyond the caregiver's control;

- Example: The caregiver dies or becomes seriously ill or injured

iv. A physician orders an immediate admission due to the individual's health condition; or

v. The individual is admitted to the nursing facility from an out-of-state community due to circumstances beyond the individual's control

- Example: admitted from the individual's place of residence in another state on a weekend when an AAA Level I CARE assessor is not immediately available

b. How to Complete an Emergency Admission:

i. Upon the resident's admission to the nursing facility, fill out the following forms:

A. KDADS Special Admission Fax Memo; and

B. Sections A and B of the Level I CARE Assessment

ii. Send the Special Admission Fax Memo and Sections A and B of the Level I CARE assessment to:

A. The KDADS CARE Program at 785-291-3427 (fax) or kdads.care@ks.gov; AND

B. The local AAA

iii. If one of the following is selected as the as the reason for emergency admission, the nursing facility must send the documentation listed below to the KDADS CARE Program along with the Special Admission Fax Memo and Sections A and B of the Level I CARE assessment:

A. *Physician-order immediate admission*: If a physician orders an emergency admission due to the individual's health condition, the nursing facility must fax or email the signed order to the KDADS CARE Program

Please note: Verbal/Telephone orders will only be accepted if signed by a physician and are valid from the date of the physician's signature.

A nursing facility's Medical Director or physician may not write an admission order to the facility using the nursing facility's letterhead or electronic medical record. If the nursing facility's Medical Director or physician is also the resident's PCP or hospital attending physician, the physician's order must come from the physician's office or hospital where the resident was admitted.

B. *APS-requested admission*: If APS requests the emergency admission, the nursing facility must fax or email DCF form PPS 10510 to the KDADS CARE Program. The nursing facility must keep a copy of the signed physician's order accompanying the APS request in the resident's medical record.

iv. Call the local AAA within one business day after faxing the emergency admission documentation to verify the AAA received the information and assigned an assessor.

An emergency order is only valid for **7 days**. If a Level I CARE assessment is not completed within 7 days, Medicaid will not pay after the 7th day, and will not issue payment again until the assessment is completed.

It is the *nursing facility's* responsibility to request and obtain a Level I CARE assessment within the required timeframe. It is the AAA's responsibility to complete the Level I CARE assessment with five (5) business of notification.

3. **Less Than 30-Day Admission**

a. A less than 30-day special admission is an admission to a nursing facility that is anticipated to last less than 30 days following an inpatient hospital stay. The order must come from the hospital signed by the individual's attending physician who certifies that the individual is likely to require less than 30 days of nursing facility services. See 42 C.F.R. 483.106(b)(2).

b. How to Complete a Less Than 30-Day Special Admission:

i. Before the resident is admitted, the nursing facility must verify that the less than 30-day order meets the following guidelines:

- The order must be on the discharge paperwork from the hospital sending the individual;
- The order must state that the individual's anticipated nursing facility

stay is less than 30 days; and

- The order must be signed and dated by the hospital attending physician.

Only orders that meet the above guidelines will be accepted; <u>no other orders will be considered valid</u>. Furthermore:

- **Please Note**: Verbal/telephone orders will only be accepted if signed by a physician and are valid from the date of the physician's signature.

- A nursing facility's Medical Director or physician may not write an admission order to the facility using the nursing facility's letterhead or electronic medical record system. If the nursing facility's Medical Director or physician was also the resident's hospital attending physician, the order must come from the hospital where the resident was admitted.

- If "less than 30 days" or similar language is written on the discharge order after the physician signs the order, the physician is required to initial or sign next to the handwritten language.

  The KDADS CARE Program will <u>not</u> accept orders that have been amended without the physician's signature/initials next to the handwritten change.

ii. Upon the resident's admission to the nursing facility:

- Fill out Sections A and B of the Level I CARE assessment completely;

- Complete the KDADS Special Admission Fax Memo; and

- Within one business day of the resident's admission, send the Less Than 30-Day signed order, Sections A and B of the Level I CARE assessment and Special Admission Fax Memo to the KDADS CARE Program at 785-296-6446 (fax) or kdads.care@ks.gov.

iii. If the resident is still residing in the nursing facility on Day 20 of the less than 30-day admission AND it appears that the resident will stay longer than 30 days, the nursing facility must contact the local AAA to complete a Level I CARE assessment.

- It is the nursing facility's responsibility to make sure the Level I CARE assessment is completed within the required timeframe.

- Medicaid will only pay for 30 days from the date of the signed order. If

the resident stays more than 30 days, Medicaid will not pay after the 30th day and will not make another payment until the Level I CARE assessment is completed.

- If the less than 30-day admission is not timely completed and properly documented in the resident's medical record, the nursing facility can be held non-compliant with the State of Kansas

- Please verify the nursing facility is using the most recent Special Admission Fax Memo from the KDADS website, available at: www.kdads.ks.gov

4. **Out-of-State Admissions**:

a. An out-of-state admission occurs when a resident is admitted to a nursing facility from an out-of-state nursing facility or hospital.

An out-of-state admission is different from:

- An Emergency Admission
- A Less Than 30-Day Admission

If the resident has a valid less-than 30-day order from an out-of-state hospital, the nursing facility does not need the out-of-state PASRR. Follow the directions for a less than 30-day admission.

b. How to Complete an Out-of-State Admission

i. Before the resident is admitted to the nursing facility, obtain a copy of the resident's current PASRR from the state the resident is coming from. Every state has a PASRR-compliant form.

- Verify that the out-of-state PASRR is filled out completely, signed, and dated

ii. Upon admission to the facility, complete the following forms:

- Sections A and B of the Level I CARE assessment
- The KDADS Special Admission Fax Memo

iii. Send the following documents to the KDADS CARE Program at 785-291-3427 (fax) or email kdads.care@ks.gov within one business day of the resident's admission:

- Out-of-State PASRR
- Sections A and B of the Level I CARE Assessment
- KDADS Special Admission Fax Memo

iv. The nursing facility does not need to contact the local AAA for a Level I CARE assessment for resident admitting with a valid out-of-state PASRR.

- A valid out-of-state PASRR fulfills the requirements of a Level I CARE assessment

- If the resident discharges from the nursing facility and returns to the community for more than 30 days, a new Level I CARE assessment will be required upon readmission

v. Medicaid will pay from the date of the resident's admission if the out-of-state PASRR is dated on or before the date of admission.

- If the out-of-state PASRR is not documented in the resident's medical record, the nursing facility may be held non-compliant with the State of Kansas

- If an out-of-state resident does not have a valid out-of-state PASRR or an out-of-state less than 30-day order, the nursing facility must contact the AAA for a Level I CARE assessment.

5. **Respite Stay:**

a. A respite stay is a physician-ordered short-term stay in a nursing facility with defined admission and discharge dates. Respite care may be provided to residents on an intermittent basis for period of fewer than 30 days at any one time without a Level I CARE assessment in line with the requirements of this manual. Respite stays for Hospice patients are allowed for a total of 5 days at a time.

b. How to Complete a Respite Stay Special Admission:

i. Before the resident is admitted, the nursing facility must verify that the respite order meets the following guidelines:

A. The order must be signed and dated by the physician sending the resident for the respite stay; and

B. The order must include a planned admission date and a planned discharge date

Please note: Verbal/Telephone orders will only be accepted if signed by a physician and are valid from the date of the physician's signature.

A nursing facility's Medical Director or physician may not write an admission order to the facility using the nursing facility's letterhead or

electronic medical record system. If the nursing facility's Medical Director or physician is also the resident's PCP or hospital attending physician, the physician's order must come from the physician's office or hospital where the resident was admitted.

ii. Upon admission, fill out Sections A and B of the Level I CARE assessment completely;

iii. Fill out the KDADS Special Admissions Fax Memo; and

iv. Send the Special Admission Fax Memo, Sections A and B of the Level I CARE assessment, and the physician-signed respite order to the KDADS CARE Program at 785-291-3427 (fax) or kdads.care@ks.gov (email).

6. Terminal Illness Admission:

a. A terminal illness admission occurs when a resident is admitted to a nursing facility on Hospice, end of life care, palliative care, or otherwise due to a documented terminal illness.

i. A terminal illness admission is different than an admission for a **Hospice respite stay**.

- If the resident is admitted to the facility for a Hospice respite stay, please do not submit the request for terminal illness certification until it is known the resident is going to stay more than 5 days.

- If the resident is admitted for a Hospice respite stay, but then stays longer than 5 days, please send the terminal illness certificate request and supporting documentation by the 6th day of admission.

b. How to Complete a Terminal Illness Admission:

i. **Note**: If a valid Level I CARE assessment is on file, then terminal illness certification is not required

ii. Before the resident is admitted to the facility, verify there is a valid order or statement signed and dated by a physician stating that the resident has a life expectancy of 6 months or less if the illness runs its natural course.

- The nursing facility must send a copy of this signed order or statement to the KDADS CARE Program

  Please note: Verbal/Telephone orders will only be accepted if signed by a physician and are valid from the date of the physician's signature.

A nursing facility's Medical Director or physician may not write an admission order to the facility using the nursing facility's letterhead or electronic medical record system. If the nursing facility's Medical Director or physician is also the resident's PCP or hospital attending physician, the physician's order must come from the physician's office or hospital where the resident was admitted.

- *Initial Certification*: The order or statement is only valid for 6 months from the date it is signed by the physician.

- *Recertification*: If the resident is still residing in the facility at the end of the initial certification period (6 months from the date of the signed order), then recertification is necessary. The physician must submit a new signed order or statement.

- *Level I CARE Assessment Following Terminal Illness Certification*: If the resident is still residing in the facility at the end of the recertification period (12 months from initial certification), then the facility must contact the local AAA and request a Level I CARE assessment. Please contact the AAA 20 days before the end of the recertification period.

iii. Upon the resident's admission to the nursing facility, complete Sections A and B of the Level I CARE assessment.

iv. Complete the KDADS Special Admission Fax Memo. On the memo, please verify whether the nursing facility is requesting:

- Certification (first admission); OR

- Recertification (resident still residing in the nursing facility after 6 months)

v. Within one business day of the resident's admission (or prior to the recertification deadline if the resident is seeking terminal illness recertification), the nursing facility must send the following documentation to the KDADS CARE Program at 785-291-3427 (fax) or kdads.care@ks.gov:

Initial Certification:

- The order or statement signed by the resident's physician;
- KDADS Special Admission Fax Memo;
- Sections A and B of the Level I CARE Assessment

Recertification:

A. A new order or statement signed by the physician stating that the resident has 6 months or less to live if the illness runs its natural course

B. A new Special Admission Fax Memo;

C. Sections A and B of the Level I CARE Assessment:

1. If the resident has resided in the nursing facility since initial certification, send the original Sections A and B from the resident's initial terminal illness admission; OR

2. If the resident has discharged from the nursing facility to the community at any time since the resident's initial terminal illness certification, send Sections A and B from the resident most recent readmission

vi. After the KDADS CARE Program receives and approves the terminal illness certification request, a Terminal Illness Certification Letter will be generated. The letter will be sent to the facility with a copy for the resident.

- Please keep the certification letter in the resident's medical record. The certification letter is the nursing facility's proof of PASRR.

vii. Medicaid will only pay for a 6-month terminal illness certification period. If there is a lapse between when the certification period ends and the recertification period begins, Medicaid will not pay for the uncertified dates in between.

- If the terminal illness certification (and recertification, if applicable) letter is not in resident's medical record, the nursing facility may be held non-compliant with the State of Kansas

H. How to Complete Sections A and B (PASRR) for Nursing Facility Special Admissions

Please Note: This Section of the Level I CARE Manual applies **only** to nursing facility employees completing Sections A and B of the Level I CARE assessment for Special Admission residents. For all other assessors, please refer to Section 2 labeled "Instruction Manual" for directions on how to complete the entire Level I CARE assessment.

1. When a resident arrives to a nursing facility as a special admission, the nursing facility is responsible for filling out Sections A and B of the Level I CARE assessment.

- A nursing facility may **NOT** complete any other sections of the assessment

- Sections A and B may only be completed by a licensed social worker, social services designee, registered nurse, or licensed practical nurse.

- Every time a resident is admitted to a nursing facility without a valid Level I CARE assessment the nursing facility must have a valid special admission order. Each new admission gets its own Section A and B.

- Every question must be answered as completely and accurately as possible.

- KDADS may refuse to accept any PASRR that is incomplete or appears to be altered in any way.

    - Example: Leaving questions unanswered or changing dates or other important information with white out.

2. **Section A: Resident Identification**

    a. **Question 1**: A social security number is the best way to identify the resident. Some residents across the state may have the same name and/or date of birth.

        - The social security number ID is optional
        - Leave this section blank if you do not have verified proof of the social security number.
        - Please do not use a Medicaid ID number in place of the SSN. The Medicaid ID may belong to the resident's spouse.

    b. **Question 2**: Please list the resident's legal first and last name. If the resident goes by another name, please add it in parentheses next to the resident's legal name.

    c. **Question 3**: Please list the resident's last known residential address

        - If the resident is homeless, please only fill out the information for the nursing facility's address. On the line labeled "Street Address," please write "HOMELESS."

        - If the resident's last address is unknown, please only fill out the information for the nursing facility's address. On the line labeled "Street Address," please write "UNKNOWN."

    d. **Question 4**: Enter the resident's date of birth

    e. **Question 5**: Enter the resident's gender.

f. **Question 6**: Enter the date that the form was completed, which should be the date the resident was admitted to the facility

g. **Question 7**: Please legibly print the name and job title of the person completing the form.

h. **Question 8**: Please write out the entire name of the nursing facility. Do not abbreviate the name

- For example, if the resident is being admitted to a nursing facility owned by a corporation that operates more than one nursing facility in the state, please add the location of the facility to the name.

- Example: "Diversicare of Chanute" or "Medicalodges Coffeyville"

i. **Questions 9–11**: All questions must be answered completely. Do not leave any items blank.

- **Question 9**: Check the box of the primary language the resident understands

- **Question 10**: Check the box that the resident considers as his or her ethnicity

- **Question 11**: Check the box that the resident considers as his or her race

j. **Question 12**: Please list the name, address, and phone number for the resident's primary emergency contact person. If the resident has a guardian or DPOA that is activated, list that person first. If the resident does not have a guardian or active DPOA, list the resident's primary caregiver.

- If the emergency contact is also the resident's DPOA, write "DPOA" next to the emergency contact's name

- Please check the box indicating whether the emergency contact is the resident's legal guardian

- If there is not an emergency contact, write "NO CONTACT" on the line titled "Name"

Please note: KDADS may refuse to accept any forms that leave Question 12 blank or indicate "Self" as the resident's emergency contact person.

3. **Section B: PASRR**

a. **Question 1:** Check "YES" if the resident or responsible person is requesting nursing facility placement.

b. **Question 2:** Indicate whether the resident has been diagnosed with a serious mental illness. See Section 2.1.6.A for a list of conditions that may trigger a Level II CARE assessment. This information may be obtained from:

- The resident;
- The resident's family, legal guardian, DPOA, or physician; or
- The resident's medical record

c. **Question 3:** Check the appropriate boxes indicating what, if any, psychiatric treatment the resident has received in the past two years. KDADS requires recent psychiatric treatment information to determine if the resident requires a Level II CARE assessment. See Section 2.1.6.A for more information about how to answer questions regarding the resident's psychiatric treatment history. This information may be obtained from:

- The resident'
- The resident's family, legal guardian, DPOA, or physician; or
- The resident's medical record

d. **Question 4:** Check the box if the resident or responsible party reports that the resident has experienced a level of impairment in that category within the last 3–6 months due to mental illness. See Section 2.1.6.A for more information about how to answer questions regarding the resident's level of impairment.

e. **Question 5:** Check the appropriate box indicating whether the resident has been diagnosed with an intellectual or developmental disability, a related condition, or neither.

- See Section 2.1.6.A.2 for more information about what qualifies as a developmental or intellectual disability or a related condition

f. **Question 6**: Check the appropriate box indicating whether the resident requires a Level II CARE assessment.

- An individual with a **serious mental illness** must be referred for a Level II assessment if:
  - The individual has a <u>documented clinical diagnosis</u> of a serious mental illness as described in this manual;
  - The individual has a level of impairment due to the mental illness that has impacted major life activities within the past 3–6 months; AND
  - Within the past <u>two years</u>, the individual:
    - Had two or more inpatient or partial psychiatric hospitalizations; OR
    - Received supportive services at least 30 consecutive days; OR
    - Required intervention by housing officials, law enforcement, or APS because of a situation caused by the mental illness

- An individual with an **intellectual or developmental disability** must be referred for a Level II CARE assessment if the individual has:

  - A documented IQ of 70 or below; AND
  - The intellectual/developmental disability manifests before the age of 18

- An individual with a **related condition** must be referred for a Level II CARE assessment if the related condition:

  - Manifested before the age of 22;
  - Will likely continue indefinitely; AND
  - Impacts 3 or more major life areas

2.1.5 Appeals

Any individual who has been adversely affected by any PASRR determination made by the State in the context of either a preadmission screening or an annual resident review under Subpart C of 42 C.F.R. Part 483, or who receives a notice from a skilled nursing facility or nursing facility of the intent to transfer the individual, shall be notified verbally and in writing on the CARE certificate that the individual has the right to appeal the PASRR portion of the assessment.

If the individual does not agree with the determination in the PASRR column (Section B of the Level I CARE Assessment) regarding a Level II assessment as set forth in the Certificate of CARE assessment, the individual has the right to request a fair hearing to appeal this decision. This determination was made in accordance with the Health Care Financing Administration Rules and Regulations relating to Preadmission Screening and PASRR, 42 C.F.R. Section 483.100 et seq.

To request a fair hearing in accordance with K.A.R. 30-7-64 et seq., the individual's request shall be in writing and delivered or mailed to the following address so that is received by the agency at the *Department of Administration Office of Administrative Hearings, 1020 S Kansas, Topeka, KS 66612* within 30 days from the date of the Certificate of CARE Assessment. (Pursuant to K.S.A. 77-531, an additional three days shall be allowed if the individual receives the Certificate of CARE Assessment by mail.). Failure to timely request or pursue a fair hearing may adversely affect the individual's rights.

At the hearing, the individual will be given the opportunity to explain why the individual disagrees with the agency action. The individual may represent themselves or be represented at the hearing by legal counsel, a friend, a relative, or other spokesperson.

2.1.6 Level II CARE Assessment Requirements

A. A Level II CARE assessment is required if the individual has a serious mental illness (MI), is intellectually/developmentally disabled (I/DD), and/or has a related condition/other developmental disability, and meets the conditions listed subsection 1 or 2 (below).

   1. An individual with a serious mental illness shall meet all the following conditions in

subsection a, b, and c (below) to trigger a Level II assessment:

a. The individual must have a **clinical diagnosis** of one of the following mental illnesses:

- 295.10 Schizophrenia, Disorganized Type
- 295.20 Schizophrenia, Catatonic Type
- 295.30 Schizophrenia, Paranoid Type
- 295.60 Schizophrenia, Residual Type
- 295.90 Schizophrenia, Undifferentiated Type
- 295.70 Schizoaffective Disorder
- 296.23 Major Depressive Disorder, Single Episode, Severe, without Psychotic Features
- 296.24 Major Depressive Disorder, Single Episode, with Psychotic Features
- 296.32 Major Depressive Disorder, Recurrent, Moderate
- 296.33 Major Depressive Disorder, Recurrent, Severe, without Psychotic Features
- 296.34 Major Depressive Disorder, Recurrent, Severe, with Psychotic Features
- 296.35 Major Depressive Disorder, Recurrent, in Partial Remission
- 296.36 Major Depressive Disorder, Recurrent, in Full Remission
- 296.89 Bipolar II Disorder
- 296.xx All Bipolar I Disorders
- 297.10 Delusional Disorder
- 298.9 Psychotic Disorder NOS
- 300.21Panic Disorder with Agoraphobia
- 300.3 Obsessive-Compulsive Disorder
- 301.83 Borderline Personality Disorder

b. **Level of Impairment**- The disorder results in functional limitations in major life activities **within the past three to six months** that would normally be appropriate for the individual's developmental stage. Typically, an individual has at least one of the characteristics in the following areas on a continuing or intermittent basis:

1. Interpersonal functioning – The individual has serious difficulty interacting appropriately and communicating effectively with other persons or a possible history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships or social isolation;

2. Concentration, persistence and pace – The 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 these tasks; or

3. Adaptation to change – The 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 health or judicial system.

c. **Treatment history** indicates the individual has experienced at least one of the following:

1. Psychiatric treatment more intensive than outpatient care **more than one time in the past two years**; this care is limited to hospitalization for more than one day for the primary purpose of providing psychiatric treatment, or participation for more than one day in a program provided by a mental health entity who defines the program as a partial hospitalization psychiatric treatment program; this also includes hospitalization in a state hospital for two or more consecutive years, which qualifies as two inpatient hospitalizations; a hospitalization for less than two years is considered as one inpatient hospitalization; or

2. **Within the last two years, due to the mental disorder, the** individual experienced an episode of significant disruption to the normal living situation, which is defined as a period of time no less than one month in length during the past two years, during which the individual's mental illness affected them so profoundly that one or more of three following situations occurred.

a. **Supportive services** were required to maintain functioning at home or in a residential treatment environment.

This may have occurred when, during that time period, the individual required a significant increase in services to assist with one or more of the following:

- Instrumental activities of daily living (i.e., shopping, meal preparation, laundry, basic housekeeping, money management, etc.);
- Basic health care (i.e., hygiene, grooming, nutrition, taking medications, etc.);
- Coping with symptoms of extreme withdrawal and social isolation, decreasing incidents of inappropriate social behavior (i.e., screaming, verbal harassment of others,

physical violence toward others, inappropriate sexual behavior, etc.); and
- Decreasing incidents of self -harming behavior.

Supportive services also include services provided in a correctional facility when the individual has a Mental Illness and/or an Intellectual/Developmental Disability diagnosis, has been housed in a separate Mental Health area for 30 or more consecutive days, during which he or she has been receiving mental health services from a master's level Mental Health Professional.

b. **Intervention by housing officials** occurred. Individuals that have been evicted from their homes or shelters for situations which include one or more of the following:

- Inappropriate social behavior, i.e., screaming, verbal harassment of others, physical violence toward others, inappropriate sexual behavior; or
- Abuse or neglect of physical property, i.e., including: failure to maintain property as outlined in the lease, intentional destruction of property such as through kicking or hitting walls or doors.

(**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.)

c. **Intervention by law enforcement officials** occurred. Individuals that have been arrested and/or taken into custody for one or more of the following:

- Harm to self, others, or property; inappropriate social behavior, i.e., screaming, verbal harassment of others, physical violence toward others, and/or inappropriate sexual behavior; 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.)

d. **Intervention by Adult Protective Services** (APS) occurred. Intervention by Adult Protective Services can be said to have occurred when the individual has been determined by

an APS worker to be a danger to self or others due to the severity of the mental illness. For example, the individual threatens harm to self or others, is not eating, exhibits extreme weight loss or is non-compliant with medications.

2. An individual with intellectual/development disability or who has a related condition shall have one of the following diagnoses to trigger a Level II assessment:

   a. The individual has an intellectual disability as defined in 42 C.F.R. 483.102 as a level of retardation (mild, moderate, severe, or profound) described in the American Association on Intellectual Disability's Manual on Classification in Intellectual Disability (1983), meaning:

      1. A significantly sub-average intellectual functioning as evidenced by an IQ of 70 or below on a standardized measure of intelligence;
      2. Which manifested before the individual reached the age of 18

   b. The individual has a related condition as defined by 42 C.F.R. 435.1010. Persons with related conditions means individuals who have a severe, chronic disability that meets all of the following conditions.

      1. It is attributable to:

         a. Cerebral palsy or epilepsy; or

         b. Any other condition, other than mental illness, found to be closely related to intellectual disability because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of individuals with intellectual disability, and requires treatment or services similar to those required for these persons.

         These conditions include but are not limited to: Autism, Spina Bifida, Down's Syndrome, or other similar physical and mental impairments (or conditions that have received a dual diagnosis of intellectual disability and mental illness). **Note: The condition is not the result of a mental illness.** There is an impairment of general intellectual functioning or adaptive behavior similar to that of individuals with intellectual disability.

      2. It is manifested before the person reaches age 22;

      3. It is likely to continue indefinitely;

4. It results in substantial functional limitations in three or more of the following areas of major life activity:

   i. Self-care, which is the performance of basic personal care activities;

   ii. Understanding and use of language, which is 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;

   iii. Learning, defined as general cognitive competence and ability to acquire new behaviors, perceptions and information, and to apply experiences in new situations;

   iv. Mobility, which is the ability to move throughout one's residence and to access and utilize typical settings in one's community;

   v. Self-direction, which is the management and taking control over one's social and personal life; ability to make decisions affecting and protecting one's own interests;

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

   vii. Economic self-sufficiency, which is the ability to pay for basic needs and services through employment or other financial resources.

B. **Resident Reviews**

A resident review is a brief version of the Level II CARE assessment that evaluates the resident's current condition to determine the resident's status and on-going treatment needs. A nursing facility requests a resident review by going to the KDADS website and downloading the "Resident Review Checklist." Send fax or email the completed copy of the checklist and a release of information to the KDADS CARE Program for review the checklist and determine whether resident review is appropriate.

When a Resident Review is Required:

A nursing facility is required to contact **KDADS** and request a resident review when an individual meets one or more of the following criteria:

1. The resident has had a significant change in condition that would have triggered a Level II assessment, or has had a significant change in condition resulting in a new mental illness diagnosis (as defined earlier in this Section) accompanied by a change in level of impairment (for example, a change in condition that requires more intensive care than medication adjustment for stabilization); OR

2. The resident met all the Level II criteria prior to entering the nursing facility but it was not uncovered until after admittance to the nursing facility. The criteria are outlined in Section 2.1.5 of the Field Services Manual and should include one of the following: mental illness diagnosis, level of impairment and/or treatment history; IQ score of 70 or below; or a related condition; OR

3. The resident has a serious mental illness, intellectual disability or other developmental disability and was admitted to the nursing facility prior to 1989; OR

4. The resident entered the nursing facility with a PASRR determination letter authorizing a short-term rehabilitation stay, and that stay will exceed the time frame in the letter. If the stay will exceed the time frame in the letter, please contact the KDADS CARE Program 21 days prior to the expiration date of the short-term stay.

   Special Note: A Resident Review is not required when an individual improves and no longer needs the level of services provided in the nursing facility. It is expected the nursing facility will make arrangements for discharge back into the community, which may include contacting the appropriate Community Mental Health Center (CMHC) or Community Developmental Disability Organization (CDDO).

How to Request a Resident Review:

- Go to www.kdads.ks.gov, locate the "Providers" tab and click on "Client Assessment, Referral and Evaluation (CARE) Provider Information."

- On the CARE page, click on "Kansas CARE Forms." Print out and complete the Resident Review forms.

- Send the completed Resident Review forms to the KDADS CARE Program at: 785-291-3427 (fax) or kdads.care@ks.gov.

- Include all documentation that is requested on the Resident Review form

- The Resident Review form must be sent to KDADS three weeks (21 days) prior to the

end of a previously authorized admission period OR as soon as the mental illness or intellectual/developmental disability is discovered

- For questions regarding Resident Reviews, please call: 785-291-3360

Note: If the nursing facility is late in requesting a resident review and the resident is a Medicaid recipient, Medicaid will not pay from the date the first authorization period ends until the date the next authorization period begins. *No payment will be made for the dates between the two authorization periods, as indicated by the resident's determination letters.* If there is a lapse in authorized admission periods, as stated in the resident's determination letter, the nursing facility may be held non-compliant with the State of Kansas

2.1.7 Proof of PASRR

A. Proof of PASRR differs from state to state. Since PASRR is a federal law, if a resident is transferring from out-of-state, prior to the admission, the nursing facility must contact KDADS to verify that all PASRR requirements have been met. (See Section 2.1.4.G.4 for more information on completing Out-of-State special admissions).

B. People admitted to nursing facilities prior to 1989 that continuously reside in a nursing facility since that time, are in effect "grandfathered" and do not require a CARE assessment or any proof of PASRR on file. However, if the "grandfathered" nursing facility resident has a diagnosis of serious Mental Illness or I/DD, the resident must have a Level II letter on file with the nursing facility. If the individual does not have a Level II letter, the nursing facility should contact KDADS to verify that all PASRR requirements have been met.

C. In Kansas, there are five methods nursing facilities can utilize to establish evidence that PASRR requirements have been met. They are:

1. **SRS's form 2123 (January 1, 1989 – December 1992)**
   Before any formal Kansas Preadmission Screening (PAS) program, SRS issued Form 2123 to nursing facilities to indicate that Level I PASRR requirements were met.

2. **Kansas Foundation for Medical Care (KFMC) letter (January 1993 – June 1993)**

   The first preadmission screening was administered by KFMC. Persons assessed by KFMC were given a letter indicating that a Level I assessment had been completed. A copy of such a letter is a proof of PASRR.

3. **BOCK (July 1993 – December 1994)**
   Administration of the Kansas preadmission screening (then called KPAR) program was transferred to Bock & Associates. Persons assessed under KPAR were provided a letter on either Bock & Associates or Bock & Associates/Dept. of SRS letterhead. The letter is also considered proof of a Level I PASRR.

4. **CARE Program (January 1995 – present)**
   On January 1, 1995, the Kansas Department on Aging became responsible for administering the preadmission screening program through the CARE Program. Individuals seeking nursing facility placement in an Medicaid-certified Nursing Home must receive a CARE assessment and be provided with a CARE certificate as proof that a Level I CARE assessment has been conducted.

5. As of January 1, 2013, the **Kansas Department for Aging and Disability Services** (formerly KDOA) assumed responsibility for administering preadmission screening through the CARE Program utilizing a contracted entity to perform assessments.

CARE Level I Instruction Manual

INTRODUCTION

This manual provides instruction on how-to complete an assessment of an individual who has difficulty meeting his or her own needs and/or may be considering nursing facility placement for other reasons. As the assessor, remember that an individual usually wants to maintain his or her independence as long as possible and will do whatever they can to achieve this goal. Please take a non-threatening approach and be clear with the customer that you are there to help them remain independent as long as possible. Customers will be more honest with you if they know you are on their side, and that you will identify viable options based on their health care needs.

Another way that might ease your customer's stress during the assessment is to let them know that there are other individuals who have been in similar circumstances. Quite often the person does not want to deal with their health care issues and feels like they are alone. It is comforting and more importantly adds "hope" when they know there are other individuals who are in the same boat, and are able to remain independent in the community with some supports and services.

Please remember, you may be the last or only person the customer visits with prior to nursing facility placement. You have the knowledge about community-based services options and the ability to help the customer navigate a very confusing long-term care system. By addressing their needs, you may help them and their families investigate their care options so they are able to achieve their goal of living independently.

CRITERIA OF EVALUATION

Assess the customer's completion of the activity:

- On an average day;
- Within the last month, or last limiting event if it was sooner;
- In his/her home; and
- Without assistance from another person.

If in a Nursing Facility: consider their functioning without the assistance of another person.

Base your answers on the following:

- The customer;
- Family members/caregivers (especially for customers who have cognitive impairments);
- Health care professionals and clinical records; and
- Your observations.

Assess the customer's ability to perform the activity at a level that is generally accepted in the community. Remember the following:

- The standard is stated in the definition;
- Assess customer's abilities equitably and consistently;
- No personal bias; and
- The customer's personal choice is not included in the assessment.

More about personal choice

If the customer is too physically impaired to perform some aspects of bathing or has cognitive or mental health issues that make informed decisions about bathing questionable, then the customer is scored on his or her ability. For example, a customer may bathe far less frequently than is necessary to maintain generally acceptable hygiene and control odors. The issue is not whether this is the person's choice. As an assessor, you must determine whether the individual has the physical ability to conduct all aspects of the bathing activity without assistance, as well as the cognitive and/or mental capability to make an appropriate decision about how often s/he should bathe

The Kansas Department for Aging and Disabilities supports accommodating personal choice when determining types of assistance needed, such as during the care planning process.

Take into consideration any physical, cognitive, and/or mental impairments of the customer. A language barrier should not be a determining factor of how an ADL or IADL is coded.

Mental health or cognitive impairments may make it difficult to carry out ADLs and IADLs.

- Customers with cognitive impairments may need at least supervision to complete an activity.
- Customers with mental illnesses may not be able to manage some parts of their care. Is it caused by the mental illness or is it the customer's choice?

Chronic and acute illnesses/impairments may seriously compromise a customer's ability to and/or safety in performing certain tasks.

- A person with emphysema, congestive heart failure, neurological problems and many other conditions may not have the stamina, strength, or reserve lung/heart capacity to perform tasks safely. Watch for shortness of breath with minimal exertion, weakness, tremors or other conditions that may affect the individual's ability to perform tasks.
- Neurological conditions, inner ear problems, joint pain, and many other medical conditions may cause serious problems with ability to stand, maintain balance, and ambulate. Watch for signs of instability that may compromise the individual's safety in performing daily tasks.

IDENTIFICATION

A. IDENTIFICATION

1. Social Security # (Optional)

___ ___ ___ - __ __ - ___ ___ ___ ___

2. Customer Last Name

_____

First Name **MI**

_____ _____

3. Customer Address

Street_____

City_____County _____

State _____ Zip _____

Phone_____

4. Date Of Birth_____/_____/_____

5. Gender ❑ Male ❑ Female

6. Date of Assessment ___/___/_____

7. Assessor's Name

_____

8. Assessment Location

_____

9. Primary Language

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

10. Ethnic Background

❑ Hispanic or Latino
❑ Non Hispanic or Latino

11. Race

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

12. Contact Person Information

Name_____

Street_____

City_____

State _____ Zip _____

Phone_____

Guardian ❑ Yes ❑ No

Review of unique fields:

1. **Customer's Social Security Number** If the customer refuses to provide the number, enter 0's and a computer-generated number will be used.

3. **Customer's Address**
   Use County Codes in Reference Section
4. **Date of Birth**
   Use MM/DD/YYYY format

6. **Date of Assessment**
   Use MM/DD/YYYY format

8. **Assessment Location**
   Use home, the name of the hospital, or the name of the NF, as appropriate.

9. **Primary Language**
   Check the box of the primary language the customer understands

10. **Ethnic Background**
    Check the box that the customer considers as his or her ethnicity. What does the customer choose for the Census?

11. **Race**
    Check the box that the customer considers as his or her race. What does the customer choose for the Census?

12. **Contact Person Information**
    If the customer has a guardian or durable power of attorney that is activated, list that person first. If the customer does not have either of those, list the customer's primary caregiver or the person who assists with or makes financial and/or legal decisions.

    Is the contact person also the guardian? Check yes or no

PASRR

1. Is the customer considering placement in a nursing facility?

Check	If...
Yes	The customer, family or other responsible person is considering NF or other placement.
No	The customer or responsible person is not considering NF placement. If the answer is no, then this is not a CARE assessment and a CARE certificate should not be issued.

Mental Illness

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

Check	If...
Yes	The customer has one (1) of the following serious mental disorders (note for PASRR purposes, dementia, alcoholism, substance abuse, and brief depression episode)
295.10	Schizophrenia, Disorganized Type
295.20	Schizophrenia, Catatonic Type
295.30	Schizophrenia, Paranoid Type
295.60	Schizophrenia, Residual Type
295.90	Schizophrenia, Undifferentiated Type
295.70	Schizoaffective Disorder
296.23	Major Depressive Disorder, Single Episode, Severe, without Psychotic Features
296.24	Major Depressive Disorder, Single Episode, with Psychotic Features
296.32	Major Depressive Disorder, Recurrent, Moderate
296.33	Major Depressive Disorder, Recurrent, Severe, without Psychotic Features
296.34	Major Depressive Disorder, Recurrent, Severe, with Psychotic Features
296.35	Major Depressive Disorder, Recurrent, in Partial Remission
296.36	Major Depressive Disorder, Recurrent, in Full Remission
296.89	Bipolar II Disorder
296.03	Bipolar I Disorder, Single Manic Episode, Severe without Psychotic Features
296.04	Bipolar I Disorder, Single Manic Episode, Severe with Psychotic Features
296.43	Bipolar I Disorder, Most Recent Episode Manic, Severe without Psychotic Features
296.53	Bipolar I Disorder, Most Recent Episode Depressed, Severe without Psychotic Features
296.54	Bipolar I Disorder, Most recent Episode Depressed, Severe with Psychotic Features
296.63	Bipolar I Disorder, Most Recent Episode Mixed, Severe without Psychotic Features
296.64	Bipolar I Disorder, Most Recent Episode Mixed, Severe with Psychotic Features
297.10	Delusional Disorder
298.9	Psychotic Disorder NOS
300.21	Panic Disorder with Agoraphobia
300.3	Obsessive-Compulsive Disorder
301.83	Borderline Personality Disorder
No	The customer does not have one (1) of the above listed serious mental disorders.

3. What psychiatric treatment has the client received in the past 2 years (check all that apply)? The individual must have at least a mental illness diagnosis and one from either A, B, or C category.

A. **Hospitalizations** **What hospital care has the customer had for mental illness?**

Check	If…
2 Partial hospitalization	The customer participated more than one (1) day in a program offered by mental health entity, which included therapies and services during the daytime.
2 Inpatient hospitalization	The customer had two (2) or more hospitalizations in a psychiatric hospital or in a psychiatric unit of a hospital, and the hospital stays were for 24 hours or more. A stay in a state hospital for two (2) or more consecutive years count as two (2) inpatient hospitalizations.
1 Inpatient & 1 Partial	The customer had at least one (1) Inpatient and one (1) Partial hospitalization.

B. **Supportive Services** **Has the customer received support services that significantly increased for a period of 30 consecutive days or longer in the last two years that were provided by a Community Mental Health Center (CMHC), the Veterans Affairs (VA) Hospital, or a correctional facility?** **(see page 10 of this section)**

Check	If…
(Supportive Services)	These services were provided to maintain functioning at home or in a residential treatment environment. Note: The assessor should contact the customer's case manager at the CMHC or VA to verify that supportive services have been received. For the purposes of the CARE assessment, supportive services do NOT include routine monitoring of psychotropic medications or seeing a QMHP for counseling or therapy on an outpatient basis. **Contact KDADS CARE Program staff if you need more clarification.**

C. **Intervention** **Has at least one (1) of the following entities intervened due to an increase in the severity of the mental illness in the customer's situation?**

Check	If…
(Intervention)	• Housing- When the individual has been evicted (including from a shelter) for situations which include: • Inappropriate social behavior (*i.e.*, screaming, verbal harassment of others, physical violence toward others, inappropriate sexual behavior and etc.); and • Abuse or neglect of physical property (i.*e.*, 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.
	• Law enforcement officials- When the individual has been arrested and/or taken into custody due to: • Harm to self, or property; inappropriate social behavior (*i.e.*, 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. • Adult protective services (APS)- When the individual has been determined by an APS worker to be a danger to self or others due to the severity of the mental illness. For example, the individual threatens harm to self or others, is not eating, exhibits extreme weight loss or is non-compliant with medications.

Check	If…
None	The customer did not receive any of the above-mentioned treatments.

If none are checked, then no referral for a Level II assessment unless an intellectual/developmental disability exists.

Comments Section

(on page 2 of the assessment form)

You must indicate the customer's serious mental disorder, if any, and applicable treatment history during the last two years:

- The dates and location(s) of hospitalization;
- The supportive services;
- The timeframe during which the services were received;
- The intervention by housing, law enforcement, and/or Adult Protective Services; and
- Whether they are being served by a CMHC, if not, their county of responsibility, where they have lived for the last six continuous months.

(residence in a state hospital does not change the county of responsibility)

Note: Upon receipt of the assessment at the KDADS the CARE Program staff will review the assessment for completeness. If the assessment does not contain appropriate documentation of the customer's mental disorder and treatment history, the CARE Program staff will request that additional comments be added or that the assessment be revised to reflect the customer's situation.

4. Level of Impairment **The customer must have a level of impairment in one of the following within the last 3-6 months due to mental illness.**

Check	If...
Interpersonal Functioning	The customer has serious difficulty interacting appropriately and communicating effectively with other persons. There may be a history of altercations, evictions, firing, fear of strangers, avoidance of interpersonal relationships, and social isolation.
Concentration/ Persistence/ Pace	The customer 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 structured activities occurring in the school or home. The customer has difficulties in concentration, an inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance in the completion of these tasks.
Adaptation to Change	The individual has serious difficulty 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 health or judicial system.
None	The customer does not meet any of the above impairment levels.

Intellectual/Developmental Disability

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

Check	If...
Developmental Disability	The customer has significantly sub average, intellectual functioning as evidenced by an IQ score of 70 or below on a standardized measure of intelligence prior to the age of 18.
Related Condition	The customer has a condition such as autism, cerebral palsy, epilepsy, Spina Bifida, Down's syndrome, or other similar physical and/or mental impairment that is: • Evidenced by a severe, chronic disability; • Manifested before the age of 22; • Will likely continue indefinitely; • Reflects a need for 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 • Results in substantial functional limitations in three or more major life activities. Do not include individuals who are solely severely emotionally disturbed, seriously and persistently mentally ill, or have disabilities as a result of the infirmities of aging.
None	The customer does not meet one (1) of the above conditions.

For those individuals who have a development disability or related condition please record that information:	• IQ score and date of testing; • Related condition diagnosis and the age when it manifested; and • Any relevant information. • Note: Upon receipt of the assessment at the KDADS, the CARE Program staff will review the assessment for completeness. If the assessment does not contain appropriate documentation of the customer's intellectual or development disability, the CARE Program staff will request that additional comments be added or that the assessment be revised to reflect the customer's situation.

Comments Section

(add comments as needed)

What are the major life activities?

- Self-care: Performance of basic personal care activities;
- Understanding and the use of language: Either 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;
- Learning: General cognitive competence and ability to acquire new behaviors, perceptions and information, and to apply experiences in new situations;
- Mobility: The ability to move throughout one's residence and to access and utilize typical settings in one's community;
- Self-direction: Management and taking control over one's social and personal lives; ability to make decisions affecting and protecting one's own interests;
- 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; and
- Economic self-sufficiency: The ability to pay for basic needs and services through employment or other financial resources.

6. Referred for a Level II assessment?

Check	If...
Yes	The customer meets the criteria in either the Level II Decision Tree for Serious Mental Illness or Intellectual/Developmental Disability.
No	The customer does not meet the criteria of either decision tree.

SUPPORTS

1. Does the customer live alone?

Check	If...
Yes	The customer lives alone.
No	The customer lives with a spouse, family member, or friend, or is in a housing arrangement that provides service 24-hours a day, *i.e.*, an assisted living facility, residential health care facility, or homes plus.

2. Does the customer have informal supports?

Informal Supports are services provided to assist with ADLs and/or IADLs at no cost, generally from family, friends, or neighbors.

Do not include formal supports when answering this question, *i.e.*, services covered by insurance, Medicaid, Medicare, and Senior Care Act.

Instructions:

- Check the box that represents the customer's level of informal support.

Considerations while Coding

- Are there enough informal supports to assist the customer with ADL and IADL impairments?
- Is there more than one caregiver?
- Is the caregiver in good physical and mental health?
- Is the caregiver overwhelmed or exhausted?
- Does the caregiver have several responsibilities that make it difficult to be more available during an illness?

Code	Definition	Example
Yes	Support meets the customer's needs, or supplements formal supports, to protect the customer who has physical, cognitive, and/or mental health limitations	Mr. King has strained relations with his children. His neighbor takes him shopping when needed. He is currently not at risk due to limited informal supports
Inadequate	Support is available but not in enough quantity and/or quality to adequately safeguard the customer who has physical, cognitive, and/or mental health limitations	Mr. Kabel's daughter is his primary caregiver and is overwhelmed. Mr. Kabel's cognitive abilities are declining and his family is unable to meet all of his needs
No	Support does not exist to protect the customer who has physical, cognitive, and/or mental health limitations.	Mr. Reed has six children but does not speak to any of them. He has no dependable friends.

3. Does the customer have formal supports?

Formal Supports are services provided to assist with ADLs and/or IADLs at a cost to the customer, family, or entity. May include services covered by insurance, Medicaid, Medicare, and Senior Care Act.

Instructions:
- Check the box that represents the customer's level of informal support.

Check	If...
Yes	The customer has formal supports or is receiving long-term care services from a program such HCBS, Medicare home health, etc
No	The customer does not have formal supports.

COGNITION

1. Is the customer comatose or in a persistent vegetative state?

Check	If...
Yes	The customer appears to be in a deep sleep and unresponsive to stimuli; or his/her responses are inconsistent and not specific to stimuli, often has the same response regardless of stimuli; response may be physiologic, gross body movement, or vocalization; response may be delayed; earliest response is to pain.
No	The customer is not comatose or in a persistent vegetative state.

*** Stop assessment here and note in comments on second page.**

2. Memory / Recall

This assessment focuses on four measures that are often used to identify cognitive impairment:
- Orientation;
- Registration and Recall (3-word recall);
- Spelling Backwards (attention and calculation); and
- Clock Draw (Visuospatial and Executive Function).

- *Coding Clarification: Whenever Code (9) is chosen, the assessor must write the reason in the comment section on page 2 of the assessment form.*
- *If the customer refuses to participate and you do not suspect cognition issues, let them know it may affect their eligibility for services.*

In the event that an individual cannot be tested using the following strategies and there is reason, by history or observation, to believe the individual has cognitive impairments that may limit functional abilities, it is advisable to refer the individual for a professional evaluation (a neurologist or neuro-psychologist are appropriate referrals for difficult

cognitive evaluations).

(1) Orientation

Ask the customer to tell you the following:

- The day of the week, *i.e.*, Monday or Tuesday;
- The month;
- The year; and
- The current President of the United States.

Code as (0) "No Impairment" if the customer answers at least 3 out of 4 of questions correctly.
Code as (1) "Impairment" if the customer misses 2 or more of the above questions.
*Code as (9) "Unable to test" if you cannot test the customer.**

(2) 3-word recall

- Name three unrelated objects (such as "pen," "car," "watch," OR "cat," "rug," "lock" OR "key," "star," "dog").
- Have the customer repeat these three objects.
- The first repetition determines the score; however, keep saying the objects until the customer can repeat all three, up to 6 trials. (You may need to repeat if they say it wrong to see if the customer can hear the words.)
- If the customer consistently says a word incorrectly (such as "den" instead of "pen") then move forward as if the words were correct and substitute in the new word.
- Ask the customer to remember those objects as you'll ask them to repeat them later.
- After a period of five minutes during which other questions are asked or topics discussed, ask the customer to tell you what the three words were that you told them earlier. Do not give hints as to what the words are.
- Give the customer a few moments to recall if needed. The words can be provided in any order.

Code as (0) "No Impairment" if the customer repeats all 3 words. Code as (1) "Impairment" if the customer cannot repeat all 3 words. Code as (9) "Unable to test" if you cannot test the customer.

(3) Spelling backward

- Ask the customer to verbally spell "table" forwards and then backwards.
- If the spelling is close to the correct word when spelled forward and is spelled backward using the same letters in reverse order, then it is considered correct, and enter a 0 in the blank. For example, the customer misspells "table" as "tabel," and spells it back "lebat," there is no impairment.

Code as (0) "No Impairment" if the customer can spell "table" backwards. Code as (1) "Impairment" if the customer cannot spell "table" backwards. Code as (9) "Unable to test" if you cannot test the customer.

(4) Clock Draw

Executive memory function and visuospatial abilities are usually the first noticeable areas affected in Alzheimer's disease and other dementias, often before other types of memory impairment are easily discernable. The person's ability to make judgments about his/her personal care or direct others in providing care may be compromised.

Executive function is an interrelated set of abilities that includes the ability to:

- Form concepts,
- Self-monitor, and
- Plan and execute detailed activities.

Impairments in executive function may make instrumental activities beyond the person's capacity, even if memory impairment is mild. Types of IADLs affected include:

- Driving,
- Money management,
- Shopping and
- Medication management.

If an individual has impairments, such as blindness or paralysis, that prevents the use of the clock draw test, it will be necessary to proceed with other aspects of the cognitive assessment. *Code as (9) "Unable to Test."*

- Hand the customer a piece of paper with a large circle and tell him/her it is the face of a clock.
- Ask the customer to put the numbers on the clock in the correct position.
- Then ask the customer to draw the hands on the clock at ten minutes after eleven o'clock.

Code as (0) "No Impairment" If the customer completes the following tasks.

- *Includes all 12 numbers*
- *Places numbers in correct positions*
- *Places hands in correct positions*

Code as (1) "Impairment" if the customer cannot perform all of the tasks. Code as (9) "Unable to test" if you cannot test the customer.

COMMUNICATION

1. Is the customer able to express information content, or communicate requests, needs, opinions, urgent problems, and social conversations, either verbally, in writing, using sign language, or combination of these methods?

Check	If the customer…
Understandable	• Expresses ideas clearly.
Usually understandable	• Has difficulty finding the right words or finishing thoughts resulting in delayed responses; • Requires some prompting to make self understood.
Sometimes understandable	• Has limited ability to communicate, but is able to express concrete requests regarding basic needs *(e.g.* food, drink, sleep, toilet).
Rarely or never understandable	• Is difficult to understand; or • Used specific sounds or body language to communicate with caregiver(s).

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2. Is the customer able to understand others' verbal communication?

Emphasis is on comprehension rather than hearing.

Check	If the customer…
Understands	• Comprehends the speaker's message; and • Demonstrates comprehension by words, actions, or behaviors.
Usually understands	• Misses some part or intent of the message, but comprehends most of it; or • Has periodic difficulties integrating information but generally demonstrates comprehension by responding in words or actions.
Sometimes understands	• Demonstrates frequent difficulties integrating information; or • Responds adequately to only simple and direct questions or directions; rephrasing or simplifying the message(s) and/or using gestures enhances comprehension.
Rarely or never understands	• Demonstrates very limited ability to understand communication; or it is difficult to determine whether the customer comprehends messages, based on verbal and nonverbal responses; or the customer can make sounds but does not understand messages.

RECENT PROBLEMS / RISKS

…FALLS

A fall constitutes the customer physically landing on the ground or floor, not unsteadiness which is already captured in the ADLs and IADLs.

Instructions:

- Enter the number of falls the customer has experienced in the last month in the blank next to the measure. (If the fall was completed while the customer was completing an ADL, it may be carried forward to that ADL.)

- Enter the total number of falls the customer has experienced within the last 6 months in the blank next to the measure. (Include the fall in the last month)

Using a fixed date in time or a holiday, such as Mother's Day, may help the customer remember a 6 month history.

… INJURED HEAD DURING FALL(S)

Instructions:
Check the box if the customer hit his or her head during a fall and experienced problems with thinking, reasoning, memory, hearing, vision, speech, balance and coordination, attention, behavior, or learning.

Considerations while Coding

In addition to the above symptoms, did the customer experience one (1) of the following signs of an injury to the head?

- Loss of consciousness
- Headache
- Dizziness
- Drowsiness
- Nausea/vomiting
- Confusion
- Slurred speech
- Difficulty walking
- Seizures
- Amnesia
- Poor coordination
- Irrational or aggressive behavior
- Numbness or paralysis in any part of the body?

ABUSE/ NEGLECT/ EXPLOITATION

Abuse, neglect, abuse and/or exploitation are considered a risk factor when at least 1 of the following category definitions is met.

Is there a reason to believe the customer has been taken advantage of and is unable to protect their own interest? If you suspect this is the case, it is better to caution on the side of making a report than not.

If you suspect Abuse, Neglect, or Exploitation (ANE) you are required by K.S.A. 39-1431 to report.

- The statewide phone number for reporting ANE in the home is 1-800-922-5330.
- The statewide phone number for reporting Exploitation of a person in an adult facility where the perpetrator lives in the community is 1-800-922-5330.
- The statewide phone number for reporting ANE in an adult facility is 1-800-842-0078.

Instructions:

- Check the box if the customer is experiencing abuse, neglect, or exploitation, and report it to the authorities.

Note: Please follow your agency's policies and procedures.

For the UAI only, check "by others" if someone besides the customer is suspected.

Category	Definition (K.S.A. 39-1431)	Example
Abuse	Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm, including: infliction of physical or mental injury; sexual abuse; unreasonable use of physical or chemical restraints, isolation, medications; threats or menacing conduct; fiduciary abuse or omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.	Mrs. Plate's wandering has increased in the past couple of months. Her primary caregiver is exhausted, and to get a good night's sleep she has been known to give Mrs. Plate sleeping pills. The caregiver has had the health risks associated with this practice explained to her, but the caregiver continues to give Mrs. Plate the sleeping pills and alcohol.

Category	Definition (K.S.A. 39-1431)	Example
Neglect	Failure or omission by one's self, caretaker or another person to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.	Mr. Carr's daughter is his primary caregiver. Since his health has declined, his care needs have increased. His daughter reports she does not give him his Lasix daily as prescribed to avoid the need to take him to the bathroom or change his incontinence supplies as often.
Exploitation	Misappropriation of an adult's property or intentionally taking unfair advantage of an adult's physical or financial resources. This also includes fiduciary abuse which occurs when any person who is the caretaker of, or who stands in a position of trust to an adult takes, secretes or appropriates their money or property to any use or purpose not in the due and lawful execution of the adult's trust.	Mrs. Clark's son is her Representative Payee for Social Security. The facility she has resided in for six months reports the son has not paid the bill for over four months.

Adult Protective Services (APS) are intervention activities directed towards safeguarding the well-being and general welfare of adults in need of protection. Intervention is available to adults age 18 and above who are unable to protect themselves and who need assistance in dealing with abusive, neglectful or exploitative situations.

BEHAVIOR RISKS

The behavior risks include the following:
- Wandering;
- Socially Inappropriate/ Disruptive Behavior; and
- Decision Making/ Judgment.

Instructions:
- Check the box if the customer meets the definition in the category.

Category	Definition	Example
Wandering	Movement with no identified rational purpose; customer appears oblivious to needs or safety. Behavior must be differentiated from purposeful movement (*e.g.*, a hungry person moving about an area in search of food).	Mr. Johnson wanders around his home, looking into rooms and opening doors for no apparent reason.
Socially Inappropriate/ Disruptive Behavior	Verbal abuse (*i.e.*, threatened, screamed, or cursed at others); physical abuse (*i.e.*, hit, shoved, scratched, or sexually abused others); made disrupting sounds, scream, self- abusive acts, sexual behavior or disrobing in public, smeared or threw food or feces, or rummaged through other's belongings. Impulsive, apparently uncontrollable behavior that disrupts their lives or others' lives on a regular basis.	Mrs. Roll screams at staff in the hospital and shouts out words throughout the night. This behavior disrupts other patients. Mr. White yells to the point where visitors, outside his door, wonder who he is fighting with, only to discover Mr. White is alone.
Decision Making/ Judgment	Determine whether the customer is making decisions or judgments that are reasonable, consistent, and do not jeopardize his/her health and/or safety. Does the customer rely on others to consistently assist in making health care or routine decisions?	Mr. Dean does not feel that he should take his psychotropic medication that was prescribed by his doctor. It is his opinion that if he eats vegetables his mental illness will be cured.

Considerations while Coding

- Review available medical records.
- Interview staff or caregivers for additional information.
- Is the customer currently receiving any mental health services?
- Has the customer been diagnosed by a professional as having a mental illness?
- Is the behavior a recent change or something that has been occurring for years?
- Is the living environment safe for the customer?

UNWILLING/UNABLE TO COMPLY WITH RECOMMENDED TREATMENT

Instructions:
Check the box if the customer indicates he or she has trouble following a prescribed medical treatment(s).

Considerations while Coding

- Signs of non-compliance:
- Inconsistent medication adherence
- Poor appointment follow through
- Poor compliance with medical homework assignments
- Poor adherence with exercise regiment
- Inconsistent medical data collection
- Disease specific measures of control, i.e., insulin dependent diabetes
- Discontinues taking medication without consulting with doctor, i.e., “didn’t like the side effects” or “couldn’t afford the prescription.”

OVER THE LAST FEW WEEKS/MONTHS, EXPERIENCED ANXIETY/DEPRESSION

Instructions: Check the box if the customer has experienced at least half of the following signs of anxiety and/or depression in the last week or month.	
Signs of Anxiety	• Has felt more nervous than usual • Afraid, or excessively worried, for no reason • Easily upset or feels panicky • Expresses feelings of nervousness, fear, or panicky • Feels like they are falling apart
Signs of Depression	• An "empty" feeling or ongoing sadness • Tired or lack of energy • Loss of interest or pleasure in everyday activities, including sex • Sleep problems, including trouble getting to sleep • Very early morning waking or sleeping too much • Eating more or less than usual • Crying too often or too much • Aches and pains that did not go away when treated • Difficulty focusing, remembering, or making decisions • Feeling guilty, helpless, worthless, or hopeless • Being irritable or angry • Thoughts of death and/ or suicide

Considerations while Coding

- Does the customer have physical symptoms such as shaky/ trembling arms and legs; weak/tires easily, dizzy spells and fast beating heart?
- Has the customer started a new medication that has side effects such as breathing problems, irregular heartbeat, or tremors?

OVER THE LAST FEW WEEKS/MONTHS, EXPERIENCED FEELING WORTHLESS

Instructions:
Check the box if the customer indicates they have these risk factors:
- Loss of interest in things or activities previously found enjoyable
- Social isolation, lack of attention to grooming
- Breaking medical regimens
- Having experienced or expecting to experience a personal loss
- Feeling hopeless or worthless-feeling they are no longer needed
- Giving personal possessions away or putting affairs in order
- Stock-piling medication or obtaining other lethal means
- Recent loss of a spouse or significant other

Considerations while Coding

- Has the customer attempted suicide in the past?
- Is there a family history of suicide?
- Is there a history of substance abuse?
- Does the customer have a serious illness?
- Does the customer exhibit impulsive and/or aggressive tendencies?

Customer Choice for LTC

What is the customer's, or the customer's responsible party's, choice for long-term care?

Check	If the customer…
Home without services	Plans to return home without services.
Home with services	Plans to return home with formal and/or informal services.
ALF / Residential / Boarding Care	Plans to move into or remain living in an assisted living facility, residential health care facility, homes plus, or boarding care facility.
Nursing Facility	Plans to move into or remain living in a NF. Please write the name, address, and city of the facility in blanks provided.

Check the box if the nursing facility stay is anticipated to be three (3) months or less and fill in the address and telephone of the nursing facility

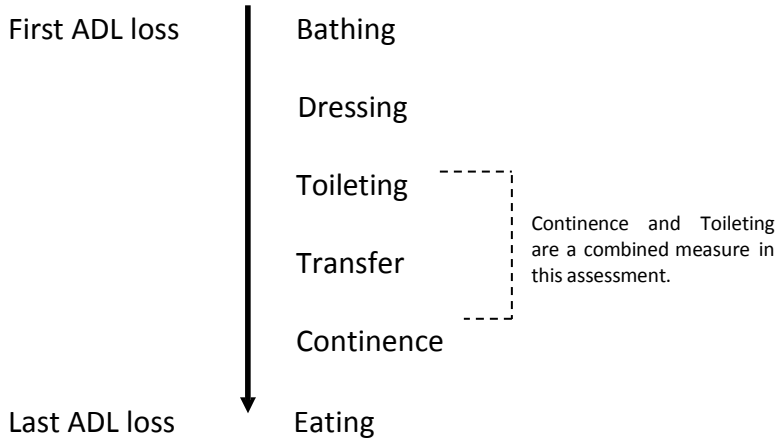
FUNCTIONAL ASSESSMENT (ADLs/IADLs)

HIERARCHICAL RELATIONSHIP OF IMPAIRMENTS

Please remember these hierarchical relationships when assessing ADLs and cross-reference your answers for consistency. If there are inconsistencies between what you have recorded and the above hierarchical relationships, reconsider your answers to ensure you have completed an accurate assessment of the customer.

In general, as a person's physical health declines, the first ADL they need assistance with is usually bathing and the last activity they need assistance with is eating.

Katz Scale of ADL Loss[1]



Transferring into a bath tub or shower is difficult for an older adult who has poor balance and/or little strength. Unfortunately, many accidents happen in the bathroom. One of the first activities many of our customer's need assistance with is bathing. As some customers deteriorate, they need assistance with transferring activities, such as toileting, transfers, and walking/mobility. There is an interrelationship between these ADLs because they require balance and strength.

Customers that have cognitive impairments are often able to complete the physical portion of an ADL, however they may need to be supervised. For example, a customer with Alzheimer's disease may be able to transfer, walk, and be mobile, however they may need to be cued or even fed at times.

[1]Katz S, Ford A.B., Moskowitz R.W., et al. "Studies of illness in the aged." The Index of the ADL: a standardized measure of biological and psychosocial function." Journal of the American Medical Association 1963; 185: 914-919.

DEFINITIONS

Adequate(ly) – The activity is performed and completed in a manner that is generally considered to be satisfactory based on the standard provided under each activity.

Appropriate(ly) – The activity is performed and completed in a manner that would generally be deemed appropriate for the time, circumstances, and environmental conditions.

Safely – The customer's physical status, cognitive status, or judgment does not put them at high risk for accident, injury, or adverse health consequences when performing the activity. Problems with balance or unsteadiness may lead to safety issues.

Reasonable Time – It does not take an excessive amount of time for the customer to perform the activity because of physical limitations (such as a mobility impairment or endurance) or due to cognitive/mental health issues.

Oversight, coaxing, cuing – Visual or verbal supervision/input is needed to ensure or encourage the individual to perform the activity adequately, appropriately, and safely.

Assistive Equipment – Equipment that can stand repeated use, is primarily used to compensate for a physical impairment, is appropriate for use in a customer's home, and is generally not required by a person in the absence of illness or injury.

CODES FOR ADLS AND IADLS

Code	Definition
(1) Independent	• The customer is able to perform activity safely, adequately, appropriately, and within a reasonable time without assistance from another person. • Customer is Independent if s/he performs the activity as stated, but does so with the use of an assistive device.
(2) Supervision needed	• To perform the activity adequately, appropriately, safely, and within a reasonable amount of time, the customer needs: **(1)** Set-up assistance to perform some portion of the activity; or **(2)** Requires oversight, cuing or coaxing, including reminding to use assistive devices.
(3) Physical assistance needed	• To perform some aspects of the activity adequately, appropriately, safely, and within a reasonable time, the customer requires some hands-on assistance, but is: **(1)** Able to physically perform some components of the activity; or **(2)** Although customer has limited physical participation, they are able to direct the activity, in other words make known how they prefer the activity be performed.
(4) Unable to perform	• The customer is unable to participate in this activity in any significant manner due to cognitive, physical, and/or mental health limitations and needs total assistance.

If customer is in a hospital or other placement, ask how they would do the tasks if they were home.

ACTIVITIES OF DAILY LIVING BATHING

You are assessing the customer's ability to complete all of the following:

- Take a full body bath or shower at least once a week or more frequently to prevent odor or skin health issues; and
- Set-up and put away bathing supplies, *i.e.* towel, washcloth, soap, shampoo, assistive equipment, or long handled brush and adjust bath bench or other assistive devices; and
- Transfer in and out of the tub or shower; and
- Remove clothing; and
- Turn on the water and adjust the water temperature; and
- Wash and dry all body parts, including back, feet, and hair.

Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while bathing in the last month.

Considerations while Coding

- This definition excludes the customer's ability to take sponge baths. If your customer takes a sponge bath, ask why? Is it a preference or is it safety issue because they are unable to transfer in and out of the tub or shower?
- Does the customer have balance problems, unsteadiness, or a history of recent falls or near falls? Cross-reference with falls.
- If the customer has her hair washed at the beauty shop, can she wash her own hair?
- Is the bathing area accessible?
- Are there any safety concerns?
- Can the customer adjust water to a safe temperature for bathing?
- Does the customer have sensory problems that impair the ability to feel heat or cold?
- What remedies have been attempted in the past?
- Does the customer have incontinence issues?

Examples

(Code 1) Ms. Applehauz has a bath bench in the bathtub. She has never fallen, slipped, or been unsteady when using the equipment.

(Code 2) Mr. Johnson is able to transfer in and out of the bath tub, but he is scared that he may fall while trying to take a full body bath. He will only take a full body bath when his brother visits, which is about once a week.

(Code 3) Mr. Smith needs help washing areas his arms can not reach. He has difficulty maintaining his balance while drying off.

(Code 4) Mr. McDonald is in the end stages of Alzheimer's. He doesn't understand the process of bathing.

DRESSING

You are assessing the customer's ability to complete all of the following:

- Change clothes often enough that the customer appears clean and is odor free; and
- Select, obtain, and set-up clothing for dressing; and
- Select clothes that are safe and appropriate for the temperature and usual activities inside and outside the home, not special occasions; and
- Put on, adjust, fasten (includes buttons, snaps, zippers, ties, etc.), and take off all items of clothing; OR the customer **has** and **wears** adapted clothing that allows s/he to dress for most public occasions without needing to use buttons, snaps, ties, etc.; and
- Put on and remove prosthesis and/or medically needed clothes or devices, such as TED hose.

Considerations while Coding

- Is there assistive equipment and is it used appropriately/safely?
- Does the customer have a prosthesis?
- Does the customer use zipper pulls and/or sock grabbers?
- Can the customer wear pants and a shirt/blouse? If not, does the customer have and wear adaptive clothing?
- If the customer is unsteady, does s/he have good strategies to dress and avoid injury?

Examples

(Code 1) Mrs. O'Connell has considerable pain and some deformity in her fingers from arthritis. She is able to dress to go to the store, doctor's office and other activities by wearing clothing with Velcro attachments and using assistive devices for buttoning and zipping.

(Code 2) Mr. Lowery lives alone in an apartment and has become more disoriented. When someone tells him he is not dressed appropriately, he will change his clothing.

(Code 3) Mrs. McCormick has always dressed conservatively, as evidenced in pictures around her apartment. She has arthritis and needs help with putting on a bra, buttoning blouses, and tying shoes. She has no adaptive clothing or assistive devices.

(Code 4) Mrs. Smith has advanced dementia. At one time, she could help with buttons, snaps, and pulling up her pants, but for the past couple of months she just sits and stares. The daughter reports that if she didn't dress her mother, it wouldn't get done.

TOILETING

You are assessing the customer's ability to complete all of the following:

- Transfer on and off the toilet; and
- Complete bowel/bladder elimination; and
- Cleanse self and adjust clothing; and
- Manage incontinence and supplies, bedpan, commode, ostomy, and catheter.

Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while toileting in the last month.

Considerations while Coding

- Is the customer able to manage her/his incontinence?
- Is there unsteadiness while getting on or off the stool?
- Does the customer need to utilize incontinence supplies?
- Are there any odor issues?
- Is the customer able to adjust clothing after toileting?

Examples

(Code 1) Mr. Butter has bladder incontinence. He uses incontinence supplies and changes them frequently. While there is a slight odor in the apartment, there is no evidence of wet or soiled furniture or clothing. The odor is coming from the trash where he puts his incontinence supplies.

(Code 2) Ms. Merle has bladder leakage, but is so depressed she has little motivation to change her clothing or use pads, but with encouragement she will do so.

(Code 3) Mrs. Arnette is an obese woman with limited mobility in her shoulder and difficulty reaching her arms across her body (as if to hug herself). When asked about wiping she states she uses a handle that she wraps with toilet paper. She admits she doesn't do a good job wiping and there is a strong odor of urine and feces.

(Code 4) Mr. Johnson has a colostomy bag. His dementia has left him unable to care for the colostomy and stoma. His wife takes care of all aspects of the colostomy.

Household odor issues should be addressed under housekeeping.

TRANSFERRING

You are assessing the customer's ability to complete all of the following:

- Move between surfaces, *e.g.*, to and from the bed, chair, wheelchair, or to a standing position; and
- Rise from a sitting/laying position; and
- Recline to a sitting/laying position.

Transfer does not include moving to and from the bath, shower, or toilet.

Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while transferring in the last month.

Considerations while Coding

- If sleeping in a bed, can the customer swing legs in or out of bed?
- Once standing, can the customer obtain and maintain balance before moving?
- Is assistive equipment adequate for safe transfers to occur?
- Does the customer need several attempts to come to a standing position from a solid, regular size chair with arms? Does the customer need supervision or physical assistance?
- When using assistive equipment has the customer had any problems?
- Is there an emergency plan for falls?

Examples

(Code 1) Mrs. Baxter uses a rail attached to her bed to turn at night and get out of bed. She is also able to get out of her favorite chair, as well as other chairs, without difficulty.

(Code 2) Mr. Lane uses a walker to assist him with transferring. During the past week, he knocked the walker over twice because his hands were shaking from Parkinson's disease. He wears a call button and pushes it to alert his neighbor when he needs help setting up the walker. When he has the walker, he is able to stand and sit on his own.

(Code 3) Mr. Jones has fallen while trying to sit in a lower chair and sit on the bed, someone must help him sit and lay down.

(Code 4) Mrs. Snow has confusion and physical limitations that require the full assistance of her caregiver to recognize the need to transfer and provide the weight bearing for the transfer.

WALKING / MOBILITY

You are assessing the customer's ability to complete all of the following:

- Move within all locations of his or her living environment to accomplish ADLs; and
- Ambulate safely from one area to another; and
- Place or set-up assistive equipment in usable location; and
- Obtain equipment and use the equipment safely and effectively at all times; and
- Maneuver cane, walker, and/or wheelchair, if needed.

Walking/Mobility does not include the ability to walk, or be mobile, outdoors.

Coding Clarification: Code as (3) "Physical Assistance" if the customer is consistently unsteady or has fallen more than once while completing the task of walking/mobility in the last month.

Considerations while Coding

- Does the customer consistently use assistive equipment? If not, what is the reason it is not used consistently? May need set-up.
- Is safety compromised?
- Does the customer use safe strategies to manage her/his unsteadiness?
- Is any part of the home inaccessible due to narrow halls, doors, or stairs?

Examples

(Code 1) Ms. Schaffer has had an inner ear condition her entire life. She has positioned the couch and a few other solid structures strategically around her home to occasionally steady herself. She manages well in her home and has no history of falls in the last 6 months.

(Code 2) Ms. Norton has had a lifelong battle with depression. Without encouragement to get out of bed she would stay there all day and would not be mobile. Last year bedsores developed on the back of her heels due to lack of movement.

(Code 3) Mr. Weeks has used a walker ever since his last stroke, but he needs someone to hold onto his belt to help keep him steady while walking.

(Code 4) Mrs. Cook stays in bed most of the time because of ALS (Lou Gehrig Disease). At one point, she could let her caregiver know if she wanted to be moved to another location through eye movement. Since the muscles in her eyes have weakened, she can no longer direct the movement.

EATING

You are assessing the customer's ability to complete all of the following:

- Prepare food by cutting into bite size pieces, chopping, or pureeing, buttering bread, opening single serving containers, and pouring liquids; and
- Transfer food and drink from plate or cup to mouth; and
- Chew and swallow safely; and
- Manages tube feeding without assistance, if fed through a tube.

Considerations while Coding

- If the customer was served a meal at a restaurant, could they eat the meal as prepared and served, or would someone need to manipulate the meal so the customer can consume it?
- Has the customer ever choked? If so, how often does this occur?
- Has the customer lost or gained weight recently?
- Has a weight change been related to the ability to eat?
- Is the customer aware of when to eat?

Examples

(Code 1) Mr. Wood's nerve damage causes his arms and hands to shake without warning. He still manages his own food, feeds himself, and has not suffered an illness or lost weight.

(Code 2) Ms. Parker has had a stroke and has difficulty getting food onto utensils and into her mouth. She is able to feed herself with the help of plate guards and adapted utensils if someone sets these up for her.

(Code 3) Mrs. Farmer forgets to eat and misuses her dinnerware. She has used her fork to eat soup and poured her drink on her plate. On an average day, she needs someone to either feed her or continually direct her on how to feed herself.

(Code 4) Mrs. Flower is in the late stages of Alzheimer's disease. She will not eat unless someone else puts the food in her mouth, prompts her to chew, and stays with her the entire time.

ADL CHECK UP

You have just completed the ADL section of the assessment. Please

check your answers for the following:

- Do answers accurately reflect what you observed?
- Do the answers factor in the customer's cognitive impairments? Remember that persons with cognitive impairments may need at least supervision to complete an ADL.
- Do the answers factor in mental health issues the customer may be experiencing?
- Are the answers consistent with the Katz scale of ADL loss?

Katz Scale of ADL Loss[2]

First ADL loss	Bathing
	Dressing
	Toileting
	Transfer
	Continence
Las ADL loss	Eating

Continence and Toileting are a combined measure in this assessment.

[2]Katz S, Ford A.B., Moskowitz R.W., et al. "Studies of illness in the aged." The Index of the ADL: a standardized measure of biological and psychosocial function." Journal of the American Medical Association 1963; 185: 914-919.

SERVICE CODES FOR ADLS

Which of the following services would help the customer remain living in the community?	• This is your recommendation. • Complete this section even if the customer has chosen NF placement. • Select a code even if it is not available or the customer and/or family would not accept the service. • Service code definition can be found in the references section.

CODE	DEFINITION	EXAMPLE
0	Assessor does not know if the service is available in the community	The customer has need of a particular community-based service and the assessor does not know whether or not the service is available in the community. **Note: If the assessor is using this code, it is because you have already made calls, including your CARE Coordinator, and no one within your provider base knows whether there are other service providers providing the service.**
1	Service is available in the community	The customer needs a service such as homemaking, and if referred for the service, the customer could begin receiving the service without delay, within the program's regular administrative timeframe (allows for application, assessment, etc.)
2	Service is available in the community, but needs to be referred to be placed on a waiting list	The customer needs homemaking services but the assessor learns there is a waiting list for this service in the customer's community. A referral is made but the customer will be placed on a waiting list and there will be a delay in the service.
3	Service exists and is available but customer does not have resources to pay for the service	The customer needs homemaking service but the only agency offering it charges a fee and the customer cannot afford to pay for the service.
4	Service is not available in the community, either due to lack of providers, lack of funding, or lack of adequate units	The customer needs homemaking services but there is no provider offering this service in the customer's community or the provider does not have the ability to provide the additional hours needed.
5	Service exists and is available but the customer and/or family do not wish to utilized the service	The customer/family state they do not want the service, even though it is available in the community.
6	Service does not exist	There are no providers in the customer's community providing homemaking services.

INSTRUMENTAL ACTIVITIES FOR DAILY LIVING MEAL

PREPARATION

You are assessing the customer's ability to complete all of the following:

- Plan, prepare, and serve a meal; and
- Safely use stove or microwave to heat or cook foods; and
- Open containers, turn stove on and off, use can opener; and
- Opening the ingredients, peeling, cutting, chopping, measuring, baking, and/or cooking the meal; and
- Follow a doctor prescribed diet, when applicable (*i.e.*, low sodium, low sugar, or low fat).

Coding Clarification: Code (2) if the customer only needs set-up to prepare a meal, which includes putting out pans and placing ingredients on the counter.

Considerations while Coding

- If the customer receives home-delivered meals or heats pre- prepared meals, determine why. Is it because the customer needs supervision or physical assistance? Or does he/she prefer those types of meals?
- Is the customer able to organize for the preparation of the meal?
- Have there been any medical problems as a result of the customer's chosen diet? *May be a supervision issue*.
- Does the customer use any assistive equipment to cook?
- Does the customer experience fatigue or unsteadiness while cooking? *May need physical assistance.*
- Are there any safety concerns while cooking? *May be a supervision issue*.
- Does the customer need supervision to cook with any of the appliances?
- Is the customer able to carry food items to the eating area?
- Does the customer have any cognitive or mental health issues that may impact their choices and abilities to perform this activity?
- Have there been any medical problems as a result of the customer's chosen diet?
- Do all of the appliances work?
- Can the customer grasp items with her/his fingers?

Examples

(Code 1) Mr. Cooper is a recent widower and does not like to cook for one person. While he can cook a meal, he prefers to reheat a frozen meal because they are less expensive and take less time. He is not on a doctor- prescribed diet.

(Code 2) Ms. Boots has difficulty choosing foods that accommodate her doctor prescribed diet. A nutritionist provides her sample menus because of cognitive problems. Ms. Boots needs support to maintain her diet.

(Code 3) Ms. Haid has arthritis and carpal tunnel syndrome; therefore, her daughter prepares her meals and leaves them in the refrigerator for Ms. Haid to reheat. Ms. Haid also has frozen dinners as a meal option, without this type of help Ms. Haid would not have any meal.

(Code 4) Mrs. Chase forgets whether or not she has turned off the stove and puts her face close to a burner to see if it is on. Her family has disabled the stove and microwave for safety reasons. They currently pay a neighbor to prepare and bring in her meals.

SHOPPING

You are assessing the customer's ability to complete all of the following:
- Develop a list of needed items, go to store, locate items to be purchased, place them in a cart, or shop effectively by phone or on-line for all items.
- Carry five pounds of canned goods or bulky items.
- Move purchased items from vehicle or doorway into home

Considerations while Coding

- How often does the customer go shopping?
- Does the customer utilize assistive equipment to help with shopping?
- If the customer uses a shopping cart for stability, can the customer safely let go to reach for items on shelves.
- If the customer receives assistance in a store, is it for convenience or because the customer needs the assistance?
- Does the customer have any cognitive or mental health issues that may impact her/his choices and abilities to perform this activity?
- Does the customer tire easily (within 20 minutes of shopping)?
- Does the customer have any difficulty reaching or stooping for items?

Examples

(Code 1) Mrs. Davis lives on a fixed income. She purchases inexpensive foods in order to afford her medications. She cannot drive so she either rides with a family member, friend, or takes a bus. Mrs. Davis does not need help once she arrives at her destination.

(Code 2) Mrs. Streeter is able to shop once a week to get perishable items, such as milk, bread, and eggs at a small market near her house. Because of Mrs. Streeter's visual problems, her daughter goes with her to the supermarket to assist her in locating items. When her daughter is not available, someone in the store helps her locate the items. She is able to place the items in her shopping cart.

(Code 3) Mrs. Kirk is able to make out her grocery list and manages her shopping budget, but has limited endurance and cannot tolerate much walking. She is also unable to carry packages because she uses a walker with no basket. Her son usually does her shopping.

(Code 4) Mrs. Canon does not let anyone know of her shopping needs. Her daughter picks up what she believes her mother needs. Occasionally, Mrs. Canon requests an item but she is not actively engaged in shopping or completing a shopping list.

Financial ability to purchase items is not factored. Transportation limitations to complete shopping must be addressed under transportation and not under shopping.

MONEY MANAGEMENT

You are assessing the customer's ability to complete all of the following:

- Budget according to income or personal funds; and
- Deposit checks and manage account balances; and
- Evaluate the accuracy/legitimacy of bills received; and
- Pays bills and pays for merchandise by check, cash, credit/debit card, money orders, or online payments; and
- Tracks expenditures so as not to overdraw accounts or incur unintended debt.

Coding Clarification:
Code as (2) "Supervision" if the customer needs oversight/cuing to ensure the tasks in the definition are completed. This includes:

- *Sorting mail;*
- *Providing advice on which bills to pay;*
- *Reviewing the checkbook (not physical act of balancing it);*
- *Reminding to pay bills; and*
- *Assuring the customer/providing guidance or advice.*

Code as (3) "Physical Assistance" if the customer needs assistance to ensure the tasks in the definition is completed. This includes:

- *Writing checks;*
- *Balancing the checkbook (not just reviewing it); and*
- *Preparing and maintaining a system to track expenditures.*

Code as (4) "Unable to Perform" if the customer has a conservator or is not involved in money management decisions.

Considerations while Coding

- Who currently manages the finances?
- Does the customer have difficulty writing a check?
- Has the customer received any late notices on bills?
- Does the customer have any cognitive or mental health issues that may impact their choices and abilities to perform this activity?

Examples

(Code 1) Mrs. Bugg has a limited income. She carefully manages her expenditures to cover her bills, groceries, and prescriptions, but rarely has money remaining for clothes or emergencies. On occasion she has been unable to pay bills when they are due and had to wait until her next check.

(Code 2) Mrs. Limits recently bounced several checks because she forgot to write down the amounts. Her son now reviews her check book every month for missing entries. She continues to pay her bills and manage her purchases.

(Code 3) Mrs. Daniel has limited vision. She is able to direct her finances, but her daughter reads the bills to her mother and then writes the checks for her.

(Code 4) Mrs. Token turned over all aspects of her finances to her daughter years ago after a diagnosis of Alzheimer's disease. She does not know her current income or expenses.

TRANSPORTATION

You are assessing the customer's ability to complete all of the following:

- Safely drive own car OR has available and can arrange for and use private or public transportation.
- Able to enter, adjust position, and leave the vehicle without assistance from another person (may use assistive devices).
- Manage getting assistive equipment, if needed, into and out of the vehicle.

Coding Clarification: Code as (2) for set-up, if the customer only needs someone to arrange transportation.

Considerations while Coding

- Is the customer able to get in, out and seated in the vehicle?
- Can the customer manage assistive equipment *i.e.*, folding and storing walker or wheelchair?
- Does the customer have any cognitive or mental health issues that may impact her/his choices and abilities to perform this activity?
- How often does the customer leave the home and need transportation?
- What transportation options are currently used?
- Does the customer need other people to arrange appointments, such as medical or mental health, to accommodate transportation needs?
- Does the customer require special arrangements, such as a two-person transfer in and out of the vehicle?

Examples

(Code 1) Mrs. Smith has a restricted license that only allows her to drive during the day. All the places she would go on an average day are open and available during the day.

(Code 2) Ms. Delane has severe hearing problems and needs someone to make phone calls to arrange for the senior van or a taxi for her. She is able to direct the taxi/van driver, get in and out of the vehicles, pay, and manage other aspects of her transportation.

(Code 3) When Mrs. Freeze travels she needs someone to help her into the vehicle. She uses a walker and needs assistance putting the walker into the vehicle.

(Code 4) Ms. Alfrey needs total assistance transferring from her wheelchair into vehicles. Because of her cognitive limitations, Ms. Alfrey never identifies her transportation needs.

If the customer needs telephone assistance to arrange the transportation, capture that in telephone.

TELEPHONE

You are assessing the customer's ability to complete all of the following:
- Obtain needed telephone numbers; and
- Dial the phone; and
- Answer and hang-up the phone;
- Converse over the phone; and
- Arrange and schedule appointments.

Coding Clarification:
Code as (2) "Supervision" if the customer needs oversight/cuing to ensure tasks in the definition are completed. This includes looking up phone numbers in the phone book, and/or providing a small list of frequently called numbers because the customer can not find them in the phone book.
Code as (3) "Physical Assistance" if the customer needs physical assistance to ensure the tasks in the definition are completed. This includes dialing the phone, answering and/or hanging up the phone, and arranging or making calls to schedule appointments.
Code as (4) "Unable to Perform" if the customer is not able to converse on the phone.

Considerations while Coding

- Can the customer access telephone numbers in local directory or own telephone book?
- How would the customer obtain the phone number of a fictitious person like Brian Smith? If the customer has poor vision, what is their strategy?
- Can the customer dial telephone numbers or use an automated system?
- Does the customer have any cognitive or mental health issues that may impact their choices and abilities to perform this activity?
- Can they hold the telephone (or use hands-free method) and talk on the telephone?
- Are phone numbers available that the customer can read?
- Can the customer call directory assistance?
- Does the customer have a hearing problem?
- Does the customer use other communication devices?

Examples

(Code 1) Mrs. Cooper can use a phone but currently her phone service is turned off. (Note: See Key below.)

(Code 2) Mrs. Griffin's daughter set up the phone for speed dial, and Mrs. Griffin uses the speed dial numbers. Normally, she does not call other numbers, but when she does she uses directory assistance when needed.

(Code 3) Mrs. Beasley enjoys talking to her daughter and grandchildren. Her vision is poor and her arthritis impairs the use of her hands. Lately she's either had to wait for others to call or have her neighbor dial the phone for her.

(Code 4) Mr. Wegner no longer understands how to use the phone to call other people. He rarely talks on the phone, even if someone else calls him.

The customer's ability to afford telephone service must not be factored into this code. Universal Access may be available for person's who can't afford phone service, please contact the local phone company for further details.

LAUNDRY / HOUSEKEEPING

You are assessing the customer's ability to complete all of the following:

- Determine when clothes need to be washed and complete all of the laundry steps, *e.g.,* takes clothes to wash area, determines the amount of detergent needed, able to properly set the washing machine; and
- Place clean clothes into storage/closet area; and
- Perform routine tasks, *e.g.*, bed making, putting items away, dishwashing, and taking out trash; and
- Keep pathways in the home clear for mobility; and
- Understand methods to kill germs and bacteria; and
- Sweep, vacuum, and mop.

Considerations while Coding

- Does the customer know how to use the laundry and cleaning equipment?
- Are all areas of the home accessible?
- Has the customer fallen while performing laundry or housekeeping tasks?
- Is there an unpleasant odor in the home?
- Does the customer tire easily, and is not able to adequately complete cleaning and/or laundry?
- Does the customer have stairs that make it difficult to complete some housekeeping or laundry tasks?
- Does the customer have any cognitive or mental health issues that may impact their choices and abilities to perform this activity?
- Can the customer reach and/or stoop?
- Does the customer have problems gripping things?

Examples

(Code 1) Mrs. Brown has hired a neighbor to clean her home for the past five years. Mrs. Brown is physically and cognitively able to do the work but hired her neighbor when the neighbor was going through a divorce and needed the money. She's never had the heart to stop the help.

(Code 2) Mr. Rodriquez is physically able to clean his house and do the laundry, but he needs to be constantly reminded to wash clothes, dishes, etc..

(Code 3) Mrs. Mouse tires easily. She does manage to get her laundry done, but it is not safe for her to carry her laundry down to the wash area. Her granddaughter vacuums, cleans the bathroom, and changes the sheets. Mrs. Mouse washes her dishes and picks up after herself.

(Code 4) Mrs. Castle reports she can do her own housekeeping. Her daughter states Mrs. Castle is confused and unable to perform any of the house work.

MEDICATION MANAGEMENT / TREATMENT

You are assessing the customer's ability to complete all of the following:

- Obtain medications from containers; and
- Determine the proper dosage of the medication and prepare it (cut pills in half or draw up medication in syringe if necessary); and
- Administer own medication; and
- Remember to take medication as prescribed; and
- Recognize possible side effects of the medications when this is essential for safety; and
- Set up materials for treatments and conduct treatment procedures; and
- Store medication correctly and understand risks of taking outdated medications; and
- Recognize when medication is running out, seeks refills, or follows-up with provider.

Coding Clarification:

- *Code as (2) "Supervision" if the customer can administer his/her medication once it is set-up in a pill-box, the pill container is opened, or he/she is reminded or cued to take medication.*
- *Code as (3) "Physical Assistance" if the customer must have the medication handed to him/her.*

Considerations while Coding

- Does the customer have any cognitive or mental health issues that may impact her/his choices and abilities to perform this activity?
- Is the customer able to complete any necessary preparation?
- Do the medications appear to be set- up correctly according to directions on the bottle?
- Does the customer understand why s/he takes a particular medication?
- What techniques/methods does the customer use to keep track of medication needs?
- Has there been an adverse effect from taking medications?
- Has the customer taken too much or too little of what is prescribed on a regular basis? If other than as prescribed, is the difference due to an impairment or because the customer cannot afford the medication?
- Does the customer obtain medications from more than one pharmacy?
- Is the customer taking any over-the-counter or holistic medication?
- Does the customer save old medication for a later use?

Examples

(Code 1) Mrs. Douglas fills her prescriptions for pain pills. She does not have physical or cognitive limitations that prevent her from being able to complete the task.

(Code 2) Mrs. Bennett's daughter sets up the medications in a pill box once a week. There are no concerns whether she takes her medications appropriately.

(Code 3) Mrs. Ellis's daughter administers her insulin because Mrs. Ellis cannot manage the syringe due to tremors in her hands.

(Code 4) Mrs. June needs her daughter to go with her to all doctor appointments. She cannot provide nor receive information to manage her own medical needs. All of Mrs. June's medications are put into pudding and fed to her.

IADL CHECK UP

You have just completed the IADL section of the assessment. Please check

your answers for the following:

- Do answers accurately reflect what you observed?
- Are the answers consistent with other reported abilities or impairments?
- Do the answers factor in the customer's cognitive impairments, if any? Remember that persons with cognitive impairments may need at least supervision to complete an IADL.
- Do the answers factor in mental health issues the customer may be experiencing?

SERVICE CODES FOR IADLS

Which of the following services would help the customer remain living in the community?	• This is your recommendation. • Complete this section even if the customer has chosen NF placement. • Select a code even if it is not available or the customer and/or family would not accept the service. • Service code definition can be found in the references section.

OTHER SERVICES CODES

Which of the following services would help the customer remain living in the community?	• This is your recommendation. • Complete this section even if the customer has chosen NF placement. • Select a code even if it is not available or the customer and/or family would not accept the service. • Service code definition can be found in the references section.

ADDITIONAL RESOURCES / NEEDS

Which of the following resources would help the customer remain living in the community?	• This is your recommendation. • Complete this section even if the customer has chosen NF placement. • Select a code even if it is not available or the customer and/or family would not accept the service. • Definition of the resources can be found in the references section.

(Availability codes to use for each of these are the same as the ADL section and found on the next page.)

Availability Codes

CODE	DEFINITION	EXAMPLE
0	Assessor does not know if the service is available in the community	The customer has need of a particular community-based service and the assessor does not know whether or not the service is available in the community. **Note: If the assessor is using this code, it is because you have already made calls, including your CARE Coordinator, and no one within your provider base knows whether there are other service providers providing the service.**
1	Service is available in the community	The customer needs a service such as homemaking, and if referred for the service, the customer could begin receiving the service without delay, within the program's regular administrative timeframe (allows for application, assessment, etc.)
2	Service is available in the community, but needs to be referred to be placed on a waiting list	The customer needs homemaking services but the assessor learns there is a waiting list for this service in the customer's community. A referral is made but the customer will be placed on a waiting list and there will be a delay in the service.
3	Service exists and is available but customer does not have resources to pay for the service	The customer needs homemaking service but the only agency offering it charges a fee and the customer cannot afford to pay for the service.
4	Service is not available in the community, either due to lack of providers, lack of funding, or lack of adequate units	The customer needs homemaking services but there is no provider offering this service in the customer's community or the provider does not have the ability to provide the additional hours needed.
5	Service exists and is available but the customer and/or family do not wish to utilize the service	The customer/family state they do not want the service, even though it is available in the community.
6	Service does not exist	There are no providers in the customer's community providing homemaking services.

COMMENTS

What should be included in the comments section?

- Pertinent information that relates the customer's situation that is not recorded on the assessment.
- Information that would be useful to others reading the assessment, especially those making referrals on behalf of the customer.
- Contacts that have been made on behalf of the customer, i.e., attending physician, other health care providers, community-based service providers, and/or family and friends.
- You may attach additional pages of comments by making note of the additional pages the comments section on page two.
- Remember this is your opportunity to "fill-in" the rest of the customer's picture.