

**CARE PROGRAM
POLICY AND PROCEDURES
JULY 01, 2013**

KANSAS DEPARTMENT ON AGING AND DISABILITY SERVICES

Section 2.1

CARE Level I

Effective Date: July 01,2013

Revision: 2013-01

2.1.1 CARE Program Purpose

The purposes of the Client Assessment, Referral, and Evaluation (CARE) Program is for data collection, individual assessment, referral to community based services, and appropriate placement in long-term care facilities (K.S.A 39-968).

In order to be compliant with Section 1919(e)(7) of the Social Security Act, all individuals admitting to a Medicaid-certified nursing home need to have a valid proof of PASRR (pre-admission screening and resident review). The federal regulations for PASRR are located at 42 CFR Sections 483.100 through 483.138. The purpose of PASRR is to determine whether an individual with mental illness, mental retardation, or other developmental disability needs nursing facility services, or specialized mental health or mental retardation services.

In Kansas, the PASRR assessment is the CARE assessment. Prior to the individual's admittance to a Medicaid-certified nursing facility, the CARE assessment must be completed or the individual must possess a valid proof of PASRR. The exceptions to this rule are referred to as provisional admissions (See Section 2.1.4 G).

The CARE pre-admission assessment is formally called a Level I assessment. A Level I assessment will collect the same information regardless of who completes the CARE assessment. Nursing facility assessors may not conduct full CARE Level I assessments. If an admission is considered provisional or an emergency, a nursing facility assessor may complete the first two sections of the CARE assessment. The KDADS contracted assessor will complete the full CARE assessment when a resident is admitted to the NF without proof of PASRR.

The Level I assessment identifies the need for Level II screening. Unless the individual is identified as needing Level II screening, the Level I assessment will not restrict an individual's admission to a nursing facility; however, it may affect whether Medicaid or other entities will participate in payment for that care.

2.1.2 CARE Program Definitions

Intellectual Disability: A condition previously referred to as "mental retardation" or a variation of this term, and shall have the same meaning with respect to programs, or qualifications for programs, for individuals with such a condition.

Intermediate care facility for the mentally retarded: 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 mental retardation or a related condition, needs services to compensate for activities of daily living limitations. (KSA 39-923).

Significant Change in Condition for CARE Level I: 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 CARE Level II: 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.

2.1.3 CARE Level I 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 an NF or LTCU such as a social worker or RN (See Section 2.1.4.G for further information).
5. In the rare event of no available NF assessor the Director of Nursing shall complete the sections A and B, place the page in the resident medical record and forward to KDADS Level I contractor a request for a complete Level I assessment until a trained assessor may become available to the NF.

B. Assessor Experience and Education Requirements

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 Manager.
 3. Each assessor that has not conducted a CARE assessment within the last year must repeat the training and certification requirements for CARE Level I assessment.
 4. KDADS Level I contractor (including sub-contractors and independent contractors shall maintain a list of their employed, qualified CARE assessors in KAMIS.
 5. KDADS will maintain a current list of all qualified hospital and NF 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.

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:

3.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 an NF or LTCU, they would not require a CARE assessment. He or she should be referred and/or assessed under the appropriate community based program.

4. 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 Section 2.1.3.G regarding provisional admissions);

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

6. 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

7. 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 the individuals that continue to reside in the nursing facility or move between nursing home/hospital settings without a return for more than 30 days to the community.

8. 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 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 KDADS CARE Program Manager and request 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 CARE Level I 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 able to be contacted for signature this situation should be discussed with KDADS CARE Program Manager and information regarding the circumstances should be included in the comments section of the assessment and entered into KAMIS.)

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

I. 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

II. the individual’s mental retardation/developmental disability (MR/DD) diagnosis, date of diagnosis, and IQ score, if applicable; or

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

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

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

- a.-copy of the CARE assessment,
- b.the CARE certificate, and the Consent to
- c.Authorization ofRelease Information for PHI;
- d.An Explore Your Options guide (if applicable);
- e.A CARE brochure
- f.The assessing organization’s privacy notice.

10. 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. 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 CARE Level I certificates issued with Section B (PASRR) marked as “YES” and

I 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 certificate and/or Level I 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 ADRC 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 a duplicate assessment is completed, the hospital CARE assessor is required to retrieve the CARE certificate that was issued with the duplicate assessment. The duplicate assessment and the CARE certificate will be considered void.
3. Hospital-based CARE assessors shall place original completed forms with customer’s discharge planning papers, unless otherwise instructed by the hospital’s records management.
4. Hospital assessors shall FAX a copy of the completed CARE Level I assessment, the Certificate and the Release of Information form along with any Level II referrals to KDADS CARE Program staff upon completion of the CARE Level I 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

Nursing facility assessors may **not** conduct full CARE Level I assessments. If an admission is considered “provisional” or “emergency”, a nursing facility assessor must complete the first two sections of the CARE assessment or, if the nursing facility does not have a CARE assessor on staff, the Director of Nursing must complete these two sections. The partial assessment and supporting documentation must be kept as part of the

individual's clinical record.

as 1.A provisional admission to a nursing facility is allowed when an individual admits with a physician-certified planned stay of less than 30 days. To qualify as a provisional admission, a stay of 30 days or less must be:

a. A physician-ordered immediate admission due to the individual's health condition or for the purposes of rehabilitation, and the anticipated length of stay in the nursing facility is 30 days or less. The nursing facility must obtain the 30-day or less physician's statement prior to admitting the customer; or

b. A physician-ordered stay for an individual who resides in the community who requests respite care for 30 days or less

ALL provisional admission information (Sections A and B of the CARE Level assessment and hospital discharging information indicating the less than 30 day order with physician signature) must be faxed to KDADS CARE Program staff. CMS requires the physician to issue and sign the provisional order physically or electronically. NF staff telephone orders or hospital discharge planning staff signatures are NOT able to be accepted.

If the individual's original intent is to stay 30 days or less and the individual discharges within 30 days, no other action is necessary.

If on day "20" it appears that the stay is going to exceed 30 days, the nursing facility staff shall contact the ADRC and arrange for the completion of a full CARE assessment.

2. Emergency admissions to nursing facilities are when an urgent condition or a situation occurs that places the individual's health and/or welfare in jeopardy.

A full CARE assessment is required **within the first seven days** after an individual is admitted to a nursing facility for an emergency. If a nursing facility admits an individual under one of the following emergency situations, **the nursing facility must contact the ADRC within one working day** and request a full CARE assessment:

- a. An admission is requested by Department for Children and Families,(DCF) Adult Protective Services (APS);
- b. A natural disaster occurs;
- c. The primary caregiver becomes unavailable, due to a situation beyond the caregiver's control (e.g., caregiver becomes ill or an accident involving the caregiver occurs);
- d. A physician ordered immediate admission due to the individual's condition; or e. an admission from an out-of-state community to a nursing facility that is beyond the

individual's control, i.e., an individual being admitted from their place of residence in another state on a weekend when an ADRC CARE assessor is not available.

The nursing facility assessor shall complete the first two sections of the CARE assessment, and fax the partial assessment with a copy of the Emergency Fax Memo to the ADRC **within one working day**. If there is an emergency not listed in this policy, contact KDADS CARE staff immediately for authorization of the emergency admission without proof of PASRR. http://www.aging.ks.gov/CARE/CARE_index.htm

3. In the event of a lost CARE certificate for assessments completed in the community or nursing home, the ADRC completing the assessment will provide the duplicate certificate.

2.1.5 Appeal of Level I Assessment

If the individual is referred for a Level II assessment as a result of a Level I CARE assessment, he or she shall be notified verbally, and in writing on the CARE certificate (KDOA 152), that he or she has the right to appeal the PASRR portion of the assessment.

2.1.6 CARE Level II Assessment Requirements

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

1. An individual with a serious mental illness shall meet all of 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
- 300.21 Panic 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 a Mental Retardation 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 masters 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 who is mentally retarded or has an “other developmental disability”(ODD) shall have one of the following diagnoses to trigger a Level II assessment:

a. The individual has a level of retardation (mild, moderate, severe, or profound) described in the American Association on Mental Retardation’s Manual (AAMRM) on classification in Mental Retardation (1983), meaning significantly sub-average intellectual functioning as evidenced by an IQ of 70 or below on a standardized measure of intelligence and has manifested itself before customer reached the age of 18; or

b. The individual has an ODD as defined by 42 CFR Section 435.1009. Persons with an ODD mean individuals who have a severe, chronic disability that meets all of the following conditions that are attributable to:

1. Cerebral palsy or epilepsy; or

2. Any other condition, other than mental illness, found to be closely related to mental retardation 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.

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 mental retardation 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 mentally retarded persons.

3.The ODD shall meet the following conditions:

- a.It is manifested before the person reaches age 22;
- b.It is likely to continue indefinitely;
- c.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 nursing facility is required to contact **KDADS** and order 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 is 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, mental retardation 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.

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).

2.1.8 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.

B.People admitted to nursing facilities prior to 1989 that continuously reside in a nursing facility since that time, are in effect “grand fathered” and do not require a CARE assessment or any proof of PASRR on file. However, if the “grand fathered” nursing facility resident has a diagnosis of serious Mental Illness or MR/DD, he or she should 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 Disabilities Services** (formerly KDOA) assumed responsibility for administering preadmission screening through the CARE Program utilizing a contracted entity to perform assessments.