Frequently Asked Questions

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# **Business**

**If a resident that is private pay, are they required to be screened for continued stay on a yearly basis since they are not receiving Medicaid?**

All residents in an NFMH are to be screened, private pay or Medicaid does not matter, every year.  The only difference is the funding used to pay for the screening.

**Can our NFMH business office get the authorization # for the residents continued stay screen from KDADS?** The Kansas Department on Aging and Disability Services does not provide authorization numbers. We send a form to KMAP indicating the resident was authorized.

# **Screener**

**How can I become a screener? What training do I need? How do I get a screener number?**

The training process includes a review of the training Power Point, the Screening Manual, and then shadow a trained screener.  The screener training (power point) and manual can be found on the KDADS website: <https://www.kdads.ks.gov/provider-home/providers/screens-for-continued-stay>.  Once all that is completed, email Cynthia.Edwards@ks.gov or the continued stay screen inbox Cont.Stay@ks.gov and a registered number will be issued to you.

**How can I become a “registered screener?”  My understanding is that I can do PASRR screens, but in order to do continued stay screens, I must shadow another screener for at least three times.  The Screener Training Manual also states you must have a high school diploma.  Being an LSCSW doesn’t surpass that?**

That is correct, even though you are an LSCSW and have been trained to complete PASRR you have not been trained to complete the continued stay screen.  PASRR and continued stay screens are not the same.

# **Facilitator**

**The training manual states I need a facilitator.  Can I ask how that happens?  Who are the facilitators?**

A Facilitator is a Certified Peer Specialist (CPS). Essentially the facilitator is someone with lived experience and has KDADS training for CPS.

**I am a registered screener; can I also be the facilitator for new screeners to shadow as part of the process of them being able to be approved to do continued stay screens?**

The screeners in training can shadow you, but you cannot be the facilitator. A facilitator is a person with lived experience/a consumer who operates in a peer role and who completes the strengths assessment. They are not trained screeners.

**There is a shortage of facilitators, is it mandatory to have one when we go into a NFMH to do a continued stay screen?**

The training PowerPoint and manual both explain what to do if a facilitator is not available.  It is not required to have a facilitator to complete a screening. **Note -**The strengths assessment must still be completed by the screener if a facilitator is not available.

# **Resident**

**The resident is due for a Continued Stay Screen this week and is refusing to meet. The screen will be past due.  Any suggestion?**

It is acceptable to document the resident’s refusal to meet. In addition, the guardian (if any) and the NFMH staff need to be interviewed to determine their perspectives of the health, wellness, ability to take care of themselves (ADL), and goals for the resident. In addition, review the resident’s chart.

# **Courtesy Screen**

**When we request a courtesy screen for continued stay screens does KDADS send us a copy of the screen?**

No, that would be the requesting CMHC’s responsibility to obtain from the screener.

**I did a courtesy screen for another CMHC and it was returned due to inaccurate information. Since it was a courtesy screen, who is responsible for finding the accurate information?**

Thank you for working with the other CMHC’s and ensuring residents get their screens completed.  When a CMHC does a courtesy screen for another CMHC, both CMHCs are responsible for sharing accurate information.

# **County of Responsibility**

**Is there a website where I can get the County of Responsibility (COR) information?**

The County of Responsibility (COR) is the county the resident lived in independently for 6 months prior to admission. Each county has a designated CHMC.  KDADS enters the CHMC information in our records.  NFMH’s just need to provide the county.  Below see the list of Kansas counties and responsible CHMC’s.

|  |  |
| --- | --- |
| **County** | **CHMC** |
| Allen | Southeast Kansas MHC |
| Anderson | Southeast Kansas MHC |
| Atchison | The Guidance Center (Guidance) |
| Barber | Horizons |
| Barton | Center for Counseling and Consultation |
| Bourbon | Southeast Kansas MHC |
| Brown | Kanza MHC |
| Butler | South Central KS MHC |
| Chase | Crosswinds |
| Chautauqua | Four County MHC |
| Cherokee | Spring River MH & Wellness |
| Cheyenne | High Plains MHC |
| Clark | Iroquois Center for Human Development |
| Clay | Pawnee MH Services |
| Cloud | Pawnee MH Services |
| Coffey | Crosswinds |
| Comanche | Iroquois Center for Human Development |
| Cowley | Four County MHC |
| Crawford | CHMC of Crawford County |
| Decatur | High Plains MHC |
| Dickinson | Central KS CMHC |
| Doniphan | Kanza MHC |
| Douglas | Bert Nash CMHC |
| Edwards | Iroquois Center for Human Development |
| Elk | Four County MHC |
| Ellis | High Plains MHC |
| Ellsworth | Central KS CMHC |
| Finney | Compass Behavioral Health |
| Ford | Compass Behavioral Health |
| Franklin | Elizabeth Layton MHC (ELC) |
| Geary | Pawnee MH Services |
| Gove | High Plains MHC |
| Graham | High Plains MHC |
| Grant | Compass Behavioral Health |
| Gray | Compass Behavioral Health |
| Greeley | Compass Behavioral Health |
| Greenwood | Crosswinds |
| Hamilton | Compass Behavioral Health |
| Harper | Horizons |
| Harvey | Prairie View Inc |
| Haskell | SW Guidance Center  |
| Hodgeman | Compass Behavioral Health |
| Jackson | Kanza MHC |
| Jefferson | The Guidance Center (Guidance) |
| Jewell | Pawnee MH Services |
| Johnson | Johnson County MHC |
| Kearney | Compass Behavioral Health |
| Kingman | Horizons |
| Kiowa | Iroquois Center for Human Development |
| Labette | Labette Center |
| Lane | Compass Behavioral Health |
| Leavenworth | The Guidance Center (Guidance) |
| Lincoln  | Central KS CMHC |
| Linn | Southeast Kansas MHC |
| Logan | High Plains MHC |
| Lyon | Crosswinds |
| Marion | Prairie View Inc |
| Marshall | Pawnee MH Services |
| McPherson | Prairie View Inc |
| Meade | SW Guidance Center  |
| Miami | Elizabeth Layton MHC (ELC) |
| Mitchell | Pawnee MH Services |
| Montgomery | Four County MHC |
| Morris | Crosswinds |
| Morton | Compass Behavioral Health |
| Nemaha | Kanza MHC |
| Neosho | Southeast Kansas MHC |
| Ness | High Plains MHC |
| Norton | High Plains MHC |
| Osage | Crosswinds |
| Osborne | High Plains MHC |
| Ottawa | Central KS CMHC |
| Pawnee | Center for Counseling and Consultation |
| Phillips | High Plains MHC |
| Pottawatomie | Pawnee MH Services |
| Pratt | Horizons |
| Rawlins | High Plains MHC |
| Reno | Horizons |
| Republic | Pawnee MH Services |
| Rice | Center for Counseling and Consultation |
| Riley | Pawnee MH Services |
| Rooks | High Plains MHC |
| Rush | High Plains MHC |
| Russell | High Plains MHC |
| Saline | Central KS CMHC |
| Scott | Compass Behavioral Health |
| Sedgwick | ComCare |
| Seward | SW Guidance Center  |
| Shawnee | Valeo |
| Sheridan | High Plains MHC |
| Sherman | High Plains MHC |
| Smith | High Plains MHC |
| Stafford  | Center for Counseling and Consultation |
| Stanton | Compass Behavioral Health |
| Stevens | SW Guidance Center  |
| Sumner | Sumner MHC |
| Thomas | High Plains MHC |
| Trego | High Plains MHC |
| Wabaunsee | Crosswinds |
| Wallace | High Plains MHC |
| Washington | Pawnee MH Services |
| Wichita | Compass Behavioral Health |
| Wilson | Four County MHC |
| Woodson | Southeast Kansas MHC |
| Wyandotte | Wyandot |

# **PASRR’s and SCS:**

**I wanted to check if an individual has a permanent PASRR; an MI-3, do they still need to have continued stay screens completed? The nursing homes were surprised I was calling about some of the residents on the list due for continued stay screens and were thinking they didn't need one since they had MI-3 PASRR.**

PASRR and screens for continued stay are two separate processes.  PASRR is federal; screens for continued stay are state assessments.  The screens for continued stay are required annually, no matter the resident’s PASRR status.

**I was wondering if you have or could tell me where I could obtain an updated list of all the level 2 nursing homes in the state and who the contact persons are for each.**

KDADS has a list of facilities on our website [https://apex.kdads.ks.gov/vmpd18/f?p=113:901:](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapex.kdads.ks.gov%2Fvmpd18%2Ff%3Fp%3D113%3A901%3A&data=02%7C01%7Ccynthia.edwards%40ks.gov%7Ccd4f98375f7f4f9e502208d7d1a3f2c1%7Cdcae8101c92d480cbc43c6761ccccc5a%7C0%7C1%7C637208374395399696&sdata=Gmp3M9H%2Bjwy1xILAlMqVDFvhzjcMzh1Yp7butk%2BS%2FaU%3D&reserved=0)  You can sort to find the Mental Health Nursing Facilities (also known as NFMH).  Many people are confused about the PASRR Level II and how it impacts where the person who receives a PASRR Level II.  Kansas does not classify nursing facilities by PASRR Levels.  Instead, it is about the services available in the facilities.  I have provided information about the PASRR Levels below.

Preadmission Screening and Resident Review (PASRR) was added to Title XIX of the Social Security Act in 1987 as part of the Nursing Home Reform Act.1 PASRR has an important and unique role in Medicaid law. It requires states to (1) identify individuals who might be admitted to or reside in a nursing facility (NF) who have a serious mental illness (SMI), or an intellectual disability or a related condition (ID/RC); (2) consider both NF and community placements for such individuals and recommend NF placement only if appropriate; and (3) identify the PASRR specific needs that must be met for individuals to thrive, whether in a NF or the community. The regulations that govern PASRR (42 Code of Federal Regulations [CFR] § 483.100–138) require that states administer a PASRR program. PASRR programs must identify all individuals who are applying for NF admission, as well as NF residents, who have a possible SMI or ID/RC; this identification function is called Level I. Next, individuals with a possible SMI or ID/RC are given a more in-depth evaluation to confirm whether they have such a disability and, if so, whether they need Specialized Services to address their PASRR-related needs. The CFR calls this a Level II evaluation. The PASRR program then issues a Level II determination, which provides recommendations for the setting in which services should be received, as well as any NF services or Specialized Services necessary to support the individual’s SMI or ID/RC. PASRR is somewhat unusual for a Medicaid program in that, although the state’s Medicaid agency is ultimately responsible for compliance with federal regulations, responsibility for some PASRR activities is specifically assigned by statute to two other authorities. The state mental health authority (SMHA) is responsible for making the Level II determinations for people with an SMI, and the state intellectual disability authority (SIDA) is responsible for making determinations for people with an ID/RC. Aside from these critical components outlined above, program design and implementation are largely at the states’ discretion.  Source:  2019 PASRR National Report
[https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/2019-pasrr-national-report.pdf](https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medicaid.gov%2Fmedicaid%2Flong-term-services-supports%2Fdownloads%2F2019-pasrr-national-report.pdf&data=02%7C01%7Ccynthia.edwards%40ks.gov%7Ccd4f98375f7f4f9e502208d7d1a3f2c1%7Cdcae8101c92d480cbc43c6761ccccc5a%7C0%7C1%7C637208374395409654&sdata=CHzdAi9Gv%2F8kmWZrwbS%2Fe2ZyQ2JLnpWDNOssMJ8u1QY%3D&reserved=0)

# **COVID-19:**

Most NFMH’s have suspended all non-essential visitation due to concerns with the corona virus since mid-March 2020. We are aware of the situation and we will be flexible with the continued stay screenings and extensions needed.

Tele video is an approved process to complete continued stay screenings.

**If tele video is not available for screening, would telephone be acceptable to do Continued Stay Screen?**

No, part of the screen for continued stay is the face to face interview with the resident. It is acceptable to wait to screen the person until the facility allows face to face interactions.