

## Kansas Client Assessment, Referral and Evaluation (CARE) &

### Pre-Admission Screening and Resident Review (PASRR) Processes Special Admissions Frequently Asked Questions



Nursing Facilities (NF) can receive doctor's orders for Emergency Admissions, Less Than 30 Day Stay, Terminal Illness, Respite to admit someone directly into an NF.

NOTE: Out of State PASRR has a separate Frequently Asked Questions document.

Emergency Admissions, Less Than 30 Days, Respite Stay, and Terminal Illness - all of the Special Admissions need the following:

- KDADS Special Admission Fax Memo
- A & B of the CARE Level I Assessment
- Doctor's orders OR for *Emergency Admission* Adult Protective Services - DCF form 10510

For details on completing the forms and submission, please see the link below:


[https://kdads.ks.gov/kdads-commissions/behavioral-health/client-assessment-referral-and-evaluation-\(care\)](https://kdads.ks.gov/kdads-commissions/behavioral-health/client-assessment-referral-and-evaluation-(care))

#### Frequent Issues with Special Admissions:

1. Missing information on A & B of the CARE Level I Assessment
  - a. The Assessor (person completing the form) is often missing.
  - b. Date the form is completed is missing or several days after the admission (it needs to be the same day as the admission).
  - c. The contact person is left blank with no response.
  - d. The contact person is completed but the question about guardianship or DPOA is blank.
  - e. One of the checkboxes is left unmarked.
2. Doctor's Orders
  - a. The doctor's order are not on letterhead or hospital forms indicating the location where the doctor assessed the individual for admission into a nursing facility. Potential conflict of interest: 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. The doctor's order is missing the doctor's signature (electronic or wet) with the date signed.
- c. The doctor's order is missing key phrases/statements related to the type of admission.
  - i. **Emergency Admissions** – the doctor's order must state
    1. emergency admit or
    2. urgent or
    3. admit necessary due to health reasons and specify the reasons.
    4. This is a 7-day admission and must have a Level I Assessment completed before the end of the 7<sup>th</sup> day if the person needs more time in the facility.
  - ii. **Less Than 30 Days** – the doctor's order must state
    1. less than 30 days to skilled facility or similar
    2. and be on the discharge paperwork from the hospital.
    3. This is a 30-day admission and must have a Level I Assessment completed before end of the 30th day if the person needs more time in the facility.
  - iii. **Respite Stay** – the doctor's order must state
    1. respite and admit and discharge dates
      - a. for Hospice Respite, the stay is 5 days
      - b. for Respite, the stay can be up to 30 days.
  - iv. **Terminal Illness** – the doctor's order must state
    1. Individual has a life expectancy of 6 months or less if the illness runs its natural course
    2. The initial terminal illness certification must be on the discharge paperwork from the hospital and is good for 6 months from the date of the doctor's order.
    3. *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 on hospital letterhead or forms.
    4. *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.

Admission/Assessment/Evaluation Type	Conditions/Reasons for Each Type	Timeline Related
Emergency Admission	<ul style="list-style-type: none"> <li>• Adult Protective Services (APS) requests admission</li> <li>• Natural disaster occurs</li> <li>• Caregiver is no longer available</li> <li>• Physician's order due to health condition</li> </ul>	Emergency Admission is only for <b>7 days</b> .
Less than 30-day Admission	<ul style="list-style-type: none"> <li>• Physician's order due to health condition following an inpatient stay at a hospital</li> </ul>	Less than 30-day Admission is for a stay up to and including <b>30 days</b> in an NF.
Out of State PASRR	<ul style="list-style-type: none"> <li>• A PASRR from another state that is valid based on the type of PASRR and the consumer situation</li> <li>• Out of State PASRR Level I</li> <li>• Out of State PASRR Level II</li> </ul>	See Level I and Level II information. In addition, if the person discharges from the NF or NFMH and is in the community for more than 30 days, a new Level I assessment needs to be completed before readmission to a facility.
Respite Stay	<ul style="list-style-type: none"> <li>• Physician's order for short term stay in an NF with defined admission and discharge dates</li> </ul>	<i>Respite:</i> Less than <b>30 days for any given stay</b> in an NF. <i>Respite for hospice:</i> <b>5 days for any given stay</b> in an NF.
Terminal Illness	<ul style="list-style-type: none"> <li>• Physician's order stating the person has a life expectancy of 6 months or less</li> </ul>	Terminal Illness is a <b>6 month</b> stay in an NF. A recertification can occur to extend to an <i>additional 6 months and after that a Level I must be completed.</i>
<p>Level I assessment (required to stay in a nursing facility)</p> <p>Area Agency on Aging map and contact information is below – double click to open the PDF file.</p>  <p>aaa-phone-list.pdf</p>	<ul style="list-style-type: none"> <li>• Assessment to determine if the person meets the <u>physical needs for a nursing home</u> and whether there is a need for further evaluation (Level II evaluation referral) due to mental illness and/or intellectual/developmental disability</li> <li>• A Level I assessment allows a person who meets the level of care required for an NF to choose to enter an NF at any time after the assessment up to <b>365 days</b> (1 year after the date of the assessment).</li> </ul>	For people who are in an NF via a special admission or who enter after the Level I assessment, the Level I is valid while the person is in the NF and up to <i>6 months after discharge</i> .
Level II evaluation (required to enter a nursing facility for mental health)	<ul style="list-style-type: none"> <li>• After meeting the Level I assessment, an evaluation for persons with serious mental illness and/or intellectual/developmental disability (IDD) takes place to determine if additional services are required. Serious mental illness must have a clinical diagnosis with functional impairments within the past 3 – 6 months, have a treatment history within the past 2 years, law enforcement intervention, housing intervention, and/or APS intervention. For IDD, IQ of 70 or lower documented by age 22 or a related condition.</li> </ul>	Determination letter states the length of stay approved for an NF or NFMH. The length of stays are typically <b>6 months or a year</b> . To continue to stay in the NF or NFMH, a resident review must show the need for the person to continue to stay and then a new determination letter is issued with the length of approved stay.