

Approved: 1-27-94
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on January 13, 1994 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:

Norman Furse, Revisor of Statutes
William Wolff, Legislative Research Department
Emalene Correll, Legislative Research Department
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Donna Whiteman, Secretary, SRS

Others attending: See attached list

Preadmission Assessment and Referral Program

Secretary Whiteman, SRS, addressed the Committee and submitted written testimony on update of the Kansas Nursing Facility Preadmission Assessment and Referral Program, task force recommendations, annual report and time line. (Attachment 1)

The Kansas Nursing Facility Preadmission Assessment and Referral Program which was authorized by the 1992 Kansas Legislature was implemented on January 4, 1993. This legislation provided that all individuals, private pay or Medicaid, seeking admission to Medicaid-certified nursing facilities would receive an assessment of their total health care needs and information and referrals to services which met those needs. A Minnesota firm called Bock Associates was awarded the contract effective July 1, 1993, with protests from unsuccessful bidders.

Secretary Whiteman outlined the task force recommendations in order of priorities: (1) Ensuring access on referrals, (2) Cost analysis of program operation - scheduled January 18, 1994, (3) Refining the assessment tool, (4) Availability and access to assessors, (5) Assessment process and exemptions, (6) Contractor administrative concerns - scheduled January 18, 1994, (7) Consensus and training needs, and (8) Early intervention proposal.

It was questioned why approval of the legislature would be needed to change the policy regarding hospital discharge planners, and Secretary Whiteman noted that hopefully the final task force recommendations would be available after January 18th to implement that policy.

In answer to a member's question regarding hospitals doing assessments, Secretary Whiteman noted that hospitals would have to obtain prior authorization from Bock Associates before they do the assessment and would not get reimbursed for that service.

In answer to a member's question regarding the assessment process, Secretary Whiteman noted that there is a requirement in the nursing facility by federal law that they provide certain information once a person is admitted to a nursing facility, but is not comparable to what a preadmission screening would be as far as preadmission screening that is done before they go into a nursing home. Part of the goal is to advise them of other alternatives that may be available. Dona Booe, SRS, noted that the preadmission assessment and referral part of prescreening provides information on that individual's total health care needs and is a very detailed private assessment that looks at all of their activities and daily living as well as formal and informal supports that are available to them in the community. The individual in a nursing facility who completes the preadmission assessment has the same type of requirements. Federal PASARR on individuals is also required for nursing facility preadmission screening to determine if they have mental health or retardation needs. Secretary Whiteman noted that assessors are represented on their task force. It was suggested by a member that area agencies on aging be an option as a source of assessors and develop a community approach to assess those needs.

The Chair announced that the hearing on preadmission screening will continue at the meeting Wednesday, January 19, 1994.

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for January 18, 1994.

GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE

DATE: 1-13-94

NAME	ADDRESS	COMPANY/ORGANIZATION
Ed M. Casey	Dr. Pherson	Benton Co. Comm. Coll.
William H. Dyer	Harvey	KPNAAA Harvey Mex. Hosp.
Anna Jensen	East Spring	Yerington Hospital
Christy Walker	Topeka	KCDC
Libby Quaid		AP
TK Shuck	Topeka	KS Legal Serv.
Michelle Peterson	Topeka	KHGO Consulting
Jana Boel	Topeka	SRS
Rosmary K. Chapin	KU	KU School of SW
Ante L. Wolf	Topeka	SRS
Uili Allen	Topeka	KHCA
Becky	Lawrence	KU Social Welfare
Annette Sieburt	Topeka	KANA
Sandy Strand	Lawrence	KINH
Lisa Orsini		
GARRETT GRAHAM	Houston	PMA
Paul M. Klotz	Topeka	Assoc. of CMHCs, Ks, Inc.
Norma Whitson	Topeka	SRS
Carolyn Price	Topeka	KS Medical Society
Jane Ford	Topeka	KS Hosp. Assoc.
Larry Phipps	Topeka	KFMC
Debra Brown	Topeka, Ks	United Methodist Home
ELAINE DUFFENS	TOPEKA, KS	PRIVATE ASSESSOR

GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE

DATE: 1/13/94

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KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Donna L. Whiteman, Secretary

Senate Public Health and Welfare Committee
Testimony on the Kansas Nursing Facility
Preadmission Assessment and Referral Program

January 13, 1994

The SRS Mission Statement:

"The Kansas Department of Social and Rehabilitation Services empowers individuals and families to achieve and sustain independence and to participate in the rights, responsibilities and benefits of full citizenship by creating conditions and opportunities for change, by advocating for human dignity and worth, and by providing care, safety and support in collaboration with others."

Madam Chairman and members of the committee, I thank you for the opportunity to present you with this testimony.

The Kansas Nursing Facility Preadmission Assessment and Referral Program, authorized by the 1992 Kansas Legislature, was implemented on January 4, 1993. This legislation provided that all individuals, private pay or medicaid, seeking admission to Medicaid-certified nursing facilities would receive an assessment of their total health care needs and information and referrals to services which met those needs. This program provides a critical coordinating function with other SRS initiatives to shift Kansans' overreliance on institutional care to a system which provides for individual choice of a wide array of services and care settings.

SRS values providing Kansans with options for health care services within available resources. While the overwhelming choice of care settings among frail, vulnerable adults is their home they often are not aware of service options other than nursing facility services. In fiscal year 1991 over 90% of Kansas public long term care (LTC) expenditures were for nursing facility care. The current Kansas revenue system cannot continue to support this trend and Kansas consumers must be provided choices in LTC services.

As required by statute, SRS has prepared the 1993 Kansas Nursing Facility Preadmission Assessment and Referral Program Annual Report. (Addendum B) This program is based on the first year of operation. A comprehensive cost analysis of the program's operation will be provided as an addendum by January 31, 1994. The contractor and the Area Agencies on Aging continues to strengthen the follow-up on referrals to the community based service component of the program. Length of diversion information will be available by March 31, 1994.

As a result of the Joint Public Health and Welfare Committee meeting on October 21, 1993, a task force was organized to address the critical concerns and issues (Addendum C) regarding operation of the program. Secretary Hurst, Kansas Department on Aging, co-chairs the meeting with me. The task force met for the first time on December 6, 1993. Three additional meetings have been held with the final meeting scheduled for January 18, 1994. The recommendations of the task force are provided in Addendum D. Cost analysis of program operation and contractor administrative issues will be addressed at the January 18, 1994 meeting. Implementation of the task force recommendations is in progress.

Donna L. Whiteman
Secretary

Senate PH&W
Attachment #1
1-13-94

**KANSAS NURSING FACILITY PREADMISSION ASSESSMENT AND REFERRAL PROGRAM
IMPLEMENTATION TIMELINE**

**December 31, 1993
Annual Report, Addendum A**

- May, 1992** - SB 182 passed and authorized in statute preadmission assessment and referral program.
- June, 1992** - Approval to recruit program manager is obtained.
- July, 1992** - Implementation task force meets to determine options for program administration.
- September, 1992** - Approval from Department of Administration to amend an existing PASARR contract with the Kansas Foundation for Medical Care (KFMC) to include administrative components of preadmission assessment and referral.
- October, 1992** - Program manager is hired. Regulations are drafted and submitted.
- November, 1992** - Assessment instrument and training plans developed. Recruitment of assessors is initiated.
- December, 1992** - Initial training provided to nursing facilities, hospitals, community based assessors and SRS staff. Program operating procedures are finalized.
- January, 1993** - Program operation begins.
- February, 1993** - Request for Proposal (RFP) process begins.
- March, 1993** - RFP is issued. Management reports are defined and development begins.
- April, 1993** - RFP bidding process is closed. KFMC, Bock Associates, First Mental Health of Nashville, and Mental Health Consortium have submitted bids.
- May, 1993** - Bock Associates is awarded contract based on best technical proposal. Administration of the program is to be transferred effective July 1, 1994.
- June, 1993** - Protests by unsuccessful bidders are submitted, delaying transfer and development of program operation.
- July, 1993** - Bock Associates assumes administration of the program. Contracts with community based assessors and hospitals have to be completed with Bock. Program operation continues under procedures developed by KFMC to allow time for development of enhancements.
- August, 1993** - Program enhancements are submitted to SRS by Bock Associates for program operation effective October 1, 1994.
- September, 1993** - Policy and procedure revisions are made based on program enhancements. Training for assessors, nursing facilities, and SRS staff is developed and delivered.
- October, 1993** - Program enhancements including prior authorization criteria are implemented.
- November, 1993** - Preliminary data from implementation of program enhancements indicates dramatic improvement in cost-efficiency of program operation. Management reports are designed and developed.
- December, 1993** - Task Force is implemented and meets to address the critical administrative and operational issues facing the program.
- January, 1994** - Recommendations of the task force are delivered. First management reports are provided by Bock Associates.



Addendum B

JOAN FINNEY, GOVERNOR OF THE STATE OF KANSAS

KANSAS DEPARTMENT OF SOCIAL
AND REHABILITATION SERVICES

DONNA WHITEMAN, SECRETARY

DATE: December 29, 1993

TO: Governor Joan Finney
State Legislators

FROM: Donna Whiteman

A handwritten signature in cursive script, appearing to read "Donna Whiteman", written over the printed name.

SUBJECT: Kansas Nursing Facility Preadmission Assessment and Referral Program
1993 Annual Report

Enclosed for your review is the 1993 Kansas Nursing Facility Preadmission Assessment and Referral Program Annual Report. This report is provided in compliance with K.S.A. 1992 Supp. 39-966. The information is based on the first year of program operation. An addendum to this annual report will be provided on January 10, 1994 as comprehensive third and fourth quarter data become available. SRS continues to work with Bock Associates and the Area Agencies on Aging to strengthen the follow-up on referrals to community based service component of the program. Doing so, will provide "length of diversion" data which to date has not been available. This information should be available by March 31, 1994.

If you have any questions regarding the information within the report please do not hesitate to let me know.

DLW/DHB/wjd

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
DIVISION OF INCOME SUPPORT AND MEDICAL SERVICES

Secretary Donna L. Whiteman
Commissioner Robert L. Epps

KANSAS NURSING FACILITY PREADMISSION ASSESSMENT AND REFERRAL PROGRAM
ANNUAL REPORT - 1993

December 31, 1993

SRS Mission Statement

"The Kansas Department of Social and Rehabilitation Services empowers individuals and families to achieve and sustain independence and to participate in the rights, responsibilities and benefits of full citizenship by creating conditions and opportunities for change, by advocating for human dignity and worth, and by providing care, safety and support in collaboration with others."

I. INTRODUCTION

This annual report on the Kansas Nursing Facility Preadmission Assessment and Referral program is provided in accordance with K.S.A. 1992 Supp. 39-966, (Senate Bill No. 182). Subsection (g) of the statute directs the Secretary of Social and Rehabilitation Services (SRS) to "report to the governor and to the legislature on or before December 31, 1993, and each year thereafter on or before such date, an analysis of the information collected under this section that identifies the need for home and community based services and such other information relating to the administration of this section as the secretary deems appropriate." The following provides information for the program's first year of operation.

II. BACKGROUND

SRS values providing Kansans with options for health care services within available resources. The overwhelming choice of care settings among frail, vulnerable adults is their home. And yet, in fiscal year 1991 over 90% of Kansas public long term care (LTC) expenditures were for nursing facility care. The current Kansas revenue system cannot continue to support this trend.

Because of this apparent contradiction between expenditures and desires of frail vulnerable adults, the interagency LTC Action Committee included in their 1992 recommendations to the Kansas legislature, development and implementation of a Preadmission Assessment and Referral program. (Sub. HB 2566) As a result of the 1992 legislative session, a nursing facility preadmission assessment and referral program was authorized in SB 182, new section (2). The legislation provided program responsibility for both SRS and the Kansas Department on Aging (KDOA). SRS would be responsible for the regulation and administration of the program. KDOA would be responsible for development of comprehensive resource guidebooks which identify available community based services specific to geographical regions of the state.

Prior to implementation of this program, only 22% of Medicaid clients seeking admission to nursing facilities were provided an assessment of their needs when faced with decisions regarding long term care. For private pay individuals the percentage was even smaller. Only those private pay admissions to nursing facilities directly from hospitals received information about alternative services. The amount and extent of information received through discharge planning was inconsistent and varied greatly between hospitals. In either situation, whether Medicaid or private pay, individuals were not aware of available alternatives to institutional care which met their needs. National statistics indicate that the average private pay nursing facility resident converts to Medicaid within 2 1/2 years. The LTC Action Committee felt it critical that all Kansans seeking admission to a Medicaid-certified nursing facility be provided with assessment and referral services.

The program authorized late in May, 1992 was implemented on January 4, 1993.

GOALS OF THE NURSING FACILITY PREADMISSION ASSESSMENT AND REFERRAL PROGRAM INCLUDED:

1. Compliance with mandated federal preadmission assessment and annual resident review, PASARR, requirements for nursing facility preadmission screening.

Note: PASARR is a screening process which identified potential mental illness and/or mental retardation among applicants seeking admission to Medicaid-certified nursing facilities. In situations where mental illness and/or mental retardation is suspected, a second (Level II) screening is required to determine the need for specialized services which address the mental illness or mental retardation diagnosis.

2. Provide all persons seeking admission to nursing facilities with information regarding community-based alternatives to meet their LTC needs identified through the assessment process.
3. Increase access to community-based LTC services in all geographical areas of Kansas.
4. Create a comprehensive data base that identifies the availability of community-based services statewide.
5. Reduce Medicaid expenditures for institutional LTC services by developing and expanding utilization of cost-effective community-based alternatives.
6. Reduce the number of persons in institutional care whose needs could be met in a community-based setting.

III. PROGRAM OPERATION

The program design and implementation process began in July, 1992 (See Addendum A, Timeline). Department of Administration, Division of Purchasing, allowed SRS to amend an existing PASARR contract with the Kansas Foundation for Medical Care (KFMC) to include implementation of the new preadmission assessment and referral program through June 30, 1993. Approval included a stipulation that a competitive request for proposal (RFP) would be issued and awarded prior to July 1, 1993 and would include administration of both state and federal preadmission screening requirements.

This complex federal and state mandated program touches virtually every aspect of the LTC industry including consumers, families, physicians, hospitals, nursing homes, SRS and Area Agency on Aging (AAA) local offices, and three state agencies (SRS, KDOA and Kansas Department on Health and Environment, KDHE). The implementation date of January 1, 1993 provided less than six months for program development. As a result, implementation problems surfaced during the first six months of program operation:

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- Limited number of assessors in rural areas of the state.
- Heavy telephone and fax traffic caused delays in KFMC processing time.
- Unclear instructions/training for nursing facilities and hospitals.
- Field testing the assessment instrument for reliability and validity.

As these problems were identified and resolutions sought during the first three months of program operation, the RFP was issued and the negotiation process began. Two in-state and two out-of-state proposals were submitted. Kansas Statutes Annotated 75-3740(a) directs that the lowest responsible bidder be awarded the contract, when consideration of conformity with specifications, terms of delivery, and other conditions imposed in the RFP is given. KSA 75-3740(b) directs that only in the case of identical bids, is the in-state bidder selected over the bidder from out-of-state.

On May 26, 1993, less than five months into program operation, the administrative contractor changed. Bock Associates, a Minnesota firm with extensive background in PASARR, was awarded the contract effective July 1, 1993. Bock Associates has provided PASARR and Preadmission Assessment administrative services in eight other states including Alabama, Arkansas, California, Illinois, Georgia, North Dakota, Louisiana and Ohio. This decision was based on a technical proposal which targeted strengthening the program, streamlining processes, increasing effectiveness and decreasing overall costs of the program within the agency's limited resources.

The transition period between July 1, 1993 and September 30, 1993 presented new problems for Bock Associates in addition to those recognized early in program operation. Community based providers of assessment services were required to submit new verification and documentation for continued contracts with Bock; nursing facilities did not have adequate documentation of compliance with PASARR during survey process; and problems with internal procedures and personnel issues surfaced as Bock established their Kansas office.

The new problems, attributed to short transition timeframes provided Bock Associates as a result of protests filed by unsuccessful bidders, complicated problem resolution. Without adequate lead time, Bock Associates could not implement program enhancements identified in their RFP. Instead, SRS directed Bock Associates to continue program operation as established by KFMC for three months to allow for the development of policy and procedures to implement the program changes.

Throughout the first six months of the program, SRS sought input and feedback on the overall program management through a Continuing Quality Improvement (CQI) team. (See Attachment A) Based on their input and the recommendations of the Legislative Post Audit (LPA) study to continue the program with necessary changes, and utilizing the technical proposal by Bock Associates, the following program enhancements were implemented on October 1, 1993: (See Attachment B)

1. All assessment and referral services must be prior authorized by Bock Associates utilizing a toll-free telephone number.

Preadmission Assessment and Referral Annual Report
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2. Completion of assessment and referral services may be delayed for hospitalized patients whose health care and service needs can more accurately and/or more appropriately be determined at a later date.
3. Adopt a standardized criteria for determining appropriate level of care to be applied to all assessors.
4. Follow-up and documentation of access to community-based services for those individuals who choose the community based option.
5. The uniform assessment instrument has been modified to facilitate data entry; provide optional financial information; and delete unnecessary data elements. Incorporate proven and reliable data format from other states.
6. Improve the PASARR delivery system to ensure compliance with federal regulations by revising the Level II screening instrument.
7. Establish an average rate for assessment and referral reimbursement based on accessibility and geographical area.

While implementation of these enhancements is ongoing, preliminary data indicates these changes will improve cost-effectiveness of the program and overall service delivery.

On October 21, 1993, a public hearing was conducted by a joint meeting of the Committee's on Public Health and Welfare. Nearly all testimony was provided by hospital and nursing home industry representatives and associations. The testimony presented indicated changes needed to be made in program operation. As a result, Secretary Whiteman and Secretary Hurst, KDOA, were ask to convene a task force (See Attachment C) to address the critical issues facing the program. The task force met twice in December and will meet three times in January, 1994. The task force will provide recommendations and a timeframe for resolution of the critical issues to the House and Senate Committee's on Public Health and Welfare early in the 1994 Legislative Session.

V. FINDINGS

<u>DETAIL:</u>	<u>JANUARY - JUNE, 1993</u>	<u>JULY - SEPTEMBER, 1993</u>	<u>OCTOBER - DECEMBER, 1993*</u>
A. Total number reimbursed Level I assessments	8,045	4,852	2,361
B. Total number of Level II assessments	798	278	174
C. Monthly average number of Level I assessments	1,341	1,617	787

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D. Monthly average number of Level II assessments	133	93	75
E. Area of highest frequency of completed Level I assessments	Chanute (13%)	Chanute	Chanute
F. Average age of individual assessed	77	78	78
G. Average cost/Level I Assessment	\$74.34	\$75.00	\$70.00
H. Average cost/Level II Assessment	\$223.20	\$176.26	\$125.00***
I. Average completion time for Level I assessment (working days)	8	4.5	2.7
J. Average completion time for Level II assessment	16	9	9
K. Total number of available assessors (Individuals) (See Attachment D)	796	796	198
L. Most requested, least available community based services (See Attachment E)	Adult Day Care, Attendant Care, Respite Care (See Attachment I)	To be provided 3-31-94	To be provided 3-31-94
M. Percentage of time recommended services were not available	13%	To be provided 3-31-94	To be provided 3-31-94
N. Diversion Percentage**	7.5%	14.5%	45%
O. Length of Diversion	Available 3-31-94	Available 3-31-94	Available 3-31-94

* Data through December 31, 1993.

Diversion Formula

**Any individual actively seeking nursing facility placement, who, as a result of receiving information through the preadmission assessment and referral process, chooses to remain in the community and pursue community based service alternatives.

***A temporary six week increase to \$210.00 is being paid through January 31, 1994 to allow for review of Level II assessment performance time.

VI. SUMMARY

This program provides a critical coordinating function with other SRS initiatives to shift Kansans' overreliance on institutional care to a system which provides for individual choice of a wide array of services and care settings. The 1993 LPA study examining potential duplication and overlap in programs for Kansas' Aging Population recognized that all four comparison states have utilized a prescreening program to shift to a community based service delivery system. In the 1992 report, Long Term Care for the Elderly, developed by the School of Social Welfare, University of Kansas, the following is noted in relationship to preadmission assessment and referral:

"A strong gatekeeping function is needed at the point people are considering admission to a nursing facility, or ideally at an earlier point before financial, and informal care resources are depleted. Many states have combined preadmission screening with statewide case management to help elderly people develop viable community alternatives for their care. This is crucial if a less costly community system for long term care is to ultimately result. Of course, community based long term services must be developed before they can be accessed."

The Kansas Preadmission Assessment and Referral program is designed to achieve those items noted in the report. Through effective program operation, individuals are provided information regarding their health care needs and LTC service options, referrals to needed services including case management, and data is gathered and analyzed identifying what services are needed in each geographical area of the state.

While program implementation and operation have not been smooth during the first year, complaints have not come from consumers. The strongest critics of the program have been the nursing facility and hospital industry and associations.

SRS recognizes the urgent and critical need to resolve the implementation problems. The task force will be addressing the following issues:

**Ensuring Access on Referrals
Cost Analysis of Program Operation
Refining the Assessment Tool
Availability and Access to Assessors
Assessment Process and Exemptions
Contractor Administrative Concerns
Consensus and Training Needs
Early Intervention Proposal**

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As of January 3, 1994 the following recommendations have been made by the task force:

Refining the Assessment Tool:

Continue to utilize the KPARI as the uniform assessment instrument for preadmission assessment and referral services by all providers of the assessment. Delegate the responsibility of refining the tool to a subcommittee of the Continuing Quality Improvement (CQI) team. The subcommittee will provide a draft of the revised instrument by March 1, 1994 to members of the task force. The final revised instrument will be implemented April 1, 1994. Specific areas which require review and revision include question one and thirty-seven.

Ensuring Access on Referrals:

Allow all hospitals, obtaining prior authorization, to provide assessment and referral services as a part of the hospital discharge planning process. Hospitals would utilize the common assessment instrument for the program and apply SRS established nursing facility level of care criteria. Hospitals would ensure that only appropriate qualified staff would provide assessments. As a part of the discharge planning process, reimbursement would not be available. Hospitals would provide copies of the assessment and outcome determinations to the program contractor. Hospitals would be responsible for advising admitting nursing facilities of the outcome determination and compliance with PASARR. Hospitals would be subject to the same quality assurance standards as other assessors and monitored by the program contractor. Hospitals may continue to utilize the emergency planned brief stay nursing facility admission procedures currently in place.

The remaining task force recommendations will be available by January 31, 1994. Through the recommendations of the task force and CQI team, these problems can be addressed and resolutions implemented by the end of calendar year 1994. Additional client demographic information, cost-effectiveness of program operation, and other assessment data will be forthcoming. This additional information will be submitted as an addendum to the annual report.

VII. ATTACHMENTS

- A. CQI Membership List
- B. October 1, 1993 Program Enhancement Chart
- C. Task Force Membership List
- D. November 2, 1993 Assessor List
- E. Recommended/Least Available Community Based Services by Area

DLW/DHB/wjd

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CONTINUOUS QUALITY IMPROVEMENT TEAM LIST

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CQI Team List
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CQI Team List
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**KANSAS NURSING FACILITY (NF) PREADMISSION ASSESSMENT AND REFERRAL PROGRAM
RECOMMENDED PROGRAM ENHANCEMENTS
EFFECTIVE OCTOBER 1, 1993**

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Program Issues #1	o Enhancement(s) and -Fiscal Impact	Anticipated Outcomes	Potential o Barriers/-Solutions
<ul style="list-style-type: none"> o Inappropriate assessments being completed. These include assessments performed on persons not seeking NF care, and for persons who have received assessment services previously. 	<ul style="list-style-type: none"> o Require all assessments be authorized by Bock Associates before completion. A toll free "800" number will be utilized. - \$112,000 cost savings annually. (16,000 assessments x \$70 x 10%) 	<ul style="list-style-type: none"> o 10% to 20% reduction in number of assessments completed for reimbursement. o Elimination of service duplication. o Assures consumer is actually seeking NF care. o Ensures consumer choice of providers. 	<ul style="list-style-type: none"> o Paradigm of nonconsumer control "seeking" NF care (i.e., Physician orders NF care). o Decreased reimbursement potential for Level I assessors. - Program intent was to provide this service only to persons seeking NF care. - Substantial time-savings result by elimination of inappropriate assessments.

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**KANSAS NURSING FACILITY (NF) PREADMISSION ASSESSMENT AND REFERRAL PROGRAM
RECOMMENDED PROGRAM ENHANCEMENTS
EFFECTIVE OCTOBER 1, 1993**

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Program Issues #6	o Enhancement(s) and -Fiscal Impact	Anticipated Outcomes	Potential o Barriers/-Solutions
o Compliance with federal PASARR regulations continues to be unmet.	<ul style="list-style-type: none"> o Revise Level II PASARR Screening instrument to be compatible with the Level I assessment instrument. - \$154,000 cost savings Annually: (30% x \$513,000). o Utilize Community Mental Health Centers (CMHC) as providers of Level II assessment through providers of the Mental Health Consortium. - Failure to comply with federal PASARR regulations may result in loss of FFP. 	<ul style="list-style-type: none"> o 30% reduction in time needed to complete Level II assessments. o Reduce potential for duplication of services. o Ensure compliance with federal PASARR regulations. 	<ul style="list-style-type: none"> o Reduction in number of available Level II providers. - CMHC's are the primary provider of Level II assessments currently and promotes consistency with mental health reform policies.

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**KANSAS NURSING FACILITY (NF) PREADMISSION ASSESSMENT AND REFERRAL PROGRAM
RECOMMENDED PROGRAM ENHANCEMENTS
EFFECTIVE OCTOBER 1, 1993**

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Program Issues #3	o Enhancement(s) and -Fiscal Impact	Anticipated Outcomes	Potential o Barriers/-Solutions
o Criteria establishing appropriateness for NF level of care is not consistent with other SRS Long-Term Care (LTC) program eligibility requirements.	<p>o Adopt standardized NF level of care to be Level III, Score 10. (Based on 3 ADL and 2 IADL limitations and point systems, hospitalization and age.</p> <p>o Eliminate Income Eligible (IE) annual re-determinations from the assessment process.</p> <p>o SRS Area/Local office assessors will not refer HCBS/NF and/or IE assessments to private based assessors.</p> <p>- \$9,000 administrative cost savings annually.</p>	<p>o 5% increase in the number of medicaid individuals found to be inappropriate for NF level of care.</p> <p>o 2% savings in administrative costs of program operation.</p> <p>o Eliminates duplication of service.</p> <p>-(5000 SRS assessments x \$1.80 admin cost per assessment).</p>	<p>o Loss of centralized control over NF level-of-care determination process.</p> <p>- Training and detailed manual instructions coupled with a quality assurance (QA) review process will insure consistency in determinations.</p> <p>o Slight decrease in numbers of persons found NF eligible.</p> <p>o Slight increase in level of care needs for NF resident population.</p>

61-1

**KANSAS NURSING FACILITY (NF) PREADMISSION ASSESSMENT AND REFERRAL PROGRAM
RECOMMENDED PROGRAM ENHANCEMENTS
EFFECTIVE OCTOBER 1, 1993**

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Program Issues #4	o Enhancement(s) and -Fiscal Impact	Anticipated Outcomes	Potential o Barriers/-Solutions
<ul style="list-style-type: none"> o Inadequate follow-up on referral component of program. Persons choosing community-based alternative receive inconsistent referral and follow-up services. o Diversion statistics do not provide complete information. 	<ul style="list-style-type: none"> o Bock Associates will ensure follow-up on referral process and access to community-based services by adding staff dedicated to follow-up and quality review functions. - Funding for additional staff is within the existing contract 	<ul style="list-style-type: none"> o Improved statistical validity of diversion rates. o Increased detail regarding availability of community-based alternatives. o Enhanced quality assurance system for providers of assessment. o Strengthens opportunities for consumer education and choice. o Strengthens coordination of service delivery between KDOA & SRS programs. 	<ul style="list-style-type: none"> o Potential for decrease in current reported diversion rate, as current assessment instrument reflects consumer choice at the time of assessment. - Measurement of choice of LTC option and subsequent receipt of CBS services will provide a valid and defendable database for future funding considerations. - Improved resource management for development of community-based services. o 100% of consumers will not be available for follow-up data.

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**KANSAS NURSING FACILITY (NF) PREADMISSION ASSESSMENT AND REFERRAL PROGRAM
RECOMMENDED PROGRAM ENHANCEMENTS
EFFECTIVE OCTOBER 1, 1993**

Page 5

Program Issues #5	o Enhancement(s) and -Fiscal Impact	Anticipated Outcomes	Potential o Barriers/-Solutions
<ul style="list-style-type: none"> o Insufficient uniform assessment instrument. Reliability of the instrument is inadequate. Data collection is cumbersome. No financial information section is available. 	<ul style="list-style-type: none"> o Modify assessment instrument to facilitate data entry; provide for consumer choice for optional financial information; and delete unnecessary data elements. (See Attachment E1) - Cost of developing a new instrument and providing the training are included in the current contract with Bock Associates. 	<ul style="list-style-type: none"> o Enhanced information assists in improved referral proces. o Increased flexibility for creating detailed management reports. o Encourages other agencies to utilize instrument. o Facilitates development of direct data entry by assessors. o Provides for more cost-effective service delivery by reducing assessment time. o Consistent with MDS+ data collection. 	<ul style="list-style-type: none"> o Require retraining of current assessor pool. - Current assessors have asked for additional training. The new instrument includes recommendations made by assessors. o Requires waiver amendment. - A full 3 months of management information utilizing the new instrument will be available for the annual report to the legislature.

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**KANSAS NURSING FACILITY (NF) PREADMISSION ASSESSMENT AND REFERRAL PROGRAM
RECOMMENDED PROGRAM ENHANCEMENTS
EFFECTIVE OCTOBER 1, 1993**

Page 6

Program Issues #6	o Enhancement(s) and -Fiscal Impact	Anticipated Outcomes	Potential o Barriers/-Solutions
<ul style="list-style-type: none"> o Compliance with federal PASARR regulations continues to be unmet. 	<ul style="list-style-type: none"> o Revise Level II PASARR Screening instrument to be compatible with the Level I assessment instrument. - \$154,000 cost savings Annually: (30% x #513,000). o Utilize Community Mental Health Centers (CMHC) as providers of Level II assessment through providers of the Mental Health Consortium. - Failure to comply with federal PASARR regulations may result in loss of FFP. 	<ul style="list-style-type: none"> o 30% reduction in time needed to complete Level II assessments. o Reduce potential for duplication of services. o Ensure compliance with federal PASARR regulations. 	<ul style="list-style-type: none"> o Reduction in number of available Level II providers. - CMHC's are the primary provider of Level II assessments currently and promotes consistency with mental health reform policies.

02-1

**KANSAS NURSING FACILITY (NF) PREADMISSION ASSESSMENT AND REFERRAL PROGRAM
RECOMMENDED PROGRAM ENHANCEMENTS
EFFECTIVE OCTOBER 1, 1993**

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Program Issues #7	o Enhancement(s) and -Fiscal Impact	Anticipated Outcomes	Potential o Barriers/-Solutions
o Inconsistent reimbursement rates for assessment services among providers, from \$25 to \$100.	o Bock Associates will negotiate using a modified RFP approach with potential providers of assessment utilizing cost-effective quality assurance criteria. - Cost savings of \$80,000 annually. (16,000 x \$5.00).	o Ensure maintenance of statewide access to service. o 25% reduction in reimbursement rates. o Increased quality control of providers of assessment. o Facilitates communication processes between SRS, Bock Associates, and subcontractors.	o Reduction in number of Level I assessors. - Improved quality of assessments and creates a dedicated provider group without decreasing access to services. o Lower reimbursement rates to current providers. - Only providers of the highest quality and efficiency will provide the service.

* Total Cost Savings of \$485,000 Annually.

DRR:wjd
Revised 10/21/93

18-1

**KANSAS NURSING FACILITY PREADMISSION ASSESSMENT AND REFERRAL
TASK FORCE MEMBERSHIP LIST**

December 20, 1993

Secretary Donna L. Whiteman, SRS, Co-chair
Secretary Joanne E. Hurst, Kansas Department on Aging, Co-chair

Robert L. Epps, Commissioner Income Support/Medical Services, SRS
George Vega, Commissioner Mental Health and Retardation Services, SRS
Gary Nelson, Hutchinson Area Director, SRS
Warren Bock, Chief Executive Officer, Bock Associates
Mike Nunamaker, Memorial Hospital, Manhattan
Joe Engelken, Onaga Community Hospital, Onaga
Dean Edson, United Methodist Homes, Inc., Topeka
David Slack, Aging Resource Institute, Topeka
Julie Steward, Consumer, Lawrence
Rosie Williams, Caring Connections, Topeka
Julie Govert Walter, AAA Director, K4A President, Manhattan
Patricia Maben, RN, Kansas Department of Health and Environment
Ed Lewis, Southview Homecare, Louisburg
John Holzhuter, Director Catholic Social Services, Topeka
Melvin Potts, Consumer, Pittsburg
Ruth Lyon, Consumer, Independence
Ty Petty, Stormont Vail Regional Medical Center, Topeka
Lyndon Drew, Kansas Department on Aging, Topeka
Mike Donnelly, Independent Living Center, Topeka
Dianne Garner, Washburn University, Topeka
Sandra Strand, Kansans for Improvement of Nursing Homes, Lawrence
Rhonda Montgomery, University of Kansas, Lawrence
Michelle Crozier, Consumer, Shawnee
Sandra Medinger, Johnson County AAA, Olathe

Dona Booe, CBLTC Program Manager, SRS (Staff)
Wilda Davison, Secretary, SRS (Staff)

APPROVED CONTRACTORS BY KANSAS COUNTY

County: ALLEN

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell
Neosho Memorial Hospital	352	Nancy Castelluci

County: ANDERSON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Elaine Duffens	942	Elaine Duffens

County: ATCHISON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens
Jefferson Cty Mem'l Hosp.	943	Robert Hixson
Northeast KS Multi-Cty HD	991	Patricia Scott

County: BARBER

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Harper Co Hospital District #5	310	Vernon Minnis
Rita White	313	Rita White

County: BARTON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade

County: BOURBON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell

County: BROWN

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens
Northeast KS Multi-Cty HD	991	Patricia Scott

County: BUTLER

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell Kan	353	Jamia Cantrell
Hospice Inc.	941	Nadine Penner
Mary Corrigan	321	Mary Corrigan

County: CHASE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Elaine Duffens	942	Elaine Duffens

County: CHAUTAUQUA

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell

County: CHEROKEE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell

County: CHEYENNE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Cheyenne County Hospital	936	Susan Roelfs
Citizens Medical Center **	934	Lisbeth Bell

County: CLARK

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Minneola District Hospital	365	Lisa Freeborn
Southwest Home Care	367	Becky Richardson

County: CLAY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Consultants	350	Elaine Wade
Clay County Hospital *	980	John Wiebe
Sherry Provost	987	Sherry Provost

County: CLOUD

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Consultants	350	Elaine Wade
St. Joseph Hospital	986	Rose Koerber
Sherry Provost	987	Sherry Provost
Steve Proctor	988	Steve Proctor

County: COFFEY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell Kan	353	Jamia Cantrell
Elaine Duffens	942	Elaine Duffens

County: COMANCHE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts, Inc. **	350	Elaine Wade

County: COWLEY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell Kan	353	Jamia Cantrell
Hospice Inc.	941	Nadine Penner
Mary Corrigan	321	Mary Corrigan

County: CRAWFORD

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell

County: DECATUR

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Decatur County Home Health *	937	Dean Aldridge
Joy Haney	939	Joy Haney

County: DICKINSON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elanie Wade
Elaine Duffins	942	Elaine Duffins
Memorial Hospital	981	Leslie Burkholder

County: DONIPHAN

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens

County: DOUGLAS

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens
Jefferson Cty Mem'l Hosp	943	Robert Hixson
Lawrence-Douglas Cty HD	940	Wynona Floyd
Midland Psychiatric Associates	911	Tom Flanagan
University of Kansas Medical Ctr.	940	Diane Lee

County: EDWARDS

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Edwards Cty Hospital	361	Judi McKenney
Hodgeman Co. Hospital	362	Roger Salisbury

County: ELK

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell

County: ELLIS

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Consultants	350	Elaine Wade
Hodgeman Cty Health Center	362	Roger Salisbury

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County: ELLSWORTH

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Ellsworth Cty Hosp *	984	Roger Pearson
Helen Reeves	989	Helen Reeves

County: FINNEY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Hodgeman Co. Hospital	362	Roger Salsbury
St. Catherine Hospital	366	Marla Linenberger
Satanta District Hospital	364	T.G. Lee

County: FORD

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Edwards Co. Hospital	361	Judi McKinney
Hodgeman Co. Health Center	362	Roger Salisbury
Southwest Home Care	367	Becky Richardson
Western Plains Regional Hospital *	372	Vonda Sanders

County: FRANKLIN

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens

County: GEARY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens

County: GOVE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Hodgeman Cty Health Center	362	Roger Salisbury

County: GRAHAM

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Graham County Hospital	932	Rebecca Perry

County: GRANT

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Satanta District Hospital	364	T.G. Lee
Teresa Follis	314	Teresa Follis

County: GRAY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Hodgeman Co. Hospital	362	Roger Salisbury
Satanta District Hospital	364	T.G. Lee
Southwest Home Care	367	Becky Richardson

County: GREELEY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Greeley County Hospital *	370	Cindy Schneider
Hamilton Cty Hospital *	368	Diedra Piper

County: GREENWOOD

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell
Elaine Duffens	942	Elaine Duffens

County: HAMILTON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Greeley Co. Hospital	370	Cindy Schneider
Hamilton Cty Hospital	368	Diedra Piper

County: HARPER

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Harper Hospital District #5	310	Vernon Minnis
Hospice Inc.	941	Nadine Penner
Rita White	313	Rita White

County: HARVEY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Hesston Medical Center	320	Cheryl Erb
Mary Corrigan	321	Mary Corrigan

County: HASKELL

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Martha Schlenker	306	Martha Schlenker
Satanta District Hospital	364	T.G. Lee
Southwest Home Care	367	Becky Richardson

County: HODGEMAN

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Edwards Co. Hospital	361	Judi McKinney
Hodgeman County Health Center	362	Roger Salisbury
Southwest Home Care	367	Becky Richardson

County: JACKSON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens
Jefferson Cty Mem'l Hosp	943	Robert Hixson
Northeast KS Multi-Cty HD	991	Patricia Scott

County: JEFFERSON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens
Jefferson Cty Mem'l Hosp	943	Robert Hixson

County: JEWELL

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Consultants	350	Elaine Wade
Caring Connections	944	Rosie Williams
Ruth Caldwell	992	Ruth Caldwell
Steve Proctor	988	Steve Proctor

County: JOHNSON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens
Midland Psychiatric Associates	911	Tom Flanagan
Overland Park Regional Med.Ctr.		

County: KEARNY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Greeley Co. Hospital	370	Cindy Schneider
Kearny County Hospital	360	Barabara Woodrow

County: KINGMAN

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Harper Hospital District #5	310	Vernon Minnis
Hospice Inc.	946	Nadine Penner
Kingman Community Hospital	311	Gayle Easley
Mary Corrigan	321	Mary Corrigan

County: KIOWA

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Consultants	350	Elaine Wade
Edwards Co. Hospital	361	Judi McKinney

County: LABETTE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell

County: LANE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Hodgeman Cty Health Center	263	Roger Salisbury

County: LEAVENWORTH

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens
Jefferson Cty Mem'l Hosp	943	Robert Hixson
Midland Psychiatric Associates	911	Tom Flanagan

County: LINCOLN

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Ellsworth Cty Hospital *	984	Roger Pearson
Helen Reeves	989	Helen Reeves
Lincoln Cty Hospital	982	Jolene Yager

County: LINN

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Center, Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell

County: LOGAN

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Wichita County Hospital **	369	Bertie Evans

County: LYON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens

County: MARION

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Consultants Inc	350	Elaine Wade
Salem Hospital Inc. *	380	Glenda Miller

County: MARSHALL

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Consultants Inc	350	Elaine Wade
Community Memorial Hospital/HHA	990	Lucille Papes
Elaine Duffens	942	Elaine Duffens

County: MCPHERSON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Consultants Inc	350	Elaine Wade
Hesston Medical Office	320	Cheryl Erb

County: MEADE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Martha Schlenker	306	Martha Schlenker
Satanta District Hospital	364	T.G. Lee
Southwest Home Care	367	Becky Richardson

County: MIAMI

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Midland Psychiatric Associates	911	Tom Flanagan

County: MITCHELL

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Consultants	350	Elaine Wade
Ruth Caldwell	992	Ruth Caldwell
Caring Connections	944	Rosie Williams
Steve Proctor	988	Steve Proctor

County: MONTGOMERY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell
Wilson Cty Hospital	951	Deanna Pittman

County: MORRIS

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens

County: MORTON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Martha Schlenker	306	Martha Schlenker
Morton County Hospital *	307	Glen Wood

County: NEMAHA

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Consultants	350	Elaine Wade
Caring Connections	944	Rosie Williams
Community Memorial Hospital	990	Lucille Papes
Elaine Duffens	942	Elaine Duffens

County: NEOSHO

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell
Neosho Memorial Hospital	352	Nancy Castellucci
Wilson Cty Hospital	351	Deanna Pittman

County: NESS

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Hodgeman Cty Health Center	362	Roger Salisbury
Ness County Hospital District #2	960	Pamela Paviu

County: NORTON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Graham County Hospital	532	Rebecca Perry
Phillips Cty Hospital	935	Penelope Moffatt

County: OSAGE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens

County: OSBORNE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Consultants	350	Elaine Wade
Elizabeth Hill	938	Elizabeth Hill
Phillips County Hospital **	935	Penelope Moffatt
Steve Proctor **	988	Steve Proctor

County: OTTAWA

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Elaine Duffens	942	Elaine Duffens
Steve Proctor	988	Steve Proctor

County: PAWNEE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Edwards Co. Hospital	361	Judi McKinney
Hodgeman Cty Health Center	362	Roger Salisbury

County: PHILLIPS

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Elizabeth Hill	938	Elizabeth Hill
Graham Cty Hospital	932	Rebecca Perry
Phillips County Hospital	935	Penelope Moffatt

County: POTTAWATOMIE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens

County: PRATT

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Kingman Community Hospital	311	Gayle Easley

County: RAWLINS

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Cheyenne County Hospital	936	Susan Roelfs
Rawlins County Hospital	931	Don Kessen

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County: RENO

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Judi Emerson	315	Judi Emerson
Kingman Community Hospital	311	Gayle Easley
Mary Corrigan	321	Mary Corrigan

County: REPUBLIC

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Consultants	350	Elaine Wade
Caring Connections	944	Rosie Williams
Ruth Caldwell	992	Ruth Caldwell
Steve Proctor	988	Steve Proctor

County: RICE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Judi Emerson	315	Judi Emerson
Rice County Health Department *	312	Jane Yates

County: RILEY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens
Memorial Hospital	983	Lynne Stitz
Sherry Provost	987	Sherry Provost

County: ROOKS

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Graham County Hospital	932	Rebecca Perry
Phillips County Hospital	935	Penelope Moffatt

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County: RI

Organization/Individual

Contractor ID#

Contact

Advanced Medical Consultants

350

Elaine Wade

Hodgeman Cty Health Center

362

Roger Salisbury

County: RUSSE

Organization/Individual

Contractor ID#

Contact

Advanced Medical Consultants

350

Elaine Wade

Helen Reeves

989

Helen Reeves

Ellsworth Cty Hospital *

984

Roger Pearson

County: SALIN

Organization/Individual

Contractor ID#

Contact

Advanced Medical Cnslts Inc.

350

Elaine Wade

St. Johns Regional Health Center

985

Lindi Farenthold

County: SCOTT

Organization/Individual

Contractor ID#

Contact

Greeley Co. Hospital

370

Cindy Schneider

Scott County Hospital

363

Carol Forbish

County: SEDGWICK

Organization/Individual

Contractor ID#

Contact

Advanced Medical Cnslts Inc.

350

Elaine Wade

Hospice Inc.

946

Nadine Penner

Kingman Community Hospital

311

Gayle Easley

Mary Corrigan

321

Mary Corrigan

County: SEWARD

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Martha Schlenker	306	Martha Schlenker
Satanta District Hospital	364	T.G. Lee
Southwest Home Care	367	Becky Richardson

County: SHAWNEE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Conections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens
Jefferson Cty Mem'l Hosp	943	Robert Hixson

County: SHERIDAN

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Graham County Hospital	932	Rebecca Perry
Sheridan County Hospital	933	Janice Brown

County: SHERMAN

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Cheyenne County Hospital	936	Susan Roelfs

County: SMITH

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Caring Connections	944	Rosie Williams
Smith County Health Department	930	Elizabeth Hill
Phillips County Hospital	935	Penelope Moffatt
Ruth Caldwell	992	Ruth Caldwell

County: STAFFORD

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Edwards Co. Hospital	361	Judi McKinney

County: STANTON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Hamilton Cty Hospital	368	Diedra Piper
Teresa Follis	314	Teresa Follis

County: STEVENS

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Martha Schlenker	306	Martha Schlenker
Satanta District Hospital	364	T.G. Lee
Southwest Home Care	367	Becky Richardson

County: SUMNER

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Hospice Inc.	946	Nadine Penner
Harper Hospital District #5	310	Vernon Minnis
Mary Corrigan	321	Mary Corrigan
Rita White	313	Rita White

County: THOMAS

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Cheyenne County Hospital	936	Susan Roelfs
Citizen's Medical Center	934	Lisbeth Bell

County: TREGO

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Graham County Hospital	932	Rebecca Perry
Hodgeman Cty Health Center	362	Roger Salisbury

County: WABAUNSEE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Caring Connections	944	Rosie Williams
Elaine Duffens	942	Elaine Duffens

County: WALLACE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Greeley County Hospital *	370	Cindy Schneider

County: WASHINGTON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Community Memorial Hospital	990	Lucille Papes
Sherry Provost	987	Sherry Provost

County: WICHITA

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Greeley County Hospital *	370	Cindy Schneider
Wichita County Hospital	369	Bertie Evans

County: WILSON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell
Wilson County Hospital	351	Deanna Pittman

County: WOODSON

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Cantrell-Kan	353	Jamia Cantrell

County: WYANDOTTE

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Advanced Medical Cnslts Inc.	350	Elaine Wade
Elaine Duffens	942	Elaine Duffens
Midland Psychiatric Associates	911	Tom Flanagan

* Indicates contract offered but not returned

** Indicates contract returned, considering additional counties

VETERAN'S HOSPITALS ONLY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
VA Medical Center, Kansas City	901	Joseph Mcgion
VA Medical Center, Leavenworth	902	James Runyon
VA Medical Center, Wichita	903	Barbara Fretwell
VA Medical Center, Topeka	904	Rosemary Gosser

STATE HOSPITALS ONLY

<u>Organization/Individual</u>	<u>Contractor ID#</u>	<u>Contact</u>
Larnard State Hospital	800	John Adams
Osawatomie State Hospital	801	Martha Town
Topeka State Hospital	802	Mary Schell
Rainbow MHC	803	?

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**KANSAS NURSING FACILITY PREADMISSION ASSESSMENT AND REFERRAL PROGRAM
TASK FORCE**

**ISSUE PRIORITY LIST
(Revised as a Result of the December 20, 1993 Task Force Meeting)**

January 3, 1994

Priority # 1 - ENSURING ACCESS ON REFERRALS -January 10, 1994

- Review and strengthen the follow-up on the referral process.
- Define the role of the AAA in the referral process.
- Incorporate and utilize the AAA Case Managers effectively in service delivery.

Priority #2 - COST ANALYSIS OF PROGRAM OPERATION -January 18, 1994

- Rate of growth of LTC Expenditures.
- Legislative Post Audit (LPA) comparison of states.
- Define LTC expenditures in terms of federal and state mandates.
- Data on current NF caseload size.
- Program benefits vs. program costs.

Priority #3 - REFINING THE ASSESSMENT TOOL -December 20, 1993

- Review the wording of questions to assure "choice" is not biased.
- Assure assessment instrument questions reflect the impact of mental status at the time of completion. (Does the assessment instrument take into account "crisis" situation and it's impact on the response to questions?)
- Standardization of forms.
- Confidentiality.

Priority #4 - AVAILABILITY AND ACCESS TO ASSESSORS -December 20, 1993

- Utilize available and existing resources to reduce duplication of service delivery.
- Chart by county the availability of locally based assessors.
- Confidentiality.

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Preadmission Assessment and Referral Task Force
Issue Priority List
Page Two

Priority #5 - ASSESSMENT PROCESS AND EXEMPTIONS -January 3, 1994

- Review paperwork involved and eliminate any unnecessary duplication.
- Flow chart the process and identify a streamlined process.
- Timeliness of outcome determinations and accountability for fiscal impact.
- Common entry point.
- Medicaid reimbursement for emergency admissions.
- Review the assessor instruction manual.

Priority #6 - CONTRACTOR ADMINISTRATIVE CONCERNS -January 18, 1994

- Accountability for delays and fiscal impact.
- Timeliness of response on outcome determination.
- Status and review of quality assurance plan.

Priority #7 - CONSENSUS AND TRAINING NEEDS -January 3, 1994

- Emphasis on program goals.
- Define "choice" and "community services", consumer empowerment.
- Program/process alternatives.
- Confidentiality.

Priority #8 - EARLY INTERVENTION PROPOSAL - January 10, 1994

- Avoid crisis intervention.
- Identify target population.
- Confidentiality.

DHB/wjd

1-45

**KANSAS NURSING FACILITY PREADMISSION ASSESSMENT AND REFERRAL PROGRAM
1993 ANNUAL REPORT**

**MOST REQUESTED/LEAST AVAILABLE
COMMUNITY BASED SERVICES
BY SRS MANAGEMENT AREA**

As of June 30, 1993

Area Office:	CH	EM	GC	HA	HU	KC	LA	MA	OL	SA	TO	WI
Type of Service:												
NF Care												
Adult Day Care	X		X		X	X	X	X		X	X	
Home Delv. Meals												
Attendant Care					X	X						X
Homemaker												
Congregate Meals												
Home Health Care												
Transportation												X
Case Management												
Respite Care		X							X			
Hospice Service												
Mental Health Care												
Tele. Reassurance												
Minor Home Repair				X					X			
Chore Service	X		X	X								
Durable Med. Equip.												
Assisted Living		X					X	X		X	X	

**KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
KANSAS NURSING FACILITY PREADMISSION ASSESSMENT AND REFERRAL PROGRAM**

Addendum D
January 13, 1994

TASK FORCE RECOMMENDATIONS - ISSUE PRIORITY LIST

Priority #1: Ensuring Access on Referrals

Bock Associates in coordination with KDOA and SRS, must provide training for the community based assessors and AAA Information and Referral (I&R) staff on or before March 1, 1994. The training will emphasize to assessors the importance of timely referrals to the AAA and how this component of the program "fits into" the overall assessment and referral process. The training will emphasize for the AAA I&R staff the importance of timely follow-up with consumers to ensure access to needed services. Additionally, the training must include providing I&R staff with the necessary skills to complete the follow-up report in a timely and efficient manner. A component of the training must provide assessors with information and procedures for consumers to make self-referrals to independent living centers as appropriate.

Priority #2: Cost Analysis of Program Operation-Scheduled January 18, 1994

Priority #3: Refining the Assessment Tool

Continue to utilize the Kansas Preadmission Assessment and Referral Instrument (KPARI) as the uniform assessment instrument for preadmission assessment and referral services by all providers of assessments. Delegate the responsibility of refining the tool to a subcommittee of the Continuing Quality Improvement (CQI) team. The subcommittee will provide a draft of the revised instrument by March 1, 1994 to members of the task force. The final revised instrument will be implemented April 1, 1994. Specific areas which require review and revision include questions one and thirty-seven.

Priority #4: Availability and Access to Assessors

Allow all hospitals, obtaining prior authorization, to provide assessment and referral services as a part of the hospital discharge planning process. Hospitals would determine appropriate level of care needs by utilizing the common assessment instrument for the program and apply SRS established nursing facility level of care criteria. Hospitals would ensure that only appropriate qualified staff would provide assessments. As a part of the discharge planning process, reimbursement would not be available. Hospitals would provide copies of the assessment and outcome determinations to the program contractor. Hospitals would be responsible for advising admitting nursing facilities of the outcome determination and compliance with PASARR. Hospitals would be subject to the same quality assurance standards as other assessors and monitored by the program contractor. Hospitals may continue to utilize the emergency planned brief stay nursing facility admission procedures currently in place.

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Priority #5: Assessment Process and Exemptions

Continue to refine the process as outlined on the program flowchart. Reduce total processing time, including outcome determinations and written notification, to a maximum of three working days. Utilize the current assessment tool as the means to complete assessments and collect data. Provide that these refinements occur within the next calendar year through effective training and data processing.

Define, through regulation, that medicaid reimbursement for nursing facility care will be available for emergency admissions from the date of admission until the individual is found inappropriate for nursing facility level of care up to a maximum of thirteen calendar days. Target an implementation date of September 1, 1994. Ensure "post-admission" assessments for emergency admissions are prioritized for completion by the contractor within 10 working days of nursing facility placement as defined by regulation. Include in regulation a definition of "emergency admission".

Define through regulation that "post-admission" assessments for individuals admitted to nursing facilities as "planned brief stays" be provided only when the individuals length of stay has exceeded 30 calendar days. Target an implementation date of September 1, 1994. Ensure that follow-up on community based services is provided by the Area Agency on Aging within 30 days of admission by copy of the "three page" assessment submitted by assessors.

Priority #6: Contractor Administrative Concerns-Scheduled January 18, 1994

Priority #7: Consensus and Training Needs

Continue to support the following as goals to be achieved through the program:

- * Compliance with mandated federal Preadmission Assessment and Annual Resident Review, (PASARR), requirements for nursing facility preadmission screenings.
- * Provide all persons seeking admission to nursing facilities with information regarding community-based alternatives to meet their long term care (LTC) needs identified through the assessment process.
- * Increase access to community-based LTC services in all geographical areas in Kansas.
- * Create a comprehensive data base that identifies the availability of community based services statewide.
- * Reduce medicaid expenditures for institutional LTC services by developing and expanding utilization of cost-effective community-based alternatives.
- * Reduce the number of persons in institutional care whose needs could be met in a community-based setting.

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Support and implement the recommendations of this task force and the Continuing Quality Improvement (CQI) team to address problem resolution. Direct SRS and Bock Associates to develop effective quality training for nursing facilities, hospital discharge planners, SRS and AAA staff, and community based assessors. Ensure delivery of the training before March 31, 1994, including a plan which addresses ongoing training needs.

Priority #8: Early Intervention Proposal

Kansas Department on Aging will create a community services information dissemination program by utilizing pharmacists, physicians and others as appropriate.