

30-10-7. Screening, evaluation, reevaluation, and referral for nursing facilities. (a) In accordance with K.S.A. 39-968 and amendments thereto, each individual seeking admission to a nursing facility or nursing facility for mental health providing care under title XIX of the federal social security act, or seeking referral to home- and community-based services (HCBS), shall receive a preadmission assessment, evaluation, and referral to all available community resources, including nursing facilities, before admission.

(b) Each individual choosing to enter a nursing facility following a preadmission assessment identifying no need for nursing facility placement shall do so as a private-paying resident. Medicaid/medikan shall not participate in the cost of care unless and until a preadmission assessment determines that there is a need for nursing facility placement.

(c) Continued eligibility for services at a nursing facility shall be based on each resident's level of care needs as determined through quarterly reassessments. When the reassessment indicates that the resident's level of care needs no longer meet level of care criteria, the resident shall be considered to be in "resident status review." Payment for services shall continue until the authorized case manager indicates that more appropriate and less intensive

services are available that meet the resident's health, safety, and social needs.

(d) Each individual admitted to a nursing facility for mental health shall be evaluated at least annually upon the anniversary of admission, and at any other time there may have been a significant change in the resident's mental condition. This evaluation shall be made under the supervision of a qualified mental health professional employed by a participating community mental health center, as defined in K.S.A. 59-2946 and amendments thereto, using the screening tool that may be designated by the secretary, to determine whether it is appropriate for that individual to remain in a nursing facility for mental health. Any state-funded individual for whom it is determined that remaining in the facility is inappropriate may be required to have prepared a plan for that individual's transfer to appropriate care.

(e) This regulation shall be effective on and after May 1, 2002. (Authorized by and implementing K.S.A. 39-708c and K.S.A. 39-785; effective, E-74-59, Oct. 24, 1974; effective May 1, 1975; amended May 1, 1976; amended, E-78-35, Dec. 30, 1977; amended May 1, 1978; amended, E-80-13, Aug. 8, 1979; amended May 1, 1980; amended May 1, 1981; amended May 1, 1982; amended May 1, 1983; amended, T-84-11, July 1, 1983; amended May 1, 1984; amended, T-85-28, Nov.

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Standards for Payments for Nursing Facilities

Attachment 4.24

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14, 1984; amended May 1, 1985; amended May 1, 1986; amended Jan. 2, 1989; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended May 1, 1991; amended Jan. 4, 1993; amended July 1, 1994; amended Sept. 30, 1994; amended Dec. 30, 1994; amended March 1, 1995; amended Jan. 1, 1997; amended May 1, 2002.)