



# KDADS STANDARD POLICY

<b>Policy Name:</b>	Functional Eligibility Assessments and Waitlist Management	<b>Policy Number:</b>	E2017-034
<b>Division:</b>	Community Services and Programs Commission	<b>Date Established:</b>	03/13/2017
<b>Applicability:</b>	HCBS- I/DD Program	<b>Date Last Revised:</b>	N/A
<b>Contact:</b>	HCBS-I/DD Program Manager Programs	<b>Date Effective:</b>	04/01/2017
<b>Policy Location:</b>	<a href="http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies">http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies</a>	<b>Date Posted:</b>	03/14/2017
<b>Status/Date:</b>	FINAL 03/13/2017	<b>Number of Pages:</b>	11
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## Purpose

The purpose of this policy is to provide direction and guidance regarding functional eligibility assessment requirements, waitlist management, and associated procedures.

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## Summary

All recipients of home and community based services (HCBS) intellectual/developmental disability (I/DD) waiver services are required to meet functional eligibility requirements. Community developmental disability organizations (CDDOs) are responsible for completing functional assessments for persons who have been determined to have a qualifying intellectual/developmental disability and, as appropriate, placing functionally eligible individuals on the HCBS IDD waiver waitlist. This document establishes the policies and procedures which direct HCBS I/DD functional eligibility assessments, waitlist management, and the quality review process.

## ENTITIES AFFECTED BY THIS POLICY

- Community Developmental Disability Organizations (CDDOs)
- I/DD Community Service Providers
- Managed Care Organizations (MCOs)

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## Policy

### I. General

- A. Prior to completion of a functional assessment by a CDDO, the individual must be determined to have a qualifying intellectual/developmental disability as defined in the Developmental Disabilities Reform Act.
- B. All functional assessments shall be performed by CDDO staff or by an entity that has entered into an agreement with the CDDO to perform functional eligibility assessments.
  1. Contracted entities shall not provide any direct services (including case management) to any individual being assessed.

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- C. The basic assessment and services information system (BASIS) is the current functional assessment information system used to maintain functional eligibility assessments for the HCBS-IDD waiver program.
- D. All functional assessments must be conducted in-person at a location of the individual's choosing, or, if available, through the use of real time interactive telecommunications equipment that includes, at a minimum, audio and video equipment. Those responsible for conducting the assessment will be flexible in accommodating the individual's preference for the meeting location and time of assessment.
- E. For all individuals offered services, the MCO will authorize services as specified in the plan of care within fourteen (14) business days after it receives an 834 file reflecting the individual's eligibility for those services.
- F. Upon an initial assessment and annually thereafter, for those receiving HCBS IDD services the CDDO shall collect a signed statement providing evidence the person has been provided comprehensive options counseling by the CDDO. A copy of the signed statement will be provided to the participant's MCO.
  - 1. The statement shall provide the following information:
    - a. The date the options counseling was provided;
    - b. The names of the individual, the individual's family members, the individual's legal guardian, if one has been named, and/or significant other who participated in the meeting with the Community Options Specialist;
    - c. A listing of options discussed with the individual.
  - 2. The statement shall be used by the CDDO to provide individuals with information on available service providers, provider contact information, and to assist in seeking answers to questions the individual may have regarding providers and services.
  - 3. The signed statement shall be uploaded as an attachment to the initial and/or annual assessment. In cases where options counseling is performed outside the assessment, the signed statement shall be uploaded via the HCBS IDD Upload Utility.

## II. Functional Assessments

### A. Functional Eligibility Determination

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1. An initial assessment must be completed upon IDD eligibility determination and/or upon the individual attaining the age of 5 years and acknowledging a willingness to accept services upon receiving an offer of services.
  - a. Functional assessments are not required for immigrants who do not meet the definition of a “qualified non-citizen” because they are ineligible to receive Medicaid benefits.
2. A person must achieve a minimum converted score of 35 or more to meet the HCBS-I/DD waiver program threshold.
3. Children aged 5 to 11 years of age must score at least a 21 on the children’s assessment and achieve a minimum converted score of 35 or more.
4. The assessment shall be initiated within five (5) calendar days and completed within thirty (30) calendar days from the date of IDD eligibility determination.
5. The CDDO shall enter the data from the assessment and re-assessment into the KDADS’ system of record (currently KAMIS) and utilize the information system for collecting and updating data.
6. The CDDO has seven (7) calendar days from the date of completing the assessment to enter the assessment into the KDADS’ system of record (currently KAMIS). Completion of assessment shall be defined as provision of all supporting documentation and provision of the in person assessment.
  - a. An exception to this requirement may be applied in varied and unique circumstances with approval of the IDD Program Manager. The participant’s MCO will receive notification of the exception from the Program Manager.

**B. Re-assessments**

1. Person's with reasonable indicators of meeting level of care eligibility are evaluated upon initial application for services and then reevaluated annually, within 365 days of the last assessment. Re-assessments shall include individuals not on the waitlist who are State-funded and/or received a previous assessment of Tier 0. If a re-assessment is desired outside of the annual assessment as prescribed above or the annual assessment is not required, the request for such special re-assessment shall be provided to and reviewed by the HCBS IDD program manager prior to completion of the re-assessment. The HCBS IDD program manager shall respond to each request within ten (10) business days from the date the request was received. An annual re-assessment is not required for individuals placed on the waiting list.

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2. Individuals on the waitlist seeking a crisis or exception request, and having a BASIS assessment older than 365 days, are pre-authorized to receive a BASIS assessment prior to submission of a crisis or exception request. The CDDO will notify the participant's MCO of the request.

#### C. Assessor Qualifications

1. Assessors must meet the following provider qualifications prior to administering a functional assessment:
  - a. Must have a minimum of six months experience in the field of developmental disabilities and;
    - (i) An exception may be granted by KDADS on an individualized basis. In such cases, the exempted person must work under the direct supervision of a qualified person.
    - (ii) Must possess a bachelor's degree or additional experience in the field of intellectual/developmental disabilities. Experience may substitute for the required education at the rate of six months of experience for each semester.
  - b. Assessors must complete required assessment training within 30 days from employment and at least annually thereafter.

#### D. Assessment Disputes and Notices of Action (NOA)

1. Upon completion of the functional eligibility assessment, KDADS shall issue the NOA.
2. If a functional assessment determines an individual is ineligible for services, the individual shall have the right to appeal. The NOA issued shall provide the following information for those seeking to appeal the functional assessment determination:

A request for a state fair hearing request must be in writing and signed. State fair hearing requests must be sent within 30 days of this Notice of Action to:

The Kansas Department of Administration  
Office of Administrative Hearings  
1020 S. Kansas Ave.  
Topeka, KS 66612

In the event your request for a state fair hearing is granted, you may represent yourself or be represented by legal counsel, a relative, a friend, or a spokesperson.

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3. If during the annual functional re-assessment a change in the individual's tier score occurs, but the individual remains eligible for HCBS IDD services, the individual shall not have the right to appeal.

#### E. Recoupment

1. If during a quality review or other instances it is determined the functional assessment was not applied accurately, KDADS may recoup the previous payment for the inaccurate functional assessment.
2. If during a quality review or other instances it is determined a functional assessment was not completed within the required time frames as documented in waiver performance measures, KDADS shall recoup any previous payments for such assessments.

### III. HCBS IDD Waitlist

1. KDADS shall maintain a single statewide HCBS-IDD waitlist for individuals waiting to receive services from the HCBS-IDD program.
2. KDADS shall provide CDDOs access to the waitlist at least on a semi-annual basis. The list shall include the following:
  - a. Individual's Name
  - b. Individual's SSN
  - c. Date Added to Waiting List
  - d. Date Added to Waiting List will be equivalent to the most recent functional assessment verifying HCBS-IDD waiver eligibility (i.e. tier 1 – 5).
3. If an individual moves from one CDDO area to another, they shall retain their place on the waitlist.
4. Prior to placement on the IDD waiver waitlist, the individual must:
  - a. Be determined eligible for the IDD Program;
  - b. All non-U.S. citizens must meet the requirements of a "qualified non-citizen", as defined by federal Medicaid law, before being placed on the IDD waiver waitlist.
  - c. Determined functionally eligible for IDD waiver services using the approved functional assessment tool. The date of a completed functional assessment, which

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determines functional eligibility, shall be the date an individual is added to the waitlist.

- d. Be a legal resident of Kansas, as defined in K.A.R. 92-12-4a;
- e. Not be a recipient of other HCBS waiver services, with the exception of individuals currently receiving services through the SED waiver;
- f. Be willing to accept services upon offer of service.

5. Individuals who refuse IDD waiver services when an offer of service is made shall be removed from the waitlist.

## Procedures

### I. Functional Assessment

- A. The individual or their legal representative contacts the CDDO concerning IDD services.
- B. The CDDO completes the intake process and determines IDD eligibility.
- C. Initial and reassessments as identified in Policy Section II - Functional Assessments, shall be completed by the CDDO and loaded into KAMIS.
- D. Following the functional assessment, if the individual assessed agrees to accept services if/when offered, "waiting for service" shall be marked "yes".

### II. Quality Assurance and Reporting Requirements

#### A. Quality Assurance

- 1. KDADS shall review a sample of completed functional assessments for completeness and accuracy. Quality assurance reviews will be conducted on the initial and annual re-assessments to ensure:
  - a. The assessment tool was applied accurately;
  - b. Initial and annual re-assessments were conducted within the specified timeline;
  - c. Initial and annual re-assessments were conducted by a qualified assessor;

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- d. Assessments submitted were complete and addressed all required elements, including, but not limited to, documentation supporting the recorded information on the assessment (i.e. behavior support plans, frequency of behaviors, etc)..

## B. Reporting Requirements

1.The CDDO shall submit an annual (calendar year) report to KDADS, in the prescribed format and naming conventions, by the 20<sup>th</sup> day following the end of each calendar year. This report will be sent to the [KDADS.HCBS-KS@ks.gov](mailto:KDADS.HCBS-KS@ks.gov) .

2. This report shall include the following information:

- a. Number of all persons requesting functional assessment, including initial assessments and re-assessments;
- b. Number of initial assessments completed;
- c. Number of persons initially assessed but did not meet functional eligibility requirements;
- d. Number of persons referred but assessment was not completed;
  - i. Moved;
  - ii. Institutionalization (State Hospitals – OSH, LSH, Parsons, KNI – ICF/IID and Nursing Facilities);
  - iii. Death;
  - iv. Other.
- e. Number of reassessment completed;
- f. Number of reassessments not completed due to the following:
  - i. Moved;
  - ii. Death
  - iii. Transitioned off waiver
  - iv. Other
- g. List of current BASIS assessors. The list shall include the following information:
  - i. Date of employment;
  - ii. Date BASIS web-based training certificate acquired;
  - iii. Evidence supporting status of college degree;
  - iv. Number of years’ experience in the IDD field;
  - v. Date of termination (if applicable).

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### III. HCBS IDD Waitlist Management

1. KDADS shall provide written notification to the individual, CDDO, and MCO when an individual is offered services from the waitlist.
2. The CDDO and MCO shall make every reasonable attempt to make immediate contact with all individuals offered HCBS IDD waiver services.
3. KDADS shall issue a notice identifying a date of removal from the waitlist should the individual fail to respond within 15 days and accept the services offered.
4. If no response is received from the initial notice, KDADS shall issue a Notice of Action to the participant or legal guardian of the action that will be taken provides information regarding filing an appeal with the Office of Administrative Hearings. The CDDO and MCO shall receive a copy of the Notice of Action issued to the participant or legal guardian.
5. After thirty (30) calendar days from the date of the Notice of Action, individuals who have failed to respond will be removed from the waitlist.
6. CDDOs shall submit the IDD Notification Form via the IDD Utility Upload to request a person be removed from the waitlist. The MCO shall submit form 3161 to the I/DD Program Manager via email to request a person be removed from the waitlist following no response from the individual.
7. To be reinstated on the IDD waiver waitlist, individuals who either voluntarily or involuntarily were removed from the waitlist shall be required to meet all eligibility criteria documented in this policy. Individuals who have not completed the functional eligibility assessment within 365 days from the date of the requested reinstatement shall be required to be re-assessed.



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## Authority

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**1915(c) HCBS Waiver –**  
KS.0224.R05.01 (IDD) – effective March 1, 2016

**Federal Authority** 42 CFR 431,206 Informing applicants and beneficiaries  
42 CFR 441.720 Independent Assessment

**State Authority**  
**K.S.A. 39-1801, et. seq. Developmental Disabilities Reform Act**  
K.A.R. 30-5-305 Assessment requirements  
K.A.R. 92-12-4a Resident individual

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## Definitions

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**Assessors** – CDDO staff or staff of an entity who has entered into an agreement with a CDDO who have been trained and are qualified to perform functional assessments.

**Basic Assessment and Services Information System (BASIS)** – an assessment system used to record information collected on individuals applying for the HCBS- I/DD Medicaid waiver services.

**Community Developmental Disability Organization (CDDO)** – community organizations serving as the single point of entry into the HCBS/IDD program and are responsible for determining eligibility and working with individuals and/or their families to access services from a variety of Community Service.

**Comprehensive options counseling** – a person-centered process whereby individuals, family members and/or significant others are supported to choose services for addressing long term service and support needs that align with their preferences, strengths, values, and needs.

**Converted score** – the combined scores for daily living skills, health, and behaviors gathered through the BASIS assessment.

**Functional eligibility assessment** – evaluation of the medical, adaptive, and behavioral needs and functional capacities of an individual to determine the level of care required to meet his or her needs in the least restrictive setting.

**Functional eligibility requirement** – the individual must either have substantial limitations in present functioning that is manifested during the period from birth to age 18 years and is characterized by significantly sub average intellectual functioning existing concurrently with deficits in adaptive behavior including related limitations in two or more of the following applicable adaptive skill areas: Communication, self-care, home

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living, social skills, community use, self-direction, health and safety, functional academics, leisure and work, or has a severe, chronic disability, which:

- (A) Is attributable to a mental or physical impairment, or multiple sensory impairments, a combination of mental and physical impairments, physical and sensory impairments, mental and sensory impairments or a condition which has received a dual diagnosis of mental retardation and mental illness;
- (B) Is manifest before 22 years of age;
- (C) Is likely to continue indefinitely;
- (D) Results, in the case of a person five years of age or older, in a substantial limitation in three or more of the following areas of major life functioning: Self-care, receptive and expressive language development and use, learning and adapting, mobility, self-direction, capacity for independent living and economic self-sufficiency;
- (E) Reflects a need for a combination and sequence of special interdisciplinary or generic care, treatment, specialized communications techniques or other services which are lifelong, or extended in duration and are individually planned and coordinated; and
- (F) Does not include individuals who are solely and severely emotionally disturbed or seriously or persistently mentally ill or have disabilities solely as a result of the infirmities of aging.

**HCBS-IDD Program Eligibility** - an individual with IDD has been determined to meet all programmatic requirements for the HCBS-IDD Program with a Developmental Disability Profile (DDP) score of 35 or more, as determined by KDADS, using functional assessment information submitted by a CDDO.

**HCBS-IDD Wait List** - a list of individuals with IDD who have been determined functionally eligible and meet program eligibility and who have a present identified need for program service and are waiting to receive such service subject to appropriations and funding capacity to serve. Individuals do not have to be financially eligible for Medicaid in order to be on the HCBS-IDD Wait List.

**KDADS system of record** – the web-based system maintaining information for client assessment and referrals is the Kansas Aging Management Information System (KAMIS).

**Notice of Action** – a written notice issued to an individual identifying approval or adverse actions such as termination, suspension, or reduction of Medicaid eligibility or covered services. In cases involving adverse action, information is provided to the individual on their right to a hearing, the method by which to obtain a hearing and that they may represent themselves or use legal counsel, a relative, a friend, or other spokesman (42 CFR 431,206).

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**Qualified Non-Citizen** – Lawful Permanent Residents (LPR/Green Card Holder); Asylees; Refugees; Cuban/Haitian entrants; Paroled into the U.S. for at least one year; Conditional entrant granted before 1980; Battered non-citizens, spouses, children, or parents; Victims of trafficking and his or her spouse, child, sibling, or parent or individuals with a pending application for victim of trafficking visa; granted withholding of deportation; Member of a federally recognized Indian Tribe or American Indian born in Canada.

**Reassessment** – the annual functional eligibility assessment conducted to capture any changes that may have occurred.

**Recoupment** – recovery of amounts paid for which the recipient was not eligible to receive.

#### Contact Information

**HCBS Programs**  
**503 S. Kansas Ave**  
**Topeka, Kansas 66603**

**Email:** [KDADS.HCBS-KS@ks.gov](mailto:KDADS.HCBS-KS@ks.gov)  
**Phone:** 785-296-4986  
**Fax:** 785-296-0256

#### Related Information

**PUBLIC COMMENT PERIOD:**

**Posted Online:** December 16, 2016  
**Comment Period Ends:** January 16, 2017  
**Questions & Comments submitted to** [KDADS.HCBS-KS@ks.gov](mailto:KDADS.HCBS-KS@ks.gov)