Kansas
Department for Aging and Disability Services

Community Services and Programs Commission

Technology-Assisted Waiver

KanCare HCBS Waiver
KDADS
Presented by: Children's Resource Connection

TA Waiver Mission

- Provide hospital-level of care in an in-home setting.
- Provide the necessary in-home nursing services that can maintain or actually improve the child's medical status, as well as educate parents in child's care.
- Services individuals age 0 thru 21 years of age.

TA Waiver

Definition of Technology Assisted and Medically Fragile

- Technology Assisted
  - Dependent on an eligible medical device to compensate for loss of vital body function.
- Medically Fragile
  - Requires substantial and ongoing daily care by a nurse comparable to the level of care provided in a hospital setting, to avert death or further disability.
  - In the absence of home care, illness or disability would require admission to, or prolonged stay in a hospital.

TA Waiver

- MATLOC assessment tool evaluates the type of medical technology dependency and level of medical fragility of the individual.
- Administered by a trained and State certified RN or APRN (MATLOC Eligibility Specialist - MES)
- Policy guidelines in place for MES to follow but professional medical expertise also plays into assessment of medical needs and status.

TA Waiver Eligible Technologies

- Total or Intermittent Ventilator dependent
- Tracheostomy
- Bi-Pap or C-Pap
- Oxygen – continuous greater than 8 hrs
- Oximetry or Apnea Monitor –
  - Continuous greater than 8 hours and in conjunction with the oxygen technology requirement.
- Gastro tube feeding –
  - Either continuous or bolus, providing primary source of daily nutritional intake to avert death or further disability. Not eligible for technology points if utilized only for supplemental purposes, hydration only, and/or medication administration only.
- Total Parental Nutrition (TPN) – continuous greater than 6 hrs
- Intravenous (IV) Therapy – continuous greater than 6 hrs
- Home Dialysis (must be administered in the home)

TA Waiver – Technology

- Each eligible technology is assigned a point value.
- Minimum technology points required for eligibility.
- Each technology has specific requirements for eligibility.
- If tech points total 50 or more, there is no minimum acuity point requirement.
- If tech points are less than 50, a minimum acuity point total is required depending on age – 20 for below age 6, 30 for age 6 and above.

TA Waiver – Nursing Acuity

Additional Eligibility Criteria

- In addition to meeting definition of “technology assisted”, the individual must also meet the minimum acuity point threshold for their specific age group determined through the MATLOC nursing acuity assessment tool.

TA Waiver – Nursing Acuity

Additional Eligibility Criteria

- Acuity needs are determined through the MATLOC Assessment Tool which covers 20 care elements of importance and assigns a point value representing the time it takes to deliver the nursing care tasks identified in each care element.
- These elements are identified as specific care needs relative to the medical diagnosis and/or medical technology for which the individual is dependent upon to compensate for loss of vital body function.

MATLOC Eligibility Assessment Tool

Medical Assistive Technology Level of Care

Kansas Department for Aging and Disability Services
Community Services and Programs

HCBS-Technology Assisted Waiver

Medical Assistive Technology Level of Care Instrument
(MATLOC)

Section: I (Child's Demographics Information)

				Medicaid #:
Last Name:	**First Name:**			**DOB:**
Parent or Guardian:			**Last KBH:**	**SS#:**
Address:	**City:**	**State: KS**	**Zip:**	**County:**
Home Phone:	**Work Phone:**		**Cell Phone:**	
Primary Insurance:	**Group#:**		**Effective Date:**	**Decline Date:**

Alternative Mailing Address

Foster Home Placement: N/A	**Address:**	**City:**	**State: KS Zip:**

Personal Information

Gender: Unknown	**Primary Language:** Unknown	**Specify Other:**	
Referral Agency: N/A **Date:**	**Hometown:** N/A	**Attends School?** N/A	**Ethnicity:** Other

Assessment Completion

Type of Assessment	☐ **New** (initial LOC assessment)	☐ **Modified**	☐ **Reassessment** (every 6 mos. or as needed)
Date of Assessment			

Diagnosis

Primary Diagnosis	**Diagnosis Code**	**Secondary Diagnosis**	**Diagnosis Code**

(Level of Care Eligibility Assessment)

CURRENT MEDICAL TECHNOLOGY	**POINT VALUE**	**REFERRAL FOR WAIVER SERVICE** (MATLOC ELIGIBILITY SPECIALIST SECTION)
Ventilator: Intermittent ☐	☐ 40	**KanCare Health Plan of Choice:**
Ventilator: Total ☐	☐ 50	
Tracheostomy ☐ (do not check if total vent is selected)	☐ 40	
C-Pap ☐ Bi-Pap ☐	☐ 25	**Level of Care Requested**
O2(cont. over 8hrs.): (required for apnea monitor and/or oximetry points)	☐ 20	☐ LPN
Oximetry(cont over 8hrs.) ☐ Apnea Monitor(cont over 8hrs.) ☐	☐ 10	☐ RN
Gastro-tube cont.☐ bolus☐ :	☐ 35	☐ Personal Service Attendant
(TPN) or (IV) Therapy (cont. over 6 hrs.) ☐	☐ 40	☐ Medical Service Technician
Home Dialysis* (see qualifier)	☐ 40	
*** **Special Treatments (provided at min. 4x daily)** ☐ **Specify:**	☐ 10	
Level of Care assessment indicates the individual is determined functionally; ☐ eligible ☐ not eligible	**Nursing acuity points:** **Technology points:** **Total eligible support hrs:** per week	

***Special Treatments: (i.e. but not limited to;** nebulizer tx, suction, sterile dressing)
***Level of Care assessment**: Demonstrates an individual's level of care based on the combined medical technology and nursing acuity.
* **Nursing Acuity points**: Represents the amount of time for each care element per week.
* **Number of eligible formal support**: Calculation (total nursing acuity points/7x31= eligible formal support per month).

MATLOC Eligibility Specialist's Information

Name	**Title**	**Agency**	**Provider Number**	**Phone**
Date of application submission:		**DCF Worker:**		

Section: II (Nursing Acuity Scale I)

Last Name:	First Name:	DOB:	Medicaid#:

Point	Care Element	Point	Care Element	Point	Care Element
	Weight .5 ☐ < 65lbs. no or partial lift 1 ☐ > 65lbs. no or partial lift 1 ☐ < 55lbs. total lift 2 ☐ > 55lbs. total lift 2.5 ☐ > 125lbs. partial or total lift		***Mobility*** 1 ☐ Back brace 1.5 ☐ Fracture or cast- UE 2 ☐ Fracture or cast- LE 2 ☐ Body cast 1.5 ☐ Missing limb 1.5 ☐ Short/dysfunctional limb .5 ☐ AFOs/ splints/ orthotics 1 ☐ OT/PT daily regiment 2 ☐ Walker/WC/Crutch dep. 1 ☐ ROM 1.5 ☐ Turn q 2h 1 ☐ Lift device .5 ☐ Special positioning		***Elimination*** .5 ☐ Incont. stool occasionally 1.5 ☐ Incont. stool daily .5 ☐ Incont. urine occasionally .5 ☐ Incont. urine daily 1 ☐ Trip training bowel/bladder 2 ☐ Total assist perineal care 1 ☐ Urinary catheter indwelling 1 ☐ Ileostomy/Colostomy 1.5 ☐ Straight catheter 10 ☐ Home Dialysis*
	Nutrition 1 ☐ Special diet or prolonged oral feeding 1.5 ☐ Reflux/ dysphagia 1.5 ☐ NG-tube 1 ☐ G-tube 1 ☐ Enteral pump .5 ☐ Gravity				
	Integumentary 1 ☐ Stoma/ ostomy care 1.5 ☐ Wound care general 2 ☐ Decubitus care 2 ☐ Burn care 2 ☐ Complex dressing 1 ☐ Skin treatment > q4h		***Neurologic*** (seizures) 1 ☐ Mild, min. management 1.5 ☐ Mod., medication admin 1 ☐ Intervene>3x/wk 1.5 ☐ Intervene daily 2 ☐ Severe, meds/airway/injury 1 ☐ VNS>3x/wk		***Sleep*** .5 ☐ Sleep< 8hrs/noc 1 ☐ Sleep<6hrs/noc 1.5 ☐ Sleep<4hrs/noc 2 ☐ Sleep<2hrs/noc
	Communication (see last page for more) 1.5 ☐ Communication limited (difficulty communicating needs), is expressive/receptive/ augmented 2 ☐ Non-verbal (unable to communicate)		**MES Comments:**		

Total points :

Click on the boxes in front of the applicable care element, tabulate and assign points.

Section II: (Nursing Acuity Scale II)

Last Name:	First Name:	DOB:	Medicaid#:

Point	Care Element	Point	Care Element	Point	Care Element
	Hydration/ Specialty Care 2 ☐ IV therapy<q4h 1.5 ☐ IV therapy>q4h 2 ☐ **IV therapy cont> 6 hrs** 1.5 ☐ IV therapy intermittent 2.5 ☐ TPN central line 2 ☐ Central line care 1 ☐ Blood product admin q month 2 ☐ IV pain control 1 ☐ Lab draw each peripheral 1.5 ☐ Lab draw each central 2 ☐ Chemotherapy IV or injection .5 ☐ Maintain infusion port .5 ☐ Finger sticks		***Airway Management*** 1 ☐ Tracheostomy 1 ☐ **Oxygen, continuous** .5 ☐ **Oxygen, intermittent** .5 ☐ Oxygen prn .5 ☐ Humidification .5 ☐ Intermit. oronasal suctioning 1 ☐ Occasional tracheal suctioning 1.5 ☐ Tracheal suctioning >q3hrs. 2 ☐ **Bi-Pap or C-pap** 3.5 ☐ Ventilator 10 ☐ Respiratory effort absent 2 ☐ SIMV<10hrs/day 3 ☐ SIMV>10hrs/day 1 ☐ Vent on standby 2 ☐ Respiratory assist mode 1 ☐ Aspiration precaution 1.5 ☐ Apnea 1 ☐ Cont. apnea/oximetry monitor 1 ☐ Cough assist/percussion daily .5 ☐ Nebulizer>q4h		***Orientation/Behaviors/ Cognition*** .5 ☐ Oriented<X3 1 ☐ Confused 2 ☐ Cognitive impaired-dependent/ Uncooperative 1.5 ☐ Cognitive impaired-ADL interference 1.5 ☐ Combative .5 ☐ Requires occasional redirection 1 ☐ Requires frequent redirection 1 ☐ Self-abusive behavior, mild-no injury. 1.5 ☐ Self-abusive behavior, moderate injury 2 ☐ Self-abusive behavior, Severe
	Assessments 1 ☐ General assessment q shift 1.5 ☐ Intermittent assess (mod) 2 ☐ Continual assess. Line of sight 1 ☐ Min. 3hrs/wk RN manager intervention (Lab, MD contact, care planning) 2 ☐ >3hr/wk RN manager intervention .5 ☐ Assess VS/neuro/resp/GI q8h 1 ☐ Assess VS/neuro/resp/GI q4h 1.5 ☐ Assess VS/neuro/resp/GI q2h or less				
	Development .5 ☐ Development delay<5yrs. 1 ☐ Developmental disability 5+ years old(biological age)		***Sensory Deficits*** .5 ☐ Visual .5 ☐ Auditory .5 ☐ Tactile		***Medication Administration*** 1 ☐ Injectable med<1x wk 1.5 ☐ Injectable med>1xwk 1.5 ☐ Complex med admin, and/or RX>q2hr intervals 1 ☐ Routine Medication Admin.
	Acute Care Episodes (select one only) 1.5 ☐ Acute hospitalization> 7 days 2.5 ☐ New trach within 30 days 1.5 ☐ Abdominal surgery within 45 days 1.5 ☐ Bone surgery within 45days 2.5 ☐ Ventricular shunt new or revised within 30 days.		**MES Comments:**		
Total points (add rows):					

Section II: (Nursing Acuity Scale III)

Last Name:	First Name:	DOB:	Medicaid#:

Communication Level (If eligible, 2 points total awarded)

Hearing

- ☐ 0- Hears adequately
- ☐ 1- Minimal difficulty
- ☐ 2- Hears in special situation only
- ☐ 3- Highly impaired/absence of useful hearing

Making Self Understood

- ☐ 0- Understand
- ☐ 1- Usually understood- difficulty finding words or finishing thoughts
- ☐ 2- Sometimes understood- ability is limited to making concrete requests
- ☐ 3- Rarely/never understood

Speech Clarity

- ☐ 0- Clear speech
- ☐ 1- Unclear speech-slurred mumbled words
- ☐ 2- No speech- absence of spoken words
- ☐ 3- Unable to make needs know by any means

Ability to Understand

- ☐ 0- Understands
- ☐ 1- Usually understands-may miss some part/intent of message
- ☐ 2- Sometimes understands- responds adequately to simple, direct communication
- ☐ 3- Rarely/ never understands

Modes of Expression (Indicate which one)

- ☐ Speech
- ☐ Signs/gesture/sounds
- ☐ Writing
- ☐ Communication board
- ☐ American Sign Language or Braille
- ☐ Dynavox or other device

Communication Devices/ Techniques

- ☐ Hearing aid
- ☐ Other receptive techniques used(e.g. lip reading)

Mood (indicate which one)

- ☐ Positive
- ☐ Anxious
- ☐ Depressed
- ☐ Calm
- ☐ Tearful
- ☐ Suicidal

*Click on the boxes in front of the applicable level of communication.

* If rated 3 or more in any of the levels of communication category, add 2 points to the grand total

Total additional points:

Total points Acuity Scale I	Total points Acuity Scale II	Total points Acuity Scale III	Total eligible service hours based on medical needs assessment
hours	hours	N/A hours	hours per month

***The total number of nursing acuity points assessed for each acuity scale section represents the number of eligible service hours for the care element selected in the corresponding category.*

My signature acknowledges and confirms the accuracy of the Medical Assistive Technology Level of Care assessment, including my choice of KanCare Health Plan as indicated on page 1 of this assessment. I agree the assessment is current and true as of date.

Child/Parent/Guardian Signature: ☐ Original on file Date:

MATLOC Eligibility Specialist (MES) Signature/ Title: ☐ Original on file Date:

My signature confirms the individual being assessed is under my care; and the medical technology needs and care elements identified in this assessment is accurate and true to the best of my knowledge.

Medical Provider Signature: ☐ Original on file Date:
(Attending Physician, PA, ARNP)

Nursing Care Elements - clarification

Weight

- Consistent with the developmental milestones published by the National Institute of Health, an individual under the age of 2 will not be awarded acuity points for weight.
- Total lift requires individual to be non-weight bearing.
- Partial lift requires individual to be able to, or partially able to, bear weight.

Nutrition

- Special Diet or prolonged oral feeding awarded when individual is exercising oral feeding/training in addition to daily parenteral nutrition.
- Reflux points awarded when an individual with a qualifying G-tube has documentation of one of the following:
  - Swallow study within last 6 months showing reflux.
  - Treatment of aspiration pneumonia in last 12 months.
  - Need for suctioning due to reflux (not oral secretions) at least daily.

Nursing Care Elements - clarification

Integumentary

- Stoma/Ostomy care awarded for individuals with G-tube or trach.
- Wound Care General awarded when wounds are present extending into the dermis or deeper that require dressing changes at a minimum of daily or a treatment under the direction of a physician. Points are not awarded for superficial cuts, scratch, or tears.
- Decubitus Care awarded for pressure related sores.
- Burn Care awarded when individual has acquired a burn greater than stage 2.
- Complex Dressing awarded when individual requires dressing changes more than 4 times a day or when treatment includes, but not limited to, a combination of irrigation, or wound packing requiring sterile techniques.
- Skin Treatment awarded when treatment is required and prescribed by physician for acute dermatologic condition and not for maintenance purposes.

Nursing Care Elements - clarification

Communication

- Non-verbal awarded for individual who is unable to communicate for the following reasons: in vegetative state and on a ventilator
- Communication Limited awarded if an individual is able to communicate through means other than speech, such as gestures, sounds, sign language, or use of a communication device.

Mobility

- Short/Dysfunctional Limb awarded when there is a loss of partial or complete functional ability of that limb.
- Special positioning is awarded when the individual required daily positioning for purpose of airway management, parenteral feeding, or medical treatments.

Nursing Care Elements - clarification

Neurologic

- One selection is made based on whether individual needs mild, moderate, or severe intervention. Indication will be made regarding current medications, oxygen, suction, or if intervention was required by calling 911.
  - Mild – VP shunt and/or minimal meds, watch neuro status.
  - Moderate – on 2 or more meds
  - Severe – needing intervention on top of regular regimen.

Elimination

- Incontinence awarded for individual age 2 and over.
- Total Assist Perineal Care awarded regardless of age and may be in addition to incontinence as deemed necessary by the professional nursing judgement of the MES
- Trip Training Bowel/Bladder awarded when individual is at least 2 years and in process of trip training.

Nursing Care Elements - clarification

Sleep

- Sleep points awarded based on assessed daily needs of the individual. Definition for "sleep hours" are determined by the individual's normal sleep pattern (longest period of time individual sleeps daily).

Hydration/Specialty Care

- IV – only one therapy appropriate for the situation can be awarded.
- Total Parental Nutrition (TPN), central line, blood products, pain control, lab draws, chemo, infusion port, finger sticks – Any and all of these specialty care needs the individual is receiving on a routine/active basis can be selected.

Nursing Care Elements - clarification

Airway Management

- Intermittent Oxygen awarded if individual requires oxygen therapy daily for less than 8 hours a day.
- PRN Oxygen awarded if an individual requires oxygen less than daily, and is utilized at a minimum monthly.
- Tracheal Suction – choice of occasional or greater than 3 hours
- Intermittent Oronasal can be selected in addition to the tracheal suction if applicable.

Nursing Care Elements - clarification

Orientation/Behavior/Cognition

MES is able to choose one care element within each of the 3 areas of Orientation, Behavior and Cognition, if applicable.

- Behavior –
  - Combative – to the point where they require restraints, seclusion, or restrictive intervention.
  - Redirection – do they require physical redirection to reduce the progression to 'combative'.
  - Frequent is "continual assessment", requiring line-on-sight on activity due to behavioral issues.

Nursing Care Elements - clarification

Orientation/Behavior/Cognition

- Self-abusive Behavior – physical behaviors, age appropriate, and how injury needs to be treated.
  - Mild – Individual exhibits behaviors that does not result in injury requiring treatment or therapies.
  - Moderate – Individual requires medical treatment in the home.
  - Severe – Individual requires restraints, seclusion, medication, hospitalization, etc.

Nursing Care Elements - clarification

Orientation/Behavior/Cognition

- Orientation/Cognition – only one status can be awarded between the following:
  - Oriented
  - Confused – individual is in constant state of confusion or ability to orient to surroundings has changed.
  - Cognitive impaired/ADL interference – individual can physically participate but cognition impairments requires assistance with ADLs.
  - Cognitive impaired/dependent, uncooperative – Individual is cognitively impaired and physically cannot assist in performing ADLs and is completely dependent on others.

- Points awarded based on cognitive/behavioral deficits from what is appropriate for age.

Nursing Care Elements - clarification

Sensory Deficits

- Visual – have a diagnosis of legal blindness or cortical vision impairment, and/or must require an assistive device, used daily, in use at all times during waking hours.
- Auditory - must have a diagnosis of major hearing loss or deafness, and/or must require an assistive device, used daily, in use at all times during waking hours.
- Tactile – has a diagnosis that results in an impaired tactile ability, the professional assessor has the ability to use their professional judgment in awarding this acuity.

Nursing Care Elements - clarification

- Nothing new has been added or changed in these clarifications from what was being utilized by the MATLOC Eligibility Assessors.
- Assessors have been working with Kimberly Pierson, TA Waiver Program Manager, over the last year to more clearly define how each section is applied.
- The clarifications that have been provided addresses those areas where there were questions regarding how the acuity needs and points have been, and will be, applied.

TA Waiver Referral Process

- Children's Resource Connection
  - Entity created by TA Waiver eligibility specialists

  - 316-721-1945
  - crctaks@cox.net

  - CRC and the MES are committed to ensuring that children meet the eligibility requirements set by the State of Kansas before being placed on, or remaining on, the TA Waiver.

- CRC and the eligibility assessors have no connection to any MCO or service provider, thus providing a conflict-free environment when completing eligibility assessments.

- The integrity of the TA Waiver, being a medical waiver, relies on the fact that all assessments are conducted by an RN or APRN, who meets the State's assessor guidelines, and who is knowledgeable about medical equipment, needs, medications, conditions, etc. This ensures appropriate medical evaluations of needs is accomplished.

Transition Process

Voluntary, Involuntary, Age-Out

- Voluntary discontinuance of TA Waiver services
  - The individual is given 10 days, plus mailing, before TA Waiver services end and is not eligible to transition directly to any other HCBS Waiver.

- Ineligibility through loss of all eligible technology
  - The individual is given 10 days, plus mailing, before TA Waiver services end. He/she is eligible to transition to another HCBS Waiver if those eligibility requirements have been met and has had an eligibility assessment conducted. The MCO care coordinator should be aware of this possibility in advance and hopefully has been assisting the family with these needs for the transition to be accomplished in this short of time.

Transition Process

Voluntary, Involuntary, Age-Out

- Ineligibility through loss of some technology, and/or acuity points, no longer meeting the minimum point threshold for either, but still has at least one eligible technology present
  - 45 days, plus mailing, is given before TA Waiver services end. If child could possibly transition to another HCBS Waiver, family is informed to contact their MCO care coordinator, CDDO, or ADRC to assist them in getting an eligibility assessment completed for the HCBS Waiver for which the child could be eligible.
  - The majority of the time this is the IDD Waiver, and usually if the MES feels that the child might not qualify by or before the next scheduled 6-mo reassessment, the family and MCO are informed of the possibility and the need to arrange for a BASIS assessment.

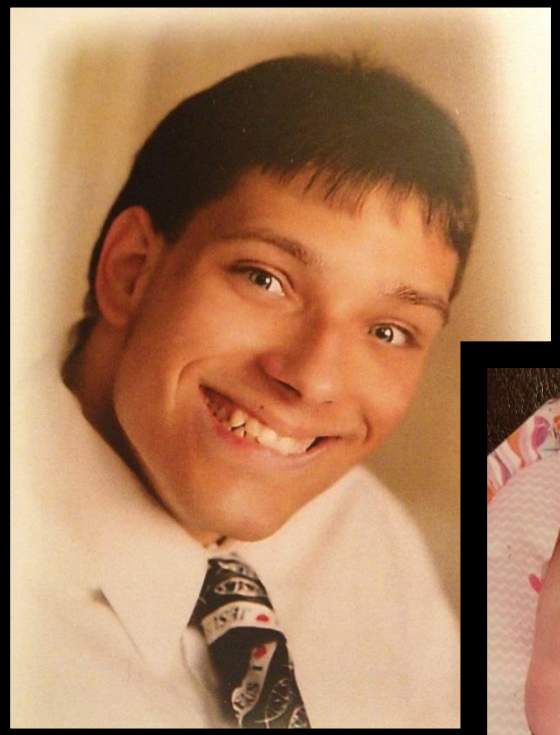
Transition Process

Voluntary, Involuntary, Age-Out

- Insufficient acuity points at age 6 due to the increase minimum
  - MCO are notified at the previous 6-mo reassessment so that arrangements can be made for possible transition to another HCBS Waiver.
  - Another assessment is done within 45 days of the 6th birthday to verify acuity points.
  - If child still does not meet eligibility requirements, they are given 45 days, plus mailing before TA Waiver services end.
- Age-Out
  - Individuals age out of the TA Waiver on the day they turn 22. The MES will have informed the family and the MCO of the individual's status at the prior 6-mo reassessment. This allows for adequate time to prepare for the transition to either the IDD or PD Waiver on the day the individual turns 22.

KDADS Home and Community Based Services

Technology Assisted Waiver



TA Waiver Kids