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Kari M. Bruffett, Secretary

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POLICY ISSUANCE

FINAL

To: AAA/ADRC Directors
Amy Wiatr-Rodriguez, AoA/ACL
KDADS Directors
Janis DeBoer, K4A

Field Services Policy #: FS 2015-01

From: Craig Kaberline, Commissioner on Aging

Date: September 25, 2015

RE: Case Management/Senior Care Act Policy Updates

Policy Issue: Revise Field Service Manual (FSM) 3.1 Case Management and 3.6 Senior Care Act

Check Appropriate Process:

Standard Policy Process KDADS/KDHE Policy Process Expedited Policy Process

Policy Implementation Through:

KDADS KDHE MMIS Fiscal Agent (HP Enterprise Services)

KDADS Contact Person(s): John G. White (785-296-0385)

KDHE Contact Person(s): N/A

Related References/Processes:

Related Policy Number(s): N/A Superseded Policy Number: N/A

K.A.R. Change Required? No KDADS Policy Manual Change?. Yes

If yes: What Reference #(s) _____

Date to initiate revision _____

Proposed effective date _____

State Plan Change Required? No

If yes: What section #(s) _____

Submission date: _____

Transmittal Number (TN): _____

Supersedes Transmittal Number: _____

Waiver Amendment Required? No

Routing Information:

Internal Route Date: 05/01/2015 Internal Comments Due Date: 06/01/2014

Field Route Date:	07/06/2015	Field Comments Due Date:	08/17/2015
KDHE Route Date:	N/A	KDHE Comments Due Date:	N/A
KDHE Approval Date:	_____	KDADS Approval Date:	9/25/2015_____

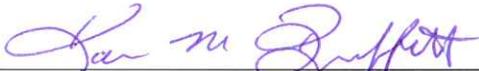
Training Required:

KDADS Central Office:	Yes	KDADS Field Staff:	Yes
AAA/ADRC Staff:	Yes	Contracted Case Managers:	Yes
Customer Education:	Yes		

Change: Updated Case Management to remove ‘Targeted Case Management (TCM) language. Senior Care Act update included for program administration updates. All updated FSM include name change from “KDOA” to “KDADS”.

Final Policy: Field Service Manual Sections 3.1 and 3.6 attached. After revision this policy change will become effective October 1, 2015. For information on the policy update contact John.White@kdads.ks.gov or write
John G. White
Kansas Department for Aging and Disability Services
503 S. Kansas
Topeka, KS 66603

Approved: Disapproved:



Secretary of Aging and Disability Services

9-29-15

Date

3.1 Case Management Services

3.1.1 Introduction and Definition

Case management (CM) consists of providing assistance in access and coordination of information and services to older customers and/or their caregivers to support the customers in the living environment of their choice. CM services funded by Older Americans Act (OAA) Title III B and by Senior Care Act (SCA) through the Kansas Department for Aging and Disability Services (KDADS) are subject to an annual grant and/or contract process.

Case managers providing CM services shall comply with KDADS regulations and policies, both current and as amended in the future.

3.1.2 Targeted Population

- A. Older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). [OAA Section 305(a)(2)(E)]
- B. Individuals assessed and referred pursuant to KSA 39-968 (CARE Program) who reside in the community and can function independently with the assistance of community based services;
- C. Individuals to be discharged from hospitals and nursing homes to the community and needing services; and
- D. Residents of long term care facilities who are able to return to their home or other community-based setting if services are provided to them.

3.1.3 Customer Eligibility

- A. Individuals must meet the following requirements to be eligible for CM funded by OAA and SCA:
 - 1. The customer must be 60 years of age or older;
 - 2. The customer must have been assessed using the form designated by KDADS;
 - 3. For SCA customers only, the customer must meet Long Term Care Threshold criteria established for SCA;
 - 4. The customer has a need identified by the state designated assessment form for CM to be funded by the OAA and/or SCA funding sources.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

5. Short term CM services are available for customers receiving one time services for period of 90 days. CM services beyond the 90 day period for customers receiving one time services can be provided with approval from KDADS SCA/OAA Program Manager.
6. The customer is unable to obtain, coordinate, and monitor the required services for himself or herself without assistance; and
7. The customer does not have a designated person acting on their behalf that is able and willing to provide adequate coordination and monitoring of services.

3.1.4 Case Manager Qualifications

- A. CM funded by OAA or SCA shall be provided by either employees or contractors of an Area Agency on Aging (AAA) recognized by KDADS.
- B. Case management shall be provided by individuals that have participated in all training stipulated in Section 3.1.6, Training and Certification Requirements, to ensure proficiency of the program, services, rules, regulations, policies and procedures set forth by the state agency administering the program.
- C. A case manager employed by, or under contract with, an AAA cannot also be employed by, or under contract with, any entity which creates a conflict of interest by providing OAA and/or SCA services.
- D. A Case Manager must meet the following qualifications:
 1. An individual with a four-year degree from an accredited college or university with a major in gerontology, nursing, health, social work, counseling, human development, or family studies, or related area as approved by KDADS SCA/OAA Program Manager, and that individual has at least one (1) year experience in the aging and /or disability field; or
 2. A Registered Professional Nurse licensed to practice in the State of Kansas with at least one (1) year experience in the aging and/or disability field; or
 3. An individual providing CM services through an AAA prior to September 30, 2015 shall be deemed as meeting education and experience requirements.

A Junior I Case Manager must meet the following qualifications:

4. An individual with a High School or General Education Diploma and four (4) years work experience in the human services field with an emphasis in aging services; or a combination of work experience in the human services field and post-secondary education, with

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

one (1) year of work experience substituting for one (1) year of education (an individual that meets the senior case manager qualifications must supervise this person).

A Junior II Case Manager must meet the following qualifications:

5. An individual with a High School or General Education Diploma and one (1) year work experience (an individual that meets the senior case manager qualifications must supervise this person).

3.1.5 Components of Case Management:

Component	Senior Case Manager Qualification Required	Junior Case Manager Qualification Allowed
A. Assessment		
1. Assess an eligible individual to determine service needs, including:		
a) taking customer history;	Yes	No
b) identifying the individual's needs and completing the assessment instrument designated by KDADS and related documentation; and	Yes	No
c) gathering information, if necessary, from other sources such as family members, medical providers, social workers, and educators, to form a complete assessment of the individual.	Yes	No
2. Documenting all pertinent information related to tasks completed.	Yes	No
B. Development of a Plan of Care (POC)		
1. Develop a plan of care that:		
a) is based on the information collected through the assessment via a completed Customer Service Worksheet (CSW);	Yes	No
b) specifies the goals and actions to address the medical, social, education, and other service needs of the individual;	Yes	No
c) includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized	Yes	No

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

d) health care decision maker) and others to develop such goals, and identify a course of action to respond to the assessed goals and needs of the eligible individual; and		
e) includes time spent discussing service options and alternatives, needs, and preferences of the customer, services to be provided, authorized costs, and the implementation dates.	Yes	No
2. Documenting all pertinent information related to tasks completed.	Yes	No

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

Component	Senior Case Manager Qualification Required	Junior Case Manager Qualification Allowed
C. Referral and Related Activities		
1. Help an individual obtain needed services, including:		
a) activities that help link the individual with medical, social, or educational providers; or	Yes	No
b) activities that help link the individual with other programs and services that are capable of providing needed services, such as making referrals to providers for needed services.	Yes	No
c) assist with application(s) for other programs, such as but not limited to QMB, LMB, SNAP, and HCBS.	Yes	No
2. Report to Department of Children and Families (DCF) Adult Protective Services (APS) and/or law enforcement any suspected abuse, neglect, or exploitation of the individual.	Yes	Junior I and Junior II Case Manager
3. Expanding the service options available by encouraging the informal supports and formal service providers to be more flexible, and also seeking new or non-traditional resources and services.	Yes	No
4. Promoting the enrollment of new providers on behalf of individuals.	Yes	No
5. Documenting all pertinent information related to tasks completed.	Yes	Junior I Case Manager only
D. Monitoring and Follow-up Activities		
1. Activities and contacts that are:		
a) necessary to ensure the POC is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities; and	Yes	Junior I Case Manager only

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

Component	Senior Case Manager Qualification Required	Junior Case Manager Qualification Allowed
b) conducted as defined in Section 3.1.8.B to determine whether: <ul style="list-style-type: none"> • services are being furnished in accordance with the individual’s POC; • the services in the POC are adequate; and • there are changes in the needs or status of the individual, and if so, making necessary adjustments in the POC and service arrangements with the providers. 	Yes	No
2. Ensuring public and private resources are used efficiently to meet the health and welfare needs of the individual as set forth in the POC.	Yes	No
3. Documenting all pertinent information related to the tasks completed.	Yes	Junior I Case Manager Only

3.1.6 Training and Certification Requirements

A. All case managers must meet the training and certification requirements for assessors (Section 2.7) prior to completing any component of the assessment designated by KDADS.

B. All case managers must complete the following:

1. Comprehensive Case Management (CCM) training provided by the KDADS within three (3) months of the start of their employment or contract or first available KDADS training;
2. All KDADS mandated CCM, UAI, and Kansas Aging Management Information System (KAMIS) training programs on an ongoing basis; KAMIS training requirements shall be waived upon KDADS receipt of a letter from the AAA’s director stating the case managers will not be required to enter information into KAMIS; and

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

3. A total of 15 hours of continuing education on an annual basis (the 15 hours includes CCM training), with an emphasis in aging and/or disability topics.

3.1.7 Skills Requirements

- A. Case managers must have the following knowledge, skills and abilities:
 1. Conflict resolution;
 2. Time management skills;
 3. Ability to effectively communicate with customers, family members, service providers, and co-workers;
 4. Ability to initiate and sustain effective interpersonal relationships;
 5. Knowledge of community resources and available funding sources;
 6. Knowledge of quality of services recommended;
 7. Have a thorough and current knowledge of the community based service system in their service area;

3.1.8 General Case Management Standards

- A. Personnel
 1. Only qualified individuals may provide CM services.
 2. Case managers must receive the required number of training hours.
 3. AAAs must have procedures that address how case managers will be supervised and their work monitored.
 4. Volunteers and family members may not receive reimbursement for CM services.
- B. Case Management Services
 1. Only eligible customers per 3.1.3.A may receive CM services.
 2. Implementation of services shall occur within seven (7) working days following the determination of eligibility and referral for the services, unless otherwise requested by the customer or their family.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

3. There shall be evidence that the customer and the customer's family members are educated on how to manage their own needs, with an ultimate goal of empowering customer/family independence to advocate for themselves, whenever possible.
4. Case managers shall make every effort to utilize/access all available services to meet the needs of their customers, not just those funded by the AAA.
5. Ongoing evaluation and monitoring shall occur on a regular basis to assure services are being provided according to the POC and CSW, timely referrals are made on behalf of the customer; and
 - a. CMs are required to make contact with the customer or the customer's representative for monitoring purposes on a quarterly basis, at a minimum, including two face-to-face visits with each customer annually or as otherwise required to meet customer's needs or as related to policy changes
6. Utilization of informal and formal resources is coordinated in a cost-effective manner so that there is a continual decrease in the number of unmet service needs experienced by the customer.
7. Documentation accurately reflects customer health status, service provision, choice of providers and coordination of services in accordance with the POC and CSW. Documentation also adheres to KDADS policies as set forth in the Field Services Manual and state and federal rules, regulations, and requirements.
8. Each suspected incidence of abuse, neglect, or exploitation (ANE) must be reported to DCF Adult Protective Services (APS) or KDADS Licensure, Certification, and Evaluation (LCE), as appropriate. The report date and appropriate ANE taxonomy code must be documented on the KAMIS POC within 3 working days of making the report. Once the determination is received from APS or LCE, the applicable closure code must be entered on the KAMIS POC.
9. Documented travel time is a reimbursable expense for CM services rendered under SCA only.
10. Transfer of customer files between AAAs within Kansas;
 - a. Transferring AAA shall, upon notification of customer relocation from PSA and desire of customer to continue services, contact receiving AAA to determine availability of services and notification of customer relocation.
 - b. Transferring AAA shall provide receiving AAA, at minimum, last 6 months of case file and complete customer transfer in state designated MIS.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

- c. Receiving AAA shall make contact with customer and set up service or discuss waitlist procedures within 7 working days of customer transfer.

11. Quality Assurance

- a. Customer case files will be randomly monitored by KDADS quality review staff quarterly to determine compliance with customer-based performance criteria.
- b. Customers must be informed of their rights and responsibilities at every face to face customer/family visit and on every Notice of Action. This must be documented in each customer's case file.
- c. Customer Fee Agreement, Customer Code of Conduct, Customer Service Worksheet and Customer Choice Forms are reviewed and signed annually and documented in customer case file.
- d. Activated Durable Power of Attorney (DPOA) and/or Legal Guardianship shall be documented in customer case file and in state designated MIS.
- e. The AAA shall develop and implement an independent complaint mechanism; this shall be available upon request in a written document.

12. CM shall be available in the entire Planning and Service Area (PSA) for the OAA and SCA programs.

13. Customers shall receive OAA or SCA CM services from the AAA responsible for the PSA in which the customer resides. When possible, each AAA shall provide the customer choice of case manager within the agency.

3.1.9 Service Limitations

- A. SCA and OAA CM cannot be provided in conjunction with any other case management service.
- B. CM does not include the direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- C. The case manager may assist the customer with the appeal process, as requested. The case manager may explain how a customer seeks review of a program decision or may provide an appropriate form for the customer to use when requesting a hearing. During the hearing, the customer may be represented by any person or attorney as long as the representative is not the case manager or any other individual employed by, or under contract with, the AAA.
- D. Customer eligibility as defined by FSM 3.1.3.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

3.1.10 Billing

A. Accounting For and Recording Time

1. AAAs shall accurately account for their time spent working on, and recording in, individual customer's case records.
2. AAAs shall not submit bills claiming payment for time not actually spent in providing CM services or time spent during the Quality Review process.
3. A unit of service for CM is 15 minutes.
4. CM shall be billed by units or partial units of service as outlined below:
 - a. 0.5 unit = 0.1 through 7.50 minutes of CM services
 - b. 1 unit = 7.51 through 15.00 minutes of CM services

Time performing CM services beyond one unit shall be recorded and billed in the same way.

5. If multiple case managers consult on a customer's case, their total units of service may be billed.
6. When an individual is employed in a CM supervisory capacity and is current with all training and certification requirements, they may bill their consulting time with case managers.

B. Required Documentation

1. Each AAA shall develop and implement a systematic customer case file organization within their agency and maintain that same system of organization for each individual case file.
2. Providers of CM services are required to maintain individual case files that indicate all contacts with and on behalf of customers. These case files shall include the following information and shall be available for review by state and federal agencies:
 - a. The complete legal name of the individual receiving the service;
 - b. The date the service was provided (mm/dd/yyyy);
 - c. The name of the AAA;
 - d. The name of the case manager providing the service;
 - e. The name of the contact and relationship to customer;
 - f. The location of the service provided;
 - g. The component of case management service provided under Section 3.1.5;

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

- h. Documentation content must include description of discussion and/or action taken with or on behalf of customer and include any follow up required;
 - i. The amount of time provided, in units or partial units, per customer;
 - j. The individual providing the CM services must initial each case log entry and sign each page of the case log.
3. Using these records as documentation, the AAA shall then bill the KDADS, as directed. The CM shall only bill for documentation to one case file.

3.1.11 Case Manager Safety and Welfare

- A. Each case manager should be able to work in an environment free from threats, threatening behavior, acts of violence, or any other related conduct which disrupts the ability to execute the performance of his or her duties.
- B. Each customer shall annually agree to sign and abide by the “Customer Code of Conduct”.
- C. The AAA’s response to safety offenses shall depend on the nature and degree of the offense.
- D. This policy does not supersede statutory and regulatory licensure requirements for licensed nurses, licensed social workers, or other professionals licensed in Kansas.
- E. The AAA shall establish criteria to determine if the case manager is to be accompanied by another employee or a law enforcement official. If another employee is sent, only one may bill for CM services.
- F. Level I Safety Offense
 1. The following are considered Level I Safety Offenses. If an offense occurs, the case manager shall document the offense in the customer’s case log. In addition, the case manager may choose to file a written report with their AAA for further action:
 - a. Verbal harassment toward the case manager, including yelling or demanding behavior;
 - b. Making inappropriate remarks or physical actions toward the case manager that may be considered racist, discriminatory, or sexual in nature;
 - c. Possession of unauthorized materials such as explosives, illegal weapons, or other similar items while in the presence of the case manager;
 - d. Manufacturing, use, or distribution of illegal drugs while in the presence of the case manager; or
 - e. Possession of a legal firearm in the presence of the case manager, when that firearm is not securely stored in a safe location.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

2. A written report of a Level I Safety Offense shall result in the following actions:
 - a. The AAA shall provide the case manager with alternative solutions to address the inappropriate behavior or circumstances.
 - b. The AAA shall then attempt to resolve the situation by consulting with the case manager and the customer.
 - c. If the situation remains unresolved, the AAA and the case manager shall develop a written action plan, taking customer input into consideration, as appropriate.
 - d. If the customer fails to comply with the action plan and the situation remains unresolved, CM services may be terminated following a timely notice of action to the customer. Loss of CM services shall result in the following:
 - i. Termination of all OAA/SCA services;
 - ii. Option to self-direct SCA services will no longer be available; and
 - iii. Possible termination of services funded by other sources.
 - e. At the time of service termination, a copy of the written report identifying the offense, the action plan, documentation in the customer's case log, and the customer's notice of action shall be submitted to the KDADS OAA/SCA Program Manager.

G. Level II Safety Offenses:

1. The following are considered Level II Safety Offenses. If an offense occurs, the case manager shall document the offense in the customer's case log. In addition, the case manager shall provide a written report to their AAA for further action:
 - a. Verbal threat or other behavior toward the case manager that insinuates physical harm;
 - b. Sexual assault of the case manager;
 - c. Physical contact with the case manager resulting in bodily harm; or
 - d. Use of a firearm or other weapon in a threatening manner toward the case manager.
2. A written report of a Level II Safety Offense shall result in the following actions:
 - a. The case manager shall contact appropriate authorities, including law enforcement officials or Adult Protective Services staff.
 - b. CM services shall be terminated following timely notice of action to the customer. Loss of CM services shall result in the following:
 - i. Termination of all SCA/OAA services;
 - ii. Option to self-direct SCA services will no longer be available; and
 - iii. Possible termination of services funded by other sources.
 - c. At the time of service termination, a copy of the written report identifying the offense, documentation in the customer's case log, and customer notice of action shall be submitted to the KDADS OAA/SCA Program Manager.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

- H. The customer must show steps have been taken to correct the Level I or Level II offense through counseling, rehabilitation for the behavior, or other appropriate action before CM services may be re-instated.

3.1.12 Reasons for Discharge from Case Management Services

- A. The following are reasons for service discharge and numbering correspond to data entry codes in state designated MIS. Reserved codes not available for use included: 1, 8, 12, 16, 22, 24, 26, 27, 28, and 30:
2. Death of Customer;
 3. Customer moved out of planning service area, but remains in Kansas;
 4. Customer moved to adult living facility with supportive services
 5. Customer moved to nursing facility;
 6. Customer chose to terminate services, including revoked their release of information or moving out of state;
 7. Service is not available to meet customer service need, including critical services for customer's health and welfare needs;
 - a. Customer is determined to be no longer safe in his or her own home; (Note: Data entry code is 7 in State MIS; Notice of Action require designation of why service is not available.
 - b. Customer condition deteriorated and service discontinued; (Note: Data entry code is 7 in State MIS; Notice of Action require designation of why service is not available.
 9. Customer failure to pay his or her co-pay (SCA only)
 11. Customer no longer meets AAA's OAA or SCA functional criteria;
 - a. Customer condition improved and service is discontinued (Note: Data entry code is 11 in State MIS; Notice of Action allows for discontinue of one service based on improvement and continuance of other services based on customer need and functional criteria).
 13. Program or service ended or terminated due to funding change;
 14. One time service delivered, such as assessment or installation, includes short term CM services available for one time services.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.1

Case Management

Effective Date: October 1, 2015

Revision: 2015-01

15. Service(s) discontinued/not available due to lack of service provider and/or staff.
20. Customer or family interfere with service delivery to the point that it interferes with the AAA's/CME's or provider's ability to provide services;
21. Customer transferred to another funding source for the service;
23. Customer refused to sign or failed to abide by the POC or the customer service worksheet;
25. Customer whereabouts is unknown;
32. Customer, family member, or other person present in the household committed a Level I Safety Offense as specified in Section 3.1.11 and did not comply with the action plan to correct the problem; or
 - a. Customer, family member, or other person present in the household committed a Level II Safety Offense as specified in Section 3.1.11. (Note: Data entry code is 32 in State MIS; Notice of Action requirements require designation between Level 1 and Level 2 Safety Offenses)
 - b. The customer refuses to sign the "Customer Code of Conduct" (SS-043). (Note: Data entry code is 32 in State MIS; Notice of Action requires designation of case closure due to no Customer Code of Conduct.

3.6 Senior Care Act

3.6.1 Program Description and Outcomes

The Senior Care Act (SCA) program was established by the Kansas Legislature to assist older Kansans who have functional limitations in self-care and independent living, but who are able to reside in a community based residence if some services are provided. The program provides in-home services to persons who contribute to the cost of services based on their ability to pay.

The SCA program shall be measured by the following Kansas Department for Aging and Disability Services (KDADS) strategic plan outcomes:

- Assessments capture a picture of the customer’s needs;
- Informal caregivers are appropriately supported in their caregiving role;
- Services provided across the continuum meet senior’s expectations of quality;
- Case management provides a cost-effective means to coordinate services;
- Area agencies on aging (AAAs) target services to the identified populations;
- Seniors live in their family homes later into the life cycle;
- Seniors remain a part of the larger community, thereby enhancing their quality of life; and
- Transition to nursing home services occurs later in the life cycle.

3.6.2 Authorities (as amended)

The program is governed by KSA 75-5926 et seq. and KAR 26-8-1 through 26-8-15.

3.6.3 Definitions (KAR 26-8-1)

Family – See Section 1.1 for a definition of family.

Income - means the monthly sum of income received by a family from the following sources:

- a. Gross wages or salary;
- b. income from self-employment;
- c. social security;
- d. dividends, interest, income from estate or trusts, rental income, or royalties;
- e. public assistance or welfare payment;
- f. pensions and annuities;
- g. unemployment compensation;
- h. workers compensation;
- i. alimony;
- j. veteran's pensions; and
- k. adjusted net farm income.

3.6.3 (cont.)

Liquid Assets - means cash on hand; funds in checking, savings, money market, and individual retirement accounts; stocks; bonds; savings bonds; certificates of deposit; the cash value of life insurance policies; and mutual funds.

One-time service - means an activity that is not intended to be ongoing (less than three months per 365 days) and has a unit of service of one dollar.

3.6.4 Eligibility Criteria (KAR 26-8-2)

A. General

1. Each customer must be a resident of Kansas (see Section 1.1 for a definition of Kansas resident); and
2. Each customer must be 60 years of age or older.

B. Functional

To be eligible for SCA services, the customer must meet the **Long Term Care Threshold criteria**, based on the results of the Long Term Care (LTC) Threshold Guide of the Uniform Assessment Instrument (UAI) as follows:

1. The customer has impairment in a minimum of two (2) Activities of Daily Living (ADLs) with a minimum combined weight of six (6); and impairment in a minimum of three (3) Instrumental Activities of Daily Living (IADLs) with a minimum combined weight of nine (9); and a total minimum level of care weight of 26; or
2. The customer has a total minimum weight of 26, with at least 12 of the 26 being IADL points and the remaining 14 being any combination of IADL, ADL, and/or Risk Factor points.

C. Customers that receive only an assessment are not subject to the functional eligibility criteria in B.

D. Medicaid home and community based services customers shall be eligible to receive only SCA services that are not funded through the Medicaid program.

3.6.5 Service Provision

- A. Prior to service implementation, an assessment must be completed and the customer must be determined eligible for the program pursuant to Section 2.6.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.6

Senior Care Act

Effective Date: October 1, 2015

Revision: 2015-01

3.6.5 (cont.)

- B. Qualified Uniform Assessment Instrument (UAI) Assessors shall adhere to the requirements in Section 2.6.
- C. Case managers (CMs) shall adhere to all responsibilities as identified in Section 3.1.
- D. A comprehensive list of services funded by the SCA program is listed in the Service Taxonomy.
- E. Services must begin within seven (7) calendar days of the determination of eligibility (date of assessment). The customer's case file must clearly document the reason(s) for any exception to this timeframe. The following consist of acceptable reasons why a customer's services are not delivered within the seven (7) calendar days.
 - 1. Service provider limitations- While AAAs are expected to do their best to ensure that service providers are available for the services funded in their service area, provider availability cannot be guaranteed.
 - 2. Resource limitations- SCA services may be limited by the amount of state and local resources (KSA 75-5928(c)).
 - 3. The customer requests that services be delayed for seven (7) or more days.
- F. Customer Fees
 - 1. The SCA program is a fee-for-service program. Each customer shall be charged a fee, which is taken from the sliding fee scale and based on the customer's family size, monthly income, and liquid assets, which are recorded on the Uniform Assessment Instrument. (See Section 1.1 for a definition of family.)
 - 2. The customer's fee shall be revised if the monthly income and/or liquid assets have changed as determined during the customer's annual reassessment or an assessment completed due to significant change in condition. (See Section 1.1 for a definition of significant change in condition.)
 - 3. The Notice of Action shall reflect customer fee percentage and estimated monthly customer responsibility.
 - 4. The sliding fee scale is revised annually to reflect changes in the poverty scale. KDADS will publish revisions to the sliding fee scale in the Kansas Register prior to its implementation.
 - 5. The customer's fee shall not include case management or assessment.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.6

Senior Care Act

Effective Date: October 1, 2015

Revision: 2015-01

3.6.5.F (cont.)

- 6. If a customer refuses to disclose his or her income and liquid assets, then that customer shall pay 100% of the cost of the service (KAR 26-8-7).

G. Available Service Providers

A customer is eligible for SCA services until such time as service providers or other resources are unavailable to implement all services on the plan of care. It is the responsibility of the CM to identify and locate service providers and/or community resources.

H. Interruption of Services

SCA services, with the exception of Personal Emergency Response service, shall be suspended during a short-term stay (planned brief stay or temporary stay) using an NOA (See FSM 1.3.5). If the end date is not known at the time of the initial NOA, a second NOA must be sent to reinstate services. The SCA case shall remain open for case management services and payment of Personal Emergency Response and Financial Management Services for a period no longer than two calendar months following the month in which services were suspended (e.g. if a short-term stay began on July 3rd, the case could remain open until September 30th).

3.6.6 Self-Directed Attendant Care and Homemaker Services

A. Self-Directed Services Description

Attendant care and homemaker services provide supervision and/or physical assistance with Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs) for individuals who are unable to perform one or more activities independently. Attendant care and homemaker services may be provided in the individual's choice of housing, including temporary arrangements.

IADLs	ADLs	
<ul style="list-style-type: none">• Shopping• House cleaning• Meal preparation• Laundry• Medication setup, cueing, or reminding and treatments• Life management (financial matters, i.e., bill paying)	<ul style="list-style-type: none">• Bathing• Grooming• Dressing• Toileting	<ul style="list-style-type: none">• Transferring• Walking/Mobility• Eating• Accompanying to obtain necessary medical services

HEALTH MAINTENANCE ACTIVITIES

- Monitoring vital signs
- Supervision and/or training of nursing procedures
- Ostomy care
- Catheter care
- Enteral nutrition
- Wound care
- Range of motion
- Reporting changes in functions or condition
- Medication administration and assistance

Customers or their representatives are given the option to self-direct their attendant care/homemaker services. The customer’s representative may be an individual acting on behalf of the customer, an activated durable power of attorney for health care decisions, a guardian, and/or conservator. If the customer or representative chooses to self-direct attendant care or homemaker services, he or she is responsible for making choices about those services, including hiring, supervising, and terminating the employment of attendants or homemakers; understanding the impact of those choices; and assuming responsibility for the results of those choices. Self-directed attendants/homemakers are subject to the same quality assurance standards as other attendant care and homemaker service providers including, but not limited to, completion of the tasks identified on the Customer Service Worksheet (CSW).

According to KSA 65-1124(1), a customer who chooses to self-direct their care is not required to have their attendant care supervised by a nurse. Furthermore, KSA 65-6201(d) states that Health Maintenance Activities can be provided “. . . if such activities in the opinion of the attending physician or licensed professional nurse may be performed by the individual if the individual were physically capable, and the procedure may be safely performed in the home.” Health Maintenance Activities and Medication Setup must be authorized, in writing, by a medical care provider or registered nurse.

B. Self-Directed Care Limitations

1. All customers with self-directed services will have mandated case management.
2. All customers with self-directed services must have a CSW, and it must be signed by the customer or his/her representative.
3. Attendants must be 18 years of age or older.
4. A customer who has a guardian and/or conservator cannot choose to self-direct his or her attendant care or homemaker services; however, a guardian and/or conservator can make that choice on the customer’s behalf.
5. While a family member may be paid to provide attendant care or homemaker services, a customer’s spouse shall not be paid to provide these services unless one of

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.6

Senior Care Act

Effective Date: October 1, 2015

Revision: 2015-01

the following criterion from KAR 30-5-307 is met and prior approval is received from the KDADS SCA program manager:

- a. Three SCA provider agencies, or the number of SCA providers in the customer's county of residence, furnish written documentation that the customer's residence is so remote or rural that SCA services are otherwise completely unavailable;
 - b. Two health care professionals, including the attending physician, furnish written documentation that the customer's health, safety, or social well-being, would be jeopardized; (Note- documentation must contain how or in what way the customer's health, well-being, safety, or social well-being would be jeopardized);
 - c. Three SCA providers, or the number of SCA providers in the customer's county of residence, furnish written documentation that delivery of SCA services to the customer poses serious health or safety issues for the provider, thereby rendering SCA services otherwise unavailable; or
 - d. The attending physician furnishes written documentation that, due to the advancement of chronic disease, the customer's means of communication can be understood only by the spouse.
6. The CM and the customer or their representative will use discretion in determining if the selected attendant/homemaker can perform the needed services.
 7. Covered services are limited as defined within the approved Plan of Care (POC).
 8. Transportation is not covered with this service.
 9. More than one attendant will not be paid for services at any given time of the day; the only exception is when justification is documented on the CSW and case log by the CM for a two-person lift or transfer.

C. Self-Directed Care Requirements

1. A guardian, a conservator, a person authorized as an activated durable power of attorney (DPOA) for healthcare decisions, or an individual acting on behalf of a customer cannot choose himself or herself as the customer's paid attendant or homemaker. If the designation of the appointed representative is withdrawn, the individual may become the customer's paid attendant/homemaker after the next annual review or a significant change in the customer's needs occurs prompting a reassessment.
2. SCA services, with the exception of personal emergency response monitoring, cannot be paid while the customer is hospitalized, in a nursing home, or other situation when the customer is not available to receive services.

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.6

Senior Care Act

Effective Date: October 1, 2015

Revision: 2015-01

D. Termination of the Self Directed Care Option

1. The following situations warrant termination of the self-directed care option if it is documented that the CM has attempted to remedy the situation and has involved the customer's payroll agent (FMS provider), as needed:
 - a. If the customer does not fulfill the responsibilities and functions as outlined in Section 3.6.6.E;
 - b. If the health and welfare needs of the customer are not met as observed by the CM or confirmed by the Kansas Department for Children and Families (DCF) Adult Protective Services (APS);
 - c. If the attendant or homemaker has not adequately performed the necessary tasks and procedures. For attendant care services, this would include not following the CSW;
 - d. If the customer/representative, attendant or homemaker has abused or misused the self-directed care option, such as, but not limited to the following:
 - i. The customer/representative has directed the attendant or homemaker to provide, and the attendant or homemaker has in fact provided paid attendant care or homemaker services beyond the scope of the CSW and/or POC;
 - ii. The customer/representative has continually directed the attendant or homemaker to provide care and services beyond the limitations of their training, or the health maintenance activities training was provided to the attendant or homemaker in a manner that will have an adverse effect on the health and welfare of the customer.
 - iii. The customer/representative has directed the worker to provide, and the worker has in fact provided, tasks and procedures beyond the scope of their authorized services; or
 - iv. The customer/representative has submitted time sheets for services beyond the scope of the CSW and/or POC.
 - e. If the customer, family member, or other person present in the household committed a Level I Safety Offense as specified in Section 3.1.11 and did not comply with the action plan to correct the problem.
2. The following warrant termination of the self-directed care option without the requirement to document an attempt to remedy:

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.6

Senior Care Act

Effective Date: October 1, 2015

Revision: 2015-01

- a. The customer has falsified records that result in claims for services not rendered;
 - b. The customer has Health Maintenance Activities or Medication Setup and the customer's medical care provider or RN (Registered Nurse) no longer authorizes the customer to self-direct these services; or
 - c. The customer has committed a fraudulent act.
 - d. The customer refused to sign the "Customer Code of Conduct" as required in FSM 3.1.11.B.
 - e. The customer, family member, or other person present in the household committed a Level II Safety Offense as specified in Section 3.1.11.
3. A timely notice of action (NOA) shall be sent to the customer prior to the effective date for termination of the customer's participation in the Self-Directed Care Option (see Section 1.3 for a definition of Timely NOA).

E. Customer Responsibilities under the Self-Directed Care Option

As the employer of the attendant or homemaker, there are numerous functions of the Self-Directed Attendant Care or Homemaker Services Option that must be performed by the customer/representative. The customer/representative is responsible for the activities listed below:

1. Recruit attendants or homemakers and backup workers;
2. Select an attendant or homemaker, assign hours within the limits of the service authorization, and refer him or her to a payroll agent for registration;
3. Obtain a completed Physician/RN Statement that has been signed by a medical care provider or registered nurse if the customer has health maintenance activities or medication setup provided through Attendant Care Services. (Note- the CM must ensure that the Physician/RN Statement is completed in its entirety and received prior to implementing health maintenance activities or medication setup.);
4. Collect basic information in order to establish the attendant's/homemaker's files with respect to the identity of the attendant/worker (i.e., name, address, phone number, etc.) and background (i.e., past work history and any relevant training) in the form of an application for employment;
5. Maintain continuous attendant or homemaker coverage in accordance with the authorization for services. This includes assigning backup during vacation, sick leave or other absences of the assigned attendant/homemaker and notifying the CM of these changes;

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.6

Senior Care Act

Effective Date: October 1, 2015

Revision: 2015-01

6. Notify the attendant/homemaker and appropriate CM staff of any changes in their medical condition, eligibility, or needs that affect the provision of services, such as hospitalization, nursing facility placement, or need for more or less hours of service;
7. Provide training to each attendant or homemaker on the general duties and the specific tasks and procedures to be performed. Such training, however, does not qualify the attendant or homemaker to serve any other customer;
8. Transmit information to the attendant(s)/homemaker(s) in regards to pay, time and leave schedules, and time sheets;
9. Maintain separate time sheets on each attendant/homemaker providing services for the customer, monitor the hours attendants and homemakers work so that they do not exceed the amount authorized, verify hours worked, and forward the time sheets to the payroll agent;
10. Monitor the attendant/homemaker to ensure he or she has performed the necessary services;
11. Dismiss the attendant/homemaker if he or she is not performing the tasks assigned according to the CSW;
12. Dismiss the attendant/homemaker if needed;
13. Notify the CM or AAA and the payroll agent if there is a desire to discontinue the option to self-direct; and
14. Customers/representatives who choose to discontinue self-directing their services are requested to give ten (10) days notice of their decision to the CM to allow for the coordination of service provision.

3.6.7 Service Limitations

- A. Funds for purchase of service provided under the SCA shall be expended only when other sources of support for service provision are not available. The funds shall not replace Medicaid, Older Americans Act, community services block grant, Medicare, Veterans Administration (VA) benefits, and other state or federal funding sources that may be used to pay for needed services (KSA 75-5929(b)). Long-term care insurance shall also pay for services prior to SCA.
- B. The maximum monthly expenditure for services per customer shall be \$1,445. This amount shall not include expenditures for assessment, case management, and any one-time service (KAR 26-8-7).

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.6

Senior Care Act

Effective Date: October 1, 2015

Revision: 2015-01

- C. The maximum expenditure for one time services is \$1,445 unless the expenditure is prior approved by KDADS.
1. Prior approval of each one-time service over \$1,445 must be obtained from the KDADS SCA Program Manager.
 - a. Prior approval requests must be submitted by secure and/or encrypted e-mail from the AAA SCA Program Manager or AAA Director. Include “SCA One-Time Service Request” in the e-mail subject line for identification of priority need.
 1. Format of email must include the following:
 - i. Customer name, DOB and KAMIS ID number
 - ii. One-time service requested (correct Service Taxonomy code referenced)
 - iii. Provider name(s)
 - iv. Cost of one-time service
 - v. Is any portion or cost covered by Medicare or other programs?
 - vi. Specifically list other resources explored.
 - vii. Description of unmet need
 - viii. Upon request, price quotes from up to three vendors may be required
 2. Notification of KDADS approval/denial will be provided by e-mail within 72 hours of receipt from the fully completed request excluding weekend days and holidays.

3.6.8 Compliance Standards

A. Confidentiality

The AAA shall develop and maintain policies and procedures to implement the Health Insurance Portability and Accountability Act of 1996 and KAR 26-1-7, which protect the confidentiality of and guard against the unauthorized disclosure of information about individuals obtained through assessments and provision of services.

B. Record Retention

1. The AAA must maintain files that include the following written documentation: intakes, assessments, signed customer fee agreements, releases of information, records of services provided, reason for discharge, and other pertinent information.
2. Records must be maintained for a period of no less than five (5) years following the termination date of the contract.

C. Customer and Provider Notification

1. Prior to implementation of services and annually, the CM must review and discuss with the customer the Customer Service Worksheet (CSW), the Rights and

Responsibilities form (SS-12), the Customer Fee Agreement (SS-11), and a Customer Choice Form (SS-24). The customer must date and sign the Customer Fee Agreement and the Customer Choice Form. The CM must document discussion of form review in the case file.

2. AAAs must obtain approval in writing from KDADS prior to any additions or alterations to any program forms.
3. The AAA must follow the notification and appeals process as outlined in Section 1 of this manual.

D. Billing

1. Customers shall be billed at least quarterly.
2. The AAA must determine whether the customer has other sources of payment, i.e., long-term care insurance or VA benefits. If the customer does have another payment source(s), the AAA must inform the customer that a claim must be filed for the maximum benefit allowed from that source(s) to off-set any SCA funds expended.
3. All long-term care insurance or other available proceeds or benefits shall be deducted from the amount billed to KDADS for services provided.

3.6.9 Program Administration

A. SCA Budget Requirements

1. Any SCA budget or revised budget submitted must not exceed 20% in the category of 'Administration'.
2. Any SCA budget or revised budget submitted must not exceed 20% in the category of 'Case Management'.
3. Any AAA with a reported waitlist may not reallocate SCA funds to other AAAs until there is no longer a waitlist reported for the AAA.

3.6.10 Service Discharge

- A. Services provided under this act shall be terminated by the AAA for any of the following reasons (KAR 26-8-8 and other discharge options); numbering in this section corresponds to data entry codes in state designated MIS: some codes are reserved and not available for use:
2. The customer died;

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.6

Senior Care Act

Effective Date: October 1, 2015

Revision: 2015-01

3. The customer moved out of the planning service area;
 4. Customer moved to adult living facility with supportive services;
 5. Customer moved to nursing facility;
 6. The customer chose to terminate services (includes moving out of state);
 7. The customer is determined to be no longer safe in his or her own home;
 9. The customer's fees have not been paid, and 60 days have passed since the original billing date;
 10. The customer did not accurately report his or her income and liquid assets and chooses not to pay his or her applicable fees or no longer meets financial eligibility;
 11. The customer no longer meets functional eligibility;
 13. The program or service ended or was terminated;
 14. The service was provided one time;
 15. The service was discontinued due to lack of service provider or staff;
 21. The customer is a PACE participant.
 25. The customer's whereabouts is unknown; or
- B. At the discretion of the AAA, services provided under this act may be terminated for any of the following reasons (Note - A referral to more skilled or comprehensive services may be required) numbering in this section corresponds to data entry codes in state designated MIS: some codes are reserved and not available for use:
7. The customer's needs exceed service limitations;
 20. The customer and/or the customer's family substantially interfere with the provider's ability to deliver services, including refusing service and interfering with completion of work; this is used if the possibility exists that the customer or the customer's family is physically or verbally harming the worker or where violence has been previously noted; this reason for discharge can also be used when a customer or a member of the customer's family makes sexual advances, demonstrates sexually inappropriate behavior, uses sexually inappropriate language in the presence of staff, or any combination of such actions;
 21. The customer transferred to another funding source for services;

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

Section 3.6

Senior Care Act

Effective Date: October 1, 2015

Revision: 2015-01

- 23. The customer failed to sign or abide by the POC or CSW; or
- 29. The customer's condition improved and therefore services were discontinued, or fewer units are needed;
- 35. The customer's family or an informal support will provide this service;