FS 2015-01 FSM 3.1 and 3.6 Comment Review and Response

Comment	Response
4. Why only HMKR and/or ATC services. What if someone needs respite, PERM, case management?	Intention is to allow for short term CM services for customers showing need for those services for a period of 90 days. Policy will be clarified to include those services.
3.1. 5B(a) What CSW? Our agency has a customer service worksheet we've used for years for HMKR and ATCR services and description of what is needed. Is a form going to be prescribed by KDADS to each agency	The current Customer Service Worksheet is being redesigned to be specific to SCA/OAA services and will be available on the KDADS website by October 1, 2015.
3.1.8C(2) Why is this at every visit? Rather than annually to talk about rights and responsibilities? If there are no changes happening at face to face visit and no adverse actions, why does this have be talked about at every face to face visit	It is important that rights are reviewed during every visit in addition to responsibilities. Customers need to be made aware of responsibilities to keep CMs up to date with phone number, address changes, changes in conditions, etc.
3.1.8C(3) Can we review and sign the same form several years in a row or do we have to use a new form each year?	The same form can be reviewed, case files must include documentation of the customer and/or family being informed.
3.6 Page 3 of 14:Why does the estimated monthly cost have to be on the NOA? This will confuse clients since we use a 5 week month. Percentage of copay amount and hourly rate would seem appropriate.	Customers need to know the maximum copay required. It is important for customers to be aware that copay could vary because it is based on actual services received, but for budgeting purposes, the maximum amount required for services should be included in the narrative section of the NOA authorizing services.
3.6 Page 4 of 14:3.6.5H This is making things too much like HCBS. With SCA clients, we often don't get notified they are out of the home so to try and send NOAs for suspended services does not make sense.	It is important that providers are not billing for services that customers do not receive. The NOA authorizes services for providers and it is important that there is notice on file that they should not be billing for services.
FSM 3.1.3.A.5- Thank you for the option to do "Crisis" type Case Management for those receiving a one time service	Thank you.

FSM 3.1.4: Removal of Junior Case Manager. XAAA does not utilize this option but see the benefit of using a Junior CM. It is useful to ensure timely and quality services to customers. I am also assuming this is a lower paid position which would be beneficial for the budget.		KDADS will allow the continuation of Junior Case Management in the final policy.
FSM 3.1.7.H: It references Case Management Best Practices and Procedures, defined by whom or where can this document be located?		This statement has been removed from the final policy.
FSM 3.1.8.C.4: Many customers have no idea if there POA is activated. What type of proof will we need to show activation? If paperwork states that doctors must deem that client is not capable to make own decisions will we need paperwork from those doctors.		Most POAs are activated based on capacity and if there is is someone making decisions for, signing, and acting on behalf of a customer, the expectation is that the documenation supporting that role be in the customer file.
FSM 3.6.9.A.1,2,3: We feel each AAA should manage their own dollars due to the fact that we know our consumers and their needs. We continue to struggle with not knowing how funding will play out the next fiscal year and being able to remove people from the waitlist.		Acknowledged.

3.1.3.A.4: “must have need for homemaker or attendant care” : People who need homemaker and /or attendant care are not the only ones in need of case management. Sometimes a customer needs meals or respite or chore for a short time, but can still clean and bathe but needs a case manager. Or once in a while we run into someone who doesn’t need in home services, but needs case management (3.1.3.A.6 and 7). I want to clarify that the person doesn’t need to be receiving a service or show a need for homemaker or attendant care to receive case management. 3.1.3.A1,2,3 are requirements, yet 4,5,6 and 7 are options so should each have “or” at the end of 4, 5, and 6?		Intention is to allow for short term CM services for customers showing need for services that are not homemaker and/or attendant care for a period of 90 days. Policy will be clarified to include those services.
3.1.3.A.5: what type of criteria will be used by program manager to grant waiver beyond 90 days? Why does KDADS want to micromanage this aspect of case management? The AAA case managers are highly educated and trained to determine how much case management is needed.		KDADS will review the ongoing needs identified by the Case Manager.

3.1.4.D.1.: a.“geriatric” is not necessary with the addition of “and/or aging or disability” language. b.Secondary education has changed dramatically since the original day we all agreed on the college majors that we thought would be appropriate for case managers. A quick review of the colleges/universities in Kansas indicates that the particular majors that are listed in policy are not offered across the state by most of the schools. We have also learned from years of experience that while a degree has a level of significance, the particular major is not as important as the work experience and skill set needed to be a case manager. A person may have a business degree with 15 years working in social services with the elderly. The work experience should trump the specific major in college that they had to choose when they were 21 years old. I would recommend no listing specific degrees. If you continue to list degrees, then make the “related area as approved by” AAA, instead of KDADS.This would also be consistent with the Physical Disability (PD) Program Eligibility for Eligibility Assessor policy, page 3, “or related area as defined by the ADRC”.		a. 'geriatric' has been removed for final policy. Thank you. B. Flexibility is important, which is why related areas with approval have been added. The PD Assessor policy was supposed to be corrected to reflect the language in the ADRC contract and the ADRC should not be approving assessor education, it should be completed by KDADS.
3.1.4.D.2: “geriatric” is not necessary with the addition of “and/or aging or disability” language.		Geriatric' has been removed for the final policy.
3.1.4: Why the deletion of Junior Case Manager? It has proven useful to ensure timely, quality services to the customers. KDADS has proposed a cap to dollars spent on case management 3.6.9A.2, yet KDADS is proposing to delete the lower paid Junior Case Manager position.		KDADS will allow the continuation of Junior Case Management in the final policy.

3.1.5.C (the original 2.): Restore “entering the POC into KAMIS” and “notifying the individual of services and the levels to be provided”. This is the authorization for services to begin and the Notice of Action we are required to complete 1.3.5.		The funtion for final authorization was a TCM function specific to data entry of POC into KAMIS and getting approval from KDADS staff for final authorization. This is authorization is not required for SCA/OAA services and has been removed. Data entry of a completed UAI, which include the POC must be complete into KAMIS for payment. The NOA will authorize services for a provider.
3.1.6.B.3: “geriatric” does not need to be used as already stipulating “aging”.		Geriatric' has been removed for the final policy.
3.1.7.H: “CM Best Practices and Procedures” as defined by whom?		This statement has been removed from the final policy.
3.1.8.B.3: Restore “independence”. “empowering to advocate for themselves” is not the same as “independence”. Both are important. Many AAAs have as goals to “live well at home with dignity, independence, health and self-sufficiency.”		Final policy will reflect both independce and empowering.
3.1.8.B.10: add “within Kansas” to “transfer of customer files between AAAs”.		Within Kansas has been added for clarification.
3.1.8.B.10.a: add “and desires to continue services” to “transferring AAA shall, upon notification of customer relocation from PSA…..and desires to continue services		This clarification has been added to final policy.
3.1.8.C.2: What’s the added value to give a customer their rights and responsibilities at every face to face visit. If no changes are made and no new NOA, what has been gained?		It is important that rights are reviewed during every visit in addition to responsibilities. Customers need to be made aware of responsibilities to keep CMs up to date with phone number, address changes, changes in conditions, etc.

3.1.8.C.4: The current UAI and KAMIS do not request/allow for documentation of Activated Durable Power of Attorney. Many customers who are assessed don't know when their POA is activated. And theoretically, if you are talking to the customer and asking questions and they are cognitively answering the questions, their POA is probably not activated. Activation is a legal question. Unless the UAI and KAMIS are changed before October 1. 2015, "activated" needs removed.	Most POAs are activated based on capacity and if there is is someone making decisions for, signing, and acting on behalf of a customer, the expectation is that the documenation supporting that role be in the customer file. KAMIS and the UAI currently have places to document and upload documentation for POA and/or Legal Guardianship.
3.1.8.C.4: "documented" in customer case file. What type of documentation is required?	Any documentation that support the role of someone acting on behalf and/or making decisions for a customer with legal authority is expected to be on file. State MIS will be removed for final policy.
3.1.10.B.1: If a client is well served, why does it matter what order the file is kept in and that all CMs have the same order?	It is for consistency of file review for both the AAA (file transfers, emergency CM services, ease of access) and for quality assurance review.
3.1.12.A.10:"financial" eligibility. Neither SCA nor IIIB have a "financial" eligibility component. SCA does, however, have LTC threshold, but that is not in the list of discharge codes.	Financial eligibility has been removed from final policy. Funcitional eligibilty has been addressed in 3.1.12.A.11
3.6.6.B.2 and 3.6.8.C.1: CSW: currently KDADS does not provide a form for this. Will each AAA design own form?	The current Customer Service Worksheet is being redesigned to be specific to SCA/OAA services and will be available on the KDADS website by October 1, 2015.

3.6.9.A.1,2,3:AAAs have successfully managed SCA since 1993 without 20% limitations on administration or case management. Each AAA knows its clients and level of case management needed for quality care. KDADS restricting case management dollars is inconsistent with locally meeting the needs of senior and the families of seniors. A waitlist may have a variety of reasons for existence and at the end of the year a AAA may not be able to put people on services which will be on-going because the dollars they have left may not be projected to be available the following year. The ability for AAAs to manage the dollars themselves across the state has worked well for the customers.		Acknowledged.

B.5.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. We commend KDADS for recognizing the importance of case management and care coordination to this frail, at risk population and agree this is a forward thinking policy change. It has been proven that seniors and families that know their case manager are more likely to know how to contact the case manager in the event of a crisis. They may not understand how long term services and supports in the community can help them to return home safely with formal and informal supports. This is a good plan to keep private pay individuals off of more costly Medicaid services which oftentimes include the high cost of nursing home care.		Acknowledged.

Junior Case Manager has been removed. As noted above in the previous section, case management is a very important service and should be increased as KDADS is recommending. Junior Case Managers have allowed AAAs to employ a case manager who has a high school degree and experience to be a good resource to seniors at a lower cost than a Sr. Case Manager with a 4 year degree. Senior Case Managers have supervised and assisted the Junior Case Managers to ensure high quality and high customer satisfaction. AAAs have been able to provide more assistance and at a lower rate due to this option. If we are increasing the case management given to seniors, then we need to keep our costs down as SCA funding is not increasing.		KDADS will allow the continuation of Junior Case Management in the final policy.

A. SCA Budget Requirements 1. Any SCA budget or revised budget submitted must not exceed 20% in the category of 'Administration' This is a concerning change as historically NWKAAA has provided services below the acceptable non-profit rate standard for administration. KDADS is requiring more face to face visits which necessitates vehicles, vehicle maintenance, gas, etc. to travel the large and extensive area of northwest Kansas. We believe this is unnecessary overregulation and again it is unreasonable to request AAAs to provide more face to face visits and then cap administration dollars. As noted above we have already had to reduce our overall budget for SCA services and this further reduces flexibility to manage a program efficiently and effectively. This is a very serious change that will impact seniors and caregivers by having less available services due to a higher cost and less flexibility within the budget.		Acknowledged.

2. Any SCA budget or revised budget submitted must not exceed 20% in the category of 'Case Management' Again we question KDADS' intent in capping case management services. KDADS is requiring more case management time through more face to face visits, more phone calls which also necessitates more case management time and staff; but then we are limited to capping a very important service. Keeping private pay individuals off of more costly Medicaid Services will not be possible if we are capping case management. As noted above we have already had to reduce our overall budget for SCA services and this further reduces flexibility to manage a program efficiently and effectively.		Acknowledged.

Any AAA with a reported waitlist many not reallocate SCA funds to other AAAs until there is no longer a waitlist reported for the AAA An unintended consequence of this policy change will most likely result in a higher waiting list across the state. SCA budgets are very difficult to monitor as many factors across the state are involved: % of client fees, cost and availability of providers, availability of home care workers, cost of case management, demand and need, nursing facility bed openings, hospitalizations, etc. Historically AAAs have come within 2% - 4% of the total State SCA budget by providing low cost, necessary services to seniors and by transferring money to other areas of the state where Seniors need service.As hard as KDADS has worked on a good formula, it cannot possibly be perfect in meeting the needs of seniors and caregivers across the state. This is a growing and ever-changing population. The flexibility to transfer dollars where service is needed should not be taken away.		KDADS has updated the final policy to allow for reallocation of funds, but the accepting agency will be limited to the Homemaker and Attendant Care service areas of the SCA budget. KDADS will continue to evaluate the funding formula to allocate funds appropriately across the state.
3.1 Page 2 of 21. How is “assessed need” defined or measured? Is this measured by the LTC score for housecleaning, bathing, dressing, etc. on the assessment tool? Is there a defined way to apply this eligibility criterion?		Assessed need measures have not been changed. Assessed need will be found via the designated assessment tool, the UAI at this time, and the Customer Service Worksheet.
3.1 Page 2 of 21, Short term CM services. We like this addition to the policy. It provides a clear timeline for how long CM can be provided for the one-time-service customer.		Thank you.

Since our AAA does not utilize this option, we stand neutral on its [Junior Case Management] removal. Our concern would be for those AAA who utilize this option may be at a disadvantage if it is removed.		KDADS will allow the continuation of Junior Case Management in the final policy.
3.1 Page 5 of 21-Would this apply to the one-time-service customer? Typically, the CSW applies to the HMKR or ATCR service and the one-time-service customer may not receive HMKR or ATCR.		The CSW will apply to customers receiving CM services for HMKR and ATCR, customers receiving short term CM services will not be required to have a CSW.
3.1 Page 7 of 21-"Final authorization of POC" While this policy was used to enter Medicaid/FE POCs into KAMIS under TCM, we also use this for SCA and OAA customers. If the intent here is to remove the language from current policy as it applies to TCM, this is understandable. However, will this impact SCA and OAA POCs?		Intent was to remove all TCM functions. There is no need for authorization of SCA/OAA POCs and the POC is considered a part of a completed UAI. Data entry is not paid and/or billed for the UAI.
3.1 Page 13 of 21, "CM Contact" Great addition- to ensure quality CM services are provided under SCA. This is a best practice policy that our AAA currently has in place.		Addition of the language included for required CM contact will be clarified under the monitoring and follow up activities for the final policy.
3.1 Page 19 of 21 Is there any way to merge the CM and SCA closure codes/reasons? For the most part, they look good in the draft version, but some of the wording appears to differ. Take a look at closure reason #6- CM closure code includes "revoke of RIF", but the SCA closure code does not.		The difference comes from what is included in statute for SCA closure reasons and there needs to be a divide for reasons that are not included in statute, but are valid reasons.
3.6 Page 6 of 14 Currently, SCA does not have a designated CSW. We are using the former FE form and it does not have a signature line. ***Note- the only CSW we have was made for the FE waiver. Can a new CSW be made specific to SCA/OAA?		The current Customer Service Worksheet is being redesigned to be specific to SCA/OAA services and will be available on the KDADS website by October 1, 2015.

3.6.5.G In our agency, it is the program manager is responsible to develop service providers. We agree that case managers should be aware of community resources, however it is not reasonable that they should develop service providers when there is a need.		This is not a change in current policy and will not be removed at this time.
3.6.6.B.2 Many of our customers only receive two hours of service a week. Is a CSW really necessary?		The identified needs and breakdown of services are beneficial for the CM, customer, and provider. The breakdown of services are useful to establish expectations for customer and provider regardles of number of hours provided.