Community Services & Programs
Commission
New England Building
503 South Kansas Avenue
Topeka, KS 66603-3404

Phone: (785) 296-4986
Fax: (785) 296-0256
wwwmail@kdads.ks.gov
www.kdads.ks.gov

KDADS STANDARD POLICY

Policy Name:	Physical Disability (PD) Program Eligibility for Eligibility Assessor	**Policy Number:**	2015-07
Division:	Home and Community Based Services (HCBS)	**Date Established:**	10/25/13
Applicability:	HCBS-PD Program, Contracted Entities	**Date Last Revised:**	10/1/14
Contact:	HCBS-PD Program Manager	**Date Effective:**	01/01/15
Policy Location:	Community Services & Programs Commission	**Number of Pages:**	6
Status/Date:	Final		

Summary

This policy is designed to provide clarification of the established criteria for level of care eligibility requirement for the PD program. The policy will assist in establishing procedure and processes for determining and managing the referral/ intake and level of care assessment for the PD program.

REASON FOR POLICY

To establish criteria for program eligibility requirements and allow contracted entities to manage the referral and intake, conduct necessary pre-screening for reasonable indicators of a potential consumer's level of care eligibility for the program. Contracted entities will function as a single point entry for community and individualized referral and function as a resource connection for individuals seeking services or receiving PD services.

ENTITIES AFFECTED BY THIS POLICY

"Contracted entities" or Aging and Disability Resource Center (ADRC)

Policy

KDADS contracted entities will ensure all community/ hospitals/ Kancare-MCOs follow the referral process outlined within this policy. The contracted entity will serve as the aging and disability community resource center and single point of entry for the PD waiver program. The contracted entity is responsible for conducting the level of care eligibility assessment for the PD program, including the administration of the functional eligibility assessment for PD program eligibility. Consistent with other contracted assessors, the ADRC is responsible for the following:

- Conduct screening for reasonable indicator of program eligibility
- Choice counseling of managed care plans
- Disseminate program information

- Eligibility criteria for the program
- Choice of HCBS versus institutionalization
- Discuss participant's acknowledgement of program requirements
- Inform the participant of possible client obligation for program participation
- Inform parent/legal guardian may be subject to a parent fee if the participant is a minor

- Facilitate referral to KDADS for crisis exception request
- Assist eligible participants in accessing Medicaid application
- Discuss alternative community resources to waiver program

Contracted Assessor Screening Requirements

Contractor will provide KDADS with accurate and timely program eligibility assessment, including timely submission to KAMIS within 5 business days of completing the eligibility assessment. Level of care eligibility must be conducted face-to-face by a qualified assessor, trained to administer the PD waiver functional assessment instrument (FAI). Prior to administration of the FAI, the contracted assessor must screen for reasonable indication that the applicant may meet the established criteria for PD waiver level of care eligibility.

Consumers must meet the level of care required for Nursing Facility placement determined by the Medicaid Long Term Care (LTC) threshold score for Physical Disability (PD) based on an assessment using the functional assessment instrument in order to be eligible for PD waiver services. Eligibility is assessed annually using the functional assessment instrument. Consumers must also be determined physically disabled by Social Security standards. . Individual with [SPMI] diagnosis must also be determined physically disabled by Social Security standard.

The criteria ***excludes*** *those persons who have only a diagnosis of severe and persistent mental illness [SPMI], and severe emotional disturbance (SED), and must not meet the definition of having intellectual or developmental disability (I/DD) as established by Kansas Statute 39-1803.*

If under age 21years, a PD waiver consumer must have a KAN-Be-Healthy (EPSDT) screening completed on an annual basis.

PD eligible individuals 65 years of age or older receiving services prior to 1/1/15 have the option to continue receiving services under the PD program or transition to the FE program, provided they meet established criteria.

PD consumers who have participated in the WORK program have the option to return to the PD program and bypass the waitlist. Consistent with CMS required annual eligibility redetermination, the consumer must be reassessed for PD level of care eligibility within 90 days of leaving the WORK program. If the consumer is determined to not meet level of care eligibility, KDADS will terminate services using established process, including appeal rights.

Contractors will conduct eligibility determination in accordance with the CMS approved level of care criteria. The program eligibility criteria requires consumers meet the level of care required for Nursing Facility placement determined by the Medicaid Long Term Care (LTC) threshold score for Physical Disability (PD) based on an assessment using the functional assessment instrument in order to be eligible for PD waiver services. Eligibility is assessed annually using the state approved functional assessment instrument in accordance with the established criteria.

The criteria for PD waiver level of care eligibility are as follows:

1. Be between the ages of 16 and 64.
2. Consumer must be a Kansas resident
3. Be determined physically disabled by the Social Security Standard as defined below. In the event the disability determination does not clearly indicate a "physical disability", the State will request additional documentation to support the individual's disability. The documentation provided must have relevant information to support the person's physical disability.
4. Need assistance to perform activities of daily living.
5. Meet the level of care required for Nursing Facility placement determined by the Medicaid Long Term Care (LTC) threshold score for Physical Disability (PD) based on the functional assessment instrument.
6. If under age 21 years, the individual must have a current KAN-Be-Healthy (EPSDT) screening.
7. Individual currently on the PD waiver approaching the age of 65 years have the option to remain on the PD waiver past the age of 65 years, or to transition to the HCBS Frail Elderly (FE) waiver, provided they meet established criteria.

Qualification Requirements of Level of Care Assessors:

- Four year degree from an accredited college or university with a major in gerontology, nursing, health, social work, counseling, human development, family studies; or a Registered Nurse license to practice in the state of Kansas. The ADRC must verify experience, education and certification requirements are met for assessors identified in 2.7.3.A2-4. The ADRC must maintain these records for five (5) years following termination of employment.

- Successfully complete the Functional Assessment Instrument (FAI) and Kansas Aging Management Information System (KAMIS) training prior to performing assessments.

- Assessors and interviewers must attend initial certification and recertification training sessions that cover the forms(s) the assessor or interviewer is being certified to complete.

- An assessor or interviewer that has not conducted any assessments or interviews within the last six months must repeat the training and certification requirements for the functional assessment instrument that he or she will use.

- KDADS shall have the responsibility for conducting all training sessions, certification and recertification of all FAI Assessors. KDADS shall provide training materials and written documentation of successful completion of training.
- Assessors must participate in all state-mandated trainings to ensure proficiency of the program, services, rules, regulations, policies and procedures set forth by KDADS

- Assessors must complete 15 hours of training or continuing education annually, with an emphasis in aging and disability topics, including, but not limited to:

    - Annual training on the Independent Living Philosophy consisting of standardized training in history and philosophy of the National Independent Living Movement

    - Completion of training regarding traumatic brain injuries. Tracking of staff training is a responsibility of the ADRC and should be recorded in the assessor's personnel file.

Procedures

1. Process for level of care eligibility determination.

a. Referral Intake Process

- **i.** All community referrals may contact the ADRC directly, the ADRC will intake pertinent referral information and conduct preliminary screening for reasonable indicators of meeting the program level of care criteria
- **ii.** Once the ADRC intake staff completes the above step, they will forward the referral to the assessor
- **iii.** The applicant is applying for the PD waiver or *Money Follows the Person Program and has met the required stay of 90 days in an ICF-MR or nursing facility*. Applicants will be pre-screened for indicators of program eligibility, if reasonable indicators of meeting program criteria is present, the ADRC will schedule face to face visit to assess the applicant's functional needs
- **iv.** During the intake, the assessors discovers the applicant to not meet the PD program criteria, the assessor must take the following action if;
  1. The applicant has a primary diagnosis of I/DD, the assessor will must make a referral to the CDDO in which the applicant resides for evaluation
  2. The applicant has a primary diagnosis of SPMI or SED, the assessor must make a referral to the CMHC for evaluation. The following criteria should be used to determine if the applicant may have a qualifying SPMI and should be referred to a CMHC:
     - a. 295.10 Schizophrenia, Disorganized Type
     - b. 295.20 Schizophrenia, Catatonic Type
     - c. 295.30 Schizophrenia, Paranoid Type
     - d. 295.60 Schizophrenia, Residual Type
     - e. 295.70 Schizoaffective Disorder
     - f. 295.90 Schizophrenia, Undifferentiated Type
     - g. 296.34 Major Depressive Disorder, Recurrent, Severe, with Psychotic Features

       Bipolar I Disorders that are Severe, and/or with Psychotic Features

     - h. 298.9 Psychotic Disorder NOS

       All Other Bipolar I Disorders, not listed in Category 1

     - i. 296.89 Bipolar II Disorder
     - j. 296.23 Major Depressive Disorder, Single Episode, Severe, Without Psychotic Features
     - k. 296.24 Major Depressive Disorder, Single Episode, With Psychotic Features
     - l. 296.32 Major Depressive Disorder, Recurrent, Moderate
     - m. 296.33 Major Depressive Disorder, Recurrent, Severe, Without Psychotic Features
     - n. 296.35 Major Depressive Disorder, Recurrent, In Partial Remission
     - o. 296.36 Major Depressive Disorder, Recurrent, In Full Remission

       Delusional Disorder
     - p. 300.21 Panic Disorder With Agoraphobia
     - q. 300.3 Obsessive-Compulsive Disorder
     - r. 301.83 Borderline Personality Disorder

b. Managed Care Health Plan Referrals

- **i.** MCO care coordinator/ case manager may refer their members for eligibility determination directly to the ADRC

ii. If MCO is requesting a crisis exception on behalf of their member, the MCO must obtain documented consent from the member being referred as the member must chose to receive waiver services

iii. MCO must include all required supporting documentation for crisis exception with request

2. Processing Request for Reevaluation

i. ADRC conducts reevaluation of level of care eligibility determination annually for active HCBS program participants, 365 days from the previous assessment.

ii. Request for reevaluation prior to the annual assessment is subject to approval by program manager at KDADS

iii. Effective 1/1/14, ADRC were given directive to no longer annually assess individuals on the waiting list. Effective 2/1/14, ADRC must come to compliance with this policy.

3. Processing Request for an Exception to the Wait List

i. ADRC submits request for crisis exception to the PD program manager at KDADS for approval, the following criteria are utilized for consideration of an individual's crisis needs:

1. DCF APS confirmed abuse, neglect, or exploitation case
2. There is a risk of family unit dissolution (break-up) involving minor dependent child or dependent spouse
3. Individual is in the end stages of a terminal illness, and life expectancy is documented by a physician to be less than six (6) months (Documentation from physician is required for consideration)
4. Individual has been confirmed to be a victim of domestic violence

ii. If applicant is a member of KanCare, the MCO must obtain documented consent from the member and submit request for crisis exception to the PD program manager at KDADS for approval. The MCO is responsible for submitting required documentations to support crisis exception request.

iii. If applicant is transitioning to the MFP program and a PD waiver functional assessment is needed, the MFP program manager must send a referral to the ADRC.

Terminology

Level of Care- The medical needs of consumers, as determined through an assessment or reassessment, based on impairments in ADLs, IADLs, nursing acuity needs and consideration risk factors.

Eligibility -Refers to the process whereby an individual is determined to be eligible for health care coverage or program eligibility for reimbursement through Medicaid as determined by an authorized agent or personnel designated by the State.

Assessment -Face-to face interview and evaluation of an individual by an eligible assessor to determine an individual's eligibility for the program and his//her formal support needs in order to assist the individual/ responsible party in developing an individualized service plan.

Choice - An act of choosing; power, right, or liberty to choose; a number or variety from which to choose; something best or preferable; an alternative.

Disability Determination by Social Security Standards- Individuals must be determined disabled under the definition as defined in section 1614(a)(3)(A) of the Social Security Act. Physical disability is defined as a medically determinable impairment or combination of impairments that significantly limit physical functions* similar to those required in a basic work setting such as walking, standing, sitting, lifting, pushing, pulling,

reaching, carrying, or handling. Your physical disability must result primarily from an anatomical or physiological abnormality that is consistent with acceptable medical evidence in the form of clinical/laboratory findings and physical examinations including documentation of symptoms. A diagnosis alone is not sufficient. 20 CFR 404.1508; 404.1520(c); 404.1521(b)(1); 404.1525(d); 404.1528.

Contact Information

John Barry
Program Manager
503 S. Kansas Ave
Topeka, Kansas 66603
john.barry@kdads.ks.gov

Related Information

ADDITIONAL RESOURCES AND MANUALS

Other Documents:
1. PD website: http://www.kdads.ks.gov/CSP/PD/PD_Index.html
2. SPMI Definition and Risk Assessment