



KDADS STANDARD POLICY

Policy Name: HCBS Frail Elderly Eligibility Policy	Policy Number: M2018-128
Commission: Community Services and Program Commission	Date Established: 9/10/2018
Applicability: HCBS FE Waiver	Date Last Revised:
Contact: HCBS FE Program Manager	Date Effective: 9/10/2018
Policy Location: http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies	Date Posted: 9/20/2018
Status/Date: Final/ 9.10.2018	Number of Pages: 5
Revision History	

Purpose

The purpose of this policy is to establish the processes and procedures for determining functional and programmatic eligibility for the HCBS Frail Elderly (FE) waiver.

Summary

This policy is designed to provide clarification of the established criteria for level of care eligibility requirements for the FE waiver. The policy establishes the procedures and processes for communications between the assessing entity, KDADS FE Program Manager and the KanCare Clearinghouse.

Entities/Individuals Impacted

- **Functional Eligibility Contractor (Assessing Entity)**
- **Kansas Department for Aging and Disability Services (KDADS)**
- **Kansas Department of Health and Environment (KDHE)**
- **Managed Care Organization (MCO)**

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I. General

- A. The assessing entity shall serve as the single point of entry to receive referrals and complete Standard Intakes for the FE waiver program.
- B. The assessing entity is responsible for conducting the functional eligibility assessment for the FE waiver.
- C. Functional eligibility criteria are set in accordance with the CMS approved nursing facility level of care criteria.
- D. Functional eligibility is assessed annually using the state approved functional eligibility assessment in accordance with the established criteria.

II. Policy

- A. FE Eligibility Criteria
 1. Be 65 years of age or older
 2. Kansas resident
 3. Meet required level of care score on the State's FE functional assessment instrument
 - a. Total Level of Care (TLOC) score of 26 or higher; and
 - b. An instrumental activities of daily living (IADL) score of 12 or higher; OR
 - c. Two activities of daily living (ADL) impairments and 3 IADL impairments
 4. Meet Medicaid Financial eligibility as determined by KDHE
- B. In the event an individual wishes to transition to the FE waiver, the individual's MCO shall follow the transition process as described by the HCBS Institutional Transition policy on the KDADS website.
 1. Individuals who are receiving Physical Disability waiver services and turn 65 years of age have the option to continue receiving services under the PD program or may choose to transition to the FE program, provided they meet the established eligibility criteria.
 2. Individuals who no longer have active rehabilitation needs and are 65 years of age or older may transition from the Traumatic Brain Injury waiver to the FE waiver provided they meet the established eligibility criteria.
- C. HCBS functional eligibility assessors shall meet the qualification requirements set forth in 42 CFR §441.303 and the current assessing entity contract.

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III. Procedures

A. Functional Eligibility Determination

1. If the individual meets the age and residency criteria, the assessing entity shall schedule a face-to-face visit to assess the individual's functional needs.
 - a) In the event the assessor discovers the individual does not meet the established FE age criteria, the assessor shall take additional action to refer the individual to the appropriate resources.
2. The functional eligibility assessor shall conduct the functional eligibility assessment within five (5) business days of the Referral and Intake.
3. Upon completion of the assessment the individual shall be provided with documentation of the outcome of their assessment.
 - a) The assessing entity shall provide the individual with a copy of their assessment upon request.
 - b) In the event the assessor discovers the individual does not meet the established FE functional eligibility criteria, the assessor shall take additional action to refer the individual to the appropriate resources.
4. The assessor shall obtain the individual's or designate legal representative's signature on the LOC Outcome and Release of Information (ROI) forms.
5. The assessor shall leave one copy of the LOC documentation with the individual and shall upload the other into the KDADS system of record.
6. The assessing entity shall data enter/upload the functional eligibility assessment, LOC Outcome and Release of Information forms within five (5) business days of completion.
7. The assessing entity shall complete Sections 1 and 2 of the 3160 and email it to the KDADS Program Manager and KanCare Clearinghouse.
 - a) The assessing entity shall email the 3160 within five (5) business days of completing the assessment.

- B. The assessing entity shall be responsible for conducting an annual assessment of functional eligibility within 365 of the previous functional eligibility assessment for active FE waiver participants.

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1. The assessor shall leave one copy of the LOC documentation with the individual and shall upload the other into the KDADS' system of record.
2. The assessing entity shall data enter/upload the functional eligibility assessment, LOC Outcome and Release of Information forms within five (5) business days of completion.
3. In the event an individual does not meet the functional eligibility criteria, or the assessing entity is unable to contact the individual to complete the annual assessment,
 - a) The assessing entity shall send the individual a NOA indicating loss of functional eligibility, reason for the loss of functional eligibility and appeal rights.
 - b) The assessing entity shall send a 3161 to the FE Program Manager, MCO and KanCare Clearinghouse indicating loss of eligibility.
 - c) The MCO shall terminate services using the established process, including appeal rights.

III. Definitions

Functional Assessment- Face-to face interview and evaluation of an individual by an eligible assessor to determine an individual's functional eligibility for the program and his/her formal support needs in order to assist the individual/ responsible party in developing their Person-Centered Service Plan.

Functional Eligibility – The level of care criteria, determined by the functional eligibility instrument, that permits access to the 1915 (c) HCBS waiver.

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

Program Eligibility- The criteria established in the 1915 (c) HCBS waiver that is required for participation in the waiver program. Program eligibility includes criteria like age, residency, etc.

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

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Authority

1915 (c) HCBS Waiver

KS.0303.R04.01 (FE)

KS.0304.R04.01 (PD)

KS.4164.R05.01 (TBI)

State Authority

K.A.R. 30-5-300 et seq.

Related Information

HCBS Institutional Transition Policy

PD Eligibility Policy

TBI Eligibility Policy

TBI Transition Policy

PD Transition Policy