

KANSAS DEPARTMENT ON AGING

Home and Community Based Services for the Frail Elderly



Revised June 2009

INTRODUCTION

Kansas has a variety of programs promoting independent living in safe, healthy environments. Individuals age 65 or older who qualify for Medicaid benefits may be eligible to receive services through the Home and Community Based Services/Frail Elderly program (HCBS/FE). The goal of HCBS/FE is to provide long term care services in the most integrated care setting of your choice.

The HCBS/FE program has been administered by the Kansas Department on Aging since July 1, 1997. The purpose of this booklet is to assist Kansans who need help as they grow older. The HCBS/FE program may enable them to stay in their homes or make other successful living arrangements in the community.

Program Definition –

HCBS/FE helps Kansans age 65 or older who are in frail health. Services are available for:

- Attendant Care, such as feeding, bathing, and dressing;
- Household tasks, such as shopping, meal preparation, house cleaning, and laundry;
- Health services, such as wellness monitoring, 24-hour support for medical emergencies.

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Am I Eligible for Medicaid HCBS/FE Benefits?

- You must be age 65 or older and in frail health.
- You must be assessed by a qualified case manager and determined to need long term care services.
- Your countable assets cannot exceed \$2,000 (a home and a vehicle are exempt).
- You will be asked to help pay for services if your countable income is greater than the allowable income per month (your local Kansas Department of Social and Rehabilitation Services (SRS) office will help you determine your current allowable income).

(See Estate Recovery Information on Page 11.)

How Do I Apply for Medicaid Benefits?

To see if you qualify for Medicaid benefits, contact the closest SRS office and tell them you would like to apply for Medicaid and the HCBS/FE program. Call 888-369-4777 for the application.

You will need to fill out an application for Medicaid assistance. Information and verification of your income and assets will be required. A Medicaid eligibility worker at the SRS office will help you with this process. If you now receive Medicaid assistance through SRS and think you are eligible for the HCBS/FE program, you may contact your local Area Agency on Aging (AAA) or other case management entity for the HCBS/FE program.

What Else Can I Expect?

In order to obtain home and community based services, your health care needs will be assessed to determine the services necessary to maintain your highest level of independence.

This screening will be done by an assessor approved by the Kansas Department on Aging (KDOA). Contact your local AAA or other case management entity for the HCBS/FE program to obtain an assessment. This process is very detailed and will take approximately two hours to complete.

What Will Happen if I Am Eligible for HCBS/FE?

A plan of care will be developed before you can begin to receive services. This plan of care is based on information gathered during the assessment process. You will be actively involved in creating this plan with help from a case manager for the HCBS/FE program. This process is meant to ensure your health and well-being are protected. You will have the opportunity to choose your provider(s) and self-direct specified services, if desired.

Your plan of care will include:

- The type, amount, frequency, and length of time each service is to be provided.
- The providers who you decide are best able to furnish each of the services you need.

What Happens if I Am Not Eligible for HCBS/FE?

If you do not meet the eligibility criteria for the HCBS/FE program, there may be other services that can help you. Your case manager for the HCBS/FE program can help you review your needs and connect you with appropriate services. The case manager will then check back with you to see how things are working and to review any changes to your situation.

What Benefits Can I Receive through the HCBS/FE Program?

The HCBS/FE Program has many services available to you including:

1. Adult Day Care
2. Assistive Technology
3. Attendant Care Services
4. Comprehensive Support
5. Medication Reminder
6. Nursing Evaluation Visit
7. Oral Health Services
8. Personal Emergency Response
9. Sleep Cycle Support
10. Wellness Monitoring

Case management is also available to individuals who qualify for this program. The following definitions give a better understanding of the services available.

Adult Day Care –

Adult day care is a service to maintain a persons optimal physical functioning. Depending on your personal plan of care and your chosen provider, this service may include:

- Daily supervision
- Up to two meals per day
- Assistance with eating, toileting, and mobility

Assistive Technology –

Assistive technology consists of items that improve or assist with functional capabilities or home modifications that improve mobility. Items may include, but are not limited to, bath benches, lift chairs, grab bars, and ramps.

Attendant Care Services (provider directed or self-directed) –

An attendant is trained to assist you with activities you cannot perform or for which you may need some assistance. There are two levels of care.

(You may choose to self-direct either level of service. This means you are responsible for the hiring, training, and supervising of your caregivers. Self-direction of some activities requires your physician's or nurse's written approval.)

Level One activities may include . . .

- Shopping, house cleaning, meal preparation, laundry, and supervision of grooming or eating
- Supervision of mobility, such as getting in and out of bed, a wheelchair or vehicle and bathing or toileting
- Accompaniment to medical appointments
- Assisting in completion of paperwork; for example, filling out forms or paying bills
- Supervision and set-up of medication

Level Two activities may include . . .

- Physical assistance with bathing, dressing, walking, or transfers
- Routine monitoring of vital signs, such as blood pressure
- Care of ostomies, wounds, or catheters
- Feeding which requires tubes and/or special nutrients
- Assistance with medications (nurse delegation may be required)
- Assistance with range-of-motion activities

Comprehensive Support –

Comprehensive Support is one-on-one non-medical assistance, observation, and supervision provided to a cognitively impaired adult to meet their health and welfare needs. The provision of comprehensive support does not entail hands-on nursing care. The primary focus is supportive supervision.

Medication Reminder –

Medication reminder system provides a scheduled reminder to a customer when it's time for him/her to take medications. The reminder may be a phone call, an automated recording or an automated alarm; depending on the system.

Nursing Evaluation Visit –

Nursing Evaluation Visit is completed by a Registered Nurse to evaluate your health care needs and determine the appropriate assistance to be provided by the attendant(s), and any special instructions regarding delivery of service.

Oral Health Services –

Oral Health Services are accepted dental procedures, including diagnostic, prophylactic, and restorative care, and allows for the purchase, adjustment, and repair of dentures. Treatments may include, but are not limited to, Diagnostic (x-rays), Preventive (oral hygiene), Restorative (cavities/crowns), Endodontics (root canals), Periodontics (tissue diseases), Prosthodontics (dentures), and Oral & Maxillofacial Surgery (tooth extractions/impactions).

Personal Emergency Response –

Personal Emergency Response provides customers, whose health status may require immediate attention, with 24-hour on-call support. Persons with heart conditions, diabetes, epilepsy, breathing difficulties, or those prone to falls and injuries may be candidates for this service. Emergency response systems are usually electronic and involve the rental of specialized equipment which can alert family or medical personnel that assistance is required.

Sleep Cycle Support –

Sleep Cycle Support provides assistance in your home, during your sleeping hours. This service may include help with toileting, transferring in and out of bed, getting around, or reminding you to take medications.

Targeted Case Management –

A case manager will help you assess, coordinate, and obtain the services that you need. Your case manager will ensure services are appropriate, adequate, and are of high quality. This program is committed to the efficient use of all available resources. It will assure that the services being rendered are sufficient in quality and quantity to meet the needs of those involved in the program. A case manager may assist on your behalf with health care providers and other agencies as needed.

Wellness Monitoring –

If your care plan includes wellness monitoring, a Licensed Nurse will visit you in your home to provide a health assessment, education, counseling, and monitoring of any treatment program prescribed by health care professionals.

What Are My Rights and Responsibilities?

Customers who are eligible for the HCBS/FE program have the following rights and responsibilities as participants:

I understand that I have a right to . . .

- Have my financial eligibility for the HCBS/FE program determined within 45 days by the SRS Medicaid eligibility worker.
- Have services provided in accordance with the approved HCBS/FE waiver, dependent on availability of services and financial eligibility.
- A fair hearing if I am dissatisfied with the decision made on my application or if I feel that there has been undue delay in acting on my application.
- Equal treatment as other applicants or recipients who are in similar situations.
- Confidentiality.
- Freedom of choice regarding services for which I am eligible, including:
 - Being informed about feasible alternatives.
 - Whether to receive HCBS/FE services.
 - Accepting or refusing recommended services.
 - Choosing which qualified providers perform each service included in my written plan of care.
 - Choosing to self direct all or part of the services that are eligible for self-direction.
 - Entering a nursing home.
- A review of my HCBS/FE eligibility and plan of care at least every 12 months or any time my circumstances change.

To Appeal a Decision –

If you have any questions about an action taken or if you want more information considered before a planned action is taken, discuss these matters with your case manager. If you remain dissatisfied, you have the right to a hearing before the State Hearings Officer. Your request must be received in writing within 30 days of the date on the notice that provided the information you are appealing. The Fair Hearings staff at KDOA can answer any questions regarding the hearing procedure. They can be reached at 800-432-3535.

You may have legal counsel or other representation at the hearing. If a request for a fair hearing is received prior to the effective date of action, assistance may continue at the current level pending the decision. However, any overpayment from a continuation may have to be repaid if the decision is not in your favor. If you are dissatisfied with a fair hearing decision, you may request a review by the State Appeals Committee.

Your Civil Rights –

No person shall be denied benefits on grounds of race, color, national origin, age, disability, religion, or sex. No person may be excluded from participation in, of, or be subject to discrimination under any program or activity of KDOA, SRS or Medicaid.

If you believe you have been discriminated against by either KDOA or a KDOA funded program, please contact the Kansas Department on Aging to receive additional information on filing a complaint at the address and phone number shown on Page 13 of this brochure.

I understand that I have a responsibility to . . .

- Supply information essential to establishing my eligibility and to report fully all circumstances affecting my application.
- Allow a full investigation of my eligibility, including inquiries of employers, bankers, doctors, other business or professional persons and a review of any agency records. I further understand that if SRS needs additional information from my employers, I will be asked to sign a release. If SRS is given consent for release of any information from Supplemental Security Income and Social Security records, I understand that my Social Security number will only be used in the administration of SRS or Medicaid programs.
- Report any changes in my circumstances which affect my eligibility.
- Cooperate in current and subsequent agency efforts to establish my eligibility.
- Pay my share of service costs, if applicable, in accordance with any fee schedule.
- Report if I plan to move or be away so that my Medicaid eligibility worker, case manager, and I can appropriately plan services.

Reporting Changes . . .

If you plan to move or be away temporarily, your case manager and SRS Medicaid eligibility worker must be informed so that arrangements regarding your service needs can be planned with you. You are also required to report any change in income, family size, Temporary Assistance to needy Families (TAF), or Supplemental Security Income status to your SRS Medicaid eligibility worker.

Estate Recovery

This is a program which allows SRS and Medicaid to recover medical care costs from the estates of recipients who, prior to their death:

- Were 55 years of age or older,
 - Resided in a nursing facility or received HCBS services or
 - Did not have a spouse, children under age 21, or disabled dependents
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- A person's estate includes the home, savings, or other assets remaining upon death.
 - No lien will be placed upon the property while the recipient or spouse is living, but a claim may be filed on the estate upon the death of both the recipient and the spouse.
 - The claim will be in the amount of any medical expenses paid by Medicaid after June 30, 1992.
 - Questions regarding the Estate Recovery Program can be directed to the Estate Recovery Unit at 785-296-6707.

Glossary of Commonly Used Terms and Abbreviations

AAA – Area Agency on Aging

Case Management Entity – providers authorized to perform case management functions for the HCBS/FE program.

Case Manager – An individual authorized by KDOA to provide assessments, plans of care development, referrals, monitoring, and cost containment for Medicaid long term care programs.

Frail Elderly – Persons who are 65 years or older and in frail health

HCBS/FE – Home and Community Based Services for the Frail Elderly

KDOA – Kansas Department on Aging

Medicaid – The state health care program that helps eligible people pay for medical services. A Medicaid eligibility worker at SRS determines financial eligibility for this program.

Medicaid Eligibility Worker – An SRS employee who determines financial eligibility for medical assistance

Medical Assistance – Another name for the Kansas Medicaid Assistance Program

Primary Caregivers – Individuals or professionals providing care and support to a frail elder

SRS – Kansas Department of Social and Rehabilitation Services

SS – Social Security

SSI – Supplemental Security Income

Helpful Telephone Numbers and Websites

Kansas Department on Aging

503 S. Kansas Avenue
Topeka, KS 66603
800-432-3535
www.agingkansas.org

To file an appeal, write to:

Office of Administrative Hearings
1020 S. Kansas Avenue
Topeka, KS 66612

Kansas Department of Social and Rehabilitation Services (SRS)

888-369-4777
www.srskansas.org

Medicaid Customer Assistance

800-766-9012
<https://www.kmap-state-ks.us>



KANSAS

DEPARTMENT ON AGING

New England Building
503 S. Kansas Avenue
Topeka, KS 66603
1-800-432-3535
www.agingkansas.org

The Kansas Department on Aging (KDOA) does not discriminate on the basis of race, color, national origin, sex, age or disability. If you believe you have been discriminated against by either KDOA or a KDOA funded program, please contact KDOA to receive additional information on filing a complaint: 1-800-432-3535 (voice); 1-800-766-3777(TTY).

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