



# **HCBS FE Waiver Services in Assisted Living Settings**

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# Assisted Living Settings

## Types;

- Assisted Living Facilities (136)
- Home Plus (115)
- Residential Health Care Facility (103)
- Total number of unduplicated beneficiary utilizing level III (ATCR3X) service is 2,121
- Must be licensed by KDADS per KSA 93-923



# Eligibility for HCBS/FE Waiver Services.

- Must be 65 years of age or older;
- Meet the Medicaid Long Term Care threshold criteria established for Home and Community Based Services for Frail Elderly (HCBS/FE)
- Must be financially eligible for Medicaid as determined by the Department of Children and Families
- Is not receiving services through the Home and Community Based Services for the Physically Disabled (HCBS/PD) waiver.
- Utilizes at least one waiver service every month



# HCBS services provided in an Assisted Living Settings

HCBS services available to customers in Assisted Living Settings;

- Assistive Technology (subjected to the exception process)
- Attendant Care Services- Level III
- Comprehensive Support (subjected to the exception process)

# Services

1 of 2

- Nursing Evaluation visit
- Oral Health Services (subjected to the exception process)
- Personal Emergency Response
- Wellness Monitoring



# Enrollment

To provide HCBS/FE waiver services a provider must be enrolled as a Medicaid Provider.

## **New to Medicaid**

- Must obtain, complete and submit HCBS wavier enrollment packet to the Kansas Medical Assistance Program (KMAP)



# Enrollment

(2 of 2)

## Existing Medicaid Provider

- Contact and enroll with each MCO.
  - Amerigroup
  - United Health Care
  - Sunflower



# Documentation of Services.

## Documentation requirements – Pre KanCare

- Identification of waiver service(s) being provided.
- Customer's name (first & last) and signature must be on each page of documentation
- Direct support worker's name and signature must be on each page of documentation
- Date of service





# Documentation

(2 of 2)

- Time Spent daily for services rendered
- Identify activities performed during each contact
- Time totaled by actual minutes and hours worked.
- Verify with MCO's their documentation requirements

# Tip

When a private pay customer goes to HCBS Medicaid reimbursement;

- Inform customer they need to began the functional and financial eligibility process at least 60 days prior to their money running out.
- Call your local ADRC to have an functional assessment completed.

# Web links

- Descriptions of the various setting(s) can be found at: [http://www.aging.ks.gov/Manuals/FSM/FSM\\_TOC.pdf](http://www.aging.ks.gov/Manuals/FSM/FSM_TOC.pdf)
- HCBS provider application: <https://www.kmap-state-ks.us>
- MCO's application at: <http://www.kancare.ks.gov/provider.htm>
- Sample documentation can be found at: <https://www.kmap-state-ks.us/public/forms.asp>
- To find out more about ADRC go to: <http://www.ksadrc.org>



# Contact information

Additional questions contact;

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