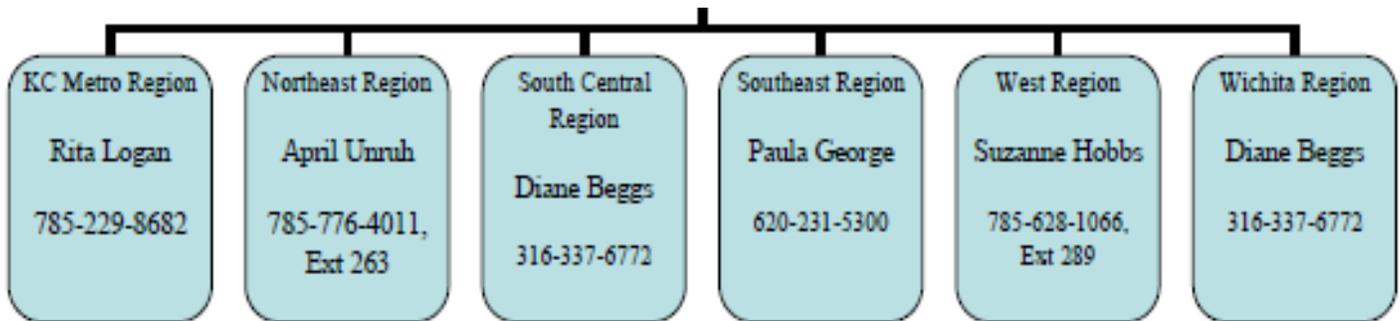


Technology Assisted (TA) Waiver Information Session

Program Fact sheet

April 2013

1) Who do I contact to get more information about or make a self-referral to the program?



2) What age group does the program cover?

- The program provide services to individuals ages 0 through 21 years of age

3) What are the program eligibility criteria?

- Individual must be age 0-21
- Meet definition of medical fragility
- Must require use of primary medical technology on a daily basis(i.e ventilator, Trach, G-tube feeding)
- Must meet medical and nursing acuity threshold

4) Who conducts eligibility determination for the TA program?

- MATLOC Eligibility Specialists (MES)

5) Do I have to apply for Medicaid?

- Yes, Medicaid pays for services provided under the TA waiver. Your MES can assist you in completing your Medicaid application

6) How often is Medicaid eligibility reviewed?

- Medicaid eligibility is reviewed on an annual basis. In order to continue to be eligible for the TA program, you must make sure you continue to be eligible for the program.

7) What medically necessary services are available under the TA waiver?

- Financial Management Services
 - Required service when self-directed attendant care service is chosen
- Health Maintenance Monitoring
 - Licensed Practical Nurse (LPN)
 - Registered Nurse (RN)
- Intermittent Intensive Medical Care Service
 - Licensed Practical Nurse (LPN)
 - Registered Nurse (RN)
- Specialized Medical Care
 - Licensed Practical Nurse (LPN)
 - Registered Nurse (RN)
- Long-term Community Care Attendant
 - Agency-directed attendant- Medical Service Technician (MST)
 - Self-directed attendant- Personal Service Attendant (PSA)
- Medical Respite Care
 - Licensed Practical Nurse (LPN)
 - Registered Nurse (RN)
- Home Modification Services
 - Licensed contractor, if required for compliance with city or county ordinance
 - Durable Medical Equipment Provider (DME)

8) Can parents or legal guardian of a minor participant be paid as attendant under the TA waiver?

- No, our Federal partner (CMS) prohibits payments to parents of minor children.

9) Who is the Managed Care Organization (MCO)?

- Kansas has contracted with three MCOs to manage Kansas Medicaid program; Amerigroup; Sunflower State and United Health Care.

10) Who will help me get my services started, will I have a case manager?

- Your chosen MCO health plan and care coordinator or case manager will assist you.
- If you are already on Medicaid and have not heard from your care coordinator, you will need to contact your health plan

11) Who do I call when I have questions regarding my health plan?

- Your KanCare healthplan of choice:
 - Amerigroup: 1877-434-7579
 - Sunflower State Health Plan: 1877-644-4623
 - United Health Care: 1877-542-9235

12) Who do I call for general KanCare questions?

- KanCare Consumer Assistance: 1866-305-5147

13) Who do I call when there has been a significant change in my health needs and additional services are needed?

- Contact your MCO health plan care coordinator or case manager

14) Who do I call if I no longer qualify for the program?

- Contact your MCO health plan care coordinator or case manager to assist you in finding other programs and resources for which you may be eligible.