FS 2010-06
CASE MANAGEMENT AND SENIOR CARE ACT
Sections 3.1 and 3.6

	SECTION			PAGE	STAKEHOLDER COMMENT	KDOA RESPONSE
1	3.1	3	A.3	1 of 16	The customer must require multiple services and/or related activities performed wholly or partially for them: CPAAA would recommend that this wording be either removed or modify with a time limit on case management services. There are OAA clients who only need Case Management services on a short term basis to assist with assessment of need, plan development, care coordination and service provider access, coordination of informal services and follow up. To eliminate this service is not beneficial to seniors and caregivers. It is important to have this critical service available to assist individuals who need case management but do not need the other formal in home services.	No change; policy language did not change with draft
1a	3.1	3	A.3	CONT	As the population who need services continues to grow, as more caregivers are seeking out services to assist their loved ones and as the funding to provide direct services continues to shrink in comparison to the need, it is more imperative than ever that this service is available to older Kansans and their families. At the critical point when individuals need to establish a plan of care to maintain in home living, when they need to determine what their needs are and what service options exist in the community, and when they start trying avoid nursing home placement it is important they there AAA's have the ability to offer this service.	See response to comment #1
2	3.1	3	B.4	2 of 16	This would create a difficult situation for the customers and the Case Managers. There are situations that require more time for CMGT. One example, Kim had one customer she helped using CMGTS. This customer was in agreement to the ASMT, but once completed, waivered on services, and wouldn't commit right away. He was someone who really needed them. She kept CMGTS, so she could follow up with him afterwards and kept encouraging services. She uses the CMGTS short term for assisting the customer. Kristen and Kim have times when they do an ASMT, but the provider doesn't have a worker. The Provider agrees with the CM to plan for running ads and recruiting for a worker. In the rural areas it is very difficult to find workers. This process can take longer than 30 days.	At this time, draft policy will be revised to reflect current requirements
2a	3.1	3	B.4	CONT	Another example is when a CM is working with SRS for a customer that has been reported to APS. A recent case of waiting on Service Master from Colby to go into the customer's home, before the provider's worker goes in. SRS is planning on using their funds for Service Master to assist the customer. Follow up reports from the APS worker is that Service Master has been too busy. Service Master hasn't called the customer yet to schedule an appointment. If we had to close the case,that would create a problem for the customer. The plan is to have Service Master go in the home and then the Provider could send a worker for SCA services. Kim and Kristen never do an ASMT and then list CMGT and leave the case open for a year or longer, with no planned follow up.	See response to comment #3

	SECTION			PAGE	STAKEHOLDER COMMENT	KDOA RESPONSE
3	3.1	3	B.4	2 of 16	This will be limiting for clients that need coordination of outside resources and are not ready to receive hmkr, atcr, etc, as provided by SCA but, by having a case manager monitor and visit quarterly, building this rapport, client is likely to accept services in the future. We would like to see a 3 month time to help make connections and may allow the customer time to reconsider services.	See response to comment #3
4	3.1	3	B.4	2 of 16	PSA 04 does not agree with the policy change removing Case Management as a stand alone service on SCA. JAAA feels that case management is a very important service to the clients in our area. Clients that require case management need assistance accessing services and information in the community. They may have just been discharged from the hospital, encountered a major life change, or lack the cognitive ability to figure out the maze of community resources available in their area. When JAAA has had to implement a wait list, case management has been used to access other services in the community.	See response to comment #3
5	3.1	3	B.4	2 of 16	The customer must require and receive at least one SCA-funded service, excluding assessment and one-time services" to be eligible for SCA CM. This is inconsistent with eligibility for OAA CM. I'm not sure what KDOA is trying to accomplish by tying SCA CM to a funding source that is the same as the funding source for CM. The two do not have to go hand in hand. In fact, the case manager's job, whether with OAA or SCA is to meet needs from both paid (any funding source) and informal supports. With limited funds available, case managers should be able to use any funding source to meet needs. For example, all of our counties give dollars to be used for services as needed. If we have to freeze SCA funds for attendant care, but have county dollars, we should be able to use those dollars for the services and provide case management with SCA funds as needed. I would suggest you mirror the language for OAA 3.1.3.A.3 "The customer must require multiple services and /or related activities performed wholly or partially for them"	See response to comment #3
6	3.1	3	B.4	2 of 16	This will eliminate all of our seniors who need case management only under SCA. Is this the true intent of this update, to no longer offer case management only as a service? We do not support this change. We need CM as a stand alone service under SCA. RECOMMENDATION: Please reconsider not allowing Case Management under SCA as a stand alone service. However, if KDOA implements removing CM as a stand alone service under SCA, please consider allowing current customer of this service to continue as either "grandfathered in" or allow the service to continue through the next annual reassessment date. We need time to transition these customers to either another program or resource.	See response to comment #3

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7	3.1	3	B	2 of 16	The availability of Case management funded under the Senior Care Act is needed as a tool to when seniors in difficult situations need help. Take the example of a frail older Kansan who has a completed assessment in place, does/does not meet the SCA frailty score and does not have an open service line for homemaker/ attendant care. Let's say the Case Manager visiting this person provides education/information about Adult Abuse, Neglect and Exploitation (ANE) during the home visit. After this visit from the case manager, it would not be unusual for the senior or the caregiver to call the case manager with additional questions or request additional services. Specifically, the senior may call to report concern about ANE issue. It is advisable-and a best practice--to have case management funding under the Senior Care Act available for the case manager to follow up in this situation to report the customer's concern and add the APS service on the customer's plan of care.	No change
7a	3.1	3	B	CONT	We would recommend that a 90-day window of time for case management in instances such as the one described above, would suffice. Case Management in these kinds of situations would not need to be ongoing nor would it necessarily be a routine practice. Having this funding option available is important to the well-being of seniors in tough situations and enhances the Area Agencies programs and effectiveness.	No change
8	3.1	3	B.4	2 of 16	The customer must require and receive at least on SCA funded service, excluding assessment and one-time service. CPAAA objects to this change as we see many individuals in our community who need assistance without need for additional services. There are times when case management alone can assist them to remain in the community. Seniors and their caregivers are often unaware of what services exist in the community, how to access the services, how to coordinate family, friend and volunteer services in such a way that will meet their individual situation and enable the senior to remain in the home and community. The case management service can be the single service that assists them in putting this plan together and they can then remain in the community, not access formal paid for services and their needs can be met.	See response to comment #3
8a	3.1	3	B.4	CONT	In addition sometimes they may simply need assistance with a one time only service to modify their home to make it workable for the senior to remain in the home. It does not seem beneficial to seniors and caregivers in Kansas to limit this service especially when funds for direct services are being cut, or potentially cut in the future (HCBS_FE wiaver may be frozen this FY). This is a much needed service that can and does reduce Medicaid costs, that serves seniors and assists them to remain in the community without accessing more costly services including state, and federally funded services. The case management service could be modified by making a time limited service so that these types of situations could be addressed. Typically these situations that require this level of service are short term and a 90 to 120 time limit for this service would allow senior Kansans to be served.	See response to comment #3

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9	3.1	3	B.4	2 of 16	This change would mean unless the senior was receiving other SCA funded services the individual would no longer receive case management under the Senior Care Act. K4A is adamantly opposed to this proposed change. We would argue that this service alone often saves the state money. In times of ever decreasing funding and when families need assistance with coordination of services, coordination of informal services and assistance with planning for and arranging for services through other informal or paid for options to eliminate the option for case management does not make sense. Case management is an important service and can in and of itself help a family keep a senior at home and should not be eliminated as a service option!	See response to comment #3
10	3.1	8	B.8	10 of 16	1) Want to make sure that it is billable time to continue to follow up with APS if we have not received any information about the outcome of the investigation. 2) Abuse and Neglect reporting should be exempt from customer sign off on the POC if it must be placed on the POC for KAMIS entry. Requiring this to be on the POC and requiring signature of customer or responsible party eliminates anonymity of CM reporter and could endanger them.	1) Follow-up with APS is a component of case management and is therefore billable; 2) Change has been made to remove requirement for entry on paper POC; KDOA continues to work on options for tracking ANE reporting and outcomes
11	3.1	8	B.8	10 of 16	A & E - We would love to but do not have good communication with APS. Statewide problem. When will be know to close these lines when we rarely know the results. What if the report needs to be made on the customer's representative? This will be hard to keep anonymous for signatures.	If CMEs are having difficulty with this issue, please contact Angel Nott at KDOA for resolution
12	3.1	8	B.8	10 of 16	When we start tracking the APS referrals in KAMIS, will we be able to put them on a separate POC so the customer will not have to sign a POC with that information on it?	See response to comment #30, issue #2
13	3.1	8	B.8	10 of 16	Will the customer signature be required after adding the ANE code to the POC? We believe that the ANE code should NOT require the customer signature, as ANE services may not be requested by the customer and it will breach confidentiality of anonymous reports. Please consider adding this exception to the policy for the customer signature when ANE is added to the POC. RECOMMENDATION: Please apply the exception rule to customer signatures on the POC when ANE service is added.	See response to comment #30, issue #2
14	3.1	10	A.6	12 of 16	In order to bill for their consulting time, should Supervisors meet all the case management requirements?	Change has been made
15	3.6	6	E.3	9 of 13	This requirement was revised in 3.5 to be prior to the tasks being authorized and we changed it to be signed by a medical provider. Do you want to use the same language below in 3.6 as in 3.5? Obtain a completed Physician/RN Statement that has been signed by a medical care provider or registered nurse if the customer has health maintenance activities or medication set-up provided through Attendant Care Services. (Note: The TCM must ensure that the Physician/RN Statement is completed in its entirety and received prior to implementing health maintenance activities or medication set-up.)	Change has been made
16	3.6	n/a	n/a	Form	General question regarding these section: Is there going to be a specific Physician/RN statement specific to SCA program for self-direct and heath maintenance activities?	The form will be distributed with the Final Policy