

KDADS STANDARD POLICY

Policy Name: HCBS Institutional Transition Policy Commission: Community Services and Programs Commission Applicability: FE, IDD, PD and TBI Waivers Contact: HCBS Transition Specialist Policy Location: http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies Status/Date: Final/ 9/4/2018	Policy Number: M2018-119 Date Established: 9/4/2018 Date Last Revised: Date Effective: 11/5/2018 Date Posted: Number of Pages: 8
<i>Revision History</i>	

Purpose

This policy establishes the process and procedures for transitioning eligible individuals from institutional care settings onto the Frail and Elderly (FE), Intellectual and Developmental Disability (I/DD), Physical Disability (PD), and Traumatic Brain Injury (TBI) waiver programs.

Summary

This policy establishes the process and procedures for requesting, managing and determining eligibility for individuals in Medicaid approved institutional settings to transition into the community and onto HCBS waivers services. The State intends to preserve the ability of the individuals to transition to the least restrictive setting in which they wish to live, when they wish to transition.

Entities/Individuals Impacted

- **FE, PD, TBI Functional Eligibility Assessing Entity (Assessing Entity)**
- **Community Developmental Disability Organizations (CDDOs)**
- **Home and Community Based Services (HCBS) Waiver Participants**
- **Kansas Department of Aging and Disabilities (KDADS)**
- **Kansas Department of Health and Environment (KDHE)**
- **Managed Care Organizations (MCOs)**

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I. Policy

- A. The following are considered institutional settings: Nursing Facility, State Hospital (Kansas Neurological Institute, Larned, Osawatomie and Parsons), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID), Traumatic Brain Injury Rehabilitation Facility (TBIRF), and Psychiatric Residential Treatment Facility (PRTF).
- B. The HCBS Transition Specialist shall determine waiver eligibility based on the criteria in the current, CMS approved HCBS waivers.
- C. Individuals wishing to transition from an institutional setting to the community shall be identified via the Minimum Data Set (MDS), Community Transition Opportunity referrals, referrals from other individuals such as caregivers, guardians, CDDOs or assessing entity.
- D. Transitions from institutional settings shall be into community settings as identified in the applicable HCBS waiver and consistent with 42 CFR §441.031(c).
- E. An institutional transition shall be requested by the MCO via the Referral and Notification form.
- F. The MCO shall coordinate pre-transition activities with the individual/guardian, the institution and the appropriate support team;
- G. Individuals eligible for an institutional transition shall bypass the waiver waiting list and be immediately placed on HCBS waiver services.
- H. Associated institutional transition assistance funding related to the direct costs for transitions out of institutional settings may be provided by the MCO.

II. Procedures

- A. To be eligible for an institutional transition an individual shall:
 - 1. Be a current resident of the State of Kansas
 - 2. Be a current resident in an institutional setting
 - a) For waivers with waiting lists, the individual shall be a current resident in an institutional setting with a minimum stay of ninety (90) consecutive days before being considered eligible to apply for an institutional transition;

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- i. In the event an individual is in a Nursing Facility for a temporary stay and then is directly admitted to the Nursing Facility with no disruption of services, the temporary stay days shall count toward the consecutive 90 days stay requirement.
 3. Meet the HCBS waiver program eligibility criteria for the waiver they are transitioning to;
 4. Have the applicable functional eligibility assessment;
 - a) In the event there is no current functional eligibility assessment, the HCBS Transition Specialist shall submit a 3160 referral for an assessment to the assessing entity or CDDO.
 - i. For the FE and PD waivers a current CARE assessment, performed within the last 365 days, shall be used to determine functional eligibility if there is no current functional eligibility assessment in the KDADS system of record;
 - a) In the event a transition is approved using a CARE assessment, the individual shall be assessed using the appropriate waiver functional eligibility assessment when the CARE expires.
 5. Meet Medicaid financial eligibility.

B. In the event a transition referral is initiated by the MCO:

1. The MCO shall submit a transition referral to the HCBS Transition Specialist via the Referral and Notification form thirty (30) days prior to the anticipated discharge date.
 - a) In the event a discharge address is pending due to HCBS approval or the individual wishes to explore a location prior to committing to a lease, the MCO shall include written documentation from all potential locations being considered including the name of the location and the date the individual is scheduled to visit the location.
 - i. Once the individual makes a final decision on the discharge location, the MCO shall send the discharge address, via email, to the HCBS Transition Specialist.
 - ii. The HCBS Transition Specialist shall complete the 3160 with the final discharge address.

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2. The HCBS Transition Specialist shall review the Referral and Notification Form and the appropriate systems of record to determine if an individual is eligible for a transition.

a) For individuals transitioning onto the TBI waiver, medical records indicating a diagnosis of a traumatic brain injury or the TBI attestation form shall be submitted to either the TBI Program Manager or HCBS Transition Specialist.

b) For individuals transitioning to the IDD waiver,

i. The CDDO shall complete the program eligibility determination process if the individual has not previously been identified as program eligible;

ii. Once the individual is determined to be program eligible, the CDDO shall complete an assessment to determine functional eligibility for the waiver;

a) If an individual is found functionally eligible, the MCO will then conduct the needs assessments to determine the waiver services. The MCO shall notify the CDDO that the needs assessment is complete, and the individual is ready for provider options counseling;

b) If an individual is not functionally eligible, the CDDO shall sign and date the NOA from KAMIS with appeal rights and send it to the individual within 7 business days of the entered assessment;

iii. Once functional eligibility is determined, and option counseling is complete, the CDDO shall inform the HCBS Transition Specialist via email that the assessment and options counseling have been entered into the KDADS system of record;

c) For individuals transitioning to the FE, PD or TBI waivers

i. In the event there is no current functional assessment or CARE assessment, the HCBS Transition Specialist shall submit a 3160 referral to the assessing entity to complete a functional assessment;

ii. Upon completion of the assessment the assessing entity shall complete the applicable sections of the 3160 and email it to the HCBS Transition Specialist.

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- iii. In the event the CARE assessment is used to transition the individual to the FE and PD waivers, the HCBS Transition Specialist shall note the expiration date in KAMIS and a functional assessment shall be triggered 365 days after the CARE was completed.
3. The HCBS Transition Specialist shall respond to the MCO within five (5) business days of receiving all required documentation and indicate on the Referral and Notification form either approval, denial or that additional information is needed.
4. If there is inadequate information on the Referral and Notification form to determine waiver eligibility, the HCBS Transition Specialist shall email the form back to the MCO and request additional information.
5. If an individual is not found programmatically eligible for an institutional transition the HCBS Transition Specialist shall send a Notice of Action (NOA) to the individual;
6. If the individual meets the transition criteria, the HCBS Transition Specialist shall complete the 3160 indicating approval and send it to the applicable HCBS Program Manager, KanCare Clearinghouse, MCO and assessing entity or CDDO three days prior to the discharge date;
 - a) The HCBS Transition Specialist shall enter the effective date for services as the anticipated date of discharge from the institution.
7. On the day of transition, the discharging institution shall send a 2126 to KDHE indicating the individual has been discharged;
8. KDHE will follow established 3160 processes.

C. In the event an IDD transition referral is initiated by the State Hospital:

1. The State Hospital Discharge Planner shall assist the individual in initiating the Medicaid application process;
 - a) State Hospitals are identified in I.A. of this policy
2. Once Medicaid eligibility is determined and the MCO is chosen, the MCO shall submit the Referral and Notification form to the HCBS Transition Specialist;
3. The HCBS Transition Specialist shall inform the CDDO of the individual's choice to transition out of the institution;

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4. The CDDO shall complete the program eligibility determination process if the individual has not previously been identified as program eligible;
 - a) Once the individual is determined to be program eligible, the CDDO shall complete an assessment to determine functional eligibility for the waiver;
 - i. If an individual is found functionally eligible, the MCO will then conduct the needs assessments to determine the waiver services. The MCO shall notify the CDDO that the needs assessment is complete, and the individual is ready for provider options counseling;
 - ii. If an individual is not functionally eligible, the CDDO shall sign and date the NOA from KAMIS with appeal rights and send it to the individual within 7 business days of the entered assessment;
5. Once functional eligibility is determined, and option counseling is complete, the CDDO shall inform the HCBS Transition Specialist via email that the assessment and options counseling have been entered into the KDADS system of record;
6. The HCBS Transition Specialist shall track incoming referrals for I/DD waiver eligibility;
7. If the individual meets the transition criteria, the HCBS Transition Specialist shall complete section 3 of the 3160 indicating approval for transition and send it to the applicable HCBS Program Manager, MCO, KanCare Clearinghouse and the CDDO;
8. The CDDO and MCO shall coordinate pre-transition activities with the individual/guardian, the institution and the appropriate support team;
9. The HCBS Transition Specialist shall enter the effective date for services as the date of discharge from the institution.
10. The MCO shall review the tier level;
11. On the day of transition, the discharging institution shall send a 2126 to the KDHE clearinghouse and the Transition Specialist indicating the individual has been discharged;
12. KDHE will follow established 3160 processes.

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III. Documentation, Reporting and Quality Assurance

- A. The Referral and Notification form shall be filled out by the MCO and submitted to the KDADS Transition Specialist.
- B. The applicable section of the 3160 shall be filled out by the HCBS Transition Specialist reflecting approval for the appropriate HCBS waiver.
- C. The applicable section of the 3160 shall be completed by the eligibility assessor, for the FE, PD and TBI waivers, indicating functional eligibility for an HCBS waiver.
- D. The MCO shall notify the HCBS Transition Specialist, via email, within 24 hours of services beginning.
- E. The MCO shall notify the HCBS Transition Specialist, via email, within 24 hours on an individual rescinding their choice to transition to the community.
- F. The HCBS Transition Specialist shall monitor when individuals are coded for waiver services and when services begin for quality assurance purposes.
- G. KDADS shall monitor the number of individuals who have completed a successful transition for 30 days, 6 months and one year.
- H. Assessing entity, CDDOs and MCOs shall comply with all KDADS data reporting requests.
- I. MCOs shall comply with the requirements for Person-Centered Service planning as indicated in the HCBS Person-Centered Service Plan policies on the KDADS website.

IV. Definitions

Assessing entity- entity responsible for the FE, PD and TBI functional eligibility assessments.

CARE assessment- a nursing home assessment which provides customers with individualized information on long-term care options, determines appropriate placements in long-term care facilities, and collects data regarding individuals being assessed for possible nursing facility placement at Level I. For those individuals found to need further evaluation for specialized services related to Intellectual/Developmental Disability or Related Conditions and/or Mental Health an in-depth assessment is conducted, known as the CARE Level II.

CDDO- single point of entry for an individual or family to obtain services through the developmental disabilities system in the State of Kansas. Entity responsible for the IDD HCBS functional eligibility assessment.

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Institutional Setting- for the purposes of this policy, insitutional settings include Nursing Facilities, State Hospitals, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), or Psychiatric Residential Treatment Facility (PRTF).

Temporary Stay- a stay in an institution that includes the month of admission and two months following admission.

Authority

1915 (c) HCBS Waiver

KS.0303.R04.01 (FE)
 KS.0224.R05.01 (IDD)
 KS.0304.R04.01 (PD)
 KS.4164.R05.01 (TBI)

Federal Authority

42 CFR §440.10
 42 CFR §440.150
 42 CFR §440.155
 42 CFR §440.160
 42 CFR §440.40
 42 CFR §441.301 (c)

587 US 581 (1999)

State Authority

1115 Demonstration Waiver

Related Information

FE Eligibility Policy
 IDD Eligibility Policy
 PD Eligibility Policy
 TA Eligibility Policy
 TBI Eligibility Policy
 AU, FE, PD, TA, TBI Person-Centered Service Plan Policy
 Intellectual and Developmentally Disabled Person-Centered Service Plan Policy