

# KDADS STANDARD POLICY

<b>Policy Name:</b>	PD Crisis Exception Policy	<b>Policy Number:</b>	E2020-004
<b>Commission:</b>	Aging and Disability Community Service Programs Commission	<b>Date Established:</b>	04/01/2002
<b>Applicability:</b>	HCBS Physical Disability Waiver	<b>Date Last Revised:</b>	12/10/2019
<b>Contact:</b>	HCBS Physical Disability Program Manager	<b>Date Effective:</b>	01/07/2020
<b>Policy Location:</b>	<a href="https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies">https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies</a>	<b>Date Posted:</b>	01/08/2020
<b>Status/Date:</b>	Final, 12/10/2019	<b>Number of Pages:</b>	5
<i>Revision History: 05/01/2015;</i>			

---

## Purpose

This policy establishes the process and procedures for crisis exception requests for the Home and Community Based Services (HCBS) Physical Disability (PD) waiver program managed by the Kansas Department of Aging and Disability Services (KDADS). It allows applicants to bypass a waitlist if immediate program access is not available due to the establishment of a waitlist.

---

## Summary

This policy establishes the process and procedures for submitting, managing, and determining crisis exception requests for individuals who are functionally eligible for PD waiver services. The policy will ensure access to the waiver program services that best meet the assessed needs of the individual in the event of an established HCBS waitlist.

This policy does not apply to persons seeking to exit institutional settings. Individuals who currently reside in a qualified institutional setting and have expressed their choice to transition to community-based services shall have the option of accessing HCBS services via KDADS' institutional transitions programs.

---

## Entities/Individuals Impacted

- Functional Eligibility Contractor (Assessing Entity)
- HCBS PD Waiver Participants
- KanCare Clearing House
- Kansas Department for Aging and Disability Services (KDADS)
- Kansas Department of Health and Environment
- Managed Care Organizations (MCOs)

<b>Policy Name:</b>	PD Crisis Exception Policy	<b>Policy Number:</b>	E2020-004
<b>Commission:</b>	Aging and Disability Community Service Programs Commission	<b>Date Established:</b>	04/01/2002
<b>Applicability:</b>	HCBS Physical Disability Program	<b>Date Last Revised:</b>	12/10/2019
<b>Contact:</b>	HCBS Physical Disability Program Manager	<b>Date Effective:</b>	01/07/2020
<b>Policy Location:</b>	<a href="https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies">https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies</a>	<b>Date Posted:</b>	01/08/2020
<b>Status/Date:</b>	Final, 12/10/2019	<b>Page Number:</b>	2 of 5

## I. Policy

- A. An individual on the PD waiver waitlist who is in a crisis or imminent risk of crisis may submit an HCBS–PD Consumer Evaluation of Needs, which is the crisis exception request form for the PD waiver to bypass the waitlist and access the PD Waiver.
1. A legal representative, when applicable, may submit a crisis exception request on behalf of an individual on the PD waiver waitlist
- B. Crisis exception shall be granted to applicants that:
1. have been found **eligible** for the PD waiver;
  2. have proven to have at least one of the crisis reasons outlined in this policy.
  3. Are on the PD waiver waitlist
    - i. The assessing entity shall be responsible for placing applicants on the PD waiver waitlist, in the designated state management information system.
- C. The assessing entity shall be responsible for submitting completed crisis exception requests using the HCBS–PD Consumer Evaluation of Needs.
1. The assessing entity shall upload completed crisis requests to the PD Upload Utility promptly.
  2. Instructions on how to obtain access and use of the Upload Utility shall be maintained by and made available through KDADS.
- D. Applicants for the PD waiver crisis exception shall meet **at least ONE** of the crisis reasons listed in the table below and shall submit the required documentation for the reason along with the crisis exception request to facilitate a crisis exception request determination.

Crisis Reason		Required Documentation
a.	Adult Protective Service (APS) or Child Protective Service (CPS) report of abuse, neglect or exploitation	Copy of the <b>SUBSTANTIATED</b> documentation from APS or CPS within 30 days before the date of the crisis request
b.	Imminent risk of family dissolution (break-up) involving a minor, dependent child or dependent spouse	Written notification from the Department of Children and Families within 30 days before the date of the crisis request
c.	An individual is in the end stages of terminal illness and life expectancy, documented by a physician, is less than six (6) months from the date	Certification of Terminal Illness (CTI) or a letter issued by a physician indicating the individual is in the end stages of terminal illness, and life expectancy is less than six (6) months from the date of the crisis

<b>Policy Name:</b>	PD Crisis Exception Policy	<b>Policy Number:</b>	E2020-004
<b>Commission:</b>	Aging and Disability Community Service Programs Commission	<b>Date Established:</b>	04/01/2002
<b>Applicability:</b>	HCBS Physical Disability Program	<b>Date Last Revised:</b>	12/10/2019
<b>Contact:</b>	HCBS Physical Disability Program Manager	<b>Date Effective:</b>	01/07/2020
<b>Policy Location:</b>	<a href="https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies">https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies</a>	<b>Date Posted:</b>	01/08/2020
<b>Status/Date:</b>	Final, 12/10/2019	<b>Page Number:</b>	<b>3 of 5</b>

	of the crisis request	request
d.	Victim of domestic violence	Documentation from a police report or the court indicating the individual is the victim of domestic violence within 30 days before the date of the crisis request
e.	Imminent risk of a nursing facility or hospital placement	Physician statement of <b>IMMINENT</b> risk of a nursing facility or hospital placement within 30 days prior to the date of the crisis request. <ul style="list-style-type: none"> <li>i. A Physician, in this policy, shall be the individual’s primary healthcare provider with the qualification of any of the following: Medical Doctor (MD), Registered Nurse (RN), Advanced Practicing Registered Nurse (APRN), Physician’s Assistant (PA).</li> </ul>
<b>Additional Required Documentation</b>		
f.	HCBS–PD Consumer Evaluation of Needs Form	
g.	Any other documentation deemed necessary by the individual, the assessing entity, or the PD Program Manager	

---

## II. Procedures

---

- A. The individual shall first meet reasonable indicators and be determined functionally eligible for the PD waiver by the qualified assessing entity.
- B. The individual or their legal representative shall request a crisis exception via the assessing entity.

<b>Policy Name:</b>	PD Crisis Exception Policy	<b>Policy Number:</b>	E2020-004
<b>Commission:</b>	Aging and Disability Community Service Programs Commission	<b>Date Established:</b>	04/01/2002
<b>Applicability:</b>	HCBS Physical Disability Program	<b>Date Last Revised:</b>	12/10/2019
<b>Contact:</b>	HCBS Physical Disability Program Manager	<b>Date Effective:</b>	01/07/2020
<b>Policy Location:</b>	<a href="https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies">https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies</a>	<b>Date Posted:</b>	01/08/2020
<b>Status/Date:</b>	Final, 12/10/2019	<b>Page Number:</b>	<b>4 of 5</b>

1. A crisis exception request may be completed and submitted at the time of the functional assessment
  2. A crisis exception request may be completed and submitted at any point during an individual's time on the PD waitlist
- C. A qualified assessor from the assessing entity shall meet with the individual, face-to-face, to do the following:
1. Assist the individual in completing the HCBS–PD Consumer Evaluation of Needs Form; and
  2. Assist the individual in obtaining the required documentation related to the type of crisis they are requesting an exception for
- D. The assessor and the individual applying for a crisis exception shall sign the HCBS–PD Consumer Evaluation of Needs Form.
1. The crisis exception process shall not be considered complete until the functional assessor, and the individual or their legal representative, or designated Durable Power of Attorney for Health Care (DPOAHC) have signed the form.
- E. The assessor shall upload to the PD Upload Utility, (**only when all documents are complete**), the HCBS–PD Consumer Evaluation of Needs Form and required documentation.
1. The PD Program Manager will **not** review a crisis exception request until all required documents aforementioned in this policy are provided.
- F. The PD Program Manager, or their designee, shall review completed crisis exception requests within five (5) business days of submission to the PD Upload Utility tool.
- G. In the event the crisis exception request is approved, the PD Program Manager shall send an NOA to the individual and/or their legal representative when applicable, indicating KDADS crisis exception approval (this does not constitute waiver program final approval).
1. PD waiver program final approval, as well as financial eligibility, shall be determined by the Kansas Department of Health and Environment (KDHE).
- H. The PD Program Manager shall complete and send the E-3160 to the assessing entity, KDHE, and the MCO.
- I. Any crisis request that is not complete, missing required signatures and required documentation, will be denied, and a Notice of Action (NOA) will be sent to the individual and their legal representative and the assessing entity indicating that the request was denied because it was incomplete.
1. The Notice of Action (NOA) shall include information on the fair hearing process, and the consumer appeal rights.
- J. For Quality Assurance purposes, the PD Program Manager shall track the following data:
1. The total number of crisis requests submitted to KDADS by the assessing entity for review;
  2. The total number of crisis requests approved by KDADS;
  3. The total number of crisis requests denied by KDADS including the reason for denial.

<b>Policy Name:</b>	PD Crisis Exception Policy	<b>Policy Number:</b>	E2020-004
<b>Commission:</b>	Aging and Disability Community Service Programs Commission	<b>Date Established:</b>	04/01/2002
<b>Applicability:</b>	HCBS Physical Disability Program	<b>Date Last Revised:</b>	12/10/2019
<b>Contact:</b>	HCBS Physical Disability Program Manager	<b>Date Effective:</b>	01/07/2020
<b>Policy Location:</b>	<a href="https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies">https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/hcbs-policies</a>	<b>Date Posted:</b>	01/08/2020
<b>Status/Date:</b>	Final, 12/10/2019	<b>Page Number:</b>	5 of 5

---

### III. Definitions

---

**HCBS–PD Consumer Evaluation of Needs Form** – KDADS approved form to identify that the individual meets the eligibility criteria for a crisis exception. This form may sometimes be referred to as a PD crisis exception form.

**Crisis Exception Request** – a request to bypass the PD waiting list submitted through the assessing entity for pre-identified individuals as defined by this policy; who are in crisis and whose needs can only be met through immediate access to services available through the PD waiver.

**Functional Assessment Instrument** – a tool used for the evaluation of the medical, adaptive, and behavioral needs and functional capacities of an individual to determine the level of care required to meet the individual’s needs in the least restrictive setting.

**System of Record** – this is the designated state management information system, which as at this moment, is the Kansas Assessment Management Information System (KAMIS).

---

### Authority

---

**Federal Authority**

42 CFR Part 441.301  
KS.0304.R04.01 (PD)

**State Authority**

K.A.R. 30-5-300

---

### Related Information

---

Physical Disability Eligibility Policy