



HCBS Institutional Transition Policy Training

Matthew Beery, HCBS Transitions Specialist

HCBS Institutional Transition Policy Training Agenda:

- Review the HCBS Institutional Transition Policy.
- Review the Referral and Notification form.
- Review the Waiver Transition process.
- Questions regarding the new policy and form.

Purpose

Establish 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 Brain Injury (BI) waiver programs.



Approved Institutional Settings

- Nursing Facility
- State Hospital:
 - Kansas Neurological Institute
 - Larned State Hospital - PSP
 - Osawatomie State Hospital
 - Parsons State Hospital
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)
- Brain Injury Rehabilitation Facility (BIRF)
- Psychiatric Residential Treatment Facility (PRTF)



Identification for an Institutional Transition

- Minimum Data Set (MDS) Report
- Community Transition Opportunity (CTO) Referrals
- Managed Care Organizations (MCO).
- Aging and Disability Resource Center (ADRC).
- Community Developmental Disability Organization (CDDO).
- Guardians and Caregivers.

Eligibility Criteria

- Be a current resident of the State of Kansas.
- Be a current resident in an institutional setting.
 - For waivers with waiting lists, the individual will be residing in an institutional setting with a minimum stay of 90 consecutive days before being considered eligible to apply for an Institutional Transition.
- Meet the HCBS waiver program eligibility criteria for the waiver to which they are transitioning.
- Have a current Functional Eligibility assessment for the waiver to which they are transitioning.
- Meet Medicaid financial eligibility and Social Security Disability determination requirements.



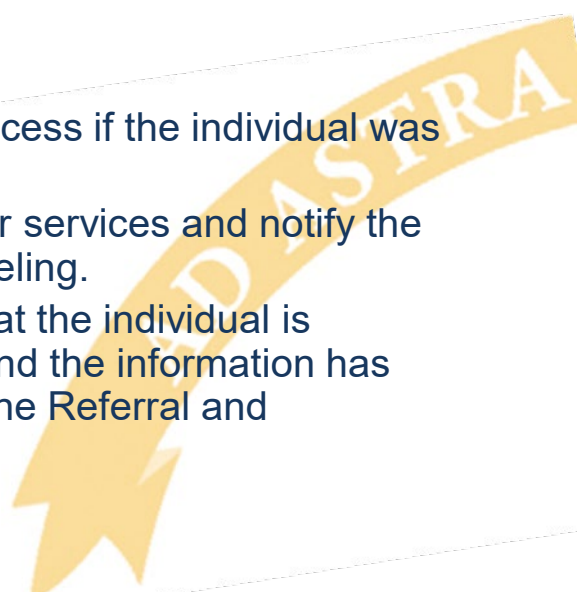
Process

Referral from a MCO

- MCO submits the Referral and Notification form to the HCBS Transitions Program Manager thirty (30) days prior to the anticipated discharge date.
 - If the discharge address is pending the MCO will include documentation for all potential locations being considered including the name of the location and the date the individual will visit the location.
 - Once the individual makes a final decision on the discharge location the MCO will notify the HCBS Transitions Program Manager via email.

For individuals transitioning to the IDD Waiver:

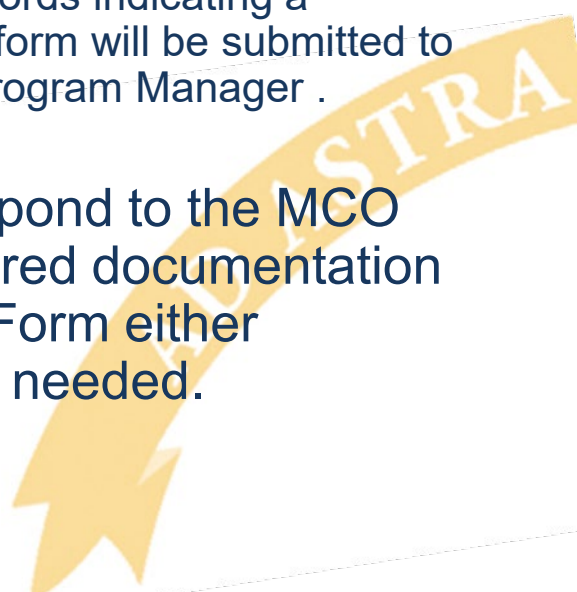
- CDDO will complete the program eligibility determination process if the individual was not previously identified as program eligible.
- MCO will conduct the needs assessment to determine waiver services and notify the CDDO that the individual is ready for provider options counseling.
- CDDO will notify the HCBS Transitions Program Manager that the individual is functionally eligible, options counseling has been provided and the information has been entered into the KDADS system of record and submit the Referral and Notification form to the HCBS Transitions Program Manager.



Process

For individuals transitioning to the FE, PD or BI Waivers:

- In the event there is not a current FAI or MFEI, the HCBS Transitions Program Manager will submit a 3160 referral to the ADRC to complete a functional assessment.
- The ADRC will complete the applicable section of the 3160 and will email it to the HCBS Transitions Program Manager .
- The HCBS Transitions Program Manager will review the Referral and Notification Form to determine if the individual is eligible for a transition.
 - For individuals transitioning to the BI Waiver, medical records indicating a diagnosis of a traumatic brain injury or the BI attestation form will be submitted to the BI Program Manager and/or the HCBS Transitions Program Manager .
- The HCBS Transitions Program Manager will respond to the MCO within five (5) business days of receiving all required documentation and will indicate on the Referral and Notification Form either approved, denied or that additional information is needed.



Process

- If there is inadequate information on the Referral and Notification Form to determine waiver eligibility, the HCBS Transitions Program Manager will email the form back to the MCO for additional information.
- In an individual is not found programmatically eligible for an Institutional Transition, the HCBS Transitions Program Manager will send a Notice of Action (NOA) to the individual.
- If the individual meets the transition criteria, the HCBS Transitions Program Manager shall complete the 3160 indicating approval and send it to the KanCare Clearinghouse, applicable Program Manager, MCO, ADRC or CDDO after discharge has been confirmed by the MCO.
 - The HCBS Transitions Program Manager will enter the effective date for services as the anticipated date of discharge from the institution.
 - On the day of discharge, the discharging institutional will send a 2126 to the KanCare Clearinghouse indicating the individual has been discharged.
- KDHE follows established 3160 processes.



Process

Referral from a State Hospital

- The State Hospital Discharge Planner will assist the individual in initiating the Medicaid process.
- Once a Medicaid application has been completed and the individual has chosen an MCO, the State Hospital Discharge Planner will notify the HCBS Transitions Program Manager of the choice.
- The HCBS Transitions Program Manager will notify the MCO that they have been chosen by the individual via email.
- The MCO will make contact with the individual and the treatment team to start transition planning.

Process

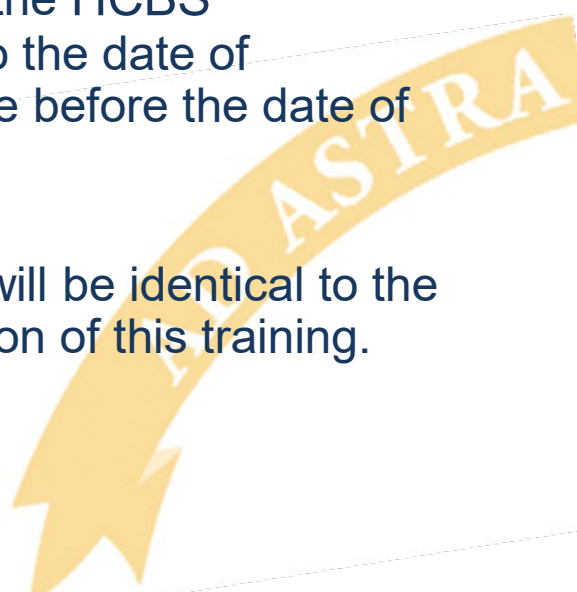
For individuals transitioning to the IDD Waiver

- HCBS Transitions Program Manager notifies the CDDO of the individual's choice to transition to the community.
- CDDO completes a functional eligibility assessment if the individual does not have a current BASIS on file.
- MCO conducts the needs assessment to determine waiver services and notify the CDDO that the individual is ready for provider options counseling.
- CDDO notifies the HCBS Transitions Program Manager that the individual is functionally eligible, options counseling has been provided and the information has been entered into the KDADS system of record.
- CDDO and MCO coordinate pre-transition activities with the individual/guardian, the institution and the appropriate support team.
- MCO submits the Referral and Notification Form to the HCBS Transitions Program Manager preferably thirty (30) days prior to the date of discharge however in urgent cases as soon as possible before the date of discharge.
- At this point the process for an Institutional Transition will be identical to the process lined out in the, “Referral from an MCO,” section of this training.

Process

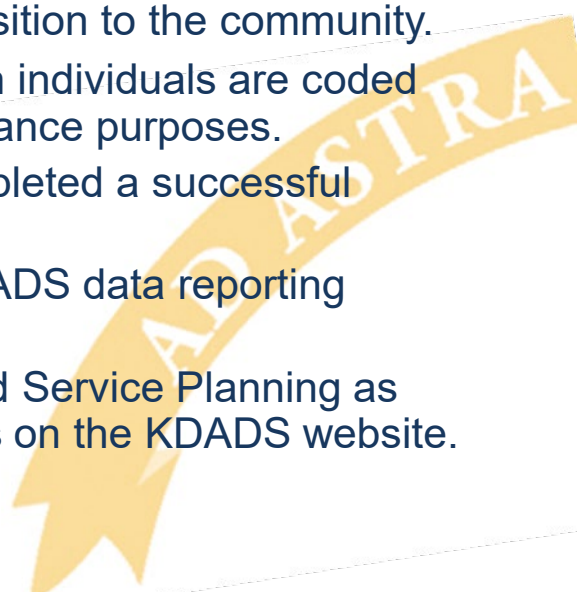
For individuals transitioning to the FE, PD or BI Waivers:

- HCBS Transitions Program Manager will notify the ADRC of the individual's choice to transition to the community.
- ADRC will complete the program eligibility determination process if the individual was not previously identified as program eligible.
- ADRC will notify the HCBS Transitions Program Manager that the individual is functionally eligible and the information has been entered into the KDADS system of record.
- ADRC and MCO will coordinate pre-transition activities with the individual/guardian, the institution and the appropriate support team.
- MCO will submit the Referral and Notification Form to the HCBS Transitions Program Manager thirty (30) days prior to the date of discharge however in urgent cases as soon as possible before the date of discharge.
- At this point the process for an Institutional Transition will be identical to the process lined out in the, “Referral from an MCO,” section of this training.



Documentation, Reporting and Quality Assurance

- The Referral and Notification Form will be filled out by the MCO and submitted to the KDADS HCBS Transitions Program Manager .
- The applicable section of the 3160 will be completed by the HCBS Transitions Program Manager reflecting approval for the appropriate HCBS Waiver.
- The applicable section of the 3160 will be completed by the eligibility assessor indicating functional eligibility for the HCBS Waiver.
- The MCO will notify the HCBS Transitions Program Manager , via email, within twenty four (24) hours of discharge and services beginning.
- The MCO will notify the HCBS Transitions Program Manager , via email, within twenty four (24) hours of an individual not discharging and/or services not beginning.
- The MCO will notify the HCBS Transitions Program Manager , via email, within twenty four (24) hours of an individual rescinding their choice to transition to the community.
- The HCBS Transitions Program Manager will monitor when individuals are coded for waiver services and when services begin for quality assurance purposes.
- KDADS will monitor the number of individuals who have completed a successful transition for thirty (30) days, six (6) months and one (1) year.
- Assessing entity, CDDO's and MCO's will comply with all KDADS data reporting requests.
- MCO's will comply with the requirements for Person-Centered Service Planning as indicated in the HCBS Person-Centered Service Plan policies on the KDADS website.



HCBS Referral and Notification Form:

HCBS Referral and Notification Form

Participant Information					
Name:	Click or tap here to enter text.	Birth Date:	Click or tap to enter a date.	SSN:	Click or tap here to enter text.
Current Address:	Click or tap here to enter text.	City:	Click or tap here to enter text.	Zip:	Click or tap here to enter text.
Discharge Address:	Click or tap here to enter text.	City:	Click or tap here to enter text.	Zip:	Click or tap here to enter text.
Medicaid Number	Click or tap here to enter text.	Phone Number:	Click or tap here to enter text.		
Guardian/Legal Rep Name:	Click or tap here to enter text.	Phone Number:	Click or tap here to enter text.		
Current Program Code:	<input type="checkbox"/> Frail Elderly (FE) <input type="checkbox"/> Physical Disability (PD) <input type="checkbox"/> Traumatic Brain Injury (TBI) <input type="checkbox"/> TBI Rehab Facility (TBIRF) <input type="checkbox"/> Autism (AU) <input type="checkbox"/> Technology Assisted (TA) <input type="checkbox"/> Intellectual and Developmental Disability (IDD) <input type="checkbox"/> Institutional Setting (Nursing Facility, PRTE, State Hospital)				

Managed Care Organization					
Reason for Referral: <input type="checkbox"/> Institutional Transition <input type="checkbox"/> Transition between HCBS Waivers <input type="checkbox"/> Other Click or tap here to enter text.					
The MCO evaluated and educated the individual on the impact a transition will have on access to services. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Narrative of reason for referral: Click or tap here to enter text.					
Individual choses to transition? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Supporting documents attached		
Proposed Program:	Click or tap here to enter text.	Primary Diagnosis for waiver transitioning to:	Click or tap here to enter text.	Requested Effective Date or Discharge Date:	Click or tap to enter a date.
Current functional assessment or CARE assessment for the current program? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of assessment: / /			For transitions to IDD, has the consumer/guardian been referred to CDDO for assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Managed Care Organization (MCO)		<input type="checkbox"/> Amerigroup <input type="checkbox"/> Sunflower <input type="checkbox"/> United			
Care Coordinator (CC):	Click or tap here to enter text.				
CC Phone Number:	Click or tap here to enter text.	CC Email:	Click or tap here to enter text.		



HCBS Referral and Notification Form:

KDADS Review			
Is the required documentation present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Does the documentation provided support an approval for the reason for referral? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the participant meet program eligibility criteria for the waiver they are transitioning to? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
Are functional eligibility criteria for the proposed program met? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA TLOC = ADL = IADL =			
Does the individual need to be removed from a waiver waitlist upon approval of transition? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comment: Click or tap here to enter text.		IDD Tier Level: Click or tap here to enter text.	
Referred to Program Integrity & Compliance Unit			
Date Referred to PICU: Click or tap to enter a date.			
PICU Finding: Click or tap here to enter text.			
Referred to Functional Assessor			
Referred for functional assessment on // for Click or tap here to enter text. program.			
KDADS Determination			
Reviewer:	Click or tap here to enter text.	<input type="checkbox"/> Transition Approved	<input type="checkbox"/> Tran
Determination Date:	Click or tap to enter a date.	Effective Date:	Click or tap to enter a date
Comments: Click or tap here to enter text.			



HCBS Referral and Notification Form:

Sections completed by MCO:

- Participant Information
- Managed Care Organization

Sections completed by KDADS:

- KDADS Review
- Referred to Program Integrity & Compliance Unit
- Referred to Functional Assessor
- KDADS Determination



HCBS Waiver Transitions

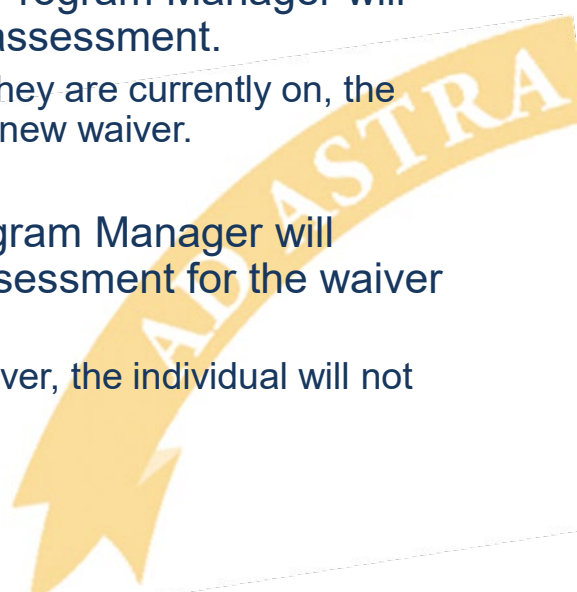
Eligibility Criteria

- Be a current resident of the State of Kansas.
- Meet the HCBS waiver program eligibility criteria for the waiver to which they are transitioning.
- Have a current Functional Eligibility assessment for the waiver they are currently accessing and the waiver to which they intend to transition.
- Meet Medicaid financial eligibility and Social Security Disability determination requirements.



Waiver Transition Process

- MCO submits the Referral and Notification form to the HCBS Transitions Program Manager indicating the current HCBS waiver and the HCBS waiver to which the individual intends to transition.
- The individual is required to meet functional eligibility for the waiver they currently access and the waiver to which they intend to transition.
- The HCBS Transitions Program Manager will ascertain if the individual has a current assessment for the waiver they are on.
- In the event there is not a current FAI, the HCBS Transitions Program Manager will submit a 3160 referral to the ADRC to complete a functional assessment.
 - If the ADRC determines the individual is ineligible for the waiver they are currently on, the individual will not be eligible to complete a Waiver Transition to a new waiver.
- In the event there is a current FAI, the HCBS Transitions Program Manager will submit 3160 referral to the ADRC to complete a functional assessment for the waiver to which the individual intends to transition.
 - If the ADRC determines the individual is ineligible for the new waiver, the individual will not be eligible to complete a Waiver Transition to the new waiver.



Waiver Transition Process

- Upon receipt of applicable assessments, the HCBS Transitions Program Manager shall complete the 3160 indicating approval and send it to the KanCare Clearinghouse, applicable Program Manager, MCO and ADRC.
 - The HCBS Transitions Program Manager will enter the effective date for services as the first day of the month following the month of approval.
- The HCBS Transitions Program Manager will send a Notice of Action (NOA) to the individual indicating the approval of access to the new waiver.
- KDHE will follow established 3160 processes.



HCBS Institutional Transition Policy Training:

- Questions?

Contact:

Matthew Beery

Office: 785-296-7744

matthew.beery@ks.gov

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