



Intellectual/Developmental Disability (IDD) HCBS Waiver

1. What are Home and Community Based Services (HCBS)?

Home and Community Based Service (HCBS) waivers are KanCare (Kansas Medicaid) programs that provide services to a person in their community instead of an institution, such as a nursing home or state hospital. In Kansas, the Kansas Department for Aging and Disability Services (KDADS) oversees the HCBS waivers. There are currently seven HCBS waivers in the state of Kansas. The services you receive will vary depending on the waiver you qualify for and your individual needs. **HCBS services do not pay for living expenses, or room and board.**

2. What is the IDD Waiver Program?

The Intellectual/Developmental Disability (IDD) waiver serves individuals age 5 and older who meet the definition of intellectual disability, having a developmental disability or are eligible for care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID). Those with a developmental disability may be eligible if their disability was present before age 22 and they have a substantial limitation in 3 or more areas of life functioning. They must also be Medicaid eligible.

3. Program Eligibility:

To be eligible for the IDD Waiver, an individual must meet the following criteria:

- Must be 5 years of age or older
- Have Intellectual Disability diagnosed before the age of 18, OR
- Have a diagnosis of a Developmental Disability that began before the age of 22
- Must be determined program eligible by the Community Disability Determination Organization (CDDO)
- Meet the Medicaid long-term care institutional threshold score

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- Be financially eligible for Medicaid

4. IDD Waiver Services:

Below are the services you may qualify for on the IDD waiver. Your final services will be determined by you and your Managed Care Organization (MCO) and will be based on your assessed needs.

- **Assistive Services** - Assistive Services are supports or items that address the person's needs as documented in their Person-Centered Support Plan or Person-Centered Service Plan. These services are designed to enhance an individual's independence or abilities through purchase of adaptive equipment, assistive technology, or home modification.
- **Adult Day Supports** (for adults 18 and older) - Adult Day Supports are out of home activities that help adults who are no longer eligible for school services maintain or increase abilities, productivity, independence, integration, and community participation.
- **Financial Management Services** - Financial Management Service (FMS) provides administrative and payroll services for people who choose to self-direct some or all of their services. FMS provides payroll, payment, reporting services, employer orientation, skills training, and other fiscal-related/administrative services to participant-employers.
- **Medical Alert (rental)** - Medical Alert provides electronic devices with portable buttons worn by the person to provide access to assistance or emergency help 24 hours a day. These systems provide support to persons having a medical need that could become critical at any time i.e. quadriplegia, severe heart conditions, diabetes, severe convulsive disorders etc.
- **Overnight Respite** - Overnight Respite is a service that provides temporary direct care and supervision of the person, in order to provide relief to families and caregivers. Overnight Respite Services may be self-directed for the IDD waiver.

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- **Personal Care Services (PCS), Self-Directed** - Personal Care Services, self-directed, provides supervision and/or physical assistance with instrumental activities of daily living (IADLs) and activities of daily living (ADLs), health maintenance activities, and in some cases socialization/recreation. These Personal Care Services may be self-directed for the IDD waiver.
- **Personal Care Services (PCS), Agency-Directed** – Personal Care Services, agency-directed (used to be called Supportive Home Care) provides one on one assistance for people living with family or foster family to provide assistance with ADLs, IADLs, socialization, and supervision. These Personal Care Services must be agency-directed for the IDD waiver.
- **Residential Supports for Adults** (aged 18 and older) - Residential Supports for Adults provide assistance and support in completing activities of daily living and the social and adaptive skills to people who live in a residential setting and do not live with someone meeting the definition of family.
- **Residential Supports for Children** (a ‘voluntary foster care’ placement)- Residential Supports for Children provides placement for children (ages 5-21) in a licensed foster care home in order to avoid placement in an institutional or other congregate setting when they cannot remain in their family home.
- **Enhanced Care Services** - Enhanced Care Services provides sleep support to provide immediate supervision or physical assistance with tasks such as toileting, transferring, mobility, and medication reminders as needed, or to contact a doctor, hospital, or medical professional in the event of an emergency. Enhanced Care Services may be self-directed for the IDD waiver.
- **Specialized Medical Care** - Specialized Medical Care provides long-term Registered Nurse or Licensed Practical Nurse support for people who are medically fragile and technology-dependent.

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- **Supported Employment** - Supported Employment provides job support to people who work in a competitive and integrated setting.
- **Wellness Monitoring** - Wellness Monitoring allows regularly scheduled nursing visits to check a person's health status and monitor for changes in health and wellbeing.

Note on Targeted Case Management: Targeted Case Management is **not** a Waiver service and is available once you are found IDD eligible by your local Community Disability Determination Organization (CDDO). If you are already Medicaid (Title 19) eligible, the Medicaid card can pay for Targeted Case Management services. If you are not Medicaid eligible, there may be a fee for this service. You may contact your CDDO for a list of possible Targeted Case Managers. **What is Targeted Case Management?** It assists a person in gaining access to medical, social, educational, and other needed services through assessment, support plan development, referral, and monitoring.

5. How many hours of service can I have once I am approved for IDD Waiver services?

Not all individuals who receive IDD Waiver services will receive the same services or the same amount of services. Service hours are based on the assessed needs of the individual. The Managed Care Organization will meet with you and create an individualized, Person-Centered Service Plan based on your assessed needs.

6. What are the income and asset guidelines for HCBS Waiver programs?

Once you are functionally eligible for an HCBS waiver, and have been offered a waiver position, KanCare will look only at the income and assets of the person who will receive services, even for children.

- **Assets:** The resource limit for the HCBS program is \$2,000 for single persons and there are special resource provisions for those individuals who have a spouse (see [Division of Assets Fact Sheet](#) on KanCare website).

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- **Income:** You may have to help pay for part of your services if you (the person who receives the services) have income of more than \$2543 per month in the form of a monthly premium called a “Client Obligation.”

7. How do you calculate the monthly premium (Client Obligation)?

Take the KanCare Member’s total monthly income - \$2543 = Monthly Client Obligation

- **Example 1:** Gross Monthly income of \$2700 - \$2543= \$157 Monthly Client Obligation
- **Example 2:** Gross Monthly income of \$900 - \$2543 = \$0 Monthly Client Obligation

What if my gross income is \$3,320 or higher (300% or more above the federal poverty level)?

- **Cost of Care Determination:** The expected monthly cost of your care (determined by the Person-Centered Service Plan, set by the MCO) must be higher than your Client Obligation, or you may be ineligible for this program.
- If your gross monthly income is less than \$2543, the cost of care determination does **not** apply to you.

8. Can I reduce my monthly premiums?

Participants may be able to reduce the amount they owe on their Client Obligation by submitting receipts for medical costs not covered by insurance for member (out-of-pocket medically necessary expenses). These receipts must be submitted to the KanCare Clearinghouse.

Examples of Allowable Expenses:

- Health Insurance Premiums (Medicare, Medicare Supplemental, Private Insurance)
- Medically necessary expenses that Medicaid, Medicare and other health insurance does not cover

The example below repeats the Client Obligation calculation from Question 7 (Example 1), but reduces that monthly premium by the amount the individual is paying out-of-pocket from a

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separate health insurance premium (for example, **an out-of-pocket Blue Cross Blue Shield (BCBS) insurance premium of \$200/month**).

Take the KanCare Member's total monthly income - \$2543 - Premium for other health insurance paid out-of-pocket = Monthly Client Obligation.

- **Example:** Monthly income of \$2850 - \$2543 - **\$200** = \$107 Monthly Client Obligation

9. How do I apply for IDD Waiver services?

- 1) **Applying for Program Eligibility** – The individual must meet the IDD program criteria (see #3 in this packet for details).
- 2) **Applying for Functional Eligibility** - To be assessed for functional eligibility, contact your local CDDO. To locate your local CDDO please visit the [provider resource connection](#) webpage. In the dropdown boxes, enter your county and Community Developmental Disability Org (CDDO). Or you can view the [CDDO Map](#) or refer to the entry points by county section of the [HCBS Access Guide](#).

Important Note: You are not guaranteed to receive services and may be placed on a waiting list, depending upon the availability of services.

- 3) **Apply for Financial Eligibility** (through the KanCare Clearinghouse). Do not wait for Functional Eligibility approval before you start the application for **Financial Eligibility**. You want to apply as early in the process as possible. Be sure to ask for HCBS services. If using a paper KanCare application, check the “HCBS” box on page 3. The KDHE Eligibility team at the KanCare Clearinghouse determines if a person is financially eligible for HCBS Waiver programs.
- 4) **Choose the managed care organization (MCO)** that fits your needs best. You can select an MCO at the time of application or within 90 days from your initial enrollment date. (This is true for new applicants only. For ongoing beneficiaries, switching program types or adding on HCBS waiver services doesn't allow you to choose a new MCO; you will need to wait until your annual open enrollment period.) See the [Selecting and Changing an MCO Fact Sheet](#) on the KanCare Ombudsman webpage.

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10. What happens once I'm approved for HCBS Services (Starting HCBS Services)?

- a. Once approved for the HCBS waiver (functionally and financially) you'll be informed of your monthly Client Obligation (by KDHE and the KanCare Clearinghouse.)
- b. An MCO Care Coordinator will also be assigned to you. This MCO's Managed Care Coordinator will meet with you (and your family if appropriate) to talk about your needs, service options, and how much help you can expect to get. They will create an individualized, Person-Centered Service Plan based on your assessed needs.
- c. Contact your local CDDO to receive a list of all available providers as part of your **options counseling** process with the CDDO.
- d. You can decide from self-directed care, agency-directed care or a combination of the two. Your MCO Care Coordinator can help explain these options.
 - **Agency Directed Care:** Agency directed services typically have an agency hiring, firing and scheduling staff to come to a person's home to assist them with activities of daily life.
 - **Self-Direction:** Self direction is based on the belief that people receiving services should be able to make decisions about their services if they want to, including who provides them. When you choose self-direction, you are responsible for finding, selecting, hiring, training and monitoring your own staff. A financial management service (FMS) provider will assist you with payroll services. **Services that may be self-directed for the IDD waiver include Enhanced Care Services, Personal Care Services, and Overnight Respite.**

11. How to avoid losing services (Maintaining Services)?

- a. Use waiver services at least monthly (Reminder: Targeted Case Management is **not** a waiver service).
- b. Participate in annual functional assessment.
- c. Participate in updating your Person-Centered Service Plan at least annually.

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- d. Quarterly Meeting with your MCO Care Coordinator (face-to-face). **Note:** This meeting is new (began in 2019 with KanCare 2.0). You must be willing to comply with this meeting requirement and having these MCO assessments in order to keep services.
- e. Turn in your KanCare renewal (plus any requested documents) annually and **on time**.
- f. Notify the KanCare Clearinghouse **and** your managed care organization (Aetna, Sunflower, UnitedHealthcare) if you move or information changes (including income changes).
- g. Read any notices from KanCare carefully and right away. Respond to all requests for information in a timely manner.

12. Wait List information: The IDD waiver currently has a waiting list.

How does the waiting list work?

1. If you meet program and functional eligibility you will be placed on the IDD waiting list.
2. You will **not** be given a waitlist “number” that determines when you will get an offer. Instead, timing for offers are based on when funds are released. Kansas Department for Aging and Disability Services (KDADS) does not know, and will not be able to tell you, when funds will be released. However, KDADS Program Manager can verify the date the individual went on the waitlist. **Note:** In order to verify when you went on the waitlist and in order to provide you with that information, you (or your responsible party) must be able to provide proof that you (or they) are the *authorized person* to the IDD program manager. This verification process is necessary to safeguard your protected information.
3. **Getting your wait list offer:** You will be notified by mail when a place on the waiver is open for you. It is important to keep your address current with your local CDDO (Community Disability Determination Organization) because the offer letter will not be forwarded. (The CDDO puts the contact information they have on file into the state system). If you already have Medicaid, or have applied for Medicaid, it is also important to keep your contact information updated with the KanCare Clearinghouse.

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4. **Accepting the offer:** You will need to mail the completed offer letter back to Kansas Department for Aging and Disability Services (KDADS) within 15 days. For help with your offer letter contact the IDD Program Manager.
5. **Make sure you have an updated functional assessment in place:** Your local CDDO will schedule an assessment meeting with you to update your functional assessment if you do not already have a current assessment on file that indicates functional eligibility.
6. If you do not already have Medicaid coverage at this point, you will apply for HCBS Medicaid eligibility. **Note:** The application process is generally a 45-day process. To help make sure your application processes with less delays, watch your mail closely for further requests for information. If you have not received information on your case within 2 weeks, consider contacting the Clearinghouse to confirm they have received all the documentation they require from you.
7. If you are found functionally eligible by your CDDO (step #5), the IDD waiver program manager will send an approval to KDHE (Kansas Department of Health and Environment) and the KanCare Clearinghouse to confirm your HCBS Medicaid eligibility.
8. After you are approved for HCBS Medicaid, the Clearinghouse will provide your information to the Managed Care Organization of your choice.
9. You will be contacted by your chosen MCO to complete an assessment (Person-Centered Service Plan) and begin your authorized services.
10. Your local CDDO will contact you to offer you a choice of HCBS providers.

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13. Crisis - Exception:

What's required to be considered for Crisis - Exception for the IDD Waiver?

In order to be considered for Crisis and Exception, the individual must meet **one** of the criteria below. However, crisis reports submitted for one or more of the below reasons does not guarantee approval.

Possible reasons for Crisis-Exception for IDD Waiver:

A request for by-passing the waitlist is either a “crisis” or an “exception.” There is a list of access types in the [IDD Crisis-Exception Policy](#) (Policy #: E2016-119). They are specific types (listed below) and have specific documentation that is required (which can be viewed in the crisis-exception policy). If you have any questions regarding the policy, contact your local CDDO.

Crisis:

1. Documentation from law enforcement or DCF supporting the need for the person's protection from confirmed abuse, neglect, or exploitation (ANE);
2. Documentation substantiating the person is at significant, imminent risk, and is capable of performing serious harm to self or others.

Exception:

1. Persons in the custody of the Department of Children and Families (DCF) may access IDD waiver program services for the purpose of addressing non-supervision support needs related specifically to a person's IDD diagnosis. In the event services are provided, the services shall not duplicate services already being provided, or services that should be provided, by the foster parent;
2. Persons who have been determined to be at imminent risk of coming into the custody of DCF. In such cases services shall be provided to help assure the person avoids DCF custody. Documentation from DCF or the courts will be required in order to justify this exception;
3. Persons under the age of 18 transitioning from DCF custody. Documentation from DCF or the courts will be required in order to justify this exception;

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4. Persons transitioning from DCF custody age 18 or older. Documentation from DCF or the courts will be required in order to justify this exception;
5. Persons transitioning from Vocational Rehabilitation Services (VRS) which require ongoing support to maintain employment and self-sufficiency. Documentation from VRS will be required in order to justify this exception;
6. Persons meeting the criteria set forth in the KDADS “Military Inclusion” policy. Please refer to the Military Inclusion policy for documentation requirements;
7. Persons transferring from a psychiatric residential treatment facility (PRTF). Documentation of the impending transfer from the PRTF will be required in order to justify this exception.
8. Persons previously on the IDD waiver transferring back to the IDD waiver from the WORK program.

Submitting a Request for a Crisis or an Exception:

- The entity that does the Functional Assessment (CDDO for IDD Waivers) can assist you with completing the crisis-exception process and gathering the right documentation required. **Note:** If you have a Targeted Case Manager (TCM), your TCM will be the one to work with you or your responsible party to complete the crisis exception request and submit it to the CDDO.
- Only individuals who are functionally eligible for the IDD waiver and have a current functional assessment, may submit a crisis exception request.
- A crisis exception request may be submitted at any point during an individual’s time on the IDD wait list.

Process for Submitting a request for a Crisis or an Exception:

- The person/person’s responsible party and/or TCM submits the request to the CDDO.
- The CDDO reviews and either approves or denies the request.

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- If the CDDO denies the request, the CDDO provides appeal rights.
- If the CDDO approves the request, the CDDO sends the request to KDADS for review and final determination.
- If KDADS denies the request, KDADS provides appeal rights.
- If KDADS approves the request, KDADS will send a Notice of Action to the person/person's responsible party, the CDDO, and the person's MCO (if the person has an MCO at the time).

14. Frequently Asked Questions

What is an MCO?

Kansas contracts with three health plans or Managed Care Organizations (MCOs) which are: Aetna, Sunflower, and United Healthcare. These are the 3 health plans you can choose from under KanCare.

When do I select a Managed Care Organization (MCO)?

You can [select an MCO](#) at the time of application or within 90 days from your initial enrollment date. (This is true for new applicants only. For ongoing beneficiaries, switching program types or adding on HCBS waiver services doesn't allow you to choose a new MCO; you will need to wait until your annual open enrollment period.)

How to make sure I'm choosing the Managed Care Organization (MCO) that's best for me?

- Make sure your critical or favorite providers are in the MCO's provider network. Check to make sure the providers you use for all services are listed with the MCO you choose.
- Look at the [2019 Health Plan Highlights](#) (MCO Differences Chart) to view the extra services provided by each MCO.

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What can I do if I receive a letter from the MCO saying the waiver services are being changed and I don't agree with the changes?

- You have the option of filing an appeal with the MCO. For more information on filing an appeal, go to the [KanCare Ombudsman webpages for Appeals and Fair Hearings](#) and scroll to the Managed Care Organization section.
- If the appeal is denied, you have the option of filing a fair hearing. For more information on filing a fair hearing, go to the [KanCare Ombudsman webpages for Appeals and Fair Hearings](#) and scroll to the Managed Care Organization section.

Can I choose my workers?

- **For self-directed services, you choose your own worker.** You are the employer for that worker and are responsible for training, monitoring and dismissal of the worker. A financial management service (FMS) provider will assist you with payroll services. **For agency-directed services, the agency will provide you with a choice of workers from their staff** for each authorized service. The agency is responsible for all employer duties.

Can my family be paid for helping me?

- You can sometimes choose a family member to provide Personal Care Services (self-directed). It depends on whether the person is considered to be a natural support. The family member cannot be a spouse or a person who has been appointed by you or the court to represent you (Acting on Behalf, Activated Durable Power of Attorney, and Guardian/Conservator). Your MCO Care Coordinator is the one to talk to with specific questions on this issue.

15. Who do I contact when I have questions?

- **Point of Entry** – For help with waiver program and functional eligibility contact your local Community Developmental Disability Organization or CDDO.
 - Contact [your local CDDO](#) to request a Functional Assessment.
 - If you need help with completing a Crisis & Exception Request, this is also the organization that can help you.

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- **IDD Waiver Program Manager**

- For wait list questions or help with your offer letter
- For crisis and exception questions
- To receive additional information about the HCBS IDD Program please contact:
 - **Phone:** (785) 296-4983

- **KanCare Clearinghouse**

- For questions about eligibility or status of application, annual renewals, and calculating or lowering client obligations.
 - **Customer Service:** 1-800-792-4884
 - **Mailing Address:** P.O. Box 3599, Topeka, KS 66601-9738
 - **Fax #s:** 1-800-498-1255 or 1-844-264-6285
 - **Apply online:** www.kancare.ks.gov/consumers/apply-for-kancare

- **Managed Care Organization** – For questions about specific benefits and services, and who can provide those services in your home, contact the MCO Care Coordinator.

- **Aetna:** (1-855-221-5656) (TTY:711)
- **Sunflower:** (1-877-644-4623) (TTY: 1-888-282-6428)
- **United Healthcare:** (1-877-542-9238) (TTY: 711)

- **KanCare Ombudsman's office** – When other assistance is not working out, the KanCare Ombudsman's office helps in resolving problems regarding services, coverage, access and rights.

- **Phone:** 1-855-643-8180
- **Email:** KanCare.Ombudsman@ks.gov

This fact sheet was created in partnership with the Kansas Department for Aging and Disability Services (KDADS) and the Kansas Department for Health and Environment/Health Care Finance (KDHE/HCF).