

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

a. **Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service		
Statutory Service	Personal Services		
Supports for Participant Direction	Financial Management Services		
Other Service	Assistive Services		
Other Service	Home-Delivered Meals Service		
Other Service	Medication Reminder Services		
Other Service	Personal Emergency Response System and Installation		
Other Service	Sleep Cycle Support		

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Personal Care

Alternate Service Title (if any):

Personal Services

Service Definition (Scope):

Personal Services is defined as assistance provided to a person with a disability with tasks which the individual with a disability would typically do for themselves in the absence of his/her disability. Personal Services may include, but are not limited to, bathing, grooming, toileting, dressing, transferring, eating, mobility, housecleaning, meal preparation, laundry, shopping, financial management, obtaining necessary medical services, and any other Activities of Daily Living(ADLs)and Instrumental Activities of Daily Living (IADLs). Services are associated with normal rhythms of the day that can occur both in the consumer's home and in the greater community, and may be all-inclusive of K.S.A. 65-6201 in order to meet consumer needs. This includes transportation to and from related activities (although only the time involved with transportation, and not transportation costs, is included in the scope for Personal Services). The scope of and intent behind Personal Services is entirely different from, and therefore not duplicative of services defined as, and provided under, Sleep Cycle Support Services.

Health maintenance activities such as monitoring vital signs, supervising and/or training others on nursing procedures, ostomy care, catheter care, enteral nutrition, assistance with or administering medicines, wound care, and range of motion may be provided as Personal Services when they are delegated by a physician or licensed professional nurse and are documented in the plan of care, in accordance with K.S.A. 65-6201.

All Personal Services will be arranged for and authorized by the KanCare managed care organization selected by the consumer, with the consumer's written authority, and paid for through the consumer's FMS provider. Consumers may choose any qualified provider who can meet their Personal Services needs.

To avoid any overlap of services, Personal Services is limited to those services which cannot be procured from other formal or informal resources. HCBS-PD Waiver funding is used as the funding source of last resort and requires prior authorization from the PD Program Manager.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Personal Services are limited to the consumer's assessed level of service need, as specified in the consumer's Plan of Care, not to exceed ten (10) hours per 24-hour time period. Personal Services can exceed the limitation

established by the state with Program Manager approval, subject to criteria to exceed the limitation. All consumers are held to the same criteria when qualifying to exceed the limitation as in accordance with statewide policies and guidelines. Children who may require Personal Services whose situation does not meet critical situation criteria may receive services through the Medicaid State Plan if medically necessary.

Effective January 1, 2010, Personal Services is available to HCBS/PD waiver consumers up to and including a maximum of ten (10) hours per 24-hour time period. All Personal Services requests that exceed ten (10) hours per 24-hour time period require prior authorization from the HCBS/PD Program Manager and must meet one or more of the following criteria as applicable to the consumer's specific situation.

1. The time allotted for Personal Services is critical to the remediation of the consumer's abuse, neglect, or exploitation,
or domestic violence issue;
2. The time allotted for Personal Services is critical to the consumer's ability to remain in the community after leaving the
Federal MFP Demonstration Grant; AND
3. The time allotted for Personal Services is a necessary expenditure within the first three months of the consumer's return
to the community.

Criteria for approval of Personal Services that exceeds ten (10) hours per 24-hour time period are as follows:

1. Consumer is a recipient of state policy MFP funding to access HCBS/PD or HCBS/TBI waiver services. Personal Services that
exceed ten (10) hours per 24-hour time period shall be critical to the consumer's ability to return to the community from
the nursing facility and is a necessary expenditure within the first three months in the community.
2. Consumer is transitioning from the Federal MFP Demonstration Grant program, is currently receiving greater than 10 hours of
Personal Services, and requires Personal Services that exceed ten (10) hours per 24-hour time period as critical to the
consumer's ability to safely remain in the community.
3. Consumer previously left waiver services for a Planned Brief Stay in a long term care facility and Personal Services in
excess of ten (10) hours per 24-hour time period, is critical to the consumer's ability to return to the community from the
long term care facility.
4. Consumer's situation has met the criteria for, and there has been an SRS confirmation outcome of, one of the following
situations:
 - a. An Adult Protective Services investigation outcome of abuse, neglect or exploitation; or
 - b. A Children and Family Services investigation outcome of abuse or neglect.
 ---OR---
 - c. The consumer is a recent victim of documented domestic violence.
5. Consumer has a documented and approved health and safety need that requires more than a total of (10) hours per 24-hour
time period. Related needs include two-person transfers, certain medical interventions, or supervision for elopement
that is likely to result in danger to self or others.

All increases in Personal Services for the HCBS/PD waiver that relate to a temporary exacerbation of health/functional changes are subject to the November 1, 2009 policy that limits increases to the same time period of a Planned Brief Stay, i.e. the month of request and the following two months.

Payment for services must be made within the approved reimbursement range established by the state.

An adult consumer's spouse and a minor parent cannot be paid to provide Personal Services unless the service

would be otherwise unavailable and/or that the provision of Personal Services by that person is determined to be essential to the consumer's health and well being, in accordance with state regulation (K.A.R. 30-5-307).

Persons directing or coordinating care on behalf of a consumer may not provide Personal Services to that same consumer.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Personal Care Attendant/Personal Services provider
Agency	Home Health Agency that provides Personal Services

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C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Personal Services

Provider Category:

Individual

Provider Type:

Personal Care Attendant/Personal Services provider

Provider Qualifications

License (*specify*):

N/A

Certificate (*specify*):

N/A

Other Standard (*specify*):

- Must sign an agreement with a Medicaid-enrolled Financial Management Services (FMS) provider
- Individuals aged 18 years or older with a general knowledge of the necessary tasks to be accomplished and the ability to respond to emergencies for consumers whose services have been arranged through a qualified PD Targeted Case Management agency.
- Training as recommended by the consumer, medical provider, or Targeted Case Manager

Verification of Provider Qualifications

Entity Responsible for Verification:

Kansas Department of Health and Environment (KDHE), through the state fiscal agent

Frequency of Verification:

As deemed necessary by KDHE

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Personal Services

Provider Category:

Agency

Provider Type:

Home Health Agency that provides Personal Services

Provider Qualifications**License (specify):**

K.S.A. 65-5001 et seq.

Certificate (specify):

N/A.

Other Standard (specify):

- Individuals aged 18 years or older with a general knowledge of the necessary tasks to be accomplished and the ability to respond to emergencies for consumers whose services have been arranged through a qualified PD Targeted Case Management agency.

- Training as recommended by the consumer, medical provider, or Targeted Case Manager.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Kansas Department of Health and Environment (KDHE), through the state fiscal agent

Frequency of Verification:

As deemed necessary by KDHE

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Supports for Participant Direction

The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes the following supports or other supports for participant direction.

Support for Participant Direction:

Information and Assistance in Support of Participant Direction

Alternate Service Title (if any):

Financial Management Services

Service Definition (Scope):

Financial management services (FMS) are provided for individuals that are aging or disabled and have chosen to self-direct some or all of their services. FMS will be provided within the scope of the Agency with Choice (AWC) model. The AWC FMS is the employer option model that Kansas is making available to individuals who reside in their own private residences or the private home of a family member and have chosen to self-direct their services.

Within this model the individual or responsible party enters into a joint-employment arrangement with the AWC FMS and must work collaboratively with the AWC FMS to ensure the receipt of quality, needed support services from direct support workers. The AWC FMS provider is responsible for certain employer functions, including:

FMS assists the individual or individual's representative by providing two distinct types of tasks: (1) Administrative Tasks and (2) Information and Assistance (I & A) Tasks.

FMS Administrative Tasks include, but are not limited to, the following:

- a) Verification and processing of time worked and the provision of quality assurance;
- b) Preparation and disbursement of qualified direct support worker payroll in compliance with federal, state and

- local tax;
- labor; and workers' compensation insurance requirements; making tax payments to appropriate tax authorities;
- c) Performance of fiscal accounting and expenditure reporting to the individual or individual's representative and the state, as required.

FMS Information and Assistance Tasks include, but are not limited to, the following:

- a) Explanation of all aspects of self-direction and subjects pertinent to the individual or individual's representative in managing and directing services;
- b) Assistance to the individual or individual's representative in arranging for, directing and managing services;
- c) Assistance in identifying immediate and long-term needs, developing options to meet those needs and accessing identified supports and services;
- d) The offer of practical skills training to enable participants or representatives to independently direct and manage waiver services such as recruiting and hiring direct service workers, managing workers, and providing effective communication and problem-solving.

The extent of the assistance furnished to the individual or individual's representative is specified in the service plan. This service does not duplicate other waiver services including case management. Where the possibility of duplicate provision of services exists, the individual's service plan shall clearly delineate responsibilities for the performance of activities.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Limitations:

Access to this service is limited to individuals or individual's representatives who direct some or all of their services or to individuals or individual's representatives who are planning to direct some or all of their services. Financial Management Service (FMS) is reimbursed per member (consumer) per month. FMS service may be accessed by the participant at a minimum monthly or as needed in order to meet the needs of the participant. A participant may have only one FMS provider per month.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Enrolled Medicaid Provider of Financial Management Services

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C-1/C-3: Provider Specifications for Service

Service Type: Supports for Participant Direction
Service Name: Financial Management Services

Provider Category:

Agency

Provider Type:

Enrolled Medicaid Provider of Financial Management Services

Provider Qualifications

License (specify):

N/A

Certificate (specify):

N/A

Other Standard (specify):

1. Each potential Agency With Choice Financial Management Service (AWC FMS) entity must complete and maintain in good standing:
 - a. SRS/KDOA Provider Agreement between SRS and/or KDOA and the FMS agency
 - i. Applications are available on the following website:
<http://www.srs.ks.gov/agency/css/Pages/default.aspx> or www.aging.state.ks.us.
 - ii. The application must be completed and returned electronically as identified on the website.
 - iii. Application must be complete. Incomplete applications or the failure to provide required documentation will result in
the application being pended awaiting completed documentation.
 - iv. SRS/KDOA Provider Agreements are valid for three (3) years; unless revoked; withdrawn or surrendered.
 - b. Medicaid Provider Agreement
 - i. Medicaid Provider Agreement cannot be obtained without the presentation of a valid, approved SRS/KDOA provider agreement.
 - ii. Medicaid provider requirements can be located at: <https://www.kmap-state-ks.us>.
 - c. A corporation or other entity that is required to be registered with the Secretary of State's office.
 - i. Be in good standing with all Kansas laws/business requirements.
 - ii. Owners/Principles/Administrators/Operators have no convictions of embezzlement, felony theft, or fraud.
 - iii. Businesses established to provide FMS to individuals that live in a separate household from the owner, primary operator
or administrator of the FMS business.
 - iv. Business is established to provide FMS to more than one individual.
 - d. Insurance defined as:
 - i. Liability insurance
 - 1) Annual liability with a \$500,000 minimum
 - ii. Workers Compensation Insurance
 - 1) Policy that covers all workers
 - 2) Meets all requirements of the State of Kansas
 - 3) Demonstrates the associated premiums are paid in a manner that ensures continuous coverage
 - 4) Unemployment insurance (if applicable)
 - 5) Other insurances (if applicable)
 - e. Annual Independent Financial Audit:
 - i. Shall be contracted by all AWC FMS providers, and submitted to: (insert address).
 - f. Demonstrate financial solvency
 - i. Evidence that 45 days operation costs are met (estimate of cash requirements will be estimated utilizing the past
quarter's performance from the date of review; or if a new entity, provider must estimate the number of individuals
that they reasonably expect to serve utilizing nominal costs).
 - 1) Cash (last three bank statements)
 - 2) Open line of credit (statement(s) from bank/lending institution)
 - 3) Other (explain)
 - g. Maintain required policies/procedures including but not limited to;
 - i. Policies/procedures for billing Medicaid in accordance with approved rates, and for services as authorized by POC.
 - ii. Policies/procedures for billing AWC FMS administrative fees
 - iii. Policies/procedures to receive and disburse Medicaid funds, track disbursements and provide reports as requested
 - 1) Report to self-direct individuals semi-annually billing/disbursed on their behalf
 - 2) Report to the State of Kansas as requested
 - iv. Policies/procedures that ensure proper/appropriate background checks are conducted on all individuals (FMS provider and
DSW) in accordance with program requirements
 - v. Policies/procedures that ensure that self-directing individuals follow the pay rate procedures as established by the
State of Kansas when setting direct support workers pay rates.

- 1) Clear identification of how this will occur
- 2) Prohibition of wage/benefit setting by AWC FMS provider
- 3) Prohibition of "recruitment" of self-direct individuals (HCBS waiver consumers/customers and/or DSW staff) by
 - enticements/promises of greater wages and/or benefits through the improper use of Medicaid funds.
- vi. Policies/procedures that ensure proper/appropriate process of time worked, disbursement of pay checks, filing of taxes
 - and other associated responsibilities
- vii. Policies/procedures regarding the provision of Information & Assistance services
- viii. Policies/procedures for Grievance. The grievance policy is designed to assure a method that Direct Support Workers can
 - utilize to address hours paid that differ from hours worked, lack of timely pay checks, bounced pay checks, and other AWC FMS issues.

The Financial Management Services (FMS) Provider Agreement identifies the applicable waiver programs under which the organization is requesting to provide FMS and outlines general expectations and all specific provider requirements. Organizations interested in providing FMS are required to submit a signed Provider Agreement to the State Operating Agency, SRS, prior to enrollment with the State's Fiscal Agent to provide FMS. The Secretary of SRS (or designee) signs the agreement for the State Operating Agency.

Verification of Provider Qualifications

Entity Responsible for Verification:

Kansas Department of Health and Environment, SRS/DBHS/CSS and SRS Regional Field staff are responsible for ensuring the FMS provider met the approved standards.

Frequency of Verification:

At a minimum, every three years or more frequently as deemed necessary by KDHE and SRS/DBHS/CSS.

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C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Assistive Services

Service Definition (Scope):

Assistive Services are those services which meet an individual assessed need of a consumer with a disability by modifying or improving a consumer's home through environmental modifications or otherwise enhancing the consumer's ability to live independently in his/her home and community through the use of adaptive equipment. Tangible equipment or hardware such as technology assistance devices, adaptive equipment, or environmental modifications may be substituted for a Personal Service when it is identified as a cost-effective alternative on the consumer's Plan of Care.

Assistive Services may include such things as ramps; lifts; modifications to bathrooms and kitchens specifically related to accessibility; and specialized safety adaptations and assistive technology that improve mobility and communication and enhance overall independence. Modifications that add to the total square footage of the home are excluded from this benefit except when necessary to complete a modification (for example, in order to improve entrance/egress in a residence or to configure a bathroom to accommodate a wheelchair). Environmental modifications may only be purchased in rented apartments or homes when the landlord agrees in writing to maintain the modifications for a period of not less than three years, and will give

first rent priority to tenants with physical disabilities. Home accessibility adaptations are not furnished to adapt living arrangements that are owned or leased by providers of waiver services.

Reimbursement for this service is limited to the consumer's assessed level of service and based on the annualized plan of care. All Assistive Services will be arranged by the KanCare managed care organization chosen by the consumer, with the consumer's written authorization of the purchase. Consumers will have complete access to choose any qualified provider with consideration given to the most economical option available to meet the consumer's assessed needs. Provision of Assistive Services is arranged and paid for by the consumer's chosen KanCare managed care organization, or by the consumer's FMS provider. If a related vendor, such as a Durable Medical Equipment provider, does not wish to contract with the MCO or FMS provider, the State shall provide a separate provider agreement which will allow the vendor to receive direct payment from Medicaid.

To avoid any overlap of services, Assistive Services are limited to those services not covered through regular State Plan Medicaid and which cannot be procured from other formal or informal resources (such as Vocational Rehabilitation, Rehabilitation Act of 1973, or the Educational System.) HCBS-PD waiver funding is used as the funding source of last resort and requires prior authorization from the PD Program Manager.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Purchase is limited to a maximum lifetime expenditure of \$ 7,500 per consumer, across all waivers.

Assistive Services are limited to the consumer's assessed level of service need, as specified in the consumer's Plan of Care, subject to critical situation criteria as established by the state. All consumers are held to the same criteria when qualifying for critical situation approval as in accordance with statewide policies and guidelines. Children who may require Assistive Services whose situation does not meet critical situation criteria may receive services through the Medicaid State Plan if medically necessary.

Effective January 1, 2010, Assistive Services is available, with prior authorization from the HCBS/PD Program Manager, to HCBS/PD waiver consumers for situations defined as "critical." The following three conditions must be met, applicable to the critical situation:

1. The Assistive Services purchase is critical to the remediation of the consumer's abuse, neglect, or exploitation., or domestic violence issue;
2. The Assistive Services purchase Critical to the consumer's ability to remain in the community, AND
3. The Assistive Services purchase is a necessary expenditure within the first three months of the consumer's return to the community.

Critical situations are defined as and limited to:

1. Consumer is a recipient of state policy MFP funding to access HCBS/PD or HCBS/TBI waiver services. The Assistive Services purchase is critical to the consumer's ability to return to the community from the nursing facility and is a necessary expenditure within the first three months of the consumer's return to the community. Planning for the use of any Assistive Service shall occur prior to a person's return to the community, when applicable. In all cases, the consumer's chosen KanCare managed care organization must provide documentation that demonstrates how the Assistive Service is necessary to remediate the previously-described situations.
2. Consumer previously left waiver services for a Planned Brief Stay, and the Assistive Services request is critical to the consumer's ability to return to the community from the nursing facility or medical facility and is a necessary expenditure within the first three months of the consumer's return to the community. Planning for the use of any Assistive Service shall occur prior to a person's return to the community, when applicable. In all cases, the consumer's chosen KanCare managed care organization must provide documentation that demonstrates how the Assistive Service is necessary to remediate the previously-described situations.

3. Consumer's situation has met the criteria for, and there has been an SRS confirmation outcome of one of the following

situations:

- a. An Adult Protective Services investigation outcome of abuse, neglect or exploitation; or
- b. A Children and Family Services investigation outcome of abuse or neglect.

---OR---

- c. The consumer is a recent victim of documented domestic violence.

Service Delivery Method (check each that applies):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Contractor
Agency	Durable Medical Equipment provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Assistive Services

Provider Category:

Individual

Provider Type:

Contractor

Provider Qualifications

License (specify):

N/A

Certificate (specify):

N/A

Other Standard (specify):

- Must affiliate with a Targeted Case Management agency or a recognized Center for Independent Living or licensed home health agency (as defined in K.S.A. 65-5001 et seq.).
- Applicable work must be performed according to local and county codes

Verification of Provider Qualifications

Entity Responsible for Verification:

Kansas Department of Health and Environment (KDHE), through the state fiscal agent

Frequency of Verification:

As deemed necessary by KDHE

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Assistive Services

Provider Category:

Agency

Provider Type:

Durable Medical Equipment provider

Provider Qualifications**License (specify):**

N/A

Certificate (specify):

N/A

Other Standard (specify):

- As described in K.A.R. 30-5-59
- Medicaid-enrolled provider
- Applicable work must be performed according to local and county codes

Verification of Provider Qualifications**Entity Responsible for Verification:**

Kansas Department of Health and Environment (KDHE), through the state fiscal agent, and the PD Case Management agency

Frequency of Verification:

At least annually

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Home-Delivered Meals Service

Service Definition (Scope):

Home-Delivered Meals service provides a consumer with one (1) or two (2) meals per calendar date. Each meal will contain at least one-third (1/3) of the recommended daily nutritional requirements. The meals are prepared elsewhere and delivered to a consumer's residence. Consumers eligible for this service have been determined functionally in need of the Home-Delivered Meals service as indicated by the Uniform Assessment Instrument/Long Term Care Threshold score. Meal preparation by Physical Disability (PD) waiver Personal Services providers may be authorized in the Plan of Care for those meals not provided under the Home-Delivered Meal service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Providers of this service must have on staff or contract with a certified dietician to assure compliance with Kansas Department on Aging (KDOA) nutrition requirements for programs under the Older Americans Act.
- This service is limited to consumers who require extensive routine physical support for meal preparation as supported by the consumer's Uniform Assessment Instrument/Long Term Care Threshold Score for meal preparation.
- This service may NOT be maintained when a consumer is admitted to a nursing facility or acute care facility for a planned brief stay time period not to exceed two months following the admission month in accordance with Medicaid policy.
- This service is not duplicative of home-delivered meal service provided through the Older Americans Act, subject to the consumer meeting related age and other eligibility requirements, nor is it duplicative of meal preparation provided by attendants through Personal Services.

- This service is available in the consumer's place of residence, excluding assisted living and Home Plus facilities.
- No more than two (2) home-delivered meals will be authorized per consumer for any given calendar date.
- This service must be authorized in the consumer's Plan of Care.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Approved and Medicaid-enrolled nutrition provider agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Home-Delivered Meals Service

Provider Category:

Agency

Provider Type:

Approved and Medicaid-enrolled nutrition provider agency

Provider Qualifications

License (*specify*):

N/A

Certificate (*specify*):

N/A

Other Standard (*specify*):

Provider must have on staff or contract with a certified dietician to assure compliance with Kansas Department on Aging (KDOA) nutrition requirements for programs under the Older Americans Act.

Verification of Provider Qualifications

Entity Responsible for Verification:

Kansas Department on Aging (KDOA), an Area Agency on Aging (AAA), Kansas Department of Health and Environment (KDHE), through the state fiscal agent

Frequency of Verification:

As deemed necessary by KDOA, an Area Agency on Aging, and KDHE

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Medication Reminder Services

Service Definition (Scope):

Medication Reminder service provides a scheduled reminder to a beneficiary when it is time for the beneficiary to take medications. The reminder may be a phone call, automated recording, or automated alarm depending on the provider's system.

Medication Reminder/Dispenser Installation is the placement of the Medication Dispenser in a beneficiary's residence, excluding assisted living and Home Plus facilities.

Medication Reminder/Dispenser is a machine that houses a beneficiary's medication and dispenses the medication at programmed alarm times.

Training is provided to consumers by the Medication Reminder Services provider at services implementation and ongoing as needed during the provision of this service.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Maintenance of rental equipment is the provider's responsibility.
- Repair/replacement of rental equipment is not covered.
- Rental of equipment is covered.
- Purchase of equipment is not covered.
- This service is limited to beneficiaries who live alone or who are alone a significant portion of the day, and have no regular informal and/or formal support for extended periods of time, and who otherwise require extensive routine non-physical support including medication reminder services offered through an attendant of Personal Services.
- This service is not duplicative of services offered free of charge through any other agency or service.
- These systems may be maintained on a monthly rental basis even if a beneficiary is admitted to a nursing facility or acute care facility for a planned brief stay time period not to exceed two months following the admission month in accordance with Medicaid policy.
- This service is available in the beneficiary's place of residence, excluding assisted living and Home Plus facilities.
- Medication Reminder service is not provided face-to-face with the exception of the Installation of Medication Reminder/Dispenser.
- Installation of Medication Reminder/Dispenser is limited to one installation per consumer per calendar year.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Medication Reminder Services Provider/Dispenser Provider/ and Installation Provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Medication Reminder Services

Provider Category:

Agency

Provider Type:

Medication Reminder Services Provider/Dispenser Provider/ and Installation Provider

Provider Qualifications**License (specify):**

N/A

Certificate (specify):

N/A

Other Standard (specify):

Any company providing Medication Reminder services per industry standards is eligible to enroll as a Medicaid provider of Medication Reminder Services.

Verification of Provider Qualifications**Entity Responsible for Verification:**

Kansas Department of Health and Environment (KDHE), SRS/DBHS/CSS and SRS Regional Field staff are responsible for ensuring the FMS provider met the approved standards.

Frequency of Verification:

At a minimum, every five years or more frequently as deemed necessary by KDHE and SRS/DBHS/CSS.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Personal Emergency Response System and Installation

Service Definition (Scope):

Personal Emergency Response Systems (PERS) involve the use of electronic devices which enable certain consumers at high risk of institutionalization to secure help in an emergency. The consumer may also wear a portable "help" button to allow for mobility. The system is connected to the consumer's telephone and programmed to signal a response center once the "help" button is activated. PERS is limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular attendant (formal or informal) for extended periods of time, and who would otherwise require extensive routine supervision.

PERS Installation is the placement of electronic PERS devices in a consumer's residence. PERS installation is for those certain consumers at high risk of institutionalization to secure help in an emergency. These consumers have met the assessed need of a Personal Emergency Response System.

To avoid any overlap of services, PERS is limited to those services not covered through regular State Plan Medicaid and which cannot be procured from other formal or informal resources. HCBS-PD waiver funding is used as the funding source of last resort and requires prior authorization from the PD Program Manager.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

- Maintenance of rental equipment is the responsibility of the provider.
- Repair/replacement of equipment is not covered.
- Rental of the PERS System is covered; purchase is not.
- Call lights do not meet this definition.
- Maximum of two PERS Installations per calendar year.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	PERS and PERS Installation provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Personal Emergency Response System and Installation

Provider Category:

Agency

Provider Type:

PERS and PERS Installation provider

Provider Qualifications

License (*specify*):

N/A

Certificate (*specify*):

N/A

Other Standard (*specify*):

- Must be an enrolled Medicaid provider.
- Must conform to industry standards and any federal, state, and local laws and regulations that govern this service.
- The emergency response center must be staffed on a 24 hour/7 days a week basis by trained personnel.

Verification of Provider Qualifications

Entity Responsible for Verification:

Kansas Department of Health and Environment, (KDHE), through the state fiscal agent

Frequency of Verification:

As deemed necessary by KDHE

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Sleep Cycle Support

Service Definition (Scope):

Sleep Cycle Support provides non-nursing physical assistance and/or supervision during the consumer's normal sleeping hours in the consumer's place of residence. This assistance includes, but is not limited to the following: (1) physical assistance or supervision with toileting, transferring, turning, intake of liquids, mobility issues, and (2) prompting to take medication

Providers will sleep and awaken as identified on the consumer's Plan of Care and must provide the consumer with a mechanism to gain their attention or awaken them at anytime (e.g., a bell or buzzer). Providers must be ready to call a physician, hospital, any identified contact individuals, or other medical personnel should an emergency occur. The scope of and intent behind Sleep Cycle Support is entirely different from and therefore not duplicative of services defined as and provided under Personal Services.

The Plan of Care must indicate a need for this service that is beyond the need for a Personal Emergency Response System.

To avoid any overlap of services, Sleep Cycle Support is limited to those services not covered through regular State Plan Medicaid and which cannot be procured from other formal or informal resources. HCBS-PD waiver funding is used as the funding source of last resort and requires prior authorization from the PD Program Manager.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The length of service (i.e., one unit) during any 24-hour time period must be at least six (6) hours, but cannot exceed twelve (12) hours.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Sleep Cycle Support provider
Agency	Home Health Agency that provides Sleep Cycle Support

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Sleep Cycle Support

Provider Category:

Individual

Provider Type:

Sleep Cycle Support provider

Provider Qualifications

License (specify):

N/A

Certificate (specify):

N/A

Other Standard (specify):

- Must be at least 18 years of age.
- Must sign an agreement with a Medicaid-enrolled Financial Management Services (FMS)

provider

- Must have the ability to call appropriate person/organization in case of an emergency and provide the intermittent care the consumer may need.

Verification of Provider Qualifications

Entity Responsible for Verification:

Kansas Department of Health and Environment, (KDHE), through the state fiscal agent

Frequency of Verification:

As deemed necessary by KDHE

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Sleep Cycle Support

Provider Category:

Agency

Provider Type:

Home Health Agency that provides Sleep Cycle Support

Provider Qualifications

License (specify):

As defined by K.S.A. 65-5001 et seq.

Certificate (specify):

N/A

Other Standard (specify):

- Must be at least 18 years of age.
- Must be an enrolled Medicaid provider of Sleep Cycle Support.
- Must have the ability to call appropriate person/organization in case of an emergency and provide the intermittent care the consumer may need.

Verification of Provider Qualifications

Entity Responsible for Verification:

Kansas Department of Health and Environment, (KDHE), through the state fiscal agent

Frequency of Verification:

As deemed necessary by KDHE

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. Provision of Case Management Services to Waiver Participants. Indicate how case management is furnished to waiver participants (*select one*):

Not applicable - Case management is not furnished as a distinct activity to waiver participants.

Applicable - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

As a waiver service defined in Appendix C-3. Do not complete item C-1-c.

As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). Complete item C-1-c.

As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management). Complete item C-1-c.

As an administrative activity. Complete item C-1-c.

- c. **Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

- a. **Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

- ☒ **No. Criminal history and/or background investigations are not required.**

- ☐ **Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

- b. **Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- ☒ **No. The State does not conduct abuse registry screening.**

- ☐ **Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

- c. **Services in Facilities Subject to §1616(e) of the Social Security Act.** *Select one:*

- ☐ **No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.**

- ☒ **Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

- i. **Types of Facilities Subject to §1616(e).** Complete the following table for each type of facility subject to §1616(e) of the Act:

Facility Type	
Assisted Living	
Home Plus	

Other policy.

Specify:

- f. **Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

Consumers of HCBS-PD waiver services have the right to choose who provides their services, within established guidelines. Any qualified provider of those services may enroll through the Medicaid agency, Kansas Health Policy Authority, (KHPA), for the Kansas Medical Assistance Program. Enrollment information and forms are available through the fiscal agent. The fiscal agent checks that requirements for participation are met, and facilitates the assignment of provider numbers.

Timeframes for qualification and enrollment of providers is as follows:

- Mail provider enrollment packets within two (2) business days of request.
- Process provider applications and updates within five (5) business days of receipt.
- Notify providers of acceptance/rejection within ten (10) business days of receipt of the application. (This notification includes information regarding the provider's program billing, NPI, and other information as the State may require.)
- Supply provider with HCPCS code listings within five (5) business days of request.
- Update institutional rates on the provider master file within two (2) business days of receipt.
- Provide minutes of provider enrollment meetings to the State within ten (10) business days.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

i. Sub-Assurances:

- a. *Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Performance Standard =100%; Measure = total number of new waiver provider applications, by provider type VS total number of enrolled new waiver provider applications, by provider type, in which the provider obtained appropriate licensure/certification in accordance with state law and waiver provider qualifications prior to service provision.

Data Source (Select one):

Provider performance monitoring

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input checked="" type="checkbox"/> Other Specify: KanCare MCOs contracting with Kansas	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: KanCare MCOs contracting with Kansas	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):

Performance Measure:

Performance Standard =100%; Measure = total number of enrolled providers, by provider type, meeting applicable licensure/certification requirements VS actual number of enrolled providers, by provider type, meeting applicable license / certification requirements following initial enrollment.

Data Source (Select one):

Provider performance monitoring

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval =
<input checked="" type="checkbox"/> Other Specify: KanCare MCOs contracting with Kansas	Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify:
	Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: KanCare MCOs contracting with Kansas	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

b. Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Performance Standard =100%; Measure = total number of new waiver provider applicants, by provider type VS actual number of new waiver provider applicants, by provider type, who meet initial waiver provider qualifications, including training requirements.

Data Source (Select one):

Provider performance monitoring

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval =

		95%
<input checked="" type="checkbox"/> Other Specify: KanCare MCOs contracting with Kansas	<input type="checkbox"/> Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify:
	Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: KanCare MCOs contracting with Kansas	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

Performance Standard =100%; Measure = total number of providers, by provider type VS actual number of providers, by provider type, continuing to meet waiver provider qualifications, including training requirements.

Data Source (Select one):

Provider performance monitoring

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review

<input checked="" type="checkbox"/> Operating Agency	Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval =
<input checked="" type="checkbox"/> Other Specify: KanCare MCOs contracting with Kansas	<input type="checkbox"/> Annually	Stratified Describe Group:
	Continuously and Ongoing	Other Specify:
	Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: KanCare MCOs contracting with Kansas	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

c. *Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.*

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Performance Standard =100%; Measure = total number of enrolled PD Waiver providers VS actual number of enrolled providers that have met established State training requirements in accordance with approved waiver.

Data Source (Select one):

Provider performance monitoring

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input checked="" type="checkbox"/> Other Specify: KanCare MCOs contracting with Kansas	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Other Specify: KanCare MCOs contracting with Kansas	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: _____

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

These measures and collection/reporting protocols, together with others that are part of the KanCare MCO contract, are included in a statewide comprehensive KanCare quality improvement strategy which is regularly reviewed and adjusted. That plan is contributed to and monitored through a state interagency monitoring team, which includes program managers, fiscal staff and other relevant staff/resources from both the state Medicaid agency and the state operating agency.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

State staff request, approve, and assure implementation of contractor corrective action planning and/or technical assistance to address non-compliance with performance standards as detected through on-site monitoring, MCO compliance monitoring, survey results and other performance monitoring. These processes are monitored by both contract managers and other relevant state staff, depending upon the type of issue involved, and results tracked consistent with the statewide quality improvement strategy and the operating protocols of the Interagency Monitoring Team.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party(check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other

Responsible Party <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
	Specify: _____

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. Additional Limits on Amount of Waiver Services. Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

Not applicable- The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.

Applicable - The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

Limit(s) on Set(s) of Services. There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
Furnish the information specified above.

Prospective Individual Budget Amount. There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

Budget Limits by Level of Support. Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

Other Type of Limit. The State employs another type of limit.
Describe the limit and furnish the information specified above.
