

Serious Emotional Disturbance (SED) 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 SED Waiver Program?

The SED Waiver provides children, with some mental health conditions, special intensive support to help them remain in their homes and communities. The term “serious emotional disturbance” (SED) refers to a diagnosed mental health condition that substantially disrupts a child's ability to function socially, academically, and/or emotionally. Parents and children are actively involved in planning for all services.

3. Program Eligibility:

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

- Be age 4-18 years old
- Have a diagnosed mental health condition which substantially disrupts the ability to function socially, academically, and/or emotionally
- Be at risk of inpatient psychiatric treatment
- Meet CAFAS (Child and Adolescent Functional Scale) assessment and CBCL (Child Behavior Checklist) threshold for eligibility
- Be financially eligible for Medicaid

4. Age clarification:

There may be exceptions for children younger than 4 and extension of services up to the age of 22 (however, you must be under the age of 19 to apply), upon approval by SED Program Manager.

5. SED Waiver Services:

Below are the services you may qualify for on the SED waiver.

Prior to July 1, 2019: Your final services will be determined by you and your Community Mental Health Center (CMHC) and will be based on your assessed needs.

Beginning July 1, 2019: Your final services will be determined by you and your Managed Care Organization (MCO) and will be based on your assessed needs.

- **Parent Support and Training** - Parent Support and Training is provided to family members of a child with SED to increase their ability to provide a safe and supportive environment in the home and community for the child.
- **Independent Living / Skills Building** - Independent Living/Skill Building helps young adults learn and retain skills necessary to obtain and maintain employment, housing, education, and community life as they transition to adulthood.
- **Short Term Respite Care** - Short Term Respite Care provides temporary direct care and supervision to a child with SED to provide relief to families and caregivers.
- **Wraparound Facilitation** - Wraparound Facilitation is provided in addition to targeted case management to address the unique needs of a participant living in the community. Wraparound facilitation is used to bring the managed care organization, participant, family and community members together to discuss and complete an individualized Plan of Care.
- **Professional Resource Family Care** - Professional Resource Family Care provides short term and intensive supports to a person in a surrogate family setting.

- **Personal Care Services** - Personal Care service enables the participant to accomplish tasks or engage in activities that they would normally do themselves if they did not have a mental illness. Assistance is in the form of direct support, supervision and/or cuing so that the participant performs the task by him/herself. Such assistance most often relates to performance of Activities for Daily Living and Instrumental Activities for Daily Living and includes assistance with maintaining daily routines and/or engaging in activities critical to residing in their home and community.

Note: **Targeted Case Management** is not a Waiver service but is available to anyone functionally eligible for the SED Waiver. If you aren't KanCare eligible, there may be a fee for this service. **What is Targeted Case Management?** Targeted Case Management assists a person in gaining access to medical, social, educational, and other needed services through assessment, support plan development, referral, and monitoring.

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

Not all individuals who receive SED Waiver services will receive the same services or the same amount of services. Service hours are based on the assessed needs of the individual.

- **Prior to July 1, 2019:** The Community Mental Health Center (CMHC) will meet with you and create an individualized, Person-Centered Service Plan based on your assessed needs.
- **Beginning July 1, 2019:** The Managed Care Organization (MCO: Aetna, Sunflower, or United Healthcare) will meet with you and create an individualized, Person-Centered Service Plan based on your assessed needs.

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

Once you have been approved for functional eligibility for an HCBS waiver, **KanCare will look only at the income of the person who will receive services, even for children** (no asset test on this program because it covers children only).

- **Assets:** For any HCBS program for children, there will be no assets test.
- **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 \$1177 per month in the form of a monthly premium called a “Client Obligation.”

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

Take the KanCare Member’s total gross monthly income - \$1177 = Monthly Client Obligation

- **Example 1:** Gross Monthly income of \$1500 - \$1177 = \$323 Monthly Client Obligation
- **Example 2:** Gross Monthly income of \$900 - \$1177 = \$0 Monthly Client Obligation

What if my gross income is \$2,313 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) must be higher than your Client Obligation, or you may be ineligible for this program.
- If your gross monthly income is less than \$2313, the cost of care determination does **not** apply to you.

9. 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.

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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 8 (Example 1) but reduces that monthly premium by the amount the individual is paying out-of-pocket from a 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 gross monthly income - \$1177 - Premium for other health insurance paid out-of-pocket = Monthly Client Obligation.

- **Example 1:** Gross Monthly income of \$1500 - \$1177 - **\$200** = \$123 Monthly Client Obligation

10. How do I apply for SED Waiver services?

- 1) **Apply for Functional Eligibility** - To apply for the SED waiver, contact your local Community Mental Health Center (CMHC). A list of all CMHCs by county is published on page 12 of the [HCBS Access Guide](#).
 - If you ARE NOT functionally eligible: You may be referred to other resources that may be able to help. You will also be told about your rights and what to do if you disagree with the decision.
- 2) **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.

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- 3) **Participate in the Person-Centered Service Plan:** Once an MCO has been assigned, a meeting will be scheduled within 30 days. The MCO or CMHC, child, and anyone the participant or you identifies will participate in this meeting.
- **Before July 1, 2019:** The goal of the meeting is for the CMHC to create the official plan of care reflecting which waiver services the participant will utilize. This plan of care is called the Person-Centered Service Plan.
 - **Beginning July 1, 2019:** The goal of the meeting is for the MCO to create the official plan of care reflecting which waiver services the participant will utilize. This plan of care is called the Person-Centered Service Plan.

11. 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. **Before July 2019:** A Targeted Case Manger from your CMHC will also be assigned to you. The CMHC 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.
- Beginning July 2019:** An MCO Care Coordinator will also be assigned to you. This MCOs 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. For the SED Waiver, all services are agency-directed.
- **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.

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

- a. Use services at least monthly.
- b. Participate in annual functional assessment.
- c. Participate in updating your Person-Centered Service Plan at least annually.
- d. Quarterly contact with your MCO Care Coordinator (face-to-face).
- 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, or 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.

13. Wait List information:

The SED waiver does not currently have a wait list.

14. Crisis and Exception:

There are **no crisis and exception** criteria for the SED waiver because there currently is no wait list.

15. 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.

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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.) See the [Selecting and Changing an MCO Fact Sheet](#) on the KanCare Ombudsman webpage.

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.
- Review the [Selecting or Changing an MCO Fact Sheet](#).

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 my family be paid for helping me?

- No, because all services on this waiver are agency-directed. There are no self-directed services for the SED Waiver.

16. Who do I contact when I have questions?

- **Point of Entry (Functional Eligibility)** – Contact your local **Community Mental Health Center (CHMC)** to request a Functional Assessment
 - Call (785) 234-4773 and ask for your local CMHC contact information
 - A list of all CMHCs by county is published on page 12 of the [HCBS Access Guide](#).

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- **SED Waiver Program Manager**
 - To receive additional information about the HCBS SED Program please contact:
 - **Phone:** (785) 296-4983

- **KanCare Clearinghouse**
 - For questions about initial 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](#), your individual plan of care, 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 cooperation with the Kansas Department for Aging and Disability Services (KDADS) and the Kansas Department for Health and Environment/Health Care Finance (KDHE/HCF).