

Draft - Anticipated WORK Program Manual Updates for 1/1/2024

Page Location	Type of Change	Issue	Current Language	Updated Language (language in blue = new, in red = removed)	New Page Location
Throughout manual	Language change	To be more consistent with STEPS, WORK MCO Service Coordinators will be called MCO Care Coordinators.	MCO Service Coordinators	MCO Care Coordinators	Throughout manual
27 to 30	Restructuring ILC Billing Service Types.	Previously there were 28 service types for ILC to bill. This is being regrouped into 7 categories which should make ILC billing easier.	<ol style="list-style-type: none"> 1) Conveying WORK program policies to members, and ensuring that they understand them 2) Discussing the options listed on the WORK Member Agreement Form and assisting members to complete the WORK Member Agreement Form. 3) Conveying the member’s rights and responsibilities related to the WORK program and assisting them to complete the WORK Member Rights and Responsibilities form. 4) Assisting members to locate emergency back-up care and emergency assistance, develop viable emergency back-up, natural disaster, and pet care plans, and complete the Emergency Back-Up Form. ILCs must verify that anyone listed on the emergency back-up can and will provide assistance. 5) Attending WORK assessment to assure knowledge of needed supports and services when developing WORK budget. 6) Assisting members to develop the skills necessary to self-direct services by helping them access one of the two on-line training programs provided on the Working Healthy website, or any other available tool. 7) Assisting members to develop Individualized Budget, including <ol style="list-style-type: none"> a. assisting members/representatives to determine hourly wages for their service providers, taking into account payroll deductions, and that the total amount is within the parameters of their monthly allocation 	<ol style="list-style-type: none"> 1. Assisting Member to Navigate WORK Program Policies <ul style="list-style-type: none"> • Conveying WORK program policies to members and ensuring that they understand them including member’s rights and responsibilities related to the WORK program. • Assist members to send Working Healthy premiums to the correct address. (ILCs should not handle or mail premium payments without the member present). • Assuring that the member’s/representative’s budget, back-up plans, choice of providers, choice of alternative services, use of the monthly allocation, and documentation of Independent Living Counseling services adheres to WORK program policies as well as any state and federal rules, regulations and requirements that apply. 2. Assisting Member to Develop, Complete, and Submit Forms <ul style="list-style-type: none"> • Assisting members to complete and submit WORK documents, e.g., Individualized Budget, other budget forms if applicable, WORK Member Agreement form, Emergency Backup Plan, Fiscal Management Forms, etc. • Assisting members to accurately and thoroughly complete and submit required paperwork to fiscal management service (FMS) providers. To assist member to complete and submit paperwork (such as budgets) to providers of services such as 	27 to 29

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			<ul style="list-style-type: none"> b. confirming that background checks have been conducted on agency employed staff providing personal assistance for WORK members c. confirming that providers of supported employment services have the appropriate training and certification d. assisting members to locate alternate, cost-effective methods for purchasing services, and determine a reimbursement amount that is within the parameters of their monthly allocation e. assuring that member’s Individualized Budget reflects the services determined necessary during the WORK assessment. f. assisting in planning for, and documenting the use of, any excess (carryover) funds remaining from the monthly allocation g. assuring that members/representatives remain within the parameters of their monthly allocation h. assisting to revise the Individualized Budget, if necessary i. assuring members/representatives do not include on their Individualized Budget services of goods that are prohibited by program policy j. assuring that representatives, conservators, guardians, and/or those with any type of Power of Attorney are not providing personal assistance or other services k. assisting members/representatives to obtain approval of Individualized Budgets and Emergency Back-Up, natural disaster, and pet care plans, from their MCO Service Coordinator l. entering Individualized Budgets into web-portals if directed to do so by the MCO Service Coordinator 	<p>Home Health agencies and alternative support providers.</p> <ul style="list-style-type: none"> • Assisting members to complete and submit annual eligibility and six-month review paperwork. • Assisting members to document the need for assistive services and locate providers of assistive services. <p>3. Manage providers</p> <ul style="list-style-type: none"> • Assisting members to locate and/or terminate providers of personal assistance services, providers of alternative services such as PERS and meal support, and emergency back-up care and emergency assistance. • Assisting members to interview, hire, supervise, and terminate personal assistants. • Assisting members to locate agency-directed services, negotiating hourly payments, ensuring that agency-directed services are consistent with the assessment and are reflected in the budget, and that these costs are commensurate with the monthly allocation payment methodology. • Assuring that the member understands the importance of verifying time worked by the PA, and the significance of the member’s/representative’s signature on the time sheet(s). • Assisting members to document and submit requests for reimbursements to the FMS provider in a timely manner. • Assisting members to coordinate non-emergency medical transportation (NEMT). • Monitoring to ensure that members are receiving the services that they are paying for. • Assisting members to dis-enroll from WORK service. 	
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			<p>8) Assisting members to locate providers of personal assistance services and providers of alternative services such as PERS and meal support. Assisting member to terminate alternative services such as PERS and meal support.</p> <p>9) Assisting members to interview, hire, supervise, and terminate personal assistants.</p> <p>10) Assisting members to locate agency-directed services, negotiating hourly payments, ensuring that agency-directed services are consistent with the assessment and are reflected in the budget, and that these costs are commensurate with the monthly allocation payment methodology.</p> <p>11) Ensuring that agencies are doing background checks on PAs providing WORK services for members.</p> <p>12) Assisting members to accurately and thoroughly complete and submit required paperwork to fiscal management service (FMS) providers. To assist member to complete and submit paperwork (such as budgets) to providers of services such as Home Health agencies and alternative support providers.</p> <p>13) Assuring that the member understands the importance of verifying time worked by the PA, and the significance of the member's/representative's signature on the time sheet(s).</p> <p>14) Assisting members to document and submit requests for reimbursements to the FMS provider in a timely manner.</p> <p>15) Assisting members to coordinate non-emergency medical transportation (NEMT).</p> <p>16) Assisting members to document the need for assistive services and locate providers of assistive services.</p> <p>17) Assisting members to complete and submit annual eligibility and six-month review paperwork.</p>	<p>4. Attend WORK Assessments</p> <ul style="list-style-type: none"> • Attending WORK assessment to assure knowledge of needed supports and services when developing WORK budget. <p>5. Connecting Member with Trainings and Services</p> <ul style="list-style-type: none"> • Assisting members to connect to other services, such as Vocational Rehabilitation or affordable housing. • Connecting the member to a Benefits Specialist for any information related to state or federal benefits counseling (DDS referrals, completing WORK activity reports, expedited reinstatements, application for Federal benefits, etc.) that require SSA contact and information. • Assisting members to develop the skills necessary to self-direct services by helping them access one of the two on-line training programs provided on the Working Healthy website, or any other available tool. <p>6. Reporting Changes</p> <ul style="list-style-type: none"> • Communicating any changes in status, needs, problems, etc., to the member's MCO Service Coordinator. • Reporting emotional abuse, physical abuse, exploitation, fiduciary abuse, maltreatment and/or neglect to the MCO Service Coordinator and the DCF Adult Protective Services (see K.S.A. 39-1430 and K.S.A. 39-1431). • Notifying the WORK Program Manager and/or the MCO Service Coordinator when it appears that a member is not capable of self-directing services and requires a representative or agency directed services. • Reporting health and safety concerns to the WORK Program Manager and/ or the MCO Service Coordinator when it appears that a member's health and/or safety are in jeopardy. 	
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			<p>18) Assist members to send Working Healthy premiums to the correct address. (ILCs should not handle or mail premium payments without the member present).</p> <p>19) Assisting members to connect to other services, such as Vocational Rehabilitation or affordable housing.</p> <p>20) Connecting the member to a Benefits Specialist for any information related to state or federal benefits counseling (DDS referrals, completing WORK activity reports, expedited reinstatements, application for Federal benefits, etc.) that require SSA contact and information.</p> <p>21) Communicating any changes in status, needs, problems, etc., to the member’s MCO Service Coordinator.</p> <p>22) Submitting all required MCO paperwork in a timely fashion.</p> <p>23) Reporting emotional abuse, physical abuse, exploitation, fiduciary abuse, maltreatment and/or neglect to the MCO Service Coordinator and the DCF Adult Protective Services (see K.S.A. 39-1430 and K.S.A. 39-1431).</p> <p>24) Monitoring to ensure that members are receiving the services that they are paying for.</p> <p>25) Notifying the WORK Program Manager and/or the MCO Service Coordinator when it appears that a member is not capable of self-directing services and requires a representative or agency directed services.</p> <p>26) Reporting health and safety concerns to the WORK Program Manager and/ or the MCO Service Coordinator when it appears that a member’s health and/or safety are in jeopardy.</p> <p>27) Reporting to the WORK Program Manager when individuals/representatives or personal assistants are not following WORK program policies and procedures.</p>	<ul style="list-style-type: none"> • Reporting to the WORK Program Manager when individuals/representatives or personal assistants are not following WORK program policies and procedures. <p>7. Participate in a minimum of 12 hours of training relevant to the provision of independent living counseling services. Training is based on a calendar year. Verification of training received must be sent to the WORK Program Manager, who will communicate the completed training to the MCOs.</p>	
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			<p>28) Assuring that the member's/representative's budget, back-up plans, choice of providers, choice of alternative services, use of the monthly allocation, and documentation of Independent Living Counseling services adheres to WORK program policies as well as any state and federal rules, regulations and requirements that apply.</p> <p>29) Assisting members to dis-enroll from WORK service.</p> <p>30) Participate in a minimum of 12 hours of training relevant to the provision of independent living counseling services. Training is based on a calendar year. Verification of training received must be sent to the WORK Program Manager, who will communicate the completed training to the MCOs.</p>		
27	New language that clarifies minimum visits with ILCs.	Prior to PHE the norm was ILC getting out in the community and meeting with members. Post PHE there have been continued request for ILCs to work with member remotely instead of face-to-face. With face-to-face visits resuming the MCOs have expressed concerns regarding the requirement for ILC to see members. This is to clarify expectations.		<p>ILCs must contact new members monthly and see face-to-face quarterly for the first year in the program.</p> <p>ILCs must see members face-to-face a minimum of quarterly.</p>	31
33 - Hold to see if we can increase rate	Rate Increase to match TCM	TCM rates were increased to \$18.75 per unit. Raising WORK ILC rates from \$12.50 to \$18.75 to match.	WORK Independent Living Counseling is to be billed in units of 15 minutes, i.e., one unit = 15 minutes. There is a limitation of 480 annual units. A unit is reimbursed at \$12.50	WORK Independent Living Counseling is to be billed in units of 15 minutes, i.e., one unit = 15 minutes. There is a limitation of 480 annual units. A unit is reimbursed at \$18.75 per unit.	33

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			per unit. Units should be billed for services actually provided.	Units should be billed for services actually provided.	
35 - Hold to see if we can increase rate	Rate increase to better match STEPS	STEPS allows up to 13 hours per month at \$50 per hour. WORK calculated maximum hours for Job Coaching is based on employed hours per week. A WORK member working 40 hours per week can get 2.31 hours per week for Job Coaching.	h = hours of daytime assistance \$16.50 = daytime hourly rate 8 = maximum hours of night support \$11.50 = night support recommended hourly rate 7 = days in the week 4.33 = average number of weeks per month 3% or 10% = Fiscal Management, Background Checks, and Worker's Compensation Fees	h = hours of daytime assistance \$16.50 = daytime hourly rate 8 = maximum hours of night support \$11.50 = night support recommended hourly rate 7 = days in the week \$50.00 = Job Coaching per hour \$25.00 = 1:1 Supported Employment per hour 4.33 = average number of weeks per month 3% or 10% = Fiscal Management, Background Checks, and Worker's Compensation Fees	35
46	Adding clarification language	Adding language that notes supporting documentation is needed for time above the "Time per Task Guide" in the assessment tool.		Note: Time above what the WORK Assessment tool reflects in the Time per Task Guide must have supporting documentation and/or justification for time to be approved by the MCO and/or KDHE.	46
49	Clarification of process	This is to put all provider enrollment into one place to make it easier to find.	Assistive Services and Independent Living Counseling Provider Enrollment In order to bill for Assistive Services and Independent Living Counseling providers must be enrolled in the Kansas Medical Assistance Program (KMAP) as a WORK service provider (Provider Type 56) with a Provider Specialty of Assistive Services (Provider Specialty 526) and/or Independent Living Counseling services (Provider Specialty 506). Providers must use the procedure codes for Assistive Services (S5165) and/or Independent Living Counseling (T1016) to receive payment for providing these services.	A. Agency Directed Personal Care Provider Enrollment 1. Provider must be a KMAP provider and one of the following: i. Certified home health agency. 2 ii. CDDO affiliate to provide services on their behalf. iii. A provider who provides personal care for individuals. 2. Provider must complete the Fiscal Management paperwork for the Fiscal Manager so the Agency can be paid.	55

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			<p>Working Healthy/WORK Codes Population 26 – Working Healthy Basic Eligibility B4 – Working Health Disabled Eligibility 27 – Working Healthy Medically Improved B5 – Working Healthy Medically Improved Disabled Level of Care WK - WORK Population Codes 27 and B5 should also be used in determining the Working Healthy beneficiary receiving WORK services. This Population Code combined with a Level of Care code of WK (250) indicate that a member is eligible for Working Healthy and receiving WORK services. Provider Type 56 - This code indicates that a provider has enrolled to provide at least one of the services available through WORK. Provider Specialty 526 (Assistive Services) – Community organizations eligible to enroll as providers of Assistive Services must meet standards set in K.A.R. 129-5-108, or one be of the following: DME provider, dentist, orthotics and prosthetics vendors, CDDO or CDDO Affiliate, CIL, or Home Health Agency. 506 (Independent Living Counseling) – Community organizations and individuals are eligible to enroll as providers of Independent Living Counseling. All providers of this service must meet the training requirements for an Independent Living Counselor. Procedure Codes S5165 - Assistive Services T1016 - Independent Living Counseling – reimbursed at the rate of \$12.50 per unit</p>	<p>B. Self-Directed Personal Care Provider Enrollment 1. Provider must complete the Fiscal Management paperwork for the Fiscal Manager so the provider can be paid. 2. Provider must pass a background check. 3. Provider may not start working until all the Fiscal Management paperwork and background check has been completed and the provider is “good-to-go.”</p> <p>C. Alternative Support Providers/Vender Enrollment 1. Provider/Vender must complete the Fiscal Management paperwork for the Fiscal Manager so the Provider/Vender can be paid.</p> <p>D. Assistive Services and Independent Living Counseling Provider Enrollment In order to bill for Assistive Services and Independent Living Counseling providers must be enrolled in the Kansas Medical Assistance Program (KMAP) as a WORK service provider (Provider Type 56) with a Provider Specialty of Assistive Services (Provider Specialty 526) and/or Independent Living Counseling services (Provider Specialty 506). Providers must use the procedure codes for Assistive Services (S5165) and/or Independent Living Counseling (T1016) to receive payment for providing these services. Provider Specialty 526 (Assistive Services) – Community organizations eligible to enroll as providers of Assistive Services must meet standards set in K.A.R. 129-5-</p>	
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			<p>(limit of 480 units annually; Prior Authorization required for additional units)</p> <ul style="list-style-type: none"> • WORK Independent Living Counseling can bill up to 40 units (10 hours) during the 30-day period prior to enrollment in Working Healthy/WORK. 	<p>108, or one be of the following: DME provider, dentist, orthotics and prosthetics vendors, CDDO or CDDO Affiliate, CIL, or Home Health Agency. 506 (Independent Living Counseling) – Community organizations and individuals are eligible to enroll as providers of Independent Living Counseling. All providers of this service must meet the training requirements for an Independent Living Counselor.</p> <p>Procedure Codes</p> <p>S5165 - Assistive Services</p> <p>T1016 - Independent Living Counseling – reimbursed at the rate of \$12.50 per unit (limit of 480 units annually; Prior Authorization required for additional units)</p> <ul style="list-style-type: none"> • WORK Independent Living Counseling can bill up to 40 units (10 hours) during the 30-day period prior to enrollment in Working Healthy/WORK. <p>E. Working Healthy/WORK Codes</p> <p>Population</p> <p>26 – Working Healthy Basic Eligibility</p> <p>B4 – Working Health Disabled Eligibility</p> <p>27 – Working Healthy Medically Improved</p> <p>B5 – Working Healthy Medically Improved Disabled</p> <p>Level of Care</p> <p>WK - WORK</p> <p>Population Codes 27 and B5 should also be used in determining the Working Healthy beneficiary receiving</p>	
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				<p>WORK services. This Population Code combined with a Level of Care code of WK (250) indicate that a member is eligible for Working Healthy and receiving WORK services.</p> <p>Provider Type 56 - This code indicates that a provider has enrolled to provide at least one of the services available through WORK.</p>	
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