

Terminology

B-1 Definitions

The following words and terms for Home and Community Based Services and other related, commonly used phrases have the following meaning, unless the context clearly indicates otherwise.

ABUSE - Any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm, including: infliction of physical or mental injury; sexual abuse; unreasonable use of physical or chemical restraint; isolation or medication; threat or menacing conduct; fiduciary abuse; and, omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness. (See K.S.A. 39-1430)

ACTIVITIES OF DAILY LIVING - Includes activities such as bathing, dressing, toileting, transferring, ambulating, and eating.

AMM - Area Medicaid Management.

APPLICANT - A person who applies or makes application for assistance.

ADULT PROTECTIVE SERVICES - Intervention activities directed towards safeguarding the well-being and general welfare of adults in need of protection. The intent of Adult Protective Services is to protect the most vulnerable adults from harm while safeguarding their civil liberties.

AREA AGENCY ON AGING - The agency or organization within a planning and service area that has been designated by the Secretary of the Kansas Department of Aging to develop, implement, and administer a plan for delivery of a comprehensive and coordinated system of services to older persons.

ASSESSMENT - Face-to-face interview and evaluation of a home and community-based services consumer by an authorized assessor, or Independent Living Counselor to determine the consumer's care needs and support systems and to develop a service plan.

ASSISTIVE SERVICES - Services which meet an individual's assessed need and/or an increase in the person's level of independence by modifying or improving an individual's home and through provision of adaptive equipment (e.g. ramps, lifts) and is a cost-effective alternative to Personal Services.

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ATTENDANT CARE SERVICES - Means those basic and ancillary services which enable an individual in need of in home care to live in the individual's home and community rather than in an institution and carry out functions of daily living, self-care and mobility.

CASE MANAGEMENT SERVICES - Comprehensive services comprised of a variety of specific tasks and activities designed to coordinate and integrate all other services required in the individuals's plan of care. (Also referred to as Targeted Case Management on the HCBS/FE and HCBS/HI waivers and Independent Living Counseling on the HCBS/PD waiver.)

CENTER FOR INDEPENDENT LIVING (CIL) - A consumer-run, community based, non-residential, private, not for profit organization whose primary function is to provide at least the following five core services: independent living skills training, advocacy, peer counseling, information and referral services, and desinstitutionalization.

CLIENT OBLIGATION - The monthly amount collected from an HCBS consumer by the service provider for the cost of service. Determined by the EES Specialist.

CONFLICT OF INTEREST - Any relationship between two or more parties in which one party has the ability to influence another party to the transaction in a way that one or more of the transacting parties might fail to fully pursue the party or parties' own separate interests. Related parties shall include parties related by family, business, or financial association, or by common ownership or control. Transactions between related parties shall not be considered to have arisen through arms-length negotiations. Transactions or agreements that are illusory or a sham shall not be recognized.

CONSUMER - The terms consumer, client, and customer are often used interchangeably. They all refer to a person who has applied for, or is receiving assistance. A consumer may be either an applicant or a recipient.

COST CAP - The average HCBS monthly service cost limit per consumer including primary and acute care costs. The average HCBS monthly service cost limit shall be based on and compared to the average monthly cost that the consumer would incur in a nursing facility.

COST EFFECTIVE - The cost of utilizing a service is recovered by the savings generated from avoiding necessary utilization of a more expensive service.

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COST EFFICIENT - Using all of the available formal and informal service systems to meet individual needs before using HCBS services.

ECONOMIC AND EMPLOYMENT SUPPORT (EES) SPECIALIST- SRS staff member located in the SRS area offices who determines financial eligibility for Medicaid.

EFFECTIVE DATE - The date on which a program or service begins and on which a provider can be reimbursed for services.

ESTATE RECOVERY - Program which allows SRS to recover medical care costs from the estates of deceased recipients (and the surviving spouse of a recipient).

EXPLOITATION - Taking unfair advantage of an adult's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation.

FAIR HEARING - The opportunity to be heard or to present one's side of a case, free from prejudice or favoritism.

FIDUCIARY ABUSE - A situation in which any person who is the caretaker of, or who stands in a position of trust to, an adult, takes, secretes, or appropriates their money or property, to any use or purpose not in the due and lawful execution of such person's trust.

FORMAL SERVICE - Any needed service as documented on the Plan of Care and funded by Medicaid.

FRAIL ELDERLY WAIVER - A Medicaid HCBS waiver authorizing services in accordance with a federally approved waiver to the Kansas Medicaid State Plan for individuals age 65 and older who meet the Medicaid long term care threshold.

HEALTH MAINTENANCE ACTIVITIES - Services authorized by a nurse or doctor that are performed by a personal care attendant. Including, but not limited to monitoring vital signs, ostomy/catheter care and medication administration/assistance.

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HOME AND COMMUNITY BASED SERVICES - Services provided in accordance with a federally approved waiver to the Kansas Medicaid State Plan which are designed to prevent unnecessary use of institutional services at a cost no higher than that of institutional care.

HOME HEALTH AGENCY - A public or private agency or organization that provides, for a fee, one or more home health services at the residence of the consumer. The HHA must be licensed by the Kansas Department of Health & Environment and/or Medicare certified.

HOUSING OPTIONS - All home and residential environments (e.g. Assisted Living Facility, Residential Health Care and Homes Plus) in which an individual would be eligible to receive HCBS services.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING - Activities such as meal preparation, shopping, medication monitoring and treatments, laundry and housekeeping, money management, telephone use and transportation.

INDEPENDENT LIVING COUNSELING - A service required for all HCBS/PD waiver consumers. See Section E-2 b. for a detailed description of this service.

INDEPENDENT LIVING COUNSELOR - An ILC must be certified by state standards and perform the functions of an ILC as defined in the HCBS/PD waiver. The goal of the ILC is to foster and maximize a consumer's independence through his/her individual strengths by providing accurate information regarding the available choices.

INFORMAL SERVICES - Any needed or desired service provided voluntarily to a consumer by any organization, agency, friend or family member at no cost to the Medicaid program. This is also referred to as "natural supports."

KAECSES - The computer program/system used to determine eligibility and benefit levels for SRS cash programs, vision cards (for food), and medical assistance. In addition, KAECSES compiles data for various reports, computes overpayments and under payments, and provides detailed case information, current and historic, either on-line or in reports.

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KAN BE HEALTHY- A program that offers Medicaid services to anyone under the age of 21 who has a medical card. Regular Medicaid services are covered plus participants can receive additional services.

LEVEL OF CARE - Functional needs of consumers, as determined through an assessment or reassessment, based on impairments in ADLs and IADLs and taking into consideration risk factors.

MANDATED REPORTER- Kansas law requires persons in specific professions to report suspected abuse, neglect, exploitation or fiduciary abuse of adults residing in the community. Failure to report is a class B misdemeanor.(See K.S.A. 39-1431)

LONG TERM CARE THRESHOLD - The level of care criteria, as established by the agency and approved in the waiver to the Medicaid State Plan for HCBS, which is used to determine eligibility for Medicaid long term care programs.

MENTAL RETARDATION - Significantly sub-average intellectual functioning which: 1.) is manifested before the age 22; and 2.) is evidenced by: a.) A score of 70 or below on any standardized measure of intelligence; and b.) Concurrently existing deficits in adaptive behavior.

NEGLECT - The failure or omission by one's self, caretaker or another person to provide goods or services which are necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

NORMAL RHYTHMS OF THE DAY -The average time frame in which an individual without a physical disability typically completes clusters of ADLs and IADLs.

NURSING FACILITY - A facility which: a.) Meets state licensure standards; b.) Provides health related care and services, prescribed by a physician; and c.) Provides residents with 24 hour per day, seven days per week, licensed nursing supervision for ongoing observation, treatment, or care for long term illness or injury.

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PERSONAL CARE ATTENDANT - Person who provides physical assistance with the activities of daily living, instrumental activities of daily living, and health maintenance activities for individuals who are unable to perform one or more of these activities independently.

PERSONAL EMERGENCY RESPONSE - 24 hour a day on-call support to a consumer having a medical or emergency need, such as “Lifeline.”

PERSONAL SERVICES - Assistance for persons with a disability to perform tasks which would typically be done by the individual in the absence of the disability.

PHYSICALLY DISABLED WAIVER - Services provided in accordance with a federally approved waiver to the Kansas Medicaid State Plan for any individual who:

- a.) Is 16 years of age or older, but less than 65 years of age. (*Consumers turning age 65 on July 1, 2002 or after this date may remain on the HCBS/PD waiver if they so choose as long as they continue to meet the eligibility criteria.)
- b.) Is physically disabled according to Social Security disability standards
- c.) Meets the Medicaid LTC threshold
- d.) Requires assistance with IDLs, IADLs, and/or Health Maintenance Activities
- e.) Is financially eligible for Medicaid
- f.) Does not meet the standards for the HCBS/MRDD waiver or have received a denial of eligibility statement from their area CDDO for MRDD services.
- g.) Does not have a diagnosis of Significant Persistent Mental Illness which is the primary basis for the required physical assistance

PLAN OF CARE - A document which delineates which service providers and/or natural supports will assist the consumer, what services will be provided, the frequency of the service and its’ cost.

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PRIOR AUTHORIZATION - Any HCBS service that is to be provided in accordance with the POC, will be reimbursed only when approval is given by the AMM before the service is provided. This is accomplished through the use of the MMIS system.

PROGRAM CONSULTANT- SRS AMM staff member who is responsible for HCBS/PD waiver quality assurance, determining Level of Care and the consumer's ongoing functional eligibility, and coordination of the waiting list. The PC also acts as a liason between the CIL and CSS.

REASSESSMENT - A review and evaluation of an HCBS consumer's continued need for services which is completed annually or if the consumer experiences a significant change in condition.

RECIPIENT - A person receiving services.

REIMBURSEMENT - The dollar value assigned by the Secretary of SRS for a covered service.

RESPITE CARE - Service that provides temporary relief for unpaid primary caregivers of HCBS consumers.

RISK FACTOR - Any condition that may increase an individual's functional impairment. The risk factor is used to determine needs for services, as appropriate for the individual's level of care.

SELF-DIRECTED CARE - An option under the HCBS program that allows an individual in need of care to live in a home environment and direct the attendant services that are essential to the maintenance of the individual's health and safety.

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SLEEP CYCLE SUPPORT - Non-nursing physical assistance/or supervision during the consumers normal sleeping hours. Includes assistance with toileting, transferring, mobility, and prompting/reminding of medication. Reimbursement is based on a daily rate.

SPENDDOWN - Similar to insurance deductible. Determined by EES Specialist and calculated by using applicant and any legally responsible person's income and agency standard. The spend-down is the dollar amount of the medical bills the consumer is obligated for. It is the difference between the consumer's countable income and the Medicaid income limit.

TERMINALLY ILL - The medical condition of an individual whose life expectancy is six months or less, as determined and documented by a physician.

TERMINATION DATE - The last day on which a program or service will be reimbursed. For HCBS this date should not extend beyond the last day of Medicaid eligibility.

TIMELY FILING - The receipt by the agency or its fiscal agent of a claim for payment from a provider for services provided to a Medicaid program consumer. The claim for payment should be submitted no later than 12 months after the date the claimed services were provided.

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B-2 Acronyms

A	
AAA	Area Agency on Aging
AABD	Aid to the Aged, Blind, and Disabled (Title XVI)
AB	Aid to the Blind (Title X)
ACW	Attendant Care Worksheet
AD	Aid to the Disabled
ADAS	Alcohol and Drug Abuse Services
ADL	Activity of Daily Living
ALF	Assisted Living Facility
AMM	Area Medicaid Management
ANE	Abuse, Neglect, & Exploitation
AO	Area Office/Administrative Officer
APS	Adult Protective Services
AWISP	Agency Wide Information Systems Plan
C	
CAP	Client Assistance Program
CAU	Consumer Assistance Unit
CC	Cost Cap

HCBS Physically Disabled Waiver Policies & Procedures

Terminology

CDDO	Community Developmental Disability Organization
CE	Continuing Education
CEU	Continuing Education Units
CIL	Center for Independent Living
CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services
CSS	Community Supports and Services
D	
DD	Developmental Disabilities/Developmentally Disabled
DDS	Disability Determination Services
DIR	Division of Information Resources
DME	Durable Medical Equipment
DOA	Department on Aging
DOB	Date of Birth
DSOB	Docking State Office Building
E	
EAP	Employee Assistance Program
EES	Economic and Employment Support
EPSDT	Early Periodic Screening, Diagnosis and Treatment
ERU	Estate Recovery Unit

HCBS Physically Disabled Waiver Policies & Procedures

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F	
FE	Frail Elderly
FRS	Fraud and Recovery Section
FS	Food Stamps/Food Service
G	
GA	General Assistance
GC	Guardian/Conservator
H	
HCBS	Home and Community Based Services
HCBS/FE	HCBS/Frail Elderly
HCBS/MRDD	HCBS/Mentally Retarded-Developmentally Disabled
HCBS/PD	HCBS/ Physically Disabled
HCBS/TA	HCBS/Technology Assisted
HCBS/SED	HCBS/Severe Emotional Disturbance
HCBS/HI	HCBS/Head Injury
HHA	Home Health Aide/Agency
HI	Head Injured/Head Injury
HIPPS	Health Insurance Premium Payment System
HMO	Health Maintenance Organization
HUD	Housing and Urban Development

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HV	Home Visit
I	
IADL	Instrumental Activity of Daily Living
ICF/MR	Intermediate Care Facility for persons with Mental Retardation
IL	Independent Living
ILC	Independent Living Counselor
K	
KACIL	Kansas Association for Centers for Independent Living
KAECSES	Kansas Automated Eligibility Child Support Enforcement System
KBH	KAN Be Healthy
KDHE	Kansas Department of Health and Environment
KDOA	Kansas Department on Aging
KEESM	Kansas Economic and Employment Support Manual
KGP	Kansas Guardianship Program
L	
LHD	Local Health Department
LIEAP	Low Income Energy Assistance Program
LIFE	Living Independence for Everyone
LTC	Long Term Care

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M	
MA	Medical Assistance
MHDD	Mental Health and Developmental Disabilities
MMIS	Medicaid Management Information System
MR	Mental Retardation/Mentally Retarded
N	
NAMT	Non-Ambulance Medical Transportation
NF	Nursing Facility
NOA	Notice of Action
NRD	Normal Rhythm of the Day
O	
OAH	Office of Administrative Hearings
OASDI	Old Age Survivors Disability Insurance
OT	Occupational Therapist
P	
PA	Prior Authorization
PC	Program Consultant
PCA	Personal Care Attendant
PCP	Primary Care Physician

HCBS Physically Disabled Waiver Policies & Procedures

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PD	Physically Disabled
PIL	Protected Income Level
POC	Plan of Care
PT	Physical Therapist
Q	
QA	Quality Assurance
QE	Quality Enhancement
R	
RSR	Resident Status Review
S	
SRS	Social and Rehabilitation Services
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSN	Social Security Number
SUR	Surveillance and Utilization Review
SW	Social Worker
T	
TA	Technologically Assisted
TAF	Temporary Assistance for Families

HCBS Physically Disabled Waiver Policies & Procedures

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TC	Telephone Contact/Call
TCM	Targeted Case Manager/Management
TDD	Telecommunication Device for the Deaf
Title XIX	...of the Social Security Act: Federal funds source for medical and nursing home payments
Title XX	...of the Social Security Act: federal funds source for social service payments
Title XXI	HealthWave
TPL	Third Party Liability
TTY	Teletypewriter
U	
UAI	Uniform Assessment Instrument
V	
VR	Vocational Rehabilitation

B-3 Kansas Administrative Regulations (K.A.R.) and Kansas Statutes Annotated (K.S.A.)

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a. Following are K.A.R.'s that apply to the HCBS programs:

- 30-5-301** Provider participation.(A) Each provider shall meet the provider participation requirement specified in K.A.R. 30-5-59, including record keeping requirements, and the following additional requirements: (1) All assessment records; (2) All plan of care records, and (3) All case file documentation records.
- 30-5-302** Limitations for independent living counselors. (A) An independent living center shall not use any consumer as an independent living counselor when that consumer receives services from the same independent living counseling agency.
- 30-5-303** Cost effectiveness. (a) Except for “cost cap” approvals, each HCBS plan of care shall be cost-effective.
- 30-5-304** Cost efficient plans of care. (a) Each HCBS plan of care shall be cost efficient and shall be provided in accordance with K.A.R. 3-5-70.
- 30-5-305** Assessment requirements. (a) Qualified staff and assessment providers shall conduct an assessment prior to the implementation of any HCBS service.
- 30-5-307** Family reimbursement restriction. (a) An adult consumer’s spouse cannot be paid to provide HCBS services to that consumer. A minor consumer’s parents cannot be paid to provide HCBS services to that consumer (b) Unless one of the four criteria noted below are met.
1. Consumer’s residence is documented in writing by three HCBS provider agencies to be so remote or rural that HCBS services would be otherwise unavailable.

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2. Consumer's health, safety, or social welfare would be jeopardized and is so documented in writing by two health care professionals including the attending physician.
3. Due to advancement of chronic disease, consumer's primary means of communication can only be understood by the spouse or parent of minor child and is so documented in writing by the attending physician.
4. Written documentation from three HCBS provides that delivery of HCBS services to the consumer poses serious health or safety risks for providers thereby rendering HCBS services otherwise unavailable.

30-5-308 Non-supplementation of HCBS services. (a) An organization, agency, or family shall not be allowed to pay for additional services of the same type as those described on the plan of care.

b. Kansas Statutes Annotated (K.S.A.) that effect the HCBS/PD wavier are listed below:

39-1430 This section refers to reporting the abuse, neglect, and exploitation of the certain persons which the law defines as "Mentally Ill, Incapacitated and Dependent Persons."

39-1431 This section on the reporting of abuse, neglect or exploitation delineates those individuals who are required to report such incidents and states the penalty for failure to do so.

65-5101 Defines home health agencies and independent living centers.

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- 65-5102** This section indicates that an entity that is a home health agency may not provide services with the exception of non medical attendant services, unless it is licensed.
- 65-1124** This section refers to acts which are NOT prohibited by law. The most important of which is letter ‘m’ which states that “no provisions of this law shall be construed as prohibiting performance of attendant care services directed by or on behalf of an individual in need of in home care as the terms “attendant care services” and “ individual in need of in home care” are defined.
- 65-6201** This section includes the definitions described above and sets the exemption to the nurse practice act by defining health maintenance activities: includes but are not limited to, catheter irrigation, administration of medications, enemas and suppositories; and wound care, if such activities in the opinion of the attending physician or licensed professional nurse may be performed by the individual if the individual were physically capable, and the procedure may be safely performed in the home.