

**Contract Update:** CSS intends to mail the contract to CDDOs next week. Major changes to the agreement were reviewed including

- Section V.C.3. – Instances CDDO may exceed allocation
- Prevention language
- CDDOs discretion to exchange SGF and waiver funding in a budget neutral manner to manage the tier 0s to 5s and vice versa. This will be monitored by the SWFC.
- New Outcome Measures
- College of Direct Support
- CDDO Review Process
- Extraordinary Funding
- BASIS

**Extraordinary Funding:** Can EF be extended beyond the timeline identified when placement from an SMRH occurs? Yes, if there is documentation provided showing that a reduction of supports is not possible and the reasons why including a new date for rate reduction. Greg Wintle reviews and approves/disapproves of these requests.

**Citizenship: (See attached document)** CSS reviewed the document provided by the KS Health Policy Authority. New persons seeking Medicaid services will need to provide proof of citizenship and anyone currently receiving services will have to verify citizenship during the annual eligibility review. A fact sheet by the Kaiser Foundation is helpful in identifying the acceptable documents for citizenship verification. The fact sheet can be found at [www.kff.org](http://www.kff.org) or <http://www.kff.org/medicaid/7533.cfm>.

**Strategic Plan Update:** Letters are being sent to potential members of this plan's oversight committee. The first meeting of this committee will be in August.

**TCM Audits:** EDS auditors use the service definitions of case management in the KMAP manual when reviewing targeted case management utilization. EDS uses no definition of administrative tasks in TCM reviews. Examples of documentation that have been provided that were either administrative in nature or not stand alone documentation for a billable TCM service were discussed. It was stressed that documentation for a billable TCM service must meet the requirements of the TCM provider manual, which are:

**Documentation**

*Recordkeeping responsibilities rest with the provider. Medicaid requires written documentation of services provided and billed to the Kansas Medical Assistance Program. Documentation at a minimum must include the following:*

- A detailed description of the service provided*
- Service provider's signature*
- Complete date (MM/DD/YYYY)*

*Location the service was provided (i.e., home, office, etc.)*

*If documentation is not clearly written and self-explanatory, the services billed will not be paid.*

CSS stressed the importance of providing detailed documentation for billable TCM services. One should assume that the reviewer knows nothing (as they will only review what is provided to them). TCM services billed should be one of the six defined case management services e.g. assessment, service planning etc.

**Self-Determination:** SRS is awaiting to see how the new personal assistance services definition in the DD waiver application and changes to the self-direction option in the new HCBS application work before making any decisions about self-determination. Interpretation and use of the new “budget authority” item in the HCBS application will also be considered in determining if and/or when changes to the self-determination option may occur. A new Real Choice grant application may also have some impact on SRS’ decision/s about the self-determination option.

**Background Check Policy: (See attached document)** A recent appeal challenged the procedures outlined in the policy. An appellant argued that the policy does not apply to individuals that were hired prior the policy’s effective date and that there is no timeframe for background check completion to apply to enforcement. SRS proposed amending the policy to address the issues raised (see attached). Providers have 30 days to provide any input/feedback on this proposed policy revision.

**Audit Policy:** A group consisting of CDDOs and CSPs will be developed in order to review/address the proposed policy changes.

**TCM Regulation Revision: (See attached document)** SRS reviewed the notice of public hearing and reviewed the issues. The actual proposed revisions of the regulations can be found on the SRS website at [www.srskansas.org](http://www.srskansas.org) under “News”.

**Foster Care Workgroup:** By August 31<sup>st</sup>, SRS will convene a workgroup that will address and make recommendations to SRS regarding the coordination of services, including funding for children in custody, or at risk of coming into custody. The workgroup will consist of representatives from CSS, child welfare contractors, CFS and CDDOs.

**Waiver Revisions:** CSS is currently rewriting for submission the DD, PD , HI and SED waivers. The new submissions are on the new HCBS application and include the new dental coverage. CSS is still considering a dental service amount of \$1000 annually. This will not be a prior authorized service.

**CMS Education Audit:** This item was added to the agenda by a stakeholder. CSS had no information to provide and recommended contacting the Health Policy Authority for information.

## SUPPLEMENTAL DOCUMENTS

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### SRS/CSS Policy

**DRAFT\*\*\*\*\***

**Regarding:** Background Checks

**Final Revisions and Approval date:** Revised July 2, 2003, July 2006

**Effective Date: December 4, 2002**

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#### **Policy Language:**

Community Developmental Disability Organizations (CDDOs), Community Service Providers (CSPs), and all other affiliates (excluding environmental/adaptive equipment vendors) providing DD funded services shall conduct appropriate background checks to ensure that no employee has a history of abuse, neglect and/or exploitation of children or vulnerable adults. Background checks are required of employees regardless of whether they are providing a licensed or non-licensed service.

#### **Procedures:**

1. ~~At initial employment~~ CDDOs, CSPs, and other affiliates shall ~~perform~~ **have completed** the following background checks **identified below** on all employees **within 2 months of the employee's date of hire. For employees hired prior to this policy's effective date, the CDDO, CSP and other affiliate shall have, at a minimum, completed background checks identified below before October 1, 2006.**
    - a. SRS-Adult Protective Services Registry
    - b. SRS-Child Protective Services Registry
    - c. KDHE-Kansas Nurse Aid Registry
    - d. Criminal Background ( The CDDO may identify which criminal background check is to be conducted )
  2. CDDOs, CSPs, and other affiliates are responsible for ensuring background checks are completed on their employees and employees of persons or families for whom they perform administrative duties.
  3. CDDOs, CSPs and other affiliates may require additional or follow-up background checks as they deem appropriate.
  4. Results of background checks must be available for review by authorized SRS and CDDO staff.
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**KANSAS HEALTH POLICY AUTHORITY (KHPA)  
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES (SRS)**

#### **IMPORTANT NOTICE REGARDING NEW VERIFICATION REQUIREMENTS IN MEDICAL PROGRAMS**

As a result of recent federal legislation, we are now required to verify citizenship and identity of all persons requesting or receiving medical assistance. The new

rules apply only to those who claim to be US citizens and does not change current verification requirements for non-citizens. Beginning July 1, 2006, all new applicants reporting US citizenship will be required to provide proof of citizenship and identity before benefits can be authorized. We will notify current recipients about what proof is needed at the time of their next annual review. They will be given a reasonable amount of time to provide the verification.

Several different types of verification will be acceptable. Many should be easy to obtain and should not cause any significant delays in benefits. Applicants will be given information regarding the specific documents required based on individual circumstances. Cases for current recipients will be reviewed at the time of the annual review and they will be notified of specific documents to provide. Every effort will be made by staff to assist individuals who have difficulty obtaining the verification. Benefits will not be denied as long as an effort is being made to obtain verification.

This change affects all medical programs - Medicaid, HealthWave XXI and General Assistance/MediKan.

Date: 06-20-06

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## STATE OF KANSAS

### SOCIAL AND REHABILITATION SERVICES

#### **Notice of Hearing on Proposed Administrative Regulations to be effective 15-days after publication in the Kansas Register**

A public hearing will be conducted at 9:00 a.m., on September 7, 2006 in the SRS Board Room, Docking State Office Building, 6<sup>th</sup> Floor, Topeka, Kansas to consider the adoption of amended changes to existing rules and regulations on a permanent basis effective 15-days after publication in the Kansas Register. Telephone conference is not available. This 60-day notice of the public hearing shall constitute a public comment period for the proposed regulation as stated in **K.S.A. 2002 Supp. 77-421(a)(3)**. All interested parties may submit written comments prior to the hearing to Hope Burns, Office of the Secretary for SRS, Docking State Office Building, Room 603-N, 915 SW Harrison, Topeka, Kansas 66612. Or via e-mail at [hope@srskansas.org](mailto:hope@srskansas.org). All interested parties will be given a reasonable opportunity to present their views, it may be necessary to request each participant to limit any oral presentation to five minutes. Copies of the regulations and the economic impact statement may be obtained by contacting Hope Burns at (785) 296-3274 or going to the SRS Website at [www.srskansas.org](http://www.srskansas.org), under SRS News.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Hope Burns at (785) 296-3274 or by calling the Kansas Relay Center at 1-800-766-3777.

The adoption of the regulation will take place at 9:00 a.m., September 22, 2006 in the SRS Executive Conference Room, 603-N, Docking State Office Building. Telephone conference will not be available.

A summary of the proposed regulations and the economic impact follows:

<p style="text-align: center;"><b>Article 63. -- DEVELOPMENTAL DISABILITIES -- LICENSING PROVIDERS OF COMMUNITY SERVICES</b></p>
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**30-63-20. Mandated Requirements.** This regulation is amended to draw in portions of Article 64 for community service provider licensure. Developmental Disabilities Case Management functions and requirements etc. are in Article 64 and are now being drawn into service provider licensure requirements by this amendment.

Economic Impact: None

Bearer of Cost: N/A

Affected Parties: Case managers and service providers that employ them will continue to be required to meet Article 63 & 64 standards. However, the impact for not complying with Article 64 requirements will now effect the status of a service providers license.

Other Methods: Other options were considered but this option best met the needs of the developmental disabilities service system.

**30-63-22 Individual Rights and Responsibilities.** This regulation is amended to ensure that persons served are assisted in providing 30 days notice when changing providers.

Economic Impact: None

Bearer of Cost: N/A

Affected Parties: Persons served and service providers will now have a 30 day timeframe of transition planning to promote - ethical practices by service providers and a smooth transition from one provider to another.

Other Methods: Other options were considered but this option best met the needs of the developmental disabilities service system.

**30-64-24. Case Management.** This regulation is amended to give the enrolled provider (Community Developmental Disability Organization) more authority to manage its subcontractors billing practices in the event of non-compliance with regulatory standards. This amendment also incorporates a Case Management Rule of Conduct for regulatory enforcement purposes.

Economic Impact: None

Bearer of Cost: N/A

Affected Parties: The enrolled provider now has a mechanism to control billing practices of subcontractors which may might have lead to funding recoupment of the enrolled provider.

Other Methods: Other options were considered but this option best met the needs of the developmental disabilities service system.

Gary J. Daniels  
Secretary

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