

June 2006

Provider Bulletin Number 665

HCBS FE Providers

Rate Increase

Effective with dates of service on and after July 1, 2006, reimbursement for the following HCBS Frail Elderly services will be increased by four percent:

- S5101
- S5125
- S5125UD
- S5130
- S5160
- S5161
- S5185
- S5190
- T1001
- T2025

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *HCBS FE Adult Day Care Provider Manual*, page 8-1, the *HCBS FE Attendant Care Provider Manual* pages 8-2 and 8-5, the *HCBS FE Medication Reminder Provider Manual* page 8-1, the *HCBS FE Nursing Evaluation Provider Manual* page 8-1, the *HCBS FE Personal Emergency Response Provider Manual* page 8-1, the *HCBS FE Sleep Cycle Support Provider Manual* page 8-1, and the *HCBS FE Wellness Monitoring Provider Manual* page 8-1.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

8000. Updated 6/06 BENEFITS AND LIMITATIONS

ADULT DAY CARE:

This service is designed to maintain optimal physical and social functioning for HCBS customers. This service provides a balance of activities to meet the interrelated needs and interests (for example: social, intellectual, cultural, economic, emotional, physical) of HCBS customers.

This service includes:

- Basic nursing care as delegated by the registered professional nurse and as identified in the service plan.
- No more than two (2) meals per day, excluding special dietary requirements.
- Daily supervision/physical assistance with certain activities of daily living limited to eating, mobility and may include transfer, bathing and dressing as identified in the service plan.

LIMITATIONS:

- Service may not be provided in the customer's own residence ("residence" includes Assisted Living Facilities, Residential Health Care Facilities and Home Plus).
- Customer service worksheet is subject to approval by the provider prior to implementation to ensure the provider is capable of meeting the customer's needs.
- Service is limited to a maximum of two units of service per day, one or more days per week.
- RN consultant must be available on-call as needed.
- Special dietary needs are not required but may be provided as negotiated on an individual basis between the customer and the provider. No more than two meals per day may be provided.
- Transfer, bathing, toileting and dressing are not required but may be provided as negotiated on an individual basis between the customer and the provider as identified in the individual's plan of care and if the provider is capable of this scope of service.
- Therapies (physical, occupational and speech) and transportation are not covered under this service but may be covered through regular Medicaid.

ENROLLMENT:

Providers must be licensed by the Kansas Department on Aging. Licensed entities include free-standing Adult Day Care Facilities, Nursing Facilities, Assisted Living Facilities, Residential Health Care Facilities, and Home Plus.

REIMBURSEMENT:

One unit = one to five hours and no more than two units in a twenty-four hour period.

Maximum unit cost = ~~\$20.67~~ \$21.50

Procedure Code = S5101 (Day Care Services)

The reimbursement for this service is defined as a range to allow flexibility and efficiency in service delivery, provide consistency with other Medicaid services such as Home Health Aide visits, and to meet customer preferences in providers and service delivery methods. Customer will be monitored through case management. This will ensure providers deliver the necessary scope of service as agreed and defined in the plan of care regardless of the length of time needed to deliver service.

ENROLLMENT:

For Service A only -

- Non-medical resident care facilities licensed by SRS.
- Entities not licensed by SRS, KDOA or KDHE must provide the following:
 - A certified copy of its Articles of Incorporation or Articles of Organization. If a Corporation or Limited Liability Company is organized in a jurisdiction outside the state of Kansas, the entity shall provide written proof that it is authorized to do business in the state of Kansas.
 - Written proof of bonding issued by a bonding company licensed to provide bonds in the state of Kansas.

For Service A or B -

- County Health Departments
- The following entities licensed by KDHE:
 - Medicare Certified Home Health Agencies
 - State Licensed Home Health Agencies
- The following entities licensed by KDOA:
 - Home Plus
 - Assisted Living Facilities
 - Residential Health Care Facilities
 - Boarding Care Homes.

REIMBURSEMENT:

One Unit = Fifteen minutes

Maximum Unit Cost = Level I A or B = ~~\$3.18~~ \$3.31

Procedure Code = S5130 (Homemaker)

Updated 6/06

Electronic Documentation continued:

- Identify duties performed during each visit
- The customer's signature authorizing the utilization of the electronic documentation system at the start of service delivery

Electronic documentation of service delivery is allowed effective July 1, 2003 when meeting both documentation standards and signature standards as outlined above.

Signature Limitations

In all situations the expectation is that the consumer provides oversight and accountability for people providing services for them. Signature options are provided in recognition that a consumer's limitations make it necessary that they be assisted in carrying out this function. A designated signatory may be anyone who is aware services were provided. The individual providing the services **cannot** sign the time sheet on behalf of the consumer.

Each time sheet must contain the signature of the consumer or designated signatory verifying that the consumer received the services and that the time recorded on the time sheet is accurate. The approved signing options include:

1. Consumer's signature
2. Consumer making a distinct mark representing their signature
3. Consumer using their signature stamp or
4. Designated signatory

In situations where there is no one to serve as designated signatory the billing provider establishes, documents and monitors a plan based on the first three concepts above.

Consumers that refused to sign accurate time sheets when there is no legitimate reason, should be advised that the attendant's time may not be paid or money may be taken back. Time sheets that do not reflect time and services accurately should not be signed. Unsigned time sheets are a matter for the billing provider to address.

ENROLLMENT;

For Service C or D -

- County Health Departments
- The following entities licensed by KDHE:
 - Medicare Certified Home Health Agencies, State Licensed Home Health Agencies
- The following entities licensed by KDOA:
 - Home Plus, Assisted Living Facilities, Residential Health Care Facilities

REIMBURSEMENT:

One Unit = fifteen minutes

Maximum Unit Cost = Level II C or D = ~~\$3.52~~-\$3.66

Procedure Code = S5125 (Attendant Care Services)

MEDICATION REMINDER:

A Medication Reminder Service provides a scheduled reminder to a customer when it's time for him/her to take medications. The reminder may be a phone call, automated recording, or automated alarm, depending on the provider's system. A Medication Reminder Service is offered as an add-on service to a Personal Emergency Response System.

Diagnosis alone does not determine the need for this service. The case manager authorizes the need for this service based on an underlying medical or functional impairment.

LIMITATIONS:

- Maintenance of rental equipment is the provider's responsibility.
- Repair/Replacement of rental equipment is not covered.
- Rental, but not purchase, of equipment is covered.
- Service is available in customer's place of residence, excluding adult care homes.
- Service is limited to customers who live alone, are alone a significant portion of the day without a regular caretaker for extended periods of time, or require extensive routine supervision.
- System may be maintained on a monthly rental basis even if customer is admitted to a nursing facility or acute care facility for a planned brief stay period not to exceed the two months following the admission month in accordance with public assistance policy.

ENROLLMENT:

Any company providing Personal Emergency Response Systems with an add-on Medication Reminder service is eligible to enroll. Adult Care Homes are excluded from this service.

REIMBURSEMENT:

One unit = one month

Unit Cost = \$15-\$15.60

Procedure Code = S5185 (Medication Reminder System)

NURSING EVALUATION VISIT:

A Nursing Evaluation Visit is different from the initial assessment that is used to develop the Plan of Care. Nursing Evaluation Visit is a service provided only to customers that receive Level II Attendant Care Services through a Home Health Agency, Assisted Living Facility, Residential Health Care Facility, or other licensed entities. Nursing Evaluation Visits are conducted by a RN employed by the provider of Level II Attendant Care Services. During the Nursing Evaluation Visit, the RN determines which attendant may best meet the needs of the customer, and any special instructions/requests of the customer regarding delivery of services.

This service includes **an initial face-to-face evaluation visit by an RN, one time, per customer, per provider.**

LIMITATIONS:

- A Nursing Evaluation Visit will need to be completed for a customer who needs provider-directed Attendant Care Services Level II.
- If a customer chooses a home health agency that has provided nursing services to the customer in the past, the agency is already familiar with the customer's health status, and a Nursing Evaluation Visit is not required.
- This service must be provided by a RN employed by, or a self-employed RN contracted by, the Attendant Care Level II provider.
- A Nursing Evaluation Visit is not conducted when a customer chooses to self-direct Attendant Care Services (see the Attendant Care Scope of Services Statement).
- The RN is responsible for submitting a written report to the case manager within two weeks of the visit. This report will include any observations or recommendations the nurse may have relative to the customer which were identified during the Nursing Evaluation Visit.

ENROLLMENT:

- County Health Departments
- Self-Employed Registered Nurses licensed in Kansas
- The following entities licensed by KDHE:
 - Medicare Certified Home Health Agencies
 - State Licensed Home Health Agencies
- The following entities licensed by KDOA:
 - Home Plus
 - Assisted Living Facilities
 - Residential Health Care Facilities

REIMBURSEMENT:

One Unit = One face-to-face visit

Unit cost = ~~\$37.10~~-\$38.60

Procedure Code = T1001 (Nursing assessment evaluation)

PERSONAL EMERGENCY RESPONSE:

Emergency response systems provide 24 hour a day on-call support to the customer having a medical or emergency need that could become critical at anytime.

Examples include:

- Potential for Injury;
- Cardiovascular Conditions;
- Diabetes;
- Convulsive Disorders;
- Neurological Disorders
- Respiratory Disorders.

Diagnosis alone does not determine need for this service. The Case Manager authorize the need for this service based on an underlying medical or functional impairment.

LIMITATIONS:

- Maintenance of rental equipment is the responsibility of the provider.
- Repair/Replacement of rental equipment is not covered.
- Rental, but not purchase, of this service is covered.
- Call lights do not meet this definition.
- This service is limited to those customers who live alone, or who are alone a significant portion of the day in residential settings, and have no regular caretaker for extended periods of time, and who otherwise require extensive routine supervision.
- Once installed, these systems may be maintained on a monthly rental basis even if the customer is admitted to a nursing facility or acute care facility for a planned brief stay period not to exceed the two months following the month of admission in accordance with public assistance policy.

ENROLLMENT:

Any company providing personal emergency response systems is eligible to enroll.

REIMBURSEMENT:

Rental: One unit = one month

Unit Cost = ~~\$25.00~~ \$26.00

Procedure code = S5161

Install: One unit = one time lifetime

Maximum cost = ~~\$53.00~~ \$55.15

Procedure code = S5160

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BENEFITS AND LIMITATIONS

Updated 6/06

SLEEP CYCLE SUPPORT:

This service provides non-nursing physical assistance and/or supervision during the customer's normal sleeping hours in the customer's place of residence, excluding adult care homes.

This service includes:

- Physical assistance or supervision with toileting, transferring and mobility.
- Prompting and reminding of medication.

Providers may sleep but must awaken as needed to provide assistance as identified in the customer's service plan. Providers must provide the customer a mechanism to gain their attention or awaken them at any time. Providers must be ready to call a physician, hospital or other medical personnel should an emergency arise.

LIMITATIONS:

- Period of service must be at least six hours in length but cannot exceed a twelve hour period of time.
- Providers of this service must have a permanent residence separate and apart from the customer.
- Provision of Sleep Cycle Support can be provided by the customer's attendant at the discretion of the Case Manager if in the best interest of the customer.
- The Case Manager and the customer will use discretion in determining if the selected caregiver can meet the service need.
- Under no circumstances shall spouses be paid to provide this service.
- Providers must submit a report to the case manager within the first business day following any emergency response provided the customer.

ENROLLMENT:

Individuals providing sleep cycle support must meet the following criteria:

- Be at least 18 years of age.
- Have a general knowledge of Sleep Cycle Support tasks and the ability to understand the specific directions of the customer's care requirements as identified in the service plan.
- Be able to respond to emergency situations by phoning appropriate emergency service personnel without direct supervision.
- Providers of this service are selected by the customer.
- Individual providers of this service must enroll through a CIL or HHA, or a company owned or controlled by a CIL or HHA.

REIMBURSEMENT:

One unit = Six to Twelve Hours, only one unit is allowed within a 24 hour period of time.

Unit Cost = ~~\$21.20~~ \$22.00

Procedure code = T2025 (sleep cycle support)

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Updated 6/06

BENEFITS AND LIMITATIONS

WELLNESS MONITORING:

This service provides a Wellness Monitoring visit through nursing assessment by a licensed nurse. This service provides an opportunity for the nurse to check a customer's health concerns that have been identified by the case manager. This service reduces the need for routine physician/health professional visits and care in more costly settings. Any changes in the health status of the customer during the visits are then brought to the attention of the case manager and the physician as needed. A written report must be sent to the case manager documenting the customer's status within two (2) weeks of the nurse visit.

This service includes:

- Nursing Diagnosis
- Nursing Treatment
- Counseling and Health Teaching
- Administration/Supervision of Nursing Process
- Teaching of the Nursing Process
- Execution of the Medical Regime

LIMITATIONS:

- Wellness Monitoring is limited to one face-to-face visit every 55 days, or less frequently, as determined by the Case Manager.
- Wellness Monitoring requires a written follow-up report within two weeks of the face-to-face visit by the licensed nurse. This report will be sent to the Case Manager regarding the findings and recommendation of the licensed nurse.
- When a LPN performs this service, the provider must ensure that the requirements of the Nurse Practice Act are met.

ENROLLMENT:

- County Health Departments
- The following entities licensed by KDHE:
 - Medicare Certified Home Health Agencies
 - State Licensed Home Health Agencies
- The following entities licensed by KDOA:
 - Home Plus
 - Assisted Living Facilities
 - Residential Health Care Facilities
- Self-employed Registered Nurses licensed in Kansas.

REIMBURSEMENT:

One Unit = One face-to-face visit

Unit Cost = ~~\$37.10~~ \$38.60

Procedure Code = S5190 (Wellness assessment)