

Description of MR/DD Services

(For adults and children who are eligible for Medicaid and MR/DD services)

MR/DD = Mental Retardation/Developmental Disabilities

Information is subject to change.

Certain limitations and restrictions apply as outlined in state policy and regulation.

Targeted Case Management

Case management assists the person and the person's support network to identify, select, obtain, coordinate, utilize and monitor paid services and natural supports to enhance the person's independence, integration, productivity, community inclusion consistent with the person's needs and lifestyle preferences as outlined in the person-centered support plan. Case management is required if receiving a paid service. There is no waiting list for case management. Medicaid beneficiaries may receive case management services at no additional cost. Individuals who are not eligible for Medicaid may access case management on a private pay basis. Targeted case management is available to persons of any age who meet the criteria for MR/DD services.

Day Supports

Day Supports are regularly occurring activities, for persons age 18 or older, which provide a sense of participation, accomplishment, personal reward, personal contribution, or remuneration, and thereby serve to maintain or increase adaptive capabilities, independence, integration and participation in the community. Day Supports also includes the provision of pre-vocational services which are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. These services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Such activities shall be appropriate for or lead to a lifestyle as specified in the person's Person Centered Support Plan (PCSP). Opportunities can include socialization, recreation, community inclusion, adult education and skill development in areas of employment, transportation, daily living, self sufficiency, and resource identification and acquisition. Persons eligible for services through the local education authority shall not have access for reimbursement unless they are at least 18 years of age, are graduating from high school before the age of 22 and a transition plan is developed by a transition team that includes the CDDO representative or the CDDO's designee.

Supported Employment

Supported Employment is competitive work in an integrated setting with on-going support services for individuals who have MR/DD. Competitive work is work for which an individual is compensated in accordance with the Fair Labor Standards Act. An integrated work setting is a job site that is similar to that of the general work force. Such work is supported by any activity needed to sustain paid employment by persons with disabilities. The following supported employment activities are designed to assist individuals in acquiring and maintaining employment: individualized assessment; individualized job development and placement services that create an appropriate job match for the individual and the employer; on the job training in work and work related skills required to perform the necessary functions of the job; ongoing monitoring of the individuals performance on the job; ongoing support services necessary to assure job retention as identified in the person-centered support plan; and, training in related skills essential to secure and retain employment.

Adult Residential Services

These supports are provided to persons 18 or older who live in a residential setting and do not live with their birth or adoptive parents. This service provides assistance, acquisition, retention and/or improvement in skills related to activities of daily living, such as, but not necessarily limited to, personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for Residential Supports are not made for room and board, the cost of facility maintenance, upkeep, and improvement, other than such costs for modifications or adaptations to the facility required to assure the health and safety of individuals or to meet the requirements of the applicable life safety code. Payment for Residential Supports does not include payments made directly to members of the individual's immediate family. Payments will not be made for routine care and supervision which would be expected to be provided by immediate family members or for which payment is made by a source other than Medicaid.

Residential Supports for Children (who are not in SRS Custody)

Residential Supports are available to minor children, ages 5 through 21 (eligibility ends on the 22nd birthday) years of age who are determined eligible for the Medicaid Program through a waiver of requirements relating to the deeming of parental income. Children's Residential Services shall be provided outside the family home in a home which is: (A) licensed by KDHE as a family foster home, meets all state or SRS/CFP requirements, or is another residential setting that is approved by SRS/DBHS; and, (B) serves no more than two (2) children unrelated to the family foster care provider and in which no more than two individuals funded with State or Medicaid money reside; and, (C) is located in or near the child's home community and school so the child remains in contact with the natural family, if appropriate, and maintains established community connections such as but not limited to; the child's school and teachers, friends and neighbors, community activities, church and health care professionals.

Wellness Monitoring

Wellness Monitoring is a process whereby a registered nurse evaluates the level of wellness of a consumer to determine if the consumer is properly using medical health services as recommended by a physician and if the health of the consumer is sufficient to maintain him/her in his/her place of residence without more frequent skilled nursing intervention. Wellness Monitoring includes checking and/or monitoring the following: orientation to surroundings; skin characteristics; edema; personal hygiene; blood pressure; respiration; pulse; and, adjustments to medication Available to only HCBS MR/DD Waiver recipients. One visit by a registered Nurse, per 60 days, is covered.

Family-Individual Supports

Family-Individual Supports are an array of services consisting of Supportive Home Care, Respite Care and Sleep Cycle Support. These are available to individuals age 5 or older who are determined eligible for Medicaid and reside with person/persons who meet the definition of family. Families may apply for any or all of the following:

- **Supportive Home Care** – These are individualized (one-to-one) services that provide direct assistance in daily living and personal adjustment, attendant care, assistance with medications that are ordinarily self-administered and accessing medical care,

supervision, reporting changes in the recipient's condition and needs, extension of therapy services, ambulation and exercise, household services essential to health care at home or performed in conjunction with assistance in daily living (e.g. shopping, meal preparation, clean-up after meals, bathing, using appliances, dressing, feeding, bed-making, laundry and cleaning the bathroom and kitchen) and household maintenance related to the recipient. The Supportive Home Care worker can accompany or transport the recipient to accomplish any of the tasks listed above to provide essential supervision or support for community activities. Supportive Home Care services may not be provided in an educational setting and may not be used for education or as a substitute for educationally related services or from transition services as outlined in the individual's Individual Education Plan (IEP.) Supportive home care may not be provided by a recipient's spouse or by a parent of a recipient who is a minor child under eighteen years of age.

- **Temporary and Overnight Respite Care** – Respite Care is designed to provide relief for the individual's family member who serves as an unpaid primary care giver. Respite is necessary for families who provide constant care for individuals so family members are able to receive periods of relief for vacations, holidays and scheduled periods of time off. Respite care may not be provided by a consumer's spouse OR by a parent of a consumer who is a minor child under eighteen years of age. **Overnight Respite Care** may be provided in the following location(s) and will allow for staff to sleep: (1) individual's family home or place of residence; (2) licensed foster home; (3) facility approved by KDHE or SRS which is not a private residence, or (4) licensed respite care facility/home.
- **Sleep Cycle Support (formerly called Night Support)** - Sleep Cycle Support gives overnight assistance to recipients living with a person who meets the definition of family, in case of emergencies or to assist with repositioning. A Sleep Cycle Support attendant is ready to call a doctor, hospital, or provide other assistance if an emergency occurs. The attendant must be immediately available, but can sleep when not needed. The attendant also provides turning and repositioning as well as assistance with taking or reminding the recipient to take medications that are normally self-administered. The attendant does not perform any other personal care, training, or homemaker tasks.. A statement of medical necessity signed by a physician must be on record.

Personal Assistant Services

Personal Assistant Services are available to individuals age 18 and older who choose to receive self-directed services in a setting that would otherwise be considered a setting requiring services to be provided by an entity licensed by the state. This service provides necessary *one-to-one* assistance for individuals both in their home and community. Personal Assistant Services means one or more personal assistants assuring the health and welfare of the individual and supporting the individual with the tasks the person would typically do for themselves or by themselves if they did not have a disability. Such services include assisting individuals in performing a variety of tasks promoting independence, productivity, integration, and inclusion. Personal Assistant Services include: assisting with activities of daily living (bathing, grooming, toileting, transferring, health maintenance activities including but not limited to extension of therapies, feeding, mobility and exercises); independent activities of daily living (shopping, housecleaning (related to the recipient),

seasonal chores, meal preparation, laundry, financial management) and support services; and, socialization and recreation activities, assistance in obtaining necessary medical services assistance in reporting changes in the individual's condition and needs, and accompanying or providing transportation to accomplish any off the tasks listed above.

Assistive Services

Assistive Services are supports or items that meet an individual's (age 5 or older) assessed need by improving and/or promoting the person's health, independence, productivity, or integration into the community, and are directly related to the individual's Person Centered Support Plan (PCSP) with measurable outcomes. Examples include, but are not limited to wheelchair modifications, ramps, lifts, modifications to bathrooms and kitchens (specifically related to accessibility), and assistive technology (i.e. items that improve communication, mobility or assist with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) in the home and work place) The assistive service(s) purchased must 1) increase the consumer's ability to live independently, or 2) increase or enhance the consumer's productivity, or 3) improve the consumer's health and welfare.

Medical Alert Rental

The purpose of this service is to provide support to a consumer who has a medical need that could become critical at anytime. The medical alert device is a small instrument carried or worn by the consumer which, by the push of a button, automatically dials the telephone of a predetermined responder who will answer the call for help. The following are examples of medical needs that might require this service: quadriplegia; severe heart conditions; difficult to control diabetes; severe convulsive disorders; severe chronic obstructive pulmonary disease; head injury. Rental, not the purchase, of this equipment is covered.

Oral Health Services

Oral Health Services shall mean accepted dental procedures, to include diagnostic, prophylactic, and restorative care, which are provided to adults (age 21 and older) who are enrolled in the HCBS-MR/DD waiver. Services provided must not be available through the Medicaid State Plan. Oral Health Services for children enrolled in the waiver are provided through the KAN-Be-Healthy - EPSDT program. Anesthesia services provided in the dentist's office and billed by the dentist shall be included within the definition of Oral Health Services. Services shall not include out-patient or inpatient facility care. Oral Health services shall exclude orthodontic services. Oral Health Services are provided by Medicaid enrolled providers who are either; (1) Dentists licensed per K.S.A. 65-1421 or; (2) Dental Hygienists licensed per K.S.A. 65-1421 or; (3) Dental clinics licensed per K.S.A. 65-1421.

Family Support Program

Funding for the Family Support program is State General Funded (SGF), not Home & Community-Based Services (HCBS). This program offers 3 services/supports to families who have children under age 18 and have been deemed eligible to receive MR/DD services. You may request a copy of the CDDO policy regarding this program.

- **Direct Financial Support:** Designed to defray the cost and/or stress of supporting a family member with MR/DD who is living with someone who meets the definition of family, or someone who meets the definition of guardian, and provides natural or paid supports to the recipient of MR/DD services. Quarterly cash payments may be made to

families or vendors for a specific item or temporary service. Funding amounts are subject to change each year so families must re-apply for this service annually. Applications may be obtained from the CDDO. Most new applicants are wait-listed for this support.

- **SGF Respite:** Families may apply for respite services. An MR/DD case manager is required. Medicaid beneficiaries may receive case management at no additional cost. If your child does not have Medicaid and you still wish to utilize SGF Respite, you will need to private pay for case management services. Funding amounts are subject to change each year so families must re-apply for this service annually. Applications may be obtained from the CDDO. Most new applicants are wait-listed for this support. Respite hours must be utilized in the current fiscal year and do not carry over from year to year.
- **One-Time Payments:** Subject to available funding each year, the CDDO may offer families the opportunity to apply for a one-time payment. These funds are awarded for qualifying items or services related to the child's disability. One-time payment requests are not wait-listed and purchases must be made within the current fiscal.

Please contact your area Community Developmental Disability Organization (CDDO), Big Lakes Developmental Center, Inc., at (785) 776-9201 for limitation and restriction information, or e-mail Teresa Still, CDDO Quality Assurance/Eligibility Specialist, at (tstill@biglakes.org).