

Johnson County Affiliates Meeting Minutes



9/13/18

1:00-2:00 PM

KU Edwards Campus

Regnier Hall Room #255

12610 Quivira Road

(West side of the Regents Center)

Overland Park, KS 66213

Introductions & Announcements/Affiliate Updates and Openings

Case Management Services has hired two new case managers and two are planning maternity leave.

Open Options is now open for case management.

Guest Presenter – Russell Nittler, Eligibility Manager, KDHE. Russell provided information on Medicaid eligibility, client obligations vs. spenddown, and other Medicaid related questions. He is presenting a 3 hour training in WY County – the flyer was sent previous to these minutes. If there is enough interest, we can schedule a presentation in Johnson County – please let Shelly May know if you would like to attend.

KanCare 2.0 begins on January 1st 2019. Aetna is replacing Amerigroup. On October 1, all clients will get a letter for open enrollment (ends April 4, 2019). We will send the value-added benefits for all 3 MCO's with the minutes. Russel also shared several helpful documents concerning medical necessity and the application as well. His number is 785-296-4885, and he prefers phone calls over emails. His handouts will be sent with the minutes.

CDDO Updates

Shelly thanked all the Affiliates who assisted with the recent transfers from agencies who closing services. Several Affiliates opened for referrals because of the crisis need for case management or expanded services to support those looking for new day and residential providers.

If Affiliates are being contacted by individuals/families outside of Johnson County, please check with Sheri Kendall first before offering services. Transitions are still occurring due to agency closures, crisis approvals, etc, and Johnson County residents are priority to serve.

SAF's with Medical diagnosis changes for BCI must include the ICD-10 Diagnostic Code.

Over 2000 postcard invitations were mailed out for October 4th Resource Fair to individuals on the waiting list, those receiving services, and guardians. We have over 60 vendors confirmed and encourage Affiliates to support individuals, families and staff to stop by! There are two sessions – 11-2 (great day services activity!) and 5-8 pm. Free tote bags for the first 250 attendees. Light refreshments will be served.

Essentials of Behavior Support Planning has been scheduled for November 5th. Kara Werner and Amy Dvorak from the PSHTC Outreach Team have been confirmed to offer two training sessions – sign up for just one – 9:30-12 pm and 1-3:30 pm. There is no cost to attend. We are limited to 60 attendees per session. Information is relevant to direct support staff, supervisors/directors and TCMs. We hope to see representatives from every Affiliate at this training.

State Updates

Bob Bethell HCBS and KanCare Oversight Committee has been set for November 8-9, 2018.

Beginning January 1, 2019 a KMAP ID is required for KanCare providers.

KanCare open enrollment is October through April. Aetna letters should be going out to Amerigroup members this month. This should include information for the value adds for all three MCO's. There will be an information session scheduled for October 2nd 1-3 pm for providers and 6-8 pm for members at the K-State Olathe campus.




Upcoming Events




- Council of Community Members Fall Resource Fair for Individuals/Families – Oct 4th at the Arts & Heritage Center. Two sessions: 11-2 and 5-8.
- Essentials of Behavior Support Planning – Nov 5th. Two sessions – 9:30-12 pm and 1-3:30 PM @ KU Edwards Campus. RSVP to Gail Lauri.
- TCM Overview – January 23rd. Two sessions – 9:00-11:30 and 1:00-3:30 @ Mark Elmore Center. RSVP to Gail Lauri.

Next Johnson County Affiliate Meeting – October 11th, 2018
KU Edwards Campus
Regnier Hall Room #255

Health Plan Highlights for 2019

Look at the highlighted services below to compare plans. All physical, mental, and substance abuse services are the same in each MCO. The table below shows the extra services you can receive in KanCare. Please contact your MCO by phone or the MCO website for additional details related to the value added services. For a complete, up-to-date listing of the plans extra services, please see the KanCare website at <http://www.kancare.ks.gov/providers/health-plan-information> or each health plan posts their own extra services on their websites.

 Aetna Better Health [®] of Kansas 1-855-221-5656 (TTY 711)	 sunflower health plan™ 1-877-644-4623	 UnitedHealthcare[®] Community Plan 1-877-542-9238
Members 21 yrs. and older receive \$500 per year toward dental services, including: Dental exams/cleanings twice each year, Annual bitewing X-rays, Fillings and extractions and Fluoride treatments.	Two dental visits (cleanings, screenings) for adults 21 and older every year. <ul style="list-style-type: none"> • Dentures are covered for members receiving Frail & Elderly waiver benefits. Eligibility is based on determination of need. 	Any member age 21 and over can visit a participating dental provider to get screenings, x-rays, cleanings and filling restorations. Members have a maximum benefit of \$500 per calendar year for covered services. Dentures are covered for eligible Frail and Elderly waiver members at no cost.
Healthy Rewards Incentive program where members can get \$10-\$25 gift cards when they complete wellness activities such as: <ul style="list-style-type: none"> • Shots • Yearly check ups • Diabetic eye exams 	Members can earn between \$10 - \$50 in healthy rewards on a CentAccount card for receiving healthy checkups. These rewards can be used to buy from hundreds of qualifying items at participating retail stores such as CVS Pharmacy, Dollar General and Walmart.	Healthy Rewards Program allows members to earn debit card credits between \$10 and \$25 to use in retail stores. Members can purchase health related items for doing healthy things like wellness checkups, immunizations, and flu shots.
Free Android Smartphone with 1,000 minutes per year or 1,000 megabytes data per year for members 18 yrs. and older. Members will also receive these health extras: <ul style="list-style-type: none"> • Health tips and reminders by texts • One-on-one texting with your health care team • Free calls with our member services team • Texting Health Programs: Care4lifeSM, Text4kidsTM, Text4healthSM, Text4babySM and Text2quitSM 	Free smartphone through SafeLink®, which provides up to 350 free minutes of service per month for members who qualify. This includes unlimited texting and 1GB of data per month for the first three months (then 500MB per month). Members will be able to have telephone access to their KanCare providers and unlimited calling to Sunflower.	Member Advocates can help members who qualify get free Federal Lifeline cell phones. Members can get up to 350 free minutes of service a month. Benefit includes: cell phone with text messages and data plan. Coverage may not be offered in certain remote service areas.
Pregnant members are encouraged to make early and frequent prenatal and postnatal visits. The PROMISE Pregnancy Program includes: <ul style="list-style-type: none"> • Gift Card Rewards for visits (up to \$30) • Gift Card Rewards for valuable baby equipment, such as stroller, portable crib, play yard, car seat, diaper-and-wipe package for completing pre and postnatal visits(up to \$150) • Text4babySM texting health program 	Start Smart for Your Baby® program for pregnant members, babies and families. Start Smart offers nursing support, education and gifts. There is no cost to the member. <ul style="list-style-type: none"> • In-home help with healthcare and community services • Special texting program for Start Smart participants • Community baby showers for pregnant members. Diapers and other gifts are included in these events. • Birthday programs for children 	Special benefits for pregnant and new moms: <ul style="list-style-type: none"> • Earn a \$200 debit card for completing first prenatal visit in first trimester (within 42 days of plan enrollment). Card can be used to purchase wellness items for self and baby including diapers and wipes • Get the “Baby Basics” book. Earn up to \$190 in rewards by joining Baby Blocks program and completing all prenatal and post-birth visits. Get a \$20 gift card or a cool diaper bag for joining. Earn seven more rewards for staying with the program until your baby is 15 months old. <ul style="list-style-type: none"> • Pregnant and new moms can get transportation to WIC appointments. Community baby shower events for pregnant and new mothers.
Additional Transportation Services – Free rides for members going to the pharmacy, WIC eligibility appointments and prenatal classes. Ten round trips per year for members going to job interviews, job training, shopping for work type clothing, food bank or grocery store for food and getting community health services otherwise not covered.	Enhanced transportation to local community events and social activities for members receiving Frail & Elderly and Physical Disability waiver benefits. This benefit includes three round trips a year.	Extra transportation benefits: <ul style="list-style-type: none"> • Transportation to job related activities. Six one-way or three roundtrip rides annually for all adult members. • Members can also get rides to and from support group meetings. Members on the Physically Disabled, Frail Elderly and Traumatic Brain Injury waivers can get six one-way or three round trip rides to social events.
Stop-smoking Program for members 18 yrs. and older that includes: <ul style="list-style-type: none"> • Nicotine Patches, gum, lozenges and some prescription drugs for six months • 50 counseling sessions per year • Text2quitSM texting health program 	Members can participate in a smoking cessation program offered through Sunflower’s Healthy Solutions for Life program. Counseling treatment sessions are unlimited.	Members can download Health4Me app on their phone. This app can help members manage their health. Members, or those responsible for members, can access <i>myUHC.com</i> online to help access health history, educate members on working with their doctor, and track doctor visits.
Provide membership to Weight Watchers® standard 12-week program.	Weight management through Sunflower’s Health Solutions for Life program with unlimited coaching.	FreshEBT is a mobile app to help members manage their SNAP (food) benefits. Member can get balance and find stores that accept SNAP.
Members who have dementia or Alzheimer’s moving to a private home from a nursing home will get 2-door alarms and 6 window locks, this is a one-time benefit.	Community-based Health Services staff can provide in-home member visits to assist with scheduling healthcare appointments and transportation as well as help with paperwork for benefits. They also assist members with accessing food, shelter, or other health or social programs. This service is complementary to case management and is performed by certified Community Health Workers.	Adult members on the Physically Disabled, Frail Elderly and Intellectually/Developmentally Disabled waivers can pick up to \$50 in items from the catalog per year. Select from items such as adult briefs, tub safety rails and other home safety and support items. The service coordinator will assist with your order.
Peer Support Specialists offer community programs for members on Physical Disability (PD) and Autism waivers and those suffering from Serious Mental Illness (SMI) by mentoring and supporting members in their journey to wellness	MyStrength digital behavioral health program has online tools to help members overcome depression and anxiety. MyStrength includes weekly exercises, mood trackers and daily inspirational quotes and videos.	Internet Access: Persons on the Physically Disabled, Frail Elderly, Intellectually/Developmentally Disabled or Autism waiver can get internet service covered as incentive for completing specific health activity.
Provide members 21 yrs. and older with vision coverage including \$50 per year toward glasses, or contacts	We provide practice visits to dentists for members with developmental disabilities and children on the autism waiver to help them become more comfortable with dental preventive care visits.	We offer members who need glasses an enhanced benefit of higher quality lenses beyond what Medicaid covers to help members maintain their vision and improve their self-esteem.
Healthy Teens Program offers membership fees of up to \$35 per year paid to join the YMCA, 4-H, Boys and Girls Club, Boy Scouts or Girl Scouts.	Free services and events to promote healthy lifestyles for kids, such as covering membership fees to the Boys & Girls Clubs. Sunflower’s Adopt-a-	Youth members up to 18 will have access to programs at the YMCA, Boys and Girls Clubs, 4-H, and selected Parks and Recreation Departments.

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Members aged 13-21 yrs. who get their checkups each year will get a \$25 gift card every year they get a checkup.	School Program brings activities, speakers and books into the schools, as well as summer program locations like YMCAs, Libraries, Parks & Recreation Departments and Boys & Girls Clubs.	Adults on the Physically Disabled, Frail Elderly waiver can get access to one \$50 activity per member per year at local Parks and Recreation locations.
Members who have diabetes, ages 21 and older will receive 2 podiatry visits each year.	A Comprehensive Medication Review with a local pharmacist is available to eligible members. The review includes a 30 minute Face-to-Face consultation with a local pharmacist.	Intellectually/Developmentally Disabled waiver members and/or caregivers can download eBook. This eBook was developed with the National Association of Councils on Developmental Disabilities (NACDD).
An extra 24 hours of Personal Care Services per year for members on the following waivers: Intellectual/Developmental Disability (I/DD), Physical Disability (PD) or Frail and Elderly (FE).	In-home tele-health available for adults. This service helps members stay at home when they need help to manage their chronic conditions.	Pest Control treatments for HCBS waiver members who own their home. Services must be set up through service coordinator.
Mental Health First Aid is a class that teaches the general public how to help someone who may be having a mental health or substance use problem. The training helps to spot, understand and respond to signs of addictions and mental illnesses.	Members can receive produce vouchers worth \$10 at special events with participating Farmers Markets.	Medical Alert bracelets available for those who are autistic, Intellectually/Developmentally Disabled or suffering from Alzheimer's or dementia.
An extra 120 hours of respite care per year, no more than 48 hours in a single month, for the caretakers of our members on the Intellectual/Developmental Disability (I/DD), Autism, Frail and Elderly, Physically Disabled (PD), Traumatic Brain Injury (TBI) waivers, HCBS waiting list or children in foster care.	Caregivers are supported through various channels in the Caregiving Collaborations program. This benefit is available to one primary, informal support caregiver per member.	Respite Care for Intellectually/Developmentally Disabled waiver members receiving supported home care or home based services. Up to 40 hours of respite care.
Ted E. Bear, M.D. Club™ Program is for members from newborn to age 12, members get incentives like: Activity Book, Pedometers and \$10-\$15 gift cards for meeting identified goals	Up to 16 hours of hospital companionship for persons on the Intellectual/Developmental Disability (I/DD) and Frail & Elderly waivers.	Members 20 and under and their parents can use KidsHealth. This is an online tool that provides videos and articles on health topics. The site aims to help members manage their health conditions.
Home-delivered Meals for members 21 yrs. and older with a medical need who have been discharged from an inpatient stay; up to 2 meals per day for up to 7 days.	Healthy Solutions for Life is a disease management program for members with asthma, COPD, diabetes, heart disease or high blood pressure. Members can enroll in any of these programs. Participants are assigned a Health Coach who works with the entire healthcare team.	Families with children age 2 to 8 can participate in the Sesame Street "Food for Thought" program. The program is where families can learn about how to eat healthy on a budget from Sesame Street characters.
Members with an asthma diagnosis will get one set of hypoallergenic sheets each year to help lower the chance of an asthmatic attack.	Smartphone application for members experiencing Substance Use Disorder who want instant access to support groups and personal tools. Sunflower helps with phone and service access for participants.	The child member with Asthma is sent information presented by Sesame Street characters that teaches them how to deal with Asthma. Children 1 to 4 will receive the A is for Asthma newsletter.
Members 16 yrs. and older who would like to get their GED certificate will get help through work preparation and attainment programs available (\$120 one-time benefit)	Sunny's Kids Club program mails a new book four times a year to children (parents) who subscribe to the program. Each Kids Club member also receives a welcome packet with a Club Membership Card.	Adults can get help with getting their GED. Health plan will help find and pay for resources to get GED. Adults can learn to code. Health plan will help find and pay up to \$200 annual for coding classes.
No Place Like Home Grant - for members in long stay nursing homes for 60 days or more who are moving into HCBS to help with the move, (up to \$5,000/member).	Sunflower offers nursing home transition support by partnering with providers to: <ul style="list-style-type: none"> • Conduct pre-placement transition meetings and activities. • Follow-up visits to ensure services and equipment are in place and meeting the member's needs, to confirm or set up a PCP appointment • Cover 1 week of home-delivered meals for each member transitioning out of a nursing facility. Members may be eligible for additional financial assistance or benefits, based upon need, when transitioning to independent living situations.	Behavioral Health and Substance Abuse Training Programs: <ul style="list-style-type: none"> • Question Persuade and Refer (QPR): Learn what to do in an emergency mental health moment. Be able to help someone showing suicide warning signs. • Behavioral Therapy Program web-based tool. • A-CHESS: A phone app to help those fighting substance use disorders. • Mental Health First Aid: A training class to learn how to identify and respond to signs of mental illness and substance abuse. • Seeking Safety: A training that teaches coping skills to help adults, children and youth attain safety from trauma and/or substance abuse.
	Sunflower Transition to Employment Program (STEP) is a workforce development and employment support resource program. We help members identify and remove employment barriers. Benefits include enhanced transportation coverage, GED prep test vouchers and assistance with career counseling services.	On My Way (OMW): Young adult members can access websites to help prepare them for adult life. OMW teaches skills like managing money, getting housing, finding job training and applying for college.

To change plans call 1-866-305-5147

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Kansas Medical Assistance

Patient Liability or Client Obligation

The “Share of Cost” for Long Term Care programs

The KanCare program offers long term care coverage to people who have income over the protected income limit. People with income will have a Share of Cost in order to participate. There are various types of member cost share:

- Patient liability is usually where a member is in a nursing home or other long term institution. These individuals must pay part of their income to the facility.
- Client obligation is the cost share where a member is using home and community based services (HCBS) or also known as an HCBS waiver. These individuals must pay part of their client cost share to a provider.
- Spendedown is similar to an insurance deductible; the member is responsible for the spenddown amount and the Medicaid pays for medical bills over that amount; (a spenddown can be set up for you if you are in one or more of the following groups: pregnant women, children under the age of 19, seniors age 65 and over, persons determined disabled by Social Security.). People in long term care don't usually have a spenddown.

Where is information for patient liability/client obligation sent?

A Share of Cost – with a Patient Liability or Client Obligation - is set by an eligibility worker at the KanCare Clearinghouse. Once a person has been determined to have a client obligation, the client obligation is paid to an organization determined by the member's managed care organization (the nursing facility or one of the other providers.)

Allowed expenses to reduce patient liability/client obligation

- Expenses that Medicaid, Medicare and other health insurance does not cover.
- Health Insurance Premiums
- Contact your managed care organization or the KanCare Clearinghouse (1-800-792-4884) for guidance on what expenses are allowed to reduce the monthly cost of the patient/client liability.

Notification

When an obligation is created or changed the consumer is notified by KDHE of the change for the amount of the obligation. Then the MCO will contact the consumer and tell them who to pay.

What is the patient liability/client obligation and how is it calculated?

HCBS/MFP Client Obligation or PACE Participant Obligation

Consumer's share of cost for HCBS/MFP/PACE Services	Example of Client Obligation	
Based on the monthly income of the consumer	INCOME	
	Social Security Administration	\$851.00
	Pension	\$200.00
	Total Income	\$1,051.00
May be reduced by allocation to community spouse/dependent family members or non-covered medical expenses	DEDUCTIONS	
	MEDICARE Premium	\$134.00
	Total	\$917.00
Medicaid payment is reduced by the obligation	Protected Income Limit (PIL)	\$727.00
	Disregard	\$20.00
	Client Obligation	\$170.00
If the consumer's income is over 300% of the SSI one person standard, the cost of care or cost of services for the consumer must be higher than the obligation or the consumer may be reviewed for a different program or may be denied eligibility.		

Medical Necessity

Revised 08-01-2017

For a service or item to be allowed against spenddown or reduce HCBS obligation, it must be medically necessary. The guidelines in this document shall be used to determine if a service or item is medically necessary for purposes of these program services only. These guidelines are not appropriate for persons in nursing facility arrangements, as most of the items listed are considered routine for nursing facility consumers and should be covered by the NF (reference ACH Provider Manual, section 8400). Verification of the medical expenses is required in all situations.

A. **Definition:** Medical necessity refers to a health intervention that meets the following guidelines:

1. it is recommended by the treating physician or other appropriate licensed medical professional.
2. it has the purpose of treating a medical condition.
3. it provides the most appropriate supply or level of service, considering potential harms and benefits to the patient.
4. it is known to be effective in improving health outcomes.
5. it is cost-effective for the condition being treated when compared to alternative interventions.

B. **Guidelines:** Items and services covered by Medicaid are considered medically necessary. Other interventions may be medically necessary if the above conditions are met. The following guidelines apply:

1. The items must be prescribed by an appropriate licensed practitioner authorized by state law or other qualified health professional and be for a specific medical conditions. A medical practitioner cannot prescribe or establish medical necessity outside of his/her area of expertise (e.g. an optometrist can prescribe only eye-related services and medication).
2. The usual and customary rate is used when allowing any approved item or service. This is generally the amount the provider actually charged the individual. However, charges which appear excessive or beyond usual and customary rates may be submitted to KDHE-DHCF for review. See item B (5) below.
3. The item is allowed at the quantity and duration indicated by the ordering medical practitioner. Excessive quantities shall be submitted to KDHE-DHCF for review. Where lock-in providers exist, services and items provided or ordered by other like practitioners should be carefully reviewed, as they would generally not be allowable unless there were special circumstances, such as an emergency.

4. Verification of medical necessity is required. This may be done by a doctor's statement, prescription form or the Statement of Medical Necessity Form (Appendix Item P-2). The medical condition for which the item is necessary as well as the prescribed level or frequency of service or necessary dosage should be included. The duration of the needed intervention should also be noted.
5. A list of services and items that may be allowed follows in Section D. Allowances for services not exceeding the limitations described in the medical necessity documentation may be allowed.
6. If the item/service is not on the list, if a home modification exceeds \$500.00 or if allowable home health expenses exceed the limits, KDHE-DHCF shall determine if the expense is medically necessary. The determination considers the individual customer's circumstances and needs. Requests for a determination shall include a description of the item or service, program involvement, and any other pertinent facts. The request and all supporting material should be sent to the following address:

Medical Assistance Manager
KDHE-DHCF
Landon State Office Building, Suite 900
900 SW Jackson
Topeka, Kansas 66612

7. Medicaid, Medicare and other applicable third party insurances must be billed and resolved prior to making any allowance.

C. Non-Medically Necessary Items: Certain items and services **are never medically necessary**, and are excluded from consideration. These include, but are not limited to, the following:

1. A sex change operation, cosmetic surgery, reversal of sterilization.
2. Alternative therapies, such as acupuncture, massage therapy, homeopathy, naturopathy, herbal therapies, magnet therapy, prolotherapy and hydrotherapies.
3. Household items that can be used for non-medical purposes such as air conditioners, humidifiers/dehumidifiers, water beds, food scales, weight scales, blenders, sunglasses (including prescription), heat lamps, vaporizers, hot water bottles, heating pads and exercise equipment.
4. Services provided by nursing facilities which are non-Medicaid certified and those provided for a person who fails to meet level of care or provided during a period of ineligibility due to a transfer of property penalty period.
5. Community based services not provided by a medical practitioner or Medicaid - certified facility which have not been approved through the community-based screening team, except as noted in item 24 below.

6. Nonmedical expenses incurred in an assisted living or residential care facility, including room and board charges, are not medically necessary.
7. Over-the-counter drugs not prescribed by an appropriate licensed medical practitioner.
8. Routine medical supplies: rubbing alcohol, distilled water, cotton balls, facial tissues, toilet paper, and band-aids, even if prescribed by a medical practitioner.
9. Food replacements or food supplements and other special diets and aids to lose weight.
10. Delivery and shipping/handling charges for pharmacy and durable medical equipment.
11. Antacids, laxatives, mineral supplements, and vitamins (except prenatal).
12. Services or items provided outside of the United States. For purposes of this provision, United States is defined as the 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.

D. Medically Necessary Items or Services:

The following items are allowable with proper documentation of medical necessity from an appropriate medical practitioner:

1. Adult day care- See item 24.
2. Alternating Pressure Pads and Pumps.
3. Assisted Living: For persons meeting HCBS level of care, costs of residing in an assisted living facility are allowable, with the exception of the portion attributable to room and board expenses.
4. Beds: Specialty beds such as hospital beds and specialty mattresses (e.g. water mattresses to relieve bed sores), bed rails, mattress covers.
5. Bedpans, urinals and basins.
6. Canes and Crutches.
7. Chiropractic Services.
8. Diapers and sanitary napkins, when used for incontinence, and other supplies such as underpads and chuxs
9. Diet aids available through prescription (such as Xenical). Diet supplements such as Ensure, needed by an individual to maintain weight are allowable.
10. Dental services (e.g. examination, cleaning, extractions, dentures, denture

realigning, fillings, orthodontics) not covered by Medicaid. For the PD, MRDD, and TBI (HI) HCBS waivers, services are allowable with certification from the case manager or ILC that services are not covered under the waiver.

11. Diabetic supplies -blood glucose monitors and supplies; including lancets, syringes and needles.
12. Dressing items for wound care (Applicators, tongue blades, tape, gauze, bandages, pads and compresses, ace bandages, Vaseline gauze, slings, splints, pressure pads).
13. Drugs- prescription/legend drugs when prescribed by a licensed practitioner authorized under state law. Over-the-counter/non-legend drugs and antiseptics when prescribed by an appropriate practitioner to treat a specific medical condition. Also see Items C (7) and (8) above.
14. (Service) Dogs and other Service Animals as defined by industry standards. Service animals are highly trained to meet the needs of the owner. Social or companion animals are not considered service animals. The cost of obtaining, replacing and maintaining the animal, including the costs of dog food and veterinarian bills.
15. Emollients, skin bonds or oils to prevent a condition from worsening.
16. Enema and enema equipment.
17. Enzymes and pro-biotics.
18. Eyeglasses or contact lenses prescribed by a physician skilled in eye disease or by an optometrist.
19. Feeding tubes - parenteral and enteral infusion pumps.
20. Foot cradles and foot boards.
21. Gel pads or cushions, such as Action Cushion.
22. Gloves (rubber or plastic); masks.
23. Hearing aids and batteries.
24. Home health aide or attendant: Nursing services are allowed per item (36). Other home health services are allowable as follows:
 - a. For persons determined to meet LOC requirements for HCBS or institutional care, including those on a waiting list or serving a transfer penalty, services are allowable up to a monthly maximum of \$1000.00/month. These include services provided by a home health agency or other provider. Services provided by a spouse or if a minor child, a parent, are not allowable. Services must be itemized

and must be consistent with the diagnosis/medical need.

b. For persons who do not meet LOC requirements, including those who have not yet been screened, medically necessary home health aid/attendant costs are allowable up to a maximum of \$250.00/per month. Amounts in excess of these must be submitted to KDHE-DHCF for review.

25. Home modifications (including the cost of building a ramp for a wheelchair) of \$500.00 or less.
26. Hospitalization: inpatient or outpatient treatment.
27. Insurance Expenses: Premiums for health insurance policies, including major medical and limited policies (such as hospitalization, long term care, cancer, ambulance and dental plans) except for those plans which provide only lump sum settlements for death or dismemberment or continue mortgage or loan payments while the insured is disabled. Premiums for hospital indemnity plans which provide a specified per diem rate are allowable if the policy indicated the payments are intended to cover medical expenses. Medicare premiums not subject to buy-in are also allowable.

Insurance copayments, coinsurance and deductibles are also allowable. Medicare cost sharing is covered in full for persons QMB eligible and is not allowable for those consumers.
28. I.V. stands, clamps and arm boards.
29. Intermittent Positive Pressure Breathing (IPPB) machines.
30. Irrigation solution, such as sterile H₂O or normal saline.
31. Lifts - Including chair and van lifts. Costs of the mechanism or repairs to the mechanism only.
32. Medicaid cost sharing. Medicaid copayments are allowable.
33. Medical equipment and supplies for use in the home, including rental expenses.
34. Medical alert devices (e.g. LIFELINE) that can be activated in an emergency- the costs of purchase or rental, including installation charges. Pagers for persons awaiting an organ transplant are also allowable. Medical ID bracelets and necklaces noting the individual's specific condition.
35. Nebulizers.
36. Nursing care provided by a licensed nurse (RN, LPN).

37. Oxygen supplies and equipment such as masks, stands, tubing, regulators, hoses, catheters, cannulas and humidifiers which are part of the oxygen apparatus.
38. Podiatry Services.
39. Prosthetics, including purchase, rental and repair.
40. Psychiatry.
41. Rehabilitation Services.
42. Sheepskins, foam pads.
43. Sleep apnea devices.
44. Smoking cessation treatments, such as Nicoderm and patches.
45. Stethoscopes, sphygmomanometers (blood pressure cuff) and other examination equipment.
46. Suction pumps and tubing.
47. Syringes and needles.
48. Targeted Case Management: TCM services provided by an entity authorized to provide TCM under the Kansas Medicaid program are allowable.
49. Telephone fees (monthly charges) for amplifiers and warning signals for persons with disabilities and the costs of typewriter equipment that is connected to the telephone for deaf persons.
50. Transportation and lodging to obtain medical treatment or services which are covered by Medicaid or are considered medically necessary, including to and from services included on the HCBS plan of care. Lodging costs may also be allowed for 1 attendant, if necessary. Waiting time is allowed for commercial providers only. Ambulance transportation is allowable. Private vehicle mileage is allowable at the current state reimbursement rate for privately owned vehicles, including the enhanced rate for specially equipped or modified vehicles to accommodate a disability. Commercial transportation is allowable at the usual and customary rate of the provider.
51. TED Hose.
52. TENS units (transcutaneous electric nerve simulator), if used for pain relief only. Units used for weight loss are not allowable.
53. Traction and trapeze apparatus and equipment.



P.O. Box 3599
Topeka, KS 66601-9738
Phone: 1-800-792-4884

STATEMENT OF MEDICAL NECESSITY

Consumer's Name: _____ Case Number: _____

Date of Birth: _____ Social Security Number: _____

What is the service or item(s) being prescribed?

What are the customary charges for this service or item(s)?

What is the medical reason for the service or items(s)? (Please be specific. Include information on other treatment options which have been unsuccessful.)

What is the quantity/frequency and for what duration is the service or item(s) needed?

Provider's Name: _____

Address: _____

Telephone Number: _____

Prescribing Practitioner's Signature

Date

If you have any questions, please call the KanCare Clearinghouse at 1-800-792-4884 between the hours of 8:00 am to 5:00 pm Monday through Friday.

JOHNSON COUNTY
CDDO

PRESENTS:

ESSENTIALS OF
**BEHAVIOR
SUPPORT
PLANNING**

WITH KARA WERNER & AMY DVORAK FROM PSHTC OUTREACH

FUNCTIONS OF BEHAVIOR | KEY INTERVENTIONS

POSITIVE BEHAVIOR SUPPORTS | WRITING EFFECTIVE BSP'S

MONDAY, NOVEMBER 5TH, 2018

9:30AM-12PM OR 1PM-3:30PM

HELD AT THE KU EDWARDS CAMPUS – REGNIER HALL, ROOM 265

12610 QUIVIRA RD, OVERLAND PARK, KS 66213

FOR: TCM'S | DSP'S | SUPPORT TEAM MEMBERS

This is a **FREE** event but registration is required since space is limited.

To register please email gail.lauri@jocogov.org or call 913-826-2509



WYANDOTTE
DEVELOPMENTAL
DISABILITIES
ORGANIZATION

WCDDO

SAVE THE DATE

MEDICAID TRAINING
PROVIDED
BY
RUSSELL NITTLER

701 NORTH 7TH STREET 6TH FLOOR TRAINING
KANSAS CITY KS 66101

September 21, 2018

9:00-12:00

RSVP:

by September 7, 2018

913 573-5502