

Section 1: Medicaid

Program Purpose

Medicaid, established in 1965 when Congress added Title XIX to the Social Security Act, was created to provide health care coverage for individuals across the lifespan who have financial need. It is a joint federal-state program in which the federal government sets general requirements, and each state administers its own program.

In Kansas, the Medicaid program is known as KanCare. KanCare provides health and long-term care services to low-income Kansans through a managed care system. The program contracts with private health plans to coordinate medical, mental health, and substance abuse services, ensuring that eligible Kansans receive comprehensive and coordinated care.

Medicaid only pays for services that are:

- Medically necessary: medical services which will identify, relieve, or improve the disease, illness, injury, or medical condition for which someone is being treated.
- Covered medical services: medical services, treatment, and equipment that a state has decided it will pay medical personnel to provide.

Medicaid Reimbursement

- Payment for services is directly to the Provider - which includes medical personnel, facilities, pharmacies and medical equipment.
- Providers must sign an agreement with Kansas Medicaid and accept the state's set payment rate.
- They cannot charge patients extra beyond what Medicaid pays.
- Each provider has a Medicaid ID number and is responsible for knowing what services are covered and how to submit claims for payment.

Prior Authorization

- Medicaid must approve the service before it is provided.
- To receive prior authorization, providers submit paperwork to Medicaid justifying the need.
- Medicaid doesn't use the term assistive technology — instead, items are listed as durable medical equipment, orthotics, or prosthetics.

Medicaid and Schools

- Kansas Medicaid helps pay for services in a child’s Individualized Education Program (IEP) using a “bundled rate” system.
 - This means all services in the IEP, including medical ones, are grouped together in one payment from Medicaid to the school.
- Schools must use this money to support special education programs.
- When the device is paid for under Medicaid, the student owns the device.
- Schools must inform parents when they bill Medicaid for IEP services.
- There is no spending limit (no cap) on Medicaid benefits.

Eligibility

Medicaid eligibility is based on income level, age, health conditions, available resources, and state residency. Medicaid provides medical benefits for the categories of people below:

- The **Medically Needy (Spendedown) program** in Kansas helps people whose income is too high for regular Medicaid but who still have large medical expenses. A *spendedown* works like an insurance deductible — you must first pay a set amount of your medical bills before Medicaid starts paying.
 - Eligibility Includes:
 - Pregnant Women
 - Children under the age of 19
 - Seniors age 65 and over
 - Persons determined disabled by Social Security rules
- **Working Healthy** is a Medicaid “buy-in” program for Kansans with disabilities who are working or want to work. It lets them earn income, build assets, and keep full Medicaid coverage while employed.
 - Eligibility
 - You must have a disability as defined by Social Security Administration.
 - Age 16-64.
 - You must be employed (earning wages or self-employed).
 - Countable income must be less than ~300% of the Federal Poverty Level.
 - Countable assets/resources must be under around \$15,000.
 - You cannot be receiving
 - Home & Community Based Services (HCBS) waiver services

- living in certain long-term care facilities
 - Not be an SSI recipient
- **Home and Community Based Waiver Services (HCBS) Waiver** are Kansas Medicaid programs that help people get the care they need at home or in their community instead of in a nursing home or hospital. Kansas offers seven types of HCBS waivers, each designed to support people with different disabilities or medical needs.
 - Autism Waiver- Children through the age of 5 with an autism spectrum disorder diagnosis.
 - Brain Injury (BI) Waiver- People age 0-64 years who have a (non-degenerative) brain Injury
 - Frail Elderly (FE) Waiver- People age 65 and older who meet the level-of-care criteria for nursing home care.
 - Intellectual and Developmental Disability (I/DD)
 - People age 5 and up who have an intellectual and/or developmental disability diagnosis.
 - Children under age 5 may apply for and receive Targeted Case Management services.
 - Physical Disability (PD) Waiver- People age 16-64 who have been determined disabled by the Social Security Administration and need help with activities of daily living.
 - Serious Emotional Disturbance (SED) Wavier- People age 4-18 who are determined to be seriously emotionally disturbed by their area Community Mental Health Center (CMHC).
 - Technology Assisted- People through age 21 who are dependent on intensive medical technology and are medically fragile.
- The **Children's Health Insurance Program (CHIP)** is a federal and state program that provides health coverage for children whose family income is too high to qualify for Medicaid, but too low to afford private insurance.
 - Eligibility
 - Children under 19 years old
 - Family income above Medicaid qualifications, but below the federal poverty level
 - No current health insurance coverage
 - State resident
- The **Program of All-Inclusive Care for the Elderly (PACE)** is a Medicaid and Medicare program that supports older adults who are eligible for nursing home care

but want to stay in their community. Both healthcare and supportive services are available.

- Eligibility
 - Individuals 55 and over
 - Certified for needing nursing home care
 - Eligible for Medicaid and/or Medicare
 - Ability to live safely in a PACE community
 - State resident

Services Provided

The Federal Government requires state Medicaid programs pay for certain medical services. Medicaid Required Covered Services:

- In Patient and Out of Patient Hospital Care
- Laboratory and X-Ray services
- Skilled Nursing Facility Services for persons 21 years and older
- Family Planning Services and Supplies
- Physician Services
- Nurse Midwife Services
- Services to Pregnant Women
- Home Health Services
- Rural Health Clinics for Women
- Early Screen, Diagnosis and treatment for children under
- Transportation services for medical care
- Services at Federally Qualified Health Centers (FQHCs)
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for children under age 21

Kansas Medicaid Additional Covered Services:

- Advanced registered nurse practitioner services
- Ambulatory surgery center
- Aliens-emergency services
- Audiological services
- Community mental health services
- Dental treatment
- Durable medical equipment
- Supplies
- Orthotics

- Prosthetics
- Federally Qualified Health Center services
- Hospice care
- Immunizations
- Local health department services
- Partial hospitalization (mental health)
- Pharmacy services
- Psychological services
- Substance abuse treatment
- Targeted case management
- Transportation (ambulance and non-emergency commercial travel to and from hospital)
- Therapy (physical, speech, occupational, respiratory)
- Transplants
- Vision services.

Covered Service Exclusions:

- 1 eye exam and 1 pair of glasses every year
- Services may require prior authorization.
- Durable Medical Equipment will need prior authorization
- Some prescription drugs will need prior authorization.

Home and Community Based Waiver Services in Kansas

Autism Waiver

- Family Adjusting Counseling
- Financial Management Services for Self-Direction
- Patient Support and Training (peer-to-peer)
- Respite Care

Brain Injury Waiver

- Enhanced Care Services (ECS)
- Financial Management Services
- Home Delivered Meals
- Home and Environmental Modification Services
- Medication Reminder Services
- Personal Care Services (PCS)

- Personal Emergency Response System and Installation (PERS)
- Rehabilitation Therapy: Behavior Therapy, Cognitive Therapy, Physical Therapy, Speech Language Therapy, Occupational Therapy
- Specialized Medical Equipment and Supplies
- Transitional Living Skills (TLS)
- Vehicle Modification

Frail and Elderly Waiver

- Adult Day Supports
- Comprehensive Support
- Enhanced Care Services
- Financial Management Services
- Home and Environmental Modifications
- Home Telehealth
- Medication Reminder
- Nursing Evaluation Visit
- Oral Health Services
- Personal Care Services
- Personal Emergency Response
- Specialized Medical Equipment and Supplies
- Vehicle Modification Services
- Wellness Monitoring

Individuals with Intellectual and Developmental Disabilities Waiver (I/DD)

- Adult Day Supports
- Comprehensive Support
- Enhanced Care Services
- Financial Management Services
- Home and Environmental Modifications
- Home Telehealth
- Medication Reminder
- Nursing Evaluation Visit
- Oral Health Services
- Personal Care Services
- Personal Emergency Response
- Specialized Medical Equipment and Supplies
- Vehicle Modification Services

- Wellness Monitoring

Program of All-Inclusive Care for the Elderly (PACE)

- Primary Care
- Nursing Services
- Prescription Drugs
- Nursing Home Care
- Emergency Health Services
- Home Care
- Physical Therapy
- Adult Day Care
- Recreational Therapy
- Meals
- Dentistry
- Nutritional Counseling
- Social Services
- Laboratory/X-Ray Services
- Social Work Counseling
- Transportation
- Any other services considered medically necessary

Physical Disability Waiver (PD)

- Enhanced Care Services
- Financial Management Services
- Home Deliver Meals
- Home and Environmental Modifications
- Medication Reminder Services
- Personal Care Services
- Personal Emergency Response System
- Specialized Medical Equipment and Supplies
- Vehicle Modifications

Serious Emotional Disturbance Waiver (SED)

- Attendant Care
- Independent Living/Skills Building
- Parent Support and Training
- Professional Resource Family Care

- Short Term Respite Care
- Wraparound Facilitation

Technology Assisted (TA)

- Financial Management Services (FMS)
- Home Deliver Meals
- Health Maintenance Monitoring
- Home Modifications
- Intermittent Intensive Medical Support
- Personal Care Services (PCS)
- Medical Respite
- Specialized Medical Care (SMC)

Assistive Technology Covered

Kansas Medicaid can reimburse for assistive technology if it is medically necessary, documented, and approved through the individual's KanCare program

- Durable medical equipment
- Orthotics and prosthetics
- Vision services

Audiological and hearing services

- Cover evaluation and fitting
- Dispensing, adjusting hearing aids and accessories
- Batteries are provided at a rate of six per month for a monaural aid; nine per month for binaural aids.
- Hearing aids, repairs above \$75, replacement of ear molds, and dispensing require prior authorization.

Durable Medical Equipment (DME) Services

- Equipment which can withstand repeated use
- Primary use to serve medical purpose
- Appropriate for use in home
- Not useful to a person in the absence of an illness or injury

Examples of Assistive Technology covered by Kansas Medicaid include the following:

- Augmentative Communication Devices

- Batteries (Glucose Monitors, Hearing Aids, Wheelchairs)
- Orthotic devices -mechanical devices to support weak joints/limbs: crutches, walkers, canes, braces
- Glucose Monitor
- Helmets
- Intermittent Positive Pressure Breathing Machine
- Lifts
- Nebulizers
- Oxygen Units
- Respiratory/Cardiac Equipment
- Walkers
- Wheelchairs (Manual)
- Wheelchair Accessories
- Augmentative Communication Devices
- Prosthetics
- Eyeglasses

Medicaid program in Kansas does allow certain DME to be rented. Rental of used equipment is only permitted if proven to be cost neutral or cost effective. The delivery, installation, maintenance, and repair is covered for some DME.

Coverage Considerations

- Prior Authorization may be required
- Restrictions on type of equipment
- Purchase versus Rental Guidelines
- Modifications shall not exceed \$10,000 per participant, per waiver, per lifetime, except I/DD Waiver participants have no cap.

Additional Considerations

- Reimbursement rates may be relatively low, and certain equipment may only be leased, limiting the number of DME vendors who choose to participate.
- Medicaid is considered a payor of last resort, paying only the remainder of the cost if an individual has other funding available to them. This, and the fact that some equipment requires prior authorization, may cause bureaucratic delays and problems in obtaining assistive technology.

Medicaid Application Process

To apply for KanCare (Kansas Medicaid), your financial eligibility must be determined. You can access and submit applications in the following ways:

- Online at KanCare's Medical Services Self Service Portal
- Paper Application found on KanCare website
- Request applications and assistance by calling 1-800-792-4884

Applying for a Kansas Waiver or PACE Services

- For the Frail and Elderly Waiver, Brain Injury Waiver, Physical Disability Waiver and PACE, request a functional eligibility assessment to Area Disability and Resource Center (ADRC) at (855) 200-2372
- For Intellectual Developmental Disability Waiver, request a functional eligibility assessment with the area Community Developmental Disability Organization (CDDO)
- For the Autism Waiver a Preliminary Application needs to be completed. Application can be found online on the KDADS website or call the Autism Program Manager at (785) 296-8131
- For the Serious Emotional Disturbance Waiver, contact the Community Mental Health Center (CMHC) for your county (<https://www.kdads.ks.gov/services-programs/behavioral-health/services-and-programs>).
- For the Technology Assisted Waiver, contact Family Waiver Care by phone at (785)296-9551 or by email at tawaiver@family-waiver-care.com

Appeal Process

Consumers denied eligibility, dissatisfied with services or lack of assistance can submit for Medicaid Eligibility or KanCare managed care organization can submit:

- A Grievance - express dissatisfaction about any matter other than an adverse decision
- Request a Reconsideration - review request with assistance of 3rd party review
- An Appeal - Review of the denial of payment or a new healthcare service request
- State Fair Hearing - Completed by the Office of Administrative Hearings (OAH). Provides an opportunity to speak about the decision with an Impartial administrative law judge.
- Contact KanCare Ombudsman (855) 643-8180 to help:
 - Answer Questions
 - Resolve Issues

- Understand letters from KanCare
- Respond when you disagree with a decision or change
- Complete an application or renewal
- File a complaint
- File an appeal or fair hearing
- Learn about In-home services, HCBS